



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XVII, No. 10

October 2003

Surgeon General's Column

What do a pregnant high school dropout, a college educated computer scientist managing a post surgery wound, and an elderly married couple who must take several different medications have in common?

Answer: They are all vulnerable to misunderstanding instructions about medications, diet and physical activity, and other health-related information. These vulnerabilities could cost them their health and even their lives.

Low health literacy, or the inability to understand, access, and use health-related information and services, is an equal opportunity health threat, affecting rich and poor, young and old, and people of all racial and ethnic backgrounds.

More than 90 million Americans cannot adequately understand basic health information. Low health literacy adds as much as \$58 billion to health care costs each year. You only have to look at the past few decades to see the effect of low health literacy:

- It took over 25 years with a major long-term initiative by the National Institutes of Health's National Heart, Lung, and Blood Institute to get Americans to know their blood pressure level and seek appropriate treatment.
- Despite numerous efforts to eliminate smoking, more than 4,000 American children age 17 and younger will try their first cigarette today.
- Many Americans avoid getting appropriate medical checkups for breast, colorectal, and cervical cancer even

though these preventive screenings can help them live longer and healthier lives.

Consider this: A study of English-speaking patients in public hospitals revealed that one-third were unable to read basic health materials. Twenty-six percent of the patients could not read their appointment slips, and forty-two percent did not understand the labels on their prescription bottles.

Basic health literacy is fundamental to the success of each interaction between health care professionals and patients—every prescription, every treatment, and every recovery.

Ineffective communication between health care professionals and patients results in medical errors due to misunderstandings about medications and self-care instructions. Compounding the problem is the fact that most patients hide any confusion from their health care providers, because they are too ashamed and intimidated to ask for help.

Basic health literacy is essential to moving America from a treatment-based disease care system to a prevention-based health care system.

Health literacy is the second step in prevention. Once individuals recognize the importance of good health, health providers must be able to provide them with the best possible information in a manner they can understand.

My mechanic doesn't expect me to know the intricacies of my car's transmission, and I don't expect my mechanic to know the intricacies of how the hu-

man body works. So that is why doctors, nurses, and pharmacists need to provide the keys to good health in a manner that all Americans can understand. My goal in improving health literacy is to close the gap between what health care providers know and what patients understand.

At the Department of Health and Human Services (HHS) we are taking steps to improve American's health literacy. Some examples:

- Healthy People 2010 recommends activities to improve health literacy. These include: building a robust health information system that provides equitable access; developing audience-appropriate information and support services for all segments of the population, especially underserved persons; and training health professionals in the science of communication and the use of communication technologies. (www.healthypeople.gov/Document/HTML/Volume1/11HealthCom.htm#_Toc490471350)
- 'Get Smart: Know When Antibiotics Work' is a new HHS campaign to better inform Americans about when

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Surgeon General's Column

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antibiotic treatment is needed, and about the potential dangers of taking antibiotics when they are not needed. (www.hhs.gov/news/press/2003pres/20030917.html)

- The new Food and Drug Administration requirement for food products to add transfat to the Nutritional Facts panel will mean that manufacturers of most conventional foods and some dietary supplements will list transfat content, in addition to the information that is already in the Nutritional Facts panel about the product's overall fat content and saturated fat content. (www.hhs.gov/news/press/2003pres/20030709.html)
- The Health Resources and Services Administration's health care delivery sites and education programs help increase Americans' health literacy skills, which improves health quality outcomes. (<http://www.hrsa.gov/quality/healthlit.htm>)
- Surgeon General communications will be written in plain language that people can understand. We are currently undergoing a review so that we can ensure that the best practices in health literacy are incorporated into our communications.
- Throughout HHS, we are empowering Americans to make healthier choices for themselves and for their families. But we cannot stop there. We must also provide a context to help consumers *understand* and *act* on the new information.

One active approach to increasing health literacy is to train community health workers. They may be called community health advocates, lay health educators, community health representatives, or, in Spanish, *promotores de salud*. We need these knowledgeable people to serve as connectors between community members and health care professionals. As members of the community, they are able to promote health among groups that have traditionally lacked understanding about health and the health care system.

As members of the Public Health Service Commissioned Corps, our mission is

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Keeping You Informed

Entitlements/Allowances for Permanent Change of Station (if Qualified Under the Joint Federal Travel Regulations (JFTR))

CALL-TO-DUTY AND ACTIVE-DUTY OFFICERS:

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank;
- (3) 90 days of storage for your HHG, if needed;
- (4) Dislocation Allowance (DLA), if qualified; and
- (5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

RETIRED OFFICERS:

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank; and
- (3) One (1) year of Non-Temporary Storage (NTS) from point of origin.

Please remember that officers must always contact their Agency's shipping officer before performing any type of Permanent Change of Station (PCS) move, including a personally prepared move, to avoid reimbursement complications. This is true for active-duty and retired officers.

Q&A on Travel

- Q.** After a recent PCS move, I discovered that some things were missing from my HHG after delivery. What can I do to find my lost articles, or be reimbursed for their loss?
- A.** One of the benefits of having the Government move your HHG is that your belongings are insured from loss or damage (special handling, and insurance for certain fragile items, are not included). It is very important when the shipping company packs your HHG that you work with them and accurately document what is in each

box or crate. Having those records will save time and frustration in the event something gets broken or lost during the move. When this occurs, you must call your shipping officer to start a report. The shipping officer may or may not contact the trucking company, but in any case, they will make a report of your loss. Whether the trucking company contacts you or you call them, it is your responsibility to make a claim directly with them. Your Agency/Operating Division (OPDIV)/Program and/or the Division of Commissioned Personnel (DCP) will *not* reimburse you for your lost or damaged items. All reimbursements come from the trucking company.

Q. In regard to the 10 days of 'Temporary Lodging Expense (TLE)' authorized when performing a PCS, how do I know how much to claim on my travel voucher?

A. TLE is not a flat rate to be reimbursed. You are already receiving a Basic Allowance for Housing (BAH) and a Basic Allowance for Subsistence (BAS) in your monthly pay. Therefore, when you perform a PCS, you are already receiving a portion of what it would cost you to stay at a hotel when performing a move. TLE is the entitlement that helps you to make up the difference of the extra cost of the hotel and your BAH/BAS. A 'Temporary Lodging Expense (TLE) Computation-Worksheet' that can assist you in calculating what reimbursement you are authorized is available on the DCP Web site—<http://dcp.psc.gov/Travel/travel1.asp>. You must save your receipts for lodging and look up the per diem and meals rate for the area in which you stayed in order to complete the worksheet. After filling out the worksheet, you would choose the lowest of the three comparisons completed and claim that amount on your travel voucher. *Please note that the amount on line F3 of the worksheet should be \$180 rather than \$110 (effective January 1, 2002).*

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EDITOR'S NOTE

Effective with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty officers.

The monthly *Commissioned Corps Bulletin* has been available on the Division of Commissioned Personnel's (DCP) Web site for a number of years at—<http://dcp.psc.gov/CCBul.asp>. Each new issue is placed on this site within the first week of each month, and many interested persons access the latest issue of the *Commissioned Corps Bulletin* in this manner.



with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty officers.

Inactive Reserve Corps officers are also encouraged to access and peruse the *Commissioned Corps Bulletin* online since printed copies will continue to be sent to Ready Reserve Corps officers, but not to Inactive Reserve Corps officers.

Since active-duty officers are especially encouraged to regularly access the DCP Web site, it has been determined that printing and mailing costs would be greatly reduced if printed copies were no longer mailed to active-duty officers. Therefore, effective

Please note: The *Commissioned Corps Bulletin* will continue to be printed and mailed to the following: Ready Reserve Corps officers; retired officers; annuitants; and some corresponding administrative personnel.

Keeping You Informed

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- Q.** If I separate (not retirement) from the PHS Commissioned Corps, what are my travel entitlements?
- A.** It depends on whether you have completed your initial 2-year service obligation or not. If you were moved physically across the country by an Agency/OPDIV/Program, and you did not complete your initial 2-year obligation with that Agency/OPDIV/Program, then that Agency/OPDIV/Program has the right to question your moving entitlements in regard to sending you back to your home of record (HOR). If you have completed your initial 2-year service obligation, you are entitled to (a) transportation costs, and (b) HHG transportation (including temporary storage for 90 days) from your duty station to your HOR – or another location up to the amount the Government would have reimbursed you to you HOR. You are not entitled to a cash refund for any mileage you do not use if you do not move the total distance from your duty station to your HOR.

Annual Leave in Conjunction with a PCS Move

When an officer is on extended active duty, and he/she is performing a PCS, the

officer is authorized to take annual leave in conjunction with the move. The Joint Federal Travel Regulations (JFTR) state in paragraph U5100, "Members are authorized these allowances (travel and transportation) whether or not they take leave en route."

The interpretation of this statement is that an officer may take annual leave before, during, or after the performance of a PCS. The officer is still entitled to the normal moving allowances as prescribed by the JFTR. If the officer is entitled to travel for 5 days, and that officer takes 5 days to perform the move, then the officer may request travel and transportation allowances for the 5 days authorized. What is important is that the officer is covered in a 'status' at all times, 24/7.

