



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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November 2000

Surgeon General's Column

We have witnessed a great deal of progress in public health and medicine since our Nation first embarked on the national planning process for the Healthy People initiative. The process began in 1979 with *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, which was followed in 1990 by *Healthy People 2000*. *Healthy People 2010* represents the third time the Department of Health and Human Services has developed health objectives for the Nation. The initiative has withstood four presidential administrations and has enjoyed bipartisan support and we expect that it will continue to thrive in the future.

I have reported earlier that we are nearly a year into our ambitious Healthy People initiative and the momentum for the goals—to enhance the quality and years of healthy life and to eliminate disparities in health—is steadily building. Supporting those two goals are a voluminous set of objectives for the American people to rally around, 467 in all. We see this as both an opportunity and a challenge. It's an opportunity because having more objectives allows for more Healthy People involvement throughout the Nation. It's a challenge because there is no way we could effectively communicate that many objectives to the average person. We hope the newly added 10 Leading Health Indicators will change that. They were developed with assistance from the Institute of Medicine, based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The indicators reflect personal behaviors, factors in the physical

and social environment, and systemic issues that greatly affect the health of individuals and communities. They can be divided into two groups of five.

Lifestyle Indicators

These represent some of the most important challenges facing public health today, but also some of the best opportunities we have for shaping a better future.

- **Tobacco use** is the leading preventable cause of death in the United States today, resulting in nearly half a million deaths each year. This is especially alarming considering that, with all we know about the harmful effects of tobacco, 3,000 teenagers become new smokers every day. Our goal is to cut the smoking rate in half by the year 2010.
- **Physical activity** is another serious lifestyle challenge confronting the Nation. In fact, more than 300,000 deaths each year are attributable to physical inactivity and dietary factors. The many dangers of physical inactivity include increased risk of heart disease, stroke, diabetes, and colon cancer. We recommend at least 30 minutes of physical activity a day, at least 5 days a week, along with a healthy diet of grains and at least five daily servings of fruits and vegetables. In 1997, 64 percent of adolescents, and only 15 percent of adults, engaged in the recommended amount of physical activity. In the same year, 40 percent of adults engaged in *no* leisure-time physical activity.
- **Overweight and obesity**, which are exacerbated by physical inactivity and

poor diets, are steadily rising in both children and adults, resulting in serious health risks. Overweight and obesity among adults have increased by around 50 percent; in children, the increase is as much as 100 percent. In concert with these increases is an increase in the rate of diabetes in the United States. In fact, we are seeing increasing incidences of Type 2 diabetes, formerly known as adult onset diabetes, in children as young as 10 years of age. This was nearly unheard of just a decade ago.

- **Substance abuse** includes abuse of alcohol and use of illicit drugs. It is important to note that the drug of choice, especially among college students, is alcohol. That is not to say that we are not concerned about illicit drugs, but when 40 percent to 50 percent of college students binge drink—have more than five drinks in one sitting, at least twice a month—we must take notice. It means they drink to get drunk, increasing their risk of developing alcohol-related diseases, and putting themselves and others at increased risk for motor vehicle crashes, irresponsible sexual behavior, and violence—not to mention poor academic performance.

(Continued on page 2)

IN THIS ISSUE . . .

PY 2001—Important Dates	3
Meet the New CPO—Dietitian Category	3
JRCOSTEP and SRCOSTEP Applications	8

Surgeon General's Column

- **Responsible sexual behavior** involves both remaining abstinent until in a committed relationship, and protecting oneself and others against disease and unwanted pregnancy when sexually active. Irresponsible sexual behavior can be deadly. The AIDS pandemic is worse than anything we have seen since the plague of the 14th century or the influenza epidemic of 1918.

Health Systems Indicators

- **Mental health** issues remain problematic in this country. Over the last 25 years, we have witnessed a scientific revolution in our understanding of mental health and mental illness that has resulted in a vast array of safe and effective treatment options. Still, as the landmark December 1999 *Surgeon General's Report on Mental Health* notes, one in five people experiences a mental disorder, but because of stigma and shame, too few seek the help that is available. As a forerunner to the Mental Health Report, we published the *Surgeon General's Call to Action to Prevent Suicide*, which outlines the need for a national strategy to treat depression and other mental health problems.
- **Immunization**, one of the most effective public health interventions to date, is an area of concern for both children and adults. While we have come a long way with regard to children's immunizations, there are still great disparities among adult immunization rates. Although 67 percent of white older adults reported influenza vaccination in 1997, only 50 percent of African American seniors, and 58 percent of elderly Hispanics did so. Similarly, 47 percent of white senior citizens reported receiving pneumococcal vaccine, but only 30 percent of African Americans and 34 percent of Hispanics reported receiving it.
- **Violence and injury prevention**, including homicides, suicides, and crashes, are particularly critical among young people. We plan to release a *Surgeon General's Report on Youth Violence Prevention* in the near future.
- **Environmental quality**, a term covering both physical and social envi-

