



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

As Public Health Service Commissioned Corps officers, our priorities revolve around health promotion and disease prevention for our Nation's citizens. Therefore we should be leading the way by serving as real life examples of how to integrate healthy behaviors into our everyday lives.

Over the years, the role of the Corps has continued to grow as we have accepted increased responsibility for a number of health-related issues. These responsibilities vary across the spectrum from mental health, infectious disease, chronic non-infectious disease, to services and research. However, I would like to emphasize one particular part of our expanded mission, and that is combating drug abuse, addiction, and alcoholism. These are serious issues that affect too many Americans from all walks of life. Specifically, President Bush has asked me to speak regularly about the dangers of drug and alcohol abuse, and the tremendous toll they take on individuals, families, and communities.

Science has proven that the abuse of alcohol and drugs can affect physical and mental health adversely. Directly, or indirectly, they can be major vectors for the transmission of many serious, and often life-threatening diseases such as HIV/AIDS, hepatitis, and tuberculosis.

Because addiction is such a complex and pervasive health issue, we must continue to strengthen our public health approach to addressing it. Such an approach must include extensive efforts in the areas of prevention and education, early intervention, treatment, and research. Certainly *prevention*—stopping drug and alcohol abuse before they start—is the best strategy for reducing their ill effects.

The costs of substance abuse on our society are truly staggering. They exceed \$400 billion when alcohol, tobacco, and illicit drugs are combined, including costs associated with the criminal justice system, lost productivity, morbidity, and health care.

But as grim as the picture may appear, there is much we can do. One thing I hope to accomplish during my tenure as Surgeon General is to help Americans understand, from a public health point of view, that drug and alcohol abuse are chronic, relapsing diseases, not unlike hypertension, diabetes, and heart disease that require long-term, even lifelong treatment.

Although we are all responsible for making smart and healthy choices in our lives, unfortunately, some of our decisions are influenced by misinformation or denial. "Addiction can't happen to me." "Marijuana isn't dangerous." "I can drive, I only had a few drinks." These are dangerous misperceptions, especially for our young people.

So how can we, as public health professionals, as individuals, and as parents, contribute to reducing drug and alcohol abuse? To begin, let's familiarize ourselves with the facts. Drug and alcohol abuse and dependence affect individuals from all geographic areas, of all ethnicities and genders, and of all education and employment levels. For example, rates for illicit drug and alcohol dependence and abuse among persons age 12 or older are highest among American Indians/Alaska Natives (12.6 percent); followed by Hispanics (7.8 percent); Caucasians (7.5 percent); Blacks (6.2 percent); and Asians, Native Hawaiians or other Pacific Islanders (3.7 and 4.9 percent, respectively).

Overall, in 2001, an estimated 16.6 million Americans over age 12 were classified with dependence on or abuse of either alcohol or illicit drugs. That is more than 7 percent of our population. Furthermore, most adults with substance dependence or abuse are employed full or part time. Of the 14.7 million adults classified with abuse or dependence, 11.3 million (77 percent) had jobs and, naturally, this affects the effectiveness of their work and has a negative impact on their productivity.

Although we worry about all drug use, alcohol and marijuana are at the forefront of our attention. Alcohol is the number one substance abused by our youth. More than 40 percent of individuals who begin drinking before age 13 will develop alcohol abuse or alcohol dependency at some point in their lives. That statistic is all the more compelling when one considers that in 2002, about 12 percent of eighth graders, 22 percent of tenth graders, and 29 percent of twelfth graders reported binge drinking (5 drinks in a row) in the last 2 weeks.

Additionally, alcohol is not the only danger to our young people. The story is the same for marijuana use—the earlier children begin, the more likely they are to become dependent on other drugs as adults. For example, 1999 admissions to

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Surgeon General's Column

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publicly-funded treatment facilities for marijuana/hashish use increased to 223,597, up from 142,633 admissions in 1994. Of those admissions, more than half had used marijuana by age 14, and 92 percent used marijuana before they turned 18 years old.

