



Commissioned Corps BULLETIN

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Surgeon General's Column

Since I was sworn in as Surgeon General a few short months ago, not a day has gone by that I have not recognized the importance, privilege, and enormity of this job.

During my 4-year term in office, I hope to make significant progress on three fronts: prevention of illness and injury, closing the gap in health care disparities, and public health preparedness.

Last month I wrote to you about disease prevention through healthy eating and physical activity. This month, in honor of *Black History Month*, I would like to talk to you about the importance of 'closing the gap' in health care disparities among minorities.

I am of Puerto Rican descent. I was raised in a poor section of Harlem, dropped out of high school, and ran the streets. I *know* health disparities, because I lived them. Eliminating health care disparities is not just an *issue* for me. It's part of who I am, and where I came from. It is very important to me to make progress in this area. The current situation is unacceptable.

Let's look at some disparities for all minority groups, from the beginning of life: African-American women are 4 times more likely to die during pregnancy and childbirth than Caucasian women; an African-American baby is at least 2.5 times more likely to die in the first year of life than a Caucasian baby; and a Native American baby is 1.5 times more likely to die.

African-American men suffer from heart disease at a rate 25 percent higher than whites. And African-American women are 34 percent more likely to die from heart disease than white women.

Diabetes, another very damaging chronic illness, also hits minorities especially hard. Native Americans suffer from diabetes at nearly 3 times the average rate. For Hispanics, the rate is nearly double that of whites. African-Americans suffer 70 percent higher rates of diabetes than whites and have the *highest death* rate. Studies show that some Asian and Pacific Islander groups—particularly native Hawaiians, run double the risk of Type 2 diabetes than Americans overall.

Let's look for a moment at AIDS. When the epidemic really took off in the mid-1980s, 60 percent of the new cases were in white men, 25 percent were in African-Americans, and 14 percent in Hispanics. But by 1999, 67 percent of new AIDS cases were among minority groups: African-Americans, Hispanics, Asian Americans, and Native Americans.

To me, these statistics we talk about represent real people—people such as my family and neighbors from my youth in Harlem, people with whom I fought alongside of in Vietnam, and people I've cared for as a trauma surgeon since.

Our health care system is the envy of the world. But for too long we've seen chronic illnesses affect minorities at a higher rate than whites.

What Can We Do About It?

More than a race issue, I think, it is really an education issue and an access issue. For instance, we need to improve access to health care to all Americans, especially those who live in areas that have been traditionally underserved—rural areas and inner cities.

President Bush and Health and Human Services (HHS) Secretary Thompson are as passionate about this issue as I am. They have made strengthening the health care safety net a fundamental goal of HHS.

The President has committed to increasing the number of community health centers by 1,200 over the next 5 years and eventually doubling the number of people they serve to reach at least 22 million low-income Americans.

Secretary Thompson recently announced \$85 million in grants to support the work of the National Institutes of Health's (NIH) Center for Minority Health and Health Disparities. About \$10 million of that will go to support State and community-based efforts to eliminate HIV/AIDS and other disparities in racial and ethnic communities. NIH Director, Dr. Elias Zerhouni, is also working hard to build more collaboration between research institutions.

The Public Health Service (PHS) Commissioned Corps could serve as a model for the future of health professions. About 30 percent of PHS Commissioned Corps officers have self-reported that they are part of an ethnic minority group. That 30 percent far exceeds the percentage of

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Surgeon General's Column

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minority health care professionals in the United States generally.

It is so important that people feel comfortable with their doctors. Many people, understandably, want a doctor or nurse who shares his or her language or culture. Many women prefer female doctors. Many men prefer male doctors. The diversity in the PHS helps meet this need. I'm encouraging this diversity in the Corps and beyond.

But let's look at lifestyle and behavior, too. I'm not just pushing this for minorities. I'm pushing it for everyone. Many diseases are almost entirely preventable with good nutrition and exercise.

Prevention is a key to reducing health disparities. This may not be easy. It may require breaking down or revising some cultural norms. For instance, I'm Hispanic, and we love to eat. Meals are a time of connecting and talking. While the food is a minor player in the event, we need to be more careful about *what* we eat.

We have got to let people know that they can prevent illness by eating a healthy diet and getting enough physical activity. We may need to get that message out in a more 'culturally competent' manner. I have directed my staff to look at ways to write future *Surgeon General's Reports* in plain English, so everyone can understand them.

