Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

This month's Surgeon General's Column is the text of VADM Richard H. Carmona's 'Luther Terry Lecture' which he delivered on June 18 in Scottsdale, Arizona, at the 2003 U.S. Public Health Conference sponsored by the Commissioned Officers Association.

Luther Terry Lecture

THE COMMISSIONED CORPS: 'WALKING THE TALK' OF 'ONE DEPARTMENT'—CRITICAL JUNCTURES IN THE PATH TO CORPS TRANSFORMATION

Thank you for the honor of speaking with you today.

Surgeon General Terry was a man who always 'walked the talk.' Many of us know of Dr. Luther Terry first and foremost as the Surgeon General who issued the 1964 *"Report on Smoking and Health."* What you might not know is that Dr. Terry was a lifelong cigarette smoker. That is, until he issued the groundbreaking *"Report on Smoking and Health."* Surgeon General Terry knew that, as the man who was telling everyone that smoking is harmful to your health, he could not be smoker. The need for change was fundamental, and as a leader he knew that there was no clearer expression of his commitment to the science of his report than to lead by example.

So he quit! One day he was a smoker, the next day he wasn't.

Any of you who either *were* smokers, or still *are*, know first hand the difficulty of what Dr. Terry did. There was a man who knew the importance of 'walking the talk.'

Surgeon General Terry was a great leader in public health and a strong advocate for the Public Health Service (PHS) Commissioned Corps. I want to talk with you today about change, and I hope to honor him today as I outline for you some of the new realities and challenges that the Corps faces.

I also hope that you will join me today in another journey that will embrace cultural change in a way that will take us to a better place, a place that will strengthen the Corps, not just in our eyes, but in the eyes of those we serve—the public.

Over the course of time while we undertake this journey, we will have to emulate Dr. Terry by our attitudes and actions. In so doing we will, like him, 'walk the talk.'

A short examination of our current leaders yields a glimpse of the overall direction of our journey. There are even some specifics that relate to the changes in store for public health professionals. President Bush, in each State of the Union Address, has talked about strengthening the public health infrastructure. He has spoken of the need for public health to reach into areas that are largely underserved, where people don't have access to care.

When we look at Secretary Thompson, we see a man who truly leads by example. He cares passionately about health promotion and disease prevention as well as the direct return from taking personal responsibility for the life choices we as individuals make every day. He has devoted his life to public service. He served as Governor of Wisconsin for 14 years, and now serves as Secretary of one of the largest government departments. He's a busy guy. To him a 16-hour day is a vacation!

Because he understands the value of choices and the role of leaders in our society, Secretary Thompson exercises every day. He actually changed his habits, and is setting an example not just for the Department but for the American people. In the bargain, he has lost over 16 pounds. As someone personally committed to physical activity, I can tell you—the Secretary is in great shape.

The Secretary has also provided the leadership to see the value in redefining this diverse and organizationally fractured department by its common mission. Forging 'One Department' is a task that many Secretaries have attempted, but none has had the clear vision and persistence that Secretary Thompson brings to the task. That sense of 'walking the talk' is present and accounted for, and 'One Department' is beginning to take hold.

I believe, and I know the Secretary believes, that the Commissioned Corps

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Surgeon General's Column

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is a Department-wide resource. The Corps can effectively demonstrate and address Secretary Thompson's overarching vision for 'One Department.' ***The Commissioned Corps can be the visible embodiment of the 'One Department' concept.*** That's the way he views us, and it is up to us to embrace that view. What we do, where we are deployed, and how we look are constant examples of how we 'walk the talk.'

Over the years, we all have had the opportunity to use our God-given talents. I am no exception. In a career that ranges from Special Forces medic, registered nurse, to paramedic, professor, and surgeon, I have been blessed with opportunity. These days I often describe myself as a 'recovering surgeon.' It is my belief, and many of the surgeons here may agree, that at times surgery can be considered a barbaric process, especially in light of new, rapidly evolving scientific knowledge.

For example, we are now screening genetic information and targeting appropriate interventions to help people avoid diseases years before their first symptoms would have otherwise appeared. Future health care professionals may cringe in horror at the tactics that we use today in our attempts to save human life. Someday, simply by altering the genotype of a host, an organ will resist disease or heal itself.

This is the future of medicine and the future of public health. It is an exciting future, and many of you here today have helped create it. We will all benefit from it.

The President has the vision to see the inherent value in this progress. The Secretary has focused on the Commissioned Corps and challenged us, and we have a unique opportunity to seize this moment in time. The challenge? Let's look at it.

As Commissioned Corps officers, we must be ready for the future of medicine and the future of public health. This will require updating of our culture. The path there will undoubtedly be the road least traveled. It will perhaps be a perilous journey at times—but well worth the risk.

In April of this year, Secretary Thompson issued a letter to Department of Health and Human Services (HHS) leadership praising the Corps' long and distinguished history and calling for us "to meet the public health needs of the 21st century." He stated: **"The end product will be a visible, physically fit, highly motivated, and expert mobile Uniformed Service of public health professionals."**

Over its long and proud history, our Corps has been consistently characterized by adaptability. From our beginning as a service to provide health care for merchant seamen, we have evolved, and continue to evolve, in ways that serve the American people, as well as other communities, far from our roots as a maritime service.

To be candid, the service that has taken us in so many directions has left the Commissioned Corps fractured and decentralized. The President and the Secretary now call on us to restructure, revitalize, and once again become '**One**.'

The Corps needs to be strengthened in size and in leadership capacity. Even before the tragedy of 9/11, the Corps was being called upon to address some of the most pressing public health needs of our Nation. Too many people live in areas where health care resources are lacking. The President has called for strengthening the Community Health Centers system across the Nation.

In a post-9/11 world, we must focus not only on addressing traditional public health needs, but also on readiness for unpredictable attacks from an enemy that threatens our social fabric. This is the beginning of a resurgence in public health and provides us with the opportunity to marshal the resources to transform ourselves. This adversity gives us unparalleled opportunity to transform. It will encourage our political leaders to support the public health infrastructure at the State and local levels and, in part through the judicious assignment of officers to assist State and local officials, we can strengthen the capacity of our Nation to address both disease prevention and emergency preparedness.

Our recruitment, placement, and mentoring efforts will be dictated by a process and concepts of contemporary force management. The Corps will emerge as a cadre of public health professionals, better able to determine requirements based on mission demands and needs—not simply filling positions.

Personnel requirements will be determined through a consciously developed plan for professional human resource needs projected for the future. In this process, parity with the other Uniformed Services will be maintained as appropriate. Recruitment will be targeted to address the increased interest among health professionals to serve their Nation and their community. To capitalize on this interest, we need to be openly supportive of new public health programs to encourage increases in the universe of well-qualified applicants to the Corps. Through this effort we will begin to grow again, and grow with purposeful direction and meaning.

We need to broaden the experience base of every officer, so that from the time of recruitment to senior placement, more officers are open to the prospect of different types of assignments and more broadly defined career pathways. Every officer—assisted by his or her Chief Professional Officer and discipline Professional Advisory Committee—should have, consistent with our mission, the opportunity inherent in a diverse career path with full professional career satisfaction while serving the Nation.

Deployability and timely response to natural and man-made emergent situations is critical. The Corps must be even better prepared than we are today to respond to our Nation's needs. I am certain that you are aware of the increased emphasis on Commissioned Corps Readiness Force (CCRF) qualification. Beginning later this year, we will reform deployment criteria to create a more flexible system that encompasses all officers, recognizing that each of us has a role to play in the Nation's health readiness.

We will fully activate the CCRF. By distinguishing varying levels of capability, we can, and will, qualify every officer to be a deployable member of CCRF.

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The rewards of embracing these changes are real. Promotions will take levels of training and deployment capacity into account. Commissioned Officers' Effectiveness Reports will change and reflect clear objective endpoints of professionalism and visible uniformed leadership.

Our emergency response capability is part of ensuring that the Corps becomes an even stronger nationwide and global public health resource, with ready communication and access to all officers at all times. We need to strengthen our capacity to recruit for the future; train and maintain professionals; stimulate leadership capacity at the senior, mid-, and junior officer level; promote readiness skills as a total force capacity; and stimulate career leadership and rotational opportunities for all officers in every discipline. For example, Basic Officer Training, Advanced Officer Training, and CCRF training will be required of all officers at the beginning of and at various points throughout their careers.

Building on the experience and resources of the private sector, academia, and our fellow Uniformed Services, the Corps will engage with all these entities through cooperative internships, joint research, and operational and training efforts.

We have an unprecedented opportunity with unprecedented support for our mission.

These steps are all part of ensuring that we are more prepared to respond to public health needs—particularly in emergencies. A portion of this opportunity lies in recognizing that we have much to learn from and emulate in the other Uniformed Services.

One example is our uniform. It is a visible and outward symbol of the oath we swear and the internal values we hold dear. Our uniform reminds others and ourselves of the professional standards we uphold. The issue is not the wearing of a uniform itself, but our proud outward and visible expression of who we are. It allows us to be a highly visible health force, performing the most important job in the United States—protecting and advancing the health of our Nation.

There are already some great examples. PHS officers assigned to the U.S. Coast Guard are in uniform 24/7. Officers assigned to the Bureau of Prisons have had a 24/7 uniform policy for more than15 years. Corps officers in the Immigration Health Services are always in uniform, and next month officers assigned to the Centers for Medicare and Medicaid Services will adopt the 24/7 uniform policy. RADM Chuck Grim of the Indian Health Service will soon issue a new uniform policy. **I challenge all of you to come on board.**

All officers, regardless of where we are assigned, represent the PHS Commissioned Corps, HHS, and the Secretary's 'One Department' vision and mission. Our uniform represents our commonality of purpose. It also represents our responsibility and accountability as public health leaders. In the causes of disease prevention and health promotion, nothing is more important than leadership by example.

