Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XV, No. 11 **November 2001**

Surgeon General's Column

Responding to Bioterrorism: The Public Health Approach

As I prepare this column, our Nation has now experienced more than two weeks of "attacks," resulting in exposures and infections with anthrax—a rare disease in the United States. To date, following the administration of thousands of tests, three cases of inhalational anthrax and six cases of cutaneous anthrax have been confirmed by the Centers for Disease Control and Prevention (CDC). Many others have tested positive by nasal swab or have experienced probable exposure. All of them have been placed on antibiotics to prevent the development of the disease. At this time, there have been three deaths, albeit three too many, and the prognosis is good for recovery of the others. No doubt, by the time you read this, these statistics may seem ancient given the new developments that are occurring day by day.

Surely, you have followed the details of this unusual experience in the media and have been prompted to ask: "What is the appropriate response to such a bioterrorist attack?" The best defense against bioterrorism is a strong and flexible public health infrastructure and an appropriate partnership with the criminal justice system.

Unlike the case with naturally occurring infectious diseases where the primary responsibility for monitoring and preventing the spread of disease falls squarely on the public health system; with bioterrorism, the primary responsibility for monitoring and preventing potential terrorists attacks rests with the criminal justice system. Nevertheless, when an attack does occur, it is the public health system that simultaneously must respond to optimally protect the health of the public. This response includes early detection, investigation of the epidemiology, laboratory diagnosis, and intervention to ameliorate or stop the disease and its spread.

The Department of Health and Human Services (HHS), under the leadership of Secretary Tommy Thompson, has directed a coordinated response to these attacks. The Office of Emergency Preparedness (OEP) has an overall coordinating role in planning the response. The CDC is the lead agency in the response and is responsible for the epidemiological investigation, including diagnosis of the organism in question. The CDC is also responsible for maintaining the national stockpile, which contains appropriate vaccines, antibiotics, antivirals, antidotes, and medical supplies and equipment. The CDC also supports State and local health departments, including more than 80 high-level laboratories, which have been developed or enhanced in recent years to assure earliest identification of agents of bioterrorism or natural outbreaks. Research at the National Institutes of Health (NIH) and drug regulations at the Food and Drug Administration (FDA) are also critical to maintaining an adequate stockpile.

The Office of the Surgeon General has been called upon to play a lead role in coordination and communication during our anthrax experience. In addition to communicating directly with the American people based on the best available science, the Surgeon General is responsible for commanding the 6,000 members of the commissioned corps. The commissioned corps has been involved at every level of this response, from the epidemiologists at CDC and the State and local health departments to the Metropolitan Medical Response Teams funded and trained by OEP. In addition, commissioned corps members serve at NIH and FDA where regulations and research are critical to a strong stockpile.

Even with all of that responsibility, the HHS does not represent the frontline of the public health infrastructure. It is the healthcare providers who first see patients in their offices, clinics, or emergency rooms of hospitals, who are the frontline providers. They must be prepared to recognize unusual illnesses in terms of their manifestation or timing or demography. They must report these cases or patterns to local or State health departments and work toward earliest identification of agents of cause. These frontline providers must also reassure anxious patients who are not victims of

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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, Room 4-04, 5600 Fishers Lane, Rockville, MD 20857-0001, Phone: 301-594-3462, E-mail: vkapusnick@psc.gov.

Director, DCP/PSC
RADM R. Michael Davidson
Editor, Mrs. Virginia Kapusnick

Surgeon General's Column

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the attacks and educate them in how to minimize their risk. They must guard against prescribing inappropriately and they must not support the hoarding of medications that could lead to the exhaustion of supply or the development of resistant organisms from misuse of antibiotics.

But there is another partner we rely heavily on the frontline in a bioterrorism attack and that is the general public. To the extent that the general public is informed about appropriate public health behavior, the risk of a successful bioterrorist attack is minimized. But, when something does go wrong or when the public notices unusual symptoms or occurrences, they must report that to their providers. Clearly, barriers to access to care for anyone or any group can work against the entire population in such a situation. The public must not panic; instead, they must implement their part of the plan—especially early reporting. Just as important, they must follow the basic rules of good public health, including regular hand washing, careful handling of foreign or contaminated objects, and thoroughly washing and cooking meats and related foods.

In responding to this first or, at least, most visible bioterrorist attack, we see how well the public health system can work in early detection, investigation, diagnosis, and intervention. We have also seen major gaps in each level of response. I wish I could say that this attack will likely be the last one, but I can't. What I can say is that given our experiences, we should all be much better prepared next time. But first, we must end this attack.

VADM David Satcher
Surgeon General

HEALTHY LIFESTYLES

Get Active—Your Own Way, Every Day, for Life

Among the requirements for officers wishing to volunteer in the Commissioned Corps Readiness Force (CCRF) are meeting the Public Health Service Commissioned Corps height/weight commissioning standards, and the CCRF physical fitness evaluation. The physical fitness requirements for CCRF are available on the CCRF Web site—http://oep.osophs.dhhs.gov/ccrf/physical.htm.

Several work sites have extended their healthy lifestyles activities to include CCRF fitness testing for local officers. These work sites include: the Atlanta Commissioned Officers Association (COA) Region IV Branch's Healthy Lifestyles Committee (contact CDR Susanne Pickering at e-mail address—shp9@CDC.gov); the Fort Detrick COA Branch (contact LCDR Lucienne Nelson at e-mail address—nelsonlu@mail.nih.gov); and Saint Elizabeths Hospital (contact LT Steve Spaulding at phone number 202-645-4954).