Travel Questions

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 call or e-mail LCDR Ron Keats at 301-594-3376 / rkeats@psc.gov.



Thrift Savings Plan Open Season—October 15 through December 31, 2003

The Thrift Savings Plan (TSP) open season is your chance to start or change the amount of your contributions to your account.

You may download form TSP-U-1 from the TSP Web site—www.tsp.gov. Complete the form and mail it to the following address:

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

All TSP-U-1 forms received by December 10, 2003, will receive a payroll deduction with the December 2003 paycheck. The maximum deduction from base pay for this open season is 9 percent.

2003 Exceptional Capability Promotion Cycle

The Division of Commissioned Personnel (DCP) recently completed the 2003 Exceptional Capability (EC) promotion cycle. Fifty-two (52) nominations were received in DCP for EC promotion consideration for grades O-3 through O-6.

The Acting Assistant Secretary for Health and the Surgeon General recently announced the following EC promotions effective October 1, 2003:

Grade Promoted to: Category
Name

To Temporary Captain(O-6)

Mark R. Dybul	Medical
George J. Havens III	Pharmacy
Henry Lopez, Jr.	Health Services
Eric A. Mann	Medical
Lisa D. Rotz	Medical

To Temporary Commander (O-5)

David E. Johnson	Medical
Scott P. Lee	Engineer
Pratima L. Raghunathan	Scientist

To Temporary Lieutenant (O-3)

Susanna K. Partridge	Health Services
Raquel A. Peat	Health Services

New IHS Director, RADM Charles W. Grim, Sworn-In at Alaska Native Medical Center

For the first time, a Director of the Indian Health Service (IHS) has been sworn-in at a tribal facility. On August 6, 2003, at the Alaska Native Medical Center, Primary Care Center, RADM Charles W. Grim, a Dental officer in the Public Health Service (PHS) Commissioned Corps, was sworn in as the seventh IHS Director. Secretary Tommy G. Thompson, Department of Health and Human Services, conducted the swearing-in.

The Alaska Native Tribal Health Consortium's top board officers, Mr. Don Kashevaroff, Chairman and President, and Ms. Sally Smith, Vice Chairwoman, stood on the stage with RADM Grim to represent his family and friends.

"Dr. Grim has the unique ability to bridge Indian concerns with the administration's viewpoint," said Kashevaroff. "He has shown that he can effectively advocate on behalf of the tribes for more funding while tackling the tough job of making the IHS more efficient and responsive to Indian needs. I believe tribes will have unprecedented access to the Agency during Dr. Grim's tenure."

RADM Grim, a member of the Cherokee Tribe of Oklahoma, said he is "honored and humbled" to be chosen to serve as IHS Director. As he had emphasized during his confirmation hearings before the U.S. Con-



RADM Charles W. Grim being sworn-in as Director of the Indian Health Service by HHS Secretary Tommy G. Thompson.

gress, RADM Grim spoke of the need to focus on health promotion and disease prevention, and to strengthen the infrastructure of the IHS, tribal and urban Indian programs. He emphasized the importance of providing water and sanitation to Alaska Natives and American Indians.

As IHS Director, RADM Grim will direct the work of the nearly 15,000 employees of the Agency, of which 13 percent are PHS Commissioned Corps officers—represent-

ing 36 percent of the entire PHS Commissioned Corps work force.

Secretary Thompson also presided over the promotion ceremony of RADM Grim to the rank of Rear Admiral (Upper Half) which was effective August 4, 2003. RADM Grim has been a member of the PHS Commissioned Corps throughout his 21-year career with IHS, most of it in the IHS Oklahoma Area Office. □

COA Expands 2004 Conference Schedule

The Commissioned Officers Association (COA) has announced that it will expand the schedule for its 2004 conference in Anchorage, Alaska, to offer more sessions, more networking, and more continuing education credits for participants.

"We are pleased to be able to provide enhanced opportunities for commissioned officers without having to raise registration rates," said Jerry Farrell, COA's Executive Director. Early bird registration rates for the 2004 conference will be unchanged from 2003, although fees will need to be paid by the deadline date in order for participants to qualify for the rate, he said.

The 2004 conference will officially open on the afternoon of *Monday, May 17* with opening ceremonies and a major keynote session. Category Day will be held on

Tuesday, May 18, followed by two days packed with useful mini and general sessions on *Wednesday, May 19* and *Thursday, May 20*. The conference will conclude with the 'Luther Terry Lecture' and a formal dinner on Thursday evening. Conference sessions will be held at the Egan Convention Center and the Hilton Anchorage.

The 'Surgeon General's Run/Walk' will be held at 5 p.m. on *Sunday, May 16*. The Commissioned Officers Foundation 'Charity Golf Tournament' will be held in the morning on *Sunday, May 16*. Pre-conference sessions are being planned for Sunday and Monday morning.

"The conference also is a once-in-a-lifetime opportunity to see Alaska," said Farrell. "Many attendees are planning to take leave in conjunction with the conference to take advantage of the cruises,

sight-seeing tours, and other activities that will be available before and after."

"Response to the conference so far has been tremendous," Farrell said. "Nearly one-third of our room block at the Hilton has already been reserved. As we discovered, in Anchorage, this is truly growing to be a multi-hotel conference. There are a number of other beautiful hotels within walking distance of the Egan Convention Center, and COA is already working on arranging additional rooms at these hotels," he said.

COA is encouraging attendees to arrive on *Saturday, May 15* to take full advantage of all of the activities. For more information about the conference or to register, visit—www.coausphsconference.org—or call toll-free, 1-866-544-9677. □

PHS Commissioned Corps Officers Honored for Heroic Work in the Largest Fire in Arizona History

A select group of 55 U.S. Public Health Service (PHS) Commissioned Corps officers from the Whiteriver Service Unit (WRSU), the Phoenix Indian Medical Center, and other offices and service units of the Phoenix Area Indian Health Services have been honored with the PHS Outstanding Unit Citation in recognition for their heroic and superior teamwork during the largest fire in the history of Arizona, and the fourth largest fire in the history of the country.

On June 18, 2002, a wildfire began on the 1.6 million acre Fort Apache Indian Reservation in eastern Arizona, which is home to the 13,000 members of the White Mountain Apache Tribe. Over the next 2 weeks, the fire merged with a second blaze to become known as the Rodeo-Chideski fire and consumed 470,000 acres of ponderosa pine forest. Before the fire was finally contained, 430 homes were destroyed and 30,000 people were evacuated from numerous communities both on and off the reservation, including 900 tribal members and 90 employees of the Whiteriver facility.

Due to the fire's proximity, the local community hospital and a 60-bed skilled nursing facility evacuated on June 20. In response, the Whiteriver hospital

doubled its normal 20 person inpatient census overnight and became the only full service medical center in a 4,000 square mile section of eastern Arizona. WRSU staff expanded direct clinical activities to meet the needs of Indian and non-Indian patients. Activities included establishing high-risk operative obstetrical services, developing field nursing stations at Red Cross evacuation centers, having temporary dialysis nurses flown to continue critical services to 45 patients in the mountain region, and referring high-risk respiratory patients for treatment while smoke problems worsened with the approaching fire. Pharmacy services were expanded to accommodate more than 6,000 prescriptions.

In addition to expanding the scope of services, many officers worked 10-16 hour days in key support areas. Environmental health officers secured critical generators and reserve water supplies, dietary staff fed hundreds of displaced persons, and others worked as communications coordinators, supply drivers, and community counselors.

A highly coordinated response from within and outside the agency complimented the outstanding efforts of WRSU employees. Officers were willingly and eagerly detailed from the Phoenix

Indian Medical Center, the Hopi Service Unit, and the Colorado River Service Unit to offer relief to front-line Whiteriver clinicians. WRSU officers and employees developed key working relationships with other agencies throughout the disaster, such as the Federal Emergency Management Agency, National Institutes of Health, and Centers for Disease Control and Prevention. As a result of the highly coordinated efforts of all of these Federal employees, the resources of multiple agencies were brought to service during the catastrophe and the work of the PHS was prominently and positively portrayed to the Nation. The officers of the PHS Commissioned Corps exhibited exemplary values and character and are truly deserving of the honor of an Outstanding Unit Citation. □

Information on Separation

Officers separating from the Public Health Service (PHS) Commissioned Corps are required to submit to the Division of Commissioned Personnel (DCP) form PHS-1373, "Separation of Commissioned Officer," **at least** 30 days in advance of the last day at the duty station.

A separation packet is available from DCP that contains Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 32, "Information on Separation," form PHS-1373, and information on the continued health care benefit program. It is important that separating officers carefully read CCPM Pamphlet No. 32 in order to enhance processing of the separation request and to protect their benefits. The pamphlet and form are available on DCP's Web site—<http://dcp.psc.gov> (click on 'Services' for form PHS-1373 and 'Publications' for the pamphlet)—or can be requested from:

Division of Commissioned Personnel
ATTN: Officer Support Branch
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, select option #1, and dial the last 5 digits of the phone number—43544).

