



Commissioned Corps BULLETIN

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Surgeon General's Column

"May you live in interesting times."

—Chinese admonition

Indeed, these are interesting times. We have survived a new year, a new century, and a new millennium, and, as if that were not enough, we have witnessed a Presidential election unlike anything since Thomas Jefferson was elected President in 1800 or Rutherford Hayes in 1876. Both elections were "interesting," to say the least, and sparked a great deal of controversy in their own right, easily rivaling what we just witnessed. Perhaps the most noticeable difference is that the citizens of that day lacked the benefit of having CNN and MSNBC telling them how interesting it was!

There's another reason we can lay claim to the fact that these are interesting times. In the 3 years since I have served as Surgeon General and Assistant Secretary for Health, we have published four Surgeon General's Reports on major public health issues confronting the Nation: suicide, mental health, oral health, and tobacco cessation. Surgeon General's Reports have a longstanding tradition of being trusted, respected, and highly regarded by the American people because they bring the best available science to bear on some of our most challenging health problems. While they are not policy documents, they do have clear policy implications, and we have been careful to point out the disparities, barriers to access, and global implications of each public health issue within each report.

In June 1999 we responded to the pleas of some of our Nation's silent sufferers and released the first-ever *Surgeon General's Call to Action to Prevent Suicide*.

When we released the Call to Action, we stated unequivocally that suicide is a serious public health problem. Most people don't realize that suicide is much more common than homicide. For every two homicides, there are three suicides. More than 30,000 people die each year in this country as a result of suicide—that's 81 people each day. It's the eighth leading cause of mortality and the third leading cause of death among young people age 15 to 24. Suicide is a serious complication of mental illness. In fact, 80 to 90 percent of people who commit suicide are suffering from a mental illness. Very soon, we will release a National Strategy for Suicide Prevention.

In December 1999, we released *Mental Health: A Report of the Surgeon General*. No other issue to cross my desk has struck such a chord with the American people as mental health. In this landmark report, we pointed out that mental health is fundamental to overall health and personal well-being. We also stated that mental disorders are real and that in the U.S. one in five persons suffers from a mental disorder each year. The good news in the report is that mental disorders can be correctly diagnosed and treated. In fact, the last 25 years have resulted in a scientific revolution that has revealed excellent treatments for mental illnesses. We estimate that 80 to 90 percent of mental disorders are treatable and can return people to productive lives and positive relationships. The bad news is that less than half of those people who experience a mental illness each year seek treatment because of stigma.

Our work in mental health is far from over. We are working on several fronts to

eliminate the stigma associated with mental illness. We are planning to release the following supplements to the Mental Health Report: Culture, Race and Ethnicity; Youth Violence Prevention; and Children's Mental Health.

In May 2000 we published *Oral Health in America: A Report of the Surgeon General*. In that report, we noted major problems with access that began with lack of health insurance but went far beyond that. Even when comprehensive dental coverage is available through States, use of dental care is low. We have found people tend to pose two major reasons for not visiting the dentist: denial that a problem exists, and cost. The latest report by the Department's Inspector General revealed serious shortcomings in Medicaid dental programs in the U.S. and that the level of reimbursement from Medicaid is a major concern.

We must also address issues surrounding socioeconomic status, such as education, income, and housing. Some poor children have limited access to oral healthcare, as well as some nursing home residents. Low educational level has often been found to have the strongest and most consistent association with tooth loss, among all predisposing and enabling

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Surgeon General's Column

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variables. We must eliminate discrimination in quality by professionals.

In August 2000 we published the *Surgeon General's Report on Reducing Tobacco Use*. While there have been more Surgeon General's Reports on tobacco than any other topic, this report marked the first time we ever provided an in-depth analysis of the various methods to reduce tobacco on all major fronts—educational, clinical, regulatory, economic, and comprehensive.

Smoking remains the leading cause of preventable death in this country. Today, nearly one-quarter of U.S. adults and one-third of U.S. teens continue to smoke, and in recent years we have witnessed an increase in smoking rates among college students. We believe that efforts should focus on promoting quitting among adults and youth smokers; preventing young people from ever starting to smoke; and protecting citizens from second-hand smoke.

By the time you read this, we expect to have released the *Surgeon General's Call to Action on Promoting Sexual Health and Responsible Sexual Behavior*. We hope that, among other things, it will spark a respectful and mature dialogue on sexual health that is long overdue. More on that next month.

Until then, may we all continue to protect and advance the health and safety of our Nation's people, and may you continue to live in interesting times!

ADM David Satcher
Assistant Secretary for Health
and Surgeon General



Commissioned Corps Readiness Force

Kotzebue Deployment

From mid-November through December, nine Commissioned Corps Readiness Force (CCRF) nurses deployed to the Mannilaq Health Center in Kotzebue, Alaska, to assist in delivering healthcare to the native Alaskan people. The health center is the primary healthcare facility for people within the Northwest Arctic Borough, an area the size of Indiana, with a population of less than 10,000. The nearest facility offering similar services is 600 miles away in Anchorage.

The Borough has no roads connecting it with the rest of the world, and no roadways connecting any of the villages with each other. However, in the winter once the Kotzebue Sound and the Kobuk River freeze, a road is plowed through the snow connecting Kotzebue with the villages of Noorvik and Kiana. Kotzebue is located inside the Arctic Circle and is only accessible by air for 7 months out of the year. A recent weather report from our nurses put the windchill at minus 51 degrees, with light snow and near white-out conditions.

An acute nursing shortage threatened to force cancellation of Medevac flights to the surrounding 11 towns and require that obstetric patients be flown to Anchorage. The CCRF nurses worked in up to 2-week shifts in support of the Mannilaq mission. These officers deserve special thanks for their willingness to deploy on short notice during the holiday season so they can help those in need.

St. Elizabeths Hospital

Several Environmental Health Officers (EHOs) responded to a request from St. Elizabeths Hospital in Washington, DC, for support in completing safety inspections of more than 100 occupied buildings on the campus. Many of these buildings are more than 100 years old, with a broad variety of associated signs of age.

During a 2-month period, three EHO active-duty officers and an EHO Junior Commissioned Officer Student Training and Extern Program participant, ENS Nicole Lincoln, deployed to St. Elizabeths Hospital for 2 days per week shifts while continuing their regular job responsibilities. Reports from the hospital indicate that these officers distinguished themselves with their enthusiasm, skills, and work ethic.

Presidential Inauguration

A CCRF medical team will be deploying to support the U.S. Secret Service and other Federal law enforcement personnel during the events surrounding the Presidential Inauguration. Additionally, CCRF personnel will perform liaison roles with the Federal Bureau of Investigation's Strategic Information and Operations Center and the Office of Emergency Preparedness' Management Support Team. A report on this activation will appear in next month's issue of the *Commissioned Corps Bulletin*.

The Year in Review

CCRF personnel responded to an array of activations during calendar year 2000: liaison support with the Federal Emergency Management Agency for Y2K; providing a medical team to the U.S. Secret Service at the International Monetary Fund Meeting in Washington, DC, the Republican National Convention in Philadelphia, and the Democratic National Convention in Los Angeles; supplementing the PHS-1 Disaster Medical Assistance Team (DMAT) with the Maryland National Guard at Fort Pickett; evaluative and liaison activities during TOPOFF in Denver, CO, Portsmouth, NH, and Washington, DC; providing clinicians for the National Oceanic and Atmospheric Administration's Marine Mammal Study in the Pacific; supporting St. Elizabeths Hospital by activating EHOs; and addressing an acute nursing shortage in Kotzebue, AK.

