



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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October 2002

## Surgeon General's Column

In last month's *Surgeon General's Column*, I dedicated a fair amount of space to letting you know my expectations for commissioned corps officers that I envision becoming part of the Corps' culture during my tenure as the Surgeon General. This month, I'd like to revisit that topic, in addition to keeping you informed of what I've been doing for the nearly 2 months since I've been sworn in.

Naturally, as the 'Nation's Doctor,' I've been traveling around the country and meeting many wonderful people. In August, I visited the University of Texas at San Antonio, where I met with University officials, members of the National Hispanic Medical Association, and members of Congress, including Congressman Ciro Rodriguez from the 28<sup>th</sup> District, with whom I discussed trauma care issues, among other subjects. I also met with elected officials, representatives from non-government organizations, members of academia, and others at a meeting hosted by the American Association of Retired Persons on approaches to fitness for those age 50 and over.

In September, I met with John P. Walters, Director of the Office of National Drug Control Policy, and we discussed the challenge of demand reduction. Last month I also had the opportunity to visit San Juan and Cantaña, Puerto Rico, where I met with Senator-at-Large Mirian Ramirez, and then joined her for a memorial service commemorating the events of September 11, 2001. These are just a small sampling of the many places I've visited and some of the excellent people I've met.

When I mention excellent people that I've met, I have to include commissioned corps officers at the top of the list. I have been consistently impressed with the officers I have come into contact with during my transition to the Washington area, and the officers I've met during my travels have been equally top-notch. Some officers have served as my aide, and many others have just been gracious hosts for me while I visited their part of the country, such as the groups of officers I recently met with in New York City, Phoenix, Arizona, and Baltimore, Maryland. All of you, however, have welcomed me warmly, and I want you to know how appreciative I am. In that vein, I wanted to also thank those of you I 'met' through the two telecasts I've done. I enjoyed both of those sessions immensely, and while technology is something we must embrace for its efficiency, I look forward to the time when I can shake hands with you all in person. My extra thanks to the Food and Drug Administration's personnel who produced both events. If you are interested in seeing the telecasts again, or did not have an opportunity to see them originally, go to the National Institutes of Health video cast Web site—[videocast.nih.gov](http://videocast.nih.gov)—to learn more.

The Secretary and I view the commissioned corps as an organization that has earned a record of excellence and has made a significant impact on the health of our Nation. We also agree, unfortunately, that these efforts have gone on in relative anonymity. That doesn't mean that officers haven't been doing excellent work, whether it is in laboratories, on

Indian reservations, or at Ground Zero in New York City. Quite to the contrary, it means that officers have not always been identifiable because they have not always been in uniform. *This must change.* Officers need to be visible by being in uniform, and, in addition, appropriately identify themselves as Public Health Service Commissioned Corps officers when in public settings or when conducting business so that we, as a Corps, are recognizable and receive due acknowledgment for our contributions to the health and safety of our Nation.

We are making efforts to be acknowledged. On September 7, WBAL-TV, an NBC affiliate in Baltimore, Maryland, aired a segment on the Corps' involvement in the September 11 attacks as well as in the anthrax attacks that began on October 15 of last year. During the segment, I was interviewed on the Corps' role in those events. I also spoke about the accomplishments of Corps officers in recent years, including working on Ebola and other viruses in Africa, providing refugee aid in Kosovo and other places, and emergency services coordination

(Continued on page 2)

### IN THIS ISSUE . . .

Active-Duty Officers—Update Contact Information on the DCP Web Site .....	5
Travel Tips .....	9
Promotion Notification Memos No Longer Mailed .....	10
Basic Orientation Course Scheduled .....	11

## Surgeon General's Column

(Continued from page 1)

when the Federal Building was bombed in Oklahoma City.

Also, on September 9, Secretary Thompson held a commemorative event at the Hubert H. Humphrey Building here in Washington for the anniversary of the terrorist attacks. It was a somber occasion, and one that will likely occur annually as the impact of those events continues to register on the American psyche. The Secretary made special mention of the effort of many Corps officers during those attacks, and he continues to praise your efforts at every opportunity.

As I mentioned earlier, I have been impressed by all of the officers that I've had the chance to meet. One group that deserves special recognition, however, is the Surgeon General's Honor Guard and those that serve in other ways in the Honor Corps. These fine officers set the example for us all, not just by appearing at events in Dress Uniforms and presenting the Colors. They do a wonderful job at those events, but it is important to remember that these officers perform at events *in addition* to their regular duties

as officers. I am confident that they are as impressive in their daily jobs as when they are performing. Because I've been so impressed, I want to expand the number of officers in the Honor Corps. To do this, I'll need the support of supervisors, Agency Heads, and Flag officers. However, because these officers serve as such excellent examples for us all, and because I know there are more of you out there who are interested in being a part of this select group, I am committed to getting that support and creating more opportunities for excellent officers to shine.

Finally, September provided an opportunity to participate in events surrounding Hispanic Heritage Month. I found these to be excellent forums to discuss health issues facing Hispanics. Some examples include how language barriers and other factors impact access to health care, overweight and obesity, and Type 2 diabetes. I found the conversations on diabetes and its impact on this group especially troubling. For instance, approximately 10 percent of Hispanics in America have diabetes, nearly twice the

rate of non-Hispanic Whites. And, unfortunately, those numbers continue to rise.

As you can see, I have been busy. The pace has been quick, but I am invigorated by it. Aside from the things I've described, I want to let you know that the Office of the Surgeon General has also been active in establishing a Medical Reserve Corps (MRC). The MRC program is a local, citizen volunteer program designed to help prepare communities for emergencies of all types as well as to help reinforce the public health presence in towns, cities, and counties all across the United States. I will describe this program at length in a future article in the *Commissioned Corps Bulletin*. In the meantime, I will continue to get out there and meet as many of you as possible, and thank you personally for your efforts.

