



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

The Twentieth Century will be remembered chiefly, not as an age of political conflicts and technical inventions, but as an age in which human society dared to think of the health of the whole human race as a practical objective.

—Arnold Toynbee, a British historian

This December marks the end of 1999 and the 20th Century. As we approach this milestone, it provides us with a unique opportunity to reflect on some of our accomplishments and highlight some key events of the past year as well as the challenges and opportunities for our future. Although I will not be able to cover all of them, I will attempt to highlight just a few.

A Review of the Year's Accomplishments

The extraordinary efforts of all the Public Health Service (PHS) employees who have provided health, medical, and health-related social services in response to the numerous emergencies and disasters our Nation has experienced this past year cannot go unnoticed. From January 1st through the end of October, the National Disaster Medical System, the PHS-1 Disaster Medical Assistance Team, and the Commissioned Corps Readiness Force (CCRF) have been activated and/or deployed 56 percent of the days. The CCRF alone has been activated and/or deployed 44 percent of the days. CCRF activations and/or deployments occurred in response to the following events: Kosovar refugees in Fort Dix, New Jersey; Oklahoma tornadoes; fall hurricanes and floods; Tinian/Chinese refugee situation; North Atlantic Treaty Organization (NATO) 50th event; EgyptAir Flight 990 crash; and the Hoopa Valley Indian Reservation fires in California.

At present, the Office of Emergency Preparedness (OEP) is involved in three ongoing deployments: the North Carolina floods; the Hoopa fires; and the EgyptAir plane crash off the coast of Rhode Island. Everyone who responded to these crises deserves our utmost gratitude and praise for assessing and tending to the health needs of the Nation. Additionally, I would like to thank OEP for their outstanding work managing and coordinating these emergency response operations. In the coming months, we must continue to strengthen our public health infrastructure and upgrade our capacity to respond.

Another exciting event was the kick-off of the broad-based physical activity program for the commissioned corps at the Surgeon General's Fun Run on June 8th. As a follow-up to that event, last month the Therapist category, in conjunction with the Office of the Surgeon General, announced the implementation of the President's Physical Fitness Program within the commissioned corps. This is a significant first step toward implementing a broad-based physical activity program for all officers in the Corps. We know now that virtually all individuals will benefit from regular physical activity. I know I can count on all of you to make a regular physical activity program a part of your life in the new year.

Thanks to the Division of Commissioned Personnel (DCP), another accomplishment was the launch of the new commissioned corps electronic document management, promotion board, and workflow system. The system allows officers to review their Official Personnel Folders (OPFs) on-line via the Internet. The system also allows multiple staff in

DCP to access an OPF simultaneously, improving the speed of many processes. The promotion board module allows the promotion board to review applicable files electronically and enter scores directly into a ranking system. Use of the optical character recognition system allows extraction of data to the central database and concurrent archiving on the form in the electronic OPF. This system is an outstanding example of how information technology can be used to facilitate and enhance our administrative needs. I would like to thank all of the employees who devoted their time and efforts to assist with this valuable project.

We are moving ahead with our evolving public health priorities. Healthy People 2000 progress reviews show that we have achieved notable progress in areas like AIDS deaths and teenage pregnancy, although we are still lagging behind in the areas of obesity, diabetes, and low birth weight babies. Although we have seen positive trends in 60 percent of the priority areas, we must continue

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Surgeon General's Column

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to work together to broaden our progress in disease prevention—especially in communities of color, which still suffer disproportionately from infant mortality and AIDS.

We are making considerable progress in our efforts to eliminate disparities based on race and ethnicity. Working with Grantmakers in Health and the Centers for Disease Control and Prevention, we have funded 32 communities in 18 States to begin a planning process to develop community-based programs to put together the framework for answering some important questions in the future. This initiative, REACH 2010, is the first of a two-phase project, where we are partnering with communities to help them design culturally competent programs and activities that are tailored to best suit their needs. So we are well on our way to making a significant impact in this area.

In July, we unveiled the *Surgeon General's Call to Action to Prevent Suicide* which provided a blueprint to prevent suicide in our country. The document outlined more than a dozen steps that can be taken by individuals, communities, organizations, and policymakers to prevent suicide. This month, as a follow-up to the call to action, we plan to release the first-ever *Surgeon General's Report on Mental Health*. This Surgeon General's Report will provide an up-to-date, comprehensive review of the scientific advances in the study of mental health and mental illness. In approaching mental health from the perspective of public health, the report will focus not only on illness, but also on health promotion, disease prevention, and evaluation of services. Today, mental health problems can be correctly diagnosed and effective treatments and services are available. I encourage all individuals who are experiencing signs and symptoms of mental disorders to take advantage of these research advances and seek help.

Looking Forward to Improving the Nation's Health in the 21st Century

I hope all of you will mark your calendars for January 24-28, 2000, to attend

the *Partnerships for Health in the New Millennium* conference, which will be a joint meeting of the Healthy People Consortium and the Partnerships for Networked Consumer Health Information. The conference, to be held in Washington, D.C., will highlight the release of the Nation's third generation of disease prevention and health promotion objectives. The Healthy People 2010 framework builds on initiatives pursued over the past two decades and constitutes the action agenda for the first decade of the 21st Century. Healthy People 2010 is also the United States' contribution to the World Health Organization's "Health for All" strategy. Like its predecessor, Healthy People 2010 allows both individuals and communities the opportunity and obligation to contribute to the effort to improve the Nation's health. There is a role for everyone at every level. Individuals can take responsibility for their own health. Families can teach children healthy habits and provide the supportive environment necessary to sustain them. Communities can support individuals and families.

As we approach the next decade, the next century, and the next millennium, we face tremendous opportunities as well as challenges in public health and medicine. The dual goals of enhancing both the length and the quality of life and eliminating disparities in health on the basis of race and ethnicity should be challenging and energizing, while uniting us for a common cause. Together, we will see the victory.

One of the best parts of ushering in the new year is remembering the good times of the past year. Thank you for the many productive, outstanding, collaborative projects. Enjoy every minute with your family and friends this holiday season. Best wishes for a happy and *healthy* New Year!

