



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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April 2001

Surgeon General's Column

"Coming together is the beginning. Keeping together is progress. Working together is success."

— Henry Ford

About a year ago, we decided that we would try to arrange to have a commissioned corps officer serve as my escort whenever I am scheduled to speak out of town. Our intent was twofold: to assist with my getting to know the Corps better and to aid in their getting more involved with the work of the Surgeon General. I am delighted to say that the dividends of that arrangement have paid off better than we could have ever imagined.

An example is a recent trip I took to Jackson, Mississippi, where my escort officer was CDR Anthony Chambers. I was there to speak about a study on cardiovascular disease involving minorities, the Jackson Heart Study, which is funded by the National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute and NIH's National Center on Minority Health and Health Disparities (formerly the Office of Research in Minority Health). The study was developed in such a way as to ensure an emphasis on the need for more minority involvement in the health professions and to expose more minorities to research opportunities in public health/epidemiology. It is the result of a partnership among three local institutions: Jackson State University, Tougaloo College, and the University of Mississippi Medical Center. As it turned out, my escort officer was not only a graduate of Tougaloo College and the University of Mississippi, but he had been a Minority Access to Research Careers (MARC) scholar at

Tougaloo. When I spoke to the audience, which was composed of high school and college students as well as many others, I was able to introduce CDR Chambers as one of their own who had shared similar experiences and was now serving as Director of Medical Services at the Federal Prison in Jackson.

To date, I have met physicians, dentists, nurses, nurse practitioners, engineers, pharmacists, physician assistants, health administrators, and others through the escort program. Many of them have had extensive careers in the Federal Bureau of Prisons, the Indian Health Service, and the Immigration and Naturalization Service. Not only am I impressed with the escorts and their work, I am grateful for the time we could spend together.

The trip to Jackson was rewarding in other ways, too. As I talked with the audience about the future benefits that will yield from the Jackson Heart Study, I was reminded of the landmark Framingham Study, which was started in 1948 and is the longest-running study ever of cardiovascular disease. I had the honor of delivering the keynote address in 1998 during their 50th anniversary celebration. That study taught us a great deal about cardiovascular disease and its major risk factors, including high cholesterol, high blood pressure, diabetes, tobacco, overweight and obesity, physical inactivity, and poor nutrition. The Nation has benefitted greatly from those who participated in the Framingham Study.

But because Framingham was a very homogenous community in terms of race and ethnicity, there were still some lim-

its as to what we were able to learn in that the study lacked diversity. That's why the Jackson Heart Study is so critically important—it is the first large-scale cardiovascular disease study in African Americans. The study is composed of 6,500 African American men and women between the ages of 35 and 84. By incorporating state-of-the-art physiologic and epidemiologic methods in a stable, population-based minority cohort, providing research experience, and building research capabilities at minority institutions, the Jackson Heart Study is uniquely positioned to answer key questions regarding the excess burden of cardiovascular disease among African Americans and to address the critical shortage of minority investigators trained in epidemiology and prevention.

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Surgeon General's Column

Beyond that, the information collected will include conventional and emerging risk factors for cardiovascular disease. Some of the newer areas will include early indicators of disease, genetics, socio-cultural influences, such as socio-economic status and discrimination, and physiological relations between common disorders such as high blood pressure, obesity, and diabetes and their influence on cardiovascular disease. The findings from this study will significantly impact African Americans in Mississippi, as well as the Nation, in better understanding the risk factors for heart disease in minorities.

Launched last fall, this landmark study is an expansion of the Atherosclerosis Risk in Communities (ARIC) study, which began more than a decade ago and included individuals between the ages of 45 and 64 who were from four geographically diverse communities: the suburbs of Minneapolis, Minnesota; Washington County, Maryland; Forsyth County, North Carolina; and Jackson, Mississippi.

Why cardiovascular disease? About 61 million Americans are currently suffering from some form of cardiovascular disease. Although we have made many advances in the fight against heart attack, stroke, and other cardiovascular diseases, these maladies continue to kill nearly 950,000 Americans each year, more than the next six leading causes of death combined. Stroke remains the Nation's number three killer, and all cardiovascular diseases are a major cause of long-term disability in this country. In 2001, cardiovascular diseases are expected to cost the Nation nearly \$300 billion in medical costs and lost productivity.

