



# Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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## Surgeon General's Column

As we ring in the new year, we have the opportunity to reflect on efforts that have helped create a healthier, safer America, and look ahead to what is to come in 2005. One achievement we can all take pride in is providing access to health information—something we do across the Corps. Health literacy, the ability to communicate effectively the information that is vital to those we serve, is one key to providing access.

I truly appreciate all your work to help improve Americans' health literacy. President Bush, Secretary Thompson, Public Health Service (PHS) officers, health care professionals, educators, business and community leaders, and non-profit and Federal colleagues have contributed to the ability of every American to access, understand, and use health-related information and services to make appropriate health decisions. Our goal is to provide the best scientific information available in a way that everyone can understand and use.

We have partnered with organizations and individuals across America to share information through high-tech methods like interactive Web-based programs, and proven low-tech methods like peer-to-peer education. For example, in May 2004 we launched "The Health Consequences of Smoking: A Report of the Surgeon General." With the Report, we released a new, interactive, Internet-accessible scientific database of more than 1,600 key articles cited in the Report, and we unveiled a new animated Web site for the public showing the hazards of smoking and the benefits of quitting.

To complement the Report, the database, and the animated program, we also created a full-color, easy-to-read companion piece for the public. This 'People's Piece' was the first-ever publication of its kind to accompany a Surgeon General's Report. It offers information about quitting smoking in easy-to-understand formats, including photos and other graphics that draw and keep the attention of people who might not be interested in reading the full 960-page Surgeon General's Report.

In October 2004, for the launch of "The Surgeon General's Report on Bone Health and Osteoporosis," a coalition of partners built upon the success of the first People's Piece. We again translated a highly scientific document into an easy-to-understand format to help people understand what the Report says and what it means to them. The colorful, magazine-style People's Piece provides graphics, health tips, and answers the most commonly asked questions about how to develop and maintain healthy bones. In this People's Piece, the complex science provided in the Report is distilled down to simple take-home messages, including: "Osteoporosis isn't just your grandmother's disease" and "You are never too old or too young to improve your bone health."

These People's Pieces are currently being distributed through community- and faith-based organizations, schools, clinics, and directly to individual homes. The demand for the People's Pieces demonstrates that finding creative ways to translate evidence-based research into easy-to-understand ma-

terial can have a tremendous impact. To date, more than 250,000 People's Pieces have been distributed throughout the United States.

In 2005, we must work to reach all Americans with science-based health messages, including healthy indoor environment, correctional and community health, preventing child maltreatment, and global health. One of the first events of this new year will be the "Surgeon General's Workshop on Healthy Indoor Environment." This will be a forum for the public, medical community, public health community, and building design, construction, and ownership community to discuss public health issues related to indoor environment; define the research needs to better understand the public health implications of indoor environment; and seek collaboration among the medical, public health, engineering, and facilities management communities.

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## Surgeon General's Column

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Americans are spending an increased amount of time in indoor settings. On average, an individual today spends between 85 percent and 95 percent of his/her time indoors—such as a home, car, office, school, or other workplace. In the past, that figure was much lower. Further evidence indicates that one in five schools in the United States has indoor air quality problems. The time has come to further explore what health affects may be associated with indoor environment and what type and combination of interventions could best maximize health quality in indoor settings and promote prevention.

I want to thank the Workshop Planning and Coordination Group, led by CAPT Sven Rodenbeck, RADM Robert C. Williams (PHS Chief Engineer), and the Building Design and Construction Subcommittee of the Engineer Professional Advisory Committee for their efforts to develop this Workshop. For more information, please visit <http://www.hhs.gov/surgeongeneral/library/healthybuildings/>.

As we explore the indoor environment and other timely public health topics, my commitment is to continue to collaborate with partners to provide critical health information to even more Americans. I challenge each of you to find several ways this year to further improve health literacy in your community. In every interaction with your patients, their families, and your community look for ways to ensure that people understand what they can do to stay healthy.

Thank you and have a safe and healthy new year.

VADM Richard H. Carmona  
Surgeon General



## Moving Toward a New Automated Commissioned Corps Personnel and Payroll System

Submitted by CAPT Barry Bragin, USPHS (Ret.)

*This is the second 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 2004 issue of the Commissioned Corps Bulletin.*

### Managing the Distribution of Your Gross Pay

One of the significant improvements in the new U.S. Public Health Service Commissioned Corps payroll (CCPayroll) system will be the ability for officers [unless specifically noted, all the features mentioned in these articles apply to active-duty and retired officers as well as annuitants] to control what happens to their monthly pay after the gross is calculated. Using the self-service Web interface, officers will be able to submit transactions to change their Federal and State tax exemptions as well as decide how their net pay is distributed. However, let me make it perfectly clear: while all payees of the CCPayroll system will be encouraged to use the new self-service features, the existing paper-based methodologies of mailing, faxing, or hand-delivering forms to the Compensation Branch (CB), Office of Commissioned Corps Support Services, will remain as a backup alternative for those who are unable to take advantage of the new, improved system.

**CHARITY ALLOTMENTS** through the Combined Federal Campaign for active-duty officers will remain unchanged. Officers will continue to complete the multipart form with their choice of charitable organizations and amount of contribution. Campaign Coordinators will forward the completed forms to the CB.

**INSURANCE ALLOTMENTS** can be started, stopped, or amounts changed online. Select from a list of all insurance companies with whom we are currently doing business, and enter the amount to be deducted and the effective date to begin the deduction. If using a company that we have never dealt with before, you will be prompted for some identifying information and the transaction will be forwarded to a technician at CB who will set up the interface to this new institution. You may be contacted for further information in this case.

**THRIFT SAVINGS PLAN** contributions will be another self-service option available to active duty-officers. The Web interface will prompt you for all the items that currently appear on the TSP-U-1 (enrollment) and TSP-U-1-C (catch-up) forms.

**COMMISSIONED OFFICERS ASSOCIATION DUES** can be paid online.

**U.S. SAVINGS BONDS** will be available to all users in various denominations and unlimited quantities.

**NET CHECK DISTRIBUTION** will default to the current financial institution you have on file. However, you will be able to make up to two additional distributions, either by fixed amount or percentage of remaining pay, to any other financial institution. As with insurance allotments, you will select from a list of pre-defined institutions, validate the routing number of the bank, and enter your account number. If you are adding a heretofore unidentified institution, your transaction will have to be first forwarded to CB for review before becoming activated.

With all of these transactions, once they are completed online you will be able to see its effect on your next month's paycheck immediately. If it causes some unforeseen problem (e.g., your plan to allot \$2,000 to a savings account doesn't leave enough in your checking to pay the mortgage), you can delete the transaction or change it as necessary. You will be notified electronically whenever any payroll action becomes effective, and your monthly electronic leave and earnings statement will itemize all distributions.

If you have specific comments, suggestions, or concerns, please e-mail them to [ccpayroll@psc.gov](mailto:ccpayroll@psc.gov). Every submission will get a reply and those that have general applicability will be used for a FAQ feature in a future *Commissioned Corps Bulletin* article.



## Office of Force Readiness and Deployment

### Current Responses

- Deployment to Secretary's Operation Center, Department of Health and Human Services (HHS), through January 2005.
- Secretary's Emergency Response Teams (SERT) On Call through January 20, 2005.
- Dentists Deploy to Camp Lejeune, October 2004 to February 2005.
- Rocky Mountain Spotted Fever (pending start date).
- Inauguration Day, January 20, 2005.

### Inauguration Day, January 20, 2005

On January 20, 2005, President George W. Bush will be sworn-in as the 44th President of the United States. It is expected that members of Congress, the Cabinet, the Supreme Court, and up to 500,000 American citizens will attend. The Department of Homeland Security has declared this a National Special Security Event. As such, all Federal agencies, including HHS, will place their assets on a heightened alert in case of a weapons of mass destruction (WMD) event.

The Office of Public Health Emergency Preparedness (OPHEP) and the Washington, D.C. Department of Health have requested support from the U.S. Public Health Service (PHS) Commissioned Corps for a variety of venues. It is expected that approximately 170 PHS officers will be supporting this event. These officers include: clinicians who will be working in medical tents and EMS (Emergency Medical Services) vehicles along the parade route; liaisons at various locations; SERT members; epidemiologists to evaluate best practices; and perhaps others. Additionally, a cadre of Corps officers will be on heightened alert in case of a WMD event.

