



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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February 2002

## Surgeon General's Column

As I prepare this column, I am also wrapping up my responsibilities as Surgeon General and bringing closure to my 9 years of public service in the Federal government. It has been a challenging and rewarding tenure, first as Director of the Centers for Disease Control and Prevention and then as Assistant Secretary for Health and Surgeon General. And the opportunity to direct the commissioned corps over the last 4 years has been a special privilege. I believe the corps, in all of its professional diversity, geographical reach, and institutional breadth, is uniquely positioned to make a major impact on the overall quality of life of all Americans.

But one area, in particular, where the corps stands to make a major impact is in the area of overweight and obesity. The latest studies, which were highlighted in the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* released December 2001, show that 61 percent of adults in this country are either overweight or obese, and an estimated 13 percent of children and 14 percent of adolescents are overweight. That's nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980! In fact, the prevalence of obesity has increased over the years in every State in the Nation, in both genders and across all racial and ethnic groups, age groups, educational levels, and smoking statuses. Along with the increases in overweight and obesity, we are seeing concomitant epidemics of Type 2 diabetes and asthma, diseases which are associated with overweight and obesity. Left unabated, obesity will soon overtake smoking as the leading cause of prevent-

able disease and death. It will undo much of our progress in decreasing deaths from cardiovascular disease, stroke, and cancer.

The corps' role is especially critical when you consider the health risks of overweight and obesity, including increased risk of heart disease, certain types of cancer, stroke, arthritis, cholesterol, breathing problems, and psychological disorders, such as depression. Most studies show an increase in mortality rate associated with obesity. In fact, obese individuals have a 50-100 percent increased risk of death from all causes, compared with healthy-weight individuals, mostly due to cardiovascular causes. We estimate that 300,000 deaths a year in this country are currently associated with overweight and obesity.

While all groups are impacted by overweight and obesity, they are not impacted equally. African Americans, Mexican Americans, and American Indians tend to be hardest hit by the epidemic as well as those with a lower family income. This disparity contributes then to the overall problem of health disparities. In addition, people with mental retardation are also more likely to be obese than the general population, which results in an added burden for this already vulnerable population.

How did we arrive at this place? It is both our tendency toward conveniences and sedentary lifestyles and our love for foods that offer minimal nutritional value that have brought us to this place and it is exactly those two areas that require the most work. Fewer than one-third of Americans meet the Federal physical activity recommendations, and 40 percent of adults engage in no leisure time

physical activity at all. That, coupled with the fact that only 3 percent of all Americans meet at least four of the five Food Guide Pyramid recommendations for the intake of grains, fruits, vegetables, dairy products, and meats, results in a recipe for disaster.

Children are at increasing risk as the prevalence of overweight and obesity continue to rise. They, too, lead very sedentary lives, often the result of spending too much time watching television and missing out on nutritious meals. In 1999, 43 percent of high school students reported watching at least 2 hours of television a day. If what Harry Truman said is true, that "No Nation is any healthier than its children," then we must take serious action now.

If we respond now, we can turn the tide on this formidable trend and continue the progress we have made over the last few decades in improving health and quality of life. But failing to take action means the current trends in overweight and obesity threaten to undo many of the hard-fought health gains we have made in recent decades.

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**Surgeon General's Column**

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In the *Call to Action*, we tried to dispel the view that preventing and decreasing overweight and obesity are merely individual responsibilities. Not until communities are integrally involved as part of the solution can we ever gain serious hope of ameliorating these trends. The *Call* outlined a number of community-based strategies that have been proven effective in preventing and decreasing these problems. They fall into four categories using the acronym C-A-R-E, for communication, action, research, and evaluation. We stressed the important role we all must play to turn this trend around. From families and communities to schools and work sites to healthcare and the media, every role is critical to our success.