The road ahead of us will be challenging. It will require of each of us to do a major rethinking of our current situation. There will be those among us who may reject this transformation, but I am confident from speaking with many of you that the vast majority crave this change and will welcome it as long overdue.

We will transform the Corps with the greatest sensitivity and attention to the needs and desires of the majority of our officers.

'Walking the talk' isn't the path of least resistance. As Luther Terry showed us, it is the right path and the honorable path.

'Walking the talk' will take us into the 21st century as a vital and useful Corps with purpose and value to the President, the Secretary, and the American people.

Every officer has an obligation to fulfill the role you are assigned to the best of your ability.

Leadership comes in many forms. However, the privilege of leadership has a common thread: leaders are responsible for the destiny of others. All of you are leaders locally, nationally, and globally.

Today more than ever, we need every officer to be a leader within the professional Corps. The SARS outbreak is one of many recent reminders of how much your service contributes to maintaining public health and how important it is that you are ready to respond to future health threats.

In many ways, you represent the future face of our great Nation. The Corps has diversity of ethnicity and diversity of professions. Our diversity is a great strength, enabling us to understand and be responsive to the many communities we serve.

I trust that you will join me in action and in spirit, with an open mind and a willing heart, to serve your community, uphold the integrity of your chosen profession, and lead the uniformed and visible Corps into the 21st century.

The adjustments we will soon make to the Corps will create significant change in our culture. We will call on one of the greatest strengths of the PHS Commissioned Corps, our ability to adapt to the changing demands of public health. We will once again strongly demonstrate the adaptability of the Corps, which has transformed on so many occasions to meet the demands of the times.

The Corps helped to lead the antibiotic revolution and the war on cancer. We adapted to meet the demands of the largest global migration in the history of the world; and we reconfigured to meet new challenges of improved health care and the Hill-Burton Expansion Act. And we met the challenges of 9/11, anthrax, and SARS.

We can create a future as noble as our past. We need to reconfigure and revitalize ourselves in light of new realities—intentionally and with an eye to the future.

Join me on this journey. It will test you, and next year at this time the joy of achievement will fill this room. The future holds great promise for the Corps.

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Surgeon General's Column

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It is the continuation of a great past, and the Corps will be better for your effort, as will the United States and the world we serve.

The challenge and future are before you. How do we transform and create a unified, visible, and uniformed culture of service to serve our Nation's needs in the 21st century? How do we best serve our customers—the public—in a visible, professional, efficient, and cost-effective manner? We are at a critical juncture, and—unlike Yogi Berra who said, "When you come to a fork in the road, take it"—we must make a decision. Do we strike out boldly and take that path less traveled, or settle for the well-paved, secure, and mediocre path?

Do we wait for others to determine our destiny? Or do we seize this moment in time to create our future by individually and collectively setting the bar high—not just adhering to but voluntarily exceeding our policies and standards, such as grooming and uniforms that are the external exemplification of who we are.

In the world that I hope you direct me to, I will not have to issue directives regarding uniforms, grooming, or other professional issues—rather, I will just codify the extraordinary standards you set by your deeds, actions, and words. The few who see the world differently will clearly stand out from all of you who refuse mediocrity, complacency, and the status quo.

You must refuse to allow us to be fragmented or divided by geography or work assignment. Our peers in the other Uniformed Services have achieved this successfully. We are no different, and by embracing the culture of the Corps we will enhance our visibility and effectiveness, thereby serving our customers exceedingly well.

In closing, the President and Secretary have given me the unique and extraordinary distinction of serving as the 17th Surgeon General of this great Nation, and as your leader. Leadership always involves risk, for without risk there is little chance of advancement. I am willing to accept the risk and take the hits, but only because when I turn around I have a professional, uniformed, and committed Corps of good officers at my 'six'—sharing a common vision.

Ladies and gentlemen, the future is before us. Our destiny is the prize. I say let's roll; give them something to talk about; and make this the best, most professional Uniformed Service of the United States.

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Black Commissioned Officer Advisory Group—Call for Nominations

The Black Commissioned Officer Advisory Group (BCOAG) is soliciting nominations to serve a 3-year term beginning *January 2004*.

The purpose of the BCOAG is to serve as an advocate for black commissioned officers in regards to their: (1) participation and representation in activities of the Public Health Service (PHS); and (2) professional and personal growth in the commissioned corps. BCOAG's membership consists of officers from the Department's Agencies/Operating Divisions and from non-Department programs that are routinely staffed by commissioned corps personnel. BCOAG serves an important leadership role by providing advice and consultation to the Surgeon General on matters related to the Corps.

If you would like to be considered for appointment to the BCOAG, please request a blank self-nomination form, which includes a space for supervisory approval, from LCDR Gabrel *(see contact information below)*. Complete the self-nomination form and send it along with a current curriculum vitae by **August 15, 2003**, to the address below:

LCDR Celia S. Gabrel
5600 Fishers Lane, Room 7A-55
Rockville, MD 20857

Phone: 301-443-3577
Fax: 301-443-5271
E-mail: cgabrel@hrsa.gov

□

Combat-Related Special Compensation

Public Law 107-314, which was enacted on December 2, 2002, authorized a Combat-Related Special Compensation (CRSC), a monthly payment, payable to retired members of the Uniformed Services who either:

(1) have a disability of at least 10 percent related to the award of a Purple Heart; or

(2) have a combat-related disability rated at 60 percent or higher by the Department of Veterans Affairs (VA).

The payment is effective no earlier than June 1, 2003, and is tax exempt.

An individual who qualifies for CRSC, but is already receiving Special Compensation for Certain Severely Disabled Retirees, cannot receive both payments; he or she will only receive the higher payment.

Please note that condition (2) above requires that the VA rating be combat-related; non-combat related disabilities do not qualify for the CRSC.

If you believe you qualify for CRSC, please contact Mr. Tom Berry in the Compensation Branch of the Division of Commissioned Personnel at 1-800-638-8744 or via e-mail at tberry@psc.gov.

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JRCOSTEP Annual Leave Policy

Students participating in the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) earn and accumulate annual leave at the rate of ½ day of annual leave for every 6 days on active duty.

Any annual leave not used by the end of an individual's JRCOSTEP tour of duty will be forfeited. JRCOSTEP participants are, therefore, urged to discuss their annual leave plans with their supervisors as early as possible in their tours of duty. Note that all leave taken must be with the prior approval of the supervisor and the leave granting authority. Form PHS-1345, "Request and Authority for Leave of Absence (Commissioned Officers)," is used to request leave. This form is available from Agency/Operating Division/Program administrative and human resources offices.

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Keeping You Informed

Entitlements/Allowances for Permanent Change of Station (if Qualified Under the Joint Federal Travel Regulations)

(1) Travel and transportation for you and your dependents;

(2) Movement of your household goods (HHG) up to your specified weight allowance and rank;

(3) 90 days of storage for your HHG, if needed;

(4) Dislocation Allowance (DLA), if qualified; and

(5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

Please remember that officers must always contact their Agency's shipping officer before performing any type of Permanent Change of Station (PCS) move, including a personally prepared move, to avoid reimbursement complications.

Monthly Tip for Moving

ISSUE: PERSONNEL ORDERS AND SHIPMENT OF HHG

When an officer accepts a job at a new duty station, he or she may be entitled to shipment of HHG. Please keep in mind that there may be times when the shipment of HHG is *not* authorized. Because there is stress involved in moving to a new duty station, many officers attempt to start their moves early or before they receive their personnel orders. We understand the anxiety, but ***do not begin a move until personnel orders have been issued***. If an officer performs a move or part of a move without personnel orders authorizing the move, he or she will ***not*** receive allowances and entitlements for the things they have done.

ISSUE: HHG AND UNCRATING AFTER THE MOVE

When an officer performs a move and ships his or her HHG, the officer is entitled to what the government contract states for the shippers. This includes packing and crating of HHG, loading and shipment of HHG, and the delivery, unloading, and unpacking of HHG at the final destination. Officers are authorized to have their HHG unpacked and put where they want (within reason), and to have the boxes and trash removed from the premises. If the officer releases the movers after they have unloaded the HHG from the truck without unpacking the HHG, the movers have in essence been released from their obligation to unpack boxes. If the officer requests the movers to make another trip after they have been released, their time and labor will be the officer's responsibility.

ISSUE: PROFESSIONAL BOOKS, PAPERS, & EQUIPMENT (PBP&E)

Every officer who moves is entitled to a set amount of authorized weight for his or her rank and dependent status. In addition to that authorized weight limit, an officer is authorized to ship PBP&E. PBP&E must be material used in the performance of official duties and responsibilities. PBP&E is transported in the same manner as HHG, ***including incident to separation, relief from active duty, or retirement***, but is not charged against the authorized weight allowances. When the items no longer qualify as PBP&E, they may be transported or placed in Non-Temporary Storage (NTS) incident to the next Permanent Change of Station as PBP&E. If they no longer qualify as PBP&E, they must be shipped as HHG.

Travel Help

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on the Division of Commissioned Personnel's Web site—http://dcp.psc.gov—or call or e-mail LCDR Ron Keats at 301-594-3376 / rkeats@psc.gov.