There are many fallacies surrounding marijuana use, including the common misperception that it is less dangerous than smoking cigarettes. Smoking is a risky, unhealthy behavior no matter what you are inhaling. It is well established that marijuana contains three to five times more tar and carbon monoxide than a comparable amount of tobacco. There are also more than 400 chemicals contained in a single marijuana plant, many of which are carcinogenic. Marijuana abuse has been associated with negative health consequences including everything from respiratory problems, to impaired memory, to increased anxiety.

Lives consumed by drug and alcohol abuse are not what we want to see for ourselves or for our children. What can we do?

(1) **Talk to your children and encourage them to talk to you.** Know with whom your children are 'hanging out' and what they are doing. Be alert to the signs that they may be using drugs or alcohol. If they are already experimenting, take steps to help them stop. If they are already dependent, get them into treatment. If you need help talking to them, check out the National Institute on Drug Abuse's Web site—<http://www.drugabuse.gov/students.html>. For information about underage alcohol use, go to <http://www.alcoholfreechildren.org>.

(2) **Take a look at your own behaviors.** Do you drink too much? Are you using illegal drugs and can't stop? There are resources at your disposal which can help you find services that are right for you or a family member. Officers should contact the Division of Commissioned Personnel's Beneficiary Medical Program Section at 1-800-368-2777. Also, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment operates a Referral Helpline at 1-800-662-HELP and a Treatment Locator at—<http://findtreatment.samhsa.gov/facilitylocator.doc.htm>.

If you or a family member are struggling with alcohol, but don't know if there is a problem, the National Institute on Alcohol Abuse and Alcoholism and SAMHSA offer free screenings. The next National Alcohol Screening Day is on April 10, 2003. You can find more information by going to—<http://www.mentalhealthscreening.org/alcohol.asp>—or calling 1-800-253-7658.

Above all, don't be ashamed to get help. Many families must face these issues. As a young boy growing up in Harlem, my own family confronted the specter of substance abuse. It was not an easy fight; it never is. But winning this battle is always worth the effort.

(3) **Get involved with your community,** especially with children who are at the highest risk of becoming dependent on drugs and alcohol, by volunteering or

becoming a mentor. For more information about how you can help, go to—<http://www.usafreedomcorps.gov/>. This is part of President Bush's initiative to get every American involved in strengthening our communities and part of his mantra on volunteerism, "Everyone can do something."

In short, remember that education, prevention, intervention, and treatment can save lives and help us create more and more healthy and safe communities.

As always, thank you for all your good work, especially those of you in the Corps who are already dedicating yourselves to these issues. Stay safe and stay healthy—for America, for yourselves, and for your family.

VADM Richard H. Carmona
Surgeon General

Army Cardigan Sweater Authorized

IMPORTANT REVISION: The following article appeared in the February issue of the *Commissioned Corps Bulletin*. Please review Item (5) below which has been revised to clarify when the collar of the shirt should be inside or outside the sweater.

Effective December 18, 2002, the Surgeon General authorized the wear of the Army black cardigan sweater with epaulettes.

CORRECT WEAR OF THE ARMY BLACK CARDIGAN SWEATER

- (1) Authorized for **indoor** wear only.
- (2) Authorized for wear with the Service Dress Blue (w/o coat), Summer White, Summer Blue, Summer Khaki, Winter Blue, Indoor Duty White, Working Khaki, and Winter Working Blue uniforms.
- (3) Soft shoulder boards are to be worn at all times with the black cardigan sweater.
- (4) When worn, officers may wear the cardigan buttoned (must button all five buttons) or unbuttoned.
- (5) When the black cardigan sweater is worn with uniforms that are worn with closed collar and tie (male and female), the collar of the shirt should be tucked inside the sweater. When worn with other authorized uniforms, the collar of the shirt may be worn open and outside the sweater.
- (6) Any rank/Public Health Service (PHS) insignia that is part of the uniform being worn must still be worn on that uniform when wearing the black cardigan sweater.
- (7) Officers may cuff the sleeves of the cardigan, but may **not** roll or push up the sleeves.
- (8) Officers will **not** wear the nameplate, ribbons, badges, or other distinctive insignia on the cardigan.

