



Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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Surgeon General's Column

CHILD MALTREATMENT

While most American children grow up healthy and happy, some are deeply wounded by emotional, physical, and even sexual mistreatment. And while child maltreatment has traditionally been thought of as a criminal justice issue, it is also very much a public health issue.

I've seen it from both sides, as a law enforcement officer, and as a trauma surgeon. From the law enforcement side we emphasize protection, from the public health side we need to emphasize prevention.

In 2002, 1,400 children died from abuse or neglect, and nearly 900,000 children were abused. Although fewer children are being abused now than 10 years ago, any violence against our children is too much.

That this type of abuse can occur in the closest of relationships makes it extremely difficult to understand. There is the added pain of betrayal. It is natural for a child to expect love and caring from his parents and caregivers, but when that love is tarnished from abuse and neglect, the scars cut right through the body to the spirit. Imagine the emotional and physical devastation that occurs when someone you love, and who is supposed to take care of you, hits you, shakes you, belittles you, locks you in a closet, yells at you, doesn't feed you, or worse.

Child victims are often afraid to tell anyone that they are being hurt at home. The reality is that as a society we are still too reluctant to discuss child abuse and maltreatment. Too often,

child abuse is hidden behind a wall of secrecy, silence, and shame.

The individual and societal consequences of child maltreatment can be severe: physical injury or death; chronic health conditions; broken families; emotional devastation; and increased health care expenditures. It is a problem within American families that can affect any race, ethnicity, or socioeconomic group.

The wrenching mental and physical health effects of child maltreatment continue for that child long after he or she is placed in a safe environment. There is a lasting cycle of violence and pain. The child who is abused becomes the teenager who is violent toward his peers, and then becomes the man who is violent toward his wife and children. Or a child victim may grow up and again be victimized in adult relationships.

Children who experience maltreatment are at increased risk for experiencing adverse health effects and behaviors as adults, including smoking, alcoholism, drug abuse, physical inactivity, severe obesity, depression, suicide, sexual promiscuity, and certain diseases.

This administration has great concern for the victims of child abuse and neglect. President Bush, Health and Human Services Secretary Tommy Thompson, Dr. Wade Horn, Assistant Secretary for Children and Families, and RADM Cristina Beato, Acting Assistant Secretary for Health, are leading the way in child abuse prevention policies. The President has proposed doubling available funding for two critical child abuse prevention programs. Funding increases

for the Basic State Grant and the Community-Based Grants programs would help States improve their child protective service systems. Equally important, the additional funding would also help States provide more community-based prevention services including home visits, parent education, parent support, respite care, and outreach and education.

RADM Beato is tasked with the important job of leading President Bush's "Safe and Bright Futures for Children Initiative," an effort focused on children who witness or are victimized by domestic violence. This initiative seeks to prevent the immediate and long-term consequences and break the cycle of violence.

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control has identified top priorities for research in family violence, including a new focus on intervention with perpetrators or potential perpetrators before the violence occurs or recurs. Past public health interventions—such as campaigns teaching children the difference

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Surgeon General's Column

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between good touching and bad touching, for instance—have put the burden on the *child victim* to prevent or report abuse. While our children should be equipped to face potentially threatening situations, we must also determine how adults can intervene more effectively to prevent the abuse from occurring.

Certainly we can and must do more on the prevention side. Promoting healthy lifestyles for families can help, and one of our Department's top priorities is disease and injury prevention.

The fact that children in America still suffer and die at the hands of abusers compels us to be aggressive in developing ways to prevent abuse from occurring and stop it early if it does occur. That is why I am going to convene some of the best minds in criminal justice, medicine, child welfare, and education in a Surgeon General's Workshop on Child Maltreatment, to help shine a bright light on this problem and help determine next steps to end this scourge on our society.

I would like to thank everyone involved in planning the workshop, particularly RADM Woodie Kessel, for his leadership on this issue and so many others that are important to the health and well-being of America's children.

All of us must take action, not just those for whom child protection is a requirement of the job. As adults we have an obligation to be responsive to the needs of all children. I hope to work with many of you on this issue in the months ahead.

VADM Richard H. Carmona
Surgeon General



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

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



IMPORTANT!

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

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

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

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

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

Subscribe to Listserv to Receive Official E-mail Messages

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

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

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

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

IMPORTANT REMINDER!

