Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XIII, No. 10 **October 1999**

Surgeon General's Column

As commissioned officers, we have a responsibility to protect and advance the health of the Nation through educating the public and advocating for effective disease prevention and health promotion programs and activities. Our unique service is a symbol of that commitment. This month's column is a ***call to action*** for all commissioned corps officers to expand your outreach efforts to curb tobacco use for all age groups, and particularly in youth. We, in the public health community, have a unique opportunity to make a dramatic impact on the health of our children and the health of the Nation for generations to come. I know I can count on each and every one of you to provide leadership and support at work, home, and in your communities to fight this staggering public health problem.

The effects of smoking have long been a concern of the Public Health Service (PHS). As early as 1956, the PHS, in conjunction with the American Cancer Society and the American Heart Association, established a study group on smoking and health. In 1959, Surgeon General Leroy E. Burney (1956-1961) published an article entitled *Smoking and Lung Cancer–A Statement of the Public Health Service* which implicated smoking as the principal etiologic factor in the increased rate of lung cancer. In 1964, Surgeon General Luther Terry (1961-1965) released the first *Surgeon General's Report on Smoking and Health*. Responding to the report, the Federal Trade Commission called for warning labels on cigarette packages and Congress subsequently passed legislation to require such labeling. From the 1964 report on, the role of the Surgeon General has been inextricably tied to the campaign against smoking.

Targeting Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year and resulting in an annual cost of more than $50 billion in direct medical costs. Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires – combined. Approximately 80 percent of adult smokers started smoking before the age of 18 years. Every day, nearly 3,000 young people under the age of 18 years become regular smokers.

Scientific knowledge about the health consequences of tobacco use has greatly increased since 1964. It is now well known that smoking can cause chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lung, larynx, esophagus, mouth, and bladder. In addition, we know smoking contributes to cancer of the cervix, pancreas, and kidney. Researchers have identified more than 40 chemicals in tobacco smoke that cause cancer in humans and animals.

The harmful effects of smoking are not limited to the smoker. Children suffer asthma attacks, upper respiratory infections, and even Sudden Infant Death Syndrome because of exposure to smoke. Pregnant women who use tobacco are more likely to have adverse birth outcomes, including babies with low birth weight, a leading cause of death among infants. In addition, the health of nonsmokers is adversely affected by environmental tobacco smoke. Each year, exposure to environmental tobacco smoke causes an estimated 3,000 nonsmoking Americans to die of lung cancer, 62,000 of cardiovascular disease, and causes up to 300,000 children to suffer from lower respiratory tract infections.

Currently, the Centers for Disease Control and Prevention (CDC) provides national leadership for a comprehensive, broad-based approach to preventing and controlling tobacco use. Through collaboration with the States; national, professional, and voluntary organizations; academic institutions; and other Federal agencies, the CDC leads and coordinates strategic efforts to prevent tobacco use among young people, promote smoking cessation, and reduce exposure to environmental tobacco smoke. The Food and Drug Administration is the lead agency on implementing the prohibitions for tobacco product marketing. The Substance Abuse and Mental Health Services Administration is responsible for overseeing enforcement of the prohibition against the sale of cigarettes to children.

A broad-based spectrum of Federal, State, and local government agencies, professional and voluntary organizations, and academic institutions have joined together to advance the elements of a comprehensive approach to tobacco use, including:

- Eliminating exposure to environmental tobacco smoke

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Commissioned Corps BULLETIN

Published as part of the Commissioned Corps Personnel Manual for Public Health Service Commissioned Corps officers. Forward news of Service-wide or special interest to Division of Commissioned Personnel/HRS/PSC, Room 4A-15, 5600 Fishers Lane, Rockville, MD 20857-0001, Phone: 301-594-3462.

Director, DCP/HRS/PSC RADM R. Michael Davidson

Editor Mrs. Virginia Kapusnick

Surgeon General's Column

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- Preventing initiation among youth
- Promoting quitting among adults and youth
- Eliminating disparities among population groups

Preparing for the Future

Reducing tobacco use will continue to require a coordinated and collaborative effort at the State and community levels. Throughout the Nation, State and community programs must work to prevent and reduce the use of tobacco products, especially among children and adolescents, and address the health outcomes related to tobacco use including cancer, cardiovascular disease, and asthma. Partnerships are imperative to be successful in this campaign. The "Smoke-Free Kids and Soccer" program is a prime example of a successful project developed in collaboration with a private sector organization, the National Youth Sports Program. The program was designed to increase participation in youth soccer and it combines physical activity with a message to avoid smoking.

This issue is one that resonates well with my priorities to: (1) develop a more balanced health system by encouraging universal access to health care including mental health services, healthy lifestyles, and by assuring that every child has a healthy start; (2) maintain a global approach to disease prevention and health promotion; and (3) eliminate racial and ethnic disparities in health. I encourage all commissioned officers to get involved in your State and local tobacco prevention education efforts and in your school and community-based programs to prevent tobacco use and to help people quit. I also encourage you to be informed about your State's plans for comprehensive tobacco prevention and cessation programs. Inquire if your State will devote the sufficient resources to meet the CDC recommendations for an effective program. Together we can take action and respond to both current and long term health needs of the Nation to curb the use of tobacco.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

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Vacancy Announcements

The following vacancies are provided as representative of 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.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: Vacancy Announcements Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001 – or phone: 301-594-3458 or 301-594-3360 (toll-free at 1-877-INFO-DCP (1-877-463-6327) – listen to the prompts, dial 1, pause, dial 43360) or Fax: 301-443-7069.

