

# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XIV, No. 9 September 2000

### Surgeon General's Column

"Some say that knowledge is superior to action. Others say that action is superior to knowledge. Both are wrong. Unless knowledge is tied to action, it is not deserving the recompense."

—al-Huhwari, 11th century Sufi saint from his book, the oldest Persian text on Sufism

In the past four decades, we have made unprecedented gains in preventing and controlling tobacco use in this country. In 1964, when Dr. Luther Terry released the first-ever Surgeon General's Report on Smoking, the rate of tobacco use in this country was at nearly 45 percent. Today, it is 25 percent. While on one hand we laud these record achievements showing reduced rates of tobacco use, the sobering reality is that almost 50 million Americans smoke today and smoking remains the leading cause of preventable death and disease in this country. More than 400,000 adults die prematurely from tobacco-related illnesses each year in this country and almost 4 million in the world.

So, we still have a big mission ahead of us. Our latest arsenal in the battle against tobacco use was released last month during the 11th World Conference on Tobacco OR Health in Chicago. It is entitled "Reducing Tobacco Use," and it is the newest addition to the collection of tobacco-related Surgeon General's Reports. Although 28 of the 52 Surgeon General's Reports have been on tobacco, this is the first report ever to provide an in-depth analysis of the effectiveness of various methods to reduce tobacco useeducational, clinical, regulatory, economic, and social. In short, it is the first report on tobacco-related issues to deal

more with identifying solutions than with identifying problems.

The report also moves us one giant step closer to meeting our Healthy People 2010 goals of enhancing the years and quality of life and eliminating racial and ethnic disparities in health. Our Healthy People 2010 objectives include cutting in half the current rate of tobacco use among adults; for teens, the goal is to cut it even more than half. We realize the enormity of this mission, considering about one-third of U.S. teenagers continue to smoke and the smoking rate among college students has increased in recent years. All of that is exacerbated by the fact that tobacco companies spend \$18 million a day in marketing campaigns aimed at convincing tobacco users to continue their use and at persuading a whole new generation to start. Despite overwhelming evidence pointing out the harm of tobacco use, 3,000 teens become new smokers each day.

But we believe that if the Nation would fully implement anti-smoking programs using effective approaches that are already available, we can turn that around. Educational strategies could prevent or postpone smoking onset in 20 percent to 40 percent of adolescents. School-based programs are most effective when combined with mass media programs and with other community-based efforts involving parents and other community resources.

Our concern cannot be limited to the U.S. We live in a global village, and to-bacco control must be near the top of our global health initiatives. As tobacco companies continue to target poor and minority populations in this country, they

also have begun to shift their interests to developing nations. Worldwide, smoking-related deaths will rise from 4 million this year to 10 million per year by 2030 if we continue along the same trends. Most of those deaths will occur in developing countries, which are by far less equipped than developed nations to address such devastating losses and are already suffering a disproportionate burden of illness and deaths.

Our efforts must be both national and global in focus and concentrate on three areas: promoting quitting among adults and youth smokers; preventing young people from ever starting to smoke; and protecting citizens from second-hand smoke.

But let me be even more specific about the role you can play. Healthcare providers have a unique opportunity to reduce smoking in this country. We have found that if healthcare providers would only take the time to ask their patients if they smoked, and then ask the smokers to quit, we could impact from 5 percent to 10 percent of the smoking population to quit. That's millions of lives a year. Others will need more help, which we are

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### Surgeon General's Column

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prepared to offer. Pharmacologic treatment of nicotine addiction, combined with behavior support, will help 20 percent to 25 percent of users to quit for good. These findings are critical because 70 percent of smokers want to quit, yet only 2.5 percent are able to succeed in a given year.

The Public Health Service recently issued a clinical practice guideline that highlights effective treatment methods for nicotine addiction. The broad application of this guideline could produce a more rapid and probably larger short-term impact on tobacco-related health statistics than any other component of a comprehensive tobacco control effort.

The 461-page report covers much more than can be discussed in this space, from clean air regulations and restrictions of minors' access to tobacco products to protection of nonsmokers and economic approaches. But the most effective approach to tobacco control is definitely a comprehensive one that includes educational, clinical, regulatory, and economic strategies. We hope that more States will use tobacco settlement funds to implement such comprehensive approaches.

The 21st century brings with it unique public health challenges. But we have an opportunity to save lives unlike anything I've witnessed since the polio vaccine. But the question remains whether we will seize the moment by implementing proven strategies, or will we reach a stalemate in our efforts and allow this challenge to get the best of us. How we respond today will determine how this point in history will be viewed tomorrow.

ADM David Satcher Assistant Secretary for Health and Surgeon General

# Commissioned Officer Training Academy

Various aspects of the Commissioned Officer Training Academy (COTA) can be accessed as follows:

- For information about COTA's Programs, go to the Division of Commissioned Personnel's web site – http://dcp.psc.gov and select the option Commissioned Officer Training Academy
- For information about COTA's History Section (regarding providing digital pictures and stories) send an e-mail message to dtaylor@psc.gov
- For information about COTA's Sponsor a Program (to arrange for a program in your local area) send an e-mail message to fbehan@psc.gov

COTA offers three programs and a small number of mini/short presentations; additional programs are under development. The three programs currently offered are as follows:

#### **Basic Officer Training Course**

- Duration: 3 days
- *Audience*: All officers are invited, but newly commissioned officers and Senior Commissioned Officer Student Training and Extern Program (COSTEP) participants are encouraged to attend.
- Goal: To emphasis what it means to be a Public Health Service (PHS) Commissioned Corps officer and to provide a basic understanding of the commissioned corps personnel system.
- Content: Information on assimilation, awards, career management, Commissioned Corps Readiness Force (CCRF), Commissioned Corps Training Ribbon, Commissioned Officers' Effectiveness Report (COER), courtesies, customs, flag, grooming, healthcare, inactivation, independent officer training course, leave, pay and allowances, PHS history, promotion process, retirement, saluting, standards of conduct, temporary duty travel (TDY), termination, uniform inspection, Uniformed Services benefits.

### **Basic Orientation for Supervisors and Administrative Personnel**

- Duration: 1 day
- *Audience:* All employees involved with PHS commissioned corps officers (e.g., commissioned officers, civil service employees, Tribal employees (full or part-time employees)).
- *Goal:* To provide a basic understanding of the commissioned corps personnel system.
- *Content:* Awards, billets, COER, commissioned corps, inactivation, leave, PHS history, promotion process, termination, and TDY.

### **COSTEP Orientation**

- Duration: 1 day
- Audience: Junior COSTEP participants.
- $\textit{Goal:}\ \text{To provide}\ \text{an exposure to the commissioned corps}\ \text{and PHS}.$
- *Content:* CCRF, commissioned corps, courtesies, customs, flag, grooming, pay and allowances, PHS history, saluting, uniform inspection, Uniformed Service benefits.

## **Submitting Information for Electronic OPFs**

Those officers whose Official Personnel Folders (OPFs) are on the Division of Commissioned Personnel's (DCP) web site – <a href="http://dcp.psc.gov">http://dcp.psc.gov</a> – should submit information by fax using the following fax numbers: 301-480-1436 (or) 301-480-1407. The submitted documents are automatically placed directly into the officers' electronic OPFs. Please check the web site before submitting information to be certain that you are not submitting duplicates.

Important—The software only accepts 8½" x 11" images that are from clean copies (copies with various shades of contrasts do not scan well). Therefore, please refrain from using a 'highlighter' marker, since the highlighted sections appear as dark lines and cannot be read.