(Continued from page 1)

ronment, is another area of increasing concern. There is a clear need to address such social-environment issues as work-related stress, injury, violence, housing, transportation, and urban development. African American and Hispanic children are at increased risk from their geographic environment as well. They are much more likely than white children to grow up near hazardous waste sites, for example. In fact, although minorities constitute only about 25 percent of the U.S. population, they comprise 40 percent of the people living within 2 miles of hazardous waste sites, and an even greater percentage are minority children. In addition, the rate of asthma and asthmatic attacks are major concerns for minority children.

- **Access to care** is the final health systems indicator. We need a community health system that balances health promotion, disease prevention, early detection, and availability of high-quality health services for all. Our health system has disproportionately punished the poor and minorities and those who serve them. We must find ways to ensure that cost, quality, and accessibility—as well as other socioeconomic issues, such as education and housing—do not serve as barriers to quality care. In addition, we must ensure that we have a diverse pool of physicians who are culturally competent and available to serve.

All of the indicators are designed to support the Healthy People 2010 goals of increasing the quality and years of healthy life and eliminating health disparities based on race and ethnicity. For each indicator, specific objectives from Healthy People 2010 will be used to track progress and, through national and State-level report cards, recognize achievements and remaining challenges. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the years of healthy life and on eliminating health disparities—creating the next generation of healthy people in healthy communities.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

CDR Terry J. Schleisman Receives PHS Meritorious Service Medal with Valor

CDR Terry J. Schleisman, an optometrist serving with the Indian Health Service (IHS), was recently awarded the Public Health Service (PHS) Meritorious Service Medal with Valor for his heroic action that prevented the drowning deaths of three youngsters, ages 8, 10, and 12.

While serving in Kotzebue, Alaska, with the IHS, CDR Schleisman was on a bike trip on the evening of August 30, 1998. He was returning to Kotzebue from a 1½ mile trip up to Cemetery Road. This road goes out of Kotzebue into the tundra and is infrequently traveled. As CDR Schleisman was returning to town, coming up to the farthest bridge from town, he saw approximately 10 frantic people screaming, "Help them, help them, they can't swim!" This bridge spans a channel approximately 20 to 30 feet deep that has been dredged to allow boats access to and from the Kotzebue Sound from the Arctic Ocean. There are no safety devices or ropes available in this area to assist with a water rescue.

As CDR Schleisman was pedaling up to the bridge, he saw three children struggling in the water in the channel beneath the bridge. None of the children could swim and they were caught in the strong undertow and cross currents that flow through the channel.

When told that none of the children could swim, CDR Schleisman quickly removed his shirt and shoes. He then jumped into the deep, cold, 50-degree water. The youngest child had gone under water at least twice and was going under again when CDR Schleisman reached him. CDR Schleisman grabbed the child and swam with him back to shore. CDR Schleisman then went back into the channel to rescue the 10-year-old child. Because of CDR Schleisman's actions and example, a bystander with very limited swimming ability was inspired to wade into the water and encourage the oldest child to struggle closer to shore where the wader could reach him.

CDR Schleisman acted without regard to his personal safety by risking hypothermia and the possibility that he would be swept out into the Arctic Ocean during the rescue effort. His clear headed actions were instrumental in preventing a tragedy that surely would have resulted in the drowning deaths of these three children. His performance represents the most cherished tradition of the PHS and reflects great credit upon himself and the PHS.

Meet the New Chief Professional Officer



CAPT Shirley A. Blakely

CAPT Shirley A. Blakely was selected as the Chief Professional Officer for the Dietitian Category effective September 1, 2000. As Chief Dietitian Officer, CAPT Blakely is responsible for providing leadership and coordination of Public Health Service (PHS) dietitian professional affairs for the Office of the Surgeon General and the Department. CAPT Blakely will provide guidance and advice to the Surgeon General and the Dietitian Professional Advisory Committee on matters such as recruitment, retention, and career development of PHS dietitians.

