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REMARKS

TO FLAG OFFICERS

BY

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NOVEMBER 18, 1988

DO NOT DISTRIBUTE

TALKING POINTS

FLAG OFFICER'S MEETING

NOVEMBER 18, 1988

- O COMMISSIONED CORPS - 100 YEARS - JANUARY  
*ESTABLISHED*  
1989 - TO BRING HEALTH PROFESSIONALS  
TOGETHER. PHYSICIANS FIRST, THEN OTHERS.
  
- O RESEARCH ACCOMPLISHMENTS -- FROM  
*PRODIGIOUS*  
GOLDBERGER - NUTRITIONAL BASES OF  
PELLAGRA;
  
- O TO NURENBERG AND LEDER - BROKE THE  
GENETIC CODE;

- O TO GALLO, FAUCI, BRODY -- OFFICERS NOW DIRECTING STUDIES OF AIDS.
  
- O ~~CARE~~ FOR VETS AFTER WWI -- VETERANS ADMINISTRATION
  
- O PARRAN 1946 -- ARCHITECT OF WHO
  
- O PHS (LARGELY CC) ASSURED CARE OF INDIANS AND ALASKA NATIVES.
  
- O 1964 - TERRY -- SMOKING/LUNG CANCER.

O 60's AND 70's -- CAPACITY FOR COMMUNITY  
BASED HEALTH CARE FOR UNSERVED AND UNDER  
SERVED.

O RICHMOND -- HEALTHY PEOPLE

O KOOP - SMOKE FREE SOCIETY BY THE YEAR

2000; PASSIVE SMOKING; NICOTINE ADDICTION

*AFTER THE SMOKE CLEANS - NO PUN  
↓  
REVITALIZATION*

EVENTS THAT ALTERED ROLE AND MISSION OF THE  
COMMISSIONED CORPS

O 1970 - EPA ESTABLISHED

**TRANSFER OF THE PHS HOSPITALS**

**RIS**

- O THIS "COHORT" EFFECT IS NOW ONE OF THE ANTECEDENTS (OTHERS ARE MENTIONED BELOW) TO OUR CURRENTLY SIGNIFICANT AND TROUBLESOME LIMITATIONS ON PROMOTIONS TO SENIOR GRADES.**
  
- O THE CHANGE OF MISSION NOT ONLY REDUCED THE NUMBER OF OFFICERS AND CIVILIANS NEEDED, IT CHANGED THE NEEDS FOR SOME**

SPECIALTIES. THE SHIFT SAW INCREASING EMPHASIS TO QUESTIONS OF KNOWLEDGE DEVELOPMENT AND THE PRODUCTION OF NEW GENERATIONS OF RESEARCHERS, AND REDUCED EMPHASIS ON DIRECT RESPONSIBILITIES FOR PATIENT CARE OR PRODUCTION OF BASIC HEALTH CARE PROFESSIONALS.

NATIONAL INSTITUTES OF HEALTH

- O NIH FOUND THAT IT COULD BETTER MEET ITS NEEDS EXCLUSIVELY THROUGH CIVILIAN APPOINTMENTS. (1980's)

O MOREOVER, I HAVE TO THINK THAT THE MANAGERS OF THE CORPS MAY NOT HAVE DISCERNED SOME OF THE PROBLEMS THAT AGENCY WAS HAVING WITH THE CORPS AT THAT TIME -- SOME OF WHICH WE HAVE NOW, BY WORKING TOGETHER, ESSENTIALLY SOLVED.

O WE COULD APPROACH THIS PROBLEM AS WE WOULD A PATIENT.

