



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XV, No. 12

December 2001

## Surgeon General's Column

In last month's column, we reported that 6 cases of cutaneous anthrax and 3 cases of inhalational anthrax had been confirmed by the Centers for Disease Control and Prevention (CDC). At that time there were 3 deaths. One month later, the CDC is reporting a total of 12 cases of cutaneous anthrax (7 confirmed and 5 probable). CDC also confirmed 10 cases of inhalational anthrax, which resulted in 4 deaths. More than 30,000 people are estimated to have been placed on antibiotics as a result of possible exposure to anthrax, and over 5,000 are being continued for the full 60 days.

Fortunately, our recent experience with inhalational anthrax cases related to bioterrorism has proven that we can have a higher survival rate than previously reported. Infection can be prevented in persons exposed to anthrax with antibiotics. An anthrax vaccine exists, and we are still determining how best to use it. It was not intended for use by the general public, although it is being explored as a possible option for postal workers and others who are at risk for infection.

Could the worst be over? As we prepare this column, a full week has passed without any new reports of bioterrorist activity, so we are guardedly optimistic. But for us in public health, the need to continually reevaluate and reassess our situation and to remain vigilant against the threat of other diseases is clear.

While the threat of bioterrorism understandably evokes a great deal of fear and uncertainty, one good bit of news has resulted: a new interest has been generated among policymakers around preparing for bioterrorism by strengthening the

public health infrastructure. In years past, the topic has received considerably less attention and funding. The public, too, has turned an ear toward issues pertaining to public health. They have asked, and sometimes even demanded, that they be given authoritative information from credible and trusted sources. So we have an unprecedented opportunity to respond to their concerns and to impress upon them the need for a strengthened public health infrastructure.

We are trying to do just that. I have been interviewed more than 40 times since October 5 for television and radio, and numerous other times for the print media. Then, on November 2, we participated in an important Conference on Global Infectious Disease and U.S. Foreign Policies, hosted by the State Department and the National Academies. Other speakers that afternoon included Dr. Claude Allen, who filled in for Secretary Thompson, Dr. Malegarpu William Makgoba, and my co-presenter Dr. Peggy Hamburg.

We talked about the lessons we are learning from bioterrorism. The anthrax attacks have taught us a great deal about bioterrorism and about where our strengths and weaknesses are. Chief among them is that a strong and flexible public health infrastructure is key. In order to be fully effective, it must work in conjunction with the criminal justice system.

We also outlined our many strengths that exist within the current infrastructure, beginning with the fact that we have a large cadre of well-trained and experienced epidemiologists who have re-

sponded effectively to infectious disease outbreaks all over the world. We also have a mobile commissioned corps of epidemiologists and other public health leaders, ready to respond on short notice. Since September 11, we have had over 800 deployments.

We have a strong, though underfunded laboratory system, including the CDC and the U.S. Army Medical Research Institute of Infectious Diseases, and we have *some* strong State and local laboratories throughout the country.

We also have a developing communications network among Federal, State and local health departments, including CDC's Health Alert Network, which is a new early warning information system designed to coordinate information about bioterrorism and other health threats among health officials at the Federal, State, and local levels and private physicians.

And we have a well-stocked and mobile National Pharmaceutical Stockpile able to deliver antibiotics and other

*(Continued on page 2)*

### IN THIS ISSUE . . .

DCP's Outgoing Mail .....	2
Thrift Savings Plan Q&A .....	3
Deadline for Application for Assimilation .....	4
Q&A on Uniforms .....	6
2002 Public Health Professional Conference .....	6
Next of Kin/Emergency Contact Information .....	7

### Surgeon General's Column

(Continued from page 1)

agents and instruments anywhere in the Nation within a few hours. We also have a mobile hospital system ready to respond, if needed.

But there exist several weaknesses that must be considered, such as the need for a strengthened State and local public health infrastructure. First, we need Federal, State, and local parties to begin to work as a team. Inherent in that is the need to train as a team so that in the event of a bioterrorist attack, we can respond in a coordinated, cooperative, and collaborative way.

Another weakness we discovered as we were going through the early responses to the anthrax attacks is that there were no bioterrorism "experts" in that there were none who are skilled in dealing with infectious diseases as weapons.

We also realized that we have devoted far too little attention to the training needs of front line providers who are so critical to early detection, reporting, and response. We could do better to utilize new media, such as is being done with Internet and satellite broadcasts, to quickly and efficiently inform and educate those who are on the front lines. Contrary to the implications of the name, the private healthcare sector is an important part of the public health infrastructure. So, we must be sure that the investment in the public health infrastructure includes private sector healthcare.

That leads to my next concern. Community education and public awareness is far more critical than we anticipated and much more must be invested in it. This is the true front line of the public health infrastructure. At present, the public is under prepared to respond by reporting unusual observations and experiences or to make rational decisions regarding the use of antibiotics, vaccines, or related agents.

In short, we need a clearly defined communications strategy aimed at speaking to the folks who are on the front lines: the public and healthcare professionals.

Even if we were able to resolve all of these problems, we still have one persistent problem that plagues this Nation—the critical problem of access to care. Too

many people are left out of the healthcare system and there still exists too much distrust on the part of many. When members of the public, whom we rely on to report illnesses and suspicious activity to healthcare professionals, do not have access to healthcare, do not have a primary care physician to call, or do not feel comfortable using the system, we all run the greater risk of the spread of disease or of missing diseases in their early stages.

We will be watching for several other emerging issues in the immediate days ahead. Some relate to the pattern of antibiotic use in our country: Can we expect a large group of people to adhere to a 60-day regimen (1) when they are not ill, or (2) when major side effects are involved? Additionally, with tens of thousands of people on antibiotics, we remain concerned that the very effort of prevention by the use of antibiotics may contribute to the loss of the potency of the antibiotics, thereby weakening our best weapon. And we must determine what will be the role of vaccines in conjunction with antibiotics in responding to anthrax.