### Washington, D.C. Department of Health

The Washington, D.C. Department of Health (DOH) requested Corps nurses to provide influenza vaccines to elderly residents of the city. In December, the DOH received 2,500 doses of influenza vaccine with the intent of vaccinating 2,500

people in a 2-day clinic operation. PHS officers were deployed to augment DOH staff and assist in vaccinating a large number of residents in a short period of time. This event gave the city and the Corps an opportunity to participate in a real-time exercise that prepared both parties for a mass vaccination that may occur in the future.

### On Call Responses

Recently, the Corps has been called upon to be in on-call status for a variety of high profile national 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. It is anticipated that this on-call status will continue until after the Presidential Inauguration.

### Policy Issues

Please immediately review Manual Circular PHS No. 377, "Basic Level of Force Readiness Standards for the Commissioned Corps of the U.S. Public Health Service," and Commissioned Corps Personnel Policy Memorandums 04-003, 04-006, 05-002, and 05-004 at <http://dcp.psc.gov/navigati.asp>.

### Training

- **MMCBC:** Office of Force Readiness and Deployment (OFRD) officers attended the U.S. Army Medical Research Institute of Infectious Disease's Medical Management of Chemical and Biological Casualties (MMCBC) course, October 31-November 5, 2004.
- **LNO (Liaison Officer):** OFRD will support the OPHEP and has identified officers to be trained as Liaison officers for SERT. More than two times the number of applications than available slots for this course were received. The LNO (II)/SERT training was held in Washington, D.C., December 7-10. OFRD has trained 200 officers to work with SERT.
- **DART:** OFRD in conjunction with the U.S. Agency for International Development's Office of Foreign Disaster Assistance will provide a special

version of the Disaster Assistance Response Training (DART) program, just for PHS officers. This class was postponed due to the hurricanes in September and has been rescheduled for January. There are no vacancies for this class.

- **Upcoming Training:** Fiscal Year 2005 OFRD Training Courses are listed at <http://ccrf.hhs.gov/ccrf/training.htm> as course offerings become available.

## News from Baton Rouge

### The Officers Device Supply Center Offers Online Ordering

The Public Health Service (PHS) Officers Device Supply Center (PHSODSC) has added a new option of online ordering to better serve PHS Commissioned Corps officers with replacement PHS award items. Agencies/Operating Divisions/Programs and officers may procure replacement awards devices, uniform devices, and other officer accessories through the program. Award plaques are also available.

PHSODSC's new online ordering program, through [pay.gov](http://pay.gov), accepts VISA, MasterCard, and Discover Card payments, and offers express mailing through Federal Express.

You may access the order form at [http://bphc.hrsa.gov/nhdpl/PHS\\_officers\\_device\\_supply\\_center\\_main\\_page.htm](http://bphc.hrsa.gov/nhdpl/PHS_officers_device_supply_center_main_page.htm) or you may go direct to the order form at [pay.gov: https://www.pay.gov/paygov/forms/formInstance.html?formRevisionId=1244885&agencyId=1275](https://www.pay.gov/paygov/forms/formInstance.html?formRevisionId=1244885&agencyId=1275)

## Correction

The article titled "Commissioned Corps Mental Health Providers Deployed to Indian Country," appearing on pages 9 and 10 of the November 2004 issue of the *Commissioned Corps Bulletin*, incorrectly referred to the Fort Thompson Indian Health Service *Clinic* as the Fort Thompson Indian Health Service Hospital.

## Online Registration Available for Commissioned Officers Association Conference

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

The conference, sponsored by the Commissioned Officers Association, will be held June 6-9, 2005 in Philadelphia, Pennsylvania. The BOTC will be offered both before the conference (June 3-5) and after it (June 10-12). The conference will open with a keynote speech by Surgeon General Richard Carmona followed by a panel discussion featuring former Surgeons General C. Everett Koop, Julius Richmond, Jocelyn Elders, David Satcher, and Jesse Steinfeld. Topics covered during the 3 1/2 day conference will include: emergency/disaster response; global health; food safety; obesity; health effects of climate change; post-traumatic stress disorder; environmental health; and more. The conference is a great opportunity to earn significant continuing education credits and to network. Affiliated events will include a Career Development Seminar, a Retirement Seminar, and physical fitness testing.

The inaugural Global Health Summit, sponsored by the Public Health Service Commissioned Officers Foundation for the Advancement of Public Health, will be held on Sunday, **June 5**. The Global Health Summit will preview the Surgeon General's Call to Action on his upcoming "*Report on Global Health*." The primary purpose of the summit is to seek individual and organizational input that will assist in the development of the "*Report on Global Health*," and also to seek advice on needed collaborative action by national and international stakeholders in advancing the health of the citizens of the world community. Focus areas will include: international safety; maternal and child health; chronic disease; environmental health; priority health problems and disparities; health of transient populations; mental health and individual behavior; infectious disease; indigenous and multi-cultural populations; self-help programs; social equity; and economic impact of global health.

For more information or to register, visit [www.coausphsconference.org](http://www.coausphsconference.org).

## Commissioned Corps Personnel Manual

### NEW ISSUANCES

#### COMMISSIONED CORPS PERSONNEL POLICY MEMORANDUMS (PMM)

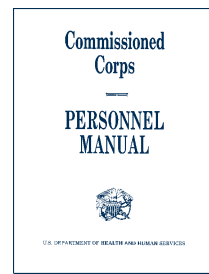
**PPM 05-005, DATED DECEMBER 21, 2004**

**Subject:** Termination of Special Leave Accrual Policy Authorized by Manual Circular No. 368.

**PPM 05-006, DATED DECEMBER 15, 2004**

**Subject:** Authorization of Medical Officer Multiyear Retention Bonus and Incentive Special Pay Effective 1 January 2005.

*Please note:* The PPM 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.'



## Changes Announced for Medical Officers Special Pays

On **January 1, 2005**, the new rates for Medical Special Pay (MSP) went into effect. The Multiyear Retention Bonus (MRB) rates for most specialties have increased for 4-year contracts effective in 2005. In the table at the end of this article, the new rates for Incentive Special Pay (ISP) and 2-year, 3-year, and 4-year MRB contracts are listed by specialty.

Specific information regarding the rates will be distributed to the Commissioned Corps Liaisons. Medical officers have two methods of receiving payment for special pay contracts. The **first method** is to receive the next annual installment of the existing contract through the normal process of **recertification**. Medical officers are sent (via Commissioned Corps Liaisons) a recertification form. As in previous

years, the recertification form must be processed through the officer's supervisory channels. The **second method** is to enter into a new MSP contract, subsequent to the expiration of the current contract, or as a renegotiation into a new MSP contract, if it is financially advantageous.

Renegotiations are authorized provided that the new contract extends beyond the current contract expiration date and the new rates are higher. When the medical officer has both MRB and ISP, **both rates must be for the same year and specialty**.

Specific information for MSP is available in the "Medical Special Pay Fact Sheet" on the Commissioned Corps Management Information System (CCMIS)

Web site at [http://dcp.psc.gov/MSP\\_fact\\_sheet.htm](http://dcp.psc.gov/MSP_fact_sheet.htm). All forms are available through your Commissioned Corps Liaison. Your request for a new contract or recertification should be submitted **through your supervisor and Commissioned Corps Liaison** for approval/processing prior to submission to the Compensation Branch, Office of Commissioned Corps Support Services, Program Support Center.

For additional information, contact your Commissioned Corps Liaison or go to the CCMIS Web site—<http://dcp.psc.gov>—and visit the "Payroll Issues" menu where you can also obtain information on the Thrift Savings Plan (TSP) to see how your bonus payments can be contributed to TSP.

