



Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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Surgeon General's Column

LAUNCH OF "THE HEALTH CONSEQUENCES OF SMOKING: A REPORT OF THE SURGEON GENERAL, 2004"

On Thursday, May 27, 2004, we issued the Surgeon General's 28th Report on Smoking. As you know, this Report is the result of collaborations between some of the leading scientists of our time. I want to thank our colleagues at the Centers for Disease Control and Prevention and the staff of the Office of the Surgeon General for their truly exceptional work in developing this Report. I also want to thank one of the greatest advocates for health that our Nation has ever known. There is no greater leader in the battle against smoking than Secretary Thompson. He has played a critical role in alerting Americans about the health hazards of tobacco use.

The following is an excerpt of my remarks at the National Press Club in Washington, D.C.

"Ladies and gentlemen, thank you for joining us on this significant day in the history of the Office of the Surgeon General. As a scientist and a physician, it gives me great pleasure to release the 2004 Surgeon General's Report on "The Health Consequences of Smoking."

The Office of the Surgeon General has a long history in exposing the risks of tobacco use. In 1964, Surgeon General Luther Terry issued the groundbreaking Report on Smoking and Health. The key job of the Surgeon General is to protect and maintain the health of the American people, and Surgeon General Terry knew that to meet that obligation, he would have to call for a fundamental

change in how our country viewed tobacco at the time. Dr. Terry also knew that by issuing the results of the research available to him, research that showed causality between smoking and three diseases, he was taking aim at one of the pervasive symbols of American life—the cigarette.

In 1964, more than 42 percent of Americans smoked. As a matter of fact, until he started work on his Report, the Surgeon General himself was a smoker.

The circumstances surrounding the release of the 1964 Report on Smoking and Health are worth recalling today. It was issued on a Saturday on a bitterly cold January morning. Accredited members of the media—no members of the public—were admitted to an auditorium, and were locked in there with the Surgeon General and the scientific staff who had developed the Report. What they came out of that room with was the revelation that smoking kills.

Today, 40 years later, the science is even more clear, as evidenced by the size of this Report compared to the 1964 Report.

But when this Report was issued 40 years ago, the contents were so drastically different from everything that Americans believed about smoking, that extraordinary measures were taken—simply because the Surgeon General knew that the reporters who first read the Report would see the findings as truly incredible.

At that time, there was sufficient research to conclude that smoking was a definite cause of three diseases: cancers of the lung and larynx in men, and chronic bronchitis. The 28th Report on

Smoking and Health documents that smoking causes disease in nearly every organ in the body, at every stage of life, here and around the world. Everyone knows how bad smoking is, but it's actually worse.

The statistics are compelling. Since the 1964 Surgeon General's Report, more than 12 million people have died from smoking-related illness. These include 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 perinatal deaths. And, nearly 25 million Americans alive today are destined to die prematurely unless they quit smoking cigarettes.

We have known for decades that smoking is bad for your health. Now we know that the toxins in cigarette smoke go everywhere the blood flows.

Key Findings

The Report has four major conclusions.

- First, it affirms that smoking harms nearly every major organ of the body,

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IMPORTANT REMINDER!

ACTIVE-DUTY OFFICERS—UPDATE CONTACT INFORMATION ON THE COMMISSIONED CORPS MIS WEB SITE

All active-duty officers are directed to update their contact information via the Commissioned Corps Management Information System (MIS) Web site—<http://dcp.psc.gov>. Select the 'Secure Area' option from the menu and then select 'Officer and Liaison Activities.' Follow the link to 'Update Contact Information.'

This information is frequently utilized by the Office of Commissioned Corps Operations and the Office of Commissioned Corps Support Services to contact officers in certain circumstances. *Note:* If you do not know your access information, contact the Commissioned Corps Help Desk at 301-594-0961 or by e-mail at cchelpdesk@psc.gov (formerly DCPHelpDesk.@psc.gov).

Of particular interest is **ACCURATE E-MAIL ADDRESSES**. Since critical information regarding officers' careers is disseminated by utilizing this technology, it is important that officers update their e-mail addresses as soon as any changes occur. Examples of uses of officers' e-mail addresses include notification of Annual Commissioned Officers' Effectiveness Report requirements, reminders of upcoming license expiration, and notification of promotion eligibility.

Please note: The MIS Web site does *not* allow officers to make changes to their 'verified' information. If an officer finds that his or her verified information needs to be updated or changed, the officer should send an e-mail message to the Commissioned Corps Help Desk at cchelpdesk@psc.gov. Please be aware that there will be a 'time lag' in making these updates/changes.

CAPT Denise S. Canton Appointed Director, Office of Commissioned Corps Operations

RADM Cristina V. Beato, Acting Assistant Secretary for Health, and VADM Richard H. Carmona, Surgeon General, U.S. Public Health Service, are pleased to announce the selection of CAPT Denise S. Canton as the Director, Office of Commissioned Corps Operations (OCCO), effective May 24, 2004.

CAPT Canton is a nurse officer and has served in a number of increasingly responsible positions within the former Division of Commissioned Personnel (DCP). Her assignments in DCP included Acting Director, Executive Officer, Chief Legal Advisor, Senior Personnel Policy Specialist, and Staffing Officer. Formerly, she served in the Health Resources and Services Administration as a Federal Program Coordinator, with the former Alcohol, Drug Abuse, and Mental Health Administration as a nurse recruiter, and later as the Deputy Director for Nursing at St. Elizabeths Hospital.

Born in St. Croix, U.S. Virgin Islands, CAPT Canton graduated from Illinois Wesleyan University (BSN), Catholic University of America (Clinical Nurse Specialist, Psychiatric Mental Health Nursing, MSN and DNSc.), and Georgetown University (JD). While at Georgetown University, she was selected as a public interest law scholar.