We are also concerned about the threat of at least a hundred different organisms that could potentially be used as weapons. Although every one of them is rare in the United States, they nevertheless, are reason for concern. Aside from anthrax, most would agree with the following five as the top concerns: smallpox, pneumonic plague, tularemia bacterium, clostridium botulinum, and hemorrhagic fevers.

Even if the worst is not over, we are undoubtedly better prepared to respond to the next event than we were 4 weeks ago.

Have a safe and merry holiday season.

VADM David Satcher  
Surgeon General



### DCP's Outgoing Mail

Many of you heard news reports the week of October 29 through November 2, 2001, indicating that preliminary tests were positive for anthrax in the mail room in the Parklawn Building in Rockville, Maryland. As a result, some were concerned that the outgoing mail from the Division of Commissioned Personnel (DCP), such as earnings statements, may be contaminated. DCP has received notification that the presumptive positive samples sent to the Centers for Disease Control and Prevention (CDC) at the end of the week of October 29 for the Parklawn mail room and the Crabbs Branch off-site mail facility came back from CDC as confirmed negative, **no anthrax**.

To further reduce any anxiety about outgoing mail—now or in the future—the incoming and outgoing mail processing operations within the Parklawn Building are physically separate, greatly reducing any potential for cross contamination.

These are difficult times and DCP appreciates your concerns; they are our concerns as well. DCP remains focused on efforts to protect both employees and customers.



### PROMOTION YEAR 2002

#### IMPORTANT DATE TO REMEMBER

Documents faxed for inclusion into the electronic Official Personnel Folder (OPF) must be received no later than midnight on:

**December 31, 2001**

Fax documents to be included into the electronic OPF to either of the following fax numbers:

301-480-1436 (or) 301-480-1407





## Thrift Savings Plan—Questions and Answers

As the Thrift Savings Plan (TSP) open season for enrollment continues, the Compensation Branch (CB) would like to assist officers in processing the TSP-U-1, "Thrift Savings Plan Election Form," by answering some frequently asked questions.

### Some Important Points to Remember

1. The open season for enrollment in the TSP runs from October 9, 2001 to January 31, 2002. However, enrollments received in CB after January 10, 2002 will delay TSP account deposits until the February payroll.
2. Officers may contribute from 1 percent to 7 percent (in whole percentages) of their basic pay.
3. Officers may contribute all or any whole percentage of special pays and bonus pays after contributing at least 1 percent of basic pay.
4. An officer's total contribution may not exceed the Internal Revenue Code's elective deferral limit for 2002, which is \$11,000. When this threshold is reached, CB will discontinue further TSP contributions until the following year.
5. All initial allocations will be invested in the G Fund. Officers can later reallocate their investments.

### Frequently Asked Questions

- Q.** How are the TSP-U-1 forms processed?
- A.** The TSP-U-1 forms are submitted to CB, Division of Commissioned Personnel (DCP), and each officer's elections are entered into the DCP payroll system. Starting with the January payroll, fund allocations will be forwarded to the National Finance Center for processing.
- Q.** Which block in the form TSP-U-1 is used for specifying monthly special pays and contract (lump sum) special pays?

#### A. Block 8. Incentive Pay

- Hazardous Duty Incentive Pay
- Aviation Career Incentive Pay
- Leprosy Pay

#### Block 9. Special Pay (Monthly)

- Variable Special Pay (Medical, Dental, and Pharmacy)
- Board Certified Pay (Medical, Dental, Veterinary, and Nonphysician)
- Monthly Special Pay for Veterinarians and Optometrists
- Hostile Fire and Imminent Danger Pay

#### Block 10. Bonus Pay (Lump Sum)

- Retention Special Pay (Medical)
- Additional Special Pay (Dental)
- Multiyear Retention Bonus (Physicians and Dentists)
- Incentive Special Pay (Medical)
- Accession Bonus (Nurse, Dental, or Pharmacy)
- Engineering and Scientific Career Continuation Pay
- Nurse Special Pay (Nurse Anesthetists)
- Career Status Bonus (REDUX)

**Q.** If I am going to receive a bonus in January or any other month of calendar year 2002, how should I fill out form TSP-U-1?

**A.** You must first indicate the percentage of basic pay (1 to 7 percent) that you want to contribute and then indicate in Block 10 the percentage of bonus pay (1 to 100 percent) that you want to contribute.

**Q.** Is the elective deferral limit of \$11,000 only for basic pay?

**A.** No. The elective deferral limit is for the total contribution that the officer makes for the relevant year. This includes contributions from all categories of tax-deferred pay to include incentive pay, special pay, and bonus pay.

**Q.** Who is receiving matching contributions?

**A.** As of this point, no one in any of the Uniformed Services is receiving matching funds. Should the Secretary of the Department of Health and

Human Services designate critical specialities to receive matching funds, an announcement will be made.

**Q.** How do I allocate my contributions?

**A.** When your TSP account is established (i.e., upon receipt of the first contribution reported by your payroll office), the TSP will send you a new account letter which will include a Personal Identification Number (PIN). After you receive the TSP PIN, you will be able to make a contribution allocation to invest future contributions in any of the five investment funds by using the TSP Web site—[www.tsp.gov](http://www.tsp.gov)—or the Thrift-Line at 504-255-8777. You may also mail TSP-U-50, "Investment Allocation Form," to the TSP Service Office. However, you cannot download the TSP-U-50 from the TSP Web site (due to bar codes that are located on the form for scanning purposes), but if you are in the Web site, why not make a Web request?

**Q.** When will I get the paper form TSP-U-50?

**A.** You will receive form TSP-U-50 with your new account letter. The form will also be available from CB starting January 2002.

**Q.** Will I receive a prospectus for the five funds?

**A.** For information on the G, F, C, S, and I funds, please read the booklet titled *Summary of the Thrift Savings Plan for the Uniformed Services*. Once you are familiar with the investment funds, the TSP has an additional booklet titled *Guide to TSP Investments*, which is available on the TSP Web site—[www.tsp.gov](http://www.tsp.gov).

**Q.** Can Public Health Service (PHS) Commissioned Corps retirees or other Uniformed Services retirees contribute to the TSP?

**A.** No. Uniformed Service retirees cannot contribute to the TSP. The TSP is designed to allow active-duty members to save a part of their PHS pay for retirement.

