



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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December 2003

## Surgeon General's Column

'Tis the season to be jolly . . . and healthy. During this holiday season many families around the country will join together to celebrate traditional customs. And food is often a major part of these festivities. Some of the best cooks will be busy in the kitchen creating tasty meals for the entire family to enjoy.

For many of us, healthy eating and physical activity will be put on a back burner. The season is often followed by New Year's resolutions with pledges to focus on achieving or maintaining a healthy weight and developing healthier habits such as quitting smoking.

Unfortunately, this pattern may have a significant impact on our health. A study released by the National Institute of Child Health and Human Development and the National Institute of Diabetes and Digestive and Kidney Diseases in 2000, reveals that during the holiday season many Americans gain weight that will last a lifetime and may contribute to obesity later in life.

Overweight and obesity are growing problems in the United States. Nearly 2 out of 3 Americans are overweight or obese; that is a 50 percent increase from just a decade ago. Fifteen percent of our Nation's children and teenagers are overweight or obese, and 35 percent of adolescents don't engage in regular physical activity. Nearly 3 out of every 4 overweight teenagers will become overweight adults.

There are many serious health consequences of overweight and obesity; some are even life threatening. These include heart disease, diabetes, cancer, osteoar-

thritis, sleep apnea, poor female reproductive health and pregnancy complications, and mental health issues such as depression, eating disorders, and low self-esteem.

Overweight and obese children also have an increased risk for preventable diseases that once were considered adult illnesses. In the last two decades, type 2 diabetes, has been reported among U.S. children and adolescents with increasing frequency. As a result, we can no longer call type 2 diabetes 'adult on-set diabetes.'

Obesity-related illness is the fastest-growing killer of Americans. More than 300,000 Americans will die this year from obesity-related illnesses.

As American waistlines have expanded, so have the economic costs of obesity, now totaling an estimated \$117 billion per year. Overweight and obese Americans spend \$700 more a year on medical bills than those who are not overweight; not to mention the cost to individuals in terms of discomfort and suffering.

Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity.

Many of the outstanding agencies that our officers work for and lead, have scientifically proven that physical activity and a healthy balanced diet improve health outcomes. However, in 2000, nearly 77 percent of Americans ate less than the recommended 5 fruits and vegetables a day. Those who had

lower fruit and vegetable consumption were also less likely to be physically active. Visit—<http://apps.nccd.cdc.gov/5ADaySurveillance/>.

The bottom line is—overweight and obesity-related illnesses are preventable and we must act now. You don't have to starve yourself, give up all things you love, or take the fun out of this holiday season. There are small steps that we can all take to create a healthier U.S. and a healthier family for our loved ones, starting *today*.

Consider:

- Preparing traditional foods with healthy ingredients. My abuelita used to keep a jar of lard in the back of the refrigerator and add it to some our favorite dishes. It is healthier to use low-fat turkey bacon or another substitute. Instead of vegetable oil, canola or olive oil would have been healthier alternatives. Several agencies within the Department of Health and Human Services (HHS) have created healthy

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## Surgeon General's Column

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recipes that preserve the taste of several ethnic foods. Visit— <http://www.nhlbi.nih.gov/health/index.htm>.

- Encouraging family members to eat more fruits and vegetables and to eat smaller food portions throughout the day. Choose low-fat, low cholesterol, low sodium foods to eat, and create more vegetable side dishes and fruit desserts. For ideas, visit—<http://5aday.nci.nih.gov/index-recipe.shtml>.
- Promoting moderate physical activity 5 days a week for at least 30 minutes. Take an extended walk with the family or create fun indoor activities and games. You can even give out pedometers and encourage family fitness competitions as we have done here at HHS. View recommendations for physical activity at—<http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>.
- Lowering the risk of foodborne illnesses by taking extra care when handling and storing food. Review *FDA Tips to Prevent Foodborne Illness This Holiday Season* at—<http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01263.html>.

Many of us will be exchanging gifts this holiday season. I encourage you to give your family the best gift of all. Give them the gift of health by sharing information that may add years to their lives, and work to adopt healthier habits in your own life. It won't cost much and you'll enjoy the benefits for years to come.

My holiday wish for you, your family, and loved ones, is to enjoy this season and return in the New Year safe and healthy. Happy Holidays!

VADM Richard H. Carmona  
Surgeon General



## Officers Promoted to the Rank of Assistant Surgeon General

*The Assistant Secretary for Health and the Surgeon General announced the following promotions—*

**RADM Steven K. Galson** was promoted to the rank of Assistant Surgeon General (Rear Admiral lower half) effective November 1, 2003.

RADM Galson, a medical officer, is currently the Acting Director of the Center for Drug Evaluation and Review in the Food and Drug Administration (FDA). The Center has regulatory responsibility for the approval and post-market surveillance of human prescription and over-the-counter drugs. RADM Galson directs and oversees all aspects of the Center's broad national public health programs and policies. He also leads agency initiatives on patient safety and focuses on drug risk management and the controlled substance review program.

Commissioned in 1986, RADM Galson is a Regular Corps officer. He has received the Public Health Service (PHS) Commendation Medal, Achievement Medal, Unit Commendations, and Foreign Duty Award.

RADM Galson has devoted most of his earlier career to the areas of epidemiology and surveillance and the improvement of public health at the Environmental Protection Agency; Department of Energy, where he was the Chief Medical Officer; and the Centers for Disease Control and Prevention. He moved to FDA in the spring of 2001 as the Deputy Director of the Center for Drug Evaluation and Research.

**RADM Lireka P. Joseph** was promoted to the rank of Assistant Surgeon General (Rear Admiral lower half) effective November 1, 2003.

RADM Joseph, a scientist officer, is the Director of the Office of Health and Industry Programs, Center for Devices and Radiological Health in the Food and Drug Administration. The Center is responsible for the approval and post-market surveillance of medical devices and radiation-emitting electronic products. RADM Joseph directs and oversees the Center's activities in implementing the Mammography Quality Standards Act, regulation development, technical assistance to domestic and international manufacturers, coordinates international program activities, educates the

Center's employees, administers the broadcast-quality television studio, and conducts programs in risk communication, labeling research, and human factors outreach.

