



**HEALTH SERVICES
PROFESSIONAL ADVISORY COMMITTEE (HSPAC)**
Multidisciplinary in Approach, Connected by Service, Advancing Public Health

HSPAC Recruitment and Retention Subcommittee



Recruitment &
Retention

Health Services Welcome Packet

2019 Version

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Welcome Letter from the Health Services Chief Professional Officer

Dear Newly Commissioned Officer:

Welcome to the United State Public Health Service, Health Services Category! I congratulate you on being called to active duty. Your decision to become an officer in the United States Public Health Service (USPHS) speaks to your commitment to public health and the mission of the Commissioned Corps.

To assist you as you become acclimated to the Commissioned Corps we have provided you with the Health Services Officer (HSO) Welcome Packet. The Packet is a comprehensive and valuable resource document that contains pertinent contact numbers and web links to useful information you may need during your transition. Highlights of the content include information regarding compensation and medical benefits as well as deployment information. In addition, hyperlinks are embedded in the text make it easy to locate information on a variety of topics including the Uniform Regulations, Military Protocol & Courtesies, Direct Access, and the PHS associations.

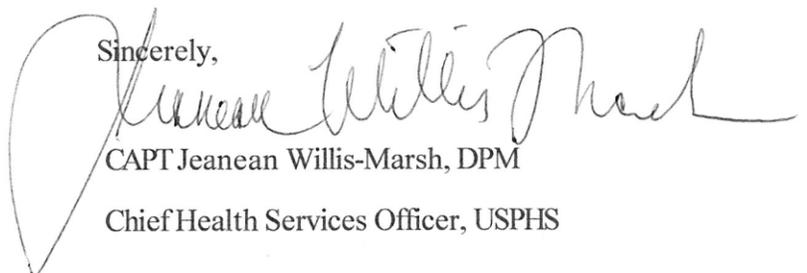
Created by the Recruitment and Retention Subcommittee, the Packet is posted on the HS-PAC website: <https://dcp.psc.gov/osg/hso/>, for easy access by you or anyone that you know that may be interested in the USPHS and/or Health Services Category.

Our goal is to provide you with a snapshot of the many facets of officership in Corps and encourage you to advance the mission and values of the Corps by becoming involved in at least one of the many committees and activities in our Professional Advisory Committee.

I highly recommend that you read the Welcome Packet in its entirety as I am sure that you will find it to be an essential resource to help you through your transition period and a guide throughout your career.

I wish you much success and congratulate you again as an esteemed member of the Health Services Category.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeanne Willis-Marsh". The signature is written in a cursive style and is positioned above the printed name and title.

CAPT Jeanne Willis-Marsh, DPM

Chief Health Services Officer, USPHS

Chapter 1: Health Services Officers of the U.S. Public Health Service

The mission of the U.S. Public Health Service Commissioned Corps is to protect, promote, and advance the health and safety of our Nation. As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through:

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science

Led by the Assistant Secretary for Health (<https://www.hhs.gov/ash/about-ash/leadership/index.html>) and the Surgeon General (<http://www.surgeongeneral.gov/index.html>), the United States Public Health Service (USPHS) Commissioned Corps (<https://usphs.gov/>) provides highly-trained and mobile health professionals who carry out programs that promote the health of the Nation. Commissioned Corps officers understand and prevent disease and injury, ensure safe and effective drugs and medical devices, deliver health services to federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies (Hickman, 2003).

In support of this mission, [Health Services officers](#) (HSOs) provide expertise in over 50 different disciplines. Because of their diverse backgrounds, HSOs are regarded as flexible and able to contribute to missions in ways that transcend their commissioning degrees. Therefore, it is important for HSOs to pursue additional training and experiences beyond what is required by their current billet. HSOs are an important component of the USPHS Commissioned Corps and make up approximately 15 percent of all USPHS officers. They serve in all agencies of the U.S. Department of Health & Human Services, including:

- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Secretary (OS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Many HSOs also serve in other federal and non-federal agencies such as:

- Department of Defense (DoD)
- Department of Homeland Security (DHS)
 - Immigration and Control and Enforcement (ICE)/Health Service Corps (IHSC)

- U.S. Coast Guard
- Department of Justice (DoJ)
 - Bureau of Prisons (BOP)
 - U.S. Marshals Service
- Department of States (DoS)
- Environmental Protection Agency (EPA)
- National Oceanic and Atmospheric Administration (NOAA)
- United States Agency for International Development (USAID)
- United States Department of Agriculture (USDA)
- World Health Organization (WHO) (non-federal)

HSOs hold qualifying degrees from accredited clinical, scientific, technical, applied public health and administrative programs. Professionals in the Health Services Category provide a wide variety of professional skills and training to accomplish the mission of the USPHS. Represented disciplines include, but are not limited to:

- Biological, physical and environmental sciences
- Clinical psychology
- Computer science/information technology
- Dental hygiene
- Epidemiology
- Food Safety
- Health education
- Medical (health) records administration
- Health services administration
- Medical technology
- Optometry
- Podiatry
- Physician assistant
- Social work

Health Services Professional Advisory Committee

The Health Services Professional Advisory Committee ([HSPAC](#)) is comprised entirely of HSOs and operates based upon a [charter](#) and [bylaws](#). The HSPAC provides advice and consultation to the Surgeon General and the Chief Health Services Officer on issues related to the professional practice and personnel activities of the Health Services Category of the Commissioned Corps. HSPAC members are chosen from various agencies and organizations in which HSOs serve and represent a cross-section of the concerns, interests, and responsibilities of all HSOs.

HSPAC Subcommittees

The HSPAC has the following Subcommittees, which are chaired by HSPAC Voting Members (<https://dcp.psc.gov/osg/hso/subcommittees.aspx>):

- Analytics
- Awards
- Career Development
- Communications
- Community Wellness
- Events
- Membership
- Mentoring
- Policy
- Readiness
- Recruitment and Retention

These subcommittees address a variety of topics such as special pay and allowances, appointment standards, career development, and the Commissioned Corps mentoring program.

