



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

*"Hiring is a manager's most important job."*  
—Peter Drucker

I recently learned a startling fact. There are now more retirement-eligible officers in the Public Health Service (PHS) Commissioned Corps than junior officers, O-3 and below. This fact is an indication that the strength of the corps is under downside pressure. Over the last 5 years, the corps' strength has dropped by about 500 officers. Without significant intervention, the potential for further decline is great if more officers decide to retire or inactivate than are recruited. The most recent data are not encouraging. During the first half of Fiscal Year 2001, 148 officers retired, 239 separated, and only 138 new officers were called to active duty—a net loss of 249. These are numbers that challenge us all to focus on the future of the commissioned corps and its ability to meet the missions of the Department as well as the agencies to which corps officers are assigned.

The PHS Commissioned Corps is not alone. The number of all retirement-eligible Federal workers is increasing while I'm told that fewer young people seem to be attracted to Government service. The strong economy has created opportunities for college students to obtain high starting salaries and for mid-grade officers with desirable skills to increase their incomes substantially by separating from the corps. The other Uniform Services have also experienced similar trends and are meeting the challenge with strong recruitment programs and retention efforts, such as special pays, and by providing opportunities for unique leadership training and management not often available in the private

sector. As a corps, we have no choice but to be proactive and to compete for highly-qualified people to replace those officers who chose to separate or retire.

Each of us should commit ourselves to recruiting for our replacement plus one other officer. Consider it my challenge to you. As I travel around the country, always in uniform, I am frequently asked questions about the corps and how one can join. In addition, many young health professionals come up to me at various events and want to know what they can do to help me with the work that we do in the PHS to improve the Nation's health. This widespread enthusiasm is evidence that there are many college students in health majors and health providers in the private sector who would make great corps officers in the PHS. For them a high salary is not nearly as important as the work, the training, the experience, and the reward of accomplishing something that they value as important, which is the opportunity to make a difference in the health of our Nation.

As a corps, we are not widely known. I am convinced that if each of us did nothing more than simply wear the uniform proudly and properly as we interface with the public and our professional associations across the country, we would attract many potential corps officers with little effort. But the next step is the most critical. We must be able to inform potential applicants about the corps, describe career opportunities, and lead them to the application process. Fortunately, this is not as difficult as it may seem.

The Division of Commissioned Personnel (DCP) is addressing this challenge with a coordinated presence on the

Internet and in the multimedia arena. A new web site—[www.usphs.gov](http://www.usphs.gov)—has been established. It is designed to inform the public about the commissioned corps, and as a recruitment mechanism. In addition, a new recruitment video is available, and a dynamic new CD-ROM for potential recruits is nearly completed. All of these tools feature answers to frequently asked questions, testimonials from commissioned officers, and a wide array of useful information on other subjects such as licensure requirements, benefits, and career opportunities. DCP has also done much to expand the posting of known job vacancies on the USPHS web site. The application process will soon be online and applicants can obtain the status of their application via the USPHS web site. These improvements make it easy for each and every officer to be a recruiter: first by wearing the uniform, which increases the visibility of the corps; and second by remembering the web site address—[www.usphs.gov](http://www.usphs.gov)—so that we can put potential recruits in touch with the information they need to consider for a career with the corps.

Our recruitment efforts will not be successful unless we assist agencies in hiring commissioned officers. Each of us

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## Surgeon General's Column

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has a role to play here as well. While we see new interest by agencies and organizations outside of the Department in utilizing corps officers, some agencies within the Department are hiring fewer junior officers than in the past. Most agencies recognize the value of corps officers in meeting their specific mission. The coexistence of the civil service system and the PHS Commissioned Corps allows for complementary staff utilization by agencies. Commissioned officers are health professionals who typically make careers out of the Federal Government and can offer valuable cross-agency experience. Additionally, they can be placed with great flexibility into challenging positions with changing work conditions and/or responsibilities. Your role is to inform the program and human resource managers you work with routinely about the corps and corps hiring procedures. Again, DCP is well prepared to assist you and your agency in this effort through the web site and by direct assistance. In mid-July, DCP is hosting a PHS Commissioned Corps recruitment conference for agency human resource managers and others to provide training and exchange ideas about how to better meet agency staffing needs.