CAPT Blakely became a registered dietitian following completion of a dietetic internship in the U.S. Army at the Fitzsimons General Hospital, Denver, Colorado, and worked as a dietitian in the U.S. Army. She later obtained her M.S. and Ph.D. degrees in nutritional sciences. After serving as a nutritionist for private industry and as a professor at Gallaudet University and the Howard University College of Medicine in Washington, D.C., CAPT Blakely went to work for the Food and Drug Administration (FDA). For the past 13 years, she has worked at FDA's Center for Food Safety and Applied Nutrition (CFSAN) serving as a staff fellow, Senior Research Nutritionist, Strategic Manager for Nutrition, Special Assistant to the Director in the Office of Scientific Analysis and Support, and currently is the Deputy Director of the Staff College. In addition to her duties at CFSAN, CAPT Blakely serves as the CFSAN liaison to the FDA Office of Women's Health and the FDA Leadership Development Program Committee.

CAPT Blakely founded and organized the CFSAN Healthy Lifestyles Program in 1995 and currently chairs the CFSAN Healthy Lifestyles Committee. The Healthy Lifestyles Program encourages and promotes regular physical activity, sound nutrition, and stress reduction for FDA employees. The goals of the Healthy Lifestyle Program are consistent with the goals of the Department's Healthy People 2010 regarding physical activity and nutrition. The Healthy Lifestyles Committee received a CFSAN Team Award on May 15, 1998, for organizing the program, offering fitness classes, and holding nutrition/health education events. Some of the most successful events sponsored by the Healthy Lifestyles Committee are (1) a healthy weight challenge offered each quarter in which participants are challenged to maintain body weight during the challenge period, and (2) the Shape-Up CFSAN challenge in which participants form teams and earn points by exercising. These fun programs keep participants focused on the program goals of engaging in regular physical activity and sound nutrition.

Beginning in 1993 and continuing, CAPT Blakely has organized and coordinated the Annual FDA Dietetic Workshop. Dietetic interns, dietetic and nutrition students, and their instructors are invited to FDA for a review of food and nutrition regulations that are important to the practice of dietetics. This workshop attracts 75 to 100 participants from the Mid-Atlantic States of New Jersey, Pennsylvania, Virginia, Maryland, Delaware, and the District of Columbia each year. Topics such as infant formula regulations, dietary supplements, food biotechnology, food labeling, foodborne illnesses, and food safety are covered.

CAPT Blakely's memberships in dietetic and nutritional professional organizations include the American Dietetic Association, the American Society for Nutritional Sciences, the New York Academy of Sciences, and Sigma Xi. CAPT Blakely serves on the Board of Directors for the District of Columbia Metropolitan Dietetic Association and the Nutrition Coordinating Committee at the National Institutes of Health. She served as CFSAN's Commissioned Corps Liaison for 4 years.

CAPT Blakely has been a regular corps officer since 1993, and has received numerous awards including the Outstanding Service Medal, two PHS Commendation Medals, a PHS Achievement Medal, and three PHS Unit Commendations.



Commissioned Officer Training Academy

For information about the Commissioned Officer Training Academy, please visit the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>—and select the option *Commissioned Officer Training Academy*

PROMOTION YEAR 2001

IMPORTANT DATES TO REMEMBER

Promotion Information Report (PIR) corrections must be post-marked no later than:

November 17, 2000

Send PIR corrections to:

Division of Commissioned Personnel
ATTN: PIR Coordinator/OSB
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

For PIR questions, phone: 301-594-3108 (or toll-free 1-877-INFO-DCP, listen to the prompts, select option 1, pause, dial the last 5 digits of the phone number - 43108).

Documents faxed for inclusion into the electronic Official Personnel Folder (OPF) must be received no later than midnight on:

December 31, 2000

Fax documents to be included into the electronic OPF to either of the following fax numbers:

301-480-1436 (or) 301-480-1407

Commissioned Corps Readiness Force

Commissioned Corps Readiness Force (CCRF) Web Site

CCRF members are responsible for keeping their personal data current. This is particularly important for cardiopulmonary resuscitation/basic life support (CPR/BLS) training and other certifications. Each CCRF member must make certain that the CCRF database accurately reflects a current status for CPR training. Currency in CPR/BLS is a mandatory requirement for assignment to a ready roster.

All CCRF members should visit the CCRF web site frequently to check for news, and to update any changes to their personal information—<http://oep.osophs.dhhs.gov/ccrf> CCRF members are required to login to the CCRF web site *at least* once per quarter in order to be assigned to or remain on a ready roster.

Any commissioned officer interested in applying for CCRF membership may apply online at the above web site by simply clicking on 'Apply' and following the instructions.

All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' from the CCRF Home Page. Additionally, all messages sent through the CCRF Listserv are archived and can be reviewed from the CCRF Home Page.

