



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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June 1999

Surgeon General's Column

"Our health always seems much more valuable after we lose it."

—unknown

I read an interesting front-page story in the May 6, 1999, issue of the *Washington Post* titled "For a Generation in Denial, a Fountain of Youth Products," written by Caroline E. Mayer. It asserted that people in this country, mostly the baby-boomer crowd, those born between 1946 and 1964, are bent on trying cosmetic quick-fixes and anti-aging products to maintain a youthful appearance. The article went on to say that while there is generally no scientific basis that such products work, people are willing to pay big bucks for products that claim to ward off any evidence of aging. One company that tracks sales of anti-aging packaged goods reported an increase to 69 product lines today, up from 18 product lines in 1993, according to Mayer.

That says a great deal about our desire to appear young. But when we examine reliable, science-based methods for prolonging life, we know that cosmetic cover-ups are not the answer. Our best hope for enhancing our quality of healthy life is through the adoption of healthy behaviors.

Promoting Healthy Lifestyles

As you know, one of our evolving priorities is to move this Nation toward a balanced community health system. An important component of that system is promoting healthy lifestyles, particularly in the areas of physical activity, nutrition, avoidance of toxins, and responsible sexual behavior.

We are confronted with many barriers when it comes to promoting healthy

lifestyles. One of them is convincing people of the inextricable link between health and behavior. In fact, human behavior accounts for more than 50 percent of years of potential life lost. That includes tobacco use, alcohol, drug abuse, diet, unprotected sex, substance abuse, violence, and physical inactivity.

Another barrier we face relates to the sense of defeat people feel when trying to adopt a healthy lifestyle. Many people have bought into the myths that it is just too hard to adopt healthy behaviors, and we must counter those myths with positive messages and real-life examples.

Myth #1 – You need to be an athlete to benefit from physical activity.

We are talking about moderate physical activity, such as walking, washing the car, gardening, aerobic dancing, swimming, and hiking. If we can get sedentary people of all ages up and moving for at least 30 minutes a day, 5 days a week, we can reduce cardiovascular disease and deaths from cardiovascular disease by one-half in this country, and we can reduce the onset of Type II diabetes by one-third. In the elderly, we can reduce hip fractures by 40 percent and significantly enhance their quality of life and overall physical condition.

Myth #2 – Food cannot be good and be nutritious.

Consistent with the 5-a-Day guidelines, we are encouraging people to eat at least five servings of fruits and vegetables each day, and to cut back on fats and sugars. The American diet is too deficient in fruits, vegetables, grains, and calcium and too replete with fats and

sugars, which often lead to overweight. Obesity in this country is at an all-time high, having reached epidemic levels in both children and adults. More than 20 percent of the children in this country are significantly overweight and more than 50 percent of adults are significantly overweight. Beyond that, overweight and obesity are particularly common among African-American, Hispanic, Native American, and Pacific Islander women, putting them at risk for diabetes, cardiovascular disease, and certain types of cancer.

Myth #3 – It's not worth it to avoid toxins, since you've got to die of something anyway.

In fact, tobacco-related illnesses are the most preventable cause of death in this country. Nearly 450,000 people a year die of some smoking-related disease in this country. Every day, 3,000 teenagers become new smokers, despite the fact that we have now had 28 Surgeon General reports on tobacco. Of those 3,000 young people who become smokers every day, one-half will be addicted before they are 18 years of age, and a third will die of some smoking-related disease. It's a very deadly habit.

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Surgeon General's Column

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In terms of alcohol, there is an interesting problem on our campuses today. Forty to fifty percent of college students binge drink, meaning they will drink more than five drinks in one sitting about once a week. They drink to get drunk, putting themselves at risk for increased risk of alcohol-related diseases, motor vehicle crashes, irresponsible sexual behavior, and violence.

Myth #4 – Responsible sexual behavior places limitations on a fulfilling sex life.

Sex can be wonderful when it is within the realm of a committed relationship. We encourage people to take sex seriously and to remain abstinent until they are involved in a committed relationship. We are living in an age of 12 million cases of sexually transmitted diseases a year in this country, almost one million teenage pregnancies, and the very deadly AIDS epidemic. In other words, sex is nothing to play around with, but sex can still be wonderful!

Communities play a vital part in promoting healthy lifestyles by supporting physical education and adult-supervised sports and by providing safe environments, free from violence and toxins, for children and their families to play and recreate. Healthy communities foster healthy lifestyles.