Fax: 301-443-5366 □

Surgeon General's Column

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to advance and protect the health and safety of the American people. The quality of the health information that Americans receive and their ability to understand and use that information is the key to building a healthier America.

I ask for your help. In every interaction with your communities, your patients and their families, look for ways to ensure that people understand what they can do to stay healthy. Offer the information even if they do not ask the questions. Use the expertise and materials that have been developed by HHS, other agencies, organizations, and companies to increase understanding of health information. Work with colleagues in community health improve-

ment to reach out to people who have the greatest needs.

We can help bring the dialogue about health literacy into greater focus among health professionals and society as a whole. This will advance the prevention initiative across America. Health literacy can save lives, save money, and improve the health and well-being of millions of Americans. Health literacy is the currency of success in public health.

Thank you for all you are doing to improve Americans' health, and for all you are doing to improve American's health literacy.

VADM Richard H. Carmona
Surgeon General □

Results of Permanent Promotions 2003

During the current promotion year cycle (July 1, 2003 through June 30, 2004) the records of approximately 1,582 officers in the Regular and Reserve Corps of the Public Health Service Commissioned Corps who were eligible for competitive grade (e.g., Reserve Corps officers O-4 through O-6 and Regular Corps officers O-3 through O-6) promotions were reviewed by categorical/group boards. Of those eligible, 384 have or will receive permanent promotions to the competitive grades.

The maximum number of officers authorized to be on active duty in the Regular Corps is currently restricted by law to 2,800. Within this total authorized number, ceilings for each of the permanent grades have been established. Based upon actual permanent retirements and separations, 225 permanent promotions for officers in the Regular Corps can be made without exceeding the authorized grade ceiling. These promotions are subject to Presidential nomination and Senate confirmation.

Competitive permanent promotions were announced on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—on September 17, 2003. They are listed below and are effective as early as July 1, 2003, or the officer's date of eligibility.

<i>Category</i>	<i>Effective</i>
<i>Grade Promoted to:</i>	<i>Date:</i>

MEDICAL

To Permanent Captain (O-6)

Alfred V. Bartlett III	07/01/2003
Beth P. Bell	07/01/2003
Bruce P. Bernard	10/01/2003
Terence L. Chorba	07/01/2003
Theresa A. Cullen	07/01/2003
Frank DeStefano	07/01/2003
Laura J. Fehrs	07/01/2003
Barbara B. Fleming	07/01/2003
Eugene Freund, Jr.	07/01/2003
James M. Galloway	07/07/2003
Alan E. Greenberg	07/02/2003
Evan C. Hadley	07/01/2003
Thomas R. Hales	07/01/2003
Edward B. Hayes	07/01/2003
Peter M. Houck	01/15/2004
John K. Hsiao	07/01/2003
Jeffrey L. Jones	07/01/2003
Jane M. Kelly	07/01/2003
Donn G. Kruse	7/01/2003
David C. Lanier	01/01/2004
Margaret T. Lee	07/01/2003
Feng-Ying C. Lin	07/01/2003
John R. Livengood	07/01/2003
Daniel S. Miller	07/01/2003

<i>Category</i>	<i>Effective</i>
<i>Grade Promoted to:</i>	<i>Date:</i>
Neil J. Murphy	07/24/2003
Bernard L. Nahlen	06/29/2004
Patrick W. O'Carroll	07/01/2003
Mac W. Otten, Jr.	07/01/2003
Margaret J. Oxtoby	07/01/2003
James S. Panagis	07/01/2003
Lyle R. Petersen	07/01/2003
Aron Primack	07/01/2003
Stephen C. Redd	07/01/2003
David C. Rutstein	07/01/2003
Mark H. Schiffman	04/08/2004
Joseph E. Sniezek	07/01/2003
Steven G. Wassilak	07/01/2003
Melinda Wharton	07/01/2003
Michael W. Wiemers	07/01/2003
Kevin S. Yeskey	05/21/2004

To Permanent Commander (O-5)

Mary M. Agocs	07/01/2003
James P. Alexander, Jr.	07/03/2003
Roger H. Applegate	07/01/2003
M. Miles Braun	07/01/2003
Martin S. Cetron	07/01/2003
Mark Connors	07/01/2003
Theresa Diaz Vargas	07/02/2003
Carol Friedman	07/01/2003
James R. Graham	07/01/2003
Matthew D. Hall	10/01/2003
Thomas W. Hennessy	07/01/2003
Hamid S. Jafari	07/01/2003
Stephen G. Kaler	07/01/2003
Newton E. Kendig	10/01/2003
David S. Kessler	07/01/2003
Ali S. Khan	07/01/2003
Jeffrey B. Kopp	07/01/2003
Matthew P. Longnecker	07/01/2003
Susan A. Maloney	10/01/2003
Anthony Andrew Marfin	07/01/2003
Donald R. Mattison	07/07/2003
Paul S. Mead	07/01/2003
Jeffery L. Miller	07/01/2003
Eric D. Mintz	07/02/2003
Diane A. Mitchell	05/16/2004
Anthony W. Mounts	04/01/2004
Lynn A. Paxton	07/01/2003
Carol A. Pertowski	07/02/2003
Caroline C. Philpott	10/01/2003
Michael Pratt	07/02/2003
Teresa D. Pratt	07/01/2003
Michael J. Quon	07/01/2003
Lisa G. Rider	07/01/2003
Steven R. Rosenthal	07/01/2003
Cheryl L. Scott	07/01/2003
Gail M. Stennies	07/01/2003
John C. Watson	07/04/2003
Pascale M. Wortley	10/01/2003
David A. Yost	07/01/2003

To Permanent Lieutenant Commander (O-4)

Paul Matthew Arguin	07/01/2003
Thomas C. Bonin	07/01/2003
John T. Brooks	07/01/2003
Anthony J. Chambers, Jr.	07/01/2003
Elizabeth C. Clark	07/01/2003

<i>Category</i>	<i>Effective</i>
<i>Grade Promoted to:</i>	<i>Date:</i>
Rodney W. Cuny	07/01/2003
Lucinda J. England	07/01/2003
Daniel R. Feikin	07/01/2003
David M. Frucht	07/01/2003
Reuben Granich	07/01/2003
Lisa Anne Grohskopf	07/01/2003
Rachel E. Locker	07/01/2003
Jonathan H. Mermin	07/01/2003
Anna L. Miller	05/21/2004
Luis A. Ortega	07/01/2003
Lisa D. Rotz	07/01/2003
Jeffrey C. Salvon-Harman	07/01/2003
Laura Anne Tillman	07/01/2003
Michael G. Wilcox	07/01/2003
Lori A. Willinghurst	05/21/2004

DENTAL

To Permanent Captain (O-6)

Robin S. Berrin	07/01/2003
Thomas B. Bornstein	07/01/2003
Rosemary E. Duffy	07/01/2003
Andrea G. Feight	07/01/2003
Charles W. Grim	07/01/2003
Kevin S. Hardwick	02/06/2004
Shawneequa M. Harris	07/01/2003
Geralyn S. Johnson	07/01/2003
Angel L. Rodriguez-Espada	07/01/2003
Richard B. Troyer	07/01/2003

To Permanent Commander (O-5)

Steven C. Brockett	07/01/2003
Gail J. Cherry-Peppers	07/01/2003
Dean J. Coppola	01/01/2004
David A. Crain	07/01/2003
Clay D. Crossett	01/18/2004
Christopher G. Halliday	01/01/2004
Kathy L. Hayes	07/01/2003
Daniel J. Huber	10/01/2003
Andrew F. Huff	07/01/2003
Linda A. Jackson	08/02/2003
Mark S. Jacobson	07/01/2003
Thomas E. Jordan	03/01/2004
Michael E. Korale	06/30/2004
David R. L. Labadie	07/01/2003
Tad R. Mabry	07/01/2003
Ronald J. Nagel	01/01/2004
Rebecca V. Neslund	07/01/2003
Edward E. Neubauer	07/01/2003
Deborah R. Noyes	07/01/2003
Guillermo L. Rosado	01/01/2004
Mary S. Runner	07/01/2003
Kimberly K. Sturm	07/01/2003
James N. Sutherland	07/01/2003
James H. Tennyson	11/02/2003
Stephen P. Torna	01/01/2004
Jeffery L. Vidrine	07/01/2003
Gregory Whelan	04/01/2004

To Permanent Lieutenant Commander (O-4)

Kimberly A. Lafleur-Nigg	07/01/2003
Kippy G. Martin	07/01/2003
Paul S. Wood	07/01/2003

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Results of Permanent Promotions 2003