Please note the following guidelines:

- On the upper right corner of all submitted sheets, include your name, Public Health Service (PHS) serial number, and category. For multiple page documents indicate page sequence (e.g., page 1 of 3, page 2 of 3).
- Curriculum vitae (CV) cover sheets must be included as page 1 of the CV as only one document is retained in this section.
- Continuing education documents should be grouped by year.
- Licenses/Registrations/Certifications must be faxed to the Licensure Technician at fax number 301-594-2711.
- Documents initiated by DCP (e.g., Commissioned Officers' Effectiveness Report and PHS awards) are automatically placed into the electronic OPF when received through official channels. These documents are not accepted directly from the officer.

If you have any questions, please phone the Officer Support Branch, DCP, by calling 301-594-3108 or toll-free at 1-877-INFO DCP, listen to the prompts, dial 1, pause, dial 43108.

### **Commissioned Corps Readiness Force**

National Political Conventions

The Republican National Convention, held in downtown Philadelphia, included thousands of delegates, political revelers, demonstrators, citizens of the city, firefighters, and law enforcement officers in a week long celebration of the American political process. In the middle of this, a medical team was deployed, composed of six Commissioned Corps Readiness Force (CCRF) members (physician, physician assistant, nurse practitioner, nurses, and a liaison officer), who provided for the urgent healthcare needs of officers from the U.S. Secret Service, Federal Bureau of Investigation, Bureau of Alcohol, Tobacco, and Firearms, and other Federal. State and local law enforcement and public health officials at the Emergency Operations Center (EOC) from July 26 through August 4.

Other CCRF members were deployed as members of a National Medical Response Team with a pre-positioned pharmaceutical cache in case of a Weapons of Mass Destruction (WMD) event. Commissioned officers from Regional Offices worked in the EOC in their capacity as Regional Emergency Coordinators. The Food and Drug Administration was there

to provide expertise on any food supply issues, while a team from the Centers for Disease Control and Prevention was on hand to monitor more than 100,000 admissions and emergency room visits at 30 area hospitals in order to provide an early detection of a WMD event.

This scenario was repeated in mid August in Los Angeles for the Democratic National Convention, where again members of the CCRF and other commissioned officers were deployed as a strategic part of our Nation's readiness.

NOAA Voyages

Two National Oceanic and Atmospheric Administration (NOAA) vessels, the *David Starr Jordan* and the *McArthur* are currently on deployment in the Pacific Ocean as part of a marine mammal study. The ships will make a total of eleven "legs" on this deployment, each lasting from 17 to 31 days. Because the ships will be beyond the reach of a land-based helicopter, on each leg, one of eleven physicians, physician assistants, or nurse practitioners will be on board to provide for the healthcare of the ship's officers, crew, and the scientific team. Ports of call will include San Diego,

Manzanillo, Acapulco, Puntarenas, San Jose, Callao, Honolulu, and Panama City. *CCRF Web Site* 

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

All CCRF members should visit the CCRF web site frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information—http:// oep.osophs.dhhs.gov/ccrf 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' on the web site. The CCRF staff may be reached at-ccrf@osophs.dhhs.gov

# **Indian Health Service Provides Support to the Division of Commissioned Personnel**

The Indian Health Service (IHS) recently provided significant support to the Division of Commissioned Personnel (DCP) for two important projects – (1) the Commissioned Officer Training Academy, and (2) a billet review project.

The Commissioned Officer Training Academy (COTA) was formed as part of DCP's reorganization. It is administratively located in DCP's Officer Support Branch. COTA offers the "Basic Officer Training Course (BOTC)." This course is designed to be immediately followed by a correspondence course titled "Independent Officer Training Course (IOTC)" which provides detailed information about Corps protocols, uniforms, and personnel matters. IOTC will be available next spring as an online activity completed at an officer's own pace. Officers

who complete the BOTC and pass the online examination for the IOTC will be awarded the Public Health Service Commissioned Corps Training Ribbon.

Through a Memorandum of Understanding between IHS and DCP, resources were received to develop audio/ visual presentations and to travel to IHS locations to present courses. The IHS has supported COTA programs for officers and administrative staff in Arizona. Alaska, Montana, North Dakota, New Mexico, and Washington. Officers and civil service employees from DCP, the Office of the Surgeon General, Food and Drug Administration, and Health Resources and Services Administration contributed to the development of the COTA curriculum. Note: Please see the "Commissioned Officer Training Academy"

heading on page 2 of this issue of the *Commissioned Corps Bulletin* for more information.

The *Billet Review Project* is a comprehensive review of IHS billets with a goal of streamlining the billet system. Many of the billets under review are standard billets and are utilized by other Operating Divisions and programs.

DCP wishes to express sincere appreciation to IHS for their support with these two projects which will have a positive impact on the entire commissioned corps!

Category Grade Promoted to

Mitchell Singal

Jean C. Smith

**Effective** 

07-01-00

07-01-00

Effective

07-01-00

07-01-00

### **Results of Permanent Promotions 2000**

Category Grade Promoted to

Timothy D. Mastro

Eugene McCray

During the current promotion year cycle (July 1, 2000 through June 30, 2001) the records of approximately 1,070 officers in the Regular and Reserve Corps of the Public Health Service Commissioned Corps who were eligible for competitive grade (e.g., O-4 through O-6) promotions were reviewed by categorical/group boards. Of those eligible, 399 have or will receive permanent promotions to the competitive grades while an additional 114 officers were promoted to either the permanent O-2 or O-3 grades effective July 1, 2000.

The maximum number of officers authorized to be on active duty in the Regular Corps is currently restricted by law to 2,800. Within this total authorized number, ceilings for each of the permanent grades have been established. Based upon actual permanent retirements and separations, 252 permanent promotions for officers in the Regular Corps can be made without exceeding the authorized grade ceiling. These promotions are subject to Presidential nomination and Senate confirmation.

All competitive permanent promotions were announced on consolidated Personnel Order numbered 0211 dated July 29, 2000. They are listed below and are effective as early as July 1, 2000, or the officer's date of eligibility, depending upon the established criteria set forth in Commissioned Corps Personnel Manual Pamphlet 1, "Commissioned Officer Roster and Promotion Seniority" (Blue Book). The Blue Book is available on the Division of Commissioned Personnel's web site – http://dcn.psc.gov

Effective Date
07-01-00
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01-01-01
07-01-00
07-01-00
07-01-00
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07-01-00
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07-01-00
07-01-00
07-01-00