CCRF Web Site

Please remember that CCRF members are responsible for keeping their data current. All CCRF members should visit the CCRF web site frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information. See <http://oep.osophs.dhhs.gov/ccrf> Any commissioned officer interested in applying for CCRF membership may apply online at the above web site by simply clicking on "Apply" and following the 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" on the web site. The CCRF staff may be reached at - ccrf@osophs.dhhs.gov



Career Status Bonus

The retirement plan for which a Public Health Service (PHS) Commissioned Corps officer is eligible depends upon when he or she "first became a member" of any Uniformed Service. This date is referred to as the **DATE OF INITIAL ENTRY TO MILITARY/UNIFORMED SERVICE (DIEMS)**. The DIEMS is important because it impacts the way each active-duty commissioned officer will have his or her retired pay calculated once they become qualified for retired pay.

The DIEMS is the date that the member was first enlisted, commissioned, appointed, or inducted into a regular or reserve component of any Uniformed Service as a commissioned officer, warrant officer, or enlisted member. The DIEMS includes contracts for service in the Delayed Entry Program, service performed as a midshipman or cadet at a Service academy, or in an advanced Reserve Officers Training Corps (ROTC) program. This date also includes service in either a reserve or Federally-recognized National Guard component. The contract that established the DIEMS is not necessarily creditable for base pay entry date (BPED) computations. For a number of PHS commissioned officers, the DIEMS may be prior to the BPED. In no case will the DIEMS include civil service time nor will it be adjusted for broken or time lost.

The DIEMS is used to determine for which retirement plan a member is eligible: the "FINAL PAY" retirement, the "HIGH 3" retirement, or the "CHOICE" retirement plan. The "CHOICE" plan, recently approved by Congress, allows the member to elect to receive the new "Career Status Bonus" (CSB, a.k.a. "REDUX" bonus). Members should validate the first date that they made a contractual commitment to the Uniformed Services. Some Service academy graduates who were eligible for retirement during the fall of 2000 may have a DIEMS that is 2 to 4 years earlier than their BPED.

Details about each retirement plan are described below. For additional information, a comparison of retirement plans, and a "retirement calculator," refer to — <http://pay2000.dtic.mil>

"FINAL PAY"

Active-duty commissioned officers of the PHS with a DIEMS of September 7, 1980 or earlier will be retired under this

plan. "FINAL PAY" retired pay is calculated based on the highest basic pay grade that the member was entitled to during his or her career. This is usually the rate being paid on the first day the member becomes entitled to retired pay.

"HIGH 3"

Under this plan, retired pay is calculated using the average of the highest base pay rates the member was entitled to during any 36 months of the officer's career. At the completion of 20 years active service, the member's retired pay would be 50 percent of this average. Each subsequent year, the retired pay multiplier increases by 2.5 percent to a maximum of 75 percent at 30 years of service. Members with a DIEMS from September 8, 1980 through July 31, 1986 will receive retired pay under this plan.

"CHOICE"

The "CHOICE" plan was crafted to address the inequity created by the so-called "REDUX" retirement plan. Under this plan, active-duty members who have a DIEMS of August 1, 1986 or later may elect to accept the \$30,000 CSB at the completion of 15 years active-duty service and receive a reduced amount of retired pay once they are retirement eligible. **These members must agree to complete 20 years of active service if they accept the bonus. FAILURE TO COMPLETE 20 YEARS OF ACTIVE SERVICE MAY RESULT IN RECOUPMENT OF THE UNEARNED PORTION OF THE BONUS.** Upon completion of 20 years, these members may retire at 40 percent of the "HIGH 3" average base pay versus the 50 percent that would be received under "HIGH 3." Each subsequent year, the retired pay multiplier increases by 3.5 percent to a maximum of 75 percent at 30 years of service. Active-duty members who accept this bonus will also receive lower annual cost of living (COLA) adjustments regardless of active service completed.

If the CSB option is elected, time served as a civil service employee is **not** credited as active-duty service. As an example, an officer with 15 years of commissioned corps service and 5 years of civil service credit would not be eligible to retire until the completion of 20 years of active-duty service, at which point he or she would have 25 years of retirement credit (including civil service time).

Members who do not elect to accept this bonus will be retired under "High 3" upon meeting all other retirement eligibility requirements.

Accepting the CSB does not guarantee that the PHS will retain the member until the completion of 20 years of service nor does it infer any type of special career status.

The Division of Commissioned Personnel (DCP) is in the process of establishing a DIEMS for all officers, starting with new calls-to-duty and those with a DIEMS around August 1, 1986. An official personnel order is being sent to each officer at the time a DIEMS is established. A letter of explanation is included with the orders and affords the officer an opportunity to provide documentation in support of a different DIEMS.

If you believe your DIEMS should be between August 1, 1986 and December 31, 1986, and you have not received personnel orders indicating the same, please call the Transactions and Applications Section, DCP, at 301-594-3544 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43544).

Beginning in February 2001, officers eligible for the CSB will be sent a notification packet by DCP when they attain 14 years and 6 months of active-duty service. This packet will include a letter, election form, instructions, and informational material.

CSB payments will not begin before October 2001. Due to the delay in Thrift Savings Plan (TSP) implementation, members otherwise eligible to elect a CSB will be able to delay their CSB election until 2 months after the start of the TSP. This will enable officers to tax defer a portion of the bonus payment.



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*



Commissioned Officer Compensation

Changes in Active-Duty Compensation

With the start of a new year, there are several changes to officers' pay and benefits. Effective January 1, 2001, the rate for Basic Pay increases by 3.7%. A draft of the pay table for 2001 is published in this issue of the *Commissioned Corps Bulletin*. Please retain this table for future reference.

The Basic Allowance for Subsistence (BAS) will increase by 1% to \$160.42, effective January 1, 2001. There has been a 1% cap on BAS increases for a number of years. Effective January 2002, annual BAS increases will be linked to food cost growth as measured by the Department of Agriculture. Details of the 2002 changes will be presented in the *Commissioned Corps Bulletin* at this time next year.

The 2001 Basic Allowance for Housing (BAH) rates are projected to be higher in most locations than in previous years. This year begins a multiyear effort to reduce the out-of-pocket housing cost burden currently placed on officers. Refer to the "Allowances" portion of this article to find out more about BAH and where to check the rate at your duty assignment.

Congress has authorized funding for the Thrift Savings Plan (TSP) for Uniformed Service members. Under the plan, officers will be able to deposit up to 5% of base pay, along with special pay and bonuses up to a combined ceiling of \$10,500 per year (there are ongoing attempts to legislate an increase in the annual TSP deposit limit). An open season for TSP enrollment is currently projected to begin in October 2001 with the first deposits occurring in December 2001 or January 2002. Additional details will be provided in a future *Commissioned Corps Bulletin* article. Visit the TSP web site at – <http://www.tsp.gov> – to get an overview of the TSP; there will be specific information for Uniformed Service members in the near future.

Last January, the Division of Commissioned Personnel (DCP) reported the repeal of the REDUX retirement system for those first entering on active duty after July 31, 1986. For a more detailed explanation of the impact of this legislation

on your retired pay, please refer to the article titled "Career Status Bonus" on page 3 of this issue of the *Commissioned Corps Bulletin*.

