



# Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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July 2004

## Surgeon General's Column

Reflecting on the past month, many of us have had the opportunity to attend and even participate in graduation celebrations. Whether for friends, family, colleagues, or for those who have chosen a professional career path similar to our own, commencement ceremonies are an important rite of passage.

I recently had the privilege of speaking to the graduates and their guests at the New York University College of Dentistry graduation ceremony. In preparing my remarks, I was reminded of the importance of dentistry to every aspect of the work that we do as U.S. Public Health Service Commissioned Corps officers to maintain and improve the health and safety of the American people. The following is an excerpt from that address.

*Keynote address, 2004 New York University College of Dentistry Graduation Ceremony, Madison Square Garden.*

### THE ROLE OF DENTISTS IN PREVENTION, PREPAREDNESS, AND ELIMINATING HEALTH DISPARITIES

We're here to celebrate the achievements of the graduates of the New York University College of Dentistry. We're also here to honor the hard work and dedication of their instructors and loved ones. To all the teachers, family, and friends who supported and encouraged the graduates, I want to say thank you. You helped make it possible for a new generation of health care professionals to train, to practice their newly acquired skills, and to start giving back to their communities.

Today's graduates are part of an unprecedented era in New York's history.

Many of you were at Ground Zero in the hours and days following 9/11. While this fact is not well known by the public, dentists can play a critical role in America's response to the new threats we face. The terrorist attacks on 9/11 brought home to us the realities of a new type of warfare, of new threats to our safety and security.

Dentistry has played a key role since 9/11. All 10 of the Disaster Mortuary Response and Operations Teams within the National Disaster Medical System were deployed to New York City to support and supplement the city's own team of medical examiners. The work performed by these dentists was greatly appreciated for the peace that it brought to so many grieving families.

The American Dental Association, the Public Health Service, the American Dental Education Association, and the American Association for Dental Research brought together experts from the public and private sectors to further prepare our Nation for possible catastrophic events. As part of those preparations, we developed the Medical Reserve Corps, which is the health component of President Bush's volunteer effort known as the Freedom Corps and the one I lead as Surgeon General.

These units, based on the local level throughout America, are made up of volunteers—dentists, nurses, doctors, paramedics, and other professionals—who are trained to respond to health crises. These medical volunteers complement and assist full-time emergency first responders during large-scale disasters. For in-

stance, these volunteers could be called upon to staff triage and decontamination sites, casualty collection centers, or mass immunization sites. The Medical Reserve Corps nationally is critical to our efforts on preparedness. They'll provide assistance and depth to the good emergency teams already in place. I encourage each of you to become members of your local Medical Reserve Corps—certainly they can use your expertise.

I also want to thank those of you who participated in developing a plan of action to address dentistry's role in responding to catastrophic events, including possible acts of bioterrorism. You have worked hard to educate the profession, and have helped local dental societies develop a response plan that is being integrated into larger mass disaster plans. It is through these collaborations and educational efforts that we make our Nation stronger and safer. We need you to continue these efforts. I ask you to stay up-to-date with continuing developments in national preparedness.

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## Surgeon General's Column

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### **Importance of Education**

The reality is that staying prepared, both personally and professionally, is a natural transition from the education you received here at New York University. Your education will benefit you as individuals, and it will also pay dividends for your community, the Nation, and the world. Always remember that as an educated person, you have the responsibility to reach down and help others in society. When you get to the top, remember to send the elevator back down.

There were certain critical junctures in my education when somebody extended a hand to me, someone set an example of how to be a person of integrity, of how to respond to adversity. The people around you are more important than any award, achievement, or accolade. When you fall, it will be your friends and loved ones who will be there to catch you. Too often in business and politics you make 'contacts'; I urge you to make friends.

The 19th century literary critic John Churton Collins said that it is in adversity that we know our friends. My advice to you is to choose friends who will be there for you when the going gets tough. I am so proud to be able to say to all my friends and mentors who encouraged me through adversity, "Thank you. Your time was not wasted; your confidence in me made the difference."

