Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XVI, No. 12 **December 2002**

Surgeon General's Column

When I was sworn in as Surgeon General in August, the President charged me with addressing several health issues for the American people. Among them are: precautions for and response to the threat of bioterrorism; prevention and healthy living as a component of medical care; and addressing the impact of alcohol and drug abuse on American society. I'd like to take this opportunity to discuss an initiative in the Office of the Surgeon General (OSG) that will have a direct impact on many health issues—the Medical Reserve Corps (MRC).

The primary purpose of the MRC is to bring together volunteers in a community, whether health care professionals or simply interested citizens, with the intent of providing an organized resource that will help that community during times of emergency and year-round with pressing public health needs.

The genesis of the MRC came in January 2002 when, during his State of the Union Address, President Bush called on all Americans to donate 4,000 hours in service to their communities, the Nation, and the world. The President introduced the USA Freedom Corps as a way to channel this collective effort, and his goal was to foster a culture of service, citizenship, and responsibility.

Within the USA Freedom Corps—www.usafreedomcorps.gov—the President identified several programs for volunteers. One of them was the Citizen Corps, and within the Citizen Corps, among other programs, was the MRC. The leadership responsibility for the MRC falls under the Department of Health and Human Services (HHS), and within HHS, the OSG.

Secretary Thompson tasked my office with putting the President's proposal for the MRC into action. Shortly after the State of the Union Address, OSG staff began collaborating with staff throughout HHS and with other government agencies on how to do just that. A comprehensive guidebook titled, *Medical Reserve Corps – A Guide for Local Leaders*, was developed. The *Guide* describes starting an MRC unit in one's community, training and education for that unit, and addressing matters of liability. In addition to the *Guide*, OSG developed a Web site. The site—www.medicalreservecorps.gov—features a message from Secretary Thompson, a downloadable *Guide*, 'Frequently Asked Questions', and contact information so that visitors can learn more about the MRC.

In addition to these activities, OSG developed a grant program, resulting in 42 communities receiving grants of up to $50,000 to begin or continue development of an MRC unit. These grants will enable fledgling MRC units to develop a management structure and recruit volunteers. In return, grantees are communicating to OSG valuable lessons learned that will result in documented best practices. This information will be analyzed by a technical assistance contractor, and, along with other types of data, will be repackaged in a user-friendly format to assist existing and future MRC units.

The central theme for all MRC units is that they are 'local, local, local!' They are locally developed and managed, with local volunteers, and for local needs. Unlike other types of emergency response teams, which can be Federalized, and thus deployed, the MRC units across America are intended solely for use in the communities that developed them. However, MRC units are only meant to supplement existing emergency plans and resources, not to duplicate or supplant them.

As a totally local endeavor, MRC units will naturally be comprised of local citizen volunteers. As the name *Medical* Reserve Corps implies, the initiative relies heavily on health care professionals, including retirees, to volunteer their time. However, it should be emphasized that citizens who do not have a medical background, but who wish to be part of their local MRC unit, can also participate. There are many non-medical experts or specialists that can play a role, including bookkeepers, attorneys, heavy equipment operators, and teachers, to name a few.

As mentioned, a primary goal of the MRC is to provide citizens an organization in their community where they can volunteer to prepare for and participate in responding to emergencies ranging from a natural disaster to an industrial accident to a terrorist attack. Some communities may face an increased risk of an emergency due to their geographic location or proximity to certain types of industry.

MRC units, in addition to responding to emergencies, have another role to play in communities across the Nation—that of supporting the regular public health infrastructure in their communities. I am quite excited about this aspect of the MRC initiative. Prevention and preparedness are subjects that I am highly committed to, and that have emerged as greater priorities for public health professionals. Whether responding to an emergency or supplementing the public health presence, decisions for MRC activations would be made locally. MRC units could assist in

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Commissioned Corps BULLETIN

Published as part of the Commissioned Corps Personnel Manual for Public Health Service Commissioned Corps officers. Forward news of Service-wide or special interest to Division of Commissioned Personnel, Room 4-04, 5600 Fishers Lane, Rockville, MD 20857-0001, Phone: 301-594-3462, E-mail: vkapusnick@psc.gov.

Director, DCP/PSC
RADM R. Michael Davidson
Editor, Mrs. Virginia Kapusnick

Surgeon General's Column

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a local vaccination or health education campaign. These kinds of public health efforts provide an opportunity to discuss with local citizens traditional methods of disease and injury prevention through healthy living.

Naturally, the MRC offers Public Health Service (PHS) Commissioned Corps officers with an opportunity to help in their own local communities. President Bush has called on all Americans to serve through volunteering, and as public health professionals we have a duty to assist our community when we can. I would encourage all PHS officers to lead by example in their local communities by volunteering. If there is an MRC unit being organized close by, make contact and see how you can help. I am not asking you to do this in your 'official capacity' but rather I'm encouraging you to do this as a member of your community.