- At school, we must ensure daily, quality physical education for all grades. We can begin to implement existing U.S. Department of Agriculture regulations that prohibit serving foods of "minimal nutritional value" during mealtimes in school food service areas, including vending machines.
- In the workplace, we can create more opportunities for physical activity on the job. We can ensure that cafeterias and food service areas offer meals high in nutritional value. And we can make the workplace friendly for lactating mothers. This is an important area because, in addition to all of the benefits to the immune system, breastfed babies may be less likely to become overweight as they grow older. The more we can do to facilitate in that area, the better chance we offer children for a healthy start in life.
- At home, we can reduce the time spent watching television and other sedentary behaviors, especially those behaviors that involve snacking. We can ensure that our neighborhoods have safe areas for play and walking. And families can participate in after-school activities at community schools.
- In healthcare, we must ensure that our healthcare providers are trained in the prevention and treatment of overweight and obesity across the lifespan. Healthcare providers and institutions can join with schools and work sites to reinforce the importance of healthy

lifestyles. They can also serve as effective advocates in advancing policies aimed at classifying obesity as a disease category for obesity coding.

- In the media, we must work to erase the stigma against overweight and obese people. We must make people aware that the overriding health implications of these diseases far outweigh any emphasis on aesthetics. And we must promote the importance of balanced, nutritious meals, and regular physical activity.

The members of the commissioned corps, as premier leaders in public health, have much to offer, both personally and professionally, in the way of giving feet to each these action steps. I know that you will continue to make an impact in this and other pressing areas in public health in years to come.

As I bring closure to my term, I cannot help but recall the many faces of those with whom I have had the special pleasure of meeting as escort officers and in other capacities during my travels throughout the country. Our time together, although always brief, not only enhanced the visibility of the corps, but being able to interact with you enhanced the value of my stay at each stop along the way.

In closing, let me say that I have dedicated my life and my career to a certain set of priorities that will continue to be the hallmark of my efforts even after I leave this office. I announced last month that in the fall, I will head Morehouse School of Medicine's new National Center for Primary Care. Between March 1<sup>st</sup> and then, I will dedicate some time to strategic planning for the Center, but I will be spending the bulk of my time as a Kaiser Family Foundation Senior Visiting Fellow, writing about my experiences in government, particularly as Surgeon General.

I am sure our paths will continue to cross as together we continue championing the causes of public health. My fondest regards and well wishes to all of you.

VADM David Satcher  
Surgeon General

**Introducing the Junior Officer Advisory Group**

The Junior Officer Advisory Group (JOAG) is a newly created public health professional group chartered by the Surgeon General in December 2001. The JOAG provides advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, and other Public Health Service (PHS) Commissioned Corps groups on issues of professional practice and personnel activities affecting junior officers in the corps.

JOAG membership is open to all active-duty officers at the rank of Temporary O-4 and below in the PHS Commissioned Corps. The JOAG meets the third Friday of every month from 10 a.m. to 12 noon in the Surgeon General's Conference Room, Parklawn Building, Room 18-67, 5600 Fishers Lane, Rockville, Maryland.

If you are interested in participating in the JOAG, please contact:

LCDR Michelle Jordan  
Chair, Junior Officer Advisory Group  
E-mail: [Mjordan@hrsa.gov](mailto:Mjordan@hrsa.gov)  
Phone: 301-443-7037

Please note: Call-in information for meetings has changed. Please contact Lcdr Jordan for details.



**Commissioned Corps Travel and Transportation Information Center**

The "Commissioned Corps Travel and Transportation Information Center" provides answers to many travel and transportation questions. It is located on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Services.'



## The Office of the Surgeon General is Seeking a Senior Advisor for Junior Officers

The Office of the Surgeon General (OSG) is seeking a Senior Advisor for the newly created Junior Officer Advisory Group (JOAG) which was chartered by the Surgeon General in December 2001. The JOAG consists of junior officers appointed by the Surgeon General to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, and other Public Health Service (PHS) Commissioned Corps groups on issues of professional practice and personnel activities affecting junior officers in the corps.

