

**2016**

# UNITED STATES PUBLIC HEALTH SERVICE

## HEALTH SERVICES OFFICERS (HSO)



# WELCOME PACKET

HSO - Professional Advisory Committee  
Recruitment & Retention Subcommittee



<b>CHAPTER 1</b> .....	1
HEALTH SERVICES OFFICERS OF THE U.S. PUBLIC HEALTH SERVICE .....	1
Role of the Health Services Officer in the Public Health Service .....	1
Health Services Professional Advisory Committee .....	2
Subcommittees .....	2
Professional Advisory Groups .....	3
Chief Health Services Officer .....	4
<b>CHAPTER 2</b> .....	5
HISTORY OF THE HEALTH SERVICES CATEGORY .....	5
<b>CHAPTER 3</b> .....	9
REFERENCES .....	9
Headquarters Contact Information .....	9
Uniform Services Identification (ID) Cards .....	9
Household Goods Shipment Information .....	10
Compensation .....	10
<b>CHAPTER 4</b> .....	113
MEDICAL BENEFITS .....	11
Insurance .....	11
RETIREMENT, SAVINGS, AND INVESTMENT PLANNING .....	11
Retirement Seminars .....	11
Thrift Savings Plan .....	11
USAA .....	12
<b>CHAPTER 5</b> .....	13
READINESS AND TRAINING OPPORTUNITIES .....	13
Basic Readiness .....	13
Readiness and Deployment Operations Group (RedDOG) Response Teams .....	13
Tier One .....	13
Tier Two .....	14
Tier Three .....	14
Field Medcial Badge .....	14
Incident Response Coordination Team (IRCT) Online Training Course .....	14
Direct Access .....	15

Officers Basic Course (OBC) .....	15
<b>CHAPTER 6</b> .....	16
Mentorship.....	16
Military Benefits.....	16
Educational Benefits.....	16
Post 9/11 GI Bill .....	16
Montgomery Bill.....	16
<b>CHAPTER 7</b> .....	17
Military Installations .....	17
Vehicle Registration .....	17
The Base and Post Exchanges (BX/PX).....	17
Commissary .....	17
Travel Related Benefits .....	17
Service Clubs .....	17
Space Available Flights .....	17
Armed Forces Vacation Club (AFVC).....	17
Lodging Facilities .....	17
Government Rates.....	18
Armed Forces Recreation Centers .....	18
Recreational Facilities.....	18
Local Parks and Attractions.....	18
<b>CHAPTER 8</b> .....	19
LEGAL SERVICES AND BENEFITS.....	19
Legal Benefits.....	19
Soldier’s and Sailor’s Civil Relief Act (SSCRA).....	19
<b>CHAPTER 9</b> .....	20
Military Courtesy and Conduct.....	20
<b>CHAPTER 10</b> .....	21
Associations and Groups .....	21

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.

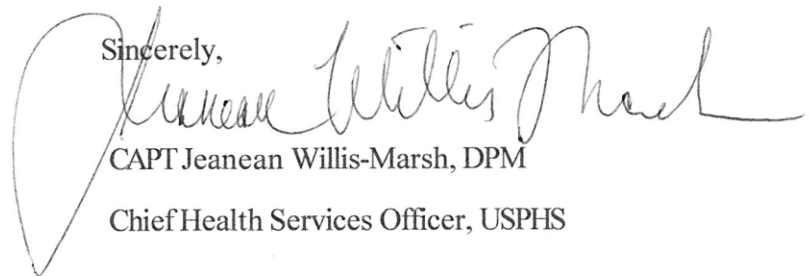
Created by the Recruitment and Retention Subcommittee, the Packet is posted on the HS-PAC website: <https://dcp.psc.gov/osg/hso/> , for easy access by you or anyone that you know that may be interested in the USPHS and/or Health Services Category.

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 cursive script, appearing to read "Jeanne Willis-Marsh". The signature is written in black ink and is positioned above the typed 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*

#### **Role of the Health Services Officer in the Public Health Service**

<http://www.usphs.gov/>

**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

The United States Public Health Service (USPHS) Commissioned Corps 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, assure 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.