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<i>Category</i>	<i>Effective Date</i>	<i>Category</i>	<i>Effective Date</i>	<i>Category</i>	<i>Effective Date</i>
<i>Grade Promoted to:</i>		<i>Grade Promoted to:</i>		<i>Grade Promoted to:</i>	
NURSE				SCIENTIST	
To Permanent Captain (O-6)				To Permanent Captain (O-6)	
Janet B. Clear	07/01/2003	Susan M. Orsega	07/01/2003	William Cibusas, Jr.	11/01/2003
Diane P. Holzem	07/01/2003	Sandra K. Rode	07/01/2003	Wendy E. Kaye	07/01/2003
Gwendolyn M. Hosey	07/01/2003	Keysha L. Ross	07/01/2003	Sara Dee McArthur	08/01/2003
Christopher J. Jones	10/01/2003	Jeanne D. Shaffer	07/01/2003	Sheldon L. Morris	07/01/2003
Mary I. Lambert	09/02/2003	James M. Simmerman	07/01/2003	H. Edward Murray	07/01/2003
Kerry P. Nesseler	04/01/2004	Steven M. Wacha	04/01/2004	Carolyn Strete	07/01/2003
Laura James Newton	07/01/2003			David F. Williamson	07/01/2003
Latricia C. Robertson	07/01/2003	To Permanent Lieutenant (O-3)		To Permanent Commander (O-5)	
Susanne R. Rohrer	07/01/2003	Benjamin F. Brown, Jr.	10/01/2003	S. Lori Brown	07/01/2003
Emilia G. Speer	07/01/2003	Serina A. Hunter-Thomas	07/01/2003	Darcy E. Hanes	03/01/2004
Veronica G. Stephens	07/01/2003	Patricia K. Mitchell	07/01/2003	James E. Hoadley	07/01/2003
Diane E. Tinker	10/01/2003	Chantal Nanette Mouw	06/03/2004	O'Neal A. Walker	07/01/2003
Tricia L. Trinite	07/01/2003	Todd A. Ridge	07/01/2003	To Permanent Lieutenant Commander (O-4)	
Michael L. Vitch	04/01/2004	William Ruiz-Colon	07/01/2003	Mehran S. Massoudi	07/20/2003
Margaret A. Watkins	07/01/2003	Tonia L. Sawyer	07/01/2003		
		Thomas R. Stanley	07/01/2003	ENVIRONMENTAL HEALTH	
		Robbie K. Taylor	07/01/2003	To Permanent Captain (O-6)	
To Permanent Commander (O-5)		ENGINEER		Enrique Delgado	07/01/2003
Robin E. Anderson	04/01/2004	To Permanent Captain (O-6)		Richard J. Driscoll	07/01/2003
Ruth M. Coleman	07/01/2003	Dennis A. Barber	07/01/2003	Edwin J. Fluette	07/01/2003
Regena Dale	01/01/2004	Robert W. Faaland	07/01/2003	Jane B. McCammon	07/01/2003
Beverly A. Dandridge	07/01/2003	Ronald C. Ferguson	07/01/2003	Bruce K. Molloy	07/01/2003
Fern S. Detsoi	07/01/2003	Paul M. Lahr	07/01/2003	Kenneth J. Secord	07/01/2003
Terri L. Dodds	01/01/2004	Gladys Rodriguez	01/01/2004		
Debra L. Doornbos	07/01/2003	Rao Y. Surampalli	07/01/2003	To Permanent Commander (O-5)	
Thomas J. Edwards	07/01/2003			Byron P. Bailey	07/01/2003
Maureen Q. Farley	07/01/2003	To Permanent Commander (O-5)		Shawn W. Googins	07/01/2003
Clarice Gee	07/01/2003	Dana Jay Baer	07/01/2003	Barry S. Hartfield	07/01/2003
Mary Ann Harder	07/01/2003	David M. Birney	10/01/2003	Robert F. Hennes	07/01/2003
Susan D. Hillis	07/01/2003	John P. Devitt	01/01/2004	John P. Sarisky	07/01/2003
Philip Jarres	06/21/2004	David J. Giurintano	04/01/2004	Jeffrey J. Smith	10/01/2003
Mary E. Jones	07/01/2003	Jo Ann Griffith	07/01/2003	Frank H. Williams	07/01/2003
David L. Kerschner	07/01/2003	Daniel G. McLaughlin	07/01/2003		
Barbara W. Kilbourne	07/01/2003	David J. O'Shea	01/01/2004	To Permanent Lieutenant Commander (O-4)	
Ellen P. Madigan	07/01/2003	Peter C. Pirillo, Jr.	01/01/2004	Bruce A. Chandler	07/01/2003
Sheryl L. Meyers	07/01/2003	Philip E. Rapp	07/23/2003	Jeffrey A. Church	01/01/2004
Ernestine Murray	07/01/2003	Paula A. Simenauer	07/01/2003	Calvin W. Edwards	10/01/2003
Barbara J. Myrick	07/01/2003	Glen C. Stonebraker	10/01/2003	Lisa J. Flynn	07/01/2003
Gladys V. Perkins	07/01/2003	Vernon Lee Tomanek	07/01/2003	Daniel J. Hewett	04/01/2004
James M. Pobrislo	07/01/2003			James K. Jackson	10/01/2003
Theresa E. McKinney Prigmore	07/01/2003	To Permanent Lieutenant Commander (O-4)		Robert B. Knowles	04/01/2004
Ana M. Puente	07/01/2003	Steven J. Anderson	07/01/2003	Wade B. McConnell	07/01/2003
Christine L. Rubadue	07/01/2003	Daniel S. Beck	01/01/2004	A. Thomas Mignone, Jr.	07/01/2003
Gwethlyn J. Sabatinos	07/01/2003	Frank B. Behan	07/01/2003	Jeffrey S. Morris	07/01/2003
Laura E. Shay	10/01/2003	Meredith A. Bond	07/01/2003	Laura A. Rabb	07/01/2003
Kenneth W. Simpson	07/01/2003	Derek W. Chambers	07/01/2003	Joseph A. Terra, Jr.	07/01/2003
Toni Joy Spadaro	06/01/2004	John J. Crowley	07/01/2003	David B. Tibbs	01/01/2004
Timothy R. Stockdale	07/01/2003	Nathan D. Gjovik	07/01/2003	Linda A. Tiokasin	07/01/2003
Lauren C. Tancona	07/30/2003	Kelly B. Leseman	07/01/2003		
Diane R. Walsh	07/01/2003	Eric L. Matson	07/01/2003	VETERINARY	
Judith A. Whitecrane	07/01/2003	Dale M. Mossefin	07/01/2003	To Permanent Captain (O-6)	
Janet L. Wildeboor	07/01/2003	Jacqueline M. Parker	07/01/2003	Frederick J. Angulo	04/01/2004
Holly A. Williams	07/01/2003	Karl R. Powers	01/01/2004	Marcia L. Headrick	07/01/2003
Gregory R. Youens	07/01/2003	Gregory J. Robinson	07/01/2003	Leigh A. Sawyer	01/01/2004
		William Z. Stanley	01/01/2004		
To Permanent Lieutenant Commander (O-4)		Domenic J. Veneziano	04/01/2004	To Permanent Commander (O-5)	
Erica M. Avery	07/01/2003	Dennis J. Wagner	07/01/2003	Peter B. Bloland	01/01/2004
Lisa S. Dolan-Branton	07/01/2003	Marjorie E. Wallace	07/01/2003		
Anthony L. Duran	07/01/2003	Mary M. Weber	07/01/2003		
Patrick K. Howe	07/01/2003	Sharon Wirth White	07/01/2003		
Lucienne D. Nelson	01/01/2004				

(Continued on page 8)

Results of Permanent Promotions 2003

(Continued from page 7)

