



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

*"Once a mark of sophistication among women in the social forefront, then adopted by middle-class women, smoking has increasingly become an addiction borne by women with the least resources in our society."*

—Surgeon General's Report on Women and Smoking

On March 27, 2001—37 years after the first Surgeon General's Report was released—we assembled at the National Press Club in Washington, D.C., to release yet another report focusing on tobacco use in this country. I was joined by Health and Human Services Secretary Tommy G. Thompson and the report's senior scientific editor, Virginia Ernster, whose efforts in producing this 675-page report were nothing short of a labor of love. The Centers for Disease Control and Prevention (CDC) was the lead agency in the development of this report.

You might be wondering what possibly could inspire another report about tobacco, and I would answer a great deal. This one comes 20 years after the first report on women and smoking warned of an emerging epidemic of smoking-related diseases among women. Unfortunately, lung cancer, once rare among women, is now the leading cause of cancer deaths among U.S. women. About 90 percent of all lung cancer deaths among women are attributable to smoking. This year alone, lung cancer will kill nearly 68,000 U.S. women. That's one in every four cancer deaths, and about 27,000 more deaths than from breast cancer. In fact, more women died of lung cancer in 2000 than from cancers of the breasts, uterus, and ovaries combined.

Studies since 1980 have also made it clearer than ever that smoking and its related health burden weigh most heavily on women with limited education and lower socioeconomic status. Today's report shows that smoking rates among women with less than a high school education are three times higher than for college graduates. Among pregnant women in these same groups, there is an astonishing 12-fold difference. These findings show the vulnerability of the least-empowered women in society to the lure and addiction of tobacco advertising and its false promises of social desirability, independence, and success.

The elimination of health disparities related to tobacco use also poses a great national challenge. American Indian or Alaska Native women are much more likely to smoke than other U.S. women and currently bear a great health burden.

Looking beyond our national borders, we see that smoking rates among women are increasing rapidly but vary greatly, from as low as 7 percent in some developing countries to 24 percent in some developed countries—and we also know that the increases we observe are directly tied to aggressive, western-style marketing campaigns.

Our Healthy People 2010 goals call for reducing the prevalence of smoking among U.S. adult men and women to 15 percent or less. The bad news from the report is, if trends over the past decade continue, that goal will not be met for either men or women. The good news, though, is that we know more than enough to prevent and reduce tobacco use

among women. If the recommendations in this report were fully implemented, we could cut smoking among women and girls in this country by more than half by 2010.

Since the 1980 women's report, thousands of studies have expanded both our knowledge of the effects of smoking on women's health and our understanding of the numerous factors that influence women to start smoking, stay smoking, and quit smoking. This report considers this new body of evidence and draws a series of major conclusions.

The first set of conclusions tell us who is smoking—both teens and adults, with some marked differences by race and ethnicity. Despite everything known about the devastating health consequences of smoking, 22 percent of women still smoke cigarettes. The once-wide gender gap in smoking rates narrowed until the mid-1980s and has since remained fairly constant. Smoking among men is now only slightly higher than among women, at 26 percent.

Among high school senior girls, a full 30 percent reported having smoked

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## Surgeon General's Column

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within the past month—a disturbingly high figure in view of the overwhelming body of knowledge about the health risks of smoking. Like men, nearly all women who smoke started as teenagers. The alarming increase in teen smoking rates in the early and mid 1990s has dampened much of the progress we saw in the 1970s and 1980s. Our proudest success story is among black girls, whose smoking rates continue to be dramatically lower than for other girls.

The second set of major conclusions tell us what is happening to women who smoke. Since the first women's report in 1980, about 3 million U.S. women have died prematurely from smoking. Each year during the 1990s, U.S. women lost an estimated 2.1 million years of life because of smoking-related deaths. In addition to sharing the same health risks as men, such as lung cancer and heart disease, women who smoke experience unique health consequences. They are at increased risk for many reproductive problems, cervical cancer, and special problems related to osteoporosis and depression.