Each of us can remember someone who was inspirational, or opened doors and provided opportunities that allowed us to advance in our career. I am grateful for the many people who have helped me all along the way from Anniston, Alabama, as a young boy to my present position as Surgeon General. I feel strongly that it is my obligation to return this goodwill whenever I can help someone with the potential and desire to accomplish a greater goal. Mentoring is a key element of leadership, good management, and maintaining a strong corps. The corps is experiencing a high number of junior officers who are separating only after a few years of service. How many of these junior officers would stay in the corps if they were aware of opportunities in other programs or other agencies, or if they could get the additional training and experience they desire? Over the last few years, the Chief Professional Officers and Professional Advisory Committees have been asked to

formulate mentoring programs for their disciplines. I encourage you to participate in these programs or simply take a junior officer under your wing and help with developing his or her career or in other ways, such as welcoming them to new assignments. Earlier this year I sent a letter to all the agencies that utilize corps officers asking them to set up sponsorship programs whereby officers, or interested civil service personnel, would sponsor newly arriving officers and briefly orient them to the corps (if needed) and the community. Mobility is an important element of the corps and transfers to new duty stations can be much less stressful to an officer and family if sponsors are identified to provide assistance.

We cannot afford to lose a single good officer. We know that the junior officers are enthusiastic and hopeful about their careers in the commissioned corps. With encouragement from Deputy Surgeon General Kenneth Moritsugu, they have formed the Junior Officer Ad Hoc Advisory Group to advise me and the Office of the Surgeon General on issues important to them. We all need to listen to the concerns of the junior officers and address their needs. They are the future of the corps.

My prescription for a healthy commissioned corps is dependent on each and every officer making an individual commitment to recruit, to hire officers, and to mentor junior officers. This investment is essential if the corps of the future is to meet the vital missions of the Department and other agencies and organizations to which corps officers are currently assigned.

VADM David Satcher  
Surgeon General



## 2001 Annual COERs

The 2001 Annual Commissioned Officers' Effectiveness Report (COER) was distributed in mid-May and was due from the officer to his or her immediate Supervisor/Rating Official no later than *June 1, 2001*. The following summary of the established deadlines is provided as a convenient reminder.

COERs are due:

- to the Reviewing Official by *June 15, 2001*;
- to the Agency/Operating Division/Program Commissioned Corps Liaison by *July 13, 2001*; and
- to the Division of Commissioned Personnel by *July 27, 2001*.

The Secretary has determined that a well-documented COER must be completed for each commissioned officer. Managers must understand and fulfill their obligations concerning commissioned corps performance management. The Secretary is holding each Agency/Operating Division Head responsible for full compliance. □

## HEALTHY LIFESTYLES Get Active—Your Own Way, Every Day, for Life

The Healthy Lifestyle Survey is now online. This survey is a follow-up to the paper survey mailed to all Public Health Service (PHS) Commissioned Corps officers in 2000. Please take a few minutes to complete the survey. A user name "phs" and password "healthy" are required. The PHS Commissioned Corps Healthy Lifestyle link is found in the special sections box on the home page of the host site—[www.cdc.gov/nccdphp/dnpa/](http://www.cdc.gov/nccdphp/dnpa/)

This site, which is produced by the Division of Nutrition and Physical Activity of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention, is an excellent source of information for anyone interested in healthy lifestyle issues. □

## New on DCP Web Site— Assignment Assistance

The Recruitment and Assignment Branch (RAB), Division of Commissioned Personnel (DCP), announces the availability of Assignment Assistance for officers. Assignment Assistance aids officers in locating their next assignment and is available at—[www.usphs.gov](http://www.usphs.gov)—click on ‘Vacancies,’ then click on ‘Commissioned Corps.’ You can select a customized (category) specific list of vacancies or you can select a standard vacancy report which contains a composite list of vacancies. This announcement database contains vacancies that are updated daily via the Office of Personnel Management’s vacancy system. Providing this service to you is part of the dynamics within DCP to improve services to commissioned corps officers and the hiring agencies.