Regarding Special Leave Accrual Policy—Annual Leave in Excess of 60 Days Must be Used by December 31, 2004

Manual Circular No. 368, "Annual Leave – Implementation of Special Leave Accrual Policy and Amendment," dated December 12, 2001 (available at—http://dcp.psc.gov/PDF_docs/Jan02ccb.pdf) assisted active-duty officers from losing entitlement to excess annual leave because of the September 11, 2001 attacks on the United States and its aftermath.

The policy authorized active-duty officers who were unable to take annual leave because of the national emergency to carry up to 90 annual leave days from one calendar year to the next—provided that all officers use accumulated annual leave in excess of 60 days before the end of the third calendar year (**before December 31, 2004**).

Office of Commissioned Corps Operations and Office of Commissioned Corps Force Management Become Operational; Division of Commissioned Personnel Disestablished

	DEPARTMENT OF HEALTH & HUMAN SERVICES	Office of the Secretary
		Assistant Secretary for Health Office of Public Health and Science Washington DC 20201
APR 14 2004		
TO:	Heads of Operating Divisions Heads of Staff Divisions All PHS Commissioned Corps Officers	
FROM:	Acting Assistant Secretary for Health	
SUBJECT:	Commissioned Corps Force Management and Operations – INFORMATION	
<p>Effective Sunday, April 18, 2004, the Office of Commissioned Corps Operations (OCCO), reporting to the Surgeon General, and the Office of Commissioned Corps Force Management (OCCFM), reporting directly to me, will become operational. Simultaneously, the current Division of Commissioned Personnel (DCP), which now reports to me, will be disestablished.</p> <p>The functional statements for both OCCO and OCCFM were Published in the <i>Federal Register</i> on December 18, 2003 (FR 68:243, p.70507 ff). To implement this reorganization, commissioned officers and civilian personnel working in the current structure are being reassigned to the new structure. A list of personnel assigned in the new structure, their positions, and their telephone numbers is attached.</p> <p>Several weeks ago, I announced that CAPT Denise Canton will serve as Acting OCCO Director until a permanent director is selected. She will be supported in this role by CAPT Gloria Ames, who will be Acting Director of the Division of Commissioned Corps Recruitment and Acting Director of the Division of Commissioned Corps Assignments. CAPT Greg Stevens, who is permanent Director of the Division of Commissioned Corps Support will also be Acting Director of the Division of Commissioned Corps Training and Career Development. As previously announced, OCCFM is headed by CAPT Lawrence Furman, who reports directly to me.</p> <p>Applications for announced Division Director positions in OCCFM and OCCO will be accepted through April 21. Vacancies for both OCCO and OCCFM will continue to be announced over the coming weeks. All positions are expected to be filled by June 30.</p> <p>Over the last several months, much has been expected of all of the staff of the Division of Commissioned Personnel, as well as the Office of Commissioned Corps Support Services and the Commissioned Corps Systems Branch in the Program Support Center, who are maintaining medical benefits, compensation and information systems. They have all performed with distinction. I want to express our appreciation for their dedication and hard work during this transition period.</p>		
 RADM Cristina V. Beato, M.D.		
Attachment		
U.S. Public Health Service		

Please note: RADM Cristina V. Beato's memorandum (at left) states that "A list of personnel assigned in the new structure . . . is attached." The list has not been reprinted in the issue of the *Commissioned Corps Bulletin*, but can be viewed from the 'Welcome' page of the Management Information System Web site at <http://dcp.psc.gov>.

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Commissioned Officers' Effectiveness Report (COER)

2003 Annual COERs

All officers on duty as of March 1, 2003 were required to have a 2003 Annual COER. Officers who meet this criteria and do not have a 2003 Annual COER on file will **not** receive awards, special pays, promotions, etc., until the COER is complete.

Be advised that the electronic COER application for 2003 (last year's COER) will be shut off on May 31, 2004. Please check your eOPF. If your 2003 COER is not there, go to—<https://dcp.psc.gov/dcpcoers/restricted/login.aspx>—and log in to check the status of your COER. Then take appropriate steps to ensure the process is fully complete prior to May 31.

2004 Annual COERs

All officers on duty as of March 1, 2004 are required to have a 2004 Annual COER.

In anticipation of this year's process, go to—<http://dcp.psc.gov>—click 'Secure Area', 'Officer and Liaison Activities', log in, go to 'Update Contact Information' and verify that your e-mail address is correct.