I hope that I have answered some of your questions about what the MRC is, how it's doing, and what lies ahead. As you can see, there is a lot of work to be done to further the MRC program nationally. We have put the ball in motion, and made some great strides. I cannot stress enough that this is a wonderful opportunity with so much potential to help so many Americans. Having the MRC at the ready increases the likelihood that communities will be better prepared for whatever public health situation might develop in these uncertain times.

Thank you for your continued efforts. Best wishes to you and your family for a safe and happy holiday season.

VADM Richard H. Carmona
Surgeon General

PROMOTION YEAR 2003

IMPORTANT DATE TO REMEMBER

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

December 31, 2002

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

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

TRAVEL Tips Keeping You Informed

It is December, and although Permanent Change of Station (PCS) moves tend to slow down at this time of year, they will quickly pick up after the beginning of the new year. Here is a quick review of entitlements when you move:

- Travel and transportation for you and your dependents.
- Movement of your household goods (HHG) up to your specified weight allowance.
- 90 days of storage for your HHG, if needed.
- Dislocation Allowance (DLA), if qualified.
- Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

These entitlements are not 100 percent certain. Each entitlement has rules that govern it. You must qualify for each entitlement through the rules in the Joint Federal Travel Regulations (JFTR).

Regulations

Travel regulations continue to change at a rapid pace. Here are the main changes:

- A long awaited change will occur on *January 1, 2003*. The flat rate per diem that is paid to members who perform a PCS will increase from **$50** to **$85** per travel day. Dependents will continue to receive the appropriate *percentage* of that per diem rate when travel is performed in conjunction with the officer's PCS. This change allows the per diem amount to increase when the General Services Administration's CONUS (Continental United States) rate increases.
- Clarification in the wording that deals with the use of a Privately Owned Conveyance (POC) when beginning or ending travel at the dependent's residence.
- Changing the date the new partial DLA entitlement is authorized—from February 9, 2002 back to *January 1, 2002*. If you were required to move into or out of Government housing in this time period, please check with your Agency for any entitlement issues you may have.

Moving Tips

Many officers prefer to move their own HHG when they perform a PCS. This type of move is called a Personally Procured Transportation (PPT) move. In most cases, the officer moving is entitled to 95 percent of the Government's constructed costs to perform the move. It is very important to check with your *shipping officer* to make sure you qualify for this type of move. Here are a few tips when performing such a move:

PROCEDURES FOR THE OFFICER TO PERFORM

– The officer moving **must** contact the Agency's shipping officer for details on performing a PPT. A counseling will occur that will explain all responsibilities in performing your own move and what you can expect. Failure to perform this contact could complicate the reimbursement process.

– The officer moving **must** obtain and fill out form PHS-4013-1, "Application for Shipment of Household Goods," and give it to his/her shipping officer. This form is available on the Division of Commissioned Personnel's (DCP) Web site—http://dcp.psc.gov—click on 'Services,' or the form can be obtained from your shipping officer.

– Officers requiring temporary storage at the new permanent duty station (PDS) location **must** coordinate storage arrangement with the shipping officer prior to departure from the old PDS.

– The officer moving **must** establish the weight being shipped. Certified weight certificate(s) from a public weigh master or Government scale are required for reimbursement.

PACKING LOOSE ITEMS

Be sure to save newspapers and purchase any additional paper, padding, or cartons before you move so that you will have an ample amount of packing material to cushion dishes and other packed items.

– All loose items (i.e., dishes, bric-a-brac, stereo equipment, computer components, towels, linens, and books, etc.) should be packed in sturdy, clean cardboard boxes.

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Keeping You Informed

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– Use Styrofoam peanuts or newsprint as cushioning between *all* fragile items (be careful when using newsprint as cushioning because the ink can rub off).

– Put books or heavy items in smaller cartons.

– Wrap dishes individually with newsprint or paper padding and place them in a 'china barrel,' if available.

– Light items should be placed in 4.5 or 6.0 cubic feet (large sized) cartons for easier loading and unloading.

– Miscellaneous items can be placed in 3.0 cubic feet (medium sized) cartons.

– Hanging clothes should be placed in wardrobe cartons. Mattresses should be placed in mattress cartons or thoroughly wrapped with protective padding.

– Wrap all furniture either with paper pads or blankets.

– Old, clean blankets make great padding material for furniture.

– Make sure that you thoroughly protect all finished surfaces to prevent scratching and rubbing against cartons and other items.

LOADING INFORMATION

– Load your shipment as neatly and as orderly as possible.

