



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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June 2002

Surgeon General's Column

Traditionally, during May and June, Surgeons General have participated in school commencements as one of their responsibilities to communicate with the American people. This year is no different, and as Acting Surgeon General, I have been privileged to address several graduating classes of health professionals across the country.

This month, I want to share with you what I have been saying to these new professionals. In some way soon, they will be helping us address our collective mission: to protect and to advance the health and safety of our Nation.

We are truly fortunate to live in this Nation at a time when we enjoy personal freedom unlike anywhere else in the world. The United States is a country blessed with a richness of resources and a health care system, with its science and technology, that is among the best in the world. We are living in a time when our Nation has the best standard of living and is the undisputed economic and military leader.

Nonetheless, we must not to get too smug about how good we've got it. In many ways, this is the best of times and the worst of times.

While we enjoy many advantages in American society today, we also live in a Nation where diabetes and other chronic conditions continue to present serious public health obstacles. Violence and abusive behavior ravage too many homes and communities across the country, and mental disorders continue to go undiagnosed and untreated. Obesity in adults has increased 50 percent over the past two decades, and more than 61 percent of adults in the United States are over-

weight or obese. Smoking among all adolescents has increased in the past decade; and HIV/AIDS remains a serious health problem, now disproportionately affecting women and communities of color.

We found those facts to be intimidating, but, as we learned, things can get worse.

Last September our Nation was rocked by the attacks at the World Trade Center, the Pentagon, and the plane crash in Shanksville, Pennsylvania. The image of a passenger jet slamming into the World Trade Center, as well as the other scenes from that day, left us with vivid memories. It also increases the likelihood that those horrendous scenes are imprinted on the minds of a young, emerging generation, as well as on the minds of adults across the world, and will linger on in each of us.

In May I was at ground zero in New York. What had been a 100-foot pile of twisted debris is now a 100-foot deep construction site. We are making progress toward rebuilding the physical site, but what of the residual effects on our American psyche? How "deep" is that damage? We know from experience that it is easier to replace material and to restore structures than it is to bring an end to the suffering of those who experienced this tragedy.

These recent events underscore that we health professionals are facing new challenges and responsibilities, not just regarding physical health, but mental health as well. Some of these challenges have yet to be identified. However, we are familiar with many of them, and we've already begun addressing them.

As you know, 2 years ago we issued *Healthy People 2010*, which focuses on ten leading health indicators. Five relate to

improvements we must make in our health system. And five relate to individual behaviors: choices that each of us make. This is how every one of us can *make a difference* to improve the health of individuals and that of our Nation.

As members of a *helping* and *healing* profession, we can help people *learn to help themselves* through healthy choices in physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior.

But we also need to help people *access* the health systems that are often confusing and difficult to navigate and which create a barrier to improved health. Oftentimes it is not ignorance but complexity that prevents or limits access. Try it yourself, someday – not as a doctor or nurse, but as a consumer, a user, a patient.

Consider the evolution of our concepts of health and well being and of our mission.

For years, if not centuries, we have talked about medical care: diagnostic and interventive care to repair or heal our bodies after they were damaged by

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Surgeon General's Column

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infection, by injury, by metabolic disorders, by cancerous growths, and by the personal choices we make every day.

In the past few decades "medical care" has evolved into the concept of "health care" – diagnostic, interventive, and *pre-ventive* approaches to improve our lives – the practice of avoiding challenges to good health as well as repairing and healing the body and mind.

And now, having begun the 21st century, we are evolving further into the concept of "health" – a total approach to body and mind, encouraging healthy personal behavior as well as prevention and intervention, to achieve a longer life with an enhanced quality.

If we examine health from the perspective of the ten leading health indicators, much of the answer to achieving these goals lies within each of us: that our future health and quality of life is determined by our personal behavior.

Healthy people: it's about people. And despite all of our sophistication and advances in science and technology, we must *never forget the human aspects* that are inherent to our profession.