The Emergency Response to Foot and Mouth Disease in England

Public Health Service Commissioned Corps veterinary officer CAPT Stephanie R. Ostrowski spent from mid-May to mid-June of this spring in Cumbria, England, assisting the U.S. Department of Agriculture and the British Ministry of Agriculture, Food, and Fisheries with the ongoing emergency response to Foot and Mouth Disease.

CAPT Ostrowski's very interesting accounting of the time she spent in England, along with photographs, is available on the Division of Commissioned Personnel's Web site—http://dcp.psc.gov. Click first on 'Publications/Policies' and then 'Commissioned Corps Bulletin.' The article titled "*The Emergency Response to Foot and Mouth Disease in England*" can be found in the section titled 'CCB Plus.'

PROMOTION YEAR 2002

IMPORTANT DATES TO REMEMBER

Promotion Information Report (PIR) corrections must be postmarked no later than:

November 16, 2001

Send PIR corrections to:

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

For PIR questions, phone: 301-594-3353 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial the last 5 digits of the phone number – 43353.

Documents faxed for inclusion into the electronic Official Personnel Folder (OPF) must be received no later than midnight on:

December 31, 2001

Fax documents to be included into the electronic OPF to either of the following fax numbers:

301-480-1436 *(or)* 301-480-1407

Commissioned Officer Annual Leave

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 so as to preclude any disappointments or misunderstandings resulting from the loss of accrued leave at the end of the year.

Meet the New Chief Professional Officer

CAPT Randy E. Grinnell
Chief Environmental Health Officer

In October 2001, CAPT Randy E. Grinnell was selected as the Chief Professional Officer for the Environmental Health Officer (EHO) category of the Public Health Service (PHS). In this role, he provides leadership and is the senior advisor to the Surgeon General on environmental health professional affairs for the Office of the Surgeon General and the Department of Health and Human Services (HHS).

CAPT Grinnell is the Director of Environmental Health and Engineering, Oklahoma City Area Indian Health Service (OCAIHS). His office provides direction and program supervision, and is responsible for planning and implementing a comprehensive environmental health and engineering program serving 44 Indian tribes and 310,000 Indian people in Oklahoma, Kansas, and Texas. Program staffs include more than 70 professional and support commissioned and civilian personnel with an annual budget of $5 million, and a construction budget of $15 million. CAPT Grinnell is the Chairman of the Area Facility Board with oversight of all healthcare facility construction projects, and he is a member of the OCAIHS Executive Leadership Team and Governing Board.

CAPT Grinnell, a member of the Sac and Fox Tribe of Missouri, has served in a variety of environmental health program and management assignments in the PHS Commissioned Corps. In 1976, he began his career in the Indian Health Service (IHS) after completing a Junior Commissioned Officer Student and Training Extern Program assignment in western New Mexico. He was stationed in Anchorage, Alaska, as an EHO in the IHS Alaska Area, followed in 1978 with EHO assignments in the OCAIHS, in 1981 to the Albuquerque Area, and in 1988 to the OCAIHS Area Office. CAPT Grinnell holds a bachelor of science degree and a master of public health degree.

His first assignment with the OCAIHS Area Office was as the Director, Office of Environmental Health and Engineering (OEHE). From 1992 to 1996, he served as the Deputy Area Director, and from 1996 to 1998 as the Acting Area Director for OCAIHS. While serving as the Acting Area Director, CAPT Grinnell provided overall management of clinical and administrative functions for a comprehensive healthcare system serving American Indians and Alaska Natives in Oklahoma, Kansas, and southern Texas. In this role, he was an advocate and liaison with 44 Indian tribes in support of self-determination and self- governance under Public Law 93-638 for the delivery of health services through Federal, tribally operated, and buy-Indian contracted health facilities and programs. CAPT Grinnell had responsibility for a budget of approximately $240 million with approximately half being awarded to tribal compacts and contracts, and he administered programs throughout the Oklahoma City Area (OCA) with a commissioned and civilian staff of 1,800 employees. Services to eligible users were provided through 7 hospitals and 34 ambulatory health facilities operated by IHS, tribes, or urban organizations. CAPT Grinnell interfaced with the Indian tribes that administer health programs and he worked with officials of two HHS regional offices, two Bureau of Indian Affairs Area Offices, and separate Health and Welfare departments from three States to obtain assistance and support for the health of Indian people.

CAPT Grinnell has served on numerous special projects and national IHS workgroups both as a member and as a chairman. He was detailed for one year to chair and coordinate the IHS OCA Redesign Task Force project. He served as co-chair of the IHS User Population Workgroup, and was a member of the IHS Internal Evaluation Team, IHS Shared Services Workgroup, and IHS Strategic Planning Workgroup. He served a 6-year appointment to the EHO Professional Advisory Committee, and was the IHS representative on the Advisory Committee of the State of Oklahoma Indian Affairs Commission. He served 8 years on the Sanitarian Advisory Council for the State of Oklahoma, as the first Federal appointee to the Council and as the Chairman for one term.

He has received the PHS Meritorious Service Medal, Outstanding Service Medal, Commendation Medal, Achievement Medal, Citation, two Unit Commendations, two Isolated Hardship Service Ribbons, and two Hazardous Duty Service Ribbons. In addition, he has been awarded the IHS Equal Opportunity Achievement Award, and the HHS Secretary's Award for Distinguished Service. He is a Registered Sanitarian with the Oklahoma State Department of Health and is a member of the Commissioned Officers Association.

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2002 Summer JRCOSTEP and 2002-2003 SRCOSTEP

Applications for the 2002 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) and the 2002-2003 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) are accepted by the Division of Commissioned Personnel (DCP) throughout the year, since Agencies/Operating Divisions/ Programs select applicants on a continuous basis. Even though there are no deadlines for DCP receiving applications, those applicants whose applications are received by Friday, December 28, 2001, will be ensured timely processing.

