



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

These are challenging times for the United States, at home and abroad. Since September 11, 2001, when the threat of terrorism was brought home to American soil, our country has had to address homeland health and safety in new ways. What remains unchanged is our public health mission as Corps officers—our responsibility to protect and advance the health of the Nation.

Officers in the Public Health Service (PHS) Commissioned Corps, with assignments in the Departments of Health and Human Services (HHS), Homeland Security, Justice, Agriculture, and Interior, and the Environmental Protection Agency and many other agencies, protect the health and safety of every man, woman, and child in America against terrorism. In addition to regulating food, drugs, agriculture, health care organizations, the environment, and much of the medical research in this country, we provide care and services for American Indians and Alaska Natives, Federal aliens and inmates, U.S. Coast Guard personnel and their families, and the medically underserved. We provide leadership in regulating services for every Medicare and Medicaid patient. Yes, we have tremendous responsibilities; but together we are a strong force for our Nation.

In these days of heightened risk and responsibility, each of you must look beyond the responsibilities of your own billet, your own clinic, institution, branch, division, or agency, and think in terms of the public as your patient. Take a step back for a moment, and consider yourselves not as individual clinicians and public health experts, but rather as a part of a potent national resource.

Recent international developments and potential threats to our country continue to underscore the need for a robust Com-

missioned Corps Readiness Force (CCRF). Collectively the PHS Commissioned Corps has enormous experience in preparedness. We need to share this experience with other organizations and institutions responsible for preparedness, such as the Department of Homeland Security.

When the President needs a job done, the color of the uniform doesn't matter. The Surgeons General of the other Uniformed Services and I have discussed this extensively. We agree that we must view our commands as an integrated Federal resource. Each Service has individual responsibilities, but we must come together for a greater good, share resources, and seek efficiencies to get the job done.

Regardless of how the President's 2004 budget may be interpreted, I am very optimistic that the Corps has a strong future. The President, Secretary Thompson, and I feel strongly that the PHS Commissioned Corps should be on par with all of the other Uniformed Services. However, if Corps officers expect to have parity with the other Uniformed Services for pay and benefits, then we must also have parity with regard to conducting ourselves as officers, which includes wearing the uniform. By being more visible and in uniform, others will quickly learn the significant role of the Corps in protecting the health of our Nation. Never before has this responsibility been more important.

I encourage all officers to become deployable members of the CCRF—to be an integral part of the Nation's response capability. This is tremendously important to me, to HHS, and to our Nation.

The President has called for 30 percent of the Corps to be enrolled in CCRF by the end of this fiscal year, 50 percent by the end of next year, and 70 percent by the end of 2005. This is a significant challenge and

call to action for us all. Many issues will need to be addressed so that we may meet this challenge, but it is an attainable and appropriate challenge to those of us who assert that we are professionals, ready and willing to serve. It is also a defining moment for the future of the Corps. I am confident that we will succeed in our goals.

I recently sent letters to all of the HHS agency heads asking for their support in meeting these goals and stressing the importance of your full participation in the CCRF. I also met with all the flag officers and I have asked them, as the senior leaders in the Corps, to help strengthen the skills and focus on the officer Corps by mentoring younger officers and encouraging their participation in CCRF. In addition, we are developing a plan that would have officer readiness, such as membership in the CCRF, be a consideration in the promotion process.

When ready, Secretary Thompson will announce a far-reaching transformation of the Corps, which will include these career development revisions, and much more. One significant goal is to seek parity with the other Uniformed Services in basic training, so our officers are fully trained in military customs and have the necessary deployment skills. Beyond that, we need to implement a formal career development process if we are to nurture and strengthen those who make the

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## Surgeon General's Column

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commitment to serve. I have discussed a number of approaches with the Secretary, including advanced degree training, a public health education and training program that is integral to the Corps, and more formal recognition in the promotion process of career development investments on the part of individual officers. This is a huge cultural transformation process that will be accomplished incrementally over an extended period of time commensurate with the resources available.

I believe strongly in leading by example. I wear my uniform every day, and have asked all of you to do so. The uniform exemplifies leadership, being part of a team, and being part of a bigger mission. While we are often separated by agencies and assignments, we are a team and should think of ourselves as such. In the near future we will begin to ensure adherence to the grooming policies and reevaluate and establish uniform dress policies.

Last month I rolled up my sleeve and was vaccinated against smallpox. I did it to demonstrate the importance of being *personally* prepared . . . of being vaccinated. If a smallpox outbreak occurs, many of us will be called upon to be the front line workers treating the infected patients and vaccinating others. We need to be resistant against the disease and prevent further spread of the disease. Vaccination enables us to take smallpox out of the arsenal of possible weapons that terrorists could use against us.

I ask you to lead by example as well. Wear your uniform every day. Be in uniform when performing your duties in public. Tell people who and what you are. Be a part of the CCRF. Get vaccinated against smallpox.

Personal readiness, and Corps readiness, means we will also have to meet fitness standards. Some of us will need to engage in more rigorous conditioning regimens, reduce weight, and improve physical capacities. All of us will, at minimum, need to exercise routinely. Together we will be stronger than we are separately. Our Nation deserves our best and strongest efforts. I encourage you to work with me to elevate our own health status to the highest possible level.

Thank you for your service and dedication to the PHS Commissioned Corps and to the people of our great Nation.

VADM Richard H. Carmona  
Surgeon General

## Pharmacy PAC Call for Nominations

The Pharmacy Professional Advisory Committee (PharmPAC) is an advisory group composed of pharmacists representing Department of Health and Human Services (HHS) Agencies/Operating Divisions (OPDIVs) as well as non-HHS Programs that employ Public Health Service (PHS) pharmacists.

The PharmPAC provides advice and consultation to the Surgeon General and to the Pharmacist Chief Professional Officer on issues related to both the professional practice of pharmacy and the personnel activities of commissioned corps and civil service pharmacists. The PharmPAC meets at least bimonthly in the Rockville, MD area. However, teleconferencing is available.

Nominations are being solicited from pharmacists who are interested in serving on the PharmPAC. Anticipated openings for the 2003-2006 term are listed below, but all nominations will be kept on file for future consideration.

Openings for 3-year terms beginning November 1, 2003, for PHS pharmacists serving in the following organizations include:

- Federal Bureau of Prisons (1);
- National Institutes of Health (2);
- Food and Drug Administration (3); and
- Office of the Secretary (1).