Recently, I heard an ancient Chinese proverb; a proverb has really stuck with me. The more I consider it, the deeper and richer it becomes. I hope it will impress you as well.

*"Nine tenths of what you see
is behind your eyes!"*

What a profound statement! It is scientific, it is anatomic, it is physiological, it is philosophical, it is cultural; it is many things.

And as we progress as healers and helpers, remember that "Nine tenths of what you see is behind your eyes," both for us and those we serve. If we do not remember this, we risk missing opportunities to help and heal.

Yes, this new environment will bring new challenges and responsibilities. And these challenges to us as health professionals will be formidable, both physically and mentally. But we can—and will—meet them.

However, as you ponder this new environment and your new responsibilities, I

ask that you also consider the unique opportunities that our work offers. Whether it's in clinical practice, research, or administration, health professionals have opportunities to help and heal every day. We will continue to play a significant role in "righting the ship" as our Nation recovers from this year's events and continues to prosper in the years to come.

Finally, as I have been telling those new graduates, the physical and mental health of our Nation is among the most important issues we face, and we have the good fortune to affect it every day. Don't wait for opportunities to help and heal to come to you; seek them out. As Public Health Service Commissioned Corps officers, remember that it is not just a job; it is a passion; it is a passion for a cause; it is a passion for a mission; it is a passion to serve!

RADM Kenneth Moritsugu
Acting Surgeon General

Medical Affairs Branch

Important Information Regarding 'TRICARE for Life'

On March 29, 2002, the DEERS (Defense Enrollment Eligibility Reporting System) Support Office (DSO) began notifying beneficiaries using "TRICARE for Life" that they must update their eligibility information in DEERS and renew expired identification (ID) cards by August 1, 2002, to continue using the benefits. Although some beneficiaries with expired eligibility or expired ID cards have had claims paid since October 1, 2001, this will change. After August 1, 2002, all TRICARE claims for beneficiaries with expired ID cards will be denied until the beneficiaries' eligibility has been updated in DEERS.

Since March, DSO has been notifying beneficiaries with expired ID cards or enrollment data that they need to update their data. DSO also sends a letter to each beneficiary 90 days before his or her 65th birthday explaining how to remain eligible for TRICARE benefits.

The best way to verify TRICARE eligibility in DEERS, and to obtain a current ID card if necessary, is to go to the nearest ID card issuing facility. Information about the nearest ID card facility, i.e., address, telephone number, etc., can be found on the following Web site—<http://www.dmdc.osd.mil/rsl>—or by calling the 'TRICARE for Life' call center at toll-free 1-888-DOD-LIFE (1-888-363-5433). If a beneficiary cannot go to an ID card issuing facility, he or she should call the Department of Defense Reverification Line at 1-800-361-2620 for guidance. Reverification and/or updated information must be received prior to the August 1, 2002 date in order for TRICARE claims to be paid. If claims are paid erroneously without reverification, recoupment for those monies will occur.



2002 Annual COERs

The 2002 Annual Commissioned Officers' Effectiveness Report (COER) and Manual Circular No. 371 titled "2002 Annual COER" have been available for downloading from the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—since May 1. Please see the article on page 2 of the May issue of the *Commissioned Corps Bulletin*.

The COER form is due from the officer to his or her immediate supervisor no later than *June 7, 2002*. The following summary of the established deadlines is provided as a convenient reminder:

COERs are due:

- to the Reviewing Official by *June 21, 2002*;
- to the Agency/Operating Division/Program Commissioned Corps Liaison by *July 19, 2002*; and
- to the Division of Commissioned Personnel by *July 26, 2002*.



Thrift Savings Plan

The Thrift Savings Plan open season is May 15 through July 13, 2002. Information is available on the Thrift Savings Plan Web site—www.tsp.gov.



Inactive Reserve Corps Listserv

A questionnaire was sent to all Inactive Reserve Corps officers requiring officers to provide an e-mail address to the Inactive Reserve Corps Coordinator. It is critically important that all Inactive Reserve Corps officers comply. If you have not provided an e-mail address, please do so immediately in order to receive important messages from the Inactive Reserve Corps Listserv. (See contact information below.)