To Obtain an Application
For online applications, please access the Public Health Service Commissioned Corps Web site—http://www.usphs.gov. To request an application by phone, call 1-800-279-1605.

For Further Information
Phone: 301-594-3453 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43453)

E-mail: arandall@psc.gov

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The Associate Recruiter Program

The Division of Commissioned Personnel (DCP) has reintroduced the Associate Recruiter Program (ARP). This program was a success in the past and DCP expects it to be the key in increasing the strength of the commissioned corps in the future. The new ARP is a collaborative recruitment effort among DCP and the 11 professional categories.

Although the program was initiated in DCP, the success of the ARP is dependent on the involvement of each category in recruitment and retention efforts. Many categories have realized the importance of making recruitment and retention a priority, and they have seen their efforts pay off in terms of increased officer numbers.

Each Chief Professional Officer and Professional Advisory Committee (PAC) Chair has been asked to nominate two to three individuals to take lead of the program within their respective categories. The nominees will work with DCP on a continuing basis and provide guidance on ARP activities within their categories.

The following individuals were nominated to take the category lead for the ARP. If you are interested in becoming a part of this program and help with commissioned corps recruitment and retention efforts, please contact your category representative.

Medical

CDR Marsha Davenport -
Centers for Medicare and Medicaid Services
Phone: 410-786-6693
E-mail: MDAVENPORT@HCFA.GOV

CAPT Lois Steele - Indian Health Service (IHS)
Phone: 520-383-7211
E-mail: LOIS.STEELE@MAIL.IHS.GOV

Dental

CDR Tim Lozon - IHS
Phone: 301-443-1106
E-mail: tim.lozon@hqe.ihs.gov

LCDR James Schaeffer -
National Institutes of Health (NIH)
Phone: 301-496-1911
E-mail: jschaeffer@mail.cc.nih.gov

CDR Jose Rodriguez - IHS
Phone: 605-867-3078
E-mail:
JoseR@PINERIDGE.ABERDEEN.IHS.GOV

Nurse

CAPT Lauren Tancona - IHS
Phone: 303-236-0190
E-mail: LTANCONA@HQ.IHS.GOV

LCDR Madelyn Renteria -
Health Resources and Services Administration (HRSA)
Phone: 301-443-5934
E-mail: mrenteria@hrsa.gov

Engineer

LCDR Nathan C. Tatum -
Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention (CDC)
Phone: 404-498-0455
E-mail: nct7@cdc.gov

LCDR Scott Helgeson - IHS
Phone: 916-930-3960 ext.347
E-mail:
SCOTT.HELGESON@MAIL.IHS.GOV

Scientist

CAPT Susanne Caviness -
Substance Abuse and Mental Health Services Administration (SAMHSA)
Phone: 301-443-7614
E-mail: scavines@samhsa.gov

LCDR Nelson Adekoya - CDC
Phone: 770-488-4642
E-mail: NB97@CDC.GOV

Environment Health

To be announced. Please contact PAC for further information.

Veterinary

To be announced. Please contact PAC for further information.

Pharmacy

CAPT Martin Johnston - Bureau of Prisons
Phone: 304-296-4116
E-mail: AJOHNSTON@BOP.GOV

Dietetics

CDR Celia Hayes - HRSA
Phone: 301-443-3669
E-mail: chayes@HRSA.gov

CAPT Sandra Robinson - IHS
Phone: 602-402-2882
E-mail: sandra.robinson@pimc.ihs.gov

Therapy

CDR Frank Weaver - IHS
Phone: 505-368-6365
E-mail:
FRANK.WEAVER@SHIPROCK.IHS.GOV

LCDR Mark Melanson - SAMHSA
Phone: 202-645-4954
E-mail: CMELA19395@AOL.COM

Health Services

CDR Elizabeth Pierce - HRSA
Phone: 301-443-2813
E-mail: EPIERCE@HRSA.GOV

LCDR Paul Durand - NIH
Phone: 301-496-7775
E-mail: PDURAND @HELIX.NIH.GOV

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Reminder

Please Check Your Payroll Address

The Public Health Service Commissioned Corps payroll system allows you to receive payroll-related documents at the address of your choice. This method protects your privacy and provides for prompt, reliable, and secure delivery of important and confidential payroll documents.

Form PHS-6155, "Statement of Earnings and Deductions," is mailed to each commissioned officer approximately 5 days before the first of the month. If you do not receive your pay slip, contact the Compensation Branch in writing (see address below).

It is particularly important that your payroll address be correct since this will be the address to which your Form W-2 withholding statement for the year will be mailed.

Please notify the Compensation Branch, in writing, of changes in your payroll address:

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

Phone: 301-594-2963 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #3 and choose 'Compensation Branch.'

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CCRF Members Deployed to WTC

Commissioned Corps Readiness Force Members Deployed to World Trade Center

Submitted by CAPT Kathleen Downs and CDR Ana Marie Balingit-Wines

It felt as if we were characters in a World War II movie. Twenty-three Washington, D.C. area members of the Commissioned Corps Readiness Force (CCRF) got up very early on Thursday morning, September 20, 2001, to catch the 9:30 a.m. train to New York City. While we were at Union Station in Washington, D.C., 40 or so members of Congress were also there getting ready to take an earlier train to New York to see the destruction at the World Trade Center (WTC) towers.

Arriving at Penn Station in New York City, we were met by a National Disaster Medical System (NDMS) bus. We also met the remaining 20 members of the CCRF team who either flew or drove to New York City from Montana, Minnesota, and Massachusetts.

Our expectation of deployment consisted of tents and portable latrines. To our happiness, our final accommodation ended up to be the Sheraton Hotel in midtown Manhattan. We were all grouped there to facilitate the logistics involving rescue workers, medical personnel, and NDMS. On Friday morning, all 43 members of the team traveled to Queens to get World Trade ID badges.

