

The Signal Newsletter

Atlanta Branch, Commissioned Officers Association
of the U.S. Public Health Service
(representing members assigned to Atlanta-area federal agencies)

Vol 15, Issue 1

Feb/Mar, 2005

Calendar of Events

February 17 & 24, March 3, 10, 17, 24, & 31,
Time: 9:00 a.m. – 1 p.m. AHA Basic Life Support for the Health Care Provider at Roybal Campus: Lifestyle Fitness Conference Rm, Bldg. 11 South. Contact: [Terri Thompson](#) at (404) 639-2164

February 19, Time: 9 a.m. ACOA "Crunch and Run" (CCRF Annual Physical Fitness Test) at St. Pius High School Track. Contact: [LCDR Joe Little](#) at (770) 488-3339

February 23, Time: 12 noon – 1 p.m. Buffing your Chart: PHS Awards (speaker: CAPT Jeff Sacks) at Century Center, Bldg 1825, Rm 1A/1B. (Envisioned).

March 12, Time: 9:30 a.m. ACOA Roadside Clean-up at Church of Jesus Christ of Latter-Day Saints (1450 Ponce De Leon Ave NE). ACOA will supply garbage bags and orange safety vests for all volunteers. Please do not forget your gloves.

March 19, Time: 9 a.m. ACOA "Crunch and Run" (CCRF Annual Physical Fitness Test) at St. Pius High School Track. Contact: [CAPT Arnold Manangan](#) at (770) 488-1869

ACOA Extends Thanks to 2004 Volunteers

ACOA wants to thank the 80+ officers who volunteered during the year 2004! To show our appreciation, officers who served as volunteers received a thank-you letter on ACOA letterhead during the month of December. If you have volunteered to help with our efforts and have not received your thank-you letter, please contact LCDR Tina Lankford at tlankford@acoa.com. (Thank you letters will be forthcoming for those officers who helped with the USO Holiday Service.)

2005 ACOA Executive Committee

Introducing election results for the 2005 Atlanta Branch Executive Members. If you have ideas for how to better serve you, please contact us!

President: CDR Linda West, CDC
Past President: LCDR Tina Lankford, CDC
VP/Pres Elect: CDR Jeff Bosshart, CDC
Secretary: LCDR Danice Eaton, CDC
Treasurer: CDR Dan Cline, CDC
National COA: CDR Hugh Mainzer, CDC
Member-at-Large: CDR Deborah Levy, CDC
LCDR Joseph Little, ATSDR
LCDR Melanie Myers, CDC
CAPT Gary Noonan (Ret.) CDC
CDR Jeremy Sobel, CDC
LCDR Ross Spears, CDC
CDR Craig Wilkins, CDC

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Need the Atlanta Membership to Help Shape Future Branch Efforts

The ACOA Executive Committee held a planning retreat for 4 hours on Saturday, January 22, 2005, to discuss how we can better serve you in 2005! At that time, EC members volunteered to chair/co-chair our committees, which is how the majority of our work gets done. If you would like to become involved in any of these committees listed below, please contact [CDR Linda West](#) at (770) 488-5923.

Communications Committee: Co-Chairs LCDRs Danice Eaton and Tina Lankford. Communicates with Atlanta-branch members via our newsletter, *The Signal*, and our ACOA website (www.atlantacoa.com).

Membership Committee: Chair CDR Dan Cline. Spear-heads the recruitment/advertisement of efforts for becoming a member of COA National and local Atlanta Branch (letters, conference booths, etc.).

Professional Development Committee: Co-Chairs CDR Deborah Levy and LCDR Joseph Little. Convey issues regarding career enhancement, readiness, and leadership development (uniforms, awards, physical fitness testing, mentorship, etc.).

Special Projects Committee: Co-Chairs CDR Craig Wilkins and LCDR Ross Spears. Coordinates special projects to benefit local officer esprit de corps (USO, promotion ceremony, social functions, etc.).

Community Service Committee: Co-Chairs LCDR Melanie Myers and CAPT Gary Noonan (Ret.). Work to promote Atlanta Branch membership support with local community efforts (roadside clean ups, science fair judging, WPBA).

We'd love to hear from you, if you are interested in helping us this year!!!

Visit the COA national web site at www.coausphs.org for timely and important benefits and legislation information!

