



Commissioned Corps BULLETIN

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Surgeon General's Column

The holiday season has come to a close and now is the time for us to make our New Year's Resolutions. Setting yearly personal goals dates back centuries to a Babylonian belief that what a person does on the first day of the new year will have an effect throughout the entire year.

To resolve to improve is a wonderful notion, and when we succeed we feel good about ourselves. Unfortunately, many of us set these goals—often centered around weight loss or changing our habits with regard to food—and then, after a period of days or weeks, fall short of them. As with any type of regimen aimed at improving one's health, every little bit can help. I encourage you to stick with your new year's health resolutions. The consequences are literally a matter of life and death.

Do you know the fastest growing cause of illness and death in America today? The answer may surprise you. It is not smoking, drug abuse, or alcoholism, as terrible as those things are. It is being overweight or obese.

Nearly two out of three Americans are overweight or obese—that is a 50 percent increase from just a decade ago! Nearly 15 percent of our children and teenagers are overweight, and overweight children usually grow up to be overweight adults. Being overweight and obese invites a host of health problems, including diabetes, certain types of cancer, stroke, and heart attack.

Type 2 diabetes, once thought to be only an older person's disease, has been diagnosed in our Nation's children with increasing regularity. What can happen to the diabetic? Eye disease, blindness, kidney disease, amputations, heart disease, and stroke.

Another weight-related illness that might surprise you is cancer. Up to one-third of breast and colon cancers are attributable to poor diet, physical inactivity, and overweight.

That's not a future I want for my children, or for anyone else. Especially since it is 100 percent preventable.

If we would step back a moment we would realize the enormous burden—and suffering—of most illnesses is largely preventable. As Surgeon General, my top priority can be summed up in one word: prevention. Everything I do—whether related to domestic preparedness or public health—will have prevention first.

We are a treatment-based society that tries to solve health care problems that were years in the making. We should work to become a society that prevents problems from occurring in the first place. We would all be better off heeding the advice of our parents and grandparents. Exercise. Eat right. Get plenty of sleep. This is the good health recipe used for generations. It's not exciting; it's not dramatic. But it has proven effective for preventing illness. I workout daily, and encourage my children to exercise daily, too.

Small steps can bring big rewards, as Health and Human Services Secretary Tommy G. Thompson points out in his anti-diabetes campaign. You don't have to run miles and miles to benefit from exercise—start with walking from a space at the back of the parking lot, washing the car, or playing with the kids. Encourage the kids to turn off the video games and head out to the playground.

You don't have to starve yourself to lose weight. Start by choosing low-fat snacks

over those high in fat, and preparing healthy meals. I'll be the first to say it won't be easy. Families live such busy lives now, and it is much easier when Mom and Dad come home from work exhausted simply to reach for whatever is available than it is to prepare a healthy meal.

But the small choices we make today—every day—will last a lifetime. We can bring ourselves health or sickness by the choices we make. It's that simple.

If you fall short by March, or even by January 2, try again. Bad habits aren't made in a day, and neither are good ones. In the grand scheme, if you have 25 days of strict adherence (eating healthy, exercising) out of a single month, you are doing yourself a favor, and you may have begun to set a pattern for yourself that will be easier to stick to because you've proven to yourself that you can come back from a small defeat.

For those of you who are parents, there may be an even more important reason to try, try again. You are providing an example that will last a lifetime.

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Surgeon General's Column

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Identify a goal, a realistic one, and go for it. Even if it is something as simple as avoiding snacks high in fat or walking around the block—I know, easier said than done—embrace that goal. It might be the start of something bigger.

Which brings me back to New Year's Resolutions. Make them. Do your best to stick to them. If you slip, get back on the horse. You help yourself when you decide to carry on when faced with a challenge, and that's something of which to be proud; so is the impact it will have on those watching you.

As always, thank you for what you do. Your commitment continues to impress me, and it strengthens my resolve to keep doing what I can to get the word out about our Corps and our good work for America.

VADM Richard H. Carmona
Surgeon General



Call for Nominations for the Environmental Health Officer PAC 2003 Awards

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

The *John C. Eason Award* recognizes the accomplishments of a talented newcomer to the field of environmental health and acknowledges the promise the recipient holds for the future of PHS. The award is limited to environmental health professionals who have served 5 years or less with any PHS agency and who are at the rank/grade of Temporary O-3/GS-11 and below.

The *Edward (Ted) Moran Award* recognizes an outstanding environmental health officer at the Temporary O-4/GS-12 or Temporary O-5/GS-13 level who consistently achieves high standards in the practice of environmental health,

occupational health and safety, industrial hygiene, or radiological health.