The 2001 Defense Authorization Bill provides for the discretionary payment of special pay and an accession bonus to pharmacy officers. The special pay is authorized for officers below the grade of O-7, in the amount of \$3,000 to \$12,000 per year based on years of creditable service or training status. The Uniformed Services may elect to pay an accession bonus of up to \$30,000 in return for a period of obligated service that is not less than 4 years. DCP is working with the agencies utilizing PHS pharmacists to develop a Public Health Service (PHS) policy for the payment of the special pay and the accession bonus. A future *Commissioned Corps Bulletin* article will provide the details of the policy along with the payment start date.

Information on changes in medical officers special pay, including the new rates, can be found in a separate article on page 9 of this issue of the *Commissioned Corps Bulletin*.

DCP is working with the Department of Defense on the development of a policy for the payment of Hardship Duty Pay. Once available, details will be provided in a future issue of the *Commissioned Corps Bulletin*.

Information concerning changes in pay will be published in the *Commissioned Corps Bulletin* throughout the year. Current information on pay will also be placed on the DCP web site at – <http://dcp.psc.gov>. Enrollment on the DCP Listserver will provide you with e-mail notification of all significant new postings on the DCP web site. Go to the DCP web site for instructions on how to enroll.

Retired Cost of Living Adjustment

Effective December 1, 2000, payable January 2, 2001, retirees will be receiving a 3.5% cost of living adjustment (COLA) if their retired pay was computed using the active-duty rates that were in effect prior to January 2000. Officers that initially became a member of a Uniformed Service before September 8, 1980

and whose retired pay is computed on a pay cell of the January 1, 2000 pay table, will receive a COLA of 2.8%. This includes any members whose retired pay is computed on a pay cell of the July 1, 2000 pay table that was unchanged from the rate of January 1, 2000. Officers that initially became a member of a Uniformed Service before September 8, 1980 and whose retired pay is computed on a pay cell of the July 1, 2000 pay table that was changed from the rate of January 1, 2000, will receive a COLA of 0.7%. Officers first called to active duty after September 8, 1980 and retiring in the 1st quarter of 2000 will receive a COLA of 2.8%, while those with 2nd, 3rd and 4th quarter retirements will receive 1.8%, 0.7%, or 0.0% respectively.

Most survivors who are receiving an annuity under the Survivor Benefit Plan (SBP) or the *indexed* Retired Service member's Family Protection Plan (RSFPP) will receive an increase of 3.5% while the rest will receive lesser amounts depending on the servicemember's initial call to duty date, retirement date, and date of death.

Annual Earnings Statements (Form W-2 or 1099R)

Annual earning statements (W-2 for active duty and 1099R for retirees) are scheduled to be mailed at the end of January. Officers should receive their Form W-2 and retirees their Form 1099R by the first week of February for use in filing their income tax returns. If you do not receive an earnings statement or if there are errors, please contact the Compensation Branch in writing or by phone. Also be sure to notify the Compensation Branch, in writing, if you have changed your payroll address. The statements will be mailed to the same address as your monthly earnings statement, i.e., your payroll address.

The address and phone number for the Compensation Branch are as follows:

Division of Commissioned Personnel
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001
Phone: 301-594-2963 (or toll-free 1-877-INFO-DCP, listen to the prompts, select option #1, dial 42963)

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Commissioned Officer Compensation

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General Payroll Information

The compensation of commissioned officers consists of two elements – pay and allowances. The pay portion is taxable income while the allowances are usually non-taxable. This section describes the various pay elements and reflects the changes authorized by the National Defense Authorization Act for Fiscal Year 2001.

Basic Pay

Basic Pay is considered to be the officer's actual salary. It is subject to Federal income tax, Social Security tax (FICA), and in most cases, State income tax. The rate of Basic Pay received is based on the officer's temporary grade and the Base Pay Entry Date (BPED) printed on the officer's call-to-active-duty personnel order. The BPED date is usually your call-to-active-duty date; however, it may be adjusted for prior service in other Uniformed Services. The second date that is important to you is the Training and Experience Date (TED). This date appears on your call-to-active-duty personnel order and reflects your creditable training and experience related to your health specialty and determines your rank and eligibility for promotion. Your initial rate of Basic Pay is determined by your BPED and your rank. Subsequent increases in base pay result from length of service and promotion to the next higher rank.

Special Pay

There are a number of special pays that are applicable to several categories. Veterinary and optometry officers are eligible to receive \$100 per month special pay. Special pays for medical officers include Retention Special Pay (RSP), Variable Special Pay (VSP), Board Certified Pay (BCP), Incentive Special Pay (ISP), and Multiyear Retention Bonus (MRB). Note: Included in this issue of the *Commissioned Corps Bulletin* is an article titled "Changes Announced for Medical Officers Special Pays." Dental officers are eligible for VSP, BCP, MRB, and Additional Special Pay (ASP) as well as an accession bonus.

Engineering and scientist officers may be eligible to receive Engineering and Scientific Career Continuation Pay (ESCCP). Nurse Special Pay (NSP) includes a special pay for nurse anesthetists as well as an accession bonus. Non-physician BCP may be authorized for certain officers, as defined below.

Variable Special Pay (VSP) is a monthly pay based on the medical or dental officer's years of creditable service. The creditable service entry date (CSED) reflects the

officer's years of active duty as a medical or dental officer in any of the Uniformed Services and the years the officer spent participating in an accredited medical or dental internship or residency training while not on active duty in a Uniformed Service. VSP rates range from \$5,000 to \$12,000 annually for medical officers and \$3,000 to \$12,000 for dental officers. The rate is determined by the length of creditable service.

Board Certified Pay (BCP) is a monthly pay based on the medical, dental, or veterinary officer's CSED and board certification. BCP ranges from \$2,500 to \$6,000 annually for medical officers or dental officers and \$2,000 to \$5,000 annually for veterinary officers. Officers must provide documentation in support of certification to receive this special pay.

Non-physician Board Certified Pay (NBCP) has been implemented by the PHS Commissioned Corps in the same manner as it has been in the other Uniformed Services. The payment of NBCP is authorized for recognized specialties that are above the normal entry level, and to be eligible a recipient must:

- (1) be a healthcare provider in a specialty that is authorized to receive NBCP;
- (2) have a post-baccalaureate degree in his or her clinical specialty; (MPH or MHA degrees do not substitute for your clinical specialty);
- (3) be certified by a professional board in his or her clinical specialty; and
- (4) meet the applicable criteria recognized by specialty boards.

The rates of pay range from \$2,000 to \$5,000 per year based on years of creditable service. NBCP is a taxable monthly pay, as are the other special pays.

Specialties eligible to receive NBCP include: nurse anesthetist, nurse practitioner, nurse midwife, radiological physics, dietetics, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, social work, audiology/speech pathology, and physician assistant.

If you meet the above criteria and are not already receiving NBCP, please submit a copy of your advanced degree certificate along with documentation of your board certification to the Compensation Branch.

Retention Special Pay (RSP) is a payment of \$15,000 annually for medical officers who execute a contract to remain on active duty for a specified term of 1 or more years. The payment is made in a lump sum usually within 90 days of the effective date of the

contract. If other bonus pay contracts are negotiated, they will have concurrent dating.