Major revisions to the electronic COER application have been undertaken in an attempt to make it more user-friendly for officers, raters, and reviewing officials.

Please continue to monitor the Web site and your e-mail for updates on the anticipated release date for the new 2004 COER application.

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Absentee Voting Information Online

Information on absentee voting is available through the Internet. The Federal Voting Assistance Program's Web site—www.fvap.ncr.gov—provides voting-related information and resources, including the complete *Voting Assistance Guide* and voting news releases for members of the Uniformed Services who are eligible to vote absentee.

Public Health Service (PHS) Commissioned Corps officers can obtain Standard Form 76, "Registration and Absentee Ballot Request – Federal Post Card Application," from their local PHS ID card issuing office or by contacting the Division of Commissioned Corps Support, Office of Commissioned Corps Operations at 301-594-3384.

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Commissioned Corps Readiness Force

Keeping You Informed

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

- Pharmacy and nursing mission to Bethel, AK, which will end in May and June respectively.
- Physician, laboratorian, and pharmacist in Baghdad to support the Ministry of Health.
- CCRF officers deployed to the Emergency Health and Medical Services Administration, Department of Health in Washington, D.C., to assist in lead screening of D.C. residents.
- CCRF physicians deployed to Kodiak, AK.
- Physician, nurse, and medical records personnel to Medical Affairs Branch, Office of Commissioned Corps Support Services, to assist with the review and filing of more than 600 medical exams and submissions.

Kodiak Area Native Association

The Kodiak Area Native Association located on Kodiak Island, AK, requested CCRF support in augmenting a severe physician shortage in their facility. The facility is budgeted for four full-time physicians. However, retirements, resignations, and an unexpected long-term illness by one staff member, has resulted in there being only one physician remaining on staff. CCRF will deploy physicians from April through June 2004.

Lead Screening

In February 2004, the Emergency Health and Medical Services Administration (EHMSA), Department of Health, Washington, D.C., requested assistance from the Centers for Disease Control and Prevention (CDC) in responding to reports of elevated lead levels in residential tap water. The District of Columbia Water and Sewer Authority (DCWASA) began testing water samples in March in homes with either known or suspected lead service lines extending from the water main to the house. Approximately 68 percent of 6,170 houses sampled had lead levels above the Environmental Protection Agency action level of 15 ppb.

To examine whether the increase in tap water lead levels contributed to increased blood lead levels, the EHMSA asked the CDC and the Public Health Service (PHS) Commissioned Corps to assist in conducting an investigation that used both existing childhood blood lead surveillance data and blood lead samples collected from residents of homes with the highest water lead levels (>300 ppb). The PHS Commissioned Corps was asked to provide health care professionals who could perform venous blood draws, had experience in epidemiology, and could serve as interpreters for D.C. residents who speak Spanish, Vietnamese, Chinese, Korean, and the language of Ethiopia.

A second assignment for the PHS Commissioned Corps was to target the children in 120 District of Columbia Day Care Centers that are supplied by lead pipes. This work was completed on April 2. A final requirement was to reach out to the city's Vietnamese population to ensure that they were tested. This occurred on April 24, and was the direct result of the efforts of PHS Commissioned Corps officers to address the needs of this special population.

Upcoming Responses

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

- G-8 SUMMIT – Sea Island, GA, in June
- 2004 DEMOCRATIC NATIONAL CONVENTION – Boston, MA, in July
- 2004 SUMMER OLYMPICS – Athens in August
- 2004 REPUBLICAN NATIONAL CONVENTION – New York City in August

Training

Applications are now being accepted for the Liaison Officer (LNO) Training Course and the Homeland Security Medical Executive Course (HLSMEC) Course. Please visit the training page—

http://ccrf.hhs.gov/ccrf/adv_training.htm—for course descriptions and application requirements.

Thirty-seven CCRF officers recently completed an updated LNO Training course. The course was held in Washington, D.C. The officers that attended this training are now better prepared to respond as members of the Secretary's Emergency Response Team during a major response.

The CCRF Web site and CentreLearn are now updated to include the training requirements for each readiness level.