In turn, I encourage each of you, as members of the Public Health Service Commissioned Corps, to serve visibly, with pride and distinction.

VADM Richard H. Carmona  
Surgeon General

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## Thrift Savings Plan



The Thrift Savings Plan open season is October 15 through December 31, 2002. Information is available on the Thrift Savings Plan Web site—[www.tsp.gov](http://www.tsp.gov).

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## Physician PAC Membership—Call for Nominations

The Physician Professional Advisory Committee (PPAC) is seeking motivated commissioned corps and civil service physicians who are interested in serving as members on this categorical panel. PPAC membership is open to all physicians who are employed in the Department's Operating Divisions (OPDIVs) as well as Corps officers in the medical category working in any of the major programs that employ Public Health Service Commissioned Corps officers.

The mission of the PPAC is to provide advice and consultation to the Surgeon General on the application of medical science for the protection and advancement of the health of the Nation. Additionally, the PPAC seeks to represent the activities and interests of all Department physicians. The PPAC currently meets every other month (travel not required for membership—conference calling available for all meetings). Regular attendance at meetings is required and

PPAC members are expected to actively participate in the activities of at least one subcommittee during the term of service which is currently 3 years.

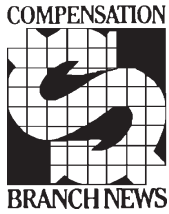
Several positions will be available as of January 1, 2003. The PPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of the line supervisors and OPDIV representatives. Corps officers or civil service physicians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vitae that includes the name and phone number of their immediate supervisor, along with a one-page cover letter describing their interest. This document should be sent as a Word or WordPerfect attachment to an e-mail message by **October 31, 2002** to:

CDR Rosemarie Hirsch  
Chair, PPAC Workforce Subcommittee  
E-mail: [RRH7@CDC.GOV](mailto:RRH7@CDC.GOV)

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# Thrift Investment Board Announced Change in Schedule; Aims for Transition in November to New Record Keeping System



The Thrift Savings Plan (TSP), a retirement savings plan for Federal employees, including members of the uniformed services, that is similar to the 401(k) plans offered by many

private sector employers, was created by the Federal Employees Retirement System Act of 1986.

The Federal Retirement Thrift Investment Board announced that it is aiming for transition to its newly developed record keeping system for the TSP in November, instead of September 2002 as announced earlier. The Board will

firm up the schedule based on the results of ongoing data conversion and system testing.

The new system was developed on time and within budget, but its implementation is being delayed in order to ensure that all of its functions are fully tested in parallel with the operation of the current record keeping system, using actual participant data submissions. This 'parallel testing' has not yet been conducted because the conversion of TSP participant records created since the Plan's inception in 1987, a prerequisite for such testing and ultimately for implementation, has taken longer than expected.

The initial conversion of the participant records was completed on August 17, 2002. An analysis of the records to confirm that they were accurately and completely converted is now underway. With that assurance, parallel testing can begin.

The record conversion is being conducted by SunGard Data Systems, Inc., a member of the team led by Materials, Communication & Computers, Inc., of Alexandria, Virginia. SunGard Employee Benefit Systems developed the commercial off-the-shelf record keeping system known as OmniPlus, which is the software that forms the core of the new TSP system. The OmniPlus system is in widespread use in the private sector, and SunGard has successfully managed hundreds of record conversions into this system. None of them, however, has been as

large as the one required for the almost 2 billion TSP records that comprise the TSP database.

Parallel testing will validate the results of the more limited system testing that has been performed to date—testing to demonstrate that the various modules of the new system function properly. Parallel testing will also confirm the systems capacity to handle the high volume of daily transactions from the TSP's nearly 3 million civilian and uniformed services participants.

The Boards' Executive Director, Roger W. Mehle, stated that, "Although data conversion is expected soon to be validated, the compression caused by its delay dictates an adjustment to our implementation schedule to accommodate parallel testing. I have stated previously that we will make a transition to the new OmniPlus system only when we are completely satisfied of its reliability. Parallel testing will ascertain this."

In general, the new system will allow for daily valuation of accounts and daily processing of transactions. It also will report account balances in shares as well as dollars; offer a greater number of withdrawal options; and provide online service via the Web site for loans and withdrawals. A summary of these and other operational improvements is provided in a leaflet titled "How the TSP Is Changing," which is available on the TSP Web site—[www.tsp.gov](http://www.tsp.gov). □

## PROMOTION YEAR 2003

### IMPORTANT DATES TO REMEMBER

Promotion Information Reports (PIRs) can be viewed online at—<http://dcp.psc.gov>—'Secure Area', 'Officer and Liaison Activities.' PIR corrections must be postmarked no later than:

**November 15, 2002**

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: 301-594-3353 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 43353).

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

**December 31, 2002**

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

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

## Rejoining the Uniformed Services and the Thrift Savings Plan



If you rejoin the uniformed services after a *break in service of 31 or more full calendar days*, you can sign up to contribute to the Thrift Savings Plan (TSP) within 60 days of the

date you rejoin. You are considered to have rejoined the uniformed services on the date you became re-eligible to receive basic pay.

If you rejoin the uniformed services after a *break in service of less than 31 full*

*calendar days* and you were previously contributing to the TSP, your contributions will resume the first pay period after you rejoin the uniformed services. You cannot change the amount of your contributions until the next open season. To ensure that your contributions resume properly, you should tell your Service that you were previously contributing to the TSP. You should also inform your Service if you have any outstanding TSP loans. If you were not previously contributing to the TSP, you must wait until an open season to elect to contribute. □



## Environmental Health Officer Professional Advisory Committee Presents Annual Awards

The Environmental Health Officer Professional Advisory Committee presented its 2002 Awards at the 66<sup>th</sup> Annual Educational Conference and Exhibition of the National Environmental Health Association in Minneapolis, MN. Congratulations to the following outstanding professionals on their selection for these prestigious awards:

The *John G. Todd Award* recognizes significant *career* contributions by individuals in achieving the Public Health Service (PHS) mission of improving the Nation's health through the practice of environmental health. The winner of the 2002 Todd Award is **CAPT Patrick O. Bohan**, Senior Environmental Health Officer with the Centers for Disease Control and Prevention's (CDC) National Center for Environmental Health, Environmental Health Services Branch.