Commissioned in 1979, RADM Joseph is a Regular Corps officer. She has received the Public Health Service (PHS) Distinguished Service Medal, Meritorious Service Medal, Outstanding Service Medals, PHS Citation, Outstanding Unit Citations, and Unit Commendations.

Appointed in 2000, RADM Joseph is also the Chief Professional Officer for the Scientist Category. She has devoted most of her career to the areas of oral epidemiology and public health education and management.

**RADM Deborah L. Parham-Hopson** was promoted to the rank of Assistant Surgeon General (Rear Admiral lower half) effective November 1, 2003, capping 19 years in the Public Health Service (PHS) Commissioned Corps and 26 years as a registered nurse.

RADM Parham-Hopson began her PHS career in 1976 when she participated in the Commissioned Officer Student Training and Extern Program while still in nursing school. After graduation, she pursued other opportunities and then re-joined the Corps in 1984. Today she is Associate Administrator (i.e., Director) of the HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA).

Her primary responsibility is implementation of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs, a \$2 billion initiative reaching approximately 550,000 underserved individuals each year. The CARE Act authorizes medical care, treatment, referrals, and social services to underserved people living with HIV disease in the United States. To implement the CARE Act, RADM Parham-Hopson and her staff of 170 individuals work with grantees such as State and local governments, community based organizations, clinics, and universities in all 50 States, the District of Columbia, and the U.S. Territories.

Prior to working as HAB's Associate Administrator, RADM Parham-Hopson was Deputy Associate Administrator and Director, Division of Community Based

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## Officers Promoted to the Rank of Assistant Surgeon General

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Programs. Before joining the newly created HIV/AIDS Bureau in 1997, she was Chief, HIV Primary Care Programs Branch, Bureau of Primary Health Care, where she directed the CARE Act Early Intervention Services, the HRSA/National Institutes of Health AIDS Clinical Trials Linkage, and the Integrated Primary Care and Substance Abuse Treatment Linkage Programs.

She is a Regular Corps officer and has received the PHS Meritorious Service Medal, Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citations, Outstanding Unit Citations, Unit Commendations, and the National Emergency Preparedness Award.

RADM Parham-Hopson, who received her Ph. D. in public health (health policy and administration), sees pivotal roles for the Corps and for public health programs when looking into the future. Her vision for the Corps is a health care force that "continues to lead the Nation in reducing health disparities," and one that "is positioned as the first and best responder to national and global public health emergencies." □



## Thrift Savings Plan Open Season—October 15 through December 31, 2003

The Thrift Savings Plan (TSP) open season is your chance to start or change the amount of your contributions to your account.

You may download form TSP-U-1, "Election Form," from the TSP Web site—[www.tsp.gov](http://www.tsp.gov). Complete the form and mail it to the following address:

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

All officers who submit TSP-U-1 forms that are received by December 10, 2003, will receive a payroll deduction with the December 2003 paycheck. The maximum deduction from base pay for this open season is 9 percent. □

## Health Care Coverage and Planning for Retirement

There is a widely held perception among Public Health Service (PHS) officers that the health care entitlement is all inclusive, any time, any place, covering every available treatment, and that this is the case regardless of duty status. This is not true. The health care entitlement has limitations, just as do the health insurance plans that cover non-Uniformed Services persons. Officers need to be aware of these limitations so that they can plan appropriately and make knowledgeable decisions in anticipation of changes in duty status.

Retirement is one of the major changes in duty status. Whether you retire voluntarily between 20 and 30 years, at 30 years, or because of disability, you will need to consider and plan for these changes. In planning for retirement for example, you need to recognize that as a retired officer of a Uniformed Service your pay and benefits will change. Your health care coverage shifts from the Beneficiary Medical Program Section (BMP) of the Medical Affairs Branch, Division of Commissioned Personnel, to other sources and your retired pay will be a percentage of your base pay. The general informa-

tion below is intended to assist you in making specific plans for health care coverage after retirement.

A retired officer may obtain health care/coverage from TRICARE, Department of Veterans Affairs (VA), if you qualify, or United States Military Treatment Facilities (USMTF). If you choose the VA or a USMTF, there is no 'out of pocket expense' for your medical care. However, please be aware that: (1) the care is on a space available basis; (2) the care might not be available close to your residence; and (3) the exact medical procedure or remedy you prefer might not be available at the time at the facility. Travel to the facility is at your expense.

If you choose TRICARE, there will be an 'out of pocket expense.' Your cost share is 25 percent of all allowable TRICARE charges up to a maximum 'catastrophic limit' of \$3,000 per fiscal year. Note the word 'allowable.' If the charges are 'not allowable,' they are called 'disputed fees.' You would be responsible for the 25 percent cost share of the amount up to the \$3,000 cap plus the full amount of the disputed fee charges.

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### IMPORTANT NOTICE

Effective with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty and inactive reserve corps officers.

The *Commissioned Corps Bulletin* is posted the first week of each month on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov/CCBul.asp>.

Overall changes in the requirements for mailing documents prompted DCP to look at the most efficient means of disseminating information efficiently, while reducing overall printing and mailing costs. DCP's senior management noted that all active-duty officers are expected to regularly access the DCP Web site to remain current on information on commissioned corps issues. Inactive reserve corps officers are also encouraged to access and peruse the DCP Web site to remain abreast of commissioned corps events.

One way to hold down the escalating cost of mailing without compromising the dissemination of information is to limit the distribution of hard copy material. Therefore, effective with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty officers or to inactive reserve corps officers. DCP will send out a Listserv notice when a new issue of the *Commissioned Corps Bulletin* is posted on the DCP Web site.

Please note: The *Commissioned Corps Bulletin* will continue to be printed and mailed to the following: ready reserve corps officers; retired officers; annuitants; and some administrative personnel.

## Health Care Coverage and Planning for Retirement

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To deal with these costs you may want to consider one of the TRICARE Supplemental Health Care Insurance policies that are available. (Be sure to remember when shopping for supplemental coverage that you are looking for a policy to cover the \$3,000 catastrophic limit.)