The *John G. Todd Award* is the highest honor given by the EHOPAC. The award recognizes an exemplary environmental health officer at the Temporary O-6/GS-14 level or above for significant *career* contributions in achieving the PHS mission of improving the Nation's health through the practice of environmental health.

Nomination packages may be obtained from the EHOPAC Web site at—<http://www.ehopac.org>. For additional information, contact CAPT Mike Herring, Chair of the EHOPAC Awards and Recognition Subcommittee, at 770-488-7351 or via e-mail at mherring@cdc.gov. Nominations are due no later than **March 31, 2003**.

The 2003 EHOPAC Awards will be presented during the National Environmental Health Association's Annual Educational Conference in Reno, NV, June 8-11, 2003.



Questions Regarding Monetary Awards for PHS Officers

From time to time, Agency/Operating Division (OPDIV)/Program officials and Public Health Service (PHS) Commissioned Corps officers question the receipt of cash awards for officers. The two most often asked questions are:

QUESTION 1: May an officer receive a cash award for performance of duty as do civil service employees?

ANSWER: No. An officer may not receive monetary awards for performance of duties. The appropriate action would be to nominate the officer for a PHS Award. The exception would be for inventions—please see INSTRUCTION 5, "Commissioned Officers' Incentive Awards Program: Cash Awards for Inventions, Suggestions, and Scientific Achievements," Subchapter CC27.1 of the Commissioned Corps Personnel Manual (CCPM).

QUESTION 2: May an officer receive a cash award from an outside professional organization in recognition for contributions made?

ANSWER: Yes, under certain circumstances. INSTRUCTION 1, "Standards of Conduct," Subchapter CC26.1 of the CCPM states, "An officer may accept an award for meritorious public contribution or achievement given by a person who does not have interests that can be substantially affected by performance of your official duties, or an organization, a majority of whose members do not have such interest." However, the Agency/OPDIV/Program Ethics Officer must make a determination that there is no conflict of interest.

The applicable regulations regarding cash awards for officers are found in the

above cited INSTRUCTIONS as well as in the most recent 'Standards of Conduct' memorandum. The CCPM is available on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Publications' and then click on Commissioned Corps Personnel Manual. The 'Standards of Conduct' memorandum is also available on the DCP Web site—http://dcp.psc.gov/PDF_docs/Standards01.pdf.

If Agency/OPDIV/Program officials or PHS Commissioned Corps officers have specific questions concerning the receipt of monetary awards, they should contact their Agency/OPDIV/Program Ethics Officer. To view a list of ethics officers, please go to the last page of the following—http://dcp.psc.gov/PDF_docs/Standards01.pdf.





Keeping You Informed

Retirement Entitlements for Travel

It is the new year, and many officers decide to retire shortly after the beginning of the year. Here is a brief review of the entitlements authorized for retiring officers:

- (1) Travel and transportation allowances for you and your dependents to Home of Selection (HOS). The officer must designate the HOS in writing and receive a Personnel Order with the HOS designation prior to shipment of household goods (HHG).
- (2) One (1) year of Non-Temporary Storage (NTS) at point of origin.
- (3) Shipment of HHG to HOS within the weight limits of your rank status.

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. Below is a better explanation of each entitlement.

Travel and Transportation Allowances for You and Your Dependents

When an officer retires, he/she is entitled to travel and transportation allowances for himself/herself and for immediate dependents. The dependents must be dependents at the time the orders for retirement are effective. For the most part, this entitlement may be used until 1 year after the retirement date occurs. The entitlement includes either air travel or the MALT PLUS (mileage in lieu of transportation plus per diem) plan. Remember, travel must be done so that it benefits the government to the greatest extent possible.

If an officer chooses air travel, the lowest rate possible to the government will be used for travel to the HOS. If an officer chooses to drive, the officer and his/her dependents are authorized the appropriate flat rate per diem, currently \$85 a day for the officer and a standard percentage of that per diem rate for each dependent, per travel day authorized. In addition, mileage will be paid per the standard Permanent Change of Station (PCS) rate, currently \$0.15 per mile to

\$0.20 per mile depending on the number of dependents traveling. Currently, if the officer has dependents, two vehicles are authorized for travel and transportation.