Ten members of the team were designated that morning to tour the site to gain a perspective on how the area was set up. Upon arrival at the command post, which was at a local community college, we were met by CDR Mark Tedesco who was the Medical Officer in charge of the NDMS teams at the site. CDR Tedesco gave us a tour and informed us of all the necessary things we had to be aware of for our shift that Friday night.

The devastation was unimaginable. While we were touring the site, Mayor Giuliani and Governor Pataki were escorting Attorney General Ashcroft. Mayor Giuliani saw us in our khaki uniforms and shook our hands, as did Attorney General Ashcroft, and thanked us for being there to help out.

Since our hotel was about 60 city blocks from the site, we had a bus take us there and back. The security was intense and everyone had to be badged with the correct color of ID badges to get into the site. To make things easier for us during the night shifts, a detective from the New York City police department escorted our bus to the site. On the way to the site, a number of people with signs and food and water would line up on the West Side Highway to show their support and appreciation for what were doing. Our bus driver would be instructed to honk to acknowledge them.

The 43-person CCRF multidisciplinary medical team became one of four units responsible for providing 24-hour medical and mental healthcare.

"All sites - this is your 5-minute warning for your hourly accountability and patient counts."

"West Treatment - this is College Command - what is your personnel accountability and the number of patients treated in the last hour?"

"College Command - this is West Treatment - we have seven CCRF personnel and we've treated nine patients in the past hour."

As the communication continued among each of the five medical treatment sites, a Veterinary Medical Assistance Team site, and several Disaster Mortuary Operations Response Team sites, and College Command, every hour so began another shift at Ground Zero.

The CCRF team was composed of physicians, nurse practitioners, physician assistants, nurses, pharmacists, and mental health officers—as well as an engineer, an environmental health officer, physical therapists, and a health administrator who were responsible for handling logistics, communications, preventive medicine, safety, and security issues for the group.

We treated about 450 people the first night we were there. Our first shift ended that Saturday morning and everyone was tired and the team had their first daylight glimpse of the devastation. On a typical shift, more than 150 patients were seen for everything from minor complaints (e.g., indigestion, headaches, chapped lips, blisters) to more serious injuries (e.g., eye injuries, broken bones, chemical burns, difficulty breathing). Some of the more rewarding experiences the officers voiced were providing clinical assistance to the rescue workers—bathing the feet of rescue workers, taking care of blisters, and giving them new socks and insoles—rotating through the treatment sites, working with different officers, and seeing different types of patient injuries.

We inventoried the multitude of supplies in the command post. We would see bags of bandages and eye wash purchased from local pharmacies. Receipts were still in the bags totaling hundreds of dollars, purchased with either an American Express Card or a Visa Card. The generosity of the people of New York and elsewhere was very apparent.

We traveled back to our duty stations on September 30 and October 1, 2001, and, all in all, we were glad we were chosen to be deployed to the WTC. It was an honor and a privilege to participate in the response and we were thankful for the opportunity to do so.

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WTC Ground Zero— Images from Firefighters and Ironworkers, September 23 through 30, 2001

PHS-DMAT Aid Station signs were hung from all five clinics.

(Left to right) CAPT Robert N. Childers, CAPT Susanne Caviness, and CDR Michael A. McLaughlin in the Commander's Tent. The board behind the officers was used to record which DMAT members were stationed at each clinic.

This is a photo of a grappler hook; an example of the kind of equipment used by the ironworkers to remove massive pieces of twisted metal. The skeleton of a WTC tower is in the background.

Submitted by CAPT Susanne Caviness

I watch the gray charred remains of a miniblind caught in a little tree that stands beside burned out cars in a parking lot. The miniblind twists and flutters in the wind; it is a reminder of that soul who once stood and looked out a window high above the city. It is outside the clinic where I am stationed on West and Vesey Streets. Ash and mud are on the street and in the surrounding buildings. It is pulverized concrete and melted components of the buildings, combined with whatever remains that turned to ash. The air at Ground Zero is heavy with particles. We wear hard hats and air purifiers. But the smell is always there.

The PHS-1 DMAT (along with many other Disaster Medical Assistance Teams (DMATs) from across the country) was deployed to the World Trade Center (WTC) Ground Zero to staff the clinics to take care of the injured and ill firefighters and ironworkers. Each team was deployed to the site for 10 days. Five Public Health Service (PHS) clinics had been established, some in tents, some in the wrecked buildings, all around the perimeter.

Our clinic is on the corner across from the Pile (rubble of the WTC towers). One side of the building has shattered glass in all the windows; the other side is untouched. On the damaged side, an enormous girder is impaled in an upper floor, a result of the massive force of the blast. What was a glass atrium attached to the building has a twisted contorted mass of steel jutting into the street. It was the pedestrian walkway to one of the towers. In addition to the gigantic Pile across the street, there are many similar sites of destruction on the edges of this 1½ mile perimeter.

My mission is to provide mental health to the patients as well as function as the intake [triage] person, assessing need and keeping medical records. We see a range of patients, including police and firefighters. The ironworkers are more likely to come into the clinic with burns to their arms and eyes. The upper respiratory irritation is severe for everyone.

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WTC Ground Zero—
Images from Firefighters and Ironworkers, September 23 through 30, 2001

(Continued from page 6)

Sometimes I just walk around and talk with the firefighters, police, and ironworkers. The following are assorted images from these conversations.

From a firefighter who has seen too much: "Two weeks after the attack, the rubble, the Pile, is still 7 stories tall. Below, in the Pit, it burns like the gates of hell. It is 1200 degrees, so hot that the iron lifted by the grapplers comes out soft. I've never seen anything like this."