Despite the progress we have made in detecting and treating cardiovascular disease, the improvements for African American and some other minority groups have not been as great. For example, in 1995, the age-adjusted death rate for heart disease was 42 percent

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higher in African American males than in white males, 65 percent higher in African American females than in white females, and almost twice as high in males as in females. American Indians suffer from diabetes at nearly three times the average rate. For Hispanics, the rate is nearly double that of whites. And African Americans suffer 70 percent higher rates of diabetes than whites and have the highest mortality rate. Although stroke death rates have been decreasing, the decline among African Americans has not been as substantial as the decline in the total population. In fact, African American men are twice as likely to die from stroke than white men and African American women are nearly 1.5 times more likely to die from stroke than white women. African Americans are much more likely to have hypertension than their white counterpart. An estimated 6.4 million African Americans have high blood pressure—that's nearly 40 percent higher than whites—and its effects are more frequent and severe in the African American population.

The travel arrangements with the Corps have brought me closer than ever to the many and varied ways our members are protecting and advancing public health, and I can only hope that the rewards for the officers I have met thus far have been close to what I have experienced. Together, we are making a difference!

VADM David Satcher
Surgeon General



New Room Number for DCP's Office of the Director

On March 1, 2001, the Office of the Director, Division of Commissioned Personnel, moved down the hall from Room 4A-15 of the Parklawn Building to **Room 4-04** of the Parklawn Building.

Our correct address is:

Division of Commissioned Personnel
ATTN: Office of the Director
5600 Fishers Lane, Room 4-04
Rockville, MD 20857-0001

The Office of the Director's phone number has stayed the same—301-594-3000 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 43000).



HEALTHY LIFESTYLES

Small Changes, Big Benefits

Most people who make significant changes in their lives almost invariably do so slowly, one step at a time.

Gradual change is more likely to result in achieving and maintaining goals rather than dramatic changes that are unsustainable. For example, in weight loss, aim to lose one to two pounds per week instead of ten pounds in seven days. Or if going to a low-fat diet, don't start by converting five beef meals per week to chicken / fish / vegetable meals, but eliminate one meat meal per week rather than trying to do it all at once.

Remember, gradual change is the surest path to permanent changes.



IMPORTANT INFORMATION!
Servicemembers' Group Life Insurance
Benefit Increases to \$250,000

REMINDER—

Please see page 3 of the March 2001 issue of the *Commissioned Corps Bulletin* for detailed information about the Servicemembers' Group Life Insurance (SGLI) benefit increase.

SGLI Increase Highlights

- Effective April 1, 2001, all active-duty officers were automatically insured for the maximum SGLI coverage of \$250,000.
- On or after April 1, 2001, an officer may decline coverage, or elect a reduced level of insurance in a multiple of \$10,000. The monthly premium for SGLI is \$.80 per \$10,000 of coverage, and \$20 is the monthly premium for full coverage.
- Should an officer desire reduced or no coverage, he or she must complete the **April 2001 version** of form SGLV-8286—available as of April 1, 2001, on the Department of Veterans Affairs web site (www.insurance.va.gov/forms/8286.pdf) and linked from the DCP web site (<http://dcp.psc.gov>).
- The officer must mail or deliver the completed form SGLV-8286 with an **original signature** to:
 Division of Commissioned Personnel
 ATTN: Compensation Branch
 5600 Fishers Lane, Room 4-50
 Rockville, MD 20857-0001

Please note:

- (1) Contrary to the instructions on form SGLV-8286, Public Health Service (PHS) Commissioned Corps officers **do not** need to have form SGLV-8286 witnessed prior to sending to CB;
 - (2) Please *do not* route form SGLV-8286 through your Agency/Operating Division/Program Liaison; and
 - (3) Fax or electronic submission of form SGLV-8286 will *not* be accepted.
- Form SGLV-8286 with request for reduced or no coverage must be received by the Compensation Branch (CB) no later than **April 13, 2001** to ensure proper premium deductions in the April payroll.