BMP encourages active-duty officers to consider all options when planning for the future. Compensation and health care entitlements may change depending on duty status. The financial needs of your family may change depending on the number and ages of your dependents or the employment status of your spouse. BMP suggests that officers periodically review their financial plans and make adjustments to meet their needs. □

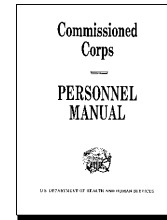
## Commissioned Corps Personnel Manual INSTRUCTIONS

### Announcement—New INSTRUCTION

The following INSTRUCTION can be accessed on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Publications, 'Commissioned Corps Personnel Manual.' A DCP Listserv message regarding this INSTRUCTION was sent out on November 15, directing medical, dental, and nurse officers to—[http://dcp.psc.gov/CSRB\\_INFO.html](http://dcp.psc.gov/CSRB_INFO.html).

*Transmittal Sheet 664 dated October 28, 2003—INSTRUCTION 13 of Subchapter CC22.2, "Critical Skills Retention Bonus (CSRB)."*

This INSTRUCTION implements 37 U.S.C. 323, "Special Pay: retention incentives for members qualified in a critical military skill," which provides for the



payment of a retention bonus to officers in the Public Health Service (PHS) Commissioned Corps who possess critical military skills. The purpose of the CSRB is to aid the Department of Health and Human Services (HHS) in retaining officers with critical military skills.

The Department of Defense (DoD) deemed certain health specialties as critical in fulfilling the military's mission. The Assistant Secretary for Health, in signing the policy, concurs that this bonus is necessary to enhance the ability of the PHS Commissioned Corps in fulfilling its role in the defense of the Nation's health and in support of the U.S. Coast Guard and DoD. □

## BCOAG Volunteers at Health Fair

Public Health Service (PHS) Commissioned Corps officers from the Black Commissioned Officers Advisory Group (BCOAG) and the Asian Pacific American Officers Committee (APAOC) participated in the 8th annual Health Fair of the Refreshing Spring Church of God in Christ located in Riverdale, MD. More than 300 participants from the church's congregation, and residents of Riverdale, benefitted from this 3-day health fair held September 26-28, 2003.

The first day included a series of lectures on women's and men's health, nutrition, and stress reduction, with presentations from local minority physicians on breast, prostate, and colon cancers. The main topics and take-home messages were health promotion, disease prevention, screening, and early intervention. CAPT Shirley Blakely, Chief Professional Officer for the Dietitian Category, gave a presentation on 'Nutritional and Dietary Changes for Healthy Living.'

The second day focused on wellness and physical activity with aerobics classes and a basketball tournament. The last day of the health fair included a wide variety of displays from vendors and local health care providers as well as

health screenings which included blood pressure, cholesterol, and oral health examinations.

The health fair provided an opportunity for Corps officers to discuss and counsel as well as distribute recruitment information and brochures/pamphlets on health and nutritional issues. 'Kids into Health Careers' kits were distributed to both children and adults to encourage them to look at the various careers in health

care. Students, parents, and church members showed considerable interest in the PHS and its ties to health careers. In keeping with the BCOAG mission of community outreach and serving the African American community, the BCOAG saw this as an opportunity



(Left to Right) LCDR James Sauders, LCDR Celia Gabrel, LCDR Janice Adams-King, CDR Shirley Turpin, LCDR Monika Johnson, CAPT James Moore, and LTJG Eduardo Lim volunteer at Health Fair.

to affect health care at a grass roots level as well as to promote the mission of the PHS, which is to advance and protect the health and safety of the American people. □

## Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
<b>MEDICAL</b>		<b>ENGINEER</b>		Paul C. Mouris FDA White Plains, NY	
<i>LIEUTENANT COMMANDER</i>		<i>LIEUTENANT</i>		Huu D. Nguyen BOP Adelanto, CA	
Brian M. Lewis	FDA	Matthew B. Adson	IHS	Rebecca D. Saville	FDA
Rockville, MD		Tuba City, AZ		Rockville, MD	
Karen J. Marienau	ATSDR	Samuel D. Russell	IHS	Kendra S. Stewart	FDA
Atlanta, GA		Kayenta, AZ		Rockville, MD	
<i>LIEUTENANT</i>		<i>LIEUTENANT J.G.</i>		Leo B. Zadecky FDA Rockville, MD	
Alexis F. Boyer	IHS	Alan M. Stevens	FDA	Ermas Zerislassie	SAMHSA
Phoenix, AZ		Rockville, MD		Washington, DC	
John M. Heusinkveld	IHS	Samuel D. Russell	IHS	<b>DIETETICS</b>	
Shiprock, NM		Kayenta, AZ		<i>LIEUTENANT</i>	
John B. Miller	IHS	<b>SCIENTIST</b>		Lisa H. Griefer IHS Phoenix, AZ	
Zuni, NM		<i>LIEUTENANT</i>		Carma J. Pauli USDA Lombard, IL	
Gregory S. Mims II	HRSA	Judy A. Facey	EPA	<b>THERAPY</b>	
Klamath Falls, OR		Washington, DC		<i>LIEUTENANT</i>	
Tiffany M. Sanders	CMS	<b>ENVIRONMENTAL HEALTH</b>		Brian D. Elza IHS Polacca, AZ	
Baltimore, MD		<i>LIEUTENANT, J.G.</i>		<b>HEALTH SERVICES</b>	
Rebecca I. Weiss	IHS	Harold P. Hurst III	DHS	<i>LIEUTENANT</i>	
Polacca, AZ		Norfolk, VA		Maricela Bonilla IHS Crownpoint, NM	
<b>DENTAL</b>		<b>VETERINARY</b>		Dennis E. Flake OS Washington, DC	
<i>LIEUTENANT</i>		<i>LIEUTENANT COMMANDER</i>		Renee L. Galloway CDC Atlanta, GA	
Long H. Nguyen	IHS	Elvira L. Hall-Robinson	FDA	David J. Langford IHS Browning, MT	
Kayenta, AZ		Rockville, MD		Laura T. Owen OS Washington, DC	
<b>NURSE</b>		Anne M. Emshoff	USDA	Martin Ruiz-Beltran HRSA Washington, DC	
<i>LIEUTENANT COMMANDER</i>		Washington, DC		Ralph H. Smith, Jr. HRSA Batavia, NY	
Wendy M. Davis	BOP	<b>PHARMACY</b>		Iris E. Valentin-Bon FDA College Park, MD	
Terminal Isle, CA		<i>LIEUTENANT COMMANDER</i>		Brenda F. Whitaker IHS Fairbanks, AK	
Mary F. Fleming	BOP	William D. Meyers	BOP	<i>LIEUTENANT J.G.</i>	
Butner, NC		Memphis, TN		Alia Legaux FDA Jamaica, NY	
Dornette D. Spell-Lesane	FDA	Hawyee Yan	FDA	Joseph M. Shurina III IHS Harlem, MT	
Rockville, MD		Rockville, MD		Jasen R. Thompson IHS Anchorage, AK	
<i>LIEUTENANT</i>		<i>LIEUTENANT</i>		Tarsha M. Wilson OS Rockville, MD	
Thor O. Brendtro	IHS	Kristina C. Arnwine	FDA	Michelle L. Womack IHS Toppenish, WA	
Anchorage, AK		Rockville, MD			
Dionne B. Coker	NIH	Anthony Blash	IHS		
Bethesda, MD		Reno, NV			
Dale P. Mishler	BOP	Phelicia B. Bush	FDA		
Butner, NC		Rockville, MD			
Dianne C. Paraoan	FDA	Gregory R. Dill	FDA		
Rockville, MD		Chicago, IL			
Terri L. Schrader	IHS	Matthew L. Ellis	IHS		
Anchorage, AK		Santa Fe, NM			
Matthew D. Scott	IHS	Lori A. Garcia	FDA		
Whiteriver, AZ		Rockville, MD			
Susan E. Thompson	IHS	Timothy D. Georgia	BOP		
Anchorage, AK		Littleton, CO			
<i>LIEUTENANT J.G.</i>		Sheryl D. Gunther	FDA		
Linda W. Bridges	BOP	Rockville, MD			
Butner, NC		Michael Hudson	IHS		
Noelle M. Castonguay	NIH	Fallon, NV			
Bethesda, MD		Connie T. Jung	FDA		
Nerfis Sanchez	HRSA	Rockville, MD			
Batavia, NY		Robert Kang	FDA		
		Rockville, MD			

