



# Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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October 2004

## Surgeon General's Column

There is a gap between what the American family knows about health and what they need to know. Seven of 10 Americans die of a chronic disease each year. While all of these diseases have inherited factors, most are preventable by relatively simple steps: healthy eating, being physically active, and not smoking.

Unfortunately, many Americans are unaware of the benefits of prevention and of knowing their family's health history. Health literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate health decisions. More than 90 million Americans—nearly one-third of all people across our country—cannot adequately understand basic health information and take steps to prevent disease, especially those diseases for which a given family might carry higher genetic risk. Complicating this is the fact that disease risk is not distributed uniformly across the population. Most diseases are due to the interactions of multiple genes and environmental factors. Even though healthy behaviors are beneficial to all, many families share different susceptibilities to disease.

While advances arising from the Human Genome Project are already adding important new genomic tools, family history will remain highly relevant for years to come. Knowledge of family history has been shown to help predict risk for such varied health concerns as breast cancer, ovarian cancer, colon cancer, stroke, diabetes, cardiovascular disease, osteoporosis, atopy or asthma, type 2 diabetes, and

suicide, among many others. Yet many individuals are unaware of the medical histories of their relatives, and many health professionals underutilize this information in advising patients about how to maintain good health.

There is also apparently widespread confusion about how to begin asking about our relatives' health history. In a survey collected last fall by the Centers for Disease Control and Prevention, 97 percent of respondents felt knowledge of family health history was either somewhat important or very important, yet only 31 percent had ever collected health information from their relatives.

Health literacy, in this instance, is knowledge of how to create a family history and what questions are important to ask. Cultural factors are important as well. Short office visits, a focus on acute care, inaccuracies in patient recall, and an inability to seek reimbursement make family history collection in the medical office challenging. As Public Health Service (PHS) officers, we can and must do more to empower Americans to collect accurate health histories from family members and record information in a format that health professionals can use to guide education, screening, and disease management.

How can we increase both the effectiveness and use of family history in clinical care? First, through our education efforts in all the communities we serve, we need to remind health professionals and patients about the value of the family history. Second, we need to make use of family history easier and less time

consuming for health professionals. To achieve both goals, the Agency for Healthcare Quality and Research, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Institutes of Health, and the Office of the Surgeon General are collaborating to spearhead a national campaign that will be launched in November.

The campaign is called the Surgeon General's National Family Health Initiative. The initial efforts of the campaign focus on making the day that many American families traditionally gather—Thanksgiving Day—the annual National Family History Day. The goals of this campaign are to increase awareness of the medical value of family history; make family history easier to collect, organize, and use; and augment 'genetic literacy,' an increasingly important part of overall health literacy, which is key to improving the health and well-being of all Americans. This November 25 will serve

*(Continued on page 2)*

### IN THIS ISSUE . . .

Transformation Update .....	2
PHS Honor Corps at 9/11 2004 Ceremony in New York City .....	3
BOAC Held in Boston in September .....	4
Office of Force Readiness and Deployment .....	5
BCOAC's Call for Nominations for Awards .....	9
PHS-1 DMAT Mock Drill and Training .....	10
NIH Promotion Ceremony .....	10

## Surgeon General's Column

(Continued from page 1)

as the inaugural observance of National Family History Day.

A cornerstone of the National Family Health Initiative is a Web-based tool—[www.hhs.gov/familyhistory](http://www.hhs.gov/familyhistory)—that will allow individuals to collect, organize, and maintain family history securely on their own computers. This tool will guide collection of any family history information, and it will highlight certain common health conditions for which family history is already particularly helpful in guiding medical care—breast cancer, ovarian cancer, colon cancer, stroke, diabetes, and cardiovascular disease. In addition, there will be two open entries for other diseases specific to a given family. The result is a standardized family history that people can print and bring to their health care professional.

This Department of Health and Human Services Web site, which will have English and Spanish versions, will also contain information for families about how the information gathered can help guide individuals' efforts to stay healthy. The Web site and the Surgeon General's National Family Health Initiative are designed to encourage individuals to bring their family history information to their health care professionals for further discussion, evaluation, and use.

The Web site and other family history-focused activities will be expanded and updated. The Federal agencies involved welcome the partnership of other groups and individuals in this campaign to further the use of family history in clinical care. Printed information describing how to collect a family history and information for health professionals to encourage family history collection will be available at [www.hhs.gov/familyhistory](http://www.hhs.gov/familyhistory).

I encourage you and your family to take part in National Family History Day by gathering, sharing, and recording your health information, and I ask you as PHS officers to spread the word in your communities and with your patients about the importance of prevention that is guided by knowledge.

VADM Richard H. Carmona  
Surgeon General



## Transformation Update

by CAPT Sven E. Rodenbeck

As we all know, Secretary Tommy Thompson announced the vision/plan for the transformation the Public Health Service (PHS) Commissioned Corps on July 3, 2003. The intention of the transformation is to enable the Corps to respond more quickly and effectively to public health emergencies and to better address pressing public health needs, such as service in underserved and remote assignments. The need for transformation is further supported with the recent updating of the National Response Plan (NRP) and the new Catastrophic Incident Annex to the NRP. In both plans the Department of Health and Human Services is designated as the Primary Agency for public health and medical services. Using worst case planning analysis, a catastrophic event could require the immediate response of over 20,000 public health experts and direct care providers. Therefore, the Department needs to develop the professional human resources and infrastructure (e.g., force management) to rapidly identify and respond with the appropriate public health expertise (e.g., clinical and non-clinical; Active-duty Commissioned Corps, Ready Reserve Corps, and Civil Servants). Clearly the PHS Commissioned Corps would be a vital and significant component of this response capability.