The phase-out date for wearing the previously approved Navy and Army cardigan sweaters will be October 1, 2003.



Keeping You Informed

Each month, information is provided in this column to reinforce the entitlements and allowances you are authorized during a Permanent Change of Station (PCS) move. It is important for you to realize that it is **the officer's** responsibility to request these entitlements/allowances from his/her agency when requesting reimbursement. The agency will not automatically reimburse anything you do not request. Although the procedure may be slightly different from agency to agency, the entitlements remain the same.

Entitlements/Allowances (if qualified under the Joint Federal Travel Regulations)

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank;
- (3) 90 days of storage for your HHG, if needed;
- (4) Dislocation Allowance (DLA), if qualified; and
- (5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

Please remember that you must always contact your agency's shipping officer before performing any type of PCS move, including a personally prepared move, to avoid reimbursement complications.

Temporary Expansion of Space-Available (Space-A) Flight Benefit

Space-A travel has always been a benefit for Uniformed Service members. Service members may travel free of charge anywhere in the Continental United States (CONUS) that the U.S. Air Force goes, as long as there is room available on the flight. One draw back has been that Service members could not take their family with them unless traveling overseas (Outside the Continental United States (OCONUS)). Here is good news.

DOD Tests Space-A Travel Privileges for Dependents Within CONUS

The Assistant Deputy Under Secretary of Defense (Transportation Policy) has approved a 1-year test to evaluate the expansion of Space-A privileges for dependents traveling within CONUS. The test will allow dependents of active-duty and retired Uniformed Services members to travel within CONUS when accompanied by their sponsors. The test is scheduled to begin April 1, 2003, and will end April 1, 2004.

Dependents will assume the same category of travel as their sponsor. Space-A sign-up for this program will be effective April 1, 2003. Retired members may sign up 60 days in advance, but no earlier than April 1, 2003. Active-duty Uniformed Services members must be in a leave or pass status to register for Space-A travel,

remain in a leave or pass status while awaiting travel, and be in a leave or pass status the entire period of travel.

For additional information concerning Space-A travel and sign-up procedures, please review the Air Mobility Command public Web site at—<http://amcpublic.scott.af.mil/Spacea/spacea.htm>—or contact the servicing Department of Defense air terminal of interest.

Monthly Tip for Moving

Many officers call after they have performed their move, and state they were not reimbursed correctly for their mileage. When performing a PCS, remember that the officer is not reimbursed for the mileage actually put on the privately owned vehicle. Reimbursement is based on the official mileage between the duty stations as listed on the Defense Table of Official Distances (DTOD). This can be somewhat confusing, but the Government is only going to reimburse for the official distance necessary to travel in order to report to the new duty station. No more, no less.

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

Retirement Seminar to be Held at COA's Annual Meeting

The Division of Commissioned Personnel (DCP) will offer a *Public Health Service Commissioned Corps Retirement Seminar* at the 2003 Public Health Professional Conference sponsored by the Commissioned Officers Association. The retirement seminar is scheduled for June 19-20, and will be held at the Westin Kierland Resort & Spa, Scottsdale, Arizona.

The seminar is open to all officers no matter how many years of service. If you are interested in attending this seminar, please visit the 'Welcome to the DCP Official Web Site'—<http://dcp.psc.gov>. Download and complete the registration form, and submit it to:

Division of Commissioned Personnel
ATTN: Retirement Seminar
Coordinator
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001
Fax: 301-594-2711

Registration forms must be received in DCP no later than **May 23, 2003**.

If you need additional information, contact the DCP Retirement Seminar Coordinator at 301-594-3108 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number - 43108). □

Uniform Service Center

The Uniform Service Center of the District of Columbia Branch of the Commissioned Officers Association sells donated uniforms and uniform-related items at reasonable prices. It is located in the Park Building, 12420 Parklawn Drive, Room 1-46, Rockville, Maryland, and is open from 12 noon to 1 p.m. every Wednesday.