Because the JOAG consists of junior officers, O-4 and below, the JOAG charter calls for the appointment of a Senior JOAG Advisor by the Surgeon General or Deputy Surgeon General. The Senior Advisor is an ex-officio member of the JOAG with a 3-year term and must be at least an O-6 officer. The Senior Advisor is expected to be a consultant to the JOAG and to advise the JOAG on its issues,

concerns, policies, and procedures. The Senior Advisor may advocate for the JOAG, but may not officially represent the JOAG.

The person appointed as the Senior Advisor to the JOAG should have a strong interest in the welfare of PHS junior officers. He or she should be familiar with commissioned corps policies and issues, and should have experience on a Professional Advisory Committee. Ideally this person should have good mentoring skills. Demonstrated strong communication skills and good judgment are a must. The Senior Advisor can be from any part of the country, but must be readily available to the JOAG members and should attend most JOAG meetings in person or by conference phone. The duties of the Senior JOAG Advisor are expected to take about 2-4 hours per week on average. Support of the Senior Advisor's agency is desirable since the OSG has limited funds for travel.

We believe this is an opportunity for a senior officer to make a significant impact on the future of the PHS Commissioned Corps, namely our junior officers.

Those who are interested in this role must send a letter/statement of interest with a curriculum vitae to CAPT Richard F. Barror, Chief of Staff, OSG, by mail (Room 18-66, 5600 Fishers Lane, Rockville, Maryland 20857) or by fax (301-443-1202) no later than **February 15, 2002**. The letter/statement of interest should not exceed two pages and should at least answer the following questions: Why are you interested in this opportunity? How do you perceive the role of the Senior JOAG Advisor?

The PHS Commissioned Corps junior officers thank you for your consideration.

## ATTENTION—You May No Longer Be in Compliance with the PHS Licensure Policy!

A recent and important change to the licensure policy **excludes** Uniformed Services licenses and inactive licenses as acceptable credentials for meeting the requirements of the Public Health Service (PHS) Commissioned Corps licensure policy. A recent review of records by the Division of Commissioned Personnel (DCP) revealed that a significant number of officers are **not** in compliance.

INSTRUCTION 4, "Professional License/Certification/Registration," Subchapter CC26.1 of the Commissioned Corps Personnel Manual (CCPM), dated July 11, 2001, was sent to all active-duty PHS commissioned officers on July 31, 2001. Section C.4 of INSTRUCTION 4, Subchapter CC26.1 states the following: "A license issued by a State which restricts the provider to practice in a Federal facility or within some other confined limits does not comply with the requirements for an 'unrestricted license'. For purposes of this INSTRUCTION, such Uniformed Services license will **not** fulfill the requirements of this INSTRUCTION."

**IMPORTANT: Any officer currently having a Uniformed Services license or an inactive license must immediately send proof of a current unrestricted license, certification, or registration to DCP at the address below. All licenses, certifications, registrations must contain an expiration date and the officer's PHS Serial Number. Uniformed Services licenses and inactive licenses will not be tracked by DCP nor will they be placed in the officer's Official Personnel File.**

Section E.3 of INSTRUCTION 4, Subchapter CC26.1 of the CCPM states the following: "Except in the case of an officer on a license limited tour, noncompliance with this policy may result in disciplinary actions including but not limited to involuntary separation, temporary grade reversion, denial of special pays, and removal from consideration for promotion."

Only those professions required to be licensed for appointment to the commis-

sioned corps are covered by this licensure policy (see INSTRUCTION 4, "Appointment Standards and Appointment Boards," Subchapter CC23.3 of the CCPM).

Licenses/certifications/registrations are to be sent to the following address:

Division of Commissioned Personnel  
ATTN: Licensure Project Officer /OSB  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

Phone: 301-594-3352 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43352)

Fax: 301-443-5366 or 301-594-2711

CCPM policies can be accessed on DCP's Web site—<http://dcp.psc.gov>—under the "Policies" link.

## Commissioned Corps Readiness Force

### *CCRF Deployed to Vaccinate D.C. School Children*

Thirty Commissioned Corps Readiness Force (CCRF) officers deployed to Washington, D.C., on January 17, in response to a request from the D.C. Department of Health (DOH) to support their mission to vaccinate District of Columbia school children. The District's Department of Education was directed to ensure that public school children were vaccinated against appropriate childhood diseases before February 1, 2002, or those children would be removed from school. As of January 17, more than 18,000 school children had not received the required vaccinations.