## CDR William L. Jackson Received Army Commendation Medal

CDR William L. Jackson received the Army Commendation Medal in the conference room of the Command and Control (C2) Building for coalition forces near Camp Spearhead in Ash Shuaybah, Kuwait, on September 23, 2003. CDR Jackson is a Public Health Service Commissioned Corps physician serving with the U.S. Coast Guard.

In the photo below, the medal was awarded by port commander, Army Col. Anthony J. D'Aquila (center) on behalf of the 143D Transportation Command. CAPT Allen C. Painter, commander of

Naval Coastal Warfare Group 1 - Forward, looks on from the left.

As the citation states, CDR Jackson was awarded the medal for:

"Superior achievement while serving with the 143d Transportation Command in support of Operation Iraqi Freedom. The dedication and professionalism CDR Jackson displayed were critical factors to the overall success of the coalition forces at the port of Shuaybah. His support was key to sustaining the combat effectiveness and overall health of the command."



CDR William L. Jackson (pictured on the right) received the Army Commendation Medal in Ash Shuaybah, Kuwait.

## Flag Officers Promoted

The following medical officers were promoted to flag grade O-8 effective November 1, 2003:

- **RADM Douglas Peter** – Indian Health Service
- **RADM Nathaniel Stinson, Jr.** – Office of the Secretary
- **RADM Richard Wyatt** – National Institutes of Health

□

## COA Annual Professional Meeting

The Commissioned Officers Association (COA) has announced a number of new developments related to its 2004 conference including:

- Northwest Airlines and Alaska Airlines have agreed to provide discounts of 10-20 percent (on non-government rates) for flights to Anchorage, AK, for the 2004 conference, which will be held May 16-20.
- Logistics LLC of Anchorage has been selected as the conference destination management company and will be helping attendees arrange excursions, cruises, and other activities before and after the conference, or for spouses and families during the conference.
- COA has signed an agreement with the Westmark Anchorage Hotel to provide overflow rooms for conference attendees. The Westmark is located a short walk from the Egan Convention Center and the Hilton.

For more detailed information about all of these developments and other news on the conference, visit the conference Web site at—[www.coausphsconference.org](http://www.coausphsconference.org).

Watch the conference site for details on the agenda, which will be announced in early January. Online registration is now available.

If you have questions about the conference, feel free to call the COA hotline toll-free at 1-866-544-9677.

□

## Mr. Philip Needle Dies

The Division of Commissioned Personnel (DCP) mourns the loss of our colleague and friend, Mr. Philip Needle. Phil passed away on Wednesday, November 5, 2003. He had been on extended sick leave from DCP since April, and celebrated his 89th birthday this past May.

Phil served most of his more than 56 years of Federal government serv-

ice with DCP and its predecessors. He is fondly remembered in his role as the DCP staff resource to the appointment and promotion boards.

Phil has touched the lives of many, if not most, Public Health Service Commissioned Corps officers in one way or another, and he will be missed by all.

## Deadline for Submission of Applications for Assimilation into the Regular Corps

Are you interested in joining the ranks of officers who have achieved a career status with the United States Public Health Service (PHS) Commissioned Corps? The Regular Corps, the career component of the PHS Commissioned Corps, is composed of officers who have expressed long-term commitment to the missions and goals of the Corps, applied for assimilation, successfully competed for this status, and completed the assimilation process.

The Division of Commissioned Personnel (DCP) is current accepting applications for assimilation. Applications for assimilation into the Regular Corps must be received in DCP by the close of business on Friday, **February 13, 2004**, in order to be reviewed by the 2004 board.

A complete assimilation package that includes form PHS-7034, "Application for Assimilation into the Regular Corps," as well as a table outlining the differences

between the Reserve Corps and the Regular Corps, are available on the DCP Web site—<http://dcp.psc.gov.assimilation.asp>.