Thomas R. Navin	07-05-00	Mary E. Smith	07-01-00
Mark J. Nurre	07-01-00	Daniel M. Sosin	07-05-00
Frank O. Richards, Jr.	07-01-00	Thomas K. Stempel	07-01-00
Jose G. Rigau	07-01-00	Jordan W. Tappero	07-01-00
Benjamin Rodriguez	07-01-00	Zachary Taylor III	07-01-00
Gary I. Rosenthal	07-01-00	Judith Thierry	08-13-00
Frank D. Sacco	07-01-00	John W. Tilley, Jr.	07-01-00
Mary K. Serdula	07-01-00	Walter W. Williams	07-01-00
Phillip L. Smith	07-01-00	Winston F. Wong	10-01-00
Barbara J. Tausey	07-01-00	Lauren V. Wood	07-01-00
Sally W. Thompson	07-01-00	Dawn L. Wyllie	07-01-00
	07-01-00	•	
Hugh K. Tyson Ronald J. Waldman		To Permanent Lieutenant Comma	nder (O-4)
Ray Yip	07-01-00 07-01-00	D. W. Chen	07-01-00
• •	07-01-00	Scott F. Dowell	07-01-00
To Permanent Commander (O-5)		Douglas H. Esposito	07-01-00
Caryn L. Bern	07-01-00	Karen L. Parko	05-18-01
Robert F. Branche	07-01-00	To Permanent Lieutenant (O-3)	
Richard J. Calvert	07-01-00	William H. Dunn, Jr.	07-01-00
Grant L. Campbell	07-01-00	Diana L. Dunnigan	05-16-01
Nathaniel Cobb	07-01-00	David R. Gahn	05-16-01
John K. Culhane	07-01-00	John M. Hardin	05-16-01
Isabella A. Danel	07-01-00	Tania A. Hurlbutt	05-16-01
Scott D. Deitchman	07-01-00	Dorothy A. Jensen	05-16-01
Maura K. Dollymore	07-01-00	Paul D. Maher	05-16-01
Peter Dorazio	01-01-01	Marie A. Russell	05-16-01
William P. Durant	07-01-00	John W. Vanderhoof	05-16-01
Luis G. Escobedo	07-09-00	Julia C. Watkins	05-16-01
Michele K. Evans	07-01-00	Juna C. Watkins	00 10 01
Albert J. Exner	07-01-00	DENTAL	
Lawrence M. Fox	07-01-00	To Permanent Captain (O-6)	
Arthur J. French III	05-19-01	Barbara B. Beach	07-01-00
Paul K. Fuhrmeister	07-01-00	M. Ann Drum	07-01-00
Keiji Fukuda	07-01-00	Richard T. Higham	07-01-00
Steven K. Galson	07-06-00	David A. Krise	07-01-00
Marta L. Gwinn	07-01-00	Michael L. Mark	10-01-00
Clare Helminiak	09-01-00	Gene J. McElhinney	07-01-00
Paul J. Higgins	07-01-00	Steven R. Newman	07-01-00
Kathleen L. Irwin	11-14-00	Miguel Rico	07-01-00
William L. Jackson	10-01-00	John L.M. Robinson	07-01-00
William J. Kassler	07-01-00	Barry H. Waterman	07-01-00
Darrel W. Killebrew	07-01-00	Richard H. White	07-01-00
Virginia B. Kopelman	07-01-00	Russell C. Williams, Jr.	07-01-00
Julius R. Krevans, Jr.	07-01-00	To Permanent Commander (O-5)	
William K. Kvien	07-01-00	Joel J. Aimone	07.01.00
Sandra L. Kweder	05-19-01		07-01-00 07-01-00
William C. Levine	07-01-00	Donald C. Belcher Thomas L. Bermel	
James A. Lewis	07-01-00	Mitchel J. Bernstein	07-01-00
Joan A. MacEachen	07-01-00		07-01-00
Frank J. Mahoney	07-01-00	Samuel L. Bundrant	09-08-00
William J. Marx, Jr.	07-01-00	April C. Butts	10-02-00
Matthew T. McKenna	07-01-00	William L. Canada	07-01-00
Phuc Nguyen-Dinh	07-01-00	Roger L. Cho	07-01-00
Richard O. Pierce	07-01-00	David L. Clemens	07-01-00
Roger D. Prock	05-19-01	Kim L. Cowles	07-01-00
Robert E. Quick III		Michael E. Crutcher	07-01-00
Maria C. Rios	07-01-00	Raney J. Deschenes	04-01-01
	07-01-00	Michael F. Gmurek	10-01-00
Stephen J. Rith-Najarian	07-01-00	Terry G. Haunschild	07-01-00
Diana M. Rodriguez	07-01-00	Daniel J. Hickey	07-01-00
Lisa S. Rosenblum	07-01-00	Edward W. Johnson, Jr.	07-01-00
John S. Santelli	07-01-00		
Anne Schuchat	07-01-00	Cantinua	d on page 5)
Barbara G. Silverman	07-01-00	Сонинцес	i on page o

### **Results of Permanent Promotions 2000**

(Continued from page 4)

