



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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February 2001

Surgeon General's Column

We must work to ensure that every child has an optimal chance for a healthy start in life.

—The Surgeon General's priorities

Today, more than ever, children need strong, supportive environments in which to live and grow. More than ever before, we must focus our collective energies on ensuring that every child has an optimal opportunity for a healthy start in life.

The Nation is facing a major public health challenge with the mental health of children and adolescents. One in 10 children and adolescents suffers from mental illness severe enough to cause some level of impairment. Yet, in any given year, we estimate that only about one in five of these children receives mental health services. The reasons are complex, but include lack of awareness of mental health issues by parents, educators, healthcare workers, clergy, and others who work with children; differences in coverage under public and private insurance models; and a lack of access to services. That translates into too many children not getting the proper diagnosis and treatment they need to function at their full potential, too many children being diagnosed too late, too many children entering the criminal justice system because they are not properly diagnosed and treated, and too many families suffering the repercussions.

The magnitude of these challenges appears daunting, but there is hope. Thanks to an unprecedented focus on children's mental health in the last year, we are in the midst of a major opportunity to protect and advance the health of America's children. There has been interest from the White House and both the House of

Representatives and the Senate. In addition, the interagency collaboration between the Department of Health and Human Services, the Department of Justice, and the Department of Education has been exemplary.

Last month, we released the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*, which addresses the concerns of the growing numbers of children and families who suffer needlessly because their behavioral, emotional, and developmental needs are not being met by the institutions and systems that were created to take care of them. It is a supplement to *Mental Health: A Report of the Surgeon General*, which was released in December 1999.

When we published *Mental Health: A Report of the Surgeon General*, we knew that we had not exhausted the topic and that there were many areas where it would be necessary to issue a supplemental report to give better coverage to an area. The 53-page report on children's mental health has done just that. It highlights the fact that mental health is dispersed across multiple systems that often do not talk to each other—schools, primary care, the juvenile justice system, child welfare, and substance abuse treatment—leaving many children too much room to fall through the cracks. The report advocates a unified approach to prevention, diagnosis, and treatment.

The overarching vision of the report is communicated in eight goals which are listed at the bottom of this article. These goals reflect the culmination of a number of significant activities over the past year, beginning with a White House meeting that launched a new public-private effort to improve the appropriate

diagnosis of children with emotional and behavioral conditions. A great deal of concern exists over the amount of over-prescribing of medications to children, but studies have shown that many more children who need help never get proper diagnosis or the treatment they deserve. I hosted a Surgeon General's Listening Session on Children's Mental Health in June 2000, which was followed by the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda, in September 2000. These two events brought together a broad cross-section of mental health stakeholders, including youth and family members, professional organizations and associations, advocacy groups, faith-based practitioners, clinicians, educators, healthcare providers, and members of the scientific community and the healthcare industry.

We can no longer allow the mental health needs of our Nation's children to go unmet, any more than we would allow the victims of a national disaster to languish untreated. And we must put the full force of our efforts behind eliminating the stigma attached to mental illness.

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Surgeon General's Column

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Children with mental health problems deserve to be treated with the same urgency as children with physical problems—mental health problems are physical health problems. We need a system in place that helps us recognize *and* respond to problems early.

For those of us who are used to operating on the front lines of health services, we can lead the way by making sure we are aware of the signs and symptoms of mental illness and by acting on what we know. In that way, we can make the future of children who suffer from mental illness much brighter than their past.

Goals of the National Action Agenda on Children's Mental Health

1. Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.
2. Continue to develop, disseminate, and implement scientifically-proven prevention and treatment services in the field of children's mental health.
3. Improve the assessment and recognition of mental health needs in children.
4. Eliminate racial/ethnic and socio-economic disparities in access to mental healthcare.
5. Improve the infrastructure for children's mental health services including support for scientifically-proven interventions across professions.
6. Increase access to and coordination of quality mental healthcare services.
7. Train front-line providers to recognize and manage mental health issues, and educate mental health providers in scientifically-proven prevention and treatment services.
8. Monitor the access to and coordination of quality mental healthcare services.

VADM David Satcher
Surgeon General

NEW! DCP Vacancy Announcement Database

IMPORTANT! Vacancy announcements will no longer be included in the *Commissioned Corps Bulletin*. Those monthly listings have been replaced with a vacancy database that contains hundreds of vacancies and is maintained by the Division of Commissioned Personnel (DCP) on a daily basis. This database centralizes vacancies for which Public Health Service Commissioned Corps officers can apply. This new system eliminates the need for active-duty officers and applicants to search multiple listings of Agencies, Operating Divisions, and Programs when seeking a position.

Every evening, vacancies are automatically extracted from the Office of Personnel Management's (OPM) vacancy list and entered into DCP's database. Vacancies not listed with OPM can be manually entered into DCP's database. Therefore, Agencies, Operating Divisions, and Programs that would like to have a vacancy included in DCP's database should contact LCDR Kellie Clelland in DCP (contact information is listed below).

If an applicant or active-duty officer is looking for a position, please direct him or her to DCP's vacancy database. Please note that vacancies listed that begin with the announcement number of DCP* are vacancies that DCP received that did not have an announcement number. To get to the system, do the following:

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

If you have any other questions or comments, or would like to have a vacancy manually entered, please contact:

LCDR Kellie Clelland
Recruitment and Assignment Branch
Division of Commissioned Personnel
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Phone: 301-594-3484 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43484)
E-mail: kclelland@psc.gov

IMPORTANT!

Assimilation Applications are Due March 16, 2001!

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel (DCP) by the close of business on **Friday, March 16, 2001**, in order to be reviewed by the 2001 board.

Form PHS-7034, "Application for Assimilation into the Regular Corps," and a chart titled "Comparison of Reserve Corps Versus Regular Corps" are available on the DCP web site—<http://dcp.psc.gov>—under 'Regular Corps Assimilation Program'. These items can also be requested by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6534**.

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 LT Teresa Watkins in the Officer Support Branch, DCP, at 301-594-5117 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 45117).

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

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

Follow the voice prompts
to direct your call correctly.

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

TRICARE Enhancements

The Fiscal Year 2001 National Defense Authorization Act (NDAA) enhanced the TRICARE medical benefits for many eligible beneficiaries. In this issue of the *Commissioned Corps Bulletin*, the enhancements based on the active-duty member and family members stationed in remote areas are addressed. A future issue of the *Commissioned Corps Bulletin* will address the medical benefits enhancement for retired officers of the Public Health Service (PHS) and the National Oceanic and Atmospheric Administration (NOAA).

