THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING MINUTES
27 February 2004

Therapist Professional Advisory Committee		
CAPT Charles McGarvey Chief Professional Officer National Institutes of Health Building 10, Room 6s235 10 Center Drive, MSC 1604 Bethesda, MD 20892 Phone: 301-496-2844 FAX: 301-480-0669 E-mail: charles_mcgarvey@nih.gov	CDR Nancy Balash Chair, TPAC Yakima Indian Health Center Physical Therapy Department 401 Buster Rd Toppenish, WA 98948 Phone: 509-865-2102 FAX: 509-865-5166 E-mail: nbalash@yak.Portland.ihs.gov	LCDR Rita B. Shapiro Executive Secretary, TPAC Center for Medicare & Medicaid Mail Stop S3-02-01 7500 Security Boulevard Baltimore, MD 21244-1604 Phone: 410-786-2177 FAX: 410-786-8532 E-mail: rshapiro@cms.hhs.gov

If you have information you would like to pass on, or have a question for TPAC please do not hesitate to contact your Field Representative, CDR Balash or LCDR Shapiro.

FIELD REPRESENTATIVE	AGENCY	EMAIL	Phone#
LCDR Liza Figueroa	Field Rep. Coordinator	liza.figueroa@pimc.ihs.gov	(602) 263-1561
LCDR Cindy Carter	IHS Multi-site	cindy.carter@mail.ihs.gov	(918) 458-3260
LT Terry Boles	Multi-Agency	TBOLES@ora.fda.gov	(480) 829-7396 x19
LT Jeffrey Lawrence	IHS NM	Jlawrence@abq.ihs.gov	(505) 552-5431
LCDR Robert Roe	IHS NW	rroe@sip.flathead.billings.ihs.gov	(406) 745-3525
LCDR Jenevieve Neros	IHS AK	Jenevieve.neros@searhc.org	(907) 966-8312
LT Justin Feola	BOP WEST	Jfeola@bop.gov	(417) 8371738
LT Michelle Peterman	CMHS	Gatoram2@aol.com	(202) 645-7610
LT Joseph Golding	IHS AZ	liza.figueroa@pimc.ihs.gov	(602) 263-1561
LCDR Fred Lief	BOP EAST	flief@bop.gov	(859) 255-6812 X 362
CDR Karen Siegel	NIH	KSiegel@cc.nih.gov	(301) 496-9890

FUTURE TPAC MEETINGS:

DATES FOR FUTURE TPAC MEETINGS:
23 Apr 04, 18 May 04 at COA. CALL IN NUMBER: 1-888-730-9134 PASS CODE: 38208

THERAPIST PROFESSIONAL ADVISORY COMMITTEE
MEETING AGENDA
27 February 2004

I. CALL TO ORDER

II. REVIEW AND ADOPTION OF AGENDA

III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES

IV. OLD BUSINESS

A.	Action Item Review 1) Member Elections		N. Balash
B.	COA Category Day		D. Munoz

V. NEW BUSINESS

A.	TPAC Structure 1) Committee Chairs-Upcoming Vacancies		N. Balash

VI. REPORTS

A.	Chief Professional Officer		C. McGarvey
B.	Chairperson		N. Balash
C.	Administrative Committee		R. Shapiro
D.	Strategic Growth Committee		M. Melanson
E.	Information Management		S. Newman
F.	Readiness		B. Drinkard
G.	Professional Development		L. Goode
H.	Discipline Liaisons:	Audiology	F. Weaver
		Occupational Therapy	R. Parks
		Physical Therapy	M. Smith
		Speech Language Path	B. Solomon

Future TPAC meeting dates: 23 Apr 04, 18 May 04 at COA.

Therapist Website: http://www.cc.nih.gov/rm/pt/tpac.htm

Therapist Professional Advisory Committee Meeting Minutes

Date: 27 February 2004
Time: 1200 – 1400 hours EDT
Location: Teleconference

I. CALL TO ORDER: 1200 PM EDT

Roll Call:

MEMBERS:

CDR Nancy Balash	Chair
LCDR Rita Shapiro	Secretary
CAPT Terry Cavanaugh	
CDR Bart Drinkard	Not Present
CDR Scott Gaustad	
CDR Lois Goode	Proxy CDR Balash
LCDR Michelle Jordan	Proxy LCDR Shapiro
CAPT Linda Hemingway	Not Present
LCDR Grant Mead	
LCDR Mark Melanson	
LCDR Sue Newman	Proxy CDR J W-Lief
CAPT Rebecca Parks	Proxy CDR Balash
CDR Eric Payne	
CDR Susanne Pickering	
CDR Frank Weaver	Not Present
CDR Jessie Whitehurst-Lief	

Ex-Officio Member:	CDR Karen Siegel (for CAPT McGarvey)	CPO
	CDR Jeff Fultz	Past Chair

GUESTS:

CAPT Mark Dardis
CAPT Leo LeBranch (Ret)
CDR Doug Munoz
LCDR Ron West
LCDR Tarri Randall
LCDR Kathleen Manrique
LCDR Liza Figueroa
LCDR Laura Grogan
LCDR Nelson
LT Terry Boles
LT Justin Feola
LT Doug Henry

II. REVIEW AND ADOPTION OF AGENDA:

The agenda was modified a little to allow the presentation of CPO report immediately following the adoption of minutes (Item III) for time constraint for CDR Siegel representing CAPT McGarvey. The agenda was accepted with modifications.