1981 - CEIC WAITED FOR CONFIRM & WATCHED  
1982-1987 - TIMES OF GREAT FRUSTRATION  
INCREASING KNOWLEDGE  
PERIODIC REPORTS  
FAMILIARITY  $\bar{c}$  OFFICERS  
LED TO THEIR SHARING  
REVIEW OF PREVIOUS EXPERIENCES  
ESPECIALLY PAUL ENRICH  
WORKED  $\bar{c}$  1 ASST WHO DID  
NOT SEE CORPS AS IDIOT  
WORKED  $\bar{c}$  2 ACTING, CC  
SYMPATHETIC & HELPFUL  
AS ACTINGS CAN BE

[PERMIT ME TO APPROXIMATE THIS  
LIFE & CLINICAL DATA]

THE CC WAS THE PATIENT  
AND WAS SICK

THE SYMPTOMS

- O THE OVERALL MANAGEMENT AND ADMINISTRATION OF THE COMMISSIONED CORPS WAS FRAGMENTED.
  
- O MANY OFFICERS UNDERSTANDABLY BEGAN TO SEE THEMSELVES ALMOST EXCLUSIVELY AS EMPLOYEES OF THE AGENCIES TO WHICH THEY WERE ASSIGNED DISTINGUISHED ONLY BY THE FACT THAT THEY GOT PAID ON A DIFFERENT CYCLE FROM THEIR COLLEAGUES (NOT ALWAYS AS WELL, EITHER).

- O SOME AGENCIES TO WHICH OFFICERS WERE ASSIGNED WERE FRUSTRATED BY A LACK OF AWARENESS OF THE PRINCIPLES OF THE SYSTEM AND DID NOT FULLY MEET THEIR RESPONSIBILITIES OF THE OFFICERS ASSIGNED TO THEM OR TO THE SEVERAL MANAGERS OF THE COMMISSIONED CORPS.**
  
- O FAR BEYOND LEVELS OF OVERALL CUTBACKS ON HIRING OF FEDERAL EMPLOYEES BY THE PUBLIC HEALTH SERVICE, LEVELS OF COMMISSIONING DECLINED OVERALL; RECRUITMENT THAT TOOK**

PLACE DID NOT MAKE A VIGOROUS EFFORT TO ASSURE REPRESENTATION OF WOMEN AND MINORITIES; CRITICAL EARLY PROFESSIONAL RECRUITMENT PROGRAMS SUCH AS CO-STEP WERE ALL BUT TERMINATED.

- O MECHANISMS NEEDED TO HAVE A TRUE CAREER SYSTEM (SUCH CAREER TRACKS AND CAREER DEVELOPMENT) WERE VIRTUALLY NON-EXISTENT.

O CHARACTERISTICS OF BEING A MEMBER OF A UNIFORMED SERVICE WERE OFTEN MISSING OR SELDOM EVIDENT -- BEGINNING WITH OWNING AND WEARING A UNIFORM AND INCLUDING MOBILITY THROUGH A SERIES OF ASSIGNMENTS APPROPRIATE TO THE OVERALL DEVELOPMENT AND UTILIZATION OF THE OFFICER. IN ADDITION, WE WERE NOT AS PREPARED AS WE SHOULD BE FOR ANY MOBILIZATION THAT MIGHT BE NECESSARY IN THE EVENT OF ANY NATIONAL HEALTH EMERGENCY OR TO AUGMENT THE HEALTH CARE RESOURCES OF THE MILITARY SERVICES.

FRIENDSHIP 6 S65  
EXCEPT FOR THAT, CC IN DERISION  
NAVY DID NOT WANT US  
WE WERE NOT PROFESSIONAL  
THEY DID NOT TRUST US TO  
COME THRU

DURING THE COURSE OF THIS PERIOD

RELEASE AFTER  
ELAPSE

OMP - PROMOTIONS  
ASSIMILATION

- II -  
WAR OF ATTRITION

WE WOULD EVENTUALLY BE  
STARVED OUT

THE DIAGNOSIS

WE HAD

O LANGUISHED / ~~OMB~~

ETIOLOGIC AGENT NEVER IDENTIFIED

WE HAD LOST OUR VITALITY

THE TREATMENT

O DESIGNED TO BENEFIT BOTH THE AGENCIES TO  
WHICH OFFICERS ARE ASSIGNED AND CURRENT  
AND FUTURE OFFICERS.

BE SENSITIVE TO & RESPONSIVE TO

O OBJECTIVES OF ITS PROGRAMS.