We need to be more creative in getting the word out about what it takes to get and stay healthy. But ultimately it is up to the individual to choose healthy behavior.

For too long, racial and ethnic minorities have suffered from illnesses at a greater rate than the general population. I pledge to work every day, through my position as Surgeon General and by example in my own life, to close that gap.

I know that many commissioned officers are working to improve access to quality health care services, or directly providing health care services themselves, to minority groups. I appreciate their dedication and hard work. I envision that in the future we will have many more officers serving their country in this manner.

VADM Richard H. Carmona
Surgeon General



IMPORTANT!

Army Cardigan Sweater Authorized

Effective December 18, 2002, the Surgeon General authorized the wear of the Army black cardigan sweater with epaulettes.

CORRECT WEAR OF THE ARMY BLACK CARDIGAN SWEATER

- (1) Authorized for **indoor** wear only.
- (2) Authorized for wear with the Service Dress Blue (w/o coat), Summer White, Summer Blue, Summer Khaki, Winter Blue, Indoor Duty White, Working Khaki, and Winter Working Blue uniforms.
- (3) Soft shoulder boards are to be worn at all times with the black cardigan sweater.
- (4) When worn, officers may wear the cardigan buttoned (must button all five buttons) or unbuttoned.
- (5) When the black cardigan sweater is worn with the Service Dress Blue uniform (w/o coat) or the Winter Working Blue uniform, the collar of the shirt should be tucked inside the sweater. When worn with other authorized uniforms, the collar of the shirt may be worn open and outside the sweater.
- (6) Any rank/Public Health Service (PHS) insignia that is part of the uniform being worn must still be worn on that uniform when wearing the black cardigan sweater (i.e., rank and PHS device on the Summer Khaki, Winter Blue, Working Khaki, Winter Working Blue uniform collar, or shoulder boards hard/soft on the Service Dress Blue (w/o coat), Summer White, Summer Blue, and Indoor Duty White uniforms).
- (7) Officers may cuff the sleeves of the cardigan, but may **not** roll or push up the sleeves.
- (8) Officers will **not** wear the nameplate, ribbons, badges, or other distinctive insignia on the cardigan.

The phase-out date for wearing the previously approved Navy and Army cardigan sweaters will be October 1, 2003.



Information Regarding 'Shipping Officer' Changes for NIH

An organizational shift at the National Institutes of Health (NIH) prompted NIH to subcontract their officer assistance program. Therefore, PHS Commissioned Corps officers with the Bureau of Prisons, Environmental Protection Agency, Health Resources and Services Administration, NIH, Program Support Center, Substance Abuse and Mental Health Services Administration, and U.S. Coast Guard now have a new contact for permanent moves (e.g., call-to-active-duty,

permanent change of station, transfers, separations, and retirements).

The new contact/shipping officer for those officers with the Agencies/Operating Divisions/Programs listed above is:

Prudential Relocation Services
ATTN: Ms. Patricia Grimes
1325 G Street, NW, Suite 600
Washington, DC 20005
Phone: 202-626-5003



Commissioned Corps Readiness Force

Typhoon Pongsona

On December 8, Super Typhoon Pongsona struck the Island of Guam, the Federated States of Micronesia, and the Commonwealth of the Northern Mariana Islands. Wind gusts were measured at up to 184 miles per hour. Commissioned Corps Readiness Force (CCRF) officers deployed to Guam to augment a Disaster Medical Assistance Team, which was tasked with delivering medical care to islanders impacted by the storm. Other officers worked as liaisons in the Regional Operations Center, the Secretary's Command Center, the Disaster Field Office, and at the Federal Emergency Management Agency. Four CCRF nurse officers were cited by the Guamese for their work in providing public health nursing services at various locations on the island.

Stand With Us

The ability of the Public Health Service (PHS) Commissioned Corps to appropriately respond may have a significant impact on our Nation's public health. If you are not currently a member of CCRF, please immediately reconsider this decision. In the event of another attack on our Nation, surely every officer in the commissioned corps would want to be eligible to be a part of our response. The way to accomplish that is to join CCRF now—not later. If you are already a member of CCRF, make sure that you have completed all the deployment requirements so that you can be utilized without restriction to future events.

