



# Commissioned Corps BULLETIN

DIVISION of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

Last month, in support of Secretary Thompson's Workplace Initiative to Increase Organ and Tissue Donation, I traveled to Cincinnati for an evening event.

Arranging to arrive in the late morning, I had the opportunity to visit the offices of the National Institute for Occupational Safety and Health (NIOSH) and meet with staff working there, including the 70 commissioned officers assigned to NIOSH.

It was an especially moving visit, since I had spent a lot of time with several of these individuals, civilian as well as commissioned corps, during the anthrax crisis in mid-October. These dedicated and committed individuals were part of the many who bravely put themselves in harm's way, "to protect and advance the health and safety of our Nation." Whether in Washington, D.C., dealing with an unfamiliar organism, in an unfamiliar application, or in New York City, in the midst of the residual dust after the World Trade Center attack, or in many other locations throughout the United States, these officers and civilians provided their science and skills to help in responding to these new threats to health and safety, and in providing reassurance to the American people.

It was both humbling and heartening to meet with them; and I applaud them for their efforts and their passion for mission.

In my column last month, I outlined the progress and the products of the Office of the Surgeon General over the past few years. I also stated that as Acting Surgeon General, I planned to maintain

the momentum these past few years have generated. To accomplish this, as a faithful steward of this office until a full-time Surgeon General is nominated and confirmed, I solicit your input and comments as well as your support.

To focus on one timely issue, you will receive this issue of the *Commissioned Corps Bulletin* in April, which is National Organ and Tissue Donor Awareness Month. Since he first became Governor of Wisconsin, Secretary Thompson has been a fervent supporter and advocate for increasing awareness of organ, tissue, blood, and marrow donation. I, too, for professional as well as personal reasons, am an unwavering supporter of this Gift of Life.

Let me share with you some alarming statistics about organ donation and transplantation.

Over 80,000 people in the United States alone are awaiting a transplant. Last year, only 23,000 individuals were fortunate to receive this life giving, life enhancing gift.

In 2000, there were 5,600 individuals who gave their organs for transplantation when they died. Each individual donor could help as many as six recipients of solid organs alone. We estimate that there are nearly 15,000 people who could be donors annually. This means that only one in three potential donors, actually did give the gift of life.

Every day, 15 people die waiting—over 5,000 a year. And the only reason they die, the only reason they do not get a transplant, is because there were not enough organs to transplant.

Not enough individuals are aware of their choice to be donors, not enough individuals choose to give the gift of life on their death.

I encourage all members of the commissioned corps, and their families, to discuss this life or death issue, to realize that each of us has a choice to become an organ and tissue donor; that if we decide to become donors, it is as important to share that decision with our families and next of kin. Many of us already are donors of blood. It is a natural extension to consider marrow, tissue, and organ donation. It is also part of helping to improve the public's health, while we live, and even after we die.

In April, I will be carrying this message of Life to our Regional Offices in Chicago and in Kansas City. In Atlanta, at the Commissioned Officers Association's Scientific Meeting, there will be a session on organ and tissue donation. Please consider this message for yourselves and your families as well.

RADM Kenneth Moritsugu  
Acting Surgeon General



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## Secretary Thompson Thanks '9/11' Rescue Workers and Outlines Total Department of Health and Human Services (HHS) Assistance Delivered

Press Release Dated March 11, 2002

HHS Secretary Tommy G. Thompson today thanked some 2,000 HHS-supported rescue workers and public health professionals who responded to the terrorist attacks of September 11, 2001. Of the total, 1,364 were volunteer health and mortuary professionals who provided their services as part of the Nation's National Disaster Medical System (NDMS). More than 600 others were health professionals from HHS' Commissioned Corps Readiness Force and the Centers for Disease Control and Prevention.

HHS will complete its rescue-related work at the World Trade Center site in New York City this month.

"These men and women worked hundreds of thousands of hours, responding to the needs of thousands of New York City residents and rescue personnel," Secretary Thompson said. "They left home for weeks at a time to help those in need. They exemplify the compassion and undaunted spirit of our great country."