The third set of conclusions tell us what is happening to families and children of women who smoke. The report finds conclusively that exposure to environmental tobacco smoke (ETS) is a cause of lung cancer and heart disease among women who are lifetime non-smokers. Infants born to women exposed to ETS during pregnancy have a slightly lower birth weight and a slightly increased risk of intrauterine growth retardation. Fortunately, ETS exposure and its associated health risks are nearly entirely preventable by making all indoor environments smoke-free.

The report underscores that smoking during pregnancy remains a major public health problem even though we know so much about the dangers. Smoking during pregnancy increases the risk for stillbirth and neonatal deaths, and babies born to women who smoke during pregnancy have lower birth weight and an increased risk for sudden infant death syndrome. Smoking during pregnancy has declined steadily in recent years, but far too many pregnant women continue

to smoke. Only about one-third of the women who stop smoking during pregnancy are still tobacco free one year after delivery.

The final set of conclusions present the challenges ahead. One of our greatest challenges continues to be tobacco industry marketing campaigns, which the report concludes increase the risk of smoking among girls in the U.S. and overseas. Just this month, the government reported that cigarette companies increased their advertising and promotional expenditures by more than 22 percent between 1998 and 1999, to an all-time high of \$8.24 billion. That's nearly \$1 million an hour spent on marketing tobacco. In their advertising, tobacco companies have exploited themes of liberation and success, and they have conveyed these themes through slim, attractive, and athletic models—images exactly opposite to the disease and suffering experienced by so many women who smoke.

And progress against smoking continues to be challenged by the terrible addictiveness of tobacco use. Among women who smoke, 75 percent want to quit—but only 2 to 3 percent of smokers are able to do it permanently each year. When women do conquer their addiction, we have much good news to report—they greatly reduce their risk of dying prematurely, and quitting smoking is beneficial at all ages. Prevention and cessation programs are generally as effective for women as for men, and we have identified very few gender differences in factors related to starting or quitting smoking.

This report goes beyond outlining the problem—it also offers solutions and key strategies for meeting them.

First, we need **education** in its broadest sense. We need to increase awareness of the devastating impact of smoking on women's health, as well as expose and counter the tobacco industry's deliberate targeting of women. I think it is especially ironic that the industry portrays smoking as a form of independence—when smoking in fact leads to nicotine dependence and death among so many women. We also need to do more to

deglamorize smoking through creative counter-advertising and by publicizing the fact that most women do *not* smoke.

Second, we need **action**. We need to harness the same expertise, momentum, and passion to give a voice to lung cancer and other smoking-related diseases among women. We also need to increase the availability of proven treatment methods, including access to effective drug therapies, for women who want to stop smoking. Tobacco use treatments are among the most cost effective of preventive health interventions, and they should be part of all women's healthcare programs. Above all, we need to continue to put in place comprehensive tobacco control efforts that are proven to be effective in reducing smoking among both women and men.

Third, we need more **research**. We need to continue to build the science base for understanding the health effects of smoking on women in particular. And we need to develop more effective approaches for preventing smoking among girls and for helping both adults and teenagers quit smoking.

On the day we released the report, I left the audience with a challenge that I also want to offer to members of the commissioned corps. Today, all States have considerable resources from their 1998 master settlement with the tobacco industry. I am heartened by a report from CDC last month showing that the States have allocated about \$800 million for tobacco prevention. At the same time, I am disappointed by the fact that investments in many States are far below what we consider to be minimal funding levels for effective programs. I hope you will assist us as we use this report to inform, galvanize, and inspire our Nation, States, and communities to take action to protect the health of all women. We know how to prevent and reduce smoking among women. Now all we need is the collective will to harness the necessary resources to put our solutions to work.

VADM David Satcher  
Surgeon General

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## Following the Filaments of the Division of Commissioned Personnel's Web Site

The recent presentation of a 'Uniform Use Questionnaire' on the Division of Commissioned Personnel's (DCP) web site resulted in many officers accessing the pages for the first time. This first visit was a very positive thing, and it is hoped that officers will visit the DCP web site often. Let's take a few minutes and look at the many current and planned features for the site.

As with all web sites, the DCP site is one of constant growth and evolution. We are working on several initiatives to improve the services available to you, wherever the location, if you have Internet access. (*Important note: We know that not everyone has Internet access, and we make many services available through other means*). Increased use of electronic forms is on the horizon, as is a new skills/preferences survey for job matching. Improved reporting tools for our Commissioned Corps Liaisons and remote personnel staff are under development. In the meantime, take a look at what is already available.