Please note: The service center provides sales of used uniforms and uniform-related items only to officers who can personally come to the shop—**items are not sold by phone and cannot be mailed to officers.** □

Commissioned Corps Readiness Force

Threat Level: Orange

On February 7, the Department of Homeland Security elevated the threat level from Yellow to Orange due to a variety of factors measured by the Department of Homeland Security and the White House. As a result, a number of readiness measures were put in motion by the Department of Health and Human Services (HHS).

Included among those activities was the training and deployment of medical responders in and near Washington, DC. The Public Health Service-1 Disaster Medical Assistance Team (PHS-1 DMAT) was asked to deploy the equivalent of two DMATs with only about 14 hours notice. To support them, Commissioned Corps Readiness Force (CCRF) nurses and a pharmacist deployed early on the morning of February 8 as part of the response. The 69 team members received intensive training in chemical, biological, nuclear, and radiological response as well as personal protective equipment. All officers were fit-tested with PAPR-type respirators (Powered Air Purifying Respirators) by the Anne Arundel Fire Department (Anne Arundel County, Maryland), and placed in a readiness position.

For their willingness to stand up for the rest of us, we owe them our gratitude. Hopefully, they will not be required to use the training they have received as well as wait out this latest threat. Other personnel were deployed as liaisons to the Secretary's Command Center at HHS.

Space Shuttle Crash

On February 1, another disaster took place that is the kind of event which all of us will remember for the rest of our lives. Like the assassination of President John F. Kennedy, the terrorist attacks on September 11, 2001, and the *Challenger* disaster, this day will be one which—25 years from now—we will remember where we were and what we were doing when we heard that the *Columbia* had gone down.

Although this mission was primarily one for the employees of the National Aeronautics and Space Administration, the Federal Bureau of Investigation

(FBI), the Environmental Protection Agency (EPA), and the people of Texas and Louisiana, PHS Commissioned Corps officers were there. The Regional Emergency Coordinators in PHS Region VI coordinated the Disaster Mortuary Operational Response Team support for the FBI, and commissioned corps officers from EPA and the Agency for Toxic Substances and Disease Registry were also part of the mission. The mission was to ensure the safety of the citizens of Texas and Louisiana, to recover the remains of the seven souls who perished—with all the dignity and honor they deserve, and to investigate the cause of the accident so that it cannot happen again.

State of the Union Address

CCRF participated in the 2003 State of the Union Address to the Joint Session of Congress. Because of the heightened security concerns surrounding this event, the U.S. Capitol Police requested the pre-positioning of health and medical resources to support local responders in case of a medical emergency. The CCRF mission was again to augment the PHS-1 DMAT while other CCRF members staffed the Emergency Operations Center at the Office of Emergency Response and the Management Support Team at HHS.

Newcastle Disease

In February, CCRF nurses were deployed to Los Alamitos, California, and North Las Vegas, Nevada, to provide medical care to U.S. Department of Agriculture (USDA) field workers. In November 2002, an outbreak of Exotic Newcastle Disease was reported in southern California in backyard poultry flocks. Over the ensuing weeks, the outbreak spread to more than 1,000 backyard flocks and five commercial poultry operations in six California counties as well as southern Nevada and northwestern Arizona.

On January 22, the USDA requested that the National Disaster Medical System (NDMS) provide medical support for their personnel in three separate locations. The NDMS requested support from

the CCRF and our nurses and physicians were ready to respond.

Basic Life Support Courses

In January 2002, 12 CCRF officers completed Basic Life Support (BLS) courses at the CCRF Headquarters in Rockville. If you are an American Heart Association BLS instructor and would like to assist CCRF in providing BLS training, please contact us by e-mail at—ccrf@osophs.dhhs.gov—with a subject heading of BLS Instructor.

CCRF: The First 10 Years

CCRF will be 10 years old in 2004. CCRF is in the process of recording its history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail CDR Martinelli (to receive the submission form) at—amartinelli@osophs.dhhs.gov.