CAPT Bohan began his career in the PHS Commissioned Corps in 1976 as a Service Unit Sanitarian with the Bemidji Area Indian Health Service (IHS) in White Earth, MN. In 1978, CAPT Bohan became a District Sanitarian in the Bemidji Area Office in Bemidji, MN. While serving in this capacity, he was selected as Area Community Injury Coordinator because of his unique ability to communicate with local community members while delivering outstanding environmental health services. After receiving a Master of Science degree in Industrial Hygiene, CAPT Bohan continued his career in the IHS with positions in the Bemidji and Navajo Area Offices. He ultimately became the Director of the Division of Environmental Health Services for the Navajo Area. In the early 1990s, he spearheaded one of the first rapid responses to the Hantavirus outbreaks and became one of the Nation's leading Hantavirus experts.

In 1995, CAPT Bohan accepted an assignment through CDC to the Southeast Regional Office of the National Park Service. He transferred to CDC's National Center for Environmental Health (NCEH) in 1997 to develop a new environmental health service activity identifying the needs of State and local environmental health programs and reporting his findings to the leadership of NCEH. As a result of CAPT Bohan's outstanding efforts, the Environmental

Health Services Branch was established in the Division of Emergency and Environmental Health Services. Under his leadership, the Branch initiated groundbreaking extramural capacity building activities including development of a comprehensive plan to revitalize environmental health services throughout the United States. CAPT Bohan moved the Branch forward in size and substance, positioning it to emerge as a national leader in the area of environmental health services.

CAPT Bohan is highly regarded as an expert and as a nationally recognized leader in the field of environmental health. Over the years, he has made many contributions to the development of the core capacity of America's environmental health workforce and has long been recognized at CDC and other Federal, State, Tribal and local agencies for his resourcefulness and dedication to expanding and preparing the environmental health workforce for the challenges of the 21<sup>st</sup> century.

The *Edward (Ted) Moran Award* recognizes significant contributions by mid-career environmental health professionals in achieving the PHS mission of improving the Nation's health through the practice of environmental health. The winner of the 2002 Moran Award is **Mr. Gregory A. Burr**, Industrial Hygienist at the National Institute for Occupational Safety and Health (NIOSH), Hazard Evaluation and Technical Assistance Branch.

Mr. Burr has been employed with NIOSH for 17 years. During that time he has served as project officer on more than 100 health hazard evaluations and has addressed hundreds of different occupational issues including an evaluation of occupational exposures among cleanup workers at the Exxon Valdez oil spill, assessing volcanic exposures to civil defense and U.S. Geological Service workers stationed near the Kilauea volcano in Hawaii, and evaluating 'theatrical smoke' exposures on Broadway.

While Mr. Burr has made significant contributions to occupational safety and health during his tenure at NIOSH and taken on many leadership roles, none have been more significant than those he

made in 2001 responding to the September 11 terrorist attacks. Mr. Burr arrived at the World Trade Center disaster on September 17, 2001, to serve as the NIOSH on-site team leader. His responsibilities included the management of approximately ten NIOSH emergency responders and field oversight of environmental sampling protocols, procedures, and analysis. He served as the field liaison with the CDC Emergency Operations Center in Atlanta, GA, the Cincinnati Emergency Operation Deployment Center, and NIOSH's Office of the Director.

During the anthrax investigations, Mr. Burr was the on-site team leader for NIOSH at the U.S. Postal Facility in Trenton, NJ. He was responsible for coordinating activities with the State Health Department and U.S. Postal Service officials. Responsibilities included development of environmental sampling protocols, coordination, oversight and collection of environmental samples, and coordination with the State laboratory for sample analysis. In addition, Mr. Burr was actively involved in the protocol development and sampling of 40 downstream postal facilities in the Trenton area. He was also involved in the investigation of anthrax exposures in Connecticut. Mr. Burr's expertise was responsible for the successful identification of anthrax contamination in the Wallingford Postal Facility after several unsuccessful evaluations. During these responses, Mr. Burr distinguished himself as a technical expert and a leader in his field.

The *John C. Eason Award* recognizes the accomplishments of talented newcomers to the field of environmental health and the promise these individuals hold for the future of the PHS. The winner of the 2002 Eason Award is **LTJG Ronald M. Hall**, Environmental Health Officer with NIOSH's Hazard Evaluation and Technical Assistance Branch.

LTJG Hall provided outstanding service in responding to the World Trade Center attack and the anthrax attacks in the fall of 2001. He was detailed for 1 week to CDC's Emergency Operations Center in Atlanta, GA, during the World Trade Center disaster and was subsequently assigned to conduct on-site exposure assessments at Ground Zero in New York

(Continued, bottom of page 5)

## Dental PAC Awards—Call for Nominations

The Dental Professional Advisory Committee (DePAC) is accepting nominations for the Jack D. Robertson Award, the Ernest Eugene Buell Award, and the Senior Clinician Dental Award. The awards are to be presented during the Commissioned Officers Association of the U.S. Public Health Service (PHS) Professional Conference to be held in June 2003 in Scottsdale, AZ. The awards will honor dental officers/dentists who are either commissioned officers or civil service employees.

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

The *Ernest Eugene Buell Award* was established in 1989, in commemoration of the Commissioned Corps Centennial Year. CAPT Buell was the first PHS Commissioned Corps dental officer. He was commissioned in June 1919 and assigned to the Division of Marine Hospitals and

Relief. This award is presented annually to a junior dental officer/dentist (O-4/GS-13 or below) who has made a significant contribution in oral health education, research, or service.