The NDMS includes teams around the country that can be brought together quickly and deployed in emergencies. Members of the teams are volunteers. In responding to New York's needs, personnel from 63 different response teams were deployed, including members from all 10 mortuary teams in the NDMS, members from all 4 veterinary units in the NDMS, and members from 5 of the 6 Burn Support Teams.

The '9/11' response in New York constituted the largest NDMS deployment ever:

- Disaster Medical Assistance Teams (DMATs) aided over 9,500 rescue workers with injuries ranging from broken bones to eye and skin irritation to heart failure. Mental Health experts conferred with 6,100 Federal responders at Ground Zero.
- Disaster Mortuary Operational Response Teams (DMORTs) supported the New York City Medical Examiner's office, processing 15,528 human specimens, 270 bodies, and identifying 750 victims.
- Veterinary Medical Assistance Teams (VMATs) received more than 900 canine visits mainly for exhaustion, dehydration, and sore paws.

On September 11, within minutes of the attacks on the World Trade Center, Secre-

tary Thompson had declared a national health emergency making the NDMS and commissioned corps ready for deployment. HHS' Office of Emergency Preparedness made immediate deployments, and some 50 tons of backup medical supplies were also provided to New York that day.

In subsequent weeks, HHS also responded to the Nation's first anthrax mail attacks. HHS helped provide the needed antibiotics for those potentially exposed, and HHS personnel helped dispense the drugs to thousands of people in New York and Washington, D.C.

Since then, dramatic new steps have been taken to increase preparedness for bioterrorism, including creation of a new HHS Office of Public Health Preparedness, procurement of more than a billion doses of antibiotics and 155 million doses of smallpox vaccine, expansion of the National Pharmaceutical Stockpile, and initial new funding of \$1.1 billion for States to help them better prepare for bioterrorism attacks.

HHS is funding a total of \$301 million in response and recovery activities as a result of the September 11 attacks. □

### PHS Commissioned Officers are Eligible to Apply for OPM's Federal Long Term Care Insurance Program

The U.S. Office of Personnel Management (OPM) is sponsoring the 'Federal Long Term Care Insurance Program' for members of the Federal family. Those eligible to apply to purchase this insurance include active-duty servicemembers, selected reserve, civilian employees and retirees, as well as qualified family members. Members of the uniformed services, such as commissioned officers of the Public Health Service, are eligible to apply.

The Metropolitan Life Insurance Company and the John Hancock Life Insurance Company have come together as LTC Partners to provide this insurance.

Early enrollment is available March 25 to May 15, but the actual open season runs from July 1 through December 31, 2002. Details are available on OPM's Web site—[www.opm.gov/insure/ltc/#bbs](http://www.opm.gov/insure/ltc/#bbs). □

## Reminder

### Professional Licensure Compliance

If policy requires that you maintain a current valid license as a Public Health Service (PHS) Commissioned Corps healthcare provider, you are **required** to do the following when your license renewal arrives:

1. Make a photocopy of your license / certification / registration renewal (must contain an expiration date) upon receipt from the issuing authority;
2. Record your PHS Commissioned Corps serial number in the lower right-hand corner of the photocopy; and
3. Mail (or fax) it to:

Division of Commissioned Personnel  
ATTN: Licensure Project Officer /OSB  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

Fax: 301-443-5366 or 301-594-2711  
Phone: 301-594-3352

(or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43352)

### IMPORTANT— You May No Longer Be in Compliance with the PHS Licensure Policy!

PHS licensure policy **excludes** uniformed services licenses and inactive licenses as acceptable credentials for meeting the requirements of the PHS Commissioned Corps licensure policy. **Therefore, any officer currently having a uniformed services license or an inactive license must immediately send proof of a current unrestricted license, certification, or registration to DCP at the address above.** Uniformed services licenses and inactive licenses will not be tracked by DCP nor will they be placed in the officer's Official Personnel File. [See page 3 of the February 2002 issue of the *Commissioned Corps Bulletin* for additional information.] □

## Medical Affairs Branch

### Change in Survivor Benefits of Those Officers Who Die on Active Duty

Effective September 10, 2001, SEC. 652 Section 1448 (d) of Title 10, USC, was amended to allow Survivor Benefit Plan (SBP) eligibility to survivors of members of the uniformed services who die while on active duty. Specifically, regarding Public Health Service (PHS) Commissioned Corps officers, this benefit applies to *all* officers, retirement eligible or retirement ineligible. The surviving spouse will receive the maximal SBP pay allowed by law.