If not for certain people in my life, who cared enough to help a poor kid from the streets, I would have stayed in those streets, and I would probably be dead by now. While I failed in life as many times as I succeeded, I kept trying, and eventually I was able to start giving back to my community—mostly in small, anonymous ways—but I was giving back.

### **Priorities**

Two years ago President George W. Bush and Health and Human Services Secretary Tommy Thompson tapped me to be Surgeon General. For a high-school drop-out to be called upon by the President to do this job, well let me just say, only in America! The President and the

Secretary asked me to focus on three priorities to maintain and improve the health of the American people. All three are evidence based. They are:

- First, *Prevention*. What each of us can do in our own lives and communities to make ourselves and our families healthier.
- Second, and new to the Office of the Surgeon General as none of my 16 predecessors had to deal with these issues, *Public Health Preparedness*. We are investing resources at the Federal, State, and local levels to prevent, mitigate, and respond to all-hazards emergencies.
- Third, *Eliminating Health Care Disparities*. Not just reducing them, but eliminating them. We are working hard to eliminate disparities, through programs like *Take a Loved One to the Doctor Day*, and through the great work that is being done in Community Health Centers across the Nation. Every day, we're finding better ways to fight disease and untimely death, and this is good news for America. But in too many areas, our Nation is still two nations, divided when it comes to health. Simply put, America suffers from racial and ethnic disparities in health.

From the very beginning of life, children of color are at a disadvantage. Our infant mortality rates are higher. If today is like most other days in America, nearly one in four minority kids will miss at least one of the immunizations they should receive. Oral diseases are found primarily among the poor, Native Americans, homeless and migrant populations, and children with disabilities. Chronically poor oral health in toddlers and children can lead to severe developmental problems and diminished growth. To put it simply, poor children are more than three times less likely to access dental care than their classmates. Things don't get better when the kids grow up—African American males have the highest incidence rate of oral cancers in the United States. This has very little to do with

genetics, but it has a lot to do with certain aspects of culture and a lot to do with access to health care. We obviously have a lot of work to do. Where should we begin? To start, we must never again look at the health gap as an 'African American problem,' an 'Asian American problem,' a 'Native American problem,' or a 'Latino problem.' It is an *American* problem that demands an *American* solution. The New York University School of Medicine is a shining example of what can be accomplished when people take that to heart.

### **National Call to Action to Promote Oral Health**

Last year I issued the National Call to Action to Promote Oral Health. It marks the latest in an ongoing effort to address Americans' oral health needs in the new century. It builds on the objectives outlined by former Surgeon General Satcher in the report he issued about the status of oral health in America. The plan I launched with partners from throughout the Nation seeks to expand current efforts by enlisting the expertise of individuals, health care professionals, academia, communities, and policymakers at all levels of society.

### **Eliminating Health Care Disparities**

In the spirit of the National Call to Action to Promote Oral Health, and in the great tradition of the New York University College of Dentistry, I ask you to continue providing services to the underserved, and to find ways to contribute your time and expertise to your communities. It will be through your day-to-day efforts and contributions that you will establish your reputation and your legacy.

Helen Keller said, "I long to accomplish a great and noble task, but it is my chief duty to accomplish humble tasks as if they were great and noble. The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of the tiny pushes of each honest worker."

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## Surgeon General's Column

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My question to you today is not, "Will you be the hero?" My question to you is, "Will you be the honest, humble worker?" Will you be the health care professional who sets aside time every week to care for those who need it most—the poor, the disenfranchised, and the men, women, and children who suffer because of lack of basic preventive care?

We are doing so much at the Federal level to provide funding and programs to make sure that there is a health care safety net for every American, but we need your help. We need you to help us advance the policies, we need you to provide the services and the education, and we need you to teach the next generation.