Many officers are unfamiliar with all of their mobility options once they have completed a traditional 2-year assignment. Mobility is defined by the changing of assignments or programs within an agency, moving to another agency, or moving geographically. Any of these examples of mobility can be enhancements for your future position selections and rank promotions. The purpose of the Assignment Assistance program is to make your mobility more accessible

Through Assignment Assistance, DCP and RAB hope to improve officer assignment satisfaction as well as inform officers of the myriad of job possibilities and locations that await them. It also serves to assist in making a ‘match’ between officers and their next assignments. Officers are encouraged to carefully research the availability of positions, talk with the points-of-contact, and follow the links to the web sites for the categories, agencies, and professional organizations. When officers research positions they are interested in, it permits them to make an informed decision about their next positions, therefore, enhancing that a good ‘match’ is made for the officers and the agencies.

Officers are encouraged to use the wonderful technical advances that have been incorporated for their benefit in the Assignment Assistance section within the—[www.usphs.gov](http://www.usphs.gov)—web site.

□



## Questions and Answers on Uniforms

- Q.** Are PHS commissioned officers authorized to wear the Blue Windbreaker Jacket (BWJ) in lieu of the Service Dress Blue (SDB) coat with the SDB trousers/skirt, white shirt, and tie?
- A.** Yes. The modified version of the SDB uniform is authorized for wear by PHS officers. The modified version of the SDB uniform consists of SDB trousers/skirt, white shirt, tie, and BWJ. The BWJ may be the standard or the relaxed version.
- Q.** Are PHS commissioned officers authorized to wear the Blue Garrison Cap (BGC) with the Summer White uniform?
- A.** No. The uniforms authorized for wear with the BGC include: Service Dress Blue Sweater, Summer Blue (Salt & Pepper), Winter Blue, Winter Working Blue, Indoor Duty White, and the modified version of the Service Dress Blue.
- Q.** Are PHS commissioned officers authorized to wear the Army V-neck sweater with the summer uniforms?
- A:** Yes. The Army V-neck sweater is authorized to be worn with the Summer White, Summer Khaki, and Summer Blue (Salt & Pepper) uniforms. The Army V-neck sweater is also authorized to be worn with the Indoor Duty White, Service Dress Blue Sweater, Winter Blue, and Winter Working Blue uniforms.
- Q:** Are PHS commissioned officers authorized to wear organizational ribbons, such as Commissioned Officers Association (COA), Association of Military Surgeons of the United States (AMSUS), and the Reserve Officers Association (ROA), on the PHS uniform?
- A.** Yes. PHS commissioned officers who are members of professional organizations that have approved ribbons are authorized to wear those ribbons, **if the officer has at least one earned and approved** Uniformed Service ribbon. These organizational ribbons may be worn any time the Service ribbons are worn. When officers are members of more than one organization, the order of precedence (from highest to lowest) will be COA, AMSUS, and ROA. Uniformed Services ribbons will take precedence over the organizational ribbons.

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## Information on the Thrift Savings Plan

The Thrift Savings Plan (TSP), a retirement and investment plan, will begin for Public Health Service (PHS) Commissioned Corps officers on October 9, 2001. The open season for this plan will run from October 9, 2001 to December 8, 2001, with deductions starting in January 2002. Officers who do not enroll during the special open season will have two open seasons per year to enroll thereafter. Contributions to the plan come from pre-tax dollars, and officers pay no Federal or State income taxes on contributions or earnings until they are withdrawn.

Officers can contribute up to 7 percent of their basic pay. The limit will rise to 10 percent by 2005 and become unlimited in 2006. Officers may contribute all or any whole percentage of special pay, incentive pay, or bonus pay. However, the total amount of each officer’s annual contribution cannot exceed the Internal Revenue Code’s elective deferral limit for that year (for 2001, the limit is \$10,500; it is recalculated each year and may be higher in 2002).

Officers must choose how they want their money invested. They may pick from several different funds. The G fund, which is the safest of all, invests in U.S. Treasury securities, while the C fund is tied to the U.S. stock market. They may also select the F fund, which invests in commercial bonds. The S fund is a stock index fund that paces smaller businesses, and the I fund tracks foreign companies. Officers will be able to start, change, or reallocate their TSP contributions during two open seasons each year, roughly, November to January and May to July.

For additional information, please go to—<http://tsp.gov/uniserv/index.html>. This site was created by the Thrift Savings Board and has answers to most common questions.