The HSPAC welcomes volunteers! While the Subcommittees are chaired by HSPAC Voting Members, all HSOs are encouraged to participate, and HSOs may volunteer to assist on any Subcommittee. Interested HSOs should consult the HSPAC homepage to learn more about the HSPAC, and the [Active Participant Database](#) to view currently open positions under HSPAC Subcommittees and reach out to the point of contact for the interested position.

Professional Advisory Groups

In addition, the HSPAC has ten different Professional Advisory Groups (PAGs) (<https://dcp.psc.gov/osg/hso/pags.aspx>). Professional Advisory Groups are focused on discipline-specific professional issues and advise the HSPAC and the Chief Professional Officer of the Health Service Category. The PAG functions in a resource and advisory capacity to assist in the development, coordination, training, and evaluation of activities related to the specific discipline. Just as with the HSPAC, HSOs are encouraged to volunteer to participate in their respective PAGs.

At this writing, Professional Advisory Groups (PAGs) have been established for the following disciplines:

- Basic and Applied Science
- Dental Hygiene
- Healthcare Administration
- Health Information Technology
- Medical Laboratory Science
- Optometry
- Physician Assistant
- Public Health
- Psychology
- Social Worker

Career Progression Resource Teams

HSPAC has developed a comprehensive Career Progression and Promotion Guidance ([CP2G](#)) Toolkit for HS officers. The HSPAC CP2G Toolkit includes instructional documents to assist with career progression. The Toolkit is also made up of various guidance and required documents necessary for promotion.

Resources for HSOs

HSPAC has developed a Resource page that serves as a one-stop shop where officers can access all relevant HSPAC and HS Category resources. The resource page can be found at: <https://dcp.psc.gov/OSG/hso/resources-4-hso.aspx>. It lists resources that are critical to career progression as an Officer in the Health Services Category as well as HSPAC Awards, Readiness requirements and other relevant resources.

Policy Reference Guide

The Reference Guide for USPHS Commissioned Corps policies is intended for use by Health Services officers who want to learn more about USPHS policy topics. It collects all current official policies from the USPHS Commissioned Corps Issuance System (CCIS) into one document in a format that is searchable, easy to read, and user friendly. The guide can be found at:

<https://dcp.psc.gov/OSG/hso/documents/HSPAC-Policy-Reference-Guide,-v1.0.pdf>

New Call to Active Duty Orientation

The HSPAC Recruitment and Retention Subcommittee (R&R) has a new Call to Active Duty Orientation Webinar for all new health services officers. It is designed and geared specifically for officers that have just recently completed the Officer Basic Course. The webinar is held on a quarterly basis and provides an opportunity for new officers to become more familiar with the HSPAC.

The webinar affords an intimate setting for new HSOs to speak directly with HSPAC leadership and be introduced to programs available to them in the PAC. The new officers are able to hear from and speak with other HSPAC Subcommittee Chairs regarding the HSPAC history, PAC and PAG structure and differences between the two, mentorship programs, how to be in the know through PAC communications, basic readiness standards and requirements, and awards offered for recognition.

The Chief Health Services Officer

The Chief Health Services Officer, officially known as the Chief Professional Officer (CPO), is appointed by the Surgeon General to represent all officers within the Health Services Category. Because the Health Services Category is professionally diverse, the CPO has the challenge of representing numerous disciplines within this one category. As part of the duties of the position, the CPO provides administrative assistance to heads of PHS and non-PHS agencies/programs that routinely utilize PHS personnel. Under the direction of the Surgeon General, the CPO serves as a spokesperson to national and international professional associations related to the Health Services Category discipline. The position requires that the CPO take an active role in the professional growth of the members of the Category, as well as acting as an ex-officio member of the HSPAC.

In cooperation with the HSPAC and other HSOs, the CPO performs many activities including:

- Assess the needs of HSOs and assisting in meeting those needs through development of proactive initiatives
- Address staffing issues concerning all HSOs
- Advise the Surgeon General on matters of professional practice and activities that relate to HSOs
- Serve as HS liaison to other professional categories within the PHS.

The following officers have served as CPO for the Health Services Category:

| Name | Date |
|-----------------------------|---------------|
| CAPT Jeanean Willis-Marsh | 2016- Present |
| RADM Epi Elizondo | 2010 – 2016 |
| RADM Michael Milner | 2006 – 2010 |
| CAPT Nina Dozoretz (Acting) | 2002 – 2006 |
| CAPT Linda Morris Brown | 2001 – 2002 |
| CAPT Vivian Chen | 1999 – 2001 |
| CAPT Robert G. Falter | 1995 – 1999 |
| CAPT Evan R. Arrindell | 1991 – 1995 |
| CAPT Joseph Garcia, Jr. | 1990 - 1991 |
| CAPT Carl G. Leukefeld | 1984 - 1990 |
| CAPT Kenneth D. Howard | 1979 - 1984 |
| RADM Karst J. Besteman | 1978 - 1979 |

Chapter 2: History of the Health Services Category

The origins of the United States Public Health Service can be traced back to the “Act for the Relief of Sick and Disabled Seamen”, signed by President John Adams on July 16, 1798, which established hospitals to provide for “the temporary relief and maintenance of sick or disabled Seamen” (Kondratas, 1995). In 1870, a bill was passed to restructure the Marine Hospital Service, with its headquarters in Washington, D.C. under the position of a supervising surgeon, John Maynard Woodworth (Fulda & Wertheimer, 2007). The Commissioned Corps of the Marine Hospital Service, comprised of medical officers appointed by the president with the advice and consent of the Senate, was established by this Act signed by President Grover Cleveland on January 4, 1889. The name of the service was changed to the Public Health and Marine Hospital Service in 1902 (Fulda & Wertheimer, 2007). In 1912, Congress passed a law that changed the name of the Service to the Public Health Service (PHS) and extended its authority to investigate human diseases (e.g. tuberculosis, hookworm, malaria, leprosy) and health issues related to sanitation, water supplies, and sewage disposal (Fulda & Wertheimer, 2007).