If you are a PHS pharmacist, either commissioned corps or civil service, and are

interested in representing your Agency/OPDIV/Program on the PharmPAC, please submit your curriculum vitae with a cover letter describing your interest and include the date of your first licensure as a registered pharmacist. Also, please provide a memo or letter of endorsement from your immediate supervisor. All materials must be submitted by **May 30, 2003**, to:

LCDR Gregory S. Davis  
Food and Drug Administration  
7500 Standish Place  
HFD-615, Room E 102  
Rockville, MD 20855  
Phone: 301-827-5862  
Fax: 301-594-1174

If you would like to participate in PharmPAC activities as a non member, please volunteer to serve on one of the following sections and activities: Career Development (Emergency Response, Professional Guidance and Retention, and Public Health Issues); Recruitment (Associate Recruiter Program, Student Programs, Point of Contact Initiative, and Placement); Communications (Web site, Listservs, Events/Meetings, PLANT, and Community Interaction); and Administration (Awards, Membership, Charter, Data Analysis, History, Legislation, and External Pharmacy Affairs). Working with a section or activity is a great way to contribute while learning about the PharmPAC.

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## Commissioned Officer Leave Tracking System

The Division of Commissioned Personnel's (DCP) automated Commissioned Officer Leave Tracking System (COLTS) provides a Web-based version of form PHS-31, "Officer's Leave Record," thereby providing leave maintenance clerks an automated tool to accurately record commissioned corps officers' annual leave via the Internet.

Officers, whose leave maintenance clerks have initialized their leave records, can access COLTS through DCP's Web site—<http://dcp.psc.gov>—(Secure Area, select COLTS) to view annual leave balances, leave history, and current end-of-year 'use or lose' leave.

Officers who have questions about COLTS, or whose leave maintenance clerks have not enrolled in COLTS, should contact:

Division of Commissioned Personnel  
Officer Support Branch  
ATTN: COLTS Administrator  
Phone: 301-594-1507 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—41507).

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

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## Keeping You Informed

### **Entitlements/Allowances for Permanent Change of Station (if qualified under the Joint Federal Travel Regulations)**

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank;
- (3) 90 days of storage for your HHG, if needed;
- (4) Dislocation Allowance (DLA), if qualified; and
- (5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

Please remember that you must always contact your Agency's shipping officer before performing any type of Permanent Change of Station (PCS) move, including a personally prepared move, to avoid reimbursement complications.

### **Monthly Tip for Moving**

When preparing to move your HHG for a PCS, there are many things you can do to be ahead of the game. First and most important is to know the process. Your gaining Agency is responsible for initiating form PHS-1662, "Request for Personnel Action - Commissioned Officer," that gets the whole process started. Keep in contact with your hiring official to make sure the process has begun. Next, you should receive your personnel orders. Do **not** move anything until you have received these orders. Once you receive your orders, you can contact your shipping officer and begin planning for moving your HHG. Your shipping officer will explain the process that is used and make contact with the moving company for you. All you need to do is to make arrangements with the moving company when they call to inspect, pack, and pick up your stuff.

To be ready for the movers, here are a few tips that will help:

- Dismantle television and radio antennas.
- Disconnect and prepare all components, such as stereos, turntables,

compact disc players, DVD players, printers, computers, televisions, and VCRs for the move.

- Empty, defrost, and thoroughly wash the inside of all refrigerators and freezers at least 24 hours before pick up. Empty the refrigerator's bottom pan.
- Drain all water from hot tubs and water beds and allow to dry.
- Disconnect all appliances, washer hoses, and dryer exhaust vents.
- Remove and unplug all electrical items, including window air conditioners.
- Dispose of worn out and unneeded items and foods that could spill or might spoil in transit.
- Remove pictures, utensil, and food racks from the walls, take down curtain rods and valances, and all things from the attic or crawl space. (The packers are not required to go into these areas.)
- *Separate all items of professional books, papers, and equipment (Pro Gear) from the rest of your property.*
- *When listed properly on the inventory, professional books, papers, and equipment are not counted as part of the weight allowance.*
- Separate all items of clothing, toys, and necessities that will not be shipped with the rest of the household goods. Place them in a separate area of the house and inform the movers and packers the room is off-limits.
- Disconnect and purge all propane tanks prior to shipment. A professional individual or company that is certified to perform such purging must make written certification of purging. Do not attempt to purge the tanks yourself. A label or tag must be affixed to each tank that indicates the purging was conducted in accordance with the National Fire Protection Association's standards, or the tanks will not be moved.
- If shipping a motorcycle, ensure the gas tank is empty. Disconnect the battery and secure the cables. If putting the motorcycle in storage, remove and

dispose of the battery. Proof of ownership, such as the registration, which describes the make, model, and vehicle identification number, is required.

- If shipping a lawnmower, ensure the gas tank is empty, and the oil has been drained.

Remember, the gaining Agency should provide information that is necessary to conduct the move. Once you receive your orders, contact the shipping officer of that Agency for paper work/forms to begin the moving process. Relax. We are here to help you.

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—or you may call or e-mail LCDR Ron Keats at 301-594-3376 / [rkeats@psc.gov](mailto:rkeats@psc.gov).

### **Professional Licensure Reminder**

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

- (1) Make a photocopy of your license / certification / registration renewal (must contain an expiration date) upon receipt from the issuing authority;
- (2) Record your PHS Commissioned Corps serial number in the lower right-hand corner of the photocopy; and
- (3) Mail (or fax) it to:  
 Division of Commissioned Personnel  
 ATTN: Licensure Project Officer/OSB  
 5600 Fishers Lane, Room 4-20  
 Rockville, MD 20857-0001  
 Fax: 301-443-5366  
 Phone: 301-594-3352  
 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43352)



The Commissioned Corps of the Public Health Service (PHS) is a Uniformed Service. Wearing the PHS uniform is paramount today as our Service shows its value to our country in all that we do. From research to clinical performance, from the field to the operating room, wearing the uniform has never been more important. Showing our country the important role we play in today's environment, from the war on terrorism and the bio-terrorist threat, to earthquakes or tornados as well as our humanitarian efforts, all are very important.

Wearing the uniform correctly is the duty of each and every officer. Many good questions come to the Division of Commissioned Personnel, and we would like to share a few of these questions with you at this time.