The law allows for the payment of matching funds to those with designated critical military specialties, in return for a 6-year service obligation. Details on if or how this will apply to PHS officers are not currently available. This information and details on PHS enrollment procedures will be provided in future *Commissioned Corps Bulletin* articles.

□



## Office of the Surgeon General

### Environmental Health Officer Category

This article describes the history of the Environmental Health Officer Category and introduces some of its notable contributions to the missions of the Public Health Service (PHS) and the PHS Commissioned Corps.

The Sanitarian Category was established in the reserve corps of the PHS in 1943. The category was initially established to provide a home to those professional disciplines, such as bacteriology, psychiatric social work, hospital administration, statistics, and sanitary science, which did not fit into one of the more specific categories. The first persons to be commissioned in the Sanitarian Category (as Assistant Sanitarians) were Louis J. Ogden and Robert D. Murrill in the early 1940s. In October 1943, John C. Eason, Jr. was commissioned as an Assistant Sanitarian, becoming the first African American to be commissioned as an officer in the PHS. The Sanitarian Category was included in the regular corps in April 1948, and by September of the following year there were 15 sanitarians in the regular corps. The first sanitarian in the regular corps was Evelyn Rahm, who was commissioned on May 5, 1949.

In 1958, the Health Services Category was established to cover a broad range of disciplines, thus allowing the Sanitarian Category to be limited to professional sanitarians. During the 1980s the Sanitarian Category was expanded to include other environmental health professionals, including industrial hygienists, health physicists, and radiation physicists. In October 1999, the name of the category was changed to the Environmental Health Officer Category in recognition of the increasing breadth of environmental health disciplines that comprise the category and of the expanding role that the category will play in the provision of environmental health services to the Nation in the next century.

Today there are approximately 350 environmental health officers in the PHS Commissioned Corps. These officers serve in all of the Operating Divisions (OPDIVs) of the Department of Health and Human Services and other agencies to which Corps officers are assigned.

They provide critical environmental health services to American Indian and Alaska Native people from the North Slope of Alaska to the Florida Everglades; protect the health and safety of all Americans against biological, chemical, radiological, and physical hazards in the workplace and in the community; work to reduce the extreme economic and societal burden of unintentional injuries; and work to ensure the safety of the Nation's food supply. PHS environmental health officers also provide assistance to foreign governments, and have recently been involved in activities as diverse as investigating blood lead poisoning in Egypt and consulting with the governments of Australia and New Zealand to reduce unintentional injuries among the aboriginal populations of those countries.

To recognize the professional excellence of the officers within the category, the Environmental Health Officer Professional Advisory Committee (EHOPAC) annually recognizes those officers who best characterize the spirit of the Environmental Health Officer Category. The John C. Eason Rising Star Award is presented to the junior officer (Grade O-3 and below) who demonstrates outstanding career potential. The Edward Moran Award is presented to an outstanding mid-career officer (Grades O-4 to O-5) who best exemplifies outstanding character, dedication, and leadership. The John G. Todd Award is presented to an outstanding senior officer (Grade O-6 and above) in recognition of a career of exemplary service. Award recipients for 2000 represented three different OPDIVs: **LTJG Celeste L. Davis**, assigned to the Indian Health Service in Bethel, Alaska, was the recipient of the Eason Award; **CDR Richard E. Turner**, assigned to the U.S. Coast Guard in Alameda, California, was the recipient of the Moran Award; and **CAPT Gary P. Noonan**, assigned to the Centers for Disease Control and Prevention in Atlanta, Georgia, was the recipient of the Todd Award. Awardees for the year 2001 will be recognized at the American Academy of Sanitarians Reception to be held during the National Environmental Health Association's Annual Education Conference in Atlanta on July 2.

Throughout its history, the Environmental Health Officer Category has established a proud tradition of service and opportunity. We take enormous pride in these achievements, but we are especially proud of those men and women who comprise our category today and are building on that proud legacy.