III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES:

Meeting minutes of February 27, 2004 meeting had been provided via e-mails to all TPAC members and were approved following motion by CDR Pickering and 2nd by CDR Gaustad.

IV. OLD BUSINESS

A. ACTION ITEM REVIEW:

1) Member Elections: Five members terms have expired:

CAPT Parks, CDR Goode, and LCDR Mead (two terms)
LCDR Jordan (one term) and LCDR Benitez-McCrary (to OSG)

Thanks to all for their significant contribution to the TPAC all these years.
We have ten people who self nominated for TPAC Membership and of those two packets are incomplete. Please follow directions for the self-nomination procedure.

CDR Balash is completing her two years as the TPAC Chair and a new chair will need to be appointed starting July 2004. CDR Balash will serve the balance of her term as TPAC member in the ex-offcio capacity, however, she will remain a voting member until July 2006.

B. COA CATEGORY DAY: CDR Munoz informed that at present he is working to get the luncheon speakers scheduled. Thus far he has invited CAPT McGarvey, CDR Gaustad and CAPT Roger Nelson (ret). He is soliciting any recommendations. Two Papers have been accepted for presentation and other papers though very good will not be presented due to time constraints. The booth for healthy Lifestyles and BMI is in line and there are volunteers to support the event. CDR Balash asked CDR Munoz to request a phone line for the TPAC meeting at COA. Any questions or recommendations please email CDR Munoz at: dmunoz@anmc.org

V. NEW BUSINESS

Member elections: CDR Goode is the Chair of Professional development committee whose contributions to this committee have been remarkable. Committee terms are flexible and can be from 2-4 years. Chair is responsible to manage people in their committee in terms of rotations etc. CDR Goode's term as TPAC member expires on June 30, 2004 so she will no longer be able to serve as a Committee Chair. A new Chair for the Professional Development Committee will need to be appointed by the TPAC new Chair.

Committee Reports:
Discussion re: committee reports to TPAC Chair and Secretary coming only two days before the meeting causes quite an effort for both the chair and the secretary to go through the documents. Some time needs to be available to allow for TPAC agenda modifications should it be necessary based on the committee reports. LCDR Shapiro recommended two weeks prior to the meeting. Discussion was to consider changing the time for committee reports submission from 48 hours to one week prior to the next scheduled TPAC meeting and also for two weeks. Based on the discussion, a motion was made by LCDR Shapiro to change the time frame for committee report submission to

TWO WEEKS prior to the next scheduled TPAC Meeting. CDR Drinkard 2nd. Motion passed without further discussion.

CDR Eric Payne will make necessary changes to the Policies and Procedures Manual to reflect this change.

VI REPORTS

A. CPO Report

CDR Karen Siegel provided the CPO report as follows:

Summary of the Combined Surgeon General's Policy Advisory Council Meeting and Chief Professional Officers/PAC Chair Meeting held 26 Feb 2004

Attended by CDR Karen Lohmann Siegel on behalf of CAPT Charles McGarvey

RADM Moritsugu and CAPT Denise Canton of DCP both requested that any officer who has been identified to serve on a promotion board this year needs to confirm their participation promptly and that this activity is of high importance to the corps and should be given priority over other activities.

RADM Moritsugu encouraged officers to attend the upcoming COA Annual Meeting in Anchorage, Alaska. He stressed the important opportunities for communication provided by the meeting.

RADM Knouss reported on the transformation; DCP will be transferred into 2 offices OCCFM and OCCO. There are currently 71 FTE's available; 57 will go to OCCO and 14 to OCCFM. Right now OCCFM has only 1 FTE, the director CAPT Furman. He will oversee transfer of the 14 DCP FTE to OCCFM, and RADMs Moritsugu and Williams will oversee transfer of the remaining DCP functions to OCCO, until a director of OCCO is appointed. The recruiting notice for the OCCO director position will be distributed this week, with a 3 week announcement period expected. A board will select a director from the nominees, which should be announced in late March or early April.

The changes in BMP were initiated because OMB requires that their activities be outsourced by 05 Mar after the results of an A-76 review. Dental claims processing only (not the care manager role) will be done by United Concordia. Medical care has been transitioned to Tricare. RADM Knouss acknowledged that many concerns have been raised by officers. He reported that Tricare in Alaska is managed by an office in San Diego that does not have enough personnel to quickly transition officers in Alaska into Tricare. Therefore, Tricare will not be fully operational in Anchorage until May, and in more remote areas of Alaska until August. They are also working to integrate the IHS into the Tricare system. He reported that when considering modifications to existing Tricare resources, they will take into account the number of officers affected, the number of Tricare providers available, and the distance between officers and providers. For example, CDC officers were offered the opportunity to select a primary care manager at either Emory or Fort McPherson, because there are 900 officers in the Atlanta area and the distance to Fort McPherson was long. RADM Knouss also reported that there will be a help desk located with the OCCSS in PSC (the old MAB plus pay and compensation) to assist officers having difficulty and CAPT Bill Attwood is the acting director of this new office.

Other transformation issues include current discussion to update the manual circular on readiness

standards to go into effect in July of this year. Discussions are underway to provide more opportunities for officers to meet clinical experience requirements. Panel meetings are beginning under the Lewin contract, and RADM Knouss emphasized that these are advisory not decision making groups. He strongly encouraged officers to participate in these panels if they are invited to serve. A draft of a new mission statement is under review by agency heads. There has been some confusion among officers about benchmarks. RADM Knouss stressed that they are not requirements for promotion, and not every officer that is promoted will necessarily have met every benchmark. In the past, each promotion board has developed some sort of benchmarking for their reviews. The difference this year, is that the benchmarks have been developed by the category and provided to every officer.