CAPT Denise S. Canton

CAPT Canton is the recipient of two Surgeon General's Exemplary Service Medals, the Commendation Medal, the PHS Citation, the Outstanding Unit Citation, and Unit Commendation. She is active in both professional and community organizations and utilizes these opportunities to share information about the Corps. She received a Certificate of Special Congressional Recognition for service to the community. □

Standards of Conduct for Active-Duty Officers—Memorandum dated May 14, 2004

The Director of the Office of Commissioned Corps Force Management has released the latest version of the Corps' Standards of Conduct memorandum dated May 14, 2004. The memorandum is *only* available on the Commissioned Corps Management Information System Web site. All active-duty officers are required to access this memorandum at—http://dcp.psc.gov/DCP_pubs.asp.

All Public Health Service Commissioned Corps officers—whether retired, inactive, or on active duty—are covered by these standards of conduct. The Standards of Conduct memorandum discusses many of the major areas covered by the standards and provides officers with general instructions and guidance. Officers should read this memorandum carefully. However, if further clarification is needed, please contact officials in the Agency/Operating Division/Program to which assigned (see list on page 9 of the memorandum).

Meet the Director of the Office of Commissioned Corps Force Management

CAPT Lawrence J. Furman has been serving as the Director, Office of Commissioned Corps Force Management, since being appointed in January by RADM Cristina V. Beato, Acting Assistant Secretary for Health.

With over 27 years of active duty with the Public Health Service (PHS) Commissioned Corps, CAPT Furman has served in a variety of clinical, research, and management assignments in multiple agencies including the Health Resources and Services Administration, Indian Health Service, Centers for Disease Control and Prevention, and National Institutes of Health. His most recent assignment was with the U.S. Coast Guard as Director of Health Services at the U.S. Merchant Marine Academy in Kings Point, New York.

CAPT Furman is a native of the State of Michigan. He received his undergraduate education at the University of Detroit, and his professional education at the University of Michigan, where he received his dental degree in 1976, and his Master of Public Health degree in 1985.

CAPT Furman has been recognized for his contributions and performance



CAPT Lawrence J. Furman

of his duties, and is the recipient of the Meritorious Service Medal, Outstanding Service Medal, three Commendation Medals, PHS Citation, and several Outstanding Unit Citations and Unit Commendations.



Thrift Savings Plan Open Season—April 15 through June 30, 2004

The Thrift Savings Plan (TSP) open season is your chance to start or change the amount of your contributions to your account. Use the TSP Election Form (TSP-U-1) which can be downloaded from the TSP Web site—www.tsp.gov.

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Therapist Category Retirees

The Therapist Professional Advisory Committee (TPAC) Retirement Subcommittee is putting together a list of all therapist retirees interested in mentoring and/or volunteering.

If interested, please contact:

CAPT Leo LaBranche
Phone: 928-526-2987
E-mail: leophoenix2@aol.com

□

FDA to Hold Annual Promotion Ceremony on July 23, 2004

Everyone is invited to attend the Food and Drug Administration's (FDA) 9th Annual FDA Promotion Ceremony for the U.S. Public Health Service Commissioned Corps. This event will be held on Friday, July 23, from 1:30 p.m. to 5 p.m. at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, MD. The ceremony will honor officers who are being recognized for their accomplishments by promotion in rank during the 2004 Promotion Year. The uniform of the day will be the Summer Blue ('Salt and Pepper').

This year, the FDA Acting Commissioner, Lester Crawford, D.V.M., Ph.D., will officiate as the individual placing the new rank on the shoulders of the deserving officers. RADM Marlene Haffner will serve as mistress of ceremonies. Please join us in recognizing these very fine officers.

□

2004 Commissioned Officers' Effectiveness Report (COER)

All officers on duty as of March 1, 2004 are required to complete a 2004 Annual COER electronically. Please be aware that the 2004 COER will not be available to officers until late June at the earliest.

For information on when the 2004 COER is available and the applicable deadlines for completing the COER, officers should routinely monitor the Commissioned Corps Management Information System Web site (<http://dcp.psc.gov>) and Listserv messages from the Office of Commissioned Corps Operations.

In anticipation of the 2004 electronic Annual COER process, it is very important that 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 begin writing the text for Attachments I and II in a word processing application (i.e., Notepad, Wordpad, Word, or Wordperfect) and save the text. When the electronic COER becomes available, the text can 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 now so that they can complete the COER without difficulty once it is released.

Surgeon General's Column

(Continued from page 1)

often in profound ways, causing many diseases and significantly diminishing the health of smokers in general.

- Second, quitting smoking has immediate as well as long-term benefits. Within minutes and hours after smokers inhale that last cigarette, their bodies begin a series of changes that continue for years. Among these health improvements are a drop in heart rate, improved circulation, and reduced risk of heart attack, lung cancer and stroke. By quitting smoking today a smoker can have many healthier tomorrows.
- Third, smoking so-called low-tar and low-nicotine cigarettes provides no clear benefit to health.
- Finally, the list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm; acute myeloid leukemia; cataract; periodontitis; pneumonia; and cancers of the cervix, kidney, pancreas, and stomach.

For every premature death caused each year by smoking, there are at least 20 smokers with a serious smoking-related illness. The costs in human life and in health costs to the Nation are staggering. Some of the major health problems this Report addresses are an increased risk of cancer, cardiovascular disease, respiratory diseases, and reproductive problems.

Cancer

Cancer was among the first diseases linked to smoking. Early studies focused on lung cancer, which by the mid 20th century was rising in epidemic proportions.