<i>Category</i>	<i>Effective</i>	<i>Category</i>	<i>Effective</i>	<i>Category</i>	<i>Effective</i>
<i>Grade Promoted to:</i>	<i>Date:</i>	<i>Grade Promoted to:</i>	<i>Date:</i>	<i>Grade Promoted to:</i>	<i>Date:</i>
VETERINARY (Continued)					
To Permanent Commander (O-5)					
<i>(Continued)</i>					
Marissa A. Miller	12/05/2003			Jane Martin	07/01/2003
To Permanent Lieutenant Commander (O-4)					
Kamela D.E. Davis	07/01/2003			James L. Norris	07/01/2003
PHARMACY					
To Permanent Captain (O-6)					
James D. Bona	07/01/2003			Lou Ann Rector	01/01/2004
Michael J. Clairmont	07/01/2003			Nicole M. Smith	07/01/2003
Dennis R. Dey	07/01/2003			Ann M. Toledo	04/01/2004
Richard M. Fejka	07/01/2003			Bruce W. Topey	07/01/2003
Douglas L. Herring	07/01/2003			Craig S. Wilkins	07/01/2003
Thomas E. Kriz	07/01/2003			To Permanent Lieutenant (O-3)	
Roger L. McGhee	07/01/2003			Amanda K. Dunnick	07/01/2003
Cathy L. Shaffer	07/01/2003			Parmjeet S. Saini	07/01/2003
Martin L. Smith	07/01/2003				
Cynthia P. Smith	07/01/2003				
To Permanent Commander (O-5)					
Laurie B. Burke	10/01/2003				
Diane Centeno-DeShields	07/01/2003				
Paul A. David	07/01/2003				
Josephine E. Divel	07/01/2003				
Steven C. Doane	07/01/2003				
Mary B. Forbes	07/01/2003				
Michael J. Montello	07/01/2003				
Cecilia-Marina Prela	07/01/2003				
Robert W. Rist	07/01/2003				
Renee J. Roncone	07/01/2003				
Raelene W. Skerda	03/02/2004				
Matthew A. Spataro	07/01/2003				
Denise P. Toyer	07/01/2003				
Valerie A. Vashio	07/01/2003				
James M. Zello	07/01/2003				
To Permanent Lieutenant Commander (O-4)					
Lisa A. Cohn	07/01/2003				
Cindy P. Dougherty	07/01/2003				
James A. Good	07/01/2003				
Michael J. Goodin	07/01/2003				
Dana L. Hall	01/01/2004				
Hye-Joo Kim	07/01/2003				
Sheila K. Norris	07/01/2003				
Julie K. Rhie	07/01/2003				
Brian D. Schilling	07/01/2003				
Edward J. Stein	01/01/2004				
Pamela Stewart-Kuhn	07/01/2003				
Julie E. Warren	07/01/2003				
Gloria H. Weir	07/01/2003				
Cory W. Wilton	07/01/2003				
To Permanent Lieutenant (O-3)					
Tina M. Spence	07/01/2003				
DIETETICS					
To Permanent Captain (O-6)					
Janice M. Huy	07/01/2003				
Joyanne P. Murphy	07/01/2003				
To Permanent Commander (O-5)					
Elaine J. Ayres	07/01/2003				
Diane M. Prince	10/01/2003				
Kenneth W. Souza	07/01/2003				
To Permanent Lieutenant Commander (O-4)					
Charlene F. Johnson	07/01/2003				
Charlene G. Sanders	07/01/2003				
THERAPY					
To Permanent Captain (O-6)					
David E. Nestor	02/01/2004				
To Permanent Commander (O-5)					
Terry T. Cavanaugh	07/01/2003				
Franklin D. Keel	07/01/2003				
To Permanent Lieutenant Commander (O-4)					
Jeffrey C. Fultz	07/01/2003				
Eric D. Payne	12/30/2003				
To Permanent Lieutenant (O-3)					
Corey S. Dahl	07/01/2003				
HEALTH SERVICES					
To Permanent Captain (O-6)					
Lura J. Abbott	07/01/2003				
Hilda P. Douglas	10/01/2003				
Nina F. Dozoretz	07/01/2003				
Howard A. Goldstein	07/01/2003				
Candace M. Jones	07/01/2003				
Margaret A. McDowell	07/01/2003				
Eugene A. Migliaccio	07/16/2003				
Thomas J. Stander	07/01/2003				
Steven G. Zeldes	10/01/2003				
To Permanent Commander (O-5)					
Francis J. Behan	07/01/2003				
Maria E. Burns	07/01/2003				
Peter J. Delany	01/01/2004				
Julia A. Dunaway	07/01/2003				
Annie Brayboy Fair	10/01/2003				
Steven M. Glover	10/06/2003				
Beverly A. Roth	07/01/2003				
Rachel E. Solomon	07/01/2003				
George H. Vaughan, Jr.	07/01/2003				
To Permanent Lieutenant Commander (O-4)					
Scott M. Anderson	07/01/2003				
Dawn M. Clary	07/01/2003				
Gary M. Cole	07/01/2003				
Thomas A. Costello	07/01/2003				
David Scott De La Cruz	04/01/2004				
Janelle M. Froelich	07/01/2003				
Daniel M. Kavanaugh	07/01/2003				
Richard D. Kennedy	07/01/2003				
Kevin J. Kolenda	07/01/2003				
Sandra M. Lahi	07/01/2003				
Guy J. Mahoney	07/01/2003				
George J. Majus	07/01/2003				

October is National Domestic Violence Awareness Month

The Department of Health and Human Services is at the leading edge in providing education and information in an effort to reduce the incidence of domestic violence. Information on available programs and statistics may be found on the Department's Web site—<http://www.dhhs.gov>—under 'Families & Children.'

The goal of the Public Health Service (PHS) is to prevent domestic violence before it happens, and to provide intervention and rehabilitation as necessary. Although the number of reported incidents among PHS Commissioned Corps officers is relatively low, when it occurs, it not only affects the health and well-being of officers and their family members, but also compromises the mission of the PHS.

Active-duty and retired officers and/or family members concerned with this issue are encouraged to seek early assistance through the Uniformed Services' healthcare system's Family Advocacy Program, or through the civilian sector if outside the catchment area of a military facility. Officers or their family members may also obtain intervention by calling the Medical Affairs Branch, Division of Commissioned Personnel, at 1-800-368-2777, option 2. These calls will be handled in a 'medically confidential' manner and information will be held in the strictest confidence.

Commissioned Corps Readiness Force

DMRTI

The Defense Medical Readiness Training Institute (DMRTI) in San Antonio, TX, has signed a memorandum of understanding with the U.S. Public Health Service (PHS) to allow Commissioned Corps Readiness Force (CCRF) members to participate in training courses such as:

- **Combat Casualty Care Course (C4)** – An 8-day course for clinicians from O-3 to O-6, which will be based in a rigorous field environment. Participants will need to be deployable members of the CCRF, and have completed the Annual Physical Fitness Test (APFT). The accepted uniform for the C4 course will be the Basic Deployment Uniform which is the woodland camouflage.
- **Joint Operations Medical Managers Course (JOMMC)** – A 5½-day classroom course to prepare O-5 and O-6 officers to function in management and leadership roles in an operational environment. The accepted uniform will be the working khaki.
- **Military Medical Humanitarian Assistance Course (MMHAC)** – A 2-day interactive classroom course to give O-4 to O-6 officers a knowledge base related to healthcare delivery during humanitarian emergencies. The uniform will be the working khaki.
- **Homeland Security Medical Executive Course (HSMEC)** – This introductory 5-day course was held in September, and prepares senior officers to train, as an integral part of the National Response Plan, to the challenges and complexities of a chemical, biological, radiological, nuclear, high-yield explosives event or natural disaster in the continental United States. CCRF had over 50 applicants for the 8 slots in the initial class, and plans to sponsor similar participation in the future.

Please complete the training survey on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf/breaking.htm>—if you have not already done so. This will assist us in planning our Fiscal Year 2004 training programs. CCRF is pleased to be part of the DMRTI program and anticipates approximately 150 CCRF officers per year will be sent to these courses as part of the career development planning for Corps officers.

BOP Officers Train for CCRF

In August, 78 Bureau of Prisons (BOP) officers attended CCRF training at the Federal Correctional Institution in Butner, NC. The officers attended presentations of 18 modules (part of the CCRF online training program) through streaming video, live lecture, or pre-recorded presentations by subject matter experts. The attendees also completed their APFTs. All attendees were previously certified in Basic Life Support for Health Care Providers. When the officers finish their online evaluations of the training, they will be deployable assets of the PHS Commissioned Corps, and well on their way to becoming fully qualified CCRF members.

CCRF Officers Immunize Army Personnel

On August 16, CCRF officers assisted in the vaccination of more than 400 Department of Defense personnel for smallpox. CCRF's support was needed because the area Army medical facilities are short staffed due to deployments to the Middle East or because of direct involvement in the care of wounded soldiers at the Walter Reed Army Medical Center. CCRF physicians, nurses, a pharmacist, and a health educator were involved in this mission. This was an excellent opportunity for CCRF's experienced smallpox vaccinators to teach other officers how to administer the vaccine and perform 'take checks.' Our nurses reported that 'new' issues arose which caused some troops and civilians to be screened out and determined to be unable to receive the vaccine. These served to be excellent 'case studies' in an evolving clinical practice area that were shared, increasing the team's knowledge base and cohesion.

Officers who would like to learn more about smallpox are encouraged to view these smallpox vaccination information sites—<http://www.smallpox.army.mil> and <http://www.smallpox.army.mil/media/pdf/Vacciniainitial3.pdf>.

Smallpox Vaccination

VADM Richard Carmona has requested that the Military Treatment Facilities (MTFs) under the jurisdiction of

the Army, Navy, and Air Force provide smallpox vaccination to CCRF members. Each of the military Surgeons General have concurred with this request.

If you self-identified on the CCRF Web site as being eligible and willing to receive the smallpox vaccination, you received an e-mail notice which provided information as to how you can receive the vaccination at an MTF. Officers who have not previously self-identified as being willing to receive the vaccination are not eligible. Through this activity, we hope to create a group of approximately 1,500 vaccinated officers that can be available to assist in a smallpox vaccination effort.

CCRF Deployment Roles

If you have not yet gone to the CCRF Web site and recorded a Deployment Role, you need to complete this immediately. We will no longer roster officers as simply a member of their respective category, but rather will place them on a rotation roster based on the role they will fill on a deployment. For example, if we need a 'Liaison,' then we need an officer with a broad understanding of the capabilities of the Agencies in the Department, as well as someone who has completed the 'Liaison' training course. It is not helpful to just go to a list of officers broken down by category. Officers will be rostered in the immediate future in their **role**, so please comply with this request.

