

THERAPIST PROFESIONAL ADVISORY COMMITTEE MEETING MINUTES 28 FEB 2003



I. Therapist Professional Advisory Committee		
CAPT Charlotte Richards Chief Professional Officer Northern Navajo Medical Center Rehabilitation Services Department PO Box 160 Shiprock, NM 87420 Phone: 505-368-7100 FAX: 505-368-7078 E-mail: charlotte.richards@shiprock.ihs.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	CDR Bart Drinkard Executive Secretary, TPAC National Institutes of Health Building 10, Room 6S-235 10 Center Drive, MSC 1604 Bethesda, MD 20892-1604 Phone: 301-402-3015 FAX: 301-480-0669 E-mail: bart_drinkard@nih.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 CDR Drinkard.

FIELD REPRESENTATIVE	AGENCY	EMAIL	Phone#
Ms. Tina Bauer	IHS Northwest	Tina.Bauer@mail.ihs.gov	(406)-477-4422
CDR Betty Garner	IHS Multi-site	ababgarner@cableone.net	(580) 421-4585
CDR Lou Iannuzzi	HRSA / USCG	Liannuzzi@hrsa.gov	(212) 562-2748
LCDR Michelle Jordan	Multi-Agency	Mjordan@hrsa.gov	(301) 443-7037
LT Jeffrey Lawrence	IHS NM	Jlawrence@abq.ihs.gov	(505) 552-5431
LCDR Cindy Melanson	CMS	Cmelanson@cms.hhs.gov	(410) 786-0310
LT Jenevieve Neros	IHS AK	Jenevieve.neros@searhc.org	(907) 966-8312
LT Alicia Souvignier	BOP WEST	asouvignier@bop.gov	(817) 413-3435
CAPT Fran Oakley	NIH PT/OT	foakley@nih.gov	(301) 402-3019
LT Michelle Peterman	CMHS	Gatoram2@aol.com	(202)-645-7610
LCDR Liza Figueroa	IHS AZ	liza.figueroa@pimc.ihs.gov	(602)-263-1561
LCDR Matt Taylor	BOP EAST	mtaylor@bop.gov	(978) 796-1000ext.4663

FUTURE TPAC MEETINGS:

DATES FOR FUTURE TPAC MEETINGS:
 25 APRIL 2003; 17 JUNE 2003, COA meeting , Scottsdale, AZ

**THERAPIST PROFESSIONAL ADVISORY COMMITTEE
MEETING AGENDA
28 FEB 2003**

- I. CALL TO ORDER
- II. REVIEW AND ADOPTION OF AGENDA
- III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES
- IV. OPEN FORUM
 - A. Action Item Review (see attached) N. Balash
- V. OLD BUSINESS
 - A. TPAC Charter N. Balash
- VI. NEW BUSINESS
 - A. Welcome to the New CPO N. Balash
- VII. REPORTS
 - A. Chief Professional Officer C. McGarvey
 - B. Chairperson N. Balash
 - C. Awards Committee G. Johnson
 - D. CCRF Committee G. Mead
 - E. Education Committee L. LaBranche
 - F. Finance Committee J. Fultz
 - G. Fitness/Wellness Initiative Committee R. Parks
 - H. Recruitment and Retention Committee M. Melanson
 - Mentoring Task Force M. Smith
 - Home Page K. Siegel
 - I. Strategic Growth Committee J. Hurley
 - J. Discipline Liaisons:
 - Audiology L. Simpson
 - Occupational Therapy R. Parks
 - Physical Therapy M. Smith
 - Speech Language Path B. Solomon
 - K. COA Therapist Representative R. Parks
 - L. 2003 COA Meeting R. West
 - M. Newsletter D. Brueggemann
 - N. Junior Officer Report J. Richardson
 - O. Field Rep Coordinator: Reports (Summary) C. Melanson

Therapist Professional Advisory Committee Meeting Minutes

Date: 28 FEB 2003

Time: 1200 – 1445 hours EDT

Location: Teleconference with chair in Yakima, WA

II. CALL TO ORDER: 1200 PM EDT

Roll Call:

MEMBERS:

CDR Nancy Balash	Chair
CDR Bart Drinkard	Secretary
CAPT Terry Cavanaugh	
CAPT Mark Dardis	
CDR Jeffrey Fultz	
CDR Scott Gaustad	
CDR Lois Goode	
CAPT John Hurley	
CAPT Georgia Johnson	
CAPT Leo LaBaranche	
CDR Jessie Lief-Whitehurst	
LT Grant Mead	
LCDR Mark Melanson	
CAPT Rebecca Parks	
CDR Suzanne Pickering	
CDR Frank Weaver	
CDR Jessie Whitehurst-Lief	Proxy LCDR Matt Taylor

Ex-Officio Member: CAPT Charlotte Richards CPO

GUESTS:

LCDR Liza Figueroa
LCDR Laura Grogan
CAPT Charlie McGarvey
LCDR Mercedes Benitez-McCrary
CDR Michael Smith
CDR Karen Siegel
LCDR Rita Shapiro
LCDR Matt Taylor
LCDR Ron West
LCDR Eric Payne
LT Alicia Souvignier

III. REVIEW AND ADOPTION OF AGENDA:

The agenda was adopted as written.