I am talking to another firefighter as I watch ironworkers scramble high over and into the wreckage: "They are cutting beams to reduce them to a maximum of 22,000 pounds, 30 foot long twisted girders that can be lifted." I see that these are attached by cable to a crane that lifts them onto a waiting huge flatbed truck. Two men assist in the cable attachment and two assist in the loading. He continues: "This is hard, never-ending work around the clock in the stifling atmosphere. The smell never goes away." Now I have a better appreciation of what these people have endured when they come exhausted into the clinic.

I am told by a firefighter resting in the clinic: "The fires are so hot in pockets on the Pile that some of the firefighters change boots three to four times a day. Smoke and flames come up from the Pit deep within the Pile when a piece of heavy equipment with a huge grappler pulls out a mass that allows a swish of oxygen inside."

An ironworker tells me: "Injuries are always a danger. It is much more difficult tearing this down than when we put it up." He talks of how they have to maintain a delicate balance as they work on the unstable Pile and on the rubble of other surrounding buildings.

A firefighter who has been on the Pile says in a faltering voice: "When you bring out any intact body, it's a good day." He has seen death many times this week and deals with the horror by saying: "When your number's up. . . ." I ask how he manages to go on. He responds, "You just keep working and try not to think about it. But when an ironworker finds a body or body part, then the digging stops, the firemen are called in to sift through the Pile to

CAPT Susanne Caviness standing in front of a smoldering, seven stories tall, pile of rubble.

Sign placed by firefighters on a blasted-out building on Liberty Street, across the street from the Pile.

Memorial to fallen firefighter companies.

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WTC Ground Zero—
Images from Firefighters and Ironworkers, September 23 through 30, 2001

(Continued from page 7)

get the remains." We stand and watch a huge basket suspended from a crane take five firefighters at a time to the top of the Pile. They go down into the holes and stairwells that had been excavated in the Pile. Their mission is to bring out the remains that had been found.

An ironworker tells me: "As the days go on and on and hope for survivors fades, the digging can be more aggressive." I watch the giant machines with the 4 to 5 foot grappler hook sink into the wreckage and tear out more rubble and beams, opening up more pits of fire. The ironworkers are now the majority of people on the Pile.

Another firefighter sadly tells me: "When the mission changed from rescue to recovery, it was difficult on the spirits of the firefighters. They are having a hard time accepting that no more of their colleagues, friends, and buddies would be found alive."

As I leave the site after one of my 12-hour shifts, I see 30 to 40 dump trucks lined up to come in and remove the twisted metal that had been taken down. Eventually, the metal may be gone, but the scars will remain.

Memorials with photos of entire firefighter companies that had fallen, were spontaneously erected near the site. I see firefighters passing by a memorial, stop and look carefully into the photos of faces of their colleagues who were gone. They have tears in their eyes, but their faces are immobile. They stand quietly and then turn away, putting on tough, stoical, faces and go back to work on the Pile.

A foreman tells me he understood the emotional impact on the workers: "I wanted to do something for them so I arranged for a crane operator to take several firefighters at a time up in the suspended basket. Each group hovered over the Pile for a few minutes; they prayed, they cried, they said their final goodbyes."

It is raining and cold, almost midnight. No one has been found for several days. Then some firefighters' remains are located in a stairwell. A double line of firefighters carefully weaves from the opening at the top of the Pile, down the unstable wreckage, to the ground. They solemnly provide an honor line as the flag draped remains are carefully escorted down and into the waiting ambulance. We Public Health Service officers, firefighters, and ironworkers stand in line on the muddy street, and pay our respects. It was a good day. . . .

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Call for Nominations for the 2002 Annual American Indian/Alaska Native Commissioned Officer Advisory Committee Honor Awards

The American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) is now accepting nominations for the *Leadership Award* and the *Annie Dodge Wauneka Award*.

To be eligible, the nominee must be an American Indian/Alaska Native Public Health Service (PHS) Commissioned Corps officer who has been employed by the Federal Government for a minimum of 2 years during her or his current tour. The emphasis for nomination should be on sustained outstanding performance, a superior contribution to the field of their discipline, and evidence of dedication to the principles of the PHS mission and vision.

Please visit the AI/ANCOAC Web page at—www.aiancoac.freeservers.com—for more specific details regarding the selection criteria and instructions for completion of the nomination form.

The AI/ANCOAC awards co-chair must receive all nominations by the close of business on **March 15, 2002.** Send original nomination form to:

LCDR Wil Darwin, Jr.
AI/ANCOAC Awards Co-Chair
Acoma-Canoncito-Laguna Service Unit
Pharmacy Department
P.O. Box 130
San Fidel, NM 87049
E-mail: wdarwin@abq.ihs.gov
Phone: 505-552-5393 MST
Fax: 505-552-5484

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Thrift Savings Plan Fact

Please be aware that the Thrift Savings Plan maximum limit for contributions, according to the Internal Revenue Service, is $11,000 for calendar year 2002.

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Recent Deaths

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

Title/Name	*Date*
MEDICAL	
LT Joseph P. Kesler	12/02/00
RADM Paul Q. Peterson	10/09/01
DENTAL	
CAPT Edward J. Driscoll	09/24/01
NURSE	
CAPT George F. Helquist	09/12/01
CAPT Ruth A. Metka	09/09/01
CAPT Ann C. Rooney	09/14/01
LCDR James S. Wirfs	09/27/01
ENGINEER	
CAPT Joseph F. Mastromauro	09/06/01
CDR Virgil L. Miles	07/13/01
CAPT Lee R. Vaughn	09/13/01
ENVIRONMENTAL HEALTH	
CAPT Mary S. Ross	08/07/01
THERAPY	
CAPT James C. Hufsey	08/31/01

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Environmental Health Officer Professional Advisory Committee Presents Annual Awards

The Environmental Health Officer Professional Advisory Committee presented its 2001 Awards at the 65th Annual Educational Conference and Exhibition of the National Environmental Health Association in Atlanta, Georgia. The following officers were this year's award recipients.