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2004 Annual AI/ANCOAC Honor Awards—Call for Nominations

The American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) will start accepting nominations on October 1, 2003 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 an *American Indian/Alaska Native Public Health Service (PHS) Commissioned Corps officer* who has been employed by the Federal Government for a minimum of 2 years during her or his 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—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 (address below) must receive all nominations by the close of business on *April 1, 2004*. The 2004 award schedule is as follows: (1) solicitation of nominations starts October 1, 2003; (2) submission deadline date is April 1, 2004; and (3) review of nominations and selection is scheduled to start on April 15, 2004.

If you have any questions, 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

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Promotion Year 2003 Temporary Grade Promotions Announced

The Division of Commissioned Personnel (DCP) completed the annual temporary grade promotion process for Promotion Year (PY) 2003 with the issuance of 565 temporary promotions to grades O-4 through O-6. These promotions were effective July 1, 2003, or on the officer's date of eligibility, dependent upon his or her training and experience date.

The results of the exceptional capability and permanent promotion processes will be announced at a future date. Please periodically check DCP's Web site—http://dcp.psc.gov—for announcements of this information.

The success rate for the O-4, O-5, and O-6 grades, exclusive of the medical temporary O-4 grade, were distributed as equally as possible across all categories. General statistical information is available as a link on DCP's Web site under '2003 Temporary Grade Promotion Results.'

In September, officers should check the DCP Web site for notification of their eligibility for consideration for temporary and/or permanent promotion in PY 2004 (July 1, 2003 through June 30, 2004).

Congratulations to the officers listed below:

Category *Grade Promoted to:*	*Effective Date:*
MEDICAL	
To Temporary Captain(O-6)	
Margaret C. Bash	07/01/2003
Susan Blank	07/01/2003
Alice Y. Boudreau	07/01/2003
Peter A. Briss	07/01/2003
Joanna Buffington	07/01/2003
David B. Canton	07/01/2003
Vance J. Dietz	07/01/2003
Elias Durry	07/01/2003
Jacqueline Jacobs Gindler	07/01/2003
Mark Grabowsky	07/01/2003
Matthew D. Hall	10/01/2003
Thomas W. Hennessy	07/01/2003
Steven I. Hirschfeld	07/01/2003
Robin M. Ikeda	07/01/2003
David S. Kessler	07/01/2003
Ali S. Khan	07/01/2003
Richard L. Kraft	07/01/2003
Crystal L. Mackall	07/01/2003
Susan A. Maloney	10/01/2003
Anthony Andrew Marfin	07/01/2003
Donald R. Mattison	07/01/2003
Paul S. Mead	07/01/2003
Jeffery L. Miller	07/01/2003
Diane A. Mitchell	07/01/2003
Lynn A. Paxton	07/01/2003
Carol A. Pertowski	07/01/2003
Kathryn S. Porter	07/01/2003
Michael Pratt	07/01/2003
Teresa D. Pratt	07/01/2003
Michael J. Quon	07/01/2003
Steven R. Rosenthal	07/01/2003
Cheryl L. Scott	07/01/2003
Raymond Strikas	07/01/2003
Jonathan T. Weber	07/01/2003
Pascale M. Wortley	10/01/2003
Jack A. Yanovski	07/01/2003
To Temporary Commander(O-5)	
Pauli N. Amornkul	07/01/2003
Tecora Deneice Ballom	07/01/2003
Wanda Denise Barfield	07/01/2003
Daniel Goodwin Bausch	07/01/2003
Thomas C. Bonin	07/01/2003
Demetrios T. Braddock	07/01/2003
John T. Brooks	07/01/2003
Michael G. Bruce	07/01/2003
Mark P. Butterbrodt	07/01/2003
Rodney W. Cuny	07/01/2003
Lucinda J. England	07/01/2003
Michael A. Fallon	07/01/2003
Daniel R. Feikin	07/01/2003
Coy B. Fullen	07/01/2003
David Philip Goldman	07/01/2003
Reuben Granich	07/01/2003
Lisa Anne Grohskopf	07/01/2003
Curtis Keith Hanst	07/01/2003
Sharon H. Jackson	07/01/2003
Laurie A. Kamimoto	07/01/2003
Adam M. Karpati	07/01/2003
Scott E. Kellerman	07/01/2003
Susan A. Lippold	07/01/2003
Rachel E. Locker	07/01/2003
Lisa L. Mathis	07/01/2003
Mary L. McMaster	07/01/2003
Anna L. Miller	07/01/2003
Juliette Morgan	07/01/2003
Karen A. Near	07/01/2003
Lois R. Niska	07/01/2003
Luis A. Ortega	07/01/2003
Bernard W. Parker	07/01/2003
Jeffrey C. Salvon-Harman	07/01/2003
Jose Serrano	07/01/2003
Laura Anne Tillman	07/01/2003
Thomas M. Weiser	07/01/2003
Lori A. Willinghurst	07/01/2003
DENTAL	
To Temporary Captain(O-6)	
Donald C. Belcher	07/01/2003
Jeffery R. Combs	07/01/2003
Dean J. Coppola	01/01/2004
Clay D. Crossett	10/01/2003
Paul I. Delgadillo	07/01/2003
Christopher G. Halliday	01/01/2004
Kathy L. Hayes	07/01/2003
Stuart R. Holmes	07/01/2003
Linda A. Jackson	07/01/2003
Thomas E. Jordan	07/01/2003
Tad R. Mabry	07/01/2003
Ronald J. Nagel	10/01/2003
Deborah R. Noyes	07/01/2003
Gary L. Pannabecker	07/01/2003
William Vermont Stenberg	07/01/2003
Gregory Whelan	04/01/2004
To Temporary Commander(O-5)	
Kent A. Anderson	07/01/2003
Mohamed K. Awad	07/01/2003
William F. Catelli II	07/01/2003
Bryan S. Dawson	07/01/2003
Mark Richard Freese	07/01/2003
Tammie J. Gibson	07/01/2003
Kimberly A. Lafleur-Nigg	07/01/2003
Glenn P. Martin	07/01/2003
William B. Parrish	07/01/2003
Alan C. Peterson	07/01/2003
Steven K. Rayes	07/01/2003
James Mitchell Schaeffer	07/01/2003
Robert P. Sewell	10/01/2003
Terence S. Swiatkowski	07/01/2003
Anthony Vitali	07/01/2003
James H. Webb, Jr.	07/01/2003
Darla Dianne Whitfield	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Scott William Brown	07/01/2003
Jesse William Duquette	07/01/2003
Paul Anthony Gagnon	07/01/2003
James Austin Gilbert	10/01/2003
Janice Jihee Kim	07/01/2003
Ian Michael Kott	07/01/2003
Katrina J. Leslie	07/01/2003
Letich Vernell Ligon	07/01/2003
Adrian Richard Palmer	07/01/2003
Hiko Ruo	07/01/2003
Nader Vakili	07/01/2003
Kimberly Ruth Woods	07/01/2003
Joshua Daniel Wyte	07/01/2003
Kyoko Leann Yoda	07/01/2003
Catherine O. Young	01/01/2004
NURSE	
To Temporary Captain(O-6)	
Robin E. Anderson	04/01/2004
Erica M. Avery	07/01/2003
Sheila D. Carnes	07/01/2003
Regena Dale	01/01/2004
Beverly A. Dandridge	07/01/2003
Fern S. Detsoi	07/01/2003
Terri L. Dodds	01/01/2004
Maureen Q. Farley	07/01/2003
Edwin M. Galan	07/01/2003
Margaret A. Hoeft	07/01/2003
Kippen M. Jacobson	07/01/2003
Philip Jarres	04/01/2004
Mary E. Jones	07/01/2003
Deborah Kleinfeld	07/01/2003
Mary J. Koszarek	07/01/2003
Mark P. LeCapitaine	07/01/2003
Edwarda O. Lee	07/01/2003
Susan R. Lumsden	07/01/2003

(Continued on page 7)

Promotion Year 2003 Temporary Grade Promotions Announced

(Continued from page 6)