Now we know that smoking causes the vast majority of lung cancers, along with cancers of the mouth, throat, larynx, esophagus, pancreas, kidney, bladder, stomach, and acute myeloid leukemia. The risks for these cancers increase with the number of cigarettes smoked and the number of years an individual smokes. The risks decrease after smokers quit cigarettes completely.

Cardiovascular Disease

The link between smoking and cardiovascular disease was noted in the 1964

Surgeon General's Report, and subsequent Reports have revealed a much stronger connection. In fact, the Reports concluded that smoking is one of the major independent causes of coronary disease. This new Report adds even more evidence that smoking causes atherosclerosis, strokes, and abdominal aortic aneurysm. It accelerates the progressive hardening and narrowing of the arteries, and cigarette smoke damages the cells lining the blood vessels and heart.

Perhaps *most* importantly, smoking can increase the body's tendency to form blood clots, both through the process of inflammation and by stimulating platelets to clump together.

Respiratory Diseases

More than 90 percent of emphysema deaths are caused by smoking. Smokers have more upper and lower respiratory tract infections and other respiratory diseases than nonsmokers.

At any age, smoking damages your lungs. The more cigarettes you smoke, the faster this happens. Children and teens who smoke are less physically fit and have more breathing problems. When teenagers smoke, their lung functions begin to decline years earlier than nonsmokers. By quitting, former smokers can return to a normal rate of lung function decline over time.

Reproductive Problems

The damage that cigarette smoking causes to mothers and their unborn children is heartbreaking. As this Report documents, smoking harms every phase of reproduction. Women who smoke have more difficulty becoming pregnant and have a higher risk of never becoming pregnant. Smoking increases the risk of complications during pregnancy, it raises the risk of premature birth, low birth-weight infants, stillbirth, and infant mortality.

Infants exposed to secondhand smoke after birth have double the risk of sudden infant death syndrome, or SIDS. Infants whose mothers smoke before and after birth are three to four times more likely to die from SIDS.

Other Health Effects

In addition to cancer, cardiovascular and respiratory diseases, and reproductive effects, the 2004 Report documents many other damaging effects of smoking, including increased risk for eye diseases, loss of bone mass, and peptic ulcers.

Smokers are generally less healthy than nonsmokers. Smoking affects the immune system. Illnesses in smokers last longer and smokers are more likely to be absent from work. Smokers also use more medical services, both outpatient services and hospitalizations—about 25 percent more than nonsmokers.

All in all, smoking low-tar and low-nicotine cigarettes does not make smoking safer. It does not offer a health benefit over smoking regular cigarettes. This conclusion supports and adds to the findings of a scientific monograph on low-tar cigarettes that the National Cancer Institute issued in 2001. Unfortunately, many smokers still view low-tar cigarettes as a safer alternative. So we need to keep getting out the message that the only way to avoid the health hazards of smoking is to quit completely. In fact, where the health hazards of smoking are concerned, there are still many areas where we need to improve public awareness and understanding.

Health Literacy

The findings I have just presented provide just an overview of the devastating health consequences of smoking. But our job of communicating these messages to the American people is not finished just because we've published a 960-page Report and called this press conference. We need to work over the coming days, weeks, months, and years to ensure that we reach as many people with this critical health information as possible, in ways they find interesting and easy to understand.

So, along with the technical Report, we've also produced a colorful, easy-to-understand 'people's piece'—a consumer version that can be used by community organizations, in doctors' offices, in churches and schools, and by individual smokers and their families.

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Another educational tool that we developed and are issuing today is an interactive Web site that takes an animated look at the human body, allowing the user to see the heart beating and the lungs breathing. The user will be able to rotate the body to see the internal organs from different views. Our goal is to use graphics and animation to help bring the medical content of the Report to life, and again, to highlight the benefits of quitting.

We are in the process of packaging the people's piece and the animated Web site with lesson plans for teachers who want to present smoking and health information in the classroom using technology that students will find interesting and engaging. We will promote this classroom package both on the Web and as a CD ROM to some 100,000 elementary, middle, and high schools later this summer in time for the fall 2004 semester.

The first-of-its-kind people's piece, the Web site, and the school lesson plans are a direct result of my personal commitment to make the information in Surgeon General's Reports meaningful and personal to every American. By getting the best available science into the hands of all Americans, we can improve the health literacy of our population, and equip them with the knowledge and tools they need to make good, healthy decisions for themselves and their families.

For the medical and scientific community, we also are working to improve the maintenance and updating of the Surgeon General's Report series. Today, I am pleased to announce a new scientific database that will make the 1,600 key articles cited in this Report available online. People can search the database and find detailed information on specific health effects as well as develop customized analyses, tables, and figures.

This database will be continually updated as important studies are published, allowing us to determine on a regular basis whether the weight of evidence supports a new definitive conclusion about smoking and disease.

Closing

Before I introduce our third special guest, let me remind all of us what we

are aiming for. To make a real dent in the numbers of deaths and illnesses caused by smoking, the public health community has set two ambitious goals for the year 2010. First, to reduce high school smoking rates to no more than 16 percent, down from the current level of about 22 percent, and second, to cut adult smoking rates to no more than 12 percent, from the current level of 22.5 percent.

If we can meet these goals, we can prevent about 7.1 million Americans from dying prematurely after the end of this decade. On average, smokers lose more than 13 years of life. Those are years that could have been productive, years that could have been spent enjoying children and grandchildren. Those lost years are not just numbers; they are tragic losses. Unfortunately, unless we accelerate our progress in smoking cessation, deaths related to smoking are not expected to decline substantially for many years to come.

