



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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January 2000

## Surgeon General's Column

*Far better is to dare mighty things, to win glorious triumphs, even though checkered by failure, than to take rank with the poor spirits who neither enjoy much nor suffer much, because they live in the gray twilight that knows not victory nor defeat.*

—Theodore Roosevelt

Last month, I had the all too rare but wonderful privilege of witnessing our priorities in action during three separate and consecutive events. During a visit to Iona Senior Services, in Northwest, Washington, D.C., I heard from a group of seniors who participated in an ongoing physical activity and strengthening program. The seniors who attend this non-profit, community-based program reported that since starting the program they felt more energetic, more confident, and better able to control their balance. Each of them testified after a brief workout that they felt more independent and that their overall quality of life had been enhanced from the added attention to physical activity. I walked away from that event wishing that all seniors across the Nation could have access to such a program. What a difference that could make in our Healthy People 2010 goal of enhancing the years and quality of life of Americans.

Following that, I delivered the keynote address during Washington, D.C.'s 13<sup>th</sup> Annual Adoption Day celebration. It was heartwarming to see so many of the District's children get placed into loving and nurturing homes that will help to ensure that they have a healthy start in life. The Department has a national goal of 56,000 adoptions by 2002. According to a new Department of Health and Human Services' report, from 1996 to 1998, the number of adoptions nationwide rose

29 percent—from 28,000 to 36,000. We expect to meet our goal, but until then we must continue to strive toward facilitating and increasing the number of adoptions. Every child deserves the opportunity to have a healthy start in life, and we owe a great deal of gratitude to all the individuals and organizations who champion children for adoption.

Finally, I hosted the first-ever Surgeon General's Satellite Conference on HIV/AIDS in African-American Communities. The conference was held at five historically black health professions schools throughout the country and had a three-fold purpose. It was designed to increase awareness of the devastating impact that HIV/AIDS is having on minority communities, especially African Americans; to thwart further spread of the disease by promoting effective prevention strategies, including responsible sexual behavior and abstinence; and to reassure people that effective treatments are available and they should take advantage of them if infected. But the key to the success of all of these is to first get tested. This Satellite Conference provided an excellent opportunity for communities to come together on the eve of World AIDS Day to listen to and discuss concerns regarding this critical public health issue and ways in which communities can respond.

Ultimately, it is the strength through partnership that will ensure the success of our priorities, and these three events marked a wonderfully gratifying way to close out the year, while seeing those partnerships at work.

But that's not all! A few weeks ago, during a White House Press Conference

with Tipper Gore, Secretary Shalala and I released the landmark *Surgeon General's Report on Mental Health*. The report lifted for the Nation three major points about mental illness. First, mental health is fundamental to overall health and the public health of the Nation. When it comes to personal well-being and to leading a balanced and productive life, mental health is indispensable.

The second message we wanted to convey is that mental disorders are real. The report established the clear scientific base showing that brain chemistry affects behavior, and behavior can affect brain chemistry. There is no longer any scientific justification for distinguishing between mental illness and other forms of illness in terms of physical and chemical manifestations. But one of the main points we wanted to get across to the Nation was that mental illnesses are physical illnesses and we can no longer afford to view the two of them separately.

Finally, what is especially encouraging to note is that not only are mental disorders and mental health problems real, they are treatable. That is great news for the one in five people in this Nation who suffer from a mental disorder, not to

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## Surgeon General's Column

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mention their families and friends! A scientific revolution has taken place over the last 25 years in our understanding of mental health and mental illness that has resulted in a vast array of safe and effective options to treat mental disorders. These treatments will allow people with mental disorders to return to productive life.

But along with all of the promise this report offers, it also raises some unsettling news. At present, less than half of Americans who need treatment get it. The reasons vary, but we know that stigmas are a major barrier to access. Likewise, lack of awareness of treatment and barriers in our health care system still discriminate against mental illnesses.

Although this report has a national focus, some gratitude must go to our global partners in Australia, who openly shared with us details of the nature of their highly touted campaigns to destigmatize mental illnesses and to eliminate disparities. When I led the delegation there in June, it was out of our commitment to maintain a global perspective on matters of public health, allowing ideas to flow across national borders.

As we begin January 2000, we look with hope and enthusiasm to a new century and a new millennium where Americans of all ages and in every race and ethnic group will live better, healthier lives.

I look forward to reaching even greater milestones with you this new year.

Happy new millennium!

ADM David Satcher  
Assistant Secretary for Health  
and Surgeon General

## Office of the Surgeon General

As we close one century of public health work and move into a new one, it provides us with a unique opportunity to reflect on all the phenomenal accomplishments and advances we have made and how grateful we are to have progressed this far. However, each day we are reminded of just how much more work is needed in order to improve the quality of life for all Americans. Today's challenges could become tomorrow's crises if we are not diligent and creative in our efforts to protect the public health. We must strive to improve our capability to conduct the mission of the U.S. Public Health Service (PHS) to prevent tomorrow's crises.

By now, most of you have probably heard some information about our ongoing strategic visioning for the commissioned corps of the future. This is a very deliberate process for understanding the niche in public health that only the commissioned corps can carry out. Most of the past year we have been working to address several policy areas affecting commissioned officers. In November of 1998, the President signed off on legislation that eliminated the commissioned corps from coverage under Title 7 which addresses equal employment opportunities for civilian employees. The legislation stated that the Commissioned Corps of the Public Health Service (PHS) should have an equal employment process similar to other active-duty Uniformed Services. To that end, we worked intensely with all Operating Divisions within the Department to develop what is now the current equal opportunity policy for commissioned officers.

One exciting aspect about activities in the Office of the Surgeon General is the obvious support from many commissioned officers who are personally ready and able to assist in the success of our efforts. We have had many of you contact us or stop us in the hallway indicating your willingness to volunteer your time in the evenings or on weekends to assist with projects that we are trying to complete. In fact, we would not have been able to achieve half as much if not for the many individuals who volunteered. To you we give a heartfelt thanks. You truly are emulating what esprit de corps is all about.

Very soon all commissioned officers will receive a copy of the healthy lifestyles materials. It is our sincere hope that each of you will take the challenge and make the commitment to improve. We are very truly fortunate to have in our leader, ADM David Satcher, the commitment to live a healthy lifestyle. As officers of the PHS, we have a personal responsibility to choose what our role will be in this effort. We should ask ourselves whether we personally are doing as much as we can, not only to improve our own life and health status, but also those of our families and friends. In May of this year, we will be asking all commissioned officers to send in information on their activities during the first 4 months of the year 2000 as it relates to a healthy lifestyle. When you consider the potential impacts of the examples that we can set not only for one another as commissioned officers, but more importantly for our families and our communities, it begs the question, why not? Let's make this a banner year. Let's commit ourselves to excellence exceeding all previous years. Let us regain the passion that led us into health care and public health.