First, and in many cases the most important page, is the welcome screen. What makes this so important is that many time-sensitive announcements are published there. Check back often for critical information. This is also where we make note of system down times, so you will know in advance when the web site, or other DCP services, will not be available. One important link to note on this page is the one that will display a site map. Take a look and see what's there!

To summarize, the site is broken down into 10 major topic areas that are reached from the main menu bar. They are:

- About Us
- What's New
- Frequently Asked Questions (FAQs)
- The "Secure Area"
- Jobs
- Services
- Policies
- Publications
- Training
- Links

Great you say, but what do they contain? Hopefully many of the areas, while self-evident in a lot of their content (like the "Jobs" area), have a few positive surprises. For example, "About Us" contains

descriptions of each of the Branches in the Division, with contact information provided. It also contains the complete Staff Directory, with subject matter indexes.

All right, "What's New" is clear, but did you know it has a schedule of events and activities? Note, alas, the lack of content. It would be a good thing to let us know about some of those things that impact on the Corps so that we can include them. Also under that heading is a link to hints for using the DCP web site.

"FAQs"—has information on viewing your Official Personnel Folder (OPF) and the promotion process. This is another area ripe for expansion based on your needs.

The "Secure Area" contains the gateway to those activities that are only for our active-duty officers, Commissioned Corps Liaisons, and other select authorized persons. But first on the list of items is a choice for getting 'Information for New Users.' Please take a minute and review the information. Once you login using the password and ID supplied to all active-duty officers (Forgot yours? Just call 301-594-0961 and the DCP Helpdesk staff will give you a new one.) you will have access to areas that contain your electronic OPF, contact information that can be updated, the 'Blue Book', personal promotion data, and an ever increasing number of activities. Access to the Commissioned Officer Leave Tracking System (COLTS) is also gained via the top link for now. In the near future, the link will be more smoothly integrated. We are also working on the mechanism for you to grant others access to sections of your OPF for a limited time. We are told this is important for those of you seeking other jobs and desiring promotion counseling from mentors. By sharing access, two people at remote locations can look at the same material at the same time!

"Jobs"—these are links to vacancy systems. Take a look at the recently added Commissioned Corps Job Vacancies Database. You can design and run a customized search for jobs or use one of the pre-built reports.

The "Services" area contains a number of links that are for more public use/information areas that don't get a main link of their own. This includes a Travel and Transportation Center, links to Forms, an online Commissioned Corps

application request page, instructions for signing up for the listserver (something every officer or interested person should do—we promise not to spam you!), generic promotion results, and a set of commissioned corps graphics for your use within established guidelines.

Looking for the Commissioned Corps Personnel Manual (CCPM)? It is under the "Policies" section, as are areas for proposed revisions to the CCPM, Equal Opportunity policies, and Disciplinary Actions policies. The CCPM is indexed by both section and subject matter. If you want to see what is "on deck" for changes and make comments, your opportunity awaits in the proposed revisions section—it's your chance to be directly heard.

We so strongly need the CCPM that we put links in two places. Under the "Publications" heading you will find another path to the CCPM, as well as a link to all our other official publications. The online version of the *Commissioned Corps Bulletin* may be accessed via this section. Also, information on the Regular Corps assimilation program is available.

"Training"—as many of our newer officers are aware, the Commissioned Officers Training Academy (COTA) has been doing a great job of providing good information to our members. A recent section to the site has been added that focuses on the COTA curriculum.

In the "Links" section we have included links to those sites that seem to be of interest to people based on feedback we have received. Access to the Professional Advisory Committee web sites is provided, as is a link to the U.S. Public Health Service Commissioned Corps web site—[www.usphs.gov](http://www.usphs.gov). We have gathered several links to sites that contain pay information, travel information, healthcare information, and professional associations that represent Uniformed Services members.