Incentive Special Pay (ISP) is a special bonus for certain medical officers that is paid annually based on medical specialty. ISP rates authorized by law, range from \$2,000 to \$36,000 per year for a 1-year contract. There is a provision to pay ISP for medical officers who execute an ISP contract to stay on active duty for a minimum of 1 year at an isolated hardship site or a hard-to-fill location. Officers serving at the eligible sites are notified of their eligibility when they are assigned. The amount for isolated hardship sites ranges from \$11,000 to \$19,000 annually based on the category of the site. The payment is made in an annual lump sum.

Multiyear Retention Bonus (MRB) is payable to medical officers at the rate of \$2,000 to \$14,000 depending on the specialty training and the duration of the contract.

Eligibility requirements for ISP and MRB include that a medical officer:

- (1) Be entitled to receive RSP;
- (2) Be in pay grade O-6 (CAPT) or below;
- (3) Not be participating in Department of Health and Human Services (HHS)-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the Commissioned Corps Personnel Manual (CCPM);
- (4) Be eligible to remain on active duty for the duration of the contract;
- (5) Be board certified or fully trained in a recognized medical subspecialty;
- (6) Have a current license to practice medicine or osteopathy;
- (7) Not be serving obligated service as a result of training (applies to MRB only); and
- (8) Enter into a contract to remain on active duty for 2-4 years. (Note that MRB and RSP contracts must have concurrent dates.)

Multiyear Retention Bonus (MRB) for dental officers is payable at the rate of \$3,000 to \$14,000 annually depending on the specialty training and the length of the contract. Eligibility criteria are similar to those for medical officers, listed above.

Additional Special Pay (ASP) is payable to dental officers who execute a contract to remain on active duty for at least 1 year. Amounts range from \$4,000 to \$15,000 per year payable in a lump sum annual payment.

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Commissioned Officer Compensation

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Nurse Special Pay is a special pay for nurse anesthetists. At the discretion of the Operating Division/Program to which they are assigned, qualified nurse officers may sign contracts to remain on active duty for 1 year and may be paid an amount of \$6,000 or \$15,000 depending on their obligation to the Service.

Eligibility requirements include that a nurse officer must:

- (1) Be a certified registered nurse anesthetist;
- (2) Be on active duty under a call or order to duty for not less than 1 year;
- (3) Have a current and unrestricted State license as a registered professional nurse; and
- (4) Sign an agreement to remain on active duty for 1 year.

Any questions regarding the nurse special pay should be directed to your Operating Division/Program Commissioned Corps Liaison or the Compensation Branch.

Accession Bonuses are authorized for registered nurses and dentists who accept a commission as officers. Officers must sign a contract within 60 days of their call-to-active-duty, and agree to remain on active duty for a period of not less than 4 years. The amount of the accession bonus is \$5,000 for nurses and \$30,000 for dentists. To be eligible for the accession bonus, the officer must:

- (1) Have a current and unrestricted license as a registered professional nurse or a dentist;
- (2) Meet the commissioning standards for their respective category;
- (3) Not have received financial assistance from HHS or a Uniformed Service;
- (4) Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program;
- (5) Be willing to accept a commission as an officer and remain on active duty for a period not less than 4 years; and
- (6) Not have been on extended active duty in any Uniformed Service during the previous 12 months for nurse officers and previous 24 months for dental officers.

Engineering and Scientific Career Continuation Pay (ESCCP) is a special pay for engineer or scientist officers who are assigned to positions designated as critical shortage positions. The maximum pay authorized is \$3,000 per year. For engineers, the positions deemed as critical shortage positions are the locations designated as

isolated hardship sites. Scientist officers occupying billets in which the civil service equivalent would be eligible for special pay are deemed critical shortage positions. Other eligibility criteria are:

- (1) Not be receiving any other accession or career continuation bonus or annual bonus authorized by 37 U.S.C. 302;
- (2) Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program;
- (3) Be below pay grade O-6;
- (4) Hold an earned degree in engineering or science from an accredited college or university;
- (5) Be a member of the engineer or scientist categories or meet the standards for appointment to the scientist category;
- (6) Have completed 3 but less than 11 years of active duty with a Uniformed Service of which at least 3 years is duty as an engineer or scientist officer, or served on active duty for 3 but less than 11 years after meeting requirements for eligibility;
- (7) Be serving in an engineering or scientific specialty that is specified as a critical shortage specialty;
- (8) Not have been called to active duty as an interservice transfer or served on active duty in another Uniformed Service within the last 12 months;
- (9) Not be participating in HHS-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM; and
- (10) Execute a written agreement to remain on active duty for at least 1 year in the critical shortage position.

Deductions

Deductions from pay include taxes, both State and Federal, and Social Security (FICA). Officers must submit Form W-4, "Employee's Withholding Allowance Certificate," to the Compensation Branch to determine the rate of withholding of Federal income tax. Officers claim withholding allowances based on their marital status, number of dependents, and other adjustments to income. Worksheets are provided with Form W-4. *Note: The withholding rate for annual bonus payments is 28%.*

State income taxes are withheld based on the officer's State of legal residence. Officers notify the Compensation Branch of their State of legal residence by completing form DD-2058, "State of Legal Resi-

dence Certificate," and if appropriate, State taxes are withheld. State tax laws vary so you should contact your State tax service for assistance.

Social Security (FICA) will continue to be deducted from each officer's pay at the rate of 7.65%, which is the same rate as in 2000. The maximum salary for which the full rate of 7.65% will be deducted has increased from \$76,200 to \$80,400. The Social Security deduction is comprised of two parts. The Old Age Survivors' and Disability Insurance (OASDI) rate is 6.2%. The Hospital Insurance (HI) rate is 1.45%. Both OASDI and HI are deducted on the first \$80,400 of earnings. At that point, OASDI deductions are discontinued. The HI portion has no maximum salary cutoff, so it continues to be applicable to earnings above the OASDI cutoff. In other words, the Social Security deduction will be 7.65% on the first \$80,400 of wages and 1.45% thereafter. Officers earning more than \$80,400 will see a change in the net take-home pay when that amount has been reached.

Servicemember's Group Life Insurance (SGLI) premiums will automatically be deducted to provide \$200,000 of life insurance on the officer unless a lesser amount or no insurance is elected. **Effective April 1, 2001, the amount of maximum SGLI coverage will increase to \$250,000.** New calls to duty after this date will automatically be covered at \$250,000 unless they decline or elect reduced coverage. SGLI premium rates are to remain at \$.80 per \$10,000 of coverage which would increase the total monthly premium from \$16 to \$20 for maximum coverage. Enrollment options for those already on duty, but not wishing any coverage or desiring less than maximum coverage, are not available at this time. This information will be published prior to April 1, 2001.

Using form SGLV-8286, "Servicemember's Group Life Insurance Election and Certificate," officers may (1) decline coverage, or (2) elect a reduced level of insurance in a multiple of \$10,000. To specify an election or decline the insurance, a new officer must submit form SGLV-8286 on or before his or her first day of active duty to be effective on that day. The form is available at - <http://www.insurance.va.gov/forms/forms.htm> - or from the Compensation Branch.

Allowances

Allowances are generally non-taxable income and include Basic Allowance for Subsistence (BAS), Basic Allowance for Housing (BAH), Overseas Housing Allowance (OHA), Cost of Living Allowance (COLA),

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Commissioned Officer Compensation

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Dislocation Allowance (DLA), and Move-In Housing Allowance (MIHA). Continental United States Cost of Living Allowance (CCOLA) is a taxable allowance.