– Create successive rows or tiers, one at a time.

– Use heavy items or heavy boxes at the base of each row, and work your way up with lighter items.

– Try to use all available space, including the entire height and width of the trailer.

– Light or fragile items should be loaded on the top of each row. Avoid placing heavy items on top of light items.

– Avoid placing heavy items or items with sharp corners or edges on upholstered sofas, chairs, etc.

– The end result of a well-loaded shipment is a neat appearing, orderly loaded shipment of cartons and furniture.

Travel Questions

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on DCP's Web site—http://dcp.psc.gov—or you may contact:

LCDR Ron Keats
E-mail: rkeats@psc.gov
Phone: 301-594-3376 (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—43376)

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Retirements - November

Title/Name	*Agency/OPDIV/Program*
MEDICAL	
CAPTAIN	
Mark J. Nurre	IHS
DENTAL	
CAPTAIN	
Michael A. Foster	IHS
James E. Leonard	IHS
Lawrence W. Walker	HRSA
NURSE	
CAPTAIN	
Helen L. Myers	HRSA
COMMANDER	
Vernon L. Wilkie	IHS
LIEUTENANT COMMANDER	
Dennis L. Jones	BOP
ENGINEER	
CAPTAIN	
Kennith O. Green	IHS
Robert L. Wilson	IHS
COMMANDER	
Franklin D. Kauahquo	IHS
SCIENTIST	
CAPTAIN	
George J. Nemo	NIH
HEALTH SERVICES	
CAPTAIN	
John D. Dupre	CMS
John L. McCrohan, Jr.	FDA
Wayne T. Sanderson	CDC
Edwin S. Spirer	HRSA

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Commissioned Corps Readiness Force

Changes in CCRF Deployment Requirements

Starting January 1, 2003, the current Commissioned Corps Readiness Force (CCRF) membership system ('candidate', 'roster qualified', and 'fully qualified') was to be reduced to only two levels—**candidate and fully qualified**. If implemented, an officer would have to complete every CCRF requirement, including all Web-based modules, in order to deploy.

In the next few months, CCRF hopes to make suggestions to the Surgeon General and the Chief Professional Officers about the CCRF roster requirements. However, at this time, CCRF is in danger of losing a large percentage of its deployment capability as of January 1, 2003. Therefore, CCRF requested that the Surgeon General approve a waiver extension of 6 months to allow the existing three levels of membership to continue until June 30, 2003. The Surgeon General approved and signed this request on October 28, 2002, thereby allowing additional time to either make changes to CCRF program requirements or complete the existing requirements.

To our members who have been working diligently to satisfy the CCRF program requirements before the end of December 2002, your work has not been in vain. These qualifications were and will continue to be the requirements for the Field Medical Readiness Badge.

Vaccinia Immune Globulin Program

The November issue of the *Commissioned Corps Bulletin*, contained a memorandum addressed to all commissioned officers from VADM Richard H. Carmona, Surgeon General, regarding the opportunity

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Commissioned Corps Readiness Force

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to participate in the Vaccinia Immune Globulin (VIG) Program. Participation in the program is of particular interest to CCRF because, should a large-scale vaccination program occur, it is possible that CCRF will be activated and directly involved in the immunization process.

CCRF officers may wish to participate in this program for many reasons, two of which are: (1) You will be taking the lead to protect and advance the health and safety of our Nation by contributing to the stockpiling of much needed VIG; and (2) Your smallpox immunity will already be established in the event that you are directly involved in any large immunization program.

When enrolling in the program, you are asked the following: (1) What is your zip code? (2) Do you have a visible smallpox scar? (3) Do you have eczema? (4) Is there anybody in your household younger than 12 months-of-age? Follow-up questions during the clinic interview will relate to immune status for all and pregnancy status for females.

Currently, there are collection sites in: Washington, DC; Birmingham and Mobile, AL; Jacksonville and Pensacola, FL; Atlanta, GA; Metairie, LA; Charlotte, NC; Charleston, Columbia, and Spartanburg, SC; Provo and Salt Lake City, UT. For those of you who wish to participate and are located close to a site, please review the Surgeon General's message in the CCRF list serve archives—http://list.nih.gov/archives/ccrf.html

National Pharmaceutical Stockpile Deployment

CCRF activated 10 officers to the Centers for Disease Control and Prevention, Atlanta, Georgia, to assist the National Pharmaceutical Stockpile in preparing, packaging, and tracking vaccines and materiel for possible deployments of smallpox vaccine. These officers can serve as on-site experts to provide technical assistance to the States and localities in the distribution and management of smallpox vaccine in situations when the stockpile is deployed. The officers included a dentist, a nurse, five pharmacists, two health service officers, and an environmental health officer. The deployment was from October 21 through October 26, 2002.