The *Senior Clinician Dental Award* was established in 2001 by the PHS Chief Dental Officer to recognize a senior dental officer/dentist (O-5 or GS-14 and above) who has chosen a clinical career track and excels in clinical skills. The initial award was presented in 2002. The nominee should be presently assigned to a billet involving predominately clinical dentistry. The officer may also be involved in administering a clinical program, clinical dental research, or the professional development of peers.

### ***Nomination Procedures for All Three Dental Category Awards***

There are no restrictions on the number of nominations that an Agency may submit. Nominations can originate at any level but must, in all cases, go through appropriate Agency channels prior to submission. Nominations for all awards shall consist of: (1) transmittal memorandum; (2) current curriculum vitae; (3) brief citation, suitable for use on

public occasions; and (4) written justification for the award, based on the past activities of the individual nominated.

The justification should be one to three pages in length. If you have questions about the criteria and necessary documentation, please contact CDR Breedon (see contact information below).

All nominations should be submitted by **December 30, 2002**, to:

CDR Dawn Breedon  
ISC Ketchikan Juneau Staff  
P.O. Box 25517  
Juneau, AK 99802

Phone: 907-463-2140/2144  
Fax: 907-463-2150

E-mail: breedon@CGAlaska.uscg.mil



## Environmental Health Officer Professional Advisory Committee Presents Annual Awards

*(Continued from page 4)*

City. He was also part of the CDC environmental investigative team that initially responded to the anthrax-contaminated letter that was opened in the Hart Senate Office Building on Capitol Hill. He was the project officer for an air quality study conducted in the Federal Building in New York City, adjacent to Ground Zero, and he was the team leader for an exposure study of irradiated mail (resulting from the anthrax attacks) which included 10 Capitol Hill buildings and 15 staff members, as well as providing continuous communication with staff members of the House and Senate.

The impact that LTJG Hall has had on the occupational safety and health community has been sizable. He conducted a study on the control of methylene chloride in furniture stripping that provided a basis for the technical feasibility of low-

ering exposure levels for methylene chloride in the Occupational Safety and Health Administration's rule-making procedures. He also planned and developed a project that evaluated the particle size distribution and effectiveness of the filter systems on agricultural cabs, as well as the air infiltration into the cab, by identifying and evaluating leak sources. Information from this project is being used to develop new standards for filtration efficiencies for tractor cab ventilation systems. His efforts as the lead environmental investigator of a multi-agency investigative team responding to reports of deaths among users of large houseboats linked to carbon monoxide generated from engine exhausts have resulted in the recall of houseboats by the U.S. Coast Guard and the development of engineering controls to limit CO exposures.



### **IMPORTANT REMINDER!**

#### ***Active-Duty Officers— Update Contact Information on the DCP Web Site***

All active-duty officers are directed to update their contact information via the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. Select the 'Secure Area' option from the menu and then select 'Officer and Liaison Activities.' Follow the link to 'Update Contact Information.' This information is frequently utilized by DCP to contact officers in certain circumstances.

Of particular interest is ***accurate e-mail addresses***. As DCP is increasingly utilizing this technology to disseminate critical information regarding officers' careers, it is important that officers update their e-mail addresses as soon as any changes occur. Examples of uses of officers' e-mail addresses include ***reminders of upcoming license expiration and notification of promotion eligibility***.

## Multi-Agency Avian Influenza Task Force in Virginia—Commissioned Corps Readiness Force Deployment

In March 2002, a flock of breeder turkeys in Virginia developed clinical signs that included a sudden drop in egg production, depression, mild respiratory signs, decreased appetite, and slight increase in mortality. When the affected birds were found to be infected with a strain of Avian Influenza (AI) virus (serotype H7N2 with low-pathogenicity), the clock began ticking to contain the outbreak—before the virus mutated to a more virulent, high pathogenicity form that would spread and kill large numbers of poultry. Such a mutation would result in an international quarantine of U.S.-produced poultry. Veterans of the 1983-1984 AI outbreak in the mid-Atlantic knew that time was not on their side. That outbreak caused infections on 73 farms in Virginia. Ultimately more than 1.5 million birds were destroyed in Virginia alone. The 1983-1984 AI outbreak was much worse in Pennsylvania, where the virus mutated to a more highly pathogenic form and eventually affected nearly 15 million birds.

When AI infection was confirmed in Shenandoah Valley poultry in 2002, Virginia and Federal agriculture officials rapidly requested help to respond to the emergency because of the potential impact of a protracted outbreak. During the past 20 years, the Shenandoah Valley had become one of the leading poultry-producing regions in the United States, with an estimated 950 poultry farms. By late August 2002, 766 officials had been deployed to a multi-agency AI Task Force with representatives from the Virginia Department of Agriculture and Consumer Services, the Virginia Department of Environmental Quality, U.S. Public Health Service (National Disaster Medical System/Veterinary Medical Assistance Team, and Commissioned Corps Readiness Force), U.S. Army, U.S. Department of Agriculture (USDA)/Forest Service, USDA/Animal and Plant Health Inspection Service/Veterinary Services, and the poultry industry. Fifteen Public Health Service (PHS) Commissioned Corps officers deployed to assist the AI Task Force, including nine veterinarians, three physicians, two scientists, and one health services officer.

The AI Task Force members worked in several areas, including biosecurity,

epidemiology, flock surveillance, and depopulation and disposal of infected birds. AI virus is spread by contact exposure to virus-laden respiratory aerosols and feces transmitted from infected birds to healthy birds, and by indirect contact with contaminated equipment and materials. Biosecurity measures included disinfectant footbaths and spray pumps to disinfect shoes and vehicles upon entering and leaving farm premises, wearing disposable coveralls for 'on-the-farm-use', keeping visitor log-in books for monitoring farm traffic, and proper disposal of dead birds. In a case-control study of Shenandoah Valley poultry flocks, one PHS veterinary epidemiologist found that hauling dead birds to rendering plants was strongly associated with exposure to AI. This finding was crucial to the success of the mission, as it prompted farmers to intensify their efforts in the area of biosecurity. Many PHS officers were involved in flock surveillance. This involved traveling to farms and taking tracheal swabs of dead birds that had been placed in roadside cans. Others assisted with depopulation and disposal. Disposal was a big challenge. Unable to dispose of birds on site, the AI Task Force utilized both landfills and incineration before arriving at landfill disposal as a sole dead bird disposal method.

