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Surgeon General's Column

*"Vision without action is a daydream;
action without vision is a nightmare."
—Japanese proverb*

We are nearly a year into our ambitious Healthy People Initiative and I am pleased to report the momentum around the two Healthy People 2010 goals has been steadily building throughout the country. We knew going in that we could not accomplish our Healthy People goals alone, and we have said all along that we would need more than just a Federal-level commitment. We need a national commitment. That is why we built into the initiative opportunities for very localized approaches for identifying and addressing the root causes of disease and disability, and for improving health.

We have taken three very important giant steps toward meeting our goals of increasing the years and quality of healthy life and eliminating disparities in health based on race and ethnicity.

We're Working with Our Own Agencies to Better Target Resources

At the Federal level, we are working with our own agencies to better target resources to help us meet our goals. For example—

- In keeping with its history of addressing health disparities and improving health for all, this year, we have established the Office of Research on Minority Health as the Coordinating Center for developing a trans-National Institutes of Health Strategic Plan for Health Disparities that will integrate the various research activities toward the goal of significantly reducing health disparities.
- The Agency for Healthcare Research and Quality (AHRQ) announced a

year ago their plans to establish up to four Centers of Excellence over the next 5 years. The research conducted by these centers will go beyond simply documenting disparities by putting a new emphasis on understanding their underlying causes and developing strategies to eliminate them.

- We are working on improving health professions diversity training through the Health Resources and Services Administration (HRSA). HRSA is also working on nursing workforce diversity as well as cultural competence issues. HRSA has also provided special funding to community health centers for targeted programs to eliminate disparities. This is a part of HRSA's 100% Access, 0% Disparities program.
- In February 2000, an important working conference, "Diversity and Communication in Health Care: Addressing Race, Ethnicity, Language, and Social Class in Health Care Disparities," was sponsored by the Office of Minority Health, HRSA, AHRQ, the Commonwealth Fund, and the Sergei Zlingoff Fund for Medical Education and Research. The purpose of the conference was to determine the state-of-the-art for improving provider-patient communication, to define its adequacy to increase effectiveness of healthcare for racial and ethnic minorities, and to develop a work plan to provide needed modifications.
- The Office of Civil Rights (OCR) is playing a critical role in the Department's Initiative to Eliminate Racial and Ethnic Disparities. Through enforcement, education and outreach,

OCR has raised public awareness of the role of discrimination as one explanatory factor in racial and ethnic disparities. Recent OCR cases illustrate that discrimination regrettably is alive and well in the healthcare setting. (1) OCR reached a settlement with a national home health agency that had engaged in medical redlining, that is, it refused to serve a predominantly minority area of New Haven, Connecticut; (2) OCR reached an agreement with a national pharmacy chain that had repeatedly failed to fill the prescription of an African American Medicaid recipient in Texas; (3) OCR reached a settlement with a hospital in South Carolina that had a policy in effect of not giving epidurals to women who did not speak English; and (4) OCR reached a settlement with a hospital in Philadelphia whose lack of an effective policy for treating patients who do not speak English created serious problems for a pregnant woman who needed emergency care.

OCR's enforcement, coupled with recent research documenting the potential

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Surgeon General's Column

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role of racial bias in explaining physician decision-making, illustrate that eliminating racial and ethnic disparities is both a civil rights and a public health challenge. If we ignore the former and focus solely on the latter, we will not be fully successful.

- Maintaining good communication with the public, the media, and other interested parties is a major component of the Healthy People Initiative. As a way to keep everyone abreast of our progress, we have developed a web site—www.raceandhealth.hhs.gov—which contains updates on the latest developments with this initiative.
- CDC has embarked upon a strategy to eliminate syphilis from the United States. The syphilis epidemic is located primarily in 28 counties and African Americans are disproportionately affected. Nothing eliminates disparities better than eliminating diseases. It worked for smallpox and polio.

We're Forming Public-Private Partnerships

We need the involvement of labor and business, associations and foundations, churches and other faith-based organizations, and volunteer organizations, not to mention other governmental agencies and departments. Following are a few prime examples of partnerships:

- *With Foundations:* For more than 2 years, we have collaborated with Grantmakers in Health, the umbrella organization for health-related foundations throughout the Nation, around ways to eliminate disparities in health and on action steps we can take. They are committed to focusing attention and resources in this area and have made this a priority.
- *With Associations:* The American Public Health Association, for one, has made eliminating disparities their number one priority and will announce next month during their annual meeting in Boston their commitment to a strategy to achieve this goal.
- *With States:* Several States throughout the country, including Minnesota and South Carolina have developed or

are developing strategies for eliminating disparities.

We're Empowering Communities

Without community involvement, everything else is futile. That is why we are working with communities to help support and empower them to assess their needs and implement the best strategies to meet those needs.

- One way we are doing that is through the REACH Project, which I announced last September. REACH stands for Racial and Ethnic Approaches to Community Health. The program is sponsored by the Centers for Disease Control and Prevention and it is moving forward. We have awarded more than \$35 million to 32 community coalitions in 18 States throughout the country thus far.
- Healthy People 2010's 10 Leading Health Indicators were specifically designed to allow communities an opportunity to play an integral part in this effort. The Institute of Medicine helped us develop these leading health indicators so that we can monitor our progress over the next decade and continually assess how well we are or are not doing in the most critical areas. Five are Health Systems Indicators: mental health, injury and violence, environmental quality, immunization, access to healthcare, and five are Lifestyle Indicators: physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior.