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## Reminder

### Assimilation Reminder

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel by the close of business on Friday, **February 4, 2000**, in order to be reviewed by the 2000 board.

If you have any questions regarding assimilation, please contact LTJG Julian Canizares in the Personnel Services Branch at 301-594-3460 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43460).

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## Commissioned Corps Readiness Force

### *Search for Director, CCRF*

The Office of Emergency Preparedness (OEP) is seeking applicants for the position of Director, Commissioned Corps Readiness Force (CCRF). The incumbent will also serve as Senior Advisor for Emergency Readiness Response and Recovery. The OEP is responsible for emergency public health readiness for the Public Health Service throughout the Nation, and coordinates response activities throughout the Department and with other Federal agencies.

The CCRF Director leads development, organization, and training of a rapidly deployable contingent of officers to provide emergency and recovery activities. He or she directs and supervises the CCRF administrative, training, and operational personnel, and advises the OEP Director regarding all matters relating to the utilization, functioning, and evaluation of the CCRF. He or she also assists the OEP Director in disaster response, recovery, and consequence management activities associated with weapons of mass destruction. The CCRF Director will also implement OEP's responsibilities in relation to development and deployment of the Ready Reserve.

The minimum qualifications required to perform this job satisfactorily are: current grade of O-6 or above and a masters degree or equivalent experience in a health profession. The applicant should convey in his or her application the following:

1. Knowledge and demonstrated ability to lead major, complex organizations with diverse, multiple responsibilities and composition.
2. Knowledge and demonstrated ability to conceptualize, implement, and evaluate system responses to widely divergent emergent situations, including skills in critical decision-making, crisis response, problem resolution, ethical practice, and innovative approaches.
3. Ability to implement response plans and to coordinate and secure resources with Federal, State, Tribal, local, and Non-Governmental Organizations partners.
4. Skills as a subject matter expert in emergency response to natural disasters, weapons of mass destruction, or related emergent/urgent requests for assistance.
5. Demonstrated ability to communicate, both verbally and in writing, as a senior spokesperson, where tact, sensitiv-

ity, and persuasiveness are most needed and complements the ability to think clearly in critical, complex situations.

A full description of the billet and the factors that will be considered in making the selection is available from OEP at 301-443-1167 ext. 954, or from the CCRF website: <http://oep.osophs.dhhs.gov/crf>

Interested officers should submit their curriculum vitae and supporting documentation by **January 31, 2000** to the Office of Emergency Preparedness, ATTN: CDR Kathleen Downs, 12300 Twinbrook Parkway, Suite 360, Rockville, MD 20857.

### *Accomplishments/Activations and Deployments*

The year 1999 was very busy for the CCRF. We believe CCRF may be one of the most actively deployed "units" in the Uniformed Services with 7 separate deployments within 7 months, utilizing more than 200 officers. The activations ranged from providing health care to refugees at Fort Dix, New Jersey (for Kosovar refugees) and Tinian Island, Commonwealth of the Northern Mariana Islands (for Chinese migrants); to natural disaster responses such as tornados (Oklahoma), hurricanes (Floyd and Lenny), floods (North Carolina flooding subsequent to Hurricane Floyd), and wildfires (Hoopa Valley Indian Reservation, California).

The Command Staff of the CCRF worked continuously to develop mechanisms to increase the effectiveness and efficiency to deploy officers to emergency situations. The CCRF webpage was launched early in the year to disseminate information about the CCRF as well as to provide an interactive database of officers within the CCRF. All applications to the CCRF are now done via the webpage. An e-mail Listserv for contacting all CCRF officers was developed and utilized many times.

A comprehensive review of the existing training program was done and plans to develop a revised program were started. Core training areas for all officers were identified. Since the categories will be responsible for category-specific competencies and training, discussions with the Chief Professional Officers and Professional Advisory Committee members were initiated. Several of the cat-

egories have identified relevant objective indicators of readiness and training needs. A meeting of the Category Committee Chairs and the CCRF is being planned for early in 2000.

A CCRF Operations Plan was finalized after development with the Office of the Surgeon General and the CCRF Policy Advisory Group, and requires final approval from the Surgeon General. Included in the CCRF Operations Plan was a mechanism for more efficiently deploying officers to respond to emergency situations.

### *Staffing*

The year 1999 was certainly the year of change for the CCRF. RADM Webster Young, CCRF Director, retired and CAPT Veronica Stephens assumed the Acting Director position. CDR Kathleen Downs became the Medical Readiness Coordinator and Education Specialist and began working on the CCRF educational and training programs between deployments that signaled the busiest year thus far for CCRF activations. LCDR Billy Rowell moved on to civilian life and was replaced by LCDR Dan Beck. In early 2000, CCRF plans to add a Response Coordinator to the staff, which will allow CDR Downs to focus on the vital training programs presently under development.

### *Thank You*

The CCRF staff thanks all who have made the CCRF a critical component in the PHS Commissioned Corps. As we thank those who have deployed, those who helped make the deployments possible, and those who stayed behind to make it possible for others to deploy, we would ask that each of you remember those peers and supervisors who made it possible for you to be part of such an effective force.

### *CCRF Website*

All CCRF members should visit the CCRF website frequently to check for news and to update any changes to personal information: <http://oep.osophs.dhhs.gov/crf>

All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on "Listserv" from the CCRF Home Page. The CCRF Command Staff may be reached by e-mail at: [ccrf@osophs.dhhs.gov](mailto:ccrf@osophs.dhhs.gov).





## CAPT Earl R. Fox, USPHS Retires



(Pictured left to right) RADM Joyce M. Johnson, Director of Health and Safety, U.S. Coast Guard, CAPT Earl R. Fox, and RADM R. Michael Davidson, Director, Division of Commissioned Personnel.

CAPT Earl R. Fox was honored at a retirement ceremony at Andrews Air Force Base in Camp Springs, Maryland, on November 19, 1999.

A native of Petersburg, Virginia, CAPT Fox graduated from the University of Richmond in 1940, and then attended the U.S. Naval Academy, where he was commissioned under an accelerated program in January 1942. During World War II, CAPT Fox served in the Pacific theater as an engineering officer, executive officer, and commanding officer of several U.S. Navy torpedo motor boats and patrol boats. Between 1944 and 1947, CAPT Fox served as a department head on several submarines before taking command of the submarine USS *Bang*. During the war, CAPT Fox received numerous awards, including the Silver and Bronze Stars for his bravery and performance while in combat.

Following his naval service, CAPT Fox returned to medical school. Upon attaining his degree, he worked as a general practitioner in St. Petersburg, Florida, for nearly 20 years. He joined the Public Health Service in 1974 and was detailed to the U.S. Coast Guard. For the last 25 years, CAPT Fox's assignments with the U.S. Coast Guard have included: Air Station St. Petersburg, Florida; two tours at Training Center Cape May, New Jersey; Support Center Elizabeth City, North Carolina; Support Center Governors Is-

land, New York; and U.S. Coast Guard Headquarters, the Military Personnel Command, and the Coast Guard Personnel Command in Washington, D.C.

