

Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

"We pray for children who are sick from diseases we could have prevented, who are dying from guns we could have controlled, and who are killing from rage we could have averted by loving attention and positive alternatives."

—Excerpted from "Prayer for Children" by Marian Wright Edelman, Founder and President of the Children's Defense Fund

Of the many discussions that have emerged from the Littleton, Colorado, shootings—gun control, violence, the media, and school safety, to name a few—not as much attention has been paid to the issue of teen suicide, which increasingly is becoming a serious public health problem in this country. On average, 85 Americans die from suicide each day, mostly at the hand of firearms. In fact, suicide deaths outrank homicide deaths in this country.

But for young people 15 to 24 years of age, suicide is the third leading cause of death, exceeded only by unintentional injury and homicide. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung diseases combined.

It's no wonder discussions about easy access to firearms for children emerge when tragedies like Columbine High School arise. Among teenagers 15 to 19 years of age, firearm-related suicides accounted for 96 percent of the increase in the suicide rate since 1980. For African American males 15 to 19 years of age, suicide rates have increased 105 percent and almost 100 percent of that increase is attributable to firearms.

But teens and young adults are not the only group troubled by this problem. Although suicide rates among the elderly have been on the decline in this decade, they still tend to increase with age and are highest among white American males aged 65 and older.

To what do we attribute these troubling trends? There's no easy answer. Suicide is a complex behavior usually caused by a combination of factors.

What is key in all of this is the fact that research shows that almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both and that most have depressive illness. Studies also show that the most promising way to prevent suicide and suicidal behavior is through early detection and treatment of depression and other psychiatric illnesses.

We know that risk factors for suicide among older persons differ from those among the young. In addition to suffering from higher rates of depression, older suicide victims are more likely to have been socially isolated, more likely to have lived alone, and more likely to have had a serious physical illness. In addition, they are more likely to have visited their primary care physician in the month prior to committing suicide.

Among the young, risk factors include depression, alcohol or other drug use disorder, and impulsive or disruptive behaviors.

To put a framework around what we know about suicide, we have just completed *The Surgeon General's Call to Action to Prevent Suicide 1999*. This *Call to*

Action introduces a blueprint for reducing suicide in the United States. Studies indicate that the most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and psychiatric illnesses. Using the acronym AIM: Awareness, Intervention, and Methodology, the report focuses on three steps: *awareness*: appropriately broadening the public's awareness of suicide and its risk factors; *intervention*: enhancing population-based and clinical care services and programs; and *methodology*: advancing the science of suicide prevention. The *Call to Action* lists AIM's 15 key recommendations that were refined from the suicide prevention meeting held in Reno, Nevada, last fall. AIM proposes a nationwide, collaborative effort to reduce suicidal behaviors and to prevent premature death due to suicide.

That jointly sponsored meeting is a prime example of a successful public/private partnership and included researchers, health and mental health clinicians,

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Surgeon General's Column

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policy makers, suicide survivors, community activists and leaders. This was a first-of-its-kind meeting, where the participants gathered to review what is known and yet to be discovered about suicide and its potential responsiveness to a public health model that emphasizes prevention. Agencies and organizations represented included the Office of Public Health and Science, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the National Institute of Mental Health, the Office of the Surgeon General, in conjunction with the Substance Abuse and Mental Health Services Administration and the Suicide Prevention Advocacy Network.

As we move forward in developing a *National Strategy for Suicide Prevention*, we recognize the awesome challenge ahead of us and the need for broad-based collaboration. This *Call to Action* points out the need for a commitment from groups across this country—agencies, institutions, organizations, community leaders—to be willing to share the responsibility to help change the mental condition and eliminate the societal conditions and attitudes that contribute to suicide.

And we recognize the need to change attitudes toward suicide. As if the problem was not complicated enough, too often we add to the burden of suicide by blaming the victims and shaming and stigmatizing their families and friends. We must work to change that.

I am optimistic about our progress thus far and what it means for our priority to adopt a new approach to mental health, and I look forward to working with you to answer this *Call to Action* to prevent suicide and suicidal behaviors. Most of all, I look forward to the number of lives, young and old, that will be saved as a result of our efforts.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

PHS Honor Guard

In January 1990, the first group of officers equipped with the Public Health Service (PHS) sword that served as an honor guard was constituted to recognize Surgeons General C. Everett Koop and Antonia C. Novello at the Surgeon General's Reception. As a direct result of former Surgeon General Koop's initiative to revitalize the commissioned corps, a standing Sword Honor Guard (SHG) unit was formed with a formal structure for membership and performances.

In 1993, the SHG moved under the sponsorship of the District of Columbia Metropolitan Branch of the Commissioned Officers Association (DCMB-COA), where it has resided since that time continuing to provide ceremonial support on an ad hoc basis.

For nearly a decade, the officers of the SHG have served the PHS with distinction, to enhance its dignity and esprit de corps. During its tenure, the SHG has performed at 53 events in support of the PHS. Participation in the SHG has served to make each member a model officer. Collectively the SHG is a reflection of the diversity within the Corps and it bespeaks of the strength and synergy that is to be achieved through a group effort with a unique membership.

Earlier this year, Deputy Surgeon General Kenneth Moritsugu recognized that the SHG effort remained outside of the aegis of the Office of the Surgeon General (OSG) and, that in keeping with the spirit of revitalization that former Sur-

geon General Koop had begun years before, there was a need to formalize and expand this effort to include a color guard function as well as protocol activities. In considering several options, the leadership of the SHG felt that the best course of action was to formally retire the current SHG, coupled with the announcement of an expanded-role PHS Honor Guard. The official announcement of the PHS Honor Guard was made on June 8th at the DCMB-COA Installation Luncheon.