- If a properly completed form SGLV-8286 is received in CB between April 14, 2001 and April 30, 2001, there will be a \$20 April payroll premium deduction, with an appropriate premium adjustment in the May payroll. Any officer who does not make a reduced or declined election by this date will be charged for the full \$250,000 of coverage for April as well as for any other month in which the level of coverage remains in effect.
- It is important to note that no election made before April 1, 2001, will apply in regard to a member's level of coverage. Existing beneficiary designations will remain effective until a new form SGLV-8286 is properly completed. SGLI beneficiary payments for deaths on or after the effective date of the new coverage and before completion of a new form SGLV-8286 (April 2001 version) will be allocated in the same proportions as the last valid SGLV-8286 completed by the member.

Check Your Existing Beneficiary Elections

While the completion of a new SGLV-8286 is not necessary if full coverage is desired, ***this is a good time to review existing beneficiary elections to ensure they remain appropriate.*** You may check beneficiary designations in your Official Personnel File (OPF) at the DCP web site—<http://dcp.psc.gov>. Once at the web site, select the 'Secure Area' pull down menu, followed by 'Officer and Liaison Activities.' Once your login is complete, select 'Access Personnel Record,' then select 'View OPF' followed by 'Subset of OPF.' Select 'Insurance Forms' and enter your PHS number before selecting 'Search.' ***If you wish to make new beneficiary designations, a new form SGLV-8286 must be submitted.***

Questions?

If you have questions about the SGLI program, you are encouraged to visit—www.insurance.va.gov/sglivgli/sglivgli.htm—to view frequently asked questions and the *SGLI Handbook*.

Asian Pacific American Officers Committee Solicits Nominations

The Asian Pacific American Officers Committee (APAOC) invites nominations, including self-nominations, to serve a 3-year term on the committee beginning **October 2001**.

APAOC is an advisory group with members from the Department's Operating Divisions and from major programs that employ Corps officers. APAOC provides advice and consultation to the Surgeon General on issues related to professional practice and personnel activities of Asian Pacific Americans who are commissioned corps officers and civil service employees.

If you would like to be considered for appointment to the committee, please request that a blank self-nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6525**. Send the completed form by **May 31, 2001**, to:

LTJG Cheryl Lynn Fajardo
 5600 Fishers Lane, Room 8-37
 Rockville, MD 20857-0001
 Phone: 301-443-0456
 Fax: 301-594-6911
 E-Mail: Cfajardo@hrsa.gov

For further information, please contact:

LCDR Elise S. Young
 5600 Fishers Lane, Room 10-99
 Rockville, MD 20857-0001
 Phone: 301-443-0597

Commissioned Corps Readiness Force

COA Branch Visits

The Commissioned Corps Readiness Force (CCRF) staff has visited 26 Commissioned Officers Association (COA) Branches in the last year, and several other trips are planned for the near future to talk about the new programmatic changes related to CCRF membership, training, physical fitness, professional currency, awards, recruitment, and other issues. The staff appreciates the welcome they have received as well as the opportunity to discuss topics important to officers in the field. If your COA Branch is interested in a visit by the CCRF staff, the COA Branch President should contact us at—jbabb@osophs.dhhs.gov

Training

Training Program for Pharmacists

The National Pharmaceutical Stockpile/Centers for Disease Control and Prevention and the CCRF have agreed to establish a training program for CCRF and National Disaster Medical System (NDMS) pharmacists regarding chemical and biological terrorism as well as familiarity with issues related to the deployment of the Stockpile. This training will be held at the U.S. Public Health Service Noble Training Center in Anniston, Alabama, **May 7-11, 2001**. The training program is seeking pharmacists who are committed to deploying in the event that the Stockpile is utilized by a State or local government that has been subjected to a weapons of mass destruction event. See the CCRF web site for current information—<http://oep.osophs.dhhs.gov/ccrf>

Web-Based Training Modules

CCRF officers currently assigned to a Ready Roster have access to web-based training modules that are now available on the CCRF web site. The modules were developed in cooperation with the NDMS and the University of Maryland, Baltimore County, and provide instruction in areas related to disaster management and emergency response. When officers have completed the entire training program, continuing education credit for the course work will be provided at no cost to the individual. In the near future, decisions regarding deployment eligibility

may be based, in part, on the completion of training modules.

