



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

"Each success only buys an admission ticket to a more difficult problem."—Henry A. Kissinger

We are a full year into the Twentieth Century and all of the hullabaloo that surrounded the changing of the millennial calendar has all but faded from memory. It's safe to say that we made a rather uneventful passage into the new millennium, but the weeks and months that have made up this year have been anything but uneventful. Thanks to your hard work and commitment, we have had a productive year as we worked together with each other and in partnership with others toward advancing our evolving priorities.

Moving Toward a Balanced Community Health System

We released several new Surgeon General's Reports this year. *Reducing Tobacco Use*, was released in August and highlights various strategies and approaches that are effective in preventing and reducing tobacco use, particularly among children. Today, 25 percent of the U.S. adult population smokes and the percentage of high school youths who smoke has steadily increased throughout the last decade. Almost half of the adolescents who continue smoking regularly will eventually die from a smoking-related illness.

In May we released *Oral Health in America: A Report of the Surgeon General*, which pointed out that oral health is fundamental to overall health. That report also brought to light the gross disparity in prevention and care services among different racial and ethnic groups in this country.

In December 1999, we released the first-ever *Surgeon General's Report on Mental Health*. We are continuing to build on that report. In September, we held a Children's Mental Health Conference which brought more than 300 people from research, clinical, advocacy communities, as well as pa-

tients and families of patients, to discuss issues pertaining to children's mental health. A Surgeon General's Report on that meeting is forthcoming.

Building on our work begun in July 1999 with the Call to Action to Prevent Suicide, we hosted four regional hearings as part of the process of developing a national suicide prevention strategy, which is expected to be completed in early 2001.

I wrote a letter to the American public informing them of risk factors for Hepatitis C infection and what action they should take if they believe they may have been infected. The letter is posted on our web site at — www.surgeongeneral.gov. In addition, the Hepatitis C Foundation has helped disseminate the information and members of Congress agreed to help distribute the letter to their constituents around the country.

Working with the Department of Agriculture, we released a new version of the Dietary Guidelines for Americans, providing easily understood, science-based information on how Americans can choose diets that promote good health. This marks the fifth set of guidelines ever released. They have been improved to be more consumer-friendly, to contain more specific scientific recommendations, and to address the need for safe food handling to prevent illness. It's also the first time physical activity has ever been included.

Just last month, we released the Blueprint on Breastfeeding, which marks the first time the Department of Health and Human Services (HHS) has ever taken a formal stance on breastfeeding guidelines.

The Office of Emergency Preparedness took the lead for HHS in Operation Topoff, a realistic exercise in which we tested the Nation's terrorism response capacity through simulated events in three major metropolitan areas over the course of several days.

Maintaining a Global Approach to Public Health

We have been adamant in maintaining that public health does not end at our shores as we march forward in our mission of maintaining a global approach to public health. Let me highlight a few examples:

- On January 10, 2000, the United Nations (UN) Security Council did something unprecedented. For the first time in the history of the Council's 4,000 meetings, which date back over a half century, an entire meeting was used to address security as it relates to health. That's because the UN recognized that HIV/AIDS is more than a health problem but actually a global crisis. This pandemic has wiped out soldiers and military personnel, and it has decimated a generation of professionals such as teachers, businessmen, and laborers who are vital to the future of a nation. I was there with Vice President Gore as part of his delegation as he announced his support. It was the first time a sitting Vice President had ever chaired a meeting of the Council, and the first time the Surgeon General and Assistant Secretary for Health had addressed the Security Council.
- In June, I testified on Capitol Hill before the U.S. House of Representatives Com-

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Surgeon General's Column

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mittee on International Relations about the threat that infectious diseases like malaria, HIV/AIDS, and tuberculosis pose to global stability and what this means for the U.S. in terms of health, economics, and foreign policy.

- By the time you read this, I will have returned from leading a delegation to Pretoria, South Africa, to discuss that nation's 5-year plan to prevent and reduce the spread of HIV/AIDS and to identify areas for the two nations to partner together.
- The Office of International and Refugee Health took part in the opening round of negotiations for an international agreement for tobacco control.

