



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

*"... any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee." – John Donne*

Understanding why an individual takes his or her own life is no simple matter. We are often left trying to put together hints of the act and trying to decipher meaning from a cryptic note that the victim leaves behind. Suicides are virtually impossible to predict, but we do know, albeit after-the-fact, that each suicide is part of a larger mental health problem that the victim had. An estimated 44 million American adults experience a mental disorder each year, affecting employment, physical health, family structure, housing, and quality of life. Too often, mental health problems advance unnoticed to a point of desperation, and they may not come to the forefront until after a person has acted out of desperation, either through attempting or successfully committing suicide.

Suicide is a serious concern in the United States. Although rates of suicide have dropped for middle-aged adults, they have increased among Americans over the age of 60, among persons aged 10 and 19, and among black males and elder males. Compounding the problem is the fact that suicide is a tragedy in which many of us still tend to blame the victims. We need to engage in open and honest dialogue about mental health. We must learn to approach it in the same manner we approach other health problems. And we need to do more listening.

### *Trends in Suicide*

Here are some of the statistics, based on completed suicides in 1995. Suicide is the ninth leading cause of death in the United

States, with more men than women dying by suicide each year. In 1995, suicide took the lives of 31,284 Americans; 11.9 per 100,000 population. It is the third leading cause of death among young people aged 15 to 24. However, we are noting the largest increase in suicide rates among adolescents in black males age 15 to 19, a group which to date still has a lower risk than the majority population.

For these reasons, I am pleased to announce an upcoming conference on suicide prevention called "Advancing the National Strategy for Suicide Prevention: Linking Research to Practice." The conference will be held in Reno, Nevada, October 15-18, and is designed for change agents interested in working collaboratively toward developing and promoting the National Strategy for Suicide Prevention. It is jointly co-sponsored by the Suicide Prevention Advocacy Network (SPAN), a group dedicated to the realization of an effective national suicide prevention strategy; the Health Resources and Services Administration; the Centers for Disease Control and Prevention; and the Substance Abuse and Mental Health Services Administration. Several other organizations are providing additional support.

This conference is an opportunity for health care professionals to mobilize and rally around ways we can prevent suicides. Attendees will include survivors of suicide, consumers of mental health services, Federal agencies with mandates related to suicide, corporate and non-profit leaders, foundations engaged in health and public strategies, and many others who partner in alleviating this health issue.

A major outcome of the conference will be a Surgeon General's Conference Report. It will be followed by the first ever Surgeon General's Report on Mental Health, which will be published in the next year or 18 months. I hope this will provide the impetus and some of the tools to engage in the discussion we so badly need to have.

We need only to look at the statistics to understand why dialogue is necessary. Among active-duty members and civilian populations alike, it ranks as the third leading cause of death (following fatal accidents and deaths from natural causes). Suicide knows no boundaries in terms of rank, ethnicity, economics, and gender, just as with civilian populations. Worldwide, it is one of the ten leading causes of death, with about 1.2 million people committing suicide each year.

### *Mental Health: A Top Priority*

Because of the regard I have for this issue, I have adopted as one of my top six evolving priorities improving the mental health of the Nation. In order to do that, we must remove the stigmas that surround this issue. I am amazed that even in this day, when very little ranks as too risqué or immodest to deal with, that suicide is still an uncomfortable topic for most

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**Surgeon General's Column**

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people – even at a time when we have no trouble talking about illnesses and conditions of every kind, suicide is still something we whisper about.

But we cannot afford to simply murmur about an illness when its victims are crying out for help. We must learn to identify the risk factors associated with suicide, which include hopelessness, depression, family history of suicide, impulsive and aggressive behavior, social isolation, a previous suicide attempt, and easier access to alcohol, illicit drugs, and lethal suicide methods. These factors vary widely and may not apply to specific individuals or groups. Understanding why people kill themselves is critically important, and we simply do not know enough to be able to confidently implement prevention programs. I am committed to investigating this issue more deeply in order to gain more insight into programs of prevention and treatment. We need to learn to approach suicide with the openness, seriousness, and concern that we approach other health problems.

I will keep you posted on our progress and look forward to communicating with you about ways we can better address the overall mental health needs of the Nation.

ADM David Satcher  
Assistant Secretary for Health  
and Surgeon General



**Deadline for Submission of Applications for Assimilation into the Regular Corps**

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel by the close of business on Friday, **February 5, 1999**, in order to be reviewed by the 1999 board. **(Note: This deadline is one month earlier than it has been for the past 2 years).**

Form PHS-7034, "Application for Assimilation into the Regular Corps," can be requested by using the Faxback feature of *CorpsLine*. A table outlining the differences between the Reserve Corps and the Regular Corps can also be requested by using the Faxback feature. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document numbers **6560** (assimilation application) or **6534** (comparison table). (Note: Form PHS-7034 is also available on the DCP web site—<http://dcp.psc.dhhs.gov>—under "Forms".)

If you have any questions regarding assimilation, please contact CDR Allen Jarrell in the Personnel Services Branch at 301-594-3464.



**New Mileage Rates**

In the September 8, 1998, *Federal Register*, the General Services Administration released new mileage rates for privately owned conveyances when performing temporary duty (TDY). The changes are as follows:

*Privately Owned Automobile*—  
from \$0.31 per mile to \$0.325 per mile;

*Privately Owned Motorcycle*—  
from \$0.25 per mile to \$0.26 per mile; and

*Privately Owned Airplane*—  
from \$0.85 per mile to \$0.88 per mile.

The new rates are effective for TDY travel performed on or after September 8, 1998, and are applicable to both civil service personnel and commissioned corps officers.



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

**New Toll-Free Number for DCP**

This is a reminder that the September issue of the *Commissioned Corps Bulletin* announced a toll-free phone number for the Division of Commissioned Personnel (DCP)—1-877-INFODCP (or 1-877-463-6327).

By utilizing the toll-free phone number you will be able to access the entire staff of DCP. When you use the toll-free number, your call will be answered with a simple, easy-to-use voice mail system that will effectively route your call.