- Q.** Some Agencies/Operating Divisions/Programs to which officers are assigned require the wearing of an ID badge or building pass. How should these badges be worn when wearing the PHS uniform?
- A.** The answer to the question is not an easy one. The wearing of ID badges is not spelled out clearly in Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 61, "Information on Uniforms." At this point, the officer needs to wear the badge according to the Agency/Operating Division/Program policy and with the integrity of the uniform in mind. Clipping the badge to the collar, epaulette, or pocket flap is acceptable, or attached to a cord or chain around the neck, as long as the cord is black, is acceptable. Wearing the badge half hidden or half inside a pocket or with a decorated or colored cord or chain is considered inappropriate.
- Q.** Some officers place the garrison cap inside their belt after removing the cap from their head and upon entering a building. What is the proper handling of a garrison cap upon entering a building?
- A.** When the garrison cap is removed from the officer's head upon entering a building or no hat zone, the cap may be carried. If the officer chooses to tuck

the cap under the belt, the correct method is to slip the cap under the belt and fold 1 to 2 inches of the cap inside the trousers or skirt, belted or unbelted. At present, the side does not matter. However, when worn on the right side, the rank should show on the cap, and when worn on the left side, the PHS insignia should show on the cap. It is very much like what is on your collar—right for rank and left for PHS insignia.

- Q.** When wearing the Service Dress Blue (SDB) uniform and removing the coat, should the shirt have epaulettes and soft shoulder boards or not?
- A.** The SDB uniform is meant to be worn as a unit. The jacket is part of that unit. If the officer chooses to take the jacket off, the white shirt worn may be either with or without epaulettes and may be short or long sleeved. The preferred shirt under the jacket is the long sleeve shirt with epaulettes to show your rank, but this is not required. Keep in mind, you should only remove the jacket in a location where you are working or the other people present know who you are. The jacket should be worn at all times when you are outside of your work area.
- Q.** Is there any uniform guidance on the color of briefcases or laptop computer cases for commissioned officers?
- A.** Many questions are difficult to answer. Currently our uniform regulations do not have guidance covering briefcases or laptop computer cases. However, when female commissioned officers carry a handbag, the color of the handbag must match the uniform they are wearing (please see the uniform handbag question below). Using this information as our guidance, if you carry a briefcase or laptop computer case, it would be appropriate for you to carry one that is of a conservative nature and preferably black in color, to 'match' authorized uniforms.

Colors and decorated designs on briefcases and laptop computer cases would not be appropriate for use with PHS uniforms.

- Q.** Is the Army pullover sweater authorized for wear with the Working Khaki uniform?
- A.** We all know after the publication of the December 2002 issue of the *Commissioned Corps Bulletin* (page 5) that the Army pullover sweater *is* authorized for wear outside. However, this sweater is currently *not* authorized to wear with the Working Khaki uniform. On December 10, 1996, the Acting Surgeon General approved the wear of the Army V-Neck sweater with the following uniforms: Indoor Duty White; Summer White; Summer Khaki; Summer Blue (Salt and Pepper); Service Dress Blue Sweater; Winter Blue; and Winter Working Blue. In addition, all rank and insignia that are normally worn on other uniform pieces must also be worn when wearing the Army pullover sweater. (Example: Khaki – collar rank and insignia.)
- Q.** When working at your duty station, but not in uniform, what guidelines should an officer follow? (Can women wear jewelry of their choice, eye wear of their choice, body jewelry of their choice, and so on? The same would apply for men.)
- A.** When an officer is on duty, he or she represents the Public Health Service Commissioned Corps. The wearing of the uniform is symbolic and very important, but whether the officer is in uniform or not, he or she is still an officer. Clothing and jewelry worn should be professional looking and conservative in nature. Any clothing and/or jewelry worn must adhere to the Agency/Operating Division (OPDIV)/Program's policies. If an item of clothing or jewelry is deemed inappropriate for wear, the officer needs to respect the decision(s) of the Agency/OPDIV/Program. Officers' peers and clients see them as officers at all times. Officers are expected to

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## Q & A on Uniforms

(Continued from page 4)

hold themselves and their standards up to the highest level possible even when not at work. This is what being an officer is all about!

- Q.** Do PHS ribbons take precedence over ribbons received during prior military service?
- A.** Good question! Each ribbon earned by an officer, either from their military experience or from the PHS, has an order of precedence. CCPM Pamphlet No. 61, "Information on Uniforms," is in the process of being updated to include the most current ribbons available. What you should remember is that each award earned falls into a different category. The highest to lowest categories are (a) Uniformed Services decorations, (b) unit awards, (c) non Uniformed Service decorations, (d) PHS service and campaign awards, (e) military campaign and service awards, (f) PHS Regular Corps ribbon and Commissioned Corps Training Ribbon, (g) awards of military societies and other organizations, and (h) foreign decorations and non United States service awards. If you have two awards from the same group of awards and one is PHS and the other one is non PHS, the PHS award takes precedence. (Example: If you have a Commendation Medal from the Army and a Commendation Medal from the

PHS, the PHS Commendation Medal would take precedence.)

- Q.** I would love to see a 'Q&A on Uniforms' on the requirements for female handbags—size, material, etc. Anything you can explain would be helpful.
- A.** When choosing to wear a handbag with the uniform, the main thing to remember is to be conservative. The handbag may be black, brown, or white depending on the uniform you are wearing. The handbag must match your uniform color. In addition, the handbag may be made of leather or synthetic material, Navy-style in nature, of semi-rigid construction, not more than 11 inches wide and 7.5 inches high.
- Q.** May an officer wear any form of a goatee beard?
- A.** For the officer who asked this question, and for all the officers who are wearing any kind of goatee, goatees are **not** authorized—period! The regulation states that a beard may be either full or partial; however, patches or spots of facial hair are not considered a beard and are not authorized. If the patch or spot of facial hair is an extension of the mustache, it is still a patch or spot. To further explain, a full beard is considered a beard that ranges from

ear to ear and may extend down to the Adam's apple. This beard is usually trimmed in length, but may be up to 1 inch thick. A partial beard is a beard that extends from ear to ear, but is trimmed higher on the face or completely off the neck, and appears in a trimmed fashion both in length and width. CCPM Pamphlet No. 61, "Information on Uniforms," is currently being updated, and will specifically state 'no goatees.' It will explain the proper wear of beards more extensively or eliminate all facial hair except for a properly trimmed mustache.