### Charge and Closing

Finally, I want to leave you with one thing to remember, and that is, character counts. In fact, you will find in the long run, that is how your life will be measured. The greatest currency you will ever possess is your reputation, which is defined as character demonstrated over time. One person *can* make a difference. I charge each of you to be that person. Think big. Think outside the box. Set your goals out of your apparent reach and your standards above reproach—make a commitment to change the world. Find a way to be a blessing to someone every day.

You can make a difference in the lives of your patients, their loved ones, and in the future of our Nation. And remember, while yours can be a financially rewarding career, once we are gone, the titles, wealth, and cares vanish with us. Your legacy—the legacy you create—is simply your character outliving you. What better inheritance to leave the world that to leave it a better place?

Go forth and build your legacy to the world. Never forget or underestimate the immense privilege and responsibility you have as health care professionals . . . to each patient and to your communities. Thank you and congratulations.

VADM Richard H. Carmona  
Surgeon General



## 2004 Commissioned Officers' Effectiveness Report (COER)

All officers on duty as of March 1, 2004 are required to complete a 2004 Annual COER **electronically**. For information on the 2004 COER and the applicable deadlines for completing the COER, officers should routinely monitor the Commissioned Corps Management Information System Web site (<http://dcp.psc.gov>) as well as Listserv messages from the Office of Commissioned Corps Operations.

It is very important that all active-duty officers go to—<http://dcp.psc.gov>—click 'Secure Area', 'Officer and Liaison Activities', log in, go to 'Update Contact Information' and verify that your e-mail address is correct.

Officers and Raters may also write text for Attachments I and II in a word processing application (i.e., Notepad, Wordpad, Word, or Wordperfect) and save the text. The text can then simply be copied and pasted into the Attachments as appropriate.

Please be advised, versions of Netscape earlier than 7.1, and MacIntosh platforms will not work well with the electronic COER process. Officers with these applications may want to upgrade or locate alternate workstations so that they can complete the COER without difficulty.

## Office of Commissioned Corps Operations Staff at COA Annual Meeting

After 12 months of planning and preparations, seven staff members from the Office of Commissioned Corps Operations (OCCO—formerly the Division of Commissioned Personnel) and one member from the Office of Commissioned Corps Support Services (OCCSS) had the privilege of attending the Commissioned Officers Association's (COA) Annual Public Health Professional Conference in Anchorage, AK, May 16 through 20. OCCO staff attendees were LCDR Claire

Karlson (2004 COA Conference OCCO Chairperson), CDR Janet Brunader, CDR Cheryl Wiseman, CDR Bill Wyeth, LCDR Ron Keats, Ms. Penny Coppola, Ms. Charlene Jenkins, and CDR Lou Ann Rector from OCCSS. CDR Meta Timmons, a staff member with the Commissioned Officer Training Academy (COTA), was a conference planner, but stayed behind to prepare for future Basic Officer Training Courses (BOTC).

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Office of Commissioned Corps Operations (OCCO) staff members pictured with RADM Cristina Beato, Acting Assistant Secretary for Health, at the OCCO booth at the COA meeting in Anchorage, AK. (Pictured left to right) CDR Bill Wyeth, LCDR Ron Keats, RADM Cristina Beato, LCDR Claire Karlson, and CDR Cheryl Wiseman.

## Office of Commissioned Corps Operations Staff at COA Annual Meeting

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VADM Richard H. Carmona, USPHS Surgeon General, (center) with LCDR Claire Karlson and LCDR Ron Keats at the OCCO booth at the COA meeting in Anchorage, AK.

COTA provided a 3-Day BOTC before the conference and a 3-Day BOTC following the conference. The BOTC started bright and early Sunday morning, May 16, with an information technology presentation by CAPT Bill Knight. The Advanced Associate Recruiter Program was coordinated by Ms. Coppola with presentations by OCCO staff members and others. The BOTC adjourned in time for all to participate in the Surgeon General's Run/Walk and the Commissioned Corps Readiness Force fitness testing.