Category Grade Promoted to	Effective Date	Category Grade Promoted to	Effective Date	Category Grade Promoted to	Effective Date
DENTAL (Continued)		Daniel A. Sands	10-01-00	Robert W. Linkins	07-01-00
To Permanent Commander (O-5)		Nadine M. Simons	03-02-01	Michael A. McLaughlin	07-01-00
(Continued)		Marjorie W. Slagle	07-01-00	Robert J. Moore	01-01-01
John W. King	07-01-00	Cynthia G. Wark	07-01-00	Jacqueline M. Muller	07-01-00
Thomas A. Korbitz	07-01-00	Harlen D. Whitling	02-01-01	Mark L. Paris	07-01-00
Raymond F. Lala	10-01-00	Denise M. Williams	11-03-00	Roger R. Rosa	07-01-00
Margaret L. Lamy	07-01-00	To Permanent Lieutenant Comma	nder (O-1)	John M. Russo	07-01-00
Ruth I. Lashley	04-01-00	Victoria L. Anderson	01-01-01	David P. Saunders	04-01-01
James E. Leonard	10-23-00	Dolores J. Atkinson	04-04-01	Glenn D. Todd	07-01-00
Steve J. Mescher	07-01-00	Bucky M. Frost	07-01-00	Robbin S. Weyant	01-01-01
Lynn G. Price	07-01-00	Bradley J. Husberg	10-01-00	Pamela H. Wolf	07-01-00
Joseph P. Rose, Jr.	07-01-00	Theresa B. Wade	01-01-01		
Lee S. Shackelford	07-01-00		01-01-01	To Permanent Lieutenant Comma	, ,
William D. Wood	07-01-00	To Permanent Lieutenant (O-3)		Laurence M. Grummer-Strawn	07-01-00
John T. Zimmer	05-05-01	Michael J. Lackey	07-01-00	Mehran S. Massoudi	10-01-00
		Judy L. Pearce	07-01-00	Richard P. Troiano	07-01-00
To Permanent Lieutenant Comma	, ,	ENGINEER		ENVIRONMENTAL HEALTH	
Anita L. Bright	07-01-00	To Permanent Captain (O-6)		To Permanent Captain (O-6)	
Michael M. Cadieux	10-01-00	Gerald V. Babigian	07-01-00	Randy E. Grinnell	07-01-00
Luis E. Garabis	07-01-00	Curtis C. Bossert	10-01-00	Richard W. Hartle	07-01-00
Robert G. Good	07-01-00	Joseph C. Cocalis	07-01-00	Gregory M. Heck	07-01-00
Christine K. Heng	01-01-01	Robert M. Hayes	01-01-01	Gary P. Noonan	07-01-00
Michael P. Winkler	07-01-00	William A. Heitbrink	07-01-00	· ·	07 01 00
Paul S. Wood	07-01-00	Gary A. McFarland	07-01-00	To Permanent Commander (O-5)	
MUDCE		y .		Robert H. Berger	10-01-00
NURSE		Kevin A. Stover	07-01-00 07-01-00	Steven M. Breithaupt	07-01-00
To Permanent Captain (O-6)	07-01-00	Randy N. Willard	07-01-00	Bruce W. Hills	07-01-00
Melissa M. Adams		To Permanent Commander (O-5)		Brenda J. Holman	07-01-00
Bruce C. Baggett	04-01-01	Timothy G. Amstutz	04-01-01	Kathy L. Morring	07-01-00
Martina P. Callaghan	07-01-00	Ezio E. Borchini	01-01-01	David H. Pedersen	07-01-00
Kathleen E. Hastings	11-08-00	Thomas A. Burns	07-01-00	Gregory M. Piacitelli	07-01-00
Nancy E. Miller-Korth	07-01-00	Bruce W. Danielson	07-01-00	Alan R. Schroeder	04-01-01
Patricia L. Riley	07-01-00	Steven J. Forthun	07-01-00	Gregory A. Thompson	07-01-00
Cristino Rodriguez	10-01-00	Kennith O. Green	01-01-01	Peter P. Wallis	07-01-00
Carol A. Romano	04-01-01	Daniel L. Heintzman	07-01-00	To Permanent Lieutenant Comma	nder (O-4)
Adrienne L. Windwillow	07-01-00	Jeffrey B. Mashburn	07-01-00	Debra M. Flagg	10-01-00
To Permanent Commander (O-5)		James J. Merrill II	07-01-00	Joe L. Maloney	07-01-00
Fay E. Baier	07-01-00	Russel D. Pederson	01-01-01	Kelly M. Taylor	04-01-01
Harold J. Ballantyne	07-01-00	Steven H. Rubin	07-01-00		
Michael D. Brown	07-01-00	Kelly R. Titensor	07-01-00	VETERINARY	
Joann G. Burton	07-01-00	To Permanent Lieutenant Comma	nder (O-4)	To Permanent Captain (O-6)	
Carolyn T. Cahn	07-01-00	Bradley K. Harris	07-01-00	Marguerite Pappaioanou	07-01-00
Betty L. Chern-Hughes	07-01-00	Anthony T. Zimmer	07-01-00	To Permanent Commander (O-5)	
Gayle N. Clark	07-01-00		0. 01 00	Ronald B. Landy	04-27-01
Ruth M. Coleman	10-01-00	To Permanent Lieutenant (O-3)	07.01.00	William S. Stokes	07-01-00
Mary P. Couig	10-28-00	Michael S. Coene	07-01-00	Axel V. Wolff	07-01-00
Peter L. Cueva	07-01-00	SCIENTIST		To Permanent Lieutenant Comma	nder (O-1)
Larry D. Curtis	07-01-00	To Permanent Captain (O-6)		Tracey C. Bourke	07-01-00
Margaret S. Filios	07-01-00	Gregory M. Christenson	07-01-00	Grace M. Lidl	04-01-00
David A. Forsythe	07-01-00	Lynda S. Doll	07-01-00	Grace W. Liui	04-01-01
Lonna J. Fullerton	11-22-00	George B. Jones	04-01-01	PHARMACY	
Karen D. Hench	07-01-00	Alan C. Schroeder	07-01-00	To Permanent Captain (O-6)	
Byron N. Homer, Jr.	07-01-00	Frank D. Sistare	10-01-00	Russell E. Alger	07-01-00
Bujean P. Jenkins	04-01-01	Chung-Yui B. Tai	07-01-00	Anthony J. Brooks	10-01-00
Debra A. Katsch	10-01-00	Richard W. Truman	07-01-00	Roger D. Eastep	07-01-00
Barbara W. Kilbourne	10-01-00	Elizabeth M. Ward	07-01-00	Paul L. Hepp	07-01-00
Gary J. Kunz	01-01-01	To Permanent Commander (O-5)		William A. Hess	07-01-00
Roy C. Lopez	10-01-00	Bob E. Chaney, Jr.	07-01-00	Truman M. Horn	08-07-00
Helen L. Myers	07-01-00	Lemyra M. Debruyn	11-24-00	Allan S. Jio	07-01-00
Donna M. Ölive	10-01-00	Michele R. Evans	07-30-00	Richard S. Lipov	07-01-00
Melva V. Owens	07-01-00	Arnold C. Farley	07-30-00	Jon A. McArthur	10-01-00
Nanette H. Pepper	07-01-00	David Hussong	07-01-00	Thomas J. McGinnis	07-01-00
Bonita S. Pyler	07-01-00	Ronald M. Larson	07-01-00	monius s. mediinis	07-01-00
Susan M. Rooks	07-01-00	Young H. Lee	07-01-00	(Continue)	d on page 6)
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### **Results of Permanent Promotions 2000**

(Continued from page 5) C-4----

Commissioned Corps Bulletin

Category Grade Promoted to	Effective Date	Category Grade Promoted to	Effective Date
PHARMACY (Continued)		THERAPY	
To Permanent Captain (O-6)		To Permanent Captain (O-6)	
(Continued)		Charles L. McGarvey	10-01-00
Nicholas P. Provost	07-01-00	To Permanent Commander (O-5)	
Stephen W. Wickizer	07-01-00	Mark W. Dardis	07-01-00
To Permanent Commander (O-5)		Michael P. Flyzik	10-01-00
Michael F. Breckinridge	07-01-00	John T. Hurley	07-01-00
Randy W. Burden	10-01-00	Frances M. Oakley	10-01-00
George B. Carpenter	07-01-00	To Permanent Lieutenant Comma	nder (O-4)
James W. Carter	07-01-00	Nancy J. Balash	10-01-00
Charles T. Clark	07-01-00	HEALTH SERVICES	
Gregg B. Dalley	07-01-00 07-01-00	To Permanent Captain (O-6)	
Mark L. Demontigny Daryl A. Dewoskin	04-01-00	Thomas F. Carrato	07-01-00
John A. Eltermann, Jr.	07-01-00	Vivian T. Chen	07-01-00
Thomas J. Fischbach	07-01-00	Robert L. Davidson	07-01-00
Richard L. Fuller	07-01-00	Jean D. Doong	07-01-00
Harvey A. Greenberg	07-01-00	John D. Dupre	07-01-00
James R. Hunter	07-01-00	Adrianne Galdi	07-01-00
Albert M. Johnston	03-10-01	John M. Garber	07-01-00
Alvin J. Lee	07-01-00	Jesse L. Glidewell	07-01-00
William T. Long	03-20-01	Terence M. Grady	07-01-00
George A. Lyght	07-01-00	Ellen M. Hutchins	07-01-00
Sheila M. O'Keefe Richard R. Potter	07-01-00 07-01-00	Harvey G. Landry Debra Y. Lewis	03-01-01 07-01-00
Gordon C. Quinn	07-01-00	Mary S. Pastel	07-01-00
Daniel P. Riley	07-01-00	Carol Rest-Mincberg	07-01-00
Jo Ann Hittie Roseman	06-06-01	To Permanent Commander (O-5)	0. 01 00
Richard C. Schallick	07-01-00	Ronda A. Balham	07-01-00
Walter O. Scott	07-01-00	Regina A. Bronson	07-01-00
William M. Singleton, Jr.	07-01-00	Charles J. Bryant	07-01-00
Barbara J. Sorrell	07-01-00	Barry L. Campbell	07-01-00
Laverne Y. Tsosie	01-01-01	Henry S. Chan	07-01-00
Timothy P. Utke	07-01-00	Eleanor A. Crocker	07-01-00
Lu Del White	07-01-00	Peter A. Demonte, Jr.	07-01-00
James S. Williams III Stanley K. Work	07-01-00 08-21-00	Michele M. Doody	07-01-00
•		John D. Fugate, Jr.	07-01-00
To Permanent Lieutenant Comma		Kerima A. Gibbons	07-01-00
Jeffrey T. Bingham Wesley G. Cox	07-01-00 07-01-00	John T. Katzer	01-01-01
Douglas P. Herold	07-01-00	Lawrence E. Kucken David C. Kvamme	07-01-00 11-15-00
Jill D. Mayes	01-01-00	Cheryl A. Lapointe	07-01-00
Donna A. Shriner	07-01-00	Steven A. Lee	07-01-00
Kimberly A. Zietlow	07-01-00	Richard A. March	07-01-00
To Permanent Lieutenant (O-3)		Lawrence F. Mazzuckelli	07-01-00
David A. Bates	07-01-01	Lawrence C. McMurtry	07-01-00
Steven D. Dittert	07-01-00	Earl C. Moore	07-01-00
Elizabeth A. D. Girard	07-01-00	Andrew B. Paglia	10-01-00
Dana L. Hall	07-01-00	James C. Portt	07-01-00
Sharon L. Oestereich	07-01-00	Sherry J. Ratterree	07-01-00
Eric J. Polczynski	07-01-00	Stuart A. Richards	07-01-00
DIETETICS		Ilze L. Ruditis Pete D. Soto	07-01-00
To Permanent Captain (O-6)		Thomas R. Tahsuda	04-05-01
Shirley R. Blakely	07-01-00	Albert R. Tallant	07-01-00 07-01-00
To Permanent Commander (O-5)		Robert G. Tonsberg	07-01-00
Karen M. Bachman-Carter	07-01-00	Richard C. Vause, Jr.	07-01-00
Laura A. McNally	07-01-00	Richard C. Whitmire	08-02-00
To Permanent Lieutenant Comma	nder (O-4)	To Permanent Lieutenant Comma	
Silvia Benincaso	07-01-00	Nancy A. Nichols	07-01-00
Charlene G. Sanders	04-01-01	Larry E. Richardson	07-01-00
		,	