IV. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES:

The TPAC Minutes for 13 DEC 02 were approved as written.

V. OPEN FORUM

A) ACTION ITEM REVIEW:

- 1) TPAC members are to review the Category Historian Task Force recommendations for incorporation into the policy and procedures manual prior to the next TPAC meeting.

Members discussed the Historian Task Force recommendations. CDR Fultz motioned that the TPAC create a Category Historian position as per the task force recommendations with the exception that the incoming historian need not serve in a formal apprenticeship prior to appointment.

TPAC unanimously approved the motion.

CDR Drinkard will add the Historian position to the TPAC policy and procedures manual.

- 2) TPAC members are to review the orthotics/prosthetics position statement for approval prior to the next TPAC meeting 28 FEB 2003.

CDR Balash suggested that TPAC not forward the position paper to the Surgeon General at this time and address concerns regarding recent orthotics/ prosthetics (O&P) legislation via Therapist professional organization representatives (AOTA, APTA) most involved with the ongoing rules negotiating committee proceedings.

In addition a statement may be forwarded to Dr Hill (CMS representative presiding over the rules negotiating committee) : Ph: 410-786-3139, email: hhill@cms.hhs.gov

CAPT McGarvey commented:

Therapists desire to continue designing and fabricating orthotics and prosthetics as presently practiced. TPAC may be able to support the efforts of AOTA/APTA (eg. with a position paper) in negotiations with O&P groups.

OT and PT discipline liaisons were tasked to contact AOTA and APTA representatives to gain more information about how a TPAC may support efforts related to negotiation of O&P legislation details.

- 3) CDR Drinkard is to forward the updated category roster to the field.

This was done. However significant changes in contact information have occurred since the last roster update. LCDR Payne and CDR Drinkard will update and forward the roster again once updated.

- 4) CAPT Richards will forward a letter of endorsement to Capt Childs, USAF stating PHS therapist interest in participating in the musculoskeletal survey.

This was done.

- 5) CDR Drinkard is to forward the category roster to Capt Childs, USAF for the musculoskeletal survey.

This was Done.

VI. OLD BUSINESS

A) TPAC Charter

CDR Balash reported that our current TPAC Charter does not conform completely to the most recently revised model charter.

A Charter Review Task Force was formed: LCDR Shapiro: Chair
CDR Fultz
CDR Lois Goode
LCDR Mercedes Benitez-McCrary

ACTION ITEM: The Charter Review Task Force was charged to complete the review and update of the current TPAC charter by mid April.

VII. NEW BUSINESS

A) CPO Change

CDR Balash on behalf of the category expressed gratitude for the outstanding service of CAPT Richards as our CPO.

CAPT McGarvey was welcomed on board as our new CPO. See **ATTACHMENT A**

B) Discipline Liaisons

CDR Balash asked Discipline Liaisons to submit regular reports to TPAC secretary and CPO prior to meetings.

CDR Drinkard motioned that Discipline Liaisons provide a report to the TPAC secretary and CPO prior to each TPAC meeting. The motion was seconded and approved unanimously by TPAC.

ACTION ITEM: CDR Drinkard is to amend the Policy and Procedures manual to state that Discipline Liaisons provide a report to the TPAC secretary and CPO prior to each TPAC meeting.

VIII. REPORTS

A) CHIEF PROFESSIONAL OFFICER

Giving her final report as CPO, CAPT Richards spoke of her service to the category as the "capstone of her career". See **ATTACHMENT B** for the complete CPO report. Officers thanked and applauded CAPT Richards for her efforts.

B) CHAIRPERSON

CDR Balash reporting:

A) Nominations for the Surgeon General's Honor Guard were forwarded to the OSG

B) CDR Drinkard will forward the TPAC election ballot to members

C) CCRF Issues

Officers need to strongly consider enrollment in CCRF. This may be a future criteria considered for promotion

D) The AMSUS meeting will be in November in San Antonio and therapists are encouraged to attend. LCDR Shapiro reported that therapists from all services (including quad services) will be given a 40 minute period for discussion on a topic of choice. Suggested the topics: Therapist roles in deployment situations; Therapists as musculoskeletal screeners.

A task force to plan the AMSUS meeting multi service discussion was formed:

LCDR Shapiro

CDR Gaustad

LCDR Mead

LCDR Benitez McCrary

CDR Weaver

CAPT McGarvey will act in an ex officio manner for this task force.

C) AWARDS COMMITTEE: see **ATTACHMENT C**

D) CCRF COMMITTEE:

LCDR Mead reported the CCRF committee will forward the most recent Therapist Deployment Manual to TPAC prior to the next meeting.

The CCRF committee will develop a brief fact sheet as a more "user friendly" document for distribution.