On Monday morning, RADMs Mary Pat Couig, Robert Williams, and Richard Wyatt hosted a well-attended presentation about career development and the transformation, which included category breakout discussion sessions. Staff members set up the OCCO booth in the Exhibit Hall at the Convention Center, and joined the rest of the conference attendees for the opening ceremonies. OCCO staff were available in the Exhibit Hall during all exhibit hours and during some breaks to answer questions, meet and talk to officers and attendees, and to distribute promotional materials publicizing the PHS Commissioned Corps. This year CD-ROM cases and compact staplers with the PHS logo were given out, in addition to notebooks and toothpaste squeezers that publicized the PHS Commissioned Corps recruitment Web site—[www.usphs.gov](http://www.usphs.gov).

The formal conference activities ended on Thursday. On Friday, OCCO presented a very well attended, and very well received, Retirement Seminar led by Mr. Tom Berry of the Compensation Branch, OCCSS.

OCCO staff members are proud to have been able to attend the conference and provide support and information to a large number of PHS Commissioned Corps officers. We are looking forward to the next COA annual meeting to be held in Philadelphia in 2005, and we hope to see *you* there!



## Asian Pacific American Officers Committee Solicits Nominations

The Asian Pacific American Officers Committee (APAOC) invites nominations, including self-nominations, to serve a 3-year term on the committee beginning **October 2004**.

APAOC is an advisory group with members from the Department's Operating Divisions and from major programs that employ Public Health Service Commissioned Corps officers. APAOC provides advice and consultation to the Surgeon General on issues related to professional practice and personnel activities of Asian Pacific Americans who are commissioned corps officers and civil service employees.

## Recent Deaths

*Note:* To report the death of a retired officer or an annuitant to the Office of Commissioned Corps Support Services (OCCSS), please phone 1-800-638-8744.

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

<i>Title / Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<i>REAR ADMIRAL</i>	
Mabel Ross	03/31/04
<i>CAPTAIN</i>	
Albert T. Snoko	02/28/04
<b>DENTAL</b>	
<i>CAPTAIN</i>	
W. W. Calhoun, Jr.	05/28/04
<b>NURSE</b>	
<i>CAPTAIN</i>	
Jean A. McCollum	05/19/04
<i>LIEUTENANT COMMANDER</i>	
Agnes A. Al-Dabbagh	05/14/04
<b>SCIENTIST</b>	
<i>CAPTAIN</i>	
Roy F. Fritz	05/04/04
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i>	
Thomas C. Voskuhl	05/05/04
<b>VETERINARY</b>	
<i>COMMANDER</i>	
Timothy P. O'Neill	05/13/04



If you would like to be considered for appointment to the committee, please visit the APAOC Web site ([www.apaoc.org](http://www.apaoc.org)) for further information and an application form. Send the completed form by **July 30, 2004**, to:

LCDR Samuel Y. Wu  
 FDA/CDER/OIM  
 HFD-143, Room 3022  
 12420 Parklawn Drive  
 Rockville, MD 20857  
 Phone: 301-827-3928  
 Fax: 310-594-6463  
 E-Mail: [samuel.wu@fda.hhs.gov](mailto:samuel.wu@fda.hhs.gov)  
 (or) [swu@apaoc.org](mailto:swu@apaoc.org)



## Commissioned Corps Readiness Force

### **Keeping You Informed**

As of mid June, the Commissioned Corps Readiness Force (CCRF) is involved in the following deployments:

- Mental health support for the Fort Thompson Service Unit in the Aberdeen Area to address a high number of suicides among Crow, Creek, and Sioux youths. This mission is scheduled to end in August.
- CCRF physicians augmenting the staff at the Kodiak Area Native Association in Kodiak AK. This mission is scheduled to end in July.
- CCRF pharmacist in Baghdad with the Iraq Ministry of Health with the mission of developing a drug regulatory system for the country. Her deployment concluded in late June.