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

Personnel Services Branch

Official Personnel Folder-Update

Officers who are eligible for promotion consideration during Promotion Year (PY) 2000 (July 1, 2000 through June 30, 2001)—

Your Official Personnel Folder (OPF) has been scanned and indexed to the new optical disk system. You may access your OPF via the Division of Commissioned Personnel's (DCP) web site <<http://dcp.psc.gov>>. You are strongly encouraged to view your OPF and if you have any questions, please follow the instructions in the promotion eligibility letter sent to you from DCP. If you cannot locate your OPF on the web site, it is important to notify DCP by calling 1-877-INFO-DCP, listen to the prompts, select option #1, dial 40961.

Officers who are not being considered for promotion during this PY—

Officers not being considered for promotion this PY are requested to **not** submit information for their OPFs at this time, so as not to slow down service time for the officers who are being considered for promotion. The January issue of the *Commissioned Corps Bulletin* will contain information regarding submission of information for OPFs by those officers not being considered for promotion this PY.

Active-Duty Officers Should Update Information on DCP's Web Site

All active-duty officers—

As you log-on to the Division of Commissioned Personnel's (DCP) web site, you are given an opportunity to update your information—your e-mail address, fax number at work, home phone number, work phone number, and home address. You can also verify your duty station and payroll addresses.

DCP strongly encourages all officers to review and update this important information which will facilitate communication.

IMPORTANT NOTICE—Transfer of Leave To or From Civil Service is Not Authorized

Background

In reliance on INSTRUCTION 3, Subchapter CC29.1 of the Commissioned Corps Personnel Manual (CCPM), the Division of Commissioned Personnel (DCP) routinely advised those officers who accepted civil service appointments immediately upon separation from the Public Health Service (PHS) Commissioned Corps that unused annual leave must be transferred to the civil service personnel system. Further, civil service employees seeking conversion to the commissioned corps were also advised that unused annual leave must be transferred to the commissioned corps.

In a legal opinion dated October 14, 1999, the Business and Administrative Law Division, Office of the General Counsel, advised DCP that INSTRUCTION 3, Subchapter CC29.1 of the CCPM is based on an outdated law. The PHS Commissioned Corps Personnel Act of 1960 changed the status of the commissioned corps from a civilian component to a Uniformed Service. ***As a result of the change in the law, the transfer of leave between the PHS Commissioned Corps and civil service personnel system is not authorized.***

In response to the legal opinion, the Director, DCP, initiated the process to rescind INSTRUCTION 3, Subchapter CC29.1 of the CCPM and to amend other CCPM INSTRUCTIONS and CCPM pamphlets and publications to reflect the current law. Additionally, the Director, in consultation with the Surgeon General's Policy Advisory Council Representatives, Professional Advisory Committee Chairpersons, and Chief Professional Officers, issued the following directive. (***Note: The information in the following directive supercedes any and all conflicting information that is currently published in the CCPM and CCPM pamphlets and publications.***)

Directive

Effective October 14, 1999, DCP will not process the transfer of annual leave between the PHS commissioned corps and civil service. This directive applies to all requests for the transfer of leave that have not been converted and certified by DCP prior to October 14, 1999, irrespective of the date of separation or the date of the request for the transfer of the leave.

This directive is not applicable to members of the Uniformed Services who are discharged for the purpose of accepting an appointment in any Uniformed Service or to members seeking inter-service transfer, such as an officer who transfers from the PHS Commissioned Corps to the Department of the Navy or conversely.

In accordance with 37 U.S.C. Section 501, and subject to the approval of the Director, DCP, officers who are separating from active duty may be paid for accrued or accumulated unused leave, not to exceed 60 days in a lifetime for leave that accrued after February 9, 1976. Such payment shall be determined based on the number of days of accumulated leave as of the separation date from active duty and documented on form PHS-31, "Officer's Leave Record."

Officers who were civil service employees prior to appointment and who have not had leave transferred are advised to seek lump sum payment from their previous agency for their unused leave. Officers who have had leave transferred are advised that the DCP will not reverse the transfer of leave that may have occurred prior to October 14, 1999, unless an officer voluntarily seeks such action. However, officers are advised that the maximum leave that may be carried over at the end of the calendar year is 60 days. Any leave in excess of 60 days, from whatever source, will be forfeited at the end of the calendar year.

Officers who are on current orders for separation from active duty (including retirement) and are adversely affected by this directive may request amendment of their date of separation / retirement to allow the use of terminal leave to cover periods for which lump sum payments are prohibited. This may be necessary in the case of officers who were paid lump sum payments upon separation from a prior tour of active-duty service and who, at their current anticipated separation date, have accrued leave for which they cannot be paid. Such requests must be approved by the officer's Operating Division/Program before being forwarded to the Director, DCP, for final approval.

Recruiters, managers, and personnel specialists should advise applicants to the PHS Commissioned Corps who are currently civil service employees that

unused annual leave cannot be transferred to the commissioned corps. Such applicants should consult with their civil service personnel office for further guidance.

Officers who are planning to retire and who have questions concerning this directive should contact:

Mr. Thomas Berry
DCP Retirement Coordinator
Compensation Branch, DCP
Phone: 301-594-3472 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43472)

Officers who are not retiring and have questions on this matter should contact:

Mr. Robert Twitty
Chief, Transactions and Applications
Section
Personnel Services Branch, DCP
Phone: 301-594-3479 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43479)

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Recent Deaths

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

<i>Title / Name</i>	<i>Date</i>
MEDICAL	
CAPT Dorothea B. Chapman	10-10-99
CAPT Henry A. Holle	10-19-99
CAPT Clinton C. Powell	10-11-99
RADM David P. Rall	09-28-99
DENTAL	
CAPT Clair L. Gardner	10-12-99
NURSE	
CAPT Marion Ferguson	10-13-99
CAPT Janet L. Fitzwater	10-24-99
CDR Arlene M. Waldhaus	10-08-99
ENGINEER	
CAPT Roscoe H. Goeke	10-14-99

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Deputy Director, Division of Commissioned Personnel Named



CAPT Robert R. Miller

Effective November 15, 1999, CAPT Robert R. Miller was named Deputy Director, Division of Commissioned Personnel (DCP).