These are just a few examples. Our progress is mounting and our outlook for achieving our goals is bright. But there is still much work to be done in order to make health disparities a phenomenon of the past by the time we reach 2010.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

Officer Support Branch

Important Information Regarding Submitting Information for Electronic OPFs

First and foremost – all active-duty officers should visit the Division of Commissioned Personnel's (DCP) web site – <http://dcp.psc.gov> – and make certain that their Official Personnel Folder (OPF) has been scanned and indexed. If you do not know your password, phone the Help Desk at 301-594-0961. Those officers who cannot access their OPF online, should contact CAPT Kenneth Diepold at phone number 301-594-3470 or by e-mail at opffix@dcp.gov

Officers who can access their OPF online should review the online OPF before faxing in material. This should be done in an effort to avoid submitting duplicates. Material must be faxed to either of the following fax numbers: 301-480-1436 (or) 301-480-1407.

Please note the following guidelines:

- On the *upper right corner* of all submitted sheets, include your name, Public Health Service (PHS) serial number, and category. For multiple page documents indicate page sequence (e.g., page 1 of 3, page 2 of 3, etc.).
- If you include a cover sheet to your curriculum vitae (CV), the *cover sheet* must be numbered *page 1* of the CV.
- Continuing education documents and support documents should be grouped *by year*.
- Licenses/registrations/certifications should be faxed to the Licensure Technician at fax number 301-594-2711.
- Documents initiated by DCP (e.g., personnel orders, Commissioned Officers' Effectiveness Reports, PHS awards, etc.) are *automatically* placed into the electronic OPF. These documents are not accepted directly from the officer.

If you have any questions, please phone the Officer Support Branch, DCP, by calling 301-594-3108 (or toll-free at 1-877-INFO DCP, listen to the prompts, dial 1, pause, dial the last 5 digits of the phone number – 43108).

Information Technology—Uses and Abuses

The rapid expansion of Information Technology, (IT), including computers, the Internet, and e-mail makes it possible for officers to access a vast array of information which may be helpful in many aspects of daily life. The government provides IT resources to its personnel to enhance the performance of official duties. Officers are encouraged to make full use of these resources in keeping up-to-date on professional issues and, as appropriate, in their career development and the performance of their duties.

Officers are expected to conduct themselves professionally in the workplace and to refrain from using government office equipment and resources for activities that are inappropriate. This expectation also applies to IT resources. Due to the easy access and open culture of the Internet, the type of information available varies from work-related matters to recreational and other uses. As officers 'surf the net,' issues of appropriate use quickly arise, as noted by the increase of individuals in both the public and private sectors who have been disciplined for misuse of the Internet.

Some Operating Divisions (OPDIVs) and programs have authorized limited personal use of the IT resources to enhance the quality of the workplace and to help the government retain highly-qualified and skilled personnel. Commissioned officers should seek guidance from their respective OPDIV/Program Commissioned Corps Liaison or IT Specialist to determine if personal use of government IT resources is authorized by their respective program.

Misuses or inappropriate use of IT resources include:

1. The intentional creation, download, viewing, storage, copying, or transmission of sexually explicit or sexually oriented material.
2. The intentional creation, download, viewing, storage, copying, or transmission of materials related to illegal gambling, illegal weapons, terrorist activities, or any other illegal activities or activities otherwise prohibited.
3. Use for commercial purposes or in support of 'for-profit' activities or in support of other outside employment or business activities (e.g., consulting for pay, sales, or administration of business transactions, sale of goods or services).
4. Engaging in any outside fund-raising activity, endorsing any product or service, participating in any lobbying activity, or engaging in any prohibited partisan political activity.
5. Posting agency or personal information to external news groups, bulletin boards, or other public forums without authority, including information which is at odds with Departmental missions or positions. This includes any use that could create the perception that the communication was made in one's official capacity as an active-duty officer, unless appropriate agency approval has been obtained.
6. Establishing personal web pages on government owned machines.
7. Use of government systems as a staging ground or platform to gain unauthorized access to other systems.
8. The creation, copying, transmission, or retransmission of chain letters or other unauthorized mass mailings regardless of the subject matter.
9. Use of government resources for activities that are illegal, inappropriate, or offensive to fellow officers, employees, customers, or the public. Such activities include, but are not limited to: hate speech, or material that ridicules others on the basis of race, creed, religion, color, age, sex, disability, national origin, or sexual orientation.
10. The addition of personal IT resources to existing government resources without the appropriate management authorization, including the installation of modems on government data lines.
11. The intentional unauthorized acquisition, use, reproduction, transmission, or distribution of any controlled information including computer software and data, that includes information subject to the Privacy Act, copyrighted, trademarked, or material with other intellectual property rights (beyond fair use), proprietary data, or exported controlled software or data.
12. Personal use which could cause congestion, delay, or disruption of service to any IT resource. For example,

greeting cards, video, sound, or other large file attachments can degrade the performance of the entire network as does 'push' technology and audio and video streaming from the Internet.

An officer violates the Standards of Conduct when he or she misuses government provided IT resources possibly subjecting himself/herself to disciplinary action. The Division of Commissioned Personnel or the OPDIVs' management will refer cases to the Office of the Inspector General when there are questions about violation of criminal laws.

Officers do not have a right to, nor should they have an expectation of, privacy while using government owned/provided resources at any time. To the extent that officers wish that their private activities remain private, they should avoid making use of government IT resources such as their computer, the Internet, or e-mail. Any use of government resources is made with the understanding that such use is generally not secure, is not private, and is not anonymous.

Systems managers employ monitoring tools in order to maximize the utilization of their resources which may include the detection of inappropriate use. As a result, electronic data communications may be disclosed within the Department to employees who have a need-to-know in the performance of their duties. Management also has a right to discipline any officer or employee who has been found to misuse government provided IT. Therefore, officers must follow the strict guidelines in using such resources.