Along with the Silver Star and the Bronze Star, his many decorations include the World War II Victory Medal, two Coast Guard Meritorious Service Medals, three Coast Guard Commendation Medals, the Navy Commendation Medal, five Asiatic-Pacific Campaign Medals, two American Defense Service Medals, and the American Campaign Medal.

CAPT Fox's retirement is particularly noteworthy since he was the last World War II veteran to retire from active duty.

### DCP WEB SITE ADDRESS—

<http://dcp.psc.gov>

### DCP Toll-Free Phone Number—

1-877-INFO DCP  
(1-877-463-6327)

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[listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov)

## Introducing the Commander of the Surgeon General's Honor Cadre

In October 1999, ADM David Satcher, Surgeon General and Assistant Secretary for Health, appointed CAPT Richard C. Vause, Jr. as the Commander of the Surgeon General's Honor Cadre.

The Surgeon General's Honor Cadre will perform a multitude of functions including the following: (1) aide-de-camp duties; (2) honor guard; (3) color guard; and (4) protocol advice. The minimum standards required to participate in the unit include: (1) height and weight standards; (2) daily uniform wear; (3) frequent sessions for drill and ceremony; and (4) learning protocol.

Officers interested in becoming members of the Surgeon General's Honor Cadre should request an application from:

CAPT Richard C. Vause, Jr.  
5600 Fishers Lane, Room 8A-09  
Rockville, MD 20857-0001  
Phone: 301-443-2438  
E-mail: [rvause@hrsa.gov](mailto:rvause@hrsa.gov)

## The Retired Officers Association Scholarship 200

The Retired Officers Association's (TROA) Scholarship 200 is a TROA program to honor 200 college-bound or current undergraduate students with individual \$1,000 scholarship grants for the 2000-2001 school year. One of these scholarship grants is specifically designated for a U.S. Public Health Service (PHS) Commissioned Corps dependent.

These awards are based entirely on merit: scholarship, citizenship, and leadership. TROA membership is not required and there are no need-based criteria, no essays, and no fees. Students can apply, quickly and easily, simply by completing the on-line application that is on TROA's website: <http://www.troa.org>

TROA is looking forward to receiving applications from students in the PHS community. Applications must be received by **March 1, 2000**.

## Commissioned Officer Compensation

### Payroll Changes for 2000

With the start of a new year, there are several changes to officers' pay and benefits. Effective January 1, the rate for Basic Pay increases by 4.8%. There is also a restructuring of the Base Pay tables that will take effect on July 1, 2000. This pay table restructuring provides targeted increases up to 5.5%. Both of the pay tables for 2000 are published in this issue of the *Commissioned Corps Bulletin*. Please retain these tables for future reference. These tables, along with the answers to frequently asked questions concerning 2000 pay changes, are available at <http://pay2000.dtic.mil> and through a link on the Division of Commissioned Personnel's website at <http://dep.psc.gov>

### Form W-2 Mailing

Officers should receive their Form W-2 by the first week of February for use in filing the income tax return. If you do not receive a Form W-2 for 1999 or if there are errors, please contact the Compensation Branch in writing or by phone. The address and telephone number for the Compensation Branch are as follows:

Division of Commissioned Personnel  
ATTN: Compensation Branch  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001  
Phone: 301-594-2963 (or toll-free 1-877-INFO-DCP—listen to the prompts, select option #1, dial 42963)

### Retired Cost of Living Adjustment

Effective December 1, 1999, payable January 3, 2000, retirees will be receiving a 2.4% cost of living adjustment if their retired pay was computed using the active-duty rates that were in effect prior to January 1999. Most of those whose retired pay was computed using the January 1, 1999 pay rates, will receive a 2.0% increase while those retirees first called to active duty after September 8, 1980 will receive less, depending on their date of retirement.

Most survivors who are receiving an annuity under the Survivor Benefit Plan (SBP) or the *indexed* Retired Servicemember's Family Protection Plan (RSFPP) will receive an increase of 2.4% while the rest will receive lesser amounts depending on the service member's initial call to duty date, retirement date, and date of death.

### Recent Compensation Changes

The National Defense Authorization Act for Fiscal Year 2000 authorizes a Thrift Savings Plan (TSP) for military members. However, that same law spe-

cifically states that TSP cannot be implemented until funding issues are resolved. Under the plan, officers could deposit up to 5% of base pay and special pay or bonuses up to a total of \$10,000 per year. Participation in the TSP will not begin before 2001. Additional details will be provided in a future *Commissioned Corps Bulletin* article.

Also included in the Fiscal Year 2000 Act was a repeal of the REDUX retirement system for those first entering on active duty after July 31, 1986. These officers will receive 50% of their high 3 years' average basic pay for 20 years of service, rather than 40% under REDUX, and full cost-of-living adjustments rather than Consumer Price Index minus 1% under REDUX. As an alternative, when they reach 15 years of service, officers will have the option of receiving a \$30,000 retention bonus provided they agree to remain under REDUX and serve for a minimum of 20 years. Additional details will be provided in a future *Commissioned Corps Bulletin* article.

Officers are reminded that other changes in pay that affect commissioned officers are published in the *Commissioned Corps Bulletin* throughout the year.

### General Payroll Information

The compensation of commissioned officers consists of two elements—pay and allowances. The pay portion is taxable income while the allowances are usually non-taxable. This section describes the various pay elements and reflects the changes authorized by the National Defense Authorization Act for Fiscal Year 2000.

### Basic Pay

Basic Pay is considered to be the officer's actual salary. It is subject to Federal income tax, and in most cases, State income tax. The rate of Basic Pay received is based on the officer's temporary grade and the Base Pay Entry Date (BPED) printed on the officer's call to active duty personnel order. The BPED date is usually your call to active duty date; however, it may be adjusted for prior service in other Uniformed Services. The second date that is important to you is the Training and Experience Date (TED). This date appears on your call to active duty personnel order and reflects your creditable training and experience related to your health specialty and determines your rank and eligibility for promotion. Your initial rate of Basic Pay is determined by your BPED

and your rank. Subsequent increases in base pay result from length of service and promotion to the next higher rank.

### Special Pay

There are a number of special pays that are applicable to several categories. Veterinary and optometry officers are eligible to receive \$100 per month special pay. Special pays for medical officers include Retention Special Pay (RSP), Variable Special Pay (VSP), Board Certified Pay (BCP), Incentive Special Pay (ISP), and Multiyear Retention Bonus (MRB). Dental officers are eligible for VSP, BCP, MRB, and Additional Special Pay (ASP) as well as an accession bonus. Engineering and scientist officers may be eligible to receive Engineering and Scientific Career Continuation Pay (ESCCP). Nurse Special Pay (NSP) includes a special pay for nurse anesthetists as well as an accession bonus. Non-physician Board Certified Pay (NBCP) may be authorized for officers who meet the eligibility requirements in the nurse, scientist, veterinary, dietetics, pharmacy, therapy, and health services (includes optometry) categories.