### **World War II Memorial Dedication**

Forty-seven Public Health Service (PHS) Commissioned Corps officers participated in the dedication of the World War II Memorial on the Mall in Washington, DC. This event was a Joint Uniformed Services mission with PHS physicians, nurses, physician assistants, and nurse practitioners; Navy physicians and nurses; and Air Force and Army Emergency Medical personnel. The American Battle Monuments Commission (ABMC) and the National Park Service (NPS) coordinated the event. Approximately 160,000 guests were invited with 60,000 of these being World War II veterans. Many others from all over the Nation, who were not formally invited, were in attendance. The memorial, which was established by the ABMC, honors all military veterans of the war, the citizens on the home front, the Nation at large, and the high moral purpose and idealism that motivated the Nation's call to arms.

The Chief Medical Officer of the NPS, a Navy Reserve physician, requested that PHS physicians, nurses, physician assistants, and nurse practitioners be in attendance because of the large number and the advanced age of the guests. Each of the 9 medical tents was in charge of one-ninth of the crowd, which equated to about 25,000 to 35,000 people for each tent. Each of the tents had 2 to 3 physicians, 3 to 4 nurses, physician assistants or nurse practitioners, plus 9 emergency medical technicians (EMT). The EMTs worked in three

3-person teams per tent and were assigned to designated areas in the crowd. When a guest was having distress, the EMTs would go to the patient and bring him or her back to the tent. In addition, there were hundreds of patients who 'self-admitted.' Our teams treated many headaches, blisters, sunburn, heat-related problems, at least one suspected heart attack, quite a few falls, and a kidney stone, just to name a few problems.

By the conclusion of the ceremony, the teams transferred 12 guests to the Washington, D.C. Emergency Health and Medical Services Administration (DC EHMSA). However, when the audience of more than 200,000 guests departed, many awaited transportation for up to 2 hours. At this time, many of the elderly, who could not stand up for an extended period, began having problems. To prevent any further heat-related injuries, our teams drove mobile carts throughout the crowd to distribute thousands of bottles of water. Despite this, 18 more guests were transferred to DC EHMSA prior to days end. Our officers have been on many CCRF deployments . . . none was as short as this 14-hour mission; none will last longer in our souls.

### **Upcoming Responses**

The events listed below are scheduled for the next 5 months and will require □

substantial numbers of CCRF members. We expect that CCRF officers will function mainly as liaisons with State and local governments, Federal partners, and international players.

- The 2004 Democratic National Convention in July in Boston.
- The 2004 Republican National Convention in August in New York City.

### **Training**

CCRF is offering five courses that are now posted on the CCRF Web site—<http://ccrf.hhs.gov/ccrf/training.htm>.

- Mental Health Disaster Response Training
- OFDA International Humanitarian Response (DART Program)
- Combined Humanitarian Assistance Response Training (CHART)
- Joint Operations Medical Managers Course (JOMMC)
- Medical Effects of Ionizing Radiation (MEIR)

Please refer to the CCRF Web site's 'Training Section' for details about these programs—<http://ccrf.hhs.gov/ccrf/training.htm>. □

## Dental Professional Advisory Committee - Call for Nominations

The Dental Professional Advisory Committee (DePAC) seeks motivated commissioned corps and civil service dentists for terms beginning January 1, 2005. The DePAC provides advice to the Surgeon General and the Dental Chief Professional Officer on professional and personnel issues related to the Dental category. The DePAC focuses on improving the Public Health Service (PHS) dental workforce by examining issues concerning awards/recognition, communications, promotions, retention/recruitment, clinical issues and overall career development.

New DePAC members will be selected based on their commitment to improving the capabilities of the dental workforce in the PHS. Openings are available for new representatives for 3-year terms beginning **January 1, 2005**. The meetings are typically held in

Rockville, MD, and members in the field are usually connected via teleconference if they are unable to travel to attend.