- Q.** What female hats are authorized for wear with the Summer Blue (Salt and Pepper) and Service Dress Blue (SDB) uniforms?
- A.** Women are authorized to wear the black/blue garrison cap, the beret, and the white combination cap with the Summer Blue uniform, and the beret or white combination cap with the SDB uniform. Men are authorized to wear both the black/blue garrison cap and the white combination cap with the Summer Blue uniform, and *only* the white combination cap with the SDB uniform.

If you have questions about PHS uniforms, please e-mail LCDR Ron Keats at [rkeats@psc.gov](mailto:rkeats@psc.gov).

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## National Park Service Public Health Program Continues Expansion

The number of Public Health Service (PHS) Commissioned Corps officers assigned to the National Park Service (NPS) has more than doubled over the last few years. The PHS has had a formal agreement with the NPS since the 1950s, but has provided public health expertise to the Agency for nearly 80 years. Challenging, satisfying assignments continue to attract high-quality candidates from both the senior and junior officer ranks. Since 1999, the demand for specialized public health services has greatly increased, and officers have been assigned to programs throughout the NPS, such as Concessions, Facility Management, Land Resources, and Risk Management.

Recently, the need for specialized service arose in one of the NPS sister agencies: U.S. Fish & Wildlife Service (F&WS). In their search for an environmental engineer they found that the most qualified candidate for the position was a PHS Commissioned Corps officer. LCDR Meredith A. Bond reported for duty to the NPS Air Resource Division with the F&WS Air Quality Branch on December 1, 2002, in Denver, CO. She is the first PHS Commissioned Corps officer ever to be assigned to the F&WS.

Since the Clean Air Act (CAA) mandates special protections for designated 'Class I' pristine areas, LCDR Bond is

responsible for providing technical review of major construction projects that have potential to impact air quality throughout the National Wildlife Refuge System. She brings substantial CAA permitting expertise, garnered from nearly a decade of service on various assignments with the Environmental Protection Agency. She is a graduate of the Colorado School of Mines, a registered Professional Engineer in the State of Colorado, and served over 5 years in the U.S. Navy as a nuclear power technology instructor prior to joining the PHS Commissioned Corps.

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## Engineer PAC Holds Planning Meeting for 2003

In January, the Engineer Professional Advisory Committee (EPAC) met in Research Triangle Park, NC, at the National Institute of Environmental Health Sciences facilities to discuss plans for the year.

The meeting was called by the current EPAC Chair, CAPT José Cuzme. Despite some wintry weather, the EPAC had a successful day. The meeting began with the Chief Engineer, RADM Robert C. Williams, providing his perspective on priorities for the Engineer category and the EPAC. CAPT Richard F. Barror, Chief of Staff, Office of the Surgeon General, added his viewpoint on significant issues for Public Health Service engineers. The

EPAC discussed the recently completed 'Engineer Category Strategic Action Plan' and how to begin implementing the actions it recommended. The topics discussed included recruitment and retention; leadership and succession; esprit de corps; emergency response preparedness; and the healthy indoor environment initiative. This meeting laid the foundation for a successful year for the EPAC.

The day concluded with a tour of the recently completed Environmental Protection Agency building. The building was constructed using "Green Building" principles, and the EPAC members learned about the design and construction of this type of facility.

## RADM R. Michael Davidson Retires

The Director of the Division of Commissioned Personnel (DCP), RADM R. Michael Davidson, retired effective April 1, 2003.

In July 1979, RADM Davidson joined the commissioned corps as a dental officer assigned to the Indian Health Service (IHS), and initially served Native Americans in Oklahoma. Later IHS assignments of increasing responsibility were in North Carolina, Arizona, and New Mexico. In 1993, he joined the staff of the Beneficiary Medical Program, Medi-

cal Affairs Branch, DCP. He was selected as the Director, DCP, effective February 2, 1998, and was promoted to the rank of Rear Admiral in 1999.

RADM Davidson's dedication to the Public Health Service Commissioned Corps, his personal commitment to the mission of the Corps, and his good humor will be greatly missed. We extend a sincere 'thank you for a job well done' and a wish for a very happy and healthy retirement to RADM R. Michael Davidson, USPHS (Retired).

### Reminder

The Division of Commissioned Personnel (DCP) will offer a *Public Health Service Commissioned Corps Retirement Seminar* at the 2003 Public Health Professional Conference sponsored by the Commissioned Officers Association. The retirement seminar is scheduled for June 19-20, and will be held at the Westin Kierland Resort & Spa, Scottsdale, AZ.

The seminar is open to all officers no matter how many years of service. If you are interested in attending this seminar, please visit the 'Welcome to the DCP Official Web Site'—<http://dcp.psc.gov>. Download and complete the registration form, and submit it to:

### Retirement Seminar to Be Held at COA's Annual Meeting

Division of Commissioned Personnel  
ATTN: Retirement Seminar  
Coordinator  
5600 Fishers Lane, Room 4-36  
Rockville, MD 20857-0001  
Fax: 301-594-2711

Registration forms must be received in DCP no later than **May 23, 2003**.

If you need additional information, contact the DCP Retirement Seminar Coordinator at 301-594-3108 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43108).

## Recent Calls to Active Duty

*Title/Name Agency/OPDIV/Program*

### DENTAL

#### LIEUTENANT COMMANDER

Lynn C. Gilbert BOP  
Glenville, WV

#### LIEUTENANT

Aurelia M. Thomas BOP  
Anthony, NM

### NURSE

#### LIEUTENANT

James A. Folkwein BOP  
Elkton, OH

Donna L. Roberts BOP  
Oakdale, LA

#### LIEUTENANT J.G.

Pauline Karikari-Martin CMS  
Baltimore, MD

### SCIENTIST

#### COMMANDER

Scott R. Rippey FDA  
College Park, MD

#### LIEUTENANT COMMANDER

Edward W. Gregg CDC  
Atlanta, GA

#### LIEUTENANT

Rona A. LeBlanc FDA  
Rockville, MD

### ENVIRONMENTAL HEALTH

#### LIEUTENANT J.G.

Stephanie R. Peebles IHS  
Kayenta, AZ

Marie B. Watkins PSC  
Bethesda, MD

### HEALTH SERVICES

#### LIEUTENANT

Van Morfit HRSA  
Rockville, MD

Timothy J. Pappalardo BOP  
Ayer, MA

#### LIEUTENANT J.G.

Patricio G. Garcia HRSA  
Washington, DC

Angela S. Girgenti BOP  
Fort Worth, TX

William C. Inciso HRSA  
Los Angeles, CA

Andrea D. Peay BOP  
Butner, NC

## USPHS Professional Conference—Federal Agency Leaders to Discuss Future of Public Health Care

Surgeon General Richard H. Carmona has agreed to moderate an historic, wide-ranging discussion on the future of public health care among the leaders of the Nation's major health agencies, Mr. Jerry Farrell, Executive Director of the Commissioned Officers Association (COA), has announced. The forum will take place at the U.S. Public Health Service Professional Conference, which will be held June 15-20, 2003, at the Westin Kierland Resort & Spa, Scottsdale, AZ.