CCRF officers divided into treatment teams and were transported to District schools and major public health clinics to support the DOH operation over a period of 10 days. As of this writing, the mission has not been completed.

### *CCRF Will Deploy to the Winter Olympics*

The National Disaster Medical System and the CCRF will deploy to the Winter Olympics in Salt Lake City from February 5 through 27, 2002. The CCRF will provide four medical strike teams of five officers who will be staged in either Salt Lake City or Park City—again to support a National Medical Response Team in case of a weapons of mass destruction event. Other officers will be working at the Department of Health and Human Services' Command Center in the Humphrey Building and the Office of Emergency Preparedness' Emergency Operations Center. More on this deployment next month.

### *CCRF Appreciation*

To those of you who are working toward the new requirements to be deployable, thank you for your commitment to our program.

To those many officers who have stepped forward to deploy, and those many supervisors who have said "yes"—we can't begin to thank you enough for the multitude of exemplary ways in which you have represented the corps.

## Call for Nominations for the Environmental Health Officer PAC 2002 Awards

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

The *John C. Eason 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 the 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—<http://www.ehopac.org>. For additional information, contact CAPT Mike Herring, Chairman of the EHOPAC Awards and Recognition Subcommittee, at 770-488-7351 or via e-mail at [zhy2@cdc.gov](mailto:zhy2@cdc.gov). Nominations are due no later than **April 30, 2002**.

The 2002 EHOPAC Awards will be presented during the National Environmental Health Association's Annual Educational Conference in Minneapolis, Minnesota, June 30 - July 3, 2002.

## PHS Physician Mentoring Program

The Physician Professional Advisory Committee to the Surgeon General has initiated a voluntary mentoring program for Public Health Service (PHS) physicians. Initially this program will be limited to PHS commissioned officers, but the goal is to expand it to PHS civil service physicians in the future.

The goal of the program is to promote professional growth and career development. Recently commissioned junior physicians (protégés) with a grade of O-3 or O-4 and a call to active duty within the last 2-4 years can be matched with more senior physicians (mentors) by Agency/Operating Division/Program, geographic area, or discipline. The mentors have more than 5 years experience in the corps and are at the grade of O-5 or above. A description of the program, and mentor and protégé applications are available at: [www2.IHS.gov/ppac/Mentoring\\_Intro\\_page.htm](http://www2.IHS.gov/ppac/Mentoring_Intro_page.htm).

Information and applications can also be obtained from:

CAPT Dean Effler  
401 Buster Road  
Toppenish, WA 98948  
Phone: 509-865-2102, Ext. 224  
E-mail: [usphsmentor@prodigy.net](mailto:usphsmentor@prodigy.net)



## 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 'Training' option.



## Call for Nominations for the PHS Commissioned Officer Veterinarian of the Year Award

Nominations are being sought for the Public Health Service (PHS) Commissioned Corps officer *Veterinarian of the Year Award*. This award recognizes veterinarians whose professional careers and work performance have resulted in significant contributions to public health and to the mission of the Department's Agencies/Operating Divisions and other programs where commissioned corps veterinarians serve. The award, established in 1997, will be presented at the PHS Veterinarians All Hands Meeting in May 2002.

Nominees must be active-duty officers in the Veterinary category. PHS veterinarians, supervisors, coworkers, and peers as well as members of the Commissioned Officers Association are encouraged to nominate deserving veterinarians for this competitive and prestigious award. Nominations will be kept in strictest confidence. The selection will be made by an Awards Committee composed of senior PHS veterinarians.