O CONCEPT OF "REVITALIZATION" [REDACTED] T

BOWEN  
BURKE  
WINDOM

[REDACTED]

CHOICE TO CFIC  
TAKE IT ON  
LET IT GO

SOME OF THE THINGS WE DID WERE ESSENTIAL FOR INFO, EDUCATION, RESPONSE

O WE CREATED A SYSTEM FOR EACH AGENCY TO

APPOINT ONE OF ITS SENIOR OFFICERS TO

REPRESENT IT IN POLICY DISCUSSIONS. → INVALUABLE

O THERE NOW EXISTS A MECHANISM. FOR

REPORT & COMMUNICATION BACK

- IN*
- O NO WAY GUARANTEES UNIVERSAL AGREEMENT ON EACH QUESTION, IT FOSTERS SOLID CONSIDERATION OF RELEVANT ISSUES.
  
  - O WE HAVE STUDIED THE COMMISSIONED CORPS FROM A VARIETY OF PERSPECTIVES.
  
  - O MULTIDISCIPLINARY (THERE WERE 14 "REVITALIZATION WORK GROUPS")
  
  - O UNIDISCIPLINARY PERSPECTIVES (THE 11 CATEGORIES AND THEIR CHIEF PROFESSIONAL OFFICERS).

- O THEIR SUPPORT IS FURTHER REFLECTED IN SUPPORT THEY HAVE LENT TO LEGISLATIVE INITIATIVES AFFECTING THE CORPS, ON THE SMOOTH PASSAGE OF NOMINATIONS FOR ASSIMILATION, AND THE PROMOTION OF ELEVEN CAREER OFFICERS TO THE GRADE OF ASSISTANT SURGEON GENERAL.

ROLE OF OMB

KLEINBERG  
SPEED OF ACTION  
OLD PAPER WORK  
NEW  
NO RENEWING  
1 GLITCH

- O CENTRALIZATION AND THE HIGHER PROFILE OF THE COMMISSIONED CORPS HAS BEEN APPRECIATED BY THE ARMED FORCES AND THE

VETERANS ADMINISTRATION BECAUSE THE  
IMAGES OF FEDERAL MEDICINE, OF UNIFORMED  
MEDICINE, AND OF MILITARY MEDICINE HAVE  
BEEN ENHANCED.

- EXPERIENCE AT  
AMBUS

REPORT

O PIVOTAL ROLE OF BOWEN, BURKE, WINDOM

TO CONTINUE  
714 E  
ANNEX 4  
TO APT.

2 Physical Exams  
1987 - 1988  
5 EP7 exact year

VITAL SIGNS

	<u>9-30-87</u>	<u>9-30-88</u>	<u>CHANGE</u>
<u>AGE</u>	NEARLY 99	NEARLY 100	+1
<u>OVERALL HEALTH</u>	FAIR/FRAIL	GOOD/IMPROVING	BETTER
<u>ACTIVE STRENGTH</u>		will skip some #s	
EST. MINORITY	752	862 →	+84
PERCENT MINORITY	12.1	15.3 →	+14.7
NO. FEMALE	1244	1355 →	+101
PERCENT FEMALE	22.9	24.5 →	+8.9

VITAL SIGNS

CALLS TO EXTENDED ACTIVE DUTY

	<u>9-30-87</u>	<u>9-30-88</u>	<u>CHANGE</u>
EST. MINORITY	511	524	+13
PERCENT MINORITY	110	128	+17
NO. FEMALE	189	235	+46
PERCENT FEMALE	37.0	44.8	+24.3

VITAL SIGNS

MOBILITY/TRANSFERS

	<u>9-30-87</u>	<u>9-30-88</u>	<u>CHANGE</u>
WITHIN PROGRAM	704	733	+4.1
INTER-BUREAU	175	339	+93.7
INTER-AGENCY	181	217	+19.9
GEO-GRAPHICAL	632	718	+13.6

How did we go about?

O IMPROVING THE MANAGEMENT OF THE  
COMMISSIONED CORPS ?

- CONSOLIDATING DIVERSE AUTHORITIES  
UNDER THE SURGEON GENERAL; GAINING  
ONGOING SUPPORT OF THE SECRETARY AND  
ASSISTANT SECRETARY FOR HEALTH.
  