*Important:* Officers who applied for assimilation in the past, but were notified by DCP that they were 'not recommended' by the Board, are reminded that a new application is required in order to be reconsidered. To find your 'Overall Recommendation' status, go to—<http://dcp.psc.gov>—'Secure Area', 'Officer and Liaison Activities', log in, 'Access Personnel Record', scroll to the Confidential Documents Section (beige), and click on 'Assimilation Score Sheet.'

If you have any questions regarding assimilation, please contact LCDR Teresa Watkins in the Officer Support Branch, DCP, at 301-594-5117 or 301-594-3108 (toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 45117 or 43108).

## Retirements - November

*Title/Name Agency/OPDIV/Program*

### MEDICAL

#### CAPTAIN

Shellie E. Grant SAMHSA

#### LIEUTENANT COMMANDER

Cedric F. Kavena IHS

### DENTAL

#### CAPTAIN

Carl F. Meinhardt IHS

### NURSE

#### CAPTAIN

Carlene K. Cloud BOP

### PHARMACY

#### CAPTAIN

Richard R. Potter FDA

James D. Hazelwood IHS

#### COMMANDER

Irene J. Humphrey IHS

### HEALTH SERVICES

#### CAPTAIN

Adrienne Galdi FDA

## Call for Nominations for Dental Professional Advisory Committee Awards

Every year the Dental Professional Advisory Committee (DePAC) awards three individuals for their accomplishments in the Public Health Service Dental Category. Below you will find a brief description of each award. This year, nominations will require an application form, and electronic submission is suggested. The deadline for submission is **December 5, 2003**.

The *Jack D. Robertson Award* was established in 1982 by the Public Health Service (PHS) Chief Dental Officer, in honor of CAPT Robertson, and is presented each year to a senior dental officer/dentist (O-5 or GS-14 and above) whose professional performance best exemplifies the dedication, service, and commitment to the PHS demonstrated by CAPT Robertson during his career.

The *Ernest Eugene Buell Award* was established in 1989, in commemoration of the Commissioned Corps Centennial Year. CAPT Buell was the first PHS Commissioned Corps dental officer. He was commissioned in June 1919 and assigned to the Division of Marine Hospitals and Relief. This award is presented annually

to a junior dental officer/dentist (O-4/GS-13 or below) who has made a significant contribution in oral health education, research or service.

*The Senior Clinician Dental Award* was established in 2001 by the PHS Chief Dental Officer to recognize a senior dental officer/dentist (O-5 or GS-14 and above) who has chosen a clinical career track and excels in clinical skills. The initial award was first presented in 2002.

In order to complete your application packet, you will need to submit the following items:

- a completed application form;
- a curriculum vitae limited to **only five** pages;
- a memo from the nominee's supervisor supporting their nomination; and
- a brief one to two page citation appropriate to accompany an award.

These items should be submitted electronically if at all possible.

The Awards Subcommittee of DePAC initially reviews all nominations. This group consists of approximately 7-10 individuals representing many agencies and ranks. Nominations are reviewed based on criteria from the above descriptions, and the best-qualified individuals for each award are then forwarded to the full DePAC. All voting members of the DePAC then review the forwarded nominations and the individual who best represents each award criteria is selected. The Chief Dental Officer for the PHS is notified of the selection and letters are sent to the winners. Letters are also sent to all nominators to thank them for their time and to encourage them to continue to nominate deserving officers. The awards are then presented at the annual Commissioned Officers Association meeting.

For a copy of the application form, please contact CDR Dawn Breeden at [dbreeden@CGAlaska.uscg.mil](mailto:dbreeden@CGAlaska.uscg.mil) or phone 907-463-2144.

## Commissioned Corps Readiness Force

### **CCRF Supports the Second Marine Expeditionary Force at Camp Lejeune**

On October 15, 2003, the U.S. Marine Corps at Camp Lejeune, NC, requested that the Surgeon General activate the Commissioned Corps Readiness Force (CCRF) to provide support to the Camp Lejeune Marine Base Dental Center. CCRF dentists were needed at a time when a large number of the Second Marine Expeditionary Force (MEF) is either moving into or out of the Iraq theater.

In June 2003, the redeployment of 25,000 MEF forces from Operation Iraqi Freedom was initiated. Each of these Marines is required to receive a dental evaluation as part of their fitness-for-duty screening. Additionally, 12,000 other personnel were awaiting a dental readiness examination prior to being deployed to the Persian Gulf. Many of these Marines require follow-up treatment in order to meet the dental readiness classification guidelines to be eligible to deploy. As a result, thousands of Marines and sailors were backlogged in the system, thus negatively impacting the readiness of the Second MEF. CCRF dentists began deploying in October for 2-week periods.

### **CCRF Supports the Maniilaq Health Center in Kotzebue**

This fall, the Maniilaq Health Center in Kotzebue, AK, had an immediate need for nurses and pharmacists to augment staffing as a result of a severe shortage of personnel. The Maniilaq Health Center, which is inside the Arctic Circle, provides health care to approximately 10,000 Native Alaskans in Kotzebue and ten villages that spread over a geographic area the size of Indiana. Maniilaq was experiencing a severe shortage in labor and delivery nurses, general duty nurses, and pharmacists. In response to this need, CCRF nurses and pharmacists deployed to Kotzebue in November and December.

### **CCRF Supports the American Red Cross in Southern California Wildfires**

In response to the Southern California Wildfires, the American Red Cross requested the assistance of CCRF nurses and mental health care providers to provide

services to the California residents affected by these fires. The nurses and mental health providers worked in shelters, in emergency aid stations, in feeding sites, on Outreach Teams, and provided a myriad of health services for Red Cross staff.

### **Combat Casualty Care Course (C4)**

In October, CCRF officers attended the Combat Casualty Care Course (C4) at Camp Bullis, TX, near San Antonio. C4 provides officers with the skills and practice necessary to provide First Responder care in an austere, combat environment. Areas of instruction include: Advanced Trauma Management; Tactical and Preventive Medicine; Triage Battlefield Wounds; and Casualty Care in an NBC environment.