CCRF: The First 10 Years

CCRF will be 10 years old in 2004. CCRF is in the process of recording its history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail CDR Martinelli (to receive the submission form) at amartinelli@osophs.dhhs.gov.

Many good uniform questions from officers in the field are asked each month. As fall and winter approach, here are some questions that pertain to the Service Dress Blue, Service Dress Blue Sweater, and other uniforms worn during this time of year. Remember, Commissioned Corps Personnel Manual (CCPM) Pamphlet No.61, "Information on Uniforms," is a tool to help you wear the uniform and look the best you can for the Public Health Service (PHS) Commissioned Corps.

Although comfort is an issue, it is not the main issue when the uniform board considers components for wear with each uniform. Uniform components are chosen with the other Services in mind, and to distinguish ourselves as PHS officers. Quality, serviceability, and uniformity are factors also considered when new uniform components are added or changed within the uniform regulations.

Q. With the increased security at all the military bases, PHS officers in uniform in their cars frequently encounter military sentries at security checkpoints. A sign has been posted at the Walter Reed Army Medical Center in Washington, DC, that states 'Return Hand Salutes.' It is my understanding that PHS officers, like the Navy, do not salute when not covered. So, while in the car, in uniform, uncovered, is it appropriate to just thank the (military) uniformed guard, or is it more appropriate to return the salute? Also, I assume when not in uniform, the response to a salute from the (military) uniformed guard is a 'thank you' or a greeting.

A. Saluting is not just a cold, rigid formality. It represents a gesture of greeting or friendship, and of courtesy. The personal hand salute is performed between two members of a Uniformed Service and is the military form of greeting. It is given by an enlisted person or by a junior officer to a senior officer. It is always returned, or acknowledged, by the officer saluted. Now, more than ever, PHS Commissioned Corps officers need to perform the customs and courtesies that are appropriate for all Uniformed Services. It is appropriate



for PHS officers to return a salute to anyone who renders them a salute. It is a sign of respect from the saluting person who recognizes you as a senior officer, in or out of uniform, or inside your car with your cover off. You should return all salutes with distinction and pride.

Q. Are non-epaulette white shirts authorized for wear by male PHS officers with the Service Dress Blue uniform?

A. Yes. The shirt shall be made of plain white authorized fabric. Sleeves may be short or long with plain buttons, convertible or French cuff. No insignia is worn on the non-epaulette white shirt. Long sleeve epaulette white shirts are preferred, but optional. The epaulette shirt shall be made of plain white authorized fabric with long sleeves, one left breasted pocket without a pocket flap, and epaulettes on the shoulders. Soft shoulder boards are worn with the epaulette shirt. No ribbons, medals, or breast insignia are worn on the shirt.

Q. What are the uniform components of the Service Dress Blue Sweater uniform?

A. The Service Dress Blue Sweater (SDBS) uniform consists of black shoes, black socks (males), non-complexion altering hosiery (females), blue trousers (males), blue trousers/skirt unbelted (females), white shirt, tie, black belt with gold tip (males), gold buckle (males), Army black V-neck sweater, name tag, soft shoulder boards, combination cap or blue garrison cap, or beret (females). The blue windbreaker jacket, blue overcoat, and blue raincoat are authorized for wear as outer garments with the SDBS uniform.

Q. With which uniforms is the blue garrison cap authorized?

A. The blue garrison cap (BGC) is authorized for wear by male PHS officers with the Service Dress Blue Sweater (SDBS), Summer Blue (SB),

Winter Blue (WB), Working Winter Blue (WWB), and Indoor Duty White (IDW) uniforms. Female PHS officers are authorized to wear the BGC with the SDBS, SB, WB, WWB, and all IDW uniforms.

Q. Can the Summer Dress Blue Sweater uniform be worn without the sweater and replaced with the blue windbreaker jacket?

A. No. The blue windbreaker jacket (BWJ) must never be worn in place of the Army V-neck sweater. Such a

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This drawing shows the sleeve and jacket lengths for the female PHS officer Service Dress Blue uniform.

Q & A on Uniforms

(Continued from page 10)

modification does not constitute a PHS uniform. At no time should officers wear uniform components in an unauthorized manner. The BWJ may be worn as an outer garment with the Summer Dress Blue Sweater uniform.

Q. I have heard that the Navy cardigan sweater is being phased out. Is this true for PHS as well? If so, when is the last date the sweater may be worn by PHS officers?

A. It's true! The Navy cardigan sweater has been phased out. An article appeared in an earlier issue of the *Commissioned Corps Bulletin* explaining that the PHS would phase out the Navy cardigan sweater as of October 1, 2003. At this time, the only authorized cardigan sweater is the Army cardigan sweater with epaulettes.

Q. I just received my Service Dress Blue (SDB) uniform this week. My sleeves and jacket seem a little long. What are the correct lengths for both the SDB sleeves and the SDB jacket?

A. Because every officer has a different body style, this is a difficult question to answer. Basically the rule of thumb for sleeve and jacket length of the SDB uniform is as follows: (1) Sleeve Length—For both men and women, the sleeve length is basically the same. The sleeves typically hang down past the crease in the wrist on the thumb side (approximately 1 inch). If you wiggle your wrist, the sleeve should slightly touch below the wrist; and (2) Jacket Length—For MEN, when the arms are hanging down straight and the fingers are cuffed, the jacket should fit loosely in the cuff of the fingers. For WOMEN, the length is more difficult. For the most part, the lower edge of the jacket should be below the hip prominence at a length that is flattering to the wearing of the uniform for that officer. (Please see *drawing*.)

Q. Is there a Web site where we can purchase the Army cardigan and Army pullover sweaters?

A. Yes. You can purchase both the Army cardigan sweater and the Army pull-

over sweater at—<http://thor.aafes.com/ics/default.asp>. You must register on this site, sign in, and follow the prompts until you find 'Uniform Clothing.'

Q. Are 'scrunchies' or fabric elastic bands authorized for wear with the PHS female uniform?

A. No. 'Scrunchies' or fabric elastic bands have never been authorized for wear with the PHS uniform. There is currently a proposed memorandum awaiting the Surgeon General's approval that will update the wording in CCPM Pamphlet No. 61, "Information on Uniforms," in regard to grooming standards for women and what is authorized for wear in the hair. It states: "When in uniform, the hair may touch, but not fall below a horizontal line level with the lower edge of the back of the collar. Long

hair, including braids, which fall below the lower edge of the collar shall be neatly and inconspicuously fastened, pinned, or secured to the head. No portion of the bulk of the hair as measured from the scalp will exceed approximately 2 inches. A maximum of two small barrettes/combs/clips, similar to hair color, may be used in the hair. Additional bobby pins or rubber bands matching hair color may be used to hold hair in place, if necessary. Fabric elastic bands are not authorized. Hair ornaments shall not present a safety or foreign object damage hazard. Hair nets shall not be worn unless authorized for specific type of duty."

If you have questions about PHS uniforms, please e-mail LCDR Ron Keats: rkeats@psc.gov.

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Environmental Health Officer PAC Presents 2003 Annual Awards

The Environmental Health Officer Professional Advisory Committee (PAC) presented its 2003 Awards at the 67th Annual Educational Conference and Exhibition of the National Environmental Health Association in Reno, NV. The following officers were this year's award recipients.

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 2003 Todd Award is **CAPT Peter P. Wallis III**, Director of Environmental Health for the Tanana Chiefs Conference, Inc. (TCC), Alaska Area Native Health Service, Fairbanks, AK.

CAPT Wallis began his career in the PHS Commissioned Corps in 1978 as a Field Sanitarian with the Indian Health Service (IHS) in Bethel, AK. After spending 2 years in Bethel, he took a leave of absence from the PHS to serve as a Public Health Advisor in a Taiwanese refugee camp. In 1982 CAPT Wallis rejoined

the PHS and returned to Bethel to serve a second assignment with the IHS in this isolated, remote location.

From 1983 to 1985, CAPT Wallis served as a Technical Advisor for the Truk Islands in the Federated States of Micronesia. His primary duty was to oversee the expenditure of \$3.3 million in cholera control funds designated for Truk by the U.S. Environmental Protection Agency and Department of the Interior. Individual families received materials and technical assistance to build individual 3,000-gallon rainwater catchment tanks and pit privies. Over a 2-year period, 1,200 rainwater catchments and 3,000 pit privies were completed. Other than CAPT Wallis, the program's staff was entirely Trukese. No cholera cases were reported for 7 years following a second cholera epidemic in 1983.