In support of this mission, Health Services Officers (HSOs) provide expertise in 40 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 commissioned officers. They serve in all agencies of the U.S. Department of Health and Human Services, including but not limited to:

- 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, but not limited to:

- Immigration and Control and Enforcement (ICE)/Health Service Corps (IHSC)
- U.S. Coast Guard (CG)
- Federal Bureau of Prisons (BOP)
- Department of Homeland Security (DHS)
- Department of Defense (DoD)
- Environmental Protection Agency (EPA)
- National Oceanic and Atmospheric Administration (NOAA)
- Department of State (DOS)
- United States Agency for International Development (USAID)
- United States Department of Agriculture
- 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 (HS-PAC) is comprised of health services professionals (<https://dcp.psc.gov/osg/hso/about-members.aspx> ) and operates based upon a charter (<https://dcp.psc.gov/osg/hso/about-charter.aspx> ) and bylaws (<https://dcp.psc.gov/osg/hso/about-bylaws.aspx> ). Additionally, the HS-PAC provides advice and consultation to the Surgeon General (<http://www.surgeongeneral.gov/index.html>) 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. HS-PAC 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.

## **Subcommittees**

The HS-PAC has the following permanent operating subcommittees chaired by HS-PAC voting members:

- Awards
- Communications
- Education and Career Development
- 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 HS-PAC welcomes volunteers! While the subcommittees are chaired by HS-PAC Voting members, all HSOs are encouraged to participate, and not-voting members may volunteer to assist on any subcommittee (except the Membership Subcommittee). Officers may contact any HS-PAC member to become involved. A list of current HS-PAC members is found on the HSO Home Page: <https://dcp.psc.gov/osg/hso/subcommittees.aspx>

## **Professional Advisory Groups**

In addition, the HS-PAC has formed a number of HSO Professional Advisory Groups (PAGs) (<https://dcp.psc.gov/osg/hso/pags.aspx> ). Professional Advisory Groups address discipline-specific professional issues and advise the HS-PAC and the Chief Professional Officer of the Health Service Officer 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.

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

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

HSOs are encouraged to participate in their respective PAGs.

## 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 HS-PAC.

In cooperation with the HS-PAC 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 HSO liaison to other professional categories within the PHS

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

<b>Name</b>	<b>Date</b>
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 origin of the United States Public Health Service (<http://usphs-hso.org/resources/>) can be traced back to an Act signed by President John Adams on July 16, 1798 that established hospitals to provide for “the temporary relief and maintenance of sick or disabled Seamen.” This law provided for a tax on sailor’s salaries to be used by the Secretary of the Treasury to construct locally controlled Marine Hospitals to provide medical services to merchant seamen in American ports. In 1870, additional legislation reorganized these locally controlled hospitals into the centrally controlled Marine Hospital Service, with its headquarters in Washington, D.C. 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 an 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.

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.

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 PHS expanded beyond the hospital setting in the 1940s when social workers were 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 Health Services Officers (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 Indian 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, Federal Bureau of Prisons (BOP), and the Coast Guard (CG). 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 (<http://www.usphs.gov/apply/apply.aspx>) are designed to assure a high standard of competence and performance from all of the disciplines and specialties that are included. When the 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, with 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 category has grown from a small nucleus of a few officers to its present level of up to 4500. The HSO motto, "Strength through Diversity", 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* 240-276-8799
- *Medical Affairs Team* 800-368-2777
- *Commissioned Corps Help Desk* 888-225-3302

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.” [http://dcp.psc.gov/ccmis/CCHQ\\_about\\_m.aspx](http://dcp.psc.gov/ccmis/CCHQ_about_m.aspx)

#### **Uniformed Services Identification (ID) Cards**

ID cards may be obtained at most military installations, or for those assigned to, or stationed in the Washington DC area, at the Division of Commissioned Corps Officer Support at 1101 Wootton Parkway, Plaza Level, Suite 100, Rockville, MD 20852, by appointment only. 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](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 \* [http://dcp.psc.gov/ccmis/PDF\\_docs/DEERS\\_cover\\_memo.pdf](http://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 \*[http://dcp.psc.gov/eccis/documents/CC421\\_01.pdf](http://dcp.psc.gov/eccis/documents/CC421_01.pdf)  
Uniforms for Female Officers \* [http://dcp.psc.gov/eccis/documents/CC421\\_02.pdf](http://dcp.psc.gov/eccis/documents/CC421_02.pdf)  
Insignia and Devices \*[http://dcp.psc.gov/eccis/documents/CC431\\_01.pdf](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 <http://dcp.psc.gov> under the section “Officer Support”. Then, select “List of Liaisons.” the list can also be downloaded at \* [http://dcp.psc.gov/CCMIS/PDF\\_docs/sgpac.pdf](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: <https://uniforms.nexweb.org/>

