Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XIII, No. 3 **March 1999**

Surgeon General's Column

Each week as I speak to different groups across the country, I have oft repeated the basic tenet of what we do in the Public Health Service (PHS): to the extent that we care for the most vulnerable among us, we do the most to protect the health of the Nation. The PHS was founded on that principle two hundred years ago, and today it remains a guiding light for us to follow.

The HIV/AIDS epidemic has put our country to the test when it comes to caring for those most at risk. Beyond that, the disease has reached pandemic proportions and has ravaged the world with the number of HIV-infected people increasing 10 percent last year—Sub-Saharan Africa serving as its epicenter.

Globally, more than 33 million adults and children are living with HIV/AIDS. Last year alone, 5.8 million men, women, and children reported being infected. Nearly 14 million people have died since this epidemic began; 2.5 million of these deaths occurred last year alone, more than ever before in a single year. Concern is growing for the world's younger populations. About half of all new infections are occurring in people between the ages of 15 and 24. About 7,000 young people in that age group are infected with HIV every day—that is 5 new people every minute. The health, economic, and social toll of this disease on the world is daunting.

Here in the United States, while less severe in magnitude, the news on the epidemic is still very troubling. The AIDS epidemic was first recognized in the United States in 1981 among white, gay men in California and New York. Since then, more than 640,000 Americans have been diagnosed with the disease and more than 385,000 men, women, and children have died. An estimated 650,000 to 900,000 Americans are believed to be living with HIV.

But since the epidemic began, its gender, age, and complexion have changed. The rate for women increased from 8 percent in 1987 to 22 percent 10 years later. In 1997, African Americans—who comprised only 13 percent of the total population—reported 45 percent of AIDS cases. And despite the fact that the AIDS death rate among African Americans declined by 13 percent from 1996-97, it is still the number one killer of African-American men between the ages of 25 and 44, and the second leading killer of African-American women in the same age group. Similarly, for Hispanics, who comprise 10 percent of the population and 21 percent of AIDS cases, the AIDS death rate has decreased only 20 percent, compared with a decrease of 32 percent for white Americans.

Whether here or abroad, AIDS increasingly is becoming a disease of women, of the young, and of people of color throughout the world. Added to that group are injecting drug users and their sex partners. But we do have some positive news to share in the United States. Thanks to strategies aimed at educating the public about prevention, we have seen a drop in new HIV infections. In addition to prevention, potent new drug therapies and treatment appear to be decreasing the infectivity of those taking combination therapies, and we expect that will negatively impact the number of new cases. Unfortunately, these benefits are not realized across all communities. While overall deaths are down, AIDS remains a severe and ongoing crisis in African-American and other racial and ethnic minority communities.

At the Federal level, we are attacking this disease from many angles. In the Office of Public Health and Science, we have named as one of our evolving priorities eliminating disparities in HIV/AIDS infection rates and treatment. And we have adopted the same effort as one of our two major Healthy People 2010 goals.

Responding to the disproportionate impact of HIV/AIDS on America's racial and ethnic communities, and following discussions with the Congressional Black Caucus about ways to step up the fight against AIDS in African-American communities, the Administration made an unprecedented commitment last year to thwart the growing threat of the epidemic by enhancing research, treatment, and prevention efforts. President Clinton announced a special package of initiatives, amounting to an additional $156 million in spending for Fiscal Year 1999 directed at those communities hardest

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Commissioned Corps BULLETIN

Published as part of the Commissioned Corps Personnel Manual for Public Health Service Commissioned Corps officers. Forward news of Service-wide or special interest to Division of Commissioned Personnel/HRS/PSC, Room 4A-15, 5600 Fishers Lane, Rockville, MD 20857-0001, Tel.: 301-594-3462.

Director, DCP/HRS/PSC CAPT R. Michael Davidson
Editor Mrs. Virginia Kapusnick

Surgeon General's Column

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hit. The Department of Health and Human Services will spread the funding across three broad categories: technical assistance and infrastructure support, increasing access to prevention and care, and building stronger linkages to address the needs of specific disenfranchised populations.

Recognizing the need for a long-term continuum of comprehensive services, the Department announced another $479 million in Ryan White CARE Act grants designed to place the funds in communities where they are most needed. The grants will fund primary health care and support services for low-income individuals and families in areas hardest hit by the epidemic. While we are confident that these efforts will help alleviate the stress that HIV/AIDS has placed on communities most at-risk, we realize that money alone will not solve our Nation's health problems.

In the next millennium, just as in the last, we will continue to work to improve the health of the Nation and to care for those most vulnerable, as we work to remove the disease from the charts of American health once and for all.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

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Update – Assimilation Year 1998

Attention: All officers whose names appear on the 1998 Assimilation Year nomination list.

In August, the Division of Commissioned Personnel (DCP) submitted the 1998 assimilation nomination list recommending appointment to the regular corps from the reserve corps to the President for signature. The President signed the nomination list and the White House forwarded it to the U.S. Senate for confirmation. The U.S. Senate received the nomination package on January 19, 1999.

As soon as DCP has been informed that the U.S. Senate has confirmed the list, DCP will contact each officer on the nomination list. □

New Technology — Officer's Official Personnel Folders to be Converted to Optical Disk Storage

The Division of Commissioned Personnel (DCP) is entering the new millennium with some very dramatic, cutting-edge technology that will impact on how DCP and the commissioned corps conduct business in the future.

DCP has started a project to convert all officer's Official Personnel Folders (OPFs), which are presently in paper format, to Optical Disk Storage (ODS). This project includes OPF preparation, scanning, and indexing. The conversion process will continue through the summer and DCP expects completion by December of this year. This conversion will enable DCP to conduct all promotion and assimilation boards electronically during the year 2000 cycle. This is not a new concept since it is already being done by some of the other Uniformed Services, particularly the U.S. Navy, U.S. Marines, and the U.S. Coast Guard.