The Health Services Category was established in 1959 to meet the staffing requirements of a changing PHS. At the time, officers who were trained in a single discipline staffed the categories (e.g., physicians staffed the Medical Category; nurses staffed the Nurse Category). Health professionals whose qualifications distinguished them from the existing PHS categories were also needed. The skills and expertise contributed to the Corps by HSOs were sought and used by PHS doctors and nurses who conducted studies, surveys, and health education efforts in the 19th and early 20th centuries, long before the Health Services Category was established. There is a record of a PHS statistician who participated in studies of the 1918 influenza epidemic and whom the Surgeon General placed in charge of a new Statistical Office in 1921. A bacteriologist was also listed as an employee in 1918. The Division of Venereal Diseases in 1918 included “10 assistant directors of educational work.” No information is available on their formal health education training and they were not commissioned. Trained health educators worked in the venereal disease programs in the 1930's. Biologists, bacteriologists, and parasitologists were employed in malaria control efforts during World War II in the PHS Hygienic Laboratory, which evolved into the National Institutes of Health (NIH) in 1930.

A precedent for a general health services category in the PHS was the Armed Forces Medical Service Corps (MSC). The MSC had worked very well for similar health-related specialties in the Army, Navy, and Air Force. The “health services” designation was selected by the PHS as a means to more adequately reflect and encompass the broader PHS functions of public health (i.e., program development, consultation, regulation, research, clinical care, and administration) as compared to the Armed Forces, where the Medical Service Corps was limited primarily to direct health services and administration.

It was not until 1921 that the PHS employed its first social worker, whose role in the appointed as consultants in tuberculosis and chronic disease programs. In all likelihood, these employees were civil service or contract employees; no record exists that they were commissioned officers. They did, however, establish the need for expertise of social workers in the PHS.

In the early 1940s, **sanitarians** (now recognized as **environmental health officers**) represented one of the last groups to be placed in a single professional category. The Sanitarian Category (now a distinct Category in the Corps known as the Environmental Health Officer Category) served as the original "catch-all" group to accommodate non-sanitarians who would later be designated as HSOs. Social workers, health educators, statisticians, medical record administrators, non-doctoral level scientists, and others in the physical and social sciences were originally commissioned as Sanitarians.

Because there was little support for continuing to designate a new category for every specialty, the Health Services Category was established in 1959 as a category that could encompass diverse health services specialties needed to carry out the mission of the PHS. Professionals in these disciplines range from chemists, biologists, health physicists, and environmental specialists to those with a background in mathematics, statistics, and epidemiology. Their importance has continued to grow tremendously as the health field expands in scope and complexity. They have served in many capacities in all agencies where collection or evaluation of physical or environmental measurements is required. For example, air quality and trend analysis are performed at the Environmental Protection Agency (EPA) laboratory in Research Triangle Park, North Carolina.

The functions and responsibilities of the PHS expanded rapidly during the 1940s. Beginning in 1944, with the passage of the Public Health Service Act, a series of laws were passed that affected the Nation's medical research and training efforts significantly. The legislation included the National Mental Health Act (1946) and the National Heart Act (1948). The name of the National Institute of Health, established in 1930, was changed to the National Institutes of Health (NIH) to accommodate both the newly established National Heart Institute and the National Cancer Institute established in 1937. The expanded roles of the PHS required new staff with diverse training and expertise that could rapidly be deployed to meet the Nation's most urgent health needs - a role that remains well-suited to the Commissioned Corps.

The first two **social workers** were commissioned in 1950 and assumed key leadership positions in the NIH. One was a former Army officer who had distinguished himself by starting the social work program in the Army. He implemented the National Institute of Mental Health's grant training program within or in schools of social work. The other, a former Air Force officer, was appointed to plan and lead the Social Service Department of the NIH Clinical Center that opened in 1953. These appointments established a precedent for the appointment of social workers and health services individuals from other professional and specialty groups.

The role of **health educators** expanded in the 1950s with the first health educator commissioned in 1953. Additional health educators were commissioned in 1955 when the Indian Health Service (IHS) was transferred from the Department of the Interior to the PHS.

Health education was an integral part of American Indian and Alaskan Native community health programs, which also included public health nurses and sanitary engineers. This program contributed to the dramatic reduction in acute and infectious diseases among American Indian and Alaskan Native populations.

Medical Record Administrators gained their start in the PHS in 1947 with the founding of the Health Record Administration Program of the PHS. At that time, there was concern for the quality of medical record systems in the Marine Hospitals. By 1950, the first students were enrolled in the School for Medical Record Librarianship at the Baltimore PHS hospital. In 1966, commissions were first offered to students in the program who went on to serve in the PHS hospitals and in other assignments. Graduates of the program received a certificate of completion and were qualified to take a national examination offered by what is now the American Health Information Management Association in order to become registered record administrators. The School later affiliated with college programs that granted a bachelor's degree in Medical Record Administration. Thus, the PHS played an integral part in the development of this specialty; 326 students graduated from the program at the Baltimore PHS Hospital prior to its closing in 1982. Approximately 100 of these graduates are, or have been, commissioned officers.

The FDA employs HSOs in numerous activities, including application review, medical device testing, medical drug kit testing, and food and cosmetic microbiology. HSOs at NIH in Bethesda, MD, and the CDC in Atlanta, GA, and Hyattsville, MD, conduct epidemiological studies and monitor survey findings to estimate the prevalence of, and the risk factors for, infectious and chronic diseases such as HIV/AIDS and hepatitis. HSOs at CDC also conduct several population-based surveys, including the National Health and Nutrition Examination Survey (NHANES) and the National Health Interview Survey (NHIS).