TRICARE Prime Remote for Active-Duty and Active-Duty Family Members

Officers in the PHS Commissioned Corps and the Commissioned Corps of NOAA were not included in the original TRICARE Prime Remote (TPR) legislation, and at present, active-duty members and family members residing in the TRICARE regions listed at the end of this article are not eligible for TPR. However, the Fiscal Year 2001 NDAA includes the PHS and NOAA. Therefore, starting on October 1, 2001, all beneficiaries of the Uniformed Services will be eligible for TPR and TPR-Family Members (TPR-FM).

Waived Charges

The first enhancement for active-duty family members is the establishment of the "Waived Charges" benefit. This benefit is available for family members residing with their TPR-eligible active-duty sponsor in TPR areas. The provision became effective on October 30, 2000 for at least 1 year or until the new program, TPR-FM, is implemented. The "Waived Charges" implementation is now being coordinated and will be retroactive—meaning you can be reimbursed for TRICARE-covered benefits received from October 30, 2000 until October 30, 2001, or when TPR-FM is finally in place. In the interim, members should keep copies of all their healthcare receipts and TRICARE Standard explanations of benefits for care received in a TPR area between October 30, 2000 and October 31, 2001. Members should not cancel existing supplemental insurance policies until TPR is working for them.

TRICARE Prime Remote and TRICARE Prime Remote for Family Members

The policy at the current time is written with the requirement that only Ac-

tive-Duty Family Members (ADFMs) in remote areas *residing with* the active-duty sponsor will be offered a new TPR option. It is also a requirement that active-duty members enroll in TPR to qualify their family members for participation in TPR. It is important for all PHS and NOAA officers to have up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS). This will facilitate the transition into the new TPR program on October 1, 2001. It is anticipated that this new TPR program will be extremely advantageous to members and their families.

Eligible beneficiaries may update their addresses in DEERS by:

- calling the Defense Manpower Data Center Support Office (DSO) telephone center at 1-800-538-9552. The hours of operation for the DSO are Monday through Friday (excluding Federal holidays) 6 a.m. to 3:30 p.m. (Pacific time). The best time to call the telephone center is Wednesday through Friday, between 9 a.m. and 3 p.m. (Pacific time) to avoid delays;
- faxing address changes to 1-831-655-8317;
- mailing the change information to the DSO, ATTN: COA, 400 Gigling Road, Seaside, CA 93955-6771;
- visiting a Military Treatment Facility;
- e-mailing information to—arinfo@osd.pentagon.mil—and include the following information: sponsor's name and social security number; names of other family members affected by the address change; effective date of address information; and telephone number (include area code). *Note:* Internet users should use all lowercase letters because some e-mail systems are case sensitive.

To change information other than address data, beneficiaries may visit an ID card facility or contact the DSO (phone number above) to learn what documentation is required and where to mail or fax the information.

The TRICARE web site—<http://www.tricare.osd.mil>—contains a Service Center listing under the TRICARE Beneficiary Information Section. You may also call your Regional Contractor to check enrollment. The Regional Contractor numbers are as follows:

Region 1	1-888-999-5195
<i>(PHS and NOAA beneficiaries are TPR-eligible)</i>	
Region 2	1-800-931-9501
<i>(PHS and NOAA beneficiaries are TPR-eligible)</i>	
Regions 3 and 4	1-800-444-5445
Region 5	1-800-941-4501
<i>(PHS and NOAA beneficiaries are TPR-eligible)</i>	
Region 6	1-800-406-2832
Regions 7 and 8	1-888-874-9378
Regions 9, 10, 12	1-800-242-6788
Region 11	1-800-404-0110
<i>(PHS and NOAA beneficiaries are TPR-eligible)</i>	
Europe	1-888-777-8343
Latin America	011-507-284-6977
Puerto Rico	1-877-616-5963
Pacific	1-808-433-6847

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PHS-Pharmacist Listserv

The Pharmacy Professional Advisory Committee (PharmPAC) has begun a new listserv intended to be the primary mechanism to distribute timely information to both commissioned corps and civil service pharmacists.

If you have not been receiving PharmPAC listserv messages already, it is probably because you are not subscribed. PharmPAC would like to remedy that situation. If you would like to subscribe for the first time, or if you would like to add any additional e-mail addresses to the PHS-Pharmacist listserv, please complete the web-based form at—<http://list.nih.gov/cgi-bin/wa?SUBED1=phs-pharmacists&A=1>

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2001 Public Health Conference

Public health professionals from all professional disciplines and all career levels are invited to participate in an important health conference sponsored by the Commissioned Officers Association (COA) of the U.S. Public Health Service. Join your colleagues in May 2001 at the Marriott Wardman Park Hotel in Washington, D.C., to take part in another dynamic COA meeting that will address public health and personnel issues that you can't find at other professional conferences.

The agenda will be planned based on the theme, *Public Health in the 21 Century: Expanding Our Mission*. Sessions are scheduled from Monday, May 28 through Thursday, May 31. Monday's program will include personnel-type sessions and workshops coordinated with the assistance of the Division of Commissioned Personnel. Sessions scheduled Tuesday through Thursday have been coordinated by the Scientific Program Planning Committee and Category Coordinators. Sessions on Wednesday, May 30, are planned as part of the Discipline Specific Day.

The meeting will address topics of current concern to all public health professionals and will be presented in General, Mini-General, and Paper Sessions as well as discipline-specific tracks. The Indian Health Service Clinical Support Center is the accredited sponsor of this meeting.

CALL FOR PAPERS - Online submission of abstracts is now available!

All public health professionals are invited to submit a paper for presentation at this conference. Papers can be submitted on a variety of topics, such as one of the following:

- Clinical Experience
- Environmental Health/Public Health Practice
- Health Program Management
- Scientific Research

Papers should be submitted as soon as possible, but no later than **February 23, 2001**.

