



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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March 2004

Surgeon General's Column

"Secret revolt is seething in the U.S. Public Health Service."

That was the first sentence of an article in the July 30, 1956, issue of *Newsweek* magazine. The article continued:

Since June 1955, the service has lost 240 doctors through resignations. Of the young interns who joined the USPHS to discharge their draft obligations, only 20 percent have decided to stay with it.

"Recruiting," one official confessed last week, "has gone haywire." Following the resignation in late June of Surgeon General Leonard A. Scheele, word leaked out that the 158-year-old service, bulwark of American medicine, is in real trouble.

Discontent is most serious among the 1,200 regular officers of the USPHS Commissioned Corps, heart of the service. This fiercely proud and close-knit group of medical careerists was particularly loyal to Surgeon General Thomas Parran (1936-1948), probably the service's most illustrious chief. To a man, the Commissioned Corps resented the firing of Parran in 1948 by Oscar Ewing, President Truman's Federal Security Administrator. Ewing then named Leonard Scheele as Surgeon General.

SECRET SURVEY: The corps also was angered when Secretary Oveta Culp Hobby stated during the polio vaccine crisis of last year that "no one could have foreseen the public demand." Some of the members contemplated privately that they had known a full year before the vaccine came out that the demand would be high; they had asked for more funds to prepare for the expanded USPHS checking job. Mrs. Hobby turned them down.

Last summer, the Commissioned Officers Association made a private survey of its members on "What is wrong with the USPHS?" Some 946 officers agreed, in unsigned statements, that USPHS had reached a critical point in its long history. Replies indicated that corps members were deeply disturbed by their status. Although often associated with the military, their benefits and privileges fell far short of those given to the armed forces. The corps wanted the President to put them back on military status with its veteran's benefits. The careerists also wanted a retirement equal to that of members of the military, who may resign after twenty years with a pension. The service, they agreed, had stagnated at the top.

At present, corps members feel that the service lacks dynamic leadership and is in danger of "drifting into the backwaters of medicine." They have particularly urged that USPHS return to its bold crusading spirit of the past, showing strong leadership instead of waiting for others to point the way.

BETTER TIMES: Congress, by latest expectations, will include the regular members of the USPHS Commissioned Corps in an armed forces bill for new and better benefits to families in cases when an officer dies. USPHS is making plans to improve the retirement system and to provide more top jobs for commissioned officers.

Fellow officers, this article is illustrative of the fact that the U.S. Public Health Service has struggled for decades with issues that impacted us professionally and personally. We have, through the years, continued our outstanding service in the public trust and yet struggled to achieve the

necessary stability, collectively, to best serve the people of this Nation. As Secretary Thompson said last summer when he announced the transformation of the U.S. Public Health Service: "We have been working on this for a long time."

Since the inception of the USPHS, we have been threatened by this lack of stability that has limited our ability to fulfill our special mission as the Uniformed Service responsible for public health. Now, with our leader Secretary Thompson, we can change that.

Secretary Thompson's message to us is that if we are going to be one of the seven Uniformed Services of the United States, we should talk the talk *and* walk the walk. At no other time in history has the USPHS been more required for our Nation's health, safety, and welfare. We are ready, willing, and prepared to meet the public health needs of our country and our allies.

As we make this commitment, we expect and hope that elected and appointed leadership will support us in our efforts.

Your predecessors, the men and women's shoulders on which you stand as a USPHS officer, went through many of the same

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Surgeon General's Column

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struggles that you are now experiencing. Now is the time to end the struggle. Now is the time to make this a united, uniformed, health professional service.

We have worked with conviction and strength to ensure that public health in the United States achieves parity with other defenses that are necessary to the well being of the American people. It is taken for granted that clean water, safe medications, necessary sanitation, and all other public health services will always be there to provide us the quality of life that we enjoy. The public health service infrastructure is only noticed when there's a threat, when there's a challenge to the system. That is why we must increase the overall understanding of what the Public Health Service truly accomplishes.

This is a dynamic process. As times change, and the public health needs of the United States and the world change, we will have to adapt to meet those new challenges—just as our colleagues in the other Uniformed Services have to adapt and respond to the ever-changing threats and challenges that are placed upon them.

Secretary Thompson is responding through the transformation. As he said when he announced the transformation: "We are going to streamline the commissioned corps while increasing its size and

scope in order to meet the demands of public health and primary care and the challenges of bioterrorism."

He explained, "This will be the biggest and most sweeping transformation in the history of the Corps and will bring it into parity with its sister Uniformed Services. And I know that Dr. Carmona and the dedicated officers of the Corps will make it the most successful transformation as well."

Secretary Thompson was correct when he said we were taking the first step on July 3, 2003, in a transformation that would test our resolve and our ability to act upon the President's agenda. I am proud that you have accepted the Secretary's challenge, and I am proud to continue serving with you to execute this transformation that will improve our readiness, our capacity, and our strength to meet the public health needs of our great Nation. Thank you, and keep up the good work.

VADM Richard H. Carmona
Surgeon General

NOTE: Sections of the article "Unhealthy Sequence" reprinted from Newsweek magazine, July 30, 1956. A special thank you to CAPT Sven Rodenbeck, who found this article and brought it to our attention. □

DIVISION OF COMMISSIONED PERSONNEL (DCP)

WEB SITE ADDRESS

http://dcp.psc.gov

PUBLIC HEALTH SERVICE COMMISSIONED CORPS

WEB SITE ADDRESS

http://www.usphs.gov

DCP TOLL-FREE PHONE NUMBER

1-877-INFO DCP

Follow the voice prompts to direct your call correctly. Listen to the prompts, select option #1, and dial the **10 digits** of the phone number—

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- *Compensation Branch*
301-594-2963
- *Recruitment and
Assignment Branch*
301-594-3360
(or toll-free 1-800-279-1605)
- *Medical Affairs Branch*
301-594-6339
(or toll-free 1-800-368-2777)
- *DCP Help Desk*
301-594-0961

The National Park Service's Public Health Program and the PHS Commissioned Corps

*Submitted by CAPT Charles L. Higgins, U.S. Public Health Service Director,
Office of Public Health, National Park Service*

Proudly Serving in a Park-Like Setting

Although the annual visitation to the almost 400 national park sites exceeds the population of the United States, the vast majority of these visitors are blissfully unaware of all of the infrastructure, drinking water, wastewater, and other public health issues that come with their vacation. That's because for almost 100 years, officers of the U.S. Public Health Service (PHS) have been actively assisting the National Park Service (NPS) to protect the visitors to our Nation's parks.