Other members commented on the "deployability" of therapists with reference to the need to disseminate information regarding therapist roles in deployment situations.

CAPT McGarvey commented on the need to have a strategic plan to pursue the Presidents goal of having 70% of our category enrolled in CCRF by 2005.

CDR Balash concluded the discussion and asked individuals to consider ways to increase CCRF participation by the category.

E) EDUCATION COMMITTEE:

Educational listings are posted on the TPAC website. Contact CAPT LaBranche for more information leo.labranche@tcimc.ihs.gov

LCDR Magel will present a continuing education course on the lumbopelvic region as a post conference course after the 2003 COA meeting in Scottsdale AZ June 19-20. Contact LCDR Ron West for more information (see **ATTACHMENT D**).

F) FINANCE COMMITTEE: See **ATTACHMENT E**

CDR Fultz reported that, thanks to the efforts of LCDR West, COA will pay for category awards and retirement ceremony funding.

G) HEALTHY LIFESTYLES COMMITTEE: See **ATTACHMENT F**

H) RECRUITMENT AND RETENTION COMMITTEE:

Vacancies:

AGENCIES	LOCATION	POSITION
IHS	Anchorage AK	1 Audiologist
	Phoenix AZ	1 Audiologist
	Fort Defiance, AZ	1 speech pathologist
	Lame Deer MT	1 physical therapist
Federal	usa.jobs.opm.gov	Health promotion/wellness
BOP	Butner, NC	1 physical therapist
	Fortworth TX	1 physical therapist

For those who are interested in recruitment CDs and brochures for PHS in general, please contact Mark Melanson at 202-645-4953.

Home Page: CDR Siegel has posted the latest TPAC meeting minutes.

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

I) STRATEGIC GROWTH COMMITTEE: see **ATTACHMENT G**

CAPT Hurley and LCDR Payne reported that the SGC has been collecting data on therapist billets to assist in the development of and recruitment for traditional and non-traditional billets. The SGC goal is to develop a database with this information to be appended to the category webpage.

J) DISCIPLINE LIAISONS:

CDR Weaver reported that there is a standing invitation to PHS audiologists to join the Tri-Service Military Audiologists Association whose purpose is to disseminate knowledge for promoting quality healthcare.

IHS Audiologists will have a conference June 3-5 2003 in Oklahoma City. Hotel and CEU information will follow. Contact CDR Weaver for more information.

CDR Smith reported that she will attend a Quad Service meeting 18 March with a report to follow.

K) COA THERAPIST REPRESENTATIVE:

CAPT Parks reporting:

COA has responded to the recent Whitehouse budget proposal which includes a pay disparity for PHS Corps relative to other uniformed services.

L) 2003 COA MEETING TASK FORCE:

LCDR West reporting:

- 1) The COA 2003 annual conference will be June 15-20 in Scottsdale, AZ
- 2) See conference information and registration information online at <http://conference.coausphs.org/>
- 3) Hotel room rates (\$59.00) will be available 3 days prior to and 3 days after the conference ends.
- 4) Category day (June 17) will include
 - a. an educational session (with approved CEUs)
 - b. category luncheon
 - c. paper presentations
 - d. TPAC meeting
 - e. Retirement ceremony
 - f. Informal social get together

M) NEWSLETTER:

A standing call for material for the newsletter. Photos are more than welcome. Contact CAPT Brueggemann (dbruegge@anmc.org).

N) JUNIOR OFFICER REPORT:

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

O) FIELD REPRESENTATIVES REPORTS:

See Field Reports section on web page.

CLOSING ROLL CALL:

Roll Call:

MEMBERS:

CDR Nancy Balash	Chair
CDR Bart Drinkard	Secretary
CAPT Terry Cavanaugh	
CAPT Mark Dardis	
CDR Jeffrey Fultz	
CDR Scott Gaustad	
CDR Lois Goode	
CAPT John Hurley	
CAPT Georgia Johnson	
CAPT Leo LaBaranche	
CDR Jessie Lief-Whitehurst	
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LCDR Liza Figueroa
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CDR Michael Smith
LCDR Rita Shapiro
LCDR Matt Taylor
LCDR Ron West
LCDR Eric Payne
LT Alicia Souvignier
LCDR Laura Grogan

CONCLUSION: Meeting adjourned

Respectfully Submitted: CDR Bart Drinkard, TPAC Executive Secretary.
Concur: CDR Nancy Balash, TPAC Chair.
Concur: CAPT Charlotte Richards, CPO Therapist Category.



National Institutes of Health

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Date: March 12, 2003

To: Members of the Therapist Category, USPHS

From: CAPT. Charles L. McGarvey, Chief Professional Officer

Subject: CPO Vision and Goals

Change of leadership in any organization often results in curiosity of members about the vision and goals of the new leadership. The following information is offered to all therapist officers as my personal perspective for the Therapist category and future strategic goals.