One (1) Year of NTS

This is the entitlement with which retiring officers seem to have the most difficulty. **Please read carefully!** Retiring officers are authorized 1 year of NTS from the date the retirement orders are effective. There are **no** extensions to the entitlement unless you are under medical care and *only* the amount of time you are under medical care during that **1 year period**. *Example:* An officer retires on January 1 and puts his/her HHG in NTS. On November 1 of that year, the retired officer gets sick and ends up in the hospital and under a doctor's care until May of the following year. The officer is only entitled to 2 months extension of NTS instead of 7 months. At this point, the NTS would be extended until the end of February. This is because the 2 months of November and December are the only months left in the 1 year of NTS authorized. The officer is responsible for any costs incurred after that period of time, which in this example would have been the time from the end of February until the officer received the HHG from storage. In addition, you **must** place your HHG in NTS at the **point of origin**. If you inadvertently ship your HHG to your HOS before you are ready to receive them, you are **not** entitled to 1 year of NTS. If this occurs, a different regulation can help. At this point you are entitled to 90 days of temporary storage and possibly a 90-day extension of storage for certain appropriate reasons at a location close to your HOS but beneficial to the government.

Shipment of HHG to HOS

Whether you use storage or not, you are entitled to have your HHG shipped to your HOS. This entitlement is also authorized for 1 year from the effective date of your retirement orders. The amount of HHG you can ship to your HOS is regulated by your rank and dependent status. You can find the weight allowances on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services', and then click on 'Commissioned Corps Travel and Transportation Center.'

Having said that, and now knowing the **storage time** cannot be extended, please understand one more point. The time an officer takes to **ship** his/her HHG to their HOS is different than the time they have for storage. Some officers use storage, some don't. Many officers take their time to close out their homes at their last duty station before they move to their HOS. Although the retiring officer should try to complete the move during the allotted time per the regulations, the officer **can** extend the time they have to ship their HHG to their HOS. This is done by sending a memorandum requesting the extension for the shipment of the HHG to the Agency/Operating Division (OPDIV)/Program you retired through, including your Agency/OPDIV/Program Commissioned Corps Liaison, and routed through the DCP Retirement Coordinator, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001. In most instances, orders will be cut authorizing your shipment extension without delay.

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

Retirements - December

Title/Name	Agency/OPDIV/Program
DENTAL	
CAPTAIN	
Michael W. Remillard	IHS
SCIENTIST	
CAPTAIN	
Jack E. McCracken	FDA
ENVIRONMENTAL HEALTH	
COMMANDER	
Gregory A. Thompson	BOP
HEALTH SERVICES	
CAPTAIN	
Michael B. Fitzpatrick	IHS
Lawrence E. Kucken	CMS
COMMANDER	
Sarah E. Meachen	HRSA
LIEUTENANT COMMANDER	
Thomas L. Paugh	PSC

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IMPORTANT!**Online Updating of Training, Languages, Career Preferences, and Skills Information on DCP Web Site**

The Division of Commissioned Personnel (DCP) has developed an online application that allows Public Health Service commissioned officers to update their training, languages, career preferences, and skills on DCP's Web site—<http://dcp.psc.gov>—under the 'Secure Area.' Officers are encouraged to complete their information as quickly as possible, especially their skills information.

"Knowing the skills our officers possess is extremely important to Corps readiness," explained RADM R. Michael Davidson, DCP Director. "Over one quarter of our officers have DoD (Department of Defense) experience which provided them with skills not always found in healthcare professionals. Many officers also have information technology and information management skills, or additional degrees that are not documented in the DCP system."

Supplying the skills information will benefit both the officers and the Corps. The information will be utilized in career progression of officers to make officers more competitive for job openings. At the same time, the Corps will be able to quickly identify specific skills required in the event of a national emergency, or to assist hiring officials seeking candidates with specialized abilities.

Officers should go to the DCP Web site—<http://dcp.psc.gov>—and enter the 'Secure Area', then click on 'Officer and Liaison Activities.' After logging in, select "Update Language, Skills, and Training Information." The skills entry screen offers a drop-down menu of specific skills. If an officer does not find the skill he or she is looking for, an e-mail can be sent to the DCP Help Desk directly from that screen.

Commissioned Corps Readiness Force**CCRF: We Depend on You**

The ability of the Commissioned Corps to appropriately respond may have a significant impact on our Nation's public health. If you are not currently a member of the Commissioned Corps Readiness Force (CCRF), please immediately reconsider this decision. In the event of another attack on our Nation, surely every officer in the PHS 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.

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 Angela Martinelli at 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

CDR Renee Joskow recently returned from Hanscom AFB in Massachusetts where she met with the New England Commissioned Officers Association. CDR Joskow also attended the Basic Forensic Pathology Course at the Armed Forces Institute of Pathology, and Medical Effects of Ionizing Radiation sponsored by the Armed Forces Radiobiology Research Institute. CCRF will sponsor similar courses in 2003. See the CCRF Web site for details.