C4 enables officers, with little or no field experience, to provide medical care for units under field conditions. During the course, officers develop the skills necessary to successfully assess and manage casualties in an austere environment. Participants will complete Advanced Trauma Life Support (except for nurses who will take the Trauma Nursing Care Course as part of the program).

C4, which is 9 days of intensive didactic and practical skills training, culminates in a continuous operations field training exercise. Participants must be fit and able to withstand the physical and mental challenges of working in an austere environment. Additional essential information about the C4 course is available at—<http://www.dmrta.army.mil/C4>. To register for future course offerings of the C4 course or other Advanced coursework, go to the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

### **FMRB Awarded in Fall 2003**

In October 2003, 86 CCRF members received the Field Medical Readiness Badge (FMRB) and 31 received the National Emergency Preparedness Award (NEPA). For more information on these awards please see—<http://ccrf.hhs.gov>.

The requirements for the FMRB will change in the very near future to reflect the changes in the CCRF deployability levels. See the CCRF Web site for updated information—<http://oep.osophs.dhhs.gov/ccrf>.

## **CCPM Pamphlet No. 24, "Information on Commissioned Officers Retirement," Dated November 2003**

The Division of Commissioned Personnel (DCP) is pleased to report the completion of revisions to the retirement pamphlet. After many months of reviews and edits, the Policy Coordination Section and the Compensation Branch completed the update of Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 24, "Information on Commissioned Officers Retirement," dated November 2003.

Officers approaching or contemplating retirement are encouraged to review this pamphlet on DCP's Web site—<http://dcp.psc.gov>—click on 'Publications.'



## 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:

<i>Title / Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<i>REAR ADMIRAL</i>	
A.W. Christensen	09/19/03
<i>CAPTAIN</i>	
Robert M. Farrier	09/14/03
Wandyr J. Moore	10/17/03
<b>DENTAL</b>	
<i>CAPTAIN</i>	
Dean W. Darby	10/15/03
<b>ENGINEER</b>	
<i>CAPTAIN</i>	
R. J. Hammerstrom	10/14/03
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i>	
Noah N. Norman	10/20/03
Stephen J. Pijar	10/20/03
<b>DIETETICS</b>	
<i>CAPTAIN</i>	
Janet E. Stroupe	10/06/03





## Programs of the Commissioned Officer Training Academy

The 'Transformation of the Corps' is expected to impact the Commissioned Officer Training Academy (COTA) in a positive manner. Our programs are continuing into calendar year 2004 and can be found on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—select 'Training', 'COTA', then the desired option from the menu on the left.

The most common training options are as follows:

### 5-DAY BASIC OFFICER TRAINING COURSE (BOTC)

- *Duration:* 5 days
- *Audience:* The 'new' officer called to duty on or after January 1, 2001.
- *Goal:* To facilitate the transition from civilian to officer; identify resources, learn about the commissioned corps personnel system, Uniformed Service customs and courtesies, etc.

### 3-DAY BOTC

- *Duration:* 3 days
- *Audience:* The 'experienced' officer called to duty on or prior to December 31, 2000.
- *Goal:* To identify resources, learn about the commissioned corps personnel system, Uniformed Service customs and courtesies, etc.

### BASIC ORIENTATION

- *Duration:* 1 and 2 day versions
- *Audience:* All employees involved with Public Health Service (PHS) commissioned officers (e.g., commis-

sioned officers, civil service, tribal workers, full or part-time employees).

- *Goal:* To provide a basic understanding of the commissioned corps personnel system.

### COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM (COSTEP) ORIENTATION (COSO)

- *Duration:* 1 day
- *Audience:* Junior COSTEP participants.
- *Goal:* To provide an exposure to the commissioned corps and PHS.

As of late October 2003, 1,803 officers who are still on active duty have completed the BOTC, 1,052 have been awarded the PHS Commissioned Corps Training Ribbon (CCTR), and 324 are working to complete the Independent Officer Training Course (IOTC). The IOTC is a Web-based program which identifies resources valuable to officers, and a series of 14 open-book examinations designed to guide the officer through the resources. Upon successful completion of the BOTC, officers have access to the examination series. Successful completion of the IOTC leads to the awarding of the CCTR.

During Fiscal Year (FY) 2003, 19 BOTCs were conducted, 7 Basic Orientations, 2 COSOs, and 6 specialized programs. A program of one form or another has been conducted in the following locations during FY 2003: Albuquerque, NM; Anchorage, AK; Atlanta, GA; Bell Court, ND; Butner, NC; Farmington, NM; Rapid City, SD; Rockville, MD; Rosebud, SD; San Juan, PR; and Scottsdale, AZ.

## Active-Duty Officers—Update Critical Information

Each active-duty officer must keep contact information as well as language, skills, and training information current at all times. This is used to search the Division of Commissioned Personnel's (DCP) database for officers with specific skills and training. All officers are expected to review and update their personal and professional data on the DCP Web site. This should be done annually and whenever the information changes.

Please access—<http://dcp.psc.gov>—and select 'Secure Area' from the menu across the top, and 'Officer and Liaison Activities' from the drop-down menu. On the ensuing screen, enter your DCP login ID and password. If you do not know what your ID or password is, call the DCP Help Desk at 301-594-0961 or e-mail [DCPHelpDesk.psc.gov](mailto:DCPHelpDesk.psc.gov).

You will be greeted on the next screen with your rank and name. From the table of activity selections, choose 'Update Contact Information.' Review and update your address, phone numbers, and next-of-kin information. Be sure to click on the 'Update Your Information' button before returning to the previous menu. Next, click on 'Update Language, Skills, and Training Information.' Go through each of the following sub-menus making sure the information is complete, current, and accurate.

In order to improve the performance of this data system, your updated information is stored, but will not show up in the 'officer locator' screens until the next day.

Your attention to this important activity is greatly appreciated.

## Information on Separation

Officers separating from the Public Health Service (PHS) Commissioned Corps are required to submit to the Division of Commissioned Personnel (DCP) form PHS-1373, "Separation of Commissioned Officer," at least 30 days in advance of the last day at the duty station.

A separation packet is available from DCP that contains Commissioned Corps Personnel Manual (CCPM) Pamphlet No.