The only exception to the above change in law is that the officer's death must have occurred while in the line of duty in order for the spouse to qualify for maximum SBP. Following an officer's death, a PHS Medical Review Board (MRB) will convene to perform a line of duty determination. Reduced assignments of SBP will apply to officers whose deaths were determined not to have occurred in the line of duty. In general, an officer's death will be considered to have occurred in the line of duty except for those incurred under the following circumstances:

- As a result of an officer's misconduct (example: officer impaired while driving under the influence of alcohol).
- While absent without leave (AWOL).
- As a result of an officer's willful neglect (example: when a member, who is currently unfit-for-duty, unreasonably refuses to submit to medical or surgical treatment and such treatment most likely would have resulted in the officer becoming fit-for-duty).

As is the past, the Medical Affairs Branch, Division of Commissioned Personnel (DCP), should be notified regarding an imminent death or that an officer's death just occurred (phone 1-800-368-2777). Instead of conducting a death imminent MRB to medically retire an officer, as was required before the above changes were enacted, a line of duty determination will be accomplished. The officer's program will be required to submit to the Medical Evaluation Section of the Medical Affairs Branch, DCP, a summary narrative describing the general circumstances involving the officer's

death and medical documents generated as a result of the death (hospital admission physical, Emergency Room report, ambulance or police records, etc.). If, following a review of the submitted records, the MRB believes there exists a discrepancy or contradictory evidence, a more formal and extensive line of duty determination may be conducted. The review authority for all line of duty determinations will be the Surgeon General or his/her designee.

SBP benefits will commence shortly following approval of the line of duty determination by the reviewing authority. Any questions regarding calculations of annuity payments should be directed to DCP's Compensation Branch at phone number 301-594-2963 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—42963).

### Call For Nominations for Scientist PAC Membership

The Scientist Professional Advisory Committee (SciPAC) is seeking motivated commissioned corps and civil service scientists who are interested in serving as members on this committee. The SciPAC provides advice and consultation to the Office of the Surgeon General and to the Scientist Chief Professional Officer on professional and personnel issues. Members represent a cross section of the disciplines, interests, concerns, and responsibilities of scientific professionals in Agencies/Operating Divisions (OPDIVs)/Programs staffed by Public Health Service personnel.

Each year nominations are sought to fill vacancies. The SciPAC meets every other month with teleconference links, so travel is not required for membership. The term of appointment is 3 years and SciPAC members are expected to actively participate in at least one subcommittee during their term of service. More information about the SciPAC and membership responsibilities may be found in the *Scientist Handbook*, which is available on the category Web site—<http://usphs-scientist.org>.

Commissioned corps and civil service scientists who are interested in serving are encouraged to self-nominate. Interested individuals should submit a current curriculum vitae, a one-page cover letter describing their interest, and a memo or letter of endorsement from their immediate supervisor. This information is due by **June 3, 2002**, to the address below. Submissions sent by e-mail will also be accepted.

CDR A. Gonzalez Willis  
Chairperson, SciPAC  
5600 Fishers Lane, Room 8-103  
Rockville, MD 20857-0001  
Phone: 301-443-6897  
E-mail: [agonzalez-willis@hrsa.gov](mailto:agonzalez-willis@hrsa.gov)

#### ATTENTION ALL ACTIVE-DUTY OFFICERS!

#### Commissioned Officers' Effectiveness Report Changes Coming Soon!

Please note that changes in the Commissioned Officers' Effectiveness Report (COER) process are coming soon. Please monitor the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—as well as future articles in the monthly *Commissioned Corps Bulletin* for details.

Officers who have not yet logged into the 'Secure Area' of the DCP Web site and are in need of a Logon ID and Password are reminded to contact the DCP Help Desk at 301-594-0961 as soon as possible. All officers will need this information in order to retrieve their COERs this year.





## Keeping You Informed

Moving! What feelings does that word bring to mind?