CAPT Charles S. Otto III, Senior Environmental Health Officer with the Centers for Disease Control and Prevention (CDC) Vessel Sanitation Program was the winner of the ***John G. Todd Award***. The Todd Award recognizes significant career contributions by individuals in achieving the Public Health Service (PHS) mission of improving the Nation's health through the practice of environmental health.

CAPT Otto has been an instrumental leader in promoting higher and more scientifically based public health standards, especially in the field of food safety throughout his distinguished career. He was the leader and Food and Drug Administration (FDA) expert in the initiation, implementation, and interpretation of the 1993 Recommendations of the U.S. Public Health Service, FDA Food Code. Using his technological and computer skills, he developed the FDA's Prime Connection so that environmental health professionals in field or remote assignments could have access to the latest technology in food safety. He also initiated and implemented the Electronic Inspection System, a user-friendly computer-based inspection program that provides a professional platform for conducting and documenting food safety inspections and building a database that can be queried for trends and/or other analyses that may impact food safety and public health.

CAPT Otto was one of the lead officers responsible for raising cooking temperature standards for ground beef to 155^0 after the first outbreaks of *E. coli* O157:H7, thus protecting the health of many consumers across the country.

CAPT Otto continued to have a significant impact on the safety of the Nation's food supply during his tenure with the National Park Service. He worked to streamline food safety procedures during large gatherings of visitors to the Nation's Capital and used his computer skills to develop a Web site to disseminate more than 50 environmental health brochures.

His outstanding work continued with his current duty assignment with the CDC Vessel Sanitation Program where he has been instrumental in the development of a revised, scientifically-based comprehensive operations manual to address complex environmental health systems aboard modern cruise ships. The outcome of his work has had a positive impact on environmental health for millions of passengers and crew traveling worldwide.

CDR Alan R. Ech, Industrial Hygienist with the National Institute for Occupational Safety and Health (NIOSH) was the winner of the ***Edward (Ted) Moran Award***. The Moran Award recognizes significant contributions by mid-career environmental health professionals in achieving the PHS mission of improving the Nation's health through the practice of environmental health.

Each year in the United States, an estimated 2 million people are exposed to crystalline silica and more than 250 American workers die from silicosis. CDR Echt directed a large study that documents crystalline silica exposures in 32 industrial sites in 15 States across the United States. Based on the results of this study (that identified enormous overexposure to crystalline silica at some sites), CDR Echt proposed and directed a second study for the purpose of evaluating specific control techniques for reducing silica exposures. This extraordinary research provides OSHA (Occupational Safety and Health Administration) with a basis for establishing technologic and analytic feasibility of their new workplace silica standard. The reduction of crystalline silica exposures will directly impact the health of millions of workers across the country and guidelines from CDR Echt's studies will assist contractors in the selection of controls for their workers. In addition, CDR Echt has authored more than 30 field survey and technical reports on engineering controls and exposures in silica producing operations.

CDR Echt was the co-producer of a video titled "Caution: Foundry at Work" that won the NIOSH Alice Hamilton Award for Communications in 1999. The video describes the application of engineering controls to reduce occupational exposures to air contaminants in foundries.

He also directed important research on the feasibility of using automated abrasive blasting systems instead of manual abrasive blasting to control lead exposures during paint removal from steel surfaces. His research showed that lead exposures could be reduced for 223,000 workers in the United States. He presented his findings at the American Industrial Hygiene Conference in Toronto.

LT Andrea L. Horn, Environmental Health Specialist with the Alaska Area Native Health Service, Bristol Bay Area Health Corporation, was the winner of the ***John C. Eason Rising Star Award***. The Eason Award recognizes the accomplishments of talented newcomers to the field of environmental health and the promise these individuals hold for the future of PHS.

LT Horn participated in Operation Arctic Care 1999 and 2000 as a team member for the public health mission. Operation Arctic Care is a joint Uniformed Service training exercise providing health services to remote areas of Alaska. LT Horn provided valuable information and collaborated with senior level officers from all branches of the military before and during the exercise, which proved to be essential to the success of the operation. For her outstanding contributions to Arctic Care 2000, she was awarded the U.S. Army Achievement Medal.

Paralytic Shellfish Poisoning (PSP) is a serious problem in the Bristol Bay region with death and illness occurring from one to two outbreaks per year. Outbreaks have constituted a public health emergency that significantly strained the healthcare system, requiring patients to be air evacuated to the hospital and placed on advanced life support treatment. Recognizing the public health need, LT Horn prepared a grant that was adopted and funded by the Alaska Science and Technology Foundation. As a result, LT Horn developed and managed the first PSP monitoring program in Alaska for subsistence harvesting of shellfish. She coordinated a field review of early detection kits for PSP toxin as part of the regulatory approval process between FDA and the kit's manufacturer. LT Horn's part in the evaluation led to a redesigned kit which may allow monitoring capability for PSP toxin at remote locations around the world. Thanks to her efforts, no subsequent PSP-related outbreaks have occurred in the Bristol Bay region since the program was implemented.

In addition, LT Horn led a Botulism Education and Research Project in Bristol Bay that resulted in a collaborative effort with the CDC Arctic Investigation Program. She chaired a committee to screen the region's villages to determine types and frequency of fermented food consumed, preparation methods, etc. This information was used to produce a video that has aired on Statewide television and copies have been distributed to every health clinic in Alaska.