32, "Information on Separation," form PHS-1373, and information on the continued health care benefit program. It is important that separating officers carefully read CCPM Pamphlet No. 32 in order to enhance processing of the separation request and to protect their benefits.

The pamphlet and form are available on DCP's Web site—<http://dcp.psc.gov> (click on 'Services' for form PHS-1373 and

'Publications' for the pamphlet)—or can be requested from:

Division of Commissioned Personnel  
ATTN: Officer Support Branch  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

Phone: 301-594-3544  
Fax: 301-443-5366

## Retired PHS Commissioned Corps Officer Cycles to Reunion

Picture any 50th high school reunion, and images emerge of silver-haired sexagenarians traveling by planes, trains, and automobiles back to their hometowns, where they dine with old friends, reminisce about their 'glory' days and exchange updates on the aches and ailments associated with their current lives. Enter nurse officer, **CAPT Mary M. Madison, USPHS (Retired)**, a 68-year-old from Wolf Point, MT, who set a markedly more upbeat tone at her recent 50th reunion by rolling in on a Trek mountain bike with a bicycle trailer and 70 pounds of gear, from halfway across the continent.

CAPT Madison set out in June for her September 13th reunion. She is a member of the Adventure Cycling Association and followed the association's Northern Tier Route through Montana, Idaho, and Washington as far as the Pacific Coast. She then followed the association's Pacific Coast Route from Washington, through Oregon, and on to California.

CAPT Madison started cycle-touring about 10 years ago and began doing 3- to

4-day self-contained tours near her hometown in northeast Montana. After a few years she ventured farther afield after finding a group of cyclists with whom she rode around New Zealand earlier this year. That trip convinced her that she had the right stuff to do solo self-contained touring, which inspired her to plan the bike ride to her 50th high school reunion.

As a PHS Commissioned Corps nurse, CAPT Madison worked for 16 years for the Indian Health Service on the Northern Cheyenne Indian Reservation and spent 5 years on the Fort Peck Indian Reservation specializing in the management and prevention of diabetes. She retired from the Corps in 2000. She is a crusader for health through physical fitness and works to create awareness about the disease that has been the focus of her later professional life, specifically type 2 diabetes.

CAPT Madison has combated her own health problems through cycling. She has one leg that is smaller than normal from childhood polio, and she smoked for 30 years before finding fitness astride a bike

saddle. She claims that she averted having corrective surgery on her leg and also reversed her pre-emphysema lung condition through long-distance cycling. Now she is the picture of health—slim, fit, and vibrant.

CAPT Madison's mantra of "I can do anything, given enough time," served her well during her 3,400-mile round-trip journey. "I've never been fast," she said of her riding style. "But given enough time, I can ride up to 100 miles a day."

Challenges during her trip included the usual mechanical problems such as flat tires as well as healthy doses of extreme terrain and weather, including nausea-inducing heat (in Montana) as well as hypothermia-inducing cold (also in Montana). On her return trip, CAPT Madison got as far as Missoula, MT, before cold weather brought her adventure to a close in mid-October.

Understating what must have been an overwhelming ovation from her former classmates in recognition of her feat, she said simply, "They were very impressed." □

## JRCOSTEP Officer's Assignment in New Mexico

Submitted by: *ENS Jessica L. Schwarz*

*Senior at Western Carolina University majoring in Environmental Health*

When given an opportunity to participate in a summer internship program, much less the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP), one never knows exactly what is in store. Work plans and job descriptions narrow the focus of one's activities, and of course there are the program requirements for credit. But the life and job experience you obtain, the people you meet, and the places you go, are formed not only by yourself, your supervisors, and your program, but by your willingness to try new things, to take responsibility, and to think outside the box.

When I arrived in Santa Fe to begin my work for the Indian Health Service, I knew I was still in the United States, but it seemed like another world. New culture, new climate, and a new job awaited me. I left my home near the beaches of North Carolina for the desert of New Mexico over 1,900 miles away, and I have

to admit it was shocking at first. I knew I could expect to be able to count on one hand the days we would get rain during my 2-month stay.

The work outline I received a month before I arrived quickly made me aware of the responsibility that would be placed upon my shoulders. I have to admit it was scary at first. I had little to no field experience, and I knew I would be depended on to be prompt and thorough in all of my work, but when I met my supervisor, LT Celeste Davis, District Environmental Health Officer, I knew that guidance would be provided, and that she was going to push me to try new things, and work as independently as possible. With my fears subdued, I was ready, and excited to start my new work.

Within the first week I was touring all of the eight Pueblo Tribal communities that our Service Unit covers. It was easy to see that the more I learned about the culture in this area, the more I would

understand what was going on, and why people felt and acted the way they did. Rabies clinics followed for the next month. I would perform vaccinations on cats and dogs, and keep up with the registration tagging and paperwork as well. This proved to be a rather rewarding experience. I knew I was protecting the population, and better yet I got to meet with and interact with the community one on one.

Other responsibilities I acquired along the way were miscellaneous reports to Governors and administrative councils. Also, I took part in numerous and assorted monitoring and surveillance work. Clinic hazard surveys, GIS (Geographic Information Systems) data entry, dog bite follow-up, food-borne illness investigation, recreational areas, Head Start, senior centers, mass gatherings, food vendors, seat belt usage, and disease surveillance, just to name a few.

*(Continued on page 11)*

## JRCOSTEP Officer's Assignment in New Mexico

(Continued from page 10)

My big project for the summer was the Community Environmental Health Survey. Although I didn't personally write the survey, it was my job to come up with the formulas, spread sheets, and programming needed to collect, separate, and calculate the data we would be collecting for the next 2 months into a form that was coherent and accessible. Excel became my format of choice as I worked on ways to weight questions with numerical values so that they could be referenced appropriately. When completed, I had created a report including the raw data, graphs, and a narrative report that could be used to better identify the needs and wants of each community.