From time to time, you may find that you have unintentionally accessed a prohibited site. In such a case, you should immediately leave that site and contact your supervisor. Depending on OPDIV policy, the supervisor may contact the computer department.

While officers should make full use of IT resources in the performance of official duties, officers should be aware of potential pitfalls and consequences. If you have further questions about this matter, you may wish to speak with the IT Specialist assigned to your Division/Section/Branch. You may also consult with your OPDIV/Program Commissioned Corps Liaison for further clarification.

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Domestic Violence

In 1995 President Clinton declared the month of October as *National Domestic Violence Awareness Month*. Although it is significant that this serious health issue is highlighted in the month of October, we realize that domestic violence is a problem that must be addressed every day of the year.

The Bureau of Justice Statistics identified the following statistics:

- A woman is beaten every 15 seconds.
- During an 8-year period, the number of domestic violence reports received increased by almost 117 percent.
- Nationally, elder abuse reports increased by almost 20 percent.
- Seventy-nine percent of violent children have witnessed violence between their parents.
- Violent juvenile delinquents are four times more likely than are nonviolent juveniles to come from homes in which their fathers beat their mothers.
- Annually, women experience 572,000 violent victimizations at the hands of an intimate compared to 48,983 incidents committed against men.
- Domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the U.S.
- One in four pregnant women has a history of partner violence. Battered women are more likely to suffer miscarriages and to give birth to babies with low birth weights.
- One in five women victimized by their spouses or ex-spouses report they had been victimized over and over again by the same person.
- Women of all cultures, races, occupations, income levels, and ages are battered by husbands, boyfriends, lovers, and partners.
- Approximately one-third of the men counseled for battering are professional men who are well respected in their jobs and their communities.
- Twenty-two percent to thirty-five percent of women who visit medical emergency rooms are there for injuries related to ongoing partner abuse.

- Nationally, 50 percent of all homeless women and children are on the streets because of violence in the home.
- Each year medical expenses from domestic violence total at least \$3 to \$5 billion. Businesses forfeit another \$100 million in lost wages, sick leave, absenteeism, and nonproductivity.
- Sixty-five percent of all intimate partner homicides involved guns.
- Eighty percent of women who are stalked by former husbands are physically assaulted by that partner and 30 percent are sexually assaulted by that partner.

Violence is an urgent criminal and public health problem with devastating consequences for women, children, and families as noted in the Health and Human Services (HHS) web site fact sheet—<http://www.dhhs.gov> Beginning with former Surgeon General C. Everett Koop, domestic violence was identified as a public health problem. HHS joined forces with the Department of Justice to fight domestic violence. The "Violence Against Women Act (VAWA)" of 1994 has given law enforcement officials the tools needed to punish persons who assault women. The VAWA initiative launched the creation of the 24-hour toll-free National Domestic Violence Hotline (1-800-799-7233) and the TDD number for the hearing-impaired (1-800-787-3224) available to all suffering from domestic violence.

In Fiscal Year 2000, Congress appropriated \$223.6 million for HHS programs to prevent violence against women. These funds are dispersed among programs to reduce sexual abuse among runaway, homeless, and street youth; grants to States for rape prevention and educational programs; coordinated community responses to violence against women; and a Block Grant for the rape prevention programs.

The President's Fiscal Year 2001 budget includes an additional \$23.2 million to continue a department-wide initiative to prevent violence against women from occurring and to provide services for its victims. Information on the programs

may be found at the web site—<http://www.dhhs.gov>

Domestic violence strikes regardless of race, color, creed, income, status, etc. From the unborn child to the elderly adult, domestic violence can cause harm. The statistics show that hundreds of thousands of Americans are harmed each year by family members. Public Health Service (PHS) Commissioned Corps officers and/or family members are not immune to this violence.

The goal of PHS is to prevent domestic violence before it happens, provide intervention and rehabilitation as necessary, and discipline officers as indicated for violations of the Standards of Conduct. Prevention encompasses awareness and early reporting. Intervention may be obtained by Corps officers or their family members by calling the Medical Affairs Branch, Division of Commissioned Personnel (DCP), at 1-800-368-2777, option 2. Officers requesting and/or receiving interventions are handled in a 'medically confidential' manner and information is held in the strictest confidence. In addition, the Corps provides assistance for those officers affected by alcohol and/or drug abuse at the same phone number listed above. Officers may also access intervention through the Military Family Advocacy Programs. And, in some instances they may be directed into treatment/services by DCP.

Officers and/or family members concerned with these issues are encouraged to seek early assistance through the Uniformed Services' healthcare system and/or through the civilian sector if outside the catchment area of a military facility. Although prevention, intervention, and rehabilitation are the preferred courses of action, disciplinary measures may be enacted when officers fail to comply with orders directing them into treatment pursuant to the Standards of Conduct or as deemed necessary by the Director, DCP, or the Surgeon General.

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Office of the Surgeon General

Healthy Lifestyles—Adopting Good Nutrition Practices and Active Lifestyles

The Public Health Service's "Healthy Lifestyle Initiative" encourages officers to focus on two areas: (1) engaging in regular physical activity, and (2) practicing good nutrition. These important healthy lifestyle habits promote fitness and improve health and well-being. Physical activity increases lean muscle mass, leading to enhanced metabolism allowing the body to burn more calories and increase the intake of essential nutrients. Recognizing the importance of the interrelationship of physical activity and proper nutrition is crucial to maintaining a healthy weight.

Major causes of morbidity and mortality in the U.S. are heart disease, cancer, diabetes, stroke, and osteoporosis. Obesity, high blood pressure, and high blood cholesterol are disease risk factors that can often be reduced by good nutrition. The morbidity and mortality from these chronic diseases and conditions can be dramatically reduced by healthy eating. Learning to manage body weight, body fat, blood pressure, and blood cholesterol by adopting good nutrition practices and active lifestyles are among the most valuable things we can do.