*Variable Special Pay (VSP)* is a monthly pay based on the medical or dental officer's years of creditable service. The creditable service entry date (CSED) reflects the officer's years of active duty as a medical or dental officer in any of the Uniformed Services and the years the officer spent participating in an accredited medical or dental internship or residency training while not on active duty in a Uniformed Service. VSP rates range from \$5,000 to \$12,000 annually for medical officers and \$3,000 to \$12,000 for dental officers. The rate is determined by the length of creditable service.

*Board Certified Pay (BCP)* is a monthly pay based on the medical or dental officer's CSED and board certification. BCP ranges from \$2,500 to \$6,000 annually for medical officers and from \$2,500 to \$6,000 annually for dental officers. Officers must provide documentation in support of certification to receive this special pay.

### *Non-physician Board Certified Pay (NBCP)*

NBCP has been implemented by the Public Health Service (PHS) Commissioned Corps in the same manner as it has been in the other Uniformed Services. The payment of NBCP is authorized

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## Commissioned Officer Compensation

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for recognized specialties that are above the normal entry level, and to be eligible a recipient must:

- (1) be a health care provider in a specialty that is authorized to receive NBCP;
- (2) have a post-baccalaureate degree in his or her clinical specialty; (MPH or MHA degrees do not substitute for your clinical specialty);
- (3) be certified by a professional board in his or her clinical specialty; and
- (4) meet the applicable criteria recognized by specialty boards.

The rates of pay range from \$2,000 to \$5,000 per year based on years of creditable service. NBCP is a taxable monthly pay, as are the other special pays.

Specialties included are: nurse anesthetist, nurse practitioner, nurse midwife, radiological physics, dietetics, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, social work, audiology/speech pathology, and physician assistant. New for Fiscal Year 2000 is the addition of veterinary specialties recognized by the American Veterinary Medical Association.

If you meet the above criteria and are not already receiving NBCP, please submit a copy of your advanced degree certificate along with documentation of your board certification to the Compensation Branch.

*Retention Special Pay (RSP)* is a payment of \$15,000 annually for medical officers who execute a contract to remain on active duty for a specified term of 1 or more years. The payment is made in a lump sum usually within 90 days of the effective date of the contract. If other bonus pay contracts are negotiated, they will have concurrent dating.

*Incentive Special Pay (ISP)* is a special bonus for certain medical officers that is paid annually based on medical specialty. The pay ranges from \$2,000 to \$36,000 per year for a 1-year contract. There is a provision to pay ISP for medical officers who execute an ISP contract to stay on active duty for a minimum of 1 year at an isolated hardship site or a hard-to-fill location. Officers serving at the eligible sites are notified of their eligibility when they are assigned. The amount for isolated hardship sites ranges from \$11,000 to \$19,000 annually based on the category of the site. The payment is made in an annual lump sum.

*Multiyear Retention Bonus (MRB)* is payable to medical officers at the rate of \$2,000 to \$14,000 depending on the spe-

cialty training and the duration of the contract.

Eligibility requirements for ISP and MRB include that a medical officer:

- (1) Be entitled to receive RSP;
- (2) Be in pay grade O-6 (CAPT) or below;
- (3) Not be participating in Department of Health and Human Services (HHS)-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the Commissioned Corps Personnel Manual (CCPM);
- (4) Be eligible to remain on active duty for the duration of the contract;
- (5) Be board certified or fully trained in a recognized medical subspecialty;
- (6) Have a current license to practice medicine or osteopathy;
- (7) Not be serving obligated service as a result of training (applies to MRB only); and
- (8) Enter into a contract to remain on active duty for 2-4 years. (Note that MRB and RSP contracts must have concurrent dates.)

*Multiyear Retention Bonus (MRB)* for dental officers is payable at the rate of \$3,000 to \$14,000 annually depending of the specialty training and the length of the contract. Eligibility criteria are similar to those for medical officers, listed above.

*Additional Special Pay (ASP)* is payable to dental officers who execute a contract to remain on active duty for at least 1 year. Amounts range from \$4,000 to \$15,000 per year payable in a lump sum annual payment.

*Nurse Special Pay* is a special pay for nurse anesthetists. At the discretion of the Operating Division/Program to which they are assigned, qualified nurse officers may sign contracts to remain on active duty for 1 year and may be paid an amount of \$6,000 or \$15,000 depending on their obligation to the Service.

Eligibility requirements include that a nurse officer must:

- (1) Be a certified registered nurse anesthetist;
- (2) Be on active duty under a call or order to duty for not less than 1 year;
- (3) Be practicing in anesthesia services at least 112 hours per year; and
- (4) Sign an agreement to remain on active duty for 1 year.

Any questions regarding the nurse special pay should be directed to your Operating Division/Program Commissioned Corps Liaison or the Compensation Branch.

*Accession Bonuses* are authorized for registered nurses and dentists who accept a commission as officers. Officers must sign a contract within 60 days of their call to active duty, and agree to remain on active duty for a period of not less than 4 years. The amount of the accession bonus is \$5,000 for nurses and \$30,000 for dentists. To be eligible for the accession bonus, the officer must:

- (1) Be registered (licensed);
- (2) Meet the commissioning standards for their respective category;
- (3) Not have received financial assistance from HHS or a Uniformed Service;
- (4) Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program;
- (5) Be willing to accept a commission as an officer and remain on active duty for a period not less than 4 years; and
- (6) Not have been on extended active duty in any Uniformed Service during the previous 12 months for nurse officers and previous 24 months for dental officers.

*Engineering and Scientific Career Continuation Pay (ESCCP)* is a special pay for engineer or scientist officers who are assigned to positions designated as critical shortage positions. For engineers, the positions deemed as critical shortage positions are the locations designated as isolated hardship sites. Scientist officers occupying billets in which the civil service equivalent would be eligible for special pay are deemed critical shortage positions. Other eligibility criteria are:

- (1) Not be receiving any other accession or career continuation bonus or annual bonus authorized by 37 U.S.C. 302;
- (2) Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program;
- (3) Be below pay grade O-6;
- (4) Hold an earned degree in engineering or science from an accredited college or university;
- (5) Be a member of the engineer or scientist categories or meet the standards for appointment to the scientist category;

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- (6) Have completed 3 but less than 11 years of active duty with a Uniformed Service of which at least 3 years is duty as an engineer or scientist officer, or served on active duty for 3 but less than 11 years after meeting requirements for eligibility;
- (7) Be serving in an engineering or scientific specialty that is specified as a critical shortage specialty;
- (8) Not have been called to active duty as an interservice transfer or served on active duty in another Uniformed Service within the last 12 months;
- (9) Not be participating in HHS-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM; and
- (10) Execute a written agreement to remain on active duty for at least 1 year in the critical shortage position.