New disciplines continue to be added to the Health Services Category to meet the changing requirement of the PHS. In 1966, the first optometrist was commissioned by the PHS to serve in the IHS. The role of **optometrists** has expanded and now includes providing diagnostic and therapeutic primary eye care services. Optometrists are stationed throughout the IHS, BOP, and USCG. Optometrists are also assigned to administration and research positions within FDA.

Podiatry was added as a Corps specialty in 1978 with the commissioning of a National Health Service Corps (NHSC) podiatrist. Concurrently, the first podiatric medical students were awarded scholarships in 1978, and the first Doctors of Podiatric Medicine began serving their obligated time in 1981. In all, more than 100 students were trained before the program ended. Most of the podiatrists were assigned to NHSC sites or entered private practice in designated manpower shortage areas. A small number of placements were made with IHS clinics. The placements included nonsurgical as well as outpatient general practice assignments.

The latest additions to the Health Services Category include **computer scientists** and **physician assistants** in 1989, and **medical technologists** and **dental hygienists** in 1991. In 2001, the computer science discipline was expanded to include information technology curricula. The commissioning of new specialties is one way that the PHS keeps pace with changing health care staffing requirements.

Qualifications for appointment in the [Health Services Category](#) are designed to ensure a high standard of competence and performance from all of the disciplines and specialties that are included. When the HS Category was first formed, qualifications consisted of baccalaureate-level training in a health-related field. In

1967, during the Vietnam era, concerns regarding PHS competition for draft-eligible manpower prompted a review of this policy. The Assistant Secretary for Health and Scientific Affairs raised the qualifications for appointment to a master's degree for most specialties, and restricted the number of professional disciplines qualifying for appointment in the Health Services Category.

This policy persisted during the early 1980's and limited commissioning into the Health Services Category to those individuals with a master's degree, a doctorate in optometry or podiatry, or certified as medical records administrators with a baccalaureate degree. Modifications have been made in recent years such that information technologists, dental hygienists, medical technologists, and physician assistants with specific training and class standing may be commissioned with a baccalaureate degree, the benchmark degree of these professions. However, for most other disciplines, the qualifying degree is the master's degree or higher. The Health Services Category continues to grow and change to fulfill new health leadership roles. Many new health disciplines have emerged since the category was formed in 1959. Today, HSOs perform a variety of functions including direct clinical practice, program development, health planning and administration, and research. The HS Category has grown from a small nucleus of a few officers to its present level of over 1,200. The HS Category motto, "Multidisciplinary in Approach, Connected by Service, Advancing Public Health" attests to the wide range of skills and experience possessed by this multi-disciplinary team of officers, and their pride and commitment to serving in the Commissioned Corps.

Chapter 3: References

USPHS Headquarters' Contact Information

- Compensation Team: compensationbranch@psc.hhs.gov
- Medical Affairs Team: MACCHQ@hhs.gov
- Commissioned Corps Help Desk: CCHelpdesk@hhs.gov

For a complete listing of all phone numbers, visit the interactive organization chart under the Commissioned Corps Headquarters tab. On the homepage, click on the link "About CCHQ." https://dcp.psc.gov/ccmis/cchq/cchq_about.aspx

Uniformed Services Identification (ID) Cards

ID cards may be obtained at most military installations. You'll need to wait until you are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and have a copy of your orders to apply for an ID card. Go to <https://rapids-appointments.dmdc.osd.mil/> to schedule an appointment or check for availability.

Don't forget to register your dependents in the DEERS system. This will aid in a smooth transition for the provision of your dependent's health care needs. Dependents are also required to be registered in DEERS to obtain a dependent ID card and to gain access to military bases. For questions regarding ID cards, contact the Office of Commissioned Corps Operations at 1-877-INFO-DCP or visit the Division of Commissioned Corps Officer Support webpage at https://dcp.psc.gov/ccmis/DCCPR_officer_support_m.aspx.

You will need to complete DD- Form 1172, Application for Uniformed Services Identification Card DEERS Enrollment, which may be downloaded at, https://dcp.psc.gov/ccmis/PDF_docs/DEERS_cover_memo.pdf.

Uniforms

If you are new to the uniformed services, the rules and regulations of uniform wear can be daunting. However, there is guidance for uniforms and proper wear in the Commissioned Corps Management Information System:

Uniforms for Male Officers:

https://dcp.psc.gov/ccmis/ccis/documents/cc421_01.pdf

Uniforms for Female Officers:

https://dcp.psc.gov/ccmis/ccis/documents/CC421_02.pdf

Insignia and Devices:

http://dcp.psc.gov/eccis/documents/CC431_01.pdf

Uniform guidance is determined by your local uniform authority (LUA). To find out what uniforms are authorized for different times of the year, contact your agency liaison. Agency liaison contact information is found at <https://dcp.psc.gov/ccmis/> be downloaded at http://dcp.psc.gov/CCMIS/PDF_docs/sgpac.pdf.

Uniforms can be purchased via several routes: at your local installation's military clothing store, by calling, or ordering online at the following:

- Navy Exchange at 800-368-4088: <https://www.mynavyexchange.com/>
- Lighthouse at 800-426-5225: <http://www.lighthouseuniform.com>
- Marlow White at 800-255-6136: <http://www.marlowwhite.com/public-health-service-uniforms.html>

You can purchase uniform and replacement award devices, and other officer accessories online through the Navy and Marine Corps Uniform Support Center at: <https://uniforms.nexweb.org/>

You must order your own name tags. You should purchase one that is "all purpose." You can purchase name tags from most military installation bases and/or order tags and other PHS devices and accessories online at [the Navy and Marine Corps Uniform Support Center](#).