A transition workgroup, composed of volunteers, principally of current SHG members, was formed and charged to develop a plan and strategy for formalizing and expanding the SHG. In response to the charge, the workgroup submitted a draft plan to the OSG. The plan addresses marketing, recruitment, organization, and training as well as other critical issues associated with the transition. The plan is currently undergoing formal approval in the OSG.

The transition of the SHG to the PHS Honor Guard is one of a number of activities that will support a major effort to enhance the spirit of the commissioned corps in the new millennium. Specifically, the PHS Honor Guard will function to serve as a visible example to centralize the command and control of ceremonial and protocol functions within the Corps and PHS, enhance the esprit de corps, and train a cadre of model officers.

Standards of Conduct for Active-Duty Officers

Each year Public Health Service (PHS) Commissioned Corps officers on active duty are reminded by memorandum from the Director, Division of Commissioned Personnel (DCP) of their responsibility as Federal employees and health professionals for high standards of integrity, honesty, and impartiality.

All PHS Corps officers—whether retired, inactive, or on active duty—are covered by specific standards of conduct. These standards and their impact on officers are described in a variety of statutory and regulatory forms.

The memorandum that was sent to you recently discusses many of the major areas covered by the standards of conduct and provides you with general instructions and guidance.

Be sure to read this memorandum carefully. However, if you need further clarification, first contact officials in the Operating Division or major program to which you are assigned. DCP will work with you and them to resolve any uncertainties.

Health Services Professional Advisory Committee Presents Awards at the Commissioned Officers Association's Annual Meeting



(Pictured left to right) CAPT Robert G. Falter, Chief Health Services Officer; RADM Thomas F. Carrato, Presenter of Award; CDR Richard G. Schulman, Awardee; CAPT Larry McMurtry, Social Worker Chair; and CDR Margaret McDowell, Professional Advisory Committee Chair.

CDR Richard G. Schulman Receives the 1999 Social Worker of the Year Award

CDR Richard G. Schulman received the 1999 Social Worker of the Year Award on June 8th. He was recognized "For outstanding leadership and contributions to the development of HIV program management and services in the best tradition of the Public Health Service."

Over the past 15 years, CDR Schulman provided national leadership and support for the delivery of enhanced integrated medical and social service systems of care to persons who are HIV-positive through sustained collaborative partnerships with Federal, State, local government, and constituency agencies. By seeking out opportunities to educate other professionals, and by developing meetings that identify the technical assistance needs of grantees in an effort to reduce HIV/AIDS-related mortality, CDR Schulman provided leadership in the development of programming and services for individuals and families with HIV/AIDS.

He currently serves as Senior Program Analyst with the Health Resources and Services Administration's (HRSA) Technical Assistance Branch of the Division of Training and Technical Assistance, a support group for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs within the HIV/AIDS Bureau.

CDR Schulman began his Corps career as a staff social worker at the Public Health Service Hospital in Baltimore,

Maryland, through the Junior Commissioned Officer Student Training and Extern Program in 1975 and returned to the facility in 1976 after graduating with a masters degree in social work. Over the past 23 years, he has served in various capacities in the specialty areas of clinical and administrative social work.

CDR Schulman, a regular corps officer, has received numerous PHS Commissioned Corps and civilian awards including the Commendation Medal, Achievement Medal, PHS Citation, Outstanding Unit Citation, Unit Commendation, and the HRSA Administrator's Citation for Outstanding Group Performance.

LT Diane E. Cairns Receives 1999 Joseph Garcia, Jr. Award

LT Diane E. Cairns received the "Outstanding Junior Health Services Professional of the Year—1999 Joseph Garcia, Jr. Award" on June 8th.

This award goes to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities.

Since March 1994, LT Cairns has been a public health analyst in the HIV Primary Care Programs Branch located in HRSA's HIV/AIDS Bureau. She serves as a Federal project officer for Ryan White Title III Early Intervention Services grants and is the sole project officer for

the Ryan White Title III Planning Grant Program. She administers 30 Federal grants totaling more than \$6 million per year. The Congressional Black Caucus appropriated an additional \$3 million this fiscal year to the planning grant program and LT Cairns was selected to develop, market, and implement an initiative that supports HIV services planning in African American communities. LT Cairns conducted all Title III pre-application workshops which assist the public in applying for funding, collaborated in the implementation of the first training program in the Nation for HIV primary care service providers about managed care, produced the first video training package for care providers, and co-authored a publication with a leading AIDS service organization regarding the impact of Medicaid Managed Care on people with HIV.

Previously, LT Cairns served in HRSA's Maternal and Child Health Bureau's Division of Perinatal Systems and Women's Health. In 1992, while earning her undergraduate degree in psychology, she served as a Junior Commissioned Officer Student Training and Extern Program participant in HRSA's Interagency Committee on Infant Mortality. Upon graduating in 1993 with a master of public health degree, she returned to PHS. LT Cairns has been awarded a PHS Achievement Medal and a PHS Unit Commendation.

CAPT Ellen M. Hutchins Receives 1999 Stanley J. Kissel, Jr. Award

CAPT Ellen M. Hutchins received the "Health Services Officer of the Year—1999 Stanley J. Kissel, Jr. Award" on June 8th.

CAPT Hutchins is currently Chief of the Perinatal and Women's Health Branch of the Maternal and Child Health Bureau (MCHB), HRSA. She was recognized for her exemplary leadership and accomplishments as a health services officer for a number of HRSA activities designed to improve access and quality to prenatal and women's health services. She oversees a variety of infant mortality reduction initiatives, spearheaded several of the Department's activities in

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Additional Specialties Approved for Dental Multiyear Retention Bonus Pay

The Surgeon General has approved INSTRUCTION 9, Subchapter 22.2, "Multiyear Retention Bonus," of the Commissioned Corps Personnel Manual (CCPM) authorizing payment of Multiyear Retention Bonus (MRB) to dental officers of the Public Health Service Commissioned Corps for the specialties, terms, and amounts listed in the table on page 5.