In one of the oldest and best examples of the value of the commissioned officers

of the PHS, this partnership reaches back in time and out in all directions. Highly valued and respected by NPS employees everywhere, PHS officers are known within NPS as dedicated and enthusiastic problem solvers who not only serve to protect visitors, but do so in ways that also assist the NPS to further its mission of preserving special places for future generations.

The Relationship Between the NPS and PHS

The earliest record of a formal agreement between the NPS and PHS dates back to 1921. One document, recently discovered, indicates that this relation-

ship may be older than thought. Hiding in a long forgotten file was a copy of a handwritten journal by a PHS officer traveling to Yellowstone in 1918 to conduct a survey of drinking water sources in the world's first national park (established in 1872!).

For many years, PHS officers were detailed to the NPS through the Centers for Disease Control and Prevention (CDC). In March of 2000, a new era began when the NPS entered into an Interagency Agreement (IAA) directly with the PHS. This resulted in significant cost savings to the NPS and the

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The National Park Service's Public Health Program and the PHS Commissioned Corps

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elevation of the Public Health Program (PHP) of the NPS to the highest level. This current arrangement allows for direct representation of the PHP in the Office of the Surgeon General (OSG) through the establishment of a NPS-PHP liaison to the OSG.

The PHP Role in NPS Activities

Commissioned officers assigned to the NPS as Regional Public Health Consultants work to understand how the environment, infrastructure, and activities of each park might enable the transmission of disease. Because these officers have no regulatory authority within the NPS, they must use all of the public health tools available to them. Fortunately, having gained a reputation within NPS for sound science and sound advice, this group has become very adept at finding ways to assist park managers in gaining control of key public health issues.

Water Systems: The NPS owns and operates more than 1,200 water systems. Officers assist the NPS in plan review as well as operation and maintenance reviews of these systems. In addition to periodic hazard evaluations, program personnel provide technical and compliance assistance to parks and often act as a liaison between the NPS and outside regulatory agencies.

Practicing public health within the NPS system is anything but routine. With many unique situations, understanding how to translate science into application to solve problems not found in any textbook, is the hallmark of this group. A good example is the drinking water supply at Grand Canyon National Park. Since most of the development is on the South Rim of the canyon, and most of the water is found on the North Rim, a cave in a side canyon of the North Rim supplies all of the drinking water. Of course, it has to be pumped 18 miles across the canyon and 5,000 vertical feet up the other side in order to get it where it is needed.

Wastewater Systems: The NPS operates a wide variety of wastewater facilities from pit privies to advanced wastewater treatment plants. With over 1,400 systems, every variation in every climate and geographic situation imaginable is encountered.

Food: With 1,000 facilities nationwide, park service food concessions, which operate only under contract to the NPS, vary from full four-star restaurants, to hot dog stands, and even grocery stores. And then there are the temporary or 'special' events. Classic locations for celebrations and outdoor events of all kinds, our parks serve up a heap of foods during many a summer festival. One of the busiest of these is the National Mall in Washington, DC, administered by the NPS. Several miles in length, outdoor events occur all year long, but nothing tops the schedule of the Public Health Consultant assigned to this melee when summer rolls around.

Vector Control: The NPS is committed to integrated pest management (IPM) and preserving the natural environment. Pesticides are used only when public health is at risk so as not to interfere with the natural order of things.

As an example, mosquito control is only instituted when it can be shown that there is a demonstrated risk in the area from mosquito-borne disease such as encephalitis or West Nile Virus. In the NPS, focus is on preservation of place, and vectors are a part of the natural environment. Officers assigned to the NPS become masters of innovation, working together with other NPS units, these officers must see to both the public's health and to the NPS mission, a worthy, interesting, and challenging endeavor.

In addition to these 'core' areas, officers assist with a myriad of other public health issues including recreational waters (remember all of those National Recreation Areas?), swimming pools, hot springs, backcountry operations, Job Corps sites, and many more.

Outbreak Investigation: PHP professionals may be called upon to conduct investigations of any disease outbreaks that occur in the national parks. Over the past several years, PHS officers working with local and State health departments, as well as CDC, have been involved in several outbreaks involving food, water, and person-to-person transmission. From Norovirus to brain-eating amoeba, they

can run (swim, crawl, ooze, and flow) but they can't hide for too long from these dedicated and experienced officers.

Training: Always an important part of prevention, PHP professionals frequently conduct training for park personnel and/or concessionaires regarding public health activities. This may include unit-specific training, workshops, conferences, and special meetings.

Emergency Response/All-Risk Team Augmentation: PHP professionals may be asked by their respective regions to participate on Emergency Response/All-Risk Teams. These teams are activated whenever a significant adverse event, either natural or man-made, such as a fire, flood, or unintentional chemical release, impacts park resources. PHP professionals' expertise may be required in support of such activities.

Specific Assignments: Almost two thirds of the NPS/PHS assignments are to a specific park, program, or project. Building a drinking water system, assessing new land acquisitions for hazardous waste issues, practicing industrial hygiene in the Risk Management Program, and evaluating concessions for their environmental protection efforts are examples of some of the PHS assignments.

In partnership for nearly 100 years, the National Park Service and the U.S. Public Health Service Commissioned Corps, have worked, and continue to work together to protect the health of visitors to all of our national parks!