**Staff Members' Primary Digital Numbers (PDNs)—Another Option**

The toll-free number voice mail system will direct you to specific staff members,

but you may prefer to call a specific DCP staff member directly yourself. Listed in the September issue of the *Commissioned Corps Bulletin* (pages 2 through 5) was a brief description of the services each DCP branch provides along with information on how to directly access the PDNs of specific staff members who will be able to address your needs. (Note: The September issue of the *Commissioned Corps Bulletin* can be accessed at the DCP web site — <http://dcp.psc.dhhs.gov>)

**Electronic Mail**

DCP staff members can also be contacted by electronic mail. E-mail addresses consist of the staff member's first initial and last name @psc.gov—*Example:*

wsmith@psc.gov **(Note: Since publication of last month's *Commissioned Corps Bulletin*, DCP's e-mail addresses have been shortened! Therefore, please use the sample above rather than the sample that appeared in last month's issue.)**

**Customer Service Feedback**

DCP's goal is to improve the phone service that we provide to you, our customers. We want to get you to the correct DCP staff member the first time, without frustrating transfers. If you have a favorable or unfavorable comment about our new phone system, we want to hear from you. Write to us at our e-mail address—[phoneguy@psc.gov](mailto:phoneguy@psc.gov)



## Promotion Year 1999—Questions and Answers

The following are some questions commonly asked by officers who are preparing for an upcoming promotion cycle:

**Q.** To be considered for promotion by the promotion boards, does a current annual form PHS-838, "Commissioned Officers' Effectiveness Report (COER)," have to be in the officer's Official Personnel Folder (OPF)?

**A.** No. The Surgeon General's Policy Advisory Council Representatives (formerly known as the Agency Representatives to the Office of the Surgeon General) decided that beginning with the 1998 promotion cycle, all OPFs will be reviewed for consideration for promotion whether or not they contain a current annual COER.

**Q.** Is it necessary for an officer to submit a current resume/curriculum vitae (CV) if he/she is to be considered for promotion by the promotion boards?

**A.** No. It is not necessary to submit a current resume/CV, but it is highly recommended that officers provide one. It is most advantageous that officers have the most current information in their OPFs concerning their careers.

**Q.** How does an officer get to serve as a promotion or assimilation board recorder?

**A.** A promotion or assimilation board recorder must be an officer: (1) at the temporary O-5 grade or below; (2) not up for promotion or assimilation dur-

ing the current cycle; and (3) nominated by his/her Operating Division/Program. The Division of Commissioned Personnel (DCP) routinely requests nominations for board recorders in September, and nominations must be received in DCP by November.

**Promotion Year 1999**

**IMPORTANT DATES TO REMEMBER**

*PIR Corrections Postmarked no later than:*  
November 20, 1998

*Career Counseling Completed:*  
November 20, 1998

*Documents for OPF Postmarked no later than:*  
December 31, 1998

**IMPORTANT PHONE NUMBERS**

*For Counseling:*  
301-594-3360

*For PIR Questions:*  
301-594-3471

*For verification of receipt of CV, etc.—CorpsLine*  
301-443-6843

## Reminder

### Report of Commissioned Officer Annual Leave

On or about September 30, all officers should have received form PHS-3842, "Report of Commissioned Officer Annual Leave," from his/her leave maintenance clerk. This form shows the balance at the beginning of the leave year, the amount of annual leave used through September 30, and the amount of annual leave that will be forfeited if not used by December 31, 1998.

Officers are reminded that the maximum annual leave which may be carried forward from one leave year to the next is 60 days. The leave year is a calendar year, the period beginning January 1 and ending December 31.

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

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

### JRCOSTEP and SRCOSTEP Deadlines

The application deadline for the 1999 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) is **December 31, 1998**.

The application deadline for the 1999-2000 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) is also **December 31, 1998**.

For applications, please phone:  
*JRCOSTEP:* 800-279-1605 or 301-594-2633  
*SRCOSTEP:* 301-594-2919

For further information, please phone:  
*JRCOSTEP:* 301-594-3484  
*SRCOSTEP:* 301-594-3352



## Method for Accessing DCP's Electronic Bulletin Board

Access to the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB) requires a computer terminal equipped with a modem. The telephone number to connect to EBB is 301-594-2398. The line parameters for your modem/terminal should be set at 300-14400 baud; 8 bits; 1 stop bit; no parity. If you do not have access to the required equipment, it is suggested that you contact your Operating Division/Program to inquire about obtaining the necessary equipment or in-

formation on how to obtain the material displayed on the EBB.

If you experience a problem regarding registration or access to the EBB, please contact:

Division of Commissioned Personnel/HRS/PSC  
ATTN: EBB Project Officer/ODB  
5600 Fishers Lane, Room 4A-18  
Rockville, MD 20857-0001  
Phone: 301-594-3396



## Changes Announced for Medical Officers Special Pays

On **January 1, 1999**, the new rates for Medical Special Pay (MSP) will go into effect. In a table at the end of this article, the new rates are listed by specialty and show the Incentive Special Pay (ISP) rate, the 2-year, 3-year, and 4-year Multiyear Retention Bonus (MRB) contract amounts, and the change for the 1999 maximum rate amount compared to the 1998 rate.

MSP has two major purposes. The first is to enhance retention and to attain an appropriate experience mix of physicians in each specialty. The second is to bring compensation levels for Uniformed Service physicians in line with their civilian counterparts. The MRB portion is designed to accomplish the first purpose, and the ISP portion is designed for the second. The rates for MRB and ISP are the same for all Uniformed Services.

Specific information regarding the rate changes will be distributed to the Commissioned Corps Liaisons during the month of November. Medical officers have two options regarding special pay contracts beginning January 1999. The **first option** is to continue in their present contract through the normal process of recertification each year. Approximately 45 days prior to the contract anniversary date, medical officers are sent (via Commissioned Corps Liaisons) a recertification form. The recertification form must be processed through the officer's supervisory channels as in previous years. The **second option** for medical officers is to enter into a new MSP contract, either as a subsequent MSP contract after the expiration of the current contract, or as a renegotiation into a new MSP contract, if it is financially advantageous to them.