Additional information about the Environmental Health Officer Category can be found on our updated web site—<http://www.ehopac.ihp.gov>. The web site contains important information about the category and how to apply for a commission in the PHS. The EHOPAC has also produced a professional quality video directed toward college students that discusses the history and mission of the PHS and career opportunities in the Environmental Health Officer Category. □

### FDA to Hold Annual Promotion Ceremony on June 28, 2001

The Food and Drug Administration (FDA) will be holding its 6th Annual Commissioned Corps Promotion Ceremony on Thursday, June 28, 2001, at 3 p.m. at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland. The ceremony will honor the officers who are being recognized for their accomplishments by promotion in rank during the 2001 Promotion Year.

This year, FDA Acting Principal Deputy Commissioner Bernard Schwetz, D.V.M., Ph.D. will officiate as the individual placing the new rank on the shoulders of each of the deserving officers. RADM Marlene Haffner will be the Master of Ceremonies. Everyone is invited to attend. If you are interested in attending, please RSVP by June 15, 2001, by e-mail to Ms. Diane Knott at [DKnott@oc.fda.gov](mailto:DKnott@oc.fda.gov) □

## Call for Nominations— Hispanic Officers Advisory Committee

The Hispanic Officers Advisory Committee (HOAC) is accepting nominations for membership by all interested Public Health Service Commissioned Corps officers and Department of Health and Human Services civil service personnel.

If you are interested, request that a blank HOAC self-nomination form (which includes a space for supervisory approval and a space to request being considered for work on a subcommittee rather than being a committee member) be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6537**.

Complete the self-nomination form and include a typed, short (up to two paragraphs) biographical sketch. Submit the complete package either by mail or by fax by the close of business on **June 29, 2001**, to the following address:

LT Madelyn Renteria  
5600 Fishers Lane, Room 11A-05  
Rockville, MD 20857-0001  
Phone: 301-443-5934  
Fax: 301-594-0186



### Reminder

Help prevent workplace violence. It is everyone's responsibility to insure a safe workplace. Report potential or actual dangerous incidents to your supervisor, security, employee assistance, human resources, or equal opportunity officials.



## PHS Commissioned Corps Engineers Recognized During National Engineers Week

Three Public Health Service (PHS) Commissioned Corps engineers were recognized for their expertise and competence at an awards luncheon held during National Engineers Week, February 18-24, 2001, at the Fort Myer Officer's Club in Virginia.

**CAPT Rao Surampalli** was named the "Federal Engineer of the Year" by the National Society of Professional Engineers. This is the first time the award has been bestowed on a PHS Commissioned Corps officer.

CAPT Surampalli is a senior technical advisor assigned to the Environmental Protection Agency (EPA) in Kansas City, Kansas. He holds M.S. and Ph.D. degrees in environmental engineering, is a registered professional engineer in civil and environmental engineering, and has more than 25 years experience in the environmental engineering field. He is a Fellow of the American Society of Civil Engineers (ASCE) and Diplomate of the American Academy of Environmental Engineers.

CAPT Surampalli is editor-in-chief of the ASCE Environmental and Water Resources Institute's *Hazardous, Toxic, and Radioactive Waste Management Journal*; editor of the *Water Environment Research Journal* which is published by the Water Environment Federation; and serves on the editorial boards of three other leading environmental journals. He has published/presented more than 130 papers in peer reviewed journals or at conferences around the world, and serves on several committees of various national professional organizations which oversee the development of design manuals for environmental protection. He is an international expert in environmental engineering and has provided technical assistance to various developing countries.

CAPT Surampalli has received numerous awards, and was most recently awarded EPA's "2000 Technology Transfer Award," and the PHS "Engineer of the Year Award." He received the "1999 Sam Lin Award" presented by the Asian Pacific American Officers Committee. He has twice been awarded the PHS Outstanding Service Medal, and has received

several other PHS honor awards including four Commendation Medals.

Also recognized were PHS commissioned officers, **LCDR Scott Earnest**, Centers for Disease Control and Prevention (CDC), and **LCDR Michael Coene**, Food and Drug Administration (FDA), who received the "Agency Engineers of the Year Award" for their respective agencies.

Civil service recipients included Mr. Thomas H. Dubaniewicz, Jr., CDC, who was named one of the "Top Ten Federal Engineers of the Year" as well as Mr. Brian Kaplan, Agency for Toxic Substances and Disease Registry; Ms. Ashley Boulware, FDA; and Mr. Sung Brian Kong, National Institutes of Health, who received recognition as "Agency Engineers of the Year" for their respective agencies.