CCRF Staff Member Volunteers in Thailand

CDR Angela Martinelli, the CCRF's Emergency Response Coordinator, recently returned from Surin, Thailand, where she was on a volunteer medical mission with Operation Smile International. Operation Smile is a private, not-for-profit volunteer organization providing surgery and related healthcare to indigent children and young adults in developing countries and the United States. Operation Smile provides education and training around the world to healthcare professionals to achieve long-term self-sufficiency.

On this mission, the Surin Team ran five Operating Rooms and cared for approximately 115 children. The children's health problems included cleft lips and palates, hand and finger contractions resulting from burns and snake bites, and injures from land mines, just to name a few. The Surin Team consisted of surgeons, pediatricians, anesthesia personnel, nurses, a speech therapist, a childlife specialist, a dentist, and medical records personnel. CDR Martinelli has been a volunteer nurse with Operation Smile since 1994, traveling to such locations as South America, Eastern Europe, Asia, and Africa.

Operation Smile is always looking for experienced personnel and many of the volunteers are on active duty or are prior military. Operation Smile loves active-duty officers because they are flexible and experienced in a variety of settings. In particular, Operation Smile is in need of general duty and operating room nurses, plastic surgeons, anesthesia personnel, dentists, speech and physical therapists, and pediatricians. Contact information: Operation Smile, 6435 Tidewater Drive, Norfolk, VA, USA 23509, Phone: 757-321-7645; Fax: 757-321-7660. You should be aware that there are some costs which must be borne by the individual officer. In CDR Martinelli's case, she pays a Mission Fee and takes annual leave to participate in each response. For more information, see—www.operationsmile.com.

CCRF Training

CDR Renee Joskow recently returned from Seattle, WA, and Anchorage, AK, where she addressed the local Commissioned Officers Association (COA) Branches. Her presentation was titled: "*Commissioned Corps Readiness Force: Where We've Been and Where We're Going.*" CDR Joskow visited the Boston COA Branch on November 14, 2002.

CCRF plans to increase its training for the upcoming year. Course offerings under consideration include: (1) Combined Mass Vaccination and National Pharmaceutical Stockpile Course, (2) Radiological Hazards and Health Effects Training, (3) Forensic Pathology and Odontology, (4) CCRF Basics Course, (5) CHART, and (6) BLS for Healthcare Providers (CCRF membership requirement). Some of these courses may be offered more than once and at different locations. Stay tuned and check the Website—http://oep.osophs.dhhs.gov/ccrf.

Field Medical Readiness Badge (FMRB)

When submitting materials for the FMRB be sure to include a cover letter with your name, PHS Serial Number, Social Security Number, and a copy of your license/certification/registration, if required for your category. The list below might assist you as you compile your materials.

- Copy of AHA BLS Healthcare Providers card (front and back) or ARC Course (CPR/AED) for the Professional Rescuer.
- Verification of height and weight and successful completion of Annual Physician Fitness Test.
- Verification of 112 hours of professional competency.
- Additional training for deployment role, if required for your category.
- Verification of vaccinations (by healthcare provider): PPD (annual); Hepatitis A (2 doses); Hepatitis B (3 doses) + confirmed antibody titer; Influenza (annually); MMR (2 doses); Polio (IPV/OPV) plus adult Booster; Td (within 10 yrs); and Varicella documentation (Vaccine, titer, history).
- In addition you must: (1) complete the CCRF modules for your category (see—http://centrelearn.umbc.edu); (2) login to the CCRF Web site every 3 months; and (3) have a physical examination (that is less than 5 years old) on file with the Medical Affairs Branch, Division of Commissioned Personnel.

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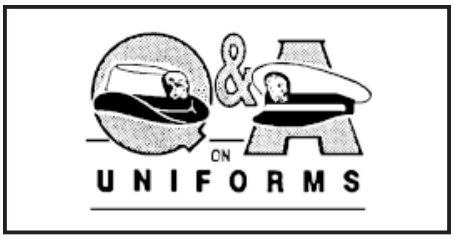

Over the next year, our uniform policies are going to be reviewed and updated. It is not an easy process, but the Uniform Board has been reviewing the current regulations and will soon be sending recommendations to the Surgeon General. In the meantime, we have received many good questions on the proper wear of the Public Health Service (PHS) Commissioned Corps uniforms that we would like to share with you. The answers are from our current regulations in the Commissioned Corps Personnel Manual (CCPM) and CCPM Pamphlet No. 61, "Information on Uniforms," which are available on the Division of Commissioned Personnel's (DCP) Web site—http://dcp.psc.gov. We would like to thank the members of the Uniform Board for their assistance in answering many of these questions.

