



Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

Vol. XIX, No. 2

February 2005

Moving Toward a New Automated Commissioned Corps Personnel and Payroll System

Submitted by
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This is the third in a series of articles designed to keep active-duty officers, retirees, and annuitants aware of upcoming IT changes planned for Public Health Service Commissioned Corps payroll processing. The first article appeared on page 3 of the November issue of the Commissioned Corps Bulletin, and the second article appeared on page 2 of the January issue.

Annual Leave and CCPayroll

One of the major changes that will affect Public Health Service Commissioned Corps officers in 2005 will be how their annual leave will be handled. The new automated Commissioned Corps Personnel and Payroll System (CCPayroll) will also manage and track leave allowing balances to be displayed on officers' monthly earnings statements. However, in order to conduct a smooth and accurate transition, we must first eliminate reliance on form PHS-31, "PHS Commissioned Corps Officer's Leave Record."

The form PHS-31 card is issued when an individual is first commissioned and stays with the officer for his/her entire career. As officers change assignments, the card is passed from one Leave Maintenance Clerk (LMC) to another. The LMC (aka time-keeper) must manually add 2.5 days to the officer's balance each month, subtract leave used, and apply the sometimes complex end-of-leave-year rules. At the time of separation, the cards are sent to the Office of Commissioned Corps Operations (OCCO)

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Surgeon General's Column

2005: 'The Year of the Healthy Child'

The stability, prosperity, and future of our Nation rests upon the health and well-being of our children. The good news is that 82 percent of our Nation's 70 million children are in very good or excellent health. Childhood immunizations are at an all-time high. Our children are less likely to smoke and less likely to give birth as teenagers. These are important gains in pediatric health, but we still have some troubling problems.

It is part of our duty as U.S. Public Health Service (PHS) Commissioned Corps officers to communicate the best science to the public for better health. We know that the health needs of children grow into the health problems of adulthood, so this year I will be taking a hard look at ways to improve the health of children both domestically and internationally. By improving the holistic health of our children, we can ensure a healthier population for the next generation. That is why I am declaring 2005—"The Year of the Healthy Child."

This is the most comprehensive agenda ever set forward by a U.S. Surgeon General for a single year. It includes all aspects of a child's life—body, mind, and spirit—starting with prenatal care and going through the developmental stages of childhood and adolescence. I will need your help to achieve the objectives of the agenda, across all sectors of society.

The 'Year of the Healthy Child' agenda will focus on improving the body, mind, and spirit of the growing child. A healthy child begins before birth, so we will highlight steps that women should take to keep themselves healthy, especially when

they are considering becoming pregnant. This includes a healthful diet, exercise, and eliminating tobacco use and alcohol consumption.

Birth defects affect more than 150,000 new babies in our Nation every year and are the leading cause of infant death. On February 21, I will participate in Birth Day Live! on the Discovery Health Channel, and will explain how every mom- and dad-to-be can help prevent birth defects and premature birth.

In addition to pre-pregnancy, we will also focus attention on prenatal care and childbirth and early childhood development, as part of this 2005 agenda. As a child grows, so do the child's health needs, so we will address—among other things—breastfeeding, on-time immunizations, oral health, drug and alcohol use prevention, youth violence prevention, and safe teen driving.

We will also continue working on many other issues related to child health, including:

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Surgeon General's Column

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- **Injuries** – More than 5,000 children die and 90,000 are permanently disabled each year by motor vehicle injuries (as passengers and teen drivers), drowning, burns, suffocation and choking, firearm injuries, falls, poisoning, and other preventable injuries. As a trauma surgeon, I treated thousands of children whose injuries could have been prevented with child safety seats, seatbelts, helmets, smoke alarms, pool alarms, and other simple measures. This year, we will push back this leading cause of death and disability.
- **Overweight** – One of every seven kids is overweight, which can lead to type 2 diabetes and cardiovascular disease. We must teach our children to enjoy healthy foods and be physically active for at least 60 minutes a day. Not only sports, but simple things like taking

the stairs, riding their bikes, and just getting out and playing.

- **Child abuse** – While we should equip our children to face threatening situations, we must also prevent the abuse that hurts so many children. In March, I will convene some of the best minds in criminal justice, medicine, child welfare, and education at a Surgeon General's Workshop on Child Maltreatment to help end this scourge.
- **Mental health** – Every year, 5 to 9 percent of American children have a serious emotional disturbance. President Bush said, "Americans must understand and send this message: mental disability is not a scandal—it is an illness. And, like physical illness, it is treatable, especially when the treatment comes early." Despite investments that have led to many effective

treatments for mental illness, many American children are not benefiting. We will work to correct that injustice.

- **Indoor environment** – One in five schools in America has indoor air quality problems. Each year 4 million American children have asthma attacks, making this lung condition a leading cause of emergency room visits and missed school days. I recently convened the first-ever Surgeon General's Workshop on Healthy Indoor Environment and began collaborations with engineers, designers, architects, and builders to improve the air in schools and other buildings across America.

We will also focus on the child's growing mind. Through my "50 Schools in 50 States" Initiative, we are working with school districts and other partners to

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Moving Toward a New Automated Commissioned Corps Personnel and Payroll System

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for a final audit. It is not unusual for it to take one or two payroll cycles before the officer receives payment for unused annual leave. Once CCPayroll is managing leave, Lump Sum Leave Pay will be processed much more expeditiously.

Fortunately, the Commissioned Officer Leave Tracking System (COLTS) has been available as a tool to assist LMCs and OCCO in recording and reporting annual leave. Over 95 percent of all officers have had their leave entered into COLTS. In order to allow for a smooth transition to CCPayroll, LMCs will be preparing a Leave Balance Certification (LBC) sheet for each officer they manage. Once the LBC sheet is reviewed and signed by the officer, the Leave Granting Authority, and the LMC, form PHS-31 and the LBC sheet will be sent to OCCO for archiving. At that point, COLTS becomes the official instrument for leave management for that officer. It will then be a simple matter to transfer balances to CCPayroll at the appropriate time.