As important as the facts and figures in the 2004 Surgeon General's Report are, they take on much more meaning when we see them with a human face. The victims of smoking are people we know. They live in our neighborhoods, we work and worship alongside them, they are members of our own families. I personally understand something about what that means. I grew up poor, and both my parents were at times almost chain smokers. Both of them died before their time, and smoking was a big reason for their early deaths and for considerable suffering. It is a terrible thing to lose a parent when you are young and need them so much. I know firsthand that cigarette smoking steals precious time away from families.

I hope this Report will inform, galvanize, and inspire our Nation, States, and communities to reduce the terrible toll of smoking and to secure a healthy future for America. What I hope more than I can even express is that this new information will help motivate people to quit smoking and will convince young people to not start."

(For more information, see Web site—<http://www.surgeongeneral.gov>.)

VADM Richard H. Carmona
Surgeon General

Thrift Savings Plan 'Catch-Up Contributions'

Public Law 107-304 permits eligible Thrift Savings Plan (TSP) participants to make 'catch-up contributions' into their TSP accounts beginning in or after the year in which they turn age 50. Therefore, this message only applies to active-duty officers age 50 or older or who will become age 50 during calendar year 2004.

Catch-up contributions are supplemental tax-deferred employee contributions, which are in addition to regular contributions. These supplemental contributions can be made by participants age 50 or older who would like to make contributions above the maximum amount they could otherwise make to the TSP.

To make a TSP catch-up contribution, officers must complete form TSP-U-1-C which is available at—www.tsp.gov. Click on 'Forms and Publications' under the Uniformed Services side of the Web site to download form TSP-U-1-C. Officers may elect to contribute any selected *whole dollar* amount per month they choose on form TSP-U-1-C for the period January 1, 2004 through December 31, 2004 until the earliest of the following conditions:

- The annual catch-up limit is reached (\$3,000 for the year 2004);
- The December 2004 pay cycle ends; or
- Officer stops contribution.

Please mail the completed form TSP-U-1-C to:

Office of Commissioned Corps
Support Services
ATTN: CDR Lou Ann Rector,
Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Please note:

- All TSP-U-1-C forms must be received in the Compensation Branch by December 10, 2004, in order to be processed for the December payroll. Forms received after December 10, 2004 will not allow time for processing for the December 2004 pay cycle and will be returned to the officer.
- Contributions cannot be made by personal check; they can be made only through payroll deduction.
- Officers may stop or change their catch-up contributions at any time without penalty.

Commissioned Corps Readiness Force

Keeping You Informed

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

- Pharmacy and nursing mission to Bethel, AK, which will end in May and June, respectively.
- 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 in recent months.
- CCRF pharmacist in Baghdad supporting the Iraqi Ministry of Health.
- CCRF physicians augmenting the staff at the Kodiak Area Native Association in Kodiak, AK.
- TOPOFF III Command Post Exercise and Forward Challenge Exercises in May.
- World War II Memorial Dedication, May 29.

TOPOFF III Command Post Exercise and Forward Challenge Exercises

CCRF officers acted as liaisons to the planning and operations side of Assistant Secretary for Public Health Emergency Preparedness during the TOPOFF III Command Post Exercise and the Forward Challenge Exercises in the Washington, D.C. area in mid-May.

Lead Screening of Vietnamese Community

CCRF, with the leadership of LT Danny Nguyen, performed a Lead Screening Mission for the Vietnamese Community of Washington, D.C. This was an extension of CCRF support for lead screening conducted by the Washington, D.C. Department of Health. Forty-three officers worked at the original lead screening mission in March and April. A subset of these officers participated in the outreach to the Vietnamese Community on Saturday, April 24.

World War II Memorial Dedication

On May 29, the President of the United States dedicated the World War II Memorial on the Mall in Washington, D.C.

Approximately 160,000 individuals attended with 60,000 of these being World War II veterans. The Chief Medical Officer of the National Park Service requested that CCRF physicians, nurses, physician assistants, and nurse practitioners be in attendance because of the large number of guests and the advanced age of many attendees. CCRF officers were assigned to one of ten medical tents, while others were stationed throughout the crowd to be readily available if medical expertise was required. Approximately 49 CCRF officers were involved in this event.

Crow, Creek, Sioux Reservation, Fort Thompson, South Dakota

The Surgeon General activated the CCRF to support the Aberdeen Area of the Indian Health Service (IHS). The Fort Thompson Service Unit experienced an abnormally high number of suicides in the last 5 months. There is evidence of suicide pacts among members of the community and the chance of similar events is high. In fact, since this situation began, the IHS documented over 60 other attempts, ideation, and gestures. In support of this situation, one CCRF psychologist deployed to establish counseling or debriefing sessions with the first responder community and serve as a consultant to the Fort Thompson staff to establish ongoing programs. Other CCRF mental health providers will deploy in 2-week intervals through mid-August to support the Fort Thompson staff caring for children and adolescents. These officers are working closely with the school system; performing psychological testing to identify at-risk children; and providing crisis intervention, grief counseling, and consulting services to the community.

Upcoming Responses

The following events are scheduled for the next 5 months and will require substantial numbers of CCRF members. We expect that our officers will function mainly as liaisons with State and local governments; Federal partners; and international players.

- G-8 Summit, June 3-11. CCRF will help staff the Incident Management Team and Department of Health and

Human Services Headquarters in Washington, D.C., and will be present in Georgia.

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

Training

CCRF is now accepting applications for Combined Humanitarian Assistance Response Training (CHART). Please visit the training page—https://ccrf.hhs.gov/ccrf/adv_training.htm—for course descriptions and application requirements.