Awards

Twenty-two officers recently received the National Emergency Preparedness Award (NEPA) as a result of their activities related to the CCRF. The names of the officers receiving the NEPA are listed on the CCRF web site.

CCRF Web Site

Please remember that CCRF members are responsible for keeping their data current. All CCRF members should visit the CCRF web site frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information. See <http://oep.osophs.dhhs.gov/ccrf> In fact, several changes have recently been incorporated into the web site, including information related to programmatic changes (see the 'CCRF Basics' buttonbar) as well as an improved method of identifying your supervisor. This is so that the CCRF will be able to easily contact your supervisor to obtain his or her approval for your placement on a roster and eventual deployment. **If you have not updated your file since March 1, 2001, please do so as soon as possible** if you are interested in continuing your CCRF membership.

Any commissioned officer interested in applying for CCRF membership may apply online at the above web site by simply clicking on 'Apply' and following the instructions. All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' on the web site. The CCRF staff may be reached by e-mail at—ccrf@osophs.dhhs.gov.

Uniform Service Center

Did you know that the D.C. Metro Area Branch of the Commissioned Officers Association is in the used uniform business? The Branch's U.S. Public Health Service (PHS) Uniform Service Center is located in the Park Building (across from the Parklawn Drive entrance of the Parklawn Building) at 12420 Parklawn Drive, Room 1-46, Rockville, Maryland.

The Uniform Service Center currently has a wide selection of used uniform items such as pants, shirts, khakis, Service Dress Blue coats, shoulder boards, metal rank devices, etc., all at reasonable prices. New PHS ribbons are also stocked for sale.

The shop, staffed with volunteer officers, is limited in its hours of operation. **It is currently only open on Wednesdays, from noon to 1:00 p.m.**

The Uniform Service Center gladly accepts donations of used uniform items that are in good condition. Receipts are provided to the donating officer for items received. Donations are only received when the shop is open—please do *not* leave uniform items at the door of the shop when it is closed. Donations of used uniform items may also be mailed to the address below.

All of the profits generated from sales are donated to charity. Proceeds from uniform sales have purchased medical equipment for Children's Hospital and the Whitman-Walker Clinic in Washington, D.C. The National Institutes of Health Children's Inn in Bethesda, Maryland, has also been a beneficiary of the Uniform Service Center's charity.

LCDR Lou Ann Rector coordinates operation of the Uniform Service Center and is always looking for volunteers. If you are interested in volunteering for this worthwhile project, please contact:

LCDR Lou Ann Rector
 Compensation Branch
 Division of Commissioned Personnel
 5600 Fishers Lane, Room 4-50
 Rockville, MD 20857-0001
 Phone: 301-594-3367 (or toll free if out of the local calling area at 1-800-638-8744)

CAPT Laurencia J. Liebmann Receives 2000-2001 Dietitian of the Year Award

The Public Health Service (PHS) Dietitian of the Year Award is presented to the PHS Dietitian (commissioned corps officer or civil service employee) who has made a superior contribution over time to the field of nutrition/dietetics. The emphasis for selection is on outstanding accomplishments and contributions to the field of public health nutrition, nutrition research, or applied nutrition, in such areas as disease prevention, health promotion, healthcare delivery systems, research, and dedication to the principles of the PHS mission. The recipient must be a Registered Dietitian with the American Dietetic Association's (ADA) Commission on Registration.

CAPT Laurencia J. Liebmann, Survey Quality and Standards Branch, Health Care Financing Administration, Region X, Seattle, Washington, was selected as the 2000-2001 Dietitian of the Year Award recipient in recognition of her outstanding contributions to improving the health status of Medicare and Medicaid beneficiaries.

CAPT Liebmann was Co-Chair of the national Nutrition/Hydration Awareness Campaign, an integral component of President Clinton's Nursing Home Initiative. Under her outstanding leadership, the Nutrition/Hydration Awareness Team responded rapidly and diligently to develop and implement an awareness campaign to address malnutrition and dehydration in nursing homes. Through collaboration with numerous partners such as the American Health Care Association, National Citizens Coalition for Nursing Home Reform, and the Nutrition Screening Initiative, the team produced campaign material targeted for use by nursing assistants. In addition, the team developed, in conjunction with a contractor, a packet of informative training materials and a nutrition and hydration web site.