The earliest effective date for any contract for this specialty is October 1, 1998, provided the contract request is received in the Compensation Branch of the Division of Commissioned Personnel by September 15, 1999. Additional Special Pay (ASP) contracts will be renegotiated so that the ASP and MRB contracts have concurrent dates. When the payment for the new ASP/MRB contract is made, a collection of the unserved portion of the previous contract will be made.

Letters were sent to dental officers who could be identified as being trained or certified in the above specialties. *If you did not receive a letter by July 30th and feel you are qualified for this special pay, you should contact the Compensation Branch immediately at 301-594-2963 (or toll-free at 1-877-463-6327, dial 1, pause, dial 42963).*

The eligibility requirements for MRB are similar for both medical and dental officers. To be eligible for MRB, a dental officer must:

- (1) Be entitled to ASP under 37 U.S.C. 302b;
- (2) Be in pay grade O-6 (CAPT) or below;
- (3) Not be participating in Department of Health and Human Services (HHS)-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM;
- (4) Not be serving obligated service pursuant to participation in a HHS-supported scholarship or training program, or not be serving obligated service to HHS by virtue of transfer from another Uniformed Service. However, if the officer has 8 years of creditable service, he/she is eligible regardless of obligation;
- (5) Be eligible to remain on active duty for the specified term of the contract; *NOTE: ASP/MRB contracts will not be processed for dental officers who have or will attain 30 years of active service prior to the expiration date of the contract unless approved for an extension of service beyond 30 years. For example, a dental officer who has 26 or more years of retirement credit will not be permitted to enter an ASP/MRB contract with an expiration date beyond his/her mandatory retirement date. A dental officer will be permitted to renegotiate his/her special pay contract on the anniversary of 26 years of retirement credit in order to pro-*

vide receipt of the special pays for the remaining 4 years of expected service.

- (6) Submit documentation of current unrestricted licensure;
- (7) Submit documentation supporting board certification, board certification equivalency, or being fully trained in a dental specialty (specified below);
- (8) Be capable of undertaking the clinical practice of his/her specialty, which may be verified by assignment to a clinical practice billet, by being credentialed to practice at a Federal health care facility, or by being credentialed to practice by a recognized health care facility. If an officer is not in full-time clinical practice, as reflected in his/her billet, the officer must submit documentation of current or planned involvement in clinical practice or in the application of their advanced training skills for the equivalent of 14 days (112 hours) per year. This practice activity must be reflected in the officer's billet if it is completed at a Federally owned facility; and
- (9) Provide information supporting the practice of their MRB specialty in other than Federal facilities. Such outside work activities must be approved in advance by the Operating Division or Program to which the

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Health Services Professional Advisory Committee Presents Awards at the Commissioned Officers Association's Annual Meeting

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the area of prevention of perinatal substance abuse, and developed and implemented an interagency national initiative between the Substance Abuse and Mental Health Services Administration and HRSA.

Being a national expert in the field of perinatal substance abuse, CAPT Hutchins has been called upon to speak at national conferences and forums; provided extensive technical assistance to the field; helped organize national meetings and conferences to educate and inform the public and key public health groups about strategies to address the

problem of maternal substance abuse; and collaborated on initiatives focusing on this vulnerable population. She is currently co-chair of the Department's workgroup on racial and ethnic disparities in infant mortality, and has numerous publications related to addressing the public health problem of substance abuse as it affects families.

CAPT Hutchins received her bachelors degree in psychology, her masters degree in social work in 1978, a master of public health degree in 1991, and a doctor of science degree in public health in 1995. She received a National Health Service

Corps scholarship in 1977, and was commissioned in 1978. She has been with MCHB since 1986.

While completing her doctoral research, she received the Chenoweth-Pate Fellowship for outstanding achievement. CAPT Hutchins, a regular corps officer, has received the following commissioned corps awards: Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citation, and PHS Unit Commendation.

Additional Specialties Approved for Dental Multiyear Retention Bonus Pay

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officer is assigned. At the time of recertification for payment, documentation such as a letter from the health facility granting clinical privileges and dates of clinical activities shall be provided before anniversary payment is authorized.

Fully Trained in an MRB Specialty—

For the purposes of MRB, "fully trained in a dental specialty" is defined as satis-

factory completion of a residency or training program accredited or accepted by the Commission on Dental Accreditation of the American Dental Association, but excluding the 12-month general practice residency (GPR) or 12-month advanced education in general dentistry (AEGD). "Fully trained" in a dental specialty also includes a residency or training program provided by the Department of Defense

which meets its Dental MRB criteria for "fully trained." "Board eligible" is not synonymous with "fully trained."

	<u>Critical Specialty</u>	<u>Spec Code</u>	<u>2-Year Annual Amount</u>	<u>3-Year Annual Amount</u>	<u>4-Year Annual Amount</u>
Group I					
	O-M Surg	0700	\$4,000	\$8,000	\$14,000
	Endodon	0400	\$4,000	\$8,000	\$14,000
	Orthodon	1100	\$4,000	\$8,000	\$14,000
	Periodon	1300	\$4,000	\$8,000	\$14,000
Group II					
	GenDenFSB	2320	\$3,000	\$6,000	\$12,000
	GenDenAGD	2310	\$3,000	\$6,000	\$12,000
	GenDnAGPR	2300	\$3,000	\$6,000	\$12,000
	Oral Path	0900	\$3,000	\$6,000	\$12,000
	Oral Diag	2500	\$3,000	\$6,000	\$12,000
	Oral Med	2400	\$3,000	\$6,000	\$12,000
	Ped Den	1600	\$3,000	\$6,000	\$12,000
	Prosthodont	0600	\$3,000	\$6,000	\$12,000
	DenPubHth	1200	\$3,000	\$6,000	\$12,000
	OperatDen	0300	\$3,000	\$6,000	\$12,000
	Den Resch	1700	\$3,000	\$6,000	\$12,000

Asian Pacific American Officers Committee Solicits Nominations

The Asian Pacific American Officers Committee (APAOC) invites nominations, including self-nominations, to serve a 3-year term on the committee beginning October 1999.