CCRF is offering BLS for Health Care Provider Recertification courses. These courses will be held in conjunction with the Armed Forces Institute of Pathology (AFIP). In order to attend a recertification course you must currently have American Heart Association BLS for Health Care Providers certification. Please visit the BLS page—https://ccrf.hhs.gov/ccrf/bls_training.htm—to apply. □

JRCOSTEP Annual Leave Policy

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

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

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 health care issues;
- (2) accomplishments in Hispanic health care development, management, and/or improvement; and/or
- (3) organization and/or implementation of activities/programs that significantly improve Hispanic access to health care and health care 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 30, 2004**.

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

Ms. Lisa Flach
 HOAC Award Committee
 5600 Fishers Lane, Room 9A-27
 Rockville, MD 20857
 Phone: 301-443-8646
 E-mail: lflach@hrsa.gov



Recent Calls to Active Duty

Title/Name Agency/OPDIV/Program

MEDICAL

LIEUTENANT COMMANDER

Jeanolivia D. Grant BOP
 Fort Worth, TX

Ruth Rosen IHS
 Polacca, AZ

LIEUTENANT

David T. Ackley IHS
 Polacca, AZ

DENTAL

LIEUTENANT

Tara L. Van Orden IHS
 Reno, NV

NURSE

LIEUTENANT

Catharina R. Lindsey IHS
 Nixon, NV

Marlyn T. Morgan IHS
 Anchorage, AK

ENGINEER

LIEUTENANT

Jeffrey J. Blodgett FDA
 Stoneham, MA

LIEUTENANT J.G.

Adam E. Hughes IHS
 Tuba City, AZ

James C. Kohler IHS
 Gallup, NM

Title/Name Agency/OPDIV/Program

Michael P. Sweeney FDA
 Stoneham, MA

SCIENTIST

LIEUTENANT

Dexter A. James BOP
 Alderson, WV

Danisha L. Robbins HRSA
 Miami, FL

ENVIRONMENTAL HEALTH

LIEUTENANT J.G.

Timothy M. Albright IHS
 Kotzebue, AK

PHARMACY

LIEUTENANT

Renmeet Gujral FDA
 Rockville, MD

HEALTH SERVICES

LIEUTENANT

Tiffany H. Edmonds DHS
 Washington, DC

Diedre N. Presley PSC
 Bethesda, MD

Sarah A. Stienbarger-Prei IHS
 Belcourt, ND

LIEUTENANT J.G.

Tunesia L. Mitchell BOP
 Brooklyn, NY

Professional Licensure Reminder

If policy requires that you maintain a current valid unrestricted license as a Public Health Service (PHS) Commissioned Corps healthcare provider, you are required to do the following when your license renewal arrives:

- (1) Make a photocopy of your license / certification / registration renewal (must contain an expiration date) upon receipt from the issuing authority;
- (2) Record your PHS Commissioned Corps serial number in the lower right-hand corner of the photocopy; and
- (3) Mail (or fax) it to:

Office of Commissioned Corps
 Operations
 ATTN: Licensure Project Officer/
 DCCS
 5600 Fishers Lane, Room 4-20
 Rockville, MD 20857-0001
 Fax: 301-443-5366
 Phone: 301-594-3352



Commissioned Corps Awards Board

CAPT ROBIN M. IKEDA – *Recognized for Leading National and International Efforts to Develop a Public Health Infrastructure for Violence Prevention*

CAPT Robin M. Ikeda was recognized with the Public Health Service (PHS) Outstanding Service Medal for her leadership in developing a public health infrastructure for violence prevention, both nationally and internationally, from January 1998 to June 2003. As an epidemiologist and Team Leader in the Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, she has been instrumental in improving surveillance of violence, elevating the importance of violence prevention internationally, and increasing the scientific knowledge base.

The World Health Organization (WHO) estimates that over 1.5 million violence-related deaths occur worldwide each year, and in 1998 WHO declared violence to be a leading global public health problem. Despite the mortality associated with violence, efforts to build the public health infrastructure to prevent violence are still in the early stages.

CAPT Ikeda has worked to promote violence prevention by leading violence surveillance efforts. In 1998-1999 she led a national work group to develop recommendations for State-based injury surveillance that were published in 1999 by the State and Territorial Injury Prevention Directors Association (STIPDA). The recommendations have been used in STIPDA's 'State Injury Indicators Report' and incorporated into the development of a National Public Health Surveillance System. CAPT Ikeda has also participated in an international workgroup to develop the International Classification of External Cause of Injury, which is an injury coding system. She has also led the development of the violence module, which was adopted by WHO and is the basis for collecting standard injury data globally.

CAPT Ikeda helped secure funding for the Vietnamese Ministry of Health to assess the burden of injury and violence. Her work with Vietnamese officials resulted in the Safe Vietnam initiative, a country-wide campaign to raise awareness of violence and injury and to mobilize support for prevention efforts. This

initiative subsequently received \$10 million from UNICEF in support of injury prevention activities.

CAPT Ikeda co-authored a chapter on child abuse and neglect in the *World Report on Violence and Health* (published in 2002), which is the first report to document the global magnitude of violence. This report is the basis for WHO's Global Campaign to Prevent Violence. Since 2002, CAPT Ikeda has served on the International Advisory Committee to the new Beijing Suicide Research and Prevention Center. She assisted the committee by organizing two national Chinese meetings on suicide and discussing our National Strategy for Suicide Prevention. These efforts have resulted in China's development of a national suicide prevention plan that has been recently supported by the National Institutes of Health's National Institute of Mental Health and the Ford Foundation with a total of \$350,000.