Eliminating Racial and Ethnic Disparities in Health

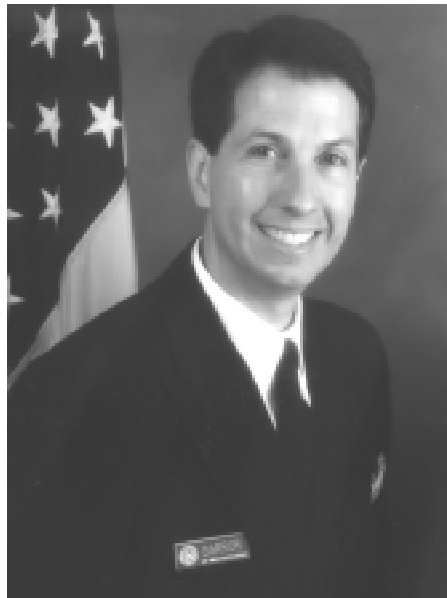
In January we folded the disparities initiative into Healthy People 2010, the Nation's health agenda for the next 10 years, and made it one of the plan's two overarching goals. We have stated all along that the success of this priority hinges on our ability to move it from merely the Federal level and to spark national interest. Since then, we have focused on better targeting our Federal resources, developing creative partnerships with foundations and associations, such as Grantmakers in Health, the American Public Health Association, and others, and on increasing involvement and partnerships at the State and community level. We will use the new 10 Leading Health Indicators as a mechanism to help us monitor our progress throughout the years ahead.

Finally, last month I went to the White House to witness the signing of the bill that authorizes the establishment of the new National Institutes of Health-run National Center for Research on Minority Health and Health Disparities. This Center will go a long way toward ensuring that we reach our goal. In addition, major programs at the Health Resources and Services Administration, the Agency for Healthcare Quality and Research, and the Centers for Disease Control and Prevention's National Center for Health Statistics are supported.

Thank you for a productive year. Have a wonderful holiday season. As always, best health wishes for a Happy New Year!

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

Meet the New Chief of Staff



CAPT Richard F. Barror

On October 1, 2000, CAPT Richard F. Barror was appointed Chief of Staff of the Office of the Surgeon General (OSG).

Prior to his current position with the OSG, CAPT Barror was the Acting Director of the Division of Facilities and Environmental Engineering, Office of Public Health, Indian Health Service (IHS). He assumed that position in 1998 and oversaw all of the IHS' environmental health and engineering programs. With a total annual budget exceeding \$330 million, these programs are responsible for the construction, maintenance, and plant operations of 49 IHS-owned hospitals which consist of more than 200 clinics and 2,000 staff quarters; a variety of community and institutional environmental health activities; and the implementation of more than 400 sanitation facilities construction projects annually.

CAPT Barror earned a bachelor of science degree and a master of science degree in civil engineering, a master of public health degree, and a doctorate degree in environmental engineering. He is a licensed civil engineer and is board certified by the American Academy of Environmental Engineers.

During his 25 years with the commissioned corps, CAPT Barror served with the IHS in increasingly responsible program management positions. He started in Alaska in 1975 as a field engineer for

the IHS Sanitation Facilities Construction (SFC) Program building water and sewer facilities in remote Alaska villages with extreme environmental conditions. He then served as a senior field engineer in California and eventually became the SFC district engineer in Sacramento before transferring in 1985 to IHS headquarters in Rockville. He was selected as the national SFC program manager in 1993, and led a \$130 million annual construction program with more than 250 engineers, most of whom were commissioned corps officers.

Throughout his career, CAPT Barror has worked to improve the health status of American Indians and Alaska Natives through community-based interventions, improved housing and water, and increased access to healthcare.

CAPT Barror is a regular corps officer and is the recipient of the Distinguished Service Medal, Outstanding Service Medal, Outstanding Unit Citation, two Commendation Medals, and other PHS honor and service awards. CAPT Barror has been active in serving the commissioned corps through his work on the Engineer Professional Advisory Committee, which he chaired for 2 years in the early 1990's, and his work with the Commissioned Officers Association (COA). He served two 3-year terms on the COA Board of Directors, the last year as its Board Chair. He recently received the Robert Brutsche Award for outstanding service to the COA.