Here is how the transition will take place:

- At the start of a month beginning in April and no later than June 2005, the LMC will audit the officer's form PHS-31 and, if necessary, make an adjustment to the COLTS leave balance. The LMC will then invoke a new option on the COLTS screen to generate the LBC sheet. On the sheet, the LMC will attest that the end-of-month balance (as of 03/31/05, 04/30/05, or 05/31/05) shown in COLTS matches the total on the officer's form PHS-31.
- The LBC sheet is then reviewed and signed by the officer and the Leave Granting Authority. A photocopy of the LBC sheet and form PHS-31 should be retained by the officer for his/her records. The original documents are mailed to OCCO.
- At this point, COLTS becomes the only system recognized for entering and reporting leave for that officer. Form PHS-31 will be archived for historical purposes. The leave balance in COLTS will no longer be adjustable by the LMC. However, annual leave that occurred prior to finalizing the

LBC sheet may still be entered into COLTS and will be handled without any problems.

A reasonable grace period will be allowed for receipt of the LBC sheet and form PHS-31 by OCCO. However, if the LBC sheet has not been generated or received by the first week in June 2005, an officer's leave balance will be set to zero days in COLTS.

Detailed instructions and a notification of when the LBC sheet option becomes available will be sent to officers and LMCs in the near future. Your cooperation in this important process is appreciated.

Note: Junior Commissioned Officer Student Training and Extern Program participants and officers on short tours will have their leave managed outside COLTS and are therefore exempt from this process. In addition, officers who enter on duty on or after March 1, 2005 should be entered directly into COLTS and not use form PHS-31 at all. They too, are exempt from this process. □

Surgeon General's Column

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encourage students to stay in school. In addition, we will encourage more students, especially minorities, to focus on excelling in math and in the hard sciences, areas in which the United States is falling behind.

Finally, we will focus on spirit. The enthusiasm of children and teens is often overlooked in their communities. We must work to harness their energy and partner them with local and national organizations to promote volunteerism, civic responsibility, and patriotism.

Working together as PHS officers, and together with the people of our great Nation, we can ensure the best possible health, and the greatest productivity and independence for every child. Please join us in this effort. I invite you to visit www.surgeongeneral.gov for more information about 'The Year of the Healthy Child.'

VADM Richard H. Carmona
Surgeon General

Call for Nominations – Environmental Health Officer Professional Advisory Committee's 2005 Awards

The Environmental Health Officer Professional Advisory Committee (EHOPAC) is accepting nominations for three awards to honor outstanding Public Health Service (PHS) environmental health professionals. Nominees may be commissioned officers or civil service employees at the specific ranks or grades noted below.

The *John C. Eason Award* recognizes the accomplishments of a talented newcomer to the field of environmental health and acknowledges the promise the recipient holds for the future of PHS. The award is limited to environmental health professionals who have served 5 years or less with any PHS agency and who are at the rank/grade of Temporary O-3/GS-11 and below.

The *Edward (Ted) Moran Award* recognizes an outstanding environmental health officer at the Temporary O-4/GS-12 or Temporary O-5/GS-13 level who consistently achieves high standards in the practice of environmental health,

occupational health and safety, industrial hygiene, or radiological health.

The *John G. Todd Award* is the highest honor given by the EHOPAC. The award recognizes an exemplary environmental health officer at the Temporary O-6/GS-14 level or above for significant career contributions in achieving the PHS mission of improving the Nation's health through the practice of environmental health.

Nomination packages may be obtained from the EHOPAC Web site at <http://www.ehopac.org>. For additional information, contact CAPT Jeff Smith, Chairman of the EHOPAC Awards and Recognition Subcommittee at 907-729-3502 or via e-mail at jjsmith@anthc.org. Nominations are due no later than **April 1, 2005**.

The 2005 EHOPAC Awards will be presented during the National Environmental Health Association's Annual Educational Conference in Providence, RI, June 26-29, 2005.

Physical Examination Requirements for Permanent Promotion

Pursuant to Subchapter 43.4, INSTRUCTION 1, Section J4, **all officers** being considered for a permanent promotion are required to have a physical examination on file within the last 5 years. In addition to a current 5-year physical, officers must also complete DD FORM 2807-1, "Report of Medical History," that is current within 1 year prior to the effective date of the permanent promotion.

You may view the dates of your last physical examination and "Report of Medical History" in the 'Secure Area' of the Commissioned Corps Management Information System (CCMIS) Web site (<http://dcp.psc.gov>). The 5-year physical examination, DD FORM 2808, "Report of Medical Examination," must be completed by a licensed physician or mid-level provider. DD FORM 2807-1, "Report of Medical History," may be completed by the officer. If you are eligible for a permanent promotion and are missing a current 5-year physical and/or a "Report of Medical History," according to the requirements above, it is recommended that **prior to May 15, 2005** you do the following:

- Print both the instruction letter and forms which are available on the CCMIS Web site under the 'Services' tab, select 'Official Forms' (<http://dcp.psc.gov/DCPForms.asp>) or go to the following:
 - ❖ http://dcp.psc.gov/PDF_docs/A-GenInst_DD2807-1_2808.pdf
 - ❖ <http://www.dior.whs.mil/FORMS/DD2807-1.pdf>
 - ❖ <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2808.pdf>
 - Write 'USPHS' for SERVICE in Section 6.a. on DD FORM 2807-1/Section 15.a. on DD FORM 2808.
 - Write "Promotion" for PURPOSE OF EXAMINATION in Section 6.c. on DD FORM 2807-1/Section 15.c. on DD FORM 2808.
 - Complete and date DD FORM 2807-1.
 - Complete, sign, and date the Disclosure Statement contained in the instructions.
 - Mail all completed forms (**DO NOT FAX**) to: Office of Commissioned Corps Support Services, ATTN: Medical Affairs Branch, Room 4C-04, 5600 Fishers Lane, Rockville, MD 20857-0001.
 - Based on a review of your information by Medical Affairs Branch (MAB) staff, you will be notified by MAB of any additional requirements.
- Please note that the Promotion Board members **do not** consider this as part of their review of your record, and they **do not** have access to this information. This requirement will be applied prior to permanent promotion orders being issued.
- If you have any questions regarding these medical requirements, please contact your Commissioned Corps Liaison (see list at http://dcp.psc.gov/PDF_DOCS/SGPAC3.pdf) or contact the Office of Commissioned Corps Operations' Promotion Coordinator, LCDR Daisy Mitchell, at 240-453-6051.