As stated at the outset, we are constantly trying to improve on the services provided via this medium. To do that, we need your input. In addition to providing assistance, the DCP Helpdesk is open to suggestions for additions to the site. We may be reached at 301-594-0961 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 40961) or by using e-mail at—[dcp-helpdesk@psc.gov](mailto:dcp-helpdesk@psc.gov)





## Subscribe to DCP's Listserv to Receive Important Information Rapidly

The Division of Commissioned Personnel (DCP) maintains a self-subscribing mail list for the distribution of news, job opportunities, special messages from the Surgeon General, disaster response, and other areas of special interest to the commissioned officers of the Public Health Service.

The DCP listserv fills a much needed void for rapidly distributing important information and for contacting many officers at once. The listserv can be used to alert you to notices of threats to Uniformed Services personnel or to issue special instructions during a time of national emergency.

Subscribing to the DCP listserv is a very easy and straightforward process:

- (1) Send an e-mail message to—**listserv@list.psc.dhhs.gov**—with no subject, and enter the following into the message area: **SUBSCRIBE DCP "your full name"**. "Your full name" is replaced with your first and last name without the quotation marks—*Example: Subscribe DCP John Smith*
- (2) Once you have sent the subscribe message, you will receive a confirmation e-mail from the listserv within 48 hours. To complete the subscription process, you will need to reply to the e-mail and type **"ok"** (without the quotation marks) into the first line of the message area. The purpose of this confirmation is to check that the address listserv is about to add to the list for your subscription is reachable. You will then receive a message confirming that you have been added to the list.

Since this list is self-maintaining, if you change your e-mail address and wish to continue receiving the listserv messages, you must signoff with the old address and subscribe again with the new address. To signoff from the list, send an e-mail message to—listserv@list.psc.dhhs.gov— with no subject, and enter the following into the message area: **SIGNOFF DCP**. After you receive the signoff confirmation e-mail from the listserv, you can then subscribe using your new e-mail address.

## ANNOUNCEMENT!

### New Web Site Address for U.S. Public Health Service Commissioned Corps — [www.usphs.gov](http://www.usphs.gov)

The Division of Commissioned Personnel (DCP) has obtained a new URL for the web site for the U.S. Public Health Service (PHS) Commissioned Corps. It is—[www.usphs.gov](http://www.usphs.gov)

Currently, the DCP maintains two separate web sites:

- Active-duty web site—<http://dcp.psc.gov>— is the DCP site and it is a resource for active-duty officers and program officials where officers are assigned.
- PHS Commissioned Corps web site—<http://www.usphs.gov>—informs the general public, professional school faculty, and potential recruits about PHS Commissioned Corps history, activities, and career opportunities.

#### *Check the Status of an Application Via the Commissioned Corps Web Site*

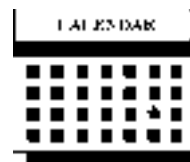
We have created a system to allow applicants and hiring officials to view the status of an application online from a link on the web site—[www.usphs.gov](http://www.usphs.gov). Just click on the link to "Track the Status of Your Application." Applicants and hiring officials no longer need to phone DCP to see if items sent to us were received!

#### *Improvements Being Made to the Commissioned Corps Web Site*

DCP is in the process of updating the web site with improved content and a new professional graphical interface. The graphics of the improved site are being developed by the same Program Support Center marketing and media professionals that designed DCP's recruitment brochure and video, so all of the marketing items will have the same professional look and feel. We will make an announcement when the improved web site is unveiled.

#### *Subscribe to DCP's Listserv*

In order to stay informed, all active-duty officers are encouraged to subscribe to DCP's listserv. Please see the article on this page of the *Commissioned Corps Bulletin* for detailed information about DCP's listserv.



## 2001 Annual COERs

The 2001 Annual Commissioned Officers' Effectiveness Report (COER) will be distributed in late May and is due from the officer to his or her immediate Supervisor/Rating Official no later than *June 1, 2001*.

Active-duty officers are advised to follow the instructions and deadlines announced in Manual Circular No. 367 to which the form PHS-838, "COER," is attached. Several key identifying pieces of information will be pre-filled on the form PHS-838 that you receive. (See the article on page 5 in this issue of the *Commissioned Corps Bulletin* for detailed information about the 2001 Annual COER.)

The following summary of the established deadlines is provided as a convenient reminder.