PROMOTION YEAR 2001

IMPORTANT DATE TO REMEMBER

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

December 31, 2000

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

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

Meet the New Chief Professional Officer



CAPT Lireka P. Joseph

On October 1, 2000, CAPT Lireka Joseph was selected to succeed CAPT Derek Dunn as Chief Professional Officer for the Scientist Category. CAPT Joseph is assigned to the Food and Drug Administration (FDA) where she directs the Office of Health and Industry Programs within the Center for Devices and Radiological Health. She has responsibility for a diverse staff of 140 professionals who are primarily engaged in communication, education, and policy interpretation for stakeholders.

CAPT Joseph has the responsibility for administering the Mammography Quality Standards Act (1992) which certifies and inspects the 10,000 mammography facilities in the U.S. through a collaborative program with the States. She oversees the development of regulations within the Center and ensures that the regulations process achieves its desired results. She manages a staff that provides assistance to medical device manufacturers, both domestic and international, that enables the firms to comply with the regulations and policies of FDA. On average, this service is provided through more than 50,000 phone inquiries per year and about 9,000 web inquiries.

CAPT Joseph oversees a program that addresses medical device use errors by utilizing the human factors principles to identify potential areas that may result in patient injury. She also provides oversight of an international program that

coordinates medical device harmonization activities within the Center as well as coordinating the development of the implementation plan for the Medical Device Annex to the Mutual Recognition Agreement between the U.S. and the European Union. Outreach programs intended to provide or obtain information is conducted by her office. She manages an active program that provides education to the 1,000 employees in the Center by providing science-based courses in a variety of specialty areas as well as management and communication skills, and policy interpretation and implementation. From a broadcast quality television studio, she oversees the broadcast of satellite teleconferences that provide current information and educational programs to stakeholders.

During her Public Health Service (PHS) Commissioned Corps career, CAPT Joseph contributed to two Surgeon General's Reports. While on detail to the Centers for Disease Control and Prevention, she was instrumental in the resulting chapter on the oral health effects of smokeless tobacco contained in the *Report of the Surgeon General's Advisory Committee on the Health Consequences of Using Smokeless Tobacco*. More recently, she served on the Federal Coordinating Committee that guided the development of the *Surgeon General's Report on Oral Health*. At the Department level, CAPT Joseph participated in two reports requested by the former Committee to Coordinate Environmental Health and Related Programs that focused on the risks and benefits of dental amalgam. The policy statement resulting from those reports are still in place today. She served a 3-year detail to the Office of the Commissioner, Office of Operations, FDA, where she was the Senior Advisor for Science and Policy to the Deputy Commissioner for Operations. The Office provided oversight and policy direction to the five Centers and the field force.

CAPT Joseph holds an M.P.H degree and a Dr.P.H. degree. Prior to her 21 years in PHS, she taught and administered programs in dental epidemiology for dental and dental hygiene students. She is a regular corps officer and has received a Meritorious Service Medal, two Outstanding Service Medals, a PHS Citation, two Outstanding Unit Citations, and nine Unit Commendations.

Call for Nominations for the 2001 Annual AI/ANCOAC 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.freesevers.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 1, 2001**. Send the nomination form to:

LT Wil Darwin, Jr.
AI/ANCOAC Awards Co-Chair
Pharmacy Department
Acoma-Canoncito-Laguna Service Unit
P.O. Box 130
San Fidel, NM 87049

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Commissioned Officer Training Academy

For information about the Commissioned Officer Training Academy, please visit the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>—and select the option *Commissioned Officer Training Academy*

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Call for Nominations for Physicians PAC 2001 Awards

The Physicians Professional Advisory Committee is accepting nominations for three physician awards to be presented at the Commissioned Officers Association's annual meeting to be held May 28-31, 2001, in Washington, D.C. The awards will honor physicians who are commissioned officers or civil service employees who work in the Operating Divisions of the Department of Health and Human Services' (HHS) as well as Corps physicians who are employed by non-HHS programs.