A blank self-nomination form (which includes a space for supervisory approval) can be obtained by contacting CDR Kathy Cotton. Complete the self-nomination form and send it along with a current curriculum vita (maximum 5 pages) and a cover letter describing how your experience and expertise will benefit the DePAC. These documents should be sent as a Word or WordPerfect attachment to an e-mail message by **September 1, 2004** to:

CDR Katherine Cotton  
Chair, DePAC Membership Committee  
Phone: 520-295-2575  
E-mail: [kathy.cotton@mail.ihs.gov](mailto:kathy.cotton@mail.ihs.gov) □

## National Health Service Corps Ready Responders

The Ready Responder program consists of a select cadre of Public Health Service Commissioned Corps officers assigned to the Health Resources and Services Administration (HRSA), and it is part of the National Health Service Corps. The program recruits primary care clinicians to serve the neediest communities in the Nation, and to respond to regional and national medical emergencies when called.

To ensure that these officers are prepared to handle a variety of natural or man-made emergencies, Ready Responders travel each year to Maryland from



*Dr. Betty Duke, HRSA Administrator, received a framed photograph of the Ready Responders during their Spring 2004 training. The photograph was presented by the Chief of the Ready Responders, CAPT Evan R. Arrindell.*



*Ready Responders with HRSA Administrator, Dr. Betty Duke (front row standing, in white blouse); BHP Associate Administrator, CAPT Kerry Nesseler (front row standing, extreme right); and BHP Deputy Associate Administrator, CAPT David Rutstein (second row standing, extreme right).*

their duty stations around the country for 2 weeks of concentrated training.

During the most recent training, which was held April 17-30, 2004, Ready Responders received instruction in Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support. The Johns Hopkins Center of Public Health Preparedness sponsored a lecture series on emergency preparedness and epidemiology. HRSA's sister agency in the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, provided disaster mental health

training, which covered both the mental health needs of community residents and those of health care providers.

The training allowed Ready Responders to build rapport as a team and meet with HRSA Administrator, Dr. Betty Duke, who created the program following the attacks of September 11, 2001, to improve HRSA's ability to respond to disasters. Ready Responders also met with CAPT Kerry Nesseler, HRSA's Associate Administrator for the Bureau of Health Professions (BHP), and CAPT David Rutstein, Deputy Associate Administrator for BHP.

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## Call for Nominations for Veterinary PAC Membership

The Veterinary Professional Advisory Committee (VPAC) is seeking motivated commissioned corps and civil service veterinarians who are interested in serving as members on this committee. The VPAC provides advice and consultation to the Chief Veterinary Professional Officer, who provides information to the Surgeon General on matters relating to professional activities and personnel issues affecting veterinarians. Members represent a diverse cross-section of commissioned corps and civil service veterinarians within the Department's Agencies and Operating Divisions (OPDIVs), and Programs that are staffed by Public Health Service Commissioned Corps personnel.

Each year, self-nominations are sought to fill vacancies due to expiring terms.

The 2-year term appointment begins on **January 1, 2005**. The Chief Veterinary Professional Officer will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/OPDIV/Program representatives. The VPAC meets six times a year by meeting and teleconference. Travel to the meetings is encouraged, but not required for membership. Regular attendance at the meetings is expected throughout the term of membership.

VPAC members are expected to actively participate in the activities of at least one subcommittee during the term of service. Some of the activities conducted by the VPAC include mentoring, awards, professional meeting planning,

Commissioned Corps Readiness Force preparedness, and recruitment. Corps or civil service veterinarians who are interested are encouraged to self-nominate. Interested individuals should submit a current curriculum vitae, a letter of intent, and supervisory concurrence via e-mail, fax, or mail no later than **August 15, 2004** to:

CDR Estella Z. Jones-Miller  
VPAC Chair 2004  
FDA, CVM, HFV-104  
7519 Standish Place  
Rockville, MD 20852