### Deductions

*Deductions from pay* include taxes, both State and Federal, and Social Security (FICA). Officers must submit Form W-4, "Employee's Withholding Allowance Certificate," to the Compensation Branch to determine the rate of withholding of Federal income tax. Officers claim withholding allowances based on their marital status, number of dependents, and other adjustments to income. Worksheets are provided with Form W-4. *Note: The withholding rate for annual bonus payments is 28%.*

*State income taxes* are withheld based on the officer's State of legal residence. Officers notify the Compensation Branch of their State of legal residence by completing form DD-2058, "State of Legal Residence Certificate," and if appropriate, State taxes are withheld. State tax laws vary so you should contact your State tax service for assistance.

*Social Security (FICA)* will continue to be deducted from each officer's pay at the rate of 7.65%, which is the same rate as in 1999. The maximum salary for which the full rate of 7.65% will be deducted has increased from \$72,600 to \$76,200. The Social Security deduction is comprised of two parts. The Old Age Survivors' and Disability Insurance (OASDI) rate is 6.2%. The Hospital Insurance (HI) rate is 1.45%. Both OASDI and HI are deducted on the first \$76,200 of earnings. At that point, OASDI deductions are discontinued. The HI portion has no maximum salary cutoff, so it continues to be applicable to earnings above the OASDI cutoff. In other words, the Social Security

deduction will be 7.65% on the first \$76,200 of wages and 1.45% thereafter. Officers earning more than \$76,200 will see a change in the net take-home pay when that amount has been reached.

*Servicemember's Group Life Insurance (SGLI)* premiums will automatically be deducted to provide \$200,000 of life insurance on the officer unless a lesser amount or no insurance is elected. To specify an election or decline the insurance, the officer must submit form SGLV-8286, "Servicemember's Group Life Insurance Election and Certificate," on or before his or her first day of active duty. For officers who do not decline, \$16 will be deducted from their first and subsequent pay checks.

Using form SGLV-8286, officers may (1) decline coverage, or (2) elect a reduced level of insurance in a multiple of \$10,000. The premium rates are \$0.80 per \$10,000 of coverage.

### Allowances

*Allowances* are generally non-taxable income and include Basic Allowance for Subsistence (BAS), Basic Allowance for Housing (BAH), Overseas Housing Allowance (OHA), Cost of Living Allowance (COLA), Dislocation Allowance (DLA), and Move-In Housing Allowance (MIHA). Continental United States Cost of Living Allowance (CCOLA) is a taxable allowance.

*Basic Allowance for Subsistence (BAS)* is a monthly allowance payable to all officers unless meals are provided by the Service. Currently the amount payable is \$158.83 per month for all officers.

*Basic Allowance for Housing (BAH)* rates are determined by the officer's duty location, grade, and dependency status. These rates are paid based on the duty location zip code, not home address. Increased funding was authorized for Basic Allowance for Housing (BAH). These funds will increase BAH rates in some (but not all) locales to make the housing allowances more reflective of housing costs. Current rates can be viewed at: <http://www.dtic.mil/perdiem/bahform.html>

### BAH Rate Protection

Officers will be rate protected with the BAH. Each year, when the BAH rates change, the new rate will be the greater of the new rate or the rate in effect the day previous to the new rates. There are three circumstances that could lead to a reduction in BAH, each of which involves a change in status:

- (1) Permanent change of station (PCS) will result in different rates of BAH based on your new duty station. There is no rate protection when changing duty stations.
- (2) If you are demoted, your BAH will revert to the current published rate appropriate to your new grade. Promotions will not lower your housing allowance.
- (3) If there is a change in dependency status, your rate of BAH will be determined by your new dependency status and the current published rate of BAH for your grade and duty station.

*Overseas Housing Allowance (OHA)* - Officers stationed overseas, other than Alaska and Hawaii, who live on the local economy are eligible to receive OHA. The monthly OHA amount is based on comparing the officer's rent, up to a rental ceiling for the duty station, plus the utility/recurring maintenance allowance. If a member owns quarters, the rent will be determined by dividing the purchase price by 120 to determine the monthly rental rate.

*Cost of Living Allowance (COLA)* is authorized to officers assigned to overseas areas to enable the officer to maintain approximately the same standard of living as in the Continental United States (CONUS). The rate established is based on the officer's grade, base pay entry date, and the actual number of dependents residing in his or her household.

*Continental United States Cost of Living Allowance (CCOLA)* is a taxable allowance paid to officers assigned to designated high cost areas within CONUS. This allowance was implemented on July 1, 1995, and the rates will vary depending upon the officer's rank and dependency status.

*Dislocation Allowance (DLA)* - An officer is eligible to receive a DLA if he or she relocates his or her household as a result of a Permanent Change of Station (PCS). DLA is a non-taxable allowance that is meant to partially reimburse the officer for expenses incurred in closing out his or her household and establishing a new household. The amount of DLA authorized can be found in the Joint Federal Travel Regulations (JFTR) Table U5G-1. *Note: The Compensation Branch does not process DLA. The procedure for requesting DLA is similar to requests for travel and travel reimbursement.*

(Continued on page 8)

# Commissioned Officer Compensation

(Continued from page 7)

**U.S. Savings Bonds** - Many officers find that purchasing U.S. Savings Bonds from their salary is a convenient and reliable way to systematically save money. Form SBD-2090, "Authorization for Purchase and Request for Change, U.S. Series EE Savings Bonds," allows an allotment to be withheld from an officer's salary toward the purchase of savings bonds. The EE series bonds are purchased for half their face value and may not be cashed for 6 months from the date of issue. The minimum bond denomination is \$100.

## Officer Responsibilities

Officers should notify the Compensation Branch immediately of changes in their payroll address. This is important for proper receipt of your monthly earnings statement. You must also notify the Compensation Branch of other changes that will affect your pay (i.e., dependency status).

Officers should pay particular attention when submitting various forms to the Compensation Branch. Remember that these forms affect your pay and the information should be clearly printed or typed.

## Payday

Payday is usually the first day of the month. If the first day of the month is on a non-workday, officers may expect to receive their pay on the previous workday. The exceptions are the September payday, which by law is paid in October, and the December payday, which is paid on the last workday of the month. The Compensation Branch must be notified in writing of changes no later than the 10<sup>th</sup> of the month in order for the changes to be processed in the current month. Submission of changes as early in the month as possible will facilitate completion of processing in a timely manner.

## Pay dates for 2000

Payroll Month	Active Duty	Retired/Survivors
January 2000	February 1	February 1
February 2000	March 1	March 1
March 2000	March 31	April 3
April 2000	May 1	May 1
May 2000	June 1	June 1
June 2000	June 30	July 3
July 2000	August 1	August 1
August 2000	September 1	September 1
September 2000	October 2	October 2
October 2000	November 1	November 1
November 2000	December 1	December 1*
December 2000	December 29	January 2, 2001

\* Last pay day for 2000 tax year for retired officers and survivors.