APAOC is an advisory group with members from the Department's Operating Divisions and from major programs that employ Corps officers. APAOC provides advice and consultation to the Surgeon General on issues related to professional practice and personnel activities of Asian Pacific Americans who are com-

missioned corps officers and civil service employees.

If you would like to be considered for appointment to the committee, please request that a blank self-nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6525**. Send the completed form by **August 31, 1999**, to:

LCDR Paul Na
P.O. Box 5180
Baltimore, MD 21224
Phone: 410-550-1495
E-mail: pna@irp.nida.nih.gov

For additional information on APAOC or for information on attending APAOC meetings, please contact Lcdr Na at the phone number or e-mail address above.

Meet the New Chief Professional Officer



RADM Robert C. Williams

Surgeon General David Satcher announced the selection of RADM Robert C. "Bob" Williams as the Chief Professional Officer for the Engineer category effective June 1, 1999.

In addition to being the Chief Engineer, RADM Williams serves as the Director, Division of Health Assessment and Consultation of the Agency for Toxic Substances and Disease Registry (ATSDR). As Director, it is his responsibility to ensure that (1) public health assessments are prepared for all National Priorities List sites throughout the Nation; and (2) assessment, consultation, and related-health activities are implemented for communities near hazardous waste sites as necessary to protect the public health. The Division plays a key role in the ATSDR mission of preventing or mitigating adverse human health effects as a consequence of exposure to hazardous substances in the environment.

RADM Williams received his bachelor of science degree in civil engineering, obtained a masters degree in environmental engineering, and has continued his postgraduate education with courses in public health. He entered the Public Health Service (PHS) in 1984, assigned as a sanitary engineer to the Center for Environmental Health, Centers for Disease Control (CDC). There he provided special consultation to the Director, CDC, and evaluated the environmental public

health impacts of government construction activities. He has been assigned to ATSDR since 1985, where he served as an environmental engineer consultant and later, Chief, Health Sciences Branch, prior to becoming Division Director in 1989. Prior to his PHS career he served as a sanitary engineer in the Medical Service Corps, U.S. Army.

RADM Williams' commitment to engineering and public health is demonstrated by his credentials and professional memberships. He is a Registered Professional Engineer, a Diplomate of the American Academy of Environmental Engineers, and serves, or has served, as an officer and member of national committees for several professional organizations including: American Water Works Association, Water Environment Federation (WEF), American Society of Civil Engineers (ASCE), and the Commissioned Officers Association (COA). RADM Williams serves as the American Public Health Association Trustee to the American Academy of Environmental Engineers (AAEE); he is a member of the governing board of the ASCE Environment and Water Resources Institute; a member of the Emory University Academic Advisory Council which is responsible for developing the University's environmental health curriculum; and he has served on the Board of Directors of the Hazardous Materials Control and Resource Institute. He has authored and presented more than 100 publications on a wide variety of environmental health issues, including the co-editing of two books.

RADM Williams has received numerous awards and recognitions including the Conference of Federal Environmental Engineers' Federal Environmental Engineer of the Year in 1992, the PHS Engineer of the Year in 1996, and the National Society of Professional Engineers' Top Ten Federal Engineers that same year. He is the recipient of the following commissioned corps awards: Meritorious Service Medal, Outstanding Service Medal, three Commendation Medals, an Achievement Medal, a PHS Citation, one Outstanding Unit Citation, and five Unit Commendations. He has been recognized for his service on the Engineer Professional Advisory Committee, as Awards Subcommittee Chairperson, and for committee leadership, engineering expertise, and service by AAEE, ASCE, WEF, and COA.

Dental Category Mentoring Program

The Dental category's mentoring program is active (see page 10 of the July issue of the *Commissioned Corps Bulletin*) and below are answers to frequently asked questions about the program:

- Q. Do I need to have Internet access to participate in the dental mentoring program?
- A. No. Though access through the web site is much easier, all of the background information, application forms, and additional information are available in hard copy and can be e-mailed as attachments, faxed, or even mailed to people wanting to participate. Use the phone number listed below to receive that information.
- Q. I have been in the Corps for longer than 8 years, but would still like to benefit from the experiences of someone more senior. May I participate as a protegee?
- A. Yes. We all can benefit from the advice of our more experienced officers. In fact, we are receiving about five times the applications to be mentors than to be protegees. If you would like to participate as a protegee, but have been in the Corps for longer than 8 years, just be sure to mark the "Protegee" box on your application.

The web site for the dental mentoring program is at:

<<http://oep.osophs.dhhs.gov/dental/>>

It can also be reached by a link from the Dental category web site at:

<<http://www.ihs.gov/nonmedicalprograms/PHS/PHSDental/index.htm>> and there is also a link to the Dental category web site at: <<http://dcp.psc.gov>>

For additional information, contact:

CAPT (Select) Lee Shackelford
Mentor Program Coordinator
Phone: 618-664-6384
E-mail: lshackelford@bop.gov

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CAPT George F. Archambault, USPHS (Ret.) Honored



(Pictured left to right) CAPT George F. Archambault, USPHS (Ret.), CDR Kevin Dermanoski, Pharmacist Staffing Officer, and RADM Fred Paavola, Chief Pharmacy Officer.