Phone: 301-827-8576

Fax: 301-827-4229

E-mail: [ejones1@cvm.fda.gov](mailto:ejones1@cvm.fda.gov)

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## Commissioned Corps Awards Board

**CAPT LARRY EDMONDS** – *Recognized for Advancing the Nation’s Birth Defects Surveillance, Research, and Prevention Efforts.*

CAPT Larry Edmonds was recognized with the Public Health Service Distinguished Service Medal for his outstanding contribution to monitoring and discovering causes of birth defects in American children. He has spent his 30-year public health career working with State and local health departments as well as international health officials to develop birth defects surveillance and epidemiological investigations. His career efforts have resulted in the establishment of the National Birth Defects Prevention Network (NBDPN), the National State-Based Birth Defects Surveillance Programs, and the Centers for Birth Defects Research and Prevention.

CAPT Edmonds has written over 70 publications on birth defects surveillance and research findings, and he has been the driving force for the publication of special issues of *Teratology*, summarizing State-based birth defects surveillance activities. CAPT Edmonds’ birth defects monitoring and surveillance expertise has been instrumental in provid-

ing the Centers for Disease Control and Prevention (CDC) with the foundation to efficiently develop, implement, and evaluate prevention strategies, resulting in an effective model for birth defects prevention.

One of CAPT Edmonds’ key contributions has been the expansion and innovative use of the Metropolitan Atlanta Congenital Defects Program (MACDP), which is known for training epidemiologists and others scientists on birth defects monitoring methodology. He has enhanced MACDP to be one of the preeminent surveillance systems in the country and it is recognized as the national standard for coding and classification purposes for birth defects data. The information gathered on children in this system has been used to identify causes of birth defects. For example, the association with folic acid and children with spina bifida came out of this program and this finding consequently led to reducing the rates of this condition by 30 percent.

CAPT Edmonds demonstrated his initiative and leadership when shaping the NBDPN into a cohesive network of local, State, and Federal birth defects entities. He developed standardized birth defects surveillance programs and was instru-

mental in creating a national vision for surveillance, research, and prevention. The NBDPN then worked toward standardizing data collection which resulted in the sharing of data across States and nationwide.

In 1996, CAPT Edmonds established and served as project manager for eight Centers for Birth Defects Research and Prevention. The centers are conducting the National Birth Defects Prevention Study, which is the largest study of birth defects ever designed. Each center is also conducting local and regional birth defects research for evaluating region-specific causes of birth defects. CAPT Edmonds has led the development of special analytical tools for making the data from the centers user-friendly and standardized for all researchers. Since these tools are highly effective, they have been made available to non-center States as well. These centers position CDC to use data appropriately for urgent public health needs, and assists in building capacity to address emergency situations.

For these noteworthy career contributions, CAPT Edmonds is highly deserving of the Distinguished Service Medal.



### SciPAC’s 2004 Scientist of the Year Awards Presented

The Scientist Professional Advisory Committee (SciPAC) established the Scientist of the Year Awards in 1995 to recognize Public Health Service Commissioned Corps officers in the Scientist category whose professional career and work performance have resulted in significant contributions to the health of the Nation and to the mission of the PHS. One award recognizes the career achievement of a senior-level officer, and one acknowledges the contributions of a junior-level officer.

The SciPAC is proud to announce the winners of the 2004 Scientist Officer of the Year Awards:

**CDR Laila Ali** was selected for the *2004 Derek Dunn Memorial Scientist Officer of the Year Award* (the senior officer award). CDR Ali works for the Food and Drug Administration and is recognized for her professional achievements in food research to reduce the incidence of food borne illness in produce and to protect our food sources from terrorist events. As

part of her work, she established a protocol to examine the effectiveness of several different disinfectants against infectious cells in a single assay, which will serve as a surrogate for evaluating new disinfectants designed to reduce or eliminate pathogens from food and food contact surfaces.