Category / OPDIV	*Description of Position*	
DENTAL		
INDIAN HEALTH SERVICE–	Dental Officer Positions	
Various Sites	Grades: O-3/O-4/O-5/O-6	
IHS Area:	*Contact:*	*Phone:*
Aberdeen Area	CDR Patrick Blahut	1-800-693-9186
Alaska Area	CAPT Jeanine Tucker	907-729-3641
Albuquerque Area	CAPT Robert Palmer	505-988-9821, ext. 485
Bemidji Area	CAPT Toby Imler	218-983-6285
Billings Area	CAPT Richard Troyer	406-638-3470
California Area	CAPT Jerry Gordon	916-566-7011, ext. 321
Nashville Area	CAPT R. Joe Davis	828-497-9163, ext. 478
Navajo Area	CAPT Mark Kosell	520-871-1344
Oklahoma Area	CAPT George Chiarchiaro	405-951-3818
Phoenix Area	CAPT Steve Tetrev	602-364-5190
Portland Area	CDR Woody Crow	503-326-2016
Tucson Area	LCDR Michael Winkler	520-383-7305
HEALTH RESOURCES AND SERVICES ADMINISTRATION–	Dentists	
Various Sites	Contact: CDR Gilbert Rose	877-353-9834
	Grade: O-4	
	Provides direct patient care to the detainees of the Immigration and Naturalization Service at the following processing centers: Port Isabel, TX; El Paso, TX; and El Centro, CA. These providers will be the only dentist at these sites, but will have a dental assistant. The type of dentistry will be short-term triage and pain management.	
PHARMACY		
HEALTH RESOURCES AND SERVICES ADMINISTRATION–	Staff Pharmacists	
Various Sites	Contact: CDR Gilbert Rose	877-353-9834
	Grade: O-5	
	Responsibilities include providing pharmacy services for clinic/infirmary settings. The settings are located in Florence, AZ and El Centro, CA.	
HEALTH RESOURCES AND SERVICES ADMINISTRATION–	Telepharmacy Pharmacist	
Undetermined Location	Contact: CDR Gilbert Rose	877-353-9834
	Grade: O-6	
	INS is currently looking for a pharmacy officer that has the experience to develop and implement a new telepharmacy program. The successful candidate for this exciting opportunity will be responsible for coordinating this cutting-edge program and implementing it throughout the country. Travel will be required. The location and oversight for this program will be determined later, with input from the candidate. Project officer experience is desirable.	

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Vacancy Announcements

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MULTIDISCIPLINARY

HEALTH RESOURCES AND SERVICES ADMINISTRATION– Queens, NY

Health Services Administrator
Contact: CDR Gilbert Rose 877-353-9834
Grade: O-6

Provides administrative oversight of an outpatient clinic for an INS processing center in Queens, NY. Should have hands-on experience running out-patient clinics and be familiar with various accrediting programs.

HEALTH RESOURCES AND SERVICES ADMINISTRATION– Southern CA

Managed Care Coordinator
Contact: CDR Gilbert Rose 877-353-9834
Grade: O-5/O-6

INS position requires some regional travel. Must be able to work independently. Nurses, nurse practitioners, and physician assistants will be considered. Needs to be able to communicate with local correctional officials about patient care issues and managed care concepts. Location will be southern California.

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DCP and Y2K Update

The Year 2000 (Y2K) problem refers to some computers inability to correctly recognize dates beginning with January 1, 2000, unless the computer hardware and software have been properly modified and tested.

Division of Commissioned Personnel (DCP) staff members have been working to make certain that all of our systems have been properly prepared for Y2K and that there will be no disruption because of the January 1, 2000 date. All of our systems that support the functions of personnel and payroll have been tested, validated, and certified as Y2K compliant. We have renovated all of the computer code for all of our programs and, in fact, have been running our Y2K-compliant software programs for payroll in parallel with our standard system since January 1999. We have had no problems with the payroll system and expect no problems in 2000. The past year's promotion cycle has also passed the test in that officers were reviewed for promotion with eligibility dates from July 1, 1999 through June 30, 2000. All officers eligible for promotion were reviewed and those officers selected for promotion have been promoted or are on orders to be promoted through the end of June 2000.

By directive of the Office of the Secretary, no more software changes will be allowed during the period October 15, 1999 through January 30, 2000 on business-essential systems that have been certified and verified as being Y2K compliant. This is to ensure that all business-essential systems will maintain their Y2K readiness. During this moratorium, we will continue to monitor and ensure the Y2K readiness of all systems. Any changes during this time must be pre-approved and are limited to those that are required to: implement legislative or administrative mandates; security safeguards; responses to audit requests; emergency fixes; and upgrades to retain manufacturers' or vendors' licensing or warranties. Beginning October 15, system changes that effect production environments are not to be made without the approval of the Chief Information Officer of the Program Support Center.

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Dental Professional Advisory Committee's 1999 Dental Award Recipients

The Dental Professional Advisory Committee's (DePAC) 1999 Jack D. Robertson Award and Ernest Eugene Buell Award recipients, **CAPT Charles W. Grim** and **CDR Christopher L. Callahan**, were honored by the DePAC at the Commissioned Officers Association's Annual Public Health Professional Conference on June 8 in Alexandria, Virginia.

The Jack D. Robertson Award was established in 1982 by the Public Health Service (PHS) Chief Dental Officer, in honor of CAPT Robertson, and is presented each year to a senior commissioned corps dental officer (O-5 or above) or equivalent level General Schedule dentist whose professional performance best exemplifies the dedication, service, and commitment to the PHS demonstrated by CAPT Robertson during his career.