For most of us, the thought of moving brings back some very negative thoughts and feelings. My name is LCDR Ron Keats, and as I settle into this new assignment as the Division of Commissioned Personnel's Per Diem/Travel Specialist, I thought it would be a good idea to start a column that keeps you informed of the most recent changes to the Joint Federal Travel Regulations (JFTR). *Note: The JFTR's Web site is—<http://www.dtic.mil/perdiem/jftr.html>.* Each month, I will inform you of any new changes that affect you as a commissioned corps officer. In the event something new and startling doesn't come along, then I can tell you what your entitlements are and the best way to make it through the system when you are moving. Hopefully, you will end up fully educated about what to expect and your 'entitlement' when you move (not necessarily what you 'want').

Scheduled to be printed in the May 2002 JFTR update, is a change that pertains to commissioned officers coming onto duty for the *first time*. Although it will be printed in May 2002, it is effective as of January 1, 2002.

Dislocation Allowance (DLA) by definition is a payment made to the officer and "partially reimburses a member for the relocation expenses of a Permanent Change of Station (PCS), or incident to

an evacuation." This payment is based on the officer's rank, whether the officer has dependents or not, and is a multiple of the officer's Basic Allowance for Housing (BAH).

OK. What does that mean?

Basically, this is money available to you that helps offset the costs of getting settled into your new home after you have made the move. (Perhaps it never seems to be enough, but this is what you are entitled to receive). This is in addition to any per diem and mileage reimbursement you may receive. Remember: you **must request** this allowance; it is not automatic.

DLA for commissioned corps officers is not a new entitlement. What has happened is that effective January 1, 2002, new officers with dependents can receive this allowance when they are initially 'called to duty.' There are a few criteria to follow, and they are outlined in the JFTR, but basically if you are called to duty for the first time and your dependents make the move to your new duty station, you are now entitled to a DLA. **NOTE:** All other changes pertaining to DLA do not affect Public Health Service officers and there is no change for officers without dependents at this time.

For comments or questions about travel, please e-mail—[rkeats@psc.gov](mailto:rkeats@psc.gov).



## "Disney's Armed Forces Salute" Extended to PHS Commissioned Corps Officers

Thanks to the intervention and persistence of the Commissioned Officers Association of the U.S. Public Health Service (PHS), the Walt Disney Company has agreed to include the PHS Commissioned Corps in its "Disney's Armed Forces Salute" promotion through the end of April 2002. The offer is open to all active-duty PHS commissioned officers and includes a free 7-day admission to any of the Disney theme parks in Florida and California, a 50 percent discount for up to five family members, and a limited number of discounted room rates at Disney resorts.

Officers making reservations or calling to purchase tickets should identify themselves as "Public Health Service Commissioned Corps officers" and be prepared to show their PHS identification cards when picking up tickets or entering the parks.

Additional information and details may be found on the Disney Web site—<http://disney.go.com/disneyhand/relief/salute.html>.



## Commissioned Officer Training Academy—Update

This information is an update from the Division of Commissioned Personnel's (DCP) Commissioned Officer Training Academy (COTA). **NOTE:** Please visit DCP's Web site—<http://dcp.psc.gov>—select 'Training', 'COTA', then choose from the options on the left.

### Basic Officer Training Course

Recently the 30<sup>th</sup> "Basic Officer Training Course" (BOTC) was successfully completed. There are two versions of the BOTC, the 3-day for the 'experienced officer,' and the 5-day for the 'newly commissioned officer.' The most common BOTC is the 3-day version. In 2002, 3-day courses have been conducted in Baton Rouge, LA, Rockville, MD, and Phoenix, AZ. There are currently advertised 3-day programs in five States, and more are expected to be added. Visit the DCP Web site for a listing of available programs. A total of 797 officers have completed a BOTC.

The 5-day version of the BOTC is a pilot program initiated by DCP and the Program Support Center at the beginning of this fiscal year. Participating officers are required to have joined the commissioned corps on extended active duty on or after January 1, 2001. Thirty-four percent of these officers have attended a BOTC. The 5-day course is designed to meet the needs of the 'newly commissioned officer.' Attendees have the opportunity to complete necessary administrative tasks within DCP, secure ID cards, take a trip to the Naval Exchange Uniform Shop in Bethesda, MD, and experience classroom style presentations. Attendees learn about the Commissioned Corps Readiness Force, Disaster Medical Assistance Team, Public Health Service (PHS) Honor Guard, Associate Recruiter Program, Commissioned Corps Ensemble, Chief Professional Officers, protocol drills, flag ceremonies, and they experience an outstanding closing ceremony.