Global Odyssey Donates Display Cases to ACOA

Global Odyssey has donated three display cases, located near Conference Room 1A in Building 1, Roybal Campus, for the use of ACOA. ACOA has received a number of awards over the years, but has never had a place to put them. The result has been that memorabilia, honors, and items celebrating ACOA's history and accomplishments, have never had a permanent home. Last summer, Judy Gantt offered not one but three cases, plus the services of Louise Shaw, to help ACOA have a home for its history. Louise Shaw, an experienced museologist and ORISE Fellow, worked with CAPT Arnulfo Managan and LCDR Ross Spears to set up the cases. Included in the cases are exhibits showing the history of the PHS, awards given to ACOA (such as the USO award in 2003 for Volunteerism), and most recently, a plaque bearing the names of recipients of ACOA donations to the COA Foundation scholarship fund.

These exhibits will be permanently maintained and will make ACOA a part of CDC's history. If you are interested in seeing the display, please go to Roybal Campus, and go through the hallway across from Building 1, and go around the corner toward conference room 1B. If you have items you would like to donate to the exhibit, such as photos of deployments, awards as a part of ACOA, or other items, please contact [LCDR Ross Spears](#) at (404) 498-2269.

ACOA Uniform Shop

Don't forget that ACOA has a uniform swap!! If you have uniforms to donate, wish to purchase uniform components (at very reduced rates), or if you would like to swap gently used uniforms /shoulder boards, contact [LCDR Tina Lankford](#) at 770-488-5171.

Stay Tuned!

ACOA is in the process of planning the branch activities for 2005. We will be exploring opportunities to obtain feedback from the membership to make sure we are meeting your needs and addressing your interests. Your input will be very important, so be sure to let us know what you think! If you really want to send us something now, please contact [CDR Jeff Bosshart](#) or call him at (404) 639-6275.

Other Health Insurance (OHI)

Active duty Commissioned Corps officers are not authorized for civilian medical care at government expense unless they are referred to civilian care by the military medical authority. For active duty commissioned officers in the USPHS, only Medical Affairs Branch or TRICARE can authorize a referral from your Primary Care Manager (PCM). Therefore, you are not authorized to mix and match your SPOUSE'S healthcare insurance and your healthcare entitlements through TRICARE to tailor your health care in order to meet your individual needs. Below are some factors to consider when deciding if you should use other health insurance:

First and Foremost: If you use other health insurance and experience an untoward event that leads to a long hospitalization, renders you unfit for duty or, god forbid, results in death, the Corps could deny any benefits you would normally be entitled to. Because you went to an unauthorized civilian provider, for an unauthorized service, and as a result became unfit for duty, thus depriving the USPHS of your services, your actions could be determined to be not in line of duty. That determination could have serious effects on your and your family's rights to any benefits from the USPHS in the aftermath (e.g. medical special pay, retirement annuity, health and dental care benefits, survivor benefits, etc.).

Other factors to consider include:

- Other Health Insurance (OHI). Will your spouse's health insurance cover you knowing that TRICARE is always the first payer for active duty officers?

- Payment. TRICARE will not pay for any healthcare received through your spouse's healthcare insurance. For active duty personnel, TRICARE is always the first payer. TRICARE will not pay for any care that is not conducted by or through your PCM. By using your spouse's insurance you essentially do not have a PCM. However, they will cover 100% of your care received through your TRICARE Prime/Prime Remote PCM via direct visit or referral. Furthermore, TRICARE will not pay to "fix" a problem that was the result of services provided using other health insurance.

- Cost of other health insurance. Will placing you on your spouse's policy increase your spouse's health care premium? TRICARE Prime entitles you to free routine healthcare via your PCM and free specialty

care via referral through your PCM – there are no premiums.

- Waiting period on pre-existing conditions. While OHI may have pre-existing condition considerations, with TRICARE there are no pre-existing conditions.

- Deductible and cost sharing arrangements. Active duty service members are entitled to free health care; there are no out-of-pocket costs for care received through the TRICARE Prime network.

- Covered services provided. Does your spouse's insurance cover the same or more services than TRICARE?

- Will you be covered on travel, TDY or approved leave status? For example, if you are deployed to a different part of the U.S. or deployed outside of the United States, will you be covered under your spouse's insurance?

Although other OHI is an enticing way to tailor your health care in order to meet your individual needs, using OHI as an active duty officer of a uniformed service can result in severe consequences. If you have questions or concerns regarding the use of other health insurance, please contact your Health Benefits Advisor, [CDR Dan Cline](#) at (770) 488-1883.

T-Shirts for Sale!