The Ernest Eugene Buell Award was established in 1989, in commemoration of the commissioned corps centennial year. CAPT Buell was the first PHS Commissioned Corps dental officer. He was commissioned in June 1919, and assigned to the Division of Marine Hospitals and Relief. This award is presented annually to a junior commissioned corps dental officer (O-4 or below) or equivalent level General Schedule dentist in the PHS who has made a significant contribution in oral health education, research, or service.

The awards were presented by RADM William R. Maas, Chief Dental Officer. For the biographies of the award recipients, please visit the Dental category website at <http://www.ihs.gov/NonMedicalPrograms/PHS/PHSDENTAL/index.htm>.

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Meet the New Chief Professional Officers

CAPT W. Craig Vanderwagen

Surgeon General David Satcher announced the selection of CAPT W. Craig Vanderwagen as the Deputy Chief Medical Officer of the Public Health Service effective September 1, 1999.

CAPT Vanderwagen began his career with the Indian Health Service (IHS) in 1981. His initial assignment was in the IHS Albuquerque Area Office as a General Medical Officer at the Zuni Indian Hospital. He also served as the clinical director at Zuni prior to his move to Rockville, Maryland, in 1983.

Upon his assignment to Rockville at IHS Headquarters East, CAPT Vanderwagen assumed a staff role in support of the Chief Medical Officer of the IHS. He served in this capacity until 1984 when he was made Acting Director of the Division of Clinical and Environmental Services. In 1986 he was selected as Director of the Division of Clinical and Preventive Services.

As the Director for the Division of Clinical and Preventive Services, CAPT Vanderwagen is responsible for the full scope of clinical health care programs, including quality assurance and preventive programs. Technical and policy guidance is issued for IHS direct and tribal health programs for a wide variety of health care programs including alcohol and substance abuse, dental services, diabetes and other chronic disease prevention, mental health, emergency medical services, nutrition and dietetics, nursing services, pharmacy services, and maternal and child health.

CAPT Vanderwagen has served in other leadership positions in IHS. He has been the Acting Area Director, Aberdeen Area IHS, with responsibility for health services in the Dakotas, Nebraska, and Iowa. He has been the Acting Director, Office of Health Programs, with responsibilities for the clinical and public health programs, sanitation and health facilities construction, and for health care finance activities. He has also served as the Agency Lead Negotiator in the implementation of Tribal Self Governance Compacts. In this role, CAPT Vanderwagen was engaged in the initial planning and implementation of this landmark transfer of resources and public health responsibilities to tribal governments and has negotiated the annual transfer of more than $300 million to tribes.

CAPT Vanderwagen has received many awards and commendations since he began work for the IHS. These include the Meritorious Service Medal, Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citation, and Unit awards of the Commissioned Corps, as well as Secretarial awards and tribal recognitions.

He is a board-certified family physician and maintains an active clinical practice in addition to his responsibilities in program development and administration. He is published in several medical journals covering family practice, including, *Medical Education*, *Children Today*, and *Hospital and Community Psychiatry*. He is a frequent speaker to medical students and the general public on the techniques employed by the IHS to elevate the health status of American Indians and Alaskan Natives. He has also been a consultant for the Pan American Health Organization in addressing its indigenous health initiative.

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Health Services Category Holds Reaffirmation Ceremony

A Reaffirmation Ceremony for the Health Services category was held at the Commissioned Officers Association's annual meeting in Alexandria, Virginia. It coincided with the Health Services category luncheon and awards presentations held on June 8, 1999.

Deputy Surgeon General Kenneth Moritsugu administered the commissioning oath of office to more than 70 Health Services officers. He congratulated the commissioned officers in attendance and challenged them to renew their commitment to the Corps. The participants will receive commemorative oath of office certificates signed by the Deputy Surgeon General.

The ceremony was organized by the Health Services Professional Advisory Committee with the assistance of CAPT Richard Vause. Special guests in attendance included RADM Thomas Carrato, Chief Operating Officer of the TRICARE Management Activity, and Mr. Brian Kissel, son of the late CAPT Stanley Kissel, Jr., for whom the "Health Services Officer of the Year" award is named.

The Office of the Surgeon General (OSG) has conducted several Reaffirmation Ceremonies during the past year and is willing to assist groups who wish to hold Reaffirmation Ceremonies in the future. Any group interested should contact the OSG at 301-443-4000.

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Meet the New Chief Professional Officers

(Continued from page 4)

CAPT Vivian T. Chen

Surgeon General Satcher announced the selection of CAPT Vivian T. Chen as the Health Services Chief Professional Officer (HS CPO) for a period of 4 years effective August 1, 1999. In addition to being the HS CPO, CAPT Chen serves as the Associate Director of Policy for the Division of Quality Assurance and as the Team Leader for the Healthcare Integrity and Protection Data Bank in the Health Resources and Services Administration (HRSA). In these positions she is responsible for the development of program policy, research, and quality assurance efforts as legislated by the Health Care Quality Improvement Act and the Health Insurance Accountability Act on health professionals, providers, and suppliers.

CAPT Chen received a doctor of science degree in health policy and administration in 1990; a masters degree in social work and a masters certificate degree in gerontology in 1976; and a bachelor of arts degree in 1975. She began her Public Health Service (PHS) career in 1976 as a program analyst with the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) (now the Substance Abuse and Mental Health Services Administration) in Rockville, Maryland. In subsequent positions she served as a Special Assistant to the Associate Administrator of Extramural Programs in ADAMHA, and in HRSA she served as: Program Analyst in the Division of Medicine; Director of the Primary Care Substance Abuse Program; Special Assistant to the Bureau of Health Care Delivery and Assistance Director on Special Initiatives; Senior Public Health Analyst; and Acting Director and Deputy Director of the Office of Minority and Women's Health.