Office of Force Readiness and Deployment

Current Responses

- Dentists have been deploying to Camp Lejeune since October 2004 and will continue through February 2005.
- Rocky Mountain Spotted Fever (pending start date).
- 2005 State of the Union Address, February 2, 2005

Washington, D.C. Department of Health

Ten Public Health Service (PHS) Commissioned Corps nurses deployed to the Washington, D.C. Department of Health (DOH) to provide influenza vaccines to city residents. In December, DOH received 2,500 doses of influenza vaccine with the intent of vaccinating 2,500 people in a 2-day clinic. The mission was two-fold. First, PHS officers augmented DOH staff by increasing DOH's ability to quickly vaccinate a large number of patients. Second, both PHS officers and DOH staff used this opportunity as a real-time exercise to prepare for a mass vaccination that may occur in the future. In the past, DOH requested PHS support when faced with a public health requirement that overwhelmed local resources. As such, this was an excellent opportunity for PHS and DOH to train together and prepare for future threats to our public health.

Inauguration Day, January 20, 2005

On January 20, President George W. Bush took the oath of office for his second term as President of the United States. Members of Congress, the Cabinet, the Supreme Court, and up to 500,000 American citizens were in attendance. The Department of Homeland Security declared this a National Special Security Event. As such, all Federal agencies, including the Department of Health and Human Services placed their assets on a heightened alert in case of a weapon of mass destruction event.

DOH and the Armed Forces Inaugural Committee asked PHS to support the health and medical needs on the Mall, along the parade route, and at the Inaugural Balls and Galas, in support of the DOH epidemiological surveillance. PHS officers staffed medical first aid tents on U.S. Park Service property and in aid stations along the parade route. The tents and

parade aid stations served to meet the medical needs of the thousands of visitors, and coordinated advanced care with the D.C. Emergency Medical System. In the case of a mass casualty event, PHS officers would have served as additional medical support teams and be at the ready to assist with the Strategic National Stockpile. Approximately 170 PHS officers from the D.C. Metropolitan area participated as physicians, nurses, physical assistants, nurse practitioners, direct team leaders, pharmacists, epidemiologists, communications officers, safety officers, food safety, and liaisons with other governmental agencies.

2005 State of the Union Address, February 2

For this event, 10 Office of Force Readiness and Deployment (OFRD), Sec-

retary's Emergency Response Team (SERT)-trained liaisons and one safety officer from the D.C. Metropolitan area augmented the Incident Management Team at the Department of Health and Human Services' Headquarters in Washington, D.C. Concurrently, 10 PHS officers staffed a 10-person 'On-Call SERT' in the case of a simultaneous event.

Rocky Mountain Spotted Fever

The Phoenix Area Indian Health Service requested the support of a PHS Commissioned Corps veterinarian to assist in developing a plan for the assessment, surveillance, and prevention of Rocky Mountain Spotted Fever (RMSF). RMSF was recently found to be endemic in this region. If not treated, RMSF has a fatality rate of 13-25 percent. Twenty-six

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Call for Nominations – Scientist Professional Advisory Committee's 2005 Scientist Officer of the Year Awards

General Information

The Scientist Professional Advisory Committee (SciPAC) established the Scientist of the Year Awards in 1995 to recognize Public Health Service (PHS) Commissioned Corps officers in the Scientist category whose professional career and work performance have resulted in significant contributions to the health of the Nation and to the mission of the PHS. One award recognizes the career achievement of a senior-level officer, and one is to acknowledge the contributions of a junior-level officer. In the past, the Surgeon General, on behalf of the SciPAC, has presented the awards at the national meeting of the Commissioned Officers Association (COA). A committee composed of senior-level scientist officers generally makes the selection of the award recipients. Recipients of the awards receive a plaque signed by the Surgeon General and the Chief Scientist Officer, and a special letter of recognition from the SciPAC.

Because there is no means by which the SciPAC is able to directly notify supervisors of the availability of these

awards, scientist officers are encouraged to ask their supervisors to consider nominating them in for these awards.

Please note that the deadline for receipt of nominations is **March 25, 2005**.

Derek Dunn Memorial Scientist Officer of the Year Award

Active-duty PHS scientist officers at the rank of O-5 or higher are eligible. No distinction will be made based on clinical/research/regulatory/and management tracks. Past winners of the Young Scientist Officer of the Year Award remain eligible.

Young Scientist Officer of the Year Award

Active-duty PHS scientist officers at the rank of O-4 or below are eligible. No distinction will be made based on clinical/research/regulatory/and management tracks.

For nomination package instructions or questions, contact CDR Clement Welsh at cwelsh@cdc.gov.

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Office of Force Readiness and Deployment

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percent of the ticks taken from dogs on a reservation program were positive for RMSF antibodies. One PHS veterinary officer is scheduled to deploy in February 2005.

On Call Responses

Recently, the Corps has been called upon to be in on-call status for a variety of high profile National Special Security Events. For each event, teams were designated for the east coast, central U.S., or west coast, as needed. In addition, PHS officers were on call to support an Incident Management Team in Washington D.C.

Training

OFRD held two training sessions for officers deployed for the Inauguration. This training was held at the OFRD of-

fice and consisted of read-ahead material, CentreLearn modules, specific online training sessions and live presentations, and demonstrations. The purpose of the training was for PHS officers to gain a better understanding of their roles and the logistics of this particular deployment prior to heading 'out the door.' The live training took place on two evenings and provided the opportunity for officers to meet their teams prior to the event.

OFRD training staff held the second of three scheduled pre-deployment briefings for dental officers who are scheduled to deploy to Camp LeJeune in support of the I Marine Expeditionary Force, 2nd Dental Battalion command.