CCRF: The First 10 Years

CCRF will be 10 years old in 2004. CCRF is in the process of recording its history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail

CDR Martinelli—amartinelli@osophs.dhhs.gov—to receive the form.

CCRF Officer Profile: Passport Update

Please update your CCRF information at—<http://oep.osophs.dhhs.gov/ccrf>. We have noticed that many members have not reported their *passport* information. A passport is not required for membership, but it may be needed for international missions. You do not need a Diplomatic, Official, Military Dependent, Peace Corps, or other No-Fee Regular Passports. Your personal passport will do and is preferable. For additional passport information see—

http://travel.state.gov/passport_services.html.

CCRF Training

CCRF training for 2003 includes the following: Mass Vaccination with National Pharmaceutical Stockpile (NPS) Training; Combined Humanitarian Assistance Response Training (CHART); Forensic Dental Identification and Emerging Technologies Course; Radiation 'Truth and Consequences'—a course for clinicians and scientists; and CCRF Field Basics. These courses will be offered at locations around the country including the PHS Noble Training Center in Anniston, AL. Our Basic Life Support (BLS) course, which was offered, filled within 24 hours. Future BLS courses will be offered. For more information visit the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

National Nurse and Pharmacy Response Teams

As you know, National Nurse and Pharmacy Response Teams are being established for civilian nurses, pharmacists, nursing students, pharmacy students, and pharmacy technicians. Many thanks to our Team Leaders who are helping to make this happen. The Team Leaders are, by Region:

REGION I – CAPT E. Madigan and CDR J. Watkins;

REGION II – CDRs S. Middleton and M. Spataro;

REGION III – CDR R. Skerda and LCDR S. Orsega;

REGION IV – CAPTs K. MacFarlane and D. Taylor;

REGION V – LCDRs D. Fletcher and S. Giberson;

REGION VI – CAPT D. Kuhl and CDR K. Coyne;

REGION VII – CAPTs J. Butler and D. Katsch;

REGION VIII – CAPT R. Bauer and CDR R. Valandra;

REGION IX – CAPT K. Downs and CDR M. Riley; and

REGION X – CAPT J. Polder and CDR J. Coleman.

Changes in CCRF Deployment Requirements

REMINDER: Starting January 1, 2003, the current CCRF membership system ('candidate,' 'roster qualified,' and 'fully qualified') was to be reduced to only two levels—'candidate' and 'fully qualified.' If implemented, an officer would have had to complete every CCRF requirement, including all Web-based modules, in order to deploy.

In the next few months, CCRF hopes to make suggestions to the Surgeon General and the Chief Professional Officers about the CCRF roster requirements. However, CCRF was in danger of losing a large percentage of its deployment capability as of January 1, 2003. Therefore, CCRF requested that the Surgeon General approve a waiver extension of 6 months to allow the existing three levels of membership to continue until June 30, 2003. The Surgeon General approved and signed this request on October 28, 2002, thereby allowing additional time to either make changes to CCRF program requirements or complete the existing requirements.

To our members who worked diligently to satisfy the CCRF program requirements before the end of December 2002, your work has not been in vain. These qualifications were and will continue to be the requirements for the Field Medical Readiness Badge.



Keeping You Informed

Moving is always stressful, but doesn't need to be confusing. Below is a list of basic entitlements you can usually receive when performing a Permanent Change of Station (PCS). **Please remember that you must always contact your Agency's shipping officer before performing any type of PCS move, including a personally prepared move, to avoid reimbursement complications.**

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank;
- (3) 90 days of storage for your HHG, if needed;
- (4) Dislocation Allowance (DLA), if qualified; and
- (5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

These entitlements are not 100 percent certain. Each entitlement has rules that govern it. You must qualify for each entitlement through the rules in the Joint Federal Travel Regulations.

Regulations Update

Travel regulations are changing rapidly. Here are the most current changes that will affect Public Health Service Commissioned Corps officers.