Renegotiations are authorized provided that the new contract extends beyond the current contract expiration date and the new rates are higher. When the medical officer has both MRB and ISP, **both rates must be for the same year and specialty.**

*If you wish to renegotiate and you have not received a contract by December 1, you should:*

- contact your Commissioned Corps Liaison and obtain a new medical special pay contract, *and*

- complete, sign, and notarize the contract, *and*
- submit it through the appropriate Operating Division/Program (OPDIV) supervisory channels to the Compensation Branch, Division of Commissioned Personnel.

*NOTE: The contract must be notarized on or before January 1 in order to receive a January 1 effective date.*

Eligibility requirements are unchanged and include:

1. Be entitled to Retention Special Pay (RSP);
2. Be in pay grade O-6 or below;
3. Not be participating in Department of Health and Human Services (HHS)-supported long-term training;
4. Not be serving obligated service pursuant to participation in a HHS-supported scholarship or training program (applies to MRB only);
5. Be eligible to remain on active duty for the specified term of the contract;
6. Hold a current, valid license to practice medicine or osteopathy;
7. Be board certified or fully trained in a medical specialty; and
8. Be capable of undertaking the clinical practice of his/her specialty.

Officers are reminded that they **cannot retire** for the duration of their MSP contracts. However, you may prospectively renegotiate your contract to align a planned future retirement date.

Specific information for both MRB and ISP are detailed in INSTRUCTIONS 9 and 10, Subchapter CC22.2 of the Commissioned Corps Personnel Manual (CCPM). You may review the CCPM on-line by accessing the DCP web site (<http://dcp.psc.dhhs.gov>). The RSP, MRB, and ISP contracts are combined into a single contract, form PHS-6300-1, "Medical Special Pay (MSP) Contract Request," which requires the officer's signature and notarization on the front, and the OPDIV's approval on the reverse. The forms are available through your Commissioned

Corps Liaison. Please note that the recertification forms for MSP have a section that must be completed by all officers on MRB and/or ISP contracts who are not in clinical billets (primary job = 81). This section requires the officer to specify where, when, and how much time was completed toward his/her clinical requirement. Officers in clinical billets or those officers whose billets have been approved as satisfying the clinical requirement are not required to complete this section. Specific instructions for completing form PHS-6300-1 and the recertification sheet will be sent to officers. Should you have any questions, please contact your Commissioned Corps Liaison.

The Compensation Branch plans to begin distributing materials for recertification and renegotiation in early November. Your request for a new contract or recertification should be submitted **through your OPDIV** for approval prior to submission to the Compensation Branch. Please be advised that the Compensation Branch has **90 days** from the date of receipt of the completed contract (including required attachments) or from the anniversary date, whichever is later, to process the contract.

Official personnel orders are issued prior to any payment. Every effort is made to process contracts and payments as quickly as possible, however, officers should not expect payment earlier than the February 1999 payroll (payable March 1). Contracts are processed in the order that they are received with processing priority given to recertifications in January and renegotiations in February. You can phone *CorpsLine* at 301-443-6843 to see if your personnel orders were issued in the appropriate months. Payments are authorized by the issuance of personnel orders, so payment should not be expected until after personnel orders are issued and received.

For additional information, contact your Commissioned Corps Liaison and watch for information in future issues of the *Commissioned Corps Bulletin*.

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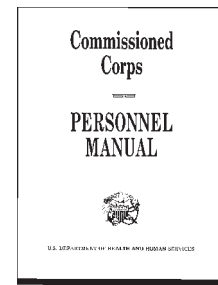
## Changes Announced for Medical Officers Special Pays

(Continued from page 4)

### 1999 Medical Special Pay Rates

| Specialty  | Spec Code | 99 ISP 1-year | 99 MRB 2-year | 99 MRB 3-year | 99 MRB 4-year | Change 4-year |
|------------|-----------|---------------|---------------|---------------|---------------|---------------|
| ALLERGY    | 0601      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| ANESTHES   | 0100      | \$29,000      |               |               |               | (\$1,000)     |
| AROSPACE   | 2200      | \$10,000      | \$3,000       | \$6,000       | \$10,000      |               |
| CARD DIS   | 0602      | \$23,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| CLINPATH   | 1408      | \$15,000      | \$2,000       | \$4,000       | \$ 8,000      |               |
| CLINPHRM   | 8000      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| CRITCARE   | 0615      | \$23,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| DERMATOL   | 0300      | \$12,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$1,000)     |
| DIA RAD    | 1803      | \$30,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$1,000)     |
| EMERGNCY   | 6200      | \$20,000      | \$2,000       | \$4,000       | \$ 8,000      |               |
| ENDO&MET   | 0607      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| FMLYPRAC   | 0501      | \$12,000      | \$4,000       | \$8,000       | \$14,000      | \$1,000       |
| GASTROEN   | 0604      | \$23,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| GERIATRC   | 0614      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| HEMATOLO   | 0608      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| IMMUN      | 0613      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| INFCTDIS   | 0609      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| INT MED    | 0600      | \$13,000      | \$3,000       | \$6,000       | \$10,000      |               |
| NEONATAL   | 1507      | \$23,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| NEPHROLO   | 0610      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| NEUROLOGY  | 1702      | \$12,000      | \$2,000       | \$4,000       | \$ 8,000      |               |
| NUCLEAR    | 2400      | \$30,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$1,000)     |
| NonTen ROG | 9998      |               | \$3,000       | \$6,000       | \$10,000      |               |
| OBST&GYN   | 0800      | \$31,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$2,000)     |
| OCCUPATL   | 2300      | \$10,000      | \$3,000       | \$6,000       | \$10,000      |               |
| ONCOLOGY   | 0611      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| OPHTHALM   | 5800      | \$28,000      |               |               |               | (\$2,000)     |
| ORTHOSUR   | 1000      | \$35,000      | \$4,000       | \$8,000       | \$14,000      |               |
| OTOLARYN   | 1200      | \$29,000      | \$2,000       | \$4,000       | \$ 8,000      |               |
| PATHOLGY   | 1400      | \$15,000      | \$2,000       | \$4,000       | \$ 8,000      |               |
| PEDCARDI   | 1502      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PEDENDO    | 1506      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PEDHMONC   | 1503      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PEDIATRS   | 1500      | \$10,000      | \$3,000       | \$6,000       | \$10,000      |               |
| PEDIMMUN   | 1508      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PEDNEPHR   | 1504      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PEDNEURO   | 1509      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| PHY&REHB   | 1600      | \$10,000      | \$3,000       | \$6,000       | \$10,000      |               |
| PREVTIVE   | 1900      | \$10,000      | \$3,000       | \$6,000       | \$10,000      |               |
| PSYCHIAT   | 1701      | \$12,000      | \$4,000       | \$8,000       | \$14,000      | \$5,000       |
| PULM-DIS   | 0606      | \$23,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| RADIOLGY   | 1800      | \$30,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$1,000)     |
| RESEARCH   | 9999      | \$31,000      |               |               |               |               |
| RHEUMATO   | 0612      | \$ 9,000      | \$2,000       | \$4,000       | \$ 8,000      | \$3,000       |
| SURGERY    | 5400      | \$25,000      | \$4,000       | \$8,000       | \$14,000      | \$3,000       |
| SURG Subs  | 5499      | \$36,000      | \$3,000       | \$6,000       | \$10,000      | \$2,000       |
| UROLOGY    | 2000      | \$28,000      | \$2,000       | \$4,000       | \$ 8,000      | (\$2,000)     |