You are authorized a one-time uniform allowance of \$250. For more information, please contact the Compensation Branch at 240-276-8799. You'll need to fill out and mail in the uniform allowance memorandum, which can be downloaded at:

https://dcp.psc.gov/ccmis/forms/FORMS_Uniform_m.aspx

It is advised that you seek out a knowledgeable officer to accompany you to your local installation for the first time to purchase uniforms. This has proven to be helpful for many new officers.

Household Goods Shipments

For information concerning the shipment of household goods, please contact your agency liaison. You can download the application form PHS-40131-1 at:

https://dcp.psc.gov/ccmis/forms/FORMS_Shipment_m.aspx

Ask your agency liaison if any additional documents need to be completed. Be sure to check with your duty organization to determine how relocation expenses will be paid, an entitlement in accordance with Joint Federal Travel Regulations.

Compensation

There are various types of pay: Basic pay, Basic Allowance for Housing (BAH), Basic Allowance for Subsistence (BAS), and special pay. Contact the Compensation Team at compensationbranch@psc.hhs.gov if you have any questions or concerns about your earnings statement. For a list of pay scales, visit:

<https://www.dfas.mil/militarymembers/payentitlements/Pay-Tables/PayTableArchives.html>

It is very important to note members in receipt of Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) at the "with dependent" rate must recertify their dependents annually, in accordance with:

eCommissioned Corps Issuance System (eCCIS), INST 612.01: Quarters and Subsistence Allowance (Old CCPM: CC22.4.1).

<https://dcp.psc.gov/ccmis/ccis/CCISToc.aspx?ShowTOC=Y>

Failure to recertify dependents is a basis for administrative discontinuance of the BAH entitlement at the "with dependent" rate.

Chapter 4: Military Benefits

Military Benefits

There are numerous military benefits available to USPHS Commissioned Corps officers. For more information, go to: <https://militarypay.defense.gov/> or <https://dcp.psc.gov/ccmis/HPSP/HPSP.aspx>

Medical

The Military Health System is the primary source of health care for active-duty USPHS officers. The TRICARE system has various options for active-duty family members, retirees, and their eligible family members. Information can be found at:

<https://www.tricare.mil/>

Medical care is one of the most important benefits that USPHS officers and their dependents will utilize during their careers. If you are stationed close to a Military Treatment Facility (MTF), you are required to use that facility. In addition, officers are required to present their ID card for services when visiting an MTF. The Medical Affairs Team may authorize payment for civilian medical services if an officer is not near an MTF or it doesn't provide the services needed. You may contact the Medical Affairs Team MACCHQ@hhs.gov directly for further information.

The US Family Health plan is a managed care plan developed by the Department of Defense. It is available to USPHS officers, family members, retirees, and survivors in the Maryland, Washington, D.C., Pennsylvania, Delaware, Virginia and West Virginia areas. More information can be found at:

<https://www.hopkinsmedicine.org/usfhp/index.html>

Insurance

Service members' Group Life Insurance (SGLI) is term life insurance available to active duty officers and their spouses. Contact the Compensation Branch at compensationbranch@psc.hhs.gov to sign up for SGLI. Note: Officers are automatically enrolled in the maximum SGLI benefit, unless lowered or declined by the officer, using the SGLI form. For more information, please visit:

<https://www.benefits.va.gov/insurance/sgli.asp>

Navy Mutual Aid offers a competitive life insurance alternative to the default automatic SGLI and officers can keep their coverage after they resign or retire their commission. For more information, please visit:

<https://www.navy mutual.org>

Retirement, Savings, and Investment Planning

Retirement Seminars – Should you desire to plan early and learn of the benefits associated with USPHS Commissioned Corps retirement, a web-based USPHS Commissioned Corps Retirement Seminar is available and instructions on how to access the retirement seminar can be found on CCMIS website at the "Separations section under the Assignment" tab.

All officers should participate in a retirement seminar between their 14th and 18th years of active service. Any questions or comments regarding the retirement seminar

should be sent to PHSCCSeparations@hhs.gov

Thrift Savings Plan - If you want to invest your money for future retirement; you may participate with the Thrift Savings Plan (TSP). The TSP is a tax-deferred savings plan, meaning it is taken from your salary before it is taxed (which lowers your taxable income), therefore you don't pay taxes until you withdraw the money. For more information, please visit: <https://www.tsp.gov>.

Blended Retirement System (BRS) - In Fiscal Year 2016 National Defense Authorization Act (NDAA) instituted a modernized retirement system for members of the uniformed services. Commonly referred to as the Blended Retirement System (BRS), the BRS became effective on January 1, 2018. BRS consists of four components that distinctively combine to deliver a new blended annuity package. For more information visit:

[https://dcp.psc.gov/ccmis/bulletin/Blended Retirement System.aspx](https://dcp.psc.gov/ccmis/bulletin/Blended_Retirement_System.aspx)

USAA - USAA is a financial institution created specifically to serve uniformed service members and their families. They have competitive rates for car, homeowner's and renter's insurance, and mortgage loans. Visit their Website at <https://www.usaa.com> for information on USAA services. These include: banking (investing, checking, savings); insurance; and mortgage services.

Educational benefits

The Post-9/11 GI Bill and the Montgomery Bill are education programs sponsored by the Department of Veterans Affairs and are available to USPHS Commissioned Corps officers.

