

# WORKING *for* UNCLE SAM



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Physicians who work for the federal government have a variety of job descriptions and enjoy the chance to shape public policy, conduct research and improve the health of patients on a much larger scale than in the private sector. Acknowledging they are lower paid than those in private practice, these doctors say the positives outweigh the negatives for them.

**T**HE FEDERAL GOVERNMENT IS THE NATION'S SINGLE LARGEST EMPLOYER, so it's no surprise many of those employees are physicians. Federally employed physicians work on military bases, Indian reservations, in federal prisons and veterans' medical centers, on the front lines of disaster relief, and behind the scenes in government programs from Medicare to Head Start. ♡ In 2004, some 21,000 physicians worked for

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the government in various capacities, not including those employed by the Central Intelligence Agency, the National Security Agency, and the Defense Intelligence Agency, whose employment figures are classified for national security reasons.

This figure is projected to increase by 8.2 percent by 2014.

The variety and scope of work available attracts many physicians to jobs with Uncle Sam, despite the fact that most physicians in federal employment earn less than they could in private practice. Traditionally, federal employees are compensated based on their GS (general schedule) grade. Pay is based primarily on length of service. Physicians start at the higher GS levels, but the system limits how often their pay can be increased.

Even with the current GS grading system, there's room for flexibility. Many physicians receive additional pay through the Physicians' Comparability Allowance (PCA). PCAs are paid to those categories of physicians for which an agency is experiencing recruitment and retention problems. The head of each agency determines which positions are eligible for PCA. The physician must have agreed to a particular length of service, and the amount of the PCA depends on factors such as job duties, length of employment, and payment for comparable positions both inside and outside the federal government.

While government jobs may pay less, these federally employed physicians stress the benefits—the chance to do work they're passionate about, to be involved in cutting edge research, or to have a hand in developing public policy.

*Unique Opportunities* spoke with physicians in six different departments of the federal government to learn about their experiences and the opportunities for other physicians.

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## On the front lines of disaster

### National Disaster Medical System (NDMS) Maurice Ramirez, MD

Florida Three Disaster Medical Assistance Team  
Tampa, Florida

**I**N SEPTEMBER 2005, WHILE MOST OF THE COUNTRY was glued to the television, watching coverage of the aftermath of Hurricane Katrina, Maurice Ramirez was there on the front lines with a team of physicians and support personnel. For five days the team cared for as many as 1,000 people a day.

Disaster Medical Assistance Teams like FL-3 operate as part of the Department of Homeland Security. Each team consists of 35 people who make up one Level One team and two Level Two teams. A five-person strike team is the first to respond, whether it's a natural disaster or a terrorist attack. The strike team assesses the situation and establishes a location for operations. A Level Two team follows to set up the medical tents. When medical personnel arrive, they go to work right away.

Ramirez got involved with the NDMS after working with a local disaster response team during hurricanes Charley, Frances, and Ivan. With a background in emergency medicine and experience with disaster relief, he was looking for a new challenge. "I started researching teams and found that Tampa was one of the top-ranked teams in the US," he says. "Florida Three is a Level One team, meaning they're prepared at any moment to be out the door within two hours of a call."

For Ramirez, a professional speaker as well as a physician, that commitment to preparedness means traveling with 120 pounds of emergency gear. "The airlines love to



**Maurice Ramirez, MD** takes a break for rehydration with a colleague, **Dr. Friedman**, after unloading a **Blackhawk** helicopter and treating patients from **Beaumont, Texas** following **Hurricane Rita**.

see me coming,” he says.

There are no full-time paid employees on the disaster teams. NDMS physicians are essentially reservists. Most have other jobs. Ramirez works for a hospital emergency room staffing company and travels as a professional speaker, training businesses in emergency preparedness and recovery. While deployed, he receives government G14 pay—the equivalent of \$58,000 a year, paid on an hourly basis, or approximately \$30-\$35 an hour for 12-hour days while deployed.

“That’s one of the things my family and I assess on a regular basis,” he says. “How much can we afford to do? How many extra ER shifts and speeches do I have to do to make it up?” Team members are supposed to be employed for only two weeks at a time, but last year’s string of hurricanes and other disasters made that time limit effectively fictitious. Ramirez returned home from his extended stretch of hurricane duty the first Thursday in November and had only four days off between then and New Year’s Day.

Despite the sacrifices, Ramirez finds the work exciting and rewarding. “I do it because I truly enjoy it,” he says. He’s challenged not only by the disaster work itself, but also by the ongoing training required for the job. Disaster medical training can consist of everything from basic life support to training on chemical weapons and improvised explosives.