Basic Allowance for Subsistence (BAS) is a monthly allowance payable to all officers unless meals are provided by the Service. Currently the amount payable is \$160.42 per month for all officers.

Basic Allowance for Housing (BAH) rates are determined by the officer's duty location, grade, and dependency status. These rates are paid based on the duty location zip code, not home address. The 2001 BAH rates will increase in most (but not all) locales to make the housing allowances more reflective of actual housing costs. Current rates can be viewed at – <http://www.dtic.mil/perdiem/bahform.html>

BAH Rate Protection

Officers will be rate protected with the BAH. Each year, when the BAH rates change, the new rate will be the greater of the new rate or the rate in effect the day previous to the new rates. There are three circumstances that could lead to a reduction in BAH, each of which involves a change in status:

- (1) Permanent change of station (PCS) will result in different rates of BAH based on your new duty station. There is no rate protection when changing duty stations.
- (2) If you are demoted, your BAH will revert to the current published rate appropriate to your new grade. Promotions will not lower your housing allowance.
- (3) If there is a change in dependency status, your rate of BAH will be determined by your new dependency status and the current published rate of BAH for your grade and duty station.

Overseas Housing Allowance (OHA) - Officers stationed overseas, other than Alaska and Hawaii, who live on the local economy are eligible to receive OHA. The monthly OHA amount is based on comparing the officer's rent, up to a rental ceiling for the duty station, plus the utility/recurring maintenance allowance. If a member owns quarters, the rent will be determined by dividing the purchase price by 120 to determine the monthly rental rate.

Cost of Living Allowance (COLA) is authorized to officers assigned to overseas areas to enable the officer to maintain approximately the same standard of living as in the Continental United States (CONUS). The rate established is based on the officer's grade, base pay entry date, and the

actual number of dependents residing in his or her household.

Continental United States Cost of Living Allowance (CCOLA) is a taxable allowance paid to officers assigned to designated high cost areas within CONUS. The CCOLA rates vary depending upon the officer's rank and dependency status. Current rates can be found at – <http://www.dtic.mil/perdiem/ccola.html>

Dislocation Allowance (DLA) - An officer is eligible to receive a DLA if he or she relocates his or her household as a result of a Permanent Change of Station (PCS). DLA is a non-taxable allowance that is meant to partially reimburse the officer for expenses incurred in closing out his or her household and establishing a new household. The amount of DLA authorized can be found in the Joint Federal Travel Regulations (JFTR) Table U5G-1. *Note:* The Compensation Branch does not process DLA. The procedure for requesting DLA is similar to requests for travel and travel reimbursement.

U.S. Savings Bonds - Many officers find that purchasing U.S. Savings Bonds from their salary is a convenient and reliable way to systematically save money. Properly executed U.S. Savings Bond purchase/change request forms received by the Compensation Branch by the 10th of each month will be implemented with that month's payroll. Commissioned officers must use form SB-2253 for Series I Bonds and form SB-2152 for Series EE Bonds. The maximum number of Bonds that can be purchased by payroll deduction continues to be three (I and EE combined).

The EE series bonds are purchased for half their face value and may not be cashed for 6 months from the date of issue. The minimum EE bond denomination is \$100. I Bonds are purchased for their full face value. The minimum I bond denomination is \$50.

It is important to note that Savings Bonds will only be mailed to the officer's payroll address, which is the same as that used for monthly earnings statements. It is generally recommended that your payroll address be your home address rather than your business address, in order to safeguard privacy. U.S. Savings Bond information is also available on the web at – www.savingsbonds.gov

Officer Responsibilities

Officers should notify the Compensation Branch immediately of changes in their payroll address. This is important for proper receipt of your monthly earnings statement. You must also notify the Compensation Branch of other changes that will

affect your pay (i.e., dependency status). Officers receiving COLA, must notify the Compensation Branch if a dependent departs the vicinity of their overseas duty station for a period in excess of 30 days.

Officers should pay particular attention when submitting various forms to the Compensation Branch. Remember that these forms affect your pay and the information should be clearly printed or typed.

Payday

Payday is usually the first day of the month. If the first day of the month is on a non-workday, officers may expect to receive their pay on the previous workday. The exception is the December payday, which is paid on the last workday of the month. The Compensation Branch must be notified in writing of changes no later than the 10th of the month in order for the changes to be processed in the current month. Submission of changes as early in the month as possible will facilitate completion of processing in a timely manner. Allow 90 days for the processing of special pay contracts.

Pay dates for 2001

Payroll Month	Active Duty	Retired/Survivors
January 2001	February 1	February 1
February 2001	March 1	March 1
March 2001	March 30	April 2
April 2001	May 1	May 1
May 2001	June 1	June 1
June 2001	June 29	July 2
July 2001	August 1	August 1
August 2001	August 31	September 4
September 2001	October 1	October 1
October 2001	November 1	November 1
November 2001	November 30	December 3*
December 2001	December 31	January 2, 2002

* Last pay day for 2001 tax year for retired officers and survivors.

Earning Statements - Please read your monthly pay slip! Each month, approximately 5 workdays before the end of the month, form PHS-6155, "Statement of Earnings and Deductions," is mailed to each officer. The statement provides a detailed breakdown of your earnings, both taxable and non-taxable, and deductions that include Federal Tax Withholding, State Tax Withholding (if appropriate), Social Security (FICA), and Servicemember's Group Life Insurance (SGLI). The net check is the amount of pay you receive in the form of funds transferred to your account at a financial institution. In addition, a year-to-date summary is provided. The Statement of Earnings and Deductions is sent to the payroll address which you provide to the Compensation Branch. This payroll address

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Commissioned Officer Compensation

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does not change unless you provide written notification of the change to the Compensation Branch. In many cases, this address is your personal address rather than a duty station address to assure your receipt of this important information.

You should pay particular attention to the MESSAGE area of your Statement of Earnings and Deductions. In addition to a general information message, the Compensation Branch prints specific messages to notify you of changes (corrections, adjustments, etc.) in your pay, or to alert you to potential changes. At least once a year, there is a message regarding form PHS-1637-1, "PHS Commissioned Officer's Request for Dependency Determination." It is necessary for you to submit at least annually a form for dependency determination in order to receive BAH at the "with" dependent rate. Failure to submit form PHS-1637-1 will result in the Compensation Branch paying you at the "without" dependent rate. You will find that noting the

MESSAGE on your pay slip may be as important as looking at the deposited amount!

Designation of Address -The PHS commissioned officer payroll system requires you to have your net salary credited directly to your account at a financial institution and to receive your Statement of Earnings and Deductions, bonds, and other personnel/payroll documents at a separate address of your choice. This method increases your privacy and provides for prompt, reliable, and secure delivery of important and confidential personnel/payroll documents.

To have your net salary credited to your account, complete form SF-1199A, "Direct Deposit Sign-Up Form," and have it authorized by the financial institution holding the account to which you want your salary credited. You must then submit the form to the Compensation Branch, along with the designation of an address for your other payroll documents. We recommend the ad-

dress you designate be the same address you use to receive other types of mail. Our experience has shown that officers who use the duty organization address to receive the earning statements usually do not receive these documents as timely as those using a personal address.

The payroll address does not change when you transfer. You must notify the Compensation Branch, in writing, when you want your payroll address changed.