Both CDRs Joskow and Martinelli recently became Basic Life Support (BLS)

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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>
NURSE	
<i>CAPTAIN</i>	
Frances S. Wolford	10/15/02
<i>COMMANDER</i>	
Edna L. Easterday	11/21/02
<i>LIEUTENANT</i>	
Mary Matthews	11/20/02

<i>Title/Name</i>	<i>Date</i>
ENGINEER	
<i>CAPTAIN</i>	
W. B. Schreeder	11/07/02
<i>COMMANDER</i>	
Joseph L. Minkin	11/23/02
SCIENTIST	
<i>CAPTAIN</i>	
Derek E. Dunn	12/20/02
Lloyd W. Law	10/20/02
PHARMACY	
<i>LIEUTENANT COMMANDER</i>	
Kathleen S. Bookout	12/17/02

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Commissioned Corps Readiness Force

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Instructors for Health Care Providers, and will be offering courses leading to BLS certification for CCRF members. Again, stay tuned and check the Web site for training opportunities: <http://oep.osophs.dhhs.gov/ccrf>.

National Nurse and Pharmacy Response Teams

CDR Martinelli recently spoke during the fall meeting of the American Association of Colleges of Nursing to spread the word to nursing faculty, staff, and students about the National Nurse and Pharmacy Response Teams being established for civilian nurses, pharmacists, nursing students, pharmacy students, and pharmacy technicians. This meeting was open to University and College Deans, Chief Administrative Nurses of member schools, and invited guests. The efforts to establish these teams are supported by RADM Mary Pat Couig, Chief Nurse Officer, and RADM Richard Walling, Chief Pharmacist Officer.

Many thanks to our Administrative Officers as they work diligently to form nurse and pharmacy response teams in their respective Regions. The officers are, by Region:

REGION I – LCDR Karen McNabb-Noon and CDR Beverly Dandridge;

REGION II – LCDRs Michael Goodin and Linda Belsito;

REGION III – CDR Patrick Marshall and LCDR Lucienne Nelson;

REGION IV – CDRs Jose Cintron and Amy Collins;

REGION V – LT Tina Spence and LCDR Mark Jimenez;

REGION VI – CDRs John Nidiffer and Regena Dale;

REGION VII – LCDR James Britton and CDR Edwin Galan;

REGION VIII – CDR Todd Warren and LCDR Margaret Grismer;

REGION IX – LCDR David Bates and CDR Timothy Mathews; and

REGION X – LCDR Mark Strong and CDR Bradley Husberg.

OER is very grateful for all their hard work and for the support of their supervisors and Agencies. The teams would be nothing without them.

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 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 have been working 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.

New Mileage Rates

Effective January 1, 2003, the mileage reimbursement rates for Federal employees who use privately owned vehicles on official Government travel are as follows:

AUTOMOBILE – 36.0 cents per mile;

AIRPLANE – 95.5 cents per mile; and

MOTORCYCLE – 27.5 cents per mile.

Junior Officers—Subscribe to JOAG Listserv

The Junior Officer Advisory Group (JOAG) has a Listserv set-up for all junior officers in the Public Health Service Commissioned Corps. The purpose of the Listserv is to communicate news, activities, and other relevant information, and it is also a mechanism for junior officers to ask questions about anything of concern.

A previous subscriber list had to be deleted and now has to be re-created. Therefore, *all* junior officers are urged to sign-up for the Listserv. To subscribe, logon to the following link and follow the

directions—<http://list.nih.gov/archives/joag.html>.

If you have any questions or need further information, please contact:

LT Jeff Richardson
Chief Therapist
Hopi Health Care Center Physical
Therapy Department
P.O. Box 4000
Polacca, AZ 86042

Phone: 928-737-6130

E-Mail: jeff.richardson@mail.ihs.gov

Reminder

Call for Nominations for the 2003 AI/ANCOAC Honor Awards

The American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) is accepting nominations for five different awards presented by the committee.

(See page 6 of the December issue of the *Commissioned Corps Bulletin* for further information). Nominations are due **April 30, 2003**.

Navajo Area Tests Deployment Uniform

The Navajo Area (Gallup Indian Medical Center, Ft. Defiance Indian Hospital, and Crownpoint Indian Hospital) participated in the Public Health Service Commissioned Corps officer deployment uniform testing project. Below is a photo of 14 of the 35 commissioned officers from various disciplines who participated in the August 2002 project. Each of these officers has an outpatient clinic and/or field assignment.