CAPT Miller was born and raised in New Jersey. He earned a bachelors degree in 1975 and a Doctor of Dental Medicine degree in 1978. He served as a den-

tal officer in the U.S. Air Force at Holloman AFB, New Mexico, from July 1978 to July 1981, entered private dental practice in 1981, and was called to active-duty with the Public Health Service (PHS) in April 1984. He assimilated into the regular corps in 1994.

Prior to coming to DCP, CAPT Miller served in a variety of assignments in the Coast Guard. He served as the Dental Officer in Charge of a Coast Guard mobile dental unit based in Texas and Louisiana, and as the Staff Dental Officer at the Coast Guard Air Station in Traverse City, Michigan. He completed the Navy's 2-year comprehensive dentistry residency program in Bethesda, Maryland, and was then assigned as the Senior Dental Officer and Health Services Division Chief at the Coast Guard Air Station in Clearwater, Florida. Most recently, he was the Coast Guard Dental Program Manager and PHS Commissioned Corps Liaison at the Coast Guard Headquarters in Washington, D.C.

CAPT Miller is the recipient of the Coast Guard Achievement Medal, the Coast Guard Humanitarian Service Medal, the National Defense Medal, several Coast Guard Unit Commendations, and a Navy Unit Commendation.

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Environmental Health Officers to Celebrate New Category Title

The Environmental Health Officer Professional Advisory Committee (EHO PAC) would like to invite all environmental health officers and other interested Public Health Service personnel to their first EHO PAC meeting.

Effective October 1, 1999, the title of the Sanitarian category was officially changed to Environmental Health Officer category. On December 15, 1999, the EHO PAC will be celebrating this title change and discussing their vision for the next millennium. This celebration, to be held in conjunction with the EHO PAC quarterly meeting, will begin at 9 a.m. in the Indian Health Service's Executive Conference Room, Twinbrook Metro Plaza Building, 12300 Twinbrook Parkway, Rockville, Maryland.

For more information, contact either CDR Richard Durrett, Chair, EHO PAC (see information below) or CAPT Thomas Crow, Chief Environmental Health Officer, at 301-443-1538.

CAPT Richard W. Durrett
Chair, EHO PAC

Office of Public Health, Division of
Community and Environmental Health
Indian Health Service
12300 Twinbrook Parkway, Suite 450
Rockville, MD 20852
Phone: 301-443-1593
Fax: 301-443-0114
E-mail: rdurrett@hqe.ihs.gov

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JRCOSTEP and SRCOSTEP Deadlines

The application deadline for the 2000 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) is **December 31, 1999**.

The application deadline for the 2000-2001 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) is also **December 31, 1999**.

For applications, please phone:

JRCOSTEP: 1-800-279-1605

SRCOSTEP: 301-594-2919
(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 42919)

Applications can also be requested on-line at the Public Health Service Commissioned Corps web site:

<http://www.dhhs.gov/phs/corps>

For further information, please phone or e-mail:

JRCOSTEP

Phone: 301-594-3483

(New Number!)

(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 43483)

E-mail: <cjenkins@psc.gov>
(New e-mail address!)

SRCOSTEP

Phone: 301-594-3352

(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 43352)

E-mail: <hdarracott@psc.gov>

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Web Site Links to Health Benefits

The Division of Commissioned Personnel's web site <http://dcp.psc.gov> now contains links to TRICARE (Medical), United Concordia (Dependents Dental Plan), and Delta Dental (Retiree Dental Plan). The links are under Links of Interest, Health Benefits.

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Work With Alaska Natives Results in High Tribal Honor for CAPT David Stevenson, USPHS (Res.)



CAPT David Stevenson, a Public Health Service Inactive Reserve Corps officer, being adopted into the Southeast Alaskan Tlingit Tribe and given a Tlingit name.

In America's last frontier, where the midsummer midnight sun shines, a Southern California dentist and Public Health Service Inactive Reserve Corps officer, CAPT David Stevenson, has made a lasting mark on a native tribe. He received a rare and unique honor from the Southeast Alaskan Tlingit Tribe. The tribe adopted CAPT Stevenson at a ceremony attended by more than 350 tribal members, because of the dental service he has provided.

CAPT Stevenson has been in private practice since 1962 in Los Angeles and South Pasadena, California. He was president of the Los Angeles Dental Society in 1979-80, is a clinical professor of prosthodontics at the University of Southern California School of Dentistry, and is a Fellow in the International College of Dentists and the American College of Dentists.

He began traveling to Alaska in 1992, and spends from 3 to 4 months each year there to provide much needed dentures and partials to native Alaskans. He has made several trips to the cities of Sitka and Juneau in the State's southeast corner, and to remote Barrow and Kotzebue on the north slope above the Arctic Circle.

"I always treat my Alaska patients like my own private patients, and they appreciate it," said CAPT Stevenson. "The word gets around about the denture clinics, and I try not to turn anyone down. I am very conscious of the fact that I need to finish what I start, and I leave the assignment with a feeling of well being knowing I didn't leave anything unfinished. The best evidence is that I am asked to come back."

According to Tlingit tradition, when a tribe member dies, especially if he was

of some significance, the tribe will name someone, usually a newborn, after the person in order for his spirit to survive. Rarely is someone from the outside adopted and given a Tlingit name. But in accordance with ancient traditions, Ms. Lila Hubbard, a member of the Tlingit's Raven clan in Hoonah near Sitka, gave CAPT Stevenson her late uncle's name, Litseeni K'A, in recognition for his work to the tribe. Ms. Hubbard said, "My uncle's name meant "Strong Man" and Dr. Stevenson said that he would carry this out with a lot of honor and respect. He is an honorable man."

Ms. Hubbard's husband said that Lila's uncle was well known as a hunter in nearby Glacier Bay in the 1930's and 40's. He said that everyone was happy when Dr. Stevenson got his Tlingit name and was adopted. "Dr. Stevenson was very instrumental in providing dental care to our native people, to help them live a better and healthier life. He recognizes us as people, not numbers. He is a very kind and caring person."