CAPT Chen has distinguished herself as an expert in numerous aspects of the health and mental health care fields. Her efforts have served to facilitate the establishment and implementation of national programs addressing the problems of access to health services by the most vulnerable of the underserved. She is recognized for her significant developmental work and knowledge of program and grants policy that has resulted in the establishment of three major interagency collaborative programs with the Bureau of Justice Assistance, the Center for Substance Abuse Prevention, and the Centers for Disease Control and Prevention.

She is a regular corps officer and has received the following PHS awards: two Commendation Medals, an Achievement Medal, two Citations, three Outstanding Unit Citations, a Unit Commendation, the Surgeon General's Certificate of Appreciation, and the Surgeon General's Exemplary Service Award Plaque. HRSA awards she has received include: Bureau of Primary Health Care Special Recognition Award; Administrator's Exemplary Group Award; and Administrator's Citation for Outstanding Group. In 1995, she received the Stanley J. Kissel, Jr. Award presented by the Health Services category.

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Medical Affairs Branch

Reimbursement of Health Care Claims

The Debt Collection Improvement Act of 1996 mandated that all Federal payments be processed via Electronic Funds Transfer/Direct Deposit. The Division of Financial Operations, Program Support Center, Department of Health and Human Services, reimburses officers for health care claims. This is done by directly crediting the officer's account at a financial institution.

If you have changed financial institutions or account numbers, and are expecting reimbursement for health care claims, please notify the Medical Affairs Branch (MAB), Division of Commissioned Personnel, at phone number 1-800-368-2777 or fax number 1-800-733-1303.

The Division of Financial Operations requires that a "Payment Information Form" be completed and returned to them. If you do not have this form, MAB will fax a copy to you. Despite the fact that you may already have account information on file elsewhere for other payments due to you, you must still provide your account information to the Division of Financial Operations for reimbursement of health care claims.

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Recent Deaths

The death of the following retired officer was reported to the Division of Commissioned Personnel:

Title / Name	*Date*
SCIENTIST	
RADM Robert L. Elder	08/13/99

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Questions and Answers on Airline Travel

Question: What class (seating) of airline service are commissioned corps officers of the Public Health Service (PHS) authorized to use when performing official government business?

Answer: Commissioned corps officers of the PHS must use government contract carriers, coach-class accommodations when using commercial air carriers on official government business.

Question: May commissioned corps officers of the PHS be authorized to use premium-class or first-class accommodations when performing official government business?

Answer: Commissioned corps officers of the PHS may use premium-class or first-class accommodations **only** when the criteria provided in Chapter Three of the Joint Federal Travel Regulations (JFTR) are met. Normally, the criteria required for authorization of premium-class and first-class accommodations when performing government business will not be met. Authorization for premium-class or first-class accommodations must be documented on the member's travel order (advance approval required), along with the JFTR citation warranting such accommodations. In the event premium-class or first-class accommodations are authorized, travel in uniform is discouraged.

Question: May frequent traveler benefits (e.g., frequent flyer miles, lodging coupons, etc.) be used to upgrade accommodations to business-class or first-class?

Answer: Frequent traveler benefits received for transportation paid for by the government belong to the government and cannot be used for personal travel. They may be used for upgrade accommodations (but not to first-class accommodations) when performing official travel and if authorized on the member's travel order (advance approval required).

Question: Do promotional materials (e.g., lodging coupons, free airline tickets, etc.) received by a member traveling on official business at government expense belong to the member?

Answer: Promotional materials received by a member traveling on official business at government expense is considered government property and must be relinquished in accordance with Service regulations. If a member is involuntarily denied boarding on a flight, compensation for the denied seat belongs to the government. However, a member may keep payments from a carrier for voluntarily vacating a seat. No additional per diem may be paid as a result of the delay in the member's travel when voluntarily vacating a seat.

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Accelerated Death Benefit for SGLI/VGLI

The Veterans Programs Enhancement Act of 1998 permits a terminally ill person insured by Servicemembers' Group Life Insurance (SGLV) or Veterans' Group Life Insurance (VGLI) to elect to receive, in a lump sum, a portion of the face value of insurance carried as an accelerated death benefit.

A person will be considered to be terminally ill if the person has a medical prognosis such that the life expectancy of the person is less than 12 months.

The amount of accelerated death benefit the terminally ill person may elect to receive in a lump sum is up to 50 percent of the face amount of the SGLI or VGLI insurance carried. Increments less than 50 percent will also be available and subsequent premiums will be reduced to reflect the remaining face value of the policy. Additionally, the lump sum amount received is reduced by an amount necessary to assure that there is no increase in the actuarial value of the total SGLI/VGLI benefit paid. The remaining death benefit would be paid to the member's beneficiary(ies) at the time of his or her death. Once exercised, the election to receive the accelerated death benefit is irrevocable. A person may not make more than one accelerated death benefit election even if the election of the person is to receive less than the maximum amount of the benefit available.

The amount of accelerated death benefit will not be considered income or resources for the purpose of determining eligibility for any Federal or Federally-assisted program for any other purpose.