BACK ROW, left to right: LCDR Barbara Cayatineto, CAPT James Cox, LT Randy Seys, CDR Candice Cotton, CDR Ray Cope, LT Michael Davis, LTJG Everett Bighumb, and CAPT Michael Frederiksen.

FRONT ROW, left to right: LTJG Arthur Kerley, LCDR Deborah Shirley, CDR Martha Duganne, LCDR Mary C. Hollister, LCDR Sherri L. Zudell, and CAPT Ann M. Parker.

NOT PICTURED: Coordinator, CDR Verna Gaddy; Co-Coordinator, CDR Richard Naumann.

"It was truly an honor to have had the opportunity to work with these professional officers and RADM John Babb, Director, Commissioned Corps Readiness Force, for a proposed national modification of deployment uniforms for U.S. Public Health Service Commissioned Corps officers," said CDR Verna Gaddy, the project coordinator.

Recent Calls to Active Duty

Title/Name Agency/OPDIV/Program

MEDICAL

LIEUTENANT

Paul D. Heiderscheidt HRSA
Koror Micronesia

NURSE

LIEUTENANT

Rebecca A. McCain-Singleton HRSA
Washington DC

Debra Tubbs HRSA
Dallas TX

Thomas T. Pryor IHS
Phoenix AZ

LIEUTENANT J.G.

Susan K. Taylor IHS

Fort Thompson SD
Julie A. Watson IHS

Tahlequah OK

ENVIRONMENTAL HEALTH

LIEUTENANT

Lisa J. Delaney CDC
Atlanta GA

LIEUTENANT J.G.

Samuel Rudnitsky FDA
San Pedro CA

PHARMACY

LIEUTENANT COMMANDER

Jeffrey E. Haug IHS
Polacca AZ

LIEUTENANT

Shannon R. Benedetto FDA
Rockville MD

HEALTH SERVICES

LIEUTENANT COMMANDER

Marga R. Wastalu IHS
Parker AZ

Deadline for Submission of Applications for Assimilation into the Regular Corps

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel (DCP) by the close of business on Friday, **February 14, 2003**, in order to be reviewed by the 2003 board. See page 3 of the November 2002 issue of the *Commissioned Corps Bulletin* for more information.



Inactive Reserve Corps Listserv and Officers' E-Mail Addresses

It is critically important that all Inactive Reserve Corps (IRC) officers provide a *current* e-mail address in order to receive important messages from the IRC Listserv.

Although most IRC officers had provided their e-mail addresses earlier,

some messages are not being delivered because the officers' e-mail addresses are no longer valid.

Please be sure that the IRC Coordinator has your correct e-mail address by contacting LT Culbreath at—dculbreath@osophs.dhhs.gov.



Commissioned Officer Compensation

Changes in Active-Duty Compensation

The signing of the 2003 National Defense Authorization Act (NDAA) by the President on December 2, 2002, brings another round of compensation enhancements for the uniformed services.

Effective January 1, 2003, the rate for Basic Pay increased by 4.1 percent for most officers; however, the increase will be as much as 6.5 percent for some mid grade officers and as high as 9.5 percent for officers with a pay grade of O-4 with less than 2 years of service. The pay table for 2003 is published in this issue of the *Commissioned Corps Bulletin* and can also be found on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. The "Payroll Issues" section of the DCP home page is being used to post current information pertaining to Public Health Service (PHS) compensation, and payroll related forms are available under the "Services" section.

The 2003 Basic Allowance for Housing (BAH) rates climbed by an average of 8 percent or about 3.8 percent more than the rise in rental costs. BAH rates are calculated based on median rent (not mortgage costs) plus average utilities and insurance in each local area for rank and dependency status. The year 2001 marked the beginning of a multiyear effort to reduce the out-of-pocket housing cost burden currently placed on Service members. It is important to note that local rental market declines may prevent a BAH rate increase in some areas and may actually result in a rate reduction. Refer to the "Allowances" portion of this article to find out more about BAH and where to check the rate at your duty assignment.

Basic Allowance for Subsistence (BAS) rates are linked to a food cost growth index measured by the U.S. Department of Agriculture. The BAS rate increased ½ percent to \$167.20 per month.