Retirements - April

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (LOWER)

Stephen F. Jencks CMS

CAPTAIN

Dean F. Effler IHS

John T. Friedrich IHS

Anderson B. Funke HRSA

Nancy C. Lee CDC

Hsien W. Ju FDA

DENTAL

CAPTAIN

Gregory L. Baber HRSA

Clifford D. White IHS

NURSE

CAPTAIN

Elnora A. Qualls HRSA

ENGINEER

CAPTAIN

Curtis C. Bossert IHS

Frank J. Hearl CDC

Michael Verschelden IHS

PHARMACY

CAPTAIN

Richard L. Abel BOP

Ronald E. Brown FDA

Steven J. Donelan IHS

John D. Ware, Jr. BOP

HEALTH SERVICES

CAPTAIN

Joanne Barron FDA

Richard A. Crosby IHS

Rollan J. Gongwer IHS

James L. Gray HRSA

Melvin E. Segal SAMHSA

James J. Vucich NIH



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</i>					
John W. Hariadi	DHS	Ardis R. Tsinnie	IHS	Ngozi A. Dike	IHS
Mobile, AL		Phoenix, AZ		San Carlos, AZ	
DENTAL					
<i>LIEUTENANT COMMANDER</i>					
Michelle M. Robinson	HRSA	Sara J. White	IHS	Jeffrey Huff	BOP
Wilmington, DE		Ketchikan, AK		Manchester, KY	
NURSE					
<i>LIEUTENANT COMMANDER</i>					
Kimberly A. Couch	IHS	<i>LIEUTENANT J.G.</i>		Hilcia J. Lambert-Bernardo	IHS
Phoenix, AZ		Paula K. Ayojiak	IHS	Fort Defiance, AZ	
Martha A. Wanca	IHS	Anchorage, AK		THERAPY	
Whiteriver, AZ		Lorenzo Dominguez	IHS	<i>LIEUTENANT</i>	
ENGINEER					
<i>LIEUTENANT COMMANDER</i>					
Mark A. Bauer	IHS	Jazz M. Fajardo	IHS	David M. Engelman	BOP
Anchorage, AK		Anchorage, AK		Springfield, MO	
Patrick M. Denis	IHS	HEALTH SERVICES			
Santa Fe, NM		<i>LIEUTENANT</i>			
Michael B. Hopkins	IHS	Hugo Gonzalez	IHS	Larry S. Conner	HRSA
Phoenix, AZ		Pawnee, OK		Springfield, MO	
Donna S. Johnson	IHS	LIEUTENANT J.G.			
Anchorage, AK		Sean R. Jordan	IHS	Artresiah T. Rogers	BOP
Kristin A. Koch	BOP	Belcourt, ND		Butner, NC	
Oklahoma City, OK		Varsha B. Savalia	FDA	HEALTH SERVICES	
Michael C. Krumlauf	NIH	Nogales, AZ		<i>LIEUTENANT</i>	
Bethesda, MD		SCIENTIST			
Sheila S. Mayes	BOP	<i>COMMANDER</i>			
Oakdale, LA		Raymond M. Droby	IHS	Jose A. Moreno	FDA
Jennifer P. Pope	NIH	Nome, AK		San Juan, PR	
Bethesda, MD		ENVIRONMENTAL HEALTH			
		<i>LIEUTENANT J.G.</i>			
		Kyle K. Wright	IHS	Janet C. Sanchez	IHS
		Fairbanks, AK		Whiteriver, AZ	
		PHARMACY			
		<i>LIEUTENANT</i>			
		Troy A. Bernardo	IHS	Roque Miramontes	HRSA
		Gallup, NM		Livingston, MT	
				Kimmine N. Pierce	IHS
				Lac Du Flambea, WI	
				Curtis M. Quintana	IHS
				Chinle, AZ	

Call for Nominations for the Junior Officer Advisory Group

The Junior Officer Advisory Group (JOAG) is seeking motivated, hard-working junior officers to fill open positions vacated due to the expiration of terms of voting members. JOAG is composed of Public Health Service (PHS) Commissioned Corps officers at the rank of Temporary O-4 and below. The mission of JOAG is to provide advise and consultation to the Surgeon General, Chief Professional Officers (CPOs), Professional Advisory Committees, and other PHS Commissioned Corps groups on issues relating to professional practice and personnel activities affecting junior officers in the Corps.

The JOAG meets monthly via teleconferencing and travel is not required for

membership. You must be willing to actively participate on the various subcommittees, and regular attendance at the meetings is required throughout the term of membership.