The field of disaster medicine is still evolving. “In the last seven hurricanes I’ve had the opportunity to speak with people and we’ve learned a tremendous amount about how to do this better—both on the medical side and the logistical side,” Ramirez says. “There’s reorganization occurring even as we speak that will streamline things.”



## **Making a difference for underserved populations**

### **Health Resources and Services Administration (HRSA) Felicia Collins, MD**

Division of Clinical Quality, HRSA Bureau of Primary Health Care  
CDR, Commissioned Corps, US Public Health Service, Rockville, Maryland

**F**ROM THE BEGINNING OF HER medical career, Felicia Collins knew she wanted to be involved in public health. After completing a

health policy fellowship in Boston, she joined HRSA in November 1999. As the branch chief and the chief medical officer of the division of clinical quality, she works with health centers that serve underserved populations across the United States. Her office is particularly responsible for malpractice and clinical risk management programs for these centers.

The public health centers Collins works with serve more than 10 million patients. She finds the knowledge that what she does can have an impact on so many people rewarding. “The whole

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health-center program is amazing,” she says. “With relatively little federal funding, what these health centers are able to do is tremendous. We’ve been able to document that the health outcomes for patients in this system are much better than those [patients] who don’t have these clinics available to them.”

Collins’ office works closely with physicians in the various clinics funded by HRSA. While some federal programs channel money through state or city governments, HRSA provides grants directly to the clinics, fostering a closer relationship between the department and the clinics. Having administrators in the bureau with clinical backgrounds is key to making the program work, she says.

An ability to work with other people to develop policy is a must for anyone wanting to work on the administrative side of public health, according to Collins. “I think sometimes medical school and physicians’ training is such that you study a body of knowledge and become an expert,” she says. “Public health and health policy is not that way. A lot of what happens is consensus building. Physicians, business people, administrators, and others all bring something to the table.”

In addition to working well with others, patience is definitely a virtue in public policy work. “If there’s someone who needs immediate gratification, working in the government can be challenging,” Collins says. “There are multiple processes involved. It takes longer for things to happen, but from my perspective, when you get something to happen, the impact is so great it’s worth it.”

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## Impacting public health

### **Centers for Disease Control (CDC) Marshalyn Yeargin-Allsopp, MD**

National Center on Birth Defects and  
Developmental Disabilities, Atlanta, Georgia



**A**RELOCATION TO ATLANTA IN 1981 led to Marshalyn Yeargin-Allsopp’s move from the private to the public sector. As a developmental pediatrician, she was looking for a clinical position and learned the CDC wanted to expand work in the field of developmental disabilities. Yeargin-Allsopp began her CDC career in the Epidemic Intelligence Service. The EIS is a two-year program that recruits physicians who are interested in public health.

As both a public health researcher and a clinician, Yeargin-Allsopp designs studies to look at risk factors and the rates of

disabilities among children and develops strategies for prevention. She’s also involved in research, writing papers, giving presentations, and representing the CDC in various venues.

“I love my job,” she says. “I do feel like I have the best of both worlds, a marriage between the clinical work and the public health work.”

Yeargin-Allsopp has a particular focus on autism. She was involved in an effort to document autism in children in the United States, work that revealed the prevalence of the disorder is 10 times higher than had been reported earlier. Now she and her team are studying causes and treatments for autism.

The move from a private medical practice to the public sector is not for everyone, Yeargin-Allsopp admits. For one thing, the ratio of paperwork and other office duties to actual patient contact is higher than in private practice. “We do a lot of writing and speaking,” she says. “If you want to do this, you need to refine your written and oral communication skills. You’re going to spend a lot more time writing and editing documents and talking to people than you ever would think when you’re studying anatomy and physiology.”

For Yeargin-Allsopp, however, the CDC has been a good fit. “It’s important for me to feel that I’m making a contribution,” she says. “As a physician, we know we’re helpful. We see a patient, prescribe a treatment, and often the patient gets better. That’s fulfilling. In public health, the results aren’t seen immediately. They’re often delayed. Your patient is not an individual, but really a whole community. You don’t have that immediate gratification you might have as a clinician. But you have the ability to impact a larger number of people in public health.”

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## Cutting-edge research

### **National Institute of Mental Health Maryland Pao, MD**

Office of the Clinical Director, Intramural Program  
Bethesda, Maryland



**A**S A PEDIATRICIAN AND PSYCHIATRIST TRAINED IN both general and pediatric psychiatry, Maryland Pao has long been interested in the psychiatric effects of medical illness. The National Institute of Mental Health (NIMH) offers the Johns Hopkins-trained physician the perfect opportunity to do psychiatric consultation on medically ill people in a re-

search setting. In addition, she finds the administrative aspects of the job interesting.