(Continued with table on page 5)

**2005 MEDICAL SPECIAL PAY RATES**

<i>Specialty</i>	<i>Spec Code</i>	<i>2005 ISP with MRB</i>	<i>2005 ISP Obligated</i>	<i>2005 ISP No MRB</i>	<i>2005 MRB 2-year</i>	<i>2005 MRB 3-year</i>	<i>2005 MRB 4-year</i>
ALLERGY .....	0601	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
ANESTHES .....	0100	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
AROSPACE .....	2200	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$17,000
CARD DIS .....	0602	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
CLINPATH .....	1408	\$19,000	\$16,000	\$16,000	\$12,000	\$13,000	\$25,000
CLINPHRM .....	8000	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
C&R SURG .....	5200	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
CRITCARE .....	0615	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
DERMATOL .....	0300	\$18,000	\$18,000	\$18,000	\$12,000	\$13,000	\$17,000
DIA RAD .....	1803	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
EMERGNCY .....	6200	\$26,000	\$26,000	\$26,000	\$12,000	\$13,000	\$25,000
ENDO&MET .....	0607	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
FMLYPRAC .....	0501	\$13,000	\$13,000	\$13,000	\$12,000	\$13,000	\$17,000
GASTROEN .....	0604	\$29,000	\$26,000	\$23,000	\$12,000	\$13,000	\$33,000
GERIATRC .....	0614	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
HEMATOLO .....	0608	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
IMMUN .....	0613	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
INFCTDIS .....	0609	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
INT MED .....	0600	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
MDGENETIC .....	0620	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
NEONATAL .....	1507	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
NEPHROLO .....	0610	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
NEUROLOGY .....	1702	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
NEUR SURG .....	5500	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$25,000
NonTen ROG .....	9998/7	0	0	0	\$12,000	\$13,000	\$15,000
NUCLEAR .....	2400	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$17,000
OBST&GYN .....	0800	\$31,000	\$31,000	\$31,000	\$12,000	\$13,000	\$25,000
OCCUPATL .....	2300	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$17,000
ONCOLOGY .....	0611	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
OPHTHALM .....	5800	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$17,000
ORTHOSUR .....	1000	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$25,000
OTOLARYN .....	1200	\$33,000	\$30,000	\$30,000	\$12,000	\$13,000	\$25,000
PATHOLGY .....	1400	\$19,000	\$16,000	\$16,000	\$12,000	\$13,000	\$25,000
PEDCARDI .....	1502	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
PEDCC .....	1515	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
PEDENDO .....	1506	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
PEDEMER .....	1562	\$26,000	\$26,000	\$26,000	\$12,000	\$13,000	\$25,000
PEDGASTR .....	1505	\$29,000	\$26,000	\$23,000	\$12,000	\$13,000	\$33,000
PEDHMONC .....	1503	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
PEDIATRS .....	1500	\$12,000	\$12,000	\$12,000	\$12,000	\$13,000	\$15,000
PEDIMMUN .....	1508	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
PEDINFEC .....	1509	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
PEDNEPHR .....	1504	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$17,000
PEDPULMO .....	1510	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$33,000
PEDRHEUM .....	1512	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
PEDSURG .....	5440	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
PHY&REHB .....	1600	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$17,000
PLASTSUR .....	2100	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
PREVTIVE .....	1900	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$17,000
PSYCHIAT .....	1701	\$15,000	\$15,000	\$15,000	\$12,000	\$13,000	\$17,000
PULM-DIS .....	0606	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$33,000
RADIOLGY .....	1800	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
RESEARCH .....	9999	\$31,000	\$31,000	\$31,000	0	0	0
RHEUMATO .....	0612	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$25,000
SURGERY .....	5400	\$34,000	\$29,000	\$29,000	\$12,000	\$13,000	\$33,000
SURG Subs .....	5499	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$33,000
UROLOGY .....	2000	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$25,000
SITE A .....		\$30,000	\$30,000	\$30,000			
SITE B .....		\$24,000	\$24,000	\$24,000			

## The National Naval Medical Center Tests Novel Partnership in Disaster Preparedness Drill

Submitted by CDR Judith Bader, CDR Katherine Berkhausen, and LCDR Jeff Brady

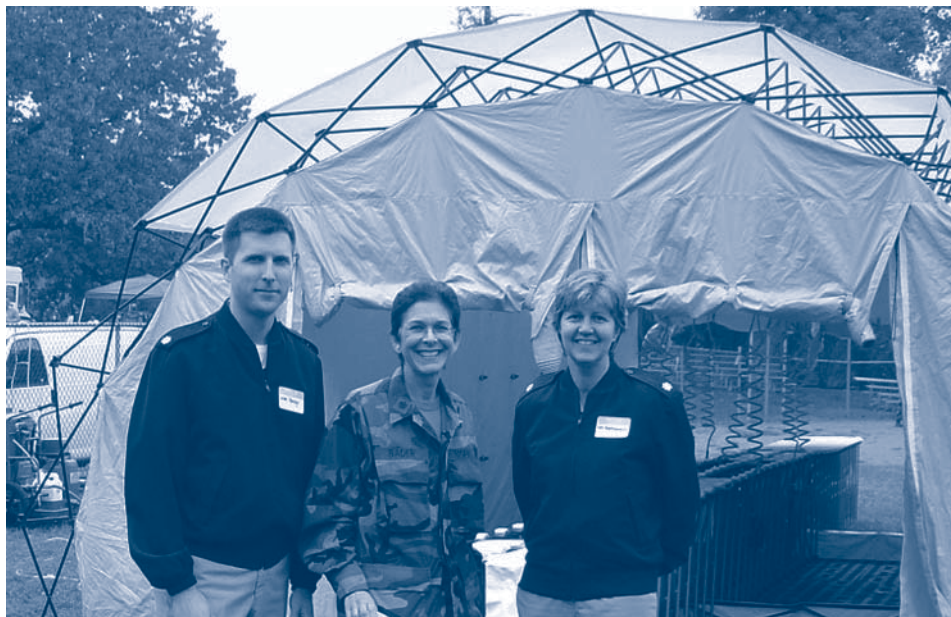
A small cadre of U.S. Public Health Service Commissioned Corps officers participated in an extensive mass casualty disaster exercise at the National Naval Medical Center (NNMC). The exercise took place on October 21, 2004 in Bethesda, Maryland, just outside the Nation's capital. During the event, organizers simulated the detonation of a radiological dispersal device, or 'dirty bomb,' on the grounds of NNMC. The purpose of the drill was to evaluate the command's medical readiness and response to a multi-casualty event. The event's scope was the largest ever at NNMC, and was held in conjunction with a Mass Casualty Disaster Teaching Conference to provide emergency response training to NNMC staff and other attendees. The drill also flexed the staff's ability to manage and transport a large influx of patients, triage and execute decontamination procedures, and communicate with emergency preparedness partners as part of the response.

In addition to its size, a novel aspect of the NNMC exercise was the coordination among the organizations that were involved. A partnership was forged between agencies that normally do not work together on this scale. It comprised the National Institutes of Health Clinical Center; Suburban Hospital, a 231-bed community-owned hospital and level 2 trauma center; and the NNMC, 'the flagship of Navy Medicine,' a comprehensive tertiary care facility. The partnership's purpose is to leverage each of the partner's strengths to enable a more effective response to a multi-casualty scenario in the region. The cooperative training tested the ability to rapidly mobilize surge capacity and improve responses to public health and safety emergencies in the area.

Approximately 450 participants and 25 military and civilian emergency response units (police, ambulance, fire and rescue, HAZMAT, and other equipment) were mobilized for this exercise. LT Chris Gillette, NNMC's Disaster Preparedness Officer, described the exercise as the first step in evaluating the concept of military, Federal, and private emergency preparedness collaboration. He further explained that optimal planning for re-



The National Naval Medical Center's (NNMC) portable decontamination facility staffed with emergency responders in mission-oriented protective posture (MOPP) gear.



(Left to Right) LCDR Jeff Brady, CDR Judith Bader, and CDR Katherine Berkhausen in front of NNMC's portable decontamination facility prior to the start of the mass casualty exercise.

sponses to future mass casualty events will absolutely require "getting to know all your emergency responder civilian and military neighbors **before an incident occurs**, developing formal plans to share assets, personnel and expertise,

and participating in rigorous training together on an ongoing basis."