All new appointments will be made for a 2-year term and self-nominations are encouraged. JOAG will recommend successful candidates for appointment to the Surgeon General and the appropriate CPOs, with concurrence from the Agency/Operating Division/Program administrators and/or line supervisors.

Interested individuals may request a 'membership profile' form from LT Laura Longstaff. Interested individuals should

submit the membership profile form, a current curriculum vitae that includes their supervisor's name and phone number, and a cover letter stating interest in serving on JOAG, by **May 15, 2004** to the following address:

LT Laura Longstaff
Chair, Membership Committee
Junior Officer Advisory Group
National Institutes of Health
9000 Rockville Pike, 12 East
Bethesda, MD 20892

Phone: 301-496-4145

E-mail: llongstaff@cc.nih.gov

Commissioned Corps Awards Board

CDR SUSAN BLANK – *Recognized for Leading the Nation's Largest STD Control Program*

CDR Susan Blank was recognized with the (PHS) Public Health Service Outstanding Service Medal for her outstanding leadership in developing the largest sexually transmitted disease (STD) control program in the Nation.

In September 1999, CDR Blank was appointed Assistant Commissioner of Health and Director of the Bureau of STD Control in New York City, and she has been responsible for making the STD program into a national and regional model. CDR Blank manages a \$15 million annual budget, supervises 325 multidisciplinary staff, and oversees the operation of 10 STD clinics, 14 HIV testing sites, and other units that promote healthy sexual behavior and prevent the spread of STDs.

This exemplary program gives credit to CDR Blank's outstanding leadership, expertise, and dedication to the people of New York City. For example, in anticipation of New York State's HIV Reporting and Mandatory Partner Notification Laws (effective June 1, 2000), CDR Blank secured the funding and created the infrastructure necessary to successfully implement the new controversial law in

the program. CDR Blank's positive relationship with program clientele and foresight to reorganize the STD control program to meet the increased demands on limited staff and resources allowed the STD program to test 32,674 individuals in the next year—a 10 percent increase in tests. The program also maintained a remarkably high rate of return visits from patients with positive results (89 percent), for which the Centers for Disease Control and Prevention's HIV/AIDS Division commended the program.

CDR Blank expanded the New York City STD clinical services to people without access to testing. State-of-the-art diagnostic testing for chlamydia, including screening at non-clinical settings of high-risk populations, allowed more infected people to be identified and referred for treatment. CDR Blank also expanded STD clinic services to include hepatitis A, B, and C prevention services. In addition, she established a special clinic to serve almost 400 persons potentially exposed in a medical facility outbreak of hepatitis C infection. As a result, 4,240 at-risk persons received the hepatitis B vaccine, 1,425 persons received the hepatitis A vaccine, and 163 persons infected with hepatitis C were treated. The integration of hepatitis and STD services in New York City has become a national

model, which has been effective in preventing hundreds of cases of acute and chronic liver disease from developing. An estimated \$6,000 is saved for each case of hepatitis B that is prevented.

The last accomplishment to be noted is CDR Blank's ability to secure funding for establishing the New York City's STD/HIV Prevention Training Center, where more than 1,000 physicians and other clinical providers have been trained since October 2000. CDR Blank plays a key role in improving the quality of STD care in New York City, and her many accomplishments make her highly deserving of the PHS Outstanding Service Medal.

CDR TIMOTHY M. RADTKE – *Received PHS Outstanding Unit Citation as a Member of the Recreational Boating Carbon Monoxide Poisoning Response Team.*

The Commissioned Corps Awards Board article appearing in the March issue of the *Commissioned Corps Bulletin* did not mention that CDR Timothy M. Radtke of the Department of the Interior, detailed to the National Park Service, Denver Field Office, was also a member of the Recreational Boating Carbon Monoxide Poisoning Response Team honored with the PHS Outstanding Unit Citation.

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Call for Nominations for Engineer PAC Membership

The Engineer Professional Advisory Committee (EPAC) is seeking motivated commissioned corps and civil service engineers and architects who are interested in serving as members on this committee. The EPAC provides advice and consultation to the Chief Engineer and, through that individual, to the Surgeon General on matters relating to professional activities and personnel issues affecting engineers and architects. Members represent a diverse cross-section of commissioned corps and civil service engineers and architects within the Department's Agencies, Operating Divisions (OPDIVs), and Programs that are staffed by Public Health Service personnel.