## Nursing PAC Call for Mentors

The Nursing Professional Advisory Committee (PAC-N) has developed a "Nurse Mentoring Resource Directory" to facilitate the mentoring of Public Health Service (PHS) nurses, both commissioned corps and civil service. The resource directory consists of names of individuals as well as materials that can assist PHS nurses in their career development. Nurses in the PHS who wish to volunteer to participate as a mentoring resource can access an application on the PAC-N web site—[www.hhs.gov/progorg/nursing](http://www.hhs.gov/progorg/nursing)—PHS Nurse Mentoring Program.

If you have questions, you may contact the following:

CAPT Carol Lindsey, Chair  
PAC-N Mentoring Committee  
Phone: 1-800-553-7088 (EST)  
E-mail: [Carlinsey@aol.com](mailto:Carlinsey@aol.com)

CAPT Lauren Tancona, Co-Chair  
PAC-N Mentoring Committee  
Phone: 303-249-8928 (MST)  
E-mail: [ltancona@hqe.IHS.gov](mailto:ltancona@hqe.IHS.gov)



### Hispanic Officers Advisory Committee's Call for Nominations for the Juan Carlos Finlay Award

The Juan Carlos Finlay Award was established by the Hispanic Officers Advisory Committee (HOAC) to honor individuals, organizations, and groups who through work performance and other activities have demonstrated leadership in the development of programs, methods, or initiatives that improve health services for Hispanics. This award was named after Juan Carlos Finlay (1833-1915), a Cuban physician and epidemiologist who discovered that the mosquito was the vector of "fiebre amarilla" or yellow fever.

Nominations for the Juan Carlos Finlay Award should describe the specific accomplishments of the candidate (individual or organization) in one or more of the following areas:

- (1) leadership in their area of expertise as it pertains to Hispanic healthcare issues;
- (2) accomplishments in Hispanic healthcare development, management, and/or improvement; and/or
- (3) organization and/or implementation of activities/programs that significantly improve Hispanic access to healthcare and healthcare services.

Nominations may be submitted by the Department's Operating Divisions (OPDIVs) and regional offices, private nonprofit groups, and others with special knowledge of Hispanic health issues and programs. Each nomination must be signed by the individual making the nomination, and in the case of an OPDIV or organization, the head of the OPDIV or organization should sign, and only one nominee should be submitted by each. Endorsements are encouraged since they provide verification and support. Nominations are due by **August 31, 2001**.

To request a nomination packet or if you need additional information, please contact:

CAPT Jose F. Cuzme  
 Phone: 301-443-1851  
 (or)  
 Ms. Lisa Flach  
 HOAC Award Committee  
 5600 Fishers Lane, Room 9A-27  
 Rockville, MD 20857-0001  
 Phone: 301-443-8646  
 E-mail: lflach@hrsa.gov



### Reminders Regarding Annual Leave

The summer vacation season is underway and officers are reminded and encouraged to schedule their annual leave through the year so as to preclude any disappointment or misunderstanding resulting from the loss of accrued leave at the end of the year. The maximum annual leave that may be carried forward from one leave year to the next is 60 days. The leave year is a calendar year; the period beginning January 1 and ending December 31. The 60-day limitation on the amount of unused annual leave that can be carried forward from one year to the next is imposed by statute. Therefore, no waiver is legally permissible. In other words, no one can grant an exception.

Officers are also reminded that they are required to keep their leave-granting authority and leave maintenance clerk informed of their whereabouts during any period of leave. In addition to providing this information on form PHS-1345, "Request and Authority for Leave of Absence (Commissioned Officers)," supervisors must be furnished with the address and phone number where you can be reached while you are on leave.