□

## 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 (dated November 9) discusses many of the major areas covered by the standards of conduct and provides you with general instructions and guidance. This memorandum is also available on the DCP Web site at—[http://dcp.psc.gov/PDF\\_docs/Standards01.pdf](http://dcp.psc.gov/PDF_docs/Standards01.pdf).

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



## Inactive Reserve Corps Phone Number and E-Mail Address

Information or questions regarding the Inactive Reserve Corps should be directed to the Inactive Reserve Coordinator at:

Office of the Surgeon General  
ATTN: LT Culbreath, IRC Coordinator  
5600 Fishers Lane, Room 18-66  
Rockville, MD 20857-0001  
Phone: 301-443-4000  
Fax: 301-443-1211  
E-mail: [dculbreath@osophs.dhhs.gov](mailto:dculbreath@osophs.dhhs.gov)



## Deadline for Submission of Applications for Assimilation into the Regular Corps

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel (DCP) by the close of business on Friday, **February 15, 2002**, in order to be reviewed by the 2002 board.

Form PHS-7034, "Application for Assimilation into the Regular Corps," and a table outlining the differences between the Reserve Corps and the Regular Corps are available on the DCP Web site—<http://dcp.psc.gov>—click on 'Publications' and then 'Regular Corps Assimilation Program.'

Also, form PHS-7034 and the table can be requested 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 **6534** (assimilation package).

**Important:** Officers who applied for assimilation in the past but were 'not recommended' are reminded that a new application is required in order to be reconsidered.

If you have any questions regarding assimilation, please contact LT Teresa Watkins in the Officer Support Branch, DCP, at 301-594-3108 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43108).



## ANNOUNCEMENT: Commissioned Corps Vacancy Announcement Listserv

It has come to the Division of Commissioned Personnel's (DCP) attention that a large number of people who subscribe to the DCP listserv do not want to automatically receive vacancy announcements along with official messages. Therefore, a second listserv titled—**ccvacancies**—has been created to distribute select vacancy announcements. ***The DCP listserv will be used exclusively for official announcements.***

If you would like to subscribe to the vacancy announcement listserv and receive exciting job opportunities, follow these instructions:

Send an e-mail message to – [listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov) – with no subject and a message in the following format:

SUBSCRIBE CCVACANCIES  
"your full name"

Where "your full name" is, replace with your complete first and last name without the quotation marks.

### Posting Vacancies

If you have vacancies that you would like to post on the ccvacancies listserv, please send the vacancy information to [ccvacancies@list.psc.gov](mailto:ccvacancies@list.psc.gov).

If you have any questions regarding the ccvacancies listserv, please contact:

LCDR Kellie Clelland  
E-mail: [kclelland@psc.gov](mailto:kclelland@psc.gov)  
Phone: 301-594-3484 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43484)



## Commissioned Corps Readiness Force

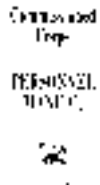
### CCRF Web Site

Visit the CCRF Web site frequently to check for current news, training opportunities, and to update any changes to your personal information. See <http://oep.osophs.dhhs.gov/ccrf>. In fact, several changes have recently been incorporated into the Web site, including information related to programmatic changes (see the 'CCRF Basics' buttonbar), as well as an improved method of identifying your supervisor.

Any commissioned officer interested in applying for CCRF membership may apply online at the above Web site by simply clicking on 'apply' and following the instructions.

All members should also subscribe to the CCRF listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'listserv' on the Web site. The CCRF staff may be reached at—[ccrft@osophs.dhhs.gov](mailto:ccrft@osophs.dhhs.gov).





## Commissioned Corps Personnel Manual INSTRUCTIONS

The following INSTRUCTIONS have been distributed and can be accessed on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Publications' and then click on 'Commissioned Corps Personnel Manual.'

*Transmittal Sheet 657 dated October 11, 2001—*

INSTRUCTION 8 of Subchapter CC42.2, "Pharmacist Special Pays: Variable Special Pay, Nonphysician Board Certified Pay, and Accession Bonus." This INSTRUCTION implements the first commissioned corps regulation addressing pharmacist special pays.

*Transmittal Sheet 658 dated October 26, 2001—*

INSTRUCTION 8 of Subchapter CC22.2, "Pharmacist Special Pays: Variable Special Pay, Nonphysician Board Certified Pay, and Accession Bonus." This INSTRUCTION provides guidance on the implementation of the commissioned corps regulation addressing pharmacist special pays. The purpose of pharmacist special pays is to aid the Department in recruiting and retaining selected pharmacists.

### HEALTHY LIFESTYLES

Get Active—Your Own Way,  
Every Day, for Life

Happy Holidays! Research says that most people gain only 1-2 pounds over the holidays. Prepare for the holiday season by losing 1-2 pounds before the holiday season, and not have to worry about weight gain in January. Pick strategies that are realistic for you. Increase exercise by walking whenever you can. Use the stairs instead of the elevator, be more active instead of watching TV. Cut desserts, limit high fat items, eat five fruits and vegetables a day, watch portion sizes, eat only when hungry, limit high calorie beverages. Enlisting co-workers in mutual support groups can help you all meet this challenge together.

## Commissioned Corps Readiness Force

### Current Status

It seems as though every time we try to provide a "current" status, changing events make the statement obsolete by the next day. So this is prefaced by stating that this report is current only as of the morning of November 15, 2001.

Since September 11, there have been more than 800 individual deployments of commissioned officers. Over 150 officers have deployed more than once in the past 9 weeks. Commissioned officers have responded to the initial plane crashes, the President's Address to Congress, anthrax attacks, the meeting of the United Nations General Assembly, and the American Airlines crash in Queens on Veterans' Day.