The exercise also provided a valuable training opportunity for three PHS Com-

(Continued on page 7)

## The National Naval Medical Center Tests Novel Partnership in Disaster Preparedness Drill

(Continued from page 6)



NNMC staff decontaminate simulated casualties in the fixed decontamination facility outside the medical center's emergency department.

missioned Corps officers. CDR Judith Bader, a radiation oncologist at the National Cancer Institute, focused her attention on detection and decontamination procedures for radioactive exposure. NNMC recently acquired a portable decontamination facility (see photo), which was pre-staged at the incident scene, and, together with the fixed decontamination facility outside the hospital's emergency department (see photo), demonstrated the command's comprehensive capability to decontaminate casualties resulting from exposure scenarios. CDR Katherine Berkousen, a nurse in the Food and Drug Administration's (FDA) Office of Vaccines, focused on some of the special considerations for patient triage that arise as a result of contamination scenarios. In addition to the exercise itself, CDRs Bader and Berkousen, along with LCDR Jeff Brady, a Preventive Medicine Physician in FDA's Office of Vaccines, participated in the planning and coordination meetings that were part of the extensive prepa-

rations necessary to conduct an undertaking of this magnitude.

The drill was a valuable experience for those involved. Most agreed that this type of plan represents the future of emergency response. Leaders of each of the partner organizations recognize that this approach will likely serve as a model for emergency preparedness throughout the Nation. Based on this prediction and the value of participating in practical training, PHS officers may wish to explore similar training opportunities in their local area. As for the National Capital Region, the NNMC-led exercise was an initial step to test the ability of various organizations to work together in a new way. It was also an opportunity to consider more extensive involvement of PHS Commissioned Corps officers in future exercises. NNMC conducts activities like the October 2004 exercise approximately twice per year. □

## Nominations Sought for Health Services PAC's 2005 Kissel and Garcia Awards

The Health Services Professional Advisory Committee (HS-PAC) is pleased to announce that it is inviting nominations for two major 2005 awards:

- **STANLEY J. KISSEL AWARD FOR OUTSTANDING HEALTH SERVICES PROFESSIONAL OF THE YEAR.** The nominee must have made a significant impact on the Nation's health, exhibited leadership in the achievements(s) being cited, and must serve as a role model to others.
- **JOSEPH GARCIA JR. AWARD FOR OUTSTANDING JUNIOR HEALTH SERVICES PROFESSIONAL OF THE YEAR.** This award will go to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in his/her work, and shown involvement in health-related professional or community organizations or activities.

Officers from the Health Services category and equivalent civil service professionals, excluding 2005 members of the HS-PAC, are eligible for these awards.

Nominations must be received by **April 15, 2005**. These awards will be presented on June 7 at the annual Commissioned Officers Association meeting in Philadelphia, PA.

Criteria and nomination forms for either of these awards can be found at [www.usphs-hso.org](http://www.usphs-hso.org) (click on 'Awards') or may be obtained by contacting LCDR Frances Placide ([frances.placide@mail.ihs.gov](mailto:frances.placide@mail.ihs.gov)) or LCDR Elise Young ([EYoung@hrs.gov](mailto:EYoung@hrs.gov)).

*Please note:* Nominations that do not follow the correct format will not be reviewed. □

United States Public Health Service Commissioned Corps





## Commissioned Officer Compensation

On October 28, 2004, President Bush signed the National Defense Authorization Act for Fiscal Year 2005. Below is a summary of compensation provisions from the Act and other legislation.

### Changes in Active-Duty Compensation

Effective January 1, 2005, the rate for Basic Pay increased 3.5 percent. The pay table for 2005 is published in this issue of the *Commissioned Corps Bulletin* and can also be found at <http://dcp.psc.gov>, under 'Payroll Issues' which is being used to post current information pertaining to Public Health Service (PHS) compensation. Payroll related forms are available under the 'Services' section, 'Official Forms.'

The 2005 Basic Allowance for Housing (BAH) rates can be found at <http://www.dtic.mil/perdiem/rateinfo.html>. BAH rates are calculated based on median rent (not mortgage costs) plus average utilities and insurance in each local area for rank and dependency status. Please note that local rental market declines may prevent a BAH rate increase in some areas and may actually result in a rate reduction. Refer to the 'Allowances' portion of this article to find out more about BAH.

Effective January 1, 2005, the Basic Allowance for Subsistence (BAS) rate for officers is \$183.99 per month. The BAS rate is linked to a food cost growth index measured by the U.S. Department of Agriculture.

The Thrift Savings Plan (TSP) is intended to be a supplement to existing Uniformed Services retirement plans, not a replacement. For calendar year 2005, officers may deposit up to 10 percent (increased from 9 percent for 2004) of Basic Pay, along with 100 percent of incentive pay, special pay (monthly), and bonuses, up to a combined ceiling of \$14,000 per year, which is increased from the 2004 level of \$13,000. Officers wishing to change the amount of Basic Pay deposited into their TSP account must submit a revised Form TSP-U-1, "TSP Election Form," to the Compensation Branch during the next open season. The next TSP open season will be April 15 - June 30, 2005, with the first deduction to be taken

in the July payroll. Beginning July 1, new legislation is scheduled to take effect which eliminates the TSP open seasons and the restrictions on contribution elections which are tied to open seasons, i.e., open seasons will be eliminated and members may make contribution changes at any time. Contribution elections made after July 1, will be processed effective no later than the first full pay period after they are filed. Additional 'catch-up' contributions are authorized for members age 50 and older, which allow participants to make \$4,000 of additional contributions in 2005 and \$5,000 in 2006. Thereafter the

amount will be indexed to inflation. Use Form TSP-U-1-C to make 'catch-up' contributions. Additional details on the TSP are available on the TSP Web site at <http://www.tsp.gov>. (Please be sure you are viewing the 'Uniformed Services' section of that Web site.) Information specific to PHS officers can be found at <http://dcp.psc.gov>, under "Payroll Issues."

Information on changes in medical officers special pay, including new rates, can be found in a separate article on page 4 of this issue of the *Commissioned Corps Bulletin*.

The temporary increases in Family Separation Allowance to \$250 and Hostile Fire/Imminent Danger Pay to \$225 are extended through December 31, 2005, and made permanent thereafter. The temporary increase in Hostile Fire/Imminent Danger Pay applies to eligible members worldwide; not just those assigned to Iraq or Afghanistan.

**DEATH GRATUITY** – The death gratuity which was \$12,000, will now increase each year by the same percentage as the average active-duty pay increase. Therefore, for active-duty deaths occurring on or after January 1, 2005, the death gratuity will be \$12,420. The death gratuity is tax exempt.

### Changes in Retired Pay/Annuitant Compensation

Effective December 1, 2004, payable January 3, 2005, retirees will be receiving

a 2.7 percent cost of living adjustment (COLA) if they first became a member of a Uniformed Service before September 8, 1980. Those officers who first became a member of a Uniformed Service on or after September 8, 1980, will receive a COLA based on their retirement date:

<i>Retirement Effective</i>	<i>Percent Increase</i>
Before January 1, 2004 .....	2.7 percent
January 1, 2004 - March 31, 2004 .....	2.7 percent
April 1, 2004 - June 30, 2004 .....	1.8 percent
July 1, 2004 - September 30, 2004 .....	0.3 percent
October 1, 2004 - December 31, 2004 .....	No increase

Survivors who are receiving an annuity under the Survivor Benefit Plan (SBP) or the Retired Servicemember's Family Protection Plan (RSFPP), will receive an increase of 2.7 percent.

**PHASE-IN OF FULL CONCURRENT RECEIPT** – Under current law, a Uniformed Services retiree who is receiving both military retired pay and Department of Veterans Affairs (VA) disability compensation, has his or her retired pay offset by the amount of the VA compensation. Effective January 2004, this 'offset' is reduced over the next 10 years to zero. This provision only applies to retired members with 20 or more years of service, whose VA disability rating is 50 percent or greater. For calendar year 2004, the offset was reduced by an amount based on VA disability percentage as follows:

<i>VA Disability Percentage</i>	<i>Increase in Retired Pay</i>
100% .....	\$750
90% .....	\$500
80% .....	\$350
70% .....	\$250
60% .....	\$125
50% .....	\$100

*Note:* For calendar year 2005, same amount as above plus 10 percent of the remaining offset. In future calendar years, the percentage is increased, i.e., for 2006 it is 20 percent, for 2007 it is 30

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## Commissioned Officer Compensation

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percent, etc., until by January 2014 there is no offset.