DO NOT FAX PAYROLL INFORMATION. Unless specifically requested, the Compensation Branch does not accept faxed information for updating pay records. Requests for changes to pay records, i.e., address changes, changes in marital status, and tax withholding must be in writing with an original signature in order for the Compensation Branch to process them. Changes should be received by the 10th of the month in order to provide time for the changes to be processed for the current month.



DEPARTMENT OF HEALTH AND HUMAN SERVICES PAY AND ALLOWANCES OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS OFFICERS EFFECTIVE JANUARY 1, 2001 (3.7%)															
MONTHLY RATES OF BASIC PAY CUMULATIVE YEARS OF SERVICE															
PAY GRADE	2 OR LESS	OVER 2	OVER 3	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26
O-10	8,518.80	8,818.50	8,818.50	8,818.50	8,818.50	9,156.90	9,156.90	9,664.20	9,664.20	10,356.00	10,356.00	11,049.30	11,103.90	11,334.60	11,737.20
O-9	7,550.10	7,747.80	7,912.80	7,912.80	7,912.80	8,114.10	8,114.10	8,451.60	8,451.60	9,156.90	9,156.90	9,664.20	9,803.40	10,004.70	10,356.00
O-8	6,838.20	7,062.30	7,210.50	7,252.20	7,437.30	7,747.80	7,819.80	8,114.10	8,198.70	8,451.60	8,818.50	9,156.90	9,382.80	9,382.80	9,382.80
O-7	5,682.30	6,068.40	6,068.40	6,112.50	6,340.80	6,514.50	6,715.50	6,915.90	7,116.90	7,747.80	8,280.90	8,280.90	8,280.90	8,280.90	8,322.60
O-6	4,211.40	4,626.60	4,930.20	4,930.20	4,949.10	5,160.90	5,189.10	5,189.10	5,360.70	6,005.40	6,311.40	6,617.40	6,791.40	6,967.80	7,309.80
O-5	3,368.70	3,954.90	4,228.80	4,280.40	4,450.50	4,450.50	4,584.30	4,831.80	5,155.80	5,481.60	5,637.00	5,790.30	5,964.60	5,964.60	5,964.60
O-4	2,839.20	3,457.20	3,687.90	3,739.50	3,953.40	4,127.70	4,409.70	4,629.30	4,781.70	4,935.00	4,986.60	4,986.60	4,986.60	4,986.60	4,986.60
O-3	2,638.20	2,991.00	3,228.00	3,489.30	3,656.40	3,839.70	3,992.70	4,189.80	4,292.10	4,292.10	4,292.10	4,292.10	4,292.10	4,292.10	4,292.10
O-2	2,301.00	2,620.80	3,018.60	3,120.30	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80	3,184.80
O-1	1,997.70	2,079.00	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80	2,512.80
Above table does not apply to commissioned officers who have been credited with over 4 years of active service as an enlisted member (see table below).															
COMMISSIONED OFFICERS WHO HAVE BEEN CREDITED WITH OVER 4 YEARS ACTIVE SERVICE AS AN ENLISTED MEMBER															
	PAY GRADE	OVER 4	OVER 6	OVER 8	OVER 10	OVER 12	OVER 14	OVER 16	OVER 18	OVER 20	OVER 22	OVER 24	OVER 26		
	O-3E	3,489.30	3,656.40	3,839.70	3,992.70	4,189.80	4,355.70	4,450.50	4,580.40	4,580.40	4,580.40	4,580.40	4,580.40	4,580.40	4,580.40
	O-2E	3,120.30	3,184.80	3,285.90	3,457.20	3,589.50	3,687.90	3,687.90	3,687.90	3,687.90	3,687.90	3,687.90	3,687.90	3,687.90	3,687.90
	O-1E	2,512.80	2,684.10	2,783.10	2,884.20	2,984.10	3,120.30	3,120.30	3,120.30	3,120.30	3,120.30	3,120.30	3,120.30	3,120.30	3,120.30
Basic Allowance for Subsistence is \$160.42															
Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule															
Basic Pay for O-6 and below is limited to Level V of the Executive Schedule															



Changes Announced for Medical Officers Special Pays

On **January 1, 2001**, the new rates for Medical Special Pay (MSP) will go into effect. No major changes were put in place for the 2001 contract rates. In a table at the end of this article, the new rates are listed by specialty and show the Incentive Special Pay (ISP) contract rate, the 2-year, 3-year, and 4-year Multiyear Retention Bonus (MRB) contract rates, and the change for the 2001 4-year rate compared to the 2000 4-year rate.

MSP has two major purposes. The first is to enhance retention and to attain an appropriate experience mix of physicians in each specialty. The second is to bring compensation levels for Uniformed Service physicians in line with their civilian counterparts. The MRB portion is designed to accomplish the first purpose, and the ISP portion is designed for the second. The rates for MRB and ISP are the same for all Uniformed Services.

Specific information regarding the rates will be distributed to the Commissioned Corps Operating Division (OPDIV) / Program Liaisons. Medical officers have two methods of receiving payment for special pay contracts. The **first method** is to receive the next annual installment of the present contract through the normal process of **recertification**. Medical officers are sent (via Commissioned Corps Liaisons) a recertification form. The recertification form must be processed through the officer's supervisory channels as in previous years. The **second method** for medical officers is to enter into a new MSP contract, subsequent to the expiration of the current contract, or as a renegotiation into a new MSP contract, if it is financially advantageous to them.

Renegotiations are authorized provided that the new contract extends beyond the current contract expiration date and the new rates are higher. When the medical officer has both MRB and ISP, **both rates must be for the same year and specialty**.

If you wish to renegotiate and you have not received a contract, you should:

- contact your Commissioned Corps Liaison to obtain a new MSP contract, *and*
- complete, sign, and notarize the contract, *and*
- submit it through the appropriate OPDIV supervisory channels to the Compensation Branch, Division of Commissioned Personnel (DCP).

NOTE: Contracts must be notarized on or before January 1 in order to receive a January 1 effective date.

Eligibility requirements are unchanged and include:

1. Be entitled to Retention Special Pay (RSP);
2. Be in pay grade O-6 or below;
3. Not be participating in Department of Health and Human Services (HHS)-supported long-term training;
4. Not be serving obligated service pursuant to participation in a HHS-supported scholarship or training program (applies to MRB only);
5. Be eligible to remain on active duty for the specified term of the contract;
6. Hold a current, valid license to practice medicine or osteopathy;
7. Be board certified or fully trained in a medical specialty; and
8. Be capable of undertaking the clinical practice of his/her specialty.

Officers are reminded that they **cannot retire** for the duration of their MSP contracts. However, you may prospectively renegotiate your contract to align for a planned future retirement date.

Specific information for both MRB and ISP are detailed in INSTRUCTIONS 9 and 10, Subchapter CC22.2 of the Commissioned Corps Personnel Manual (CCPM). You may review the CCPM online by accessing the DCP web site – <http://dcp.psc.gov>. The RSP, MRB, and ISP contracts are combined into a single contract, form PHS-6300-1, "Medical Special Pay (MSP) Contract Request," which requires the officer's signature and no-

tarization on the front, and the OPDIV's approval on the reverse of the first page. The forms are available through your Commissioned Corps Liaison. Please note that the recertification forms for MSP have a section that must be completed by all officers who are on MRB and/or ISP contracts and who are not in a clinical billet (primary job = 81). This section requires the officer to specify where, when, and how much time was completed toward his or her clinical requirement. Officers in clinical billets or those officers whose billets have been approved as satisfying the clinical requirement are not required to complete this section. Specific instructions for completing form PHS-6300-1 and the recertification sheet will be sent to officers. Should you have any questions, please contact your Commissioned Corps Liaison.