The Thrift Savings Plan (TSP) is intended to be a supplement to existing uniformed services retirement plans, not a replacement. For the year 2003, officers are able to deposit up to 8 percent (up from 7 percent for 2002) of Basic Pay,

along with 100 percent of special pay and bonuses up to a combined ceiling of \$12,000 per year which is up from the 2002 level of \$11,000. Officers wishing to change the amount of base pay deposited into their TSP account must submit a revised Form TSP-U-1 to the Compensation Branch during the next open season. The next TSP open season will begin April 15, 2003, and will continue through June 30, 2003. Congress recently authorized an additional "catch-up" contribution for members over age 50. The new legislation will allow participants age 50 and older to make \$2,000 of additional contributions in 2003, \$3,000 in 2004, \$4,000 in 2005, and \$5,000 in 2006 and thereafter. **Note: This program is not expected to be in effect until approximately June 2003, and the implementation details will be published in the *Commissioned Corps Bulletin* when available.** Additional details on the TSP are available on the TSP Web site—<http://www.tsp.gov>. Information specific to PHS officers can be found on the DCP Web site—<http://dcp.psc.gov>.

Information on changes in medical officers special pay, including the new rates, can be found in a separate article on page 13 of this 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 under "Payroll Issues" on the DCP Web site at—<http://dcp.psc.gov>. Enrollment on the DCP Listserv 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, 2002, payable January 2, 2003, retirees will be receiving a 1.4 percent cost of living adjustment (COLA) if they initially became a member of a uniformed service before September 8, 1980. Officers first called to active duty after September 8, 1980, and retiring in the 1st or 2nd quarters of 2002 will receive a COLA of 1.4 percent, while those with 3rd and 4th quarter re-

tirements will receive 0.5 percent, or 0.0 percent respectively.

Most survivors who are receiving an annuity under the Survivor Benefit Plan (SBP) or the *indexed* Retired Servicemember's Family Protection Plan (RSFPP), will receive an increase of 1.4 percent while the rest will receive lesser amounts depending on the Servicemember's initial call-to-duty date, retirement date, and date of death.

The 2003 NDAA authorizes two groups of disabled military retirees with at least 20 years of service to be eligible for a new special pay that will make-up for the veterans' disability compensation offset that currently reduces their retired pay. Eligible retirees must be receiving VA disability pay for an injury for which they received a Purple Heart or for disabilities rated 60 percent or more as a result of armed combat, hazardous duties, duties under simulated combat conditions, or through the "instrumentality of war." The special compensation for severely disabled retirees program will continue, but those eligible for both this and the new special pay can receive only one. Retirees will have to apply for this special pay and payments are not projected to begin for at least 6 months. Once additional information is available on this new program, it will be published in the *Commissioned Corps Bulletin*.

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.

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Commissioned Officer Compensation

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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)

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 NDAA for Fiscal Year 2003.

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

The NDAA for 2003 increased the maximum allowable rates for certain special pays and bonuses for health care professionals. **It is important to note that this will not result in immediate increases in these special pays and bonuses.** The Compensation Branch will be working closely with the Department of Defense to determine new uniformed

services special pay and bonus rates. Any changes in these rates will be announced via the *Commissioned Corps Bulletin*, the DCP Web site, and various Listservs. Changes are not anticipated during the current fiscal year.

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. Pharmacist officers receive VSP and may be eligible for an accession bonus upon call-to-duty. Non-physician BCP may be authorized for certain officers, as defined below.

- VARIABLE SPECIAL PAY (VSP) is a monthly pay based on the pharmacy, 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 pharmacy, medical, or dental officer in any of the uniformed services. For medical and dental officers, CSED also includes the years spent participating in an accredited medical or dental internship/residency 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 pharmacy and 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 veteri-

nary officers. Officers must provide documentation in support of certification to receive this special pay.

- NON-PHYSICIAN BOARD CERTIFIED PAY (NBCP) – 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.

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- **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 \$24,000 to \$30,000 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 specialty;
 - (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. Eli-

gibility 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 depending on the officer's years of creditable service. ASP is paid in an annual lump sum.
- **NURSE SPECIAL PAY** is a contract special pay for nurse anesthetists. At the discretion of the Agency/Operating Division/Program to which they are assigned, qualified nurse officers may sign a contract 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 (CRNA);
- (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 Agency/Operating Division/Program Commissioned Corps Liaison or the Compensation Branch.