Evaluation by the Awards Committee will be made based on the impact of the individual's work in public health and veterinary professional communities. Nominations will be judged on accomplishments in the following areas:

- Support of the Department's mission
- Research/research support
- Publications
- Presentations
- Mentoring and teaching of junior staff
- Service on committees/boards

### *Nomination Package*

The nomination package should consist of the following:

- letter of nomination (no more than two pages);
- two letters of support for the nomination (no more than one page each); and
- a copy of the officer's curriculum vitae.

The nomination package should be sent electronically by **April 1, 2002**, with the requested documents as attachments (in Word® or WordPerfect® format), to:

CDR Sean Altekruise  
Chair, PHS Veterinary Professional  
Advisory Committee  
E-mail: [altekru@mail.nih.gov](mailto:altekru@mail.nih.gov)



## Call for Nominations for Veterinary PAC Membership

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

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

Several positions will be available as of January 1, 2003. The VetPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/OPDIV representatives. Corps officers or civil service veterinarians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vita that includes the name and phone number of their immediate supervisor along with a one-page cover letter describing their interest. This document should be sent as a Word® or WordPerfect® attachment to an e-mail message by **May 15, 2002**, to:

CDR Sean Altekruise  
Chair, PHS Veterinary Professional  
Advisory Committee  
E-mail: [altekru@mail.nih.gov](mailto:altekru@mail.nih.gov)



## PHS Veterinarians Join Emergency Response Effort

Veterinarians from the Centers for Disease Control and Prevention (CDC) were an important part of CDC's emergency team that responded to the attack on the World Trade Center on September 11. Several CDC veterinary commissioned corps officers were on the scene from the day of the attack to assist the New York City Department of Health with all aspects of crisis management, epidemiology, and surveillance, according to CDR David Ashford, Medical Epidemiologist and Chief, Zoonoses Unit, CDC Meningitis and Special Pathogens Branch, who joined the New York City Department of Health on September 11 to assist in the emergency response.

CDC veterinarians continue to play major roles as the response shifts from crisis management to longer-range public health activities. LCDR Tracee Treadwell, Medical Epidemiologist in the Bioterrorism Preparedness and Response Program, leads a team of CDC epidemiologists in Atlanta who coordinate expanded public health surveillance for biological terrorism, and LCDR Jennifer McQuiston, Veterinary Medical Officer in the Division of Viral and Rickettsial Diseases, is assisting with bioterrorism preparedness and prospective surveillance for unusual symptoms or syndromes among persons affected by the attack.

CDC's efforts have been facilitated by a long-standing collaboration with the New York City Department of Health, according to CDR Ashford, who has served on several liaison committees regarding terrorism preparedness for the last 5 years. He stressed that such working relationships are essential in a time of crisis, when coordination is most needed.



### PHS-1 DMAT Medical Support of the National Boy Scout Jamboree

The Public Health Service Disaster Medical Assistance Team (PHS-1 DMAT) provided medical support and merit badge instruction during the 2001 National Boy Scout Jamboree as part of the U.S. Army-led 44th Medical Task Force. *Note: The merit badge activities were highlighted in an article appearing in the November 2001 issue of the Commissioned Corps Bulletin.* As such, the PHS-1 DMAT personnel were billeted with other members of the 44th Medical Task Force in the barracks and fed in the Army dining facility (mess hall) at Fort A.P. Hill, Virginia. In total, 45 PHS-1 DMAT personnel participated July 18 through August 2, 2001.

The DMAT served as the primary medical care providers, along with Scout medical personnel, for the Boy Scout staff. The second level of care was provided by the 44th Medical Task Force's mobile Army hospital. The Task Force supported the approximately 40,000 Scouts and staff attending the Jamboree. The DMAT medical mission also included a treatment facility at the arena shows where an estimated 70,000 people were in attendance. During the period of the mission, more than 300 patients were seen.

The other support mission for the DMAT was preventive medicine for both military and civilian activities. The DMAT personnel provided food-safety training for more than 350 personnel, inspected dining facilities, and certified the safety of water points. They also conducted tick surveys 1 year before the Jamboree and surveyed again just before the Jamboree to determine how many ticks were present and whether they were infected, particularly with Rocky Mountain Spotted Fever or Lyme Disease.