Among other heightened biosecurity measures, the Virginia State veterinarian cancelled all public sales and poultry shows in Virginia including poultry exhibits at county fairs. State and Federal personnel, who oversaw the depopulation and transportation of carcasses from infected farms, were instructed not to visit farms unless absolutely necessary. Poultry companies assumed principle responsibility for decontamination of affected farms. State officials inspected farms after cleaning and disinfection was completed and determined which farms could be released from quarantine. Farmers accepted these measures to protect the local economy despite some serious personal consequences, showing just how seriously they took this outbreak.

Fortunately, there have been no reports of newly infected flocks since July 2, 2002. If there are no additional cases, the AI Task Force plans to continue to provide

laboratory support and maintain enhanced surveillance through the end of 2002. In the end, 197 farms in 6 counties were affected. Nearly 5 million chickens and turkeys were depopulated, and countries such as Mexico and Russia banned the import of poultry and eggs from Virginia. Although this outbreak was twice as large as the 1983-1984 AI outbreak, it was controlled in 3 months, less than half the time it took to stamp out the 1983-1984 outbreak. This rapid and successful conclusion of the multi-agency effort is a credit to the AI Task Force's teamwork.

Rapid response to emergency animal disease outbreaks is essential for the protection of animal agriculture. The United States must be prepared to deal quickly and effectively with such emergencies. The Virginia AI Task Force, with 766 personnel, was a model for effective multi-agency emergency response. However, caution is warranted against complacency about future animal disease emergencies. History suggests the potential for more extensive animal disease emergencies in the future. The experiences in the United Kingdom of a protracted outbreak of Foot and Mouth Disease during 2001 affected thousands of farms, cost billions of dollars, and had far-reaching economic impacts both in the farming industry, allied food industries, and national/international tourism industries.

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### Recent Deaths

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

The deaths of the following retired officers were recently reported to DCP:

<i>Title/Name</i>	<i>Date</i>
<b>MEDICAL</b>	
CAPT James B. Halligan	08/10/02
CDR Robert P. Carter	08/23/02

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## Commissioned Corps Readiness Force

### **USPHS/CCRF Interactive Satellite Teleconference**

On September 4, 2002, the Public Health Service (PHS) Commissioned Corps Readiness Force (CCRF) hosted an interactive teleconference regarding mental health issues that first responders and health care providers often experience during and after major disaster response operations. The panel consisted of VADM Richard H. Carmona, Surgeon General; RADM Kenneth P. Moritsugu, Deputy Surgeon General; Mr. Mark Russo, Office of Emergency Response; and CDR Robert DeMartino, Substance Abuse and Mental Health Services Administration (SAMHSA). Other invited participants included CDR Henry Lopez, Health Resources and Services Administration; LCDR Susan Orsega, National Institutes of Health; Mr. Dan Fletcher, SAMHSA; and Mr. Dale Downey, Disaster Mortuary Operational Response Team, all of whom deployed to Ground Zero in New York City. The panel addressed various aspects of this topic, engaged in a dialogue with the studio audience, and responded to phone, fax, and e-mail questions.

The program was viewed via an 'open' downlink viewing site hosted by State and local professional associations; State and local health departments; and local hospitals and fire and rescue stations. For VHS copies of this program, please call 1-800-553-6847, or visit the National Technical Information Service Web site—[www.ntis.gov](http://www.ntis.gov). It is also available temporarily at—<http://videocast.nih.gov>—under the title "Living with Disaster Response."

### **National Nurse Response Teams and National Pharmacist Response Teams**

The Office of Emergency Response and the Office of the Assistant Secretary for Public Health Emergency Preparedness are developing a partnership with the American Nurses Association and the Joint Commission of Pharmacy Practitioners Working Group. The partnership will work to identify health care teams of private sector nurses and pharmacists who would be trained and available to provide mass prophylaxis or vaccination in case hundreds of thousands, or even millions of Americans, required care. For more information see—<http://www.nursingworld.org/news/disaster/response.htm>.

[nursingworld.org/news/disaster/response.htm](http://www.nursingworld.org/news/disaster/response.htm).

CCRF has identified 20 PHS Commissioned Corps officers (10 nurses and 10 pharmacists) to act as Administrative Officers for each of the PHS Regional Teams. In September 2002, these officers attended Administrative Officer Training that was sponsored by the Office of Emergency Response, Department of Health and Human Services, that will help them in assisting civilians to join the National Disaster Medical System.

### **CCRF Members Receive Awards**

The PHS Outstanding Unit Citation was recently awarded to 986 PHS Commissioned Corps officers who responded to the terrorists attacks of September 11 and the anthrax events. CCRF officers also received the PHS Unit Commendation for the following events: United Nations Medical Response Team; the Washington, DC, Immunization Response Team; TOPOFF 2000 Health and Medical Team; and the 2002 Winter Olympics Preparedness and Response Team. In addition, the PHS-1 Disaster Medical Assistance Team was awarded a Unit Commendation for its support of the 2001 Boy Scout Jamboree.

### **CCRF Training Provides CEUs**

CCRF Web-based training modules, developed in cooperation with the National Disaster Medical System and the University of Maryland, Baltimore County, are complete. Upon completion of a session, officers (in most categories) may receive continuing education credits from the University of Maryland.

### **Field Medical Readiness Badge (FMRB)**

All Web-based training modules are now complete and are posted on the Web. If you wish to receive the FMRB, please submit the items listed below, to:

Commissioned Corps Readiness Force  
ATTN: RADM John Babb  
12300 Twinbrook Parkway, Suite 360  
Rockville, MD 20852

- (1) A photocopy of the front and back of your AHA BLS Healthcare Provider card.