- **ACCESSION BONUSES** are authorized for registered nurses, pharmacists, and dentists who accept a commission as an officer. 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 pharmacists and dentists. To be eligible for the accession bonus, the officer must:
 - (1) Have a current and unrestricted license as a registered professional nurse, pharmacist, or 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 and pharmacy 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 duty 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 (CAPT);
- (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

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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 mandatory withholding rate for annual bonus payments is 27 percent.*

- 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 Residence 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 percent, which is the same rate as in 2002. The maximum salary for which the full rate of 7.65 percent will be deducted has increased from \$84,900 to \$87,000. The Social Security deduction is comprised of two parts. The Old Age Survivors' and Disability Insurance (OASDI) rate is 6.2 percent. The Hospital Insurance (HI) rate is 1.45 percent. Both OASDI

and HI are deducted on the first \$87,000 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 percent on the first \$87,000 of wages and 1.45 percent thereafter. Officers earning more than \$87,000 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 \$250,000 of life insurance on the officer unless a lesser amount or no insurance is elected. New calls to duty are automatically covered for \$250,000 unless they decline or elect reduced coverage. SGLI premium rates are to remain at \$.80 per \$10,000 of coverage, making the monthly premium \$20 for maximum coverage.

Using form SGLV-8286, "Service-member'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, the officer must submit form SGLV-8286 on or before his or her first day of active duty.

November 1, 2001, marked the beginning of SGLI family coverage which extends coverage to spouses and children of active-duty officers with SGLI. Spouse coverage is automatic unless reduced or no coverage is requested using form SGLV-8286A, "Family Coverage Election (SGLI)." Premiums for spouse coverage are based on the age of the spouse. Child coverage in the amount of \$10,000 per child is free and cannot be declined or reduced. Enrollment information and premium rates are available on the DCP Web site—<http://dcp.psc.gov> under "Payroll Issues."

Detailed information on all SGLI programs is available online at the Department of Veterans Affairs Web site—<http://www.insurance.va.gov/sglivgli/sglifam.htm>. Election forms are also available online 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), 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 \$167.20 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 2003 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

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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, and is processed through the Agency/OPDIV/Program.
- **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 U.S. 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 following Web site—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. Name and Social Security number should be included on all correspondence sent 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 2003

Payroll Month	Active Duty	Retired/Survivors
January 2003	January 1	February 3
February 2003	February 28	March 3
March 2003	April 1	April 1
April 2003	May 1	May 1
May 2003	May 30	June 2
June 2003	July 1	July 1
July 2003	August 1	August 1
August 2003	August 29	September 2
September 2003	October 1	October 1
October 2003	October 31	November 3
November 2003	December 1	December 1*
December 2003	December 31	January 2, 2004

*Last pay day for 2003 tax year for retired officers and survivors

- **EARNING STATEMENTS – Please read your monthly pay statement!** 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 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.

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Commissioned Officer Compensation

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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, U.S. Savings 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 address 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, 2003

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												12077.70	12137.10	12389.40	12829.20
O-9												10563.60	10715.70	10935.60	11319.60
O-8	7474.50	7719.30	7881.60	7927.20	8129.40	8468.70	8547.30	8868.90	8961.30	9238.20	9639.00	10008.90	10255.80	10255.80	10255.80
O-7	6210.90	6499.20	6633.00	6739.20	6930.90	7120.80	7340.40	7559.40	7779.00	8468.70	9051.30	9051.30	9051.30	9051.30	9096.90
O-6	4603.20	5057.10	5388.90	5388.90	5409.60	5641.20	5672.10	5672.10	5994.60	6564.30	6898.80	7233.30	7423.50	7616.10	7989.90
O-5	3837.60	4323.00	4622.40	4678.50	4864.80	4977.00	5222.70	5403.00	5635.50	5991.90	6161.70	6329.10	6519.60	6519.60	6519.60
O-4	3311.10	3832.80	4088.70	4145.70	4383.00	4637.70	4954.50	5201.40	5372.70	5471.10	5528.40	5528.40	5528.40	5528.40	5528.40
O-3	2911.20	3300.30	3562.20	3883.50	4069.50	4273.50	4405.80	4623.30	4736.10	4736.10	4736.10	4736.10	4736.10	4736.10	4736.10
O-2	2515.20	2864.70	3299.40	3410.70	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20	3481.20
O-1	2183.70	2272.50	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80	2746.80

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	3883.50	4069.50	4273.50	4405.80	4623.30	4806.30	4911.00	5054.40	5054.40	5054.40	5054.40	5054.40
O-2E	3410.70	3481.20	3591.90	3778.80	3923.40	4031.10	4031.10	4031.10	4031.10	4031.10	4031.10	4031.10
O-1E	2746.80	2933.70	3042.00	3152.70	3261.60	3410.70	3410.70	3410.70	3410.70	3410.70	3410.70	3410.70

Basic Allowance for Subsistence is \$167.20.

Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule which is \$11,874.90.

Basic Pay for O-6 and below is limited to Level V of the Executive Schedule which is \$10,449.90.