CAPT Wallis completed additional IHS assignments as Service Unit Sanitarian in Fort Duchesne, UT, and as District Utility Consultant in Reno, NV, before being detailed as a Special Assistant to

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Environmental Health Officer PAC Presents 2003 Annual Awards

(Continued from page 11)

the Administrator of the Guam Environmental Protection Agency (GEPA) in 1991. During this 2-year assignment, CAPT Wallis was involved in a variety of programs and had numerous accomplishments including: a review of risk assessment process and preliminary data for Anderson Air Force Base and Ordot Landfill Superfund sites; completion of a comparative risk assessment project for GEPA; development of Environmental Impact Assessment Regulations; development of comprehensive solid waste regulations; design and implementation of a wellhead inspection program; and oversight of a Solid Waste Characterization Study. While stationed in Guam, CAPT Wallis also served as a PHS technical advisor to the Federal Emergency Management Agency during disaster response operations following Typhoons Omar and Zelta.

In 1993, CAPT Wallis began his current assignment, and oversees one of the largest, most complex programs in the IHS/Tribal system. The TCC provides services to Alaska Natives and American Indians residing in 45 communities within a region slightly larger than the State of Texas. When CAPT Wallis accepted this assignment, the program was facing numerous challenges as a result

of budget shortfalls and senior management changes. There were also many personnel challenges to address. He began a team building and strategic planning process that enhanced staff morale and focused the office's efforts on providing core public health services. To address funding shortfalls, he secured additional funds from TCC administration and obtained grants from several funding agencies. His efforts have increased recurring program funding by approximately \$500,000, thereby greatly enhancing environmental health services.

While serving in his current assignment, CAPT Wallis continued to build on his record of international service. In 2002, at risk to his personal safety, he was deployed to Goma, Congo, which was enduring a civil war. CAPT Wallis provided technical support to the U.S. Agency for International Development (USAID), Office of Foreign Disaster Assistance, on water, sanitation, and environmental health issues related to the damage in Goma from the Nyamagongo volcano eruption. Goma's population of 400,000 was divided by a lava flow that severely disrupted the water distribution system. CAPT Wallis focused on the provision of water, food, and non-food items at distribution points throughout Goma

and collection centers in Rwanda. In addition, he recently served as technical adviser to a Centers for Disease Control and Prevention team conducting assessments of environmental health issues related to a cholera epidemic in Pohnpei, Federated States of Micronesia. Subsequent to this award, CAPT Wallis spent approximately 50 days in the Iraq theater of operations providing technical support to USAID on water sanitation issues.

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 2003 Moran Award is **CDR Mark A. Kelty**, Risk Manager, Division of Environmental Health and Engineering, Alaska Native Tribal Health Consortium.

CDR Kelty has worked to improve the health status of American Indian and Alaska Native populations for 18 years, serving in eight different IHS/Tribal system assignments. He began his current assignment with the Alaska Native Tribal Health Consortium (ANTHC) in 1998. At that time, the Institutional Environmental Health (IEH) program was at a critical juncture. In 1998, the ANTHC incorporated and began assuming programs formally run by IHS. CDR Kelty recognized that the new tribally-managed IEH program was facing a plethora of complicated issues. He moved to identify new opportunities, expand existing programs, and implement initiatives that would further enhance service delivery.

At the time of the transition, CDR Kelty was the lone staff in the IEH program. Under the IHS system, the responsibility for institutional environmental health and safety at the local level was given to staff as other duties as assigned. CDR Kelty recognized that the level of technical support both to the local level practitioner as well as internally, needed to be increased. The program now faced increased liabilities associated with being a public entity operating a high-risk program in the high-risk environment of

(Continued on page 13)



(Left to right) LT Sarah Unthank, CAPT Peter P. Wallis III, and CDR Mark A. Kelty receive the 2003 Environmental Health Officer Professional Advisory Committee Awards.

Environmental Health Officer PAC Presents 2003 Annual Awards

(Continued from page 12)

remote Alaska. He thoroughly documented the need for additional staffing to meet the specialized challenges of safety, institutional health, and risk management. Today the program has two highly specialized IEH personnel and a Construction Safety Coordinator in addition to CDR Kelty. This has allowed the IEH and Safety programs to offer additional services, including lead based paint inspection and risk assessment and construction safety, in addition to carrying out previously provided services.

As part of the transition, CDR Kelty recognized a need to identify other potential exposures to the corporation resulting from the Division's activities. He proposed to the corporate leadership that he be given the responsibility as Division Risk Manager, in conjunction with several other responsibilities, including serving as the Deputy Director for a Statewide Environmental Services Program. As Division Risk Manager, he has supported the ANTHC corporate insurance group in identifying financial exposures and liability and where appropriate, implementing commercial insurance programs. The use of commercial insurance programs has become a significant portion of the overall Risk Management Program.

During the last 2 years, the ANTHC Safety and Risk Management Programs have helped save the consortium significant resources in insurance premiums. The savings were realized as a result of effective safety and loss control programs to which CDR Kelty contributed.

CDR Kelty has been an advocate for Alaska Natives and American Indians throughout his career. He led the development of the Alaska Healthcare Safety Internship. This program is modeled after the IHS National Institutional Residency graduate program. The program is integrated with the University of Alaska associate's degree in Occupational Health and Safety and Management. Once the degree and internship are completed, the Alaska Natives will have been provided the opportunity to develop the skills to become effective safety officers in hospitals and clinics throughout Alaska. In association with this effort, he

has also served on an advisory committee to the University of Alaska to expand the existing associate's degree in Occupational Health and Safety Management into a bachelor's degree program.

In addition to his normally assigned duties, CDR Kelty has been active in a variety of other professional activities. For example, he has served on the Alaska Tobacco Control Alliance Steering Committee, has served as President of the Alaska Environmental Health Association, has served as the Emergency Services Function 8 alternate designee for the Federal Response Plan, and is an alternate committee member of the Environmental Health Officer PAC.

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 PHS. The winner of the 2003 Eason Award is **LT Sarah Unthank**, District 5 Safety and Environmental Health Officer, U.S. Coast Guard (CG).

LT Unthank is recognized for making significant contributions to protecting the public and military personnel by her work promoting safety, environmental health, and industrial hygiene. She began her career in 1999 as a Tribal Sanitarian with the Spirit Lake Tribe in Fort Totten, ND, where she managed the Environmental Health and Injury Prevention Program. During her time in this assignment, she helped to secure a \$250,000 grant for the Tribe's injury prevention program that provided a direct impact to the health and well-being of the Spirit Lake Tribe.

In September 2000, LTJG Unthank was assigned to the CG in Norfolk, VA, as an Assistant Environmental Health Officer. Upon her arrival, she was assigned temporary additional duties at CG Headquarters including providing assistance in the development of the Occupational Medical Surveillance and Evaluation Program (OMSEP), which included the review and dissemination of over 8,000 medical records. This program ensures that valuable information is documented on persons who work in

CG environments where exposure to hazardous substances are possible. In addition to her role with OMSEP, LTJG Unthank also responded to a foodborne illness at the CG Training Center in Cape May, NJ, where she provided important assistance in the interviews, facility investigations, and data and specimen collections for the 118 affected recruits.

After only 8 months in Norfolk, LTJG Unthank was recognized for her exemplary work and was assigned as the Safety and Environmental Health Officer (an O-4 detached supervisory billet) in Portsmouth, VA. She is the most junior detached Safety and Environmental Health Officer in the Atlantic Region.

Following the anthrax attacks of 2001, LTJG Unthank deployed to Washington, D.C., to serve as an Assistant Site Safety Officer. She provided valuable support and expertise for the CG Strike Team, the Environmental Protection Agency, and the response contractors employed on the mission. She presented her work in the anthrax response effort during Category Day at the 2002 Commissioned Officers Association Annual Conference. As the most junior speaker, she exemplified the valuable asset that junior officers are to PHS.

In addition to her normal duties, LT Unthank's expertise is routinely called upon to assist the CG in public health and safety matters. In January 2003, LT Unthank was deployed to Wilmington, NC, to serve as the Site Safety Officer for the Operation King's Hat Trick Military Outloads which involved keeping CG and Department of Defense personnel safe while ammunition and cargo was outloaded for the pending war in Iraq.

LT Unthank's contributions to the CG have been recognized at the highest levels. She is only the second PHS Commissioned Corps officer ever chosen by the CG to attend graduate school. She will be pursuing a Master of Public Health degree at Harvard University in the fall of 2003.