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## Commissioned Corps Personnel Manual INSTRUCTIONS

The following INSTRUCTIONS have been distributed recently. If you wish to see an issuance, please contact your administrative office or access the Commissioned Corps Personnel Manual at the DCP web site (<http://dcp.psc.dhhs.gov>).

*T.S. 630 dated July 7, 1998*—INSTRUCTION 9, Subchapter CC22.2, “Multiyear Retention Bonus (MRB).” This INSTRUCTION was revised to include the Dental MRB authorization for the specialty Oral Maxillofacial Surgery effective June 1, 1998.

*T.S. 631 dated August 13, 1998*—INSTRUCTION 6, Subchapter CC23.7, “Involuntary Termination of Reserve Corps Officers’ Commissions for Marginal or Substandard Performance.” This INSTRUCTION states the policies and procedures under which the commissions of officers on active duty in the Reserve Corps of the Public Health Service may be terminated without their consent because of marginal or substandard performance.

*T.S. 632 dated August 13, 1998*—INSTRUCTION 4, Subchapter CC23.8, “Involuntary Retirement After 20 Years of Service.” This INSTRUCTION sets forth policies and procedures by which Public Health Service Commissioned Corps officers may be retired, without the officers’ consent, on the first day of any month following completion of 20 years of active service.

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## RETIREMENT NEWS

Public Health Service (PHS) commissioned officers' retirement is structured on the basis of a 30-year career, at which time an officer will have accrued maximum retirement benefits. An officer has the option of requesting *permissive* retirement if the officer has at least 20, but less than 30 years of creditable service. Permissive retirement requires program concurrence from the Operating Division/Program (OPDIV) Head and board review and recommendation. If an officer retires with less than 30 years of creditable service, the officer will receive reduced retirement benefits.

In computing years of service to determine eligibility for retirement, officers are credited with their active service (enlisted and commissioned) in any of the Uniformed Services. In addition, they are credited with professional civil service employment with a PHS OPDIV which was comparable to service performed by commissioned officers. Officers may not be credited with more than 5 years of such PHS employment. This does not include credit for medical/dental school and an internship. Those years are only used in calculating retired pay.

Officers on active duty with the Service on the day preceding retirement shall be entitled to receive retired pay of the highest grade (permanent or temporary) held. However, if the highest grade is a temporary grade, the officer must have held that grade for at least 6 months. For example, officers promoted to a temporary grade effective July 1, 1998, may retire at that grade on January 1, 1999.

When determining the actual base pay (retired base pay) to be used in computing the initial retired pay, officers on duty in any of the Uniformed Services prior to September 8, 1980, will use the highest pay rate received during their career. Officers who entered on duty in any of the Uniformed Services on or after September 8, 1980, will have their basic pay calculated by averaging the highest basic pay received during any 36 months of active service.

Officers entering on active duty prior to August 1, 1986, will have their retired pay computed based on a factor of 2.5 percent per year of creditable service. The minimum at 20 years would be 50 percent and the maximum at 30 or more years is 75 percent of the base pay.

Officers entering onto active duty on or after August 1, 1986, and who retire with less than 30 years creditable service for retirement pay purposes, and are under 62 years of age, will have their retired pay computation factor reduced by 1 percent for each full year less than 30. This means that an officer will only receive 40 percent of his/her base pay if he/she retires after 20 years of service. Upon reaching 62 years of age the early retirement factor is removed and the retired pay is recalculated to what it would have been without the reduction (e.g., 50 percent at 20 years). This is significant when calculating retirement salary.

More specific information is available from:

Division of Commissioned  
Personnel/HRS/PSC  
ATTN: Retirement Coordinator/CB  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001  
Phone: 301-594-3472 (or)  
301-594-2963  
Fax: 301-594-2711

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## 1998 Career Scientist of the Year – RADM Barry L. Johnson

The Scientist Professional Advisory Committee (SciPAC) is proud to announce that RADM Barry L. Johnson was selected from a field of distinguished nominees as the 1998 Career Scientist of the Year. This award is presented to an officer in the Scientist category in recognition of significant contributions to the health of the Nation and to the missions of the Public Health Service (PHS) and the PHS Commissioned Corps.

RADM Johnson serves as the Assistant Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in Atlanta, Georgia, and is responsible for its programs and overall direction. ATSDR's mission is to prevent or mitigate adverse human health effects as a consequence of exposure to hazardous substances in the environment. ATSDR conducts activities in the following areas: public health as-

sessments; toxicological research; epidemiological investigations; surveillance programs; exposure registries; health and medical education; and database establishment.

Prior to assuming his current position in 1986, RADM Johnson was Director of the Division of Biomedical and Behavioral Science at the National Institute for Occupational Safety and Health (NIOSH) located in Cincinnati, Ohio. His NIOSH responsibilities included overall responsibility for research programs in the areas of toxicology, ergonomics, physical agents, and occupational stress.