100% cotton short-sleeved t-shirts have the COA seal on the front and Atlanta skyline on the back. Cost is \$8.00 each. To purchase, contact [Tina Lankford](#) at 770-488-5171.

Injury Prevention for Active Lifestyles

We all know that there are a number of benefits associated with regular physical activity participation. A few of these include stronger bones, lower blood pressure, and a decreased risk of heart disease. However, regardless of whether you are a beginning exerciser or a seasoned athlete, there is always a risk of injury involved in being active. The good news is that there are things you can do to help prevent injury and stay healthy.

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So what causes injury? One of the most common causes is not warming up properly before you begin exercising. An appropriate warm up serves to increase body temperature and blood flow to working muscles, and it decreases the likelihood of muscle and tissue injury since cold muscles and tendons have been shown to be more susceptible to injury. Five to ten minutes of low-intensity activity prior to exercise is all that's needed to prepare you for activity.

Another common cause of injury is doing too much too soon. If you are new to exercise or haven't exercised in a while, it's important to begin an exercise program gradually and to progress gradually. Overexertion can lead not only to undue fatigue, but also extreme muscle soreness and possible injury. One way that all levels of exercisers can avoid overexertion and/or overuse injuries is by cross-training. Cross-training adds variety to your exercise regimen by combining different modes of exercise into one exercise session or by performing different activities on different days of the week. For instance, instead of running 5 days a week, try using the elliptical machine on two of those days. Or, try strength training or a yoga class. By performing different types of exercise, you are not constantly stressing the same bones, muscle groups, and joints. This not only helps prevent injury, but also keeps us from developing muscle imbalances. Overuse of certain muscle groups can lead us to end up with some muscles that are stronger than others and some muscles that are more flexible than others, while muscle groups that are not frequently exercised may become tight and/or weak. These muscle imbalances are what can cause muscle strain and pain.

Improper form or use of equipment can also lead to injury. If you are unsure of how to perform a particular exercise or how to use a piece of exercise equipment, ask someone to show you. This will not only help keep you from becoming injured, but will also allow you to experience fitness gains.

In addition to the recommendations above, there are additional steps that you can take to keep yourself healthy and injury-free:

- Use appropriate safety gear for your chosen activity (i.e. helmets, pads, proper footwear).
- Get plenty of rest. This aids in recovery and can help to improve your fitness by preventing overtraining.

- Make sure your clothing fits properly and is weather-appropriate. Layer your clothing in the winter to maintain warmth and wear.
- Wear loose-fitting, moisture-wicking clothes in hot/humid conditions
- Stay hydrated to help regulate your body temperature. Remember: thirst is not always the best indicator of when to drink, so drink often!
- Wear shoes that are supportive and replace them on a regular basis (usually 2-4 times a year, depending on your activity level).
- Incorporate a proper cool-down at the end of your exercise session, and be sure to stretch to promote flexibility.
- Listen to your body! If it hurts, don't do it. If you are feeling abnormal fatigue or stress, you may need to ease up on your training.

Now that you know how to prevent an injury from occurring, what should you do if you actually do become injured? The first thing to do is follow the RICE method: **R**est, **I**ce, **C**ompression, and **E**levation. Stop the exercise immediately and determine if you need to see a doctor. If you experience severe pain or swelling, or if you cannot move the injured area, it is probably a good idea to see your physician as soon as possible. Once you've recovered and have begun healing, it is important that you come back slowly. Putting too much stress on the body too soon can lead to re-injury and an even longer recovery time.

The Office of Health and Safety Lifestyle Program is available to help you design an exercise program that will keep you active and minimize the risk of injury. Stop by anytime between 6:30 a.m. and 6:30 p.m., Monday-Friday, for assistance. We look forward to helping you be active and injury-free!

S. Paul Ehrlich, 72, an Acting Surgeon General, Dies

Reprint from January 13, 2005 Wall Street Journal
By WOLFGANG SAXON

S. Paul Ehrlich, an epidemiologist and public health officer who served as acting surgeon general during a long organizational reshuffling under Presidents Richard M. Nixon and Gerald R. Ford, died on Jan. 6 in Delray Beach, Fla. He was 72.

The cause was pneumonia, his family said.

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Dr. Ehrlich's public service began in 1959 at the National Heart Institute in Bethesda, Md., and took him to the upper echelons of the Department of Health, Education and Welfare. An overhaul changing the department's structure, begun in 1968, even threatened to do away with the office of the surgeon general, which dated to the 1870's and was considered a primary advocate of public health in the country. A proposal to scrap the Public Health Service's Commissioned Corps would have gutted the position, which a report in 1971 called "an organizational anomaly" of no further use. The surgeon general at the time, Dr. Jesse L. Steinfeld, quit in 1973. Dr. Ehrlich, then director of the Office of International Health at H.E.W., was named acting surgeon general.