Responding to the many requests after the plane crashes on September 11, the Commissioned Corps Readiness Force (CCRF) and PHS-1 DMAT officers have been on medical teams working at Ground Zero; performed environmental testing on or near the site; managed National Disaster Medical System (NDMS) and CCRF resources; backfilled Disaster Medical Assistance Teams that were unable to field a full team; provided mental health support; backfilled at the National Naval Medical Center; worked on board the *USNS Comfort*; supported Disaster Mortuary Operations and Response Teams as forensic dentists; provided data entry support to collate ante-mortem information; deployed with the National Pharmaceutical Stockpile; worked as Epidemic Intelligence Service (EIS) officers in healthcare systems in New York and Washington, D.C.; protected our food, water, and utility supply systems; and supported the Federal Bureau of Investigations (FBI), Federal Emergency Management Agency (FEMA), Public Health Service (PHS) Regional Offices, Disaster Field Offices (DFOs), and the Office of Emergency Preparedness as liaisons.

The President's Address to Congress was supported by the PHS-1 DMAT team, which was staged nearby in case of a weapons of mass destruction event.

The attack on our country via the U.S. Postal Service has been answered by of-

icers providing testing, teaching, assessing, and prophylaxing more than 37,000 patients in New York, Washington, D.C., and several Federal mail rooms. The Centers for Disease Control and Prevention's EIS officers have again been in New York and Washington, D.C. as well as New Jersey, Florida, and other States to a lesser degree. National Institute for Occupational Safety and Health officers have provided environmental sampling teams. The management of the National Pharmaceutical Stockpile has been a wonderful partner in our work to address these attacks. Officers have provided liaison services at the FBI, FEMA, DFOs, Homeland Security, and the Secretary's Command Center.

A medical team of CCRF officers supported others in the NDMS during the United Nations General Assembly meeting in New York City, providing services to the U.S. Secret Service, other Federal law enforcement personnel, and the Presidential party.

Four CCRF officers supported the Family Assistance Center in New York after the November 12 plane crash in Queens, by collecting and collating ante-mortem information from family members of the victims.

It has not been uncommon to have eight to ten concurrent missions at any one time. Thank goodness we have had the support of every Agency/Operating Division of the Department during these trying days. The Chief Professional Officers have all worked to find ways to help support our mission. The Division of Commissioned Personnel has partnered with us throughout. The staff of the Office of the Surgeon General has done everything they can to give us the support we need. The members of the CCRF staff, CAPT Kathleen Downs, CDR Lynn Slepski, LCDR Dan Beck, and LT Charles Cathlin have worked many 90 to 100+ hour weeks. Yet, at this time in history when our country is in need, they all are proud to be commissioned officers in the U.S. Public Health Service. This team, this family, this corps, is in there fighting.



**Q.** What are the correct positions for miniature rank insignia and miniature cap device when worn on the Blue Garrison Cap (BGC) and the Khaki Garrison Cap (KGC)?

**A.** *Note: This is a correction to an incorrect answer that appeared in the "Q&A on Uniforms" article appearing in the July 2001 issue of the Commissioned Corps Bulletin. The correct answer is as follows:*

Both the miniature metal rank insignia and miniature cap device, when worn on the BGC or KGC, should be centered 1½ inches from the anterior lower edge and 2 inches from the anterior center midline.

**Q.** Are female Public Health Service (PHS) commissioned officers authorized to wear the Beret as a cover with the Service Dress Blue (SDB) uniform?

**A.** Yes. Female PHS commissioned officers are authorized to wear the Beret, which is listed as an 'Optional Item' for wear with the SDB uniform. 'Optional Item' is defined as an item which may be worn or used at the discretion of the individual officer, unless the Local Uniform Authority has specifically prohibited the wear of such items.

**Q.** Does a 'goatee' meet the definition of a 'partial beard,' as defined in Commissioned Corps Personnel Manual Pamphlet No. 61, "Information on Uniforms," and therefore authorized to be worn by male PHS commissioned officers when wearing the PHS uniform?

**A.** No. Goatees do not qualify as partial beards, and are therefore not authorized for wear with the PHS uniform. Goatees are considered to be a patch or spot of facial hair, which is not authorized or considered to be a beard.

**Q.** Is the new Army Cardigan Sweater with epaulets authorized for wear with the PHS uniform?

**A:** No. The Army Cardigan Sweater with epaulets is not authorized for wear with the PHS uniform. Only the Navy version of the cardigan sweater is authorized for wear with the PHS uniform.

## 2002 Public Health Professional Conference to be held April 21-24 in Atlanta, Georgia

The important issue of disaster response is just one of the many topics that will be addressed at the 2002 Public Health Professional Conference sponsored by the Commissioned Officers Association (COA) of the U.S. Public Health Service. This Conference is scheduled for April 21-24 at the Sheraton Atlanta Hotel in Atlanta, Georgia.

Health professionals from all categories are invited to participate. The meeting will address topics of current concern to all public health professionals and will be presented in General, Mini-General, and Paper Sessions as well as discipline specific tracks. This Conference also provides sessions addressing personnel issues that you can't find at other professional conferences

The 2002 agenda is being planned based on the general theme of **LEADING THE PUBLIC HEALTH RESPONSE TO DISEASE & DISASTER: Global Vision, National Action.**

A Call for Papers for this Conference has also gone out. All health professionals—active duty and retired—are invited to submit an abstract for possible presentation at this Conference. COA is once again offering online submission of abstracts for the Public Health Professional Conference. Online submission is as easy as filling out a form. To submit, visit COA's Web site at—<http://www.coausphs.org>—and click on the "professional conference" button. **January 18, 2002** is the deadline for the submission of abstracts.

COA's Web site—<http://www.coausphs.org>—will include all the information you need about this Conference, including a full agenda, online abstract submission, online registration, travel information, and more. Click on the "professional conference" button.

## COA Names Gerard Farrell as Executive Director

The Commissioned Officers Association (COA) of the U.S. Public Health Service (PHS), with the collaboration of the PHS Commissioned Officers Foundation (COF), is proud to announce CAPT Gerard Farrell, USN-Ret., as Executive Director effective November 1, 2001. CAPT Farrell succeeds CDR Michael Lord, USN-Ret., who served as COA's Executive Director since 1995.

"The search committee selected Jerry Farrell from among more than 80 applicants for the position because of his demonstrated leadership and management skills, his energy, and his extensive Uniformed Service experience," said RADM Richard Bertin, USPHS-Ret., Chairman of the COA Board of Directors.