Congratulations to these outstanding officers.

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PHS-1 Disaster Medical Assistance Team Responds to Terrorist Attacks

Submitted by CAPT Ray Clark

The Public Health Service-1 Disaster Medical Assistance Team (PHS-1 DMAT) deployed three times between September 11 and October 2 in response to the September 11 terrorist attacks.

In the first instance, 45 members of the PHS-1 DMAT responded to the terrorist attacks by mustering within 8 hours of initial notification on September 11 to await an assignment to assist at the Pentagon. The DMAT prepared medical supplies and equipment while it was on 'standby' and the mission was being determined. When no mission was assigned, the team was released the following evening (September 12).

Second, on September 18, the PHS-1 DMAT received an activation order to proceed to the World Trade Center on September 22. In the midst of the preparation for the New York deployment, the team was tasked on the morning of September 20 to provide medical personnel for contingency purposes to cover the possibility of incidents occurring during the President's address to Congress and the Nation that evening regarding the response to the September 11 attacks. The DMAT responded to this short notice by positioning 32 members in the vicinity of the Capitol by 1800 hours.

Third, the PHS-1 DMAT assembled in the morning of September 22, and was deployed to Ground Zero of the World Trade Center to provide medical services to rescuers for the next 10 days. During this deployment, 44 PHS-1 DMAT members provided medical services at five treatment facilities located within two blocks of the collapse site (two were across the street, two were about one-half block away, and one was two blocks away). Each location was staffed by medical personnel fully qualified to provide services for the rescuers, including medical, dental, and mental health personnel. The PHS-1 DMAT worked rotating shifts, and the treatment sites were subject to relocation orders as hazards developed. Physical hazards on-site included falling glass from surrounding buildings, smoke and toxic fume inhalation as well as working in close proximity to heavy equipment and large portions of debris resulting from the rescue/recovery efforts. Throughout this deployment the personnel remained mobile, changing locations and assignments rapidly as conditions changed. The PHS-1 DMAT saw 672 patients while working shifts averaging 12 hours per day.

PHS-1 DMAT Members in New York

PHS-1 DMAT members, upon their return to the Rockville, Maryland area from New York, were greeted by Deputy Surgeon General Kenneth Moritsugu; RADM Richard Walling, Pharmacy Chief Professional Officer; RADM Richard Wyatt, National Institutes of Health; CAPT Richard Barror, Chief of Staff, Office of the Surgeon General; CAPT Vivian Chen, Health Services Chief Professional Officer; and CAPT William Hess, Food and Drug Administration.

During these three deployments the PHS-1 DMAT suffered no casualties or injuries, and worked closely with the other local, State, and Federal agencies on-site to ensure the health, safety and security of both the members of the team as well as the rescue and recovery workers on the site.

Background

The PHS-1 DMAT is an all-volunteer team that consists primarily of PHS Commissioned Corps officers, augmented by PHS civilian employees and several civilians (who were Federalized for these deployments). The PHS-1 DMAT has maintained standards of excellence in training and personnel retention that has enabled them to quickly respond to national emergencies and provide a large variety of medical services, including the treatment of victims and rescuers, as well as preventative health services for both the team and the affected communities.

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Federal Bureau of Prisons Holds Social Work Conference

Left to Right (Front Row) *CDR Anne Perry, LCDR Robin Jackson, LCDR Judy Pyant, LT Mary Bryant, LT Monta Breeden.* (Back Row) *LCDR Ken Stewart, CDR Darlene Harris, LCDR Guy Mahoney, LT Eric Kleinschmidt, CAPT Julia Stokes, LCDR Thomas Costello, CAPT Newt Kendig.*

Commissioned Corps social workers detailed to the Federal Bureau of Prisons (BOP) and their civilian counterparts met in Fort Worth, Texas, from July 30 to August 3. The purpose of the conference was to address all aspects of clinical social work with Federal inmates, issues which range from mental health to chronic and terminal illness. The conference offered an opportunity for newer social workers to become oriented to clinical programs and for medical, legal, and other professionals to share their expertise with social work staff. There are currently 25 full-time clinical social work positions in the Federal prison system and ten of these clinicians are Public Health Service (PHS) Commissioned Corps social workers. About one in nine social workers in the commissioned corps are detailed to BOP. Social workers are employed primarily in the seven prison medical centers located in Butner, NC; Devens, MA; Fort Worth, TX; Lexington, KY; Rochester, MN; and Springfield, MO.

The conference was opened by Mr. Phillip Wise, Assistant Director of the Bureau's Health Services Division and CAPT Newt Kendig, Medical Director of the Health Services Division. Mr. Wise and CAPT Kendig addressed the social workers along with physical therapists who were meeting simultaneously at the Federal Medical Center (FMC) on the Carswell Naval Air Station/Joint Reserve Base. An overview was given of progress made in the delivery of inmate healthcare and future challenges and trends were discussed.

CAPT Julia Stokes, BOP National Social Work Coordinator, led the remainder of the conference, beginning with an update on several important issues. PHS and BOP social workers presented on a number of programs dealing with compassionate release, organ transplants, hospice in the prison setting, tele-health services, general population issues, mental health and the conditional release process, and difficult and innovative solutions to complex psychosocial problems.

National experts Dr. Alex Peralta and Ms. Rebecca Pruitt spoke about hospice in the community and bio-ethics decision making, respectively. Mr. Jeff Toenges, Associate General Counsel for Legislative and Correctional Issues and Ms. Lorna Glassman, BOP Assistant General Counsel, spoke about the compassionate release process, and Dr. Shelley Stanton, BOP Chief Psychiatrist, addressed pain management issues among the inmate population. A special presentation was made by FMC Carswell staff on female offenders, which included first person testimonies by women inmates who had benefitted from social work intervention while incarcerated.