### Independent Officer Training Course

The Web-based "Independent Officer Training Course" (IOTC) is working well.

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## Commissioned Officer Training Academy

(Continued from page 4)

There are currently 237 officers taking the examinations in Part II of the IOTC and 122 others have completed the exams and have been awarded the PHS Commissioned Corps Training Ribbon. At the completion of a BOTC, officers receive their password to the examinations. Officers who have completed a BOTC and do not have a password should follow the instructions found on the DCP Web site—<http://dcp.psc.gov>—select 'Training', 'COTA', select the IOTC option, go to IOTC Part II: Examination Series, section 'P'.



## BCOAG - New Members and Officers

The February monthly meeting of the Black Commissioned Officers Advisory Group (BCOAG) was special. In observance of Black History Month and the announcement of election results of new members and officers to BCOAG, a special installation ceremony was held. On February 13, 2002, RADM Roscoe Moore, Jr. officiated the oath of office. Those officers selected for membership were:

LCDR Dahna Batts-Osborne  
 CDR Jose Belardo  
 CDR Gail Cherry-Peppers  
 LT John David  
 LT Celia Gabrel  
 LT Laurie Hall  
 LT Nicholette Hemingway  
 LT Beth Henson  
 LCDR Lisa Hubbard  
 CDR Yvonne John  
 LCDR Estella Jones  
 LCDR Lenora Jones  
 LCDR Michelle Jordan  
 CDR Ludlow McKay  
 Dr. William Robinson  
 LCDR Keysha Ross  
 CDR Jo Ann Spearmon  
 CAPT Wendell E. Wainwright

Elected officers are: CAPT Wendell E. Wainwright, Chairperson; LCDR Lisa Hubbard, Vice Chairperson; and LT Laurie Hall, Secretary.



## Thrift Savings Plan—Upcoming Open Season, May 15 through July 31, 2002

The next Thrift Savings Plan (TSP) open season will start on May 15 and last through July 31, 2002. Officers who have not already taken advantage of this benefit may begin by using the TSP-U-1, "Thrift Savings Plan Election Form," on May 15. Officers currently in the program may make changes to any current contributions by filling out a TSP-U-1. Open season is the time to take a look at your current contributions and make decisions about any changes you would like to make.

TSP-U-1 forms are available on the TSP Web site—[www.tsp.gov](http://www.tsp.gov)—or linked from the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>. You may download form TSP-U-1, fill it out, and mail it to the following address:

Division of Commissioned Personnel  
 ATTN: Compensation Branch  
 5600 Fishers Lane, Room 4-50  
 Rockville, MD 20857-0001

TSP-U-1 forms received by July 12, 2002, will be processed in the July payroll. Any forms received between July 12 and July 31, 2002, will be processed in the August payroll.

Included at the end of this article is a list that explains the different types of pays and where they should be entered on the TSP-U-1. Officers should pay particular attention to this list when completing the form. During the first open season, a number of officers completed the form erroneously and were unhappy with the resulting payroll deduction.

Officers who are called to active duty (CAD) have 60 days from the date of CAD to get their completed TSP-U-1 to the Compensation Branch.

**Note: TSP-U-3, "Designation of Beneficiary" and TSP-U-50, "Investment Allocation," should be mailed to the TSP Service Office National Finance Center, P.O. Box 61500, New Orleans, LA 70161-1500.**

Please be advised that the Compensation Branch will start to receive forms for the TSP open season on May 15, 2002.

Therefore, do not mail your completed form in advance of a May 15 delivery to the Compensation Branch.

Officers who wish to confirm receipt of their TSP-U-1 by the Compensation Branch should mail it by certified mail (return receipt) or include a postage paid self-addressed post card or envelope which will be stamped with the date of receipt and returned to the officer.