RADM Babb reported on the CCRF. There have been 10 deployments so far in 2004. He anticipates a high demand for liaison officers this summer for deployments to the G8 summit, political party conventions, and the Olympics. Liaison officer training courses are being held to meet this demand, one next week and another in June. A total of 20 training course on various topics will be held this year. The contract for fit-testing respirators has been awarded, and sessions will be held in 13 locations across the country. CCRF will finalize the list of promotion eligible officers who meet readiness standards and forward it to DCP within days. RADM Babb reported that next year for PY05 the Annual Physical Fitness Test will be a requirement for the Basic level of readiness.

B. TPAC Chairperson

The Lewin Group has be awarded contract to look at Force Management working with DCP over the next year. This company will evaluate the promotion process benchmarks and career pathways both the agency staff and as an officer. Higher levels at Commissioned Corps are very cognizant of officers' concerns. CDR Balash acknowledged LT Jeff Richardson's well-written JOAG report.

CDR Balash attended the PAC Chair PAC meeting on Tuesday February 24th from 13:00 EST This is very dynamic and ever changing committee as some PACs have chair rotations at One Year and the elections also are not on the same (i.e. annual) for each PAC. The Nursing category has developed a policy that when a new officer comes on board, he/she will be assigned a mentor for one year. After that time there will be an option to keep or change the mentor or not to have a mentor after the initial one year. CDR Michaele Smith commented on the Therapist category mentorship program that has been in place for quite a while.

New action item: Strategic Planning and Development Committee will evaluate a process by which there will be a tracking mechanism of who is brought on board and where.

Committee reports: (Written Reports attached)

Administrative Committee Report:

Nothing new to report except CDR Eric Payne is working on the Policies and Procedures Manual as is LCDR Figueroa who has been diligently working on the Category Roster and managing the Field Reps

Professional Development Committee:

CDR Balash proxy for CDR Goode reported that more Awards nominations are needed.

Information Management Committee:

LCDR Newman had submitted a written report attached. CDR Balash however, commended LT Jeff Richardson on an excellent report from the ASH and SG commentary from the meeting held on Feb. 13, 2004, where LT Richardson as leader of the JOAG represented the category extremely well. This special report is also attached as Appendix I.

Strategic Planning And Development Committee:

LCDR Melanson has submitted the written report attached, there is a need for a lead Associate recruiter to replace CDR Frank Weaver as soon as possible. Interested individuals should submit request to LCDR Melanson by March 19, 2004. CDR Weaver briefly explained the role of the category who should attend recruiting meetings regularly. Every category is assigned two leads who can cover for each other. It is a very good career move. Endorsement is needed from CPO CAPT McGarvey.

Readiness Committee:

CDR Drinkard: CCRF and Healthy lifestyles subcommittees:
CCRF Subcommittee: Multiple deployment roles are being discussed by the CCRF as well as revision of the category CCRF manual and rename it to Therapist Category Readiness Manual. Once these issues are addressed the Readiness Committee will do a presentation to RADM Babb on the multiple roles Therapists can play in an emergency/deployment situation.

Mentoring: For questions regarding mentorship contact CDR Smith: michaele_smith@nih.gov

JUNIOR OFFICERS:
All junior officers are encouraged to join the Junior Officer list serve:
http://list.nih.gov/archives/joag.html

FIELD REPRESENTATIVES REPORTS:
See Field Reports section on web page.

CLOSING ROLL CALL:

MEMBERS:
MEMBERS:

CDR Nancy Balash	Chair
LCDR Rita Shapiro	Secretary
CAPT Terry Cavanaugh	
CDR Bart Drinkard	
CDR Scott Gaustad	
CDR Lois Goode	
LCDR Michelle Jordan	Proxy LCDR Shapiro
LCDR Grant Mead	
LCDR Mark Melanson	
LCDR Sue Newman	Proxy CDR J W-Lief

CAPT Rebecca Parks
CDR Eric Payne
CDR Susanne Pickering
CDR Frank Weaver
CDR Jessie Whitehurst-Lief

Ex-Officio Member:

CDR Jeff Fultz Past Chair

GUESTS:

CAPT Mark Dardis
CAPT Leo LeBranch (Ret)
CDR Doug Munoz
LCDR Ron West
LCDR Tarri Randall
LCDR Kathleen Manrique
LCDR Liza Figueroa
LCDR Laura Grogan
LCDR Nelson
LT Terry Boles
LT Justin Feola
LT Doug Henry
CAPT John Hurley
CDR Jeff Fultz
CDR Michele Smith
LCDR McMillan
LT Chris Barrett
LT Elza
LCDR Benitez-McCrary

CONCLUSION: Meeting adjourned at 14:30 Eastern Time

Respectfully Submitted: LCDR Rita Shapiro, TPAC Executive Secretary.
Concur: CDR Nancy Balash, TPAC Chair.
Concur: CAPT Charles McGarvey, CPO Therapist Category.