Clinical Physician of the Year

This award recognizes a clinical physician who consistently achieves high standards in the practice of medicine, finds innovative ways of delivering quality healthcare despite the constraints of budget and personnel, is consistently looked upon as a role model by his or her peers, and is a valuable resource person due to the extended length of his or her service.

Physician Researcher of the Year

This award recognizes individual initiative, accomplishment, and accountability for actions that increase the overall effectiveness of the Public Health Service (PHS) through research. This individual has established research programs or approaches that enhance healthcare delivery or has improved existing research programs. In addition, he or she has developed and implemented research programs that have raised the health and safety consciousness of the public or resulted in significant cost savings or cost avoidance.

Physician Executive of the Year

This award recognizes a physician executive who plays a key role in the suc-

cessful administration or management of an office or program activity in PHS. This individual makes exceptional contributions to the accomplishments, goals, and objectives of PHS while serving as a manager, administrator, or supervisor. He or she exercises exceptional judgment in making managerial decisions and develops innovations that provide increased effectiveness in the management of programs. He or she makes choices that maximize the use of available resources and enhances the goodwill between the U.S. Government and the public.

The awards committee will consider all nominations received by **March 1, 2001**. Submissions sent by fax or e-mail will not be accepted. Each nomination package should include the following: a brief narrative (1 or 2 pages) explaining how the physician meets the award criteria; the nominee's title, Operating Division/Program, address, phone number, and fax number; the nominee's supervisor's name and phone number; the nominee's current curriculum vitae; the name and phone number of the person submitting the nomination; and a brief, one sentence statement as to the reason this nominee deserves this award. *Please note:* Nomination packages from previous years will not be considered; only nomination packages from this 2001 cycle will be eligible for consideration.

All nominations should be addressed to:

CDR Marsha G. Davenport
Chair, PPAC Awards Committee
Health Care Financing Administration
7500 Security Blvd., C3-20-11
Baltimore, MD 21244



Commissioned Corps Retirement Seminar

The Division of Commissioned Personnel (DCP) has scheduled a Commissioned Corps Retirement Seminar for **February 15-16, 2001**, in Conference Rooms G and H of the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland. The starting time for the Retirement Seminar is 8:30 a.m., but attendees are asked to be in the room 45 minutes prior.

Please request that a blank retirement seminar registration form 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 option, "To retrieve documents through Faxback," and request document number **6536**. After completing the form, follow the instructions on the form and submit it to the Retirement Seminar Coordinator in DCP.

If you have additional questions, the DCP Retirement Seminar Coordinator can be reached at 301-594-3472 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43472).



Call for Nominations for Physicians PAC Membership

The Physicians Professional Advisory Committee (PPAC) is seeking new members. The PPAC is composed of both commissioned corps and civil service physicians, and serves as an active link between the Office of the Surgeon General and physicians working in Department of Health and Human Services' (HHS) Operating Divisions (OPDIVs) or in major programs (non-HHS programs employing at least ten Corps physicians are eligible for representation).

The PPAC is seeking dedicated, hardworking individuals for membership. To be eligible for membership, you must be a physician and a full-time OPDIV or major program employee.

All new appointments will be made for a 3-year term and self-nominations are encouraged. All nominations received by **February 1, 2001**, will be considered. Submissions sent by fax or e-mail will also be accepted. Interested individuals should submit the following: (1) a cover letter detailing their interests in serving on the PPAC; (2) a current curriculum vitae that includes their current OPDIV/Program, address, phone number, fax number, and e-mail address; and (3) a letter of support from their immediate supervisor.

Send nominations to:

CAPT Richard W. Niska
Chair, PPAC Membership Committee
National Health Service Corps
4350 East-West Highway, Room 8-5D3
Bethesda, MD 20814
Phone: 301-594-4204
Fax: 301-594-4077
E-mail: rniska@hrsa.gov



Commissioned Corps Readiness Force

New Training Program

The Office of Emergency Preparedness, National Disaster Medical System (NDMS), recently began offering specialized disaster response training to its members via the Internet. The premise of this program is to ensure that all NDMS team members will have appropriate orientation and training for optimal field performance. As Commissioned Corps Readiness Force (CCRF) members may be activated to augment an NDMS team, the importance of this information for CCRF members was recognized and acknowledged. Recently, arrangements have been finalized to open participation to active, current members of the CCRF.