COERs are due:

- to the officer's Supervisor/Rating Official by *June 1, 2001*;
- to the Reviewing Official by *June 15, 2001*;
- to the Agency/Operating Division/Program Commissioned Corps Liaison by *July 13, 2001*; and
- to the Division of Commissioned Personnel by *July 27, 2001*.

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### Visit the Division of Commissioned Personnel's Vacancy Announcement Database

- Go to the DCP web site—<http://dcp.psc.gov>
- Click on "Jobs"
- Click on "Commissioned Corps Jobs Vacancies Database"

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# 2001 Annual Commissioned Officers' Effectiveness Report

## Form PHS-838

The 2001 Annual Commissioned Officers' Effectiveness Reports (COERs) will be distributed in late May. Included in the mailing is the 2001 Annual COER Manual Circular No. 367 (on yellow paper), and form PHS-838, "COER." **Please note: Because the COER form is pre-filled and barcoded it can only be used by the officer whose name appears on the form. Therefore, it may be practical to make a photocopy before completing the form.**

The key points to note are as follows:

1. The COER form being provided is for your 2001 *Annual* COER only. Several key identifying pieces of information will be pre-filled on the form at the time of printing. If you change duty stations during the month of May, the Division of Commissioned Personnel (DCP) database should be current, but the preprinted information will not be correct. Please make note of such a change directly on the COER form.
2. A separate sheet is provided (as Attachment 1 to Section I of the COER form) for the officer to outline his/her duties, accomplishments, and goals. The reverse of the separate sheet is provided (as Attachment 2 to Section III) for comments from the officer's supervisor (rater).
3. Dates of signature of the COER through each of the rating and review processes must be provided. Spaces are included on the form for this purpose in Sections II and IV.
4. This form is designed for optical scanning of the data you, your rater, and your reviewer provide. Samples of the proper way to write-in this information are provided below and in the cover memorandum to Manual Circular 367. Pay attention to the samples to expedite DCP's processing of data entry. *Note:* DCP will be implementing greater use of optical scanning and preprinting of materials. Your assistance in taking the time to understand these forms and the proper way to provide information will be of benefit to all in providing and receiving better customer service.

For optimum accuracy, please print letters in capital letters and avoid contact with the edge of the box. The following will serve as examples:

J O H N   Q .   C I T Z E N ,   I I I

0 1 2 3 4 5 6 7 8 9

Shade circles like this: ●

Not like this: ☑ ☒

5. If an additional copy of the COER form is needed because the pre-filled and barcoded form included with the mailing has been misplaced or destroyed, an electronically produced COER form is available on DCP's web site – <http://dcp.psc.gov> (click 'Services', then click 'Government, Agency and DCP Official Forms', and select form PHS-838 from under the 'Performance' category). When using the form obtained from the web site, officers *must* insert their Public Health Service serial number in the spaces provided in the upper right-hand corner of every sheet. It is recommended that the form be filled out online prior to printing. If you do not have Internet access and need a new form, contact your Agency/Operating Division (OPDIV)/Program Commissioned Corps Liaison who will provide you with a blank form PHS-838, "COER," 6/00 version.

## Delinquent COERS

The Secretary has determined that a well-documented COER must be completed for each commissioned officer. Managers must understand and fulfill their obligations concerning commissioned corps performance management. The Surgeon General as well as each Agency/OPDIV Head will be provided a list of delinquent COERs for their respective Agency/OPDIV. DCP will provide a list of delinquent COERs to the Surgeon General's Policy Advisory Council Representatives and the Commissioned Corps Liaisons after the date the COERs are due in DCP. These lists will include the names of the officers and their organizational component. The Secretary is holding each Agency/OPDIV Head responsible for full compliance.