The Disaster Assistance Response Team training was postponed due to the

U.S. Agency for International Development deployment to provide relief from the devastating tsunami. The officers who were to attend will be contacted with a new course date as soon as it is set.

OFRD will offer a Medical Management for Chemical and Biological Casualties (MMCBC) course March 13-18 at Fort Detrick, MD, and Aberdeen Proving Ground, MD.

A Joint Operations Medical Management Course (JOMMC) will be offered February 27-March 4 in San Antonio, TX.

Please check the OFRD Training web page for a current list of courses offered (<http://ccrf.hhs.gov/ccrf/FY%202005%20Training%20Page.htm>).

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Dedicated E-mail Address for Compensation Branch

Officers who wish to correspond with the Compensation Branch via e-mail may do so via the following dedicated e-mail address: compensationbranch@psc.gov

E-mail received at this address will be read and forwarded to the appropriate Compensation Branch employee for reply. This form of communication may be useful when describing a lengthy issue and/or to maintain a record of correspondence. Attachments may also be included with e-mails to the above address. However, please do not use the e-mail format to attach payroll forms, e.g., W-4, contracts, etc., to be processed. Such forms must be sent to the address shown below.

Office of Commissioned Corps
Support Services

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

Phone: 301-594-2963 or
toll-free 1-800-638-8744
Fax: 301-443-0064

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COA Announces Conference Agenda

The Commissioned Officers Association (COA) announced the agenda for the 2005 Public Health Professional Conference, which will be held June 6-9, 2005 at the Wyndham in Philadelphia, PA.

The conference will open Monday afternoon with a panel featuring five former Surgeons General including C. Everett Koop, Joycelyn Elders, David Satcher, Julius Richmond, and Jesse Steinfeld. Their discussion will be moderated by Surgeon General Richard Carmona. The panel will be followed by the 'Luther Terry Lecture' to be delivered by Dr. Anthony Fauci, Director of the National Center of Allergy and Infectious Diseases, National Institutes of Health.

Tuesday will be 'Category Day.' Continuing education credits will be available for all 11 categories—Medical, Dental, Nurse, Engineer, Scientist, Environmental Health, Veterinary, Pharmacy, Dietetics, Therapy, and Health Services. Detailed 'Category Day' agendas are available on the conference Web site. Wednesday will feature general sessions on such topics as the health effects of climate change; post-traumatic stress disorder in the uniformed and civilian populations; and obesity. The day will

conclude with a keynote presentation by Surgeon General Carmona. Thursday will feature three tracks with three sessions in each track. The tracks will be Health in a Moving World, Environmental Health, and Global Security/Emergency Response. The day will conclude with a general session on 'Harnessing Technology for Public Health.'

The conference will be preceded on June 5 by the **Global Health Summit**, which will feature the unveiling of the Surgeon General's Call to Action on Global Health. The Call to Action is a precursor to his Report on Global Health. The Summit will offer a unique opportunity to provide input and comment on the Call to Action. Focus areas will include: global security/infrastructure; displaced persons; diseases; and environmental health.

A number of other pre- and post-conference activities will be offered including a retirement seminar, 3-day Basic Officer Training Course, and workshops for mental health providers.

For more information or to register, visit www.coausphsconference.org, or call toll-free 1-866-544-9677.

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Commissioned Corps Awards Board

CAPT Eugene McCray Recognized for Positively Impacting the Lives of Millions of People with HIV

CAPT EUGENE MCCRAY was recognized with the Public Health Service (PHS) Distinguished Service Medal (DSM) for his extraordinary leadership in establishing a Global AIDS Program (GAP) at the Centers for Disease Control and Prevention (CDC). CAPT McCray has served as the Director of GAP since March 2000 and has been responsible for implementing HIV prevention, treatment and care programs, establishing surveillance systems, and developing lab capacity in 25 countries and 4 regions around the world. Whereas CAPT McCray's leadership to

GAP has enabled the delivery of quality HIV prevention and AIDS care to millions of people, his commitment to work in partnership with host governments and Ministries of Health, other U.S. agencies, international organizations, and health professionals at all levels, has allowed GAP-participating countries to develop and expand their capacity to deliver and sustain HIV programs.

CAPT McCray was responsible for establishing the technical foundation of GAP, which is based on 17 evidenced-based technical strategies that support three programmatic areas: Primary Prevention; Surveillance and Infrastructure Development; and Care, Support, and

Treatment. His commitment to local needs and circumstances has led each GAP-participating country program to implement interventions in partnership with local health ministries and organizations. Currently there are intervention programs in 25 of the hardest hit countries, which collectively account for 90 percent of the estimated 42 million people with HIV around the globe. Under CAPT McCray's leadership, GAP's annual expenditures have grown from \$35 million in Fiscal Year (FY) 2000 to over \$400 million in FY 2004, and GAP staff has grown to 125 full-time employees, 100 contractors, over 70 cooperative

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Alaska Native Leaders Honor Commissioned Officers' Service

Southcentral Foundation, an Alaska Native Health Corporation that co-owns and manages the Alaska Native Medical Center, celebrated 'Commissioned Corps Appreciation Day' on January 5, 2005. The special event was initiated by Katherine Gottlieb, Alaska Native President and Chief Executive Officer of Southcentral Foundation, to honor the Public Health Service (PHS) Commissioned Corps officers' hard work and commitment to the Native organization's mission.

The ceremony also recognized that 50 years have passed since PHS began providing health services to Alaska Natives and American Indians. The transition of health services from the Bureau of Indian Affairs to the Indian Health Service occurred in 1955. At that time, infant mortality was double that of the rest of the U.S. population and tuberculosis (TB) was rampant. By 1960 infant mortality had decreased by almost 25 percent and TB deaths by almost 50 percent. Today, infant mortality rates for Alaska Natives and American Indians have decreased to a rate only a little higher than that of all U.S. races.

The native leaders of Southcentral Foundation expressed great pride that PHS Commissioned Corps officers have chosen to partner with them to help eliminate health disparities between Alaska Natives and the rest of the U.S. population.