- REORGANIZING THE DIVISION OF  
COMMISSIONED CORPS PERSONNEL AND  
OTHER COMPONENTS RELATED TO  
COMMISSIONED OFFICERS.

- ESTABLISHING BOARDS TO REVIEW  
PROPOSED ASSIGNMENT OF PHS OFFICERS  
TO PROGRAMS OUTSIDE THE PHS.
  
- REFINING AND ENHANCING OF SYSTEM OF  
RECORDS RELATING TO COMMISSIONED  
OFFICERS AND DEVELOPMENT OF OFFICER  
INFORMATION SUMMARY SYSTEM.

- DEVELOPING A MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF DEFENSE; COLLABORATION WITH THE JOINT CHIEFS OF STAFF AND THE ARMED SERVICES.
  
- O IMPROVING THE IMAGE OF THE COMMISSIONED CORPS AND COMMUNICATIONS ABOUT IT
  - FOSTERING EQUITY, FAIRNESS, OBJECTIVITY.

- ESTABLISHING A POLICY ON LICENSURE OF HEALTH PROFESSIONALS, WITH SYSTEM TO CONSIDER WAIVERS WITH AGENCY ROLE.
  
- ESTABLISHING A UNIFORM POLICY.
  
- PROVIDING FOR THE USE OF EQUIVALENT NAVY RANK.

- COMMISSIONED CORPS BULLETIN AND "KOOPGRAMS;" AND PROVIDING TWO WAY COMMUNICATION BETWEEN THE SURGEON GENERAL AND THE OFFICERS RELATIVE TO ACTIONS PENDING IN THE DIVISION OF COMMISSIONED PERSONNEL.

*OFFICE HOURS  
ACTION  
ONE HEARS MANY*

O IMPROVING THE QUALITY OF THE CAREER SYSTEM

- ESTABLISHING A GENERAL LIMITED TOUR OF DUTY ON NEW APPOINTMENT.

- ESTABLISHING MECHANISMS TO LIMIT VIRTUALLY ALL NEW APPOINTMENTS TO GRADES 0-4 OR BELOW (SEE ALSO, FLAG POLICY).
  
- MAKING THE ASSIMILATION PROCESS MORE COMPETITIVE.
  
- IMPROVING THE PROMOTION PROCESS, IN BOTH POLICY AND COMMUNICATION.

- ESTABLISHING SYSTEMS BY WHICH TO ASCERTAIN AGENCY, CAREER, AND LOCATIONAL PREFERENCES AND EDUCATIONAL ACCOMPLISHMENTS OF OFFICERS -- AND A SYSTEM TO USE THESE DATA IN FILLING VACANCIES.
  
- ESTABLISHING OBJECTIVE PROCEDURES FOR IDENTIFYING AND FILLING CAREER FLAG POSITIONS AND POSITIONS OF CHIEF PROFESSIONAL OFFICERS.

- PROVIDING FOR RETIREMENT AND EXTENSIONS BEYOND THE NORMAL 30 YEAR CAREER.

O MAKING SYSTEM BETTER SERVE AGENCIES TO WHICH OFFICERS ARE ASSIGNED

- ESTABLISHMENT OF A "READY RESERVE" COMPONENT IN THE INACTIVE CORPS.

*AMSUS      JOU + INQUIRIES*

- REBUILDING RECRUITMENT ACTIVITIES.

- TAKING STEPS TO KEEP COMMISSIONED  
CORPS MEDICAL OFFICERS FROM RECEIVING  
SPECIAL MEDICAL PAY WHILE UNDER NIH  
CLINICAL, RESEARCH, OR STAFF  
ASSOCIATES PROGRAM. *COMPETITION*

- O I HAVE TAKEN STEPS TO RECOGNIZE THE  
CRITICAL ROLE PLAYED BY HEALTH  
PROFESSIONALS IN CIVIL SERVICE

APPOINTMENTS. *AND ACKNOWLEDGED  
AWARD OF 56 MEDALLION  
PLAQUE FOR CIVIL SERVICE*

- O THE AGENCIES SHOULD BETTER APPRECIATE THE  
MISSION OF THE COMMISSIONED CORPS.