Without a doubt, this is a mammoth undertaking. No matter how well DCP plans for this adventure, unexpected things will come up. But because DCP scanned the Commissioned Officers' Effectiveness Reports (COERs) last year, we gained some valuable experience and therefore many contingencies have already been foreseen and addressed.

DCP needs all officers' cooperation with this effort. *Therefore, if you are not scheduled to be considered for promotion or assimilation during the year 2000, please do not submit any paperwork—other than the following items—to be placed into your OPF until after December 31, 1999—current professional license, certification, or registration, COERs, and, if appropriate, form PHS-520, "Request for Approval of Outside Activity."*

As always, DCP-generated items will automatically be placed into each officer's OPF. These include: personnel orders; Public Health Service awards received; identification card information; and correspondence initiated by DCP.

DCP is developing a means by which officers and programs can submit documents to the ODS system. Another major benefit of the ODS system will be the ability for any officer to review his or her own record via the Internet.

We hope this is the beginning of a very exciting odyssey. Watch the *Commissioned Corps Bulletin* for more information as this project develops and unfolds into reality.

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1999 National Public Health Week

National Public Health Week will be celebrated April 4 through 10, 1999, and the theme is "Healthy People in Healthy Communities." The national kick-off event will be held on Monday, April 5, tentatively to start at 10 a.m., at the Pan American Building, 525 23th Street, Washington, D.C.

Surgeon General David Satcher is included among several national public health leaders who will outline recent advances in public health and the top challenges in public health for the next decade. ADM Satcher will also discuss his Healthy People 2010 objectives. Winning photographs from last year's national photography contest representing "Public Health in Action" will be on display. Commissioned officers are encouraged to attend.

Plans for a local public health week campaign are currently underway for the D.C. Metropolitan area. Over the past 2 years, teams of commissioned officers from the District of Columbia Branch of the Commissioned Officers Association have presented topics of public health related issues to local area middle school students. Please contact LCDR Allen Albright at 301-827-3070 or LT Darin Weber at 301-827-5101 if you would like more information about this program.

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Meet the New Chief of Staff

RADM Michael J. Blackwell

On February 1, 1999, RADM Michael J. Blackwell began a new assignment as the Chief of Staff of the Office of the Surgeon General (OSG). He, along with the Deputy Surgeon General, RADM Kenneth Moritsugu, will assist the Surgeon General, ADM David Satcher, in the administration and management of the U.S. Public Health Service (PHS) Commissioned Corps.

The OSG provides leadership and direction for almost 6,000 active-duty commissioned corps officers. The OSG directs the selection process and coordinates the activities of eleven Chief Professional Officers to identify and resolve policy issues, and assures that PHS policies are implemented uniformly. The OSG provides the necessary interface with other governmental entities including the Federal Emergency Management Agency, Environmental Protection Agency, Departments of Defense, Justice, Commerce, Transportation, and State with whom there are signed agreements to facilitate operations and to ensure national security. It also directs a wide range of special initiatives to include, but not limited to, workshops, conferences, and reports as directed by the President, Congress, or the Department, and serves as the focal point for dialogue with health professional societies.

RADM Blackwell leaves the position of Deputy Director of the Food and Drug Administration's (FDA) Center for Veterinary Medicine (CVM). He had effectively served in that position since June 1994, overseeing the day-to-day operations of the Center. He spoke and acted with the authority of the Director on all matters, and before all groups and organizations regarding the Center. He was promoted to the rank of Assistant Surgeon General (Rear Admiral lower half) in October 1997. This accomplishment is a testament to both the importance of veterinary medicine in public health, as well as his personal achievements as a commissioned officer. In July 1997, he received an Honorary Diploma from the American Veterinary Epidemiology Society and in December 1997, he received the PHS Meritorious Service Medal. In addition, he has received numerous other awards and recognitions during his career.

RADM Blackwell started his career in veterinary medicine in 1975 after earning his Doctor of Veterinary Medicine degree. He practiced in Oklahoma until 1977 when he joined the FDA as a reviewer in the Bureau of Veterinary Medicine (now CVM). This was followed by a brief assignment with the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. In 1981, RADM Blackwell earned a Master of Public Health degree with a major in epidemiology. The epidemiology training was initially used to evaluate adverse drug experiences involving 30 targeted approved veterinary drugs. For this work he was awarded the PHS Commendation Medal.

In 1986, RADM Blackwell joined the FDA Center for Devices and Radiological Health (CDRH) as a scientific reviewer of applications to market rehabilitation and orthopedic implant medical devices. After only 18 months he was promoted to Branch Chief. During the succeeding 5 years, RADM Blackwell contributed to the significant improvement of CDRH's policies in determining "reasonable evidence of safety and effectiveness" of medical devices. He subsequently became the Chief of the Investigational Device Exemptions Staff. In that role, he developed policies and coordinated the scientific and regulatory review process for all Investigational Device Exemptions applications.

Since joining PHS, RADM Blackwell has been involved in many activities beyond his assigned duties. He was a member of the Veterinary Professional Advisory Committee (PAC) from 1985 to 1991, serving as PAC Chair during the revitalization of the commissioned corps lead by Surgeon General Koop. RADM Blackwell later was selected as the Chief Professional Officer for the veterinary category, serving from 1994 to 1998. During this period, he also was the Alternate Delegate for the Uniformed Services of the U.S. in the House of Delegates of the American Veterinary Medical Association. Besides maintaining membership in the Commissioned Officers Association (COA), he served on the National Board of Directors from 1989 to 1992. He has been a participant with many committees, workgroups, and task forces. He served as Chair of the successful PHS-wide Mentoring Committee. He currently serves as Chair of the Awards Publicity Committee, and is the General Chair of the upcoming 1999 COA Annual Meeting.

RADM Blackwell considers himself very fortunate and blessed to have had quite varied and broad-based experiences during his career with PHS, because he can now use these to strengthen the Office of the Surgeon General and the commissioned corps.