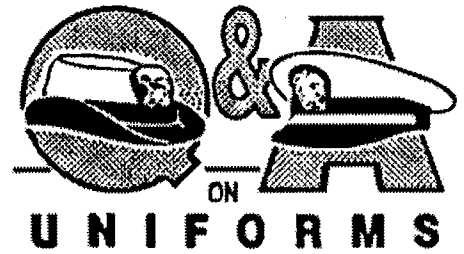
The pharmacists of the Public Health Service (PHS), in concert with the American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Society of Consultant Pharmacists (ASCP), and the Commissioned Officers Association of the United States Public Health Service (COA), celebrated the 90th birthday of CAPT George F. Archambault, USPHS (Ret.), on April 22nd. More than 200 friends, pharmacy leaders from 33 States, colleagues, and the Deputy Surgeon General, gathered to honor him and his distinguished career that has significantly touched every pharmacist in the Nation.

CAPT Archambault served many years as the Chief, Pharmacy Branch, Division of Hospitals, and in 1959 was appointed by Surgeon General Leroy E. Burney as the first pharmacy liaison officer to the Surgeon General. He was a founding member of the ASHP, ASCP, and COA and served as president of ASHP and APhA. He has received every major award in the pharmacy profession including the following: Harvey A. K. Whitney Award (ASHP); Remington Medal

(APhA); George F. Archambault Award (ASCP and USPHS Pharmacy Category); and Andrew Craigie Award (Association of Military Surgeons of the United States).

Deputy Surgeon General Kenneth Moritsugu took the occasion to designate CAPT Archambault as a "Living Treasure." He was also presented with the recently developed Pharmacy Flag Officer Coin.

The pharmacists of the PHS also took the opportunity to announce the formation of the George F. Archambault Foundation which will provide resources to help support advanced training and continuing education for PHS pharmacists, the "Excellence in Public Health Pharmacy Practice Award," and programs that document the value of pharmacists in health care systems.



Questions and Answers on Uniforms

- Q.** Are Public Health Service (PHS) Commissioned Corps officers allowed to wear an electronic pager or a cellular phone attached to the belt of their uniforms?
- A.** PHS uniform policy does not authorize electronic pagers, cellular phones, or any other portable electronic devices to protrude from or be visible on the PHS uniform. Those officers who work in settings where they must be accessible 24 hours a day, 7 days a week, may wear a pager—but only if it is government issued, black in color, and worn in an inconspicuous manner.
- When electronic devices are being used unofficially, they must not be visible on the uniform. They should be kept either in a pocket or a purse, and they must not hinder job performance.
- Q.** Are PHS Commissioned Corps officers allowed to have tattoos?
- A.** Tattoos on PHS Commissioned Corps officers must not be visible when wearing any of the PHS Commissioned Corps uniforms. However, those applicants to the Corps who already have a tattoo on a body part that is visible when wearing any of the Corps uniforms—for example, the forearm—would not be found unqualified for the Corps based on a tattoo. But those officers who are already commissioned in the Corps must not get a new tattoo on a body part that would be visible when wearing any of the PHS uniforms.

BCOAG's Call for Nominations for Awards

Call for Nominations for the BCOAG's Annual George I. Lythcott Award

The Black Commissioned Officers Advisory Group (BCOAG) established the George I. Lythcott Award in May 1996 in memory of RADM George I. Lythcott, M.D. (1918-1995). RADM Lythcott, former Assistant Commissioner of Health in New York City, was an exceptional public servant.

The intent of this award is to recognize an individual who demonstrates a genuine sense of public service and leadership initiative, and whose contributions enhance the health status of medically underserved populations. Any Public Health Service (PHS) Commissioned Corps officer (Grade O-2, O-3, or O-4) with a minimum of 5 years of service in the Corps is an eligible candidate for the George I. Lythcott Award.

Nominations are encouraged from all Operating Divisions (OPDIVs) and shall describe how the candidate has met one or more of the following criteria:

- Contributions to program and OPDIV objectives have reflected a sustained high quality of work performance;
- Work performance or a single important achievement has been characterized by outstanding leadership initiative and/or the application of unique skills and creativity;
- Overall work performance or a single activity has clearly contributed significantly to the PHS mission;
- Participation in activities within or outside PHS and a positive impact on improving the health status of the Nation's medically underserved populations; and
- Performance has continuously demonstrated a genuine sense of public service and professional integrity.

An original and four (4) copies of the following materials are required: a completed nomination form and a narrative justification not to exceed two (2) pages. The nominee's curriculum vitae will be requested at a later date, if needed.

Please request that a blank nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can

reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number 6532.

Call for Nominations for the BCOAG's Annual Hildrus A. Poindexter Award

BCOAG established the Hildrus A. Poindexter Award in 1990 in memory of CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., Sc.D., (1901-1987) who was an exemplary PHS Commissioned Corps officer, distinguished physician, educator, and humanitarian. CAPT Poindexter's outstanding contributions in the field of public health are recognized throughout the world. He performed his duties in the highest traditions and standards of the Corps and continues to be an inspiration not only to African-American officers, but to all public servants.

The intention of this award is to recognize a commissioned officer or civil servant (with a minimum of 7 years service within PHS) for continued outstanding service contributing to significantly improving the health of minority populations.

Each nominator shall describe how the candidate has met one or more of the following criteria:

- Demonstrated significant contributions toward improving the health of African Americans and other minorities in the United States and abroad;
- Continually demonstrates exceptional dedication to the mission of PHS;
- Demonstrated outstanding leadership (academically, administratively, programmatically, and/or internationally);
- Demonstrated excellence in his/her professional field; and
- Demonstrated significant contributions to the community.

An original and four (4) copies of the following materials are required: a completed nomination form and a narrative justification not to exceed two (2) pages. The nominee's curriculum vitae will be requested at a later date, if needed.

Please request that a blank nomination form be faxed to you by using the

Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number 6531.

Call for Nominations for the BCOAG's Annual Retired Officer Recognition Award

On Their Shoulders We Stand—

BCOAG's Retired Officer Recognition Award was established in 1998. The intent of this award is to reach back and recognize those African-American PHS Commissioned Corps officers who served with distinction for a decade or more fostering the mission of the PHS.