Category Grade Promoted to	Effective Date
RESEARCH OFFICER GROUP	
To Permanent Captain (O-6)	
Dennis M. Klinman	10-01-00
Allen J. Wilcox	07-01-00
Joshua J. Zimmerberg	04-01-01
To Permanent Commander (O-5)	
Neil E. Caporaso	01-01-01
Robert L. Danner, Jr.	07-01-00
David M. Harlan	07-01-00
Tamara B. Harris	10-01-00
Paul E. Love	07-01-00
Charles S. Rabkin	07-01-00
Nathaniel Rothman	07-01-00

September 2000

### **Asian Pacific American Officers Committee Solicits Nominations**

The Asian Pacific American Officers Committee (APAOC) invites nominations, including self-nominations, to serve a 3-year term on the committee beginning October 2000.

APAOC is an advisory group with members from the Department's Operating Divisions and from major programs that employ Corps officers. APAOC provides advice and consultation to the Surgeon General on issues related to professional practice and personnel activities of Asian Pacific Americans who are commissioned corps officers and civil service employees.

If you would like to be considered for appointment to the committee, 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 option, "To retrieve documents through Faxback," and request document number 6525. Send the completed form by **September 30, 2000**, to:

LCDR Trinh Nguyen

2098 Gaither Road (HFZ-040)

Rockville, MD 20850

Phone: 301-594-4550 ext. 167

Fax: 301-594-4585 E-mail: tkn@cdrh.fda.gov

For further information, officers may contact LCDR Lanchi Nguyen at 5600 Fishers Lane, Room 10A-55, Rockville, MD 20857, or call 301-443-7752.

### **2001 Promotion Cycle**

The Division of Commissioned Personnel (DCP) is preparing for the 2001 promotion year (PY) cycle (July 1, 2001 through June 30, 2002).

Eligibility for Promotion

Officers are encouraged to periodically review promotion requirements and be aware of when they will be eligible for promotion consideration. Commissioned corps promotion policy is contained in INSTRUCTIONS 1 and 2, Subchapter CC23.4, of the Commissioned Corps Personnel Manual (CCPM). Helpful information is also contained in CCPM Pamphlet 62, "Commissioned Officer's Handbook." Both the CCPM and the pamphlet are available on the DCP web site – <a href="http://dcp.psc.gov">http://dcp.psc.gov</a>

An officer's billet will not preclude his/her consideration by the promotion board in PY 2001. Officers considered for competitive promotion will have their Official Personnel Folders (OPFs) reviewed regardless of the rating of their current billet. However, boards will be directed to take the grade level of the officer's billet into consideration as they evaluate the officer in accordance with the promotion precepts.

DCP will mail a memorandum to individual officers notifying them of their eligibility for promotion. Information on how and when to submit information to the OPF will be included in the memorandum. Included with this memorandum will be a copy of the officer's Promotion Information Report (PIR) for review and, if needed, correction. The PIR is a succinct summary of verified computerized data about an officer at a given point in time; it does not substitute for the curriculum vitae (CV) or the OPF. In addition to the PIR, the promotion board reviews the OPF that contains the documents upon which their recommendations are based. Only the contents of the OPF may be considered by the board to establish an officer's relative standing on the promotion roster. Any information not reflected in the OPF cannot be considered by the board.

Officers should review the PIR and return it with corrections if any errors are found. The PIR should *not* be returned if the data it conveys are correct. Changes must be requested in writing and must be supported by appropriate documentation (e.g., copy of personnel

orders, award certificates, etc.). Requests to DCP for changes must be postmarked no later than *Friday, November 17, 2000*. Please do not provide information about matters that are not reflected in the PIR (e.g., civic activities, military longevity, training ribbons, or badges such as the Air Force Longevity Service Ribbon, Air Force Training Ribbon, marksman qualification awards, etc.) as these items will be not be placed into the officers' OPFs and will be returned to the officers.

If corrections are necessary, the PIR must be returned to:

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

Promotion Boards

The records of officers eligible for promotion are reviewed by categorical/group boards. Each promotion board consists of five O-6 grade officers from the category/group who are as representative as possible of the category/group in terms of Operating Division/Program (OPDIV) representation, specialty, and other characteristics. Every effort is made to assure diversity among the board's membership.

This review includes careful consideration of the officer's career as it relates to five of the six precepts upon which promotion recommendations are based. These five precepts are as follows: (1) performance-reflected in the Commissioned Officers' Effectiveness Report (COER), (2) mobility-as reflected in assignment history (mobility can be both geographic and programmatic), (3) awards-which relate to the quality of an officer's service, (4) career progressionas reflected in assignments at increasing levels of responsibility, and (5) career potential-as reflected in the effect increased responsibility had on quality of performance. The percentage "weight" per precept for temporary (T) and permanent (P) grade that may be awarded by the promotion board members are listed after each precept.