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Method for Accessing DCP's Electronic Bulletin Board

Access to the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB) requires a computer terminal equipped with a modem. The telephone number to connect to EBB is 301-594-2398. The line parameters for your modem/terminal should be set at 300-14400 baud; 8 bits; 1 stop bit; no parity. If you do not have access to the required equipment, it is suggested that you contact your Operating Division/Program to inquire about obtaining the necessary equipment or information on how to obtain the material displayed on the EBB.

If you experience a problem regarding registration or access to the EBB, please contact:

Division of Commissioned Personnel/HRS/PSC
ATTN: EBB Project Officer/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Phone: 301-594-3458 or
301-594-3360

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ASHP Presents Proclamation on Bicentennial to PHS Pharmacists

RADM Fred Paavola (left) receives Proclamation from Mr. Bruce Canaday, President of the American Society of Health-System Pharmacists.

American Society of Health-System Pharmacists (ASHP) President, Mr. Bruce Canaday, presented RADM Fred Paavola, Public Health Service (PHS) Chief Pharmacy Officer, with a Proclamation on the Bicentennial of the PHS. The Proclamation states:

"The ASHP congratulates the PHS upon the occasion of its bicentennial. Created in an era when epidemics often ravaged the port cities of the world, and born out of concern for the sick and disabled seaman, the PHS has continued to evolve over two centuries as our Nation's leading protector of human health.

ASHP is proud of the contributions that pharmacists have made to the PHS and to the leadership of the profession of pharmacy. Pharmacists today are vital contributors to the mission of the PHS in clinical care, disease surveillance, biomedical research, and the assurance of quality in pharmaceuticals and health devices. ASHP pledges to continue to work with the PHS in seeking to improve health at home and abroad."

ASHP is the 30,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP's Midyear Meeting is the largest meeting of pharmacists in the country with more than 16,000 attending this year. The exhibit area at the meeting featured a PHS bicentennial display, and the daily bulletin highlighted historical notes and facts about the PHS.

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Vacancy Announcements

The following vacancies are provided as representative of varied opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Additional vacancy announcements suitable for commissioned officers can be reviewed by accessing the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB). The EBB contains a listing of vacancies currently tracked by DCP's Vacancy Announcement and Tracking System (VAATS). Information regarding access and use of EBB is provided elsewhere in this *Commissioned Corps Bulletin*.

Any Operating Division/Program (OPDIV) wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: VAATS Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001. The VAATS Project Officer can also be reached at: Phone: 301-443-3458 (or 301-594-3360) or Fax: 301-443-7069.

Category / OPDIV	*Description of Position*
MEDICAL	
HEALTH RESOURCES AND SERVICES ADMINISTRATION– Various Sites	Clinical Director Contact: CDR Gilbert Rose 202-353-9834 Grade: O-6 VAATS ID: HBC-93-0120 Provides direct clinical services to Immigration and Naturalization Services (INS) detainees at an INS Processing Center. Experience in a primary care setting is required. Fax curriculum vitae and cover letter to 202-514-0095. Locations include El Centro, CA; Houston, TX; and Manhattan, NY.
DENTAL	
COAST GUARD– Kodiak, AK	Staff Dental Officer Contact: CAPT R. Skip Miller 202-267-0805 Grade: O-4 VAATS ID: HBD-93-0092 Provides dental treatment to Coast Guard beneficiaries.
BUREAU OF PRISONS– Various Sites	Staff Dentist Contact: CAPT Rodney Kirk 202-307-2867 ext. 138 Grade: O-3 VAATS ID: HBE-93-0311 Positions available at various sites including Seattle, WA.
NURSE	
HEALTH RESOURCES AND SERVICES ADMINISTRATION– Various Sites	Mid-Level Practitioners Contact: CDR Gilbert Rose 202-353-9834 Grades: O-3/O-4/O-5 VAATS ID: HBC-93-0124 Provides ambulatory care to Immigration and Naturalization Services detainees. Fax curriculum vitae and cover letter to 202-514-0095.
PHARMACY	
BUREAU OF PRISONS– Yankton, SD	Chief Pharmacist / Health Services Administrator Contact: CAPT John Babb 202-307-2867 ext. 128 Grade: O-6 VAATS ID: HBE-93-0308 Call contact for further information. Address correspondence to: Federal Bureau of Prisons, Health Services Division, 320 First Street, NW, Room 1008, Washington, DC 20534.

(Continued on page 5)

Vacancy Announcements

(Continued from page 4)

Category / OPDIV — *Description of Position*

PHARMACY *(Continued)*

BUREAU OF PRISONS–
Various Sites

Chief Pharmacist
Contact: CAPT John Babb 202-307-2867 ext. 128
Grade: O-5 VAATS ID: HBE-93-0309
Locations include Ashland, KY; Talladega, AL; Sandstone, MN; Cumberland, MD; and Forrest City, AR.

BUREAU OF PRISONS–
Various Sites

Staff Pharmacist / Senior Pharmacist I
Contact: CAPT John Babb 202-307-2867 ext. 128
Grade: O-4 VAATS ID: HBE-93-0310
Locations include Jesup, GA; Forrest City, AR; Terre Haute, IN; Tallahassee, FL; Leavenworth, KS; Miami, FL; Butner, NC; and Memphis, TN.

HEALTH SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION–
Dallas, TX

Occupational Health Services
Contact: CDR Christine Rubadue 206-615-2436
Grades: O-3/O-4/O-5 VAATS ID: HBJ-93-0009
Management of occupational health clinical services in more than 30 clinics in Regions VI and VII. Responsibilities include costing, utilization data, inventory, opening new clinics, and staffing. Must have contract management experience. Good communication, team leadership, and organizational leadership skills are required. Prefer experience in management of clinical sites.

HEALTH RESOURCES AND SERVICES ADMINISTRATION–
Washington, DC

Health Records Consultant
Contact: CDR Gilbert Rose 202-353-9834
Grade: O-5 VAATS ID: HBC-93-0118
Need for Registered Records Administrator to act as national records consultant for the Division of Immigration Health Services. Responsible for organization, administration, evaluation, and continued development of program goals and standards for the Health Information Department. Oversees the health records operation of 11 field clinics delivering health care to detained aliens at locations from New York to California.