For additional information on this conference and online submission of papers, visit COA's web site—<http://www.coausphs.org>—and click on the "professional conference" button. If you have any difficulty or questions about this new process, or are unable to submit your abstracts electronically, please contact Ms. Laurie Johnson, COA's Conference Coordinator, at phone number 252-726-9202 or e-mail at lauriej@ec.rr.com

Call for Nominations for Nursing PAC

The Professional Advisory Committee for Nursing (PAC-N) is seeking new members. The PAC-N is composed of both Public Health Service Commissioned Corps nurse officers and civil service nurses working in the Operating Divisions (OPDIVs) of the Department of Health and Human Services (HHS). Corps nurses who are employed by non-HHS programs that employ at least 10

Corps nurses are also eligible. The PAC-N serves as an active link between the Office of the Surgeon General and the nurses working in the various HHS and non-HHS programs. PAC-N is seeking dedicated, hardworking individuals for membership. To be eligible for membership you must currently be a full-time nurse employee in one of the following OPDIVs/Programs:

Operating Division/Program	3-year member - expires 2003	2-year member - expires 2002	3-year alternate - expires 2003	2-year alternate - expires 2002
Agency for Healthcare Research and Quality (AHRQ)				Yes
Centers for Disease Control and Prevention (CDC)	Yes			
	Yes	Yes		
Health Resources and Services Administration (HRSA)	Yes			Yes
Indian Health Service (IHS)	Yes	Yes	Yes	Yes
Substance Abuse and Mental Health Services Administration (SAMHSA)			Yes	
Office of Secretary (OS)	Yes			
Bureau of Prisons (BoP)		Yes	Yes	
Health Care Financing Administration (HCFA)	Yes	Yes	Yes	
U.S. Coast Guard (CG)	Yes			
U.S. Marshals Service (USMS)	Yes			

The self-nomination form is available on the PAC-N web site – <http://www.hhs.gov/progorg/nursing/> Interested individuals should submit a completed nomination form and a current curriculum vitae by **February 15, 2001**, to the address below. Submissions sent by facsimile machine or e-mail will also be accepted.

CDR Lynn Slepski
 Executive Secretary, PAC-N
 Office of Emergency Preparedness
 12300 Twinbrook Parkway, Suite 360
 Rockville, MD 20852
 Phone: 301-443-3090
 Fax: 301-443-5146
 E-mail: lslepski@osophs.dhhs.gov

Calling All Nurses—Sign up for the PHS Nursing Listserv!

Sign up for the Public Health Service Nursing Listserv and keep current on what is going on with nurses in the Department of Health and Human Services, for example, current job opportunities for nurses, nursing education and training opportunities,

nursing news, Professional Advisory Committee for Nursing meeting agenda and minutes, current events, etc.

Sign up now by following the directions at – <http://list.nih.gov/archives/phsnursing-l.html>

Opportunity for PHS Nurses — Family Nurse Practitioner Program

The Graduate School of Nursing (GSN) Family Nurse Practitioner Program at the Uniformed Services University of the Health Sciences (USUHS) offers a fantastic career enhancing possibility to Public Health Service (PHS) nurse officers who have aspirations of becoming Family Nurse Practitioners (FNPs).

USUHS, a military university accredited through both the National League for Nursing and the Council on Collegiate Nursing Education, is located on the grounds of the National Naval Medical Center in Bethesda, Maryland. RADM Faye Abdellah, USPHS (Ret.), is the Dean of the GSN and is a former PHS Deputy Surgeon General and Chief Nurse.

There are presently 32 active-duty students enrolled in the FNP Program, representing the Army, Air Force, Navy, and PHS. All students undergo a formal application and interview process prior to their acceptance into this full-time, 2-year, graduate program. While in the program, students receive their full salary and benefits. When the program is completed, all students are reassigned to their respective Uniformed Services-sponsoring agencies for a repayment period of 4 years of active duty (2 years of active service for each year of training received). All applicants must have a minimum of a baccalaureate degree in nursing and must have practiced in the nursing field for at least 3 years prior to admission.

Once in the program, students are required to complete 58 credit hours of didactic learning in addition to the 945 hours of clinical practice. While enrolled, students may choose to complete a thesis, scholarly project, or publish a journal article to complete the research requirements for the program. GSN classes are small, usually no more than 30 students per class. A "B" grade point average is required of all students prior to the completion of this course of study. Clinical sites vary, but typically they are at military installations in the local area, continental U.S., overseas, or at a PHS service site. Upon graduation, students are eligible to sit for the American Nurses Association Credentialing Board FNP examination.

PHS commissioned officers that apply to this program must have a sponsoring institution prior to the application pro-

cess. Operating Divisions/Programs may vary on their qualification requirement or program stipulation. Prior to the application process it is necessary to discuss this opportunity and your plans with your supervisor or administrative personnel.

The program typically reserves a small number of spaces for PHS applicants. Last year, USUHS graduated two PHS officers, presently has one PHS officer in the 2002 class, and three in the soon to be graduating class of 2001. For more information, contact Ms. Bernadette Hoover, Registrar, at 301-295-9893 or visit the USUHS web site at—<http://www.usuhs.mil>

Commissioned Corps Readiness Force

Please remember that Commissioned Corps Readiness Force (CCRF) members are responsible for keeping their personal data current. This is particularly important for cardiopulmonary resuscitation/basic life support (CPR/BLS) training and other certifications. Each CCRF member must make certain that the database accurately reflects a current status for CPR training. Currency in CPR is a mandatory requirement for assignment to a ready roster.

All CCRF members should visit the CCRF web site frequently to check for news and to update any changes to personal information—<http://oep.osophs.dhhs.gov/ccrf> CCRF members are required to login to the web site at least once per quarter in order to be assigned to or remain on a ready roster.

Any commissioned officer interested in applying for membership in CCRF may do so online at the CCRF web site. Simply click on 'Apply' and follow the online instructions.

All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' from the CCRF Home Page. Additionally, all messages sent through the CCRF Listserv are archived and can be reviewed from the CCRF Home Page.

The CCRF Command Staff may be reached by e-mail at—ccrf@osophs.dhhs.gov

Call for Nominations for the Environmental Health Officer PAC 2001 Awards

The Environmental Health Officer Professional Advisory Committee (EHOPAC) is accepting nominations for three awards to honor outstanding environmental health professionals in the Public Health Service (PHS). Nominees may be commissioned officers or civil service employees at the specific ranks or grades noted below.

The *John C. Eason Rising Star Award* recognizes the accomplishments of a talented newcomer (temporary O-3/GS-11 and below) to the field of environmental health and acknowledges the promise the recipient holds for the future of PHS.