CCRF Training

CCRF Training for 2003 includes the following:

- *Forensic Dental Identification and Emerging Technologies Course*, March 3-7
- *Radiation "Truth and Consequences"—A Course for Clinicians and Scientists*, April 14-18
- *CCRF Field Basic Course*, May 19-23, June 2-6, August 4-8, and September 15-19

For more information, visit the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

Changes in CCRF Deployment Requirements

REMINDER: Starting January 1, 2003, the current CCRF membership

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Commissioned Corps Readiness Force

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system ('candidate', 'roster qualified', and 'fully qualified') was to be reduced to only two levels—'candidate' and 'fully qualified.' If implemented, an officer would have had to complete every CCRF requirement including all Web-based modules in order to deploy.

On October 28, 2002, the Surgeon General approved and signed a waiver extension of 6 months to allow the existing three levels of membership to continue until June 30, 2003. The Surgeon General granted this waiver to allow additional time to further refine the CCRF program requirements and for officers to complete the existing requirements.

To our members who worked diligently to satisfy the CCRF program requirements before the end of December 2002, your work has not been in vain. These qualifications were and will continue to be the requirements for the Field Medical Readiness Badge.



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<http://conference.coausphs.org>
1-866-544-9677

Sponsored by the Commissioned Officers Association. Indian Health Service Clinical Support Center, accredited sponsor.

Air Transportation to the 2003 Public Health Professional Conference

The Health Services Professional Advisory Committee (PAC) and the Scientist PAC are requesting responses to this article to determine the level of interest of officers for military air transportation to the Public Health Professional Conference to be held in Phoenix, Arizona, from June 15-20, 2003. As in the past, if a flight can be arranged, officers will be able to travel at no cost to themselves or their agencies. However, the level of interest must be sufficient before a request will be considered. If a sufficient number of officers express an interest, transportation will be requested from Andrews Air Force Base in Maryland to Phoenix. There is the possibility of a stop en route if there is enough participation to warrant it.

If you are considering attending the Phoenix meeting and are interested in this offer, please call or e-mail one of the officers listed below and leave the following information: name, rank, social security number, office telephone number, location, and e-mail address. Once signed-up, you will be kept informed of the flight status.

Priority for seats will be on a first-come, first-served basis. Officers should understand that accepting this transportation entails the following obligations: (1) you must have a valid Uniformed Service identification card and the rank on your card must match the rank on your

uniform; (2) you must fly in uniform; (3) there may be limitations on the amount and type of luggage transported; (4) there are items which may not be transported, e.g., alcohol, firearms, or ammunition; and (5) dependents may not take this flight unless they are eligible in their own right based upon service in the Uniformed Services.

Remember that this solicitation is being used only to determine the level of interest. It is not a guarantee of transportation.

LCDR Nelson Adekoya
Phone: 770-488-8406
E-mail: nba7@cdc.gov

LCDR Marinna Banks-Shields
Phone: 301-443-3933
E-mail: mbanks@hrsa.gov

LCDR Artensie Flowers
Phone: 703-605-1212
E-mail: flowers.artensie@epa.gov

CAPT Linda Morris Brown
Phone: 301-594-7157
E-mail: brownl@mail.nih.gov

CAPT Ray Clark
Phone: 202-564-9198
E-mail: clark.ray@epa.gov

CAPT Mark Paris
Phone: 703-681-0064
E-mail: mark.paris@tma.osd.mil

Regional Science Fair Judges Needed

The District of Columbia Branch of the Commissioned Officers Association (COA) needs commissioned officers from all categories to serve as judges and award presenters at approximately 14 regional high school science fairs to be held in March and April in Maryland, Virginia, and Washington, DC. This program involves judging and presenting the 'Best of Category - Medicine and Health Award' to the best project(s) at each science fair.

The students are honored by the recognition, and the officer judges are rewarded by the refreshing and enthusiastic interaction with students and the experience of judging such high-quality

and innovative projects. The presentation of awards and the interaction with students and parents results in positive visibility for the COA and the Public Health Service Commissioned Corps.