ATTACHMENT A: ADMINISTRATION COMMITTEE

ATTACHMENT B: PROFESSIONAL DEVELOPMENT COMMITTEE

V. Memorandum

VI.
VII. Date: February 18, 2004
VIII.
IX. To: CDR Nancy Balash, TPAC, Chair
X. LCDR Rita Shapiro, TPAC, Executive Secretary

XI. From: CDR Lois Goode, Professional Development Committee, Chair
XII.
XIII. Re: Professional Development Committee Report
XIV. Therapist Professional Advisory Committee
February 27, 2004 meeting

I. Education Subcommittee
Chair: LCDR Corey Dahl
Members: LCDR Tarri Randall, LT Terry Boles, LT Jeff Richardson, LCDR John Schultz, LT Jeff Richardson,

A. Web page update completed:
   1. Joint Operational Deployment Course – 2 open slots remaining.
   2. Former NMSE and Advanced Spine course – full registration.

   (**Please see the Web site for updated information. Contact LCDR Dahl if interested in attending the JODC course.)**
B. Readiness Training courses to be announced and planned for through the Readiness Committee.
C. This Subcommittee is available to assist CDR Doug Munoz for COA Category Day Education Planning.

II. Retirement Recognition Subcommittee
Chair: CDR Lois Goode
Members: LCDR Rita Shapiro, LCDR Sue Newman, LCDR Julia Woodard
A. Teleconference meetings held 1/12/04 and 2/9/04.
B. Category Retirees 2004: CAPT Bonnie Thornton 08/29/74 – 09/30/04 and CAPT Charlotte Richards (Dates to be confirmed). CAPT Thornton sends her regrets. Waiting on confirmation of attendance by CAPT Richards.
C. Budget submitted to the Finance Subcommittee was approved.
D. Award order to be placed with Executive Impressions by LCDR Shapiro once dates confirmed.
E. Program specifics under development: i.e. dignitary invitations

XV. III. Mentoring Subcommittee
Chair: CDR Michaele Smith
Members: CAPT Rebecca Parks

Since last TPAC meeting there has been one new request for a mentor.
This is a request for interested persons to mentor a junior officer within our category. Those of you already in the mentoring database, contact me via email so I may update your forms. If you no longer are interested in being a mentor, contact me to delete your name from the database.

For those of you new to the program, go to the TPAC website www.cc.nih.rm/pt/tpac.htm, complete and fax the mentoring form to me to be included in the database. The criteria for mentors are also listed on this website. The same process exists for those interested in being mentored.

IV. Awards Subcommittee:
Chair: CDR Nancy Balash
Members: CDR Scott Gausted, CDR Lois Goode

A. Transfer of information from previous Awards Committee Chair, CAPT Georgia Johnson completed.
   1. Credit Balance with PHS Officer Supply Device Center (Mary Gutreau)-one plaque.
   2. Previous awards on file.

B. CALL for Nominations for Category Awards: deadline is March 30, 2004. Please submit nominations to CDR Nancy Balash. See Category Award specifications on Therapist Category Web page, Awards Section. This section also includes format criteria for each award. Email Request sent out via LCDR Liza Figueroa 2/13/04.

C. PHS Award Templates for submission to Category Web page in progress. This is a proposed tool for assisting Officers in nominations.

V. Therapist CV Format and COER Task Force
Chair: LCDR Michele Jordan
Members: CDR Nancy Balash
LCDR Ron West

CV and CV Cover Sheet Format have been submitted. **See the attached.**

This concludes the Professional Development Committee Report. Thank you,
CDR Lois Goode

Attachment to TPAC Professional Development Committee Report
(Page 1 of 2)

Curriculum Vitae
Rank and Name
PHS Serial Number
Date

XVI. Education

XVII. Professional License

XVIII. Board Certified Specialties
XIX.
XX. Work Experience

XXI. Special Projects and Accomplishments (collateral work activities, special projects, teams, task forces, and committees**)**
National
Clinical
Local

XXII. Professional Associations

XXIII. Awards
PHS
Non-PHS

XXIV. Publications and Presentations
National
Clinical
Local

XXV. Special Skills
(i.e. language, radio communication training, special conductor licenses for driving planes or trucks; skydiving, karate, computer proficiency/programming)

XXVI. Activities and Achievements
Civic and Community
XXVII.

XXVIII. Continuing Education Addendum (last 1-3 years**)**

CV Summary Sheet
LCDR Ernest P. Therapist
PHS# 99123 Phone: 555-123-4567
January 1, 2004

I. PERFORMANCE

- **Mission Contribution:**

II. EDUCATION

1982	Bachelors of Science in Occupational Therapy
1990	Masters of Science in Health Care Administration

III. CAREER PROGRESSION AND POTENTIAL

- **Progression:**

Clinical Specialist (O-5 Billet)	June 1993 – Present
Deputy Chief Therapist (O-5)	May 1990 –May 1993
Senior Therapist (O-4)	November 1986 – April 1990
Staff Therapist (O-3)	June 1983 - October 1986

- **Potential:**

Regular Corps Assimilation	October 1988
Certified Hand Therapist	September 1989
Chair of Utilization and Treatment Review Subcommittee @ NIH	January 1990 - 1991
Authored 4 Scientific Research Papers	July 1992

- **Assignments/Mobility**

Indian Health Service	Phoenix, AZ	June 1993 – Present
Bureau of Prisons	Springfield, MO	May 1990 –May 1993
National Institutes of Health	Bethesda, MD	November 1986 – April 1990
Indian Health Service	Bemidji, MN	June 1983 - October 1986

- **Awards**

CC Honor:

Commendation Medal	July 1995
Achievement Medal	September 1991
Unit Commendation	May 1991
PHS Citation	July 1990

CC Service:

Crisis Response Service Award	January 2003
BOTC/IOTC Ribbon	January 2003
Isolated Hardship Ribbon	July 1983

Non-PHS:

DHHS Secretary's Award for Distinguished Service	June 2002
IHS Therapist of the Year	May 1985

IV SERVICE TO THE COMMISSIONED CORPS

Field Representative for TPAC	2003
Vice President Phoenix Chapter, COA	2000
BOTC and IOTC	2000
Associate Recruiter	2000
Chair, Professional Development Subcommittee, TPAC	1999

V. DEPLOYMENT READINESS STATUS

Meets CCRF standards for CCRF deployable or CCRF Basic Readiness Level

Special training: ACLS, Bioterrorism, Mass Casualty training.