In examining the essential role of proper nutrition in the healthy lifestyles equation, one study revealed that 70 percent of 1,851 participants in a recent survey (1991-1994) believed that healthy eating is too complicated. Research done by the U.S. Department of Agriculture (USDA) confirms that the American diet needs improvement. The USDA developed the Healthy Eating Index (HEI) to measure the dietary quality of Americans. HEI measures the degree to which a person's diet conforms to recommendations of the Food Guide Pyramid and the U.S. Dietary Guidelines. Only 23 percent of the surveyed population indicated an interest in actually improving their diet. Sixty-seven percent of those surveyed believed their diet needed no improvement or were not interested in improving their diet. Dietary quality was strongly influenced by socioeconomic characteristics, nutrition knowledge, and awareness of diet-disease relationships. The report, "Beliefs and Attitudes of Americans Towards Their Diet," at web site—<http://www.usda.gov/cnpp>—con-

firms that nutrition knowledge is the key to a better diet and better health.

A part of the Surgeon General's prescription for health calls for us to eat at least five servings of fruits and vegetables a day. Further, for good nutrition we must examine our diets and select a dietary and lifestyle pattern that meets the new "2000 U.S. Dietary Guidelines for Americans"—<http://www.health.gov/dietaryguidelines/> The three basic messages in the Guidelines are: "Aim for Fitness," "Build a Healthy Base," and "Choose Sensibly." "Aim for Fitness" encourages aiming for a healthy weight and engaging in physical activity each day. "Build a Healthy Base" encourages letting the Food Guide Pyramid—<http://www.usda.gov/cnpp>—direct our food choices, e.g., choosing a daily variety of grains, especially whole grains, as well as a variety of fruits and vegetables. "Choose Sensibly" means choosing a diet low in saturated fat and cholesterol and moderate in total fat, choosing beverages and foods with moderate sugar intake, and preparing foods using less salt. For those who drink alcoholic beverages, it should be in moderation. Adhering to the National Cancer Institute's Five A Day Program—<http://dccps.nci.nih.gov/5aday/>—(eating three or more servings of vegetables and two or more servings of fruit each day) improves the nutrient content of the diet, the dietary quality, and reduces the risk of developing cancer, heart disease, and other chronic diseases.

The National Heart, Lung, and Blood Institute's (NHLBI) web page—<http://www.nhlbi.nih.gov/index>—provides useful information on eating habits and health under the heading "Aim for a healthy weight." Discussions are included on grocery shopping for healthy eating, healthy eating when dining out or when eating ethnic foods, and awareness of the fat and calorie content of foods. The concern by some that healthy eating would require giving up your favorite foods is addressed on the CyberKitchen at the Shape-Up America web site—<http://www.shapeup.org>—also at the web sites—<http://www.niddk.nih.gov/health/nutrit/win.htm> and http://www.cdc.gov/nccdphp/dnpa/health_eat.htm

An excellent resource on which foods to eat to improve blood cholesterol levels or hypertension is the NHLBI web site—<http://www.nhlbi.nih.gov/health/public/heart/index>

Education about the nutritional content of the foods we eat by reading food labels is available on the Food and Drug Administration's web page—<http://vm.cfsan.fda.gov/> In the section on "Food Labeling and Nutrition" under the heading of "Using the Food Label" there is a section "Guidance on How to Understand and Use the Nutrition Facts Panel on Food Labels." This provides assistance in understanding various parts of the label, and how to use this information effectively, especially the % Daily Value, when making food choices.

Good nutrition is a vital part of the fitness equation for every stage of the life span. It is important to base our daily diet on the new "2000 U.S. Dietary Guidelines for Americans." Making small changes to our diets over time is likely to be more lasting than making sweeping changes. Eating should always be a pleasurable experience, and we should not be afraid to expand our tastes to enjoy a variety of healthy foods. Eating well and enjoying food make for healthy living. The Surgeon General and the Dietitian category encourage all commissioned corps officers to take a proactive role in planning for and practicing good nutritional habits as a vital part of a healthy lifestyle.

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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*

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Medical Affairs Branch

DOD Awards New TRICARE Dental Program Contract

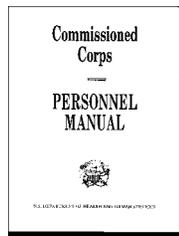
The Department of Defense (DOD) awarded the new TRICARE Dental Program (TDP) contract to United Concordia Companies, Inc., the current TRICARE Family Member Dental Program (TFMDP) contractor, on April 14, 2000.

The new program lowers premiums for the first two option years, compared to the current premium rates. Single premium rates for the first and second years will be \$7.63 and \$7.86 per month, respectively, compared to the current monthly rate of \$8.53. Family premium rates for the first and second years will be \$19.08 and \$19.66, compared to the current monthly rate of \$21.33. The new rates become effective *February 1, 2001*.

Enhancements to the benefit package encourage beneficiaries to use their dental benefits for increased diagnostic and preventive care, particularly for pediatric and adolescent oral health. The maximum allowance for annual general dentistry per patient has been increased from \$1,000 to \$1,200; and coverage for lifetime orthodontics per patient was increased from \$1,200 to \$1,500. The new dental program provides coverage for general anesthesia and additional sealants, and extends the age for orthodontic care from age 18 to the 21st birthday (or 23rd birthday if a full-time student).

United Concordia Companies, Inc., will continue to have access to the Defense Enrollment Eligibility Reporting System (DEERS), and enrollees in the current TFMDP will be transferred automatically to the new TDP when it begins.