"In addition to providing a wonderful venue for the exchange of ideas, such a session will help focus national attention on the challenges facing agencies at every level of government that deal with the Nation's health," said Mr.

Farrell. "It will provide a one-of-a-kind opportunity for the top leadership of the Nation's premiere public health institutions to explore ways to improve access to public health care and rebuild the Nation's public health infrastructure."

The conference also will feature a talk by Dr. Jong Wook Lee, Director General Designee of the World Health Organization, exploring the challenges facing the global public health community. Some other topics on the agenda include the following: the Federal response to smallpox; reducing food-borne disease; innovative telehealth initiatives; health care for the homeless; healthy lifestyles; the link between obesity and diabetes; and

critical issues confronting State, tribal, and local health agencies.

The conference also will feature an entire day of discipline-specific sessions examining developing public health trends affecting physicians, dentists, nurses, engineers, scientists, environmental health officers, veterinarians, pharmacists, dietitians, therapists, and health services officers. The Surgeon General will deliver the conference's closing address.

One-day and full conference registrations are available. Continuing education credits will be awarded. For more information or to register, visit—<http://conference.coausphs.org>—or call toll-free 866-544-9677.

## Health Services PAC Call for Nominations

The Health Services Professional Advisory Committee (HS-PAC) provides advice to the Surgeon General and the Chief Professional Officer on professional and personnel issues related to the Health Services category.

Selections, which are based on the nominee's commitment to public health activities and specified criteria in the HS-PAC Charter (e.g., organizational, discipline, gender, minority representation), are made by the HS-PAC and are approved by the Surgeon General.

HS-PAC members are expected to obtain the necessary travel funds to attend

six scheduled meetings per year in Rockville, Maryland, (with permission of the HS-PAC Chair, teleconferencing may be arranged for two of these meetings) and to participate in HS-PAC activities. Appointments will be made for a 3-year term, beginning January 1, 2004.

You can find a self-nomination form, which includes a space for supervisory approval, on the Health Services Category Web site—<http://www.usphs-hso.org>.

Complete the self-nomination form and send it along with a current curriculum vitae and cover letter describing how your

specific experience and expertise will benefit the HS-PAC. The completed package must be submitted by **June 30, 2003**, to the following address:

LCDR Elizabeth A. Pierce  
Chair, Membership Subcommittee,  
HS-PAC  
4 Monroe Place, #1106  
Rockville, MD 20850  
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## Junior Officers Advisory Group

The Junior Officers Advisory Group (JOAG), which represents junior commissioned officers at the rank of O-4 and below to the Surgeon General's Policy Advisory Council, Chief Professional Officers, and Professional Advisory Committees, is proud to announce the results of its first Executive Committee election. Founding Executive Committee members, LCDR Michelle Jordan (Chair), LT Jacqueline Rodrigue (Vice-Chair), and LCDR Akilah Green (Secretary), formalized election protocols following creation by JOAG's Policy and Procedures Subcommittee. The first Executive Committee elections for JOAG were held in January 2003, and LCDR Jeffrey Salvon-Harman (Chair), LCDR Nelson Adekoya (Vice-Chair), and LT Michelle

Colledge (Secretary) were unanimously elected by the voting membership. JOAG Executive Committee terms are 12 months in duration, and all seats are open to any voting member. Please refer to the March 2002 issue of the *Commissioned Corps Bulletin*—[http://dcp.psc.gov/PDF\\_docs/Mar02.ccbpdf](http://dcp.psc.gov/PDF_docs/Mar02.ccbpdf)—for details regarding JOAG membership.

The new Executive Committee members now face the daunting task of coordinating JOAG meetings from the field, as none of the three are stationed in the Washington, DC area. LCDR Salvon-Harman is a Flight Surgeon/Family Physician stationed at the U.S. Coast Guard Aviation Training Center in Mobile, AL; LCDR Adekoya is a senior research sci-

entist with the Centers for Disease Control and Prevention's Epidemiology Program Office in Atlanta, GA; and LT Colledge is the regional environmental health scientist with the Agency for Toxic Substances and Disease Registry in Chicago, IL.

Participation in monthly JOAG meetings via teleconference is encouraged for all Public Health Service Commissioned Corps junior officers. Any junior officer may participate in discussion and may join JOAG committees, but only confirmed voting members may participate in formal votes on substantive matters. Contact information is available via the JOAG Listserv—<http://list.nih.gov/archives/joag.html>.

## Commissioned Corps Readiness Force

### **Welcome to CAPT Kevin Yeskey**

CAPT Kevin Yeskey is the new Director of the Office of Emergency Response (OER). He received his medical degree from the School of Medicine of the Uniformed Services University of the Health Sciences (USUHS), completed a residency in emergency medicine at the Milton S. Hershey Medical Center, and is Board Certified in Emergency Medicine.

Previous assignments include: Director, Bioterrorism Preparedness and Response Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention; Associate Professor and Vice Chair, Department of Military and Emergency Medicine, USUHS; Chief Medical Officer, Office of Emergency Medicine, Department of Health and Human Services (HHS); and Chief, Emergency Department, Phoenix Indian Medical Center.

CAPT Yeskey has published numerous articles related to disaster and emergency preparedness and has spoken on the subject multiple times. He has deployed domestically to terrorist events, earthquakes, hurricanes, floods, and special events, and was the HHS Chief of Medical Operations for the resettlement of Kosovar Refugees in 1999 at Fort Dix, NJ. Additionally, he has deployed internationally and has participated in efforts to improve emergency response in Africa. CAPT Yeskey has also been an instructor and medical provider for the Counter Terrorism Operations Medical Support (CONTOMS) program.