You are authorized for 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:

\*[http://ccmis.usphs.gov/CCMIS/PDF\\_docs/uniform\\_allowance.pdf](http://ccmis.usphs.gov/CCMIS/PDF_docs/uniform_allowance.pdf)

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:

\*[http://ccmis.usphs.gov/CCMIS/PDF\\_docs/4013\\_1.pdf](http://ccmis.usphs.gov/CCMIS/PDF_docs/4013_1.pdf)

Ask your 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 240-276-8799 if you have any questions or concerns about your earnings statement. For a list of pay scales, visit:

<http://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.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 \(Old CCPM: CC22.4.1\)](#).

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

## CHAPTER 4

### Medical Benefits

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: <http://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 directly for further information Monday through Friday, 8:00 am to 4:30 pm Eastern Time at (800) 368-2777, select option #2.

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: <http://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 301-694-2963 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: <http://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: <http://www.navymutual.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 “Training/ Commissioned Officer Training Academy” tab.

All officers should participate in a retirement seminar between their 14<sup>th</sup> and 18<sup>th</sup> years of active service. Any questions or comments regarding the retirement seminar should be sent to [PHSCOTA@hhs.gov](mailto:PHSCOTA@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: <http://www.tsp.gov>

**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 <http://www.usaa.com> for information on USAA services. These include: banking (investing, checking, savings); insurance; and mortgage services.



## CHAPTER 5

### Readiness & Training Opportunities

The **Readiness and Deployment Operations Group (RedDOG)** formerly **Office of Force Readiness and Deployment (OFRD)** 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 [http://dcp.psc.gov/ccmis/DCCPR\\_readiness\\_and\\_deployment\\_m.aspx](http://dcp.psc.gov/ccmis/DCCPR_readiness_and_deployment_m.aspx) for information on required trainings, physical fitness requirements, immunizations, clinical service hours, and deployment roles. Also, be advised that RedDOG conducts quarterly 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](http://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf)
- Commissioned Corps Policy Memorandum (PPM) 04-003 Clarifications and Supplemental Policies and Procedures for Manual Circular Public Health Service (PHS) No. 377, Basic Level of Force Readiness Standards for the Commissioned Corps of the US Public Health Service, \*[http://dcp.psc.gov/ccmis/ccis/documents/CCPM26\\_1\\_8.pdf](http://dcp.psc.gov/ccmis/ccis/documents/CCPM26_1_8.pdf)

It is critical that you meet and maintain Basic Readiness requirements to 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: [http://dcp.psc.gov/ccmis/ReDDOG/REDDOG\\_essentials\\_m.aspx](http://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** – In 2006, OFRD now called RedDOG created 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. There are 5 teams of each type. Visit the links below for more information:

Rapid Deployment Force (RDF) Teams:

\*[http://dcp.psc.gov/ccmis/RedDOG/FactSheets/RDF\\_Fact\\_Sheet\\_FINAL.pdf](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](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](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](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):

\*[http://dcp.psc.gov/ccmis/RedDOG/FactSheets/APHT\\_Fact\\_Sheet\\_FINAL.pdf](http://dcp.psc.gov/ccmis/RedDOG/FactSheets/APHT_Fact_Sheet_FINAL.pdf)

Mental Health Teams (MHTs):

\*[http://dcp.psc.gov/ccmis/RedDOG/FactSheets/MHT\\_Fact\\_Sheet\\_FINAL.pdf](http://dcp.psc.gov/ccmis/RedDOG/FactSheets/MHT_Fact_Sheet_FINAL.pdf)

Services Access Teams (SAT):

\*[http://dcp.psc.gov/ccmis/RedDOG/FactSheets/SAT\\_Fact\\_Sheet\\_FINAL.pdf](http://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, 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:

[http://ccmis.usphs.gov/ccmis/DCCPR\\_readiness\\_and\\_deployment\\_m.aspx](http://ccmis.usphs.gov/ccmis/DCCPR_readiness_and_deployment_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 [http://ccmis.usphs.gov/ccmis/RedDOG/REDDOG\\_fmrB\\_Modules\\_m.aspx](http://ccmis.usphs.gov/ccmis/RedDOG/REDDOG_fmrB_Modules_m.aspx) and select the links for Field Medical Readiness Badge Criteria and Field Medical Readiness Badge Training Requirements.
- **Incident Response Coordination Team (IRCT) Online Training Course** – This is a four-week long online course required to introduce officers to the HHS command and operation structure during deployment. Officers must complete the FEMA EMI courses before enrolling in the IRCT online course. Officers should register for this course as soon as possible since enrollment is four weeks and it's offered once a month. More information can be found at the following site: <https://respondere-learn.hhs.gov/>.

**Direct Access** – Officers are required to manage their contact information (e.g., home and mailing addresses, phone numbers, and email addresses) in the Direct Access database. 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 can search through multiple job postings in Direct Access and can specify when they wish to be considered for a new job. Agencies can search for officers with specific skills.

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 Direct Access. If current or projected readiness status is not compliant, Direct Access shows the officer the specific reason for non-compliance to facilitate correction. Additionally, Direct Access shows OFRD Response Team membership and immunization status information.

Direct Access is also where officers track their annual leave. User Guides & Tutorials for Leave Request in Direct Access can be found at <http://www.uscg.mil/ppc/phs/> or <http://www.uscg.mil/ppc/multimedia.asp>. Please select the tab labeled “User Guides”, and then select “PHS Officer Self Service”. Once there you will find a procedure guide and video tutorials.

To login into Direct Access, please visit the following Website:

<https://portal.direct-access.us/psp/EPPRD/?cmd=login&languageCd=ENG>

For more information on Direct Access, please review the Self Service guidance:

User Guide: <http://www.uscg.mil/ppc/phs/>

Self Service FAQs: [http://ccmis.usphs.gov/ccmis/DA\\_self\\_service\\_m.aspx](http://ccmis.usphs.gov/ccmis/DA_self_service_m.aspx)

**Officer Basic Course (OBC)** - OBC is currently required for all new commissioned officers. The goal of this two week training course is to familiarize PHS officers with the USPHS Commissioned Corps history and mission, proper uniform wear, military customs and courtesies, benefits and deployment expectations. In order to attend this course, newly commissioned officers must first complete the four FEMA EMI courses that can be found at the following website:

[http://dcp.psc.gov/ccmis/training/TRAINING\\_PreOBC\\_m.aspx](http://dcp.psc.gov/ccmis/training/TRAINING_PreOBC_m.aspx)

- [IS-100 Introduction to Incident Command System](#)
- [IS-200 ICS for Single Resources and Initial Action Incidents](#)
- [IS-700 National Incident Management System \(NIMS\), An Introduction](#)
- [IS-800 National Response Plan \(NRP\), An Introduction](#)
- For current OBC information, visit the “Career Development Courses” section under the “Training Academy” tab of the Commissioned Corps Management Information System (CCMIS) Website’s home page: [http://dcp.psc.gov/ccmis/training/TRAINING\\_courses\\_m.aspx](http://dcp.psc.gov/ccmis/training/TRAINING_courses_m.aspx). Registration for the OBC is through your Agency Liaison.

## 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 officers with experienced mentors. Piloted from June 2014 - June 2015, the CADTMI successfully completed its first year. The Mentoring Subcommittee developed the idea of the CADTMI in response to the need for a more structured, proactive mentoring program for HSO's 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 HSO's first year in the Commissioned Corps. As a mentor, you will be a guide to the officer newly Called to Active Duty (CAD's), providing timely and relevant information, support, and assistance, making the transition into active duty as smooth as possible.