As a staff clinician and the deputy clinical director of the National Institute of Mental Health's Intramural Research Program, Pao works in the office of the clinical director, which oversees the clinical aspects of research on patients in NIMH trials at the National Institutes of Health's 300-bed research hospital in Bethesda.

Pao's main focus is pediatric psychosomatic medicine. She studies how children with chronic illnesses cope and adapt. "Think about the technological and medical advances we've made in the treatment of chronic illnesses," she says. "What is the experience of the child who has to live through all this medical care? I do a lot of training for physicians and nurses to be sensitive to that and to modify the hospital environment for the emotional well-being of children through research [on children] who have chronic illnesses."

Prior to coming to NIMH, Pao was a research academician. The main drawback she sees to working for the government as opposed to in the private sector is again, money. "It's not as lucrative," she says. "And there are some federal bureaucracy issues, but there's always bureaucracy, wherever you are."

For Pao, the rewards of the work outweigh these negatives. "I really, really like my job," she says. "I look forward to coming to work. The research is cutting edge and very exciting. It's pushed me to think harder about treatments and the mechanisms of illness."

## Affecting the future of health care

### Centers for Medicare and Medicaid Services (CMS) Trent Haywood, MD, JD

Office of Clinical Standards and Quality  
Baltimore, Maryland



AS AN EMPLOYEE OF CMS FOR THE PAST FIVE YEARS, Trent Haywood appreciates the opportunity he has to impact public policy. As the deputy chief medical officer, his office is responsible for the oversight of medical coverage, clinical standards, and the conditions of participation in Medicare and Medicaid, as well as quality recruitment activities, quality measurement and public reporting, and data information systems.

"This is a time when a lot of decisions about the future of health care are being made," he says. "I know a lot of clini-

cians out there are interested in how we can shape that future."

An internist by training, Haywood spent two and a half years in a regional CMS office before moving to the national level. He was involved in the development of the CMS's Hospital Compare Web site ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) which allows consumers to look at a number of different quality rankings for hospitals. "This has allowed us to really take advantage of that data we have to improve the quality of service for patients and to share that information with consumers to help them make informed decisions," Haywood says.

Haywood finds the scope and impact of the work done by the CMS particularly satisfying. "This work is exciting and things are constantly changing on a day-to-day basis," he says. "What we do here has a real significant impact for the public at large."

## A debt to veterans

### Department of Veterans Affairs Andrew H. Kang, MD

VA Medical Center  
Memphis, Tennessee



FOLLOWING GRADUATION FROM HARVARD MEDICAL School in 1962 and completion of internship and fellowships in Boston, Andrew Kang looked for opportunities to pursue research in his specialty of rheumatology. The relationship between the Department of Veterans Affairs in Memphis and the University of Tennessee College of Medicine seemed to offer the ideal opportunity for research, teaching, and patient care.

Since 1972, Kang has been on staff at the VA Medical Center in Memphis. He is the Goodman Professor of Medicine and the director of the research center for connective tissue diseases at the UT College of Medicine. He sees patients at the VA Medical Center, conducts research, and teaches medical students. In 2003, Kang received the William Middleton Award, the Department of Veteran Affairs' highest honor for scientific achievement in biomedical research.

Kang has been drawn to research since medical school. The aging population of veterans affords an ideal opportunity to study rheumatic diseases, and researchers have access to funds from several sources. The VA has its own system of re-

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search funding, plus researchers there can tap into other funding sources such as NIH grants.

As a VA physician, Kang feels he's less restricted in his ability to treat patients than he would be in private practice. "VA hospitals and medical centers have less artificial limitations to care than those posed by insurance companies in the private sector," he says. "In the VA it's been much easier to do what is needed for the patient. Also, there are other paramedical services available, such as social workers, specialists in prosthetics and orthotics, and other specialists that may not be as readily available in other systems."

The number one drawback to the job is money. "I suppose if you ask my wife, she might say the income is not as good as it might have been," Kang says. "At the risk of sounding corny, income is not my focus."

Indeed, Kang has very personal reasons for wanting to work for the VA. "A part of the reason that I entered the VA medical service is my sense of gratitude to the veterans of the United States," he says. "I was born and raised in Korea, and during the Korean War I suffered greatly. Without the intervention of the United States Army, I doubt I would be alive today. I have harbored a deep sense of gratitude to US veterans since then."