MULTIDISCIPLINARY

OFFICE OF THE SECRETARY–
Cairo, Egypt

Resident Advisor
Contact: CAPT Richard Walling 301-443-4010
Grades: O-5/ O-6 VAATS ID: AD-93-0001
Works under the direction of the Director, Office of the Americas and Middle East, Office of International and Refugee Health (OIRH), and in consultation with the Director, Technical Support Unit, Ministry of Health Population. The Resident Advisor will serve as the OIRH representative regarding health promotion and disease prevention, and will promote Healthy Egyptians 2010 and conduct/arrange in-service training on management and data coordination for national health priorities.

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DCP and Y2K

Several members of the community served by the Division of Commissioned Personnel (DCP) have requested information about our Year 2000 (Y2K) activities. Understandably, there is some concern about our ongoing operations, especially payroll, and how we are making sure that everyone who is entitled to pay gets paid in the "on time" manner to which we are accustomed. Our news in this area is very good.

Activities began in earnest in the fall of 1998 to check, and convert where necessary, all computer software that impacts on our operations. In addition, any hardware that is used (computers, network equipment, etc.) was checked for Y2K compliance. In December 1998, our current personnel and payroll systems were certified as being compliant. Additional systems, such as the awards processing system, and our hardware systems, have also been certified as Y2K ready by the Compliance Review Board (CRB).

Our web-based reporting system was reviewed with a favorable response from the CRB. Final Y2K certification is expected in the near future. This system is used by the Commissioned Corps Liaisons in conducting their daily business.

We continue to review systems, with the current activities being focused on a Business Continuity and Contingency Plan, designed to handle systems failures from *any* cause, Y2K included. Checklists have been created with steps to follow in a worst case scenario. Final confirmation of the ability to fulfill the requirements of this Plan is required by March. We will keep you informed of our further progress.

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DCP Toll-Free Phone Number –
1-877-INFO DCP (or 1-877-463-6327)

DCP Web Site –
http://dcp.psc.dhhs.gov

Naval War College Available to PHS Commissioned Corps Officers

Public Health Service (PHS) Commissioned Corps officers are eligible to attend the nonresident night school program of the Naval War College Command and Staff School. PHS students not only gain broader perspectives and professional education, but also have the opportunity to represent the Corps in a joint Services environment.

Even though this is the War College, the course offerings are at the policy level, not tactical. This means their applicability and content is similar to parts of the curriculum of the Industrial College of the Armed Forces. The courses provide the students with a broad base of information and theory that is applicable to program management, interagency relationships, and a better understanding of joint Services operations. There is no cost to the students for tuition or for the use of textbooks.

The exposure for commissioned corps officers to viewpoints and experiences of other Uniformed Services' officers is invaluable. There are also opportunities to educate representatives of other Uniformed Services about the capability, role, mission, and contributions of the PHS Commissioned Corps. These include international situations of peacekeeping where Corps officers have provided health care and worked alongside military personnel.

To graduate from the Naval War College nonresident program, students must complete three core courses: Strategy and Policy; Joint Maritime Operations; and National Security and Decision Making. The core courses are taken one evening a week from August through May, and the program is completed in 3 years – or 2 years with a concentrated night school summer session. Nonresident classes are only offered in geographical areas where there are Naval bases, for example, Washington, D.C.

Admission is not automatic. Corps officers must compete for remaining class slots after those designated for active-duty Navy personnel are filled. These remaining slots are also open for students from the Army, Coast Guard, Air Force, and Marines.

Contact CAPT Susanne Caviness, who graduated from this Naval War College program in 1997, at 301-443-7614. The request for application for the August 1999 term must be made by the end of April 1999.

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Q. When in uniform, how should a Public Health Service Commissioned (PHS) Corps officer wear his or her hair?

A. *Female officers*: the hair must be neatly arranged and shaped to present a conservative appearance. Hair on the back of the neck may touch, but not fall below the collar. No hair shall show under the front brim of the headgear.

Male officers: the hair must be neat, clean, and present a groomed appearance. Hair above the ears and around the neck must be tapered from the lower headline upwards and outwards so as to blend smoothly with the hair style. Hair on the back of the neck may not touch the collar. Hair shall be no longer than 4 inches. Hair must be groomed so that it does not touch the ears or the collar, nor extend below the eyebrows when the headgear is removed.

Q. Are pony tails, plaited, and braided hair authorized for wear by female officers when in uniform?

A. Pony tails and plaited hair are not authorized when in uniform. However, hair may be braided, provided the braids are held close to the head and do not interfere with the correct fit of the headgear.

Q. Can backpacks/carryall bags be carried by officers on their shoulders?

A. No. Regulations state that all bags (i.e., briefcases, gym bags, backpacks, lunch bags, suitcases, garment bags, carryall bags, etc. (excluding women's handbags/purses)) shall be hand carried with the following exceptions: (1) backpacks/gym bags may be worn when riding a bicycle or motorcycle, but shall be hand carried upon dismounting; (2) women's handbags shall be carried over the left shoulder or forearm, placing the top of the handbag at waist level. Bags should be carried in the left hand to facilitate saluting.

Q. Should a cover (cap) be worn at all times when in uniform and outdoors?

A. A cap should be worn at all times when in uniform and outdoors except when in a "covered area." A "covered area" is a designated area within the immediate vicinity of an officer's workplace (e.g., garage or walkway between buildings) where the wearing of a cap is not necessary. If in doubt as to whether an area is covered or not, officers should wear a cover.

For those officers assigned to, or visiting the Parklawn Building, Rockville, Maryland, the immediate outdoors and surrounding vicinities are not covered areas and require that a cover be worn at all times when outdoors.

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Mr. Michael J. Moroz Dies

It is with great sadness that the Division of Commissioned Personnel (DCP) reports the death of Mr. Michael J. Moroz, Deputy Chief of the Compensation Branch. Mike died of a sudden heart attack on the afternoon of Tuesday, January 26, 1999. He was 43 years old.