- (2) A copy of a statement, signed by the individual supervising your work, that you have completed a minimum of 112 hours of work in your deployment role. The statement must include the following: your name; facility where you performed the work; a one sentence description of the services provided; the number of work hours performed in the last 12 months; the name, title, and contact information of the supervisor; and the supervisor's signature.
- (3) A copy of form PHS-731 (yellow Immunization Card) showing compliance with all required vaccinations.
- (4) A statement, signed by your health care provider, certifying your height and weight within the last 12 months. The statement must include the following: your full name; the date; your weight in pounds, height in inches, and age; and the name, address, contact information, and signature of the provider.
- (5) A statement, signed by another active-duty PHS officer, that you have successfully completed the Annual Physical Fitness Test (APFT). The statement must contain your name and age; the date of the APFT; number of pushups completed in 2 minutes; number of sit-ups completed in 2 minutes (or your time on the Sidebridge); time on the 1½ mile run (or the 500 yard swim); and the name, rank, PHS serial number, and contact information of the officer certifying your results.

CCRF personnel will **verify** the following: current license on file with the Division of Commissioned Personnel (DCP); physical exam on file with the Medical Affairs Branch, DCP, dated within the last 5 years; and validation of every 3 month logins to the CCRF Web site as well as currency of your information.

CCRF personnel have begun reviewing submitted officer applications for the FMRB on a quarterly basis beginning in July 2002. DCP will consider officers, who fulfill the requirements, for the FMRB. Those who do not fulfill the requirements will be notified and given further guidance. The next review will occur in October 2002 for all applications submitted before September 30, 2002. □

## Engineers Field Test Trial Uniform

Engineers from the Eastern Arizona District of the Phoenix Area, Office of Environmental Health, are part of an ongoing uniform field test. They are wearing the trial uniform for 30 days. LCDR

Thomas Moeller reports, "We all enjoy being involved with the test, and we all like the new uniform for the field." LCDR Moeller and his fellow Indian Health Service engineers are shown in the photo below.



Bottom Left: LTJG Kevin Chapman, LCDR Thomas Moeller, LT David Mazorra, and LCDR Christopher Brady. Second Row Left: LCDR Nathan Gjovik, CDR Mitchell Constant, and LCDR Michael Stover.

## Subscribe to the Physicians PAC Listserv

The Public Health Service (PHS) Physicians Professional Advisory Committee (PPAC) has set up a Listserv for PHS physicians. The purpose of the Listserv is to communicate PPAC news, activities, and other relevant information to all Government physicians. It is also a mechanism for physicians in the field to ask questions about personnel policies, career opportunities, or anything else of concern.

We urge all to participate. To subscribe, visit the Web site—<http://list.nih.gov>—and look up the Listserv titled PHSPHYSICIANS-L and follow the instructions.

## Call for Nominations for ROA's VADM C. Everett Koop Award

As announced in the September issue of the *Commissioned Corps Bulletin*, nominations are being accepted for the Reserve Officers Association's (ROA) annual Public Health Service Junior Officer of the Year Award, named in honor of former Surgeon General C. Everett Koop. Further information and nomination instructions can be obtained by contacting CAPT Paul Johnson at 712-252-3211. Nominations must be received no later than **October 31, 2002**.

## Recent Calls to Active Duty

*Title/Name Agency/OPDIV/Program*

### MEDICAL

#### LIEUTENANT COMMANDER

Kenneth R. Harman, Jr. USCG  
Kodiak AK

### NURSE

#### LIEUTENANT COMMANDER

Celissa G. Stephens IHS  
Rockville MD

#### LIEUTENANT

Joel A. Johnson HRSA  
San Diego CA

Yanick A. Kane NIH  
Bethesda MD

Angela H. Robinson NIH  
Bethesda MD

William G. Worthington IHS  
Tahlequah OK

### SCIENTIST

#### LIEUTENANT COMMANDER

Laura J. Draski FDA  
San Pedro CA

### ENVIRONMENT HEALTH

#### LIEUTENANT

John L. McKernan CDC  
Lowell MA

Robert D. Ogan FDA  
Augusta ME

Lauralynn Taylor CDC  
Cambridge MA

#### LIEUTENANT J.G.

Joel D. Hustedt IHS  
Shiprock NM

### PHARMACY

#### LIEUTENANT

Linda J. Chandler IHS  
Whiteriver AZ

Timothy C. Mehary IHS  
Tuba City AZ

Wendy E. Mehary IHS  
Tuba City AZ

Daniel K. Nguyen FDA  
Rockville MD

### DIETETICS

#### LIEUTENANT

Kristen L. Moe FDA  
Rockville MD

### HEALTH SERVICES

#### LIEUTENANT

Donna K. Brown BOP  
Butner NC

Christopher K. Miller BOP  
Rochester MN

James T. Morris HRSA  
Rockville MD

#### LIEUTENANT J.G.

Latonya T. Jones FDA  
Atlanta GA



# Active-Duty Officers—Changes in Dental Care Policy Outside a Catchment Area

## Medical Affairs Branch

### BMP Corner

The policy has changed for active-duty officers' routine dental care that is received outside a catchment area from civilian providers. The changes are due to rising costs in dental care and are effective October 1, 2002. Please note that Commissioned Corps Personnel Manual Pamphlet No. 65, "Information on Health Care Services," dated February 1999, which is available on the Division of Commissioned Personnel's Web site (<http://dcp.psc.gov>) has *not* been updated to reflect these changes.

Under the new policy, active-duty officers' routine dental care now includes the following: dental exams, x-rays, prophylaxis, and fillings—not to exceed \$1,000 per fiscal year. Officers must now obtain preauthorization from the Beneficiary Medical Program (BMP) section of the Medical Affairs Branch (MAB) for all endodontics (root canals), crowns, scaling, extractions, services provided by a specialist (e.g., oral surgeon, endodontist, periodontist, prosthodontist), as well as any routine care that is in excess of the \$1,000 limit per fiscal year.