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2004 National Public Health Week

'Eliminating Health Disparities—Communities Moving from Statistics to Solutions' is the theme of National Public Health Week, which will be celebrated April 5-11, 2004.

For more information, visit the American Public Health Association's Web site at <http://www.apha.org>.

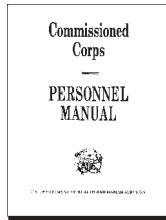
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Commissioned Corps Personnel Manual

NEW ISSUANCE

Manual Circular PHS No. 376, dated February 3, 2004

Subject: Amendment to Subchapter CC23.4, INSTRUCTION 2, "Temporary Grade Promotions."



Manual Circular No. 376 amends Subchapter CC23.4, INSTRUCTION 2, so that officers who were examined for temporary grade promotions by an Annual Temporary Promotion Board (ATPB) in promotion year (PY) 2003, but were not successful, are eligible to compete for temporary grade promotions starting in FY 2004, irrespective of the Time-in-Service/Time-in-Grade provisions listed in Section D of Subchapter CC23.4, INSTRUCTION 2.

Manual Circular 376 on DCP Web Site

This entire Manual Circular can be accessed on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Publications,' 'Commissioned Corps Personnel Manual.'



Reminder

Call for Award Nominations

Physicians PAC 2004 Awards

The Physicians Professional Advisory Committee (PPAC) is seeking nominations for three physician awards: *Clinical Physician of the Year*; *Physician Researcher of the Year*; and *Physician Executive of the Year*.

Please see page 17 of the January 2004 issue of the *Commissioned Corps Bulletin* for further information—<http://dcp.psc.gov/CCBul.asp>. Nominations are due **March 12, 2004**.

Health Services PAC 2004 Kissel and Garcia Awards

The Health Services Professional Advisory Committee (HS-PAC) is seeking nominations for the *Stanley J. Kissel Award for Outstanding Health Services Professional of the Year* and the *Joseph Garcia Jr. Award for Outstanding Junior Health Services Professional of the Year*.

Please see page 5 of the January 2004 issue of the *Commissioned Corps Bulletin* for further information—<http://dcp.psc.gov/CCBul.asp>. Nominations are due **March 31, 2004**.



Invitation to Join the Public Health Service Club in Bethesda, Maryland

Come join the Public Health Service (PHS) Club and visit with *active-duty and retired* colleagues. For many years, the PHS Club has provided its members with an opportunity to participate in and enjoy many interesting social and educational functions.

The PHS Club meets in the facility that once served as the full-time PHS Commissioned Officers Club (from 1960-1975) at 9101 Old Georgetown Road, Bethesda, MD. In 1975, this facility was sold to the Foundation for Advanced Education Social and Academic Center, but the PHS Club continues to hold its monthly luncheon there *every fourth Sunday of the month at 12 noon*.

We hope that you will be interested in becoming a member, and we invite your spouse to join also. Further information about membership can be obtained by contacting:

CAPT Barbara Rolling, USPHS (Ret.)
President, PHS Club, Inc.
7039 Leebrad Street
Springfield, VA 22151
Phone: 703-916-0279



Commissioned Corps Awards Board

Interagency Team Honored for Making Recreational Boating Safer by Reducing the Risk of Carbon Monoxide Poisoning

Members of the Recreational Boating Carbon Monoxide Poisoning Response Team (Team) were honored with the Public Health Service (PHS) Outstanding Unit Citation for their outstanding achievements in the prevention of life-threatening carbon monoxide exposures on and around recreational watercraft. Between September 2000 and May 2002, the Team did exceptional work to identify, characterize, and control boat-related exposure hazards.

In 2000, on Lake Powell in Arizona, two brothers died within minutes after entering the swim platform of their houseboat, where the exhaust of the boat's operating

generator was directed. In response to this tragic event, an interagency team was assembled to investigate the deaths, evaluate other potentially related carbon monoxide (CO) boating incidents, and develop engineering controls for the prevention of future CO poisonings. The team consisted of representatives from the National Institute for Occupational Safety and Health (NIOSH), the Department of the Interior, the National Park Service (NPS), the U.S. Coast Guard, the NPS concessionaire at Glen Canyon National Recreation Area, and Utah Parks and Recreation. The team included the following nine U.S. Public Health Service Commissioned Corps officers from the Centers for Disease Control and Prevention (CDC): CAPT Alan S. Echt; CAPT Jane B. McCammon; CAPT Ronald L. Mickelsen; CDR Leo M. Blade; CDR Gary S. Earnest;

CDR Eric J. Esswein; LT Bryan R. Beamer; LT Ronald M. Hall; and LT Robert E. McCleery.

The intense press coverage of the Lake Powell incident helped to encourage the reporting of similar poisonings on waterways across the United States. The Team identified more than 300 boat-related CO poisonings that took place between 1990 and 2000. Sixty percent of the identified poisonings occurred on houseboats, and 32 persons died in the 37 percent of the poisonings that occurred outdoors. Most of the CO poisonings were caused by gasoline-powered engines or by generators that provided electrical power.

The Team collected epidemiological CO exposure data which showed three severely hazardous situations. The open

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RADM Lireka Joseph Honored at Promotion Ceremony

Food and Drug Administration (FDA) Commissioner, Dr. Mark McClellan, hosted a ceremony on February 13, to recognize the recent promotion of Dr. Lireka "Lee" Joseph to Rear Admiral. RADM Joseph is the Director, Office of Health and Industry Programs (OHIP), in the FDA's Center for Devices and Radiological Health (CDRH).