- (1) A long awaited change occurred **January 1, 2003**. The flat rate per diem that is paid to members who perform a PCS increased from **\$50 to \$85** per travel day. Dependents will continue to receive the appropriate **percentage** of that per diem rate when travel is performed in conjunction with the officer's PCS. This change allows the per diem amount to increase when the General Services Administration's Continental United States (CONUS) rate increases.
- (2) Clarification of the 14-hour rule for travel. This is used to determine when premium-class other than first-class accommodations may be authorized for air travel. The 14 hours now includes plane changes and en route stopovers.
- (3) Adding of business class as a class of service offered on Amtrak trains permits its use as advantageous to the Government when it is the lowest available class of service.
- (4) Allows reimbursement for ATM (Automatic Teller Machine) fees when a uniformed member, exempt from the requirement to use the Government charge card for official travel, uses an ATM or personal charge card to obtain cash.
- (5) Even though an employee is responsible for all costs associated with the excess weight of an HHG shipment, the Government will pay the total cost of transportation and/or storage of the shipment. The Government will then collect reimbursement from the employee in accordance with finance regulations.

New Rates

PRIMARY DISLOCATION RATES EFFECTIVE JANUARY 1, 2003

| Grade | Without Dependent Rate | With Dependent Rate |
|-------|------------------------------|---------------------------|
| O-10 | \$2,708.27 | \$3,333.86 |
| O-9 | \$2,708.27 | \$3,333.86 |
| O-8 | \$2,708.27 | \$3,333.86 |
| O-7 | \$2,708.27 | \$3,333.86 |
| O-6 | \$2,884.63 | \$3,001.84 |
| O-5 | \$2,393.02 | \$2,893.49 |
| O-4 | \$2,217.65 | \$2,550.63 |
| O-3 | \$1,777.27 | \$2,110.24 |
| O-2 | \$1,409.79 | \$1,801.89 |
| O-1 | \$1,187.15 | \$1,610.78 |

Administrative Information

When an officer performs a PCS, he/she is entitled to ship 'Professional Books, Papers and Equipment' (PBP&E) without the weight of these items counting against the HHG maximum weight. The rule that applies is that the PBP&E **must** be needed to perform official Government duties.

If you have equipment and/or books that fit this criteria, please remember to talk to your shipping officer for guidance in this matter. You must get a separate weight from the shipping company to account for what is being shipped in this manner. If you do not get a separate weight, the items will be counted as part of your HHG.

If you have questions pertaining to your travel entitlement, check the "Commissioned Corps Travel and Transportation Center" under "Services" on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—or you may call or e-mail LCDR Ron Keats at 301-594-3376 or rkeats@psc.gov. □

Asian Pacific American Officers Committee Solicits Nominations

The Asian Pacific American Officers Committee (APAO) invites nominations, or self-nominations, to serve a 3-year term on the committee beginning **October 2003**.

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

If you would like to be considered for appointment to the committee, please visit APAOC's Web site—www.apaoc.freeservers.com—and download the nomination form. Send the completed form by **June 27, 2003**, to:

LT Cheryl Lynn Fajardo
5600 Fishers Lane, Room 10C-06
Rockville, MD 20857-0001

Phone: 301-443-8835
Fax: 301-594-0186
E-mail: CFajardo@hrsa.gov □

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 the spring of 2003.

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 nominated officer'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, 2003**, with the requested documents as attachments (in Word® or WordPerfect® format), to:

CDR Dusty Rhodes
Chair, PHS Veterinary Professional
Advisory Committee
E-mail: rhodesl@mail.nih.gov



Nominations Sought for Health Services PAC's 2003 Kissel and Garcia Awards

The Health Services Professional Advisory Committee (HS-PAC) is inviting nominations for the "Stanley J. Kissel Jr. Award for Outstanding Health Services Professional of the Year." The nominee must have had significant impact on the Nation's public health, exhibited leadership in the achievement(s) being cited, and served as a role model to others.

The HS-PAC is also inviting nominations for the "Joseph Garcia Jr. Award for Outstanding Junior Health Services Officer of the Year." This award will go to a junior health services professional who made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in his or her work, and showed involvement in health-related professional or community organizations or activities.

Commissioned corps officers from the Health Services category and equivalent civil service professionals, excluding members of the 2003 HS-PAC, are eligible for these awards. Nominations must be received by **April 30, 2003**. The awards will be presented on June 17 at the Commissioned Officers Association's meeting in Scottsdale, AZ.