He joined Dr. Steinfeld and others in the Public Health Service in defense of the corps and the surgeon general's office, and their strong support brought Congressional supporters to the rescue. Dr. Ehrlich kept the office alive until the arrival in 1977 of President Jimmy Carter's choice for surgeon general, Dr. Julius B. Richmond, who had organized Project Head Start in 1965.

Saul Paul Ehrlich Jr. was born in Minneapolis and graduated in 1953 from the University of Minnesota, where he also earned his M.D. in 1957. He interned at the Public Health Service Hospital in Staten Island. His residency was in epidemiology at the University of California, where he received a master's degree in public health in 1961. He was board certified in preventive medicine.

After the heart institute in Bethesda, Dr. Ehrlich worked on a national heart-disease control program in San Francisco and as its assistant and deputy chief in Arlington, Va. While at the headquarters of the Department of Health, Education and Welfare, now the Department of Health and Human Services, he often represented the United States on the executive board of the World Health Organization.

He was deputy director of the Pan American Health Organization, the W.H.O.'s regional office in Washington, from 1979 to 1983. He also contributed to professional journals and held teaching appointments at Georgetown University, the University of Texas and the University of California, Berkeley. He retired in 1984 after

learning that he had multiple sclerosis.

Dr. Ehrlich is survived by his wife of 45 years, Geraldine McKenna Ehrlich; three daughters, Dr. Susan P. Ehrlich of San Francisco, Dr. Paula Ehrlich of Hendricks, Pa., and Jill Ehrlich-Robinson of Ankara, Turkey; and one grandson.

Corps CCRF Readiness as of December 22, 2004

Agency	BASIC	Not BASIC Qualified	% BASIC
AHRQ	3	10	23.08%
ATSDR	44	23	65.67%
BOP	380	285	57.14%
CDC	393	436	47.41%
CIA	0	1	0.00%
CMS	52	40	56.52%
DHS	123	58	67.96%
DOD TMA	3	1	75.00%
EPA	47	39	54.65%
FDA	452	270	62.60%
HRSA	255	213	54.49%
IHS	1023	1124	47.65%
NIH	159	256	38.31%
NPS	26	6	81.25%
OS	95	52	64.63%
PSC	32	25	56.14%
SAMHSA	19	28	40.43%
USAMRMC	2	0	100.00%
USDA	11	5	68.75%
USMS	7	12	36.84%
Agency Totals	3126	2884	52.01%

Category	BASIC	Not BASIC Qualified	% BASIC
MED	434	707	38.04%
DEN	256	222	53.56%
NURSE	700	586	54.43%
ENG	230	181	55.96%
SCI	132	129	50.57%
EHO	230	149	60.69%
VET	58	33	63.74%
PHARM	488	416	53.98%
DIET	57	32	64.04%
THER	74	45	62.18%
HSO	468	384	54.93%
Category Totals	3127	2884	52.02%

PHS Awards Deadline is April 1, 2005

The CDC Office of Commissioned Corps Personnel deadline for receipt of award nominations is April 1, 2005. However, many CIOs set their internal deadlines earlier. This next date is the last possible one for officers to get their one allowable individual honor award per annual cycle (July 1 - June 30); moreover, it would have to be a CIT, AM or CM to make it through the approval process by June 30, 2005. The next due date for award nominations after April 1, 2005 will be August 5, 2005. That date will be the last possible date for officers to get an award that would appear his/her eOPF by December 2005 and thus be seen by a promotions board.

Guidelines and a checklist on award preparation can be obtained from your Commissioned Corps Personnel Contacts within your OPDIV/Center. If you don't know who they are, please contact the OD/Office of Commissioned Corps Personnel at (770) 488-1771.

Important 2005 Assimilation Information

ALL applications for the 2005 assimilation year must be postmarked by February 11, 2005. Applications postmarked after that date will be processed the following year. Be sure to follow the updated information distributed by the CDC OD/Office of Commissioned Corps Personnel; please refer to their e-mail sent on Monday, 2/7/2005. All applications should be sent to Office of Commissioned Corps Operations (OCCO), ATTN: Assimilation Coordinator, DCCOS, 1101 Wootton Parkway, Suite 100, Rockville, MD, 20852.