Category Grade Promoted to:	Effective Date:
NURSE *(Continued)*	
To Temporary Captain(O-6) (Continued)	
Keith A. McDivitt	07/01/2003
Sheryl L. Meyers	07/01/2003
Brenda J. Murray	07/01/2003
Barbara J. Myrick	07/01/2003
Rebecca K. Olin	07/01/2003
Sandra D. Pattea	07/01/2003
Monique V. Petrofsky	10/01/2003
Lance L. Poirier	07/01/2003
Ana M. Puente	07/01/2003
Christine L. Rubadue	07/01/2003
Timothy R. Stockdale	07/01/2003
Yukiko Tani	07/01/2003
Arnette M. Wright	07/01/2003
To Temporary Commander(O-5)	
Wendy S. Antonowsky	10/01/2003
Helga C. Baca	07/01/2003
Kelly L. Barry	07/01/2003
Peter D. Bennett	07/01/2003
Susan Kathryn Brown	07/01/2003
Michael Patrick Bryce	07/01/2003
Amy V. Buckanaga	07/01/2003
Colleen A. Buckley	07/01/2003
Rosa Jean Clark	07/01/2003
Lisa S. Dolan-Branton	07/01/2003
Anthony L. Duran	07/01/2003
Sharon M. Harold	07/01/2003
Patrick K. Howe	07/01/2003
Eric M. Howser	07/01/2003
Willadine M. Hughes	07/01/2003
John Peter Jorgensen	07/01/2003
Melissa A. Law	04/01/2004
Colleen Osborne Lee	07/01/2003
Patsy P. Lyons	07/01/2003
Peter Joseph Marinich	07/01/2003
Martha Mae Marquesen	07/01/2003
Susan Z. Mathew	07/01/2003
Peggy J. Mathis	01/01/2004
Lucienne D. Nelson	01/01/2004
Susan M. Orsega	07/01/2003
Laverne Puckett	10/01/2003
Sandra K. Rode	07/01/2003
Janice C. Roman	07/01/2003
Jeanne D. Shaffer	07/01/2003
Lillian M. Solis	07/01/2003
Dixie L. Stuart	07/01/2003
Theresa Tsosie-Robledo	07/01/2003
Konstantine Keian Weld	07/01/2003
Lois R. Young	07/01/2003
Shirley Ann Zeigler	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Gettie Audain-Norwood	07/01/2003
Ileana Barreto-Pettit	07/01/2003
Valene Nancy Bartmess	10/01/2003
Cubie Taiwan Beasley	07/01/2003
Donna M. Bertone	07/01/2003
Jason M. Bischoff	07/01/2003
James A. Blankenship	07/01/2003
Randy Vernon Bong	04/01/2004
Sumner Lee Bossler	07/01/2003
Debra Lamour Boyd-Seale	07/01/2003
Paula Anita Bridges	07/01/2003
Marie A. Bridy	07/01/2003
Johnny Patrick Broussard	07/01/2003
Tessa Renee Brown	01/01/2004
Michelle Jane Bynum	07/01/2003
Patricia Kay Carlock	10/01/2003
Susanna Nanshim Choi	01/01/2004
Pamela M. Cook	07/01/2003
Karen Deirdre Cowgill	07/01/2003
Alicia Budd Cronquist	07/01/2003
Derwent O. Daniel	10/01/2003
Valesia Nichols Daniels	01/01/2004
Anissa Andrea Davis	04/01/2004
Diane Douglas	07/01/2003
Felicia Joy Duffy	04/01/2004
Kirsten Patrice Ernst	07/01/2003
Eileen Mary Falzini	07/01/2003
Darren Keith Felts	07/01/2003
Leo J. Fitzpatrick	07/01/2003
Sandra Lee Fouser	07/01/2003
Catina Renee Friday	07/01/2003
Barbara A. Fuller	07/01/2003
Andrew Salandanan Ganzon	04/01/2004
Melissa Ann George	07/01/2003
Brian Scott Griffin	07/01/2003
Sandra Joy-Ann Griffith	07/01/2003
Timothy G. Gruber	07/01/2003
Denise Marchelle Hinton	07/01/2003
Kevin E. Hornby	07/01/2003
Lori A. Hunter	07/01/2003
Serina A. Hunter-Thomas	07/01/2003
Joel Allen Johnson	01/01/2004
Tracey Karshner	07/01/2003
Ruth Kawano	07/01/2003
Cynthia Ann Kelly	07/01/2003
Jackie Kennedy-Sullivan	07/01/2003
Beatrice Rose Lunsford-Wilkins	07/01/2003
Delia Marquez-Ellis	01/01/2004
Anthony Blane Martin	10/01/2003
Kimberly Yvette Martin	07/01/2003
Tracy Lynne Matthews	07/01/2003
Joan Marie McFarland	07/01/2003
Sherry L. McReynolds	04/01/2004
Tonya Michelle Miller	07/01/2003
Frank Molina	07/01/2003
Robin Kay Moyers	07/01/2003
Shannon Stuart Myers	07/01/2003
Lynn Denise Neatherlin	07/01/2003
Nelson Reyes	07/01/2003
Angela Hartley Robinson	07/01/2003
Phil B. Sargent	10/01/2003
Vickie Clark Scott	07/01/2003
Elizabeth A. Smith	07/01/2003
Tommie Rodell Smith	04/01/2004
Donna M. Smith	10/01/2003
Thomas R. Stanley	01/01/2004
Donna K. Strong	01/01/2004
Judith B. Sutcliffe	01/01/2004
Colleen A. Sweeney	07/01/2003
Marcia Marie Thomas	07/01/2003
Joe F. Tittle, Sr.	07/01/2003
Victoria Felicia Vachon	07/01/2003
Steven M. Vavrosky	07/01/2003
Kim C. Weston	07/01/2003
Dawn Leigh Will	10/01/2003
ENGINEER	
To Temporary Captain(O-6)	
David J. Giurintano	04/01/2004
Jo Ann Griffith	07/01/2003
David Koski	07/01/2003
Sharon A. Miller	07/01/2003
Daniel D. Reitz	01/01/2004
Paula A. Simenauer	07/01/2003
Maurice C. West	01/01/2004
Fred E. Wiseman, Jr.	07/01/2003
To Temporary Commander(O-5)	
Steven J. Anderson	07/01/2003
Frank B. Behan	07/01/2003
Meredith A. Bond	07/01/2003
Charles S. Hayden II	07/01/2003
Kelly G. Hudson	07/01/2003
Kelly B. Leseman	07/01/2003
Eric L. Matson	07/01/2003
Jamie D. Natour	07/01/2003
Susan Kaye Neurath	07/01/2003
Arthur D. Ronimus III	07/01/2003
Jack S. Sorum	07/01/2003
William Z. Stanley	01/01/2004
Kenneth Tom Sun	07/01/2003
Darrall F. Tillock	01/01/2004
Sharon Wirth White	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Bryan Robert Beamer	04/01/2004
Dawn Marie Braswell	10/01/2003
Hubert Charles Cathlin	07/01/2003
Edward Lee Hakala	04/01/2004
James Edward Hall	07/01/2003
Joseph D. Hresko	07/01/2003
Eugenia R. Lee	07/01/2003
Roger Martinez	07/01/2003
Mathew J. Martinson	07/01/2003
Matthew Harold Pitts	07/01/2003
Matthew W. Rasmusson	04/01/2004
Brent D. Rohlfs	07/01/2003
Luke Leon Schulte	04/01/2004
Emil Pojen Wang	07/01/2003
SCIENTIST	
To Temporary Captain(O-6)	
Pamela L. Ching	07/01/2003
Anne T. Fidler	07/01/2003
Angela M. Gonzalez	07/01/2003
Darcy E. Hanes	01/01/2004
Paul D. Siegel	07/01/2003
Glenn D. Todd	07/01/2003
To Temporary Commander(O-5)	
John Joseph Eckert	07/01/2003

(Continued on page 8)

Promotion Year 2003 Temporary Grade Promotions Announced

(Continued from page 7)