Every day, physicians witness the onset of chronic illnesses and life-threatening diseases that patients could have controlled or prevented had they chosen to adopt healthy behaviors. If our system is going to work, it's going to call for physicians to start talking to their patients and asking them questions about their lifestyles so that they can begin to have an impact on their behavior.

A fulfilling and healthy life cannot be found in cosmetic cover-ups – only through healthy behaviors and lifestyles will that happen. I have often said that excellence is a way of life and living associated with high aims and lofty goals. We must make the choice to seek excellence and to make healthy lifestyles a way of life.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General



Technology Trends: Update Your Contact Information Via the Web

Many of you have regularly visited the Division of Commissioned Personnel's (DCP) web site (*note new address – <http://dcp.psc.gov>*) to receive information and materials provided by DCP for your use. Now we are implementing the reverse; asking you to provide us with information that will help us serve you better. A new area has been added to the DCP web site that will serve as a gateway to new on-line activities for active-duty officers and Commissioned Corps Liaisons now, and eventually supervisors, reservists, and retirees.

The first of the new generation of active-duty officer activities is a method for updating your contact information. We believe that the best custodian for this information is you. Whenever your address, telephone, fax, or email changes, you can login and update the DCP database. This is a major paradigm shift in that you will be able to *directly* submit data to the DCP data system. We are very excited about the possibilities created by this new system. In the future, we will be adding access to your active-duty individual Official Personnel Folder, job vacancy searches, applicant searches, event sign-up, award nomination submission, and additional reporting tools via the same web gateway. Commissioned Corps Liaisons are also currently able to access on-line reports to assist in their jobs.

To access these functions, once you have entered the DCP web site, click on the "Officer and Liaison Activity" link. This will take you to a secure area of the web site that will require a LogonID and Password for access. These LogonIDs and Passwords will be provided to active-duty officers on their form PHS-6155, "Statement of Earnings and Deductions," (payroll stub) that they will receive near the end of June (*Note: This information will only appear on the pay stubs of those active-duty officers who do not already have accounts for web reporting*). So be sure to take a close look and to put the information in a safe place. The information will also be available on *CorpsLine* at 301-443-6843 through July 1999. **If you have any problems with either your LoginID or password, contact DCP's Information Services Branch's (ISB) HELP DESK at 301-443-3078 and leave a message—please do not call the**

Compensation Branch. An ISB staff member will return your call and provide assistance.

You must, after your initial log-on to the web site, change the password, hopefully to something more meaningful to you. *The new password must be more than five characters in length and contain at least one number and one letter.*

Once you get your initial LogonID and Password, please check out this new feature of DCP's web site and let us know what you think about it. Use the email address on the web site for comments. Please send feedback so we can work to better serve your needs. Our success is measured by how well we meet *your* needs. You will notice that the information you may edit is quite limited. We did this purposefully. We are taking this small, but very important first step to insure that our procedures work correctly and securely before expanding to other web-based activities. For those without web access, we will of course continue to provide alternate means for getting the job done. We hope you are pleased, but let us know either way.



Reminder

PHS Forms are Available on the DCP Web Site

Many PHS forms routinely used by officers are available on the Division of Commissioned Personnel's web site – <http://dcp.psc.gov>

Some of the forms that are available include:

- PHS-1662, "Request for Personnel Action – Commissioned Officer";
- PHS-4772, "JRCOSTEP Status Report";
- PHS-7034, "Application for Assimilation into the Regular Corps"; and
- a number of payroll-related forms.



PHS Personnel Aid Kosovar Refugees at Fort Dix



CDR Kevin S. Yeskey, Office of Emergency Preparedness, served as the initial officer-in-charge at the Fort Dix deployment.

The Commissioned Corps Readiness Force (CCRF) web site states: "It was announced on Friday, April 30th, that the Department of Health and Human Services would have the responsibility for providing health care support for the resettlement of 20,000 Kosovar refugees in the United States, and that the Office of Emergency Preparedness (OEP) was tasked with providing personnel to receive the first Kosovar refugees at Fort Dix, New Jersey. The first planeload was expected to arrive on Wednesday, May 5th."