CAPT Ikeda has helped to increase violence-related research by mentoring junior scientists and helping to establish 10 National Academic Centers on Excellence for Youth Violence Prevention. She initiated the publication of the *American Journal of Preventive Medicine* supplement focused on violence. She has worked on various studies and reports, such as the only youth violence multi-site violence prevention study among middle school students and the first *Surgeon General's Report on Youth Violence*.

For her sustained service and leadership in national and international violence and suicide prevention activities, CAPT Ikeda is highly deserving of the PHS Outstanding Service Medal.

Engineer PAC – Call for Nominations for 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 committee. See page 6 of the May issue of the *Commissioned Corps Bulletin* for complete information. Nominations are due **June 30, 2004**.

Inactive Reserve Corps Phone Number and E-Mail Address



Information or questions regarding the Inactive Reserve Corps should be directed to the Inactive Reserve Coordinator at:

Office of the Surgeon General
ATTN: LT Culbreath, IRC
Coordinator
5600 Fishers Lane, Room 18-66
Rockville, MD 20857-0001

Phone: 301-443-4000
Fax: 301-443-1211
E-mail: culbreath@osophs.dhhs.gov



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>
MEDICAL	
<i>CAPTAIN</i>	
Andrew F. Horne	03/24/04
Robert T. Simpson	04/21/04
William H. Stimson	03/30/04
Carleton B. White	03/18/04
DENTAL	
<i>CAPTAIN</i>	
John W. Heck	04/19/04
ENGINEER	
<i>CAPTAIN</i>	
Francis G. Mattern	04/15/04
SCIENTIST	
<i>CAPTAIN</i>	
Kenneth A. Borchardt	01/07/04
ENVIRONMENTAL HEALTH	
<i>CAPTAIN</i>	
Robert J. Battjes	03/30/04
DIETETICS	
<i>CAPTAIN</i>	
Geraldine M. Piper	04/13/04



Naval Reserve Officer Leadership Course

Submitted by CDR Cheryl Wiseman and LCDR Patrick J. Hintz

A Naval Reserve Officer Leadership Course (ROLC) was conducted April 3-4, 2004 at the Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health's (NIOSH) Spokane Research Laboratory in Spokane, WA. In attendance were 11 Navy Reservists, mostly from the Spokane Navy and Marine Corps Reserve Center, and eight Public Health Service (PHS) Commissioned Corps officers from various Operating Divisions of the Department of Health and Human Services. PHS officers came from Alaska, California, Atlanta, Dallas, and the Washington, D.C. area to attend this course.

The class was excellent. It focused on basic leadership principles applicable to anyone in any type of leadership role and used past and present Navy heritage for its basis. PHS officers are invited to take this interactive course, and the instructors said that PHS officers provide a unique perspective which enhances the experience for everyone. There was good rapport between the Navy Reserve and PHS officers, even when the PHS officers beat them at 'Leadership Jeopardy' (score of 6,600 to 6,000).



LCDR Patrick Hintz at the CDC/NIOSH Spokane Research Laboratory's mock underground metal mine.

LCDR Patrick Hintz, a research industrial hygienist at the CDC/NIOSH Spokane Research Laboratory, conducted a short tour and mining demonstration for the officers in attendance in his laboratory's mock underground metal mine (see photo above). This research laboratory performs research in mine safety and health issues, largely in the Western United States. As a result of some of the mining occupational health and safety research conducted here, many lives have been saved. LCDR Hintz

was also the coordinator and host for this ROLC. He did much ground breaking work to establish this relationship with the Navy Reserve and provided his laboratory's building and state-of-the-art conference facility for this course.

PHS officers in attendance included CAPT Epifanio Elizondo (Office of the Secretary/Office of Public Health and Science), CDR Kathy Coiner (Program Support Center (PSC)), CDR Ruth Jiles (CDC), CDR Alexandr Kosyak (Health Resources and Services Administration), CDR Deborah Rose (CDC), CDR Cheryl Wiseman (PSC), LCDR Patrick Hintz (CDC), and LT Jennifer Lombrano (Indian Health Service (IHS)). Special thanks go to CDR Kenneth Sun (IHS) who helped coordinate the PHS officers for this course. The instructor-facilitators for this course included CAPT Greg Duras, CAPT Meredith Edwards, and CAPT Phil Kumler, all of the Navy Reserve.

For a listing of all ROLC course offerings and availability, visit—<http://navlead.com/cgi-bin/nr/rolc.pl>.

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Call for Nominations for the Black Commissioned Officer Advisory Group

The Black Commissioned Officer Advisory Group (BCOAG) is soliciting nominations, including self-nominations, to serve a 3-year term beginning *January 2005*.

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

Surgeon General on matters related to the Corps.

If you would like to be considered for appointment to the group, please request a blank self-nomination form, which includes a space for supervisory approval, from LCDR Gabrel (*see contact information below*) or visit the BCOAG Web page at—<http://www.bcoag.org>. Complete the self-nomination form and send it along with a current curriculum vitae by **July 30, 2004** to:

LCDR Celia S. Gabrel
5600 Fishers Lane, Room 7A-55
Rockville, MD 20857
Phone: 301-443-3577
Fax: 301-443-5271
E-mail: cgabrel@hrsa.org

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Subscribe to Listserv to Receive Official E-mail Messages

Anyone can subscribe to this Listserv to receive official e-mail messages from various components within the Department of Health and Human Services, but **all active-duty Public Health Service officers must subscribe**.

To join, send an e-mail message to—listserv@list.psc.dhhs.gov—with no subject and a message in the following format:

- SUBSCRIBE DCP "your full name"
- Where "your full name" is, replace with your complete first and last name without the quotation marks.

Important: This list is self-maintaining. Therefore, if you change your e-mail address please signoff with the old address and subscribe again with the new address.