"It is both a privilege and a challenge to be selected as the COA/COF Executive Director at this momentous time," said CAPT Farrell. "I am excited by the opportunity to serve the commissioned officers of the PHS as they work to defend and improve our Nation's public health."

CAPT Farrell, a 1970 graduate of the U.S. Naval Academy, retired in 2000 following a distinguished naval career including commanding two naval ships, service in the Pentagon, and assignments as Deputy Commandant of Midshipmen at the U.S. Naval Academy and Commanding Officer of the Naval Station in Annapolis, MD. Since his retirement from the Navy, CAPT Farrell has been employed by Northrup Grumman Corporation.

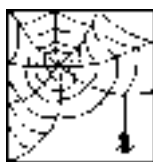
□

### Reminder

It is our hope that the information, announcements, and articles which appear in the *Commissioned Corps Bulletin* are of interest to all employees. The *Commissioned Corps Bulletin* is mailed to officers (active duty, inactive reserve, and retired) and some administrative personnel. Accordingly, many civil service employees with whom officers work, as well as other visitors to your offices, do not have regular access to the *Commissioned Corps Bulletin*.

Please share each copy with your colleagues and visitors by placing it where others may have a chance to read it. This will help others learn more about the Public Health Service Commissioned Corps and its changes, activities, and accomplishments.

□



## NEW on DCP Web Site!

### Next of Kin/Emergency Contact Information

The Division of Commissioned Personnel (DCP) may need to contact an active-duty officer's

- next of kin, or
- the person legally authorized to act on behalf of the officer or the officer's estate when certain events occur, or
- some other designated individual.

Therefore, all officers are encouraged to access the DCP Web site and complete an input form requesting information that will be used solely for the purpose of identifying such persons should the need arise. Completion of this information establishes no legal rights to the individual(s) you list.

#### Procedure

Please access the DCP Web site—<http://dcp.psc.gov>—and click on 'Secure Area' and then click on 'Officer & Liaison Activities.' This will take you to the 'Information Access' screen. Enter your Logon ID and Password. If you do not know your access information, contact the DCP Help Desk at 301-594-0961. A new window will open titled "Next of Kin or Emergency Contact Information." This window will open unless you have previously entered the information. Please complete all pertinent fields, then click on the 'Submit' button at the end of the page.

Again, all active-duty officers are encouraged to complete this form as quickly as possible. Future changes to the "Next of Kin or Emergency Contact" information may be made via the 'Update Contact Information' option of the 'Activity Selection' screen.

## Dental PAC Soliciting Award Nominations

The Dental Professional Advisory Committee is soliciting nominations for the following awards:

The **Jack D. Robertson Award** was established in 1982 by the Public Health Service (PHS) Chief Dental Officer, in honor of CAPT Robertson, and is presented each year to a senior dental officer/dentist (O-5 or GS-14 and above) whose professional performance best exemplifies the dedication, service, and commitment to the PHS demonstrated by CAPT Robertson during his career.

The **Ernest Eugene Buell Award** was established in 1989, in commemoration of the Commissioned Corps Centennial Year. CAPT Buell was the first PHS Commissioned Corps dental officer. He was commissioned in June 1919, and assigned to the Division of Marine Hospitals and Relief. This award is presented annually to a junior dental officer/dentist (O-4 or GS-13 or below) who has made a significant contribution in oral health education, research, or service.

The **Senior Clinician Dental Award** was established in 2001 by the Chief Dental Officer and will be awarded in 2002 for the first time and then annually. The Senior Clinician Award is designed to recognize a senior dental officer (O-5 or GS-14 and above) who has chosen a clinical career track and excels in clinical skills.

#### Nomination Procedures for All Three Dental Category Awards

There are no restrictions on the number of nominations that an Agency/Operating Division (OPDIV)/Program may submit. Nominations can originate at any level within the PHS, but must, in all cases, go through appropriate Agency/OPDIV/Program channels prior to submission. Nominations shall consist of: (1) transmittal memorandum, (2) current curriculum vitae, (3) brief citation, suitable for use on public occasions, and (4) written justification for the award, based on the past activities of the individual nominated. The justification should be one to three pages in length and address, specifically, the criteria listed for the award. The justification must contain sufficient information to enable a judgment to be made about the individual's level of professional contributions, the difficulties overcome, dedication, demonstrated adherence to principles, and the pursuit of excellence shown by the nominee.

The awards shall consist of an inscribed citation on an attractive plaque, suitable for display. The names of the awardees for the *Jack D. Robertson Award*, *Ernest Eugene Buell Award*, and *Senior Clinician Dental Award* will also be engraved on separate plaques, to be displayed in the office of the Chief Dental Officer. Awards will be presented to the winners at the Commissioned

Officers Association's 2002 Public Health Professional Conference to be held April 21-24, 2002, in Atlanta, Georgia.

Specific criteria for these awards may be obtained on the Web site—<http://www.ihs.gov/nonmedicalprograms/phs/phsdental/awardscrip.htm>.

Questions may be directed to CAPT Robert Hendricks at the address and phone number below. All nominations should be submitted by **February 1, 2002**, to:

CAPT Robert W. Hendricks  
USCG Air Station Traverse City  
1175 Airport Access Road  
Traverse City, MI 49686-3586  
Phone: 231-922-8285/8284  
Fax: 231-922-8292  
E-mail:  
rhendricks@astraversecity.uscg.mil

## Recent Deaths

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

<i>Title/Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<b>REAR ADMIRAL</b>	
Paul Q. Peterson	10-09-01
<b>CAPTAIN</b>	
James A. Hunter, Jr.	10-28-01
Joe L. Stockard	10-22-01
<b>DENTAL</b>	
<b>CAPTAIN</b>	
Stanley Raynor	10/06/01
<b>NURSE</b>	
<b>CAPTAIN</b>	
Helen M. Danley	08/18/01
E. C. Gilbertson	10/12/01
George F. Hedquist	09/12/01
Esther Kauffman	10/10/01
<b>COMMANDER</b>	
K. B. Holland	10/14/01
Regina P. Stabler	10/20/01
<b>ENGINEER</b>	
<b>CAPTAIN</b>	
Paul F. Woolrich	10/03/01
<b>VETERINARY</b>	
<b>REAR ADMIRAL</b>	
James Lieberman	09/23/01
<b>PHARMACY</b>	
<b>CAPTAIN</b>	
Charles A. Bowman	11/06/01

## Thoughts in the Aftermath of September 11

*Submitted by CAPT Wendell E. Wainwright*

As I write this, my thoughts are drifting to what I was doing prior to the terrorist attacks to the World Trade Center and the Pentagon, and the plane crash into a Pennsylvania field on September 11, 2001.