Nominations that do not follow the correct format will not be reviewed. Award criteria and nomination forms for either of these awards may be obtained by contacting:

LCDR Ana del P. Cintron
E-mail: acintron@ora.fda.gov
Phone: 561-338-7631 ext. 20



Retirements - January

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

| | |
|----------------------|-----|
| Thomas D. Beck | IHS |
| Edgar R. Cordivin | IHS |
| Harry Handelsman | FDA |
| Thomas K. Hodous | CDC |
| Herbert C. Morse III | NIH |
| James E. Nagel | NIH |
| Jay P. Siegel | FDA |
| Kenneth W. Smead III | CG |

DENTAL

CAPTAIN

| | |
|---------------------|------|
| James W. Farrington | HRSA |
| Terry G. Haney | IHS |
| John P. Rossetti | HRSA |
| Clifford C. Scharke | OS |

COMMANDER

| | |
|-----------------------|-----|
| James V. Dewhurst III | IHS |
| Milton J. Eisiminger | IHS |

NURSE

CAPTAIN

| | |
|-----------------------|------|
| Claudette V. Campbell | CMS |
| Judith J. Danielson | FDA |
| Joseph P. Fink | HRSA |
| Susan J. Morris | IHS |
| Carolyn K. Riley | CMS |

COMMANDER

| | |
|-------------------|------|
| Tony M. Zorzynski | HRSA |
|-------------------|------|

LIEUTENANT COMMANDER

| | |
|-----------------|-----|
| Cathy M. French | BOP |
|-----------------|-----|

ENGINEER

CAPTAIN

| | |
|--------------------|-----|
| Bruce W. Danielson | FDA |
| Charles O. Mann | EPA |

SCIENTIST

REAR ADMIRAL (LOWER)

| | |
|--------------------|----|
| Hugh S. Sloan, Jr. | OS |
|--------------------|----|

CAPTAIN

| | |
|-----------------|-----|
| Pomeroy Sinnock | CDC |
|-----------------|-----|

ENVIRONMENTAL HEALTH

COMMANDER

| | |
|-------------------|-----|
| Michael C. Hanika | CDC |
|-------------------|-----|

HEALTH SERVICES

CAPTAIN

| | |
|-----------------------|------|
| Robert J. Carson | HRSA |
| Peter A. Demonte, Jr. | IHS |
| Alfred G. Fahlstedt | IHS |



Question Regarding Alcohol/Drug Abuse of PHS Officers

QUESTION

What recourse is available to a manager or colleague when a Public Health Service (PHS) Commissioned Corps officer reports to work under the influence of alcohol or a controlled substance?

ANSWER

A colleague should report the incident to the supervisor who will then:

- (1) arrange for the immediate removal of the officer from the duty station, and direct the officer accordingly;
- (2) report the incident to the Agency's Commissioned Corps Liaison, the Division of Commissioned Personnel's (DCP) Adverse Actions (AA) Officer, and inform the Medical Affairs Branch (MAB) of DCP;
- (3) comply with any local Agency or Program reporting requirements; and
- (4) document the incident.

An officer may expect disciplinary action ranging from a Letter of Reprimand to Involuntary Termination or Retirement for misconduct.

An officer has the responsibility to accept treatment for substance abuse. Failure to do so may subject the officer to further disciplinary action. The officer has the responsibility to cooperate with requests from MAB for all necessary documentation.

Further guidance may be found in INSTRUCTION 8, "Policy on Alcohol and Other Drug Abuse," Subchapter CC29.3 of the Commissioned Corps Personnel Manual (CCPM); INSTRUCTION 6, "Disability Retirement," Subchapter CC23.8 of the CCPM; and INSTRUCTION 1, "Disciplinary Action," Subchapter CC46.4 of the CCPM.

DCP's AA Officer can be reached at 301-594-0669 (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—40669). DCP's MAB can be reached at 1-800-368-2777. A list of Commissioned Corps Liaisons can be found at—

<http://dcp.psc.gov/contacts.asp>



The Legal Assistance Checklist

Things to Keep in Mind—and Up-to-Date— If You're Deployable

Written by Christopher Julka, LT, JAGC, USNR

Defense Counsel, Naval Legal Service Office, North Central

EDITOR'S NOTE: This article appeared in the November 14, 2002 issue of 'The Journal' which is published by the National Naval Medical Center in Bethesda, MD. It is being reprinted in the Commissioned Corps Bulletin with permission of the author. It is hoped that readers will find the general guidance in this article informative.

At any moment, a soldier or sailor could receive orders to a station far from home. Anyone up on current events knows that is a distinct possibility now, perhaps more than ever.

If you are a service member, on active duty, in the Reserves, or in the National Guard, would you be prepared personally for such an event? Do you have all of your important legal, financial and military documents organized in a file for ready reference?