Summer Short Tour Requests for Inactive Reserve Corps Officers

Agencies/Operating Divisions/Programs are encouraged to utilize Inactive Reserve Corps officers to meet summer staffing shortages. The newly updated Inactive Reserve Corps database is 85 percent completed, and includes contact information by category.

When requesting Inactive Reserve Corps officers for short tours, please remember that lead time is very critical since Inactive Reserve Corps officers need time to plan leave from their civilian positions.

For information regarding the Inactive Reserve Corps, please contact:

LT Dimitrus Culbreath
Inactive Reserve Coordinator
Office of the Surgeon General
5600 Fishers Lane, Room 18-66
Rockville, MD 20857-0001
Phone: 301-443-4000
Fax: 301-443-1211
E-mail: dculbreath@osophs.dhhs.gov



Correction

The Web site address for the PHS Officers Device Supply Center, National Hansen's Disease Programs, was incorrect on page 7 of the May issue of the *Commissioned Corps Bulletin*. The correct Web site address is—<http://bphc.hrsa.gov/nhdp>—click on PHS Officers Device Supply Center. We apologize for any inconvenience.



Keeping You Informed

Entitlements When You Do a Permanent Change of Station (PCS)

Let's face it, moving can be *STRESSFUL*. When a member is ordered to move, many questions of when, what, how, where, and who have to be considered. As a member of the commissioned corps there are entitlements to assist you with the move. The government takes on the responsibility of transporting you and your family, and the moving of your household goods. These entitlements are outlined in the Joint Federal Travel Regulations (JFTR), which can be found at—www.dtic.mil/perdiem/. Each of these entitlements will be discussed in detail in the *Travel Tips* section in future issues of the *Commissioned Corps Bulletin*.

- (1) **Transportation for the officer and his/her family.** Depending on the circumstances, the government will transport you at the most cost effective means. Most often this means that you will drive your privately owned vehicle (POV) to your new duty station; the government is *not* shipping your car. The member's auto is used as the vehicle of transportation for the member. The member is reimbursed a standardized amount per mile for the mileage to the new duty station depending on the number of dependents that travel with the officer. (Note: This mileage rate is lower than temporary duty (TDY) mileage.)
- (2) **Dislocation Allowance** (Note: Applicable only to members with dependents who move with the member during the initial call to active duty.) This allowance is a partial reimbursement for the expenses incurred in the relocation of the household. The officer must request this allowance. *Note:* See the April 2002 issue of the *Commissioned Corps Bulletin*.
- (3) **Temporary Lodging Expense, if needed.** Up to 10 days of Temporary Lodging Expense (TLE) is authorized to help and partially pay for lodging/meal expenses when it is necessary to occupy temporary quarters during a move. The current cap is \$110 per night. However, that

does not mean you get \$110 per night flat rate. There is a computation that adjusts for Basic Allowance for Housing, Basic Allowance for Subsistence, and for the locality per diem rate.

- (4) **Shipment of Household Goods (HHG).** The amount of entitlement is based on rank and whether there are dependents or not. Contact must be made to the individual's Agency/Operating Division/Program shipping officer for guidance. In some cases, officers may find it more convenient to personally move their household goods. Formerly referred to as a DITY move, it is now a Personally Procured Move (PPM). Reimbursement for this type of move is based on the guidelines in the JFTR. Your shipping officer is available to provide assistance.
- (5) **90 Days of Temporary Storage.** Temporary storage is available to assist you during your move, while waiting for your permanent residence.