My vision for the Therapist Category will be to advance the 200-year mission of the Commissioned Corps of the USPHS beyond the well-being and health and welfare of its nation's citizens. The nation and its people have undergone significant change in the last century. Where disease had once been random and non-exclusive in its widespread destruction, it now can be manufactured and used offensively as a tool of warfare. Where malnutrition and poor hygiene was identified as a root cause of many illnesses, now abuse and overindulgence have promoted unhealthy lifestyle and addictive behaviors. In his book *Plagues and Politics*, Dr. Fitzhugh Mullan provided an extensive account of the Public Health Service's efforts in eradicating a variety of diseases and threats to the country. The book illustrated the worth and importance of the original PHS mission, and introduced the concept of new threats to our nation from such diseases as HIV/AIDS which combined both viral and behavioral factors in promoting spread of the disease. Our country and its citizens are currently facing a series of serious threats to longevity and quality of life. Many potential resolutions to these threats will require education, enlightenment and instruction of our citizens in promoting health lifestyles and positive changes in personal behavior. Reduction of alcohol consumption, smoking and promotion of balanced, prudent diets combined with daily exercise will be essential to reducing the threat to health and well being of our nation. In addition to the adverse effects of unhealthy behaviors, many citizens remain fearful and vulnerable to the threat of random acts of violence and bio-terrorism. As such there appears to be a need to develop mechanisms of triage, defense and response. I can envision no better group of

individuals than the Therapist category and the Commissioned Corps of the U.S. Public Health Service along with other uniformed services to meet such a mission.

In 1999, the Therapist category volunteered to spearhead an effort to engage its own officers in a program of health lifestyles and fitness. Today, as a result of that effort many officers have adopted better nutrition, exercise and stress management behaviors in order to not only improve their own lifestyles but also to lead others by example...an essential element of leadership in any progressive and outcome-oriented organization. Obesity among American people is also a major public health issue for clinicians and researchers these days. The statistics regarding this epidemic are staggering and have been implicated as the root cause for a number of metabolic and cardiovascular diseases in our country. This is perhaps an area where the TPAC can join with nutritionists and dieticians to develop or support new initiatives and programs endorsed by the Surgeon General.

Many therapists have also volunteered to participate in the Disaster Medical Assistance Teams (DMAT) and the Commissioned Corps Readiness Force (CCRF) in support of disaster relief. Most recently the National Health Service Corps has developed a new group to professions referred to as Ready Responders to react in cases of national disaster. My vision of the future is that all newly recruited officers would be required to meet a standard of fitness, training and health lifestyle in order to remain a commissioned officer in the PHS. Also, that each officer would be trained to serve in any disaster activity, domestic or international, if called upon by the needs of the nation. Currently many senior Therapist officers possess the clinical competencies and skills necessary to serve as first line providers in the assessment of acute musculoskeletal and trauma conditions. Mobilization of this group to supplement emergency medicine on the field would be another category goal to support the SG's goal of readiness. The President of the United States recently instructed the OSG that CCRF membership should represent 30% of the CC by the end of 2003, 50% by the end of 2004, and 70% by the end of 2005. The therapist category presently has 47 therapists listed on the CCRF roster, 44 of which are deployable. We have met the first goal for 2003, but will need approximately 20 more therapists enrolled in CCRF by 2004, and 20 more enrolled by 2005 in order to meet the 70% level established by the President. I would encourage each therapist in the category to visit the following website (<http://oep.osophs.dhhs.gov/ccrf/>) to apply for the CCRF. As Commissioned officers in the USPHS we may be deployed at any time for any reason regardless of membership in CCRF, therefore our efforts to join the CCRF reflect our commitment and support to the OSG in meeting the President's goal. The Therapist (34%) category is third only to Nursing (37%) and Dietician (41%) categories in meeting 2003 goals. Let's take the lead on this and be the first to the top, if not exceed the President's expectations!

My primary goal as CPO will be to respond to the immediate needs and agenda of the Office of the Surgeon General and provide advice and support for the Therapist Professional Advisory Committee and the Therapist category as a whole. Given these turbulent times, the need to react quickly and effectively to any given threat will require a thorough knowledge of the capability and availability of the Therapist category. Also essential to an immediate response will be effective communication with our other uniformed services. As such I will work closely with the TPAC to create an inventory of all the therapists, their unit locations, special knowledge, skills and talents and their relative availability to be mobilized in time of emergency. Second, I intend to promote inter-service communication and coordination among other service advisors (Army, Navy, Air Force) to advance the capabilities during emergencies involving national defense as proclaimed by the President and defined by the Memorandum of Agreement

signed between HHS and DoD signed in 1989. Other goals related to our nation's health which we may pursue may be referenced in *Healthy People 2010*.

Last, but certainly not least, I would **strongly** encourage all therapist officers to honor the expectations of our surgeon General in wearing the PHS uniform on a daily basis as per his comments published in the Commissioned Corps Bulletin, September 2002:

"Let me outline some of my **expectations** for every Corps officer:
.... Each officer will be visible as an officer when on duty. As a 'uniformed service,' wearing of the uniform **daily** by each and every officer is the standard, not the exception."