RADM Johnson received his Ph.D. degree in Biomedical Engineering. He was Chairman of the SciPAC from 1984 to 1986, and has served on numerous committees and boards addressing issues of

importance to commissioned officers. His professional contributions have been in the areas of neurotoxicology, ergonomics, environmental toxicology, and environmental policy. He is a consultant to the World Health Organization on neurotoxicology and environmental science. He is currently, or has served as, a member of the many editorial boards, has co-edited 10 books concerning neurotoxicology and environmental health, and is the author of *Impact of Hazardous Waste on Human Health*.

RADM Johnson is a Regular Corps officer and is the recipient of numerous PHS Commissioned Corps medals including the Distinguished Service Medal, the Meritorious Service Medal, and the Surgeon General's Exemplary Service Medal.

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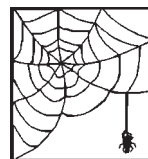
## Sanitarian Category Honors Mr. Philip Needle

The Sanitarian Professional Advisory Committee (SPAC) recently honored Mr. Philip Needle, Military Personnel Staffing Specialist in the Personnel Services Branch of the Division of Commissioned Personnel (DCP), for his long-term support to the Sanitarian category with a SPAC Honor Award that was presented during the August Chief Professional Officer-PAC Chair Meeting.

In making the presentation, CAPT Thomas E. Crow, Chief Sanitarian of the Public Health Service, acknowledged Mr. Needle's long history of service to all categories of the Corps and his more than 50 years with DCP. He was specifically commended for the assistance he provided to the SPAC during the recent process of revising the standards for the appointment of Sanitarian officers into the

Regular and Reserve Corps. The expert counsel he provided and the historical perspective that he was able to offer were invaluable in enabling the SPAC to perform its task effectively. Subsequent to CAPT Crow's presentation, RADM Arthur Lawrence, Senior Advisor to the Surgeon General, shared one of his "Phil Needle stories" with the group, and added his appreciation for all that Phil has done to support the mission of PHS over the years.

The SPAC Honor Award was established in 1998 as a means of recognizing those individuals who have provided exceptional service to the Sanitarian category.



## Division of Commissioned Personnel's Official Web Site

The Division of Commissioned Personnel's official Internet web site (<http://dcp.psc.dhhs.gov>) contains the Commissioned Corps Personnel Manual (CCPM), most CCPM Pamphlets, a number of Public Health Service forms, the *Commissioned Corps Bulletin*, and other information officers might find useful.

If you wish to receive announcements from DCP, including updates to this web site, please sign up for our mail list by sending an e-mail message to [listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov) with the message: Subscribe DCP "your full name". Where "your full name" is in the example, replace it with your first and last name without the quotation marks.

As a reminder, the PHS Commissioned Corps web site (<http://www.dhhs.gov/phs/corps>) provides information about the Corps to anyone interested in its history, personnel system, appointment criteria, and employment opportunities for students and health professionals. Links to the professional category web sites are also contained there.



tered on the ear lobe. Male officers are not authorized to wear earrings when in uniform.

- Q.** Are bracelets and rings authorized for wear when in uniform?
- A.** Yes. One wrist bracelet and one ring per hand, in addition to a wedding ring, are authorized. Jewelry must not be of a faddish or outlandish design. Ankle bracelets are not authorized.
- Q.** Are pearl earrings authorized for wear when in uniform?
- A.** Yes. Female officers may wear gold ball earrings with all uniforms. Small single pearl earrings may be worn only with the Dinner Dress or Formal uniforms. Gold earrings must be 6mm ball (approximately 1/4 inch), plain with brushed matte finish, screw-on or post type. Only one earring may be worn per ear, cen-

- Q.** Are Blue Garrison Caps (BGCs) without gold piping authorized for wear by Public Health Service (PHS) officers?
- A.** No. BGCs without gold piping (e.g., the U.S. Navy BGC) are not authorized for wear by PHS officers. Only the BGC with gold piping is authorized for wear with approved PHS uniforms.
- Q.** Are the Army and Air Force metal rank insignia authorized for wear on PHS uniforms?
- A.** No. The surface of the Army and Air Force metal rank insignia are of a ridged design versus the smooth surface of the Navy's metal insignia. PHS officers must purchase these uniform components from an authorized Navy uniform retailer.

## Recent Deaths

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

| <i>Title/Name</i>   | <i>Date</i> |
|---------------------|-------------|
| <b>MEDICAL</b>      |             |
| <b>CAPTAIN</b>      |             |
| Raymond W. Herrmann | 07-16-98    |
| Robert J. Huebner   | 08-26-98    |
| Maria S. Kotsis     | 08-02-98    |

## IHS Pharmacy Program Receives Pinnacle Award



*Pictured from left to right: Mr. Timothy Burrelle, Assistant Vice President, Global Professional Affairs, Wyeth-Ayerst Global Pharmaceuticals; Mr. Jacob Miller, President, American Pharmaceutical Association Foundation; CAPT Eugene B. Smith, IHS; CAPT Samuel M. Hope, IHS; Mr. Ronald Jordan, President, American Pharmaceutical Association; Mr. Alan Brownstein, Vice-Chair, Health Care Quality Alliance.*

On June 23, the pharmacists of the Indian Health Service (IHS) were presented the Pinnacle Award at a ceremony at the Watergate Hotel in Washington, DC. The Pinnacle Award is cosponsored by the American Pharmaceutical Association and

the Health Care Quality Alliance to recognize contributions to health care quality through the medication process. This award was established in 1998 to honor an individual, group of individuals, or health care organization that has made a significant scientific contribution, and/or has provided exemplary leadership, in one or more key areas related to medication use quality improvement.

The pharmacists of IHS pioneered major innovations in the management of drug therapy in ambulatory pharmacy practice over the last three decades. Through the leadership of retired officers such as RADM Allen Brands, CAPT Albert B. Ripley, CAPT Ronald D. Gilbert, CAPT Robert W. Boyce, CAPT Richard N. Herrier, CAPT Stephan L. Foster, and active-duty officers such as RADM Richard M. Church, CAPT Eugene B. Smith, CAPT Samuel M. Hope, and others, pharmaceutical care became a reality.