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Minority Officers Liaison Council Awards Dinner to be Held December 5, 1999

On Sunday, December 5, at the National Naval Medical Center's Officers Club in Bethesda, Maryland, the Minority Officers Liaison Council (MOLC) will host its annual awards dinner to honor a Senior and Junior Minority Officer of the Year, and to recognize African American, American Indian/Alaska Native, Asian American / Pacific Islander, and Hispanic American commissioned officers who have significantly contributed to improving the health of their respective people, and to the health of this Nation. This event is open to all Public Health Service (PHS) commissioned officers (active duty, retired, and inactive reserve) as well as family (including children), civilians, and friends of the PHS.

The reception begins at 4 p.m. with a buffet dinner commencing at 4:30 p.m. The official program will begin at approximately 5:30 p.m. and should be completed by 7 p.m. ADM David Satcher, Assistant Secretary for Health and Surgeon General, has been invited to deliver a keynote address. The per person cost for adults is $35 and $18 for children, payable by check (preferably in advance) to "APOAC". The buffet will feature a variety of choices to match dietary choices and include a beverage and dessert.

For further information, contact CDR Gail Cherry-Peppers at 301-443-0067 or CAPT Robert Carson at 301-443-5084.

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PHS Officers Provide Health Care to Chinese Migrants on Tinian Island

Some of the Emergency Medical Response Team contingent on Tinian Island.

On April 16, 1999, in response to an executive order issued by President Clinton, the National Security Council directed the U.S. Coast Guard to interdict a boatload of 147 Chinese migrants from Guam to Tinian, Commonwealth of the Northern Mariana Islands (CNMI). The purpose of the interdiction was to attempt to stop the smuggling of human cargo by a Chinese underworld organization.

Overall responsibility for the operation was assigned to the U.S. Immigration and Naturalization Service (INS) with coordination and support from many Federal and local agencies. As INS's medical authority, the Division of Immigration Health Services (DIHS), Health Resources and Services Administration, deployed its Emergency Medical Response Team with help from the Commissioned Corps Readiness Force to provide for the health care needs of the migrants. Over the course of the next 2 months, the operation required the deployment of Public Health Service (PHS) officers for tours of duty ranging in length from 21 to more than 30 days. Health care was eventually provided to a total of 523 Chinese migrants who arrived on five vessels. The mission ended on June 22, with repatriation back to China for the majority of migrants.

Tinian is a small tropical island paradise a little north of Guam, in some of the world's most beautiful Micronesian seas. It is one of several islands that make up the CNMI, and has been the focal point of some of the most challenging political negotiations between the U.S. Federal Government and the Peoples Republic of China.

During the time the migrants were detained on Tinian, they were housed in a temporary facility at an abandoned World War II runway on the north end of the island. Tents and fencing were flown in and set up by the Department of Defense's Seabees. Working with local emergency management officials and officials from the Tinian mayor's office, INS officers made arrangements for meals to be prepared by local restaurants (no single restaurant was large enough) and for portable toilets to be moved from other parts of the island.

In the initial hours and days of the operation, PHS officers played significant roles in advising the on-site INS officers in dealing with a myriad of hygiene and health-related issues. These ranged from development of appropriate meal menus to procurement of hygiene items and clothing suitable to the climate, to establishment of portable showers and hand washing stations for staff and migrants.

A complete range of services were provided by PHS officers including initial health screening for infectious and chronic diseases, daily sick call, health education for both detainees and INS staff, medication administration, chest x-rays, and treatment. For medical conditions beyond the scope of the field clinic, transportation and treatment were arranged on Tinian or the neighboring island of Saipan.

The creation of a MASH-like working clinic in a tent from a "blank slate" took incredible foresight, cohesive teamwork, professional flexibility, disregard for personal comfort or complaints, and the knowledge and experience of seasoned PHS officers. This functional clinic, which changed location several times, was developed in a military tent on the airfield from supplies that were brought, bought, or borrowed.

Officers were required to work long hours (in some cases 36 hours without rest) to provide 24-hour coverage amidst torrid environmental conditions including intense tropical heat and humidity, rain, insects, and rodents. They placed themselves in harms way despite the hazard of contagion. At one point, five migrants were under treatment for active tuberculosis. No local respiratory isolation rooms were available, so local isolation was developed in tents based on location of other detainees and staff as well as prevailing winds. There were many health concerns for both staff and migrants due to potential mosquito and rat borne disease as well as scabies and lice infestations.

PHS officers were confronted on a daily basis with hundreds of ravaged faces, looking to them for water, food, even clothing; depending on the kindness and dedication of the PHS officers to care for their medical needs; to bridge their cultural and language differences; and recognize and respect their physical and emotional trauma.

CAPT Gene Migliaccio, Director, DIHS, praises the PHS officers deployed to Tinian for their professionalism to a very special population. "Whether by their own doing, or not, the migrants were victims of gross human exploitation. They needed to acquire the skills to permit them to maintain their physical and mental well being. And that is exactly what the PHS officers on Tinian provided; dignity, and quality health services."

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PHS Inactive Reserve Officer Serves in Joint Services Humanitarian Effort

CAPT Charles F. Craft, Public Health Service Inactive Reserve Corps officer, stands with a Thai military police officer (left) during his overseas assignment.

CAPT Charles F. Craft, U.S. Public Health Service (PHS) Inactive Reserve Corps, participated in the medical component of Operation Cobra Gold 1999, the largest U.S. Joint Military Exercise in the Southeast Asia Region.

The goal of this humanitarian effort was to provide health care to several remote areas of Thailand. CAPT Craft, a dentist, was the only PHS officer assigned to Operation Cobra Gold. Conducted annually, physicians, dentists, veterinarians, nurses, optometrists, therapists, and other allied health specialists from the U.S. Army, Navy, and Air Force demonstrate U.S. support for the government of Thailand.