If you have questions pertaining to your travel entitlements, please contact:

LCDR Ron Keats
Division of Commissioned Personnel
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001
Phone: 301-594-3376
E-mail: rkeats@psc.gov



Medical Affairs Branch

BMP Corner

The Beneficiary Medical Program (BMP) Section of the Medical Affairs Branch, Division of Commissioned Personnel, reminds officers to:

- Place your social security number next to your name on all documents submitted to BMP.
- Ensure that your home address is updated with BMP. You can do this in writing or by e-mail:

Division of Commissioned Personnel
ATTN: Beneficiary Medical Program/MAB
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001
E-mail: bmp@psc.gov



Commissioned Corps Readiness Force

Training

The Commissioned Corps Readiness Force's (CCRF) Web-based training modules, developed in cooperation with the National Disaster Medical System and the University of Maryland, Baltimore County, are complete. This 2-year effort provides an excellent educational resource to officers who are interested in emergency preparedness, disaster response, and bioterrorism. We have CAPT Kathleen Downs to thank for all the work that went into coordinating this project.

As of January 1, 2003, all officers who wish to be considered for deployments must have completed all of these modules. Continuing education credits are provided for most categories by the University of Maryland for successful completion of the sessions.

The following represents the training calendar for CCRF officers this summer at the U.S. Public Health Service (PHS) Noble Training Center in Anniston, AL, and in the Parklawn Building in Rockville, MD. Air and per diem costs will be assumed by CCRF/Noble. First and last days are travel days. More complete information is available on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—regarding these courses.

June 10-14

Emergency Coordinator Augmentee
Noble Training Center

July 8-12

Emergency Coordinator Augmentee
Noble Training Center

July 15-19

National Pharmaceutical Stockpile
Noble Training Center

July 16-20

Liaison Training
Parklawn Building

August 5-9

National Pharmaceutical Stockpile
Noble Training Center

August 12-16

Liaison Training
Parklawn Building

August 12-16

Emergency Coordinator Augmentee
Noble Training Center

September 9-13

National Pharmaceutical Stockpile
Noble Training Center

Commissioned Officers Association's (COA) 2002 Public Health Professional Conference

CCRF was involved in several activities at COA's professional meeting held in Atlanta in April:

- CCRF's exhibit booth seemed to be a hit with officers.
- CCRF sponsored the Surgeon General's Run the evening of Monday, April 22. This activity included both the 3-mile run and 3-mile walk as customary. However, for the first time, CCRF members were able to take the Annual Physical Fitness Test (APFT) as a third option during the Surgeon General's Run. Almost 200 officers, retirees, and family members participated in one of the options. CCRF officers were also on hand to provide ACLS (Advanced Cardiac Life Support) coverage during the event. Thankfully, all participants completed the event safely.
- CCRF sponsored two sessions of CPR (American Heart Association's (AHA) Basic Life Support (BLS) for Healthcare Providers Course) on Sunday and Thursday, for 35 participants.
- CCRF sponsored two sessions during the General Meeting that addressed various aspects of the Department's emergency response efforts.

Avian Flu

The U.S. Department of Agriculture has requested the assistance of the National Disaster Medical System and the CCRF in dealing with an outbreak of avian influenza on turkey and chicken farms in Virginia. As of this writing, more than 3 million chickens and turkeys have been depopulated on farms throughout the State, with hundreds more farms remaining to be tested for the presence of the virus. CCRF veterinarians have deployed to supplement the efforts of the Veterinary Medical Assistance Teams, as they work to contain the spread of the outbreak. CCRF officers are involved in surveillance, laboratory work, epidemiology studies, and supervision of depopulation activities.

Field Medical Readiness Badge (FMRB)

The FMRB has not been awarded since the changed requirements for a CCRF officer who is 'fully qualified' per Commissioned Corps Personnel Manual Transmittal No. 652 dated September 12, 2000. Those changes have included a requirement to complete *all* web-based training modules identified as 'core requirements.' Since the modules have now been completed and posted on the Web, we foresee many officers coming forward with a request to be considered for the FMRB.