However, our national emergency readiness planning should not adversely impact the Department's mission of meeting the unmet public health needs of our Nation. This requires that the transformation of the Corps support the various day-to-day public health activities of the agencies.

### Process To Date

To assist the Department in developing the necessary options and plans to transform the Corps, the Office of Public Health and Science (OPHS) and the Office of the Surgeon General (OSG) have undertaken several activities. Last year, the Lewin Group was retained to assist in reviewing the current status and evaluate the current force management operations of the PHS Commissioned Corps. Their activities have entailed the formation of focus groups that represented not only the officers of the Corps (junior, senior, and varying categories) but the agencies and other stakeholders

(e.g., potential recruits and public health leadership outside of the Department). The focus group discussions and the Lewin Group's own analysis are focusing on a broad range of Commissioned Corps operational issues (e.g., force management, recruiting, information dissemination).

Recently, each Departmental agency, the U.S. Coast Guard, and the Bureau of Prisons designated one of their senior officers to represent them on a Transformation Workgroup. With the assistance of the Lewin Group and senior officers from OPHS and OSG, the Transformation Workgroup will develop various policy options that advance the transformation of the Corps that are to be considered by the Secretary. The options will provide the Secretary with a range of mechanisms through which to transform the Corps, including several possible approaches that will serve to produce improvements of the Corps' force management capability, training and career development of officers, and recruitment of new officers.

Prior to submission to the Secretary, the various options developed by the Transformation Workgroup will be presented to the agency heads for their review and comment. The vetted policy options are expected to be submitted to the Secretary this fall for his consideration and action.

It should be noted that the options being developed for the Secretary will be fairly broad in scope (e.g., the extent of force management centralization, options for billet and position management, etc.). The Secretary will decide which options are to be undertaken.

### Future Process

Once the Secretary decides which of the broad policy options should be undertaken, assistance from not only the agencies but a broader range of the Corps and other stakeholders to develop the specific policies and procedures will be needed, and the products of those efforts will result in the processes and activities that will be the implementation steps for the transformation of the Corps (i.e., the nuts and bolts). These activities will continue to be coordinated by the

(Continued on page 3)

## PHS Honor Corps Represented on 9/11 at 2004 Ground Zero Ceremony

On Saturday, September 11, 2004, members of the Ceremonial Unit of the Surgeon General's Honor Corps (PHS Honor Corps) were included as part of the New York City (NYC) Honor Guard, participating in the third anniversary of what has been the worst terrorist attack in the United States.

The four members of the Public Health Service (PHS) Honor Corps (CDRs Renee' Joskow and Robin Scheper; LCDR Tobey Manns, Deputy Commanding Officer of the PHS Honor Corps; and LT Carolyn Oyster) were among several groups, and the only active-duty Uniformed Service, that made up the nearly 400 people who participated in the NYC 9/11 Honor Guard at Ground Zero. Each PHS Honor Corps member was in one of four NYC Honor Guard teams that rotated throughout the day on the 11th. Each member of the NYC Honor Guard (approximately 80 per group) stood around the area outlining where the Twin Towers once stood. There was always an NYC Honor Guard team present as family members and friends of the victims would place flowers and mementos in one of two temporary reflecting pools. The reflecting pools symbolized the Twin Towers footprints.

The official ceremony began with the singing of the National Anthem, and "Amazing Grace" played on the bagpipes. The first of four moments of silence began at 8:46 a.m. (The time when the first airplane crashed into the North

Tower, 3 years earlier). The other three moments of silence marked the impact of the second plane (9:03 a.m.) and the collapse of each Tower (9:59 a.m. and 10:29 a.m.).

During the ceremony, parents and grandparents who lost children or grandchildren, read the names of the 2,749 people killed in the attack on the Twin Towers. During last year's ceremony, the children of the victims read all of the names.

This is the second time the PHS Honor Corps had the privilege and honor of serving in the NYC Honor Guard. They also participated in the ceremony marking the 1-year anniversary on September 11, 2002. Five PHS Honor Corps members—CAPT Richard Vause, Commanding Officer of the PHS Honor Corps, CDRs Ludlow McKay, Robin Scheper, CDR (sel) Daniel Reed, and LCDR Tobey Manns—participated in that ceremony. "To have served in the 9/11 Honor Guard in NYC was a complete honor. This was my second experience for this ceremony. The experience was overwhelming and surreal. My heart stayed full throughout the ceremony and even after. It was an honor to participate and show my respect to the fami-



Members of the Surgeon General's Honor Corps, (pictured left to right) CDR Renee' Joskow, CDR (sel) Robin Scheper, LCDR Tobey Manns, and LT Carolyn Oyster, at the 2004, 9/11 Ceremony in New York City.

lies affected by this horrific tragedy," said LCDR Manns.

The site was notably different from 2 years ago, when high winds created mini dust storms throughout the day. The mood was also different. There was more quiet chatter, and even some occasional laughter among the mourners this year. There were also three golden retrievers that entertained some of the younger children, and brought comfort to those overcome with grief. In 2002, some mourners were collecting the dust from Ground Zero. This year (with the ground of the site mostly covered with gravel) young teenagers were collecting screws and bolts left behind by the Towers.