ATTACHMENT C: INFORMATION MANAGEMENT COMMITTEE

MEMORANDUM

Date: February 24, 2004

From: LCDR Sue Newman, Information Management Committee Chair

To: LCDR Rita Shapiro, TPAC Secretary
CDR Nancy Balash, TPAC Chair

Re: Information Management Committees

I. Web Page Subcommittee, CDR Karen Siegel, Chair
CDR Siegel reports the category website has been updated:
-TPAC December minutes
-Roster has been updated
-Career Development Section
1) Non-traditional billet report by the strategic growth committee has been posted.
2) Deleted the old OPF information per CDR Balash request.
-Award Section
1) Updated to reflect this years deadline and contact person for award submission.
2) Please notify CDR Siegel with the names of the award recipients so they can be added to the web page.

II. JOAG, Jeff Richardson, Chair
Nothing to report

III. Historian, CDR Jessie Lief, Chair
Has accepted this assignment, will be contacting CDR Balash.

IV Retired Therapist, Leo LaBranche and Selden Wasson
DCP does not have a formal Retiree list indicating specific categories. Would like TPAC's permission to advertise in the CC Bulletin for Retiree in the Therapist Category to contact Leo or Selden.

IV. Inactive Reserve, Alicia Souvignier, Chair
See attached Inactive Roster. This roster is a work in progress, the phone numbers with question marks indicate unable to confirm if the phone number is correct or not. Requesting active duty officers to review the list and contact Ms. Souvignier if you have any information on the officers listed on the inactive reserve roster. Ms. Souvignier is at souvigniera@sanjuancollege.edu.

V. TPAC Field Report, LCDR Liza Figueroa, Coordinator
See Report

VI. Commissioned Officers Association, CAPT Becky Parks, Chair

Nothing to reports

VII. Discipline Liaison
Members: CDR Frank Weaver – Audiologist
CAPT Becky Parks – OT
CDR Michaele Smith – PT
Ms. Beth Soloman – SLP
CDR Smith reports quad service meeting was held 1/28/04 at NIH. Representatives from the Army, Navy and Air Force were present. The following issues were discussed:
1) Specialty pay for OT's and PT's specifically hand certification more to follow
2) Appointment standards of DPT officers through the other services, more to follow
3) Credentialing – looking at universal credentialing process for the Uniformed Services
4) Quad service meetings are held quarterly, next meeting to be held in March. Air Force is the host facility.

ATTACHMENT D: STRATEGIC PLANNING AND DEVELOPMENT

PHS Therapist Category Vacancies

IHS

PT	Anchorage, AK	Doug Munoz (907)729-1261
PT	Juneau, AK	Terry Cavanaugh (907)966-8132
PT	Sitka, AK	" "
PT	Bethel, AK	" "
PT	Nome, AK	Kim Gooden (907)443-4525
PT	Yakima, WA	Nancy Balash (509)865-5166
PT	San Carlos, AZ	Phoenix Indian Medical Center
OT	Chinle, AZ	Andra Battichio (928)674-7223

BOP

PT	Springfield, MO	Scott Gaustad (417)837-1738
PT	Fort Worth, TX	Jean Marzen (817)782-4572
OT	Rochester, MN	Eric Payne (507)287-0674 ext. 484

Others

www.cdc.gov/ncipc/default.htm
www.cms.hhs.gov/
www.fda.gov/cdrh/index.html
www.hrsa.gov
www.osophs.dhhs.gov/ophs/

Subcommittee Reports

Recruitment-
-Reports submitted by CDR Weaver and CPT Nestor
-We need a lead associate recruiter to replace CDR Weaver

-Currently 11 applicants are boarded and medically cleared all will be called next week.

Strategic Growth
-Non-traditional billet project will be under the TPAC web site
-Conference call will be held next week

Retention
Survey in its final form will be submitted to CDR Balash and then the rest of TPAC for review. This is being formatted by LCDR Jordan so all members can complete the form electronically.

ATTACHMENT E: READINESS COMMITTEE

Therapist Category Readiness Committee

Chair: CDR Bart Drinkard

CCRF Sub Committee	Healthy Lifestyles Sub Committee
Chair: LCDR Rita Shapiro	Chair: CDR Bart Drinkard
CDR Suzanne Pickering	CAPT Becky Parks
LCDR Kathleen Manrique	CDR Jeff Fultz
LCDR Corey Dahl	CAPT Terry Cavanaugh
CDR Matt Taylor	CDR Lois Good
LT Terry Boles	CDR Jessie Lief

Date: 27 FEB 2004
To: CDR Nancy Balash, TPAC Chair
From: CDR Bart Drinkard, TPAC Readiness Committee Chair
Subject: TPAC Readiness Committee Report

CCRF Sub Committee
The CCRF Subcommittee met via teleconference on Monday February 09, 2004. The primary topic of discussion was defining therapist category deployment roles. The potential for therapists to deploy in multiple roles (e.g. EMT, Liaison Officer) was also discussed.