First a correction. In the article titled *Q & A on Uniforms* in the September issue of the *Commissioned Corps Bulletin*, it was stated that the Army pullover sweater was not authorized for outdoor wear. This is not correct. A memorandum dated February 8, 1991, states that the Army pullover sweater **'is'** authorized for wear outdoors with the Service Dress Blue Sweater, Summer Blue, Summer White, and Summer Khaki uniforms by all PHS Commissioned Corps officers.

Here are a few questions from the officers in the field:

Q. I have a uniform issue that has been burning in the back of my mind since hearing VADM Carmona's talk several weeks ago. He was very clear that he favors daily wear of the uniform, but 9 times out of 10 people think we are part of the U.S. Navy. Are we considering the design of a new and distinct uniform for the PHS?

A. There are many similarities among uniforms of the U.S. Navy, the Commissioned Corps of the National Oceanic and Atmospheric Administration, and the PHS. While there are no immediate plans for a wholesale change, we all can do our part to clarify the issue. DCP has begun a public awareness campaign with print and television ads. Each officer can help by wearing our uniform daily with pride, and when asked who we are or when mistaken for another Service, take the time to educate and inform about the PHS Commissioned Corps and the important mission we perform for our country.

Q. What is the regulation for wearing the cover while riding in an open-air vehicle? (In other words a convertible car.)

A. A vehicle is considered a covered area whether it is a convertible or not. You do not need to wear your cover in the car.

Q. In the CCPM, it states that the cap devices for the Garrison cap should be 2 inches from the front and 1.5 inches up from the bottom. With my Garrison caps from the Navy support center, the cap devices will be half off one of the flaps on the cap. What should I do?

A. There is an errata sheet at the beginning of CCPM Pamphlet No. 61, "Information on Uniforms," on the DCP Web site. It states that, effective April 1994, the miniature metal grade insignia, and miniature PHS cap device, worn on the Khaki or Blue Garrison Caps, should be centered 1.25 inches from the anterior lower edge and 1.25 inches from the anterior center midline. This was meant to correct that very problem.

Q. The uniform publication of 1993 (CCPM Pamphlet No. 61) is clear that when wearing whites or khakis, that the shirt material must match that of the trousers material with matching belt and cap cover. What is unclear is the same issue with the Summer Blue (Salt and Pepper) uniform. Can you help?

A. The issue with the whites and khakis is paramount. When an officer is seen in two different materials, it stands out like a sore thumb. The Summer Blue (Salt and Pepper) uniform is more forgiving. The mixture of fabrics is not as noticeable because of the color offset. The choice of whether to wear the Certified Navy Twill (CNT) white shirt or the poly/cotton blend shirt is a personal preference. The choice should be made based on the best appearance of the officer wearing the uniform, and the job being performed. This uniform is 'unique' to the PHS. Wear it with pride!

Q. I'm seeking some clarification on the wearing of the blue windbreaker as part of the PHS uniform. It is my understanding that the older style windbreaker, with straight fabric sleeves and body of the jacket all the way down through the cuffs and waist, respectively, is no longer authorized. Instead, the newer version, with knit cuffs, collar, and waistband is now the authorized version. If so, is the older style not to be worn at all or is there a transition, phase-out period?

A. The newer style blue windbreaker is the authorized uniform item, however, there has been no official phase-out period established for the older style windbreaker. The Uniform Board has recommended to the Surgeon General that October 2003 should be the phase-out date. The blue windbreaker may be worn with the Service Dress Blue Sweater, Summer Blue, Summer Khaki, and Summer White uniforms as an optional item.

Q. Can a long sleeve khaki shirt be worn with the Summer Khaki uniform or only with the working version of the Summer Khaki uniform?

A. Two answers to this question. First, the Summer Khaki and the Working Khaki are two very different and distinct uniforms. The Summer Khaki is more formal and uses the poly/wool or CNT authorized fabrics and includes ribbons and name tag. The Working Khaki is only used when authorized and uses the poly/cotton fabric. Second, the Summer Khaki currently has no long sleeve shirt that is authorized for wear. The Working Khaki does have long sleeve version, but only when authorized by your Local Uniform Authority.

Q. Are officers allowed to place straps over their shoulders? I have seen pocketbooks, gym bags, briefcases, etc., all

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Q & A On Uniforms

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carried over officers' shoulders. What is the current policy regarding this issue?

A. The current policy states that the female handbag with a strap is the only authorized uniform article to be worn over the shoulder. The correct wear is to place the strap over the left shoulder or forearm, placing the top of the handbag at waist level. No other articles are to be carried on the shoulder by either men or women officers.