Mike worked in the Compensation Branch since July 1981, coming to the Commissioned Personnel Operations Division (CPOD) (an earlier name for DCP) from the U.S. Coast Guard where he served military time from 1974 to 1978 and then served as a civilian from 1978 to 1980. He started working with commissioned corps payroll in the Division of Pay Services and Payroll Accounting in 1980, and transferred to the Division's Compensation Branch, CPOD, in 1981. This is the time that CPOD assumed responsibility for the PHS Commissioned Corps payroll services. While in the Compensation Branch, Mike worked with special, retirement, and annuity pays.

Mike was a devoted husband and father of two daughters. He enjoyed cooking, gardening, playing poker, rooting for the Washington Redskins, vacationing with old friends, and was actively involved in sports, especially baseball. At his funeral, his oldest and dearest friends spoke of his caring nature and his willingness to go the extra mile to help those who asked and those he sensed needed help without their asking.

Since 1981, every Corps retiree and annuitant has had his or her life touched by Mike Moroz.

All of those who have dealt with him over the years know of his caring and compassionate service and will share in the deep sense of loss felt by the Division's staff members. He will be greatly missed.

Those wishing to send messages of condolence may send them to the following address for forwarding to Mike's family:

The Michael Moroz Family
c/o Division of Commissioned Personnel, HRS/PSC
5600 Fishers Lane, Room 4A-15
Rockville, MD 20857-0001

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Call for Nominations for the 1999 Jack D. Robertson and Ernest Eugene Buell Awards for PHS Dental Officers

The Dental Professional Advisory Committee is accepting nominations for the *Jack D. Robertson* and the *Ernest Eugene Buell Awards*. The awards are to be presented on June 8, 1999, at the 34th Annual Meeting of the U.S. Public Health Service (PHS) Professional Association to be held in Alexandria, Virginia. The awards will honor dental officers/dentists who are either commissioned officers or civil service employees.

The *Jack D. Robertson Award* was established in 1982 by the PHS Chief Dental Officer in honor of CAPT Robertson, and is presented each year to a senior dental officer/dentist (O-5 or GS-14 and above) whose professional performance best exemplifies the dedication, service, and commitment to PHS demonstrated by CAPT Robertson during his career.

The *Ernest Eugene Buell Award* was established in 1989 in commemoration of the Commissioned Corps Centennial Year. CAPT Buell was the first PHS Commissioned Corps dental officer. He was commissioned in June 1919 and assigned to the Division of Marine Hospitals and Relief. This award is presented annually to a junior dental officer/dentist (O-4 or GS-13 or below) who has made a significant contribution in oral health education, research, or service.

Nominations can originate at any level within PHS but must, in all cases, go through appropriate Operating Division/Program channels prior to submission. Nominations for both the *Jack D. Robertson* and *Ernest Eugene Buell Dental Awards* shall consist of: (1) transmittal memorandum; (2) current curriculum vitae; (3) brief citation suitable for use on public occasions; and (4) written justification for the award based on the past activities of the individual nominated. The justification should be one to three pages in length and must contain sufficient information to enable a judgment to be made about the individual's level of professional contributions, dedication, demonstrated adherence to principles, and pursuit of excellence. All nominations are to be submitted by *March 31, 1999* to:

Office of the PHS Chief Dental Officer
Division of Oral Health
ATTN: Ms. Pat Farah
Centers for Disease Control and Prevention
4770 Buford Highway - Mail Stop F10
Chamblee, GA 30341
Phone: 770-488-6054
Fax: 770-488-6880
E-mail: phf0@cdc.gov

Please visit the PHS dental category web site for the 1998 awardees and for more details on the selection criteria –

<http://www.ihs.gov/NonMedicalPrograms/PHS/PHSDENTAL/index.htm>.

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Medical Affairs Branch

Check Your Dependents' Uniformed Services ID Cards on Your Birthday

Submitted by CDR Ana Marie Balingit, Chief, Patient Care Services, Beneficiary Medical Programs Section, Medical Affairs Branch, Division of Commissioned Personnel.

As an active-duty officer with dependents who are enrolled in TRICARE and the TRICARE Active-Duty Family Member Dental Plan (FMDP), I have an obligation to ensure that the status of my dependents is current. By doing so, I avoid the potential for any problems in that area that may be associated with these two programs.

There are a number of situations that account for claims to be rejected by TRICARE and United Concordia Companies, Inc. (United Concordia administers the FMDP). However, the most common and easily remedied is the Defense Enrollment Eligibility Reporting System (DEERS) eligibility. Both active and retired Uniformed Services sponsors and all family members must be entered in the DEERS computer data banks and family members must be shown as eligible for TRICARE benefits.

Family members' Uniformed Services identification (ID) cards have an expiration date of 4 years from the date the ID card was last issued. When claims are rejected due to ineligibility because of an expired ID card, the fix is often long and arduous. That is why, every year on or around my birthday (because I remember that date), I initiate a call to the DEERS office in Monterey, California, at 1-800-538-9552, and ask the following:

- who do you have listed as my dependents?
- what is the address you have on record?
- what are the expiration dates on the eligibility of each of my dependents?
- tell me about my dependents' respective enrollment in TRICARE and FMDP.

By calling the DEERS office on my birthday and therefore keeping my family members' ID cards current, I have been able to prevent potential problems regarding claims and their adjudication.

I am sharing this technique with you in the hope that you too will call on (or around) *your* birthday and ensure that DEERS contains up-to-date information on each of your family members and that ID cards have not expired. Doing so will help TRICARE and United Concordia process claims quickly and accurately.

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Commissioned Officer Roster and Promotion Seniority Pamphlet Distributed

Commissioned Corps Personnel Manual Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority," (also known as the "Blue Book") dated October 1, 1998, was printed and distributed. All active-duty officers should have received this pamphlet at their duty station addresses and reference copies were sent to officers' administrative offices.