The CCRF staff may be reached at—ccrf@osophs.dhhs.gov



LCDR Bruce A. Chandler Receives PHS Distinguished Service Medal with Valor

LCDR Bruce A. Chandler, an environmental health officer serving with the Indian Health Service (IHS), was recently awarded the Public Health Service Distinguished Service Medal with Valor. The award was based on the following event in which LCDR Chandler acted promptly and aggressively to provide emergency care.

In May 1999, while serving with an IHS Alaska Area Native Health Service Unit in Fairbanks, Alaska, LCDR Chandler was traveling with his wife and young children from Fairbanks to Anchorage on the remote Parks Highway. Early in the morning, he saw an overturned vehicle in the bottom of a drainage ditch.

He stopped his car and immediately descended an eight-foot ditch which was covered with large unstable rock. The overturned minivan's engine was still running, and the van was resting in several inches of frigid water. The van contained five individuals, some suspended upside down in their seatbelts and some lying in the extremely cold water. One other individual had been thrown from the van and was pinned underneath with what appeared to be serious head injuries.

LCDR Chandler entered the heavily damaged van through a broken window, crawled through the water and broken glass, and turned the engine off. Three of the occupants were dazed and incoherent. All of the victims were tourists from Bombay, India, and spoke little or no English. LCDR Chandler informed them that he would take care of them and would return shortly.

He then made his way back up the ditch, retrieved his cell phone from his vehicle, and called 911. He informed the operator of the crash location and the apparent severity of the injuries. He encouraged the operator to immediately dispatch helicopters to the scene, as he did not believe that the condition of the injured allowed for an ambulance to make the two and one-half hour road trip

from Fairbanks to the crash scene. He turned the phone over to be monitored by his wife, and immediately returned to the crash site.

Realizing that he could not remove the individual trapped under the van, LCDR Chandler focused his efforts on the other victims. One by one, he checked each victim for excessive bleeding, broken bones, and paralysis. He freed them from their seatbelts and pulled them through the water and out the small opening of the van window. He carried each of the injured victims over the hazardous rip rock to a dry location in the ditch, and administered first aid concentrating on treating the victims for shock and preventing hypothermia.

At about this time, other people were stopping and providing assistance. LCDR Chandler returned to the top of the ditch in order to regain cell phone coverage. A physician joined the 911 operator and LCDR Chandler relayed information regarding the victims' medical conditions.

Approximately one and one-half hours after LCDR Chandler arrived on the scene, an Alaska State Trooper arrived and took charge of the crash site. Four helicopters were dispatched to the scene to transport the victims to hospitals in Anchorage and Fairbanks. All five of the occupants who LCDR Chandler rescued from the van survived. The individual who was pinned under the van was declared deceased at the scene. A physician subsequently contacted LCDR Chandler from Anchorage and informed him that without his efforts there would have undoubtedly been additional fatalities.



RADM Moritsugu Congratulates Commissioned Corps Officers in First Graduating Class of USUHS DrPH Program



(Pictured left to right) CAPT Linda Morris Brown, RADM Kenneth Moritsugu, and CAPT Barry Miller.

In 1995 the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland, began a doctor of public health (DrPH) program to complement its long-standing master of public health program. The DrPH program, which takes a minimum of 3 years to complete, is cost free to both uniformed and civilian students and offers concentrations in epidemiology, tropical public health, health administration, and environmental health.

Among the first three USUHS DrPH students to receive their diplomas at DAR Constitution Hall in Washington, D.C., on May 20, 2000, were CAPT Linda Morris Brown and CAPT Barry Miller. Both are health services officers at the National Institutes of Health. Also receiving her DrPH degree was LT Diana Schneider from the Health Resources and Services Administration who was newly commissioned as a scientist officer in August 2000.

Information about the USUHS graduate programs can be found on the web

site—www.usuhs.mil/pmb/pmb.html—or by contacting Ms. Ellen Goldman, Assistant to the Director, Graduate Programs, Department of Preventive Medicine and Biometrics, by phone at 301-295-3129 or e-mail: egoldman@usuhs.mil

DCP Web Site Address—
<http://dcp.psc.gov>

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

Follow the voice prompts
to direct your call correctly.

**Subscribe to Listserv to Receive
E-mail Messages from DCP—**
listserv@list.psc.dhhs.gov

CAPT Ronda Balham Selected as a Mansfield Fellow

The Mansfield Center for Pacific Affairs has announced that CAPT Ronda Balham has been selected as a Mansfield Fellow. CAPT Balham, who is currently stationed in the Office of the Commissioner, Office of Orphan Products Development, Food and Drug Administration, entered the program in September 2000.