The pharmacists of IHS were recognized as the leader in the establishment of pharmaceutical care. They utilize the patient's

medical record to evaluate the appropriateness of medical therapy, other diagnosis and medications that have an effect on the new therapy, and laboratory data. The results include less adverse effects and more appropriate therapy resulting in better patient outcomes.

Medication use techniques were improved by the implementation of patient counseling by the pharmacists which ensures that the patient completely understands what the medication is for, how to correctly take the medication, what the expected outcomes are, and any side effects that might be experienced.

The pharmacists also developed physical assessment skills that are used at the time prescriptions are refilled to evaluate the patient for any changes in medical status. These skills and patient-focused activities have helped integrate pharmacists into the multidisciplinary health care team in medication use in each facility.

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## Health Serves Professional Advisory Committee Presents Awards

### LT Trinh Nguyen Receives 1998 Joseph Garcia, Jr. Award

LT Trinh Nguyen was awarded the 1998 Joseph Garcia, Jr. Award for Outstanding Junior Health Services Officer of the Year at the Commissioned Officers Association meeting in Alexandria, Virginia. This award goes to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities. She was selected for this award based on her outstanding contributions to the Food and Drug Administration (FDA) medical device review and surveillance missions through her demonstration of leadership and innovation in software engineering.

She has been responsible for a number of software development initiatives that have greatly contributed to the productive utilization of information technology in the Center for Devices and Radiological

Health of FDA. Her work on numerous management information systems has enhanced access to data critical both to the review of new medical device technologies and to assuring the safety of medical devices already marketed.

LT Nguyen was highly instrumental in the move to a management information system client/server environment using new relational database management tools. Her software development activities in this endeavor have focused on the design and implementation of a new graphical user interface for management information systems applications, with particular emphasis on the Manufacturers and Users Device Experience (MAUDE) system, which captures data on adverse events involving medical devices, and is critical to the management of post-market surveillance of the medical device industry.

She is an active member of the Commissioned Corps Readiness Force, the D.C.

Metropolitan Asian Pacific American Bone Marrow Network, and the Public Health Service (PHS) Minority Officers Liaison Committee. In addition, she is Membership Chairperson of the PHS Asian-Pacific American Officers' Committee and serves as their Database Officer. She received her B.S. degree in 1991 and is currently working on her Masters degree.

### CAPT James McGlothlin Receives 1998 Stanley J. Kissel Award

CAPT James McGlothlin was awarded the 1998 Stanley J. Kissel Award for Outstanding Health Services Professional of the Year at the Commissioned Officers Association meeting in Alexandria, Virginia. The recipient must have made a significant impact on the Nation's health, exhibited leadership in the achievements being cited, and must serve as a role model for others. He was selected for this award based on his outstanding leadership in applying occupational safety and health research methods in designing, develop-

(Continued on page 9)



## Health Serves Professional Advisory Committee Presents Awards

(Continued from page 8)

ing, and disseminating information for the American worker for more than 20 years.

His commitment to his profession as an occupational safety and health specialist has had national and international impact on methods of controlling worker exposure to air contaminants, and to hazards that cause musculoskeletal disorders. During his career with the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention, he has published more than 100 articles, six chapters, and co-edited two books that have documented findings that enable employers to improve working conditions in a variety of workplaces.

In recent years, his most significant contributions have been in the evaluation and control of (1) hazardous chemical powders during manual transfer, (2) nitrous oxide in dental operatories, (3) the design of ergonomic controls to reduce musculoskeletal illnesses and injuries in the beverage delivery industry, (4) the automotive industry, (5) the home appliance industry, and (6) the biological sciences industry.

CAPT McGlothlin is a Senior Researcher in ergonomics with the Engineering Control Technology Branch, Division of Physical Sciences and Engineering, NIOSH, Cincinnati, Ohio. During his PHS career, he has received several awards including the Surgeon General's Exemplary Service Medal and the Outstanding Service Medal. Also, he has served as Chairman of the Health Services Professional Advisory Committee, and as President of the Commissioned Officers Association. He received a B.A. degree in Psychology (1975), and dual Masters degrees in Epidemiology (M.P.H.) and Environmental Health (M.S.) (1977). He received his Ph.D. degree in Industrial Health with a specialty in ergonomics in 1988. He is a Certified Professional Ergonomist, has a provisional patent on an ergonomically designed handle, and has served on several national and international committees.

## PHS-1 DMAT Supports National Guard During Counterterrorism Demonstration



*CAPT Richard Niska, a PHS Commissioned Corps physician, and LCDR Vien Vanderhoof, a PHS Commissioned Corps nurse, supported the Maryland Army National Guard at Fort Pickett.*

A week after the Public Health Service Disaster Medical Assistance Team (PHS-1 DMAT) completed its support of the PHS Bicentennial Celebration in Philadelphia, it assisted the Maryland Army National Guard at Fort Pickett, Virginia, as the Guard's counterterrorism capabilities were demonstrated before a large audience. The PHS-1 DMAT provided the sole medical support during this demonstration.

One building was designated as the American embassy at the Guard's urban training site; this site was very similar to a small city during a real military conflict. The scenario was that terrorists had broken through the American embassy's perimeter defenses and taken American citizens as hostages. The Maryland Army National Guard launched a counteroffensive during which guardsmen rappelled from a Blackhawk helicopter onto the embassy's roof, rappelled down the embassy's sides, and tossed hand grenades through open windows before entering the embassy and seizing the terrorists. This type of counteroffensive was very dangerous, as is any operation that involves military aircraft, physical maneuvering on ropes 40 feet above the ground, and explosives in a fast-paced, high temperature environment.

The demonstration was witnessed by 150 spectators consisting of the guardsmen's civilian bosses, Maryland State congressional delegates, and members of the press. These individuals were very pleased with the highly successful liberation of the American embassy, and cheered as the American flag was raised over the embassy at its liberation.

The PHS-1 DMAT was not only present during this operation to provide medical care to guardsmen, but also to provide medical care to the spectators should a major mishap have occurred. The PHS-1 DMAT was pleased that no injuries were sustained during the embassy liberation, which is a real credit to the operational planning that went into the demonstration.