This training program presents information about the NDMS functions and responsibilities, and proven medical techniques to all levels of personnel who work in the field of disaster response management. Three key goals of the program are: to provide all team members the appropriate orientation and training for optimizing field performance; to allow team members the opportunity and flexibility to receive training as their schedule permits from any computer that has Internet access; and to provide training in a standardized learning environment.

In addition to the eight units developed by NDMS response team members and subject experts, CCRF will be developing approximately six units unique to the CCRF program. These units (both NDMS and CCRF-specific) will address the majority of the core training areas for CCRF members.

The program is designed as a self-paced program, providing officers with the flexibility to study and complete each session at their own speed.

The training program is divided into two areas of study: non-medical courses (required for all CCRF members) and medical courses (for officers involved with direct patient care services). Information is arranged by units and each unit contains subtopics which are called sessions. Depending upon the session, you may participate in exercises such as viewing multimedia presentations, reading articles, and linking to related web sites. This provides you with a variety of ways to learn the subject matter. As you

progress through the training program, take time to read and digest the information, and to listen to the lectures presented by experts in the field of disaster response. At the conclusion of each session, a test will be given to determine your level of understanding of the session's subject matter. CCRF members who successfully complete each session (i.e., passing the test) will be awarded Continuing Professional Education Units.

Further information on the program, including how to access the training, is available on the CCRF web site — <http://oep.osophs.dhhs.gov/ccrf>

Ready Rosters

Currently the CCRF Ready Roster system is composed of four rosters. CCRF Command Staff is proposing to the CCRF Policy Advisory Board an increase in the number of active rosters to seven. This change will reduce the number of potential response months for any CCRF member to two during any year. This will serve the dual benefit of allowing more officers the opportunity to deploy as well as limiting the impact of on-call commitments. Additionally, this change will allow the shifting of response months from year to year as well as alternating during times such as the holiday season, the summer months, and hurricane season.

Presently the ready rosters reflect only those officers assigned during the July roster update. Any officers that have become roster-qualified since that time have been placed on a holding roster until the new roster format has been approved. At that time, those qualified members will be officially assigned to one of the new rosters.

CCRF Web Site

CCRF members are responsible for keeping their personal data current. This is particularly important for cardiopulmonary resuscitation/basic life support (CPR/BLS) training and other certifications. Each CCRF member must make certain that the CCRF database accurately reflects a current status for CPR training. Currency in CPR/BLS is a mandatory requirement for assignment to a ready roster.

All CCRF members should visit the CCRF web site frequently to check

for news, and to update any changes to their personal information — <http://oep.osophs.dhhs.gov/ccrf> CCRF members are required to login to the CCRF web site *at least* once per quarter in order to be assigned to or remain on a ready roster.

Any commissioned officer interested in applying for CCRF membership may apply online at the above web site by simply clicking on 'Apply' and following the instructions.

All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' from the CCRF Home Page. Additionally, all messages sent through the CCRF Listserv are archived and can be reviewed from the CCRF Home Page.

The CCRF Command Staff may be reached by e-mail at — ccrf@osophs.dhhs.gov

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Recent Deaths

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

| <i>Title/Name</i> | <i>Date</i> |
|------------------------------|-------------|
| MEDICAL | |
| CAPT Wilfred David | 10/24/00 |
| CAPT Francis T. Flood | 10/04/00 |
| CAPT William C. Jenkins, Jr. | 10/24/00 |
| CAPT Robert A. Weeks | 10/23/00 |
| DENTAL | |
| CAPT Oswald Spence | 09/23/00 |
| NURSE | |
| CAPT Katherine Callaway | 10/26/00 |
| ENGINEER | |
| CAPT Arve H. Dahl | 10/11/00 |
| CAPT Elroy K. Day | 10/10/00 |
| ENVIRONMENTAL HEALTH | |
| CAPT Stephen Megregian | 10/20/00 |

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TRICARE Dental Program for Dependents of PHS Active-Duty Officers

On April 14, 2000, the TRICARE Management Activity awarded United Concordia the contract for the TRICARE Dental Program (TDP). The new dental program is scheduled to begin February 1, 2001 and will create the world's largest dental benefits plan by combining the former TRICARE Selected Reserve Dental Program and TRICARE Family Member Dental Plan (TFMDP). United Concordia will expand its contractor responsibilities to more than 1.6 million members.