Category Grade Promoted to:	Effective Date:
SCIENTIST *(Continued)*	
To Temporary Commander (O-5) (Continued)	
Richard S. Garfein	07/01/2003
Karen A. Hennessey	07/01/2003
Omar Douglas Hottenstein	07/01/2003
Robin L. Lyerla	07/01/2003
Stephanie R. Miles-Richardson	07/01/2003
Mark Joseph Seaton	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Frances Elizabeth Belcher	07/01/2003
Amanda Savage Brown	07/01/2003
Dan-My Thi Chu	01/01/2004
Angela Dinkins Coleman	07/01/2003
Christine Ruth Crawford	07/01/2003
Henraya Felicia Davis	07/01/2003
Danice Kathryn Eaton	10/01/2003
Aaron Thomas Fleischauer	10/01/2003
Althea Michelle Grant	07/01/2003
Rhonda Lynn Koch	07/01/2003
George Edward Luber	04/01/2004
Joel Mark Montgomery	07/01/2003
Dawn Marie Norton	10/01/2003
Leigh Taylor Ramsey	01/01/2004
Julia Caroline Rhodes	07/01/2003
Martin Lloyd Sanders	07/01/2003
Mark Joseph Sotir	07/01/2003
Peter Evans Thomas	07/01/2003
Beth Carlton Tohill	07/01/2003
Tara Michelle Vogt	10/01/2003
ENVIRONMENTAL HEALTH	
To Temporary Captain(O-6)	
Mark F. Boeniger	07/01/2003
Steven M. Breithaupt	07/01/2003
Alan S. Echt	07/01/2003
Russell E. Enscore	01/01/2004
Wendy L. Fanaselle	07/01/2003
Colleen F. Petullo	07/01/2003
Richard E. Turner	04/01/2004
Michael M. Welch	04/01/2004
To Temporary Commander(O-5)	
Holly C. Billie	04/01/2004
Bruce A. Chandler	07/01/2003
Jeffrey A. Church	01/01/2004
Keith W. Cook	07/01/2003
Calvin W. Edwards	10/01/2003
Lisa J. Flynn	07/01/2003
Daniel J. Hewett	04/01/2004
James K. Jackson	10/01/2003
Gregory M. Kinnes	07/01/2003
Robert B. Knowles	04/01/2004
Jeffrey S. Morris	07/01/2003
Rhonda S. Sears	10/01/2003
David B. Tibbs	01/01/2004
Donald B. Williams, Jr.	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Donna M. Gilbert	10/01/2003
Timothy E. Jiggens	07/01/2003
Diana Ly Kelsch	07/01/2003
Robert E. McCleery	10/01/2003
John Lee McKernan	10/01/2003
Robert Dale Ogan	07/01/2003
Kirk James Perryman	07/01/2003
Harrichand Rhambarose	10/01/2003
Lauralynn Taylor	01/01/2004
Gordon D. Tsatoke, Jr.	07/01/2003
VETERINARY	
To Temporary Captain(O-6)	
Peter B. Bloland	01/01/2004
Mark C. Haines	07/01/2003
Nancy B. Pate	07/01/2003
Lynn O. Post	07/01/2003
To Temporary Commander(O-5)	
Kamela D.E. Davis	07/01/2003
John Adam Painter	07/01/2003
Tracee A. Treadwell	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Gregory Leon Langham	07/01/2003
Jennifer Gordon Wright	07/01/2003
PHARMACY	
To Temporary Captain(O-6)	
Gary D. Baker	07/01/2003
Edward D. Bashaw	07/01/2003
Laurie B. Burke	10/01/2003
Jeffrey J. Gallagher	07/01/2003
Sharon K. Gershon	07/01/2003
Rita L. Herring	07/01/2003
John E. Jones	07/01/2003
William T. Long	07/01/2003
Michael J. Montello	07/01/2003
Raelene W. Skerda	01/01/2004
Jo Ann M. Spearmon	07/01/2003
Thomas J. Troshynski	07/01/2003
Adolph E. Vezza	07/01/2003
James W. Wilson III	07/01/2003
To Temporary Commander(O-5)	
Carole C. Broadnax	07/01/2003
Robert B. Carlile IV	07/01/2003
Carmen Cirilo Clelland	07/01/2003
Lisa A. Cohn	07/01/2003
Teri A. Creager	07/01/2003
Cindy P. Dougherty	07/01/2003
James K. Farrell	07/01/2003
James A. Good	07/01/2003
Michael J. Goodin	07/01/2003
Matthew P. Grammer	07/01/2003
Dana L. Hall	01/01/2004
Shirley I. Jojola	07/01/2003
Hye-Joo Kim	07/01/2003
John Quinn	07/01/2003
Julie K. Rhie	07/01/2003
Alan M. Sokolowski	07/01/2003
Edward J. Stein	01/01/2004
Thomas A. Sticht	07/01/2003
Vanessa G. Thomas-Wilson	07/01/2003
Julie E. Warren	07/01/2003
Gloria H. Weir	07/01/2003
Peter Weiss	07/01/2003
Pamela J. West	07/01/2003
Cory W. Wilton	07/01/2003
Catherine W. Witte	01/01/2004
Rochelle B. Young	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Thomas Edward Addison	07/01/2003
Demitria J. Argiropoulos	07/01/2003
Matthew Ryan Baker	07/01/2003
Mike Aaron Beiergrohslein	10/01/2003
Sye Dennis Bennefield	07/01/2003
Bradley Michael Bishop	10/01/2003
Michael P. Bourg	07/01/2003
Timothy R. Bowman	07/01/2003
Kevin D. Brooks	01/01/2004
Linda Janette Chandler	07/01/2003
John Tyson Chapman	07/01/2003
Rebecca L. Cody	07/01/2003
Deborah M. Cookson	07/01/2003
Velliyah E. Craig	07/01/2003
Janelle M. Derbis	07/01/2003
James Craig Doty	07/01/2003
Michael A. Eddy	07/01/2003
Nancy Jo Edwards	07/01/2003
Sheila M. Fullbright	07/01/2003
John Robert Fulton	04/01/2004
Rebecca Ellen Garner	07/01/2003
James Constantinos Gemelas	07/01/2003
Sarah Hui Ho	07/01/2003
Gary Brent Hobbs	07/01/2003
Hellen Eun Hong	01/01/2004
Edward A. Houser	07/01/2003
Uduak Macauley Inokon	07/01/2003
Monika Etra Johnson	10/01/2003
Marci Catalano Kiester	07/01/2003
Kristy M. Klinger	07/01/2003
Yoon Jung Kong	07/01/2003
Christopher Clayton Lamer	07/01/2003
Alina R. Mahmud	07/01/2003
Vlada Matusovsky	10/01/2003
Edith Eleanor Murray	07/01/2003
Edward V. Narbuth	07/01/2003
Denise A. Norman	07/01/2003
Cuthbert T. Palat III	07/01/2003
Nicole Haijin Park	07/01/2003
Devvrat Tuisidas Patel	10/01/2003
Brandon David Rader	10/01/2003
Vasavi Tirumuru Reddy	01/01/2004
Margaret A. Rincon	07/01/2003
Natalie A. Robertson	07/01/2003
Amy D. Rubin	01/01/2004
Jouhayna Shadid Saliba	07/01/2003
Spencer Seth Salis	07/01/2003
Kenneth R. Say	07/01/2003
Stanley McDonald Shepperson	07/01/2003
Tina M. Spence	07/01/2003
Todd Michael Stankewicz	07/01/2003
Gerardo Zenon Vazquez	07/01/2003
Peter G. Vermilyea	07/01/2003

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Promotion Year 2003 Temporary Grade Promotions Announced

(Continued from page 8)

Category Grade Promoted to:	Effective Date:
PHARMACY *(Continued)*	
To Temporary Lieutenant Commander(O-4) (Continued)	
Chi-Ann Yu Wu	07/01/2003
Catherine C. Yu	07/01/2003
DIETETICS	
To Temporary Captain(O-6)	
Mary H.G. Gessay	07/01/2003
Jo Ann A. Holland	07/01/2003
Maureen S. Leser	07/01/2003
To Temporary Commander(O-5)	
Jean R. King	07/01/2003
Ann Marie Staten	07/01/2003
Claire L. Turner	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Robert M. Collison	10/01/2003
Samantha Ann Maloney	10/01/2003
Kristen Leslie Moe	07/01/2003
Carol A. Treat	01/01/2004
THERAPY	
To Temporary Captain(O-6)	
Michelle J. Coleman	07/01/2003
Penelope S. Royall	04/01/2004
To Temporary Commander(O-5)	
Cindy R. Melanson	07/01/2003
Eric D. Payne	10/01/2003
Gary William Shelton	07/01/2003
Richard Shumway	07/01/2003
Matthew E. Taylor	01/01/2004
To Temporary Lieutenant Commander(O-4)	
Joseph Anthony Christ	07/01/2003
Corey S. Dahl	01/01/2004
Megan Horeis	01/01/2004
Henry Paul McMillan	10/01/2003
Robert E. Roe, Jr.	01/01/2004
Jon Michael Schultz	10/01/2003
Dan M. Smith	07/01/2003
HEALTH SERVICES OFFICER	
To Temporary Captain(O-6)	
Maria E. Burns	07/01/2003
Norman Cavanaugh	07/01/2003
Theodore P. Chiappelli	01/01/2004
Annie Brayboy Fair	10/01/2003
Frances T. Gipson	07/01/2003
Steven M. Glover	10/01/2003
Richard A. Levy	07/01/2003
Beverly A. Roth	07/01/2003
Janet Reen Saul	10/01/2003
Ray J. Weekly	10/01/2003
To Temporary Commander(O-5)	
Marinna Banks-Shields	07/01/2003
Dawn M. Clary	07/01/2003
Gary M. Cole	07/01/2003
Thomas A. Costello	07/01/2003
Willard E. Dause	07/01/2003
David Scott De La Cruz	04/01/2004
Beth D. Finnson	01/01/2004
Patrick L. Foster	07/01/2003
Denise L. Goudelock	07/01/2003
Malcolm Brewton Johns	07/01/2003
Daniel M. Kavanaugh	07/01/2003
Sandra M. Lahi	07/01/2003
George J. Majus	07/01/2003
Philip Simmons McRae	07/01/2003
Lou Ann Rector	01/01/2004
Rafael Angel Salas	07/01/2003
Kenneth Frederick Sample	07/01/2003
John H. Stadick	07/01/2003
Peter C. Stauffer	07/01/2003
Ann M. Toledo	04/01/2004
Gail S. Williams	07/01/2003
To Temporary Lieutenant Commander(O-4)	
Todd David Alspach	01/01/2004
Marcia Faye Britt	07/01/2003
Nadine R. Brown	01/01/2004
Donna Kay Brown	07/01/2003
Robert A. Carlson, Jr.	01/01/2004
Robert Paul Chelberg	07/01/2003
David Eric Clarke	01/01/2004
Rhondalyn Rene Cox	04/01/2004
Ali Bey Danner	07/01/2003
George A. Durgin, Jr.	07/01/2003
Lynette R. Dziuk	07/01/2003
Travis Ladel Fisher	10/01/2003
Gregory James Flaitz	07/01/2003
Abnnah B. Forbes	04/01/2004
Teresa Lynn Fox	07/01/2003
Bernadette O. Gonzalez	01/01/2004
Lori Ann Goodman	07/01/2003
Leslie Beth Hausman	07/01/2003
Janet Lynne Hawkins	07/01/2003
Joseph B. Henry	07/01/2003
Richard A. Henry	04/01/2004
Beth Anne Henson	07/01/2003
John Dennis Jaworski	07/01/2003
Dana Cornelius Jones	07/01/2003
Sianat Quazi Kamal	07/01/2003
Jennifer Ann Malia	10/01/2003
Tobey Candice Manns	04/01/2004
Andrew Dylan Margolis	07/01/2003
Joy Pauline Matthias	04/01/2004
James Todd Morris	07/01/2003
Susan Renee Peacock	07/01/2003
Jacqueline D. Rodrigue	07/01/2003
Donna Rusch	10/01/2003
Scott Joseph Salvatore	07/01/2003
Angela Ka-Tu Shen	07/01/2003
Dennis Scott Slate	07/01/2003
James A. Syms	07/01/2003
George E. Walker III	10/01/2003
Melissa Marie Walters	07/01/2003
Paul Michael Wetherill	01/01/2004
Diahann L. Williams	07/01/2003
Brandon C. Wood	10/01/2003

□

CCRF Training for Radiological Emergencies, April 15-17, 2003

Submitted by LT Julie A. Niven,
Indian Health Service, Whiteriver, AZ

My heart jumped as I opened the e-mail, "Congratulations on your acceptance to the 2003 CCRF Radiation 'Truth and Consequences'," because I knew attending this training would mean a turning point in my commitment and responsibility toward the Commissioned Corps Readiness Force (CCRF) and the Public Health Service Commissioned Corps. In light of the President's call for 30 percent enrollment of the Corps in CCRF this year, 50 percent next year, and 70 percent in 2005, I would like to share my experience of the training in hopes of encouraging my fellow officers' deeper commitment to CCRF as well.