## Frequently Asked Questions

- Q. May a lower-ranking officer rate a higher-ranking officer?  
A. Yes; this supervisory chain occurs occasionally.
- Q. Will DCP accept a late annual COER?  
A. Yes. DCP will accept the annual COER *at any time*. However, a late COER may be detrimental to the rated officer. Every effort should be made by the rated officer, the rating official, and the reviewing official to complete the COER in a timely manner.
- Q. If I transferred in February or March and had a transfer COER, am I required to do an annual COER?  
A. Yes. Your current supervisor may use the transfer COER as guidance, or the current supervisor may call the previous supervisor for guidance. *Every officer is required to have an annual COER.*

## Office of the Surgeon General

### Go Online for Valuable and Timely Information

The Scientist Category web site has a new address and a new look. Check it out at—<http://usphs-scientist.org>. Category web sites, the Division of Commissioned Personnel (DCP) web site, and e-mail distribution lists provide timely information for current and potential officers. Electronic communications also provide an efficient way to collect information from officers. We hope the following examples from the Scientist Category will encourage you to get online or improve your electronic communications.

The Scientist Professional Advisory Committee (SciPAC) maintains the Scientist Category web site. It features information about the PAC, including a member list and meeting minutes. Current and potential Scientist officers will find valuable information in the online *Scientist Handbook* which includes history and information about the Public Health Service and the Scientist Category. Career development is also covered, including a discussion of the Official Personnel Folder (OPF) and the standard curriculum vitae format. The new site has visual appeal with photos and scientist posters from past Commissioned Officers Association meetings. The SciPAC is also investigating the possi-

bility of using video conferencing over the Internet. This effort will allow officers in remote locations or on travel status access to PAC meetings they might otherwise miss.

From the Scientist Category web site, officers can subscribe to the Scientist Category listserv. This e-mail distribution list allows users to receive list postings, post messages, and access list archives. The Scientist listserv is moderated, which means that the list moderator reviews submitted messages before they are distributed. Typical list messages notify officers of award submission deadlines, PAC meetings, or alerts such as one that recently relayed tax policy information for officers with Pennsylvania resident status. DCP also maintains a listserv that provides information about vacancies, requests comments on proposed policy revisions, and provides other timely information of interest to officers (see related article on page 4 of this issue of the *Commissioned Corps Bulletin*).

Web sites and listservs are not only useful for providing information to officers. In the spring of 2000, SciPAC used its web site to receive responses to a sur-

vey of the Scientist Category. The survey was mailed to all Scientist officers, but responses could be provided by mail, fax, or through the web site. Half of the respondents responded via the Internet. Data collection was streamlined, as web responses were automatically formatted to be pasted into a data base, eliminating the need to re-enter the information. SciPAC's use of the web in this way provided a model for the recent 'Uniform Use Questionnaire' available through the DCP web site—<http://dcp.psc.gov>

The Scientist Category web site and e-mail distribution list provide the means for rapid communication with Scientist officers and have simplified collection of information from Scientist officers. The DCP web site is an important resource for valuable information to officers of all categories and has links to eleven category web sites. The DCP site is also the primary means for officers to monitor and maintain their OPF. Electronic communications are becoming accessible to everyone and extremely easy to use. It is vital for every officer to understand and utilize these new tools. □

### Call for Nominations for Scientist PAC Membership

The Scientist Professional Advisory Committee (SciPAC) seeks motivated commissioned corps and civil service scientists who are interested in serving on this committee. The SciPAC provides advice and consultation to the Office of the Surgeon General and to the Scientist Chief Professional Officer (CPO) on professional and personnel issues. Members represent a cross section of the disciplines, interests, concerns, and responsibilities of scientific professionals in Agencies/Operating Divisions (OPDIVs)/Programs staffed by PHS personnel.

Each year nominations are sought to fill vacancies. The term of appointment is 3 years. The full SciPAC meets every other month with teleconference links, so travel is not required for membership.

Self-nominations are encouraged from junior and more experienced officers or civil service scientists.

The Chairperson of SciPAC and the CPO recommend candidates who provide the representation required by the SciPAC charter. A list of proposed candidates is selected from the nominees and forwarded by the CPO to the Agencies/OPDIVs/Programs for their concurrence.

More information about the SciPAC and membership responsibilities can be found in the *Scientist Handbook*, which is available on the category web site—<http://usphs-scientist.org>

Commissioned corps and civil service scientists who are interested in serving on the SciPAC are encouraged to submit

a curriculum vitae by e-mail or fax **before June 4, 2001**, with a cover letter that describes their interest, to:

LCDR Nelson Adekoya  
Vice Chairperson, SciPAC  
CDC, National Center for Injury  
Prevention and Control  
4770 Buford Highway, NE, (MS-F41)  
Atlanta, GA 30341  
E-mail: [nba7@cdc.gov](mailto:nba7@cdc.gov)  
Fax: 770/488-4338 □

# Commissioned Corps Readiness Force

Spring is here! Are you a member of the Commissioned Corps Readiness Force (CCRF)? Do you know what color or number roster you are on? What month(s) are you placed on the primary deployment roster?