Beginning with the implementation of the new TDP, sponsors will enjoy a decrease in their monthly dental premiums. Effective with the January 2001 pay period, the full monthly premium for a single dependent enrollment will be \$7.63 and \$19.08 for family enrollment. As with TFMDP, enrollment in the TDP may be either a single dependent plan or a family plan.

The TDP is a comprehensive dental plan available to family members of active-duty Uniformed Services personnel. Family members are eligible for the same benefits in both the Continental United States (CONUS) and Outside Continental United States (OCONUS) service areas (although services may not be available or accessible in all OCONUS locations). As with the TFMDP, active-duty Service members are *not* eligible for the program.

Under the new contract, United Concordia will provide plan members with enhanced benefits. The plan, like civilian group dental plans, covers diagnostic, preventive, restorative, endodontic, orthodontic, prosthodontic, and oral surgery services. Depending on the type of service received, benefit coverage ranges from 50 percent to 100 percent of the maximum allowable fee. The plan's maximum benefits will be increased from \$1,000 for annual routine care to \$1,200. And, the orthodontic lifetime maximum will be increased from \$1,200 to \$1,500.

Enrolling in the TDP is voluntary. **Members who currently have their family enrolled in the TFMDP will *not* need to re-enroll to take advantage of the expanded benefits in the new TDP.** Uniformed Service members who have been on active duty for at least 30 consecutive days and intend to remain on active duty for at least 12 months can enroll their family members in the TDP. Service members who are returning with their families from an overseas duty station on Permanent Change of Station orders, and who will remain on active duty for at least 12 months after they return, may also enroll in the TDP.

Under the current TFMDP contract, sponsors were required to complete DD Form 2494 and submit it to the Compensation Branch (CB), Division of Commissioned Personnel (DCP). With the implementation of the TDP, the enrollment process will be handled through United Concordia. Sponsors wishing to enroll their family members will be required to complete a United Concordia TDP Enrollment Form. This form will be available from the United Concordia web site; from DCP; from Defense Enrollment Eligibility Reporting System (DEERS) sites; or by calling United Concordia. (*Note:* Web site URL and phone numbers are listed at the end of this article.)

United Concordia began accepting enrollments in the new TDP on November 21, 2000. The earliest possible coverage effective date for the new plan is February 1, 2001.

Eligibility to participate in the TDP is dependent on enrollment in DEERS. It is extremely important that sponsors ensure the DEERS information on all family members is up-to-date, including, but not limited to, current address and the addition of new family members. To prevent enrollment and claim processing delays, the sponsor should verify that all family members are current and that the correct premium has been deducted from his/her earnings statement.

United Concordia has successfully administered the TFMDP since 1996. The company's outstanding service record has been documented in monthly performance results submitted to TRICARE, and through internal and independent audits and customer satisfaction surveys. They are dedicated to educating eligible sponsors and family members about the value and benefits of the TDP.

A copy of the new TDP benefits booklet will be mailed to all current TFMDP sponsors, Patient Care Coordinators in DCP, and to all DEERS installations, along with being available on the United Concordia web site. Additionally, available on-line, will be OCONUS claim forms and copies of new outreach brochures covering various topics such as orthodontics and preventive dental care, OCONUS provider and referral manuals, and the participating provider directory.

United Concordia Companies, Incorporated:

Web site: ucci.com
Customer Service: 1-800-866-8499

DCP Point of Contact:

CDR Bill Atwood 301-594-5062 (or)
1-800-368-2777

RADM Faye G. Abdellah, USPHS (Ret.) Inducted Into the National Women's Hall of Fame

Former Deputy Surgeon General, RADM Faye G. Abdellah, USPHS (Ret.), was inducted into the National Women's Hall of Fame on October 7, 2000. Inductees were chosen through a rigorous national selection process, and the ceremony was held in historic Seneca Falls, New York, the birthplace of women's rights, where the first Women's Rights Convention was held in 1848. RADM Abdellah joins a list of 157 of the most distinguished women in American history, including Susan B. Anthony, Clara Barton, Helen Keller, Sandra Day O'Connor, Rosa Parks, and Eleanor Roosevelt.