Now THAT WE'VE COME <sup>- 28 -</sup> THIS FAR



O IT WOULD BE DESIRABLE TO HAVE A WRITTEN  
STATEMENT TO GUIDE THE FUTURE.

URGENT RECOMMENDATION OF THE  
CONSULTING GROUP THAT INVESTIGATED OUR

PURPOSE OF THE COMMISSIONED CORPS OF THE U.S.

PUBLIC HEALTH SERVICE - FOR YOUR CONSIDERATION  
YOU'LL SEE IT IN  
PRINT EVENTUALLY

O\* THE COMMISSIONED CORPS OF THE UNITED  
STATES PUBLIC HEALTH SERVICE EXISTS TO  
ADVANCE A SINGLE GOAL: IMPROVING THE  
HEALTH OF OUR NATION'S PEOPLE. ITS  
OFFICERS PROVIDE THE FEDERAL GOVERNMENT A  
FLEXIBLE CAREER SYSTEM FOR HEALTH

PROFESSIONALS ON WHOM IT MAY RELY TO MEET  
FEDERAL RESPONSIBILITIES FOR HEALTH,  
WHEREVER THEY MAY EXIST, AS ADDRESSED BY  
(1) THE ORGANIZATION KNOWN AS THE PUBLIC  
HEALTH SERVICE (AND ITS SUBDIVISIONS) AND  
(2) OTHER ORGANIZATIONS RELATIVE TO THEIR  
HEALTH-RELATED RESPONSIBILITIES AS SET  
FORTH IN STATUTE OR BY OTHER ARRANGEMENT.

O\* THE COMMISSIONED CORPS SHALL BE  
ORGANIZED, TRAINED, AND SUPPORTED  
PRIMARILY TO ADDRESS HEALTH PROBLEMS OF

THE NATION; AND, IN TIME NATIONAL  
EMERGENCY, TO MOBILIZE HEALTH  
PROFESSIONALS TO ADDRESS THE EMERGENCY;  
AND, IN TIME OF WAR, TO OPERATE AS IT MAY  
BE ASSIGNED IN ACCORDANCE WITH INTEGRATED  
JOINT MOBILIZATION PLANS.



*ALSO* USEFUL TO CONSIDER IF THE ORGANIZATION  
KNOWN AS THE PUBLIC HEALTH SERVICE WOULD  
BENEFIT FROM A REARTICULATION OF ITS  
PURPOSES, AT LEAST IN JUXTAPOSITION TO  
THE COMMISSIONED CORPS.

O\* THE PUBLIC HEALTH SERVICE, WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, SERVES AS THE ENTITY TO WHICH REPORT THOSE AGENCIES WHOSE PRINCIPLE RESPONSIBILITIES ARE THE DEVELOPMENT, CONDUCT, AND SUPPORT OF PROGRAMS FOR THE PREVENTION AND TREATMENT OF HEALTH PROBLEMS, AND FOR THE HABILITATION OR REHABILITATION OF THOSE WITH HEALTH PROBLEMS, THROUGH PROGRAMS OF: HEALTH RESEARCH AND RESEARCH TRAINING IN HEALTH-RELATED MATTERS; HEALTH SERVICES AND

TRAINING IN HEALTH SPECIALTIES; HEALTH  
EDUCATION; PROTECTION OF HEALTH THROUGH  
REGULATION OF KNOWN HARMFUL PRODUCTS AND  
TESTING OF THOSE OF UNKNOWN RISK; AND BY  
OTHER MEANS. THE PUBLIC HEALTH SERVICE  
COORDINATES THE DEVELOPMENT AND  
ADMINISTRATION OF FEDERAL PUBLIC HEALTH  
POLICIES, PROGRAMS, AND PLANS RELEVANT TO  
THESE AND PERSONNEL THROUGH WHOM THIS IS  
ACHIEVED AND IS, THROUGH THE SURGEON  
GENERAL, DIRECTLY RESPONSIBLE FOR THE  
OPERATION OF THE COMMISSIONED CORPS OF  
THE UNITED STATES PUBLIC HEALTH SERVICE.