In considering an officer for promotion, the board considers several factors for each of the precepts. For *performance*, these factors are: (1) performance on annual COERs; and (2) performance history over time. Emphasis is placed upon the more recent COERS, and they are

evaluated against the expectations of an "average" officer in that category and grade.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	O-5/6
Percentage:	55	50	40

For mobility, the factors are: (1) career track and primary job; (2) needs of the Service; (3) length of service; (4) personal hardship; and (5) overall performance in each assignment. These factors are considered keeping in mind reasonable expectations for mobility of an "average" officer based upon category and specialty, career track, length of service, and personal reasons such as educational activities. Mobility is also reviewed in light of the officer's career progression where the frequency of transfers, whether infrequent or too frequent, may be adversely affecting the officer's overall usefulness to the Corps.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	<u>O-5/6</u>
Percentage:	5	5	10

For *awards*, the factors are: (1) OPDIVs to which the officer has been assigned; (2) length of service; (3) grade; (4) commissioned corps awards; and (5) noncommissioned corps awards. The board is reminded that the frequency for nominating officers for honor awards varies among OPDIVs.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	<u>O-5/6</u>
Percentage:	5	5	5

For career progression, the factors are: (1) billet grade; (2) level of responsibility; (3) independence; (4) management/supervisory duties; (5) career contributions; (6) contributions to category; and (7) impact and/or accountability of actions. Emphasis is placed on the officer's contributions as he/she progresses into positions which require increasing levels of responsibility.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	O-5/6
Percentage:	5	15	20

For *career potential*, the factors are: (1) future needs of the Service; (2) potential for a 30-year career; (3) long-term commitment to the commissioned corps; (4)

(Continued on page 8)

### **2001 Promotion Cycle**

(Continued from page 7)

ability to perform at a higher grade; (5) potential for future contributions; and (6) officer's integrity and ethics. These factors are evaluated in light of the findings derived from the four previous precepts.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	O-5/6
Percentage:	15	10	10

In evaluating an officer for promotion, the board compares the officer, as reflected in the OPF, against a theoretical "average" officer. In a real sense, this "average" officer is the only competition for any one officer being reviewed by a promotion board. Officers never actually compete against each other. Officers with the highest scores are promoted.

#### **COER**

A very important element for review by the board is the officer's COER. While the CV reflects the various assignments of an officer's career, the COER reflects the supervisor's assessment of the quality of the officer's service. Do *not* attach your CV or other documents to the COER. DCP will not accept "promotion" COERs.

Officers called to duty during the last year (prior to September 1) and who are eligible for the temporary O-4 grade should have a COER that covers a 6-month period. An officer to which the above applies should check with his/her OPDIV Commissioned Corps Liaison to ensure that an annual 2000 and/or an interim COER has been *completed and received in DCP prior to December 31, 2000.* 

### Importance of Current CV

The promotion board reviews the OPF of each officer eligible for promotion. It is important that the folder contain a current CV-each page of which contains the officer's name, PHS serial number, and date. The CV is the appropriate place to document items not reflected in the PIR or COER. This includes training not reflected on form HHS-350 (Training Nomination and Authorization), temporary duty authorized by travel orders rather than personnel orders, and any duty assignments not reflected in the billet history. The CV is the one place where the officer can present a concise

picture of his/her entire career. It reflects not only the variety and type of assignments, and progression of responsibility, but also reflects any geographic and/or OPDIV mobility. Although submission of a current CV does not guarantee promotion, an officer does himself/herself a disservice by not submitting a current one. Board members have a limited amount of time to review each OPF. Lack of a CV may put the officer at a disadvantage and make him/her less competitive. The importance of a current CV in an appropriate format in the OPF cannot be overemphasized. Contact your Professional Advisory Committee for your category's recommended format.

Please note that DCP will not file program agendas, publications, photos, or news articles about officers' accomplishments. Such accomplishments should be summarized in the CV. Furthermore, it is not necessary to duplicate items already in the OPF.

Copies of *licenses/registrations/certifications* for inclusion in the OPF must be addressed to:

Division of Commissioned Personnel ATTN: Licensure Technician/OSB 5600 Fishers Lane, Room 4-36 Rockville, MD 20857-0001 Fax: 301-594-2711

Be sure to specify your category in the lower left corner on the front of the envelope.

### OPDIV Recommendation

In July 1995, Agency Representatives to the Office of the Surgeon General agreed to create a sixth promotion precept.

DCP will provide the OPDIVs with a listing of their officers who will be considered by the Spring 2001 promotion boards. The OPDIV recommendation is to be provided by each OPDIV for each promotion-eligible officer. All use the precepts of "impact on OPDIV's mission" and "value added" by the officer.

The OPDIVs may, at their discretion, add additional precepts. These precepts and the manner of application will be described by each OPDIV, and prior to implementation, this written process will be shared by the OPDIV with the officers and managers in the OPDIV.

The OPDIV recommendation is a precept, and officers will be assigned to one of four cohorts in accordance with the OPDIV process. An OPDIV's recommendation neither assures nor precludes the promotion of any promotion-eligible officer.

For *OPDIV recommendation*, the factors are: (1) contributions of the officer in fulfilling the mission of the OPDIV; (2) value added by the officer's contributions to the OPDIV; and (3) other OPDIV-specific precepts.

Temporary:	O-4	O-5	O-6
Permanent:	<u>O-3</u>	<u>O-4</u>	O-5/6
Percentage:	15	15	15

Additional details on the sixth precept and your OPDIV's process can be obtained from your OPDIV Commissioned Corps Liaison.

### General Information

All OPFs of officers who are eligible for consideration for promotion have been scanned and indexed. PY 2001 Promotion Boards will be conducted via electronic processing. The importance of officers reviewing their OPFs from DCP's web site cannot be over emphasized. This should be done immediately to determine the accuracy of the content of your OPF. Subsequent reviews should be done periodically and in particular after documents have been submitted for inclusion in the OPF (Please allow 2-3 weeks after submission for processing.) Officers may access their OPF at DCP's web site by using his/her assigned password. If you do not know your password, please phone the DCP Help Desk at 301-594-0961. As you review your OPF online, please email any questions you may have toopffix@psc.gov

Since the OPFs can be accessed via the DCP web site, officers should submit documents to be included in their OPF by fax. Detailed information on how to submit information for electronic OPFs can be found in the article titled "Submitting Information for Electronic OPFs" on page 2 of this issue of the *Commissioned Corps Bulletin*.

Important: Please check the web site before submitting information to be certain that you are not submitting duplicates. Documents must be faxed by mid-

(Continued on page 9)

1-877-353-9834

### **2001 Promotion Cycle**

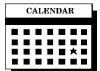
(Continued from page 8)

night *December 31, 2000* to ensure that the documents are included in the OPF for review by the promotion boards.

DCP has realigned how services are provided to our customers. Service to officers for career counseling is no longer provided from members of the staff formerly known as Staffing Officers. Therefore, officers are being directed to assume more personal responsibility for their career development. Resources are available in the OPDIVs, from the Chief Professional Officers and the Professional Advisory Committees, and DCP's web site under "Frequently Asked Questions."

It is important to remember that career advancement is an ongoing, long-term process and not a "quick fix" immediately prior to promotion eligibility. In general, the same attributes that would make an officer highly competitive for a higher level position also make the officer a good candidate for promotion.

### IMPORTANT DATES TO REMEMBER



PIR Corrections Postmarked no later than:

November 17, 2000

Documents Faxed for Inclusion in Electronic OPF No Later Than Midnight on

December 31, 2000

### IMPORTANT PHONE NUMBER

For PIR questions, phone: 301-594-3108 (or toll-free 1-877-INFO DCP (1-877-463-6327), listen to the prompts, dial 1, pause, dial 43108).

### **Vacancy Announcements**

The following vacancies are provided as representative of opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel, 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, dial 1, pause, dial 43360) or Fax: 301-443-7069.

Category/OPDIV Description of Position

**MEDICAL** 

HEALTH RESOURCES AND

SERVICES ADMINISTRATION- Staff Physician

El Centro, CA Contact: CDR Gilbert Rose

Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

Grade: O-5

Provide primary healthcare to male detainees of the Immigration and Naturalization Service. Requires strong clinical expertise in primary healthcare as well as the ability to be part of a multidisciplinary team in a multicultural setting. Knowledge of the Joint Commission on Accreditation of Healthcare Organizations, the National Commission on Correctional Health Care, and the American Correctional Association standards is desired but not required.