The *Edward (Ted) Moran Award* recognizes an environmental health officer at the temporary O-4/GS-12 or temporary O-5/GS-13 level who consistently achieves high standards in the practice of environmental health, occupational health and safety, industrial hygiene or radiological health. The award recognizes outstanding contributions made by the award recipient during the previous year.

The *John G. Todd Award* recognizes an environmental health officer at the temporary O-6/GS-14 level or above for significant career contributions in achieving the PHS mission of improving the Nation's health through the practice of environmental health.

Nomination packages may be obtained from the EHOPAC web site at—<http://www.ehopac.ihs.gov>—or by contacting CAPT Mike Herring, Chairman of the EHOPAC Awards and Recognition Subcommittee, at phone number 252-335-6356. Nominations are due no later than **April 30, 2001**.

The awards will be presented during the National Environmental Health Association's Annual Educational Conference to be held in Atlanta, Georgia, June 30 - July 3, 2001.

Meet the New Chief Professional Officer



RADM Mary Pat Couig

On December 1, 2000, Assistant Surgeon General (ASG) Mary Pat Couig was appointed as the Chief Professional Officer for the Nursing category. Upon her appointment, she was promoted to the rank of ASG. RADM Couig is assigned to the Food and Drug Administration (FDA) where she is Associate Director, MedWatch, located within the Office of Training and Communications, Center for Drug Evaluation and Research.

MedWatch is FDA's Medical Reporting and Safety Information Program. RADM Couig develops and implements educational and promotional programs to inform health professionals about the importance of identifying and reporting serious adverse events and product problems with FDA-regulated products. Most recently she maintained the MedWatch Partner Network of 150 organizations, managed FDA's MedWatch Coordinating Council, coordinated postmarketing safety issues among the MedWatch Program, the Centers, and the Office of the Commissioner, and served as MedWatch Webmaster.

For the past 19 years, RADM Couig has been actively engaged in nursing at the local, State, national, and international levels. She began her Public Health Service (PHS) Commissioned Corps career as a clinical nurse in the Indian Health Service stationed in Fort Defiance, Arizona. From there she transferred to the Phoenix Indian Medical Center where she worked in the Emergency/Outpatient Department and then

as the Acting Nursing Service Director for Quality Assurance and Infection Control. After a break in service to obtain a graduate degree, she served as the Associate Director for Nursing Affairs, Office of Health Affairs, FDA.

In FDA's Office of Health Affairs, she developed, implemented, and managed FDA's nursing liaison program—the first agency program to coordinate all nursing-related activities. She also created and managed nursing-related programs to support major initiatives such as MedWatch, tobacco, over-the-counter drug labeling, and Take Time To Care which is FDA's program to teach women to use medicines wisely. While in the Office of Health Affairs, from 1992 to 1996, she served concurrently as the Special Assistant to the Chief Nurse Officer, ASG Julia Plotnick.

RADM Couig's special assignments have included consulting with the Minister of Health, Rwanda, to conduct a health manpower assessment following that country's genocide, assisting the Chief Nurse Scientist at the World Health Organization in a review of the World Health Organization's infection control policies, and developing policy papers for the Assistant Vice President for Accreditation Policy at the National Committee for Quality Assurance.

RADM Couig received her Bachelor of Science in Nursing degree from Fitchburg State College in Fitchburg, Massachusetts, and her Master of Public Health degree from the Johns Hopkins School of Hygiene and Public Health. She is a Fellow of the American Academy of Nursing, a member of Sigma Theta Tau (the Nursing Honor Society), and the American Nurses Association. She is also a past president of the Commissioned Officers Association. Her awards include PHS honor and service awards, the "PHS Nurse of the Year" award, and the Secretary's Award for Distinguished Service.

Uniformed Services Academy of Family Physicians Annual Conference

An invitation is extended to all Public Health Service (PHS) physicians, physician assistants, nurse practitioners, and registered nurses to attend the 26th Annual Scientific Assembly of the Uniformed Services Academy of Family Physicians (USAFP) in San Diego, California, from April 1-6, 2001.

This conference is an excellent opportunity to obtain continuing medical education credits (up to 66.25 AAFP/AMA prescribed hours are available), network with PHS Commissioned Corps and other Uniformed Services professionals, and hear RADM Douglas Kamerow from the Agency for Healthcare Research and Quality speak on evidence-based medicine. Time is set aside on Monday, April 2, for a breakout session for PHS attendees to meet and discuss issues/topics of specific relevance to PHS.

For further information or to obtain the conference brochure, please call USAFP Headquarters at phone number 804-968-4436 or e-mail—kduncan@vafp.org. Alternatively, online information/registration can be found at the USAFP home page—<http://www.usafp.org/core.htm>

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Commissioned Officer Training Academy

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

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Healthy Lifestyles – Achieving the Vision of a Healthier Commissioned Corps

We are now in the second phase of the Commissioned Corps Healthy Lifestyles Program where the principles in the Healthy People 2010 document will be put into action promoting healthy behaviors within our own community of commissioned officers. The goal of the Commissioned Corps Healthy Lifestyles Program is for each officer to understand the concepts of a healthy lifestyle and to implement a complete wellness-based lifestyle for themselves. The benefits of a healthy lifestyle not only include good health, but high energy and stamina. All officers face the challenge of achieving high performance and increased productivity at work, in addition to meeting family and personal needs. The “wellness” that results from embracing healthy behaviors can only serve to reduce stress and enhance our ability to better meet our own personal and professional challenges. Some elements being put into place for achieving these goals are:

Local Wellness Committees

Since RADM Satcher's article in the June issue of the *Commissioned Corps Bulletin*, many officers nationwide have enthusiastically volunteered to start, or become actively involved in, existing local wellness committees at their work sites. These local programs raise awareness of the importance of healthy lifestyle issues, disseminate general wellness information, serve as a resource to help solve specific local issues, and can support policies changing workplace cultures and employee attitudes. The plan is to increase the number of local wellness committees to cover all work sites and continue promoting and utilizing the wealth of available wellness resources. If your location does not have a wellness program and you are interested in starting one, or if you are interested in helping a program that is already started, contact CAPT Mike Flyzik the Healthy Lifestyles Coordinator for more information at phone number 301-443-4000 or e-mail—Mflyzik@osophs.dhhs.gov

Establishment of a Healthy Lifestyles Web Site

A web site is being implemented that will eventually contain many outstanding resources available to all officers in support of the wellness committees and individual officer programs. The Centers for Disease Control and Prevention, National Center for Chronic Disease Preven-

tion and Health Promotion, Division of Nutrition and Physical Activity has graciously offered to serve as host for a Commissioned Corps Healthy Lifestyles web site. To access this site, click on the Commissioned Corps Healthy Lifestyles link at—<http://www.cdc.gov/nccdphp/dnpa/>. Initial postings will include the follow-up fitness/nutrition survey of all Corps officers, which can be electronically filled out and submitted. To complete the survey, the user ID is “PHS” and the password is “healthy”. Also posted is a document produced by the Army Physical Fitness Research Institute (APFRI) on executive health and fitness which emphasizes personal activities and strategies for those in leadership positions in today's environment.