Public Health Service Commissioned Corps officers surround Southcentral Foundation President and Chief Executive Officer, Katherine Gottlieb, (front center) at the Anchorage Native Primary Care Center. Above them is a mask created by Sylvester Ayek, an Inupiaq artist from King Island, Alaska.

Commissioned Corps Awards Board

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agreement partners, and nearly 700 host country staff. He personally has primary oversight of all program activities and directly supervises all 25 country directors and 4 branch chiefs at headquarters.

Under CAPT McCray's direction, data produced by CDC's GAP has been used to further develop and expand a unified U.S. Government approach to responding to the global AIDS pandemic. Two Presidential Initiatives—the President's International Mother to Child Prevention Initiative (PMTCT Initiative) and the President's Emergency Plan for AIDS Relief (The Emergency Plan)—have targeted 14 of the most afflicted nations to

receive intensive U.S. Government resources and support. These initiatives have allowed for the expansion of CDC's GAP activities resulting in CAPT McCray's multiple personal visits with Ministries of Health, U.S. Ambassadors, and other key health professionals, building long-term relationships and letting countries develop sustainable infrastructure, as well as strengthening surveillance systems which help GAP-participating countries make better informed policy and programmatic decisions.

CAPT McCray has been instrumental in developing capacity and infrastructure, which has resulted in outstanding

GAP program achievements. For example, over 2,656 GAP-supported PMTCT Initiative sites have provided Anti-Retro treatment to 36,500 pregnant women, the number of CDC GAP-supported laboratories qualified to perform HIV tests has expanded from 247 in 2002 to 630 in 2003, and over 600 GAP-supported sexually transmitted infection service sites treated 64,068 individuals in FY 2003.

For his outstanding leadership and management of a scientifically based program, CAPT McCray is highly deserving of the DSM.

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Basic Officer Training Course Held in Fort Worth, Texas

**United States Public Health Service
Commissioned Corps**

BASIC OFFICER TRAINING COURSE

NOVEMBER 30 - DECEMBER 2, 2004

FORT WORTH, TEXAS

The Federal Bureau of Prisons' (BoP) Health Services Division, and the Federal Medical Center (FMC) Carswell, sponsored a Basic Officer Training Course (BOTC) in Fort Worth, Texas, November 30-December 2, 2004 at the Naval Air Station, Joint Reserve Base. The Office of Commissioned Corps Operations' Commissioned Officer Training Academy staff, CDR Meta Timmons and LT Carolyn Oyster, presented a thorough and professional course. FMC Carswell Warden Ginny Van Buren presented opening and closing remarks.

Seventy-two officers participated in this training. Although most of the U.S. Public Health Service (PHS) Commissioned Corps officers were from Texas, officers came from North Carolina, Washington, D.C., New York, Louisiana, Illinois, Oklahoma, Maryland, Arizona, and Kansas. The officers were of all ranks and disciplines and are assigned to BoP, Food and Drug Administration, Centers for Medicare and Medicaid Services, Indian Health Service, and Health Resources and Services Administration.

The Fort Worth Chapter of the Commissioned Officers Association provided



Participants in the Basic Officer Training Course, November 30-December 2, 2004, in Fort Worth, Texas.

assistance for the training, including a social event at the Fort Worth Stockyards. Texas hospitality was alive and well throughout the training. The BOTC instructors were given a tour of FMC Carswell by the BOTC Coordinator, CAPT Julia Dunaway. The day of the tour happened to occur during the annual Christmas tree lighting ceremony. CDR Timmons was surprised to see three inmate choirs singing to the large assembly of inmates and staff. CAPT Nick Makrides, BOP Chief Dentist, repre-

sented CAPT Newton Kendig, BOP Medical Director, during a special presentation regarding transformation of the Corps and what officers should expect in light of personnel policy changes. Mr. Scott Murchie, Chief of Staffing and Recruitment, BOP's Health Services Division, attended the first two days of the BOTC.

The Texas officers were extremely grateful to have a BOTC class close to home, to learn about PHS history and policy, and especially to meet new friends.

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LT Martin Ruiz-Beltran, Deployed to Central Asia with the Office of Military Cooperation – Afghanistan

In early September 2004, LT Martin Ruiz-Beltran, a Health Services Officer in the Public Health Service (PHS) Commissioned Corps, working for the Division of Immigration Health Services (DIHS), Immigration and Customs Enforcement, Department of Homeland Security, received a telephone call from Lieutenant Colonel (LTC) Jose Betancourt, Chief of Medical Plans for the Defense Resource Section in the Office of Military Cooperation–Afghanistan (OMC-A). LTC Betancourt (U.S. Army) requested technical assistance and professional support for some of the projects that his office is conducting in Afghanistan in support of Operation Enduring Freedom. LTC Betancourt's public health vision and his commitment to President Bush's Global War on Terrorism was the principal reason to request the professional cooperation of the PHS Commissioned Corps.

At the same time, LT Ruiz-Beltran started his communications with the Department of Health and Human Services' (HHS) Office of Global Health Affairs to assist Secretary Thompson's continuous support for Maternal and Child Health projects in Afghanistan, specifically at the Rabia Balkhi Hospital in Kabul, Afghanistan. The in-country support for LT Ruiz-Beltran's deployment was by CAPT Craig Hostetler, USPHS (Ret.), who has been working as a senior representative for HHS in Afghanistan. After several telephone conferences and a number of e-mails between the in-country team and LT Ruiz-Beltran, all objectives and terms of reference for the deployment were completed.

The request for technical assistance in Afghanistan concentrated in two fronts. First, LT Ruiz-Beltran would dedicate a considerable amount of time to conceptualize, develop, and implement an equipment and supplies administrative system for the Afghan Ministry of Public Health (MOH). In addition, he was asked to assist in tracking the current equipment and supplies distribution system and to propose innovative alternatives for the distribution of supplies at the national level. The second set of priorities for his deployment was to support the OMC-A Defense Resources Section.