### **The President's Message**

In mid-January 2003, the President of the United States directed the Surgeon General to ensure that 70 percent of the Public Health Service (PHS) Commissioned Corps be *deployable members* of the Commissioned Corps Readiness Force (CCRF) at the end of Fiscal Year (FY) 2005. Interim goals are 30 percent membership by the close of FY 2003, and 50 percent membership at the end of FY 2004. This message has recently been shared with Department leadership, Chief Professional Officers, Flag officers, Profes-

sional Advisory Committee Chairs, and Commissioned Corps Liaisons.

### **Your CCRF Membership**

In February 2003, CCRF members were asked to complete a Smallpox Survey on the CCRF Web site—[http://oep.osophs.dhhs.gov/ccrf/ccrf\\_smallpox.htm](http://oep.osophs.dhhs.gov/ccrf/ccrf_smallpox.htm). If you (1) chose not to complete the survey and/or (2) do not have current contact information in your CCRF profile, you will be removed from the CCRF rolls. There are some CCRF members who have changed addresses, phone numbers, supervisors, and/or duty stations but have neglected to update their CCRF Profile. If we cannot contact you, you are not a deployable asset. If you feel that this was done in error, please re-start the membership process with your current contact information and complete the Smallpox Survey immediately.

### **Rhode Island Nightclub Fire**

On February 29, 2003, there was a fatal fire at the Station Nightclub in West Warwick, RI. As of this writing, 99 people were killed and more than 150 people were injured. Many of those injured suffered severe burns and are being treated at the Rhode Island Hospital in Providence, Massachusetts General in Boston, and other area hospitals. The Governor of Rhode Island requested Federal support to augment staffing at the Rhode Island Hospital, particularly in the form of burn nurses, mental health providers, respiratory therapists, and a dietitian. Five CCRF members, including four mental health providers and one dietitian, were deployed.

### **Threat Level: Orange**

On February 7, 2003, the Department of Homeland Security (DHS) elevated the threat level from Yellow to Orange due to a variety of factors measured by the DHS and the White House. As a result, a number of readiness measures were put in motion by HHS. Included among those activities was the training and deployment of medical responders on the PHS-1 DMAT (Disaster Medical Assistance Team) in and near Washington, DC. To support them, CCRF nurses and a

pharmacist deployed early on the morning of February 8, and continued for 9 days as part of the response. Although the threat level has returned to Yellow, CCRF members continue to be deployed as liaisons to the Secretary's Command Center at HHS.

### **Combined Humanitarian Assistance Response Training**

CCRF and the Center for Excellence in Disaster Management and Humanitarian Assistance co-sponsored 'Combined Humanitarian Assistance Response Training,' February 24-28. Attendees included 30 CCRF members, active-duty members of the Department of Defense, and civilians from non-governmental organizations such as *Médecins Sans Frontières* and the United Nations. Together, this group learned about providing relief and assistance during complex humanitarian emergencies where local resources are inadequate. The course focused on measures to help promote peace and stability in a region, by helping build a sustainable response capacity in the operational area.

### **Forensic Dental Identification and Emerging Technologies Course**

Thirty CCRF members attended this 5-day course held March 3-7, which was designed to expose the experienced forensic scientist, and to introduce the novice, to a variety of forensic techniques, including those utilized by Disaster Mortuary Operational Response Teams (DMORTs). Students interacted with speakers from the Federal Bureau of Investigation, U.S. Army, National Museum of Health and Medicine, and university faculty from across the Nation. During the laboratory session, students participated in digital radiology, photographic capture, and computer database technology with a mock mass disaster identification exercise. Other topics included bite mark analysis, skeletal anthropology, and radiographic age assessment.

### **CCRF: The First 10 Years**

CCRF will be 10 years old in 2004. CCRF is in the process of recording its

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## Commissioned Corps Readiness Force

(Continued from page 8)

history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail CDR Martinelli (to receive the submission form) at [amartinelli@osophs.dhhs.gov](mailto:amartinelli@osophs.dhhs.gov).

### CCRF Training

CCRF Training for 2003 includes the following:

- *Radiation "Truth and Consequences" – A Course for Clinicians and Scientists*, April 14-18
- *CCRF Field Basic Course*, May 19-23, June 2-6, August 4-8, and September 15-19

For more information, visit the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

## National Public Health Week—April 7-13, 2003

### 'Getting in Shape for the Future—Healthy Eating & Active Living'

This year, the national observance for National Public Health Week is April 7-13, and, as always, the American Public Health Association (APHA) is taking the lead. This year's theme is overweight and obesity. The goal is to educate American adults and children about the health risks associated with this fast-growing epidemic and to present communities and individuals with ways to "shape up their future."

National Public Health Week is celebrated in communities in 46 States and by 60 percent of local health departments. For more information, visit the APHA's Web site—<http://www.apha.org/nphw>.

## Question Regarding Employment While on Terminal Leave

### QUESTION

If I am on terminal leave prior to separation from active-duty and accept employment with the same agency, do I need to complete form HHS-520, "Request for Approval for Outside Activity"?

### ANSWER

Manual (CCPM) Pamphlet No. 32, "Information on Separation," states:

"You are on active duty while on terminal leave and thus maintain the responsibilities, duties, obligations, privileges, and benefits applicable to active-duty Public Health Service Commissioned Corps officers. Terminal leave is creditable toward completion of a Service obligation and a special pay contract. If your terminal leave will extend through the date of separation, you may accept a Federal civil service appointment or other

civilian employment in the private sector, provided that you do not violate the conflict of interest statutes and regulations. You must complete form HHS-520, "Request for Approval for Outside Activity," and get approval before beginning other employment. However, you may not be given a concurrent appointment as a member of another Uniformed Service."

Completion of form HHS-520 (available on the Division of Commissioned Personnel's (DCP) Web site—[http://dcp.psc.gov/PDF\\_docs/hhs520.pdf](http://dcp.psc.gov/PDF_docs/hhs520.pdf)) assures that the activity has been authorized by your supervisor.

For further information pertaining to the need for advanced approval, refer to INSTRUCTION 1, "Standards of Conduct," Subchapter CC26.1 of the CCPM on DCP's Web site—[http://dcp.psc.gov/PDF\\_docs/2611.pdf](http://dcp.psc.gov/PDF_docs/2611.pdf).