Commissioned Corps Bulletin Articles

Useful information about healthy lifestyles will be included in the monthly *Commissioned Corps Bulletin*. Officers will be informed of additional postings on the web site and upcoming events as well as provided with brief health tips.

APFRI Interactive CD

We plan to make available to all officers an exciting new tool to perform personal assessments and track their progress in adopting healthier behaviors. This interactive CD program produced by APFRI provides comprehensive wellness education and training including activity and dietary logs.

As health professionals, Corps officers should be leading the way by going beyond providing education on healthy behaviors to integrating healthy behaviors into everyday lives, which can have far reaching public health effects. There are roles for each of us at every level. You may recognize the need to be more aware of personal decisions affecting your own health. You may wish to assume a leadership role in promoting healthier behaviors among colleagues. Or you may be in a position to use your influence advocating for policies and programs that can improve the health of everyone at your work site or in your community. Providing health promotion information alone is less effective without an environment that is supportive of permanent behavior changes. The Commissioned Corps Healthy Lifestyle Program will assist officers in providing this leadership.

HEALTHY LIFESTYLES Get Active—Your Own Way, Every Day, for Life

The focus of the Commissioned Corps Healthy Lifestyle Program is regular physical activity throughout life, not on meeting performance standards. Being active means different things to different people. Your local wellness committee can show you how to develop an activity program that's right for you. For more information check out the Commissioned Corps Healthy Lifestyle link at—<http://www.cdc.gov/nccdphp/dnpa/>. If you don't know who to contact locally, find out from the Commissioned Corps Healthy Lifestyle Coordinator, CAPT Mike Flyzik at phone number 301-443-4000 or email at Mflyzik@osophs.dhhs.gov.



Commissioned Corps Ensemble's First Formal Performance

The Commissioned Corps Ensemble had its first formal function performance on November 18, 2000, when members of the Ensemble played and sang the Public Health Service (PHS) March at the 2000 PHS Dining Out which was sponsored by the D.C. Branch-Commissioned Officers Association. The event was held at the Uniformed Services University of the Health Sciences on the campus of the National Naval Medical Center in Bethesda, Maryland.

The Ensemble performed a rousing instrumental and vocal rendition of the PHS March. The choral group led the enthusiastic audience in the singing of the March. The performance was well received by the dinner guests, who offered many laudatory comments.

Members of the Ensemble include: CAPT John J. Bartko (Ret.), organizer and executive officer; CDR Charles Hoppes, coordinator of the brass group, French horn; LCDR Elise Young, coordinator of the choral group, trumpet; LT Krista Scardina, trumpet; CDR Earl Moore, trombone; CAPT Paul Hepp, euphonium; CDR Sharon Ludwig; LCDR Mary Lou McMaster; CDR Alice Knoben; CAPT James Knoben; LT Moira McGuire; and CDR Rebecca Sheets.

Please contact CAPT Bartko at—JJBARTKO@erols.com—for inquires regarding the Ensemble.



Call for Nominations for Therapist PAC 2001 Awards

The Therapist Professional Advisory Committee (TPAC) is accepting award nominations for four Therapy category awards that will be presented at the Commissioned Officers Association's annual meeting to be held May 28-31 in Washington, D.C. The awards will honor therapists who are Public Health Service (PHS) Commissioned Corps officers or civil service employees working in the Operating Divisions of the Department of Health and Human Services (HHS) as well as Corps therapists who are employed by non-HHS programs.

William Fromherz Award

This award is presented to a career officer in the Therapy category who is recognized by his or her peers for outstanding contributions in either clinical care, program development, administration, or a combination thereof. The officer is recognized for the positive impact his or her contributions have made on the healthcare profession, the officer's program, and/or the commissioned corps during his or her Corps career.

Therapist Clinician of the Year Award

This award is presented to a therapist (commissioned corps or civil service) who is recognized by his or her peers for outstanding contributions in the area of clinical healthcare such as developing an innovative approach to therapy or initiating significant clinical care activities that have improved outcomes, as well as involvement in health-related professional or community organizations or activities.

Therapist Junior Officer of the Year Award

This award is presented to a junior officer who is recognized by his or her peers for overall performance in the delivery of quality healthcare and outstanding contributions in the area of clinical healthcare/healthcare management.

Josef Hoog Award

This award is presented to a therapist (commissioned corps or civil service) for his or her efforts to foster research and publication.

The awards nominations must be submitted by **March 31, 2001**. All nomination packages, *except* the Josef Hoog Award, should include a brief narrative (1-2 pages) explaining how the therapist meets the award criteria, name of the nominee, PHS rank (for the William Fromherz and Junior Officer of the Year awards), professional discipline, Operating Division/Program, period covered, and appropriate signatures/endorsements. *Please note:* Nomination packages for the William Fromherz Award from the previous year must be updated and have a new signature/endorsement page.

All nominations should be addressed to:

CAPT Georgia A. Johnson
Chair, TPAC Awards Committee
Health Care Financing Administration
7500 Security Blvd., S2-12-25
Baltimore, MD 21244

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Naval War College Available to PHS Commissioned Corps Officers

Public Health Service (PHS) Commissioned Corps officers are eligible to attend the nonresident night school program of the Naval War College Command and Staff School. PHS students not only gain broader perspectives and professional education, but also have the opportunity to represent the Corps in a joint Services environment.

Even though this is the War College, the course offerings are at the policy level, not tactical. This means their applicability and content is similar to parts of the curriculum of the Industrial College of the Armed Forces. The courses provide the students with a broad base of information and theory that is applicable to program management, inter-agency relationships, and a better understanding of joint Services operations. There is no cost to the students for tuition or for the use of textbooks.