Serving in this event for the first time as part of the PHS Honor Corps were CDR Joskow and LT Oyster. CDR Joskow had been deployed to Ground Zero in response to the 9/11 attacks to support the NYC Department of Health (DOH). At the time of her deployment, which consisted of two consecutive tours, she was working as an Epidemic Intelligence Service officer for the Centers for Disease Control and Prevention. While on deployment, she was assigned to the Lutheran Medical Center Emergency Department and led a NYC DOH team at Ground Zero providing Respirator Fit-testing for

(Continued on page 4)

## Transformation Update

(Continued from page 2)

Assistant Secretary for Health and the Surgeon General.

One of the first activities after the work of the current workgroup is finished, and agency heads have commented and the Secretary has made decisions, will be the briefing of all PHS Commission Corps stakeholders. These briefings will assist in identifying the various approaches that could be used to implement the Secretary's selected options.

It is anticipated that additional implementation workgroups will be needed and that the agencies, the Professional Advisory Committees (PACs), the Chief Professional Officers, and agency repre-

sentatives will be asked to provide vital input, review, and guidance as we move forward. Clearly this will be a fairly long-term process and officers can, at a minimum, participate in this process by being active members of their PACs either on a subcommittee or the full PAC.

For the last 120 years, our commissioned officers have met extraordinary challenges in protection and advancing the health of the American people. The goal of transformation is to strengthen our capabilities to respond to the challenges emerging today and for the future. As the Secretary has said, "One Department, One Corps."

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## PHS Honor Corps Represented on 9/11 at 2004 Ground Zero Ceremony

(Continued from page 3)

rescue workers. This year's 9/11 memorial ceremony was the first time CDR Joskow returned to Ground Zero after serving on 'the pile' following the attacks. CDR Joskow relates, "how dramatically different the site looks now—devoid of the sounds, smells, mountains of fire-eaten gnarled steel, dust and mud, hundreds of rescue and response personnel, and the urgency of the rescue operation. Today the quiet is profound, the ground is level, and the mournful silence strikes me deeply as the tears for all those lost cry out. I cannot imagine a deeper or more personal tribute to pay respect to those I knew, and those I never knew, than to stand, in uniform, representing the U.S. Public Health Service in the NYC Honor Guard on this day of solemn remembrance."

LT Oyster reflected, "It was perhaps the greatest single honor in my life, to have served on that Honor Guard. What I appreciated most was sitting with the members of my Honor Guard team and hearing their hearts during the breaks, standing with the family members by those reflecting pools and listening as they asked me to join them in their grief, and finally, being thanked, again and again, for what by Service branch, the U.S. Public Health Service, did to help NYC after September 11, 2001. Never was I more proud to wear my uniform—the PHS uniform."

### **Information Regarding the Surgeon General's Honor Corps**

The Surgeon General's Honor Corps (PHS Honor Corps) is under the direc-

tion of CAPT Richard Vause, who has commanded this elite group of officers since 1999. The Deputy Commanding Officer of the PHS Honor Corps is LCDR Tobey Manns. The PHS Honor Corps participates in opening several events, including award and promotion ceremonies. The group is based out of Rockville, Maryland, with some other Honor Corps groups in other areas of the country.

If you are interested in obtaining more information about the PHS Honor Corps, please contact CAPT Richard Vause at [rvause@hrsa.gov](mailto:rvause@hrsa.gov) or LCDR Tobey Manns at [tmanns@hrsa.gov](mailto:tmanns@hrsa.gov). □

## BOTC Held in Boston in September

Submitted by CDR Mutahar S. Shamsi

CAPT Michael R. Milner, Regional Health Administrator, Region I, and the New England Chapter of the Commissioned Officers Association (COA) of the U.S. Public Health Service (PHS) sponsored a Basic Officer Training Course (BOTC) in Boston, Massachusetts, September 14-16, 2004. The dedicated Commissioned Officers Training Academy cadre of CDR Dana Taylor, CDR Cheryl Wiseman, and LT Carolyn Oyster presented a thorough and enjoyable course.

Sixty-four officers, seven of whom were being trained as trainers, participated in this course. The officers came from Alaska, Washington, Oregon, Arizona, New Mexico, North Dakota, South Dakota, Illinois, Arkansas, Missouri, Michigan, Minnesota, North Carolina, Pennsylvania, Virginia, Maryland, Washington, DC, and the New England States of Maine, Connecticut, and Massachusetts. The officers were of all ranks and disciplines and are assigned to various components such as Indian Health Service, Bureau of Prisons, Food and Drug Administration, Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration, Program Support Center, Office of the Secretary, Environmental Protection Agency, U.S. Department of Agriculture, and U.S. Coast Guard.



Participants in the Basic Officer Training Course, September 14-16, 2004, in Boston, Massachusetts.

On September 15, 26 officers and their guests went on a VIP tour of the USS *Constitution*, the U.S. Navy's oldest commissioned warship. Our young tour guide was SN Skinner, only 3 months out of boot camp. She demonstrated poise, professionalism, and intellect in front of 26 officers as she described the ship's proud history and its crew. The tour was the highlight of our training. SN Skinner's

tour provided an excellent welcome to Boston as well as showed the vigilance and courtesy of the U.S. Navy.