During the attacks, I was sitting in class at the U.S. Public Health Service (PHS) Noble Training Center in Anniston, Alabama. The Commissioned Corps Readiness Force—a cadre of PHS officers, uniquely qualified by education and skills, who can be mobilized in times of extraordinary need during disaster, strife, or public health emergencies and in response to domestic or international requests—selected me to participate in the second class of commissioned officers and civilian first responders to the “Integrated Health and Medical Weapons of Mass Destruction Training Program” held September 10-14, 2001.

Before class began on the second day, September 11, one of the instructors announced to the class that an airplane had flown into one of the World Trade Center (WTC) towers. Seconds later, another instructor announced that a second airplane had flown into the other WTC tower. At the time, I thought these announcements were just a scenario testing my classmates and my skills under pressure.

The center director entered the room and went directly to the podium. He repeated the earlier two announcements and went on to state that all the airports in the United States had been closed by order of the Federal Aviation Administration. This was the first time in U.S. history that air traffic nationwide had been halted. Once the center director completed his remarks, the majority of my classmates dashed from the room and headed for the row of telephones or out into the hallways to use their cellular telephones. They were calling their respective offices to learn if they or any of their co-workers were to be deployed. Many were bussed to Atlanta to make arrangements with military flights, commercial bus lines, or Amtrak.

The class was revamped and it continued until Friday, September 14. On the last day of class around mid-morning, I received a telephone call from the PHS Office of Emergency Preparedness (OEP) requesting my service as a mental health specialist. At the completion of the class, we were bussed to Atlanta. In Atlanta, I



*USNS Comfort docked in New York City.*



*Medical supplies at a Commissioned Corps Readiness Force site in New York City.*



*LCDR Elise Young and CAPT Wendell Wainwright standing in front of the USNS Comfort.*

*(Continued on page 9)*



## Thoughts in the Aftermath of September 11

(Continued from page 8)

met my first challenge following the terrorist attack. Flights nationwide were limited, and National Airport in Washington, D.C. was closed. After a 2-day layover in Atlanta at the Atlanta/Hartsfield Airport, I flew to Dulles International Airport and proceeded to Rockville, Maryland.

After arriving in Rockville, I went to the OEP and received my travel order for my deployment to New York City. My travel order stated that I was to report to the *USNS Comfort*, one of the Navy's two medical ships, and the point of contact was CAPT J. R. Eric Edwards. While aboard the *USNS Comfort*, I was assigned to Sick Bay, which provided medical and mental health services. My immediate supervisor was CAPT Ralph Bally, a U.S. Navy psychologist. Other members of the mental health support team were two psychiatrists, a psychiatric nurse, and two chaplains. Our mission was to observe and interface with rescue workers (emergency medical technicians, firefighters, etc.), New York firefighters, New York police officers, and Federal workers who may benefit from mental health services.

Most of the rescue workers interviewed were angry because they had traveled long distances at their own expense for humanitarian reasons, but their volunteerism was not welcomed and accepted by the various city and Federal agencies. Since the City of New York has a unique infrastructure, only a limited number of outside professional/trade skills workers were needed, other than for respite services. Those rescue work-

ers who were able to work, usually worked a 12-hour shift for 3 to 4 days before leaving for home. These services were arranged and coordinated with the City of New York or the Federal Emergency Management Agency.

After a week's duty aboard the *USNS Comfort*, I reported to Ground Zero on Sunday, September 23. At Ground Zero, I reported to the Mental Health Section of the Management Support Team (MST), which was administered by the Substance Abuse and Mental Health Services Administration. CDR Robert DeMartino, a psychiatrist and PHS officer, was my immediate supervisor. My assignment to Ground Zero was to serve as a roving mental health specialist to five medical treatment centers and two morgues. At this time, Ground Zero was designated as a crime scene and covered 16 acres. As a roving mental health specialist, I worked with the medical staff in receiving referrals and personal recommendations based on observation. On a daily basis, I conducted one-on-one interviews with rescue workers that averaged between 16 and 25 referrals. Daily reports were made to the MST and reported to the OEP for justification of the mission.

My assignment to Ground Zero ended on my birthday, September 30. This was the climax of a 2-week assignment that enabled me to interface with the U.S. Navy, to meet rescue workers from around the country, to meet 40 U.S. Senators, and to meet and interact with some of the finest firefighters and police officers of the City of New York.

## Nominations Sought for Health Services PAC's Kissel and Garcia Awards

The Health Services Professional Advisory Committee (HS-PAC) is inviting nominations for the "Stanley J. Kissel, Jr. Award for Outstanding Health Services Professional of the Year." The nominee must have had significant impact on the Nation's public health, exhibited leadership in the achievement(s) being cited, and served as a role model to others.

The HS-PAC is also inviting nominations for the "Joseph Garcia, Jr. Award for Outstanding Junior Health Services Officer of the Year." This award will go to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in his or her work, and shown involvement in health-related professional or community organizations or activities.

Commissioned corps officers from the Health Services category and equivalent civil service professionals are eligible for these awards. Nominations must be received by **March 8, 2002**. The awards will be presented at the Commissioned Officers Association's 2002 Public Health Professional Conference to be held April 21-24 in Atlanta, Georgia.