Q. Is the female beret authorized for wear with the Service Dress Blue uniform?

A. Yes. On page 81 of CCPM Pamphlet No. 61, "Information on Uniforms," it clearly states that the beret is authorized for wear with this uniform. In addition, the correct wear is to wear the beret toward the front of the head, approximately 3/4 inch from the forehead hairline, and titled slightly to the right. Align miniature-sized PHS insignia above the left eye.

If you have questions about your uniforms, please e-mail LCDR Ron Keats at rkeats@psc.gov.

Call for Nominations for the 2003 AI/ANCOAC Honor Awards

The American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) is accepting nominations for five different awards presented by the committee:

- Leadership Award
- Annie Dodge Wauneka Award
- Flag Officer Award
- Senior Officer Award
- Junior Officer Award

To be eligible, nominees must be American Indian/Alaska Native Public Health Service (PHS) Commissioned Corps officers who have been employed by the Federal Government for a minimum of 2 years during their current tour. The emphasis for nomination should be on sustained outstanding performance, a superior contribution to the field of their discipline, and evidence of dedication to the principles of the PHS mission and vision.

Please visit the AI/ANCOAC Web page at—www.aiancoac.freeservers.com—for more specific details regarding the selection criteria and instructions for completion of the nomination form.

The AI/ANCOAC Awards Co-chair must receive all nominations by the close of business on **April 30, 2003**.

If you have any questions or concerns, please contact:

LCDR Wil Darwin, Jr.
AI/ANCOAC Awards Co-Chair
Acoma-Canoncito-Laguna Service Unit
Pharmacy Department
P.O. Box 130
San Fidel, NM 87049

Phone: 505-552-5393 MST
Fax: 505-552-5484
E-mail: wdarwin@abq.ihs.gov

COMPENSATION BRANCH NEWS

Thrift Savings Plan

Participant Statements

The Federal Retirement Thrift Investment Board's record keeper, the National Finance Center, issued Thrift Savings Plan participant statements in late November. The participant statements contained cumulative account information as of October 31, 2002, and detailed account activity for the period from May 1 through October 31, 2002.

Open Season

The Thrift Savings Plan open season is October 15 through December 31, 2002. Information is available on the Thrift Savings Plan Web site—http://www.tsp.gov

Recent Calls to Active Duty

Title/Name	*Agency/OPDIV/Program*
NURSE	
LCDR Angel H. Garced Ayer MA	BOP
LCDR Patricia A. Pettis Chamblee GA	CDC
LTJG Laura A. Longstaff Tucson AZ	IHS
ENGINEER	
LT David E. Shoffner Atlanta GA	CDC
SCIENTIST	
LT Timothy D. Nelle Rockville MD	FDA
VETERINARY	
CDR Victoria A. Hampshire Rockville MD	FDA
PHARMACY	
LT John E. Shumack Elkton OH	BOP
HEALTH SERVICES	
LT Jack G. Sibal Nome AK	IHS
LTJG Bill Stahlberg Florence, AZ	HRSA

Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

The deaths of the following retired officers were recently reported to DCP:

Title/Name	*Date*
MEDICAL	
CAPTAIN	
Laurence S. Farer	10/11/02
Howard W. Kopping	10/28/02
ENGINEER	
CAPTAIN	
Leonard M. Board	10/31/02
Edmund C. Garthe	10/27/02
SCIENTIST	
CAPTAIN	
Dale R. Lindsay	11/03/02
ENVIRONMENT HEALTH	
CAPTAIN	
Robert B. Carson	10/02/02

Sustained Growth New Trend in Corps Strength

For the past 3 years, the term 'R&R' has had a very different meaning for the Division of Commissioned Personnel (DCP). R&R, better known as Recruitment and Retention, became a primary focus of DCP and the Corps' leadership.

Now, they can add another letter to that acronym . . . 'S' for Success. For the first time since 1994, the Public Health Service (PHS) Commissioned Corps has realized sustained growth in total strength for a significant period of time. At the end of Fiscal Year (FY) 2002, the commissioned corps strength was 5,791, an increase of 173 over FY 2001.

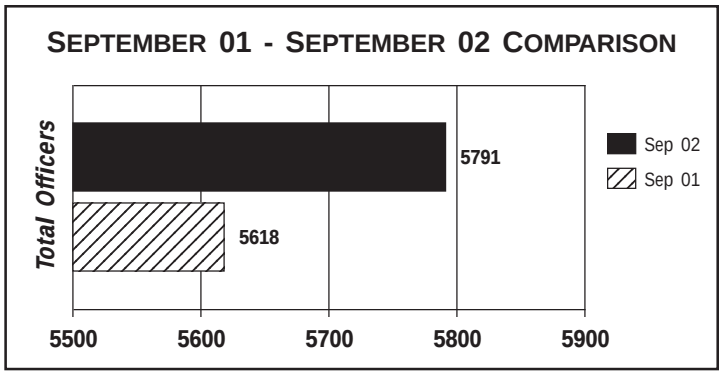
In April 2002, the reversal of the decline of the Corps' total strength began. The first month of this new trend saw the addition of just 11 new officers. But by the end of September 2002, 166 new recruits had joined the PHS ranks.