### Recent Deaths

The deaths of the following retired officers were reported to the Division of Commissioned Personnel:

<i>Title/Name</i>	<i>Date</i>
<b>NURSE</b>	
ENS Edna C. Eppler	04/28/01
<b>ENVIRONMENTAL HEALTH</b>	
CAPT Robert J. Weatherby	04/25/01
<b>THERAPY</b>	
CAPT Vincent J. Barbato	04/03/01
<b>HEALTH SERVICES</b>	
CDR Susan D. Teller	05/21/01



### Retirements - May

*Title/Name*                      *OPDIV/Program*

#### MEDICAL

##### CAPTAIN

George P. Schmid	CDC
Elaine C. Esber	FDA
Patricia A. Salomon	SAMHSA
Alan N. Schechter	NIH
Mark E. Sobel	NIH

#### DENTAL

##### REAR ADMIRAL (UPPER)

William R. Maas	CDC
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#### NURSE

##### LIEUTENANT

Amy T. Wright	IHS
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#### ENGINEER

##### CAPTAIN

David S. Sundin	CDC
Thomas T. Kariya, Jr.	FDA
Randall L. Bachman	IHS

#### SCIENTIST

##### CAPTAIN

Andrea A. Wargo	ATSDR
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#### PHARMACY

##### CAPTAIN

William P. Tyler, Jr.	OS
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##### COMMANDER

Thomas J. Fischbach	IHS
Abraham A. Martinez	IHS

#### DIETETICS

##### CAPTAIN

Mark S. Siegel	HRSA
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## Call for Nominations— Engineer PAC Membership

The Engineer Professional Advisory Committee (EPAC) is seeking motivated commissioned corps and civil service engineers and architects who are interested in serving as members on this professional committee. EPAC membership is open to all civil service engineers and architects who are employed in the Department's Operating Divisions as well as corps officers in the Engineer Category working in any of the major programs that employ Public Health Service (PHS) Commissioned Corps officers (e.g., U.S. Environmental Protection Agency, National Park Service, etc.).

EPAC provides advice and consultation to the Chief Engineer and, through that individual, to the Surgeon General on matters relating to professional activities and personnel issues affecting engineers and architects in the PHS. Some of the activities conducted by EPAC for the Chief Engineer include the mentoring, awards (including the PHS Engineer of the Year Award), and career development programs. EPAC also provides civil service and commissioned corps personnel with advice on career and professional development.

EPAC meets 10 times a year by tele/video conference. Regular attendance at the meetings is expected throughout the term of membership, which is 3 years. In addition, EPAC members are expected to actively participate in the activities of at least two subcommittees during the term of service.

Several positions will be available as of January 1, 2002. The Chief Engineer will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/Operating Division representatives.

Corps officer or civil service engineers and architects who are interested are encouraged to self-nominate. Self-nomination forms can be obtained from the EPAC web page—<http://www.usphsengineers.org/>—or by contacting the Office of the Chief Engineer. By **June 30, 2001**, individuals should submit their completed self-nomination to:

Ms. Lisa Hayes, P.E., DEE  
Assistant to the Chief Engineer  
Office of the Chief Engineer USPHS  
ATSDR/DHAC Mail Stop E32  
1600 Clifton Road, NE  
Atlanta, GA 30333  
Phone: 404-639-0628  
E-mail: LHayes@cdc.gov

## Commissioned Corps Readiness Force

### Training

The National Pharmaceutical Stockpile/Centers for Disease Control and Prevention and the Commissioned Corps Readiness Force (CCRF) recently completed a training program for CCRF, National Disaster Medical System (NDMS), city, and State-based pharmacists regarding chemical and biological terrorism as well as familiarity with issues related to the deployment of the Stockpile. This training was held at the U.S. Public Health Service (PHS) Noble Training Center in Anniston, Alabama, May 7-11, 2001. The program attracted pharmacists who are committed to deploying in the event that the Stockpile is utilized by a State or local government that has been subjected to a weapons of mass destruction event. See the CCRF web site for current information—<http://oep.osophs.dhhs.gov/ccrf>

CCRF officers currently assigned to a Ready Roster have access to web-based training modules that are now available on the CCRF web site. The modules were developed in cooperation with the NDMS and the University of Maryland, Baltimore County, and provide instruction in areas related to disaster management and emergency response. When officers have completed the entire training program, continuing education credit for the course work will be provided at no cost to the individual. In the near future, decisions regarding deployment eligibility may be based, in part, on the completion of training modules.