INDIAN HEALTH SERVICE- Medical Officer (Internal Medicine)

Browning, MT Contact: Ms. Carol Kreiger 1-800-277-5997

Grades: O-3/O-4/O-5

Seeking a board certified/board eligible internist to join a 14-physician group in a 27-bed hospital and busy outpatient clinic. Weekend emergency room coverage is contracted.

INDIAN HEALTH SERVICE- Medical Officer (Pediatrician)

Crow Agency, MT Contact: Ms. Carol Kreiger 1-800-277-5997

(or) Dr. Robert Byron 406-638-3309

Grades: O-3/O-4/O-5

Seeking a board certified/board eligible pediatrician to join a 14-physician group in a 25-bed hospital and busy out-patient clinic. Weekend emergency room coverage is contracted.

INDIAN HEALTH SERVICE- Medical Officer (Family Practice)

Wolf Point, MT Contact: Ms. Carol Kreiger 1-800-277-5997

Grades: O-3/O-4/O-5

Seeking a board certified/board eligible family practice physician to join an eight-physician group for obstetrics clinic practice with admission privileges to a private hospital.

DENTAL

BUREAU OF PRISONS- Chief Dentist, Simple

Various Sites Contact: CAPT Rod Kirk 202-307-2867, ext. 138

Grade: O-4

 $Positions \ available \ in \ Leavenworth, \ KS; \ Three \ Rivers, \ TX; \ Big \ Spring, \ TX; \ Texarkana, \ TX;$ 

Florence, CO; Lompoc, CA; Brooklyn, NY; and Allenwood, PA.

BUREAU OF PRISONS- Chief Dentist, General

Sandstone, MN Contact: Ms. Deborah Burgeson 320-245-2262

Grade: O-5

Position is in a low security Federal Correctional Institution one hour north of Minneapolis-Saint Paul and one hour south of Duluth. The chief dentist would be responsible for the dental services for 1,000 male inmates at two separate dental clinics. The area is rural. Sandstone has a population of approximately 2,000. The Kettle River flows near the prison and the area is known for outdoor activities.

BUREAU OF PRISONS- Staff Dentist

Terre Haute, IN Contact: CAPT Rod Kirk 202-307-2867, ext. 138

Grade: O-3

Staff dental officer working in a penitentiary with two experienced dentists. Terre Haute is in south central Indiana and has three local universities. The patient population is completely male and most are long-term inmates.

#### NURSE

HEALTH RESOURCES AND

SERVICES ADMINISTRATION- Nurse

Various Sites Contact: CDR Gilbert Rose 1-877-353-9834

Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

(Continued on page 10)

### **Vacancy Announcements**

(Continued from page 9)

Category/OPDIV Description of Position

Grades: O-3/O-4/O-5

Provide primary healthcare to detainees of the Immigration and Naturalization Service in accredited clinic settings. Proficiency in Spanish and previous correctional experience is desired but not required.

INDIAN HEALTH SERVICE— Clinical Staff Nurses, ICU, Medical/Surgical

Phoenix, AZ Contact: Ms. Jeannette Yazzie 602-263-1582

Grades: O-3/O-4/O-5

Seeking experienced registered nurses that are competent in all aspects of patient care. Phoenix Indian Medical Center, a 127-bed community based hospital, provides a wide range of primary care and speciality care services.

NATIONAL INSTITUTES OF

HEALTH- Clinical Nurses

Bethesda, MD Contact: Ms. Rosie Smith 1-800-732-5985

Grades: O-2/O-3/O-4

Provide 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, medical/surgical, pediatrics, cardiac catheterization lab, telemetry/cardiovascular, and neurology/neurosurgery.

#### **PHARMACY**

HEALTH RESOURCES AND

SERVICES ADMINISTRATION- Chief Pharmacy Officer

Florence, AZ Contact: CDR Gilbert Rose 1-877-353-9834

Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

Grade: O-5

Provide outpatient pharmacy services for the detainees of the Immigration and Naturalization Service in an accredited clinic setting. Proficiency in Spanish and previous correctional experience is desired but not required.

### **HEALTH SERVICES**

HEALTH RESOURCES AND

SERVICES ADMINISTRATION- Acquisitions Management Officer

Washington, DC Contact: CDR Gilbert Rose 1-877-353-9834

Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

Grade: O-4

Position is with the Division of Immigration Health Services, Immigration and Naturalization Service. Specific tasks include: managing a multimillion dollar contact for personnel and financial intermediary services; providing guidance and coordinating procurements from commercial and governmental sources; coordinating the Division's IMPAC program; and trouble-shooting vendor payment problems.

### MULTIDISCIPLINARY

BUREAU OF PRISONSButner, NC
Physicians (General Medicine/Internists); Nurses; Psychiatrists, Medical Technologists; Dietitians; Registered Records Administrators; Physical Therapist, and Occu-

pational Therapist

Contact: Ms. Mona Hill 919-575-3900, ext. 6040

E-mail: rhill@bop.gov

Health professionals needed at a new Bureau of Prisons Medical Center in Butner, NC, near Raleigh-Durham.

BUREAU OF PRISONS- Quality Assurance Manager (Physician Assistant, Nurse, Devens, MA Nurse Practitioner will be considered)

Nurse Practitioner will be considered)
Contact: Ms. Tania Tse 978-7

Contact: Ms. Tania Tse 978-796-1158 Grades: O-2/O-3/O-4/O-5 Fax: 978-796-1542

Positions are located in the Health Services Department within the Federal Medical Center. Specific duties include managing the assigned patient case load by providing a full range of nursing to the inmate population which involves the use of nursing processes in disease prevention and health promotion, recognition and treatment of illness and injuries, and counseling and evaluation of effectiveness of planned care.

HEALTH RESOURCES AND

SERVICES ADMINISTRATION- Managed Care Coordinator (Physician Assistant, Nurse,

San Antonio, TX

Nurse Practitioner will be considered)

### (Continued on page 11)

### **Retirements - August**

<i>Title/Name</i>	OPDIV/Program
MEDICAL	

REAR ADMIRAL (UPPER)

Duane F. Alexander NIH

**CAPTAIN** 

Rudolph Bustamante IHS
Judith E. Fradkin NIH
Mark B. Horton IHS
Peter A. Patriarca FDA
Alan G. Waxman IHS

**DENTAL** 

CAPTAIN

Mark F. Delaney IHS

*COMMANDER* 

Charles S. Walkley CG

NURSE

**CAPTAIN** 

Jean H. Kajikawa OS

**ENGINEER** 

CAPTAIN

David D. Royston FDA

**COMMANDER** 

Roger S. Thompson EPA

**ENVIRONMENTAL HEALTH** 

*CAPTAIN* 

Dennis L. Eastin FDA

**VETERINARY** 

REAR ADMIRAL (LOWER)

Michael J. Blackwell OS

**CAPTAIN** 

Jennifer A. Burris FDA

PHARMACY

**CAPTAIN** 

CALIAIIV	
Misoon Y. Chun	FDA
Richard E. Davis	PSC
Albert A. Fisher	IHS
Wyman M. Ford	IHS
Stephen C. Groft	NIH
Andrew G. Jancosek	BOP
Robert L. West	FDA

COMMANDER

Eric D. Gregory IHS

**HEALTH SERVICES** 

**CAPTAIN** 

Gene E. Carnicom IHS
Mary B. Cooper HCFA
Robert J. Landry FDA

**COMMANDER** 

James B. Gill, Jr. CDC
David B. Maglott HRSA
Robert J. Slayton FDA

### Vacancy Announcements

(Continued from page 10)

Category/OPDIV

Description of Position

Contact: CDR Gilbert Rose 1-877-353-9834 Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

Grades: O-5/O-6

Previous work in a correctional setting is desired. Provides managed care oversight for the detainees of the Immigration and Naturalization Service who are housed in local, State, and Federal correctional facilities. The successful candidate will possess clinical expertise as well as strong computer and interpersonal skills. He or she must also be able to work independently and some travel is required.