CAPT Stevenson travels with a technician from Oregon and this way he is able to complete the treatment from beginning to end in 7 to 10 days. Before this was done, it could take a long time, sometimes close to a year. CAPT Stevenson said that the Tlingit people are delightful. "Most are rather reticent, but are appreciative and grateful, and they always try to show their appreciation because it is inherent in their culture."

A remarkable experience for a member of the Public Health Service Inactive Reserve Corps. □

Call for Nominations for Therapist PAC Membership

The Therapist Professional Advisory Committee (TPAC) is seeking new members. The TPAC is composed of both commissioned corps and civil service therapists (disciplines represented include: physical therapists, occupational therapists, speech therapists, and audiologists). The TPAC serves as an active link between the Office of the Surgeon General and therapists working in the Department of Health and Human Services' Operating Divisions (OPDIVs) or in other major Programs where commissioned

corps therapists serve. The TPAC meets six times annually via video and teleconferencing. To be eligible for membership, you must be a therapist and a full-time OPDIV or other major Program employee.

All new appointments will be made for a 3-year term and self-nominations are encouraged. The deadline for submission of nominations is **February 1, 2000**. Submissions sent by fax or e-mail will not be accepted. Individuals interested in serving on the TPAC should submit a self-nomi-

nation form and a curriculum vitae with a cover letter to the following address: *Note: Self-nomination forms were included in the August TPAC meeting minutes.*

CAPT John Hurley, Chair, TPAC
Physical Therapy Department
Gallup Indian Medical Center
P.O. Box 1337
Gallup, NM 87301
Phone: 505-722-1504
E-mail: jhurley@gimc.ihs.gov □

Meet the New Flag Officer



RADM Bryan D. Hardin

RADM Bryan D. Hardin has been Deputy Director of the National Institute for Occupational Safety and Health (NIOSH) since April 1998. He was promoted to the rank of Rear Admiral (Assistant Surgeon General) in September 1999. NIOSH is a component of the Centers for Disease Control and Prevention (CDC) and is responsible for conducting research to determine the causes of work-related illness and injury and to develop methods for prevention of them.

After earning a B.S. degree in mathematics in 1966, RADM Hardin was commissioned a Second Lieutenant and served 2 years active duty in the U.S. Army. After earning a B.S. and M.S. degree in zoology in 1972, he was commissioned in the Public Health Service (PHS) as a Health Services officer. He transferred to the Scientist category in 1983 after earning a Ph.D. in environmental health sciences.

RADM Hardin's initial PHS assignment was with NIOSH in Rockville, Maryland, where he managed the development of NIOSH's Criteria Documents. These documents provide a comprehensive review of the safety and health information on a topic and provide the Institute's formal recommendations for comprehensive occupational safety and health standards.

Following long-term training at the University of Cincinnati's Kettering Laboratory, RADM Hardin joined the NIOSH Experimental Toxicology Branch in Cincinnati. His research findings included the identification of significant reproductive and developmental toxicity associated with an important class of solvents, the ethylene glycol ethers, some of which were widely used at that time in consumer products as well as in many industrial applications.

In 1986, RADM Hardin returned to policy development in the NIOSH Division of Standards Development and Technology Transfer, where he served successively as a Senior Reviewer, Chief of the Senior Review Activity, Chief of the Document Development Branch, and Deputy Division Director. The AIDS epidemic was emerging as an occupational health issue during this time, and RADM Hardin served briefly as the Institute's Acting AIDS Coordinator. He was principal author of the *Joint Advisory Notice: Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)*, issued by the Department of Labor and Department of Health and Human Services in 1987. That document subsequently provided the framework for the Occupational Safety and Health Administration's (OSHA) Bloodborne Disease Standard.

In 1992, RADM Hardin transferred to Washington, D.C., as Director of the NIOSH Washington Office. There he served in a liaison role representing NIOSH to other Federal agencies and to the business and labor communities. From 1993 to 1994, RADM Hardin was detailed to the Assistant Secretary of Labor for Occupational Safety and Health in a liaison role between NIOSH and OSHA. When the Office of the Director of NIOSH was transferred from Atlanta to Washington in 1994, RADM Hardin became a Senior Scientist, and later was the Lead Senior Scientist on the Director's staff. He served as Acting Deputy Director of NIOSH for 9 months in 1996.

RADM Hardin, a regular corps officer, has received two Surgeon General's Exemplary Service Medals and the Outstanding Service Medal among other PHS achievement and service awards

and two exceptional capability promotions. Commissioned corps activities include serving on the Commissioned Corps Awards Board and as Co-Chair of the Surgeon General's Task Force on Clarification of the Mission and Use of the Commissioned Corps of PHS. He is a member of the Commissioned Officers Association and the Reserve Officers Association. In 1983, RADM Hardin was named "Professional/Scientific Federal Employee of the Year" by the Greater Cincinnati Federal Executive Board and Federal Business Association. Recently, he received the "1999 Career Scientist Award" presented by the Scientist Professional Advisory Committee.

RADM Hardin is the author or co-author of numerous government reports and peer-reviewed publications. He was formerly an active member of the Teratology Society and served on or chaired several committees. He led or was a member of numerous NIOSH expert panels providing testimony at OSHA rulemaking hearings. He has served on numerous interagency committees and working groups, including the Environmental Protection Agency's (EPA) Interagency Testing Committee, which he chaired in 1988-1989; subcommittees of the Committee on the Environment and Natural Resources and of the Environmental Health Policy Council; and EPA's Endocrine Disruptor Screening and Testing Advisory Committee. International activities include serving on or chairing committees and working groups of the International Agency for Research on Cancer and of the International Programme on Chemical Safety.

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DCP WEB SITE ADDRESS—

<http://dcp.psc.gov>

DCP Toll-Free Phone Number—

1-877-INFO DCP
(1-877-463-6327)

Subscribe to Listserv to Receive
E-mail Messages from DCP—
listserv@list.psc.dhhs.gov

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Office of the Surgeon General

Health Services Category—"Strength Through Diversity"

The Health Services category was established in 1959 to meet the staffing requirements of a changing Public Health Service (PHS). At the time, most PHS categories were staffed by officers who were trained in a single discipline (e.g., physicians in the Medical category and nurses in the Nurse category). Health professionals whose qualifications distinguished them from the existing PHS categories were needed.