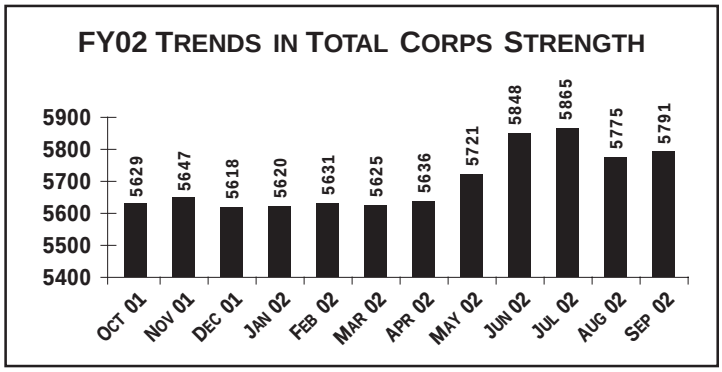
"We have seen an increase in total Corps strength of over 3 percent between FY 2001 and FY 2002," stated RADM R. Michael Davidson, Director, DCP. "This is truly something to celebrate!"

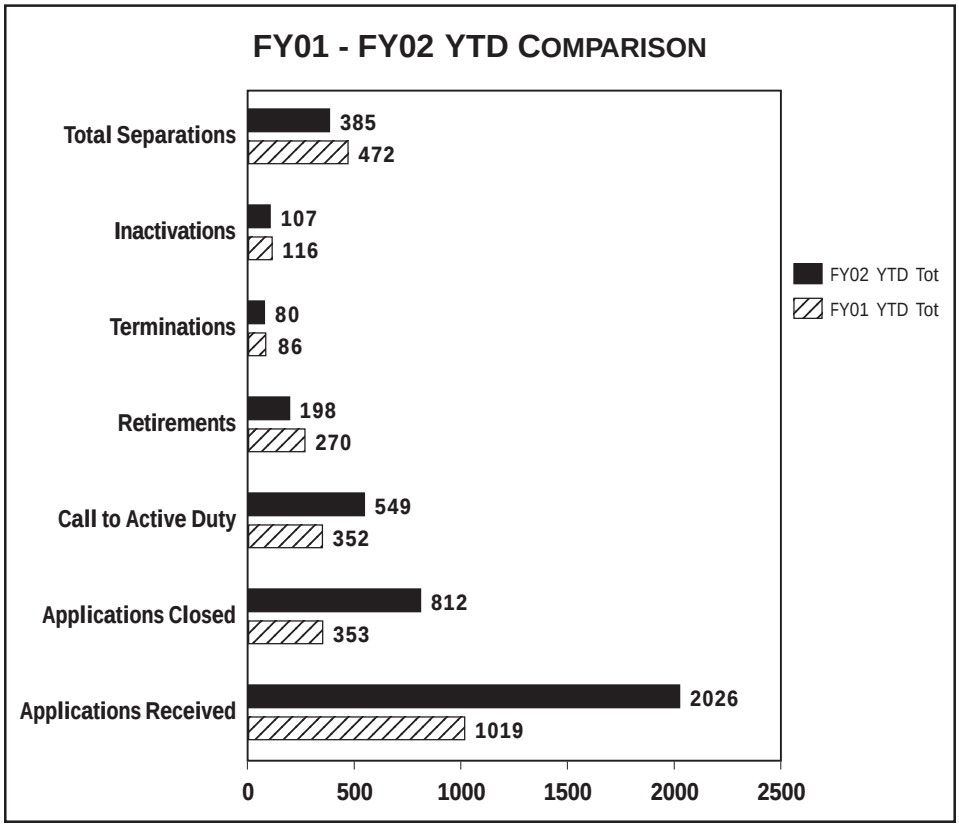
From FY 2001 to FY 2002, the commissioned corps saw a 100 percent increase in applications received. More important, though, is the 56 percent increase in calls to active duty and the 18 percent decrease in separations the Corps realized during that same time.

"This is proof that DCP's recruitment and retention efforts are working," commented RADM Davidson. "I am very proud of these accomplishments and of DCP staff members. When you consider what has been achieved with limited staff, you realize what can be accomplished once full resources are put behind these efforts."