Established by Congress in 1994, the Mansfield Fellowships are building a core group of U.S. government officials who serve as a resource to their agencies on Japan issues because they have proficiency in the Japanese language and experience working inside Japan's government. An intensive 2-year program, the Fellowships provide for a year in Japan working full-time in professional positions in Japanese government offices, preceded by a first year of intensive, full-time study in the U.S. of the Japanese language and area studies.

CAPT Balham was selected for the Fellowship Program by a six-member binational committee. She was one of eight U.S. government officials in the sixth group of Mansfield Fellows. She began full-time Japanese language and area studies training in September, and will spend the second year of the program in Japan working in a ministry or agency of the government of Japan. During the year in Japan, CAPT Balham hopes to learn how Japan evaluates the development of drugs, biologics, and devices for use in the diagnosis and treatment of patients with rare diseases (orphan products). She also is interested in exploring ways in which the U.S. and Japan might cooperate in creating standards for the review of medical devices and for the conformity of more labeling and post market surveillance.

Procurement of PHS Commissioned Corps Officers Uniforms and Accessories

Public Health Service (PHS) Commissioned Corps uniforms and insignias may be purchased from:

Lighthouse Uniform Company
1532 15th Avenue West
Seattle, WA 98119
Phone: 1-800-426-5225
Fax: 206-282-5662

Navy Exchange Uniform Support Center
1545 Crossways Blvd., Suite 200
Chesapeake, VA 23320
Phone: 1-800-368-4088
1-800-368-4089 (in Alaska)
Fax: 757-420-4094
E-mail: Customer_Service@nexnet.navy.mil
Web site address: www.navy-nex.com/

National Naval Medical Center
Navy Exchange, Building 57
8901 Wisconsin Avenue
Bethesda, MD 20814
Phone: 301-295-1489

Naval Air Station Atlanta
Uniform Shop
Dobbins MCSS, Building 81
Halsey Avenue
Marietta, GA 30060
Phone: 770-428-4711

(Note: The black Army V-neck sweater must be purchased from an Army uniform shop.)

Army and Air Force Exchange Service
Exchange Catalog Sales
P.O. Box 660211
Dallas, TX 75266-0211
Phone: 1-800-527-2345
Web site address: www.aafes.com

PHS replacement award devices, name tags, and miscellaneous PHS items including award plaques with PHS insignias may be purchased from:

PHS Officers Device Supply Center
National Hansen's Disease Programs
1770 Physicians Park Drive
Baton Rouge, LA 70816
Phone: 225-756-3793
Fax: 225-756-3810
Web site address: bphc.hrsa.gov/nhdp

Custom ultra-thin ribbon sets (pin or magnetic) as well as PHS name tags may be ordered from:

UltraThin
P.O. Box 7161
Moore, OK 73153
Phone: 1-800-758-7265
Fax: 1-800-962-1451
E-mail: info@ultrathin.com
Web site address: www.ultrathin.com

Medals and insignia of membership organizations whose ribbons, medals, and insignia are authorized for wear by PHS officers are listed below:

Association of Military Surgeons of the United States (AMSUS)
Membership Department
9320 Old Georgetown Road
Bethesda, MD 20814-1653
Phone: 301-897-8800 or
1-800-761-9320
Web site address: www.amsus.org

Commissioned Officers Association (COA)
8201 Corporate Drive, Suite 560
Landover, MD 20785
Phone: 301-731-9080
Fax: 301-731-9084
Web site address: www.coausphs.org

Reserve Officers Association (ROA)
One Constitution Avenue, NE
Washington, DC 20002-5655
Phone: 202-479-2200 or
1-800-809-9448
Web site address: www.roa.org

Note: If an officer ceases to be a member of AMSUS, COA, or ROA, the officer is no longer entitled to wear the ribbon or medal of that organization on his or her uniform.



Please Check Your Payroll Address

The Public Health Service Commissioned Corps payroll system allows you to receive payroll-related documents at the address of your choice. This method protects your privacy and provides for prompt, reliable, and secure delivery of important and confidential payroll documents.

Form PHS-6155, "Statement of Earnings and Deductions," is mailed to each commissioned officer approximately 5 days before the first of the month. If you do not receive your pay slip, contact the Compensation Branch in writing (see address below).

It is particularly important that your payroll address be correct since this will be the address to which your Form W-2 withholding statement for the year will be mailed.

Please notify the Compensation Branch, in writing, of changes in your payroll address:

Division of Commissioned Personnel
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

CORRECTION

Submitting Information for Electronic OPFs

Last month's issue of the *Commissioned Corps Bulletin* (page 2) listed an incorrect e-mail address for those officers who are having trouble accessing their Official Personnel Folder online. The correct e-mail address is—opffix@psc.gov