OEP would deploy officers from the CCRF and members of the PHS-1 Disaster Medical Assistance Team (DMAT). The health care force would include physicians, nurses, pharmacists, dentists, medical records specialists, laboratory technologists, Emergency Medical Technicians, and mental health specialists. CDR Kevin S. Yeskey, Chief Medical Officer of OEP, was designated as the officer-in-charge of the joint task force initially named Operation Open Arms and later changed to Provide Refuge. Officers were selected and contacted over the weekend for deployment that could oc-

cur as early as Monday, May 3rd. Final notification for deployment occurred late Monday morning. The CCRF officers and DMAT members began arriving at Fort Dix by that afternoon. At Fort Dix, the Public Health Service (PHS), Army, and Air Force had combined their forces to select buildings that could be used to provide housing and health care services. Around-the-clock work began on updating and completing the necessary changes to those buildings before the arrival of the first plane on Wednesday, May 5th.

The building that had been identified for use as the health care clinic was released to PHS for occupancy on Tuesday, May 4th. This occurred in the late afternoon necessitating the team members to work past midnight unloading the supply truck and setting up the rooms. The usual tours of duty were long and exhausting, ranging from 12 to 16 hours, as everyone strove to meet the needs of our guests. The overall goals of this mission were made more difficult to achieve by the unfortunate tornado disaster in Oklahoma City, Oklahoma. This disaster required the human resources of the Management Support Unit to be stretched to cover both relief efforts. By Wednesday, May 5th, the clinic was approximately 90 percent ready to receive the guests. The first plane, carrying 453 people, arrived from Macedonia via Rome at McGuire Air Force Base, adjacent to Fort Dix, on the afternoon of Wednesday, May 5th. Their arrival was marked by a greeting from the First Lady, Hillary Clinton, and other dignitaries.

One of our guests was a young woman who had stated that she was 7 months pregnant in Macedonia, but on arrival at

McGuire Air Force Base, was found to be 9 months pregnant and having contractions. She was taken from the plane directly to the local hospital where she delivered a healthy baby boy the next afternoon. The baby's parents named him Amerikan in honor of their host country.

After the Immigration and Naturalization Service had initially cleared the guests, they were given a medical screening. This consisted of a physical examination, laboratory work, chest x-ray, and immunizations. The clinic also provided acute health care to the guests as the need arose. While all days were busy, one day approximately 350 guests were seen, more than 1,000 immunizations were administered, and hundreds of blood samples were drawn.

Planes continued to arrive almost every other day with between 400 and 500 people per plane. By May 15th, the village, as the dormitories were called, had nearly reached its full capacity of 3,000. Plans were moving forward to create another dormitory section to house 1,500 additional guests.

The guests responded to the assistance provided with a warm outpouring of thanks.

By May 14th, replacements were on the way to relieve the initial workers, and arrangements to make Fort McCoy, Wisconsin, the second site to receive refugees had been initiated.

CDR Cheryl Chapman and CDR Carole (Betty) Kuzmik are officers from the Division of Commissioned Personnel (DCP) who were deployed to Fort Dix to provide health care to the Kosovar refugees. Upon their return to DCP on May 17th they submitted the above.

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Affiliation Agreement Signed Between PHS and Mercer University's Southern School of Pharmacy

A formal affiliation agreement was signed recently between the Public Health Service (PHS) and Mercer University's Southern School of Pharmacy. The agreement was signed by Southern School of Pharmacy Dean H. W. Matthews, RADM Fred G. Paavola, Chief Pharmacist Officer, PHS, and Russell G. Warren, Mercer's Executive Vice President and Provost. CAPT Jim Dowdy of the Centers for Disease Con-

trol and Prevention (CDC) was instrumental in developing this agreement, which facilitates the provision of pharmacy practice sites for students in the Doctor of Pharmacy Clerkship.

The pharmacy category of PHS has continued to increase the number of sites available to pharmacy students to complete required rotations for graduation. Traditional sites included the Federal Bureau of Prisons, Food and Drug Ad-

ministration, Indian Health Service, and National Institutes of Health. CAPT Dowdy, CAPT John Becher, and LCDR Cindy Dougherty worked to develop syllabi with key staff of CDC so that pharmacy students could gain experience in the public health arena. With the addition of the CDC sites, the PHS has more than 220 sites available now for pharmacy student rotations.