Overall, the mission of the PHS-1 DMAT was very successful. DMAT's interaction with both the U.S. Army and the National Boy Scouts provided an educational opportunity for all three organizations. It also enhanced the team's ability to interface with both military and civilian organizations concurrently, which will be valuable during a disaster response.

Thanks go to the PHS-1 DMAT for its outstanding representation of the commissioned corps and the National Disaster Medical System.



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

Practicing healthy lifestyles is the responsibility of each officer. StairWELL to Better Health is an intervention study looking at how making stairwells more appealing (e.g., paint, signs, music) motivates employees to use them. Using the stairs costs nothing and takes little to no more time than using the elevator. What a nice project for officers who work in multi-storied buildings!

Also, consider parking further away from your office building to get a little more activity. Check out <http://www.cdc.gov/nccdphp/dnpa/> for other ways to increase physical activity.

### Medical Affairs Branch

### Reminder!

### Active-Duty Officers Should Have Healthcare Claims Sent Directly to the Medical Affairs Branch

In order to avoid confusion and delays in payment, active-duty officers who receive healthcare outside of the military health system should encourage their healthcare providers to send their claims directly to the Medical Affairs Branch, Beneficiary Medical Programs (BMP) Section, at the following address:

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



**Division of Commissioned Personnel (DCP)**

Web Site Address—<http://dcp.psc.gov>

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Public Health Service  
Commissioned Corps  
Web Site Address—  
<http://www.usphs.gov>

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DCP Toll-Free Phone Number—  
1-877-INFO DCP

*Follow the voice prompts  
to direct your call correctly.*

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

Send an e-mail message to—  
listserv@list.psc.dhhs.gov—with no  
subject and a message in the follow-  
ing format:  
SUBSCRIBE DCP “your full name”

Where “your full name” is, replace  
with your complete first and last  
name without the quotation marks.

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Subscribe to the Vacancy Announcement  
Listserv to Receive  
E-mail Messages  
Regarding Job Opportunities—

Send an e-mail message to—  
listserv@list.psc.dhhs.gov—with no  
subject and a message in the follow-  
ing format:  
SUBSCRIBE CCVACANCIES  
“your full name”

Where “your full name” is, replace  
with your complete first and last  
name without the quotation marks.

**Retirements – January**

<i>Title/Name</i>	<i>OPDIV/Program</i>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
Ann Alexander	IHS
Gershon H. Bergeisen	CDC
Arthur V. Bermisa	CG
Floyd L. Elterman	IHS
Douglas N. Klaucke	CDC
James A. Lewis	IHS
Brian J. McMahon	IHS
Herbert B. Peterson	CDC
Roger D. Prock	IHS
Lawrence D. Robertson, Jr.	IHS
Martha F. Rogers	CDC
Richard T. Yanagihara	NIH
<i>COMMANDER</i>	
Gladys Nevarez	HRSA
<b>DENTAL</b>	
<i>CAPTAIN</i>	
Donald A. Schneider	HRSA
Richard M. Vaughn	IHS
<b>NURSE</b>	
<i>CAPTAIN</i>	
David P. Freeth	HRSA
Betty L. Rufus	BOP
<i>COMMANDER</i>	
Linda N. Bullen	HRSA
Edith L. Clark	HRSA
Alan D. Goldstein	IHS
Robert A. Parsons	SAMHSA
Jeff M. Skelton	PSC
<i>LIEUTENANT COMMANDER</i>	
Susan T. Moses	IHS
Eric C. Swanson	IHS
<b>ENGINEER</b>	
<i>REAR ADMIRAL (UPPER)</i>	
Donald B. Bad Moccasin	IHS
<i>CAPTAIN</i>	
Ernest W. Brodt, Jr.	NIH
<i>COMMANDER</i>	
John C. Crocker	EPA
Steven H. Rubin	EPA
<b>SCIENTIST</b>	
<i>CAPTAIN</i>	
Michael J. Colligan	CDC
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i>	
Kenneth W. Holt	CDC
<i>COMMANDER</i>	
Michael J. Gillenwater	FDA
<b>VETERINARY</b>	
<i>CAPTAIN</i>	
Bobby G. Brown	NIH