If you are interested in participating this year as a judge or awards presenter in the Washington, DC Metropolitan Area, please contact:

CDR Thomas Hendricks
Phone: 301-827-8553
E-mail: thendric@cvm.fda.gov

LT Jacqueline Rodrigue
Phone: 301-443-0818
E-mail: Jrodrigue@hrsa.gov

Call for Nominations for the Nursing PAC 2003 Minnigerode Awards for Nursing Excellence

The Nursing Professional Advisory Committee (N-PAC) is seeking nominations for the sixth annual Minnigerode Awards for Nursing Excellence (MANE). These awards recognize and honor contributions by nurses of an outstanding and sustained nature, which have had a substantial impact on the mission of the Public Health Service (PHS).

Awards will be presented for nursing excellence in the following five categories:

- The McLaughlin Award for Clinical Services;
- The Hanzel Award for Administrative Activities;
- The Hasselmeyer Award for Research Initiatives;
- The Petry-Leone Award for Health Promotion and Education; and

- The Gregg Group Award for Teamwork.

Eligibility

Any commissioned corps or civil service Department of Health and Human Services nurse—Licensed Practical Nurse, Licensed Vocational Nurse, Registered Nurse, or Advanced Practice Nurse—may be nominated for a MANE Award.

Submissions must be received by **March 15, 2003**. Award criteria and nomination format may be obtained by contacting:

CDR Katherine Berkhausen
E-mail: Berkhausen@cber.fda.gov
Phone: 301-827-3070 or
301-827-6003



Important Change in U.S. Savings Bond Regulations— Minimum Holding Period is Now 12 Months

Effective February 2003, the minimum holding period has been increased from 6 months to 12 months for newly issued Series EE and Series I U.S. Savings Bonds.

This means Series EE and Series I savings bonds with February 2003 and later issue dates cannot be redeemed until they are at least 12 months old. This also means that until they are 12 months old, Series EE bonds with February 2003 and later issue dates cannot be exchanged for Series HH savings bonds.

Accurate and up-to-date information is available at—www.savingsbonds.gov.

Reflections on the Basic Officer Training Course

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

I want to share my experience on the 5-day Basic Officer Training Course (BOTC) I recently had the privilege to attend in Rockville, MD, December 16 - 20, 2002. I felt especially fortunate to have gotten into the class when I learned that it was full within only 48 hours of being announced on the Division of Commissioned Personnel's Web site. Among my class of 28, there were officers ranking from Ensign to Lieutenant Commander who were employed in 10 of the 11 professional categories, and came from as far away as Alaska to as near as the 17th floor of the Parklawn Building where the training was held ('Camp Parklawn' according to one of the instructors).

The five class instructors, CAPT Behan, CDR Taylor, CDR Timmons, CDR Wiseman, and LTJG Oyster were enthusiastic, supportive, and encouraging from start to finish. Coming in early and working late, these instructors educated us about the history of the Public Health Service (PHS) Commissioned Corps from its origin in 1798, how to properly wear the uniform, common Uniformed Service customs and courtesies, as well as the day-to-day procedures and benefits of the Corps. A hefty reference binder was given to each of us along with a hardback book

detailing the history of the PHS through the 1980s. Each morning we practiced our salutes to the tune of the National Anthem, and as the week drew on, a definite sense of esprit de corps developed as we learned the words and tune to the PHS March and constructively criticized one another's wearing of the uniform in preparation for Friday's closing ceremony.

Numerous Admirals 'popped in' during the 5-day training with motivating, heartfelt, and funny stories to tell us. These impromptu visits gave us the opportunity to practice the courtesies we were being taught. These senior officers reiterated time and again that 'we' are the future of the Corps, that it is 'our' Corps now, and the Corps will be what 'we make of it.' Each described how we as officers in the PHS will lead in tomorrow's healthcare arena. All were approachable and inviting to our questions. VADM Richard Carmona, Surgeon General, scheduled to only spend 5 minutes with us due to a flight out of town, spent more than 30 minutes discussing how he plans to transform the Corps, answering questions from the class, and standing for pictures prior to his departure.

Attired in Service Dress Blues on Friday, we took our seats for the closing cer-

emony with a greater sense of pride, a keener focus on the purpose of our work, and a feeling of cohesion as members of the overall PHS team. RADM Kenneth Moritsugu, Deputy Surgeon General, presented the keynote address reminding us that in addition to remembrance of September 11, 2001, we needed to remember October 15, 2001—the day the intern opened the anthrax-tainted letter in Senator Daschle's office. RADM Moritsugu pointed out that it was October 15 that refocused the PHS mission anew.