The time to make a list of readiness tasks is now. Begin now to complete tasks that will become deployment requirements in January 2002. Prepare a comprehensive list—general as well as personal—mark a check after each as you complete the item. Completion of several of the items may take significant time and effort—don't wait until the last minute to start. List items the CCRF will utilize; then customize by adding personal tasks that you need to address. For example, a checklist might look like the following:

### Checklist – General (all officers will do)

- Ready Roster placement (indicate roster color or number) \_\_\_\_\_
- Training \_\_\_\_\_
- Core online web-based training units \_\_\_\_\_
- Basic CPR for healthcare provider (AHA standard) \_\_\_\_\_
- Role-specific (if identified and required) \_\_\_\_\_
- Immunizations \_\_\_\_\_
- Currency (112 hours/yearly in clinical role) \_\_\_\_\_
- Physical fitness \_\_\_\_\_
- CCRF physical fitness evaluation \_\_\_\_\_
- Physical examination (every 2 years) \_\_\_\_\_
- Meet height/weight standards (annually) \_\_\_\_\_

### Checklist – Personal (specific to each officer's situation)

- Have deployment uniform (working khaki) and all components \_\_\_\_\_
- Finances—ability for bills to be paid while officer is deployed \_\_\_\_\_
- Arrangements to take care of children \_\_\_\_\_
- Arrangements to take care of pets \_\_\_\_\_
- Will \_\_\_\_\_

Many officers have begun the web-based online training program, but many more have not. Access to the modules is restricted to current CCRF members. To maintain your status, you need to remember to logon to the CCRF database regularly and keep your CPR status current. We have made significant changes to the database form—especially regarding the format and information needed about your supervisor. As part of the roster clearance process, your supervisor is sent a letter requesting permission for you to be placed on a specific roster. Unfortunately, if you do not enter this information (accurately) your status on a roster may be adversely affected (delayed).

CCRF will be publicizing a vacancy announcement for an addition to our staff. If you are interested, please watch the CCRF web site—<http://oep.osophs.dhhs.gov/ccrf>—and/or the DCP web site— <http://dcp.psc.gov>—for specifics.



## HEALTHY LIFESTYLES Get Active—Your Own Way, Every Day, for Life

With the arrival of spring, there are lots of new opportunities to get fit. Don't forget to register for the 2001 Surgeon General's Run/Walk to be held in Rock Creek Park, Washington, D.C., on Wednesday, May 30, as part of the Commissioned Officers Association's (COA) Public Health Professional Conference (see COA's web site—<http://www.coausphs.org>).

And, if you are looking for more information and inspiration, join the Therapists for their COA category day (Wednesday, May 30), which will be devoted completely to wellness, covering such topics as the new Commissioned Corps Readiness Force's fitness levels and local healthy lifestyles programs being developed by officers all over the country.



## Call for Nominations— AI/ANCOAC Committee Member/Advocate Program Member

The function of the American Indian Alaska Native Commissioned Officers Advisory Committee (AI/ANCOAC) is to provide advice and consultation to the Surgeon General on issues related to professional practice and the personnel activities (commissioned corps or civil service) of American Indians and Alaska Native individuals. The AI/ANCOAC provides similar advisory assistance to the Minority Officers Liaison Council (MOLC) and, upon request, to Agency/Operating Division Heads of the Public Health Service (PHS) and to non-PHS programs that routinely employ PHS personnel.

The specific objectives of the AI/ANCOAC are to: improve the recruitment, retention, and career development of American Indian/Alaska Native officers; promote, foster, and encourage the participation and representation of American Indian/Alaska Native officers in leadership, policy development, and management positions in the PHS; enhance the role and contributions of the American Indian/Alaska Native officers in the PHS; and develop effective communication and cooperation among American Indian/Alaska Native officers, non-American Indian/Alaska Native officers, and other parties.