It was interesting to see how the origins of the PHS were influenced by the U.S. Navy. The USS *Constitution* went out to sea for the first time in 1798, the same year President John Adams, from

(Continued on page 5)

# Office of Force Readiness and Deployment

**Recent Responses**

- Mental health support through September 7 at the Ft. Thompson Service Unit, Aberdeen Area, to address a high number of adolescent suicides among the Crow, Creek, and Sioux.
- Republican National Convention, August 27 through September 3.
- Medical Teams On Call for Summer Olympics, August 13 through 29, and Para-Olympics, September 17-28.
- Anesthesia Support for Indian Health Service's Tuba City Regional Health Care Corporation.
- Orange Alert: Deployment of Secretary's Command Center, Department of Health and Human Services (HHS), through January 2005.
- Orange Alert: Secretary's Emergency Response Teams On Call, through January 2005.
- U.S. Forest Service Water System Surveys by environmental health officers and environmental engineers in Black Hills Forest of South Dakota and the El Dorado and Klamath Forest of California.
- Hurricane Charley through September 23.
- Hurricane Frances, ongoing.

**Hurricane Charley**

Thirty-four Public Health Service (PHS) Commissioned Corps officers deployed with HHS, and 53 officers deployed with

the American Red Cross in a massive response effort for Hurricane Charley. Officers worked in a variety of roles, from liaisons to Emergency Support Function #8 at the Federal Emergency Management Agency's (FEMA) National Emergency Operations Center, to health care providers in Florida hospitals, and with the American Red Cross. Other officers staffed the Secretary's Emergency Response Team in Florida or worked at the Secretary's Command Center in Washington, DC.

**Hurricane Frances**

Thirty-nine PHS officers deployed on the heels of Hurricane Charley to Hurricane Frances in support of FEMA community outreach missions. Seventy-two officers composed the medical strike teams that worked in six special needs shelters. These strike teams included a physician, a nurse practitioner, a physician assistant, six nurses, a pharmacist, an environmental health officer, and an emergency manager/liason. Approximately 55 Corps nurses and mental health providers worked in Red Cross Shelters and on outreach teams. Eight Corps officers worked with the Emergency Response Team-Advanced and the Regional Operations Center, while 10 others deployed to the Disaster Field Office. Approximately 184 officers were deployed.

**Republican National Convention**

Sixteen Corps officers deployed to New York City in support of the Republican

National Convention. These officers served in roles such as liaison officers and medical consultants to the New York City Office of Emergency Management.

**On Call Responses**

Recently, the Corps has been called upon to be on an on-call status for a variety of high profile national security events. For each event, teams were designated for the east coast, central U.S., or west coast, as needed. In addition, PHS officers were on call to support an Incident Management Team in Washington, DC. It is anticipated that this on-call status will continue until after the Inauguration in January 2005.

**Policy Issues**

Please immediately review Manual Circular PHS No. 377, "Basic Level of Force Readiness Standards for the Commissioned Corps of the U.S. Public Health Service," at <http://dcp.psc.gov/navigati.asp>.

**Training**

Fiscal Year 2005 Office of Force Readiness and Deployment Training Courses will be listed at <http://ccrf.hhs.gov/ccrf/training.htm> when available.



## BOTC Held in Boston in September

*(Continued from page 4)*

Massachusetts, signed an Act providing for "the temporary relief and maintenance of sick and disabled seamen in hospitals." A law passed in 1799 made naval officers, seamen, and marines the beneficiaries of the Marine Hospital Fund. In 1799, the first hospital built with these funds was on Castle Island, a location in Boston Harbor. As SN Skinner informed us, the USS *Constitution* does a ceremonial turn-around at Castle Island. A new marine hospital was opened in 1802 in the Charlestown section of Boston, the current home of the USS *Constitution*.

Our BOTC class was also privileged to have two distinguished speakers address the officers. CAPT Gerald Farrell, USN (Ret.), Executive Director of COA, updated officers on COA activities with respect to transformation and legislation. CAPT Shirley Blakely, Chief Dietician Officer, informed the class of the responsibilities of Chief Professional Officers (CPOs) and what the CPOs are doing to help their officers.

As part of the class, I felt extremely lucky to experience PHS history, customs, courtesies, politics and, most enjoyably, camaraderie.



## Recent Deaths

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

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

<i>Title / Name</i>	<i>Date</i>
<b>NURSE</b>	
<b>CAPTAIN</b>	
Catherine M. Scananel	08/31/04
<b>COMMANDER</b>	
Evelyn A. Eckberg	07/04/04
<b>ENVIRONMENTAL HEALTH</b>	
<b>CAPTAIN</b>	
Stanley E. Cawfort	08/20/04