Preauthorization is determined by MAB's Dental Project Officer by review of the dental treatment plan, x-rays, and cost estimate provided by your dentist. Authorization or denial of a request is sent to your dentist by fax or mail. Contact information for the Dental Project Officer is as follows:

Division of Commissioned Personnel  
ATTN: Dental Project Officer/MAB  
5600 Fishers Lane, Room 4C-06  
Rockville, MD 20857-0001

Phone: 301-594-5062 (or toll free at 1-800-368-2777 x2)

Fax: 1-800-733-1303

E-mail: [watwood@psc.gov](mailto:watwood@psc.gov) (or) [bmp@psc.gov](mailto:bmp@psc.gov)

*NOTE:* All dental bills are paid by direct deposit to your provider. If your civilian dentist is unwilling to participate in the Electronic Funds Transfer (EFT) Payment System, you must pay your civilian dentist and then request reimbursement from BMP for the authorized care you received. □

## Keeping You Informed



Here are a few of the most frequently asked questions about

reimbursement for mileage and distance rates.

### Mileage Rates

Q. What is the current mileage rate for using my Privately Owned Vehicle (POV) for Temporary Duty (TDY) travel?

A.

Type of POV	Rate Per Mile
Car .....	\$0.365
Motorcycle .....	\$0.28
Airplane .....	\$0.975

There are some rules dealing with POV use if travel by the POV is not in the Government's interest. In other words, mileage for personal use is not reimbursable.

Q. What is the current mileage rate for using a car for Permanent Change of Station (PCS) travel?

A. The rate *per car* depends on the number of passengers in the car for which the Government is providing reimbursement. Here is a quick reference table:

Number of Passengers	Rate Per Mile
1 .....	\$0.15
2 .....	\$0.17
3 .....	\$0.19
4+ .....	\$0.20

Q. Why is there a difference between the TDY reimbursable mileage rate and the Monetary Allowance in Lieu of Transportation (MALT)/PCS reimbursable mileage rate when I have to pay the same amount for gas at the pump in either case? How is that fair?

A. The MALT and PCS rates were never intended to 'reimburse' the transportation costs for driving a car; they are based on commercial fares and are a *payment* instead of providing the member or employee with Government-procured transportation. The MALT/PCS mileage rates do not reflect the price of gasoline. TDY mileage rates on the other hand, are based on the costs to operate a vehicle (gasoline, insurance, etc.) and are intended to reimburse the expense of using a POV for official Government travel.

### Distances Traveled on PCS

Q: When I moved to my new duty station during a recent PCS, I was not reimbursed for all the miles I put on

my car during the move. How is the mileage distance determined for my move?

A: The regulations that guide travel for Public Health Service Commissioned Corps officers are the Joint Federal Travel Regulations (JFTR). Chapter 2, Paragraph U2020 of the JFTR, states that the Defense Table of Official Distances (DTOD) is the only official source for worldwide PCS and TDY distance information. This distance is the official distance between duty stations. In addition, Paragraph U2000 of the JFTR states that each Service shall authorize only travel necessary to accomplish the mission of the Government effectively and economically.

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—or you may contact:

LCDR Ron Keats

E-mail: [rkeats@psc.gov](mailto:rkeats@psc.gov)

Phone: 301-594-3376 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43376). □

## National Domestic Violence Awareness Month

In 1995, President Clinton declared the month of October as *National Domestic Violence Awareness Month*. President George W. Bush continued this designation by proclamation in 2001.

Although domestic violence was initially considered a criminal justice problem, former Surgeon General C. Everett Koop aroused the Nation's awareness that domestic violence is a public health problem. Consequently, the Department of Health and Human Services (HHS) joined forces with the Department of Justice to reduce the incidences of domestic violence.

Violence on a whole has devastating consequences for women, children, and families as documented by the Bureau of Justice Statistics and the American Bar Association's Commission on Domestic Violence:

- On average each year, women experienced 572,032 violent victimizations at the hands of an intimate, compared to 48,983 incidents committed against men.
- Each year, medical expenses from domestic violence total at least \$3 to \$5 billion.
- It is estimated that 25 percent of workplace problems such as absenteeism, lower productivity, turnover, and excessive use of medical benefits are due to family violence.
- Seventy percent of intimate-partner homicide victims are women.
- Battering tends to be a pattern of violence rather than a one-time occurrence.
- Each year, an estimated 3.3 million children are exposed to violence by family members.

Although 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.

Violence is an urgent criminal and public health problem with devastating consequences for women, children, and families as noted in the HHS Web site fact sheet—<http://www.dhhs.gov>. The "Violence Against Women Act" (VAWA) of 1994 gave law enforcement officials the tools needed to punish persons who as-

sault 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. HHS programs continue as a Department-wide initiative to prevent violence against women from occurring and to provide services for its victims. Information on available programs may be found at the above Web site.

Domestic violence strikes regardless of race, color, creed, income, status, etc. From the unborn child to the elderly adult, domestic violence can cause physical, psychological, and emotional harm. The statistics show that hundreds of thousands of Americans are harmed each year by family members.

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 the number of reported incidents among Public Health Service (PHS) Commissioned Corps officers is relatively low, when it occurs, it not only affects the health and well-being of officers and family, but also compromises the mission of the PHS.

The goal of PHS is to prevent domestic violence before it happens, and provide intervention and rehabilitation as necessary. However, depending on the circumstances, officers may be disciplined for violations of the Standards of Conduct, particularly if the officer fails to comply with a treatment plan. Prevention involves everyone, from peers to supervisors. Information on current issues involving domestic violence may be found at the following Web site—<http://www1.opm.gov/ehs/workplac/html/domestic1.htm>. Corps officers or their family members may obtain intervention by calling the Medical Affairs Branch, Division of Commissioned Personnel (DCP), at 1-800-368-2777, option 2. Officers who request and/or receive interventions will be 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. In some instances they may be directed into treatment/services by DCP. Officers who fail to comply with treatment plans as directed may face disciplinary actions.