**LCDR Diana Schneider** was selected for the *2004 Young Scientist Officer of the Year Award*. LCDR Schneider works with the Division of Immigration Health Services and is being recognized for her exemplary work in preventing and controlling the spread of tuberculosis worldwide through the implementation of a surveillance system which facilitates continuity of tuberculosis treatment to detainees of the Immigration and Naturalization Service who are released from detention before they have completed treatment. A high percentage of these detainees are TB-positive and likely to spread the disease without proper follow-up of treatment.



### Retirements – June

*Title / Name Agency / OPDIV / Program*

**MEDICAL**

<b>CAPTAIN</b>		
Consuelo M. Beck-Sague		CDC
Stephen P. Heyse		NIH

**ENGINEER**

<b>COMMANDER</b>		
Daniel G. McLaughlin		IHS

**SCIENTIST**

<b>CAPTAIN</b>		
Daniel M. Lewis		CDC

**VETERINARY**

<b>CAPTAIN</b>		
Nelson L. Garnett		NIH

**PHARMACY**

<b>COMMANDER</b>		
Robert D. Brady, Jr.		IHS

**HEALTH SERVICES**

<b>CAPTAIN</b>		
Susanna F. Barrett		FDA
Philip W. Quinn		FDA
<b>COMMANDER</b>		
Llewellyn H. Mason, Jr.		NIH



## Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
<b>MEDICAL</b>		Charles J. Stewart	IHS	<b>HEALTH SERVICES</b>	
<i>LIEUTENANT COMMANDER</i>		Anchorage AK		<i>LIEUTENANT COMMANDER</i>	
Edward C. Doo	NIH	<b>ENGINEER</b>		Paul W. Wickard	BOP
Bethesda, MD		<i>LIEUTENANT</i>		Jesup, GA	
<b>DENTAL</b>		Daniel S. Wallis	IHS	<i>LIEUTENANT</i>	
<i>LIEUTENANT COMMANDER</i>		Sault Ste. Marie, MI		Michelle R. Everett	CMS
Paul A. Wong	NIH	<i>LIEUTENANT J.G.</i>		Baltimore, MD	
Rockville, MD		Jon H. Bergeron	IHS	George A. Larsen	NPS
<i>LIEUTENANT</i>		Bremerton, WA		Yellowstone Park, WY	
Shani N. Lewins	DHS	Heather A. Kleimola	IHS	Anita S. Pullani	HRSA
Kings Point, NY		Ashland, WI		Rockville, MD	
<b>NURSE</b>		<b>PHARMACY</b>		Emily J. Williams	IHS
<i>LIEUTENANT</i>		<i>LIEUTENANT COMMANDER</i>		Fort Thompson, SD	
Denise M. Blackrock	IHS	Jamie L. Shaddon	IHS	<i>LIEUTENANT J.G.</i>	
Polacca, AZ		Clinton, OK		Monica E. Bennefield	IHS
Betty J. Fascio	BOP	<i>LIEUTENANT</i>		Sells, AZ	
Otisville, NY		Rowdy R. Atkinson	IHS	Michael R. Garner	NPS
Bernetta L. Lane	DoD	Whiteriver, AZ		Lakewood, CO	
Falls Church, VA		Daniel Brum	FDA	Anthony R. Garza	EPA
Stella R. Mandl	NIH	Rockville, MD		Fort Meade, MD	
Bethesda, MD		Nancy A. Clark	FDA	Veronica L. Gipner	IHS
Syketha J. Milburn-Mcroy	IHS	Rockville, MD		Toppenish, WA	
Phoenix, AZ		Stephan R. Ortiz	FDA	Marna L. Hoard	OS
Vada A. Perkins	FDA	Rockville, MD		Rockville, MD	
Rockville, MD		Kaileen D. Skidgel	IHS	Adam J. Kramer	NPS
		Pawnee, OK		Flagstaff, AZ	

### DEPARTMENT OF HEALTH & HUMAN SERVICES

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