This edition of the "Blue Book" is available on the Division of Commissioned Personnel's (DCP) web site at **<http://dcp.psc.dhhs.gov>**

Important Note: This will be the last edition of the "Blue Book" that will be produced and distributed in a printed format. Future editions will only be available on DCP's web site. In future years, those requiring a printed copy of the "Blue Book" will be advised to print the appropriate sections or pages directly from the web site.

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Good Computer Security Practices for Users

Always protect sensitive unclassified information. Sensitive and mission-critical information requires protection from disclosure, alteration, and loss. Therefore:

(1) Protect your equipment—Keep food, drink, and electrical appliances away from your computer and media.

(2) Protect your area—Recognize, politely challenge, and assist people who do not belong in the area.

(3) Protect your passwords—Use only permitted passwords, change frequently, and do not share your password with anyone.

(4) Protect your files—Establish and periodically review access privileges for each sensitive file.

(5) Protect your unattended terminal—Always log-out before leaving your terminal unattended.

(6) Protect against viruses—Never bring unauthorized or personal software to work.

(7) Protect your media—Label all diskettes. Lock up software and removable media, and equipment that contains fixed media.

(8) Protect against disaster—Always have back-up programs, equipment, and data bases ready to go.

(9) Protect classified data—Only process classified data with prior approval and authorization. Never process classified data on a system with a hard disk.

Note: Unauthorized reproduction of copyrighted software is against the law.

If you have a computer security question, contract your Computer Security Officer.

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Junior Officers and Noncompetitive Promotions

This article contains valuable promotion information for *nonmedical* Lieutenant Junior Grade (LTJG) O-2 officers, and *medical* Lieutenant (LT) O-3 officers in the Public Health Service Commissioned Corps.

Promotions to O-3 for nonmedical officers, and promotions to O-4 for medical officers are not competitive. What does this mean? It means that if the following criteria is met by these officers, the Division of Commissioned Personnel (DCP) has the authority to administratively promote officers to the O-3 grade for nonmedical officers and to the O-4 grade for medical officers:

- nonmedical officers must have 8 years of training and experience (T&E), and medical officers must have 12 years of T&E. The T&E credit date is established according to the commissioning standard along with information provided by the officer. This date can be found on every commissioned officer's call to active duty order;
- each officer must also have a current Commissioned Officers' Effectiveness Report (COER) on file in DCP. If the officer was called to duty after June of the current year, a short narrative evaluation will suffice;
- officers must possess a current unrestricted license, registration, or certification, as appropriate; and
- medical officers must have a letter of recommendation from their Operating Division (OPDIV)/Program that is signed the OPDIV/Program Head.

In summary, for nonmedical officers to be administratively promoted to O-3, LT, they must have:

8 years of T&E;

a current COER; and

a current unrestricted license, registration, or certification, as appropriate.

For medical officers to be administratively promoted to O-4, LCDR, they must have:

12 years of T&E;

a current COER;

a current unrestricted license; and

a letter of recommendation from their OPDIV/Program that is signed the OPDIV/Program Head.

The COERs and the letters of recommendation must be sent to DCP through the officer's OPDIV/Program Commissioned Corps Liaison.

On a quarterly basis, DCP provides each OPDIV/Program with a list of officers who are eligible for noncompetitive promotions.

Generally, all officers who are eligible for promotion to the temporary O-2 (LTJG) or O-3 (LT) grade will be promoted without promotion board review on the date that eligibility is entirely attained, providing that all appropriate items listed above are on file in DCP. These noncompetitive promotions cannot be made retroactively. Prior to the effective date of the promotion, if the Director, DCP, determines that there are concerns about an officer's qualifications for promotion, the officer's record will be forwarded to a promotion board for evaluation.

All questions should first be addressed to the officer's OPDIV/Program Commissioned Corps Liaison. Further information is available from INSTRUCTION 1, "COER," Subchapter 25.1 of the Commissioned Corps Personnel Manual which is available at the DCP web site **<http://dcp.psc.dhhs.gov>**

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Retirements - February

Title / Name	*OPDIV/Program*
MEDICAL	
REAR ADMIRAL (UPPER)	
Audrey H. Nora	HRSA
CAPTAIN	
Edward J. Gehringer	IHS
Stuart H. Yuspa	NIH
DENTAL	
CAPTAIN	
Steven H. Posner	OS
Garry E. Pitts	IHS
COMMANDER	
Wayne G. Sterba	BOP
NURSE	
CAPTAIN	
Filomena L. Kiger	IHS
Arlene B. Wahwasuck	IHS
HEALTH SERVICES	
CAPTAIN	
Jennings E. Partridge	FDA
Gary L. Leva	IHS
Winston J. Dean	OSG

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Recent Deaths

The deaths of the following active-duty and retired officers were reported to the Division of Commissioned Personnel:

Title / Name	*Date*
MEDICAL	
REAR ADMIRAL	
Edward F. Blasser	01-26-99
CAPTAIN	
Harry A. Sauberli	09-10-98
Glenn S. Usher	01-04-99
NURSE	
CAPTAIN	
Virginia M. Worsley	11-11-98
ENGINEER	
CAPTAIN	
Raymond G. Haire	02-06-99
THERAPY	
CAPTAIN	
Robert N. Parrette	01-01-99

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Travel Tips for Permanent Change of Station, Retirements, and Separations

It is important that officers and Operating Divisions/Programs (OPDIVs) understand the travel and transportation entitlements associated with the Commissioned Corps of the Public Health Service (PHS). Therefore, listed below are general entitlements associated with Permanent Change of Station (PCS), Retirements, and Separations. In addition, under each subheading is information applicable only to that specific subheading.

The daily per diem rates for travel performed by Privately Owned Conveyance (POC) are as follows: $50.00 for the service member, $37.50 for the member's spouse, $37.50 for each dependent child 12 years of age and over, and $25.00 for each child less than 12 years of age. These are flat per diem rates, thereby requiring no receipts.