In the early 1940's, sanitarians represented one of the last groups to be placed in a single professional category. The Sanitarian category served as the catch-all group to accommodate nonsanitarions who would later be designated as Health Service officers (HSOs) in 1959. Social workers, health educators, statisticians, medical record administrations, nondoctoral level scientists, and others in the physical and social sciences were originally commissioned as sanitarians. Because there was little support for continuing to designate a new category for every specialty, the Health Services category was established out of a need to encompass the diverse health services specialties required to carry out the mission of the PHS.

The Health Services category currently consists of 56 disciplines. New disciplines have been added over the years to meet the changing needs of PHS. The most recent additions include computer scientists and physician assistants in 1989, and medical technologists and dental hygienists in 1991. The commissioning of new specialties is one way that PHS keeps pace with changing health-care staffing requirements.

Qualifications for appointment in the Health Services category are designed to assure a high standard of competence and performance from all of the disciplines and specialties that are included. When the category was first formed, the qualifications consisted of baccalaureate-level training in a health-related field. In 1967, during the Vietnam era, concerns regarding PHS competition for draft-eligible manpower prompted a review of this policy. The Assistant Secre-

tary for Health and Scientific Affairs raised the qualifications for appointment to a masters degree for most specialties and restricted the number of qualifying professional disciplines.

This policy to limit the Health Services category persisted during the early 1980's to those individuals with a masters degree, a doctorate in optometry or podiatry, or certified as a medical records administrator with a baccalaureate degree. Modifications have been made in recent years so that computer scientists, dental hygienists, medical technologists, and physician assistants with specific training and class standing can be commissioned with a baccalaureate degree, the benchmark degree of these professions. However, for most other disciplines, the qualifying degree continues to be a masters degree or higher.

The Health Services category continues to grow and change to fulfill new health leadership roles. Currently, more than 600 HSOs serve on active duty. HSOs are currently assigned to more than a dozen Operating Divisions/Programs; 35 percent of all HSOs are stationed at Indian Health Service or Health Resources and Services Administration facilities. HSOs perform a variety of functions including: direct clinical practice; program development; health planning, education, and administration; and research. The motto: "Strength Through Diversity" attests to the wide range of skills and experiences possessed by this multidisciplinary team of officers, and their pride and commitment to serving in the commissioned corps.

To learn more about the category, access the web site: <www.hso.ihs.gov>. You will find information about the Health Services Professional Advisory Committee (HS-PAC), HSO Mentor Program, the Social Work Professional Advisory Group, the HSO Resource Directory, and information about several health services disciplines.

DCP and Y2K Update

We are now less than a month away from the millennium changeover. Final preparations are underway to ensure that all Division of Commissioned Personnel (DCP) systems, personnel, and procedures are in place to provide a smooth transition. DCP does not anticipate any problems, but will be prepared should any occur.

The Service Director has approved DCP's Business Continuity and Contingency Plans and they are ready for implementation should they be needed. An Emergency Action Committee has been designated to provide direction, establish priorities, and make decisions. Action Officers have been trained and are ready to staff our Emergency Response Center located in the Parklawn Building in Rockville, Maryland. Personnel to man the Assessment Team responsible for testing the infrastructure, hardware, software, applications, and connectivity, as well as a Business Resumption Team responsible for restoring systems and data following execution of a contingency plan, have been identified and are ready to go into action on January 1, 2000. Extra precautions will be taken to ensure all data is backed-up and secured in the event of an emergency.

Access to the DCP web site and other services normally available to officers will not change. During the Day One period, DCP will post its current Y2K status on the DCP help desk line. The phone number is 301-594-0961 (or toll free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 40961). Should you experience a systems or telecommunications failure with any of DCP systems, please call the help desk line which will be manned during the January 1 weekend.

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Scientists of the Year Awards

The Scientist Professional Advisory Committee (SciPAC) is pleased to announce that **RADM Bryan D. Hardin** received the "1999 Career Scientist Award" and **LCDR Rob Lyerla** received the "1999 Young Scientist Award." The awards were presented at the Commissioned Officers Association's (COA) annual meeting held in June 1999.

RADM Bryan D. Hardin is currently Deputy Director of the National Institute for Occupational Safety and Health (NIOSH). His distinguished career has involved varied assignments including overseeing the development of NIOSH's Criteria Documents (NIOSH's formal recommendations for occupational safety and health standards), research on reproductive/developmental toxicity, and positions in senior management and policy development.

For more information on RADM Hardin, please see the "Meet the New Flag Officer" column in this issue of the *Commissioned Corps Bulletin*.

LCDR Rob Lyerla received his Ph.D. degree in statistics in 1994. He was commissioned in the Public Health Service in 1997 in his current position as an epidemiologist in the Centers for Disease Control and Prevention's (CDC) National Center for Infectious Diseases. Prior to his present job, he served 2 years as an Epidemiologic Intelligence Service officer with CDC's Division of Prevention Research and Analytical Methods.

In his brief career in the Corps, LCDR Lyerla served as a member of the team to investigate and assist in addressing the diphtheria epidemic in the former Soviet Union and as a member of the CDC team to assist with the Atlanta Olympics. LCDR Lyerla worked with the World Health Organization to analyze the impact of World Bank policies on public health. He serves as a representative on the American Correctional Association Health Care Task Force, focusing his efforts on preventing bloodborne pathogens among injecting drug users,

developing recommendations for management of bloodborne disease in health care workers, and management of bloodborne pathogens in hemodialysis settings. LCDR Lyerla is a member of a CDC intercenter workgroup focusing on management of bloodborne-infected health care workers and managing bloodborne pathogens in hemodialysis settings. He is conducting studies of risk for bloodborne pathogens due to tattooing, and cocaine and steroid use.

LCDR Lyerla is a member of COA, the Commissioned Corps Readiness Force, and is actively involved in a number of community organizations. He has received the PHS Citation, the PHS Unit Commendation, and the Communication Services Group Honor Award.

SciPAC congratulates two of the many outstanding PHS scientist officers.