Nominations that do not follow the correct format will not be reviewed. Award criteria and nomination forms for either of these awards may be obtained by contacting:

CDR Frances T. Gipson  
E-mail: [fgipson@hrsa.gov](mailto:fgipson@hrsa.gov)  
Phone: 301-443-1823

□



Medical supplies at a PHS-1 Disaster Medical Assistance Team site in New York City.

□

## BCOAG Health Disparities Committee Sponsors HIV Prevention Education Campaign

World AIDS Day was observed this year on December 1. The theme was "Youth and AIDS in the 21<sup>st</sup> Century." This is a reminder of the impact of HIV infection on minorities and youth in the United States and our responsibility to promote prevention and change. The slogan for World AIDS Day was—**I Care...Do You?**

From December 1, 2001 until November 30, 2002, the Black Commissioned Officers Advisory Group (BCOAG) Health Disparities Committee will sponsor an HIV Prevention Education Campaign. The objective of this initiative is to support and promote the "Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior" and to support and promote the prevention of transmission of HIV infection among males and females between the ages of 12 and 35 years.

From December 2001 through January 2002, officers can request a free video, educational materials, and a survey to use as tools for reaching out to young people between the ages of 12 and 35 years. BCOAG encourages all officers to participate by showing the video in a church, school, community center, or other available venue that is conducive to educating young people.

We have a goal. Let us reach 100,000 young people this year. That is each officer reaching 16 people over the next 12 months.

The BCOAG is actively seeking those willing to have their names associated with taking *action* in preventing further HIV infection among America's youth. Please request the free teaching materials by contacting:

LCDR Lisa M. Hubbard  
Chair, Health Disparities Committee  
BCOAG  
E-mail: hubbardl@cder.fda.gov  
Phone: 301-827-2499

Please include your name, rank, address, and telephone number. Reports regarding your presentation or activity may be made via the same mechanism by including your name, rank, location of presentation or activity, and number of people reached.

Let us all join together in this prevention campaign during 2001! Celebrate success at the end of 2002!

## The Retired Officers Association's Base/Post Scholarship

The Retired Officers Association's (TROA) scholarship program offers individual \$1,000 grants to 100 dependents of active-duty personnel worldwide for the 2002-2003 school year. An applicant must be a high school senior or college student working on her or her first undergraduate degree, and under the age of 24. *NOTE:* One of these scholarship grants is specifically designated for a U.S. Public Health Service (PHS) Commissioned Corps dependent.

The grants are based entirely on merit in scholarship, citizenship, and leadership, not financial need. No essay is required in the application, and TROA membership is not a requirement.

Application is via the TROA Web site only. To apply, go to—<http://www.troa.org>. Look for "Educational Aid" on the opening page, and follow the easy instructions for the "Base/Post Scholarship." Deadline for online entry is midnight **March 1, 2002**.

TROA is looking forward to receiving applications from students in the PHS community.

## Retirements - November

<i>Title/Name</i>	<i>OPDIV/Program</i>
<b>DENTAL</b>	
<b>CAPTAIN</b>	
Eric G. Bruce	IHS
<b>NURSE</b>	
<b>COMMANDER</b>	
Dorsey C. Lecompte	CM&S
Marilyn A. Hills	HRSA
Priscilla A. Coutu	IHS
<b>ENGINEER</b>	
<b>CAPTAIN</b>	
Roger A. Anderson	IHS
<b>EHO</b>	
<b>CAPTAIN</b>	
Larry J. Elliott	CDC
Rodney L. Coker	IHS
<b>PHARMACY</b>	
<b>CAPTAIN</b>	
William L. Matthews, Jr.	HRSA

## Employment and Income Verification

For those officers, active duty as well as retired, who need employment and income verification for loans, etc., please have the lending institution mail the request directly to the Compensation Branch, Division of Commissioned Personnel (DCP), at the following address:

Division of Commissioned Personnel  
ATTN: **Employment Verification**  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001  
Phone: 301-594-2963 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—42963)

Active-duty officers who need verification of their service time to establish eligibility or qualify for a Department of Veterans Affairs' mortgage loan, need to request a *Statement of Service* from the Officer Support Branch, DCP, at the following address:

Division of Commissioned Personnel  
ATTN: **Statement of Service—Active Duty**  
5600 Fishers Lane, Room 4-36  
Rockville, MD 20857-0001  
Phone: 301-594-3544 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43544)

Inactive, retired, and terminated officers who need a *Statement of Service* must send a written request with an original signature (faxes, phone calls, and e-mails are not accepted) to the Officer Support Branch, DCP, at the following address:

Division of Commissioned Personnel  
ATTN: **Statement of Service—Inactive/Retired/Terminated**  
5600 Fishers Lane, Room 4-36  
Rockville, MD 20857-0001

## The Corps

Submitted by CDR Tim Coté

I am not a soldier. Call me scientist, physician, public health official, or even bureaucrat, but not soldier. Yes, yes, yes, I *am* a commissioned officer in the U.S. Public Health Service (PHS), and through the confluence of fascinating work and inertia I have stayed and advanced through its ranks. But for me, the corps has always been more of a personnel system, albeit one with military perks, than a source of personal identification. This is a story of how that changed.

On Wednesday, October 17, 2001, I was buffing my curriculum vitae in preparation for what may be my final promotion, from O-5 (Commander) to O-6 (Captain). I thought it would probably look good if I'd include some affiliation to a "readiness" component of the corps. Besides, we have all felt the tension of wanting to contribute *something* in this time of national emergency. So I popped up to the Commissioned Corps Readiness Force (CCRF) Web site and applied for inclusion online. I did not expect what happened next. On Monday, October 22, I was driving to work when I got the e-mail on my little Blackberry wireless device asking me to report to DC General Hospital to treat postal workers exposed to anthrax. My boss was called and assented to the deployment. I was off.

I turned the car around for home and poured myself into the PHS uniform required for the deployment, the uniform I was destined to wash each night and wear each day for the next week and a half. In all honesty, this was probably more time in uniform than my cumulative experience after 12 years in the corps. In the past, on the rare occasions I wore the uniform I felt a little bemused, sort of like a child playing dress-up. Now it was for real. This was war.