If you have any questions, please phone the Medical Affairs Branch, Division of Commissioned Personnel, at 301-594-6330 or toll-free at 1-800-368-2777.



Commissioned Corps Personnel Manual INSTRUCTIONS

The following INSTRUCTIONS have been distributed and can be accessed on the Division of Commissioned Personnel's web site—<http://dcp.psc.gov> – under 'Commissioned Corps Personnel Manual.'

Transmittal Sheet 648 dated February 17, 2000–

INSTRUCTION 10, Subchapter CC23.5, "Use of Alternative Workplaces." This INSTRUCTION sets forth policy concerning the voluntary use of a workplace other than a temporary or permanent duty station for commissioned corps officers.

Transmittal Sheet 649 dated July 12, 2000–

INSTRUCTION 1, Subchapter CC49.3, "Medical Review Boards." This INSTRUCTION was revised to authorize the commissioned corps' Medical Review Boards membership to consist of three senior grade officers (O-5 and above) with at least one member being a medical officer.

Transmittal Sheet 650 dated August 4, 2000–

INSTRUCTION 1, Subchapter CC42.3, "Increased Pay and Allowances for Participation in Aerial Flights." This INSTRUCTION was revised to authorize the commissioned corps to implement Hazard Duty Incentive Pay for officers participating in aerial flights.

Transmittal Sheet 651 dated August 7, 2000–

INSTRUCTION 4, Subchapter CC45.2, "Fellowships, Scholarships, and Grants for Public Health Service (PHS) Commissioned Officers." This INSTRUCTION was developed to provide commissioned corps officers with authorization to accept fellowships, scholarships, or grants from non-governmental entities in furtherance of the officer's value to the Public Health Service.



Did You Know 

Did you know that there are 13 Public Health Service Commissioned Corps retired officers between 95 and 99 years of age? Did you know that 701 retired Corps officers were born between 1941 and 1945? Did you know that 21 retired Corps officers are 44 years of age or younger?

PHS Commissioned Corps Retired Officers As of September 2000

Dates of Birth (Year Bands)	Number of PHS Retired Officers
1901 - 1905	13
1906 - 1910	53
1911 - 1915	157
1916 - 1920	244
1921 - 1925	374
1926 - 1930	365
1931 - 1935	529
1936 - 1940	644
1941 - 1945	701
1946 - 1950	461
1951 - 1955	140
1956 - or later	21
Total	3,702



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

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

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





Important Notice Regarding Foreign Import Taxes for Officers Separating or Retiring

Officers separating or retiring and shipping Household Goods (HHG)/Privately Owned Vehicle(s) (POV) to locations outside the U.S., including U.S. Possessions and Territories, may be subject to extremely high import taxes. Foreign import taxes for officers separating or retiring are *not* paid by the U.S. Government.

Officers shipping HHG/POV outside the U.S. are encouraged to contact the country's taxing authority in advance of shipment to ascertain whether they will be subject to a foreign import tax.

Note: Those officers *transferring* under official personnel orders will not be subject to foreign import taxes.

Please review Commissioned Corps Personnel Manual (CCPM) Pamphlet No.11, "Information on Shipment of Household Goods," along with CCPM Pamphlet No. 32, "Information on Separation." Both pamphlets are available on the Division of Commissioned Personnel's web site—<http://dcp.psc.gov> (under 'Publications/Policies').



Vacancy Announcement for Non-Federal Position – Dean, College of Health Sciences, University of Texas, El Paso

Perhaps a retiring Corps officer would be interested in applying for the position of Dean, College of Health Sciences, University of Texas, El Paso.

The University is seeking a highly motivated healthcare professional with an earned doctorate, proven leadership and management skills, and a thorough knowledge of the philosophy and mission of an urban college of health sciences.

Interested candidates should send a letter of interest, curriculum vitae, and references to: Dr. Tom Brady, Dean, College of Science, Bell Hall 100, University of Texas at El Paso, El Paso, TX 79968-0509.



Surgeon General Leads Delegation to Thirteenth International AIDS Conference in South Africa

Assistant Secretary for Health and Surgeon General, David Satcher, lead the Department of Health and Human Services (HHS) delegation to the Thirteenth International AIDS Conference held in Durban, South Africa, July 9-14, 2000. This was the first time a global AIDS conference was held in Africa, and it was the largest medical and scientific conference held on the continent with more than 13,000 people attending. ADM Satcher joined other international health officials, experts, and members of the South African Government, including Dr. Gro Bruntland, Secretary General of the World Health Organization, and Mr. Jacob Zuma, South Africa's Deputy President, to discuss shared experiences and mutual concerns.

Prior to the official opening of the conference, ADM Satcher convened a press conference to highlight new and ongoing initiatives between HHS and the people of South Africa. Dr. Stephen Blount, Director, Office of Global Health, Centers for Disease Control and Prevention (CDC), RADM Helene Gayle, Director, National Center for HIV and TB Prevention, CDC, Dr. Michael Johnson, Chief Medical Officer, Health Resources and Services Administration, and Dr. Ellen Stover, Director, Division of Mental Disorders, Behavioral Research and AIDS, National Institute for Mental Health, National Institutes of Health (NIH), gave overviews of their individual sessions at the press conference.

During the conference, HHS and the South African Department of Health convened a meeting of the Health Subcommittee Working Group of the U.S./South Africa Binational Commission. ADM Satcher hosted the meeting. The U.S. Counsel General, Mr. Craig Kuehl, and Dr. Kenneth Yamashita, Health and Population Officer, U.S. Agency for International Development Mission, Pretoria, attended in addition to representatives from the South Africa Department of Health, the National School of Public Health from the Medical University of South Africa, the Medical Research Council, and various operating divisions of HHS.