**Annual Earning Statements (Form W-2)** - Annual earning statements are scheduled to be mailed to all officers at the end of January. Please be sure to notify the Compensation Branch, in writing, if you have changed your payroll address. The statements will be mailed to the same address as your monthly earnings statement, i.e., your payroll address.

**Earning Statements** - Please read your pay slip! Each month, approximately 5 workdays before the end of the month, form PHS-6155, "Statement of Earnings and Deductions," is mailed to each officer. The statement provides a detailed breakdown of your earnings, both taxable and non-taxable, and deductions that include Federal Tax Withholding, State Tax Withholding (if appropriate), Social Security (FICA), and Servicemember's Group Life Insurance (SGLI). The net check is the amount of pay you receive in the form of funds transferred to your account at a financial institution. In addition, a year-to-date summary is provided. The Statement of Earnings and Deductions is sent to the payroll address which you provide to the Compensation Branch. This payroll address does not change unless you provide written notification of the change to the Compensation Branch. In many cases, this address is your personal address rather than a duty station address to assure your receipt of this important information.

You should pay particular attention to the MESSAGE area of your Statement of Earnings and Deductions. In addition to a general information message, the Compensation Branch prints specific messages to notify you of changes (corrections, adjustments, etc.) in your pay, or to alert you to potential changes. At least once a year, there is a message regarding form PHS-1637-1, "PHS Commissioned Officer's Request for Dependency Determination." It is necessary for you to submit at least annually a form for dependency determination in order to receive BAH at the "with" dependent rate. Failure to submit form PHS-1637-1 will result in the Compensation Branch paying you at the "without" dependent rate. You will find that noting the MES-

SAGE on your pay slip may be as important as looking at the deposited amount!

**Designation of Address** -The PHS commissioned officer payroll system requires you to have your net salary credited directly to your account at a financial institution and to receive your Statement of Earnings and Deductions, bonds, and other personnel/payroll documents at a separate address of your choice. This method increases your privacy and provides for prompt, reliable, and secure delivery of important and confidential personnel/payroll documents.

To have your net salary credited to your account, complete a form SF-1199A, "Direct Deposit Sign-Up Form," and have it authorized by the financial institution holding the account to which you want your salary credited. You must then submit the form to the Compensation Branch, along with the designation of an address for your other payroll documents. We recommend the address you designate be the same address you use to receive other types of mail. Our experience has shown that officers who use the duty organization address to receive the earning statements usually do not receive these documents as timely as those using a personal address.

The payroll address does not change when you transfer. You must notify the Compensation Branch, in writing, when you want your payroll address changed.

**DO NOT FAX PAYROLL INFORMATION.** Unless specifically requested, the Compensation Branch does not accept faxed information for updating pay records. Requests for changes to pay records, i.e., address changes, changes in marital status, and tax withholding must be in writing with an original signature in order for the Compensation Branch to process them. Changes should be received by the 10<sup>th</sup> of the month in order to provide time for the changes to be processed for the current month.



(Continued on page 9)



# Commissioned Officer Compensation

(Continued from page 8)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PAY AND ALLOWANCES OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS OFFICERS EFFECTIVE JANUARY 1, 2000 (4.8%)															
MONTHLY RATES OF BASIC PAY CUMULATIVE YEARS OF SERVICE															
PAY GRADE	2 OR LESS	OVER 2	OVER 3	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26
O-10	8,214.90	8,503.80	8,503.80	8,503.80	8,503.80	8,830.20	8,830.20	9,319.50	9,319.50	9,986.40	9,986.40	10,655.10	10,655.10	10,655.10	11,318.40
O-9	7,280.70	7,471.50	7,630.50	7,630.50	7,630.50	7,824.60	7,824.60	8,150.10	8,150.10	8,830.20	8,830.20	9,319.50	9,319.50	9,319.50	9,986.40
O-8	6,594.30	6,792.30	6,953.10	6,953.10	6,953.10	7,471.50	7,471.50	7,824.60	7,824.60	8,150.10	8,503.80	8,830.20	9,048.00	9,048.00	9,048.00
O-7	5,479.50	5,851.80	5,851.80	5,851.80	6,114.60	6,114.60	6,468.90	6,468.90	6,792.30	7,471.50	7,985.40	7,985.40	7,985.40	7,985.40	7,985.40
O-6	4,061.10	4,461.60	4,754.40	4,754.40	4,754.40	4,754.40	4,754.40	4,754.40	4,916.10	5,693.10	5,983.80	6,114.60	6,468.90	6,687.30	7,015.50
O-5	3,248.40	3,813.90	4,077.90	4,077.90	4,077.90	4,077.90	4,200.30	4,427.10	4,723.80	5,077.50	5,368.20	5,531.10	5,724.60	5,724.60	5,724.60
O-4	2,737.80	3,333.90	3,556.20	3,556.20	3,622.20	3,781.80	4,040.40	4,267.50	4,461.60	4,658.10	4,785.90	4,785.90	4,785.90	4,785.90	4,785.90
O-3	2,544.00	2,844.30	3,041.10	3,364.80	3,525.90	3,652.20	3,850.20	4,040.40	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10
O-2	2,218.80	2,423.10	2,910.90	3,009.00	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10
O-1	1,926.30	2,004.90	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10
Above table does not apply to commissioned officers who have been credited with over 4 years of active service as an enlisted member (see table below).															
COMMISSIONED OFFICERS WHO HAVE BEEN CREDITED WITH OVER 4 YEARS ACTIVE SERVICE AS AN ENLISTED MEMBER															
	PAY GRADE	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26		
	O-3E	3,364.80	3,525.90	3,652.20	3,850.20	4,040.40	4,200.30	4,200.30	4,200.30	4,200.30	4,200.30	4,200.30	4,200.30	4,200.30	4,200.30
	O-2E	3,009.00	3,071.10	3,168.60	3,333.90	3,461.40	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20
	O-1E	2,423.10	2,588.40	2,683.80	2,781.30	2,877.60	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00
Basic Allowance for Subsistence is \$158.83 Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule Basic Pay for O-6 and below is limited to Level V of the Executive Schedule															