Two individuals are recognized each year by their peers. The nomination criteria must include documented evidence of outstanding service as a Corps officer, and significant contributions in community and/or public life that served to enhance the quality of life for the disenfranchised in the U.S. or abroad. Priority will be given to those nominees who have continued to make significant public health contributions during their retirement from the Corps.

Please request that a blank nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number 6601.

Deadline Date and Address to Send Nominations

To be considered, nominations for any of the above awards must be received at the following address by the close of business on Friday, **September 24, 1999:**

CAPT Ronald A. Reddick
HRSA/BPHC/NHSC/CSB
4350 East-West Highway, 8th Floor
Bethesda, MD 20814
Phone: 301-594-4162
Fax: 301-594-5222
E-mail: rreddick@hrsa.gov



DCP and Y2K Update

For this month's Division of Commissioned Personnel's update of Y2K issues, we would like to let you know about the Day One Simulation Testing just completed. We set up an Emergency Response Center (ERC) for the Program Support Center (PSC) with Action Officers representing the Operating Division in the ERC itself, and simulated Service Directors in various offices of the PSC.

To start off the exercise, we had a real emergency. One of the senior Action Officers was sent home in extreme pain with a kidney stone, so we brought one of the simulated Service Directors down to the ERC and drafted a new simulated Service Director. We had additional ERC personnel present for the test as well as observers from the contractor's office for the Y2K Project. The room was set up with huge wall charts to track problems, and we had several cell phones available to receive 'trouble calls.'

The exercise began with the contractor handing out sealed envelopes with scripts to be followed by all participants. The envelopes were marked with times to be opened. No one in the room, except the contractors who had written the

scripts, knew what to expect, and remember, we had already had one real emergency that day. We all synchronized our watches to 'time zero' for the exercise and the play began. The exercise had been planned to run in condensed time format so that we could simulate two 8-hour shifts in 2½ hours.

The first shift was on duty and we were all wondering what to expect when suddenly the phones started ringing. All of them! We took the trouble calls and logged the problems on a call sheet that in a real emergency would be used for reporting purposes to the Operating Division, and placed colored dots on our wall charts to note which systems were down (red dots) and note when they were back up or repaired (green dots). The calls came in hot and heavy about elevators being out of service in the Parklawn Building, computer workstations being down, and LAN lines not working. The contractors provided a tape recorder with pre-recorded messages simulating radio broadcasts to report electric power down in all of Consolidated Edison's area (not our concern at the moment—but part of the exercise was weeding out relevant

information from irrelevant information) and later a report of phone lines down in the District of Columbia—definitely a problem as several of our headquarters' buildings are in downtown Washington, D.C.

Halfway through the exercise we had a 'change of shift' and those of us on the first shift were really ready for a break! Along with the reports of problems coming in, we had to poll all of our partners to keep abreast of the status of the systems.

We found some things that could use some modifications or improvements, but it was a fun exercise and we found out for sure that we can manage the system. We certainly found some things that we could do better or easier, but it was a very profitable, worthwhile, and positive experience. We will be dressing up, or perhaps you could say slimming down, our log sheets to make tracking system problems easier, but everything did work and we all came away with a great sense of accomplishment.

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LTJG Paras M. Patel Commissioned at College Graduation

The Army, Navy, Air Force, and Marines do it every year, and this year the Public Health Service (PHS) took advantage of a great promotional opportunity. On May 20th, LTJG Paras M. Patel was sworn in as a PHS Commissioned Corps officer at the Temple University School of Pharmacy's graduation ceremony held in Philadelphia, Pennsylvania.

LTJG Nasser Mahmud, a PHS pharmacy officer with the Center for Drug Evaluation and Research (CDER), Food and Drug Administration (FDA), initiated the ceremony by describing the intent and structure of the ceremony to the graduating class and their families. LTJG Patel was administered the Oath of Office by LT Teresa A. Watkins, also a PHS pharmacy officer with CDER, FDA, and was appointed into the Corps with the presentation of rank and a formal

salute. A return salute by LTJG Patel to both officers illuminated the auditorium with applause by the graduating class. Both the faculty and students were proud to have a member of their graduating class represent them in the PHS Commissioned Corps and expressed appreciation to the visiting officers for their participation. There is a growing interest in the Corps and the intrigue and excitement that the ceremony brought to the Temple University School of Pharmacy's graduation may help in other graduations to attract qualified professionals to the commissioned corps.

LTJG Patel has been assigned as a Regulatory Management Officer, Office of Generic Drugs, Division of Labeling and Program Support, Regulatory Support Branch, CDER, FDA.

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DCP's Electronic Bulletin Board —IMPORTANT NOTICE

The Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB) has served well for much of this decade. But, with the increased use of the DCP web site, use of the EBB has slowed to a trickle. It has been decided that the EBB will be taken off-line within the next few weeks.

It has been a pleasure providing the EBB service to you these past years. Please visit the DCP web site at <http://dcp.psc.gov> to access the many options that are available there, and please provide us with suggestions of web site services that you would like to see improved or added.

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Medical Disability Benefits for PHS Commissioned Corps Officers

Many officers desire a description of their disability benefits to assist them in financial planning, such as determining a need for supplemental disability insurance coverage. The following overview should answer many questions.

The sick leave benefit is generous, but not unlimited. Sick leave must be medically justified, requested in advance (unless the officer was incapacitated), and authorized by the leave-granting authority. While on sick leave, the officer receives full pay and benefits as an active-duty officer. As soon as it becomes apparent that an officer on sick leave will probably not return to duty at all or only after a prolonged convalescence, commissioned corps policy requires that the Medical Affairs Branch, Division of Commissioned Personnel (DCP), begin processing that case for a Medical Review Board (MRB). Further, regardless of the prognosis, the policy requires that the MRB review the case of any officer who has been on sick leave 90 days continuously or 120 days cumulatively in a 12-month period. The MRB can recommend further sick leave, return to active duty, or medical separation from active duty.