Congratulations to these outstanding professionals on their selection for these prestigious awards. □

Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
MEDICAL		<i>LIEUTENANT J.G.</i>		HEALTH SERVICES	
<i>COMMANDER</i>		Joshua E. Hardin	PSC	<i>LIEUTENANT COMMANDER</i>	
V. Malurkar Anthes	IHS	Rockville, MD		Robin N. Hunter-Buskey	BOP
Ketchikan, AK		Katherine A. Maye	HRSA	Butner, NC	
<i>LIEUTENANT COMMANDER</i>		San Pedro, CA		<i>LIEUTENANT</i>	
Thomas C. White	IHS	Judith Mather	IHS	Rendi M. Bacon	CDC
Oneida, WI		Santa Fe, NM		Fort Collins, CO	
<i>LIEUTENANT</i>		Marilyn Q. Sale	IHS	Sonali P. Gunawardhana	FDA
Andrew Q. Defuniak	HRSA	Keams Canyon, AZ		Rockville, MD	
Chicago, IL		ENGINEER		John M. Gusto	FDA
Ursula R. Roblero	IHS	<i>LIEUTENANT</i>		Falls Church, VA	
San Fidel, NM		Shun-Ping Chau	EPA	<i>LIEUTENANT J.G.</i>	
Andrew M. Ropp	IHS	Denver, CO		Amy L. Dayhoff	IHS
Polacca, AZ		SCIENTIST		Pine Ridge, SD	
DENTAL		<i>LIEUTENANT</i>		Kate E. Glassock	IHS
<i>COMMANDER</i>		Marco A. Bennett	FDA	Tuba City, AZ	
John F. Caudill II	DHS	Rockville, MD		Kimberly A. Myers	BOP
Aguadilla, PR		Jacqueline C. Sram	FDA	Florence, CO	
<i>LIEUTENANT</i>		Los Angeles, CA		Israel Otero	OS
Jodine C. Anderson	IHS	ENVIRONMENTAL HEALTH		Rockville, MD	<input type="checkbox"/>
Hertel, WI		<i>LIEUTENANT</i>			
Mark T. Fretz	IHS	Melburn R. Dayton	DHS		
Warm Springs, OR		Kodiak, AK			
Dawud Raamah	IHS	Kristen M. Mitchell	PSC		
Polacca, AZ		San Francisco, CA			
Michael J. Strohecker	IHS	Andrea J. Reid	EPA		
Cherokee, NC		Research Triangle Park, NC			
NURSE		PHARMACY			
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT</i>			
Charles R. Monk	DOJ	Lori J. Alred	IHS		
Alexandria, LA		Claremore, OK			
<i>LIEUTENANT</i>		Oluchi U. Elekwachi	FDA		
Stephanie K. Bardack	DoD	Rockville, MD			
Falls Church, VA		Amy H. Longtine	IHS		
Summer A. Cutting	IHS	Fort Washakie, WY			
Anchorage, AK		Jeffrey J. Mallette	BOP		
Tamara D. Davis	IHS	Eglin AFB, FL			
Whiteriver, AZ		My H. Phan	BOP		
Alice M. Fike	HRSA	Houston, TX			
Miami, FL		Kurt J. Soeder	IHS		
George E. Flores	IHS	Anchorage, AK			
Anchorage, AK		Jialynn K. Wang	FDA		
April D. Kidd	OS	Rockville, MD			
Rockville, MD		Lelia L. Williams	IHS		
Steve L. Morin	NIH	San Carlos, AZ			
Bethesda, MD		DIETETICS			
Deanna M. Washburn	IHS	<i>LIEUTENANT J.G.</i>			
Anchorage, AK		Barbara A. Arntson	IHS		
		Dillingham, AK			

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>
MEDICAL	
<i>CAPTAIN</i>	
Hilliard D. Estes	08/23/03
DENTAL	
<i>CAPTAIN</i>	
Herschel S. Horowitz	08/10/03
NURSE	
<i>CAPTAIN</i>	
Garry B. Criddle	08/02/03
ENGINEER	
<i>CAPTAIN</i>	
Bernard J. Gajewski	07/31/03
PHARMACY	
<i>CAPTAIN</i>	
Victor F. Serino	08/04/03

BCOAG's Call for Nominations for Awards

Call for Nominations for BCOAG's Annual George I. Lythcott Award

The Black Commissioned Officers Advisory Group (BCOAG) established the George I. Lythcott Award in May 1996 in memory of RADM George I. Lythcott, M.D. (1918-1995). RADM Lythcott was the first African American Public Health Service (PHS) Commissioned Corps officer appointed to head a PHS Agency, the Health Services Administration. Throughout his PHS career, he championed career ladder opportunities for junior grade PHS employees and significantly expanded initiatives to assist the Nation's medically underserved.

This award is designed to recognize an individual who demonstrates a genuine sense of public service and leadership initiative, and whose contributions enhance the health status of medically underserved populations. Any PHS Commissioned Corps officer (Grade O-2, O-3, or O-4) with a minimum of 5 years of service in the PHS Commissioned Corps is eligible.

Nominations are encouraged from all Agency/Operating Divisions (OPDIVs)/Programs and must describe how the candidate has met the following criteria:

- Contributions to Agency/OPDIV/Program objectives have reflected sustained high performance;
- Work performance or a single important achievement has been characterized by outstanding leadership initiative and/or the application of unique skills and creativity;
- Overall work performance or a single activity has clearly contributed to the mission of PHS;
- Participation in activities within or outside PHS that had a positive impact on improving the health status of the Nation's medically underserved populations; and
- Performance has continuously demonstrated a genuine sense of public service and professional integrity.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required.

The nominee's curriculum vitae will be requested at a later date if needed. A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Call for Nominations for BCOAG's Annual Hildrus A. Poindexter Award

BCOAG established the Hildrus A. Poindexter Award in 1990 in memory of the late CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., Sc.D., (1901-1987). CAPT Poindexter was an exemplary PHS Commissioned Corps officer, humanitarian, clinician, educator, and world renowned scientist. His commitment and service record in support of the medically underserved throughout the world significantly enhanced the positive image of the PHS. He was an excellent role model for all involved in service to the world's disenfranchised.

This award was established to recognize a commissioned officer or civil servant (with a minimum of 7 years service within PHS) for continued outstanding service that enhanced the health of minority or underserved populations.

Each nominator must describe how the candidate has met four of the following criteria:

- Demonstrated significant contributions toward improving the health status of African Americans and other minorities in the United States;
- Continually demonstrates exceptional dedication to the mission of PHS;
- Demonstrated outstanding leadership (academically, administratively, programmatically, and/or internationally);
- Demonstrated excellence in his/her professional field; and
- Demonstrated significant professional and humanitarian contributions to raising the living standards of the disenfranchised in communities within the United States and abroad.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required.

The nominee's curriculum vitae will be requested at a later date if needed. A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Call for Nominations for BCOAG's Annual Retired Officers Recognition Award

The BCOAG Retired Officers Recognition Award was established in 1998. This award is designed to recognize retired African American PHS Commissioned Corps officers who served with distinction for a decade or more and fostered the mission of the PHS.

Two individuals are recognized each year by their peers. The nomination must include documented evidence of outstanding service as a Corps officer, and significant contributions to community and/or public health that served to enhance the quality of life for the disenfranchised in the United States and/or abroad. Priority is given to those nominees who have continued to make significant public health contributions during their retirement from the PHS.

A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Deadline Date and Address to Send Nominations

To be considered, nominations for any of the above awards must be received at the following address by the close of business on Friday, **December 12, 2003**:

LT Daisy Mitchell
HRSA/HAB/DCBP/NEB
5600 Fishers Lane, Room 7A-21
Rockville, MD 20857-0001

Phone: 301-443-1373
Fax: 301-443-1839
E-mail: dmitchell@hrsa.gov

Presentation of Awards

The George I. Lythcott Award, Hildrus A. Poindexter Award, and Retired Officers Recognition Award will be presented at a designated time and place in 2004. □

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

Nominations are now being accepted for the Reserve Officers Association's (ROA) annual Public Health Service (PHS) Junior Officer of the Year Award, named in honor of former Surgeon General C. Everett Koop.

The award recognizes an outstanding PHS officer at the rank of O-4 (LCDR) or below. ROA membership is *not* a requirement for nomination. The award will be presented at the Annual ROA Mid-Winter Conference to be held in Washington, DC, in January 2004.

ROA will pay registration for the recipient to attend all conference functions. However, ROA cannot pay for travel expenses to attend the conference, and program managers are encouraged to assist with travel support if their candidate is selected.

Further information and nomination instructions can be obtained by contacting CAPT Paul Johnson at 712-252-3211. Nominations must be received no later than **November 15, 2003**.

Retirements - September

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (LOWER)

Mary C. Dufour NIH

CAPTAIN

Alvin Abrams PSC

Timothy R. Cavanagh IHS

Robert B. Craven CDC

John F. Saari IHS

COMMANDER

Calvin L. Vermeire HRSA

NURSE

CAPTAIN

Holly C. Cunningham IHS

Mary D. Hutton CDC

Roy C. Lopez IHS

COMMANDER

Glenda Good Bird IHS

ENGINEER

CAPTAIN

Paul S. Fardig IHS

Walter F. Hunter EPA

Title/Name Agency/OPDIV/Program

COMMANDER

Charles S. Little FDA

SCIENTIST

CAPTAIN

Frank D. Sistare FDA

VETERINARY

CAPTAIN

Arthur D. Schaerdel NIH

PHARMACY

CAPTAIN

Kevin R. Dermanoski FDA

Janet M. Morgan FDA

HEALTH SERVICES

CAPTAIN

Gary R. Pabalis IHS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
 Human Resources Service
 Division of Commissioned Personnel, Room 4-04
 Rockville MD 20857-0001

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