THESE WILL BE PUBLISHED - WE HAVE  
MORE TO SAY ABOUT THE FORMER  
AND THE LATTER PROVIDED A POINT  
OF DEPARTURE - NATURALLY SUGGESTIONS  
ARE WELCOME

*you see*

- O I DO NOT SEE THE COMMISSIONED CORPS AS THE ONLY MEANS BY WHICH THE FEDERAL GOVERNMENT AND THE PUBLIC HEALTH SERVICE SHOULD STRIVE TO MEET ITS NEEDS FOR HEALTH PROFESSIONALS.
  
- O I AM PLEASED THAT, WORKING WITH EACH OF YOU, THE HEADS OF THE AGENCIES TO WHICH OFFICERS ARE ASSIGNED, AND THE OFFICERS OF THE COMMISSIONED CORPS, WE HAVE MADE

THIS SYSTEM MORE DYNAMIC, FLEXIBLE,  
MOBILE, RESPONSIVE, PROFESSIONAL AND ~~ARE~~ (S  
RESTORING ITS POSITION AS A SUPERB CAREER  
SYSTEM FOR HEALTH PROFESSIONALS WHO WISH  
TO DEDICATE THEMSELVES TO THE PROBLEMS  
AND THE PROGRAMS THAT THE PUBLIC HEALTH  
SERVICE ADDRESS.

FEEL VERY GOOD ABOUT LAST 19 MS

THE PROFESSIONALISM ~~TO~~ THE CC SHOWED WAS  
LAUDABLE - IT WAS EXPECTED - SO I CAN'T  
SAY IT WAS ASTONISHING. BUT YOUR  
↓ WORD? RANGE WAS EXCELLENT

PROBABLY THERE HAVE BEEN SOME  
ADVERSITIES - ONLY 2 INDIVIDUALS  
KNOWN TO ME MET OUT OF KEEPING  
WITH THE CODE OF OFFICER &  
GENTLEMAN (THERE WERE NO GENTLEWOMEN)

THERE ARE ROCKERS OF RESISTANCE - I THINK  
I HAVE SHOWN FOR BEARANCE FOR A  
SURGEON BECAUSE SOME TIMES EXCISION  
IS ADVISABLE

ANGER)  
I MUST ADMIT IT ~~PLEASE~~ ME THAT  
SOME UNIFORM AMBACOMM STILL EXISTS & WORD?  
DERMATOLOGISTS SHOULD NOT COMPLAIN ...  
TREATING THE SKIN. OBSTACLING  
SHOULD NOT COMPLAIN ABOUT OUCHT  
CHIC, OFFICERS SWORN INTO A  
UNIFORMED SERVICE SHOULD NOT COMPLAIN  
ABOUT A WEARY UNIFORM REQUIREMENT

BUT THESE FEW NEGATIVES CANNOT  
DIMINISH MY APPRECIATION FOR ALL THE  
REST. YOU HAVE EXPERIENCE, COMPASSION  
FLEXIBILITY, JOY

FOR ALL THAT I AM APPRECIATIVE  
& THANK YOU ALL SINCERELY

AN ARMY WIFE - WORKING IN THE  
OFFICE OF THE ARMY SC SAID IT  
WELL

REINTEGRATION OF THCC HAS BEEN  
GOOD FOR

FEDERAL HEALTH  
THE UNIFORMED SERVICES  
& MILITARY MEDICINE.

IF SO WE CAN BE PLEASED

THERE ARE NOW 3 OFFICIAL  
SG AWARDS OTHER THAN  
CITATIONS

- 1.
- 2.
- 3.

I HAVE BEEN AWARDING THESE

SO DONT WONDER IF I'VE LEFT  
OUT SOMEONE YOU MIGHT THINK  
SHOULD BE AN AWARDEE.