The following is a list that explains the different types of pays and where they should be entered on the TSP-U-1 form:

### Item 8. Incentive Pay

- Hazardous Duty Incentive Pay
- Aviation Career Incentive Pay
- Leprosy Pay

### Item 9. Special Pay (Monthly)

- Variable Special Pay (Medical, Dental, and Pharmacy)
- Board Certified Pay (Medical, Dental, Veterinary, and Nonphysician)
- Monthly Special Pay for Veterinarians and Optometrists
- Hostile Fire and Imminent Danger Pay

### Item 10. Bonus Pay (Lump Sum)

- Retention Special Pay (Medical)
- Additional Special Pay (Dental)
- Multiyear Retention Bonus (Physicians and Dentists)
- Incentive Special Pay (Medical)
- Accession Bonus (Nurse, Dental, or Pharmacy)
- Engineering and Scientific Career Continuation Pay
- Nurse Special Pay (Nurse Anesthetists)
- Career Status Bonus (REDUX)



## Commissioned Corps Readiness Force

### Training

The Commissioned Corps Readiness Force's (CCRF) Web-based training modules, developed in cooperation with the National Disaster Medical System and the University of Maryland, Baltimore County, will be complete by the time this article is published. This 2-year effort provides an excellent educational resource to officers who are interested in emergency preparedness, disaster response, and bioterrorism.

As of January 1, 2003, all officers who wish to be considered for deployments must have completed all of these modules. Continuing education credits are provided for most categories by the University of Maryland for successful completion of the sessions.

The following represents the training calendar for CCRF officers this summer at the U.S. Public Health Service (PHS) Noble Training Center in Anniston, AL, and in the Parklawn Building in Rockville, MD. Travel and per diem costs will be assumed by CCRF/Noble. First and last days are travel days. Watch the CCRF Listserv for announcements regarding these courses.

JUNE 10-14  
EMERGENCY COORDINATOR AUGMENTEE  
NOBLE TRAINING CENTER

JULY 8-12  
EMERGENCY COORDINATOR AUGMENTEE  
NOBLE TRAINING CENTER

JULY 15-19  
NATIONAL PHARMACEUTICAL STOCKPILE  
NOBLE TRAINING CENTER

JULY 16-20  
LIAISON TRAINING  
PARKLAWN BUILDING

AUGUST 5-9  
NATIONAL PHARMACEUTICAL STOCKPILE  
NOBLE TRAINING CENTER

AUGUST 12-16  
LIAISON TRAINING  
PARKLAWN BUILDING

SEPTEMBER 9-13  
NATIONAL PHARMACEUTICAL STOCKPILE  
NOBLE TRAINING CENTER

The Emergency Coordinator Augmentee course is aimed at CCRF officers who are interested in supporting the PHS Regional Office Emergency Coordinators in a variety of assignments during a disaster. Be-

cause the CCRF is frequently requested to deploy officers to provide direct medical services, the target audience for this course is non-clinicians.

The National Pharmaceutical Stockpile course would provide training to CCRF officers who may deploy with the Stockpile to support the Centers for Disease Control and Prevention's Technical Advisory Unit and mass prophylaxis campaigns. This training was previously restricted to pharmacists, but the recent anthrax deployments illustrated the need for nurses, physicians, and physician assistants as well, so the training is also open to those categories.

Liaison Training is primarily aimed at CCRF officers in the Rockville, MD, area who would like to deploy to emergency operations centers at the Federal Emergency Management Agency, Federal Bureau of Investigation, Homeland Security, Office of Emergency Preparedness, and the Department of Health and Human Services (HHS) Command Center. Since September 11, well over 100 officers worked in assignments in these areas, and many have stated that more formalized training would be useful. Although this training is not restricted to Rockville/Washington-based officers, the CCRF has found that in many cases, no funding is available to staff these activities. Hence the CCRF is forced to utilize local officers rather than expand the opportunity to those in the field. Therefore, the percentage of field-based officers in the courses will be controlled. This training will focus on required skill sets for each agency, and will include visits to some of these work sites.

### *Commissioned Officers Association's 2002 Public Health Professional Conference*

The CCRF will be involved in several activities at the Commissioned Officers Association's (COA) Professional Conference in Atlanta, GA, April 21-24.