Call for Nominations for the Scientist Professional Advisory Committee's Scientists of the Year Awards

Nominations are being sought for the Scientist Professional Advisory Committee's (SciPAC) Scientists of the Year Awards. These awards recognize scientist officers whose professional careers and work performance have resulted in significant contributions to the health of the Nation and to the mission of service of the Department's Operating Divisions and other major Programs where commissioned corps scientists serve.

The SciPAC will present two awards: one to recognize the achievement of a senior-level officer, and one to acknowledge the contributions of a junior-level officer. These awards will be presented at the annual meeting of the Commissioned Officers Association in 2000. Recipients of the awards will receive a "Career Scientist of the Year" or "Young Scientist of the Year" plaque, and a special letter of recognition from the SciPAC.

Nominees must be active-duty officers in the Scientist category—officers in other professional categories are not eligible for these awards. For the "Career Scien-

tist of the Year" award, scientist officers with 7 or more years of active-duty time in the Corps are eligible. Active-duty scientist officers with less than 7 years of active-duty time are eligible for the "Young Scientist of the Year" award.

Officers may self-nominate or nominate others. Nominations are due by **March 3, 2000**, to the SciPAC Awards Committee. If you are interested in receiving the nomination package, please contact:

CDR Richard P. Troiano
National Cancer Institute, DCCPS, ARP
EPN 313
6130 Executive Blvd., MSC 7344
Bethesda, MD 20892-7344
Phone: 301-435-6822 or 301-496-8500
E-mail: rt75i@nih.gov
(or) rick_troiano@nih.gov

Note: Because there is no means by which the SciPAC is able to directly notify supervisors of the availability of these awards, scientist officers are encouraged to provide a copy of this announcement to their supervisors.

Reminder

Assimilation Reminder

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel by the close of business on Friday, **February 4, 2000**, in order to be reviewed by the 2000 board. (See page 8 of the November issue of the *Commissioned Corps Bulletin* for more information.)

Important: Officers who applied for assimilation in the past but were 'not recommended' are reminded that a new application is required in order to be reconsidered.

If you have any questions regarding assimilation, please contact LTJG Julian Canizares in the Personnel Services Branch at 301-594-3460 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43460).

Commissioned Corps Readiness Force

Deployment Status Report

The Commissioned Corps Readiness Force (CCRF) continued to be busy throughout October and November with deployments to California and North Carolina. Wildfires burning out of control for more than a month threatened the Hoopa Valley Indian Reservation in Northern California. Clinic staff on the reservation had been working 16 to 18 hour days, 7 days a week, for the entire month because of the overwhelming increase in respiratory distress in the population related to smoke and particulate matter in the air.

The following officers were deployed to the reservation between October 25 and November 6 to supplement the K'ima:w Clinic staff: LCDR Lynn Slepski, LT Godwin Odia, CDR Aron Primack, LCDR Grant Hills, LCDR Cheryl Scott, CDR Tom Mills, CDR Russell Coley, CDR Jim Sorenson, CDR Vicki Chavez, and CDR Andrew Smith.

In North Carolina, following the devastation and flooding from Hurricane Floyd, many homes were left uninhabit-

able. The State of North Carolina requested CCRF Environmental Health Officers to supplement the State's efforts in inspecting the damaged homes and making recommendations to contractors and health officials on the habitability of the homes. The following officers were deployed in early November: LCDR Gary Gefroh, LCDR Jeff Morris, CDR Curt Smelley, and LCDR Bob Bialas.

Update on Position Opening—Director, CCRF

A search committee has been formed to identify the next Director of the CCRF. The formal announcement calling for applicants will appear in the CCRF article in the January issue of the *Commissioned Corps Bulletin*. Specific information on the appointment will be provided at that time. Applicants must be grade O-6 regular corps officers.

What's New

LCDR Dan Beck joined the CCRF staff as of November 8, replacing LCDR Billy Rowell as the CCRF Database Manager. Any problems accessing the database should be brought to his attention.

The CCRF operating plan (known as the OPS Plan) is in its final stages of review and should be available soon for access through the CCRF home page <<http://oep.osophs.dhhs.gov/ccrf>>. Following the signing of the OPS Plan, the CCRF staff will begin building Rotational Ready Rosters of officers from the database. To be included on a roster, officers' database information must be current.

Applications for the Field Medical Readiness Badge are currently under review and decisions will be made public in the very near future.

CCRF Web Site

All CCRF members should remember to visit the CCRF web site frequently to check for news and to update any changes to their personal information—<<http://oep.osophs.dhhs.gov/ccrf>>.

All members should also subscribe to the CCRF Listserv in order to receive the most timely CCRF news messages via e-mail. To do so, click on "Listserv" from the CCRF home page.

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Update on the Anchor and Caduceus Society

In 1990, as celebrations commemorating the commissioned corps centennial were drawing to a close, a group of Public Health Service (PHS) officers came together in the belief that it was important to continue focusing on preserving and publicizing the rich history and heritage of the Corps. Their efforts led to the establishment of the Anchor and Caduceus Society, an incorporated nonprofit organization in the State of Maryland with membership available to all officers of the PHS, active or retired, regular or reserve, and interested civil servants.

The Society's purpose is to promote activities which enhance the historical record of the Corps. It depends on the efforts of volunteer officers to organize events which serve as a forum for members and their guests to not only meet in a convivial setting, but also to learn more about the Corps' past and future activities.

Each year on January 4, the anniversary date of the commissioned corps, the Society has sponsored a luncheon, the highlight of which is the C. Everett Koop Honorary Lecture. Past speakers have included the following retired officers: VADM Koop, RADM S. Paul Ehrlich, RADM Faye G. Abdellah, RADM Edward D. Martin, RADM Bill Pearson, RADM Fitzhugh Mullan, and CAPT Rice Leach—each providing unique insights and reflections on their experiences in the commissioned corps. This coming January 4, the Society's speaker will be RADM James Erickson (Ret.), an officer whose last assignment was Director for Medical Services and Pastoral Care, National Oceanic and Atmospheric Administration, and whose PHS career included service with all the other Uniformed Services.