IT MIGHT ALREADY  
HAVE BEEN DONE

IT MIGHT BE MY INTENT  
TO DO IT AT ANOTHER TIME

THESE AWARDS ALL HAVE TO DO  
WITH SPECIAL SERVICES TO THE SG

## SURGEON GENERAL'S EXEMPLARY SERVICE AWARDS

### BACKGROUND:

GIVEN THE VARIETY OF ACTIVITIES AND INITIATIVES THAT THE SURGEON GENERAL MUST ADMINISTER AND COORDINATE, IT IS OFTEN NECESSARY FOR INDIVIDUALS WITHIN THE PUBLIC HEALTH SERVICE AND OTHER HEALTH RELATED GROUPS (INCLUDING PRIVATE CITIZENS, REPRESENTATIVES OF OTHER GOVERNMENT AGENCIES, CITIZENS OF FRIENDLY FOREIGN COUNTRIES, MEMBERS OF OTHER UNIFORMED SERVICES, MEMBERS OF INTERNATIONAL HEALTH ORGANIZATIONS) TO ACCEPT COLLATERAL ROLES OF RESPONSIBILITY IN ACCOMPLISHING THESE GOALS. THE ESSENTIAL WORK PERFORMED BY THESE INDIVIDUALS IS NORMALLY IN ADDITION TO THEIR PRIMARY JOB RESPONSIBILITIES IN OTHER AREAS. THE PERSONS EXEMPLIFY THE HIGHEST DEGREE OF DEDICATION TO THE MISSION OF THE PHS AND ARE INSTRUMENTAL IN ACHIEVING PHS OBJECTIVES AND GOALS, OFTEN WITHOUT RECOGNITION. THE SURGEON GENERAL'S EXEMPLARY SERVICE AWARDS ARE DESIGNED TO RECOGNIZE THESE INDIVIDUALS AND FILL THIS NEED.

*Put under 123*

### NATURE OF AWARDS:

- 1) SURGEON GENERAL'S EXEMPLARY SERVICE MEDAL - WILL BE AWARDED TO PHS COMMISSIONED OFFICERS AS A DISCRETIONARY AWARD, APPROVED BY THE SURGEON GENERAL, TO COMMISSIONED OFFICERS WHO HAVE "EXEMPLIFIED THE HIGHEST LEADERSHIP AND COMMITMENT TO MEETING THE INITIATIVES OF THE OSG AND TO THE

MISSION OF THE PHS." THE AWARD WILL CONSIST OF A REPLICA OF THE SG MEDALLION MOUNTED ON A WALNUT PLAQUE.

2) SURGEON GENERAL'S EXEMPLARY SERVICE PLAQUE - WILL BE AWARDED TO PHS CIVIL SERVICE EMPLOYEES AS A DISCRETIONARY AWARD, APPROVED BY THE SURGEON GENERAL, TO PHS CIVIL SERVICE EMPLOYEES WHO HAVE "EXEMPLIFIED THE HIGHEST LEADERSHIP AND COMMITMENT TO MEETING THE INITIATIVES OF THE OSG AND TO THE MISSION OF THE PHS." THE AWARD WILL CONSIST OF A REPLICA OF THE SG MEDALLION MOUNTED ON A WALNUT PLAQUE.

3) SURGEON GENERAL'S MEDALLION - THE HIGHEST OF THE SURGEON GENERAL'S EXEMPLARY SERVICE AWARDS, WILL BE PRESENTED AT THE DISCRETION OF THE SURGEON GENERAL TO INDIVIDUALS MAKING VERY SIGNIFICANT CONTRIBUTIONS TO THE GOALS OF THE SURGEON GENERAL AND THE OSG AND WILL INCLUDE: A) PRIVATE AMERICAN CITIZENS; B) REPRESENTATIVES OF LOCAL; STATE AND FEDERAL AGENCIES; C) CITIZENS OF FRIENDLY FOREIGN COUNTRIES, AND; D) MEMBERS OF INTERNATIONAL HEALTH ORGANIZATIONS. THE MEDALLION WILL CONSIST OF A DISC, 1 1/2 INCHES IN DIAMETER, SUSPENDED FROM A NECK SASH.