Ref: Carmona R: Surgeon General's Column. Commissioned Corps Bulletin. Vol 16: No. 9 September 2002.

Imagine, if you will, what a great thing it would be for the category to report to the OSG that every therapist officer wears their uniform on a daily basis. This might be one of those few advantages in being a small but effective category. Be forewarned, this will be one of the questions that I will ask therapist officers when discussing their work in the field.

In closing, I would be remiss not to acknowledge the significant efforts and accomplishments of my predecessor CAPT Charlotte Richards, "Char" to most of you. As most of you are aware, she not only worked diligently with the OSG and TPAC during her tenure in support of the PHS and category but agreed to extend her term by another year in order to facilitate the selection of the next CPO. All of us in the category owe her a debt of gratitude for her exemplary service, guidance and leadership. If you haven't already...I would encourage all therapists to send her a short e-mail of thanks as a small token of appreciation. Another individual that deserves recognition is CDR Jeff Fultz and his equally significant and impressive efforts in advancing the category. A true leader and visionary person, his actions and activities served the TPAC very well. There are many others in the TPAC and category that deserve recognition for their support of the category and I thank them for such dedication.

I look forward to working with CDR Nancy Balash, TPAC Chair, the TPAC membership and all therapists in the category over the next 4 years. As "Char" has expressed to me recently, our new Surgeon General and world-wide events provide new and exciting and challenges for the Commissioned Corps and our category. Personally, I couldn't think of a better group of professionals to step up to the challenge. I respectfully ask for your strong and unselfish support in working with me and the TPAC in meeting these new needs and challenges. Additionally, I would invite each and everyone of you to make any suggestions for new initiatives or programs or recommendations of how we might improve our current category, I will be calling on a number of you personally over the next few years to assist in the accomplishment of a number of new initiatives and programs...with your help I believe the Therapist Category will continue to be recognized as a dedicated and highly skilled cadre of professionals. Thank you for the opportunity and honor to serve as your CPO, I look forward to meeting and working with each of you.

Charlie

FINAL CPO REPORT

Effective 14 February 2003 CAPT Charles McGarvey officially took the helm, so this is my final report to you as your Chief Professional Officer. I never aspired to be Chief Therapist Officer, but I can honestly tell you that serving in that capacity has been the capstone of my career and one of the most exciting and rewarding challenges of my life. My only regret is that I have to pass the baton at this time in our Nation's history. We have an extremely dynamic, charismatic Surgeon General who is first an officer and very proud of the uniform he wears daily and with distinction. That in itself is reason enough to envy Charley in his new, and my old, role. Additionally, we're a nation at war on one front (terrorism) and soon to be on another. As officers and public health servants, WE WILL BE INVOLVED! I would love to continue to be a part of this Surgeon General's cadre of Corps leaders as we move into a mission oriented protective posture and nation at war mode. Suffice it to say, I know CAPT McGarvey will do a grand job. Thank you all for your dedication, enthusiasm, hard work, great vision for our Category, and loyal support to me during this past five years. I'm sure you will continue to work hard as the cohesive team you've become, and will rally around CAPT McGarvey and give him the support he will need to carry this Category to another, even higher level.

I know I have been promising to fill everybody in on the New Corps Initiative, BUT we're waiting on the Secretary to roll it out. It's pretty hush, hush, and even CPO's haven't been clued in on details, as they don't want any leaks until the Secretary makes it official. People keep asking for hints as to what we can expect. The only thing I can tell you for sure is what we already know. VADM Richard Carmona, our Surgeon General, believes in a uniformed commissioned corps, so the feeling is that daily wearing of the uniform will become the accepted standard and not the exception. He also has three major priorities: preparedness, prevention, and closing the gap. He wants a fit and ready commissioned corps, and the President's goal is to get at least 70% of all officers enrolled and qualified in CCRF by end of FY 2005, with interim goals of 30% by end of FY 2003 and 50% by end of FY 2004. My advice to all career minded officers would be to get enrolled and get qualified in CCRF as soon as humanly possible. My goal for the Therapist Category has been and continues to be 100% CCRF enrollment and participation, and given our enthusiasm and commitment to wellness and fitness we should be able to do that by the beginning of 2004. The deadline for new CCRF qualifications has been rolled back again to 1 October, so that gives us all a chance to get on the bandwagon and become qualified before it gets tougher to do so. Rumor has it that CCRF enrollment and qualification will be a promotion precept in the not too distant future.

Prevention efforts will be focused on major health problems facing the American public today. Obesity weighed heavily (no pun intended) as a major problem, and our Category has already begun to address this with our going on 5 year commitment to healthy lifestyles, fitness-wellness, and the major role therapists must play as subject matter experts and wellness center coordinators and consultants. CCRF standards were developed as a spin off of our involvement with the Healthy Lifestyle Initiative at the Office of the Surgeon General, and we must continue to be a part of that process as standards continue to evolve.