Two medium range (6-8 months) objectives were identified:

1. Revise the Category Disaster Response Manual

The existing manual is to be streamlined and will include a summary fact sheet. The revised manual may be called the “Category Readiness Manual”.

2. Provide a Formal Presentation to CCRF

The TPAC approved Readiness Manual will provided to CCRF along with a brief power point presentation.

Healthy Lifestyle Sub Committee
The healthy lifestyles sub committee along with other category officers will host a booth at COA to measure BMI / girth measures and provide healthy lifestyle education.

Respectfully,

APPENDIX I

February 13, 2004 Statement from the Junior Officer Advisory Group

PREAMBLE

Dear Rear Admiral Beato and Vice Admiral Carmona:

We, the Junior Officer Advisory Group (JOAG), sincerely appreciate the opportunity to comment on the many changes occurring to the Commissioned Corps. Your invitation to hear from us conveys to us that you understand that these changes will impact our service to the Nation more than any other group of Active Duty Corps Officers. We are encouraged by your effort to reach out to us. We support a transformation effort and believe we can help the Corps adapt to the 21st century and the needs of "one HHS".

We are committed public servants who are passionate about our particular missions. We receive our Commissions earnestly, take The Oath seriously, and perform our respective missions diligently.

Two universal sentiments engender the following comments we share:

(1) Commitment to serve the mission of our Agencies as part of "one HHS,"

(2) Desire to be part of an honorable Uniformed Service, recognized by the Nation for our critical contributions.

As you probably know, the JOAG was chartered "to provide advice and consultation on interests and concerns specific to junior officers in the USPHS Commissioned Corps." We hope we can continue this dialogue directly with the Department both during this time of significant change, and thereafter.

TOPIC #1: Communication

More communication from the Department would lay to rest many questions that officers have about the motives for Transformation and further, create a stronger sense of unified purpose. Junior Officers want to serve our country with distinction through our efforts in the Commissioned Corps, and we can do that best if the senior leadership trusts us to understand our past limitations and our future goals.

- The Transformation will have greater impact on Junior Officers than any other officer group. There is much speculation as to where we are going, however, it would serve officers well if the ultimate goal of the transformation were communicated. **What is the rationale and the final destination of the transformation? What is the Secretary's vision?**

- Undoubtedly, many Junior Officers are in favor of "a transformation", but the limited communication, the extremely short comment periods (considering the magnitude of the changes), the seeming disregard for many comments has led to little "buy-in" by the Officers or the Agencies. **Why are the changes being made at such a rapid pace with such short phase-in periods?**

TOPIC #2: Agency Impacts

There is a general concern amongst Junior Officers that the requirements for readiness, deployments, and contributions to the Corps will have a detrimental impact on the mission of the Agency that pays their cost as Commissioned Officers. Their "regular job" at the Agency serves the greater mission of DHHS, and their Agency's budget bears the cost of them as Officers.

Often, the Agencies hire Commissioned Officers because they are value-added: The Officers work as many hours as necessary to get the work done for no additional cost to the program, and they can be sent anywhere the Agency needs them. Frequently, Officers take on additional duties and roles to cover job vacancies or critical staffing needs. The "value-added" perception within the Agencies is changing!

- Although few administrators talk about it openly, there is concern about losing productivity with CC officers when deployed and when they are participating in collateral "officer" activities. **How will the Department and the Agencies reconcile these competing demands?**

- **Will the Department directly fund a portion of the Officers' salaries, so that the Agencies do not pay for the contributions Officers make on non-Agency work?**

TOPIC #3: Readiness and Training

Junior Officers are now faced with several requirements to be deployment ready and are faced with an increased emphasis on Corps-support activities and collateral duties. Participation in these activities comes at a cost to the Agency and the Officer's contribution to that Agency. Additionally, participation in these activities raises concern of inequity from civil service colleagues.

- It is now a job requirement to train and remain ready. **If officers are required to participate in 'extracurricular' activities (in terms of corps versus work activities), how can this be balanced as to not cause discord amongst our civil service colleagues?**

- Prior Armed Forces junior officers have noted that they were required to complete a number of hours of physical training each week while on active duty in other services. **If we are being held to similar physical fitness requirements as our sister services, will we also be given time to meet a mandatory requirement of the USPHS Commissioned Corps? If so, how will agencies manage the resentment of our civilian colleagues?**

- The cost to the Agencies for the required training we now are obliged to undertake could be a detriment to our participation in the various training courses. **Is it possible that separate funding be allocated specifically for Commissioned Corps training activities (BOTC, BLS, etc.)?**

- The Basic Officer Training Course (BOTC) is an excellent introduction to what it is to be a Commissioned Officer of the USPHS. However, the Commissioned Officers Training Academy (COTA) is unable to supply enough courses to meet the demand of officers coming into the USPHS. One junior officer noted, "there has not been an opportunity to attend a BOTC course since I was commissioned, nearly eight months ago". The JOAG-sponsored BOTC course in December 2003, the first in many months, was *completely full after opening registration for four hours*. **Is it possible that BOTC be extended as a required multi-week course that an applicant takes BEFORE commissioning?** If (after the officer understands the serious commitment, expectations, and culture of officership at the end of the course) they still wish to join the Corps, they could be commissioned at its conclusion.