Distribution of materials for recertification and renegotiation was accomplished in December. Your request for a new contract or recertification should be submitted **through your OPDIV** for approval prior to submission to the Compensation Branch. Please be advised that the Compensation Branch has **90 days** from the date of receipt of the completed contract (including required attachments) or from the anniversary date, whichever is later, to process the contract.

Official personnel orders are issued prior to any payment. Every effort is made to process contracts and payments as quickly as possible, however, officers should not expect payment earlier than the February 2001 payroll (payable March 1). Contracts are processed in the order that they are received with processing priority given to recertifications in January and renegotiations in February. You can phone *CorpsLine* at 301-443-6843 to ascertain if your personnel orders were issued in the appropriate months. Payments are authorized by the issuance of personnel orders, so payment should not be expected until after personnel orders are issued and received.

For additional information, contact your Commissioned Corps Liaison and watch for information in future issues of the *Commissioned Corps Bulletin*.

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Changes Announced for Medical Officers Special Pays

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2001 Medical Special Pay Rates

Specialty	Spec Code	2001 ISP	2001 MRB 2-year	2001 MRB 3-year	2001 MRB 4-year	Change ¹
ALLERGY	0601	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
ANESTHES	0100	\$29,000	\$ 6,000	\$ 7,000	\$ 8,000	
AROSPACE	2200	\$11,000	\$ 8,000	\$ 9,000	\$10,000	
CARD DIS	0602	\$36,000	\$ 6,000	\$ 7,000	\$ 8,000	
CLINPATH	1408	\$16,000	\$ 6,000	\$ 7,000	\$ 8,000	
CLINPHRM	8000	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
CRITCARE	0615	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	
DERMATOL	0300	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
DIA RAD	1803	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	
EMERGNCY	6200	\$22,000	\$ 6,000	\$ 7,000	\$ 8,000	
ENDO&MET	0607	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
FMLYPRAC	0501	\$13,000	\$ 9,000	\$10,000	\$14,000	
GASTROEN	0604	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	
GERIATRC	0614	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
HEMATOLO	0608	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 9,000 ¹
IMMUN	0613	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
INFCTDIS	0609	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
INT MED	0600	\$13,000	\$ 6,000	\$ 7,000	\$ 8,000	
GENETICS	0620	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
NEONATAL	1507	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	
NEPHROLO	0610	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	
NEUROLOGY	1702	\$13,000	\$ 6,000	\$ 7,000	\$ 8,000	
NUCLEAR	2400	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	
NonTen ROG	9998/7		\$ 8,000	\$ 9,000	\$10,000	
OBST&GYN	0800	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	
OCCUPATL	2300	\$11,000	\$ 8,000	\$ 9,000	\$10,000	
ONCOLOGY	0611	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
OPHTHALM	5800	\$28,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 8,000 ¹
ORTHOSUR	1000	\$36,000	\$ 9,000	\$10,000	\$14,000	
OTOLARYN	1200	\$30,000	\$ 6,000	\$ 7,000	\$ 8,000	
PATHOLGY	1400	\$16,000	\$ 6,000	\$ 7,000	\$ 8,000	
PEDCARDI	1502	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 9,000 ¹
PEDCC	1515	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 9,000 ¹
PEDHMONC	1503	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
PEDIATRS	1500	\$11,000	\$ 6,000	\$ 7,000	\$ 8,000	
PEDIMMUN	1508	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
PEDNEPHR	1504	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
PEDINFEC	1509	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
PHY&REHB	1600	\$11,000	\$ 8,000	\$ 9,000	\$10,000	
PREVTIVE	1900	\$11,000	\$ 8,000	\$ 9,000	\$10,000	
PSYCHIAT	1701	\$14,000	\$ 9,000	\$10,000	\$14,000	
PULM-DIS	0606	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	
RADIOLGY	1800	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	
RESEARCH	9999	\$31,000				
RHEUMATO	0612	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	
SURGERY	5400	\$26,000	\$ 9,000	\$10,000	\$14,000	
SURG Subs	5499	\$36,000	\$ 6,000	\$ 7,000	\$ 8,000	
UROLOGY	2000	\$28,000	\$ 6,000	\$ 7,000	\$ 8,000	

¹ Represents the change between a 2000 4-year MRB/ISP total combined contract rate and a 2001 4-year MRB/ISP total combined contract rate.

Nominations Sought for Health Services PAC's 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 made a 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 be presented to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in his or her work, and shown involvement in health-related professional or community organizations or activities.

Commissioned corps officers from the Health Service category and equivalent civil service professionals are eligible for these awards. Nominations must be received by **April 6, 2001**, and the awards will be presented at the Commissioned Officers Association's annual meeting which will be held in May 2000 in Washington, DC.

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:

CAPT Clifford Evans
E-mail: cde@cdrh.fda.gov
Phone: 301-594-2384

□

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

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Vacancy Announcements

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

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

Please note: For more vacancy announcements, visit the Division of Commissioned Personnel's web site – <http://dcp.psc.gov> – scroll down the left hand side and click on "Federal Vacancies."

<i>Category/OPDIV</i>	<i>Description of Position</i>	
MEDICAL COAST GUARD- Washington, DC	Medical Epidemiologist Contact: CDR William Wyeth	202-267-0805 Fax: 202-267-4685 E-mail: wwyeth@comdt.uscg.mil
	Grades: O-5/O-6	

Forward curriculum vitae along with a cover letter to the fax number or e-mail address above.

DENTIST INDIAN HEALTH SERVICE- Gardnerville, NV	Chief, Basic Dental/Satellite Contact: CAPT Steve Tetrev Grade: O-4	602-364-5190
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The Washoe Tribal Health Clinic is located in Gardnerville, Nevada, which is near Carson City and Lake Tahoe. The clinic is one of six clinics in the Schurz Unit. The dentist will be responsible for the supervision of one dental assistant, and will provide general dentistry to the Native American population.

NURSE BUREAU OF PRISONS- Fort Worth, TX	Clinical Nurse Contact: Ms. Princess Jackson	817-413-3411 Fax: 817-413-3313
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Provides medical services to male inmates at a Federal Medical Center.

PHARMACY BUREAU OF PRISONS- Fort Worth, TX	Staff Pharmacist Contact: Ms. Princess Jackson	817-413-3411 Fax: 817-413-3313
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Provides medical services to male inmates at a Federal Medical Center.

MULTIDISCIPLINARY NATIONAL PARK SERVICE- Atlanta, GA	Program Manager, Hazardous Materials/Hazardous Waste Program Officer Contact: CAPT John J. Hanley (or) Ms. Sonya Coakley Fax: 202-565-1115 Grades: O-4/O-5/O-6	202-565-1117 202-565-1231 E-mail: john_hanley@nps.gov
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Seeking applicants from the Environmental Health Officer or Engineer categories. Note: Please see page 7 of the December issue of the *Commissioned Corps Bulletin* for a detailed description of this position.