DEPARTMENT OF HEALTH AND HUMAN SERVICES PAY AND ALLOWANCES OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS OFFICERS EFFECTIVE JULY 1, 2000															
MONTHLY RATES OF BASIC PAY CUMULATIVE YEARS OF SERVICE															
PAY GRADE	2 OR LESS	OVER 2	OVER 3	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26
O-10	8,214.90	8,503.80	8,503.80	8,503.80	8,503.80	8,830.20	8,830.20	9,319.50	9,319.50	9,986.40	9,986.40	10,655.10	10,707.60	10,930.20	11318.40
O-9	7,280.70	7,471.50	7,630.50	7,630.50	7,630.50	7,824.60	7,824.60	8,150.10	8,150.10	8,830.20	8,830.20	9,319.50	9,453.60	9,647.70	9,986.40
O-8	6,594.30	6,810.30	6,953.10	6,993.30	7,171.80	7,471.50	7,540.80	7,824.60	7,906.20	8,150.10	8,503.80	8,830.20	9,048.00	9,048.00	9,048.00
O-7	5,479.50	5,851.80	5,851.80	5,894.40	6,114.60	6,282.00	6,475.80	6,669.00	6,863.10	7,471.50	7,985.40	7,985.40	7,985.40	7,985.40	8,025.60
O-6	4,061.10	4,461.60	4,754.40	4,754.40	4,772.40	4,976.70	5,004.00	5,004.00	5,169.30	5,791.20	6,086.10	6,381.30	6,549.00	6,719.10	7,049.10
O-5	3,248.40	3,813.90	4,077.90	4,127.70	4,291.80	4,291.80	4,420.80	4,659.30	4,971.90	5,286.00	5,436.00	5,583.60	5,751.90	5,751.90	5,751.90
O-4	2,737.80	3,333.90	3,556.20	3,606.00	3,812.40	3,980.40	4,252.50	4,464.00	4,611.00	4,758.80	4,808.70	4,808.70	4,808.70	4,808.70	4,808.70
O-3	2,544.00	2,844.30	3,112.80	3,364.80	3,525.90	3,702.60	3,850.20	4,040.40	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10	4,139.10
O-2	2,218.80	2,527.20	2,910.90	3,009.00	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10	3,071.10
O-1	1,926.30	2,004.90	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10	2,423.10
Above table does not apply to commissioned officers who have been credited with over 4 years of active service as an enlisted member (see table below).															
COMMISSIONED OFFICERS WHO HAVE BEEN CREDITED WITH OVER 4 YEARS ACTIVE SERVICE AS AN ENLISTED MEMBER															
	PAY GRADE	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26		
	O-3E	3,364.80	3,525.90	3,702.60	3,850.20	4,040.40	4,200.30	4,291.80	4,416.90	4,416.90	4,416.90	4,416.90	4,416.90	4,416.90	4,416.90
	O-2E	3,009.00	3,071.10	3,168.60	3,333.90	3,461.40	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20	3,556.20
	O-1E	2,423.10	2,588.40	2,683.80	2,781.30	2,877.60	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00	3,009.00
Basic Allowance for Subsistence is \$158.83 Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule Basic Pay for O-6 and below is limited to Level V of the Executive Schedule															

## Vacancy Announcements

The following vacancies are provided as representative of opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel, ATTN: Vacancy Announcements Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001—or phone: 301-594-3458 or 301-594-3360 (toll-free at 1-877-INFO-DCP—listen to the prompts, select option #1, dial 43360) or Fax: 301-443-7069.

<i>Category/OPDIV</i>	<i>Description of Position</i>
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**MEDICAL**

<p><b>HEALTH CARE FINANCING ADMINISTRATION— Woodlawn, MD</b></p> <p>Serves as Director, Division of Acute and Chronic Disease Management. Responsible for developing, revising, and assessing quality measurement tools and strategies for hospitals under the Medicare program. This position supports the development, evaluation, and implementation of physician and ambulatory care, coverage and policies, and studies pertaining to the medical aspects of those policies.</p>	<p>Medical Officer Contact: Ms. Sherri Giancola 410-786-5512 Grade: O-6</p>
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**NURSE**

<p><b>NATIONAL INSTITUTES OF HEALTH— Bethesda, MD</b></p> <p>Provides nursing care to patients in a 314-bed hospital solely dedicated to biomedical research. Current vacancies exist for staff nurses with experience in critical care, oncology, mental health, organ and bone marrow transplant, medical / surgery, pediatrics, cardiology catheterization lab, telemetry / cardiovascular, neurology / neurosurgery, endocrinology, and neurologic oncology.</p>	<p>Clinical Nurse Contact: Ms. Maureen Estrin 1-800-732-5985 Grades: O-2/O-3/O-4</p>
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**PHARMACY**

<p><b>BUREAU OF PRISONS— Various Sites</b></p>	<p>Staff Pharmacist / Senior Pharmacist I - Grade: O-4 Locations include: Jesup, GA; Miami, FL; Yazoo City, MS; Atlanta, GA; Terre Haute, IN; Lewisburg, PA; and Springfield, MO. Chief Pharmacist - Grade: O-6 Location: Leavenworth, KS. Contact: CAPT John Babb 202-307-2867 ext. 128</p>
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**HEALTH SERVICES**

<p><b>BUREAU OF PRISONS— Chicago, IL</b></p> <p>Provides preventive dental services, screens dental examinations, and assists in providing urgent dental care to an inmate / detainee population. Additional duties include completion of various administrative tasks such as quality assurance and infection control. Officers from Operating Divisions / Programs other than the Bureau of Prisons will have to complete a 3-week training course offered at the Staff Training Academy in Glynco, GA.</p>	<p>Staff Dental Hygienist Contact: CDR Donald L. Ross 312-322-0567 ext. 493 Grades: O-3/O-4</p>
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**MULTIDISCIPLINARY**

<p><b>HEALTH CARE FINANCING ADMINISTRATION— Woodlawn, MD</b></p> <p>Serves as Director, Division of Acute and Chronic Disease Management. Responsible for developing, revising, and assessing quality measurement tools and strategies for hospitals under the Medicare program, including developing a core performance measurement set for hospitals and a Medicare Quality Monitoring System.</p>	<p>Supervisory Health Insurance Specialist Contact: Ms. Sherri Giancola 410-786-5512 Grade: O-6</p>
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**COAST GUARD / NATIONAL  
HIGHWAY TRAFFIC SAFETY**

<p><b>ADMINISTRATION— Washington, D.C.</b></p> <p>Responsible for development of countermeasure programs and related technical assistance relative to increasing the use of safety belts and child safety seats and public awareness of unrestrained occupant interaction with air bags. These activities support State and community program efforts in the functional areas of public information, education, usage requirements, policies, State laws, and regulations.</p>	<p>Public Health and Safety Analyst Contact: Mr. Phil Gulak 202-366-2725 Grade: O-4</p>
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## Retirements - December

<i>Title/Name</i>	<i>OPDIV/Program</i>
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**MEDICAL**

<b>CAPTAIN</b>	
Earl R. Fox	CG
Roger W. Rochat	CDC

**COMMANDER**

Vern O. Strubeck, Jr.	HRSA
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**DENTAL**

<b>COMMANDER</b>	
F. L. San Miguel-Mendez	HRSA

**ENGINEER**

<b>CAPTAIN</b>	
Kenneth R. Harper	IHS
William M. Vatavuk	EPA

**LIEUTENANT COMMANDER**

Leland G. Fugal	IHS
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**HEALTH SERVICES**

<b>CAPTAIN</b>	
John D. Gallicchio	HRSA



## Nominations for the 2000 Jack D. Robertson and Ernest Eugene Buell Awards for Dental Officers

The Dental Professional Advisory Committee will be calling for the submission of nominations for the *Jack D. Robertson* and the *Ernest Eugene Buell* Awards. The awards will be presented at the annual Public Health Professional Conference sponsored by the Commissioned Officers Association of the U.S. Public Health Service (PHS) to be held June 6 through 10, 2000, in Scottsdale, Arizona.