Officers electing to drive their POC are authorized to receive a Monetary Allowance in Lieu of Transportation (MALT). The MALT (mileage) rates associated with driving a POC are: $.15 for one person, $.17 for two people, $.19 for three people, and $.20 for four people traveling in a POC. A second POC is authorized if dependents accompany the member on the PCS. The above rates do not apply to those individuals participating in the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP). Officers participating in JRCOSTEP should travel as directed by their personnel orders.

Permanent Change of Station

Members performing a PCS move are authorized to ship their household goods (HHG) from the former permanent duty station (PDS) to the new PDS. In addition, the member may ship HHG from the Home of Record (HOR), or any previous PDS to the present PDS, not to exceed the cost the Government would incur if HHG were shipped in a single lot. Members are responsible for the additional cost associated with multiple shipments. Members are entitled to 90 days of temporary storage. In addition, members must exercise their travel and transportation entitlements within 1 year of the effective date of their personnel orders to avoid losing the entitlements.

Members relocating their household pursuant to a PCS move are entitled to Dislocation Allowance (DLA) if authorized on their personnel orders. The DLA is an entitlement paid to Uniformed Services members to help defray some of the costs incurred when relocating their household pursuant to a PCS. The DLA rates are located in Table U5G-1 of the Joint Federal Travel Regulations. The DLA is taxable for PHS officers. DLA is not authorized for members being called to active duty, separating, or retiring.

Retirements

Members retiring are authorized to ship their household goods to their Home of Selection. In addition, members are entitled to 1 year of nontemporary storage (NTS) at point of origin (last PDS). If the HHG are not stored at point of origin, the entitlement to 1 year of NTS is terminated. The Division of Commissioned Personnel's Retirement Coordinator is available upon request to discuss travel and transportation entitlements in detail with each officer prior to his or her retirement. The Retirement Coordinator can be reached at 301-594-2963.

Separations

Members separating from the Service are authorized to ship HHG from the PDS to the HOR, the point from which called to active duty, or a location of lesser distance. Members are entitled to 90 days of temporary storage. In addition, members must exercise their travel and transportation entitlements within 180 days of the effective date of their personnel orders to avoid losing the entitlements. Members separating prior to completing 24 months on active duty may be divested of their travel and transportation entitlements.

Members with questions concerning their travel and transportation entitlements should contact their OPDIV/Program Commissioned Corps Liaison prior to making plans or finalizing arrangements.

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Many Fail to Use G.I. Bill Benefits

When President Franklin D. Roosevelt signed the Servicemen's Readjustment Act of 1944, he laid the groundwork for the subsequent investment of billions of U.S. government dollars in the education and training of millions of veterans. Why is it, then, that only about half of all veterans eligible for these educational benefits ever use them?

According to the Department of Veterans Affairs' (VA) statistics, education benefits left unclaimed under past veterans' entitlement programs total in the billion of dollars. Today more than one million servicemembers are eligible for education funding under the 1985 Montgomery G.I. Bill. Recent benefit increases raised the amount available to as high as $19,000. But will such an education windfall increase the number of veterans who use it? If history is an indicator, probably not. Only 61 percent of Vietnam era veterans ever availed themselves of the benefits.

Reasons for non-use vary, but some separating personnel leave the Service without a clear understanding of when benefits expire. In general, the funds must be used within 10 years of a servicemember's date of separation from active service.

Because the deadline for use often passes in many cases, the VA is adding new ways to get the word out. Veterans in 11 States now can dial a toll-free number – 1-888-442-4551 (1-888-GI BILL-1) - to be connected directly to a VA education benefits counselor. The goal is to implement this toll-free number in all 50 States. The VA's web site **<www.va.gov/education>** features comprehensive descriptions of educational entitlements, deadlines, and exceptions to deadlines. To make applying for benefits even easier, the web site also features at least 10 forms that can be downloaded and printed out. Applicants can then simply complete the forms and mail them to the VA for processing.

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Check Your Cholesterol and Heart Disease I.Q.

Prepared by the National Heart, Lung, and Blood Institute, National Institutes of Health

Are you cholesterol smart? Test your knowledge about high blood cholesterol with the following statements.

1. High blood cholesterol is one of the risk factors for the heart disease that you can do something about.

   True. High blood cholesterol is one of the risk factors for the heart disease that a person can do something about. High blood pressure, cigarette smoking, diabetes, overweight, and physical inactivity are the others.

2. To lower your blood cholesterol level you must stop eating meat altogether.

   False. Although some red meat is high in saturated fat and cholesterol, which can raise your blood cholesterol, you do not need to stop eating it or any other single food. Red meat is an important source of protein, iron, and other vitamins and minerals. You should, however, cut back on the amount of saturated fat and cholesterol that you eat. One way to do this is by choosing lean cuts of meat with the fat trimmed. Another way is to watch your portion sizes and eat no more than 6 ounces of meat a day. Six ounces is about the size of two decks of playing cards.

3. Any blood cholesterol level below 240 mg/dL is desirable for adults.

   False. A total blood cholesterol level of under 200 mg/dL is desirable and usually puts you at a lower risk for heart disease. A blood cholesterol level of 240 mg/dL is high and increases your risk of heart disease. If your cholesterol level is high, your doctor will want to check your level of LDL-cholesterol ("bad" cholesterol). A HIGH level of LDL-cholesterol increases your risk of heart disease, as does a LOW level of HDL-cholesterol ("good" cholesterol). An HDL-cholesterol level below 35 mg/dL is considered a risk factor for the heart disease. A total cholesterol level of 200-239 mg/dL is considered borderline-high and usually increases your risk for heart disease. All adults 20 years of age or older should have their blood cholesterol level checked at least once every 5 years.

4. Fish oil supplements are recommended to lower blood cholesterol level.

   False. Fish oils are a source of omega-3 fatty acids, which are a type of polyunsaturated fat. Fish oil supplements generally do not reduce blood cholesterol levels. Also, the effect of the long-term use of fish oil is not known. However, fish is a good food choice because it is low in saturated fat.