After all speeches were concluded, certificates of completion were presented to each of us. We then lingered for photos and last discussions before final handshakes were exchanged along with requests to keep in touch. I believe we each went away that afternoon with a little more respect for others instilled from a desire to live up to a higher standard as PHS officers. I went away humming the tune of our PHS March and feeling a little taller, a little stronger, after renewing the Oath of Office a few days earlier, which, along with the exceptional training I had just received, renewed by desire to carry out the mission entrusted of me to the very best of my ability.

Call for Nominations for Scientist PAC Membership

The Scientist Professional Advisory Committee (SciPAC) is seeking motivated commissioned corps and civil service scientists who are interested in serving as members on this committee. The SciPAC provides advice and consultation to the Office of the Surgeon General and to the Scientist Chief Professional Officer on professional and personnel issues. Members represent a cross-section of the disciplines, interests, concerns, and responsibilities of scientific professionals in Agencies, Operating Divisions (OPDIVs), and Programs that are staffed by Public Health Service personnel.

Each year nominations are sought to fill vacancies. The SciPAC meets every other month with teleconference links, so travel is not required for membership. The term of appointment is 3 years and SciPAC members are expected to actively participate in at least one subcommittee during their term of service. Exciting opportunities await in the Mentoring, Emergency Preparedness, Recruitment

and Retention, Visibility, Rules, Career Development, and Awards Subcommittees. More information about the SciPAC and membership responsibilities may be found in the *Scientist Handbook*, which is available on the category Web site—<http://usphs-scientist.org/handbook/Hbook-versions.htm>.

Commissioned corps and civil service scientists who are interested in serving are encouraged to self-nominate. Interested individuals should submit a current curriculum vitae, a one-page cover letter describing their interest, and a memorandum or letter of endorsement from their immediate supervisor. This information is due by **April 11, 2003** to the address below. Submissions by e-mail will also be accepted.

CDR Joseph L. Despina
 Food and Drug Administration
 920 King Street, Suite 409
 Wilmington, DE 19801-3337
 E-mail: jdespina@ora.fda.gov

Retirements – February

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

William E. Carter, Jr. ATSDR

COMMANDER

William J. Marx, Jr. IHS

DENTAL

CAPTAIN

Barbara B. Beach IHS

Karl A. Meyer II BOP

Daniel L. Speth IHS

Russell C. Williams, Jr. IHS

NURSE

CAPTAIN

Charles S. Culver IHS

Roman L. Kupczynski IHS

Marcia J. Withiam-Wilson USMS

COMMANDER

Suzanne M. Portello IHS

LIEUTENANT COMMANDER

Pauline H. Okhuysen IHS

ENGINEER

CAPTAIN

William B. Kuykendal EPA

SCIENTIST

CAPTAIN

Kenneth Krell FDA

Harvey P. Stein NIH

ENVIRONMENTAL HEALTH

CAPTAIN

Mark H. Mattson IHS

VETERINARY

CAPTAIN

Donald L. Campbell FDA

PHARMACY

CAPTAIN

Richard S. Lipov SAMHSA

Michael R. Weaver IHS

COMMANDER

George B. Carpenter IHS

THERAPY

CAPTAIN

Beverly J. Bell CMS

HEALTH SERVICES

CAPTAIN

Edward C. Farley NIH

Dorothea Musgrave CMS

CDR Celia R. Hayes Honored as 2003 PHS Dietitian of the Year

CDR Celia R. Hayes, Senior Management Program Officer with the HIV/AIDS Bureau, Health Resources and Services Administration, was selected as the 2003 Public Health Service (PHS) Dietitian of the Year. CDR Hayes was recognized for her outstanding contributions to the field of HIV/AIDS nutrition and her dedication, initiative, and leadership in improving the health and nutrition status of persons living with HIV/AIDS.