The Society also co-sponsors with the District of Columbia Branch of the Com-

missioned Officers Association an anniversary luncheon on July 16, the anniversary date of the PHS. During the past year, the bicentennial year of the PHS, this anniversary took on special, added significance. The Society's celebratory events ranged from a dinner/dance on a Potomac River cruise to a reassessment of the mission and purpose of the Society by a committee chaired by RADM Jerrold Michael (Ret.), the recommendations of which are now undergoing review for implementation.

For officers interested in more information about, or membership in, the Anchor and Caduceus Society, please contact:

CAPT Hamilton Brown
Executive Director
Anchor and Caduceus Society
Phone: 301-817-7043
E-mail: hbrown@oc.fda.gov

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Vacancy Announcements

The following vacancies are provided as representative of opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: Vacancy Announcements Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001 – or phone: 301-594-3458 or 301-594-3360 (toll-free at 1-877-INFO-DCP (1-877-463-6327) – listen to the prompts, select option #1, dial 43360) or Fax: 301-443-7069.

Category/OPDIV

Description of Position

NURSING

HEALTH RESOURCES AND SERVICES ADMINISTRATION—Various Sites

Occupational Health Services Consultant
Contact: CDR Christine Rubadue 206-615-2511
Grades: O-3/O-4/O-5/O-6

There are two job openings: one for the oversight of Regions 4 and 5; the other for the oversight of Regions 6 and 7. Incumbents are responsible for the management of occupational health clinical services including cost, utilization data analysis, inventory, opening/closing sites, and staffing. Must be willing to travel, have contract management experience, possess good team leadership, communication, and organizational skills. Experience in the management of clinical sites is preferred. Incumbents may choose to work in one of the following locations: Kansas City, Chicago, Atlanta, or Dallas.

THERAPY

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION—Washington, DC

Chief, Occupational Therapy
Contact: CAPT Jeannette Wick 202-373-7208
Grades: O-5/O-6

Assigned to the Commission on Mental Health Services (CMHS) (formerly St. Elizabeths Hospital). Incumbent is responsible for providing CMHS-wide leadership for the discipline of occupational therapy.

HEALTH SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION—Rockville, MD

Military Personnel Specialist
Contact: CAPT Joyanne Murphy 301-443-2741
Grades: O-3/O-4

Responsible for assisting in planning, conducting, and providing technical guidance, and evaluating a wide variety of projects and activities designed to improve Operating Division-wide commissioned corps operations and policies. Serves as technical advisor on the processing of commissioned corps personnel actions, special pays, recruitment, promotions, awards, Uniformed Services benefits, uniforms, etc. Assists in the day-to-day management of the office.

MULTIDISCIPLINARY

HEALTH RESOURCES AND SERVICES ADMINISTRATION—Silver Spring, MD

Director, Office of Health Services and Pastoral Care
Contact: CAPT Thomas Fahres 301-713-3440 ext. 186
Grade: O-6

Assigned to the National Oceanic and Atmospheric Administration. Requires familiarity with health administration, Public Health Service Commissioned Corps personnel procedures, occupational health, and maritime medicine.

Retirements - November

Title/Name

OPDIV/Program

MEDICAL

CAPTAIN

Harold Davis	FDA
Freddie A. Hoffman	FDA
Felix F. Delacruz	NIH

NURSE

CAPTAIN

Gertrude E. Lambert	IHS
Helen J. Wootton	IHS

COMMANDER

James M. Crownover	IHS
Peter P. Meccariello	NIH

LIEUTENANT COMMANDER

Patricia M. Curran	IHS
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SANITARIAN

LIEUTENANT COMMANDER

Joan Davis	ATSDR
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HEALTH SERVICES

CAPTAIN

Lila R. Davis	HRSA
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COMMANDER

Elizabeth G. Ammons	FDA
Michael O. Keneally	IHS
Norma L. Naranjo	IHS

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Betty T. Glassman Dies

It is with great sadness that the Division of Commissioned Personnel (DCP) reports the death of Mrs. Betty T. Glassman, the previous editor of the *Commissioned Corps Bulletin*. She died on October 16, 1999.

Mrs. Glassman retired from DCP on September 1, 1993, after about 20 years of civilian service with the commissioned corps of the Public Health Service. She worked in the Office of the Director, DCP. In August 1987, the *Commissioned Corps Bulletin* was reinstated and Mrs. Glassman served as its editor until her retirement.

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Commissioned Corps Personnel Manual INSTRUCTIONS

The following INSTRUCTIONS have been distributed recently. If you wish to see an issuance, please contact your administrative office or access the Commissioned Corps Personnel Manual (CCPM) at the Division of Commissioned Personnel's web site <<http://dcp.psc.gov>>.

Transmittal Sheet 641 dated July 9, 1999—

INSTRUCTION 9, Subchapter CC22.2, "Multiyear Retention Bonus (MRB)." This INSTRUCTION includes dental critical specialty rates effective October 1, 1998.

Transmittal Sheet 642 dated August 3, 1999—

INSTRUCTION 1, Regulation CC46.1, "Equal Opportunity." This regulation states policy and procedure for equal opportunity discrimination complaints processing for officers of, and applicants to, the Public Health Service (PHS) Commissioned Corps.

Transmittal Sheet 643 dated October 1, 1999—

INSTRUCTION 1, Regulation CC43.0, "Titles." This regulation establishes the category titles of PHS commissioned officers other than medical officers. It also sets forth the conditions under which officers may use specialty designations and military titles. The regulation authorizes the change of the name of the 'Sanitarian' professional category to the 'Environmental Health Officer' category.

Transmittal Sheet 644 dated October 7, 1999—

INSTRUCTION 9, Subchapter CC23.5, "Short Tours of Active Duty—Inactive Reserve Corps." This INSTRUCTION defines short tours of active duty for PHS commissioned officers who are in inactive reserve status. It also defines policies and procedures for the Inactive Reserve Corps (IRC) concerning appointment, utilization, and separation of IRC officers, and sets forth the responsibilities and officers' benefits, privileges, and obligations in support of PHS initiatives.