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DCP and Y2K Update

In this month's update of Y2K issues we would like to let you know about some of the actual preparations that are being done to ensure the continuity of operations in the Division of Commissioned Personnel (DCP). In order for a Business Continuity and Contingency Plan to be successful, the plan must be thoroughly tested to determine if it is capable of providing the desired levels of service for the core business processes. Although we have plenty of time before the century changes to do rigorous review and testing of our business processes, and time to identify and implement any additional adjustments or resources that may be required, we plan to complete all of our testing before July 1st.

We have to ask ourselves the following questions:

1. Is the plan complete?

2. Can it be implemented as outlined?
3. Do all the parties involved know what to do, how to do it, when to do it, and why they are doing it?
4. Do all the minimum acceptable levels of service get met by executing the plan?
5. Are all the resources required by the plan available and in working condition?
6. Is there an acceptable level of security provided to the data being generated and stored outside the normal processes / systems?
7. Can the process / system be restored to normal after the plan has been executed?

Getting answers to these questions is the primary focus of any testing activi-

ties being planned. Getting an accurate and desired answer (i.e., an unconditional 'YES') for each question enables us to provide an accurate and objective assessment of our ability to continue to do business at the change of the century.

The Review Team consists of DCP Branch Chiefs and Senior Systems Analysts who are thoroughly familiar with our business operations. The team will be conducting full simulation testing of DCP's critical processes and plans to ensure that all the necessary elements have been accurately addressed. In this way we will be able to provide assurance that regardless of events at the turn of the century we will be able to provide the services that you have come to expect for the officers of the Commissioned Corps of the U.S. Public Health Service.

Reminders Regarding Annual Leave

The summer vacation season is underway and officers are reminded and encouraged to schedule their annual leave through the year so as to preclude any disappointment or misunderstanding resulting from the loss of accrued leave at the end of the year. The maximum annual leave that 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.

To request annual leave, an officer must use form PHS-1345, "Request and Authority for Leave of Absence (Commissioned Officers)." This request must be submitted to the officer's leave-granting

authority. If approved, the leave-granting authority will return the original and one copy of the form to the officer and forward one copy to the officer's leave maintenance clerk. Immediately upon return to duty from annual leave, the officer must complete Section 4 of the original copy of form PHS-1345, obtain the leave-granting authority's verification signature, and forward the form to the leave maintenance clerk. The officer should maintain a copy of the completed form for his or her records.

Leave maintenance clerks are responsible for maintaining a leave folder for each officer. The folder must contain the original copies, completed and signed, of form PHS-1345 and form PHS-31, "Officer's Leave Record." Form PHS-31 is designed for use by the leave maintenance clerk for recording annual leave earned and taken by the officer.

On September 30 of each year, the officer's leave maintenance clerk will complete and forward form PHS-3842, "Report of Commissioned Officer Annual Leave," to each officer for whom he or she maintains a leave record. This form will show 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.

Officers are also reminded that they are required to keep their leave-granting authority and leave maintenance clerk informed of their whereabouts during any period of leave, including sick leave. In addition to providing this information on form PHS-1345, supervisors must be furnished with the address and phone number where you can be reached while you are on leave.

Call for Nominations for the 1999/2000 Dietitian of the Year Award

The Dietitian/Nutritionist Professional Advisory Committee (D/N PAC) is now accepting nominations for the Public Health Service (PHS) Dietitian of the Year Award.

To be eligible, the nominee must be a PHS dietitian/nutritionist (civil service or commissioned corps) who has been employed by the Federal government for a minimum of 3 years during his or her current tour; Corps officers must be in

the dietetics category; and all nominees must be listed as Registered Dietitians with the American Dietetic Association's Commission on Dietetic Registration. The emphasis for nomination should be on sustained outstanding performance, a superior contribution to the field of dietetics, and evidence of dedication to the principles of the PHS mission.

Nominations must be received by the Chairperson, D/N PAC, by **July 16, 1999**.

For more information, please visit the D/N PAC web site at <http://www.cdc.gov/niosh/diet/dietpac.html> or contact:

CDR Diane Prince
Chairperson, D/N PAC
FDA/Mail Stop HF-5
5600 Fishers Lane, Room 15-44
Rockville, MD 20857-0001
Phone: 301-443-9703
Fax: 301-443-5262
Email: dprince@oc.fda.gov

**RADM Leonard A. Scheele,
Served as Surgeon General—
1948-1956**



RADM Leonard A. Scheele

The Surgeon General's Column in the April issue of the *Commissioned Corps Bulletin* contained the following quote: "The world cannot be allowed to exist half healthy and half sick."—Leonard Scheele. We regret that we did not more appropriately identify RADM Leonard A. Scheele, who served as Surgeon General of the Public Health Service (PHS) from 1948 to 1956 under Presidents Truman and Eisenhower.