**PHASED ELIMINATION OF TWO-TIER ANNUITY COMPUTATION FOR SURVIVING SPOUSES UNDER THE SURVIVOR BENEFIT PLAN (SBP)** – Under current SBP law, annuitants receive 55 percent of the retired member's retired pay until age 62, and 35 percent thereafter. If the member at the time of retirement, elected Supplemental SBP coverage, the annuitant's share at age 62 is 40 percent, 45 percent, 50 percent, or 55 percent, based on what option the member elected. Beginning October 1, 2005, there will be a phased elimination of the two-tier annuity, so that by April 1, 2008, the SBP annuity remains at 55 percent for all annuitants. The phase-in period is as follows:

Date	Percentage
October 1, 2005 .....	40 percent
April 1, 2006 .....	45 percent
April 1, 2007 .....	50 percent
April 1, 2008 .....	55 percent

Periodic recomputation is required on each of the above dates for SBP annuities less than 55 percent and Supplemental Survivor Benefit Plan (SSBP) annuities less than 55 percent. The recomputation will be based as if the percent applicable for one of the dates above had been used for the initial computation of the annuity.

**SSBP PREMIUMS** – Effective November 1, 2004, premiums for the SSBP were eliminated. Premiums for the SBP remain in effect.

**SBP/SSBP OPEN ENROLLMENT PERIOD** – A 1-year open season to make certain elections for SBP and SSBP will begin October 1, 2005. Further information on the open season will be provided later this year.

### Annual Earnings Statements (Form W-2 or Form 1099R)

Annual earning statements (W-2 for active duty and 1099R for retirees and annuitants) are scheduled to be mailed at the end of January. Active-duty officers should receive their Form W-2, and retirees/annuitants their Form 1099R, by the first week of February for use in filing their income tax returns. If you do not receive an earnings statement or if

there are errors, please contact the Compensation Branch in writing or by phone. Also, be sure to notify the Compensation Branch, in writing, if you have changed your payroll address. The statements will be mailed to the same address as your monthly earnings statement, i.e., your payroll address.

The address and phone number for the Compensation Branch are as follows:

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  
1-877-INFO-DCP, listen to  
the prompts, select option  
#1, dial 301-594-2963)

### General Payroll Information

The compensation of commissioned officers consists of two elements—pay and allowances. The pay portion is taxable income while the allowances are usually non-taxable. This section describes the various pay elements.

### Basic Pay

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

### Special Pay

Special pays are paid to several professional disciplines in the PHS Commissioned Corps based on category. Officers

must be called to duty for a minimum period of 1 year. These special pays are paid either on a monthly basis or on an annual contractual basis. All special pays are considered as taxable income. Rates of monthly special pays are determined by the years of creditable service, while most contract pay rates are determined according to specialty.

Recent changes in legislation have increased the maximum allowable rates for certain special pays and bonuses for health care professionals. Any changes in these rates will be announced via the *Commissioned Corps Bulletin*, at <http://dcp.psc.gov>, and various Listservs.

Veterinary and optometry officers are eligible to receive \$100 per month special pay. Special pays for medical officers include Retention Special Pay (RSP), Variable Special Pay (VSP), Board Certified Pay (BCP), Incentive Special Pay (ISP), and Multiyear Retention Bonus (MRB). Note: Included in this issue of the *Commissioned Corps Bulletin* is an article titled "Changes Announced for Medical Officers Special Pays." Dental officers are eligible for VSP, BCP, MRB, and Additional Special Pay (ASP) as well as an accession bonus. Engineering and scientist officers may be eligible to receive Engineering and Scientific Career Continuation Pay (ESCCP). Nurse Special Pay (NSP) includes a special pay for nurse anesthetists as well as an accession bonus. Pharmacist officers receive VSP and may be eligible for an accession bonus upon call-to-duty. Optometry officers may be eligible to receive Optometrist Retention Special Pay (ORSP). Non-physician BCP may be authorized for certain officers, as defined below.

- **VARIABLE SPECIAL PAY (VSP)** is a monthly pay based on the pharmacist, medical, or dental officer's years of creditable service. The creditable service entry date (CSED) reflects the officer's years of active duty as a pharmacist, medical, or dental officer in any of the Uniformed Services. For medical and dental officers, CSED also includes the years spent participating in an accredited medical or dental internship/residency while not on active duty in a Uniformed Service. VSP rates range from \$5,000 to \$12,000 annually for medical officers and \$3,000 to \$12,000 for pharmacist and dental

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## Commissioned Officer Compensation

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officers. The rate is determined by the length of creditable service.

- **BOARD CERTIFIED PAY (BCP)** is a monthly pay based on the medical, dental, or veterinary officer's CSED and board certification. BCP ranges from \$2,500 to \$6,000 annually for medical officers or dental officers, and \$2,000 to \$5,000 annually for veterinary officers. Officers must provide documentation from the certifying board in support of current active certification to receive this special pay. All time-limited diplomates must submit successful completion of recertification exams to continue receipt of BCP.

- **NON-PHYSICIAN BOARD CERTIFIED PAY (NBCP)** – NBCP has been implemented by the PHS Commissioned Corps in the same manner as it has been in the other Uniformed Services. The payment of NBCP is authorized for recognized specialties that are above the normal entry level, and to be eligible a recipient must:

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

The rates of pay range from \$2,000 to \$5,000 per year based on years of creditable service. Officers must provide documentation from the certifying board in support of current active certification to receive this special pay. All time-limited diplomates must submit successful completion of recertification exams to continue receipt of NBCP. Officers with prior military must include classification information for all prior active duty time with their request for NBCP.

Specialties eligible to receive NBCP include: nurse anesthetist, nurse practitioner, nurse midwife, radiological physics, dietetics, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, so-

cial work, audiology/speech pathology, and physician assistant.

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

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

- **INCENTIVE SPECIAL PAY (ISP)** is an annual bonus for medical officers who are board certified or fully trained in a medical specialty. ISP rates authorized by law, range from \$2,000 to \$42,000 per year for a 1-year contract. ISP has three payment levels: (1) ISP payable in conjunction with an MRB contract; (2) ISP payable if the officer has an obligation for training or scholarship; and (3) ISP payable for officers who choose to enter into 1 year only contracts when the officer is eligible for MRB. There is a provision to pay ISP for medical officers who execute an ISP contract to stay on active duty for a minimum of 1 year at an isolated hardship site or a hard-to-fill location. Officers serving at the eligible sites are notified of their eligibility when they are assigned. The amount for isolated hardship sites ranges from \$24,000 to \$30,000 annually based on the category of the site. The payment is made in an annual lump sum.

- **MULTIYEAR RETENTION BONUS (MRB)** is an annual bonus for medical officers who are board certified or fully trained in a medical specialty. MRB rates range from \$6,000 to \$33,000 depending on the specialty training and the duration of the contract.

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

- (1) Be entitled to receive RSP;
- (2) Be in pay grade O-6 (CAPT) or below;

- (3) Not be participating in Department of Health and Human Services (HHS)-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the Commissioned Corps Personnel Manual (CCPM);

- (4) Be eligible to remain on active duty for the duration of the contract;
- (5) Be board certified or fully trained in a recognized medical specialty;
- (6) Have a current license to practice medicine or osteopathy;
- (7) Not be serving obligated service as a result of training or scholarship (applies to MRB only); and
- (8) Enter into a contract to remain on active duty for 2-4 years. (Note that MRB and RSP contracts must have concurrent dates.)

- **MULTIYEAR RETENTION BONUS (MRB)** for dental officers is an annual bonus for officers who are board certified or fully trained in a dental specialty, and is payable at the rate of \$3,000 to \$30,000 annually depending on the specialty training and the length of the contract. Eligibility criteria are similar to those for medical officers, listed above.

- **ADDITIONAL SPECIAL PAY (ASP)** is an annual lump sum bonus payable to dental officers who execute a contract to remain on active duty for at least 1 year. Amounts range from \$4,000 to \$15,000 per year depending on the officer's years of creditable service.