***Day One*:** Arrival at the Atlanta Airport. Approximately 40 officers from as far east as Rockville, MD, to as far west as Alaska, were flown in and provided lunch compliments of CCRF. We left the airport around 14:00 on a tour bus to travel 90 minutes to Oxford, AL. We then checked into the Hampton Inn and rested about an hour before convening at 17:30 to travel to the old Fort McClellan hospital, now the Noble Training Center. After eating dinner, we were welcomed and oriented by CDR Renee Joskow, co-director of the training. Following this, we were split up into small groups and instructed to explore the strengths and weaknesses each of us brought to our individual groups (not knowing at that point just why we were being asked to do this).

***Day Two*:** We departed from the Hampton Inn at 07:15 for the Fort. We stood for a class picture, then attended lectures presented by practicing MDs and professors who were eager to pass on their knowledge and experience about the overall mechanics of working a natural or man-made radiological disaster. Some

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CCRF Training for Radiological Emergencies, April 15-17, 2003

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of the topics covered included basic radiological materials, decontamination, psychosocial issues specific to radiation exposure, radiation injury/illness, and radiological instrumentation. We were also instructed on how to protect ourselves as workers during an actual disaster response.

***Day Three*:** The day began with more didactic instruction, then after lunch we participated in a small group exercise. The exercise consisted of brainstorming/problem solving on how to respond to various disaster scenarios, and then class presentations of mock press releases to practice informing, warning, and calming the public during a radiological emergency. The day culminated with a briefing on the exercise we would take part in tomorrow. We would work in the teams we had been assigned to on *Day One* to respond to a simulated external radiological disaster!

***Day Four*:** In the morning, we were given time in our groups to work out final logistics with the intentionally scant information we had been given concerning the exercise. Roles were assigned and chains of command established. We felt ready to give it our best effort. Then the exercise began. CDR Joskow called us together and announced that there had been a radiological disaster in the area and the injured would be arriving at our hospital soon. We were to disperse to our preassigned stations: Emergency Department, Decontamination, Security, Hospital Administration, and Treatment. Volunteers from the Centers for Disease Control and Prevention began coming in on foot and by EMS. The 'patients' were triaged and treated. 'Family members' were attended to. One 'death' occurred and was processed accordingly. Our faculty and trainers observed and videotaped our work, and 2 hours passed like 30 minutes! After lunch and debriefing, several rounds of applause brought our last day of training to an end. Everyone's participation, cooperation, and commitment was acknowledged, and we exchanged our evaluations for certificates of completion. CDR Joskow assured us that if/when a radiological disaster was to occur, we would be tapped to respond.

Throughout the training, we wore our working khakis, saluted our seniors and returned salutes from our juniors, addressed each other by rank on par with the other Uniformed Services as VADM Carmona has enjoined us to be. We networked, laughed, disagreed, shared confidences, and formed friendships. The cohesion that formed manifested visually during the simulated exercise on *Day Four* and several faculty members observing throughout the exercise commented on how well we worked together as a team of teams.

***Day Five*:** We dispersed back at the Atlanta Airport melding with our civilian counterparts as we traveled anonymously in our street clothes. Off to different gates, different cities and remote towns, we exchanged final business cards and good-byes, invisible for now, but *ready* after our excellent training to step forward in that dreaded moment, to respond, protect, and serve as the Public Health Service Commissioned Corps.

□

PHS Engineer and Architect Leadership Development Seminar

In April, the Office of the Chief Engineer and the Engineer Professional Advisory Committee held the Public Health Service (PHS) Engineer and Architect Leadership Development Seminar. The 3-day seminar took place at the Hilton El Conquistador Resort in Tucson, AZ.

LCDR Jennifer Martin, Seminar Director, reported, "PHS engineers and architects were offered valuable leadership training and career planning strategies. The schedule was full of sessions pertinent to developing young and mid-level engineers into leaders."

RADM Bob Williams, Chief Engineer, introduced the seminar by leading participants in reciting a Leadership Pledge. He was followed by keynote speakers RADM John Villforth, USPHS (Retired), who was the former Chief PHS Engineer and Director of the Center for Devices and Radiological Health in the Food and Drug Administration, and BGen Annette Sobel, Assistant for Weapons of Mass Destruction and Civil Support to the Chief, National Guard Bureau. They kicked off the seminar by discussing the qualities of engineers that make them excellent leaders.

There was a panel discussion that allowed the participants time to discuss career progression issues. Other topics dealt with conflict management, leadership in a crisis, making difficult decisions, team building, and the importance of formal and informal mentoring programs. The seminar included a mini-workshop on defining the differences between managing and leading, and developing those qualities that make a leader.

Distinguished speakers represented the U.S. Navy, National Guard, the Port Authority of New York and New Jersey, various PHS agencies, and private industry. There were 75 participants from 11 Federal agencies. Participants universally lauded the seminar and recommended a series of such seminars be developed for all categories. RADM Williams endorsed this proposal, "Our goal is for everyone to understand that leaders can be found at all levels of an organization and leadership skills can be learned by anyone."

Attendees returned home with tools for their leadership toolbox and a new network of friends.

□

2003 Annual COERs

Commissioned Officers' Effectiveness Reports (COERs) will be electronically submitted this year. *Note: Please see page 3 of the June 2003 issue of the Commissioned Corps Bulletin.*

The following summary of established deadlines is provided as a convenient reminder:

COERS due:

- to officer's Supervisor by *July 11, 2003*;
- to Reviewing Official by *August 8, 2003*; and
- to DCP by *September 2, 2003*.

□

Operation Arctic Care 2003

Operation Arctic Care is a joint medical readiness and logistics training exercise conducted under the auspices of the Office of the Assistant Secretary of Defense for Reserve Affairs Innovative Readiness Training Program. This was a joint exercise with Active and Army Reserve, Navy Reserve, Air Force, Marine Reserve, and the Public Health Service (PHS) Commissioned Corps. This program provides humanitarian assistance to rural areas within the United States that have no commercial sources for similar services. Operation Arctic Care 2003 was conducted in cooperation with the Tanana Chiefs Conference Health Corporation (TCC) and the Norton Sound Health Corporation. Dental, Medical, Optometry, and Veterinary Support Teams were assembled to provide care to the underserved populations in several remote locations in the Norton Sound and Interior of the Alaska/Fairbanks areas.

"TCC has a limited budget to provide health service to the growing population," said PHS Engineer officer CDR Derek Chambers. "It's hard for them to come back to Fairbanks for care. The TCC's dentist had a backlog of 900 people. That's a 9- to 12-month wait to get in to see the dentist."

The teams from Operation Arctic Care 2003 provided a much-needed relief. PHS Dental officer CAPT Michael Kwasinski says that with the help of a Navy dentist and dental technicians, he saw his backlog shrink to 500 people and a 5-month wait.

"It's not unusual for 9-year olds to have 15 cavities" said CAPT Kwasinski. "They don't have access to care, and they have a high-sugar diet."

LT Theresa Gallagher, PHS Environmental Health officer, receives the Army Achievement Medal for her work with the Veterinary Support Team during Operation Arctic Care 2003. Presenting the award is Major Steve Lawrence, U.S. Army, Alaska Veterinary Command.

CDR Derek Chambers, PHS Engineer officer, receives the Navy Commendation Medal for his performance in planning Operation Arctic Care 2003. Presenting the award is CAPT Bruce Doll, U.S. Navy, OIC of the exercise.

The TCC recently took a survey that polled the people they serve for what kind of care they would most like to have. The response came back overwhelmingly for dental and veterinary care.

Operation Arctic Care 2003 provided help from all branches of the Uniformed Services. In addition to Navy dentists, there were doctors and veterinarians from the Army Reserve and National Guard, optometrists from the Air Force, and air support from both Coast Guard and Army.

"If Operation Arctic Care 2003 had not have come, we would have been really far behind," CDR Chambers said. "A lot of villages wouldn't have seen an optometrist for a year, and possibly never had seen a veterinarian." CDR Chambers says the Arctic Care people are staying in the villages longer and are seeing more people.

PHS Environmental Health officer CAPT Mike Keiffer has participated in the past six Arctic Cares and says it gets better every year. "The main role for the PHS in Operation Arctic Care 2003 is to assess that the TCC is ready to receive Arctic Care," said CAPT Keiffer. "Operation Arctic Care is a great opportunity for the different Uniformed Services to conduct a joint operation. PHS looks forward every year to be a part of this program which helps in completing the mission of the PHS which is providing quality health care to American Indian and Alaska Natives."

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Reminder

Leave Policy

All officers are reminded that they are required to keep their leave granting authority and their leave maintenance clerk informed of their whereabouts during any period of leave, including sick leave. In addition to providing this information on form PHS-1345, "Request and Authority for Leave of Absence," you must be sure to furnish your supervisor with the address and phone number where you can be reached while you are on leave.