During RADM Scheele's tenure as Surgeon General, there was a dramatic expansion of medical research in the PHS through the National Institutes of Health (NIH). NIH added six new institutes plus the Clinical Center during this time, and the budget almost tripled in the years that he served. He also played a significant role in certifying and making the Salk polio vaccine available, and in managing the crisis caused by a contaminated batch of vaccine in the early stages of the trial. The Armed Forces Medical Library was transformed into the National Library of Medicine and made a part of PHS under RADM Scheele.

RADM Scheele contributed a lifetime of work to PHS and, as its Surgeon General, served with great distinction. He died in 1993.



**Hispanic Officers Advisory
Committee - Call for
Nominations**

The Hispanic Officers Advisory Committee (HOAC) is accepting nominations for membership by all interested Public Health Service Commissioned Corps officers and Department of Health and Human Services civil service personnel.

If you are interested, request that a blank self-nomination form (which includes a space for supervisory approval and a space to request being considered for work on a subcommittee rather than being a committee member) 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 **6537**.

Complete the self-nomination form and include a typed, short (up to two paragraphs) biographical sketch. Submit the complete package either by mail or by fax by close of business **July 17, 1999**, to the address below:

Wewoka Indian Health Service Clinic
ATTN: CDR Susan Dethman
P.O. Box 1475
Wewoka, OK 74884
Phone: 405-257-6281
Fax: 405-257-2696



Recent Deaths

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

<i>Title/Name</i>	<i>Date</i>
NURSE	
<i>CAPTAIN</i>	
Margaret F. Carroll	04/03/99
John R. Morrow	04/08/99
SCIENTIST	
<i>CAPTAIN</i>	
Paul L. Rice	03/19/99
SANITARIAN	
<i>CAPTAIN</i>	
Samuel M. Rogers	05/05/99



**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 information 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: 301-594-3458 or
301-594-3360.



1999 Annual COERs

The 1999 Annual Commissioned Officers' Effectiveness Report (COER) was distributed in mid May and was due from the officer to his or her immediate Supervisor/Rating Official no later than *June 4, 1999*. The following summary of the established deadlines is provided as a convenient reminder.

- COERs are due:
 - to the Reviewing Official by *June 18, 1999*;
 - to the COER Operating Division/Program Commissioned Corps Liaison by *July 9, 1999*; and
 - to the Division of Commissioned Personnel by *July 23, 1999*.

A memorandum signed by the Secretary concerning commissioned corps personnel practices, requires that managers understand and fulfill their obligations concerning Corps performance management. Therefore, a well-documented COER must be completed for each commissioned officer, and the Secretary is holding each Operating Division Head responsible for full compliance.



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 301-594-3360) or Fax: 301-443-7069.

Category/OPDIV	Description of Position
MEDICAL BUREAU OF PRISONS— Rochester, MN	Medical Officer (Psychiatrist) Contact: CAPT Emmett Noll 202-307-2867, ext. 135 Grades: O-4/O-5/O-6 VAATS ID: HBE-93-0323 Provides psychiatric evaluation, treatment, and programs to all ages of adult Federal inmates referred to or housed at the Federal Medical Center in an inpatient and / or outpatient setting. Incumbent also serves in an advisory or consultative capacity to other health care professionals in performing evaluations, administering care, or making recommendations for care.
BUREAU OF PRISONS— Rochester, MN	Medical Officer Contact: CAPT Emmett Noll 202-307-2867, ext. 135 Grades: O-4/O-5/O-6 VAATS ID: HBE-93-0322 Provides comprehensive clinical care (educative, preventive, curative, and rehabilitative) to all ages of adult Federal inmates referred to or housed at the Federal Medical Center in an inpatient and / or outpatient setting. Specific duties may involve all aspects of health care delivery, and the incumbent must work in concert with both the Federal Medical Center staff and consultant specialists.
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY— Rockville, MD	Director, Technology Assessment Program Contact: Mr. Jeffrey P. Toven 301-594-2408 Grade: O-6 VAATS ID: HT-93-0017 Incumbent is fully responsible for providing executive leadership and management to plan, organize, direct, and evaluate technology assessment activities on behalf of the Center and Agency as well as serving as a technical authority and principal liaison to the Health Care Financing Administration on technology assessment issues and activities.
HEALTH RESOURCES AND SERVICES ADMINISTRATION— Miami, FL	Clinical Director Contact: CDR Gilbert Rose 301-443-5460 Grade: O-6 VAATS ID: HBC-93-0130 Provides direct clinical services to Immigration and Naturalization Service (INS) detainees at an INS Processing Center. Experience in a primary care setting is required. Spanish language proficiency is desirable, but not required.