For more information on the awards, please visit the PHS dental category website at: <http://www.ihs.gov/NonMedicalPrograms/PHS/PHSDental/index.htm>



## U.S. Air Force Presents Air-Transportable Clinic to the Public Health Service

At a ceremony held at Andrews Air Force Base, Camp Springs, Maryland, on December 7, 1999, Major General Randy Randolph, Deputy Surgeon General, U.S. Air Force, presented an Air-Transportable Clinic (ATC) to the Division of Immigration Health Services (DIHS) of the Immigration and Naturalization Service (INS). This clinic will help the Division, which provides medical support to INS, speed critical medical services to immigrants and refugees anywhere in the world.

RADM Kenneth Moritsugu, Deputy Surgeon General, U.S. Public Health Service (PHS), described how the clinic was designed for rapid delivery and set-up, and would allow medical personnel to respond to developing medical crises in remote or devastated areas. The ATC will be pre-positioned to be available for use by DIHS and made available for other PHS deployments through the Department's Office of Emergency Preparedness.

RADM Marilyn Gaston, Director, Bureau of Primary Health Care, Health Resources and Services Administration, explained that the nature of immigration health care has changed dramatically. Global, drug resistant diseases can spread as fast as an airplane; civil strife and economic conditions can flood political borders. It is imperative with the increasing speed of change that we experience today, that DIHS be able to recognize and employ every available means to achieve their mission.

"This generous donation from the Air Force will help us provide vital, primary health services to those in need, no matter where INS goes to process aliens," said Mr. Mike Becraft, INS Chief of Staff.

"We stand at the front line of defense against disease infiltration into the United States," said CAPT Gene Migliaccio, Director of DIHS. "This clinic will help us achieve our mission to provide global disease prevention through the delivery of primary health care to individuals in INS custody. This portable clinic will facilitate the achievement of the humanitarian mission of the PHS and its multifaceted endeavors. It will support the first response to a medical emergency; where other community capabilities are inadequate or non-existent.

It will support the interim medical care until more permanent solutions can be arranged."

The ATC will allow medical personnel to screen individuals for many ailments including such communicable diseases as tuberculosis and typhoid. The clinic includes:

- A generator and power supply to provide electricity, heater, and lights
- Cots, tables, pharmacy cabinets, examination tables
- Syringes, bandages, stethoscopes
- Stretchers, desks, and chairs
- Advanced life support capabilities

The clinic, which is designed to fit on an air cargo palette to afford easy shipment, will be stationed in Oklahoma City, Oklahoma.

## Schedule of 2000 Commissioned Corps Retirement Seminars

The Division of Commissioned Personnel (DCP) has scheduled the following Commissioned Corps Retirement Seminars:

April 18-19, 2000, in Rockville, Maryland;

June 6-7, 2000, in Scottsdale, Arizona (in conjunction with the Public Health Professional Conference sponsored by the Commissioned Officers Association of the U.S. Public Health Service); and

September 26-27, 2000, in Rockville, Maryland.

Registration for the Scottsdale, Arizona, seminar must be received by April 15, 2000. Registration for the other seminars must be received no later than 45 days prior to the first day of the seminar.

Please request that a blank retirement seminar registration form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6536**. After completing the form, follow the instructions on the form and submit it to the Retirement Seminar Coordinator in DCP. If you have additional questions, the DCP Retirement Seminar Coordinator can be reached at 301-594-3472 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43472).

*Important Note:* Anyone who wishes information on how to arrange for a Commissioned Corps Retirement Seminar to be presented outside the Washington, D.C. area should contact the DCP Retirement Seminar Coordinator at the number listed above.

### Recent Deaths

The deaths of the following retired officers were reported to the Division of Commissioned Personnel:

<i>Title / Name</i>	<i>Date</i>
<b>MEDICAL</b>	
CAPT Stephen Hajdu	11/08/99
CAPT Curtis G. Southard	11/25/99
<b>NURSE</b>	
CDR Barbara J. Bowman	08/16/99
RADM Lucile P. Leone	11/25/99
<b>ENGINEER</b>	
CAPT Floyd L. Galpin	12/05/99
<b>HEALTH SERVICES</b>	
CDR John C. Pytlik	10/27/99



# Call for Nominations for the Physicians Professional Advisory Committee's 2000 Awards

The Physicians Professional Advisory Committee (PPAC) is accepting nominations for three physician awards to be presented at the annual Public Health Professional Conference sponsored by the Commissioned Officers Association of the U.S. Public Health Service (PHS) to be held in June in Scottsdale, Arizona. Both PHS civil service and commissioned officer physicians are eligible for these three award categories:

*Clinical Physician of the Year:* This award recognizes a clinical physician who consistently achieves high standards in the practice of medicine, finds innovative ways of delivering quality health care despite the constraints of budget and personnel, is consistently looked upon as a role model by his or her peers, and is a valuable resource person due to the extended length of his or her service.

*Physician Researcher of the Year:* This award recognizes individual initiative, accomplishment, and accountability for actions that increase the overall effectiveness of the PHS through research.

This individual has established research programs or approaches that enhance health care delivery or has improved existing research programs. In addition, he or she has developed and implemented research programs that have raised the health and safety consciousness of the public or resulted in significant cost savings or cost avoidance.

*Physician Executive of the Year:* This award recognizes a physician executive who plays a key role in the successful administration or management of an office or program activity in PHS. This individual makes exceptional contributions to the accomplishments, goals, and objectives of PHS while serving as a manager, administrator, or supervisor. He or she exercises exceptional judgment in making managerial decisions and develops innovations that provide increased effectiveness in the management of programs. He or she makes choices that maximize the use of available resources and enhances the goodwill between the United States Government and the public.

The awards committee will consider all nominations received by **April 5, 2000**. Submissions sent by fax or e-mail will not be accepted. Each nomination package should include a brief narrative (1 or 2 pages) explaining how the physician meets the award criteria, the nominee's title, Operating Division/Program, address, fax number, and telephone number. The nominee's current curriculum vitae must also be included. A brief, one sentence statement as to the reason this nominee deserves this award should also be included in the nomination package. All nominations should be addressed to:

CDR Marsha G. Davenport  
Chair, PPAC Awards Committee  
Health Care Financing Administration  
7500 Security Blvd., Mail Stop C3-20-11  
Baltimore, MD 21244

Also, please visit the PPAC's website at: <http://www2.ihs.gov/ppac>



## DEPARTMENT OF HEALTH & HUMAN SERVICES

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