The embassy bombings in Kenya and Tanzania that occurred several weeks after the Guard's demonstration underscored the need for the United States to remain vigilant and to be well prepared to conduct counterterrorism operations at its embassies worldwide.

The PHS-1 DMAT has provided the sole around-the-clock primary medical care and preventive medicine services during the Maryland Army National Guard's annual training for the last 10 years under a memorandum of understanding between the Guard and the Department of Health and Human Services, and this embassy liberation demonstration was supported in that context. The PHS-1 DMAT gains valuable field experience in an austere environment during the time that it invests with the Guard, and as a result is ready and eager to respond quickly to national medical emergencies.

The PHS-1 DMAT is currently recruiting members. A full understanding of the history, mission, and response capabilities of the PHS-1 DMAT can be found at its website (<http://phs1.cc.nih.gov/dmat/>). PHS commissioned officers who apply must be fully committed to the PHS-1 DMAT membership requirements, and they must have permission from their supervisors to participate. If you are interested in applying, please send an e-mail to CAPT William A. Hess ([hess@cder.fda.gov](mailto:hess@cder.fda.gov)).

## Vacancy Announcements

The following vacancies are provided as representative of varied opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Additional vacancy announcements suitable for commissioned officers can be reviewed by accessing the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB). The EBB contains a listing of vacancies currently tracked by DCP's Vacancy Announcement and Tracking System (VAATS). Information regarding access and use of EBB is provided elsewhere in this *Commissioned Corps Bulletin*.

Any Operating Division/Program (OPDIV) wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: VAATS Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001. The VAATS Project Officer can also be reached at: Phone: 301-594-3458 or Fax: 301-594-2711.

| <i>Category/OPDIV</i>   | <i>Description of Position</i>   |
|---|--|
| <b>MEDICAL</b>  |  |
| <i>HEALTH RESOURCES AND SERVICES ADMINISTRATION—</i><br>Port Isabel, TX | Clinical Director<br>Contact: LTJG Ileana Barreto-Pettit<br>305-552-1845 ext. 172<br>Grades: O-4/O-5/O-6      VAATS ID: HBC-93-0114<br>Officer will provide primary care to illegal aliens in an ambulatory care clinic, as well as clinical supervision of mid-level providers and clinical nurses at an Immigration and Naturalization Service Processing Center in Texas.   |
| <i>HEALTH RESOURCES AND SERVICES ADMINISTRATION—</i><br>Houston, TX     | Clinical Director<br>Contact: CDR Gilbert Rose      301-443-5460<br>Grades: O-5/O-6      VAATS ID: HBC-93-0116<br>Provides direct clinical services to Immigration and Naturalization Service (INS) detainees at an INS Processing Center. Experience in a primary care setting is required.   |
| <i>HEALTH RESOURCES AND SERVICES ADMINISTRATION—</i><br>Houston, TX     | Health Services Administrator<br>Contact: CDR Gilbert Rose      301-443-5460<br>Grades: O-4/O-5      VAATS ID: HBC-93-0117<br>Officer will be responsible for the management and administration of ambulatory care clinic and the supervision of medical personnel at an Immigration and Naturalization Service Processing Center. Requires experience in outpatient setting and strong administrative/managerial skills.  |
| <b>DENTAL</b>   |  |
| <i>HEALTH RESOURCES AND SERVICES ADMINISTRATION—</i><br>Miami, FL       | Dental Consultant<br>Contact: LTJG Ileana Barreto-Pettit<br>305-552-1845, ext. 172<br>Grade: O-5      VAATS ID: HBC-93-0115<br>Provides clinical and administrative services in an Immigration and Naturalization Service Processing Center. Oversees dental contractors for other sites located in the U.S. and Puerto Rico. Pre-certifies dental treatment plans, assists Chief Dentist with program development projects. Must be available for travel. Computer skills are essential. Must know basic biostatistics and managed care principles. A Masters degree in Public Health is desirable. |



## Tips on Transportation of Household Goods Upon Retirement

The Division of Commissioned Personnel (DCP) periodically receives inquiries from commissioned officers concerning their entitlement to nontemporary storage of their household goods after they retire from active duty.

In accordance with the Joint Federal Travel Regulations, retired officers are entitled to nontemporary storage of their household goods at the point of origin (e.g., their last duty station). When authorized by personnel orders, this entitlement is for 1 year from the effective date of the retirement personnel order and this period may not, in most situations, be extended.

For example, if an officer does not place his/her household goods in nontemporary storage until 7 months after the effective date of the retirement personnel order, the officer's entitlement to nontemporary storage at Government expense is reduced to 5 months.

It is important to note that officers shipping their household goods to their Home of Selection without exercising their nontemporary storage entitlement at the point of origin are not entitled to nontemporary storage or temporary storage at their Home of Selection.

Retired officers desiring to continue the nontemporary storage of their household goods at their personal expense, may do so by informing the storage facility in possession of the belongings. The officer is responsible for payment directly to the storage facility. Officers exercising this option may request an extension of the 1-year time limit to ship their household goods from the storage facility to their Home of Selection. Requests for extensions must be made, in writing, through your Commissioned Corps Liaison and forwarded to the Director, DCP, for review.



## Vacancy Announcements

(Continued from page 10)

### NURSE

**BUREAU OF PRISONS—**  
Various Sites

Registered Nurse  
Contact: CAPT Veronica Stephens 202-307-2867  
Grades: O-3/O-4 VAATS ID: HBE-93-0299  
Participate in sick call and chronic care clinics. Triage and emergency management skills helpful. Vacancies are at Medical Centers and outpatient clinics.

### MULTIDISCIPLINARY

**COAST GUARD—**  
Washington, DC

Public Health & Safety Analyst  
Contact: Ms. Susan Ryan 202-267-0812  
Grades: O-5/O-6 VAATS ID: HBD-93-0082  
Serves as Public Health and Safety Analyst in the Department of Transportation, National Highway Traffic Safety Administration, Impaired Driving Division. Serves as liaison to the public health, safety, and enforcement agencies (Department of Health and Human Services, Department of Justice) on policy and program issues related to impaired driving. Serves as program manager of contracts on programs related to injury prevention, public education, legislation, enforcement, and research.