Closing the gap refers to looking at disparities that exist in access to good health care and health education, and the chronic diseases that seem to be higher in various ethnic groups as a direct result of identified disparities. Again, promoting healthy lifestyles is one way to close the gap, and we, as Therapists, must continue to move solidly in that direction.

Centralization is a buzzword, and we all hope it means centralized command and control for the commissioned corps. Parity with other services, a USPHS Reserve component similar to DoD programs,

the ability to assign officers to DoD, VA, and other non PHS positions, a career PHS tract with educational programs towards that end similar to the other services, funding for PHS professional and discipline specific long-term training, and many other long hoped for changes may be coming down the pike when they roll out the New Corps.

RADM Mike Davidson is retiring April 1st. I can't imagine DCP now without Mike, especially in this time of rapid and significant change in our Commissioned Corps, but he has definitely paved the way and made DCP more responsive to Commissioned Officer needs. I for one will miss him in that role. The vacancy he leaves is an O8 billet, and T-06's and above are eligible to apply. The individual they select will have tough shoes to fill, and from the Surgeon General's bias will have to exemplify model officership. VADM Carmona believes "Flags must be leaders!" A Flag must be an officer first and lead by example, and that means wearing the uniform daily and correctly, being a member of CCRF, adhering to published grooming standards and military bearing, embracing the corporate culture as a PHS leader and Assistant Surgeon General, mentoring and developing junior officers to move into leadership roles, being willing to partner and network with other uniformed services, and supporting and participating fully in Commissioned Corps activities. Other than RADM Davidson, there will be 3-4 other Flag retirements this year, so opportunities for stepping out of the box and moving into top PHS leadership positions are there.

The Surgeon General realizes that not all PHS officers are going to be willing to move in the New Corps direction. The attitude is that "we are not holding officers hostage in the Commissioned Corps." Officers who do not want to be officers, wear the uniform, become CCRF qualified, embrace the corporate culture, etc. can leave the Corps. Those that have rested on their laurels in civilian attire can no longer expect automatic promotions and advancement to Flag rank. As Chief of Staff CAPT Rick Barror so aptly put it "Just because you're a Nobel Laureate does not entitle you or qualify you to be a Flag."

As a team we have accomplished a lot over the past five years, and highlights of those accomplishments were included in my August TPAC report, so I won't further elaborate.

I will mention, however, some of the things I consider unfinished business and worthy of continued pursuit:

- Further development and implementation of a Commissioned Corps Healthy Lifestyle Program exemplified and led by the Therapist Category. Resurrection of the original proposal researched and authored by CAPT Charles McGarvey to adopt the Coast Guard model.
- Placement of Therapist Officers in the VA system, DoD, and other non-PHS agencies.
- Adding Respiratory Therapy and other appropriate professional disciplines to our Category.
- CCRF enrollment by all Therapist Officers with a goal of 100% participation by the President's 2005 timeline.
- Support and funding for a fulltime instructor at the Academy of Health Sciences.
- Centralized support and funding for at least one COSTEP per cycle at the Academy of Health Sciences Army/Baylor Program in Physical Therapy.
- Centralized funding and support for placement of Therapist Officers in USUHS and DoD graduate level fellowships and other long-term training programs such as the doctoral level orthopedic and sports medicine fellowships.

This concludes my final report. Thank you again for everything.

Charlotte B. Richards, MA PT
CAPT, USPHS
Ex Officio

ATTACHMENT C

TO: CDR Nancy Balash
TPAC Chair

February 26, 2003

FROM: CAPT Georgia Johnson
Chair, TPAC Awards Committee

SUBJECT: Committee Report

1. Attached is a report for the Retirement Recognition Subcommittee.
2. Just a reminder: it's time to submit nominations for our four award categories—Therapist Clinician of the Year, Therapist Junior Officer of the Year, William Fromherz and Josef Hoog Awards. An officer could potentially be nominated for, and receive, more than one award. For example, an officer could be nominated for both William Fromherz and Therapist Clinician of the Year awards.
3. All information/criteria for writing the nominations is available on our web-page. If you have any questions, please contact me by email at: gjohnson4@cms.hhs.gov or by phone: (410) 786-6859. I will send an email upon receipt of a nomination.

MEMORANDUM

Date: February 19, 2003

To: CAPT Georgia Johnson,
Awards Committee Chair

Re: Retirement Recognition Subcommittee TPAC Report

From: CDR Lois Goode
LCDR Rita Shapiro
LCDR Michelle Jordan

This memo is an update on the Retirement Recognition Subcommittee activities.