## 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>
<b>MEDICAL</b>					
<i>LIEUTENANT COMMANDER</i>					
Michael G. O'Reilly	CDC	Selena M. Goodlin	NIH	Bach N. Beasley	FDA
Thailand		Bethesda, MD		Rockville, MD	
Fernando L. Andreu	DHS	Nicole D. Plass	NIH	Iain P. Margand	FDA
Alameda, CA		Bethesda, MD		Rockville, MD	
<i>LIEUTENANT</i>					
Elizabeth R. Fleming	HRSA	Kimberly A. Shiley	NIH	Lance W. McLeroy	FDA
Florence, AZ		Bethesda, MD		Rockville, MD	
Mu-I K. Kuo	HRSA	Doris Y. Wurah	NIH	Peter A. Laluk	IHS
Queens, NY		Bethesda, MD		Tucson, AZ	
Priya Navaneethan	HRSA	<b>ENGINEER</b>			
Houston, TX		<i>LIEUTENANT</i>			
<b>DENTAL</b>					
<i>LIEUTENANT COMMANDER</i>					
Flauryse Baguidy	IHS	Stacey L. Coburn	EPA	<i>LIEUTENANT J.G.</i>	
Watonga, OK		Chicago, IL		Stacey L. Thomas	IHS
<i>LIEUTENANT</i>					
Danielle N. Barstad	IHS	<i>LIEUTENANT J.G.</i>			
Polacca, AZ		David M. Kostamo	IHS	Browning, MT	
Kathryne W. Feng	IHS	Billings, MT		<b>DIETETICS</b>	
Santa Fe, NM		<i>LIEUTENANT</i>			
Eric R. Jewell	IHS	Susan A. Jordan			
Sells, AZ		Poplar, MT			
Pauline S. Lee	IHS	<b>THERAPY</b>			
Shiprock, NM		<i>LIEUTENANT</i>			
<b>NURSE</b>					
<i>LIEUTENANT</i>					
Herman M. Auhl	HRSA	Henraya F. McGruder	CDC	Carlos T. Stanford	IHS
El Centro, CA		Atlanta, GA		Chinle, AZ	
Lisa R. Lagowski	HRSA	<b>ENVIRONMENTAL HEALTH</b>			
Tacoma, WA		<i>LIEUTENANT COMMANDER</i>			
Cathy A. Groupe	FDA	Willie L. Collins	EPA	<b>HEALTH SERVICES</b>	
Rockville, MD		Montgomery, AL		<i>LIEUTENANT</i>	
Barbara J. Nyberg	IHS	Jean Pierre Debarros			
Cass Lake, MN		Washington, DC			
Stacy R. Barley	NIH	John T. Whitesides	EPA	Cathy D. Melvin	FDA
Bethesda, MD		Athens, GA		Jefferson, AR	
Tammie B. Brent-Steele	NIH	<i>LIEUTENANT J.G.</i>			
Bethesda, MD		Christian L. Witkovskie	IHS	Christopher A. Nield	IHS
<b>VETERINARY</b>					
<i>LIEUTENANT</i>					
Forest R. Ford, Jr.	HRSA	Lauren P. Davidson	NIH	Fort Hall, ID	
El Paso, TX		Bethesda, MD		<i>LIEUTENANT J.G.</i>	
<b>PHARMACY</b>					
<i>LIEUTENANT</i>					
Tara A. Whitson					
Tohatchi, NM					



COMPENSATION  
BRANCH NEWS

## Thrift Savings Plan Open Season—October 15 through December 31, 2004

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](http://www.tsp.gov). Complete the form and mail it to the following address:

PSC/OCCSS  
Compensation Branch  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001

All TSP-U-1 forms received by December 10, 2004 will receive a payroll deduction with the December 2004 payroll. Forms received after December 10, 2004 will be processed for the January

2005 payroll. The maximum deduction from base pay for this open season is 10 percent (up to the IRS limit of \$14,000).

### **TSP Catch-Up Contributions**

Active-duty officers age 50 or older or who will become 50 during calendar

(Continued on page 7)

## CAPT Caviness Recognized for Leadership to AMSUS, National Capital Region Chapter

On September 14, CAPT Susanne Caviness was presented with an appreciation plaque during a 'changing of the guard' at the Association of Military Surgeons of the United States (AMSUS) National Capital Region Chapter's dinner meeting. The plaque, presented by incoming chapter President, Colonel Chris Ingle, U.S. Army, was given to CAPT Caviness for her extensive service to national AMSUS and to the chapter.

CAPT Caviness served 2 years as the President of the National Capital Region Chapter of AMSUS, 2002-2004. Her tenure as Chapter President—the first

ever served by a Public Health Service (PHS) officer—provided an opportunity to promote the PHS Commissioned Corps and increase communication across Uniformed Services aisles. RADM Fred Sanford, AMSUS Executive Director, noted CAPT Caviness' abilities to organize events, get stimulating speakers, and invigorate the chapter. RADM Sanford extended an invitation for CAPT Caviness to serve one more year—an opportunity humbly declined.

During CAPT Caviness' terms, she organized evening dinner meeting presentations at the Uniformed Services University on a range of timely topics including TRICARE updates, pharmacy benefits for retirees, bioterrorism, medicine on the war front, and testing for bioagents near the battlefield.

AMSUS is one of the few Military/Uniformed Services Associations that proactively includes PHS officers. The PHS is the sponsor of the national AMSUS meeting every 4 years, in rotation with Air Force, Army, Navy, and Veterans Affairs. The 2004 National AMSUS meeting will be in Denver, November 13-19.



CAPT Susanne Caviness (left) receives an appreciation plaque from the Association of Military Surgeons of the United States, National Capital Region Chapter. Presenting the plaque is Colonel Chris Ingle, U.S. Army.

## Thrift Savings Plan Open Season—October 15 through December 31, 2004

(Continued from page 6)

year 2005, may elect in January 2005 to make up to \$4,000 in catch-up contributions for 2005. These contributions begin every January and continue throughout the 2005 calendar year. Those officers currently making TSP catch-up contributions should note that catch-up contributions do not rollover

from the previous calendar year. Therefore, a new TSP-U-1-C must be completed in January for calendar year 2005 and sent to the above address. For more information, see the TSP Web site at <http://www.tsp.gov/uniserv/forms/tsp-u-1-c.pdf>.