Transmittal Sheet 645 dated October 13, 1999—

INSTRUCTION 6, Subchapter CC26.1, "Equal Opportunity: Discrimination Complaints Processing." This INSTRUCTION states policy and procedures relating to equal opportunity discrimination complaints processing for officers of, and applicants to, the commissioned corps of the PHS.

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Q. What are officers' responsibility when wearing the Public Health Service (PHS) uniform?

A. Commissioned officers must wear the uniform with pride and distinction at all times. In addition, officers must ensure the uniform is clean, appropriate in size, and worn with the correct uniform components. Commissioned officers have a duty to maintain and project a professional image when wearing the PHS uniform. The manner in which officers execute these tasks will determine the manner in which the community views the commissioned corps.

Q. What are commissioned officers' responsibilities with respect to ensuring that the PHS uniform is worn correctly?

A. Commissioned officers have a duty to not only wear the uniform correctly, but to provide guidance in a discreet manner to other officers when uniform deficiencies are identified.

Q. What types of shoes are authorized for wear by female officers with the

Service Dress Blue (SDB), Service Dress Blue Sweater (SDBS), and Summer Blue (SB) uniforms?

A. Shoes worn with the SDB, SDBS, and SB uniforms must be black dress pumps made of plain black leather, calf or synthetic leather, of plain design, with closed heels and toes. Heels shall be no higher than 2 5/8 inches nor less than 5/8 inch measured from the forward edge, and no wider than 1 3/4 inches at the base. Soles shall be no thicker than 1/4 inch. Black service oxford-style shoes are authorized as a prescribable item with the SDB and SDBS. Shoes with wedge heels, metal ornaments, decorative stitching, etc., are not authorized for wear with PHS uniforms.

Q. Is the PHS uniform authorized for wear by retired commissioned officers?

A. Within the U.S., retired officers may wear the prescribed uniform of the rank held as a retiree on occasions of ceremony and at gatherings of organizations consisting primarily of current Uniformed Services members and former members. The uniform worn by retired officers shall conform either to current regulations or to regulations in effect at the time of their retirement. If a retired officer is called to active duty, the current regulations shall apply.

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Professional License / Registration / Certification

If policy requires that you maintain a current, valid, unrestricted license / registration / certification as a Public Health Service (PHS) Commissioned Corps health-care provider, you are requested to do the following when your license / registration / certification renewal arrives:

- (1) Make a photocopy of your license / registration / certification renewal (usually a wallet-sized card which shows a future expiration date) upon receipt from the issuing authority;
- (2) Write your PHS Commissioned Corps serial number in the lower right-hand corner of the photocopy (do not submit the original); and

- (3) Fax the copy to 888-219-7751, ATTN: Licensure Technician/ODB (or)

Mail the copy to:
Division of Commissioned Personnel
ATTN: Licensure Technician/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001

- (4) To verify receipt and data entry, call *CorpsLine* at 301-443-6843. (Please allow a minimum of 7 to 10 days for processing.)

For additional information, contact the Licensure Technician at 301-594-3360 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43360).

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Officers' Leave Records with Regard to Separation and Retirement

Form PHS-31, "Officer's Leave Record," is designed for use by leave maintenance clerks for recording annual leave earned and taken by officers in the Public Health Service (PHS) Commissioned Corps. When an officer requests separation or retirement, the Division of Commissioned Personnel (DCP) reviews the officer's form PHS-31. The following are common problems found by DCP on officers' leave records:

- The calendar year is not posted at the beginning of each leave year (i.e., 1997, 1998, etc.).
- Sick leave and administrative leave must *not* be posted on form PHS-31.
- Half days must not be deducted; leave must be charged in whole days only.
- Leave is sometimes credited twice for the same month.
- Officers and supervisors forget that officers earn leave while being on leave.
- Leave used is not always deducted from the balance even though the leave is shown as used.
- More than 60 days of leave is carried over from one leave year to the next.
- If an officer breaks an active-duty obligation (pursuant to long-term training or a special pay contract), the officer forfeits payment for, use of, and transfer of any unused annual leave.
- The leave record from the previous duty station is not always obtained at the earliest possible date. This sometimes results in loss of an

officer's leave record and makes it very difficult to properly reconstruct the leave record. Obtaining or reconstructing these records is incumbent upon the leave maintenance clerk and the leave-granting authority.

- Form PHS-31 has improper certification. The officer's leave record must be certified by the leave maintenance clerk and the leave-granting authority.
- The officer's leave record must be submitted immediately to DCP along with the officer's form PHS-1373, "Request for Separation." If any changes are necessary due to emergency situations after submission of form PHS-31, retiring officers must notify the Retirement Coordinator in the Compensation Branch, DCP, phone 301-594-3472 (or toll-free 1-877-INFO DCP, listen to the prompts, select option #1, dial 43472) and separating officers must notify the Transactions and Applications Section, Personnel Services Branch, DCP, phone 301-594-3544 (or toll-free 1-877-INFO DCP, listen to the prompts, select option #1, dial 43544).
- The leave-granting authority or the leave maintenance clerk must send the officer's form PHS-31 directly to DCP; *not* to the officer.
- A copy of form PHS-31 should be retained by both the submitting leave maintenance clerk and the separating or retiring officer.

- Legibility is vital to assure proper interpretation of the leave record.
- Form PHS-31 is frequently not certified to the last date of active duty, including terminal leave.

Example:

Terminal leave 12-1-99 through 12-5-99.

Last day at duty station is 11-30-99.

Project annual leave earned and used through 12-5-99.

DCP will add travel time and additional leave earned.

- Officers, even in remote locations, may not serve as their own leave maintenance clerk.

Some of the above items may result in the officer's indebtedness at time of separation, i.e., terminal leave approved for more days than officer has to his/her credit.

It will save time and effort on both the officer's part and DCP's part by noting these problem areas and making a final review of form PHS-31 before submitting it to DCP. Complete information regarding officers' annual leave may be found in INSTRUCTIONS 1, 2, and 3, Subchapter CC29.1 of the Commissioned Corps Personnel Manual (CCPM) and in CCPM Pamphlet No. 68, "Information on Absence and Leave." The CCPM and the pamphlet are available on DCP's web site <<http://dcp.psc.gov>>.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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