- Don't miss the CCRF exhibit booth. We think you will find it a celebration of the CCRF mission and the CCRF officers.
- CCRF will sponsor the Surgeon General's Run the evening of Monday, April 22. This activity will include both the 3 mile run and 3 mile walk

as is customary. However, for the first time, CCRF members will be able to take the Annual Physical Fitness Test (APFT) as a third option during the Surgeon General's Run. Competitors will complete all three segments of the APFT that evening. If you are interested, you should enroll immediately via COA's Web site—<http://www.coausphs.org>—so that adequate resources can be on hand to run the event.

- CCRF will sponsor two sessions of CPR (American Heart Association's Basic Life Support for Healthcare Providers Course), one on Sunday and one on Thursday, from 9 a.m. until 4 p.m. Preference will be given to CCRF members. Interested individuals should access and complete the registration form at—<http://oep.osophs.dhhs.gov/ccrf>—as soon as possible to reserve a space in one of the classes. You need only to complete 1 day of training to obtain your certification.

### *Current Needs*

CCRF officers continue to be utilized in the HHS Command Center in Washington, D.C. In fact, it appears that the responsibility to support the Command Center will continue for some time. If you are interested in deploying to this activity, please contact LT Charles Cathlin at [ccathlin@osophs.dhhs.gov](mailto:ccathlin@osophs.dhhs.gov).

### *Readiness*

There are a couple of items CCRF members should remember. We continue to be in a state of heightened preparedness. If you are a member of the current month's on-call roster or back-up roster, you should plan accordingly. Secondly, the deployment eligibility requirements for CCRF changed on January 1, 2002. Review those changes on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—and make sure you are eligible to participate should your presence be required for a rapid response.

As a reminder, new roster eligibility requirements effective January 1, 2002, are:

- Basic Life Support (AHA Healthcare provider course);

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**Commissioned Corps  
Readiness Force**

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- current license;
- completion of the training overview modules (see new requirements matrix on Web site);
- professional currency hours recorded on the Web site;
- have completed basic immunizations and have started the Hep A and Hep B series;
- have a successful physical fitness test recorded;
- record height and weight on the Web site;
- have a physical exam within 5 years on file with Medical Affairs Branch, Division of Commissioned Personnel; and
- have log-in (within 3 months) on the Web site.



**Retirements - March**

<i>Title / Name</i>	<i>OPDIV / Program</i>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
Albion F. Hargrave III	IHS
Judith A. Kitzes	IHS
<b>DENTAL</b>	
<i>CAPTAIN</i>	
John S. Betz	HRSA
Melvin D. Cooper	IHS
<b>NURSE</b>	
<i>CAPTAIN</i>	
Dorothy J. Meyer	IHS
Susan P. Hubbard	NIH
<i>COMMANDER</i>	
Latmer S. Bailey, Jr.	BOP
<b>ENGINEER</b>	
<i>CAPTAIN</i>	
Joseph C. Cocalis	CDC
<i>COMMANDER</i>	
Donald R. Reynolds	IHS
<b>THERAPY</b>	
<i>CAPTAIN</i>	
Michael P. Flyzik	OS
<i>COMMANDER</i>	
Albert Esparsen	IHS
<b>HEALTH SERVICES</b>	
<i>CAPTAIN</i>	
Robert W. Guytine	HRSA
Frank G. Cooper	IHS