Overall, I have thoroughly enjoyed my experience. I know that the knowledge and experience I have acquired here will be used throughout my next year at school, and especially in my career. The networking opportunities I have had have been excellent, and I hope to be able to use them to secure a job before I graduate. The social and intellectual opportunities I have experienced have made me excited that I will be in this field for a good long time. This experience has reassured me that my education has been helpful and adequate in preparing me for the real world. This internship has also made me feel comfortable in new places and situations that I may not be an expert in, but can learn a lot from. I am glad to have been given the responsibilities, opportunities, and experiences from which I have gained so much.

I know I will use my experiences for years to come. I know that my supervisors have a lot of respect for me and believe I am very capable. I am glad that I was challenged on a daily basis, and often allowed to do work by myself—or to formulate my own conclusions and plans of action. I would recommend the Junior Commissioned Student Training and Extern Program to anyone who is in pursuit of a serious career in environmental health. The experiences and opportunities offered by this program are unsurpassable by any other organization. □

## PHS Officers Receive AMSUS Awards

The Association of Military Surgeons of the United States (AMSUS) held their 109th annual meeting November 16-21, 2003, in San Antonio, TX.

Each year a different constituent agency sponsors the annual meeting. VADM Richard H. Carmona, Surgeon General, USPHS, became President of AMSUS at the end of the 108th annual meeting, and the U.S. Public Health Service (PHS) hosted this year's meeting. The theme was "Partnerships in Preparedness, Prevention, and Public Health: Protecting the Nation." The program was meticulously planned by the volunteer section representatives under the chairmanship of CAPT Rick Barror, USPHS. This year's meeting was very well attended and extremely well received.

The 2003 AMSUS Awards were presented on November 19. Of the 28 awards presented, 12 awards were presented to PHS Commissioned Corps officers. **Surgeon General Carmona** received *The Founder's Medal* for his leadership as AMSUS President and the support provided to the 109th Annual Meeting.

Hearty congratulations to the following Corps officers:

### **RADM Dushanka V. Kleinman**

Dental Officer, NIH

*Carl A. Schlack Award*

Citation: 'For a lifetime dedication to the dental public health of our Nation.'

### **RADM Stephen B. Thacker**

Medical Officer, CDC

*Ray E. Brown Award*

Citation: 'For exemplary national health leadership in program management, for expanding international health communication systems, and for developing critical public health training programs.'

### **RADM Stephen F. Jencks**

Medical Officer, CMS

*Outstanding Federal Healthcare Executive Award*

Citation: 'For exemplary national leadership to improve the quality of health-care given to Medicare beneficiaries.'

### **RADM Robert C. Williams**

Engineer Officer, ATSDR

*The Gorgas Medal*

Citation: 'In recognition of his exemplary leadership and initiative in the development, implementation, and sustained

administration of a national public health assessment program, with emphasis on response to the terrorist attacks of September 2001.'

### **CAPT Kelly J. Acton**

Medical Officer, IHS

*John D. Chase Award for Physician Executive Excellence*

Citation: 'For exemplary national leadership to reduce the prevalence of diabetes among Native Americans.'

### **CAPT Joseph F. Gallelli**

Inactive Reserve Corps Pharmacy Officer, NIH

*Andrew Craigie Award*

Citation: 'For sustained accomplishments and leadership in advancing professional pharmacy and supporting clinical research at the National Institutes of Health.'

### **CDR William D. Figg, Sr.**

Pharmacy Officer, NIH

*AMSUS Award for Excellence in Clinical Pharmacy Practice*

Citation: 'For outstanding contributions in developing novel anticancer agents.'

### **LCDR Celia Gabrel**

Health Services Officer, HRSA

*Young Federal Health Care Administrator Award*

Citation: 'For her outstanding contributions to the HIV/AIDS Bureau, the PHS, and the community at large.'

### **LCDR Mark Martineau**

Nurse Officer, IHS

*Clinical Nursing Excellence Award*

Citation: 'For his tireless work to raise the health of the Native Americans, restoring health, alleviating pain and suffering.'

### **LCDR Robert D. Newman**

Medical Officer, CDC

*Donald F. Hagen Young Physician Award*

Citation: 'For his dedication to improving the prevention and control of malaria during pregnancy in sub-Saharan Africa.'

### **LT Frances Placide**

Health Services Officer, IHS

*Physician Assistant Award*

Citation: 'For outstanding and dedicated service to the Cherokee Indian Hospital community and the Physician Assistant profession.'

□

## Deadline Dates and Information About COSTEP Applications for Fiscal Year 2004

The deadline dates for submission of applications for the Junior Commissioned Officer Student Training and Extern Program (COSTEP) and the Senior COSTEP for Fiscal Year 2004 are as follows:

**Junior COSTEP applications must be postmarked:**

- June 1 - September 30 for positions during the following January 1 - April 30
- September 1 - December 31 for positions during the following May 1 - August 31
- January 1 - April 30 for positions during the following September - December 31

**Senior COSTEP applications must be postmarked by December 31** for applicants entering senior status beginning the following August or after. Note: Some flexibility is allowed at the request of the agency.

**Background**

During the summer of 2002, the Recruitment and Assignment Branch (RAB), Division of Commissioned Personnel, responded to agencies' suggestions for making the COSTEP application process more responsive. RAB did this by moving to a rolling application process, without set deadlines. While the intent of the rolling application process was to accommodate preceptors working with students in non-traditional and special training programs, the results of the process did not justify permanently eliminating deadlines.

Because the Junior and Senior COSTEP programs are important ways to make excellent students aware of opportunities with the Public Health Service Commissioned Corps, RAB's COSTEP staff members are committed to continuing to create a flexible, workable process for students, preceptors,

and agencies. RAB's staff members will continue to work with agency representatives who make special requests to submit/request applicants after the deadlines, and will consider any special cases forwarded for consideration by preceptors, on an exception basis. The deadlines listed above are intended to help restore order and timeliness to the process.

**Further Information**

If you have questions about the COSTEP program, please visit—[www.usphs.gov](http://www.usphs.gov). Information about the COSTEP program is listed under the 'Students' tab. If you need additional assistance, please contact RAB at 301-594-3360, 301-594-3543, or toll free at 1-800-279-1605, and ask for the COSTEP Coordinator.

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**DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

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Human Resources Service  
Division of Commissioned Personnel, Room 4-04  
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