ADM Satcher and Dr. Ayanda Ntsaluba, Director-General, Department of Health, lead a review of ongoing joint initiatives between HHS and South Africa – the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, a Memorandum of Understanding between HHS and the Medical Research Council in Capetown (see page 8 of the July 2000 issue of the *Commissioned Corps Bulletin*), the placement of an HHS International Health Attaché at the U.S. Embassy in Pretoria, and a new initiative on Environmental Health in collaboration with NIH and the Agency for Toxic Substances and Disease Registry. Dr. Karl Western, Assistant Director for International Research, Office of Tropical Medicine and International Research, National Institute of Allergy and Infectious Disease, NIH, announced a financial grant to the Medical Research Center from this institute.

The review of joint initiatives lead to a discussion regarding possible mechanisms for future programming and collaboration between South Africa and HHS. The U.S./South Africa Binational Commission is a current framework through which joint programming initiates. ADM Satcher proposed that either a "Healthy People" agenda or a Leading Health Indicators approach might enhance the current collaboration, since HHS and South Africa are currently working together in several areas – the LIFE Initiative, Environmental Health, HIV/AIDS, Fetal Alcohol Syndrome, Emerging and Infectious Diseases including Tuberculosis, Violence as a Public Health Problem, Occupational Health, and Biomedical Research. ADM Satcher appointed RADM Roscoe M. Moore, Jr., Associate Director for African Affairs, Office of International and Refugee Health, to chair an interim committee to draft the next steps for this continuing collaboration.



Commissioned Corps Readiness Force

Chief Professional Officers/Professional Advisory Committees Focus Group

A focus group of Commissioned Corps Readiness Force (CCRF) members, nominated by their respective Chief Professional Officers (CPO), convened in Rockville to discuss standardizing the deployment requirements for officers. There was considerable discussion focusing on competency and currency for members performing in a clinical role. This issue is particularly important in view of the fact that we must ensure that deploying officers adequately represent the finest public health organization in the world.

Members of the focus group will report on the meeting to their Professional Advisory Committees and CPOs, and then provide the final recommendations to the CCRF staff by November 1, 2000. You will be hearing more about this in the near future.

CRATER

Approximately 85 individuals recently completed the week-long Critical Reactions Aimed Toward Emergency Response (CRATER) course at the U.S. Public Health Service Noble Training Center

in Anniston, Alabama. The course was sponsored by the Office of Emergency Preparedness in cooperation with the Department of Justice's (DOJ) Center for Domestic Preparedness on the grounds of the former Fort McClellan.

CRATER offered CCRF officers, as well as civilian members of National Medical Response Teams and PHS Regional Offices, an opportunity to receive training in responding to a Weapons of Mass Destruction event. The week-long training concluded with an application of the course work in the DOJ's COBRA live agent facility.

Graduates of the course were treated to a ceremony that included presentations from Ms. Ann Rosewater, Regional Director, PHS Region IV, RADM Thomas Carrato, Regional Health Administrator, PHS Region IV, RADM Robert Knouss, Director of the Office of Emergency Preparedness, and RADM Kenneth Moritsugu, Deputy Surgeon General. The graduation was well attended by local VIPs from DOJ, Jacksonville State University, Auburn University, the University of Alabama at Birmingham, the Regional Medical Center, CAPT Vivien Chen, CPO for the Health Services cat-

egory, and members of the media. To view pictures associated with the CRATER course, please access the CCRF website.

CCRF Web Site

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

All CCRF members should visit the CCRF web site frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information—<http://oe.osophs.dhhs.gov/ccrf> 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' on the web site. The CCRF staff may be reached at – ccrf@osophs.dhhs.gov

Call for Nominations for PHS Commissioned Officer "Veterinarian of the Year Award"

Nominations are being sought for the Public Health Service (PHS) Commissioned Corps officer "Veterinarian of the Year Award." This award recognizes veterinarians whose professional careers and work performance have resulted in significant contributions to public health and to the mission of the Department's Operating Divisions and other programs where Corps veterinarians serve. The award, established in 1997, has been presented to CAPT Peter Schantz, the late CDR Mary Louise Martin, and RADM Michael Blackwell (Ret.). This award will be presented at the PHS Veterinarians All Hands Meeting to be held on December 4, 2000.

Nominees must be active-duty officers in the Veterinary category. PHS veterinarians, supervisors, coworkers, and peers as well as members of the Commissioned Officers Association are encouraged to nominate deserving veterinarians for this competitive and

prestigious award. Nominations will be kept in strictest confidence. The selection will be made by an Awards Committee composed of senior PHS veterinarians.

Evaluation by the Awards Committee will be made based on the impact of the individual's work in the public health and veterinary professional communities. Nominations will be judged on accomplishments in the following areas that advance the use and application of veterinary medical science for the protection and improvement of human as well as animal health:

- research
- research support
- publications
- presentations
- patents
- mentoring and teaching of junior staff
- continuing education
- service on committees/boards

Nomination Package

The nomination package should consist of the following:

- letter of nomination (of no more than two pages);
- two letters of support for the nomination (of no more than one page each); and
- a copy of the officer's curriculum vitae.