TOPIC #4: Billet Management System

The December 18, 2003 Federal Register statement includes discussion about a "billet management system," and the Lewin Group Project "Statement of Work" also discusses it. The concept raises apprehension in Junior Officers for several reasons.

- It seems that a "force management" or "billet management" system should serve the underlying needs of DHHS (i.e. the missions of the Department). Consequently, the "end strength" and the "force profile" need to be defined before we discuss billet management. **What is the ultimate vision for the force structure, and how is it tied to the needs of the Department?**

- Second, for a comprehensive force management structure to work, we would need positions within DHHS dedicated to PHS Corps Officers. Specifically, certain middle management and executive leadership positions would have to be reserved for Corps Officers. Without such reserved positions, mobility would be inequitable and career tracks would not necessarily be consistent with the needs of the DHHS or with the strengths of the individual Officer. **Are "Commissioned Officer reserved positions" throughout DHHS the ultimate vision for the Corps?**

- Some Agencies have very specific career tracks leading from fieldwork into management, with progressively increasing billets. However, the new precepts and benchmarks seem to encourage multi-Agency experience. "Career track" Agency career/billet progression does not seem to coordinate well with the expectation that an officer will diversify their career and geographic location by serving in multiple Agencies. **Will the Centralized Billet system put Officers on career tracks that limit their freedom to diversify, and create situations where Officers will compromise their career if they relocate to a different Agency?**

- The Indian Health Service operates under a law that requires "Indian Preference". In practice, if a minimally qualified member of a Federally recognized tribe applies, no other candidates are considered. **If a Centralized Billet system is created, can and will the playing field be leveled so that IHS Officers who are not members of a Federally recognized tribe have equal access to billets in comparison to their non-IHS counterparts?**

- The Lewin Group Transformation Project statement of work seems to neglect, through what the "Statement of Work" does *not* say, considerations of non-clinical categories. Public health, by definition is preventive and proactive. **Will the Lewin Group seek the perspectives of non-clinical categories of public health practitioners (e.g. environmental health, disease surveillance and epidemiology)? For example, will the group be able to fully understand the differences between the role, the demands and the required expertise of a CDC epidemiologist as opposed to an IHS nurse?**

- Secretary Thompson has discussed adding 250 more Officers to the Indian Health Service. **How will the addition of 250 additional commissioned Corps FTEs be achieved?**

TOPIC #5: Management Structure

Our understanding from various statements by Department Officials is that the Corps will be managed by a Policy component and an Operations component. Our understanding is that the Assistant Secretary for Health (ASH), through the Office of Commissioned Corps Force Management (OCCFM), will set policy and provide executive guidance for the Corps, and the Office of the Surgeon General (OSG) will handle all management and operations of the Corps. Most Junior Officers feel this concept is well considered and is consistent with modern organizational design and with the other uniformed services.

However, some Junior Officers are confused over the content of the December 18, 2003 Federal Register statement. It appears that not all operations and management functions will be delegated to the OSG. Some specific examples include:

- The authority to sign orders appears to rest with the Assistant Secretary for Health (ASH), whereas previously this authority resided with the DCP Director.
- The authority to place Officers on details appears to rest with the ASH.
- The Office of Commissioned Corps Force ***Management*** (OCCFM), through its name and several of its authorities outlined in the Federal Register, seems to be an operations and management entity, not a policy entity.

If you can, please clarify and share the rationale for the split in operational management.

- With the possible establishment of a ready reserve, we feel that there will be no need to have an active duty reserve vs. regular corps, at least for the higher ranks. Consistent with the other

services, after a certain grade is achieved (O4 in the Army), all active duty personnel should be considered regular corps. **Do you foresee discontinuing the Regular Corps assimilation?**

TOPIC #6: Deployments and Mobility

There is truly a diversity of opinions and concerns amongst Junior Officers regarding deployments. Many Officers are concerned that the work they do is already of a "deployment" nature (e.g. IHS Environmental Health staff flying in bush planes to remote Arctic villages in Alaska, CDC EIS Officers), but that the system will not capture their contributions. Other Categories (e.g. Scientists) are concerned that they train and perform missions of a nature that support public health, but that the currently available CCRF deployment roles have nothing to do with their expertise. The other Uniformed Services deploy in accordance with their training.
On the other hand, many Junior Officers who participate in deployments through DMATs and CCRF are concerned that their "moment's notice" readiness and deployment will be devalued if TDY travel to field locations begins to "count" for deployments.

Furthermore, the language of the transformation places significant importance on response to public health emergencies. In the day-to-day activities of most officers, we focus on long term approaches to preventive health care. For most of us, our professional identities are tied up in one word, "prevention". In the event of disasters or threats to the public health of the nation, we are very willing to be a part of the PHS response activities. However, these are **contingencies**, and not how we spend most of our time. We are concerned that the transformed commissioned corps places more emphasis on contingency planning than on our main function of preventive public health.