(Continued on page 7)

Retirements - May

Title/Name	OPDIV/Program
MEDICAL	
CAPTAIN	
Dorothy K. MacFarlane	OS
David Pickar	NIH
Peter W. Wilson	NIH
DENTAL	
CAPTAIN	
Sarah E. Valway	CDC
COMMANDER	
Christopher D. Tomlins	IHS
NURSE	
CAPTAIN	
Dixie A. Deeter	OS
Marilyn J. Vranas	HRSA
ENGINEER	
CAPTAIN	
Kenneth R. Woodard	EPA
SCIENTIST	
CAPTAIN	
Jerry M. Johnson	CDC
PHARMACY	
CAPTAIN	
Dennis R. Gillham	BOP
HEALTH SERVICES	
COMMANDER	
George E. Foley III	IHS

Subscribe to Listserv to Receive Email Messages from DCP

Officers are encouraged to subscribe to Listserv to receive periodic messages from the Division of Commissioned Personnel (DCP). Please sign up for the mail list by sending an email message to listserv@list.psc.dhhs.gov with the message: Subscribe DCP "your full name".

Where "your full name" is in the example above, replace it with your first and last name without the quotation marks — *Example:*

Subscribe DCP John Smith

Officers who have already subscribed to Listserv are encouraged to forward announcements they receive to their colleagues.

Vacancy Announcements

(Continued from page 6)

Category / OPDIV

Description of Position

DENTAL

BUREAU OF PRISONS—
Various Sites

Staff Dentist
Contact: CAPT Rodney Kirk 202-307-2867, ext. 138
Grades: O-3/O-4/O-5 VAATS ID: HBE-93-0314
Staff dental officer positions are available in Lewisburg, PA; Milan, MI; McKean, PA; Sheridan, OR; Duluth, MN; Talladega, AL; New York, NY; Allenwood, PA; Fort Dix, NJ; and Oakdale, LA.

NURSE

BUREAU OF PRISONS—
Houston, TX

Mid-Level Practitioner
Contact: Ms. Janice A. Osten 202-307-2867, ext. 137
Grades: O-3/O-4 VAATS ID: HBE-93-0324
A new Federal Detention Center in Houston, Texas, will be accepting inmates by September 1999. Two RN positions have been advertised. They are also seeking Nurse Practitioners and Physician Assistants.

PHARMACY

BUREAU OF PRISONS—
Various Sites

Chief Pharmacist
Contact: CAPT John Babb 202-307-2867, ext. 128
Grades: O-4/O-5/O-6 VAATS ID: HBE-93-0320
Locations include Talladega, AL; Allenwood, PA; Chicago, IL; Lompoc, CA; Miami, FL; and Seymour Johnson AFB, NC.

MULTIDISCIPLINARY

**HEALTH CARE FINANCING
ADMINISTRATION—**
Woodlawn (Baltimore), MD

Medical Coding Specialist/Health Insurance Specialist
Contact: Ms. Glynis Johnson 410-786-5630
Grade: O-5 VAATS ID: F-93-0013
Serves as an expert on Current Procedural Terminology (CPT) coding interpretation and usage; provides authoritative advice / assistance regarding the application of CPT codes in program operations; provides authoritative medical coding assistance related to physician and nonphysician services to the central office, other HCFA components, regional office staff, Medicare fiscal intermediaries, professional organizations, health care providers, etc. Desirable credentials are Registered Records Administrator (RRA) or Accredited Records Technical (ART). Will consider experience in Internal Classification of Diseases, 9th edition (ICD-9-CM) coding.

PROGRAM SUPPORT

CENTER—
Rockville, MD

Deputy Director, Division of Commissioned Personnel (DCP)
Contact: Director, DCP 301-594-3000
Grade: O-6

See the April 1999 issue of the *Commissioned Corps Bulletin* (page 7) for a detailed article describing duties and responsibilities.