The HSO Mentoring Program is a means for officers serving as mentors to help other officers develop and advance in their careers. 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 through a Web-based system with password-protected login accounts. Matches are made by designated HSO Mentoring Program Coordinators based on criteria and factors selected by mentees. The following link is available if you are interested in applying for a HSO category mentor: <http://mentor.usphs-hso.org/MentorDatabase>. For more information on the HSO mentoring program, please refer to the following site: <http://usphs-hso.org/?q=pac/sub/mentoring/program>

### Military Benefits

There are numerous military benefits available to USPHS Commissioned Corps officers. For more information, go to: <http://militarypay.defense.gov/> or <http://usphs-hso.org/?q=resources>

### 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** ([http://gibill.va.gov/benefits/post\\_911\\_gibill/index.html](http://gibill.va.gov/benefits/post_911_gibill/index.html)) – 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](http://gibill.va.gov/benefits/post_911_gibill/transfer_of_benefits.html).
- **The Montgomery Bill** ([http://gibill.va.gov/benefits/montgomery\\_gibill/index.html](http://gibill.va.gov/benefits/montgomery_gibill/index.html)). 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 (3 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: [http://gibill.va.gov/benefits/montgomery\\_gibill/index.html](http://gibill.va.gov/benefits/montgomery_gibill/index.html).

## 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 (some installations, but not all, require that you obtain base stickers). 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](http://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: <http://www.amc.af.mil/amctravel/index.asp>; <http://militaryhops.com>; [http://www.militaryonesource.mil/mwr?content\\_id=268596#](http://www.militaryonesource.mil/mwr?content_id=268596#)

**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:** <http://www.usmc-mccs.org/>

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

**Coast Guard** <http://www.uscg.mil/mwr/lodging/Lodging.asp>

**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:

[http://www.military.com/Travel/Content1/0,,ML\\_afrc,00.html](http://www.military.com/Travel/Content1/0,,ML_afrc,00.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:

[http://www.armymwr.com/recreation/rec\\_centers/default.aspx](http://www.armymwr.com/recreation/rec_centers/default.aspx)

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:

<http://www.armymwr.com/installation/default.aspx>

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 and Benefits

**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 new state.
- Automobile ad valorem taxes - It is wonderful to be able to keep the benefits of home. Each year, when your tag is renewed on your car, you can use the SCRA to protect you from paying ad valorem taxes in your duty station state, 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:

- <http://www.military.com/benefits/military-legal-matters/scra/servicemembers-civil-relief-act-overview.html>
- <http://www.jag.navy.mil>
- [http://www.justice.gov/crt/spec\\_topics/military/scra.phphttps://iga.in.gov/legislative/2015/bills/house/1456](http://www.justice.gov/crt/spec_topics/military/scra.phphttps://iga.in.gov/legislative/2015/bills/house/1456)

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

### **Military Courtesy and Conduct**

Commissioned USPHS officers are required to render proper military courtesy under USPHS Personnel Instruction 2, Subchapter CC26.1, "Uniformed Services Courtesies." These courtesies are an extension of common customs of courtesy 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> or read Chapter 9 of the Health Services Officers - Resource Directory: [http://usphs-hso.org/sites/default/files/hso\\_docs/resources/resource\\_directory\\_2011.pdf](http://usphs-hso.org/sites/default/files/hso_docs/resources/resource_directory_2011.pdf)



## CHAPTER 10

### Associations and Groups

The following are associations you may consider joining:

Junior Officer Advisory Group (JOAG) at <https://dcp.psc.gov/osg/JOAG/default.aspx>

Minority Officer Liaison Council (MOLC) at <https://dcp.psc.gov/osg/molc/>

Disaster Medical Assistance Team (DMAT) at

<http://www.phe.gov/Preparedness/responders/ndms/teams/Pages/dmat.aspx>

Commissioned Officers Association (COA) at [www.coausphs.org](http://www.coausphs.org) or call 301-731-9080

Reserved Officers Association (ROA) at [www.roa.org](http://www.roa.org) or call 1-800-809-9448

Association of American Military Surgeons of the United States (AMSUS) at [www.amsus.org](http://www.amsus.org) or call 1-800-897-8800

Military Officers Association of America (MOAA) at [www.moaa.org](http://www.moaa.org)

American Public Health Association (APHA) at [www.apha.org](http://www.apha.org) or call 1-202-777-APHA

American College of Health Care Executives at [www.ache.org](http://www.ache.org)

Medical Group Management Association at: <http://www.mgma.com/>