Each year self-nominations are sought to fill vacancies due to expiring terms. The 3-year term appointment begins on *January 1, 2005*. The Chief Engineer will

recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/OPDIV/Program representatives. The EPAC meets 10 times a year by tele/video conference. Travel is not required for membership. Regular attendance at the meetings is expected throughout the term of membership. EPAC members are expected to actively participate in the activities of at least two subcommittees during the term of service. Some of the activities conducted by EPAC for the Chief Engineer include the mentoring, awards, and career development programs.

Corps or civil service engineers and architects who are interested are encouraged to self-nominate. Interested individuals should submit a current curriculum vitae and documentation that shows

endorsement from their immediate supervisor to participate. Self-nomination forms can be obtained from the EPAC Web page located at—<http://www.usphsengineers.org>. Alternatively, you may contact the Office of the Chief Engineer (see contact information below). Individuals should submit their completed self-nomination form by e-mail, fax, or mail no later than **June 30, 2004** to:

Ms. Lisa Hayes, P.E., DEE
Assistant to the Chief Engineer
ATSDR/DHAC Mail Stop E32
1600 Clifton Road, NE
Atlanta, GA 30333

Phone: 404-498-0435

Fax: 404-498-0792

E-mail: LHayes@cdc.gov

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CAPT Wendell E. Wainwright Receives BCOAG's Poindexter Award

The Black Commissioned Officers Advisory Group (BCOAG) of the U.S. Public Health Service (PHS) is pleased to announce that *CAPT Wendell E. Wainwright* is the recipient of the 2004 CAPT Hildrus A. Poindexter Award. BCOAG established the Hildrus A. Poindexter Award in 1990 in memory of CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., and Sc.D., (1901-1987) who was an exemplary PHS Commissioned Corps officer, distinguished physician, educator, and humanitarian. This son of a former slave, born into poverty on a farm near Memphis, TN, went on to become an eminent physician, scientist, and exemplary PHS Commissioned Corps officer.

This award honors a PHS officer or civil service employee (with a minimum of 7 years service within PHS) for outstanding service contributing to enhancing access to healthcare for underserved populations. CAPT Poindexter's outstanding contribution in the field of public health is recognized throughout the world. He performed his duties in the highest traditions and standards of the Corps and continues to be an inspiration not only to African-American officers, but also to all public servants. CAPT Wainwright was nominated and selected for his continuous contributions toward improving the health of African-Americans and other minorities through his works as a Project Officer and leader of BCOAG.

BCOAG is a collective public health professional body whose primary mission is to serve and advise the Surgeon General of the Public Health Service on African-American matters. In addition, BCOAG supports the career advancement and professional development of African-American officers.

CAPT Wainwright is a Senior Program Management Officer and Site Visit Coordinator in the Division of Community Based Programs, HIV/AIDS Bureau (HAB), Health Resources and Services Administration of the Department of Health and Human Services in Rockville, MD. As a Senior Program Management Officer (Project Officer), CAPT Wainwright is responsible for the oversight and coordination of 20 grant programs in two States (Louisiana and Arkansas) totaling over \$11 million. This includes conducting budget analysis of grantee's budget justification to ensure consistency with Title III and Title IV requirements and policy in collaboration with HAB's

Grants Management Office. He recommends grantees for funding based on competitive and non-competitive applications as well as provides technical assistance to the Objective Review Committee.

In his position as Site Visit Coordinator, CAPT Wainwright has management oversight to coordinate, schedule, and plan on-site visits for Title III and Title IV funded programs nationwide, which accounts for \$155 million of the total Ryan White CARE Act funds. On-site visits serve as a method of monitoring and evaluating the activities of Title III and Title IV funded programs. Visits include evaluating the program's administration, clinical, fiscal, management information systems, and social service program. CAPT Wainwright is responsible for selecting consultants and providing guidance regarding the Bureau's policies and procedures. In planning and implement-

ing the site visit process, CAPT Wainwright regularly meets with Title III and Title IV grantees, fellow project officers, and a cadre of consultants.

Currently, CAPT Wainwright is the immediate past Chair of BCOAG. Prior to serving two terms as Chair, CAPT Wainwright served one term as Vice-Chair of BCOAG and chaired the charter sub-committee for BCOAG's first revision of the charter that was reviewed and accepted by the Office of the Surgeon General.