Dr. Michael Nelson, BOP's Chief Physician, recognized outstanding performance among commissioned corps social workers by awarding them with the PHS Outstanding Unit Citation. Recipients included CAPT Julia Stokes, LCDR Guy Mahoney, LCDR Ken Stewart, LCDR Robin Jackson, and LCDR Jay Seligman (Immigration and Naturalization Service).

The conference enabled social work professionals serving the Nation's complex inmate population to share ideas and plan for the future. As the Federal prison population continues to rise dramatically, the demand for specialized social work services is expected to increase.

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Retirements – October

Title/Name	*OPDIV/Program*
MEDICAL	
CAPTAIN	
M. Blake Caldwell	CDC
ENGINEER	
CAPTAIN	
Paul S. Arell	EPA
Glen D. Drew	FDA
Michael J. Kremer	CDC
COMMANDER	
Richard A. Ferrazzuolo	EPA
SCIENTIST	
CAPTAIN	
Eugene H. Herman	FDA
ENVIRONMENT HEALTH	
COMMANDER	
Anthony L. Mercadante	IHS
PHARMACY	
CAPTAIN	
James C. McCain	IHS
COMMANDER	
Keith E. Rost	IHS
DIETETICS	
CAPTAIN	
Pamela L. Brye	NIH
Ann Mahoney Farrar	IHS
Janice M. Rary	NIH
HEALTH SERVICES	
CAPTAIN	
Matthew L. Henk	HRSA
Ronald G. Jans	FDA
James W. Langford	IHS
Marco A. Pineyro	NIH
Robert A. Zoon	NIH

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2001 National Boy Scout Jamboree

The National Boy Scouts of America (BSA) held their 2001 National Scout Jamboree, a quadrennial event, at Fort A.P. Hill, Virginia, from July 23 through August 1. More than 42,000 scouts and their leaders attended the Jamboree representing all 50 States and 22 foreign countries. It was estimated that more than 75,000 people attended on any given day, as there were many visitors.

Public Health Service (PHS) Commissioned Corps officers taught and provided support at the Jamboree.

PHS-1 DMAT Teaches Public Health

"Healthy People in a Healthy Environment" was the message of a group of commissioned officers, members of the PHS-1 Disaster Medical Assistance Team (DMAT), who were responsible for the Public Health Merit Badge program at the Jamboree.

The team of officers and civilians from the Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, National Institutes of Health, Substance Abuse and Mental Health Services Administration, U.S. Coast Guard, and the Environmental Protection Agency (EPA) developed an exhibit and teaching program that included an introduction to public health departments, disease transmission, immunization, food safety, purification of drinking water, pest control, sewage treatment and solid waste disposal, sun safety, water and air pollution, and tobacco, alcohol, and substance abuse.

So that interested scouts would be able to complete all of the merit badge requirements during the Jamboree, the team coordinated the 'field trip' part of its program with the U.S. Army, the American Water Works Association, the Water Environment Federation, the Virginia Department of Environmental Quality, and the BSA. Overall, 340 scouts at the Jamboree completed all of their requirements thereby earning the Public Health Merit Badge as well as a special commemorative patch designed by the National Cancer Institute.

Through their work at the Jamboree, the officers also provided the scouts an exciting overview of careers in public health, including medicine, dentistry, veterinary science, nursing, pharmacy, research, environmental health, mental health, and health services administration.

The Public Health Merit Badge Team, under the leadership of CAPT John C. Watson of the PHS-1 DMAT and Mr. Ted Coopwood of the EPA, included officers CAPT Timothy Ames, CAPT Linda Morris Brown, CAPT Edward Pfister, CAPT John Steward, CAPT Carolyn Tylenda, CDR Lori Brown, CDR Hugh Mainzer, CDR William Wyeth, LCDR Boris Aponte, LCDR Pilar Cintron, LCDR Renee Dufault, LCDR Trinh Nguyen, LCDR Susanne Pickering, LT Craig Ostroff, LTJG Claudine Samanic, and Junior Commissioned Officer Student Training and Extern Program participant ENS Katherine Noonan.

PHS Team Provides Public Health Expertise and Support

At the request of the BSA, a PHS team was assembled to provide professional health expertise and support at the Jamboree. With the support of the Department's Operating Divisions, the PHS team flew into the Washington, D.C. area and continued on to Fort A.P. Hill, Virginia. The PHS team functioned as a component of the BSA Health and Safety Services. Team members provided expertise with direction and coordination with national BSA staff, volunteers, participants, and visitors to the Jamboree.

The PHS team was responsible for providing preventive health services, including coordination and guidance of the screening of scouts and leaders as they arrived, and advising the BSA on water, food, sewage, waste disposal, general sanitation, injury control, and injury and disease surveillance. The services provided by the team equaled that represented by many State and county health departments.

The work of the PHS team was representative of routine tasks that many in the corps provide. The members of the team that was assembled do not normally work together; however, they became a very visible and professional team recognized by many of the Boy Scouts and leaders at the Jamboree.

The PHS team consisted of the following corps officers: CAPT Paul Young, Director of Public Health, California Area Indian Health Service (IHS); CAPT Craig Shepherd, Nashville Area IHS; CDR James Cheek, National Research IHS; CDR Alan Dellapenna, Headquarters IHS; CDR Maurice West, Agency for Toxic Substances and Disease Registry; LCDR Holly Billie, Phoenix Area IHS; LCDR Richard Leman, Centers for Disease Control and Prevention; LT David Hogner, Oklahoma Area IHS; LT Andrea Horn, Anchorage Area IHS; and LT Molly Patton, Anchorage Area IHS. □

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

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