- **The Post-9/11 GI Bill** (<https://www.va.gov/education/about-gi-bill-benefits/post-9-11/>) – This program offers education and housing support to officers that qualify. More detailed information about the time in service requirements and rates offered through the Post-9/11 GI Bill can be found at: <http://www.benefits.va.gov/GIBILL/702.asp>. The Post-9/11 GI Bill entitlement can also be transferred to dependents and spouses. The requirement for this transfer is an agreement to serve four additional years of service. For more information, please visit: http://gibill.va.gov/benefits/post_911_gibill/transfer_of_benefits.html.
- Eligibility Deadline Extended to Transfer Post-9/11 GI Bill (https://dcp.psc.gov/ccmis/bulletin/extended_deadline.aspx)
- The Department of Defense extended the implementation deadline of a mandatory change to the transferability of the Post-9/11 GI Bill. The original July 12, 2019 date has been moved to Sunday, **January 12, 2020**.
- Officers with over 16 years of creditable active duty uniformed service will no longer be able to transfer education benefits. If you currently have 15 or more years of service and would like to transfer your education benefits to an eligible family member, please submit a request by **January 11, 2020**.

Important Information Regarding Transferability:

- You must have 6 years of creditable active duty service to apply
- There is a four-year service obligation from the date of your application
- Effective July 12, 2018, all service members must be able to complete the obligation
- You may only transfer education benefits to eligible family members

-Any family member not eligible for the Defense Enrollment Eligibility Reporting System (DEERS), is not eligible for transfer

-Eligibility does not guarantee approval

-This change does not affect already approved request.

(Commissioned Corps of the U.S. Public Health Service, 2019)

- **The Montgomery Bill** (<https://www.va.gov/education/about-gi-bill-benefits/montgomery-active-duty/>). Upon commissioning, officers may elect to have \$100 a month withdrawn from your paycheck for one year (\$1200 total) to qualify for the Montgomery Bill also provides educational support to eligible officers once they have met a minimum service requirement (2 years). The Montgomery Bill consists of The Montgomery GI Bill-Active Duty (Chapter 30) and the Montgomery GI Bill- Selected Reserve (Chapter 1606). More information on both segments of the bill can be found at: <https://www.va.gov/education/about-gi-bill-benefits/montgomery-active-duty/>.

Chapter 5: Readiness and Training Opportunities

The **Readiness and Deployment Branch (RDB)** functions to improve the Department of Health and Human Services' ability to respond to public health emergencies. In order to be deployable and promoted, you must meet readiness standards within the first year of your call to active duty (CAD). Basic readiness standards normally take up to 6 months to complete. Please visit the RedDOG website at

https://dcp.psc.gov/ccmis/ReDDOG/REDDOG_essentials_m.aspx for information on required trainings, physical fitness requirements, immunizations, clinical service hours, and deployment roles. Also, be advised that RedDOG conducts monthly assessments of officers' readiness status.

Basic Readiness – All PHS officers are required to meet and maintain readiness standards. These standards include immunizations, physical fitness standards, and emergency response training. The Basic Readiness Requirements can be found in the following documents:

Basic Level of Force Readiness Standards for the Commissioned Corps of the US Public Health Service,

http://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf

Commissioned Corps Instruction (CCI 241.01) Readiness and Duty Requirements and Standards for the Commissioned Corps of the US Public Health Service.

https://dcp.psc.gov/ccmis/ccis/documents/CCI_241.01.pdf

It is critical that you meet and maintain Basic Readiness requirements to continue to be eligible to retain your commission, be promoted, and participate in deployment opportunities. It is recommended that you begin working to meet these requirements as soon as possible. Many officers support each other in achieving the physical fitness requirements by testing in pairs or groups, so we encourage you to seek fellow officers to support your efforts.

Note: New officers have one year upon their CAD to complete Basic Readiness standards; however, if you are up for promotion you'll need to become Basic Readiness qualified within an established deadline to be eligible. For more information, please review the Readiness Essentials section at:

https://dcp.psc.gov/ccmis/ReDDOG/REDDOG_essentials_m.aspx. If you have additional questions, please feel free to contact your agency liaison to obtain specific information on promotion requirements and deadlines.

Readiness and Deployment Operations Group (RedDOG) Response Teams – There are three tiered response teams to “organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams.”

Tier One - Individuals assigned to Tier One are expected to report to a point of departure within 12 hours of notification. Tier One consists of four different types of teams:

- Rapid Deployment Force (RDF) Teams:
 - http://dcp.psc.gov/ccmis/RedDOG/FactSheets/RDF_Fact_Sheet_FINAL.pdf
- National Incident Support Teams (NIST):
 - http://dcp.psc.gov/ccmis/RedDOG/FactSheets/NIST_Fact_Sheet_FINAL.pdf
- Regional Incident Support Teams (RIST):
 - https://dcp.psc.gov/ccmis/RedDOG/FactSheets/RIST_Fact_Sheet_FINAL.pdf

- Capital Area Provider (CAP) Teams:
- http://dcp.psc.gov/ccmis/RedDOG/FactSheets/CAP_Fact_Sheet_FINAL.pdf

Tier Two - The memberships of these teams are geographically dispersed. Individuals assigned to Tier Two are expected to report to a point of departure within 36 hours of notification. Tier Two is comprised of five:

- Applied Public Health Teams (APHTs):
- https://dcp.psc.gov/ccmis/RedDOG/FactSheets/APHT_Fact_Sheet_FINAL.pdf
- Mental Health Teams (MHTs):
- https://dcp.psc.gov/ccmis/RedDOG/FactSheets/MHT_Fact_Sheet_FINAL.pdf
- Services Access Teams (SAT):
- https://dcp.psc.gov/ccmis/RedDOG/FactSheets/SAT_Fact_Sheet_FINAL.pdf

Tier Three - Those not placed on Tier One or Tier Two response teams are placed in Tier Three status, which includes every other active duty officer in the Commissioned Corps. Individuals assigned to Tier Three are expected to report to a point of departure within 72 hours of notification. Tier Three personnel can expect to be deployed on a regular basis, either to augment Tier 1 or Tier 2 teams, or to provide specific requested skills when required.