## Retirements – September

Title/Name Agency/OPDIV/Program

### MEDICAL

#### CAPTAIN

Helene D. Gayle	CDC
Philip D. Noguchi	FDA
Michael P. Biernoff	SAMHSA
Angelo Russo	NIH
Harold J. Paulsen	PSC

#### LIEUTENANT COMMANDER

Tracey Ford Petrides	HRSA
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### DENTAL

#### CAPTAIN

Richard A. Champany	IHS
George R. McCarthy	NIH

### NURSE

#### COMMANDER

Thomas J. Edwards	CMS
Colleen A. Buckley	IHS

### ENGINEER

#### COMMANDER

Thomas R. Ebeling	CDC
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### SCIENTIST

#### CAPTAIN

Edward F. Dawson	FDA
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### VETERINARY

#### CAPTAIN

Arthur W. O'Brien	NIH
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### PHARMACY

#### CAPTAIN

Jeffrey J. Gallagher	IHS
Donald D. Morgan	IHS
Walter O. Scott	IHS

### HEALTH SERVICES

#### CAPTAIN

Shelby A. Biedenkapp	HRSA
William S. Boivin	FDA
Robert J. Ostrowski	NIH

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## 2004 Annual COERs

The following summary of established deadlines for the 2004 Annual Commissioned Officers' Effectiveness Reports (COERs) is provided as a convenient reminder.

Electronically transmitted COERs are due:

- to the officer's Supervisor by *September 24*;
- to the Reviewing Official by *October 15*; and
- to the Office of Commissioned Corps Operations by *October 29, 2004*.

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## PHS Commissioned Corps Officers Deployed to FEMA

Submitted by CAPT Ivana R. Williams

On Saturday, September 4, Hurricane Frances came ashore near Stuart, Florida, about 70 miles south of Melbourne, as a Category 2 hurricane with 105 mph winds. Prior to the hurricane hitting land, the State issued evacuation orders to over 2.8 million residents in coastal areas and trailer parks throughout 41 counties. This was reported to be the largest evacuation in Florida's history.

The storm decimated businesses, homes, boats, trees, streets, and neighborhoods throughout Florida. Effects of the storm included powerful winds, torrential rains, flooding, and tornados that resulted in loss of life, injuries, loss of power, decreased water supplies, and loss of property, all of which were evident in one or more areas in the State. Following closely behind Frances was Hurricane Ivan, leaving the residents of Florida very little time to recover.

Surgeon General VADM Richard H. Carmona activated the Public Health Service (PHS) Commissioned Corps for Hurricane Frances and stated that the storm was "predicted to be the largest disaster response ever." In response to a request from the Federal Emergency Management Agency (FEMA) for Community Relations personnel, the Office of Force Readiness and Deployment (OFRD) committed to provide officers to assist in this role. Forty PHS Commissioned Corps officers (identified as Health Educators for deployment purposes) from various PHS agencies answered the call and within 24 to 48 hours of being contacted, traveled to Atlanta, Georgia, to receive Community Relations training and to be sent to the areas of greatest need in Florida.

The Corps officers were readily identifiable because of their uniform, and the Federal Coordinating Officer (FCO) sought their assistance in managing this operation, having knowledge of their training and professionalism. Eleven officers

were initially asked to help orchestrate one of the first groups of deployment teams from Atlanta before being sent to Florida the following day.

Because of the effectiveness of this initial effort, one officer did go to Florida and eight other PHS Commissioned Corps officers from various agencies who had just arrived on site were requested to remain in Atlanta for their 2-week assignment to assist FEMA in the orchestration of the continued deployments. These officers were CAPT Carol Romano (Nurse officer/National Institutes of Health (NIH)), CAPT Ivana Williams (Therapist officer/Health Resources and Services Administration), CDR May Ann Holovac (Pharmacist officer/Food and Drug Administration (FDA)), LCDR Gregg Davis (Pharmacist officer/NIH), LCDR Karen Sicard (Health Services Officer/Centers for Disease Control and Prevention), LT Katherine Jacobitz (Engineer officer/FDA), LT Helen Hunter (Health Services officer/Office of the Secretary), LT Ayoub Suliman (Pharmacist officer/FDA), and LTJG Vivian Iskander (Engineer officer/Indian Health Service). The officers came from Washington, D.C., Maryland, and California, and none of them knew the other until they arrived in Atlanta for this mission.

For FEMA, this was to be one of the largest orchestrations in terms of volun-

teers and sites served for community disaster response. The officers were assigned in various capacities throughout the Interim Operating and Training Facility in Atlanta, including serving on the Senior Staff of the Command Center and supporting the activities of Administration and Finance, Communications/Planning, Logistics, Public Relations, Operations, and Training. They worked together to set up databases and establish quality controls for and insure integrity of sensitive data. They prepared Department of Justice information requirements, provided sound advice and recommendations, developed and provided training for the volunteers, prepared public relations materials for the Director of Operations, assisted in establishing a health clinic and wellness center on site, and served as a liaison between FEMA and the Secretary's Operations Center and OFRD.

The officers worked 12 to 14 hour days every day for 2 weeks side-by-side with FEMA personnel. As the officers completed their deployments and transitioned their roles over to others, this site had successfully processed 3,108 volunteers. Of these, almost 2,500 had received training in Community Relations and/or Disaster Response in preparation for deployments. Almost 1,900 trained volunteers had been deployed in teams of 25 or 50 responders to sites in

Florida, Mississippi, Georgia, Alabama, and North Carolina. Mr. Tom Davies, the FCO directing the efforts at this site, sent a letter to Health and Human Services Secretary Tommy Thompson to express appreciation for the deployment of these nine officers and stated that "their (the officers') efforts during the first 2 weeks of the FEMA Community Relations and Disaster Recovery Mission during Hurricanes France and Ivan assured a smooth operation and that the success of the mission was greatly impacted by the work of the PHS officers."



(Left to right) LCDR G. Davis, CAPT I. Williams, Mr. Michael D. Brown (Under Secretary for Emergency Preparedness and Response, Department of Homeland Security (DHS) and head of DHS' Federal Emergency Management Agency), LTJG V. Iskander, Mr. Tom Davis (Federal Coordinating Officer, FEMA), CDR M. Holovac, CAPT C. Romano, LT K. Jacobitz, LCDR K. Sicard, LT H. Hunter, and LT A. Suliman.