CAPT Liebmann has also conducted a region-wide study on the identification and timely referral of nutrition concerns which was published in the *Geriatric Nursing* journal in 1998, and she has authored numerous articles for the quarterly newsletter of the Washington and national ADA Consulting Dietitians in Health Care Facilities group.

Call for Nominations for Veterinary PAC Membership

The Veterinary Professional Advisory Committee (VetPAC) is seeking motivated commissioned corps and civil service veterinarians who are interested in serving as members on this categorical panel.

VetPAC membership is open to all veterinarians who are employed in the Department's Operating Divisions (OPDIVs) as well as Corps officers in the veterinary category working in any of the major programs that employ Public Health Service Commissioned Corps officers. The mission of the VetPAC is to provide advice and consultation to the Surgeon General on the application of veterinary medical science for the protection and advancement of the health of the Nation. Additionally, the body seeks to represent the activities and interests of all Department veterinarians. The VetPAC currently meets quarterly by tele/videoconference, and travel is not required for membership. Regular attendance at the quarterly meetings is required throughout the term of membership which is currently 2 years, and VetPAC members are expected to actively participate in the activities of at least one subcommittee during the term of service.

Several positions will be available as of January 1, 2002. The VetPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and OPDIV representatives. Corps officers or civil service veterinarians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vita that includes the name and phone number of their immediate supervisor along with a one-page cover letter describing their interest. This document should be sent as a Word or WordPerfect attachment to an e-mail message by **May 15, 2001**, to:

CAPT Randy Elkins
Chair, USPHS Veterinary Professional
Advisory Committee
E-mail: RELKINS@niaid.nih.gov

Call for Nominations for the Health Services Professional Advisory Committee

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 can 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, 2002.

A self-nomination form may be accessed and downloaded from the HS-PAC web site at—www.hso.ihs.gov. A nomination form may also be requested by contacting the membership subcommittee chair (see below).

Complete the self-nomination form and send it along with a current curriculum vitae and a cover letter describing how your specific experience and expertise will benefit the HS-PAC. The completed package must be submitted to the following address by **July 30, 2001**:

CDR Ron Sellers
Chair, Membership Subcommittee,
HS-PAC
Zuni IHS Hospital
P.O. Box 467
Zuni, NM 87327
Phone: 505-782-4431, ext. 486
Fax: 505-782-7405
Email:
rsellers@albmil.albuquerque.ihs.gov



Statement of Service

After separation from active duty, a Statement of Service is automatically issued by the Division of Commissioned Personnel (DCP). This official computer-generated form, which bears a raised seal, is accepted by the Department of Veterans Affairs (VA) as proof of active-duty service in the Public Health Service (PHS) Commissioned Corps. Only the computer-generated version, bearing the raised seal, is deemed to be official by the PHS Commissioned Corps for any active duty from 1984 to the present.

The Statement of Service is the key document an officer must provide to establish entitlement to VA benefits. The Statement of Service is the PHS Commissioned Corps equivalent to form DD-214, "Armed Forces of the United States Report of Transfer or Discharge." Officers are reminded that they should not release the original PHS Statement of Service; they should retain it for their personal records.

Since the PHS Commissioned Corps is a centrally-managed personnel system, the issuing responsibility for the Statement of Service rests with DCP as authorized by statute.

If an *active-duty officer* needs a Statement of Service prior to his or her separation from active duty, he or she could phone the Officer Support Branch, DCP, at 301-594-3108 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 43108) or send a written request to:

Division of Commissioned Personnel
ATTN: Officer Support Branch
(Active Statement of Service)
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

For all *separated officers* who need a Statement of Service or a form PHS-1867 (Statement of Service prior to 1984) because it has been lost or misplaced, you will need to send a request *in writing* to the address below.

Division of Commissioned Personnel
ATTN: OSB/Ms. Alex A. Potter
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

Note: Most records for separated officers are in storage facilities. Please be aware that it will take time for the file to be retrieved.