**NATIONAL INSTITUTES OF HEALTH—**  
Bethesda, MD

Personnel Management Specialist  
Contact: Ms. Rosa Duarte 301-496-2511  
Grade: O-4 VAATS ID: HNA-93-0030  
This position is located in the Office of Human Resource Management. The incumbent serves as NIH's Commissioned Corps Liaison and as the senior consultant with proficiency or expertise primarily in the area of Uniformed Services personnel and in several other specialized areas of human resource management (HRM), e.g., compensation, classification, benefits, awards, employment, employee and labor management relations, employee development, payroll, HRM systems, etc. Serves as a policy and expert advisor on HRM initiatives with responsibility for developing, recommending, and implementing NIH policies and guidance.

**PROGRAM SUPPORT CENTER—**  
Rockville, MD

Staffing Officer  
Contact: CAPT Frank Behan 301-594-3390  
Grades: O-4/O-5 VAATS ID: QB-93-0005  
Position is in the Officer Development Branch, Division of Commissioned Personnel, Human Resources Service, Program Support Center. Officer participates in career development counseling activities for applicants and active-duty officers. Varied experience in Operating Divisions/Programs and locations is desirable.

## Retirements - September

*Title / Name* *OPDIV/Program*

### MEDICAL

#### CAPTAIN

|                    |     |
|--------------------|-----|
| Richard A. Martin  | CG  |
| Mark W. Oberle     | CDC |
| John E. Parker     | CDC |
| David A. Koch      | IHS |
| Scott H. Nelson    | IHS |
| Elliot S. Gershon  | NIH |
| Harvey R. Gralnick | NIH |
| Thomas L. Lewis    | NIH |

### DENTAL

#### CAPTAIN

|                  |     |
|------------------|-----|
| Thomas R. Klaene | BOP |
|------------------|-----|

### NURSE

#### CAPTAIN

|                       |       |
|-----------------------|-------|
| Kathleen A. McCormick | AHCPR |
|-----------------------|-------|

#### COMMANDER

|                  |     |
|------------------|-----|
| Randall W. Boham | IHS |
| Ralph J. Smith   | IHS |

### ENGINEER

#### COMMANDER

|                   |     |
|-------------------|-----|
| James T. Sorensen | IHS |
|-------------------|-----|

### SCIENTIST

#### CAPTAIN

|                 |     |
|-----------------|-----|
| George C. Jan   | FDA |
| Harry A. Milman | EPA |

### SANITARIAN

#### CAPTAIN

|                   |     |
|-------------------|-----|
| Ronald D. Perkins | IHS |
|-------------------|-----|

### VETERINARY

#### CAPTAIN

|                 |     |
|-----------------|-----|
| Dianne T. McRae | FDA |
|-----------------|-----|

### PHARMACY

#### CAPTAIN

|                 |     |
|-----------------|-----|
| David Barash    | FDA |
| Robert W. Boyce | IHS |
| Gary R. Lawless | IHS |

#### LIEUTENANT COMMANDER

|                   |     |
|-------------------|-----|
| Cyndi J. Reynolds | IHS |
|-------------------|-----|

### THERAPY

#### CAPTAIN

|                    |     |
|--------------------|-----|
| Sherry L. Phillips | FDA |
|--------------------|-----|

### HEALTH SERVICES

#### CAPTAIN

|                      |        |
|----------------------|--------|
| Bruce A. Herman      | FDA    |
| Constance M. Burtoff | SAMHSA |

#### COMMANDER

|                  |      |
|------------------|------|
| David W. Gentry  | HRSA |
| Michael O. Smith | BOP  |

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## Surgeon General Reviews Summer Research at the National Institutes of Health

The following are excerpts from the September-October 1998 edition of *The NIH Catalyst*.



ADM David Satcher, Surgeon General, and RADM Arthur Lawrence, senior advisor, as they began a walking tour of the National Institutes of Health's (NIH) Summer Research Program Poster Day on August 6. For more than 2 hours, the Surgeon General reviewed the research efforts of nearly 400 NIH summer research students, including the 23 who had come to NIH under the Undergraduate Scholarship Program (UGSP) for whom Poster Day was the culmination of their 10-week experience at NIH.



Audrey Ramirez, UGSP scholar, San Francisco State University. "My heart is in my throat. I just told the Surgeon General

about my research project," Ramirez whispered moments later. Her poster depicting "Mobilization of CD8+ dendritic cells in response to microbial products as visualized by immunofluorescence microscopy" reflected her research in the National Institute of Allergy and Infectious Diseases' Laboratory of Immunology (with preceptor Ronald Germain). With her fresh San Francisco State University degree in cell molecular biology, Ramirez will be pursuing a doctorate at the University of California, San Francisco Program in Biological Sciences beginning this fall. She learned of the UGSP through the Society for the Advancement of Chicanos and Native Americans in Science.



Marguerite Rippey (left), UGSP acting director, and Hosein Kouros-Mehr, a biochemistry major at CalTech, where he starts his sophomore year this fall. This the UGSP's third year, Rippey said, and the first year the program is at "full strength." About one in 12 applicants qualify for the program, which awards full tuition on a yearly basis for successful candidates. After they earn their advanced degree, participants provide a "1-year payback," working at NIH for each year of support they received as an undergraduate. Kouros-Mehr, who did research on the "structure of the B30.2 domain of pyrin"

under Daniel Kastner and Elizabeth Mansfield in the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), Arthritis and Rheumatism Branch, aspires to a research career (PhD of MD/PhD) and a fiction-writing sideline. He has already published short stories and is working on a novel.

Andrea Borghese, who is entering her senior year at Lehman College, City University of New York, explains her research to the Surgeon General and RADM Michael Gottesman, NIH Deputy Director for Intramural Research. Her



poster on "inducible transgenic mouse models for autoimmune myositis" captures her work in the NIAMS, Arthritis and Rheumatism Branch, with preceptors Paul Plotz and Kanneboyina Nagaraju. "Amazing," ADM Satcher said, as he wished her well. "He's been impressed," commented RADM Gottesman, who had invited ADM Satcher to spend the day.

### DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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