All active duty officers in the Corps are placed in one of these three response tiers. All officers are assigned to a rotating schedule of months such that one fifth of the Corps will be on call every fifth month. For more information on these teams, please visit the RedDOG Website at:

https://dcp.psc.gov/ccmis/RedDOG/REDDOG_current_teams_m.aspx.

- Field Medical Readiness Badge – Officers who have met the criteria beyond basic force readiness standards and have met deployment requirements are awarded the Field Medical Readiness Badge (FMRB). For more information on eligibility criteria, please visit https://dcp.psc.gov/ccmis/RedDOG/REDDOG_fmr Modules_m.aspx and select the links for Field Medical Readiness Badge Criteria and Field Medical Readiness Badge Training Requirements.
- **Officer Secure Area (OSA)** – Officers are required to manage their contact information (e.g., home and mailing addresses, phone numbers, and email addresses) in the OSA dashboard. It is designed so that every active duty officer can enter multiple emergency contacts, post a CV, and review personal awards, education, licenses and certifications, security clearance and readiness training in one system. Officers are able to view their present and projected readiness status and enter Basic Life Support (BLS), Annual Physical Fitness Test (APFT), primary and secondary deployment roles, and supervisor information in this database. If current or projected readiness status is not compliant, OSA dashboard shows the officer the specific reason for non-compliance to facilitate correction. Additionally, it shows Response Team membership and immunization status information.

To login into Officer Secure Area, please visit the following Website:

https://dcp.psc.gov/osa/osa_security_statement.aspx.

eCORPS is where officers track their annual leave. Manuals & Video Tutorials for Leave Request in this system can be found at:

https://dcp.psc.gov/ccmis/eCORPS/docs/eCorps%20Leave%20System%20Manual_%20Officer10-16-17.pdf and https://dcp.psc.gov/ccmis/eCORPS_m.aspx.

For more information on eCORPS, please review the Officer Leave and Absence Request FAQs page: https://dcp.psc.gov/ccmis/DCCPR_officer_leave_FAQ_m.aspx.

Chapter 6: Mentorship

The Call to Active Duty Transitional Mentoring Initiative (CADTMI) a component of the Health Services Mentoring Subcommittee is the primary means for connecting newly commissioned HSOs with experienced mentors. The HSPAC Mentoring Subcommittee developed the idea of the CADTMI in response to the need for a more structured, proactive mentoring program for HSOs called to active duty. With this purpose in mind, the goal of the CADTMI is to pair a new HSO (mentee) with an experienced HSO (mentor) to form an interactive, committed partnership for the new HSOs first year in the Commissioned Corps.

Through continued involvement, the mentor offers support, guidance, and assistance as the mentee faces new professional challenges, experiences challenges, and/or works to resolve conflicts. The Mentoring Program is a 1-year program designed to allow officers to sign up as mentors and/or mentees.

Matches are made by the HSPAC Mentoring Subcommittee's Matching Team based on criteria and factors selected by mentees. The following link is available if you are interested in applying for a HS Category mentee in addition to more information on the HS mentoring program. <https://dcp.psc.gov/OSG/hso/sub-mentoring-program.aspx>.

In addition, you can register for Mentoring Listserv to receive announcements and information specific to mentoring topics. Details for joining the Mentoring listserv can be found at: <https://dcp.psc.gov/OSG/hso/sub-mentoring-program.aspx>

Chapter 7: Military Installations

Vehicle Registration - When you enter a military installation for the first time, you may need to register your car with the base if you are living on the installation. If so, you will need your personnel orders, driver's license, vehicle registration, proof of insurance, and another form of ID. Contact your local military installation for more information.

The Base and Post Exchanges (BX/PX) –A valid identification card is required to purchase merchandise and may be required for entry. There are several types of stores, including main exchanges, which are similar to department stores, auto services, uniform shops and miscellaneous stores including tailor/laundry, optical, flower, and fast food restaurants.

Please visit any of the online exchanges: <https://www.mynavyexchange.com/>; www.aafes.com; and <http://shopcgx.com/>.

Commissary – Commissaries are the “supermarkets” at military installations and a valid ID card is required for entry. Both active duty and dependents may shop at the commissary. Typically, commissaries are crowded on military paydays, the 1st and 15th of every month, and weekends. Please be mindful that the baggers at the commissaries work for tips only. For more information, visit: <http://www.commissaries.com>.

Travel-Related Benefits

Service Clubs – The most frequently used club is the Officers' Club at military bases. You are also eligible to visit United Service Organization (USO) locations. USO is a charitable corporation providing morale, welfare, and recreation services to uniformed military personnel. Many have “officer clubs” in airports that provide free services to officers on work related or personal travel. Please visit: <http://www.uso.org>.

Space Available Flights - Space Available Flight, better known as Space-A or military hops, is a unique privilege provided to service members, retirees, and their families. Under the Space-A program, eligible passengers can fill unused seats on Department of Defense-owned or controlled aircraft once all the space-required passengers and cargo have been accommodated. If you have the time and flexibility, Space A travel is a great fare-saver, offering incredible discounts. For more information, visit:

<https://www.amc.af.mil/Home/AMC-Travel-Site/AMC-Space-Available-Travel-Page/>
<http://militaryhops.com>

<https://www.militaryonesource.mil/recreation-travel-shopping/travel/travel-planning/plan-your-trip-with-space-a-travel>

[https://dcp.psc.gov/OSG/hso/documents/Space A Travel.pdf](https://dcp.psc.gov/OSG/hso/documents/Space_A_Travel.pdf)

Armed Forces Vacation Club (AFVC) - AFVC is a "Space Available" program that offers excess condominium timeshares at resorts around the world for only \$349.00 per unit, per week. All Uniformed Services members and their adult dependents are eligible to use this program. For more information, visit their website at:

<http://www.afvclub.com/>.