The exposure for commissioned corps officers to viewpoints and experiences of other Uniformed Services' officers is invaluable. There are also opportunities to educate representatives of other Uniformed Services about the capability, role, mission, and contributions of the PHS Commissioned Corps. These include international situations of peacekeeping where Corps officers have provided healthcare and worked alongside military personnel.

To graduate from the Naval War College nonresident program, students must complete three core courses: Strategy and Policy; Joint Maritime Operations; and National Security and Decision Making. The core courses are taken one evening a week from August through May, and the program is completed in 3 years – or 2 years with a concentrated night school summer session. Nonresident classes are

only offered in geographical areas where there are Naval bases, for example, Washington, D.C.

Admission is not automatic. Corps officers must compete for remaining class slots after those designated for active-duty Navy personnel are filled. These remaining slots are also open for students from the Army, Coast Guard, Air Force, and Marines.

Contact CAPT Susanne Caviness, who graduated from this Naval War College program in 1997, at 301-443-7614. The request for application for the August 2001 term must be made by the end of April 2001.

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BCOAG Presents Awards

The Black Commissioned Officers Advisory Group (BCOAG) presented the Hildrus A. Poindexter Award and BCOAG's Retired Officer Recognition Award on November 17, 2000, at the Minority Officers Liaison Council (MOLC) Awards Dinner held at the Mologne House Hotel at the Walter Reed Army Medical Center in Washington, D.C.

The *Hildrus A. Poindexter Award* was established in 1990 in memory of CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., Sc.D. (1901-1987). This son of a former slave, born into poverty, went on to become an eminent physician, scientist, academician, and exemplary Public Health Service (PHS) Commissioned Corps officer. This award recognizes a PHS officer or civil service employee (with a minimum of 7 years service within PHS) for outstanding service contributing to enhancing access to healthcare for underserved populations.

CAPT Leslie C. Cooper Received the 2000 Hildrus A. Poindexter Award

CAPT Leslie C. Cooper began her career in the PHS Commissioned Corps in June 1983 as a Project Coordinator for the District of Columbia (DC) Perinatal Project at the National Institute of Child Health and Human Development (NICHD). While at NICHD, her expertise in perinatal epidemiology was used in many other research studies such as the Better Babies Project, the Smoking Trial of Pregnancy Research Study, the DC Research Initiative, the Ethnic Differences in Pregnancy Study, and the Baltimore Infant Mortality Project.

CAPT Cooper left NICHD after many years and joined the National Institute of Nursing Research to help build their perinatal research portfolio. She then transferred to the National Heart Lung and Blood Institute where she worked on asthma epidemiology. Later, she shared her knowledge, expertise, and commitment to improving public health while at the Health Resources and Services Administration's Maternal and Child Health Bureau.

Involved in numerous projects to assist in improving the health of minorities, CAPT Cooper has collaborated with the Department of Health and Human Services' Office of Minority Health. In this role she consulted with others on the development of the Subgroups Report for the PHS Healthy People 2000 "Progress Review for Black Americans Subgroup on Black Americans on Research and Health Services."

Currently CAPT Cooper serves as a Nurse Epidemiologist/Health Scientist Administrator in the Division of Epidemiology and Prevention Research, Epidemiology Research Branch, National Institute on Drug Abuse.

CAPT Cooper received the Hildrus A. Poindexter Award for her demonstrated excellent service to public health, her significant contributions to improving the health of the underserved, and her programmatic leadership. She clearly exemplifies the attributes worthy of a recipient of this award and demonstrates a commitment to the mission of the commissioned corps. She also received the MOLC Officer of the Year Award for her commitment to improving the health of minority populations through her participation in numerous activities to eliminate racial and ethnic disparities.

The Retired Officer Recognition Award

The BCOAG established the *Retired Officer Recognition Award* to gather vital information and acknowledge the significant contributions made by officers of African ancestry in building the legacy of the PHS—'On Their Shoulders We Stand.'

CAPT John C. Eason, Jr. (Ret.) Received the 2000 Retired Officer Recognition Award

CAPT John C. Eason, Jr. (Ret.) was the first African American to be commissioned by PHS. He received his commission in 1943 as an Assistant Sanitarian (O-2) working for the Baltimore City Health Department. He was then assigned to Louisville, Kentucky, and served as a consultant on environmen-

tal sanitation with both the Louisville-Jefferson County and the Kentucky State Health Departments and later with the Chicago, Illinois, Board of Health.

In 1945, CAPT Eason was selected to serve as Liaison Officer to the U.S. Mission to Liberia. He was one of the first officers to be assigned to the Office of International Health (OIH). Assignments in OIH included: Chief, Foreign Mission Section, supervising and supporting health missions to Liberia, Greece, Turkey, Iran, Jordan, Peru, Lebanon, and Paraguay; Principal Program Officer and Chief, Program Development Branch, where he planned and designed programs and projects for health assistance to countries in Africa, Asia, and the Middle East; Coordinator, Special Foreign Currency Program, where he managed the allocation of \$25 million in annual funding; Associate Director for Management and Coordination of international health programs except those such as the malaria control and smallpox eradication programs; and Executive Associate Director, OIH.

After 30 years of service, CAPT Eason retired in 1974. After his PHS career, CAPT Eason served for several years as the Executive Assistant to the Director of the Division of International Health Programs of the American Public Health Association. He has supported public health efforts including serving as a member of the BCOAG. In June 1993, BCOAG voted to name their student scholarship the "John C. Eason, Jr. Scholarship" in his honor.

Throughout his career, CAPT Eason rose above many obstacles and struggled for recognition, credibility, and advancement in an arena that often undervalued and underestimated the abilities of African Americans. Not only during his PHS career, but also in retirement, CAPT Eason has demonstrated leadership, dedication, and commitment to the mission of the PHS. □

Soldiers' and Sailors' Civil Relief Act

Imagine this scene –

You have just been called to active duty from a State in the southeastern quadrant of the country and your first assignment is in the Northwest. You have every intention of returning to your home State either upon completion of your tour of duty, or if you decide to make the Public Health Service (PHS) Commissioned Corps a career, upon retirement.

You are thrilled with your new assignment, particularly the great outdoors and the hunting and fishing opportunities. You decide to purchase a hunting and fishing license and are assured that because you are a member of a Uniformed Service, you can pay the resident fees.