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IMPORTANT!**OFFICERS ARE REQUIRED TO UPDATE THEIR LANGUAGE, SKILLS, AND TRAINING INFORMATION ONLINE**

Public Health Service Commissioned Corps officers are **required** to continuously update their language, skills, and training information, especially their skills information, on the Commissioned Corps Management Information System (MIS) Web site—<http://dcp.psc.gov>—under the ‘Secure Area.’

Knowing the skills Corps officers possess is extremely important to Corps readiness. Many officers have DoD (Department of Defense) experience which provided them with skills not always found in healthcare professionals. Also, many officers have information technology and information management skills, or additional degrees that are not documented in the system.

Supplying the skills information benefits both the officers and the Corps. The information will be utilized in career progression of officers to make officers more competitive for job openings. At the same time, the Corps will be able to quickly identify specific skills required in the event of a national emergency, or to assist hiring officials seeking candidates with specialized abilities.

Officers should go to the MIS Web site—<http://dcp.psc.gov>—and enter the ‘Secure Area’, then click on ‘Officer and Liaison Activities.’ After logging in, select “Update Language, Skills, and Training Information.” The skills entry screen offers a drop-down menu of specific skills. If an officer does not find the skill he or she is looking for, an e-mail can be sent to the Help Desk directly from that screen.

Retirements - May

<i>Title/Name Agency/OPDIV/Program</i>	<i>Title/Name Agency/OPDIV/Program</i>
MEDICAL	Douglas D. Sharpnack CDC
<i>REAR ADMIRAL (UPPER)</i>	PHARMACY
Walter A. Orenstein CDC	<i>CAPTAIN</i>
NURSE	Ronald E. Brown FDA
<i>CAPTAIN</i>	Elizabeth E. Hiner FDA
Rose Jenkins BOP	David Holovac FDA
Diane E. Tinker IHS	Michael F. Johnston FDA
<i>LIEUTENANT COMMANDER</i>	Thomas G. Phillips FDA
Diana S. Koltun IHS	<i>LIEUTENANT COMMANDER</i>
<i>LIEUTENANT J.G.</i>	Deborah A. Gunter HRSA
Lisa M. Wind PSC	DIETETICS
ENGINEER	<i>CAPTAIN</i>
<i>CAPTAIN</i>	Patti A. Riggs NIH
Richard M. Garwood FDA	HEALTH SERVICES
SCIENTIST	<i>CAPTAIN</i>
<i>CAPTAIN</i>	Stanley Kusnetz SAMHSA
John E. Abraham ATSDR	<i>COMMANDER</i>
Teresa M. Schnorr CDC	Robert G. Hammernik CMS
VETERINARY	Wilhelmina Wilson HRSA
<i>CAPTAIN</i>	<i>LIEUTENANT COMMANDER</i>
Richard F. Cullison FDA	John A. Sandoval BOP

Procurement of Public Health Service Commissioned Corps Uniforms and Accessories

Public Health Service (PHS) uniforms and components may be purchased from the following:

- **LIGHTHOUSE UNIFORM COMPANY**
1532 15th Avenue West
Seattle, WA 98119
Phone: 1-800-426-5225
Web Site: www.lighthouseuniform.com
- **BETHESDA NAVY EXCHANGE**
National Naval Medical Center,
Bldg. 10
8901 Wisconsin Avenue
Bethesda, MD 20889
Phone: 301-295-1489
Web site: www.navy-nex.com
- **NAVY EXCHANGE UNIFORM SUPPORT CENTER**
1545 Crossways Blvd., Suite 200
Chesapeake, VA 23322
(Note: Phone and Web site orders only)
Phone: 1-800-368-4088
Web Site: www.navy-nex.com

NOTE: The Black Army V-Neck Sweater must be purchased from an Army uniform shop.

- **ARMY AND AIR FORCE EXCHANGE SERVICE**
Exchange Catalog Sales
P.O. Box 660211
Dallas, TX 75266-0211
Phone: 1-800-527-2345
Web Site: www.aafes.com

PHS Commissioned Corps replacement ribbon bars, medals, lapel devices, rosettes, name tags, and miscellaneous items may be purchased from:

- **PHS OFFICERS DEVICE SUPPLY CENTER**
National Hansen’s Disease Programs
1770 Physicians Park Drive
Baton Rouge, LA 70816-3222
Phone: 225-756-3793
Web site: <http://www.bphc.hrsa.gov/nhdp/> (click on PHS Officers Device Supply Center)

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CAPT David Kvamme Volunteers in Iraq

The April 13, 2004 issue of the American Society for Clinical Pathology's *Laboratory Medicine* contained an article titled "Medical Technologist Has Important Role in Iraq." The article highlighted CAPT David C. Kvamme. CAPT Kvamme is a Public Health Service (PHS) Commissioned Corps officer in the Health Services category serving with the Indian Health Service at the PHS Indian Hospital in Whiteriver, AZ. A synopsis of the article follows, but the entire article is available at—<http://www.labmedicine.com/headlines/ascpnews/040401.html>.

Medical Technologist Has Important Role in Iraq

In mid-2003, CAPT David C. Kvamme, was working with the Indian Health Service in Arizona, and one day, an e-mail came around asking for volunteers for a 6-month tour of duty in Iraq, which said, "the pediatric needs are desperate." CAPT Kvamme volunteered to help with the pediatric needs, but upon arrival in Iraq in October 2003, he found that the laboratory needs were desperate, too.

The original plan was for him to work just with the clinical laboratories all over the country, but due to a personnel shortage, he found that his duties would also include overseeing all x-ray procedures and all dental procedures for the whole country, as well as all public health issues. In all, there are 1,600 clinics and 240 hospitals. (This is only for the Iraqi people; he does not work with the U.S. military personnel at all.) His average day begins at 5 a.m. and ends at 10 p.m. Friday, the Muslim Holy Day, is only a 12-hour day: 6 a.m. to 6 p.m.