LT Ruiz-Beltran was asked to work and provide assistance to the Afghan National Army (ANA) to develop their national health care system. In particular, he was asked to work with the ANA National Hospital to conduct an assessment of the hospital's nursing department and to develop a national nursing strategic plan as well as, for the first time ever, to develop an organized nurse corps to meet the health care needs of Afghan soldiers and their families.

Additionally, once in-country, LT Ruiz-Beltran was asked to develop a comprehensive prevention and sanitation program for the ANA National Army Volunteer Centers (NAVC) and to conduct site inspections across the country to determine public health needs and any other health related risks to the new army volunteers.

After much preparation and many levels of authorization and with the support of CAPT Gene Migliaccio, Director of DIHS, LT Ruiz-Beltran, a recognized global health expert, received his orders to deploy to Afghanistan. As the first PHS Commissioned Corps officer detailed with OMC-A, he was initially asked to present and introduce the PHS mission to a multi-service unit and to members of an international coalition.

During his deployment, LT Ruiz-Beltran conducted a number of activities in support of the HHS project at Rabia Balkhi Hospital and other MOH hospitals. For instance, he performed two hospital supplies and equipment assessments—one at the National Children's Hospital and another at the main women's hospital in the nation. The overall premise of these assessments was to establish a baseline regarding perceived and observed availability of supplies and equipment at the department level, and



At the Afghan National Army's National Hospital, LT Ruiz-Beltran (left) and Dr. Parwaiz (medical interpreter) presented Nursing Professional Standards.

to assess the current system used by the hospital to request and procure medical supplies. The information obtained was later used to assess the MOH Central Stock Unit system and its ability to supply and distribute existing supplies at each of the MOH facilities. Also, his assessment was used to evaluate MOH's current supply inventory and available stock for a national distribution plan. The selection of the hospitals for the conduct of these assessments was determined by the HHS in-country team and was supported by each of the surveyed hospital directors and by the Afghan General Director for Administration and Management of MOH. For each of the assessment tools, a set of benchmark indicators was also chosen and used for the analysis of the data. For the assessment, three departments were selected in each of the hospitals.

LT Ruiz-Beltran also developed and implemented a new electronic equipment and supplies system at the MOH Central Stock Unit. Working alongside his Afghan counterparts, he worked to identify the most urgent equipment and medical supply needs and distribution systems. Ultimately, he implemented solutions that will improve the health of citizens of Afghanistan, yet reducing purchase and distribution costs and potentially saving millions of dollars for MOH regional hospitals.

(Continued on page 9)

LT Martin Ruiz-Beltran, Deployed to Central Asia with the Office of Military Cooperation – Afghanistan

(Continued from page 8)

During his deployment, LT Ruiz-Beltran had the opportunity to work directly with the staff at the Rabia Balkhi Hospital where HHS is implementing an OB/GYN residency program. LT Ruiz-Beltran had the opportunity to assist with Secretary Thompson's visit to Afghanistan to view first hand the progress in reducing maternal and infant mortality in the country. Secretary Thompson also presented to MOH the first set of interactive public health books as a gift to the people of Afghanistan. These books are designed to provide basic health education messages and healthy styles tips for the people of Afghanistan.

As part of his activities with OMC-A, LT Ruiz-Beltran conducted an assessment of the ANA National Hospital's nursing program. This assessment identified possible nursing gaps and potentially saved thousands of dollars by allowing for better allocation of nursing services, supplies, and nursing education/training components. After his assessment, he prepared a report for the Chief of Medical Engagement Central Asian States of the U.S. Central Command/CCSG to delineate ANA nursing needs

for future integration of services. This report will serve as the baseline for future nursing programs development and will potentially reduce the costs of nursing services by tens of thousands of dollars. In addition, LT Ruiz-Beltran's nursing experience was instrumental in the development of a nursing strategic plan for the ANA health system. LT Ruiz-Beltran also developed a set of nursing professional standards and presented them to an audience of more than 200 nurses, physicians, and other health care providers.

As an additional task, LT Ruiz-Beltran assessed the installation of the ANA NAVC and developed health and sanitation guidelines for each of the 35 centers and 7 battalion headquarters across the country. He traveled to a number of provinces where he conducted sanitation inspections, trained the NAVC commanders, and posted vital public health education materials. His efforts directly impacted the health and welfare of not only the ANA soldiers, but the entire country, by ensuring recruits are protected from and do not spread historically debilitating diseases such as typhoid, tetanus, hepatitis, and tuberculosis.



A water sanitation inspection was conducted by LT Ruiz-Beltran in Parwan Province's National Army Volunteer Center.

LT Martin Ruiz-Beltran Awarded Joint Service Achievement Medal

On January 10, 2005, in Kabul, Afghanistan, LT Martin Ruiz-Beltran was presented with a Joint Service Achievement Medal by the Commander of the Office of Military Cooperation-Afghanistan (OMC-A), Major General Craig P. Weston, U.S. Air Force.

The presentation was made in front of the entire compound, and LT Ruiz-Beltran was commended for his professionalism and accomplishments during his 90-day tenure with OMC-A. Everyone he came into contact with, including all Department of Defense services, International Coalition Forces, and the Afghan Nationals learned about the U.S. Public Health Service (PHS) Commissioned Corps, and were left with a very positive impression of the Corps. And, they now know what the PHS March sounds like as LT Ruiz-Beltran sang a rousing rendition in front of all!

Congratulations, LT Ruiz-Beltran.



Major General Craig Weston (left) presenting the Joint Service Achievement Medal to LT Ruiz-Beltran.

Reminder

COA Online Registration Available

Online registration is available for the 2005 Public Health Professional Conference and affiliated events including the Global Health Summit and 3-day Basic Officer Training Course.

The conference is sponsored by the Commissioned Officers Association (COA) and will be held June 6-9 in Philadelphia, PA.