**Recent Calls to Active Duty**

<i>Title / Name</i>	<i>OPDIV / Program</i>	<i>Title / Name</i>	<i>OPDIV / Program</i>
<b>MEDICAL</b>		<b>SCIENTIST</b>	
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT COMMANDER</i>	
David P. Goldman	USDA	Leslie A. MacDonald	CDC
Washington DC		Cincinnati OH	
<b>DENTAL</b>		<b>ENVIRONMENTAL HEALTH</b>	
<i>LIEUTENANT</i>		<i>LIEUTENANT</i>	
Scott W. Brown	IHS	Kirk J. Perryman	PSC
Fairbanks AK		Stone Mountain GA	
Uni Kim	IHS	<i>LIEUTENANT J.G.</i>	
Winslow AZ		Ismael Olvera IV	FDA
<b>NURSE</b>		Omaha NE	
<i>COMMANDER</i>		<b>PHARMACY</b>	
Rose Saltclah	IHS	<i>LIEUTENANT COMMANDER</i>	
Shiprock NM		Barbara J. Sanchez	FDA
<i>LIEUTENANT COMMANDER</i>		Rockville MD	
Maude W. Lyons	BOP	<i>LIEUTENANT</i>	
Butner NC		Roland E. Bassek	IHS
Deborah B. Healy	PSC	Anchorage AK	
Albuquerque NM		Kevin R. Denny	IHS
<i>LIEUTENANT</i>		Fort Hall ID	
Brian S. Griffin	BOP	<b>THERAPY</b>	
Fort Dix NJ		<i>LIEUTENANT J.G.</i>	
Sean T. Creighton	FDA	Jennifer C. Bebo	IHS
Boca Raton FL		Gallup NM	
Shannon S. Myers	IHS	<b>HEALTH SERVICES</b>	
Phoenix AZ		<i>LIEUTENANT COMMANDER</i>	
John C. Pearson	IHS	Ronald T. Nowalk	FDA
Dillingham AK		Falls Church VA	
Leigh A. Bernardino	NIH	David J. Morrissette	SAMHSA
Bethesda MD		Rockville MD	
Letitia B. Robinson	NIH	<i>LIEUTENANT</i>	
Bethesda MD		Janet L. Hawkins	HRSA
<i>LIEUTENANT J.G.</i>		Bethesda MD	
Jonee J. Mearns	HRSA	Scott J. Salvatore	BOP
Elizabeth NJ		Fort Dix NJ	
Mary A. Rowen	IHS	<i>LIEUTENANT J.G.</i>	
Dillingham AK		Tiffany N. Cannon	FDA
<b>ENGINEER</b>		Atlanta GA	
<i>LIEUTENANT COMMANDER</i>			
James A. Bellah	CDC		
Atlanta GA			
<i>LIEUTENANT</i>			
Bryan R. Beamer	CDC		
Cincinnati OH			
<i>LIEUTENANT J.G.</i>			
Nathan W. Epling	IHS		
Toppenish WA			





# Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

The deaths of the following active-duty and retired officers were recently reported to DCP:

<i>Title/Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<i>REAR ADMIRAL (Upper)</i>	
Peter L. Frommer	03/07/02
<i>REAR ADMIRAL (Lower)</i>	
Holman R. Wherritt	02/14/02
<b>CAPTAIN</b>	
Paul P. Carbone	02/22/02
James A. Finger	02/03/02
<b>NURSE</b>	
<b>CAPTAIN</b>	
Margaret E. Benson	02/19/02
<b>ENVIRONMENTAL HEALTH</b>	
<b>CAPTAIN</b>	
John W. Greenley	03/05/02
<i>LIEUTENANT COMMANDER</i>	
Roger A. Hardin, Jr.	02/22/02

## HEALTHY LIFESTYLES

### Get Active—Your Own Way, Every Day, for Life

**World Health Day 2002 – April 7**

Join with people around the world in celebrating *World Health Day 2002* on April 7, and “Move for Health!” The World Health Organization emphasizes the importance of fitness and practicing a healthy lifestyle to policy makers, the public health community, and the American public. Lack of physical activity costs lives and leads to more than 2 million deaths per year worldwide.

Take a walk, ride a bike, or take a swim with friends, family, colleagues, and neighbors on April 7 and throughout the year. To learn more visit—[www.who.int](http://www.who.int).

## Volunteers Needed for Uniform Shop

The Uniform Service Center of the DC Branch of the Commissioned Officers Association sells donated uniforms and uniform-related items at reasonable prices, and is looking for volunteers to staff the uniform shop every Wednesday from 12 noon to 1 p.m. Volunteering at the shop is a great way to meet officers and find bargains for yourself! The uniform shop is located in the Park Building, 12420 Parklawn Drive, Room 1-46, Rockville, Maryland.

To volunteer, please contact:

LCDR Lou Ann Rector

Phone: 301-594-3367 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43367)

E-mail: [lrector@psc.gov](mailto:lrector@psc.gov)

### DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Human Resources Service  
Division of Commissioned Personnel, Room 4-04  
Rockville MD 20857-0001

Official Business  
Penalty for Private Use \$300

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**DATED MATERIAL**