While driving to work on a cold and dreary morning, 6 months after you moved into the home that you purchased, you notice the flashing lights of a police cruiser pulling you over. Your mind starts racing . . . "I stopped for that stop sign, it was a full stop. All my lights are working. I was not speeding. Surely, this is a mistake!"

"May I see your license and registration?" the police officer politely asks.

"Certainly," you respond. "May I ask what this is about, sir?" you humbly inquire.

"Well, I see that you have an out-of-State license and out-of-State tags. This is a violation of city ordinance number 8790 which requires that you obtain a State license registration within 3 months of your arrival. I am issuing you a fine in the amount of \$500. You have 10 workdays to obtain the correct registration or your vehicle will be impounded and you will be subject to arrest for driving without a State license. If you wish to contest this, you will have to appear in Traffic Court tomorrow, before Judge Hassle."

Having recalled what you read in your *Commissioned Officer's Handbook* which you received upon call-to-active-duty, you respond, "But sir, I am a member of a Uniformed Service and I am covered by the Soldiers' and Sailors' Civil Relief Act of 1940. As long

as I have a current and valid license and registration from my home State, I am not required to obtain a license and registration from a jurisdiction in which I happen to be solely in response to official orders."

"That only applies to the Armed Forces and you are not in the Armed Forces. I have checked around. I see that your uniform looks like a Navy uniform, but I know that the Public Health Service is not a part of the Navy. We can discuss this further before the judge tomorrow."

He got back in his vehicle, turned off the flashing red and blue lights, and slowly went on his way.

This is not an unusual scenario. Commissioned officers who are on active duty are covered by the Soldiers' and Sailors' Civil Relief Act of 1940 (SSCRA), 50 U.S.C. App. 501 et seq. The PHS Commissioned Corps is not mentioned in the text of the SSCRA. However, the provisions of that law are made applicable to the PHS by 42 U.S.C. §213(e). The SSCRA offers a number of protections to members of the Uniformed Services who have responded to the call to serve their country on active duty. Among other things, the SSCRA protects officers against double taxation, including vehicle registration, by a host State. It also permits officers, upon initial call to active duty, to break a lease.

The SSCRA provides that an active-duty member neither gains nor loses a State of Domicile (legal residence) solely because his or her move was in response to official orders. This provision permits an active-duty officer to maintain a State of domicile for State income tax purposes even though the officer may be assigned by the PHS to duty in another State. For example, an officer who is domiciled in Maryland but assigned to New Mexico remains subject to Maryland tax laws unless that officer takes affirmative steps to establish domicile in New Mexico. As long as the officer maintains Maryland as his or her domicile, New Mexico cannot tax the officer's PHS income. The Act does not cover non-PHS income or the income of a spouse or dependents.

The SSCRA leaves the determination of domicile to State law. In most jurisdictions, domicile is determined by (1) presence in the State, and (2) an intent to remain. States look at a number of factors when assessing an individual's intentions to remain in the State. The State tries to identify ties to the new State and/or the severed ties from the former State. Among other things, the State looks at where the individual is registered to vote and votes, pays taxes, registers his or her vehicle, has bank accounts, holds professional licenses, obtains in-State hunting and fishing licenses, owns real estate, and whether the individual pays resident or out-of-State property taxes. Therefore, to maintain domicile in a particular State, the officer should vote, register his or her vehicle, and pay income taxes in that State. Ownership of real estate in the home State is helpful, but not an absolute requirement for purposes of determining domicile.

To change domicile upon reassignment, an officer must submit the Department of Defense's form DD-2058, "State of Legal Residence Certificate," along with a tax withholding certificate for that State, to the Division of Commissioned Personnel, ATTN: Compensation Branch, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001. The officer should take additional affirmative steps to change his or her domicile, such as registering and voting in the new jurisdiction, registering vehicles in the new jurisdiction, and other actions sited above.

The SSCRA also permits an officer to register his or her vehicle in his or her State of domicile. The host State may not require the officer to obtain in-State registration unless the officer fails to keep his or her vehicle properly registered in his or her home State. Officers are frequently challenged about their authority to have out-of-State vehicle registrations. It may be helpful to keep in each vehicle or on your person a copy of the law (42 U.S.C. §213(e)) that makes the SSCRA (50 U.S.C. App 501 et seq.) applicable to the PHS Commissioned Corps authorizing members to maintain vehicle registration in their State of domicile. A copy of the statute is provided on page 11 of this issue of the *Commissioned Corps Bulletin*.

(Continued on page 11)

Soldiers' and Sailors' Civil Relief Act

(Continued from page 10)

The SSCRA (50 U.S.C. App. 534) permits an officer to terminate a lease by written notice to the lessor only upon call-to-active-duty. The SSCRA does not provide protection against enforcement of the terms of a lease agreement entered into subsequent to call-to-active-duty. Therefore, officers should make sure that any lease agreement entered into after call-to-active-duty contains a provision, commonly referred to as the "military transfer clause," that permits the lease to be terminated upon issuance of reassignment orders by PHS. Typical language used to accomplish this purpose is as follows:

"It is expressly agreed that if the lessee herein should receive official Public Health Service (PHS) Commissioned Corps orders reassigning him or her to another duty station, separating him or her from the PHS Commissioned Corps, or assigning him or her to Government quarters, the lessee may terminate this lease upon written notice of his or her intention

to do so, and such termination shall become effective no later than 30 days after the date of service of notice upon the lessor, and if the date of such termination shall fall between days on which rent becomes due, there shall accrue on the first day of the rental period in which such termination shall take effect, a proportionate part only of the rent which would be due but for such termination."

So what is the likely outcome of the above scenario? A traffic court will probably accept the officer's arguments and dismiss the charges, so long as the officer can show that he or she is in the jurisdiction pursuant to official orders, and registration and license from his or her home State are current. However, the officer may face challenges from the State's Department of Revenue if the officer is paying resident taxes on real property and/or has a resident hunting and fishing license. Because of the complexity of the laws related to domicile and taxation, the Division of Commissioned

Personnel (DCP) recommends that officers make every effort to have all ties/indicia of domicile pointing to one State to avoid challenges to State of Domicile.