CDR Hayes brought cutting-edge nutrition information to the forefront in order to develop/improve the delivery of HIV/AIDS nutrition-related services and care. She took the initiative and organized prominent HIV nutrition researchers, physicians, dietitians, and nutritionists to develop a 10-chapter supplement on HIV and nutrition titled "Integrating Nutrition Therapy in HIV Medical Management." This supplement provides current knowledge on the topic of HIV/AIDS nutrition and is the first of its kind since

1992. It is currently in press for the medical journal "Clinical Infectious Diseases."

CDR Hayes authored a book chapter titled "HIV Nutrition" for the textbook "Bright Futures in Practice: Nutrition," and she played a leading role in updating the nutrition manual, "Health Care and HIV: Nutritional Guide for Providers and Clients," by organizing a meeting of over 60 professionals working in HIV/AIDS to develop these guidelines. This manual is distributed to more than 5,000 HIV/AIDS Bureau grantees.

CDR Hayes has recently completed a 6-year rotation as one of the most energetic members of the Dietitian/Nutrition Professional Advisory Committee (D/N PAC) where she served as chair of the mentorship committee and represented the D/N PAC on the Scientific Planning Committee of the Commissioned Officers Association's Professional Meeting.

Physicians PAC Call for Nominations for Awards

The Physicians Professional Advisory Committee is seeking nominations for three physician awards: *Clinical Physician of the Year*; *Physician Researcher of the Year*; and *Physician Executive of the Year*. See page 8 of the December 2002 issue of the *Commissioned Corps Bulletin* for further information. Nominations are due **March 14, 2003**.

Recent Deaths

NOTE: To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

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

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
<i>CAPTAIN</i>	
Kirk K. Barnes	12/30/02
Arnold W. Pratt	01/04/03
Roy P. Sandidge, Jr.	01/04/03
Bruce K. Schrier	01/04/03
NURSE	
<i>CAPTAIN</i>	
Catherine E. Twomey	01/21/03
<i>COMMANDER</i>	
Catherine Bastress	11/21/02
ENVIRONMENT HEALTH	
<i>CAPTAIN</i>	
Richard G. Jobe	01/24/03

Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
DENTAL		ENVIRONMENTAL HEALTH	
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT J.G.</i>	
John D. Etter	IHS	Jonathan L. Blonk	ATSDR
Fairbanks, AK		New York, NY	
NURSE		Christopher K. Vantwuyver	FDA
<i>COMMANDER</i>		Stoneham, MA	
Michelle E. Dossett	CMS	PHARMACY	
Baltimore, MD		<i>LIEUTENANT</i>	
<i>LIEUTENANT COMMANDER</i>		Chung-Ah Cho	IHS
Robin A. Bassett	IHS	Salem, OR	
Anchorage, AK		HEALTH SERVICES	
Maryann E. Robinson	CMS	<i>LIEUTENANT</i>	
Baltimore, MD		Valerie R. Jimenez	FDA
<i>LIEUTENANT</i>		Rockville, MD	
Kevin D. Elker	BOP	Altino C. McKelvey	FDA
Rochester, MN		San Pedro, CA	
Betsy S. Martin	NIH	<i>LIEUTENANT J.G.</i>	
Bethesda, MD		Peter O. Awofodu	HRSA
Cynthia J. Nielsen-McArdle	NIH	El Paso, TX	
Bethesda, MD		Karla H. Bowens	BOP
Phillip W. Raines	USMS	Butner, NC	
Alexandria, LA		Lorraine Dixon	FDA
SCIENTIST		San Jose, CA	
<i>LIEUTENANT COMMANDER</i>		Ross A. Obenauer	HRSA
John M. Golden	HRSA	San Pedro, CA	
Los Fresnos, TX		Paul D. O'Connell, Jr.	BOP
Stacey A. Williams	DoD	Philadelphia, PA	
Washington, DC			<input type="checkbox"/>
<i>LIEUTENANT</i>			
Tracy C. MacGill	FDA		
Rockville, MD			

DEPARTMENT OF HEALTH & HUMAN SERVICES

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 Division of Commissioned Personnel, Room 4-04
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