Although her promotion was effective on November 1, 2003, Lee went through the traditional Public Health Service (PHS) Commissioned Corps swearing-in and pinning ceremony before a large group in the Commissioner's office. In attendance were her family, many friends, and co-workers. Acting Assistant Secretary for Health, RADM Cristina Beato, administered the Oath of Office. In his remarks, Dr. McClellan described Lee's outstanding career and many accomplishments while at FDA. Remarks were also provided by Secretary Tommy Thompson (by speaker phone); RADM Marlene Haffner; Deputy Surgeon General Kenneth Moritsugu; RADM John Villforth, USPHS (Ret.); Dr. David Feigal, CDRH Director; and Ms. Lynne Rice, Deputy Director, OHIP. On the day before, in a private ceremony, Surgeon General Richard H. Carmona presented RADM Joseph with the Surgeon General's Medallion for "an outstanding career marked by exceptionally dedicated support of the Office of the Surgeon General."

After being pinned with her new rank, Lee made the following remarks to those in attendance: "I believe that in everybody's lifetime, you get coaches and mentors and guides to help you see the path you're on and even some horizons that you should shoot for. I've been blessed to have many of those, not only colleagues, but friends and family. You always learn from the youngest—that's the horizon. So I've been very fortunate. And it has sort of helped me to keep my bearing and to try to accomplish what we are here to do with our missions. But at the same time, I think the people who work here, work here for special reasons. And that's to accomplish the mission and give to the Public Health Service and public health. And it amazes me, just amazes me, day after day, what just a small group of people can accomplish with that in their hearts. So, on behalf of that, I say that you should continue to do what you do, and do it well, and if you get dispirited, look for those cultures and those guides and those mentors and they will set you on the right path and re-energize you again. So having said that, I wish you would go out and do great things."

EDITOR'S NOTE: RADM Lee Joseph died on February 17 at the National Naval Medical Center of breast cancer. In addition to her responsibilities in CDRH, since October 1, 2000, she served as the



RADM Lireka Joseph and Dr. Mark McClellan

Chief Professional Officer for the Scientist Category of PHS officers. RADM Joseph received her B.S., M.P.H. and Dr. P.H. degrees at the University of Michigan. She was called to active duty in the PHS Corps in 1979, and served as Medical Radiation Specialist in the Office of Training and Assistance in the then Bureau of Radiological Health. She had special interests in dental epidemiology and leadership/management development. RADM Joseph spent most of her PHS career in CDRH. She was loved by all who knew her.

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Commissioned Corps Awards Board

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space under the swim platform was found to have lethal CO concentrations that were 25 times higher than the exposure limit, defined as 'immediately dangerous to life and health.' The area above and around the swim platform were considered potentially hazardous when CO measurements were above 1,200 parts per million (ppm). Boat maintenance activities around houseboats could also expose workers to hazardous concentrations of CO. The Team discovered that the configuration and design of the generator exhaust was the source of the CO problem.

In early February 2001, the Team completed extensive scientifically-based evaluations of two prototype controls for preventing generator-related CO poisonings on houseboats. Both engineering controls

were shown to effectively reduce CO exposures by over 98 percent to safe levels. The Team's results and recommendations were key to persuading the industry to embrace these innovative solutions. The Team reported their findings in the CDC *Morbidity and Mortality Weekly Report*, the *American Industrial Hygiene Association Journal*, and on a Web site established with the Team's help at <http://safetynet.smis.doi.gov/COhouseboats.htm>.

Due to the Team's findings, the U.S. Coast Guard required all houseboats to reroute exhaust away from the space under the platform, the American Board and Yacht Council modified their standards for generator exhaust, and numerous houseboat manufacturers are re-designing their generator exhaust systems

and installing engineering controls. Team members participated in a Congressional hearing on CO poisoning and recreational boating and Congressional legislators wrote bills which cited NIOSH research (McInnis H.R.3303, Shadegg H.R. 3385, and Hayworth H.R. 3377).

The impact of this effort is national in scope. It is estimated that there are 17 million recreational boats in the United States. While it is too early to measure the full effect that boat controls have on CO poisonings, it is estimated that there will be a savings of 10 to 20 lives and dozens of poisonings each year due to implementation of the Team's findings. Therefore, the Team is highly deserving of the Public Health Service Outstanding Unit Citation.