HEALTH RESOURCES AND SERVICES ADMINISTRATION-Washington, DC

Recruitment/Retention Officer

Contact: CDR Gilbert Rose 1-877-353-9834 E-mail: GPRosePHS@AOL.COM Fax: 202-514-0095

Grades: O-4/O-5

Position is with the Division of Immigration Health Services of the Immigration and Naturalization Service. Assists the Human Resource Manager. Must possess clinical expertise as well as strong computer and interpersonal skills. Previous work in a correctional setting is desired. He or she must be able to work independently and some travel is required.

HEALTH RESOURCES AND SERVICES ADMINISTRATION-Various Sites

Nurse Practitioners/Physician Assistants

1-877-353-9834 Contact: CDR Gilbert Rose

Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM

Grade: O-5

Division of Immigration Health Service, Immigration and Naturalization Service (INS), has openings for officers who will provide primary healthcare to detainees of INS. Proficiency in Spanish and previous correctional experience is desired but not required.

NATIONAL OCEANIC AND

ATMOSPHERIC ADMINISTRATION- Health Programs Officer (Physician Assistant, Norfolk, VA

Nurse, Nurse Practitioner will be considered)

301-713-3440 Contact: CAPT Michael L. Vitch Grades: O-2/O-3/O-4 Fax: 301-713-2887

Position requires a strong background in Wellness Program Coordination to implement a fleet-wide Wellness Program for the National Oceanic and Atmospheric Administration (NOAA). NOAA operates a fleet of 15 scientific research vessels that deploy worldwide. The selected individual should expect to spend approximately 3 months of the year at sea aboard NOAA vessels in support of this program.

### **Call for Nominations for ROA's** VADM C. Everett Koop Award

Nominations are now being accepted for the Reserve Officers Association's (ROA) annual Public Health Service (PHS) Junior Officer of the Year Award, named in honor of former Surgeon General C. Everett Koop.

The award recognizes an outstanding PHS officer at the rank of O-4 (LCDR) or below. ROA membership is not a requirement for nomination. The award will be presented at the Annual ROA Mid-Winter Conference to be held in Washington, DC, February 4-7,

ROA will pay registration for the recipient to attend all conference functions. However, ROA cannot pay for travel expenses to attend the conference, and program managers are encouraged to assist with travel support if their candidate is selected. Further information and nomination instructions can be obtained by contacting CAPT Paul Johnson at 712-252-3211. Nominations must be received no later than October 31, 2000.

### Reminder



### **Active-Duty Officers Should Have Healthcare Claims Sent Directly to the Medical** Affairs Branch

In order to avoid confusion and delays in payment, active-duty officers who receive healthcare outside of the military health system (through the TRICARE Supplemental Health Care Program) should encourage their healthcare providers to send their claims directly to the Medical Affairs Branch, Beneficiary Medical Programs (BMP) Section, at the following address:

Division of Commissioned Personnel ATTN: Medical Affairs Branch/BMP 5600 Fishers Lane, Room 4C-06 Rockville, MD 20857-0001

### **Rapid Growth in INS Creates Opportunities for Commissioned Officers**

The U.S. Immigration and Naturalization Service (INS) is experiencing unprecedented growth which translates into numerous opportunities within the Health Resources and Services Administration's Division of Immigration Health Services (DIHS) of the Bureau of Primary Health Care. According to the Division's Director, CAPT Gene Migliaccio, "We are now looking for 46 nurse officers in a variety of billets, 12 nurse practitioners or physician assistants, as well as dentists, physicians, psychiatrists, pharmacists, and health services administrators."

DIHS provides global disease prevention through primary healthcare at eleven INS Service Processing Centers around the country and oversees managed healthcare to undocumented migrants housed in local jails throughout the United States. Exciting opportunities such as special missions, international medical escorts, and emergency medical response await those officers who are adventurous enough to take the challenge. RADM Michael Davidson, Director of the Division of Commissioned Personnel, says, "This type of growth will certainly help the commissioned corps achieve its goal of 7,000 officers by the year 2005."

With the anticipated opening of new facilities in Laredo, Texas; Houston, Texas; Seattle, Washington; and Denver, Colorado, over the next year or two, there promises to be continued opportunities for career growth and development within DIHS. For more information regarding DIHS, contact CDR Gilbert Rose at 1-877-353-9834 or online at www.inshealth.org

### **Recent Deaths**



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

Title/Name	Date
MEDICAL	
CAPT Harry E. Halden III	07/29/00
CAPT Tracy Levy	07/12/00
NURSE	
CAPT Kathryn M. Fritz	06/28/00
SCIENTIST	
CAPT Morris B. Ettinger	07/28/00
HEALTH SERVICES	
CAPT V. J. Connolly	07/11/00
CAPT William H. Oates, Jr.	07/20/00

### **Montgomery GI Bill Proposed Changes**

For your information, the following is a side-by-side comparison of *proposed* changes to the Montgomery GI Bill (MGI Bill) (Chapter 30 of Title 38, U.S.C). It is anticipated that the Congress will make some changes to the MGI Bill next year. Notification of any changes made by the Congress will be printed in the *Commissioned Corps Bulletin*.

House of Representatives Proposed Changes	Senate Proposed Changes	Administration Proposed Changes
Increase monthly stipend from\$536 to \$600 after September 2000 and to \$720 in 2002 for a 3-year enlistment.	Not Covered.	Increase monthly stipend from \$536 to \$670 for a 3-year enlistment.
Index monthly stipend to Consumer Price Index except for Fiscal Year 2001 and Fiscal Year 2003 when the stipend is specifically increased.	Not Covered.	Index monthly stipend to Consumer Price Index.
Not Covered.	Allow Servicemembers to transfer MGI Bill educational benefits to family members.	Not Covered.
Allow Veterans Educational Assistance Program (VEAP) participants to enroll in MGI Bill with \$2,700 payment or pay reduction over 18 months.	Allow VEAP participants (with a \$1,200 pay reduction) and Servicemembers who previously declined enrollment in the program (with a \$1,500 pay reduction) another opportunity to enroll in the MGI Bill.	Not Covered.
Not Covered.	Allow tution assitance to pay 100 percent of tuition for off-duty educational programs.	Not Covered.
Not Covered.	Allow MGI Bill to be used concurrently with tuition assistance for off-duty educational programs at the same rate as post-service use.	Not Covered.
Allow MGI Bill stipends to be paid during school breaks between terms, if period does not exceed 8 weeks.	Not Covered.	Allow MGI Bill stipends to be paid during school breaks between terms, if period does not exceed 8 weeks.
Authorize use of MGI Bill benefits for licensing and certification test required for vocational or professional status.	Not Covered.	Authorize use of MGI Bill benefits for licensing and certification test required for vocational or professional status.

### 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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