Any illness acquired or aggravated while in active-duty status (but not when in Absence Without Leave status or if due to misconduct or to willful neglect) which causes the officer to be unfit for retention on active duty, entitles the officer to disability benefits. (Examples—Disabling injury suffered because of a fall from a ladder while doing home repairs would entitle the officer to disability benefits. Disabling injury suffered because an officer was driving his or her car while under the influence of alcohol is misconduct. Failure to cooperate with reasonable medical evaluation or treatment could be considered willful neglect.) However, medical conditions such as alcoholism, substance abuse, or personality / character disorders do not entitle the officer to Public Health Service (PHS) disability benefits. Furthermore, conditions acquired or aggravated while on active duty which did not prevent performance of active duty up to 12 months before the time an officer is scheduled for separation for reasons other than medical separation (e.g., voluntary inactivation, regular retirement) do not entitle him or her to PHS disability benefits. These con-

nected conditions may entitle the officer to Department of Veterans Affairs (VA) benefits.

If an officer is found not fit to continue on active duty, his or her percentage of disability is determined by the MRB using the VA Schedule for Rating Disabilities, as required by law. When an officer is medically separated from active duty, usually he or she is medically retired. However, if the percentage of disability is less than 30 percent, he or she will be separated with severance pay and will not have the benefits of retired status (unless he or she can retire on the basis of 20 or more years of active duty). Separation with severance pay occurs very infrequently, since usually an officer with less than a 30 percent disability is able and motivated to work at an acceptable level of performance and will be found fit-for-duty by the MRB. Severance pay is 2 months of basic pay for each year of active duty (maximum credit is 12 years of service).

When the percentage of disability is 30 percent or more, the officer is medically retired. When the disabling condition is one that could improve or worsen over the next 5 years, the officer will be placed on the temporary disability retired list (TDRL) for up to 5 years. While on the TDRL the officer must be reassessed by the MRB at least every 18 months. At reassessment, the MRB may find the officer fit-for-duty, may continue him or her on the TDRL, or may place the officer on the permanent disability retired list (PDRL). At the last reassessment (5th year) on TDRL, the officer must be found either fit-for-duty or permanently retired or separated. If at any 18-month reassessment, the officer is found fit-for-duty and he or she is in the regular Corps, he or she must be given an active-duty assignment. If the officer is in the reserve corps and there is no suitable assignment for him or her, the officer will be inactivated.

While on the TDRL, if the percentage of disability is 30 percent to 50 percent, the officer will receive as retired pay, 50 percent of his or her base pay (no housing allowance, no subsistence pay, no special or bonus pays.) If the percentage of disability is between 50 percent and 75 percent, the retired pay will be the same percentage of disability. If the disability is more than 75 percent, the retired pay remains at 75 percent of base pay as that

is the maximal percentage a retiring officer can receive.

As long as the officer is continued on the TDRL, the originally assigned percentage of disability cannot be changed. When placed on the PDRL at the termination of 5 years on TDRL, the MRB must re-rate the officer's condition which may change the percentage of disability rating. If this rating is less than 30 percent, the officer will not be retired, but will be separated with severance pay (unless he or she can retire because of years of active duty). As with TDRL, 75 percent of base pay is the maximum retired pay any officer can receive.

For both the TDRL and the PDRL, if the retired pay calculated on the basis of years of active duty service is greater than the pay calculated according to percentage of disability, the officer may elect to receive the greater (former) amount.

For officers who were on active duty on September 24, 1975, retired pay attributable to disability is exempt from Federal tax. For officers called to duty after that date, it is not exempt unless the disability is the direct result of official duties.

In any case, the officer may apply to the VA for disability pay for service-connected conditions. The VA pay received (likely a smaller amount than PHS disability retired pay) is subtracted from PHS retired pay, but is exempt from Federal tax. The VA also provides medical care for service-connected disabilities.

Officers in medical retirement (both TDRL and PDRL) have the same benefits as officers retired after 20 or more years of service. These benefits include health care on a space-available basis at military treatment facilities, TRICARE, commissary, exchange, space-available travel, and other privileges on military bases for both the officer and their dependents. (Children lose their dependency eligibility as they reach adulthood.)

If you have further questions regarding the above information, you may call the Medical Evaluations Section of the Medical Affairs Branch, DCP, at 301-594-2052 (or toll-free at 1-877-463-6327, press 1, pause, dial 42052).

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Vacancy Announcements

The following vacancies are provided as representative of varied opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: Vacancy Announcements Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001 – or phone: 301-594-3458 or 301-594-3360 (toll-free at 1-877-463-6327 – listen to the prompts, dial 1, pause, dial 43360) or Fax: 301-443-7069.

Category / OPDIV

Description of Position

DENTAL

INDIAN HEALTH SERVICE–

Various Sites

IHS Area:

Aberdeen Area

Alaska Area

Albuquerque Area

Bemidji Area

Billings Area

California Area

Nashville Area

Navajo Area

Oklahoma Area

Phoenix Area

Portland Area

Tucson Area

Dental Officer Positions (approximately 95 vacancies)

Grades: O-3/O-4/O-5/O-6

Contact:

Phone:

CDR Patrick Blahut

1-800-693-9186

CAPT Jeanine Tucker

907-729-3641

CAPT Robert Palmer

505-988-9821, ext. 485

CAPT Toby Imler

218-983-6285

CAPT Richard Troyer

406-638-3470

CAPT Jerry Gordon

916-566-7011, ext. 321

CAPT R. Joe Davis

828-497-9163, ext. 478

CAPT Mark Kosell

520-871-1344

CAPT George Chiarchiaro

405-951-3818

CAPT Steve Tetrev

602-364-5190

CDR Woody Crow

503-326-2016

LCDR Michael Winkler

520-383-7305

NURSE

BUREAU OF PRISONS–

Fort Worth, TX

Clinical Nurse

Contact: Ms. Princess Jackson

817-413-3411

Grades: O-2/O-3/O-4/O-5

Provides medical services to inmate populations at a Federal Medical Center.