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

Eligibility requirements include that a nurse officer must:

- (1) Be a Certified Registered Nurse Anesthetist (CRNA), and submit proof of current certification;

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## Commissioned Officer Compensation

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- (2) Be on active duty under a call or order to duty for not less than 1 year;
- (3) Have a current and unrestricted State license as a registered professional nurse; and
- (4) Sign an agreement to remain on active duty for 1 year.

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

- **ACCESSION BONUSES** are authorized for registered nurses, pharmacists, and dentists who accept a commission as an officer. Officers must sign a contract within 60 days of their call-to-active-duty, and agree to remain on active duty for a period of not less than 4 years for dental and pharmacist officers, and not less than 3 years for nurse officers. The amount of the accession bonus is \$5,000 for nurses and \$30,000 for pharmacists and dentists. To be eligible for the accession bonus, the officer must:

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

- **ENGINEERING AND SCIENTIFIC CAREER CONTINUATION PAY (ESCCP)** is a special pay for engineer or scientist officers who are assigned to positions designated as critical

shortage positions. The maximum pay authorized is \$3,000 per year. For engineers, the positions deemed as critical shortage positions are the locations designated as isolated hardship duty sites. Scientist officers occupying billets in which the civil service equivalent would be eligible for special pay are deemed critical shortage positions. Other eligibility criteria are:

- (1) Not be receiving any other accession or career continuation bonus or annual bonus authorized by 37 U.S.C. 302;
- (2) Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program;
- (3) Be below pay grade O-6 (CAPT);
- (4) Hold an earned degree in engineering or science from an accredited college or university;
- (5) Be a member of the engineer or scientist categories or meet the standards for appointment to the scientist category;
- (6) Have completed 3 but less than 11 years of active duty with a Uniformed Service of which at least 3 years is duty as an engineer or scientist officer, or served on active duty for 3 but less than 11 years after meeting requirements for eligibility;
- (7) Be serving in an engineering or scientific specialty that is specified as a critical shortage specialty;
- (8) Not have been called to active duty as an inter-service transfer or served on active duty in another Uniformed Service within the last 12 months;
- (9) Not be participating in HHS-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM; and
- (10) Execute a written agreement to remain on active duty for at least 1 year in the critical shortage position.

- **OPTOMETRIST RETENTION SPECIAL PAY (ORSP)** is an annual payment of \$6,000, \$7,000, or \$8,000 for optometry officers who execute a con-

tract to remain on active duty for a specified term of 1, 2, or 3 years. The payment is made in a lump sum usually within 90 days of the effective date of the contract.

Eligibility requirements include that an optometrist officer must:

- (1) Be in pay grade O-6 (CAPT) or below;
- (2) Be on active duty under a call or order to duty for not less than 1 year;
- (3) Have a current and unrestricted State license as a professional optometrist;
- (4) Not be participating in HHS-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM;
- (5) Be eligible to remain on active duty for the duration of the contract;
- (6) Not be serving obligated service as a result of training, scholarship, or loan repayment; and
- (7) Sign an agreement to remain on active duty for 1, 2, or 3 years.

All special pay contracts are available online at <http://dcp.psc.gov>, under 'Services' and 'Official Forms.' Specific guidelines determine the effective date of all contract pays, so it is important for officers to be familiar with the requirements in order not to jeopardize their eligibility. Questions on special pay eligibility can be addressed with Agency/Operating Division/Program Commissioned Corps Liaisons or the Compensation Branch.

### Deductions

*Deductions from pay* include taxes, both State and Federal, and Social Security (FICA). Officers must submit Form W-4, "Employee's Withholding Allowance Certificate," to the Compensation Branch to determine the rate of withholding of Federal income tax. Officers claim withholding allowances based on their marital status, number of dependents, and other adjustments to income. Worksheets are provided with Form W-4. *Note: The mandatory withholding rate for annual bonus payments is 25 percent.*

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## Commissioned Officer Compensation

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- **STATE INCOME TAXES** are withheld based on the officer's State of legal residence. Officers notify the Compensation Branch of their State of legal residence by completing form DD-2058, "State of Legal Residence Certificate," and if appropriate, State taxes are withheld. State tax laws vary so you should contact your State tax service for assistance.
- **SOCIAL SECURITY (FICA)** will continue to be deducted from each officer's pay at the rate of 7.65 percent, which is the same rate as in 2004. Effective January 1, 2005, the maximum amount for which the full rate of 7.65 percent will be deducted has increased from \$87,900 to \$90,000. The Social Security deduction is comprised of two parts. The Old Age Survivors' and Disability Insurance (OASDI) rate is 6.2 percent. The Hospital Insurance (HI) rate is 1.45 percent. Both OASDI and HI are deducted on the first \$90,000 of earnings. At that point, OASDI deductions are discontinued. The HI portion has no maximum salary cutoff, so it continues to be applicable to earnings above the OASDI cutoff. In other words, the Social Security deduction will be 7.65 percent on the first \$90,000 of wages and 1.45 percent thereafter. Officers earning more than \$90,000 will see a change in the net take-home pay when that amount has been reached.
- **SERVICEMEMBER'S GROUP LIFE INSURANCE (SGLI)** premiums will automatically be deducted to provide \$250,000 of life insurance on the officer unless a lesser amount or no insurance is elected. New calls to duty are automatically covered for \$250,000 unless they decline or elect reduced coverage. Effective July 1, 2003, SGLI premium rates were reduced to \$.65 per \$10,000 of coverage, making the monthly premium \$16.25 for maximum coverage.

Using form SGLV-8286, "Service-member's Group Life Insurance Election and Certificate," officers may (1) decline coverage, or (2) elect a reduced level of insurance in a multiple of \$10,000. To specify an election or decline the insurance, the officer must submit form SGLV-8286 on or before his or her first day of active duty.

November 1, 2001, marked the beginning of SGLI family coverage which extends coverage to spouses and children of active-duty officers with SGLI. Spouse coverage is automatic unless reduced or no coverage is requested using form SGLV-8286A, "Family Coverage Election (SGLI)." Premiums for spouse coverage are based on the age of the spouse. Child coverage in the amount of \$10,000 per child is free and cannot be declined or reduced.

Detailed information on all SGLI programs is available online at the VA Web site—<http://www.insurance.va.gov/sgliSite/default.htm>. Election forms are also available online at <http://www.insurance.va.gov/sgliSite/forms/forms.htm> or from the Compensation Branch.

### Allowances

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

- **BASIC ALLOWANCE FOR SUBSISTENCE (BAS)** is a monthly allowance payable to all officers
- **BASIC ALLOWANCE FOR HOUSING (BAH)** rates are determined by the officer's duty location, grade, and dependency status. These rates are paid based on the duty location zip code, not home address. The 2005 BAH rates will increase in most (but not all) locales to make the housing allowances more reflective of actual housing costs. In some areas, rates may decrease due to decreases in local rent markets.

Current BAH rates can be viewed at <http://www.dtic.mil/perdiem/rateinfo.html>. Officers receiving BAH at the 'with' dependent rate must recertify annually the status of each dependent to continue receiving the 'with' dependent rate. The Compensation Branch will provide the recertification form. Failure to submit a completed form to the Compensation Branch will result in your being paid BAH at the 'without' dependent rate.

### BAH Rate Protection

In most cases, officers will have their BAH rate protected. Each year, when the BAH rates change, the rate paid will be the greater of the new rate or the rate in effect the day previous to the new rates. This protects officers in areas where rents have decreased, thus causing a decrease in the published BAH rate. This rate protection does not apply in the following three circumstances, each of which involves a change in status that could lead to a reduction in BAH:

- (1) Permanent change of station (PCS) will result in different rates of BAH based on your new duty station. There is no rate protection when changing duty stations.
  - (2) If you are demoted, your BAH will revert to the current published rate appropriate to your new grade. Promotions will not lower your housing allowance.
  - (3) If there is a change in dependency status, your rate of BAH will be determined by your new dependency status and the current published rate of BAH for your grade and duty station.
- **OVERSEAS HOUSING ALLOWANCE (OHA)** – Officers stationed overseas, other than Alaska and Hawaii, who live on the local economy are eligible to receive OHA. The monthly OHA amount is based on comparing the officer's rent, up to a rental ceiling for the duty station, plus the utility/recurring maintenance allowance. If a member owns quarters, the rent will be determined by dividing the purchase price by 120 to determine the monthly rental rate.
  - **COST OF LIVING ALLOWANCE (COLA)** is authorized to officers assigned to overseas areas to enable the officer to maintain approximately the same standard of living as in the Continental United States (CONUS). The rate established is based on the officer's grade, base pay entry date, and the actual number of dependents residing in his or her household.
  - **CONTINENTAL UNITED STATES COST OF LIVING ALLOWANCE (CCOLA)** is a taxable allowance paid to officers assigned to designated high

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cost areas within CONUS. The COLA rates vary depending upon the officer's rank and dependency status. Current rates can be found at <http://www.dtic.mil/perdiem/ccform.html>.