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**WHERE THE OPPORTUNITIES ARE****National Disaster Medical System**

Disaster Medical Assistance Teams (DMAT) operate under the Department of Homeland Security's National Disaster Medical System. Each DMAT includes physicians, pharmacists, nurses, and paramedics, as well as logistic and administrative personnel.

Each DMAT has a sponsoring organization, such as a major medical center, public health agency, or non-profit organization. The DMAT sponsor organizes the team, recruits members, arranges training, and coordinates dispatch of the team. DMAT members must maintain appropriate certification and licensure within their disciplines.

Team members are required to undergo training and participate in training exercises. The specific requirements for each team may vary. For more information, or to find a team near you, go to <http://ndms.dhhs.gov/dmat.html>. Application forms are available to download on this site as well.

**Centers for Disease Control and Prevention (CDC)**

The CDC operates under the Department of Health and Human Services and oversees 14 programs, from public health preparedness to

workplace health and safety. There are opportunities for physicians in almost all these departments. CDC doctors are involved in research, developing public policy, education, treating patients in clinical settings, working with physicians in private practice, and administrative duties.

For more information about CDC programs, visit [www.cdc.gov/about](http://www.cdc.gov/about). For information about the Epidemic Intelligence Service visit [www.cdc.gov/eis/about/factsheet.htm](http://www.cdc.gov/eis/about/factsheet.htm). To research specific job opportunities within the CDC, visit its Atlanta Human Resources Center at [www.cdc.gov/hrmo/hrmo.htm](http://www.cdc.gov/hrmo/hrmo.htm).

**National Institute of Mental Health (NIMH)**

Part of the National Institutes of Health (NIH), the NIMH conducts research on mental health and mental illness and supports research in this field at hospitals and universities. The NIMH has both extramural and intramural programs. The extramural program supports more than 2000 research grants and contracts at universities and hospitals. The intramural program employs 500 researchers, including clinicians who work with patients at the NIH Clinical Center in Bethesda, Maryland. For more information, visit the NIMH Web site at [www.nimh.nih.gov/about/nimh.cfm](http://www.nimh.nih.gov/about/nimh.cfm). Selected opportunities

with NIMH: [www.nimh.nih.gov/about/jobsatnimh.cfm](http://www.nimh.nih.gov/about/jobsatnimh.cfm).

### **Centers for Medicare and Medicaid Services (CMS)**

CMS oversees the delivery of Medicare and Medicaid services throughout the United States. The department has a number of career opportunities for physicians. The Emerging Leaders Program is a two-year program offering training in almost every aspect of the CMS. Positions at CMS include health insurance specialists, management analysts, and managed care specialists.

For more information about CMS career opportunities and the application process, visit [www.cms.hhs.gov/CareersatCMS/](http://www.cms.hhs.gov/CareersatCMS/).

### **Health Resources and Service Administration (HRSA)**

The HRSA is involved in all areas of public health, including rural health-care initiatives, HIV and AIDS care, community health centers, migrant health centers, maternal and child health services, and minority health care. Physicians employed by HRSA might be part of the Public Health Service Commission Corps, working with medically underserved populations such as Native Americans on reservations, or they might fill administrative positions and be involved in overseeing

various programs or developing policy.

For more information about HRSA, including links to job searches, go to [www.hrsa.gov/](http://www.hrsa.gov/).

### **Department of Veterans Affairs (VA)**

The VA oversees one of the largest health-care systems in the world, so job opportunities here are plentiful. The VA operates 157 medical centers, 862 ambulatory care and community-based outpatient clinics, 134 nursing homes, 207 veterans' centers, 42 residential rehabilitation treatment programs, and 88 comprehensive home-care programs. The VA also supports 3,000 researchers at 115 VA medical centers. It is the largest federal employer of physicians.

To search for jobs with the VA, go to [www.vacareers.va.gov](http://www.vacareers.va.gov) or find the VA facility nearest you at [www1.va.gov/directory/guide/home.asp?isFlash=1](http://www1.va.gov/directory/guide/home.asp?isFlash=1) and apply directly to the human resources department.

### **Other Federal Jobs**

To explore career opportunities in other departments of the federal government, visit the USA Jobs site at the Office of Personnel Management ([www.usajobs.opm.gov/](http://www.usajobs.opm.gov/)) or the National Technical Information Service database of open federal jobs at [www.fedworld.gov/jobs/jobsearch.html](http://www.fedworld.gov/jobs/jobsearch.html). ■

Cynthia Myers is a regular contributor to *UO*.