The Hildrus A. Poindexter Award will be presented to CAPT Wainwright during a special award ceremony at the Commissioned Officers Association 2004 Public Health Professional Conference, which will occur at the Egan Convention Center and Hilton Anchorage, May 16-20, 2004 in Anchorage, AK.

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PHS Commissioning Ceremony Held in Ada, Oklahoma

On March 31, 2004, a Commissioning Ceremony for LTJG Charity M. Nelson was held in the Regents Room on the East Central University (ECU) campus in Ada, OK. LTJG Nelson graduated from ECU in August 2003, and was commissioned as an Environmental Health Officer assigned to the Pawnee Indian Health Center in January 2004.

Speakers at the event included Dr. Bill Cole, ECU President; CAPT Patrick Bohan, USPHS (Ret.), ECU assistant professor; and CAPT Randy Grinnell, Director, Division of Environmental Health and Engineering, Oklahoma City Area Indian Health Service. Other officers in attendance included CAPT John Garber, CDR Kevin Meeks, CDR Richard Turner, LCDR Chris Buchanan, and LCDR Danny Walters. After CAPT Grinnell administered the Oath of Office, LTJG Nelson's parents 'pinned' her with her new rank.

This ceremony is believed to be the first of its kind in the Oklahoma City Area Office. It is hoped that more such ceremonies will be conducted in the future in an effort to recognize our newly commissioned officers and to promote visibility of the Public Health Service Commissioned Corps.

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Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Office of Commissioned Corps Support Services (OCCSS), please phone 1-800-638-8744.

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

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
<i>CAPTAIN</i>	
James L. Baker	03/14/04
George E. Parkhurst	04/02/04
Albert T. Snoko	02/28/04
DENTAL	
<i>CAPTAIN</i>	
John C. Heckel	03/22/04
SCIENTIST	
<i>CAPTAIN</i>	
Malcolm J. Williams	03/24/04
ENVIRONMENTAL HEALTH	
<i>CAPTAIN</i>	
Roberta L. Dresser	03/08/04
VETERINARY	
<i>CAPTAIN</i>	
Patricia E. Hasemann	04/03/04

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Call for Nominations for Environmental Health Officer PAC

The Environmental Health Officer Professional Advisory Committee (EHOPAC) is currently accepting nominations for membership for 2005. Members are elected for a 3-year term and may serve a maximum of two terms. The election for new members will be conducted at the fall 2004 EHOPAC meeting.

Openings will be available for members representing the Agency for Toxic Substances and Disease Registry, Indian Health Service, National Park Service, Food and Drug Administration (2 seats),

and an at-large representative that can be from any Agency/Operating Division. Commissioned officers and civil service employees who have already submitted a nomination do not need to respond unless their supervisor has changed since the original submission. In that case, a new form with the current supervisor's signature should be submitted along with a current curriculum vitae.

The form and an **electronic** curriculum vitae should be sent by **August 31, 2004** to:

CDR Theresa McDarmont
Membership Subcommittee Chair
National Park Service
Southeast Regional Office
1924 Federal Building
100 Alabama Street, SW
Atlanta, GA 30303

Phone: 404-562-3124 ext. 549
Fax: 404-562-3328
Email: Theresa_McDarmont@partner.nps.gov



Tax Withholding for 2004

If you have found, as a result of completing your 2003 tax forms, that you had a significant refund or payment, you should consider changing the withholding on your current income.

Your current number of allowances for tax purposes is shown on your form PHS-6155, "Statement of Earnings and Deductions." You may file an updated Form W-4 for Federal (and State if it

applies) tax withholding if you wish to change the amount of your present withholding. Form W-4 contains worksheets to assist you in determining the correct number of allowances. The payroll system automatically adjusts for the new tax rates based on the number of allowances that you presently claim.

If you wish to change the number of allowances you claim, Form W-4 (2004) and worksheets are available on the In-

ternal Revenue Service Web site—<http://www.irs.gov>—or you can request a Form W-4 from your local administrative or personnel office. Complete the form and mail it to:

Office of Commissioned Corps
Support Services/PSC
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Office of Public Health and Science
Office of the Surgeon General
Office of Commissioned Corps Operations, Room 4-04
Rockville MD 20857-0001

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