In order to facilitate those requests, CCRF asks that the following information be submitted by officers wishing to receive the FMRB:

- (1) A photocopy of the front and back of your AHA BLS Healthcare Provider card.
- (2) A copy of a statement, signed by the individual supervising your work, that you have completed a minimum of 112 hours of work in your deployment role. This statement will include your name, where you performed the work, a one sentence description of the services you provided, the number of hours you performed this work in the last 12 months, the name, title, and contact information of the supervisor, and the supervisor's signature.
- (3) A copy of your form PHS-731 (Yellow Immunization Card), showing compliance with all required vaccinations.
- (4) A statement, signed by your healthcare provider, certifying your height and weight within the last 12 months. The statement must include your full name, the date, your weight in pounds, your height in inches, your age, and the name, address, contact information, and signature of the provider.
- (5) A statement, signed by another active-duty PHS officer, that you have successfully completed the Annual Physical Fitness Test (APFT). The statement must contain your name, your age, the date of the APFT, number of pushups completed in 2 minutes, number of sit ups completed in 2 minutes (or your time on the

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Commissioned Corps Readiness Force

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Sidebridge), your time on the 1½ mile run (or the 500 yard swim), and the name, rank, PHS serial number, and contact information of the officer certifying your results.

Other information will be verified by the CCRF office (current license on file with the Division of Commissioned Personnel (DCP), physical exam on file with Medical Affairs Branch, DCP, dated within the last 5 years, evidence of login to the CCRF Web site, and keeping your information current).

Officer qualifications for the FMRB will be reviewed quarterly by CCRF, starting in June. If you meet the requirements, your name will be submitted to DCP for consideration for the FMRB. If you do not, you will be provided with feedback.

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Recent Calls to Active Duty

Title / Name Agency / OPDIV / Program

NURSE

LIEUTENANT J.G.

Dawn L. Wydner FDA
North Brunswick NJ

ENVIRONMENT HEALTH

LIEUTENANT COMMANDER

Deborah A. Greco FDA
Irvine CA

LIEUTENANT J.G.

Trent D. Lecoultre FDA
Atlanta GA

Matthew A. Walburger FDA
Fresno CA

PHARMACY

LIEUTENANT COMMANDER

R. F. Macintosh BOP
Ayer MA

HEALTH SERVICES

LIEUTENANT COMMANDER

Jennie L. Lillard IHS
Wewoka OK

LIEUTENANT

Julie A. Niven IHS
Whiteriver AZ

LIEUTENANT J.G.

Luis A. Carrion FDA
San Juan PR

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Nursing PAC Calls for Mentors and Mentees

Mentors are Wanted!

Mentor candidates are Public Health Service (PHS) nurses with pertinent areas of experience that are willing to volunteer to provide knowledge and expertise to other PHS nurses. Mentors can provide information and guidance about topics such as: the Agency/Operating Division/Program they serve, or have served; uniform etiquette; military courtesy; licensure; billet structure; details/other assignments; and other areas. Mentors are listed under their specialty areas on the PHS Nurse Mentoring Resource Directory.

The PHS Nurse Mentoring Resource Directory has been developed to facilitate mentoring of PHS nurses and to assist them in their career development. This directory consists of volunteer PHS nurses, both civil service and commissioned officers, who are willing to share their knowledge and expertise with other PHS nurses. This directory can be found on the PHS nursing Web site—<http://PHS-NURSE.ORG>.

Mentees are Wanted!

PHS nurses with questions about PHS, nursing, or related topics are encouraged to find a Mentor Resource on the PHS Nurse Mentoring Resource Directory. Nurses are listed according to their specialty area of expertise and contact information is listed. Mentees can contact them directly. If a subject matter they have a question about is not listed on the Directory, they can contact the Nurse Mentoring committee by e-mail at—Phnsngmentor@hotmail.com.

Why Mentor?

- It is an opportunity to *share* valuable knowledge and expertise with another PHS nurse.
- Being a mentor can bring *satisfaction* in helping a mentee define and achieve his/her career and professional goals and objectives.
- A *sense of pride* can be gained from observing mentee development.
- Being a mentor is an opportunity to *improve* interpersonal communication, motivation, coaching, counseling and leadership.
- Pleasure in *contributing to the future* of PHS.