Do you have a will? Have you granted the needed powers of attorney? Are you familiar with the numerous Federal protections that exist specifically for military members?

If you answered no to any of these questions, chances are you would not be prepared. Frequently, orders for redeployment or mobilizations will come on short notice. That means you probably would not have enough time to attend to matters since they tend to be complicated and may involve setting up appointments days or weeks in advance. Therefore, now is the time to make sure you are ready for deployment.

General Preparations

You, jointly with your spouse if you are married, should establish a file that contains copies of all vital documents and valuable information. Put this file in a safe place that is accessible to your family at home.

Here is a checklist of important basic documents:

- Armed Forces' identification cards for all family members who are 10 or older;
- nine copies of TAD/PCS orders;
- lists of current addresses and telephone numbers of all immediate

family members of yourself and your spouse;

- marriage certificates;
- birth certificates for all family members;
- Social Security cards;
- court orders relating to divorce, child support, custody, alimony or property division;
- citizenship papers
- adoption papers;
- passports;
- wills; and
- powers of attorney

In addition to securing documents, you and your family should get to know your basic legal and financial facts of life. Let those at home know the locations, types, and numbers of all needed bank accounts, safe deposit box keys, checkbooks, and credit cards. They should also know of all debts and ongoing expenses, including those related to credit cards, mortgages/rent, telephones, water, trash collection, insurance, fuel, and taxes. They should know the location of Federal and State tax records, deeds, records and receipts, stocks, bonds, and other investment securities, and copies of any sales or installment contracts and finance agreements.

Automobiles pose a special class of issues. One should know the location of each vehicle's title, registration, and insurance policy. Check when drivers licenses and license plate stickers are due to expire. Provide for duplicates of all keys. Ensure that all vehicles are in good operating condition and are equipped for emergency repairs.

Check that everyone in the family is up-to-date with immunizations. Make sure that those left behind know where medical and dental records are kept and where to get medical assistance. A record of inoculations for all family members should be maintained. Make arrangements for sitters to be available during absences or emergencies.

Allotments

Will the family you leave behind have enough money? For this purpose, you can

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The Legal Assistance Checklist

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set up an allotment. This is an automatic deduction from your paycheck that would be made directly to a bank account accessible to other family members. It normally takes 3 to 4 days for the allotment to appear. If this does not happen, your loved ones should contact the nearest Family Service Center. If you already have an allotment set up, make sure that it is large enough to meet all of the family's needs.

Power of Attorney

A power of attorney grants authority to an agent to handle your affairs and manage your finances in your absence. Typically, sailors grant general powers of attorney when they are about to be absent from home for an extended period. However, although this is frequently done, you should be careful. A general power of attorney gives the agent virtually unlimited power. It is like a blank check. A way to limit this risk is to create a special power of attorney. In it, you spell out the powers your agent will have, such as authority to receive household goods or sanction to sell an automobile.

Wills

Sailors typically request wills and powers of attorney prior to deployment. You may or may not need these documents. A will is a document which provides for the distribution of your estate in the event of your death. A will is not necessary for your wealth to be distributed to your family members. Every state has laws of intestacy, which are basically default wills

that go into effect for people who die without wills. Typically, under these laws, the estate passes to the spouse and children of the testator (the testator is the person who fills out the will), in varying proportions.

However, these laws vary from state to state. You can make sure that your wealth goes to the people you want by creating a will. If you have lots of wealth, a will can also provide the means for your beneficiaries to avoid the estate tax.

Another advantage of a will is that it can save the executor the expensive hassle of having to post a bond in order to administer the estate. Furthermore, if you have children, you can arrange in your will for the appointment of a guardian, a trustee, or a custodian. A guardian can take care of your children if you are dead, and a trustee or custodian can manage the money you have left them until they are old enough to do so themselves.

Federal Protections

This country has long accorded soldiers and sailors special legal protections in recognition of the extraordinary sacrifices they typically undertake. For example, a law called the Soldiers and Sailors Civil Relief Act extends various benefits to debtors, renters, and people in lawsuits, under certain circumstances. Another Federal statute, the Uniformed Services Employment and Reemployment Rights Act (USERRA), protects the job left behind by Reservists who are mobilized.