On the Senate floor on October 5, Senator Daniel K. Inouye of Hawaii paid a tribute to RADM Abdellah. Senator Inouye said, "I have had the privilege of knowing Dr. Abdellah for many years. Her selfless devotion to duty and extraordinary accomplishments are legendary. It is with pride that I congratulate Dr. Abdellah on her well-deserved induction into the National Women's Hall of Fame. Our Nation can be proud of her long and distinguished service to this country."

RADM Abdellah is a nurse researcher whose work has altered the modern nursing theory and practice, according to officials at the National Women's Hall of Fame. With doctorates in both education and science, RADM Abdellah is a registered nurse who has worked to introduce scientific research into nursing and patient care. She developed the first tested coronary care unit, and has developed educational materials in many areas of public health. She is the recipient of 79 professional and academic honors, holds 11 honorary degrees, and has authored and co-authored more than 150 publications. She was the first nurse to be awarded two-star rank and the first woman to serve as Deputy Surgeon General of the Public Health Service.

Currently, RADM Abdellah is Dean of the Graduate School of Nursing at the Uniformed Services University of the Health Sciences in Bethesda, Maryland.

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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.

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

Category/OPDIV

Description of Position

DENTAL

NATIONAL INSTITUTES OF HEALTH— Rockville, MD

Staff Dental Officer/Advanced Clinic
Contact: CDR Michael Arnold 301-496-1713
Grades: O-3/O-4

Primary duty is to provide comprehensive dental care to active-duty Public Health Service and National Oceanic and Atmospheric Administration commissioned officers located in the Washington, D.C. metropolitan area. The position will be available March 1, 2001.

NURSE

INDIAN HEALTH SERVICE— Phoenix, AZ

Clinical Staff Nurse, Intensive Care Unit (ICU)
Contact: Ms. Jeannette Yazzie 602-263-1582
Grades: O-3/O-4/O-5 E-mail: jeannette.yazzie@pimc.ihs.gov

The Phoenix Indian Medical Center, a 127-bed community based hospital, is seeking experienced registered nurses that are competent in all aspects of ICU patient care.

NATIONAL INSTITUTES OF HEALTH— Bethesda, MD

Clinical Nurse
Contact: Ms. Rosie Smith 1-800-732-5985
Grades: O-2/O-3/O-4

Provides nursing care to patients in a 314-bed hospital solely dedicated to biomedical research. Current vacancies exist for staff nurses with experience in critical care, oncology, mental health, organ and bone marrow transplant, med/surg, pediatrics, cardiac catheterization lab, telemetry/cardiovascular, and neurology/neurosurgery.

HEALTH SERVICES

BUREAU OF PRISONS— Houston, TX

Physician Assistant
Contact: Mr. Jason Terris 713-229-4109
Grades: O-2/O-3/O-4

Provides healthcare to the inmate population at a Federal Detention Center.

MULTIDISCIPLINARY

HEALTH RESOURCES AND SERVICES ADMINISTRATION— Port Isabel, TX

Assistant Health Services Administrator
Contact: CDR Gilbert Rose 1-877-353-9834
Grade: O-5 E-mail: GPRosePHS@AOL.COM

This position is with the Division of Immigration Health Services, Immigration and Naturalization Service. This position will require the officer to be geographically mobile after a 2-year training period to a Health Services Administrator billet (management O-6), as they become available. This is an opportunity for a mid-career officer who wants to join a dynamic organization that can offer the upper-level administrative billet necessary for future promotion and who wants to make a real difference in the area of primary health. A master's degree is highly desirable.