If you would like to be mentor, complete the application on the above Web site. You can also contact:

CAPT Carol Lindsey
Chair, Nurse Mentoring Committee
E-mail: Carlindsey@AOL.COM

(or)

CAPT Lauren Tancona
Co-Chair, Nurse Mentoring Committee
E-mail: LTancona@HQE.IHS.GOV
Phone: 303-236-0190.

Take charge of your nursing career with passion and purpose!

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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 active-duty and retired officers were recently reported to DCP:

Title / Name Date

MEDICAL

REAR ADMIRAL (Lower)

James R. Shaw 04/04/02

NURSE

CAPTAIN

Verna B. Grimm 04/05/02

ENVIRONMENTAL HEALTH

CAPTAIN

John R. Barry 04/27/02

LIEUTENANT COMMANDER

Scott W. Tobias 04/09/02

PHARMACY

LIEUTENANT

Mary M. Stetzel 04/10/02

DIETETICS

LIEUTENANT

Marcia H. Foster 03/06/02

THERAPY

CAPTAIN

Melvin Bader 04/13/02

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Engineer PAC Membership – Call for Nominations

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 corps and civil service engineers and architects who are employed in the Department's Agencies/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., 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 corps and civil service 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, 2003*. The Chief Engineer will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/Operating Division/Program representatives.

Corps 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 (see contact information below). By **June 28, 2002**, individuals should submit their completed self-nomination form 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: 404-498-0435
E-mail: LHayes@cdc.gov



Nursing PAC Membership – Call for Nominations

The Nursing Professional Advisory Committee (NPAC) is seeking new members. The NPAC is composed of both Public Health Service (PHS) Commissioned Corps nurse officers and civil service nurses working in the Agencies/Operating Divisions (OPDIVs) of the Department of Health and Human Services (HHS). The NPAC serves as an active link between the Office of the Surgeon General and nurses working in the various HHS and non-HHS programs.

The NPAC is seeking dedicated, hardworking individuals for membership. You must be willing to actively participate for the duration of your term. The NPAC encourages advance practice nurses to apply. Additionally, the NPAC encourages those with less than 5 years of PHS experience to apply. To be eligible for membership, you must currently be a full-time nurse employee in one of the following Agencies/OPDIVs/Programs where vacancies will exist on the NPAC:

- Indian Health Service (One Representative: Headquarters)
- Office of the Secretary (One Representative: Headquarters)

Please request that a blank nomination form 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 option "To retrieve documents through Faxback," and request document number **8000**.

Interested individuals should complete the form, have their supervisor sign, and submit it with a copy of their current curriculum vitae by **June 30, 2002**, to the address below. Submissions sent by fax or e-mail will also be accepted.

CDR Cheryl Chapman
Executive Secretary, NPAC
5600 Fishers Lane, Room 4-04
Rockville, MD 20857-0001
Phone: 301-594-2729
Fax: 301-443-3101
E-mail: cchapman@psc.gov



Health Services PAC Membership – Call for Nominations

The Health Services Professional Advisory Committee (HS-PAC) provides advice to the Surgeon General and the Chief Professional Officer on professional and personnel issues related to the Health Services category.

Selections, which are based on the nominee's commitment to public health activities and specified criteria in the HS-PAC Charter (e.g., organizational, discipline, gender, minority representation) are made by the HS-PAC and are approved by the Surgeon General.

HS-PAC members are expected to obtain the necessary travel funds to attend six scheduled meetings per year in Rockville, Maryland, (with permission of the HS-PAC Chair, teleconferencing may be arranged for two of these meetings) and to participate in HS-PAC activities. Appointments will be made for a 3-year term, beginning *January 1, 2003*.

You can request that a self-nomination form (which includes a space for supervisory approval) 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 option, "To retrieve documents through Faxback," and request document number **6530**.