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Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
MEDICAL					
<i>LIEUTENANT COMMANDER</i>					
Puneet K. Dewan	CDC	Brent A. Hamilton	BOP	<i>LIEUTENANT</i>	
San Francisco, CA		Oklahoma City, OK		Mark L. Allanson	BOP
George G. Matewera	HRSA	Robert L. Howell	IHS	Terre Haute, IN	
Dallas, TX		Chinle, AZ		Navneet Dev	IHS
Thang V. Nguyen	BOP	Janet R. Mehring	IHS	Rapid City, SD	
Adelanto, CA		Anchorage, AK		Jane Anne Frymire	IHS
Dennis J. Sullivan	IHS	Deirdre A. Mull	BOP	Clinton, OK	
Odanah, WI		Cumberland, MD		Julie A. Hazel	IHS
Timothy K. Thomas	CDC	Deborah A. O'Neal	BOP	Warm Springs, OR	
Kisumu, Kenya		Butner, NC		Monika A. Houstoun	FDA
DENTAL					
<i>LIEUTENANT COMMANDER</i>					
Julie H. Ball	DHS	Jon D. Wooldridge	IHS	Rockville, MD	
Portsmouth, VA		Polacca, AZ		Thu T. Le	IHS
Phillip A. Wilson	IHS	<i>LIEUTENANT J.G.</i>			
Wewoka, OK		Helen E. Ballantyne	IHS	Rapid City, SD	
<i>LIEUTENANT</i>					
Joseph S. Park	IHS	Santa Fe, NM		Quynh M. Nguyen	FDA
Bloomfield, NM		Christopher C. Egelebo	NIH	Rockville, MD	
NURSE					
<i>LIEUTENANT COMMANDER</i>					
Tamana D. Begay	IHS	Bethesda, MD		Christine A. Oliver	FDA
Taos, NM		Julia K. Knauff	HRSA	Rockville, MD	
Kelly K. Clement-Murphy	IHS	El Paso, TX		Andrew J. Shiber	BOP
Anchorage, AK		Ray A. Tookes, Sr.	BOP	Fort Dix, NJ	
Susan E. Erwin	IHS	Atlanta, GA		Helen M. Teklay	IHS
Anchorage, AK		Kimberly A. Warren	IHS	Eagle Butte, SD	
Sheila M. Siegel	IHS	Anchorage, AK		Tara P. Turner	FDA
Phoenix, AZ		ENGINEER			
John G. Smith	IHS	<i>LIEUTENANT COMMANDER</i>			
Fort Hall, ID		Mary Lena Dahl	IHS	<i>LIEUTENANT J.G.</i>	
<i>LIEUTENANT</i>					
Karen M. Beaman	HRSA	Rhineland, WI		Alice F. Canty	FDA
El Paso, TX		<i>LIEUTENANT</i>			
Kim A. Bellama	HRSA	Stephen T. Fields	OS	Worcester, MA	
San Diego, CA		Washington, DC		DIETETICS	
Scott A. Colburn	FDA	<i>LIEUTENANT J.G.</i>			
Rockville, MD		Richard M. Racine	IHS	<i>LIEUTENANT</i>	
Stacey L. Dawson	HRSA	Fort Hall, ID		Christopher P. Dunbar	IHS
Florence, AZ		Michael D. Termont	IHS	Shipprock, NM	
Paul L. Daskal	BOP	Sioux City, IA		Sherry B. Vanatta	IHS
Fort Worth, TX		SCIENTIST			
Cynthia H. Fredette	BOP	<i>LIEUTENANT COMMANDER</i>			
Butner, NC		Novella C. Williams	BOP	<i>LIEUTENANT J.G.</i>	
Mark R. Glover	BOP	Butner, NC		Catherine G. Mueller	BOP
Butner, NC		ENVIRONMENTAL HEALTH			
Erica L. Graham	HRSA	<i>LIEUTENANT J.G.</i>			
San Diego, CA		Leslie A. Cartmill	FDA	<i>LIEUTENANT</i>	
Tammy L. Gragg	IHS	Maitland, FL		Jill J. Tillman	BOP
Riverside, CA		Matthew R. McNew	FDA	Springfield, MO	
PHARMACY					
<i>LIEUTENANT COMMANDER</i>					
Lisa M. Hubbard	FDA	Lenexa, KS		HEALTH SERVICES	
Rockville, MD		Jill M. Shugart	IHS	<i>LIEUTENANT COMMANDER</i>	
<i>LIEUTENANT</i>					
Kelly D. Brown	HRSA	Polacca, AZ		<i>LIEUTENANT</i>	
Washington, DC		<i>LIEUTENANT J.G.</i>			

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Recent Calls to Active Duty

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Title/Name	Agency/OPDIV/Program	Title/Name	Agency/OPDIV/Program	Title/Name	Agency/OPDIV/Program
Jeffrey A. Coady Atlantic City, NJ	HRSA	Carol I. Simmons Baltimore, MD	HRSA	Peter S. Meyer Hyattsville, MD	CDC
Shwana C. Coleman Rockville, MD	HRSA	LIEUTENANT J.G. Charles J. Brucklier Anadarko, OK	IHS	John E. Murrain San Francisco, CA	CMS
Kellie J. Cosby Rockville, MD	SAMHSA	Brian T. Burt Butner, NC	BOP	Charity M. Nelson Pawnee, OK	IHS
Craig H. Hodge Washington, DC	OS	Amornrat Chanlongbutra Bethesda, MD	HRSA	Jeremy R. Parmley Philadelphia, PA	BOP
Jian L. Ma Rockville, MD	HRSA	Nicole J. Glines Pine Ridge, SD	IHS	Paula S. Peters Atlanta, GA	ATSDR
Douglas E. Mowell Fort Worth, TX	BOP	Thomas J. Janisko Ayer, MA	BOP	Samantha S. Scott Cherokee, NC	IHS
Sasha Oliver Nome, AK	IHS	Mark F. McKinnon Oxford, WI	BOP	Tanya L. Simmons Rockville, MD	HRSA

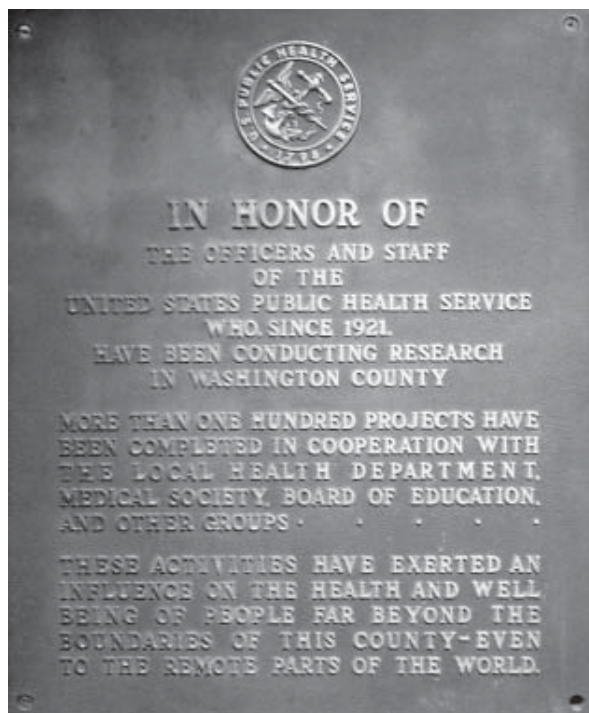
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Plaque Honoring PHS Officers

An article written by CAPT Gordon R. Seidenberg titled 'A Monumental Task: Finding a Memorial to the Public Health Service Commissioned Corps,' appeared in the May 2003 *Commissioned Corps Bulletin*—Supplemental Article (<http://dcp.psc.gov/CCBul.asp>—click on *Commissioned Corps Bulletin PLUS*, May 2003.) The article is about the Falls Church Veterans' Memorial in Falls Church, VA, which pays tribute to members of all seven Uniformed Services—Army, Navy, Air Force, Marines, Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and the U.S. Public Health Service (PHS) Commissioned Corps.