CAPT Craft resides in Alaska and volunteered to participate in this 30-day overseas mission. Attached to an Army unit for this mission, CAPT Craft flew from Alaska to Asia. Bangkok, Thailand, was the logistical staging center for personnel, supplies, and equipment.

After extensive briefings, mission personnel were deployed from Bangkok by military convoy, to provide care to the remote villages of Thailand. CAPT Craft was assigned as Chief Medical Officer and Dental Section Head of a unit composed of three dentists, two dental technicians, and two hospital corpsmen. Public health representatives from the Thai government and army worked with U.S. personnel in providing care for their citizens.

School buildings or other common areas were set up for the medical teams, and triage points aided in directing patients to the correct medical provider. Typical of a MASH unit, the days were long, the equipment subject to failure, and patient needs were extensive. The majority of dental cases treated by CAPT Craft's section were attributed to oral pain or the result of chronic infectious oral disease. As a result of this, numerous tooth extractions were performed.

Despite less than desirable field conditions and the reassignment of one dental officer due to illness, CAPT Craft's dental section provided care to more than 1,000 patients during the course of the mission. This was an 82 percent increase over Operation Cobra Gold 1998. The last mission site was visited by the U.S. Ambassador to Thailand as a further gesture of goodwill.

CAPT Craft was overwhelmed by the appreciation of the Thai citizens and the hospitality that was extended during this joint mission. He deemed it to be an overall rewarding international experience which he would not hesitate to participate in again.

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DCP WEB SITE ADDRESS—
http://dcp.psc.gov

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

Subscribe to Listserv to Receive Email Messages from DCP—
listserv@list.psc.dhhs.gov

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Commissioned Corps Readiness Force

This is the first of what will become a periodic column about the Commissioned Corps Readiness Force (CCRF). The CCRF has a web site at <http://oep.osophs.dhhs.gov/ccrf> and an e-mail list to which officers may subscribe. Any officer who is interested in becoming a member of the CCRF may apply on-line at the web site. The web site and listserver have become the primary communication channels between the CCRF and its members–information of interest to CCRF members is posted to the web site and notices are frequently sent via the listserver.

If you are a member of the CCRF, but have not been receiving e-mail messages from us, then you probably have not updated your information via the web site. Therefore, we do not have your current e-mail address. All members who have not yet updated their information on-line at the CCRF web site, especially those who may have submitted paper documentation or forms, are requested to do so at their earliest convenience. If we do not hear from a member after a period of 3 months, that member will be removed from active CCRF membership.

Officers/members who do not have a personal computer at home or at work are encouraged to use creative means to gain access to the World Wide Web. Less than 2 hours a week should be required to visit the CCRF web site and keep up-to-date on CCRF information. Many public libraries, universities, and even cafes offer free access to the web. Free Internet service providers also exist. Once web access is achieved, there are a variety of free e-mail services available to the general public which will serve to further enhance the flow of information between the CCRF and its members. A short list of web sites offering free e-mail accounts can be found at the CCRF web site. Officers should consider web access a minimum requirement for CCRF membership. E-mail, while not required, is highly recommended.

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Surgeon General Travels to South Africa

Dr. Alan Herman, Dean, National School of Public Health, Pretoria, South Africa, and Surgeon General David Satcher plant a tree on the school's grounds.

Assistant Secretary for Health and Surgeon General, David Satcher, accompanied Vice President Gore to participate in the Gore-Mbeki Binational Commission in Cape Town, South Africa, February 15-18, 1999. He led the U.S. delegation for the Health Subcommittee of the Science and Technology Committee. ADM Satcher's objectives were as follows: to discuss ways of strengthening the overall health-related cooperation between the U.S. and South Africa; emphasizing the needs and priorities of South Africa such as HIV/AIDS; exploring ways of engaging and strengthening the new National School for Public Health at the Medical University of Southern Africa; and encouraging disease prevention and health promotion programs.

The Surgeon General's delegation collaborated with their South African counterparts under the Health Subcommittee. The Health Subcommittee's long term, strategic goals are: strengthening South Africa's public health infrastructure; strengthening South Africa's capacity to promote better health through public health approaches; strengthening South Africa's capacity for protecting the health and safety of its labor force; and strengthening South Africa's research capacity through collaboration with the Department of Health and Human Services (HHS). Representatives from South Africa included the Ministry of Health of South Africa, the Medical Research Council of Cape Town, and National School for Public Health. The members of the HHS delegation included representatives from: Centers for Disease Control and Prevention—Dr. Stephen Blount, Dr. Melanie Duckworth, Dr. Jennifer Friday, and Dr. Rodney Hammond; Food and Drug Administration—Ms. Mary Doug Tyson; National Institutes for Health (NIH)—Dr. Faye Calhoun and Dr. Karl Western; National Institute of Mental Health, NIH—Dr. Kenneth Lutterman; Office of the Surgeon General—Ms. Kay Hayes-Waller; Office of International and Refugee Health—Dr. Greg Pappas, RADM Roscoe Moore, Ms. Linda Hoffman, Ms. Isabel Ellis, and Ms. Elaine Roski.