The scene at DC General was a semi-controlled chaos. The system was this: each day between 500 and 3,000 postal workers were marched through a process of registration then into a briefing room in groups of about 50, from there they would proceed to a room full of pharmacists who dispensed 10 days of antibiotics. Every day the rules changed. We started out treating with Cipro then changed to doxycycline, we started out doing nasal swabs then discontinued those cultures, we started treating the many thousand workers from the Brentwood mail facility with 10 days of therapy then shifted over to 60 days for all those employees.

Physicians served by delivering that ever-changing briefing. The main objective of this exercise was to give information on anthrax, allay unfounded fears of person-to-person transmission, and discuss the drugs and any side effects. It was an exercise in high theater, trying to acknowledge the anxiety and anger while at the same time keeping the crowd from getting away from us. Patients came to us cranky: waits in line were up to 5 hours, treatment may have begun later than it should have, and what we were dispensing (tests/drugs) kept changing for seemingly suspicious reasons. In my PHS uniform I was an embodiment of the Government, and there was plenty reason to be ticked off at the Government.

We talked a bit about fear. Most of the fear was about future exposures—how would this treatment affect them and how could they know their job sites will really be safe places to return to. Bravery being not the absence of fear but the capacity to do the right thing in the face of fear, I commended them on their bravery in moving forward for this treatment. By the end of most briefings, people were comfortable with the antibiotics they were about to receive, if still uncertain about how long the treatments need to last or how safe they might be at work.

The days were long. I started by trying to come into my regular office a few hours a day, then go downtown until the close of the 10 p.m. shift, but it soon became clear I was burning the candle at both ends. The change to a single 12-hour shift changed all that and I tried to stay focused on the emergency at hand. It may sound trite to refer to esprit de corps but it was certainly a unifying, motivating force. There were some egregious system-design inefficiencies, like the time I was stuck in a briefing room with a team of seven other officers and we saw only 30 patients over 4 hours while the other 3 rooms were swamped and pushed through 400 patients per hour. At times like these the command unit staff received our ground-level concerns more as vexations than as constructive input. Nevertheless, we hung together and eventually things were worked out.

In summary, my experience with the CCRF dramatically altered my personal identity of what it means to be a PHS Commissioned Corps officer. It gave me a place to contribute in our shared national upheaval. We are all wondering what will come next in these times of terror; at least for me I now am comfortable

should deployment be in my future. I am very thankful for the support I have received from my regular job and especially from my family; without that support this deployment would have been untenable.

On my way home from my last day at DC General, haggard and worn, I stopped into a run-down fried chicken place in a grimy part of town. As I entered, the Asian man behind the counter snapped to attention, saluted, broadly smiled, and shouted, (in a heavy accent) "Go USA." The dozen black men and women in their seats applauded. I blushed. It was worth it.

### Division of Commissioned Personnel (DCP)

Web Site Address—<http://dcp.psc.gov>

Public Health Service  
Commissioned Corps

Web Site Address—  
<http://www.usphs.gov>

DCP Toll-Free Phone Number—  
1-877-INFO DCP

*Follow the voice prompts  
to direct your call correctly.*

Subscribe to the DCP  
Listserv to Receive

Official E-mail Messages from DCP—  
Send an e-mail message to – [listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov) – with no subject and a message in the following format:

SUBSCRIBE DCP "your full name"

Where "your full name" is, replace with your complete first and last name without the quotation marks.

Subscribe to the Vacancy Announcement  
Listserv to Receive E-mail Messages  
Regarding Job Opportunities—

Send an e-mail message to – [listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov) – with no subject and a message in the following format:

SUBSCRIBE CCVACANCIES

"your full name"

Where "your full name" is, replace with your complete first and last name without the quotation marks.



**Please Check  
Your Payroll  
Address**

It is particularly important that your payroll address be correct since this will be the address to which your Form W-2 withholding statement for the year will be mailed.

Please notify the Compensation Branch, in writing, of changes in your payroll address:

Division of Commissioned Personnel  
ATTN: Compensation Branch  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001  
Phone: 301-594-2963 (or toll-free at  
1-877-INFO DCP, listen to the  
prompts, select option #3 and choose  
'Compensation Branch')



**PHS Forms Distribution**

A number, but not all, of the Public Health Service (PHS) Commissioned Corps forms used by officers are available on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov/DCPForms.asp>. Officers who are in need of a particular PHS form that is not available on the Web site (e.g., form PHS-1345, "Request and Authority for Leave of Absence") should request such form through their normal administrative channels. *NOTE:* The forms are sent at no charge within 5 to 7 days.

Procedures for ordering PHS forms not available on the DCP Web site are as follows:

1. Administrative officers should submit a memorandum that includes:
  - a. the name, address, phone number, and signature of the administrative officer;
  - b. the PHS form number, PHS form title, and the quantity requested (*order by each; not by package*); and
  - c. the address to which the order should be sent.



2. Phone orders are not accepted. Administrative officers should mail or fax their order to:

Forms Issuance Unit  
5600 Fishers Lane, Room 1A-69  
Rockville, MD 20857-0001  
Fax: 301-443-9349

*Forms Download Web Sites*

Please note that the DCP Web site—<http://dcp.psc.gov/DCPForms.asp>—contains links (scroll down on the page) to sites where various forms can be located, i.e., General Services Administration (GSA forms), Office of Personnel Management (OPM forms), and Program Support Center (PSC forms). The PSC electronic forms site contains Department forms and forms from various Operating Divisions, e.g., Food and Drug Administration (FDA forms), Indian Health Service (IHS forms), etc. *Example:* Officers in need of form HHS-520, "Request for Approval of Outside Activity," will find this form under 'Health and Human Services' of the PSC electronic forms site.

**DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Program Support Center  
Human Resources Service  
Division of Commissioned Personnel, Room 4-04  
Rockville MD 20857-0001

Official Business  
Penalty for Private Use \$300

PRSR STD  
POSTAGE AND FEES PAID  
PSC  
PERMIT NO. G-280

REDISTRIBUTION  
USING PERMIT IMPRINT  
IS ILLEGAL

**DATED MATERIAL**