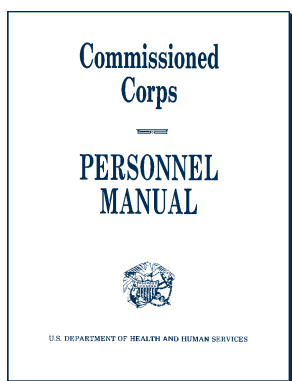
For more information, or to register, visit www.coausphsconference.org.

Recent Calls to Active Duty

Category/Rank/Name	OPDIV/STAFFDIV/Program	Category/Rank/Name	OPDIV/STAFFDIV/Program	Category/Rank/Name	OPDIV/STAFFDIV/Program
MEDICAL		ENVIRONMENTAL HEALTH		Martha S. Fermin	HRSA
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT</i>		Bethesda, MD	
Esan O. Simon	DHS	Jamison S. Honeycutt	IHS	Adam W. Lofton	CDC
Elizabeth City, NJ		Many Farms, AZ		Atlanta, GA	
<i>LIEUTENANT</i>		<i>LIEUTENANT J.G.</i>		Rebecca L. McTall	HRSA
Craig E. Zinderman	FDA	Jessica L. Schwarz	IHS	San Diego, CA	
Rockville, MD		Nashville, TN		Stacy L. Parker-Pasquarella	BOP
DENTAL		PHARMACY		Butner, NC	
<i>LIEUTENANT</i>		<i>LIEUTENANT COMMANDER</i>		Robert L. Titchener	BOP
Antonia A. Accettura	BOP	Louis R. Flowers III	HRSA	Sheridan, OR	
San Diego, CA		Rockville, MD		<i>LIEUTENANT J.G.</i>	
NURSE		<i>LIEUTENANT</i>		Idongesit I. Essiet-Gibson	OS
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT</i>		Washington, DC	
Dorothy R. Merchant	IHS	Courtney R. Calder	FDA	Jina M. Ethelbah	IHS
Anchorage, AK		Rockville, MD		Polacca, AZ	
<i>LIEUTENANT</i>		<i>LIEUTENANT</i>		Monique C. Lo	FDA
Wilfred Bermudez	BOP	Wilbur L. Graves	IHS	San Jose, CA	
Miami, FL		Anchorage, AK		Nicholas C. Mendiola	FDA
Andre Damonze	BOP	Mark E. Rayburn	BOP	Syracuse, NY	
Fort Worth, TX		Texarkana, TX		Joseph R. Newcomb	IHS
Monique S. Frazier	HRSA	DIETETICS		McGrath, AK	
Houston, TX		<i>LIEUTENANT COMMANDER</i>		Rodney S. Sluss	BOP
Zita Y. Guerrero	HRSA	Pamella K. Vodicka	HRSA	Butner, NC	
El Paso, TX		Rockville, MD		Joseph S. Tomao	FDA
Peggy J. Morgan-Griffin	IHS	HEALTH SERVICES		Jamaica, NY	
Phoenix, AZ		<i>LIEUTENANT</i>		<i>ENSIGN</i>	
Stephen D. Navarro	IHS	Karen D. Beckham	HRSA	Roger Hargrove	IHS
Tuba City, AZ		Rockville, MD		Parker, AZ	
Aaron D. Smith	HRSA	Deloris A. Caldwell	HRSA		<input type="checkbox"/>
San Pedro, CA		Detroit, MI			
Steve F. Stevenson	BOP	Recent Deaths			
Butner, NC		<i>Note: To report the death of a retired officer or an annuitant to the Office of Commissioned Corps Support Services (OCCSS), please phone 1-800-638-8744.</i>			
Amy T. Wright	IHS	The deaths of the following retired officers were recently reported to OCCSS:			
Warm Springs, OR		<i>Category / Rank / Name</i>	<i>Date</i>	<i>Category / Rank / Name</i>	<i>Date</i>
<i>LIEUTENANT J.G.</i>		MEDICAL		SCIENTIST	
Colleen C. Kerr	IHS	<i>REAR ADMIRAL (Upper half)</i>		<i>CAPTAIN</i>	
Phoenix, AZ		S. Paul Ehrlich	01/06/05	M. H. Goodwin, Jr.	12/25/04
Judy S. Tanuvasa	IHS	DENTAL		Charles R. Joyce	12/23/04
Anchorage, AK		<i>CAPTAIN</i>		ENVIRONMENTAL HEALTH	
ENGINEER		<i>CAPTAIN</i>		<i>COMMANDER</i>	
<i>LIEUTENANT COMMANDER</i>		Oscar B. Tate	12/22/04	A. V. Regnier, Jr.	12/17/04
Edward A. Cayous	IHS	NURSE		THERAPY	
Eagle Butte, SD		<i>COMMANDER</i>		<i>COMMANDER</i>	
M. Stefanie Pecos-Duarte	IHS	Michael W. Jones	01/04/05	Edward Koziatek	12/16/04
Albuquerque, NM		ENGINEER			
<i>LIEUTENANT J.G.</i>		<i>REAR ADMIRAL (Upper half)</i>			
Nazmul Hassan	FDA	C. C. Johnson, Jr.	12/14/04		<input type="checkbox"/>
Jamaica, NY					
Cason J. LeBlanc	IHS				
Okmulgee, OK					
SCIENTIST					
<i>LIEUTENANT</i>					
John Stansberry	NIH				
Rockville, MD					

Commissioned Corps Personnel Manual

NEW ISSUANCES



TRANSMITTAL SHEET 671 DATED JANUARY 14, 2005— INSTRUCTION 3 of Subchapter CC42.2, “Nurse Category Special Pays.”

This INSTRUCTION prescribes regulations governing the award of special pays to active-duty nurse officers in the Commissioned Corps of the U.S. Public Health Service. The purpose of nurse category special pays is to aid in the recruitment and retention of qualified nurse officers. This INSTRUCTION consolidates all nurse officer special pays (Nurse Accession Bonus, Incentive Special Pay for Certified Registered Nurse Anesthetists, and Nonphysician Board Certified Pay) into one regulation, therefore replacing Subchapter CC42.2, INSTRUCTION 3, “Nurse Special Pay—Nurse Accession Bonus and Nurse Anesthetist Special Pay.”