Lodging Facilities – Most military installations have some form of temporary lodging on base, which is available as space allows and extremely inexpensive. Bachelor Officers' Quarters (BOQ) and Visiting Officers' Quarters (VOQ) vary widely, ranging from simple rooms with shared bath to multi-room suites. Temporary military lodging (TML) quarters are designed for the military family. Some useful numbers:

Air Force 1-888-AFLODGE (1-888-235-6343)

<http://dodlodging.net/>

Army 1-800-GO-ARMY-1 (1-800-462-7691)

<http://www.armymwr.com/> **Marine Corps:**

<https://www.usmc-mccs.org/>

Navy 1-800-NAVY-INN (628-9466) <https://www.navy-lodge.com/>

Coast Guard <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Community-Services-Command-CSC/MWR/Coast-Guard-Lodging/>

Government Rates - Many hotels, car rental companies, and airlines offer discounted rates to members of the Uniformed Services and their families while traveling with or without orders and are often referred to as the current “Military” or “Government” rates.

Armed Forces Recreation Centers (AFRC) -AFRC resorts are affordable Joint Service facilities operated by the U.S. Army Community and Family Support Center and located at ideal vacation destinations throughout the world. AFRCs offer a full range of resort and hotel opportunities for service members and their families. For more information, visit: <https://www.military.com/travel/military-lodging-armed-forces-recreation-center.html>

Recreational Facilities – Most military installations have a variety of recreational facilities available. These include theaters, swimming pools, bowling lanes, sports equipment rentals, youth centers, and information/ticket offices. Several installations also have wilderness camps, waterfront sites, and other vacation-type sites. For more information, visit: <https://www.armymwr.com/communities>

Or contact your local installation.

Local Attractions, Parks, etc. - Reduced-price tickets may be obtained at most military installations through the Morale, Welfare and Recreation (MWR) office for local attractions, movies and many well- known theme parks (i.e. Disney World, Universal Studios). To find your local Family and MWR Location, please visit the U.S. Army MWR website at: <https://www.armymwr.com/communities>

To find your Leisure Travel Office (LTO), please visit the U.S. Army MWR Leisure Travel Office website at: <http://www.armymwr.com/travel/travel-offices.aspx>

Chapter 8: Legal Services

Legal Benefits -USPHS officers are entitled to certain legal benefits like the creation of “Simple Wills” and “Powers of Attorney.” These services are provided by the legal staff of the Judge Advocate General’s (JAG) office.

Soldier’s and Sailor’s Civil Relief Act (SSCRA) -In 1940, Congress passed the SSCRA to provide protections for uniformed service members. The PHS was covered by the SSCRA in 1976. On 19 December 2003, the Service member’s Civil Relief Act (SCRA – an expansion and improvement of SSCRA) was signed into law.

- If you are on active duty, the SCRA guarantees that your state residency will not change just because of your military orders – even if you buy a house in the state of your new duty station, register your car there, or obtain a new state driver’s license. This means that you will continue to pay state taxes ONLY to your home state, UNLESS you change state residency voluntarily. The primary means of changing state residency voluntarily are by voting in a new state or changing tax withholding to a newstate.
- Automobile ad valorem taxes - It is great to be capable of keeping the benefits of home. You can use SCRA to protect you from paying ad valorem taxes in your duty station state. Each year, when your tag is renewed on your car, but only if it is not your home of legal residence.
- 6% Interest rate protection -The SCRA allows you to request that the interest rate you pay on a debt incurred before you joined the military be reduced to 6% annually.

For more information on the SCRA, please visit the following Web links:

- <https://www.military.com/benefits/military-legal-matters/scra/servicemembers-civil-relief-act-overview.html>
- <https://www.jag.navy.mil/>
- <https://www.justice.gov/servicemembers/servicemembers-civil-relief-act-scra>
- <https://scra-w.dmdc.osd.mil/scra/#/home>

If you have any questions and/or need further clarification concerning the SCRA, you can call or visit the legal assistance office of any military base.

Chapter 9: Professional Customs and Courtesies

USPHS Commissioned Corps officers are required to render professional customs and courtesies under USPHS Personnel Instruction 2, Subchapter CC26.1, "Uniformed Services Courtesies." These courtesies are an extension of customs and courtesies in civilian life. When in uniform and serving with uniformed service personnel from other federal agencies, or when visiting a military installation, USPHS officers are required to conform to the rules of courtesy as practiced by that service. Except for saluting, the rules of military courtesy should also be observed when out of uniform. Commissioned officers are vested with the legal office and are appointed by, or under the authority of, the President with confirmation by the U.S. Senate, and serve indefinitely at the pleasure of the President. Consequently, a commissioned officer is a direct representative of the President, and as such, can give verbal or written orders to subordinates which have the force of federal law. Given this status and responsibility, a commissioned officer must always be aware of his or her actions and comments when in public and should act with proper decorum at all times. Military courtesy is a required standard of behavior among all commissioned officers and uniformed military personnel. Service members should ensure that proper military courtesy is rendered to members of all U.S. uniformed services and to uniformed personnel of U.S. allied nations.

For detailed information on military courtesy and on-base etiquette, please go to:

<http://www.military.com/join-armed-forces/getting-the-lowdown-on-customs-and-courtesies.html>

Chapter 10: Associations and Groups

The following are associations you may consider joining:

- [Junior Officer Advisory Group \(JOAG\)](#)
- [Minority Officer Liaison Council \(MOLC\)](#)
- [Commissioned Officers Association of the USPHS](#)
- [Reserved Officers Association](#)
- [Association of American Military Surgeons of the United States \(AMSUS\)](#)
- [Military Officers Association of America \(MOAA\)](#) or call 1-800-234-6622
- [American Public Health Association \(APHA\)](#)
- [American College of Health Care Executives](#)
- [Medical Group Management Association](#)

Chapter 11: References

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