□



## 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.org](http://www.bcoag.org).

### *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.org](http://www.bcoag.org).

### *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.org](http://www.bcoag.org).

### *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 Wednesday, **December 1, 2004**:

CAPT Wendell E. Wainwright  
 HRSA/HAB/DCBP/PCSB  
 5600 Fishers Lane, Room 7A-30  
 Rockville, MD 20857-0001  
 Phone: 301-443-1325  
 Fax: 301-443-1884  
 E-mail: [wwainwright@hrsa.gov](mailto:wwainwright@hrsa.gov)

### *Presentation of Awards*

The George I. Lythcott Award, Hildrus A. Poindexter Award, and Retired Officers Recognition Award will be presented at the 2005 COA Annual Conference in June, in Philadelphia, PA. □



## PHS-1 DMAT Mock Drill and Training—Anthrax Attack

Submitted by CAPT Susanne Caviness

### *This is a drill—this is a drill—*

On September 18, there was a training exercise utilizing a mock scenario of an 'Anthrax release' in a subway system. Members of the PHS-1 Disaster Medical Assistance Team (DMAT) were tasked, without advance notice, to set up and manage a mass medication distribution site, providing preventative treatment of ciprofloxacin or doxycycline to the affected population. The PHS-1 DMAT Command Staff organized the group into an 'incident command structure', similar to that used by fire fighters and other emergency response groups. Team members were assigned to 'incident command sections' based on their skills and roles. The tasks included establishing a medication distribution center, a patient flow plan, a secure area (with 'liaison' with local police), and an efficient method for handling hundreds of patients per hour. The functions were carried out in stations for patient greeting, briefing, mental health counseling, medical screening and evaluation, pharmaceutical dispensing, and patient outbriefing. CDR Matthew Tarosky coordinated the training and mock drill scenario.

### **Strategic Stockpile and Smallpox Training**

The PHS-1 DMAT, often augmented by Commissioned Corps Readiness Force members, has a long history of responding to natural disasters and special events, and working together as a team during deployments. To maintain skills, efficient team function, and capability to respond to a variety of scenarios, the members participate in periodic training. Prior to the mock drill described above, the PHS-1 DMAT participated in training involving the Strategic National Stockpile (SNS) Program and biological pathogens including smallpox.

CDR Matthew Tarosky discussed the SNS, stressing the integral role of Federal partners within the Departments of Health and Human Services, Homeland Security, and State and local governments, in activating and deploying a 12-Hour Push Package in response to a mass casualty incident or public health emergency. CDR Tarosky summarized the emergency management/public health systems of the National Capital Region



CAPT Rick Niska (on the right), consults with (right to left) CDR Astrid Szeto, LCDR Rick Gussio, and Ms. Rita Jensen during the PHS-1 DMAT Mock Drill.

for a coordinated mass medication distribution plan in response to a mass casualty incident in the metropolitan Washington area.

CAPT Art French included an overview of the many resources available from government agencies, non-profit organizations, and education institutions on emergency preparedness for mass casualty incidents, and instruction on the Department's health emergency and mass care response plans. Team members received training on the lessons learned from the Spanish Flu epidemic in 1918 to gain an understanding of disaster response issues for a public health emergency involving influenza. To facilitate the team's skill development, Ms.

Rita Jensen, a civilian member of PHS-1 DMAT, provided practical training to team members in proper immunization and injection techniques. CAPT Rick Niska, who had been deployed to Iraq, provided an in-depth primer on smallpox and explained Federal and military plans for smallpox vaccination. He emphasized how smallpox is a definite potential bioterrorism threat.

The training assisted the PHS-1 DMAT to stand ready and be prepared to respond to a multitude of disasters and incidents, including quickly augmenting a response within the National Capital Region involving mass medication distribution. □

## NIH Promotion Ceremony Held

The Second Annual Public Health Service (PHS) Commissioned Officer Promotion Ceremony, held in Masur Auditorium on July 23, 2004, honored 27 PHS Commissioned Corps officers who work at the National Institutes of Health (NIH). RADM Richard G. Wyatt, the NIH representative to the Surgeon General's Policy Advisory Council, presided. VADM Richard H. Carmona, Surgeon General, gave the keynote remarks and officiated along with RADM Kenneth P. Moritsugu,

Deputy Surgeon General, along with family members and coworkers, in the placement of promotion boards for each officer.

RADM Wyatt said "that the challenges of the research community at NIH are constantly changing." He added that NIH "looks forward to working with the Surgeon General and others in the Department of Health and Human Services to

*(Continued on page 11)*

## NIH Promotion Ceremony Held

(Continued from page 10)

examine critically the role of the PHS Commissioned Corps for the future.” He acknowledged “there are many more officers at NIH who are equally hard-working and deserving of promotion.” He also said, “we look forward to recognizing those officers in the future.”

VADM Carmona welcomed the opportunity to be present at the ceremony to honor the career advancement of the promoted officers, and congratulated them and their families on their accomplishments. He also acknowledged Dr. Zerhouni’s presence and support.