The nomination package should be sent electronically, by **November 1, 2000**, with the requested documents as attachments (in Word® or WordPerfect® format), to:

CAPT Axel Wolff
Chair, PHS Veterinary Professional
Advisory Committee
E-mail: wolffa@od.nih.gov

Health Services Professional Advisory Committee Presents Awards

CAPT Eugene Migliaccio Received 2000 Stanley J. Kissel, Jr. Award

CAPT Eugene A. Migliaccio received the "Outstanding Health Services Professional of the Year—2000 Stanley J. Kissel Jr. Award" at the Commissioned Officers Association meeting in June in Scottsdale, Arizona. The recipient of this award must have had an impact on the Nation's health, exhibited leadership in the achievements being cited, and served as a role model for others. CAPT Migliaccio was selected for his sustained leadership of an exceptional nature, his recognized outstanding achievements, his highly visible and vital current responsibilities, and his future value to the Public Health Service (PHS) as Director, Division of Immigration Health Services, Bureau of Primary Health Care, Health Resources and Services Administration.

CAPT Migliaccio provides total leadership and management for healthcare services for individuals detained by the Immigration and Naturalization Service (INS) through an interagency agreement with the Department of Justice (DOJ). He oversees 11 geographically dispersed ambulatory care clinics and a medical jail management system for more than 220,000 detainees annually. He manages a \$45 million annual budget with 258 personnel (including more than 145 PHS officers) and serves as a liaison between INS and DOJ, State and local government jurisdictions, the Office of Emergency Preparedness, and the Centers for Disease Control and Prevention for all health matters pertaining to alien immigrants and refugees. He provides technical assistance on behalf of the Department of Interior to the Commonwealth of the Northern Mariana Islands on immigration health issues.

CAPT Migliaccio wrote a statement-of-work for an integrated delivery system worth \$225 million over 5 years which provides staffing and network development. Committed to managed care principles, he developed an integrated healthcare network which incorporates all ambulatory care facilities and 300 local jails into a managed care model of claims payments and utilization management. He implemented a fiscal intermediary claims processing system for INS and all medical bills are paid within 10 days of receipt. He also contracted for a long term medical/psychiatric hospital in Columbia, South Carolina, and he and

his executive staff established a telemedicine program to include radiology, emergency medicine, and psychiatry. CAPT Migliaccio has worked with Department officials on mass immigration planning and orchestrated the creation of an Emergency Medical Response Team that can respond to mass immigration influxes within 24-hours of notification.

He has a master of public health degree, specializing in health administration, and a doctor of public health degree, specializing in health policy, health economics, and international health. He is recognized nationally as an expert on managed care topics and cost containment issues and is an adjunct assistant professor of international public health at the George Washington University School of Public Health and Health Services. He is a regular corps officer and has received numerous awards and honors including the following PHS awards: Meritorious Service Medal, Commendation Medal, PHS Citation, and Outstanding Unit Citation.

LCDR Diane Hanner Received 2000 Joseph Garcia, Jr. Award

LCDR Diane Hanner received the "Outstanding Junior Health Services Professional of the Year—2000 Joseph Garcia, Jr. Award" at the Commissioned Officers Association meeting in June in Scottsdale, Arizona. This award goes to the junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities.

LCDR Hanner received this award for significant contributions she has made as the Geriatric Education Center (GEC) Coordinator for the Interdisciplinary Division of Community-Based Programs, Bureau of Health Professions (BHP), Health Resources and Services Administration.

LCDR Hanner coordinates and manages the \$10 million GEC program. In Fiscal Year 1999, 34 GECs received funding from BHP and have addressed the issue of caring for the elderly by training health professionals, faculty, students, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health problems of the aged. The GEC training program has reached more than 350,000 healthcare

professionals and students. Lcdr Hanner has the responsibility of providing technical assistance and professional guidance on all aspects of this program as it relates to the GECs.

LCDR Hanner has assumed the adjunct responsibilities connected with coordination of the Gerontological Society of America conference. This conference is considered the most significant assemblage of health professionals and grantees associated with the GECs and is often the most highly attended annual conference of professionals in the field of geriatrics.

She has a bachelor of science degree in business administration, a master of public health degree, and a master of social work degree. She has demonstrated a commitment to the Social Work Professional Advisory Group and the Black Commissioned Officers Advisory Group, and has received numerous achievement certificates for participating in various professional development endeavors. She received a PHS Achievement Medal in 1999.

Officers Elevated to Rank of Assistant Surgeon General

The following commissioned corps officers have been elevated to the rank of Assistant Surgeon General (Rear Admiral lower half):

Effective May 1, 2000—

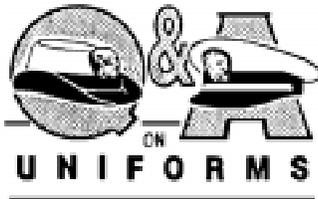
RADM Kenneth G. Castro, CDC
RADM Henry Falk, ATSDR
RADM Kermit C. Smith, IHS
RADM Nathaniel Stinson, Jr., OS
RADM William C. Vanderwaghen, IHS
RADM Richard G. Wyatt, NIH

Effective September 1, 2000—

RADM Mary C. DuFour, NIH
RADM Stephen F. Jencks, HCFA
RADM Thomas E. Novotny, OS

Effective October 1, 2000—

RADM Brian W. Flynn, SAMHSA
RADM Robert Knouss, OS, RADM Helene Gayle, CDC, and RADM Douglas Kamerow, AHRQ, were promoted to flag grade O-8, effective May 1, 2000, June 1, 2000, and September 1, 2000 respectively.



Wearing of the Uniform by Retired and Inactive Reserve Officers

Public Health Service Commissioned Corps retired officers and inactive reserve corps officers not on active duty may wear the prescribed uniform appropriate to their rank on occasions of ceremony and at gatherings of organizations consisting primarily of Uniformed Services' members and former members. Wearing of the uniform for other purposes is prohibited.

The uniform worn by retired and inactive reserve officers must conform to current regulations, except that retired officers may wear the uniform in accordance with the regulations in effect at the time of their retirement if they so desire.

Wearing of the Uniform Outside the U.S.