<i>Title/Name</i>	<i>OPDIV/Program</i>
<b>PHARMACY</b>	
<i>CAPTAIN</i>	
John A. Boren	IHS
<b>THERAPY</b>	
<i>CAPTAIN</i>	
James A. Akers	IHS
Jimmy R. Jones	IHS
<b>HEALTH SERVICES</b>	
<i>REAR ADMIRAL (LOWER)</i>	
Brian W. Flynn	SAMHSA
<i>CAPTAIN</i>	
Gary R. Catzva	PSC
Michael A. McCawley	CDC
<i>COMMANDER</i>	
Idelle P. Smith	HRSA
<i>LIEUTENANT COMMANDER</i>	
Thomas L. Paugh	BOP

### Recent Deaths

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

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

<i>Title/Name</i>	<i>Date</i>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
Leonard T. Kurland	12/04/01
Kirk D. Miller	12/30/01
Edward J. O'Rourke	01/05/02
<b>NURSE</b>	
<i>CAPTAIN</i>	
Marjory E. Lewis	12/09/01



### New Mileage Rates

Effective January 21, 2002, the mileage reimbursement rates for Federal employees who use privately owned vehicles for temporary duty have increased. The new mileage reimbursement rate for automobiles rose from 34.5 cents to 36.5 cents. The new mileage reimbursement rates for motorcycles and private airplanes are 28 cents and 97.5 cents, respectively.

Under Federal travel regulations, employees may use personal vehicles for official travel if authorized by their agency. If an agency authorizes travel by other means, such as travel by air, and employees drive their own cars instead, reimbursement rates are limited to the cost of the authorized means of travel.



### Inactive Reserve Corps Phone Number and E-Mail Address

Information or questions regarding the Inactive Reserve Corps should be directed to the Inactive Reserve Coordinator at:

Office of the Surgeon General  
ATTN: LT Culbreath, IRC Coordinator  
5600 Fishers Lane, Room 18-66  
Rockville, MD 20857-0001  
Phone: 301-443-4000  
Fax: 301-443-1211  
E-mail: [dculbreath@osophs.dhhs.gov](mailto:dculbreath@osophs.dhhs.gov)



## Thrift Savings Plan— Now That I Am Enrolled, What's Next?

Now that your Thrift Savings Plan (TSP) account is established, the TSP Service Office National Finance Center (NFC) will send you a new account letter which will include a Personal Identification Number (PIN) and a TSP-U-50, "Investment Allocation Form."

After you receive the TSP PIN and the TSP-U-50, you will be able to make a contribution allocation to invest future contributions in any of the five investment funds by using the TSP Web site—[www.tsp.gov](http://www.tsp.gov)—or the ThriftLine at 504-255-8777. Although you are strongly encouraged to use the Web site or the ThriftLine for all fund allocations, you may mail the TSP-U-50, to the TSP Serv-

ice Office National Finance Center, P.O. Box 61500, New Orleans, LA 70161-1500. *Please note:* You cannot download the TSP-U-50 from the TSP Web site due to bar codes that are located on the form. These bar codes are used by the NFC for scanning purposes.

For further information on the TSP-U-50, you must contact the TSP Service Office National Finance Center at phone number 504-255-6000 (Monday through Friday, 7 a.m. to 4:30 p.m. Central time). Only the TSP Service Office National Finance Center can assist you with questions pertaining to your PIN or your allocated funds on the TSP-U-50.

## Please Check Your Payroll Address on the DCP Web Site

Officers can view—but not change—their current payroll address on the DCP Web site – <http://dcp.psc.gov> – under 'Secure Area,' 'Officer and Liaison Activities.'

Since it is important that officers' payroll addresses be correct, officers should notify the Compensation Branch—in writing—of any changes. The Compensation Branch's address is:

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



### DEPARTMENT OF HEALTH & HUMAN SERVICES

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