CAPT George W. Comstock, USPHS (Ret.) informed the *Commissioned Corps Bulletin* that there may be another monument to add to the one in Falls Church, VA, if a large bronze plaque is acceptable as a monument. This plaque, honoring the PHS, is located in the lobby of the Washington County Health Department, 1302 Pennsylvania Avenue, Hagerstown, MD. The plaque contains the PHS seal and reads as follows:

In honor of the officers and staff of the United States Public Health Service who, since 1921, have been conducting research in Washington County. More than one hundred projects have been com-



pleted in cooperating with the local Health Department, Medical Society, Board of Education, and other groups. These activities have exerted an influence on the health and well being of people beyond the boundaries of this county—even to the remote parts of the world.

Background

The studies conducted by PHS date back to the early 1920s with the world-

famous morbidity surveys directed by Dr. Edgar Sydenstricker. In the late 1930s and early 1940s, Dr. Carroll Palmer and his dentist colleague, Dr. Henry Klein, conducted pioneering studies on the epidemiology of dental caries which led to the development of the DMF (decayed, missing, filled) Index. In the 1950s, the National Cancer Institute initiated a radiation-cancer study.

The Johns Hopkins Training Center for Public Health Research was established in 1962, and Dr. George W. Comstock became its director shortly after retirement from the PHS Commissioned Corps. The Center was given a contract by the National Cancer Institute to complete the radiation-cancer study. Dr. Comstock stated that he and his colleagues benefitted greatly by inheriting the good will and interest in community-based studies generated by their PHS predecessors.

Further information

Please visit the following Web site for more information about the Johns Hopkins Training Center for Public Health Research—<http://www.jhsph.edu/tcphr/history.html>.

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Commissioned Corps Readiness Force

Keeping You Informed

Recent Commissioned Corps Readiness Force (CCRF) responses include:

- Dental Mission to Camp Lejeune, NC
- Dental Mission to Camp Pendleton, CA
- Support for the 2004 Super Bowl
- Pharmacy and Nursing Mission to Bethel, AK
- Neonatal Care Mission to the Territory of Guam
- State of the Union Address, 2004

ROA Conference, 2004

CCRF officers represented the U.S. Public Health Service (PHS) at the Reserve Officers Association's (ROA) 2004 Mid-Winter Conference held in Washington, DC. ROA requested that CCRF members perform blood pressure checks and calculate body mass index (BMI) measurements for reserve officers participating in the Reserve Components Junior Officer Professional Development Seminar. CCRF officers who participated were from the Dental, Environmental Health, Engineer, Nurse, Medical, and Scientist categories.

Yukon Kuskokwim Health Center in Bethel, AK

The Surgeon General activated CCRF to support the Yukon Kuskokwim Health Center in Bethel, AK. The center requested assistance from CCRF pharmacists and nurses because of a severe shortage of those professionals at their facility. Because of personnel changes, the pharmacy staff was reduced by two-thirds. This resulted in a reduction in service to the extent that the pharmacy was closed during nights, weekends, and holidays and some pharmacy programs were discontinued or reduced. CCRF pharmacists deployed in teams of 2 or 3 beginning in February. CCRF nurses began deploying in March to assist with staffing in Ambulatory Care, Inpatient, Operating Room, Obstetrics, and the Emergency Room. The mission is expected to end in May.

CCRF Members Deployed to Iran's Earthquake

Although CCRF was not deployed to the earthquake in Iran, two CCRF members were on the ground. CAPT J.R. Eric Edwards of the National Disaster Medical System (NDMS), Federal Emergency Management Agency (FEMA), was the Team Leader for the Management Support Team (MST) in Iran. The MST supported the International Medical Surgical Response Team (IMSuRT), which was composed of NDMS trauma health care professionals. The 60-member team included physicians, nurses, paramedics, and other medical experts. The MST was composed of FEMA staff, led by CAPT Edwards. An additional 20 members accompanied the team under USAID and included CAPT George Havens as well as civilian members from the Disaster Assistance Response Team (DART) and the Fairfax County Urban Search and Rescue Squad.

Neonatal Care Mission to the Territory of Guam

The Guam Memorial Hospital (GMH) requested Department of Health and Human Services (HHS) support because of a significant increase in premature births on the island. In the past 20 years, GMH has had no more than six neonatal births at the hospital at any one time. In fact, the hospital's Neonatal Intensive Care Unit (NICU) was constructed to accommodate only six patients. However, in late January 2004, there were 16 premature births ranging in age from 25 to 36 weeks. GMH draws patients from the Island of Guam as well as the neighboring Federated States of Micronesia. Often women arrive at GMH having had no prenatal care whatsoever. HHS tasked NDMS and CCRF to support this mission. In response, CCRF deployed NICU nurses, a biomedical engineer, and a pediatrician/epidemiologist to Guam.

Super Bowl Sunday

The 2004 Super Bowl Game occurred in Houston, TX, where approximately

100,000 people assembled, including a number of dignitaries. In support of this event, HHS placed a number of assets on heightened alert in case of a weapons of mass destruction event. As a result, the Office of Public Health Emergency Preparedness requested support from the CCRF. CCRF members responded by being 'on-call' for the day. Thirty-one officers were placed on a Secretary's Emergency Response Team and 12 were placed on an Incident Management Team. All officers were ready to deploy locally or to the event if needed.

CCRF Training

CCRF sponsored four officers to attend the Combat Casualty Care Course (C4) in March at Ft. Bullis, TX. This is the sixth C4 course this fiscal year attended by CCRF officers.