### Deployment

Pharmacists are currently deployed to assist the Federal Bureau of Prisons' Federal Medical Center (FMC) in Devens, Massachusetts, as they work through an acute shortage. FMC Devens provides inpatient services to more than 300 med-surg, 90 psychiatric, and 60 dialysis patients, as well more than 500 inmates in need of ambulatory services. The national shortage of pharmacists, nurses, and other healthcare professionals has ramifications throughout the programs of our Agencies/Operating Divisions (OPDIVs) as well as the non-PHS

programs that we serve. The CCRF is particularly grateful to Agencies/OPDIVs that continue to be willing to share their resources in time of acute need.

### CCRF Web Site

Please remember that CCRF members are responsible for keeping their data current. All CCRF members should remember to visit the CCRF web site—<http://oep.osophs.dhhs.gov/ccrf>—frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information. In fact, several changes have recently been incorporated into the web site, including information related to programmatic changes (see the 'CCRF Basics' buttonbar) as well as an improved method of identifying your supervisor. If you have not updated your file since March 1, 2001, please do so as soon as possible if you are interested in continuing your CCRF membership. This is so that we will be able to easily contact your supervisor to obtain his or her approval for your placement on a roster and eventual deployment.

Any commissioned officer interested in applying for CCRF membership may apply online at the above web site by simply clicking on 'Apply' and following the instructions. All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' on the web site. The CCRF staff may be reached at [ccrf@osophs.dhhs.gov](mailto:ccrf@osophs.dhhs.gov).



## Retired PHS Nurse's Documentary Production Experience

*CDR Peter P. Meccariello, USPHS (Ret.), combines his skill as a clinical nurse with his intense interest in video and film as a media for dynamic story telling. He graduated this spring with an M.A. degree in film and video production, and intends to work on documentary film and produce video and film with compelling health issues at their core. Last summer he was a senior production assistant for a Discovery Health Channel documentary series, and shares his experience with us.*

Lights, camera, action! I have always wanted to say those words on a sound stage. Well, I got the opportunity to live that fantasy this past summer. It wasn't exactly a sound stage in the traditional sense; it was even better. The 'sound stage' was the operating room, the intensive care unit (ICU), and the emergency department of the Johns Hopkins Hospital, during the filming of the Discovery Health Channel's five-part documentary titled "Nurses." As a graduate student in film and television production in Washington, DC, and a nurse with more than 20 years of critical care experience, the chance to work as a senior production assistant for the series was an opportunity I couldn't pass up.

Our filming days often began in the operating room, moved to the emergency department to film a major trauma, and then pick up a post-op patient who was admitted to the ICU. Our mission was to

film nurses in action and demonstrate how nurses assess, stabilize, and move patients to a better point on the health continuum. As a production staff, we constantly asked ourselves where was the 'nurse' in each of the story vignettes we filmed. It may have been a great story about the patient, but how does the nurse fit into the patient scenario and what was the nurse's contribution?

With more than 24 years of nursing experience, I frequently provided the crew with a variety of helpful suggestions as we filmed. Throughout the shoot, I was able to offer the producer, associate producer, and even our expert videographer suggestions as to how best to interface with the nursing staff when more information was required about a patient. I was also in a position to explain procedures, anatomy/physiology, and clinical scenarios to the production team. Providing the crew with technical medical information gave them better insight into what they were looking at and helped shape the evolving story lines. One example comes to mind involving a 68-year-old man admitted via the emergency department directly to the ICU. The patient was in septic shock, intubated with an acute abdomen. Nurses, physicians, respiratory therapists, and assistants all convened quickly when the patient was admitted to the ICU. The scene was chaotic. The production crew had many questions with regard to the placement of

central lines and swan-ganz, the ventilator, and his "swollen abdomen." I was able to confidently and in lay language explain the bedside scene that was unfolding before us. My explanations provided the crew with a rapid assessment of the pertinent facts. They were then able to concentrate on our nurse at the bedside and focus on her contribution to the care of this patient.

During the 4-month post production period, I assisted the film editor with story lines by explaining complex patient care scenarios, interviewed physicians and nurses for factual information about their patients, and assisted the script writer with the actual narration of the critical care segment.

This documentary series visually conveyed the unique and compelling stories about nurses and the significant role they play in the lives of sick patients. It was an attempt, and a rather successful one I might add, to inform and enlighten the public about what it is that nurses do. I often describe nurses as the 'glue' that makes patient care happen. This was truly a great opportunity to help shape a message about the nursing profession and the vital role nurses play within the healthcare system!

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