- **Will the Transformation account for Agency missions that are deployment in nature if the Commissioned Officers are visibly representing the Corps (i.e. in uniform on a hazardous Agency assignment)?**

- **Can Agencies develop Agency response teams in a fashion that compliments the Agency mission, but that serves the greater DHHS readiness?**

- **Will the criteria that define "deployment" exclude simple one-week or less TDY trips?**

- **With emphasis on trainings such as CHART, what role does the Secretary/Surgeon General envision for the new Corps in the area of Global Health? Is there a vision for increasing roles for Commissioned Corps officers in international organizations, working directly in the international sphere, or serving as members of humanitarian response missions?**

- Currently, the PHS-1 DMAT (Disaster Medical Assistance Team) is composed primarily of PHS Commissioned Corps Officers (>80% of 115 members), many(>40%) of whom are Junior Officers. The PHS-1 DMAT has been the premier disaster medical response mechanism for DHHS since 1984, and it has had a close working relationship with the CCRF since 1997, combining forces in both training and actual deployments. Now that NDMS has been transferred from DHHS to DHS, the issue of continued DHHS commitment to the future of the PHS-1 DMAT has been raised. This concern is heightened by the fact that language within the documents on the transformation related to deployments or other emergency as part of the PHS-1 DMAT are not addressed. **If a DHHS commitment to such support is languishing due to the transfer, does DHHS recommend that PHS Commissioned Corps Officers terminate their membership with this DMAT?**

TOPIC #7: Promotion Policies

Junior Officers have several legitimate concerns regarding the revised promotion policies. The perception of being career-limited is resulting in our best-trained and most experienced mid-grade Officers contemplating careers in the private sector. This represents a serious threat to our Nation's health security. Three key issues are the most concerning to Junior Officers:

- Time-in-Service: The new time-in-service requirements substantially changed the number of years of uniformed service time required for competitive promotion. For recently recruited highly-educated MDs and PhDs, this change has been perceived as a "bait-and-switch". Until December 18, 2003, many of them would have been eligible for promotion to O-5 within a year or two years. Now, many of them have to wait to accrue a total of five years service. **Can a "transition" be implemented that allowed these highly-trained professionals to be "grandfathered" and compete for their O-5, assuming they met the Training and Experience requirements?**

- Three-Times and Freeze: Some Junior Officers believe that the "three-times and freeze" temporary promotion provision will actually have the opposite effect than is desired. An Officer frozen at O-5 will have no incentive to seek more responsibility, no incentive to "add value" to the Agency for which they work, and will likely "retire-in-place". **What was the rationale for this policy?**

- Inequitable Access to Opportunity: Officers serving in resource-strapped programs, in hardship locations or in hazardous-duty locations often don't have as much access or time to participate in "Corps-support" activities. **How will promotion boards account for these inequities?**

TOPIC #8: Uniforms

Many Junior Officers are enthused about the wear of the Uniform and are committed to representing "the Corps" proudly. When in public, their conduct and appearance bestows great honor on the rest of the Corps. This is a fundamental concept of being in a "Corps" or "body" – we all represent each other. However, many Junior Officers face legitimate challenges.

- Some Officers have legitimate concerns about wear of the Uniform in specific dangerous situations. For example, some Officers believe that wearing the uniform on the lands of Federally recognized tribes is a reminder of the paternalism of the Federal Government. On the contrary, some Officers find that wearing the Uniform when serving Federally recognized tribes builds rapport and shows professionalism and respect. **How can uniform wear exemptions be managed consistently, such that legitimate situations are exempted but illegitimate excuses are not?**

- Many Junior Officers expressed concern that we do not have a comfortable, practical field uniform. **Will a Field Utility Uniform eventually become the normal field uniform for deployments and for Agency fieldwork? Will it be khaki or woodland camouflage?**

- Some Junior Officers expressed concern that they work for a Senior Officer who chooses not to wear the uniform. They feel that this puts them in a position that pits their personal convictions against the attitudes of those who have a significant impact on their career. They feel like the Commissioned Corps should be more like other services where wear of the Uniform is the norm. **Will there be a directive to DHHS agencies that requires daily uniform wear to resolve these issues?**

- Some Junior Officers expressed frustration over the lack of an up-to-date Uniform Manual. **Is it possible to implement a biennial revision of the Uniform Manual?**

TOPIC #9: Healthcare Changes

The transfer of healthcare to Tricare Prime is perceived by junior officers as drastic with a short period of phase-in. Many junior officers were concerned by the short deadline for enrolling in Tricare Prime. Others seem surprised when they learn that they have to initiate enrollment; they were under the impression that they would be "automatically" enrolled.

- There is significant concern among junior officers regarding the change to Tricare Prime and quality of care in some areas. Officers and their families who previously obtained care at IHS facilities are especially concerned about where to go for care, particularly in locations where very few other

options exist for Prime Remote. **What options should officers in these situations consider for securing adequate healthcare for their families?**

- Some officers, because of their distance from an MTF, have seen trusted physicians for years (who like Tricare contracted physicians, accept government assignment as payment in full), but are now required to change physicians under the new system. **Why can't officers continue to see these physicians, and if the bill costs more than the government assignment, pay the difference?**

TOPIC #10: Quality Assurance of the Process

Given the extent of the changes and the rate of the changes, a process that tracks impacts to Agency program and impacts on Corps morale, Corps strength, etc. needs to be in place.

- A Transparent Promotion Process: **Officers should be given full access to statistics, comments made by promotion board officials, and scores on precepts after they go up for competitive promotion. Board officials should be required to give constructive criticism on all Officers they evaluate. This will allow the Officer an opportunity to improve accordingly.**

- There are notable discrepancies between the way that officers are managed, depending on whether their supervisor is Commissioned Corps or civil service. **Is it possible to implement mandatory training for managers of Commissioned Officers throughout DHHS and other agencies that employ officers through MOUs to explain the nuances of officership?**

- **Will there be an ongoing review of the effects of the proposed changes to the USPHS to insure important issues that are affected by these changes are being closely monitored and analyzed?**
  (Recruitment, retention, hiring preferences by supervisors, etc…)