Complete the self-nomination form and send it along with a current curriculum vitae and cover letter describing how your specific experience and expertise will benefit the HS-PAC. The completed package must be submitted to the following address by **July 30, 2002**:

CAPT Wendell E. Wainwright
Chair, Membership Subcommittee,
HS-PAC
5600 Fishers Lane, Room 7A-30
Rockville, MD 20857-0001
Phone: 301-443-1325
Fax: 301-443-1884



Cincinnati Commissioned Officers are the Recipients of Numerous Awards

Public Health Service Commissioned Corps officers stationed in Cincinnati, Ohio, at the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health have recently been recipients of several prestigious awards:

- The Cincinnati Branch of the Commissioned Officers Association (COA) was awarded the *Branch of the Year Award* at the 2002 Public Health Professional Conference sponsored by the national COA in Atlanta, Georgia;
- CDR Elena Page, CDR Vincent Mortimer, LCDR Calvin Cook, Mr. Charles Mueller, and Mr. Ardith Grote received the *Investigator Award* for their paper titled "Ocular Effects of Two Tertiary Amines" at the same conference;
- CAPT Kenneth Martinez received the *CDC Engineer of the Year Award*;
- LCDR John Cardarelli received the *Outstanding Junior Health Services Professional of the Year: The 2002 Joseph Garcia Jr. Award*, which recognizes significant contributions and leadership potential for a junior PHS commissioned officer in the Health Services category or an equivalent civil servant;
- LT Rob McCleery received the *2002 John J. Bloomfield Award*, which is sponsored by the American Conference of Governmental Industrial Hygienists (ACGIH) and honors an industrial hygienist with 5 to 10 years experience who has made significant contributions to the industrial hygiene profession, primarily through field work;
- CDR Elena Page and Ms. Angela Weber received the *ACGIH American Industrial Hygiene Association Award* for best Indoor Environmental Quality Paper of 2001 for their paper titled "Renovation of Contaminated Building Material at a Facility Serving Pediatric Cancer Outpatients"; and
- The Industrial Hygiene Section of the Hazard Evaluations and Technical Assistance Branch is the recipient of this year's *ACGIH Meritorious Achievement Award* for outstanding long-term contributions to the field of occupational health and industrial hygiene.

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HEALTHY LIFESTYLES

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

The Healthy Lifestyles Program is conducting a Web-based nutrition and physical activity survey. The results will be used to design a flexible, challenging program that meets *your* needs. Please take a few minutes to complete the survey.

You can access the survey at the Healthy Lifestyles Web site—www.cdc.gov/nccdphp/dnpa/usphs (look down the page under 'Related Resources', then click on 'USPHS Commissioned Corps Healthy Lifestyles Survey'), *User ID is:* phs - *Password is:* healthy. Your responses are anonymous and will be compiled and reported only in a summary manner for the purpose of making the Healthy Lifestyles Program better for all officers.

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Commissioned Officer Training Academy

BOTC Held in Atlanta

Staff from the Division of Commissioned Personnel conducted a 3-Day Basic Officer Training Course (BOTC) in conjunction with the recent "2002 Public Health Professional Conference" held in Atlanta, Georgia. This was the 33rd BOTC and the largest to date with a total of 66 officers completing the course. Officers traveled from 18 States, were in grades O-3 to O-6, and represented 10 of the 11 professional categories and most of the Department's Agencies/Operating Divisions as well as the major programs that employ corps officers. This was a truly memorable experience for all.

On the final day of the program, officers received their individual passwords to the Web-based Independent Officer Training Course (IOTC). It is anticipated that many of these officers will soon earn and be awarded the Commissioned Corps Training Ribbon.

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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 2002*.

APAOC is an advisory group with members from the Department's Agencies/Operating Divisions and from major programs that employ 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.