There are two ways to get involved with the AI/ANCOAC—become a member of the AI/ANCOAC advocate program or become an active member on the committee. Both require an application, but only the committee membership requires a supervisor's endorsement. As a member of the AI/ANCOAC advocate program, you will receive regular updates about the activities of the AI/ANCOAC and the MOLC. Advocates are able to pass on concerns and ideas that they feel should be reviewed at the national level. They may also volunteer to assist on projects or committees in which they are interested.

If you would like to become an AI/ANCOAC committee member or advocate, please request that a blank self-nomination 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 second option, "To retrieve documents through Faxback," and request document number **6524**. Send the completed form by **July 1, 2001**, to:

CDR Michelle T. Hall  
AI/ANCOAC Membership  
Alaska Native Medical Center, ANC-CHAP  
4315 Diplomacy Drive  
Anchorage, AK 99508  
Phone: 907-729-2434  
E-mail: [mhall@anmc.org](mailto:mhall@anmc.org)







## Questions and Answers on Uniforms

- Q.** Are female Public Health Service (PHS) Commissioned Corps officers authorized to wear hair ornaments with the PHS uniform?
- A.** Female PHS officers are authorized to wear plain and conservative hair ornaments such as hair pins, combs, headbands, elastic bands, hair clips, and no more than two barrettes at one time, to keep their hair in place. The hair ornaments must match the color of the hair, as close as possible, and may not extend beyond the lower edge of the collar, nor interfere with the proper wearing of the uniform headgear. The hair ornaments will *not* include such items as ribbons or jeweled pins.
- Q.** Are there guidelines or specifications for handbags carried by female PHS officers while in uniform?
- A.** Yes. Women's handbags should be approximately 10 1/4 inches wide, 7 1/4 inches high, and 3 1/2 inches deep, with three separate inside compartments, and a 1-inch adjustable shoulder strap. The color must match the color of the shoes worn.
- Q.** What uniforms are authorized for wear with the Blue Garrison Cap (BCG)?
- A.** The uniforms authorized for wear with the BCG include: Service Dress Blue Sweater, Summer Blue (Salt and Pepper), Winter Blue, Winter

Working Blue, Indoor Duty White, and the modified version of the Service Dress Blue uniforms.

- Q:** Are PHS officers authorized to wear brown shoes with the khaki uniforms?
- A.** Yes. Brown shoes can be worn with the Summer Khaki and Working Khaki uniforms. The brown shoes authorized are Aviator Brown in color. Officers must wear khaki-colored socks while wearing brown shoes and khaki slacks. Handbags carried by female officers wearing brown shoes must be Aviator Brown in color. All khaki and brown items mentioned above must be purchased at Navy authorized uniform shops.

### Recent Deaths

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

<i>Title / Name</i>	<i>Date</i>
<b>SCIENTIST</b>	
CAPT George E. Jay, Jr.	03/31/01
<b>PHARMACY</b>	
CAPT Carmen A. Carrato	03/24/01

## Retirements - April

<i>Title / Name</i>	<i>OPDIV / Program</i>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
Louis E. Mahoney	HRSA
William M. Brewer	CG
Shiro Tanaka	CDC
Melvyn Greberman	FDA
Jon P. Hauxwell	IHS
Walter J. Rogan	NIH
<b>NURSE</b>	
<i>CAPTAIN</i>	
Harold J. Ballantyne	HCFA
Richard G. Weyers	IHS
<b>COMMANDER</b>	
Michael E. Mossman	HRSA
<b>ENGINEER</b>	
<i>CAPTAIN</i>	
Daniel H. Schubert	IHS
<b>PHARMACY</b>	
<i>CAPTAIN</i>	
Randy G. Rost	IHS
<b>HEALTH SERVICES</b>	
<i>CAPTAIN</i>	
Jeffrey D. Maurer	CDC
John W. Randall	IHS
Henry Moore	NIH

### DEPARTMENT OF HEALTH & HUMAN SERVICES

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 Human Resources Service  
 Division of Commissioned Personnel, Room 4-04  
 Rockville MD 20857-0001

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