## Recent Deaths

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

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

Title/Name	Date
<b>MEDICAL</b>	
<i>REAR ADMIRAL</i> John C. Cutler	02/08/03
<i>CAPTAIN</i> James B. Sidbury, Jr.	02/17/03
<b>DENTAL</b>	
<i>CAPTAIN</i> John K. Geppert	02/16/03
<b>ENGINEER</b>	
<i>CAPTAIN</i> Francis A. Jacocks	02/13/03
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i> Joseph K. Owen	02/04/03

## DIVISION OF COMMISSIONED PERSONNEL (DCP)

### WEB SITE ADDRESS

<http://dcp.psc.gov>

### PUBLIC HEALTH SERVICE COMMISSIONED CORPS WEB SITE ADDRESS

<http://www.usphs.gov>

### DCP TOLL-FREE PHONE NUMBER

1-877-INFO DCP

Follow the voice prompts to direct your call correctly.

### Subscribe to the DCP Listserv to Receive Official E-mail Messages from DCP—

Send an e-mail message to—[listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov)—with no subject and a message in the following format:

- SUBSCRIBE DCP "your full name"
- Where "your full name" is, replace with your complete first and last name without the quotation marks.

## Retirements – March

*Title/Name Agency/OPDIV/Program*

### MEDICAL

#### CAPTAIN

Angelita J. Sunga SAMHSA  
Melvin W. Williams SAMHSA

#### COMMANDER

Barbara H. Rowland HRSA

### DENTAL

#### CAPTAIN

Thomas O. Oas IHS

### NURSE

#### CAPTAIN

Kathleen Y. Cooper SAMHSA  
Joyce A. Elmore HRSA  
Sonia D. Hinds SAMHSA

#### COMMANDER

Judy A. Gerry IHS

#### LIEUTENANT COMMANDER

Karen E. Bikowicz IHS

### SCIENTIST

#### CAPTAIN

Michael R. Moran SAMHSA

*Title/Name Agency/OPDIV/Program*

### VETERINARY

#### CAPTAIN

Robert J. Carolan PSC

### PHARMACY

#### CAPTAIN

Merril J. Mille FDA

#### COMMANDER

Charles T. Clark NIH  
Janey L. Wiles BOP

### THERAPY

#### CAPTAIN

Judith A. Bell HRSA  
Willis A. Trawick SAMHSA

### HEALTH SERVICES

#### CAPTAIN

Donald H. Gabbert HRSA  
Jesse L. Glidewell HRSA  
Robert C. Jackson HRSA

## Sick Leave Reminder

Sick leave must be requested and approved on form PHS-1345, "Request and Authority for Leave of Absence."

Form PHS-1345 is a three-part form. After returning from leave, part one of form PHS-1345 approving sick leave is to be sent directly to the Medical Affairs Branch, Division of Commissioned Personnel (see address below) where it is kept as part of the officer's medical record. The second part of the form is to be given to the officer's leave maintenance clerk for the officer's leave folder. The third copy is to be retained by the officer for his/her records.

All officers are reminded that they are required to keep their leave granting authority and their leave maintenance clerk informed of their whereabouts during any period of leave, including sick leave.

The address for the Medical Affairs Branch is as follows:

Division of Commissioned Personnel  
ATTN: Medical Affairs Branch  
5600 Fishers Lane, Room 4C-06  
Rockville, MD 20857-0001

## Employment and Income Verification

Active-duty as well as retired officers who need employment and income verification, should phone the Compensation Branch, Division of Commissioned Personnel (DCP). Lending institutions are required to mail their requests to the Compensation Branch.

Division of Commissioned Personnel  
ATTN: **Employment Verification**  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001

Phone: 301-594-2963  
(or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—42963)

Active-duty officers who need verification of their service time to establish eligibility or qualify for a Department of Veterans Affairs' mortgage loan, need to request a *Statement of Service* from the Officer Support Branch, DCP. Officers whose last names begin with the letters

A-GON – should phone 301-594-3496

GOO-OL – should phone 301-594-3497

OM-Z – should phone 301-594-3490

(or call toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone numbers listed above).

The mailing address is as follows:

Division of Commissioned Personnel  
ATTN: **Statement of Service—  
Active Duty**  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

Inactive, retired, and terminated officers who need a *Statement of Service* must send a written request with an original signature (faxes, phone calls, and e-mails are not accepted) to the Officer Support Branch, DCP, at the following address:

Division of Commissioned Personnel  
ATTN: **Statement of Service—  
Inactive/Retired/Terminated**  
5600 Fishers Lane, Room 4-36  
Rockville, MD 20857-0001

## Procedures for Ordering Forms PHS-1345 and PHS-31

Form **PHS-1345**, "**Request and Authority for Leave of Absence**," (a multicarbon form) and form **PHS-31**, "**Officers' Leave Record**," (printed on card stock) are **not** available on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>. Leave Maintenance Clerks can order these forms—at no cost—as outlined below:

- (1) Go to Web site—<http://propshop.psc.gov>
- (2) Click 'Forms & Pubs'
- (3) Category – Click 'Forms'
- (4) Description – Leave blank
- (5) Product ID – Type in *either* of the following:  
PHS (*leave a space here*) 1345  
PHS (*leave a space here*) 31
- (6) Click 'Search'
- (7) Follow the prompts to place your order.

## Medical Affairs Branch

### Check Your Dependents' Uniformed Services ID Cards on Your Birthday

*Submitted by CAPT Ana Marie Balingit-Wines  
Chief, Patient Care Services, Beneficiary Medical Programs Section  
Medical Affairs Branch, Division of Commissioned Personnel*

As an active-duty officer with dependents who are enrolled in TRICARE and the TRICARE Active-Duty Family Member Dental Plan (FMDP), I have an obligation to ensure that the status of my dependents is current. By doing so, I avoid the potential for any problems in that area that may be associated with these two programs.

There are a number of situations that account for claims to be rejected by TRICARE and United Concordia Companies, Inc. (United Concordia administers the FMDP). However, the most common and easily remedied is the Defense Enrollment Eligibility Reporting System (DEERS) eligibility. Both active and retired Uniformed Services sponsors and all family members must be entered in the DEERS computer data banks, and

family members must be shown as eligible for TRICARE benefits.