- **DISLOCATION ALLOWANCE (DLA)** – An officer is eligible to receive a DLA if he or she relocates his or her household as a result of a Permanent Change of Station (PCS). DLA is a non-taxable allowance that is meant to partially reimburse the officer for expenses incurred in closing out his or her household and establishing a new household. The amount of DLA authorized can be found in the Joint Federal Travel Regulations (JFTR) Table U5G-1. *Note:* The Compensation Branch does not process DLA. The procedure for requesting DLA is similar to requests for travel and travel reimbursement, and is processed through the Agency/OPDIV/Program.
- **U.S. SAVINGS BONDS** – Many officers find that purchasing U.S. Savings Bonds from their salary is a convenient and reliable way to systematically save money. Properly executed U.S. Savings Bonds purchase/change request forms received by the Compensation Branch by the 10th of each month will be implemented with that month's payroll. Commissioned officers must use form SB-2362 for Series I Bonds and for Series EE Bonds. The maximum number of Bonds that can be purchased by payroll deduction continues to be three (I and EE combined).

Series EE Bonds are purchased for half their face value and may not be cashed for 6 months from the date of issue. The minimum EE Bond denomination is \$100. Series I Bonds are purchased for their full face value. The minimum Series I Bond denomination is \$50.

It is important to note that U.S. Savings Bonds will only be mailed to the officer's payroll address, which is the same as that used for monthly earnings statements. It is generally recommended that your payroll address be your home address rather than your business address, in order to

safeguard privacy. U.S. Savings Bonds information is also available on the following Web site—[www.publicdebt.treas.gov/sav/sav.htm](http://www.publicdebt.treas.gov/sav/sav.htm).

### Officer Responsibilities

Officers should notify the Compensation Branch immediately of changes in their payroll address. This is important for proper receipt of your monthly earnings statement. Updating your contact information on the CCMIS (Commissioned Corps Management Information System) Web site's "Secure Area" will **not** update your payroll address. You must also notify the Compensation Branch of other changes that will affect your pay (i.e., dependency status). Officers receiving COLA, must notify the Compensation Branch if a dependent departs the vicinity of their overseas duty station for a period in excess of 30 days.

Officers should pay particular attention when submitting various forms to the Compensation Branch. Name and Social Security number should be included on all correspondence sent to the Compensation Branch. Remember that these forms affect your pay and the information should be clearly printed or typed.

### Payday

For active-duty officers, payday is usually the first day of the month. If the first day of the month is not a workday, officers may expect to receive their pay on the previous workday. The exception is the December payday, which is paid on the last workday of the month. The Compensation Branch must be notified in writing of changes no later than the 10th of the month in order for the changes to be processed in the current month. Submission of changes as early in the month as possible will facilitate completion of processing in a timely manner. Allow 90 days for the processing of special pay contracts.

For retired officers and annuitants, payday is usually the first day of the month. If the first day of the month is not a workday, retired officers and annuitants may expect to receive their pay on the first workday following the first day of the month.

### PAY DATES FOR 2005

Payroll Month	Active Duty	Retired/Survivors
January 2005	February 1	February 1
February 2005	March 1	March 1
March 2005	April 1	April 1
April 2005	April 29	May 2
May 2005	June 1	June 1
June 2005	July 1	July 1
July 2005	August 1	August 1
August 2005	September 1	September 1
September 2005	September 30	October 3
October 2005	November 1	November 1
November 2005	December 1	December 1*
December 2005	December 30	January 3, 2006

\* Last pay day for 2005 tax year for retired officers and annuitants

- **EARNING STATEMENTS – Please read your monthly pay statement!** Each month, approximately 5 workdays before the end of the month, form PHS-6155, "Statement of Earnings and Deductions," is mailed to each officer and annuitant. For active-duty officers, the statement provides a detailed accounting of earnings, both taxable and non-taxable, and deductions that include Federal Tax Withholding, State Tax Withholding (if appropriate), Social Security (FICA), and Servicemember's Group Life Insurance (SGLI). For retirees and annuitants, the statement provides a detailed accounting of retired pay (SBP for annuitants), taxable and non-taxable amounts, and deductions that include tax withholding.

The net check is the amount of pay you receive in the form of funds transferred to your account at a financial institution. In addition, a year-to-date summary is provided. The Statement of Earnings and Deductions is sent to the payroll address which you provide to the Compensation Branch. This payroll address does not change unless you provide written notification of the change to the Compensation Branch. In many cases for active-duty officers, this address is your personal address rather than a duty station address to assure your receipt of this important information.

(Continued on page 14)

# Commissioned Officer Compensation

(Continued from page 13)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PAY AND ALLOWANCES OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS OFFICERS EFFECTIVE JANUARY 1, 2005															
MONTHLY RATES OF BASIC PAY CUMULATIVE YEARS OF SERVICE															
PAY GRADE	2 OR LESS	OVER 2	OVER 3	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26
O-10												12963.00*	13026.60*	13297.50*	13769.40*
O-9												11337.90	11501.10	11737.20	12149.10
O-8	8022.30	8285.10	8459.40	8508.30	8725.50	9089.40	9173.70	9519.00	9618.00	9915.30	10345.50	10742.40	11007.60	11007.60	11007.60
O-7	6666.00	6975.60	7119.00	7233.00	7439.10	7642.50	7878.30	8113.50	8349.00	9089.40	9714.60	9714.60	9714.60	9714.60	9763.80
O-6	4940.70	5427.90	5784.00	5784.00	5805.90	6054.90	6087.90	6087.90	6433.80	7045.50	7404.60	7763.40	7967.70	8174.10	8575.50
O-5	4118.70	4639.80	4961.10	5021.40	5221.50	5341.80	5605.50	5799.00	6048.60	6431.10	6613.20	6793.20	6997.50	6997.50	6997.50
O-4	3553.80	4113.90	4388.40	4449.60	4704.30	4977.60	5317.50	5582.70	5766.60	5872.20	5933.70	5933.70	5933.70	5933.70	5933.70
O-3**	3124.50	3542.10	3823.20	4168.20	4367.70	4586.70	4728.60	4962.00	5083.20	5083.20	5083.20	5083.20	5083.20	5083.20	5083.20
O-2**	2699.40	3074.70	3541.20	3660.90	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20	3736.20
O-1**	2343.60	2439.00	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10	2948.10

*\*\*Does not apply to commissioned officers who have been credited with over 4 years of active service as an enlisted member or warrant officer (see table below).*

COMMISSIONED OFFICERS WHO HAVE BEEN CREDITED WITH OVER 4 YEARS ACTIVE SERVICE AS AN ENLISTED MEMBER OR WARRANT OFFICER														
	PAY GRADE	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26	
	O-3E	4168.20	4367.70	4586.70	4728.60	4962.00	5158.50	5271.00	5424.60	5424.60	5424.60	5424.60	5424.60	
	O-2E	3660.90	3736.20	3855.30	4055.70	4211.10	4326.60	4326.60	4326.60	4326.60	4326.60	4326.60	4326.60	
	O-1E	2948.10	3148.80	3264.90	3383.70	3500.70	3660.90	3660.90	3660.90	3660.90	3660.90	3660.90	3660.90	

Basic Allowance for Subsistence is \$183.99.  
 \*Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule which is \$12,433.20.  
 Basic Pay for O-6 and below is limited to Level V of the Executive Schedule which is \$10,950.00.