Officers honored were:

- **MEDICAL OFFICER**  
CAPT Alan Zametkin
- **RESEARCH OFFICER GROUP – MEDICAL OFFICER**  
CAPT Mark Connors
- **NURSE OFFICERS**  
CAPT Laura Chisholm, CAPT Sheila Mahoney, CDR Michele Nehrebecky, CDR Vien Vanderhoof, LCDR Wendy Blocker, LCDR Casey Ferguson, LCDR Heidi Hiers, LCDR Lea Latham, LCDR Carmen Maher, LCDR Sean McMahan, LCDR Philantha Montgomery, LCDR Chantal Mouw, LCDR Cynthia



Promotion ceremony for U.S. Public Health Service Commissioned Corps officers held on July 23, 2004 at the National Institutes of Health.

- Nielsen-McArdle, LCDR Sandra Oquendo, LCDR Dewrd Poindexter, LCDR Tania Schuppiss, LCDR Betsy Story, and LT Bryan Emery
- **SCIENTIST OFFICER**  
CAPT Lisa Colpe
- **VETERINARIAN OFFICER**  
CDR Kim Taylor

- **PHARMACIST OFFICER**  
LCDR Haksong Jin
- **THERAPIST OFFICER**  
CAPT Karen Siegel
- **HEALTH SERVICES OFFICERS**  
LCDR Jeasmine Aizvera, LCDR Laurie Johnson, and LCDR Camille Skerritt

□

## COA Branch Hosts Promotion and Awards Ceremony

The Aurora Borealis Branch of the Commissioned Officers Association (COA) hosted its first formal promotion and awards ceremony on August 3, 2004 at the Alaska Native Medical Center. CAPT Michael Keiffer, Chief, Commissioned Corps Personnel, Alaska Area Native Health Service, Indian Health Service (IHS), provided welcome and opening remarks to the audience of about 80 Public Health Service (PHS) Commissioned Corps officers, family members, and guests.

RADM Charles Grim, Director, IHS, was the keynote speaker for the event. He provided an update on the transformation of the Corps, the reorganization of IHS Headquarters, and the consolidation of the IHS Human Resources program. RADM Grim had been traveling throughout Alaska the previous 2 weeks,

accompanying Department of Health and Human Services Secretary Tommy Thompson, visiting rural health clinics, and meeting with tribal leaders.

Following RADM Grim’s presentation, the room was called to attention for the formal promotion ceremony. Newly promoted officers were announced and called to the front of the room one by one by CDR Cindy Hamlin, Branch President. The officers stood at attention while RADM Grim and CAPT Keiffer replaced the old shoulder boards with the shoulder boards of the new rank. A few of the officers had their spouses or family members assist with the promotion. After the exchange of the shoulder boards, the officer received a handshake from RADM Grim and rendered a hand salute to the senior officer. The officers received a round of applause from the audience as they exited.

The officers participating in the promotion ceremony included:

- LCDR Mariann Kocsis, Pharmacy Officer, promoted to CDR.
- LCDR Brian Lewelling, Environmental Health Officer, promoted to CDR.
- LT Jay Bryngelson, Nurse Officer, promoted to LCDR.
- LT Michael Chard, Engineer Officer, promoted to LCDR.
- LT Dean Goroski, Pharmacy Officer, promoted to LCDR.
- LT Michael MarcAurele, Engineer Officer, promoted to LCDR.
- LT Brian Narog, Pharmacy Officer, promoted to LCDR.

(Continued on page 12)

# COA Branch Hosts Promotion and Awards Ceremony

(Continued from page 11)

- LT Jonathan F. Smith, Nurse Officer, promoted to LCDR.
- LT Nancy Tone, Nurse Officer, promoted to LCDR.
- LT Deanna Washburn, Nurse Officer, promoted to LCDR.
- LT James Zink, Health Services Officer, promoted to LCDR.

After the promotion ceremony, an awards presentation was conducted. CAPT Keiffer announced the awards and provided a summary of justification for the awards. Officers were called to the front of the room one by one to receive their award(s) and congratulations from RADM Grim. Officers receiving awards included:

- CAPT Barbara Hsu-Trawinski, Nurse Officer, PHS Meritorious Service Medal.
- CDR Juli Haws, Dietician Officer, PHS Citation.
- CDR William Lubke, Medical Officer, Field Medical Readiness Badge and

PHS National Emergency Preparedness Service Award.

- CDR Richard Orlando, Environmental Health Officer, Army Achievement Medal and PHS Outstanding Unit Citation.
- CDR Carmen Palma, Health Services Officer, PHS Achievement Medal.
- CDR Mark Stafford, Engineer Officer, PHS Commendation Medal and PHS National Emergency Preparedness Service Award.
- LCDR Phil Sargent, Nurse Officer, PHS Crisis Response Service Award.
- LT Gina Jorgenson, Pharmacy Officer, Residency Completion Certificate.
- LT Troy Ritter, Environmental Health Officer, Army Achievement Medal.
- Ms. Judy Hinkle, Commissioned Corps Technician, Certificate of Appreciation for 20 years of Federal Service.

Following the promotion and awards ceremony, the formal meeting was adjourned. The audience was invited to

meet and greet RADM Grim and offer congratulations to the newly promoted and awarded officers.

The event was a huge success and served to enhance esprit de corps among the more than 200 Corps officers assigned to the Alaska Native Health Campus.

## Reminder

### Leave Policy

All officers are reminded that they are required to keep their leave granting authority and their leave maintenance clerk informed of their whereabouts during any period of leave, including sick leave. In addition to providing this information on form PHS-1345, "Request and Authority for Leave of Absence," you must be sure to furnish your supervisor with the address and phone number where you can be reached while you are on leave.

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary  
 Office of Public Health and Science  
 Office of the Surgeon General  
 Office of Commissioned Corps Operations  
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