CAPT Kvamme works for the top U.S. Administrator in Iraq, Mr. L. Paul Bremer, whose office is in the same former palace. At the Iraqi Ministry of Health, CAPT Kvamme works alongside Iraqis helping them establish policies and procedures as well as introducing computer technology for laboratories, radiology, and dental work. Technologically, Iraq is estimated to be 20 to 30 years behind the West, but the Iraqi people are eager to catch up. One recent special event CAPT Kvamme coordinated was the first infection con-

trol conference in more than 20 years. In the course of his work, he has visited clinics and hospitals in most smaller cities throughout Iraq. He is learning Arabic, but about 20 percent of educated Iraqis speak English, so interpreters are usually available.

Life in Iraq for CAPT Kvamme is defined by two colors: green and red. The 'green zone' is the area under the control of the U.S. military and is considered relatively safe. The 'red zone' is everywhere else. He lives in a military barracks, and his PHS office is across the street from the barracks in one of Saddam Hussein's former palaces—all in the green zone. At around 7:30 a.m. every day, CAPT Kvamme and several co-workers climb into an SUV and drive into the red zone—where his office with the Iraqi Ministry of Health is located. He works there until about 2:30 p.m. and then returns to the green zone. In the green zone are computers, phones, and Internet access. The red zone has none of those, but conditions are improving slowly.

There is one laboratory training school in the country, but it does not have many students because the pay for laboratory workers is quite low. Much work is needed to bolster the school's academic programs, practicums, and public image.

The typical clinical laboratory in Iraq has a still and an old spectrophotometer—with cuvettes that are scratched. Most blood collection is done by fingerstick, as needles, antiseptics, and other such equipment is in very short supply. Hematology testing is limited to spun hematocrits. Chemistry testing consists of manual glucoses, BUNs, and creatinines. The largest hospitals may have an ancient flame photometer for sodiums and potassiums. Only the largest hospitals have blood banks, and CAPT Kvamme is working with the Red Cross in trying to improve transfusion services. Blood typing is done by the 'slide' method, and transfusions are whole blood.

Even apart from the post-war scenario, life in Iraq has its challenges.

(Continued on page 12)

Procurement of Public Health Service Commissioned Corps Uniforms and Accessories

(Continued from page 10)

PHS magnetic ribbons and name tags as well as 'pin-on' sets can be purchased from:

- **CUSTOM ULTRA THIN RIBBONS/
NAMETAGS**

P.O. Box 7161
Moore, OK 73153
Phone: 1-800-758-7265
Web site: <http://www.ultrathin.com>

Medals and insignia of membership organizations whose ribbons, medals, and insignia are authorized for wear by Corps officers, may be obtained from those organizations at the addresses indicated below:

- **ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES (AMSUS)**

Membership Department
9320 Old Georgetown Road
Bethesda, MD 20814
Phone: 301-897-8800 or
1-800-761-9320

Web site: <http://www.amsus.org>

- **COMMISSIONED OFFICERS ASSOCIATION OF THE USPHS (COA)**

8201 Corporate Drive, Suite 560
Landover, MD 20785
Phone: 301-731-9080
Web site: <http://www.coausphs.org>

- **RESERVE OFFICERS ASSOCIATION (ROA)**

1 Constitution Avenue, NE
Washington, DC 20002-5655
Phone: 202-479-2200
Web site: <http://www.roa.org>

NOTE: If officers cease to be members of AMSUS, COA, or ROA, they are no longer entitled to wear the ribbon or medal of that organization on their uniforms.

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CAPT David Kvamme Volunteers in Iraq

(Continued from page 11)

Clean water is not available. Electricity is not reliable. The power is often off from 2 p.m. to 4 p.m. in the afternoon. "You just have to learn to deal with it," says CAPT Kvamme, "but things are improving." Sanitation is not good, but it, too, is improving. "I expected a combat zone, and a combat zone is what I got," he says. "From the news, I had a realistic perspective."

However, what he did not expect to find was Iraqi people who are well-educated, friendly, and great people to work with. Many of these people have masters degrees from schools in the United States or Great Britain, and while they are technologically behind, they have an excellent foundation upon which to build.

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Physician PAC Membership—Call for Nominations

The Physician Professional Advisory Committee (PPAC) is seeking motivated commissioned corps and civil service physicians who are interested in serving as members on this categorical panel. PPAC membership is open to all physicians who are employed in the Department's Operating Divisions (OPDIVs) as well as Corps officers in the medical category working in any of the major programs that employ Public Health Service Commissioned Corps officers.

The mission of the PPAC is to provide advice and consultation to the Surgeon General on the application of medical science for the protection and advancement of the health of the Nation. Additionally, the PPAC seeks to represent the activities and interests of all Department physicians. The PPAC currently meets every other month (travel not required for membership; conference calling available for all meetings). Regular attendance at meetings is required and PPAC members are expected to actively

participate in the activities of at least one subcommittee during the term of service which is currently 3 years.

At least four positions will be available as of *January 1, 2005*. The PPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of the line supervisors and OPDIV representatives. Corps officers or civil service physicians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vitae that includes the name and phone number of their immediate supervisor, along with a one-page cover letter describing their interest. This document should be sent as a Word or WordPerfect attachment to an e-mail message by **September 15, 2004** to:

CAPT Eric Mann
Chair, PPAC Workforce
Subcommittee
E-mail: exm@cdrh.fda.gov
Phone: 301-594-2080 ext. 187

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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