Thirty CCRF officers were joined by fellow officers within the Department of Defense (DoD), and by representatives from non-governmental organizations, in Rockville, MD, during February to participate in the Combined Humanitarian Assistance Response Training (CHART) course. The CHART course was presented by DoD's Center of Excellence in Disaster Management and Humanitarian Assistance, and was led by LCDR Scott Giberson, a PHS officer assigned to the Center through the Office of Global Health Affairs.

Please check the CCRF Web site at <http://ccrf.hhs.gov> for upcoming training.

Retirements - February

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

Patricia A. Woodall	IHS
Elston Seal, Jr.	EPA

DENTAL

CAPTAIN

Steven Dank	IHS
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Recent Deaths

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

The deaths of the following active-duty officers and retired officers were recently reported to DCP:

Title/Name *Date*

MEDICAL

CAPTAIN

George K. Massengill 01/14/04
Richard B. Stephenson 01/30/04

NURSE

COMMANDER

Scott A. VanOmen 01/08/04

SCIENTIST

REAR ADMIRAL (Lower Half)

Lireka Joseph 02/17/04

PHARMACY

CAPTAIN

Thomas D. DeCillis 02/02/04
Richard A. Moss 01/11/04

THERAPY

LIEUTENANT

Dale L. Fay 12/30/03



Two Upcoming Retirement Seminars

Retirement Seminar to be Held in Rockville, Maryland

The Food and Drug Administration (FDA) is offering a *Public Health Service Commissioned Corps Retirement Seminar* hosted by the Division of Commissioned Personnel (DCP). The seminar is scheduled for **April 15-16, 2004**, and will be held from 8 a.m. to 5 p.m. in Conference Rooms D & E of the Parklawn Building, 5600 Fishers Lane, Rockville, MD. Registration forms for this seminar must be received in DCP no later than **March 31, 2004**.

Retirement Seminar to be Held at COA's Annual Meeting in Anchorage, Alaska

The Division of Commissioned Personnel (DCP) is offering a *Public Health Service Commissioned Corps Retirement Seminar* at the 2004 Public Health Professional Conference sponsored by the Commissioned Officers Association (COA). The retirement seminar is scheduled for **May 21-22, 2004**, and will be held at the Anchorage Hilton Hotel, Anchorage, Alaska. Registration forms for this seminar must be received in DCP no later than **April 30, 2004**.

NOTE: These seminars are open to all officers no matter how many years of service, but those officers who have completed at least 15 years of active-duty service will be given priority.

Registration

If you are interested in attending either of these seminars, 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 4-50
Rockville, MD 20857-0001
Fax: 301-443-0064

For more information

If you need additional information, contact the DCP Retirement Seminar Coordinator at 301-594-3367 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, and dial the 10 digits of the phone number – 301-594-3367).

VA's National Cemetary Administration

The Department of Veterans Affairs' (VA) "Burial and Memorial Benefits" can be accessed from the National Cemetary Administration's Web site at—<http://www.cem.va.gov>.

Information on VA's headstone and grave marker program is available on this Web site, or veterans/dependents can inquire about the program by calling toll-free 1-800-697-6947.

DoD/HHS Team Site Visit to Afghanistan

*Submitted by CAPT Clare Helminiak, PHS Commissioned Corps Physician
PHS Indian Hospital, Parker, AZ*

Background

In September 2002, Secretary of Health and Human Services (HHS) Tommy Thompson visited Afghanistan, and became aware of the acute and immediate health needs of the Afghan people. A Department of Defense (DoD)/HHS team was commissioned to go to Afghanistan and pursue several high priority goals including demonstrating the ongoing commitment of the United States to Afghanistan's reconstruction and to the government of Afghanistan; providing access to direct health care; providing opportunities for training for Afghan providers in modern medicine; and provision of a vehicle for expatriate Afghan physicians to return to Afghanistan. The focus of the team's site visit was to establish a long-term relationship with

appropriate partners in Afghanistan to achieve the goals set out by Secretary Thompson.

Afghanistan has been devastated by three decades of war, drought, famine, and civil conflicts, which resulted in the destruction of governmental infrastructure, education, cultural systems, roads/transportation, and healthcare. The collapse of public institutions has resulted in a virtual halt of the public health system in urban areas, and a complete collapse of public health services in the rural areas.

Over 2 million people have been killed and millions more have become refugees. The consequence of this has been that maternal and child morbidity and mortality are estimated to be the highest in

the world. Studies have estimated the maternal mortality rate may be 1,600 maternal deaths per 100,000 live births, or higher. These are the highest maternal death rates ever documented in the world. A published estimate states that 48 percent of women of childbearing age may die from complications of pregnancy and childbirth. Hemorrhage and obstructed labor are the leading causes of death. It has been stated that 45 Afghan women die every day of pregnancy-related causes, and 20 Afghan women die every day of tuberculosis. In cases where the mother dies of maternal causes, the newborn has only a 25 percent chance of living until its first birthday. All children in the country have a 50 percent chance of living until one year of age.

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DoD/HHS Team Site Visit to Afghanistan

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In addition, malaria, tuberculosis, other infectious diseases, and malnutrition have added to the disease burden. Women in Afghanistan have been particularly vulnerable due to restricted mobility, low numbers of female health care providers, limited numbers of health care facilities that treat women, and other sociocultural restrictions.

Trip 1 - December 2002

The team that traveled in December 2002 consisted of Col. Mark Zanin, U.S. Army, and CAPT Jack Smith, U.S. Navy, based at the Pentagon; Dr. Peter Van Dyck from the Health Resources and Services Administration; Mr. Jim Schermerhorn, formerly of the National Institutes of Health and now an experienced health care volunteer for the last 18 months in Afghanistan; and Dr. Qudrat Mojadidi, Chair of the OB/GYN residency for the University of Florida-Jacksonville, an American-Afghan physician living in the United States for the last 30 years. Other members of the team had been proposed from the Centers for Disease Control and Prevention (CDC) and other Agencies/Operating Divisions of HHS, but the size of the team had to be reduced shortly before the trip for security reasons.