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Retirements – June

Title / Name *Agency / OPDIV / Program*

MEDICAL

REAR ADMIRAL (UPPER)

Edward L. Baker, Jr. CDC

CAPTAIN

Gilberto O. Cardona-Perez OS

COMMANDER

Lucrecia Ortega HRSA

DENTAL

CAPTAIN

James J. Jan BOP

Kerald K. Shaddix CDC

James M. Logan IHS

ENGINEER

CAPTAIN

Fredrick W. Weller IHS

COMMANDER

Dennis M. Taddy IHS

PHARMACY

CAPTAIN

Truman M. Horn BOP

Dennis J. Vettese BOP

COMMANDER

Barton W. Baker IHS

DIETETICS

CAPTAIN

Darlene C. Isbell IHS

HEALTH SERVICES

CAPTAIN

Hector Lopez FDA

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American Indian/Alaska Native Commissioned Officers Advisory Committee—Call for Nominations

What is the AI/ANCOAC?

The American Indian/Alaska Native Commissioned Officers Advisory Committee (AI/ANCOAC) was chartered by the Surgeon General on February 11, 1993. The function of the AI/ANCOAC is to provide advice and consultation to the Surgeon General on issues related to professional practice and the personnel activities (commissioned corps or civil service) of American Indians and Alaska Native individuals. The AI/ANCOAC provides similar advisory assistance to the Minority Officers Liaison Council (MOLC) and, upon request, to Agency and/or Program Heads of the Department of Health and Human Services (HHS) and to non-HHS programs that routinely employ Public Health Service (PHS) Commissioned Corps personnel.

The specific objectives of the AI/ANCOAC are to:

- Improve the recruitment, retention, and career development of American Indian/Alaska Native officers;
- Promote, foster, and encourage the participation and representation of American Indian/Alaska Native officers in leadership, policy development, and management positions in the PHS;
- Enhance the role and contributions of the American Indian/Alaska Native officers in the PHS; and
- Develop effective communication and cooperation among American Indian/Alaska Native officers, non-American Indian/Alaska Native officers, and other parties.

How can you get involved?

There are two ways to get involved with the AI/ANCOAC—either become a member of the AI/ANCOAC Advocate program, or become an *active* member on the committee. Both require an application, but only committee membership requires a supervisor's endorsement and a current curriculum vitae.

As a member of the AI/ANCOAC Advocate program you will receive regular updates about the activities of the AI/ANCOAC and the MOLC. Advocates are able to pass on concerns and ideas that they feel should be reviewed at the national level. They may also volunteer to assist on projects or committees in which they are interested. Individuals who would like to become an AI/ANCOAC committee member or advocate may access the self-nomination form on the AI/ANCOAC Web site—www.aiancoac.freeservers.com.

Please forward completed nomination forms to the address below by **August 1, 2003**:

CAPT Palagie (Mike) Snesrud
AI/ANCOAC Membership
Centers for Disease Control and Prevention
MS D-39
1600 Clifton Road, NE
Atlanta, GA 30333

Phone: 404-639-0432
Fax: 404-639-2195
E-mail: pws8@cdc.gov

□

Recent Calls to Active Duty

Title / Name *Agency / OPDIV / Program*

MEDICAL

LIEUTENANT COMMANDER

Bernard M. Bettencourt — BOP
Ayer, MA

LIEUTENANT

Michelle T. Watters — OS
Chicago, IL

NURSE

LIEUTENANT

Grace E. McAtasney — IHS
Hoopa, CA

Heather E. Skelton — IHS
Anchorage, AK

Gail L. Surrena — IHS
Anchorage, AK

LIEUTENANT J.G.

Connery Lee — HRSA
San Pedro, CA

PHARMACY

LIEUTENANT COMMANDER

Linda M. Schrand — IHS
Warm Springs, OR

LIEUTENANT

Tara L. Mir — BOP
Yazoo City, MS

Joseph R. Lambert — IHS
Winnebago, NE

HEALTH SERVICES

LIEUTENANT J.G.

Daniel J. Hankes — HRSA
Los Fresnos, TX

Mobolanle A. Ayodeji — FDA
Laurel, MD

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Invitation to Join the Public Health Service Club in Bethesda, Maryland

Come join the Public Health Service (PHS) Club and visit with *active-duty and retired* colleagues. For many years, the PHS Club has provided its members with an opportunity to participate in and enjoy many interesting social and educational functions.

The PHS Club meets in the facility that once served as the full-time PHS Commissioned Officers Club (from 1960-1975) at 9101 Old Georgetown Road, Bethesda, MD. In 1975, this facility was sold to the Foundation for Advanced Education (FAES) Social and Academic Center, but the PHS Club continues to hold its monthly luncheon there *every fourth Sunday of the month at 12 noon.*

Some of the current members of the PHS Club include RADM Robert Brutsche (Ret.); RADM Leo Gehrig (Ret.); RADM Jerrold Michael (Ret.); CAPT Susanne Caviness; CAPT Helen Foerst (Ret.); CAPT Paul Pedersen (Ret.); CAPT Jack Robertson (Ret.); CAPT Charles Spangler (Ret.); and CAPT Charles White (Ret.).

We hope that you will be interested in becoming a member, and we invite your spouse to join also. Further information about membership can be obtained by contacting:

CAPT Barbara Rolling, USPHS (Ret.)
President, PHS Club, Inc.
7039 Leebrad Street
Springfield, VA 22151

Phone: 703-916-0279

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Commissioned Corps Readiness Force

CCRF Program Changes

In May 2003, VADM Richard H. Carmona directed the Commissioned Corps Readiness Force (CCRF) to develop a Corps-wide, standardized process for officers to join the CCRF and progress through the requirements to attain deployable status. A representative from each of 19 agencies took part in developing this process, which was then endorsed by the Chief Professional Officers and approved by the Surgeon General on June 4, 2003. This approach provides individual agencies with equitable procedures to allow officers to become deployable members of the CCRF.

Overarching objectives of the standardized process are:

- The CCRF will continue to answer every call from the Surgeon General to provide qualified officers to natural disasters; public health emergencies; special security events; terrorist attacks; and support for Federal, State, and local entities.
- Agency missions shall be honored.
- Officers shall be able to apply for CCRF, regardless of their agency assignment, and shall not be restricted in attaining 'fully deployable' status nor in earning the Field Medical Readiness Badge (FMRB) unless there is a significant, documented performance problem.
- Officers assigned outside the Department of Health and Human Services (HHS) shall have equal opportunities to be 'fully deployable' and earn the FMRB.
- Agencies, such as the Centers for Disease Control and Prevention (CDC), Bureau of Immigration and Customs Enforcement in the Department of Homeland Security (formerly part of the Immigration and Naturalization Service), Agency for Toxic Substances and Disease Registry, Bureau of Prisons (BoP), Environmental Protection Agency, National Institutes of Health, Coast Guard, Office of Emergency Response, etc., which place officers on their *agency response teams* will continue that activity. Officers identified by the agency as being on an agency response team can be placed on a CCRF roster called 'Agency Roster', and CCRF will defer to the agency's need for the requested officer. Likewise, officers on a Disaster Medical Assistance Team, Veterinary Medical Assistance Team, National Medical Response Team, or Disaster Mortuary Operational Response Team will be placed on a 'NDMS Roster' (National Disaster Medical System Roster), and not on a CCRF monthly rotational roster. However, officers can deploy on a CCRF mission, even though they are on an 'Agency Roster' or 'NDMS Roster', pending supervisory approval and NDMS Team Leader approval.
- Placement on an agency response team or 'NDMS Roster' does not in any way relieve an officer of completing the CCRF membership requirements. Officers who have received training similar to CCRF-sponsored training may simply 'test out' of those modules on the CCRF Web site, thereby earning full CCRF credit for the training. Officers on 'Agency Rosters' or 'NDMS Rosters' will receive the same 'credit' as officers on 'Ready Rosters,' provided they complete the membership requirements outlined on the CCRF Web site.
- The Secretary, HHS, has the authority to order officer deployments, without supervisory approval, if the officer is assigned within HHS.
- Other than subject to the Secretary's authority noted above, supervisors will still retain the right to decline officer participation on a particular deployment if the officer's absence will degrade the agency's mission to an unacceptable level.
- During the activation phase of a deployment, agency deployment approval processes will be in place to streamline agency administrative steps, which deal with identifying suitable officers, obtaining their release, and deploying them to the field (i.e., CCRF is not staffed to make multiple calls within an agency to obtain an officer's release).
- Officers will not deploy with CCRF for more than two 14-day deployments in a calendar year, unless directed to do so by the Secretary, HHS, and the officer is assigned to HHS. Pending supervisory approval, officers may deploy for multiple responses annually. If special situations occur that require longer deployments, officer supervisors will retain the right to decline participation.

CCRF Membership Procedures

- Officers first register as 'applicants' on the CCRF Web site, and move to 'candidate' status when they have recorded on the CCRF Web site a current license, current Basic Life Support certification, and a physical exam filed with the Medical Affairs Branch of the Division of Commissioned Personnel within the last 5 years. At this point, they are given access to the training modules on the CCRF Web site.
- Officers begin the process of completing training modules, successfully completing physical fitness testing, obtaining deployment uniforms, and finishing other requirements to be placed on one of seven monthly Ready Rosters as 'deployable' or 'fully deployable.' One of the seven rosters is on call each month, hence officers know in advance that they should be ready to deploy every 7 months.
- Officers will establish a 'Family Care Plan' to address the needs of family members who are dependent on the officer for their daily care. The 'Family Care Plan' is completed in advance of an actual deployment so that special family arrangements can be addressed prior to an immediate need.
- CCRF sends a request to the Division of Commissioned Personnel to confirm the officer has no pending or current Adverse Action.
- CCRF sends a request to the officer's Chief Professional Officer, asking that he or she concur in the officer's participation in CCRF.