NATIONAL PARK SERVICE— Atlanta, GA

Program Manager, Hazardous Materials/Hazardous Waste Program Officer
Contact: CAPT John J. Hanley 202-565-1117
Fax: 202-565-1115 E-mail: john_hanley@nps.gov
Grades: O-4/O-5/O-6

Seeking applicants from the Environmental Health Officer or Engineer categories. The selected officer will be assigned to the Facilities Management and Engineering Division, Southeast Regional Office. A bachelor's degree is required in environmental health, industrial hygiene, occupational safety and health, civil/environmental engineering, or a related field; a master's degree is preferred. A minimum of 10 years of experience in an environmental health/compliance program with 5 years of progressively responsible professional duties in hazardous materials/hazardous waste management/spill response or environmental engineering is required as well as an in-depth knowledge of environmental regulations. Current professional registration (e.g., Certified Industrial Hygienist, Certified Hazardous Materials Manager, Certified Hazard Control Manager, Registered Environmental Manager, Registered Hazardous Substances Professional, or Registered Professional Engineer) is mandatory. Frequent travel is necessary.

Retirements - November

Title/Name

OPDIV/Program

MEDICAL

REAR ADMIRAL (LOWER)

Ruth L. Berkelman CDC

COMMANDER

Lynda K. Zaunbrecher BOP

Lisa S. Rosenblum CDC

Paul H. Stevens IHS

NURSE

REAR ADMIRAL (LOWER)

Carolyn B. Mazzella HRSA

CAPTAIN

Michael K. Berry HRSA

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LIEUTENANT COMMANDER

Ruth F. Walker IHS

ENGINEER

CAPTAIN

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Barry J. Davis NPS

COMMANDER

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SCIENTIST

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Laurence W. Grossman FDA

PHARMACY

REAR ADMIRAL (LOWER)

Fred G. Paavola HRSA

COMMANDER

Daniel P. Riley IHS

HEALTH SERVICES

CAPTAIN

Peter P. Mazzella, Jr. OS

Thomas R. Fewell FDA

DCP Web Site Address—

<http://dcp.psc.gov>

DCP Toll-Free Phone Number—

1-877-INFO DCP

(1-877-463-6327)

Follow the voice prompts to direct your call correctly.

Subscribe to Listserv to Receive E-mail Messages from DCP—

Go to the DCP web site and follow the instructions in the "Listserver Information" area.

Commissioned Corps Personnel Manual Revision Initiative

The Commissioned Corps Personnel Manual (CCPM) contains the policies and regulations which govern the Commissioned Corps of the Public Health Service (PHS). In September 2000 the Office of the Surgeon General (OSG) authorized the Division of Commissioned Personnel (DCP) to institute the "CCPM Revision Initiative," and on October 1, 2000, the Surgeon General's Policy Advisory Council initiated a comprehensive review of the CCPM.

As part of the "CCPM Revision Initiative," the OSG authorized DCP to place proposed policies on the DCP web site for comments from the PHS community-at-large. The OSG anticipates that this cooperative effort will strengthen and foster esprit de corps.

As of December 1, 2000, the DCP's web site contains a heading entitled "Policy

Revisions." Within "Policy Revisions," there are two options. The first option is the "On Deck Circle" (upcoming revisions) and contains policies which are scheduled for revision within 60 - 90 days. The second option is the "Batter's Box" (currently being revised). Policies appearing in the "Batter's Box" are available for review and comment for 14 days from the date the policy was placed into the "Batter's Box." Note: Persons on DCP's Listserver will be notified when policies are placed into the "Batter's Box." To subscribe to DCP's Listserver, go to the DCP web site - dcp.psc.gov - and follow the instructions in the "Listserver Information" area. Comments are welcome from any interested party.

All comments must contain the author's name, rank (if applicable), Op-

erating Division/Program, and telephone number. Comments must be received by the identified suspense date to be factored in for the OSG's consideration.

- Comments transmitted by mail must be sent to:

Division of Commissioned Personnel
ATTN: Policy Coordination Staff
5600 Fishers Lane, Room 4A15
Rockville, MD 20857-0001

- Comments transmitted by e-mail must be sent to - ccpm@psc.gov
- Questions should be e-mailed to - ccpm@psc.gov

This is an opportunity for all our readers to shape the future of the Corps. DCP welcomes your input into the "CCPM Revision Initiative."



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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