In accordance with international agreements on the status of forces, Public Health Service (PHS) officers are generally *not* permitted to wear the uniform outside the U.S. unless assigned to another Uniformed Service whose regulations permit wearing of the uniform. However, the Director, Division of Commissioned Personnel, may authorize officers to wear the PHS uniform outside the U.S. under certain circumstances. Authorization must be obtained in advance by writing to the Director, Division of Commissioned Personnel, Room 4A-15, 5600 Fishers Lane, Rockville, MD 20857-0001.

The request for authorization should include: (1) the identification of the officer(s) involved; (2) the nature of the assignment; (3) the places and dates the uniform is to be worn; and (4) the reasons why wearing the uniform would be helpful in the performance of the duties or otherwise appropriate.

Forms Distribution Channels

A number, but not all, of the Public Health Service (PHS) Commissioned Corps forms used by officers are available on the Division of Commissioned Personnel's (DCP) web site - <http://dcp.psc.gov> Officers who are in need of a particular PHS form that is not available on the web site should request such form through their normal administrative channels.

Procedures for ordering PHS forms not available on the DCP web site are as follows:

- (1) Administrative officers should submit a memorandum that includes:
 - (a) the name, address, phone number and signature of the administrative officer;
 - (b) the PHS form number, PHS form title, and the quantity requested (*order by each; not by package*); and
 - (c) the address to which the order should be sent.
- (2) Phone orders are not accepted. Administrative officers should mail or fax their order to:

Forms Issuance Unit
5600 Fishers Lane, Room 1A-69
Rockville, MD 20857-0001
Fax: 301-443-9349

Forms Download Web Sites

Please note that the DCP web site contains links to sites where various forms can be located, i.e., General Services Administration (GSA forms), Office of Personnel Management (OPM forms), and Program Support Center (PSC forms). The PSC electronic forms site contains Department forms and forms from various Operating Divisions, e.g., Food and Drug Administration (FDA forms), Indian Health Service (IHS forms), etc. *Example:* Officers in need of form HHS-520, "Request for Approval of Outside Activity," will find this form under 'Health and Human Services' of the PSC electronic forms site.

DCP Branch Phone Numbers

The Division of Commissioned Personnel's (DCP) toll-free number is 1-877-INFO DCP (1-877-463-6327). When using the toll-free number, please listen to and follow the prompts. The DCP Branch phone numbers listed below may be helpful to you.

- Compensation Branch:
301-594-2963
- Recruitment and Assignment Branch:
301-594-3360
 - Transactions: 301-594-3544
 - Request an Application:
1-800-279-1605
- Officer Support Branch:
301-594-3108
- Medical Affairs Branch:
301-594-6330
(or toll-free 1-800-368-2777)
- Information Service Branch:
301-594-1477
 - Help Desk: 301-594-0961
 - CorpsLine: 301-443-6843

DCP Web Site Address

For more information, visit DCP's web site at—<http://dcp.psc.gov>

Recent Deaths

The deaths of the following retired officers were reported to the Division of Commissioned Personnel:

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
CAPT Joseph A. Barnes	07/12/00
CAPT Lee A. Craig, Jr.	08/04/00
CAPT John L. Doppman	08/21/00
CAPT Louis C. Floyd	09/01/00
DENTAL	
CAPT Bill J. Brady	08/12/00
CAPT Robert K. Davis	08/11/00
NURSE	
CAPT Daphine D. Doster	08/03/00
PHARMACY	
CAPT James K. Hooper	08/16/00

PROMOTION YEAR 2001

IMPORTANT DATES TO REMEMBER

Promotion Information Report (PIR) corrections postmarked 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

Employment and Income Verification

For those officers, active duty as well as retired, who need employment and income verification for loans, etc., please have the lending institution mail the request directly to the Compensation Branch, Division of Commissioned Personnel (DCP), at the following address:

Division of Commissioned Personnel
ATTN: Employment Verification/CB
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001
Phone: 301-594-2963 (or toll-free at 1-877-INFO-DCP, listen to the prompts and dial 1, pause, and then dial the last 5 digits of the phone number – 42963)

Active-duty officers who need verification of their service time to establish eligibility or qualify for a Department of Veterans Affairs' mortgage loan, need to request a *Statement of Service* from the Recruitment and Assignment Branch, DCP:

Division of Commissioned Personnel
ATTN: Statement of Service/RAB
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001
Phone: 301-594-3544 (or toll-free at 1-877-INFO-DCP, listen to the prompts and dial 1, pause, and then dial the last 5 digits of the phone number – 43544)

Inactive, retired, and terminated officers who need a *Statement of Service* must send a written request with an original signature (faxes and e-mails are not accepted) to the Privacy Act Coordinator, DCP, at the following address:

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

Report of Commissioned Officer Annual Leave

On or about September 30, all officers should have received form PHS-3842, "Report of Commissioned Officer Annual Leave," from their leave maintenance clerk. This form shows the balance at the beginning of the leave year, the amount of annual leave used through September 30, and the amount of annual leave that will be forfeited if not used by December 31, 2000.

Officers are reminded that the maximum annual leave which may be carried forward from one leave year to the next is 60 days. The leave year is a calendar

year, the period beginning January 1 and ending December 31.

The 60-day limitation on the amount of unused annual leave that can be carried forward from one year to the next is imposed by statute. Therefore, no waiver is legally permissible. In other words, no one can grant an exception.

Officers are encouraged to schedule their annual leave so as to preclude any disappointments or misunderstandings resulting from the loss of accrued leave at the end of the year.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Human Resources Service
Division of Commissioned Personnel, Room 4A-15
Rockville MD 20857-0001

Official Business
Penalty for Private Use \$300

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