OFFICE OF THE SECRETARY- Atlanta, GA	Regional Minority Health Coordinator (Region IV) Contact: CAPT Clara Cobb Grades: O-5/O-6	404-562-7894 E-mail: ccobb@osophs.dhhs.gov
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Department of Health and Human Services (HHS), Office of the Secretary, Region IV, Atlanta, Georgia, is the largest geographic region in the Nation. It comprises eight southeastern states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. This region faces numerous complex public health issues. The health disparities are many. It is imperative that much attention and focus be placed in this area so that equity in access and positive outcomes can be achieved. Healthy People 2010, a major HHS initiative, with one of its goals, "to eliminate health disparities" by the year 2010, is a central focus and permeates throughout the Nation, but is particularly a concern in this region. The health of minorities is very crucial in this region and is plagued by racial and ethnic health disparities.

This region is seeking to hire a Regional Minority Health Coordinator. The incumbent will serve as the focal point for addressing minority health concerns, bridging national initiatives with those of this region. He or she would be the principal expert and technical resource on matters of program liaison responsibilities with State, local government, public and private entities. It is preferable that the incumbent have a clinical background with strong public health experience and an entrepreneurial spirit. The person must be a self-starter and have insight on developing strategies that would address these broad and sometimes controversial health issues. Excellent communication skills, both written and oral are essential. The person must be a leader and be able to bring groups and organizations together to effectively address minority health issues, while at the same time, foster capacity building. He or she must be culturally sensitive and always striving for competency. Also, this person should be able to gather information, analyze, synthesize and make it useful, meaningful, and relative to issues occurring in this region.

This is a challenging region, with much ground to cover. It will afford one many opportunities to make a difference and to achieve personal, as well as professional growth and development. Lastly this assignment will provide one with an opportunity to contribute to the improved health of the minority constituents in this region.

Call for Nominations for Therapist PAC Membership

The Therapist Professional Advisory Committee (TPAC) is seeking new members. The TPAC is composed of both commissioned corps and civil service therapists (disciplines represented include: physical therapists, occupational therapists, speech therapists, and audiologists). The TPAC serves as an active link between the Office of the Surgeon General and therapists working in the Department of Health and Human Services' Operating Divisions (OPDIVs) or in other major Programs where commissioned corps therapists serve. The TPAC meets six times annually via video teleconferencing. To be eligible for membership, you must be a therapist and a full-time OPDIV or other major Program employee. See our web site for more information – www.cc.nih.gov/rm/pt/tpac.htm

All new appointments will be made for a 3-year term and self-nominations are encouraged. A self-nomination form can be obtained from your TPAC agency/area field representative. The deadline for submission of nominations is **February 1, 2001**. All submissions of self-nomination forms should be faxed to the attention of: CDR Jeff Fultz, TPAC Chair, fax number 505-368-7078 **and to** LT Ron West, TPAC Executive Secretary, at fax number 602-263-1561. A curriculum vitae with a cover letter will be requested at a later date.

CDR Jeff Fultz, TPAC Chair
Northern Navajo Medical Center
Rehabilitation Services Department
P.O. Box 160
Shiprock, NM 87420
Phone: 505-368-7100
E-mail: Jeffrey.fultz@shiprock.ihs.gov

Recent Deaths

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

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
CAPT Charles A. Jarvis	11/22/00
CAPT Stanley E. Krumbiegel	12/01/00
CAPT Jackson A. Saxon	11/22/00
CAPT Humphrey C. Townsley	11/27/00
NURSE	
CAPT Judeth L. Layne	11/03/00
CAPT Maria B. Rementeria	10/27/00
SCIENTIST	
CAPT William J. Beck	10/31/00
ENVIRONMENTAL HEALTH	
CAPT Bradley C. Bridges	11/10/00

Assistant Secretary for Health and Surgeon General Signs Joint Statement on HIV/AIDS in South Africa

Assistant Secretary for Health and Surgeon General David Satcher led a U.S. delegation to participate in a working meeting on HIV/AIDS of the Health Working Group of the U.S.-South Africa Binational Commission in Pretoria, South Africa, on November 27-28, 2000. The working meeting was convened at the request of Vice President Al Gore and South African President Thabo Mbeki and as a result of discussions between U.S. Ambassador to South Africa, Delano Lewis, and South African Minister of Health, Manto Tshabalala-Msimang.

The goals of ADM Satcher were to identify ways to strengthen HIV/AIDS collaboration between the U.S. and South African Governments and to develop, implement, and monitor mechanisms for collaboration beyond the current U.S. administration. The two governments have a long-standing partnership in addressing HIV/AIDS. Currently the partnership involves a number of U.S. and South African departments and agencies and includes four areas of focus: biomedical and behavioral research, including vaccine development; primary prevention of HIV infection; treatment, care and support for persons living with HIV/AIDS; research, monitoring, and surveillance; and development of human capacity and service infrastructure.

The technical members of the U.S. and South African delegations deliberated on November 27 and briefed ADM Satcher and Minister Tshabalala-Msimang on November 28 on their joint findings on effective interventions in the aforementioned four areas of focus. Future collaboration on these interventions will occur in the context of the South African Strategic Plan on HIV/AIDS and STDs and the U.S. Leadership and Investment in Fighting an Epidemic (LIFE) Global AIDS Initiative. The 5-year Strategic Plan utilizes a multisectoral approach as a lead strategy in combating the HIV/AIDS epi-

dem and provides a framework for government and civil society to interact meaningfully in addressing issues of common concern. The LIFE Initiative involves the Department of Health and Human Services (including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration), the U.S. Agency for International Development, and the Departments of Defense and Labor and addresses the HIV/AIDS epidemic in sub-Saharan Africa and Asia. Overall, there was a strong commitment by both governments to build local capacity.

ADM Satcher designated RADM Helene Gayle, Director, National Center for HIV, STD, and TB Prevention (NCHSTP), CDC, to co-chair a binational monitoring group in the context of the Health Working Group of the Binational Commission, for which RADM Roscoe Moore, Jr., Associate Director for Development Support and African Affairs, Office of International and Refugee Health, Office of Public Health and Science, serves as the Executive Secretariat. CAPT David Allen, Medical Epidemiologist, NCHSTP, CDC, detailed to the South African Department of Health, will staff the binational monitoring group.

ADM Satcher concluded the working meeting by signing a joint statement with Minister Tshabalala-Msimang. After the signing, ADM Satcher, Ambassador Lewis, and Minister Tshabalala-Msimang conducted a brief press conference. ADM Satcher and Minister Tshabalala-Msimang agreed that the future success of the collaboration between the U.S. and South African Governments will constitute an important contribution not only to the U.S. and South Africa efforts but also the global efforts to address HIV/AIDS.

Retirements - December

Title/Name	OPDIV/Program
DENTAL	
<i>CAPTAIN</i>	
Robert S. Enders	HRSA
<i>LIEUTENANT COMMANDER</i>	
Eric R. Vazquez	IHS
NURSE	
<i>LIEUTENANT COMMANDER</i>	
Lisa S. Penix	BOP
ENGINEER	
<i>COMMANDER</i>	
Roger A. Nelson	EPA
ENVIRONMENTAL HEALTH	
<i>CAPTAIN</i>	
William J. Weis III	EPA
HEALTH SERVICES	
<i>CAPTAIN</i>	
S. Jay Smith	CDC
Carolea Logun	NIH

Medical Affairs Branch

Smoking Cessation Policy

The Beneficiary Medical Program (BMP) of the Medical Affairs Branch of the Division of Commissioned Personnel will fully support efforts by officers to stop smoking. Commissioned officers may contact BMP at 1-800-368-2777, option #2, for help in enrolling in a smoking cessation program.

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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