TRICARE Active-Duty Family Member Dental Plan Rates Increase

Effective August 1, 1999, the premium rates for the Family Member Dental Plan (FMDP) will increase. Officers will see the change in rates in the July 1999 payroll since the premium is collected in advance.

The new rates are (sponsor share):

Single Enrollment - \$8.53

Family Enrollment - \$21.33

(previous rates were single: \$8.09; family: \$20).

This is a routine scheduled increase as outlined in the 5-year term of the FMDP contract to cover premium costs. Up until this past year, legislation capped the sponsor's share of the FMDP premium at \$20. Historically, and in accordance with 32 CFR 199.13, the premium cost share has been set at a rate of 60 percent government and 40 percent sponsor. During the contract's third option period, this 60/40 split would have put the sponsor's share of a family premium over the \$20 ceiling. As such, TRICARE Management Activity decided to increase the government's share of the family premium to account for the amount over the sponsor ceiling throughout the contract's third option period (August 1, 1998 to July 31, 1999). In the meantime, the Congress passed legislation to allow the sponsor ceiling to rise and the fourth option period rate, once again, reflects the 60/40 split. This accounts for the larger-than-expected increase, from \$20 to \$21.33.

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**NEW ADDRESS!!
PLEASE NOTE THE NEW DCP
WEB SITE ADDRESS--**

<http://dcp.psc.gov>

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

APAOC Call for Nominations for the Second Samuel Lin Award and First Junior Officer Award

The Asian Pacific American Officers Committee (APAOC) is pleased to announce the call for nominations for the second Samuel Lin Award, and the first Junior Officer Award. These awards have been developed to promote the future leadership of Asian Pacific Americans in the Public Health Service by honoring members of the commissioned corps or equivalent civil service professionals who have made significant contributions to the advancement of the Nation's health. The Samuel Lin Award, first given last year, went to Dr. Dennis Koo from the Centers for Disease Control and Prevention. The Junior Officer Award will be given out for the first time this year, and is for officers grade O-4 or below or civil service equivalent.

Nominations must include:

1. Nomination cover sheet. It should include the following information:
 Name and Rank
 Position Title
 Work Address
 Work Phone
 Proposed Citation
 Nominated by
 -Work phone
 -Relationship to
2. Narrative, not to exceed two pages (font size 10 or 12), that describes the following:
 - a. The nominee's contribution to the advancement of the

Nation's public health. Nomination should address the impact of the work and the role of the nominee;

- b. The leadership of the nominee in the work being cited (e.g., providing vision or direction; developing an innovative approach; initiating significant activities; pursuing ongoing professional development; mentoring; etc.); and
- c. Involvement of the nominee in health-related professional or community organizations or activities.

3. Current curriculum vitae.

Nominations may come from a supervisor, professional colleague, or anyone who through a professional working relationship can attest to the impact of the nominee's contribution to the advancement of public health. Self-nominations will not be accepted. Nominations will be accepted through **August 1, 1999**.

Please send eight copies of the above items to:

LCDR Steven S. Yoon
CDC/NCEH
MS F47
4770 Buford Highway
Atlanta, GA 30341
Phone: 770-488-7084
Fax: 770-488-7454
Email: say7@cdc.gov

Scientist PAC Seeks New Members

The Scientist Professional Advisory Committee (SciPAC) is seeking scientists who are interested in serving on this committee. Self-nominations are encouraged from both commissioned corps and civil service scientists.

The SciPAC provides advice and consultation to the Office of the Surgeon General and to the Scientist Chief Professional Officer (CPO) on professional and personnel issues. A list of nominees will be prepared by the SciPAC and forwarded by the CPO to the Operating Divisions/Programs for their concurrence. The SciPAC and CPO will select candidates from the list, and the Surgeon General will appoint the new SciPAC members. The term of appointment is for 3 years.

Scientists who are interested in serving on the SciPAC are encouraged to submit a curriculum vita with a cover letter that describes their interest before **July 30, 1999**. You may submit the requested information by email, fax, or traditional mail, as indicated below:

LCDR Richard P. Troiano
SciPAC Executive Secretary
National Cancer Institute, DCCPS, ARB
EPN 313/NIH
6130 Executive Blvd., MSC 7344
Bethesda, MD 20892-7344
Email: rt75i@nih.gov
(or)
rick_troiano@nih.gov
Fax: 301-435-3710

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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