After an initial briefing in November in Washington at HHS and at the Pentagon, we flew British Airways to London and onto Muscat, Oman. Oman is a Sultanate at the southern tip of the Arabian Peninsula just east of Yemen. In Oman we changed to military air at the U.S. Air Base in Oman. Oman is a very clean and modern country that looks like an Arabic Arizona, except it is right on the beautiful waters of the Persian Gulf. We were given a tour of the base hospital, which is a series of tents set up in a giant hangar. This assists in controlling the dust. Especially interesting was the X-ray department and CAT scanner which were housed in shipping containers.

We flew to Afghanistan on a C130 which was packed with troops, so we got the six 'seats' in the front. Everyone sits in the cargo hold with the cargo, and there are also stacks of stretchers for patients. It is very loud in the plane, so we were all issued earplugs.



A street scene of a market in downtown Kabul.

As we came down over the mountains into Kabul the pilots did 'vague flying' which is evasive flying. This is like riding the Space Mountain roller coaster in a bulky large plane. We stopped briefly on the ground at Kabul for less than an hour. The entire area around the runway is littered with pieces of aircraft—MIGs, larger planes, helicopters—and other hardware such as tanks, etc. We then took off for Bagram.

We stayed at Bagram overnight, toured Bagram, met the base commander, and saw the operations center. We went to a briefing by the base medical staff. They told us about the MEDCAP program—Medical/Dental/Veterinary Civic Assistance Program. These are military medical teams that travel out to remote areas to provide health care and preventive instruction in hygiene, hand washing, basic sanitation, and also to teach

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Women waiting for their babies to be seen in a provincial clinic in Qarabagh, north of Kabul.



This is a provincial OB hospital in Charikar, north of Kabul. The woman on the left is the chief physician of the hospital, CAPT Clare Helminiak is in the center, and the man on the right is the hospital administrator

DoD/HHS Team Site Visit to Afghanistan

(Continued from page 10)

about environmental hazards, including unexploded ordinance (UXO). On Monday, December 9, we toured the Bagram Base Hospital, which is a series of tents. They have three operating rooms, and a complete radiology department with a CAT scanner—the only one in Afghanistan.

We flew to Kabul on a Blackhawk helicopter. In Kabul, we stayed with the public affairs officers of the Coalition of Joint Civil Military Operations Task Force.

We had multiple meetings during this week with U.S. Ambassador Finn and Ambassador Taylor at the U.S. Embassy; USAID and WHO; the International Medical Corps (IMC); UNICEF; other NGO (non-governmental organizations) humanitarian organizations; the Afghan Minister of Public Health, Dr. Seddiq; and other officials at the Afghan Ministry of Public Health.

We then went north to the provinces to visit a clinic at Qarabach and a provincial hospital at Charikar. We traveled several hours through the Shomali Plain which once was a rich agricultural area, but was the scene of some of the very heavy fighting in the last 10 years over Kabul. There were many war memorials surrounded by hundreds of graves.



This is the front entrance to the Rabia Balkhi Hospital in Kabul. The HHS OB/GYN project is housed in this hospital.

In Afghanistan there are no rules for driving and no markings. There are no police, except in Kabul. The road still has huge shell holes and lots of defects. It is an athletic ride. The roads and countryside are heavily mined so you cannot stop and leave the road. Since there is no sanitation, there are no bathroom stops either. A bathroom stop would be in the

middle of the road in front of the vehicles. There are marks on the buildings throughout the countryside giving indications where the mines have been cleared.

We spent the majority of our time for a week at the Rabia Balki Hospital. This is a large maternity hospital in Kabul.

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A grandfather with his two granddaughters waiting to be seen at a clinic near the Bagram Air Base gate. The clinic is run by the Korean Army which is part of the International Security Forces in Afghanistan.



(Pictured left to right) CAPT Helminiak, Mr. Schermerhorn, Col. Zanin, CAPT Smith, Dr. Mojadidi, Dr. Van Dyck, and Maj. Gann (U.S. Army, Civil Affairs) in front of the U.S. Embassy in Kabul.

DoD/HHS Team Site Visit to Afghanistan

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They do up to 125 deliveries per day. Water, electricity, and sanitation are problematic. Our goal was to design an obstetrical residency/obstetrical physician CME (continuing medical education) refresher program.

It took a couple of days to fly out from Bagram as no planes were flying in at that time. We flew from Muscat to London on British Airways. We wrote a summary report and worked on a planning document with budget, staff, equipment, program plan, etc.

Trip 2 - September 2003

Two weeks at the end of September 2003 were spent with Mr. Ross Cox (Deputy Director of CDC, Office of Global Health); Dr. Brian McCarthy (Maternal and Child Health, CDC); Dr. Amar Bhat (Office of the Secretary, HHS); and Dr.

Stan Berry (OB/GYN, Chief of Maternal Fetal Medicine Consultant, Emory University, Atlanta). We traveled on Air France to Dubai, United Arab Emirates, and on a United Nations flight to Kabul.

The intent of this trip was to evaluate the progress made in the HHS

project at the OB/GYN residency program at Rabia Balki Hospital. The program had been in operation for 6 months. Volunteer teams consisting of an OB/GYN, anesthesiologist, pediatrician, and nurse midwife are assigned to 3-month rotations as the teaching faculty at Rabia Balki Hospital. Recently another position for hospital administrator/physician administrator has been added.

Our return flight was to Baku Azerbaijan, then on the next day to Vienna and Frankfurt, and then to the United States via Lufthansa.

Please note: Individuals interested in the HHS program at Rabia Balki Hospital in Kabul, should contact CAPT Clare Helminiak at clare.helminiak@mail.ihs.gov.

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At the U.S. compound in Kabul where civil affairs, HHS, and other American staff live, a military escort is waiting to escort on a day trip outside the compound.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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