PHARMACY

BUREAU OF PRISONS–

Various Sites

Chief Pharmacist

Contact: CAPT John Babb

202-307-2867, ext. 128

Grades: O-4/O-5

The O-4 position is located at the Federal Prison Camp in Seymour Johnson, NC. The O-5 positions are located in the Federal Correctional Institutions in Talladega, AL; Allenwood, PA; Chicago, IL; Ft. Dix, NJ; and the Federal Detention Center in Philadelphia, PA.

BUREAU OF PRISONS–

Various Sites

Staff Pharmacist / Senior Pharmacist I

Contact: CAPT John Babb

202-307-2867, ext. 128

Grade: O-4

Federal Correctional Institutions in Jesup, GA; Miami, FL; Yazoo City, MS; Atlanta, GA; Lewisburg, PA; Englewood, CO; and Fort Worth, TX.

Recent Deaths

The deaths of the following active-duty and retired officers were reported to the Division of Commissioned Personnel:

Title / Name

Date

DENTAL

CAPT Kenneth B. Dewitt

05-29-99

LT Monique I. Ha

06-08-99

NURSE

LCDR Florence A. Canada

05-31-99

ENGINEER

CAPT Eugene L. Lehr

06-22-99

DCP WEB SITE ADDRESS—

<http://dcp.psc.gov>

DCP Toll-Free Phone Number—

1-877-INFO DCP

(or 1-877-463-6327)

Subscribe to Listserv to Receive

Email Messages from DCP—

listserv@list.psc.dhhs.gov

Uniform and Grooming Standards

"The wearing of the U.S. Public Health Service (PHS) uniform should be a matter of personal pride to you as a commissioned officer. Since you represent the U.S. Government, your dress, grooming, and conduct should reflect credit upon yourself, PHS, and the country."

"Uniforms and associated equipment shall be made of high quality materials and constructed with a high standard of workmanship. Uniforms shall be kept scrupulously clean with lace, devices, and insignia

bright and free from tarnish and corrosion. Hats and caps shall be worn squarely on the head, bottom edge horizontal. Shoes shall be kept well shined and in good repair."

If the above paragraphs are not familiar to you, perhaps you have not been keeping in mind the importance of periodically reviewing Commissioned Corps Personnel Manual Pamphlet No. 61, "Information on Uniforms," which is available on the Division of Commissioned Personnel's web site

<<http://dcp.psc.gov>>. It will refresh your knowledge of correct grooming as well as correct uniform components. Changes and additions to uniforms will be published in the *Commissioned Corps Bulletin* as appropriate.

The PHS uniform is an important part of your heritage and your image. Reflect your pride, your professionalism, and your commitment to public service by the way you wear your uniform.

Retirements - July

<i>Title / Name</i>	<i>OPDIV/Program</i>	<i>Title / Name</i>	<i>OPDIV/Program</i>	<i>Title / Name</i>	<i>OPDIV/Program</i>
MEDICAL		NURSE		SCIENTIST	
CAPTAIN		CAPTAIN		COMMANDER	
Kenneth M. Petersen	CDC	Marilyn K. Vanderven	HRSA	Jon M. Ranhand	NIH
John A. Wolfe	IHS	Rosalie K. Phillips	IHS	SANITARIAN	
Howard B. Dickler	NIH	COMMANDER		COMMANDER	
Frederick T. Hambrecht	NIH	Rochelle E. Cooper	IHS	Paul Mattox	IHS
Donald E. Henson	NIH	LIEUTENANT COMMANDER		PHARMACY	
Leonard D. Kohn	NIH	Dorothy E. Barlow	IHS	CAPTAIN	
COMMANDER		ENGINEER		Roger D. Nicolaus	IHS
Frank W. Putnam, Jr.	NIH	CAPTAIN		Frankie L. Sutton	IHS
DENTAL		C. Lewis Fox, Jr.	IHS	HEALTH SERVICES	
CAPTAIN		Daniel L. Hightower	NIH	CAPTAIN	
Charles R. Wanner	CG	COMMANDER		Douglas A. Mahy	HRSA
John F. Neale III	IHS	Delton D. Woodford	IHS	Jerry G. Gentry	CDC
Roger D. Wayman	IHS			Nina R. Lalich	CDC



Outside Professional Activity

Listed below are excerpts from various sources that apply to outside professional activities and prohibit officers from accepting compensation from the Federal government for those activities. The prohibitions include billing the Beneficiary Medical Program Section of the Medical Affairs Branch, Division of Commissioned Personnel (DCP), for services rendered to Public Health Service Commissioned Corps officers. Additionally, officers cannot bill Medicare or other Federal instrumentalities for services.

Reminder



- Standards of Conduct memorandum dated July 26, 1999, page 6, Conditions for Outside Activities, paragraph d. "No Other Federal Employment . . ."
- United States Code, Title 5, Section 5536, Government Organization and Employees. "Extra pay for extra services prohibited . . ."
- "Commissioned Officer's Handbook," dated Spring 1998, page 53, paragraph d. "No Other Federal Employment . . ."

Public Health Service officers wishing to pursue outside professional activities must complete form HHS-520, "Request for Approval of Outside Activity." Questions about outside activities should be directed to the Chief Legal Advisor, DCP, at 301-594-2730 or the Special Counsel for Ethics in the Department's Office of the General Counsel at 202-690-7258.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Human Resources Service
Division of Commissioned Personnel, Room 4A-15
Rockville MD 20857-0001

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