1. Initial phone contact and correspondence (thank you LCDR Jordan) has been completed to all five Retirees. Favorable responses received and attendance sounds favorable for all five Retirees. One Retiree has submitted her biographical sketch / CV for inclusion on the Web Page "Hall of Fame". We are waiting on receipt of the other CV's.
2. The Retirement Ceremony schedule is confirmed, by the Educational Day Planners, for 5:30 – 7:00 pm, June 17, 2003. Equipment request (podium and PA system) has been made to the Therapist Educational Day Planners. Retirement Ceremony protocol has been drafted by

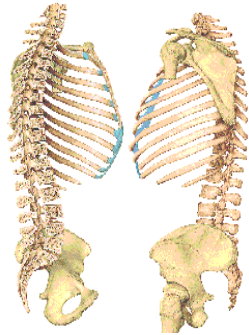
LCDR Shapiro. Reception plans need to be discussed and probable request to the Finance Committee for catering coverage.

3. Web page design drafted and to be submitted to CDR Seigel along with the Therapist Category invitation.
4. Award items being ordered with Executive Impressions. Sponsor contributions enabling purchase. LCDR Shapiro following through with this and will bring the awards to the meeting to save on shipping costs.
5. Formal invitations, with "Fact Sheet" on Conference accommodations and activities, to be mailed in March for Retirees and special guests.
6. We are continuing to seek a commitment from a Honor Guard for the ceremony. In the event we are unable to achieve this, the Color Guard will be formed from members of the Therapist Category.

If you have any questions, please contact me. Thank you for your work and support to honor our Retirees.

I. PHS THERAPISTS POST-CONFERENCE COURSE

An Evidence-Based Manual Physical Therapy Approach To Examination And Intervention Of The Lumbopelvic-Hip Region



Presented By

LCDR Jake Magel
PT, DSc, OCS, FAAOMPT

Assisted By
CDR Jeff Fultz
PT, DC, OCS, CProT

June 19 - 20, 2003

Location:
AZ School of Health Sciences
Mesa, Arizona

About This Course

This unique lumbopelvic-hip region course includes both didactic and lab sessions. It emphasizes an evidenced-based historical and physical examination as well as manual physical therapy interventions. The eclectic mix of manipulation/mobilization of the lumbo-pelvic-hip region and lumbar stabilization techniques are discussed and practiced in detail. Participants will leave this course with improved clinical decision making skills, confidence in technique application and the ability to determine if a physical therapy intervention was efficacious. Finally, participants will understand the current status of the literature with respect to manual therapy examination and intervention of the lumbo-pelvic-hip region.

Presented as a post-course in conjunction with the 2003 Commissioned Officers Association Annual Meeting

Course Objectives:

At the end of this course the participant will be able to

- Establish symptom progression for LBP before, during and after treatment
- Confidently apply manipulative intervention to the lumbopelvic-hip region
- Confidently determine if interventions directed at the lumbopelvic-hip region have been efficacious
- Understand the current status of the literature with respect to manual therapy to the lumbopelvic-hip region

For a brochure and complete information regarding this course, contact LCDR Ron West:

Phoenix Indian Med Center
Dept of Physical Therapy
4212 N. 16th St
Phoenix, AZ
Ph: 602-263-1561
Fax 602-263-1616
Email: ron.west@pimc.ihs.gov

*****To maintain the best instructor to participant ratio, this course is limited to the first 24 participants who can confirm that they can attend and submit a personal \$25 donation to the TPAC Henry Jackson Foundation Fund*****
This is a lab intensive course. Please wear appropriate clothing (t-shirt, shorts, sweats) to participate as an examinee and examiner.

TPAC Finance Committee Report

28 FEB 2003

Finance Committee Members:

CDR Jeff Fultz, Finance Committee Chair jeffrey.fultz@shiprock.ihs.gov
CDR Lois Goode lois.goode@mail.ihs.gov
LCDR Cindy Melanson cmelanson@cms.hhs.gov
LCDR Ron West ron.west@mail.ihs.gov

Account Activity:

Therapist Henry Jackson Foundation account balance is \$1952.22

Funding Requests:

The Awards Committee's pending request to cover expenses associated with the Therapist Category Awards (given during the COA Annual Meeting) and the Retirement Recognition Subcommittee's request for post-ceremony reception expenses, recognition gifts and invitation stationary are going to be paid for via the Commissioned Officers Association.

If there are other requests pending, please notify CDR Fultz as soon as possible.

Requests for funding through the Therapist Category Henry Jackson Foundation account must include the following information:

- 1.) What is being requested-Name of item?
- 2.) Purpose needed?
- 3.) Quantity needed?
- 4.) Cost per item?
- 5.) *True* Total (Must include shipping costs, *any other* expense incurred, etc...)
- 6.) Deadline funding needed by? (Suggest 6 – 8 weeks in advance)
- 7.) Where to send funding? Check payable to? Address? Phone#? Social Sec# Tax ID#?