Besides representing the U.S. in health matters at the Gore-Mbeki Binational Commission, ADM Satcher had an opportunity to review the programs of the collaborating public health agencies. In Wellington, Western Cape, he met with the city administrators to review the work of its Fetal Alcohol Syndrome Awareness Campaign, supported by the National Institute of Alcohol Abuse and Alcoholism, NIH. In Eastern Cape, ADM Satcher met with health officials and talked to the medical students. He and his delegation went on to Pretoria to give a major public health lecture at the National School for Public Health. ADM Satcher emphasized that the National School of Public Health has the potential of being a cornerstone for the reconstruction of the public health care system in South Africa. On leaving South Africa, ADM Satcher told his counterpart that HHS would continue to share expertise to improve South Africa's health services delivery and public health through health policy dialogue and health services research.

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Call for Nominations for Dental Professional Advisory Committee

The Dental Professional Advisory Committee (DePAC) provides advice to the Surgeon General and the Chief Professional Officer on professional and personnel issues related to the dental category. Openings are available for new representatives to the DePAC for terms beginning January 1, 2000.

Selections are based on a commitment to oral public health issues, and a commitment to bring new and innovative ideas to the committee. DePAC members will be required to be available for scheduled meetings during the term. The meetings are typically held in Rockville, Maryland, and members in the field are usually connected via teleconference if they are unable to travel to attend.

The DePAC needs *you*. Please consider this as an important step in your career and self-nominate today. Request that a blank self-nomination form (which includes a space for supervisory approval) be faxed to you by using the Faxback feature of *CorpsLine*. 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 number **6539**.

Complete the self-nomination form and send it along with a current curriculum vitae and a cover letter describing how your specific experience and expertise will benefit the DePAC. The completed package must be submitted by **November 1, 1999**, to the address below:

CDR Kathy L. Hayes
Office of Rural Health Policy/HRSA
5600 Fishers Lane, Room 9A-55
Rockville, MD 20857-0001
Phone: 301-443-0835
Fax: 301-443-2803
E-mail: khayes@hrsa.gov

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I Had a Dream

Submitted by CDR Sheila O'Keefe, Information Services Branch, Division of Commissioned Personnel.

(Pictured left to right) CDR Sheila O'Keefe, Information Services Branch, Division of Commissioned Personnel; LT Paul Melstrom, Indian Health Service, Zuni, New Mexico; and Ms. Bedrije Limani, Nations Interpreters.

Part of the mission of the Public Health Service (PHS) is to respond in times of natural or man-made disasters. When I first joined the commissioned corps, I had a dream–I wanted to be part of a team that would go out in response to natural disasters to help people. At the time I joined PHS, the PHS Disaster Medical Assistance Team (DMAT) was available, but it had geographical restrictions on membership. Since joining the Commissioned Corps Readiness Force (CCRF) 2 years ago, my first opportunity to be deployed in this type of assistance situation was to the PHS Clinic, part of Operation Provide Refuge, at Fort Dix, New Jersey. Operation Provide Refuge provided housing and was a clearing station for the Kosovar refugees from the Balkan War. The Department's Office of Emergency Preparedness (OEP) coordinated the entire operation of the PHS Clinic at Fort Dix and activated both the National Disaster Medical System (NDMS) and the CCRF.

This was one of the most difficult assignments in terms of work schedule I have ever had–21 days in a row of 12 to 14 hour days–but one of the most rewarding experiences of my life. Toward the end of my tenure, the clinic had begun the process of downsizing as a large proportion of the guests had been medically cleared and temporarily resettled in the United States. The hours were still long, but the workload had decreased. On my last day of work, I was scheduled to leave the clinic at 10 p.m., when the pharmacy closed for the night, but I just could not go. I stayed around for another 2 hours saying goodbye to the staff, and to the interpreters who had become good friends, and to some of the Kosovar guests I had come to know. It was tough work, but it was tougher to leave!

I worked as a pharmacist and all of our prescription labels had to be typed in the Albanian language. We had personnel from Nations Interpreters assigned to the pharmacy and interpreters were assigned to every section. We could not possibly have done our job without the wonderful assistance of the Nations Interpreters personnel. Many of the interpreters were themselves not long out of Kosovo or Albania, while some had worked in the United States or European countries for years. All of the interpreters spoke at least English and Albanian; many spoke four languages and some spoke up to seven languages.

As I became confident and quick at typing prescription labels in Albanian, I started really listening to the interpreters as they dispensed the prescriptions for us. I actually picked up quite a bit of the spoken Albanian language, and the more I learned, the more people tried to teach me. I had been working from 12 noon to 12 midnight since my arrival, and when new pharmacists came in and I had a chance to move to days, I elected not to, but rather to stay on evenings. Our interpreter left at about 6 p.m. and Nations Interpreters had downsized its staff to two interpreters at night–both busy in the Acute Care Clinic. For a while I had been giving out prescriptions myself in the Albanian language and answering simple questions about the medication with the interpreter's backup and it just seemed easier to continue on evenings the same way. Many people were amazed that I tried to speak their language and several of the guests would hold my hand while I talked to them. They would look right into my eyes and also, it felt, into my heart. Much to my surprise a number of them asked me if I were Albanian. Quite a few of them thought I was Albanian, but born in this country. They soon figured it out when I ran out of vocabulary and had to find an interpreter if the medication or directions were too complex, or if there were too many questions for my limited vocabulary.

I feel that it was an incredible privilege to be able to work with and help the Kosovar people. For anyone who has ever wondered what it is like to be deployed in an emergency situation or wondered if they should consider joining the CCRF or the PHS DMAT team, I say, "go for it." For me and for everyone else I have talked to, for this and for any other deployment it is hard work but very rewarding work. I worked with people from many agencies, departments, Operating Divisions, and organizations. I worked with people who had never met each other before or ever worked with each other before yet we all worked as a team. One of the physicians and I noted that when we first walked in it looked like chaos, but we soon saw an order to the chaos. We decided that it worked because: (1) everyone who was there really wanted

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I Had a Dream

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to be there; (2) everyone put aside any differences they had; and (3) everyone overlooked any difficulties there were and did what they had to do to make it work! This was true teamwork.