Medical Affairs Branch

The Delta Dental Plan of California, located in San Francisco, has again been awarded the contract for the TRICARE Retiree Dental Program (TRDP). The award of approximately \$987,098,652 is for 5 years. This dental contract, which begins on May 1, 2003, is replacing the current TRDP contract to provide a voluntary, enrollee-funded dental plan to uniformed services retirees and their family members, certain surviving family members of deceased active-duty

TRICARE Retiree Dental Program

sponsors, and to Medal of Honor recipients and their immediate family members and survivors.

The TRDP offers dental coverage throughout the 50 United States, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands, and Canada. All premiums are paid by the enrollee and vary depending on where the enrollee lives.

Recent Deaths

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

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

| <i>Title/Name</i> | <i>Date</i> |
|--------------------------------|-------------|
| MEDICAL | |
| <i>CAPTAIN</i> | |
| William R. Thomas | 12/23/02 |
| <i>COMMANDER</i> | |
| Raymond F. Smith | 12/11/02 |
| DENTAL | |
| <i>LIEUTENANT</i> | |
| Milton E. Auerbach | 12/14/02 |
| NURSE | |
| <i>LIEUTENANT JUNIOR GRADE</i> | |
| Hazel M. Crosswhite | 12/04/02 |
| ENGINEER | |
| <i>CAPTAIN</i> | |
| Carl A. Lindstrom | 12/08/02 |
| ENVIRONMENTAL HEALTH | |
| <i>CAPTAIN</i> | |
| Bayard F. Bjornson | 12/28/02 |

COA's 2003 Public Health Conference to be Held June 15 through 20

The 2003 Public Health Conference sponsored by the Commissioned Officers Association (COA) will be held June 15 through 20 in Scottsdale, AZ, at the Westin Kierland Resort and Spa. "Weaving Tomorrow's Public Health Infrastructure" will be the theme of the conference.

Visit the COA Web site—<http://conference.coausphs.org>—for registration, the latest agenda, continuing education information, sponsorship opportunities, and related events.

Contact information is as follows:

COA USPHS Conference
 P.O. Box 456
 Arnold, MD 21012-0456
 Phone (toll-free): 866-544-9677

Call for Nominations for the Scientist Professional Advisory Committee's 2003 Scientists of the Year Awards

Nominations are being sought for the Scientist Professional Advisory Committee's (SciPAC) Scientists of the Year Awards. These awards recognize scientist officers whose professional careers and work performance have resulted in significant contributions to the health of the Nation and to the mission of the Public Health Service (PHS).

The SciPAC will present two awards: one to recognize the achievement of a senior-level officer, and one to acknowledge the contributions of a junior-level officer. These awards will be presented by the Surgeon General at the annual meeting of the Commissioned Officers Association in June 2003. Recipients of the awards will receive a "Derek Dunn Memorial Scientist of the Year" or "Young Scientist of the Year" plaque, and a special letter of recognition from the SciPAC.

Nominees must be active-duty officers in the Scientist category—officers in other professional categories are not eligible for these awards. For the "Derek Dunn Memorial Scientist of the Year" award, scientist officers with 7 or more years of

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

Officers may self-nominate or nominate others. Nominations are due by **March 3, 2003**.

More information about the awards and the submission process details are available at—

<http://usphs-scientist.org/contributions/awards/2003awards.htm>.

If you have questions after reviewing the Web site, please contact:

LCDR John Mosely Hayes
Phone: 334-206-5971
E-mail: jmhayes@adph.state.al.us

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

Military Officers Association of America 'Base/Post Scholarship'

The Military Officers Association of America (MOAA) (formerly The Retired Officers Association (TROA)) is again offering a 'Base/Post Scholarship.' This is a program to honor 100 college-bound or current undergraduate students, under age 24, with individual \$1,000 scholarship grants for the 2003-2004 school year. One of these scholarship grants is specifically designated for the dependent of an active-duty Public Health Service Commissioned Corps officer.

MOAA membership is not required and there are no need-based criteria, no GPA minimum, no essays, and no fees. Students need only to complete the online application located on MOAA's Web site—<http://www.moaa.org>. Scholarship winners will be randomly selected from among all applicants, with representation given to each of the uniformed services. The deadline for online entry is **March 1, 2003, noon, EST**.

There is other information about scholarships and loans on the MOAA site as well. □

DEPARTMENT OF HEALTH & HUMAN SERVICES

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