Family members' Uniformed Services identification (ID) cards have an expiration date of 4 years from the date the ID card was last issued. When claims are rejected due to ineligibility because of an expired ID card, the fix is often long and arduous. That is why, every year on or around my birthday (because I remember that date), I initiate a call to the DEERS office in Monterey, California, at 1-800-538-9552, and ask the following:

- who do you have listed as my dependents?
- what is the address you have on record?
- what are the expiration dates on the eligibility of each of my dependents?

- tell me about my dependents' respective enrollment in TRICARE and FMDP.

By calling the DEERS office on my birthday and therefore keeping my family members' ID cards current, I have been able to prevent potential problems regarding claims and their adjudication.

I am sharing this technique with you in the hope that you too will call on (or around) *your* birthday and ensure that DEERS contains up-to-date information on each of your family members and that ID cards have not expired. Doing so will help TRICARE and United Concordia process claims quickly and accurately. □

## Medical Affairs Branch

### Medical Disability Benefits for PHS Commissioned Corps Officers

Many officers desire a description of their disability benefits to assist them in financial planning, such as determining a need for supplemental disability insurance coverage. The following overview should answer many questions.

The sick leave benefit is generous, but not unlimited. Sick leave must be medically justified, requested in advance (unless the officer was incapacitated), and authorized by the leave-granting authority. While on sick leave, the officer receives full pay and benefits as an active-duty officer. As soon as it becomes apparent that an officer on sick leave will probably not return to duty at all or only after a prolonged convalescence, commissioned corps policy requires that the Medical Affairs Branch, Division of Commissioned Personnel (DCP), begin processing that case for a Medical Review Board (MRB). Further, regardless of the prognosis, the policy requires that the MRB review the case of any officer who has been on sick leave 90 days continuously or 120 days cumulatively in a 12-month period. The MRB can recommend further sick

leave, return to active duty, or medical separation from active duty.

Any illness acquired or aggravated while in active-duty status (but not when in Absence Without Leave status or if due to misconduct or to willful neglect) that causes the officer to be unfit for retention on active duty, entitles the officer to disability benefits. (Examples: Disabling injury suffered because of a fall from a ladder while doing home repairs would entitle the officer to disability benefits. Disabling injury suffered because an officer was driving his or her car while under the influence of alcohol is misconduct. Failure to cooperate with reasonable medical evaluation or treatment could be considered willful neglect.) However, medical conditions such as alcoholism, substance abuse, or personality / character disorders do not entitle the officer to Public Health Service (PHS) disability benefits. Furthermore, conditions acquired or aggravated while on active duty that did not prevent performance of active duty up to 12 months before the time an officer is scheduled for separa-

tion for reasons other than medical separation (e.g., voluntary inactivation, regular retirement) do not entitle him or her to PHS disability benefits. These connected conditions may entitle the officer to Department of Veterans Affairs (VA) benefits.

If an officer is found not fit to continue on active duty, his or her percentage of disability is determined by the MRB using the VA Schedule for Rating Disabilities, as required by law. When an officer is medically separated from active duty, usually he or she is medically retired. However, if the percentage of disability is less than 30 percent, he or she will be separated with severance pay and will not have the benefits of retired status (unless he or she can retire on the basis of 20 or more years of active duty). Separation with severance pay occurs very infrequently, since usually an officer with less than a 30 percent disability is able and motivated to work at an acceptable level of performance and will be found fit-for-duty by the MRB. Severance pay

*(Continued on page 12)*

## Medical Disability Benefits for PHS Commissioned Corps Officers

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is 2 months of basic pay for each year of active duty (maximum credit is 12 years of service).

When the percentage of disability is 30 percent or more, the officer is medically retired. When the disabling condition is one that could improve or worsen over the next 5 years, the officer will be placed on the temporary disability retired list (TDRL) for up to 5 years. While on the TDRL the officer must be reassessed by the MRB at least every 18 months. At reassessment, the MRB may find the officer fit-for-duty, may continue him or her on the TDRL, or may place the officer on the permanent disability retired list (PDRL). At the last reassessment (5<sup>th</sup> year) on TDRL, the officer must be found either fit-for-duty or permanently retired or separated. If at any 18-month reassessment, the officer is found fit-for-duty and he or she is in the Regular Corps, he or she must be given an active-duty assignment. If the officer is in the Reserve Corps and there is no suitable assignment for him or her, the officer will be inactivated.

While on the TDRL, if the percentage of disability is 30 percent to 50 percent, the officer will receive as retired pay, 50 percent of his or her base pay (no housing

allowance, no subsistence pay, no special or bonus pays.) If the percentage of disability is between 50 percent and 75 percent, the retired pay will be the same percentage of disability. If the disability is more than 75 percent, the retired pay remains at 75 percent of base pay as that is the maximal percentage a retiring officer can receive.

As long as the officer is continued on the TDRL, the originally assigned percentage of disability cannot be changed. When placed on the PDRL at the termination of 5 years on TDRL, the MRB must re-rate the officer's condition which may change the percentage of disability rating. If this rating is less than 30 percent, the officer will not be retired, but will be separated with severance pay (unless he or she can retire because of years of active duty). As with TDRL, 75 percent of base pay is the maximum retired pay any officer can receive.

For both the TDRL and the PDRL, if the retired pay calculated on the basis of years of active-duty service is greater than the pay calculated according to percentage of disability, the officer may elect to receive the greater (former) amount.

For officers who were on active duty on September 24, 1975, retired pay attrib-

utable to disability is exempt from Federal tax. For officers called to duty after that date, it is not exempt unless the disability is the direct result of official duties.

In any case, the officer may apply to the VA for disability pay for service-connected conditions. The VA pay received (likely a smaller amount than PHS disability retired pay) is subtracted from PHS retired pay, but is exempt from Federal tax. The VA also provides medical care for service-connected disabilities.

Officers in medical retirement (both TDRL and PDRL) have the same benefits as officers retired after 20 or more years of service. These benefits include health care on a space-available basis at military treatment facilities, TRICARE, commissary, exchange, Space-Available travel, and other privileges on military bases for both the officer and their dependents. (Children lose their dependency eligibility as they reach adulthood.)

If you have further questions regarding the above information, you may call the Medical Evaluations Section of the Medical Affairs Branch, DCP, at 301-594-2052 or toll-free at 1-800-368-2777.

□

### DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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