5. To lower your blood cholesterol level you should eat less saturated fat, total fat, and cholesterol, and lose weight if you are overweight.

   True. Eating less fat, especially saturated fat, and cholesterol can lower your blood cholesterol level. Generally your blood cholesterol level should begin to drop a few weeks after you start on a cholesterol-lowering diet. How much your level drops depends on the amounts of saturated fat and cholesterol you used to eat, how high your blood cholesterol is, how much weight you lose if you are overweight, and how your body responds to the changes you make. Over time, you may reduce your blood cholesterol level by 10-50 mg/dL or even more.

6. Saturated fats raise your blood cholesterol level more than anything else in your diet.

   True. Saturated fats raise your blood cholesterol level more than anything else. So, the best way to reduce your cholesterol level is to cut back on the amount of saturated fats that you eat. These fats are found in largest amounts in animal products such as butter, cheese, whole milk, ice cream, cream, and fatty meats. They are also found in some vegetables oils—coconut, palm, and palm kernel oils.

7. All vegetable oils help lower blood cholesterol levels.

   False. Most vegetable oils—canola, corn, olive, safflower, soybean, and sunflower oils—contain mostly monosaturated and polysaturated fats, which help lower blood cholesterol when used in place of saturated fats. However, a few vegetable oils—coconut, palm and palm kernel oils—contain more saturated fat than unsaturated fat. A special kind of fat, called "trans fat," is formed when vegetable oil is hardened to become margarine or shortening, through a process called "hydrogenation." The harder the margarine or shortening, the more likely it is to contain more trans fat. Choose margarine containing liquid vegetable oil as the first ingredient. Just be sure to limit the total amount of any fats or oils, since even those that are unsaturated are rich sources of calories.

8. Lowering blood cholesterol levels can help people who have already had a heart attack.

   True. People who have had one heart attack are at a much higher risk for a second attack. Reducing blood cholesterol levels can greatly slow down (and, in some people, even reverse) the buildup of cholesterol and fat in the wall of the coronary arteries and significantly reduce the chances of a second heart attack. If you have had a heart attack or have coronary heart disease, your LDL level should be around 100 mg/dL which is even lower than the recommended level of less than 130 mg/dL for the general population.

9. All children need to have their blood cholesterol levels checked.

   False. Children from "high risk" families, in which a parent has high blood cholesterol (240 mg/dL or above) or in which a parent or grandparent has had heart disease at an early age (at 55 years or younger), should have their cholesterol levels tested. If a child from such a family has a cholesterol level that is high, it should be lowered under medical supervision, primarily with diet, to reduce the risk of developing heart disease as an adult. For most children, who are not from high-risk families, the best way to reduce the risk of adult heart disease is to follow a low saturated fat, low cholesterol eating pattern. All children over the age of 2 years and all adults should adopt a heart healthy eating pattern as a principal way of reducing coronary heart disease.

10. Women do not need to worry about high blood cholesterol and heart disease.

    False. Blood cholesterol levels in both men and women begin to go up around age 20. Women before menopause have levels that are lower than men of the same age. After menopause, a woman's LDL-cholesterol level goes up-and so her risk for heart disease increases. For both men and women, heart disease is the number one cause of death.

11. Reading food labels can help you eat the heart healthy way.

    True. Food labels have been changed. Look on the nutrition label for the amount of saturated fat, total fat, cholesterol, and total calories in a serving of the product. Use this information to compare similar products. Also, look for the list of ingredients. Here, the ingredient in the greatest amount is first and the ingredient in the least amount is last. So to choose foods low in saturated fat or total fat, go easy on products that list fats or oil first, or that list many fat and oil ingredients.

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A Career Counseling Opportunity

WHO: All Public Health Service (PHS) Commissioned Corps Officers

WHEN: June 7 through 9, 1999

WHERE: At the *1999 Annual USPHS Professional Association Meeting*

Career counseling will be offered to PHS Commissioned Corps officers in conjunction with the *1999 Annual U.S. Public Health Service Professional Association Meeting*, June 7-9, 1999, in Alexandria, Virginia. These one-on-one sessions provide officers with the opportunity to discuss issues and develop career strategies as they relate to personal and professional goals. This service is available to any officer who has not met in person with a staffing officer for career counseling within the past year. Officers who have received career counseling through teleconferencing are eligible to participate.

Since career counseling sessions often involve discussions related to documentation contained in the Official Personnel Folder (OPF), a request to participate must be made in advance so that staffing officers may review the OPF prior to the meeting. This is critically important since the OPF cannot be removed from the Division of Commissioned Personnel.

Complete the lower portion of this article and send it, or a copy, to the address provided. **Requests must be received on or before May 10.** The number of career counseling sessions is limited, and requests will be handled on a first-come, first-served basis. A timely response is in your best interest. Officer Development Branch (ODB) staff will confirm appointments at a later date.

Career Counseling Opportunity Request

To request a 45-minute career counseling session, prioritize the time blocks listed below to indicate your preferences (#1 = 1st choice, #2 = 2nd choice, #3 = 3rd choice, etc.). **Please identify at least 3 different time blocks**.

_____ Monday, June 7, AM _____ Tuesday, June 8, AM _____ Wednesday, June 9, AM

_____ Monday, June 7, PM _____ Tuesday, June 8, PM _____ Wednesday, June 9, PM

Please complete the following (type or print):

Name: _____
(Last) (First) (Middle)

Address: _____
(Operating Division) (Building) (Room Number)

Address: _____
(Street) (City) (State) (ZIP Code)

PHS Category: _____ PHS Serial Number: _____

Daytime contact telephone number: Area Code: (_____) _____

Send this request, or a copy, to: Division of Commissioned Personnel, HRS/PSC
ATTN: Ms. Mary Boone /ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001

Complete applications may also be faxed to 301-443-7069. If you have any questions, please contact the Officer Development Branch, DCP, at 301-594-3360 (or toll-free at 1-877-463-6327, press 3, pause, and then press 2). □

DEPARTMENT OF HEALTH & HUMAN SERVICES

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