Pennsylvania Department of Revenue Ruling Regarding Taxable Compensation

In a decision dated March 22, 2001, the Office of the Chief Counsel, Pennsylvania Department of Revenue, issued a ruling that beginning with the 2001 tax year, active-duty commissioned officers of the Public Health Service (PHS) will not be included in the provisions that allow active-duty members of the Armed Forces stationed outside of the State of Pennsylvania to exclude from taxable compensation, pay received from the United States Government for services performed outside the Commonwealth of Pennsylvania. The Commonwealth of Pennsylvania will continue to extend Armed Forces tax status to PHS officers for the 2000 tax year.

The ruling also stated that:

"For those in the Commissioned Corps of the Public Health Service or National Oceanic and Atmospheric Administration stationed outside the Commonwealth, the following will apply. If the individual is a Pennsylvania domiciliary who: (1) maintains a home or other dwelling outside of Pennsylvania; (2) does not maintain a home or other dwelling within Pennsylvania; and (3) does not spend more than 30 days of the taxable year in Pennsylvania, he is not a 'resident' for income tax purposes and need not file a State personal income tax return for the year. This will apply notwithstanding that the person may have declared Pennsylvania to be his home of record at the time he entered service. Moreover, this assumes that such individual does not receive income from a rental property or business conducted in the Commonwealth or from any other Pennsylvania source income. In this instance, the individual will be subject to tax as a nonresident if he receives income from Pennsylvania sources."

Officers may view the full text of the opinion on the 'Secure Area' of the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>

Subscribe to PHS Dental Listserv

The Dental Professional Advisory Committee (DePAC) of the Public Health Service (PHS) announces the creation of the PHS Dental Listserv. The purpose of this new listserv e-mail system is to create an opportunity for PHS dental professionals to communicate from agency to agency, while at the same time enabling DePAC and other entities to rapidly disseminate information to all public health dental professionals.

To request a subscription to the PHS Dental Listserv, please e-mail LCDR Tim Ricks (tim.ricks@mail.ihs.gov) or CDR Chris Halliday (challida@hqe.ihs.gov), the co-administrators of the PHS Dental Listserv, or you may go to <http://list.nih.gov>, click on 'Browse,' type in 'Dentist-L,' and then request a subscription.

Commissioned Officers Association Celebrates Its 50th Anniversary

This is the 50th year since the Commissioned Officers Association (COA) of the U.S. Public Health Service (PHS) was incorporated. At this year's annual meeting, in addition to the usual outstanding scientific program, there are several special events planned to recognize this anniversary, e.g., a talk by the PHS Historian, displays of past COA events, modeling of uniforms worn by officers during the past 50 years, and a showing of the 1951 Academy Award nominated movie, "Panic in the Streets" (the central character is a PHS officer).

The meeting will be at the Marriott Wardman Park Hotel in Washington, D.C., May 28 through 31, 2001. Further details are available on the COA website—<http://conference.coausphs.org/>. Plan to be there to celebrate the past and present of PHS and COA!

Retirements - March

Title/Name *OPDIV/Program*

MEDICAL

CAPTAIN

James K. Cooper	HCFA
Edward E. Max	FDA
Daniel G. Schultz	FDA
Michael R. Boyd	NIH
Philip W. Gold	NIH
Gladys H. Hirschman	NIH
Anil B. Mukherjee	NIH
David L. Nelson	NIH
David R. Rubinow	NIH
James H. Shelhamer	NIH

DENTAL

CAPTAIN

Timothy M. Fox	HRSA
LIEUTENANT COMMANDER	
Anthony B. Norris	BOP

NURSE

CAPTAIN

Olive P. Brown	HCFA
Sarah C. Zahniser	CDC
COMMANDER	
Russell M. Coley	BOP
Glenn H. Allbritton	IHS
Deborah A. Rokosz	IHS
Kathleen C. Stump	IHS

ENGINEER

CAPTAIN

Michael D. Dinberg	BOP
Gerald K. Falin	IHS

SCIENTIST

CAPTAIN

David G. Taylor	CDC
Alexander W. Teass	CDC
Carl J. Nielsen	FDA

ENVIRONMENTAL HEALTH

CAPTAIN

Pierre L. Belanger	EPA
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PHARMACY