TRANSMITTAL SHEET 672 DATED FEBRUARY 1, 2005— INSTRUCTION 7 of Subchapter CC23.4, “Flag Grade Officer Selection and Assignment.”

This INSTRUCTION sets forth the policy and procedures concerning the designation of flag grade positions within the Public Health Service (PHS) and selection of officers to serve in the flag grade in the PHS Commissioned Corps.

Please note: The INSTRUCTIONS listed above can be accessed on the Commissioned Corps Management Information System Web site—<http://dcp.psc.gov>—click on ‘Publications, ‘Commissioned Corps Personnel Manual.’



2004 ANNUAL COER Attention All Active-Duty Officers—

Please check your electronic Official Personnel Folder (e-OPF) to ensure that your 2004 Commissioned Officers’ Effectiveness Report (COER) has been submitted. Officers who were on active duty prior to March 1, 2004 are required to have a 2004 COER on file. (For exceptions, see Manual Circular PHS No. 379 at http://dcp.psc.gov/PDF_docs/MC379COER.pdf.)

To determine if your COER is on file, please logon to the Commissioned Corps Management Information System (CCMIS) Web site at <http://dcp.psc.gov>, log into the ‘Secure Area’ and access your e-OPF. The 2004 Annual COER should be filed in the ‘blue’ section, under ‘COER Documents’ as ‘COER dated June 1, 2004.’

If your COER is not there, then it has **not** been completed. Officers who are missing a 2004 Annual COER should check on their COER status by signing back into the 2004 electronic COER application. This link can be found on the ‘Welcome’ page of the CCMIS Web site under the 9/23/04 bullet (select ‘online COER’).

If you need further assistance, please contact your Commissioned Corps Liaison (see list at http://dcp.psc.gov/PDF_docs/SGPAC3.pdf) or send an e-mail to: phscoers@hhs.gov.

New Mileage Rates

The new mileage reimbursement rates for Federal employees who use privately owned vehicles on official Government travel were published in the Federal Register on February 4, 2005. The rates, listed below, became effective on February 4 and apply to official travel performed on or after that date.

- Automobile – \$0.405 per mile
- Airplane – \$1.07 per mile
- Motorcycle – \$0.305 per mile



Retired Officers’ TRICARE Prime Enrollment Fees / Allotments

Retired Public Health Service Commissioned Corps officers who pay TRICARE Prime enrollment fees can pay these fees through monthly allotment from their retired pay. Beneficiaries who receive survivor benefits from either retired or active-duty sponsors are paid through a separate pay account and are *not* eligible for setting up an enrollment fee allotment.

In order to start an allotment, complete an ‘Enrollment Fee Allotment Authorization Letter’ and send it to the TRICARE Regional contractor (North, South, or West) that serves your area, along with an initial quarterly payment. (*Beneficiaries will not need to send a quarterly payment when transferring from one region to another once the allotment process has already been set up.*) After the contractor receives the allotment authorization letter and initial quarterly payment, the contractor forwards a payment request to the Compensation Branch of the Office of Commissioned Corps Support Services, which in turn sets up a monthly payment to the regional contractor on your behalf.

The ‘Enrollment Fee Allotment Authorization Letter’ is used to start, stop, or change monthly allotment payments from the retiree pay account. Contact your TRICARE Regional contractor for the appropriate allotment authorization letter.

NOTE: Please do not contact the Compensation Branch for the ‘Enrollment Fee Allotment Authorization Letter’ as only your TRICARE Regional contractor maintains and processes the form.



Retirements – January

<i>Category/Rank/Name</i>	<i>OPDIV/STAFFDIV/Program</i>	<i>Category/Rank/Name</i>	<i>OPDIV/STAFFDIV/Program</i>	<i>Category/Rank/Name</i>	<i>OPDIV/STAFFDIV/Program</i>
MEDICAL		NURSE		ENVIRONMENTAL HEALTH	
<i>REAR ADMIRAL (Upper half)</i>		<i>CAPTAIN</i>		<i>CAPTAIN</i>	
Kenneth W. Bernard	OS	Veronica G. Stephens	DHS	Charles A. Freeman	IHS
Stephen B. Thacker	CDC			Peter P. Wallis	IHS
<i>CAPTAIN</i>		<i>COMMANDER</i>		VETERINARY	
Mary P. Andrich	FDA	Steven K. Bulleigh	IHS	<i>CAPTAIN</i>	
Ellen K. Blair	BOP	Marcia A. Dunham	IHS	Marguerite Pappaioanou	CDC
Edwin L. Jones III	DHS	<i>LIEUTENANT COMMANDER</i>		Fred A. Hines	FDA
Robert C. Laliberte	IHS	Andrew J. Estes	BOP	Allan Lock	NIH
Katherine M. Stone	CDC			PHARMACY	
<i>COMMANDER</i>		ENGINEER		<i>CAPTAIN</i>	
William P. Durant	IHS	<i>CAPTAIN</i>		Robert DeChristoforo	NIH
Richard O. Pierce	IHS	Steven W. Lenhart	CDC	DIETETICS	
		William H. Midgette	FDA	<i>LIEUTENANT COMMANDER</i>	
DENTAL		<i>COMMANDER</i>		Janice D. Anderson	NIH
<i>CAPTAIN</i>		Thomas J. Ketcheson	IHS	HEALTH SERVICES	
Robert W. Hendricks, Jr.	DHS	SCIENTIST		<i>CAPTAIN</i>	
Mark E. Kosell	IHS	<i>CAPTAIN</i>		Vivian T. Chen	HRSA
Lyn A. Page	IHS	Wendy E. Kaye	ATSDR	<i>COMMANDER</i>	
Jonathan C. Smith	DHS	<i>COMMANDER</i>		John T. Katzer	IHS
Paul Young	BOP	Ronald M. Larson	IHS	Ludlow B. McKay	HRSA
<i>COMMANDER</i>				Lola R. Staples	CMS
Kenneth A. Reed	BOP				□

DEPARTMENT OF HEALTH & HUMAN SERVICES

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