Please see INSTRUCTION 3, Subchapter CC29.3 of the Commissioned Corps Personnel Manual for the current PHS Commissioned Corps policy. □

### ATTENTION ALL ACTIVE-DUTY OFFICERS!

#### PROMOTION INFORMATION—

**Promotion notification memorandums are no longer being mailed; they are only available on the DCP Web Site.**

Effective September 1, 2002, promotion notification memorandums are no longer being mailed to active-duty officers. Officers eligible for competitive promotion consideration should log into the 'Secure Area' of the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. The eligible grade(s) and a link to the memorandum will appear at the top of the first page after logging into the 'Secure Area.' Officers may print out a copy of the notification memorandum from this site.

Competitive promotions include temporary and permanent O-4 through O-6 grades (excluding medical officers eligible for the temporary O-4 grade), and Regular Corps officers eligible for permanent O-2 or O-3 grades.

Officers who do not know their Logon ID and password in order to access the 'Secure Area', must contact the DCP Help Desk at 301-594-0961 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—40961) or e-mail the DCP Help Desk at [dcpdesktop@psc.gov](mailto:dcpdesktop@psc.gov). Officers who do not have Internet access, should contact their Commissioned Corps Liaison for guidance.



## Commissioned Officer Training Academy

### Basic Orientation Course Scheduled for October 24, 2002, in Rockville, Maryland

The Basic Orientation Course provides an introduction to the Public Health Service Commissioned Corps and its personnel system. The course is at a basic level, and is an excellent program for anyone looking to establish a baseline knowledge about the commissioned corps. Attendees will gain insight into the Corps' history and values, supervisory and managerial responsibilities, personnel actions, performance evaluations, uniforms, awards, promotion process, etc.

The course is open to anyone who has an interest in the commissioned corps personnel system including supervisors of commissioned officers (civil service employees and commissioned officers), tribal employees, and administrative personnel. *Please note: A course specifically for supervisors of commissioned officers will be available at the end of 2003.*

This course will be presented on Thursday, October 24, 2002, in the Parklawn Building, 5600 Fishers Lane, Rockville, MD, from 9 a.m. to 4 p.m. in Conference Rooms G and H.

To register, visit the Division of Commissioned Personnel's Web site at—<http://dcp.psc.gov>—select 'Training,' select 'Commissioned Officer Training Academy,' select 'Basic Orientation Course — BOSADM'. E-mail CDR Cheryl Wiseman — [cwiseman@psc.gov](mailto:cwiseman@psc.gov). Please leave your full name, rank and serial number if applicable, work phone number, address, and e-mail address.

Questions may be directed to CDR Wiseman at 301-594-3458 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43458).

## Surgeon General's Meeting with the Commissioned Corps

The Public Health Service (PHS) Chief Professional Officers sponsored an interactive teleconferenced 'Commissioned Corps Meeting' on August 23, 2002, in Gaithersburg, Maryland. The purpose of the meeting was to introduce VADM Richard H. Carmona to all PHS Commissioned Corps officers. Surgeon General Carmona outlined his vision and goals for the Corps, and fielded questions from the studio and remote audience. Below are a few photographs taken following the meeting.



(Pictured left to right) CAPT Richard Barror, Chief of Staff, Office of the Surgeon General; VADM Richard H. Carmona, Surgeon General; and RADM Kenneth P. Moritsugu, Deputy Surgeon General.



CHIEF PROFESSIONAL OFFICERS with Surgeon General Carmona and Deputy Surgeon General Moritsugu. (Pictured left to right) RADM Richard Walling, Pharmacy category; RADM Dushanka Kleinman, Dental category; RADM William Vanderwagen, Medical category; CAPT Lireka Joseph, Scientist category; VADM Richard H. Carmona; RADM Kenneth Moritsugu; RADM Robert Williams, Engineer category; CAPT Charlotte Richards, Therapy category; CAPT Randy Grinnell, Environment Health category; CAPT Linda Morris Brown, Health Services category; and CAPT Cynthia Pond, Veterinary category. Not pictured: RADM Mary Pat Couig, Nurse category, and CAPT Shirley Blakely, Dietetics category.

A few staff members from the DIVISION OF COMMISSIONED PERSONNEL with Surgeon General Carmona. (Pictured left to right) LTJG Carolyn Oyster; LCDR Ron Keats; CDR Dana Taylor; CDR Richard Leland; CAPT Denise Canton; VADM Richard H. Carmona; RADM R. Michael Davidson; CDR Marjorie Wallace; CDR Richard Doss; CDR Meta Timmons; CDR Cheryl Wiseman; and CAPT Ana Marie Balingit-Wines.





# Retirements - September

<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>			
<b>MEDICAL</b>			<b>LIEUTENANT</b>			<b>ENVIRONMENTAL HEALTH</b>		
<i>CAPTAIN</i>			<i>Dionne B. Coker</i>			<i>COMMANDER</i>		
Gregory A. Curt	NIH		NIH		Ronald H. Smith	FDA		
<b>NURSE</b>			<b>ENGINEER</b>			<b>HEALTH SERVICES</b>		
<i>CAPTAIN</i>			<i>COMMANDER</i>			<i>CAPTAIN</i>		
Charles R. Vananden III	HRSA	Stephen D. Ring	IHS	Michael B. Wich	IHS	Margaret T. Roper	NIH	
<i>COMMANDER</i>								
Leslie A. Spousta, Jr.	IHS							<input type="checkbox"/>

## DEPARTMENT OF HEALTH & HUMAN SERVICES

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 Division of Commissioned Personnel, Room 4-04  
 5600 Fishers Lane  
 Rockville MD 20857-0001

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