If you would like to be considered for appointment to the committee, please request that a blank self-nomination form 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 **6525**. Send the completed form by **August 15, 2002**, to:

LT Samuel Y. Wu
5600 Fishers Lane, Room 14B-45
Mail Code HFD-510
Rockville, MD 20857-0001
Phone: 301-827-6416
Fax: 310-443-9282
E-Mail: WuS@cder.fda.gov

For further information, officers may contact:

LCDR Elise S. Young
5600 Fishers Lane, Room 7A-55
Rockville, MD 20857-0001
Phone: 301-443-0336
E-mail: EYoung@hrsa.gov

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FDA to Hold Annual Promotion Ceremony on June 28, 2002

The Food and Drug Administration (FDA) will hold its 7th Annual Commissioned Corps Promotion Ceremony on Friday, June 28, 2002, at 1:30 p.m. at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland. The ceremony will honor officers who are being recognized for their accomplishments by promotion in rank during the 2002 Promotion Year.

This year, FDA Deputy Commissioner Lester M. Crawford, 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 serve as master of ceremonies. Everyone is invited to attend. If you are interested in attending, please RSVP by June 14, 2002, by e-mail to CDR Doris Ravenell-Brown at dravenell-brown@oc.fda.gov.

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In Memory of the First Director of the Indian Health Service

The Indian Health Service (IHS) and Indian country mourn the passing of the first Director of the Indian Health Service, Dr. James Ray Shaw. Dr. Shaw passed away at the age of 94 on April 4, 2002, in Tucson, Arizona.

Largely as result of his efforts while serving with the Division of Indian Health at the Bureau of Indian Affairs, the agency was transferred in 1955 to the Public Health Service (PHS) in the Department of Health, Education, and Welfare. Dr. Shaw became the first Assistant Surgeon General of PHS as Chief, Division of Indian Health. The dramatic improvements in health status of American Indian and Alaska Native people following his appointment resulted from public and individual health programs developed and implemented under his leadership. He also proposed a comprehensive sanitation program for Indian country, which in turn led directly to the passage of the Indian Sanitation Facilities Act (Public Law 86-121). This Act included a major emphasis on bringing tribal governments directly into the process for developing sanitation systems for their communities.

He recruited an extraordinary number of professionals with public health expertise, which allowed a wide scope of health issues to be addressed within a short period of time. He established maternal and child health as a major initiative and also began data collection efforts

as a way to help others begin to understand the status of Indian health status.

Generations of Indian people were served by Dr. Shaw's emphasis on maternal and child health. He pioneered efforts to increase prenatal care with a health team approach that included community and public health nurses. In helping Indian people, Dr. Shaw also helped people around the world. His careful approach to allowing good clinical drug research for tuberculosis and trachoma to be conducted among the American Indian and Alaska Native communities led to the discovery of using isoniazid for treating tuberculosis. The research also led to the use of sulfa drugs for trachoma, preventing blindness in many people. This research is still cited for its design and the scope of its impact on the health of Indian people and people worldwide.

He served until his retirement from the PHS Commissioned Corps in 1962, at which time he embarked on a second career at the University of Arizona and helped establish their new medical school.

During his 7 years as the first IHS Director, Dr. Shaw's commitment and remarkable achievements in quality health services, medicine, and sanitation facilities left a legacy of improved health for American Indian and Alaska Native people.

Retirements - May

Title / Name Agency / OPDIV / Program

MEDICAL

CAPTAIN

Margaret A. Hayes IHS

NURSE

CAPTAIN

Judith E. Maeda HRSA

COMMANDER

Linda G. M. Ferguson HRSA

Verna J. Schad IHS

ENGINEER

CAPTAIN

Joseph J. Fredle EPA

Terence S. Langan NPS

SCIENTIST

CAPTAIN

Stephen P. Berardinelli CDC

COMMANDER

Joyce A. Salg CDC

ENVIRONMENT HEALTH

CAPTAIN

Kevin Tonat OS

LIEUTENANT COMMANDER

Duane S. Jackson IHS

PHARMACY

CAPTAIN

Marsha E. Alvarez NSA

Susan Carl IHS

HEALTH SERVICES

CAPTAIN

Martin T. Abell CDC

Edith M. Bailey IHS

Charles J. Bryant CDC

Bobby L. Mason FDA



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Division of Commissioned Personnel, Room 4-04
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