CAPTAIN

Glen M. Prewett	BOP
Joseph M. Buccine	FDA
Roger D. Eastep	FDA
Michael R. Ball	IHS
COMMANDER	
Charlene A. Freiberg	IHS
William M. Singleton, Jr.	IHS

HEALTH SERVICES

REAR ADMIRAL (LOWER)

Thomas H. Bornemann	SAMHSA
CAPTAIN	
Gary O. Maupin	CDC

Commissioned Corps Travel and Transportation Information Center

The "Commissioned Corps Travel and Transportation Information Center" is located on the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>—click on 'Services.'

This information center provides answers to many travel and transportation questions. It is our hope that officers will find this site very informative and will visit often.



Revision—Pamphlet No. 11, "Shipment of Household Goods," dated March 2001

Commissioned Corps Personnel Manual Pamphlet No. 11, "Shipment of Household Goods," was revised as of March 2001.

To view this pamphlet, please visit the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>—and click on 'Publications.'



Recent Deaths

The deaths of the following retired officers were reported to the Division of Commissioned Personnel:

Title/Name *Date*

MEDICAL

CAPT Roger M. Cole	02/12/01
CAPT Anthony N. Damato	02/24/01
CAPT Claude D. Head	02/13/01
CAPT Frank L. Zwemer	02/11/01
CAPT Warren A. Rasmussen	03/02/01

DENTAL

CAPT William O. Engler	02/26/01
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Tax Withholding for 2000

If you have found, as a result of completing your 2000 tax forms, that you had a significant refund or payment, you should consider changing your withholding on your current income.

Your current number of allowances for tax purposes is shown on your form PHS-6155, "Statement of Earnings and Deductions." You may file an updated Form W-4 for Federal (and State if it applies) tax withholding if you wish to change the amount of your present withholding. Form W-4 contains worksheets to assist you in determining the correct amount of allowances. The payroll system automatically adjusts for the new tax rates based on the number of allowances that you presently claim.

If you wish to change the number of allowances you claim, Form W-4 (2001) and worksheets are available on the Internal Revenue Service web site—<http://www.irs.gov>—or you can request a Form W-4 from your administrative office. Complete the form and mail it to:

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



Visit the Division of Commissioned Personnel's Vacancy Announcement Database—

- Go to the DCP web site—<http://dcp.psc.gov>
- Click on "Jobs"
- Click on "Commissioned Corps Jobs Vacancies Database"



PHS Commissioned Corps Pre-Retirement Seminars


Listed below are upcoming Public Health Service Commissioned Corps Pre-Retirement Seminars sponsored by the Division of Commissioned Personnel. These seminars are open to all officers with 10 or more years of service. To register for the location of your choice, please contact the person who is the sponsor for the seminar at that location.

<i>Date and Location</i>	<i>Sponsor</i>
May 9-10, 2001 Bismarck, North Dakota	Indian Health Service (IHS) Aberdeen Area Ms. Kim Lawrence Phone: 605-226-7532 E-mail: kim.lawrence@ihsabr.ihs.gov
June 1-2, 2001 Washington, DC	Commissioned Officers Association's Annual Meeting Point of contact: Ms. Doris Davis Phone: 301-594-3108 (or toll-free a1-877-INFO DCP, listen to the prompts, select option #1, dial 43108) E-mail: ddavis@psc.gov
July 25-26, 2001 Anchorage, AK	IHS Anchorage Area Ms. Lisa Justice Phone: 907-729-1307 E-mail: ljustice@anmc.org
August 29-30, 2001 Atlanta, GA	Centers for Disease Control and Prevention CAPT Austin Hayes Phone: 770-488-1898 E-mail: aeh4@CDC.GOV

DCP Web Site Address—
<http://dcp.psc.gov>

DCP Toll-Free Phone Number—
 1-877-INFO DCP
 (1-877-463-6327)

Follow the voice prompts to direct your call correctly.



Commissioned Officer Training Academy

For information about the Commissioned Officer Training Academy, please visit the Division of Commissioned Personnel's web site—<http://dcp.psc.gov>—and select the option *Training*.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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