Finance Committee Activities:

Teleconferenced committee meetings took place 16 JAN & 20 FEB 03:

- 8.) Have developed local vendor list with assistance from Therapist Chiefs; 41 vendors
- 9.) Final group mailing sent out this week
- 10.) Finalizing development of *Thank You* letter for contributors
- 11.) This thank you letter will be modified regularly with updated information on how money has been utilized
 - Need to determine if *this letter* from the Finance Committee Chair should be on the TPAC letterhead
 - Committee recommended that those therapists participating in continuing education programs coordinated via the TPAC Education Committee be encouraged to make a \$25 donation to the Henry Jackson Foundation
 - This recommendation regarding donation requests was well-received by both CAPT LaBranche (Education Chair) and CDR Balash (TPAC Chair)
 - Need to make the TPAC membership aware of this request for donations from course participants
 - Considered future business for committee; Annual Budget projection.
 - Next committee meeting will be 20 MAR 03. Plan to have regular teleconferenced meetings (monthly).

Respectfully submitted,
CDR Jeff Fultz, Finance Committee Chair

HEALTHY LIFESTYLES COMMITTEE REPORT (02/28/03)

Update from CDR Lois Goode in Whiteriver:

1. The PT Department has been instrumental in beginning the Whiteriver Service Unit Diabetes Prevention Program: they have begun utilizing the NIH, DPP curriculum. They have had five participants since 1/1/03, with all participants completing their weekly goals of at least 150 minutes of exercise and keeping daily logs of calories and fat grams. One participant has lost 20 pounds thus far and the other four participants are progressing toward their 7% body weight loss goal.
2. The Whiteriver Service Unit has had 51 participants in the "Walk the Talk" program, for which the PT department has been providing information and support services to participants.
3. Fitness Testing Clinics are continuing; the last two involved 11 new participants to the program.

And from CAPT Terry Cavanaugh in Southeast Alaska:

Their program is in a reassessment phase. For years their Wellness Team has worked to develop and support physical activities for the Native population in all communities of Southeast Alaska. Through sustained effort and with support of grant funding, there are now local programs and employees dedicated to developing wellness activities in most communities. The Wellness Team will now step back and refocus on their Sitka and Juneau employees. They are planning to resurvey the employees to update their understanding of current health behaviors, readiness for change, and desired support.

Memorandum

25 February 2003

To: CDR Nancy Balash, TPAC Chair
CDR Bart Drinkard, TPAC Secretary

Thru: CAPT John Hurley, Strategic Growth Committee Chair

(s)
From: LCDR Eric Payne, Therapist Billet Exploration and Development (TBED)
Subcommittee Lead Officer

Subject: TBED Subcommittee Progress Report

Subcommittee Members
LCDR Eric Payne
CDR Scott Gaustad
LCDR Mark Melanson
LCDR Sue Newman

The Strategic Growth Committee (SGC) held a teleconference on 10 December 2003 during which CAPT John Hurley, SGC Chair, established a subcommittee headed by LCDR Eric Payne with CDR Scott Gaustad, LCDR Mark Melanson, and LCDR Sue Newman serving as members. The subcommittee's mission was to obtain information regarding non-traditional therapy billets in order to educate other therapists as to additional career opportunities as well as identify additional traditional and non-traditional billets that the SGC could assist in developing. A non-traditional billet was defined as a position outside the normal clinical setting for that particular profession or a clinical position with a unique patient population that would warrant additional training or experience.

The Therapist Billet Exploration and Development (TBED) Subcommittee established the following goals in January 2003.

1. Contact all therapists in non-traditional billets to obtain information regarding position duties and responsibilities as well as their opinion of the professional impact of taking a non-traditional position.
2. Identify educational credentials that therapists hold that make them marketable for non-traditional positions.
3. Identify additional non-traditional billets open to officers in the Therapist Category within the Department of Health and Human Services and those outside agencies that already utilize USPHS commissioned officers.

4. Explore the possibility of the development of a therapist specific personnel assignment/counseling officer billet.
5. Explore traditional clinical billet development within the Department of Health and Human Services and those outside agencies that already utilize USPHS commissioned officers.
6. Submit a written report of the subcommittee's findings to the TPAC such that the information can be easily posted on the Therapist web page as a career development tool readily available to all USPHS therapists.

Having established these goals, the subcommittee developed an interview tool (Attachment A) to collect information from those officers serving in non-traditional billets. Beginning in mid January, the TBED began conducting interviews either telephonically or via email. To date, the TBED has contacted more than 75% of all officers in non-traditional billets. Many of these contacts were via email and will require further follow up. The subcommittee hopes to have a comprehensive report for the TPAC meeting scheduled in June.

**Attachment A: Therapist Billet Exploration and Development Subcommittee
Therapist Interview Form**

Date of Interview: _____

Therapist Name (include Rank if applicable): _____

Phone Number of Therapist: _____

Position Title: _____

Billet Level/GS level: _____

Agency: _____

If the therapist is in a traditional therapy role, does the therapist know of any non-traditional billets or possible new traditional billets available to therapists at his duty station (obtain POC and phone number):

If the therapist is in a non-traditional role, are there any specific training/education requirements for this billet above the therapist's qualifying degree?

Does the therapist feel this non-traditional billet has had an impact on their overall professional development and promotion potential?

What impact has taking a non-traditional billet had on the therapist ability to return to a traditional therapy role at another duty station?

(Request that a copy of the therapist duty description be emailed or faxed to you):