You should pay particular attention to the MESSAGE area of your Statement of Earnings and Deductions. In addition to a general information message, the Compensation Branch prints specific messages to notify you of changes (corrections, adjustments, etc.) in your pay, or to alert you to potential changes.

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

To have your net salary credited to your account, complete form SF-

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

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

- **DO NOT FAX PAYROLL INFORMATION.** Unless specifically requested,

the Compensation Branch does not accept faxed information for updating pay records. Requests for changes to pay records, i.e., address changes, changes in marital status, and tax withholding must be in writing with an original signature in order for the Compensation Branch to process them. Changes should be received by the 10th of the month in order to provide time for the changes to be processed for the current month.

Information concerning changes in pay will be published in the *Commissioned Corps Bulletin* throughout the year. Current information on pay will also be placed under 'Payroll Issues' at <http://dcp.psc.gov>. Enrollment on the CCMIS Listserv will provide you with e-mail notification of all significant new postings on the CCMIS Web site. Go to the Web site above for instructions on how to enroll.



## Reserve Officers Association's Professional Development Programs

The Reserve Officers Association (ROA) sponsors a number of professional development programs, including the 'Officer Leadership Development and Training Seminar' which is offered in conjunction with ROA's Mid-Winter Conference (held in February in Washington, D.C.) and ROA's National Convention (held yearly in early summer) at locations around the country.

ROA's programs are open to both ROA members and non-members, and are offered to members of all of the Services at various ranks. ROA's programs offer an excellent career development opportunity. For details, visit the RAO Web site at [www.roa.org](http://www.roa.org).



## Call for Nominations for Therapist PAC Membership

The Therapist Professional Advisory Committee (TPAC) is seeking new members. The TPAC is composed of both commissioned corps and civil service therapists (disciplines represented include: physical therapists, occupational therapists, speech therapists, and audiologists). The TPAC serves as an active link between the Office of the Surgeon General and therapists working in the Department of Health and Human Services' Operating Divisions (OPDIVs) or in other major Programs where commissioned corps therapists serve. The TPAC meets six times annually via teleconferencing. To be eligible for membership, you must be a therapist and a full-time OPDIV or other major Program employee. See our Web site for more information—[www.cc.nih.gov/rm/pt/tpac.htm](http://www.cc.nih.gov/rm/pt/tpac.htm).

All new appointments will be made for a 3-year term and self-nominations are encouraged. A self-nomination form can

be obtained from your TPAC agency/area field representative. The deadline for submission of nominations is **February 1, 2005**. All submissions of self-nomination forms should be faxed to the attention of: CDR Scott Gaustad, TPAC Chair, fax number 417-837-1715 **and to** CDR Rita Shapiro, TPAC Executive Secretary, at fax number 410-786-8532. A curriculum vita with a cover letter stating interest in serving on TPAC should be e-mailed to [sgaustad@bop.gov](mailto:sgaustad@bop.gov) **and to** [rshapiro@cms.hhs.gov](mailto:rshapiro@cms.hhs.gov).

CDR Scott Gaustad  
Chair, TPAC  
MCFP Springfield  
Physical Therapy Department  
1900 West Sunshine Street  
Spring Field, MO 65807

Phone: 417-837-1738/9

Fax: 417-837-1715



## Call for Nominations for Pharmacist Awards

The Awards Committee of the Public Health Service (PHS) Pharmacist Professional Advisory Committee (PharmPac) announces the annual pharmacist honor awards. There are four annual awards:

- **THE U.S. PUBLIC HEALTH SERVICE ALLEN J. BRANDS CLINICAL PHARMACIST OF THE YEAR AWARD**

This award recognizes the achievements of pharmacists in the PHS that provide traditional pharmaceutical services, with primary emphasis on activities accomplished within the past 18 months.

- **THE U.S. PUBLIC HEALTH SERVICE MARY LOUISE ANDERSEN LEADERSHIP AWARD (NON-CLINICAL)**

This award recognizes the achievements of pharmacists in the PHS in non-traditional or administrative roles, with primary emphasis on activities accomplished within the past 18 months.

- **THE U.S. PUBLIC HEALTH SERVICE GEORGE F. ARCHAMBAULT PHS CA-**

### REER ACHIEVEMENT AWARD IN PHARMACY

This award recognizes senior civil service (GS-11 and above) or commissioned corps (O-5 and above) pharmacists serving under the authority of the PHS, with at least 15 years of PHS service, for outstanding achievements and/or contributions to the pharmacy profession in the PHS.

- **THE U.S. PUBLIC HEALTH SERVICE AWARD OF MANAGERIAL EXCELLENCE IN IMPROVING PHARMACY SERVICE OR PUBLIC HEALTH**

This award is sponsored annually by the George F. Archambault Foundation, through the generous financial support of the Bayer Corporation, to recognize a PHS pharmacist who has improved pharmacy service or public health through managerial excellence.

Details of the award criteria and nomination packets can be found on the award section of the PharmPac Web

site—<http://www.hhs.gov/pharmacy/award1.html>.

Please take the time to nominate deserving pharmacists, both civil service and commissioned corps, for these awards. The awards will be presented during the 2005 Public Health Professional Conference in Philadelphia, PA. All nominations and appropriate documentation must be received no later than **February 28, 2005**.

For additional information or assistance, please contact:

CDR Patricia Garvey  
Administration Section Lead  
Division of Oncology Drug Product,  
HFD-150  
Food and Drug Administration  
1451 Rockville Pike  
Rockville, MD 20852

Phone: 301-594-5766

Fax: 301-594-0498

E-mail: [garvey@cder.fda.gov](mailto:garvey@cder.fda.gov)



**Recent Deaths**

*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.

The deaths of the following retired officers were recently reported to OCCSS:

<i>Category / Rank / Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
John M. Lynch	12/01/04
<b>NURSE</b>	
<i>CAPTAIN</i>	
Vivian L. Gibson	11/19/04
Joan A. Hartwell	11/27/04
<i>COMMANDER</i>	
Lucille T. Fallon	11/30/04
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i>	
G.D. Frederiksen	11/09/04
Mary C. Gillis	10/27/04
John F. Schulz	11/25/04
<b>DIETETICS</b>	
<i>CAPTAIN</i>	
Merme Bonnell	09/12/04

**Retirements – December**

<i>Category / Rank / Name</i>	<i>Agency / OPDIV / Program</i>	<i>Category / Rank / Name</i>	<i>Agency / OPDIV / Program</i>
<b>MEDICAL</b>		<b>ENGINEER</b>	
<i>REAR ADMIRAL (UPPER)</i>		<i>COMMANDER</i>	
Susan J. Blumenthal	OS	Robin A. Dalton	NPS
<i>REAR ADMIRAL (LOWER)</i>		Todd M. Scofield	IHS
Dixie E. Snider, Jr.	CDC	<b>SCIENTIST</b>	
<i>CAPTAIN</i>		<i>CAPTAIN</i>	
Trenton K. Ruebush II	CDC	Leslie P. Boss	CDC
Scott F. Wetterhall	CDC	<i>COMMANDER</i>	
<i>COMMANDER</i>		Jeffrey S. Gift	EPA
Hector M. Gonzalez-Sala	HRSA	<b>ENVIRONMENTAL HEALTH</b>	
<b>DENTAL</b>		<i>COMMANDER</i>	
<i>CAPTAIN</i>		Richard A. Reese	IHS
Clifford D. Green III	DHS	<b>PHARMACY</b>	
David B. Snyder	HRSA	<i>CAPTAIN</i>	
<b>NURSE</b>		Thomas L. Blumenberg	IHS
<i>CAPTAIN</i>		<i>COMMANDER</i>	
Michael D. Brown	OS	Gary W. Fisler	IHS
<i>COMMANDER</i>		<b>HEALTH SERVICES</b>	
Carolyn J. Jackson	HRSA	<i>CAPTAIN</i>	
Robert H. Sadoris	IHS	Larry D. Edmonds	CDC
		Clifford L. Moseley	PSC

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of the Secretary  
 Office of Public Health and Science  
 Office of the Surgeon General  
 Office of Commissioned Corps Operations  
 1101 Wootton Parkway, Suite 100  
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