Officers who need legal assistance with regard to SSCRA issues should contact the Legal Assistance Office, Judge Advocate General, at the nearest Armed Forces installation. Title 10 U.S.C. §1044, which authorizes legal assistance to the active-duty and retired members of the Armed Forces and their dependents, also authorizes such services to active-duty and retired PHS Commissioned Corps officers and their dependents. Officers are encouraged to contact DCP when issues arise so that DCP can keep abreast of issues and communicate concerns to the Armed Forces Tax Council, which addresses SSCRA issues. Please contact the Policy Coordination Section, Office of the Director, DCP, at phone number 301-594-0669 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 40669).

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SOLDIERS' AND SAILORS' CIVIL RELIEF ACT OF 1940

42 U.S.C. § 213
PUBLIC HEALTH AND WELFARE

§213. Military benefits

(e) Active service deemed active military service with respect to Soldiers' and Sailors' Civil Relief Act of 1940. Active service of commissioned officers of the Service shall be deemed to be active military service in the Armed Forces of the United States for the purposes of all rights, privileges, immunities, and benefits now or hereafter provided under the Soldiers' and Sailors' Civil Relief Act of 1940 (50 App. U.S.C. 501 et seq.).

50 U.S.C. App. §574
WAR AND NATIONAL DEFENSE,
CIVIL RELIEF ACT

§574. Residence for tax purposes

(1) For the purposes of taxation of any person, or of his personal property, income, or gross income, by any State, Territory, possession, or political subdivision of any of the foregoing, or by the District of Columbia, such person shall not be deemed to have lost a residence or domicile in any State, Territory, possession, or political subdivision of any of the foregoing, or in the District of Columbia,

solely by reason of being absent therefrom in compliance with military or naval orders, or to have acquired a residence or domicile in, or to have become resident in or a resident of, any other State, Territory, possession, or political subdivision of any of the foregoing, or the District of Columbia, while, and solely by reason of being, so absent. For the purposes of taxation in respect of the personal property, income, or gross income of any such person by any State, Territory, possession, or political subdivision of any of the foregoing, or the District of Columbia, of which such person is not a resident or in which he is not domiciled, compensation for military or naval service shall not be deemed income for services performed within, or from sources within, such State, Territory, possession, political subdivision, or District, and personal property shall not be deemed to be located or present in or to have a situs for taxation in such State, Territory, possession or political subdivision, or district. Where the owner of personal property is absent from his residence or domicile solely by reason of compliance with military or naval orders, this section applies with respect to

personal property, or the use thereof, within any tax jurisdiction other than such place of residence or domicile, regardless of where the owner may be serving in compliance with such orders. Nothing contained in this section shall prevent taxation by any State, Territory, possession, or political subdivision of any of the foregoing, or the District of Columbia in respect of personal property used in or arising from a trade or business, if it otherwise has jurisdiction. This section shall be effective as of September 8, 1939, except that it shall not require the crediting or refunding of any tax paid prior to October 6, 1942.

(2) When used in this section, (a) the term "personal property" shall include tangible and intangible property (including motor vehicles), and (b) the term "taxation" shall include but not be limited to licenses, fees, or excises imposed in respect to motor vehicles or the use thereof, but only if a license, fee, or excise required by the State or territory, possession, or District of Columbia of which the person is a resident or in which the person is domiciled has been paid.

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Retirements - January

<i>Title/Name</i>	<i>OPDIV/Program</i>	<i>Title/Name</i>	<i>OPDIV/Program</i>
MEDICAL			
<i>REAR ADMIRAL (UPPER)</i>			
Marilyn H. Gaston	HRSA		
<i>CAPTAIN</i>			
Nancy J. Binkin	CDC		
William E. Halperin	CDC		
Roy T. Ing	CDC		
Clarence J. Peters	CDC		
Diane L. Rowley	CDC		
Lewis J. Markoff	FDA		
William D. Brown	IHS		
Thomas J. Drouhard	IHS		
Georges S. Duval III	IHS		
Van R. Williams	IHS		
Robert J. Biggar	NIH		
Rafael D. Camerini-Otero	NIH		
Jurrien Dean	NIH		
Frederick L. Ferris III	NIH		
Curtis C. Harris	NIH		
Jay H. Hoofnagle	NIH		
Robert T. Jensen	NIH		
Ilan R. Kirsch	NIH		
William C. Knowler	NIH		
Dean D. Metcalfe	NIH		
Theodore E. Nash	NIH		
Richard S. Ungerleider	NIH		
Ronald L. Wilder	NIH		
Frank G. Witebsky	NIH		
<i>COMMANDER</i>			
David M. Band	SAMHSA		
DENTAL			
<i>CAPTAIN</i>			
Miguel Rico	BOP		
Donald T. Sauter	BOP		
Margaret I. Scarlett	CDC		
<i>COMMANDER</i>			
Maureen P. Cleary	CG		
NURSE			
<i>CAPTAIN</i>			
Taye G. Emori	CDC		
Ronald L. Sherron	IHS		
<i>COMMANDER</i>			
Rhonda Sue Taylor	IHS		
ENGINEER			
<i>CAPTAIN</i>			
Dennis M. O'Brien	CDC		
Davis Bernstein	EPA		
SCIENTIST			
<i>CAPTAIN</i>			
Joseph M. Lary III	CDC		
Charles O. Roberts	FDA		
Lawrence E. Chaitkin	NIH		
Charles E. Land	NIH		
PHARMACY			
<i>CAPTAIN</i>			
Melvin Lessing	FDA		
Marion T. Bearden	IHS		
Michael S. Brown	IHS		
James E. Edge	IHS		
DIETETICS			
<i>CAPTAIN</i>			
Gloria J. Stables	NIH		
HEALTH SERVICES			
<i>CAPTAIN</i>			
Thomas R. Gann	IHS		
Bruce Immerman	AHRQ		
<i>COMMANDER</i>			
Roy E. Turner	PSC		
<i>LIEUTENANT</i>			
John D. McDannel	HRSA		

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	
RADM David E. Price	12/17/00
DENTAL	
CAPT Fred D. Lewis, Jr.	12/22/00
SCIENTIST	
CAPT Howard L. Andrews	12/19/00
CAPT Samuel B. Salvin	12/08/00
ENGINEER	
CAPT Bernard B. Berger	12/08/00
CAPT Joseph M. Dennis	01/07/01
PHARMACY	
CAPT George F. Archambault	01/01/01

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Human Resources Service
Division of Commissioned Personnel, Room 4A-15
Rockville MD 20857-0001

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Penalty for Private Use \$300

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