When PHS first arrived on the scene they had to build a clinic from scratch out of an old, unused Army mess hall, and stock the examination rooms, medical records, acute care, lab, and pharmacy. Most of the staff found a rare opportunity to be really inventive and creative in what was virtually a field situation. We had a pre-designated set of equipment, materials, and drugs to work with, and we had to make what we had work in that situation. Everyone worked together in a way I had never seen before. Everyone contributed the best that he or she had to offer. People did get tired–everyone worked long hours with no days off–but everyone remained cheerful and dedicated to the task at hand and the welfare of the Kosovar guests.

The Village was able to house and provide health care for 4,022 Kosovar guests. There were more than 4,300 acute care clinic visits, more than 375 obstetrics/gynecology visits, and 7 babies born. There were more than 10,600 immunizations provided, almost 3,000 x-rays taken, and more than 2,800 labs drawn. There were more than 900 dental visits and more than 7,000 prescriptions filled.

Teams consisted of personnel from PHS, various State's DMAT groups, PHS DMATs, OEP, NDMS, U.S. Coast Guard, U.S. Army, Department of Veterans Affairs, volunteers from the American Red Cross, and interpreters from Nations Interpreters. People came from all over the country to help.

The volunteers from the American Red Cross worked in a tremendous variety of jobs from playing with the children, to running errands, to professional jobs, to keeping the staff supplied with water, orange juice, coffee, snacks, fresh oranges and bananas, and last but not least–stuffed teddy bears for all the staff.

An average clinical staff was composed of five physicians, two physician assistants/nurse practitioners, nine registered nurses, four paramedics, one dentist, one dental technician, one sanitarian, one mental health worker, two pharmacists, three medical records specialists, and ten support staffs from the Management Support Team. This was a very comprehensive and very successful operation and I would do it again readily anytime I am asked or can volunteer.

For more information on the CCRF please visit their website at <http://oep.osophs.dhhs.gov/ccrf>.

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Retirements - September

Title / Name	*OPDIV/Program*
MEDICAL	
REAR ADMIRAL (LOWER)	
Richard D. Klausner	NIH
CAPTAIN	
Robert J. Mullan	CDC
Theodore J. Redding	IHS
James R. Cooper	NIH
Kenneth H. Cowan	NIH
DENTAL	
LIEUTENANT COMMANDER	
Angel E. Mendez-Jusino	HRSA
NURSE	
COMMANDER	
Luis E. Rodriguez-Saez	BOP
SANITARIAN	
CAPTAIN	
Darrell J. Schwalm	FDA
PHARMACY	
CAPTAIN	
Ralph B. Lillie	FDA
HEALTH SERVICES	
CAPTAIN	
Bruce E. Leonard	CDC
Richard R. Fabsitz	NIH

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Did You Know

The Federal work force is 55.6 percent male. Nearly 30 percent is classified as minority: 16.7 percent African American; 6.4 percent Hispanic; 4.5 percent Asian/Pacific Islander; and 2.1 percent Native American. 7.1 percent is classified as disabled. About 25 percent of the work force has military service time.

As of June 30, 1999, the Public Health Service Commissioned Corps is 62.6 percent male. 22.2 percent is classified as minority: 7 percent African American; 3.9 percent Hispanic; 4.5 percent Asian/Pacific Islander; and 6.8 percent Native American. About 25 percent of the Corps has prior military service time.

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PROMOTION YEAR 2000

IMPORTANT DATES TO REMEMBER

PIR Corrections Postmarked no later than:

November 19, 1999

Career Counseling Completed:

December 10, 1999

IMPORTANT PHONE NUMBERS

For Counseling:
301-594-3360

(or toll-free 1-877-INFO DCP (1-877-463-6327), listen to the prompts, press 1, pause, dial 43360)

For PIR Questions:
301-594-3471

(or toll-free 1-877-INFO DCP (1-877-463-6327), listen to the prompts, press 1, pause, dial 43471)

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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, 1999.

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.

Employment and Income Verification

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

Division of Commissioned Personnel
ATTN: Employment Verification/CB
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

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

Division of Commissioned Personnel
ATTN: Statement of Service/TAS/PSB
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001
Phone: 301-594-3544 (or toll-free at 1-877-463-6327, listen to the prompts and dial 1, pause, and then dial 43544)

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

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

JRCOSTEP and SRCOSTEP Deadlines

The application deadline for the 2000 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) is **December 31, 1999**.

The application deadline for the 2000-2001 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) is also **December 31, 1999.**

For applications, please phone:

JRCOSTEP: 1-800-279-1605

SRCOSTEP: 301-594-2919 (or toll-free 1-877-463-6327–listen to the prompts, dial 1, pause, dial 42919)

Applications can also be requested on-line at the Public Health Service Commissioned Corps web site:

http://www.dhhs.gov/phs/corps

For further information, please phone or e-mail:

JRCOSTEP

Phone: 301-594-3484

(or toll-free 1-877-463-6327–listen to the prompts, dial 1, pause, dial 43484)

E-Mail: msavoy@psc.gov

SRCOSTEP

Phone: 301-594-3352

(or toll-free 1-877-463-6327–listen to the prompts, dial 1, pause, dial 43352)

E-Mail: hdarracott@psc.gov

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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