"This is no easy task, but we are very encouraged by the growth," said CAPT Terry Golden, Chief, Recruitment and Assignment Branch (RAB), DCP. "The RAB staff has achieved many milestones—the most important one being the development of stronger relationships with the Chief Professional Officers, Surgeon General's Policy Advisory Council Representatives, Professional Advisory Committee Chairpersons, and especially the officers in the field."







Significant milestones include the PHS Commissioned Corps Associate Recruiter Program, implementation of a comprehensive marketing program, increased recruitment contacts through conferences and trade shows, and reduced application processing times.

Good strategic planning started the ball rolling, but actual accomplishment comes from lots of just plain hard work. □

Reminder

APAOC Call for Nominations for Awards

The Asian Pacific American Officers Committee (APAOC) is calling for nominations for the Annual Samuel Lin Award and the Annual Junior Officer Award (see page 6 of the November issue of the *Commissioned Corps Bulletin* for further information). Nominations are due **January 30, 2003**. □

Call for Nominations for the Physicians Professional Advisory Committee 2003 Awards

The Physicians Professional Advisory Committee (PPAC) to the Surgeon General of the Public Health Service (PHS) is seeking nominations for three physician awards. These awards will be presented at the upcoming Commissioned Officers Association's Professional Conference to be held in Scottsdale, AZ, in June 2003. The awards will honor either civil service or PHS commissioned officer physicians. Listed below are descriptions and evaluation criteria for each of the awards.

Clinical Physician of the Year: This award will recognize a clinical physician who consistently achieves high standards in the practice of medicine. He/she is able to find innovative ways of delivering quality medical care despite the constraints of budget and personnel. This individual is consistently looked upon as a role model by his/her peers and is a valuable resource person due to the extended length of his/her service. There are four evaluation criteria for this award:

- Clinical skills (examples: board certification; CMS activity; additional relevant clinical training/skills; etc.)
- Innovative contributions to delivering patient care (examples: developed new ways to educate patients; used home visits to improve access and quality of care; etc.)
- Contributions to the field of clinical medicine (examples: teaching medical students/residents; patient education; membership in medical societies; publications; etc.)
- Leadership (examples: supervise staff/team; Department Chair/Head; Clinic Director; etc.)

Physician Researcher of the Year: Recognizes individual initiative, accomplishment, and accountability for actions that increase the overall effectiveness of the PHS through research. This individual has established research programs or approaches that enhance healthcare delivery or has improved existing research programs. In addition, he/she has developed and implemented research programs that have raised the health and safety consciousness of the public or resulted in significant cost savings or cost avoidance. The following elements are the evaluation criteria for this award:

- Research publications in peer-reviewed journals
- Research publications in popular and lay print
- Scientific lectures and presentations
- Contributions to the future development of the field (examples: teaching students/residents; mentoring; membership in professional societies; etc.)
- Leadership (examples: supervise staff/team; Department Chair/Head; Director of a research laboratory or program; etc.)

Physician Executive of the Year: This award will recognize a physician executive who plays a key role in the successful administration or management of an office or program activity in the PHS. This individual makes exceptional contributions to the accomplishments, goals, and objectives of the PHS while serving as a manager, administrator, or supervisor. He/she exercises exceptional judgment in making managerial decisions and developing innovations that provide increased effectiveness in the management of programs. He/she makes choices that maximize the use of available resources and enhances the goodwill between the U.S. Government and the public. The evaluation criteria for this award are as follows:

- Leading Change (examples: developed/implemented an organizational vision; strategic planning; etc.)
- Leading People (examples: ability to design strategies to foster teamwork; maximize employees' potential; etc.)
- Business Acumen (examples: ability to acquire financial and human resources; identifies cost effective approaches to meet goals; etc.)
- Builds Coalitions/Enhances Communication (examples: developed partnerships; participated in professional societies; published; etc.)

The awards committee will consider all nominations that are received by **March 14, 2003**. Submissions sent by facsimile machine or e-mail will not be accepted. Each nomination package should include a brief narrative (1-2 pages) explaining how the physician meets the award criteria, the nominee's title, supervisor's name and phone number, agency, address, fax and telephone numbers. The nominee's current curriculum vitae should also be included. A brief, one sentence statement as to the reason this nominee deserves this award should be included in the nomination package. Nomination packages should include the name and phone number of the person submitting the nomination. *Please note that nomination packages from previous years will not be considered*. Only nomination packages from this 2003 cycle will be eligible for consideration. Also, please note that former PPAC members are not eligible for consideration for these awards until at least 1 year has passed since completing their tour of duty as a PPAC member. All nominations should be addressed to:

CDR Sarah R. Linde-Feucht
Chair, PPAC Awards Committee
FDA/Office of Orphan Products Development
5600 Fishers Lane, HF-35
Rockville, MD 20857-0001

DEPARTMENT OF HEALTH & HUMAN SERVICES

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