NOTE: TO THIS POINT, SUPERVISORY AND AGENCY APPROVAL IS NOT REQUIRED.

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Commissioned Corps Readiness Force

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However, to be placed on a Ready Roster, officers must receive supervisory approval. This will be accomplished by CCRF sending an electronic message to an officer's supervisor, advising him or her that the employee has been designated to a given Ready Roster. If the supervisor objects to this, he or she is to contact the agency's Commissioned Corps Liaison, and advise the Liaison that the supervisor will not approve of this activity, and the reason why. The Commissioned Corps Liaison will then relay that information to CCRF, and the officer will be listed on the CCRF database as 'Agency Hold.' However, if supervisors approve of their employees being on a Ready Roster, their approval is implied if they do not reply negatively to the Commissioned Corps Liaison. (This process was requested by the Liaisons several months ago.)

Officers with supervisory approval are placed on one of seven monthly Ready Rosters. Officers on a given month's Ready Roster are required to reconfirm this with their supervisor prior to the beginning of that month. This will give supervisors the opportunity to notify any necessary management staff in their chain of command prior to any need to deploy their officer. This will help minimize time delays in supervisory approval in case of a CCRF deployment.

Officers on a Ready Roster during a given month are expected to make arrangements to be available to deploy (i.e., limit personal travel and obligations during that month).

CCRF and the American Red Cross

On May 5, 85 tornadoes struck the American Midwest, killing 38 people and destroying several thousand homes and hundreds of businesses. Particularly hard hit were communities in eastern Kansas, southwestern Missouri, and western Tennessee.

The American Red Cross (ARC) established over 30 shelters for residents who lost their homes in these locations. The ARC requested that the Office of the Surgeon General provide nurses to support the public health needs of the shelter residents. This request was related to the 1984 Memorandum of Understanding (MOU) between the ARC and the Public Health Service (PHS). Through this MOU, the PHS may provide medical and public health support during disasters to supplement the needs of the ARC response.

Ten CCRF nurses were deployed; five to Jackson, TN, and five to Springfield, MO. The nurses came from five difference agencies—CDC, Health Resources and Services Administration, BoP, Indian Health Service, and Food and Drug Administration. The ARC provided travel, housing, and per diem for CCRF members.

Our members were a credit to the CCRF and to the PHS Commissioned Corps. We are grateful to their co-workers and their supervisors who gave them the opportunity to serve and help those in need.

Threat Level: Orange

On May 20, the Department of Homeland Security elevated the Nation's threat level from Yellow to Orange. As a result, a number of readiness measures were put in motion by HHS. CCRF responded by deploying to the Secretary's Command Center at HHS. In addition, pharmacists and environmental health officers were placed on Management Support Teams that were ready to deploy at a moment's notice.

LCDR Belsito to Represent the USA at World Championship

LCDR Linda Jo Belsito, a Nurse officer, is the PHS Commissioned Corps' own Champion Powerlifter and Weightlifter. LCDR Belsito, who has competed for 19 years, currently holds the Masters National and World Champion Olympic Weightlifter titles. LCDR Belsito participated in the National and World Powerlifting Championships: Open and Masters Divisions. In 1999, she was the first woman to win two World Championships in two sports in the same year. In September 1999, she won the Masters World Olympic Lifting Championships in Scotland, and 6 weeks later won the Gold Medal in South Africa at the Masters World Powerlifting Championships. LCDR Belsito has set many National and World records in 1998, 1999, 2000, and hopes to do the same in 2003 here in the USA. In addition to her usual duties at the Bureau of Immigration and Customs Enforcement in the Department of Homeland Security (formerly part of the Immigration and Naturalization Service), LCDR Belsito is the Region II Administrator for the National Nurse Response Team.

CCRF Basics Course

Fifty-eight CCRF members completed the CCRF Basics Course that was held in Maryland in May, and 40 members completed the second iteration of the course in Jacksonville, FL, in June. The CCRF Basics Course includes the basic 12 core modules essential for deployment, daily fitness activities, Basic Life Support for Healthcare Providers (BLS), uniform wear inspections, and military courtesies. Upcoming courses are scheduled for July, August, and September in Butner, NC, San Diego, CA, and Anniston, AL, respectively.

Basic Life Support for Healthcare Providers (BLS)

Many CCRF members have questions about BLS. BLS is a minimum BASIC requirement for CCRF membership and it is needed to receive access to the CCRF online training program. CCRF has affiliate status in the Military Training Network (MTN). The MTN is designated as the Department of Defense affiliate for the American Heart Association and the American College of Surgeons for resuscitative/trauma medicine programs. **What this means to CCRF officers is that officers may now access BLS training classes with MTN members throughout the United States at no charge.** For more information see—http://www.usuhs.mil/mtn/mtn1.htm.

CCRF Training

BLS is a minimum requirement for CCRF membership and is required prior to being assigned an online training account. Access is needed to (1) complete the exam for the modules, and (2) obtain continuing education credit.

CD-ROMs containing all 61 CCRF training modules have been mailed to all PHS Commissioned Corps officers. This allows

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Commissioned Corps Readiness Force

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easier access to the training program. Once you have completed the requirements for 'active' CCRF membership and have gained a training account (see http://ccrf.umbc.edu/requirements.asp). You will then be able to logon to the CCRF training Web site—http://ccrf.umbc.edu/—and complete the exam for that session.

CCRF owes special thanks to another group of dedicated officers who volunteered in May to help label, package, and mail CD ROMs to each Corps officer.

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PHS Engineers Garner Top Awards

Two U.S. Public Health Service engineering projects received top prizes at the recent American Academy of Environmental Engineering Environmental Engineering Excellence Awards Ceremony. This prestigious national awards event was held April 9 at the National Press Club in Washington, D.C.

Receiving the ***Grand Prize in the Research Category*** was the team from the Agency for Toxic Substances and Disease Registry (ATSDR) and the Georgia Institute of Technology. Mr. Morris Maslia (ATSDR) was the project engineer for "Enhancing Environmental Engineering Science to Benefit Public Health: Integrating Hydraulic Network Modeling, Spatial Analysis, and Genetic Algorithms with Epidemiologic Studies."

Receiving the ***Grand Prize in the Operations/Management Category*** was the Alaska Native Tribal Health Consortium (ANTHC). LCDR Pierre Costello (ANTHC/Indian Health Service) was the project engineer for "The Savoonga Water and Wastewater Project in Savoonga, Alaska." In addition, RADM Charles C. Johnson, Jr., USPHS (Retired), received the Gordon Maskew Fair Medal for his lifetime achievements in environmental engineering.

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(Pictured left to right) Grand Prize in the Research Category – Mr. Mustafa Aral, Georgia Institute of Technology; Mr. Morris Maslia, Agency for Toxic Substances and Disease Registry; and RADM Bob Williams, Chief Engineer, Public Health Service.

(Pictured left to right) Grand Prize in the Operations/Management Category – Mr. Pat Easter, Project Superintendent, Alaska Native Tribal Health Consortium (ANTHC); Mr. Lincoln Bean, ANTHC Board Member; LCDR Pierre Costello, ANTHC/Indian Health Service; RADM Bob Williams, Chief Engineer, Public Health Service; and Mr. Darryl Alleman, Regional Manager, ANTHC.

Hispanic Officers Advisory Committee

HOAC Mission Statement

The Hispanic Officers Advisory Committee's (HOAC) mission is to improve the health status of Hispanics and ameliorate the health status of all U.S. citizens. This shall be accomplished by providing recommendations to the Surgeon General related to matters pertaining to the development and implementation of policies and programs of national and/or regional significance which would affect the general health and welfare of the Hispanic population of the U.S. The HOAC serves as the vehicle by which Hispanic commissioned officers have access to Public Health Service management and input into personnel practices that affect professional and personal growth, recruitment, and retention of Hispanic health professionals.

HOAC Announces Its 2003 Executive Committee

Chair
LCDR Keyla E. Gammarano
E-mail: keylaboga@yahoo.com

Vice Chair
LT Imelda Davalos
E-mail: jdavalos@hrsa.gov

Recorder
LT Angela Bassek
E-mail: bassekrph@yahoo.com

Treasurer
Ms. Lisa Flach
E-mail: lflach@hrsa.gov

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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*
DENTAL	
REAR ADMIRAL (LOWER)	
Viron L. Diefenbach	04/28/03
COMMANDER	
Ernest S. Ferjentsik	05/14/03
NURSE	
REAR ADMIRAL (LOWER)	
L. M. McLaughlin	05/16/03
CAPTAIN	
Helen L. Roberts	04/29/03
LIEUTENANT J.G.	
Ruth G. Webster	04/20/03
ENVIRONMENTAL HEALTH	
CAPTAIN	
George L. Raspa	05/31/03

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Editor's Note

The *Commissioned Corps Bulletin* is mailed only to officers (active duty, inactive reserve corps, and retired) and some corresponding administrative personnel. Accordingly, many of the civil service employees with whom officers work, as well as visitors to your offices, do not have regular access to the *Bulletin*.

How about sharing your *Commissioned Corps Bulletin* with your colleagues and visitors by placing a copy where others may have a chance to see it and read it. This will help others learn more about the Public Health Service Commissioned Corps and its activities and accomplishments.

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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

□

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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