Changes Announced for Medical Officers Special Pays

On **January 1, 2003**, the new rates for Medical Special Pay (MSP) went into effect. The MRB rates for most specialties have increased for contracts effective in 2003. In the table at the end of this article, the new rates for Incentive Special Pay (ISP) and 2-year, 3-year, and 4-year Multiyear Retention Bonus (MRB) contracts are listed by specialty.

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 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 existing contract through the normal process of **recertification**. Medical officers are sent (via Commissioned Corps Liaisons) a recertification form. As in previous years, the recertification form must be processed through the officer's supervisory channels. 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 medical special pay contract (or print a contract from the Division of Commissioned

Personnel's (DCP) Web site at http://dcp.psc.gov/PDF_docs/6300-1.PDF;

- complete, sign, and notarize the contract;
- obtain an MRB/ISP Validation Record;
- attach all necessary documentation; and
- submit special pay packet through the appropriate Agency/Operating Division (OPDIV)/Program supervisory channels to the Compensation Branch, DCP.

NOTE: Contracts must be received in the Compensation Branch prior to the effective date requested.

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/CCPMindex.asp>. 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 notarization on the front, and the Agency/OPDIV/Program's recommendation on the reverse. All forms are available through your Commissioned Corps Liaison.

Please note that all officers who are on an MRB and/or ISP contract(s) and who are not in a clinical billet (primary job = 81) **must** specify where, when, and how much time was completed toward his/her clinical requirement. Officers in clinical billets or those officers whose billets have been previously approved as satisfying the clinical requirement are not required to submit additional documentation. Specific instructions for completing form PHS-6300-1 are available in the "Medical Special Pay Fact Sheet" on the DCP Web site at—http://dcp.psc.gov/PDF_docs/MSP_facts.pdf. 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 supervisor and Commissioned Corps Liaison** for approval/processing prior to submission to the Compensation Branch.

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. Every effort is made to process contracts and payments as quickly as possible, however, officers renegotiating for the increase in January should not expect payment earlier than the February 2002 payroll (payable March 1). Contracts are processed in the order that they are received. 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 or go

(Continued on page 14)

Changes Announced for Medical Officers Special Pays

(Continued from page 13)

to the DCP Web site—<http://dcp.psc.gov>—and visit the new “Payroll Issues” menu where you can also obtain information on the Thrift Savings Plan (TSP) to see how your bonus payments can be contributed to TSP.

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 teleconferencing. To be eligible for membership, you must be a therapist and a full-time OPDIV or other major Program employee. See the TPAC Web site for more information—www.cc.nih.gov/rm/pt/tpac.html.

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, 2003**. All submissions of self-nomination forms should be faxed to the attention of CDR Nancy Balash, TPAC Chair, fax number 509-865-5374 **and to** CDR Bart Drinkard, TPAC Executive Secretary, at fax number 301-480-0669. A curriculum vitae with a cover letter stating interest in serving on TPAC should be e-mailed to nbalash@yak.Portland.ihs.gov and bart_drinkard@nih.gov.

CDR Nancy Balash
Chair, TPAC
Yakima Indian Health Center
Physical Therapy Department
401 Buster Road
Toppenish, WA 98948

Phone: 509-865-2102

Fax: 509-865-5374

E-mail: nbalash@yak.Portland.ihs.gov

2003 MEDICAL SPECIAL PAY RATES

Specialty	Spec Code	2003 ISP	2003 MRB 2-year	2003 MRB 3-year	2003 MRB 4-year
ALLERGY	0601	\$23,000	\$12,000	\$13,000	\$14,000
ANESTHES	0100	\$36,000	\$12,000	\$13,000	\$14,000
AROSPACE	2200	\$13,000	\$12,000	\$13,000	\$14,000
CARD DIS	0602	\$36,000	\$12,000	\$13,000	\$14,000
CLINPATH	1408	\$16,000	\$12,000	\$13,000	\$14,000
CLINPHRM	8000	\$14,000	\$12,000	\$13,000	\$14,000
CRITCARE	0615	\$23,000	\$12,000	\$13,000	\$14,000
DERMATOL	0300	\$18,000	\$12,000	\$13,000	\$14,000
DIA RAD	1803	\$36,000	\$12,000	\$13,000	\$14,000
EMERGENCY	6200	\$26,000	\$12,000	\$13,000	\$14,000
ENDO&MET	0607	\$14,000	\$12,000	\$13,000	\$14,000
FMLYPRAC	0501	\$13,000	\$12,000	\$13,000	\$14,000
GASTROEN	0604	\$26,000	\$12,000	\$13,000	\$14,000
GERIATRC	0614	\$14,000	\$12,000	\$13,000	\$14,000
HEMATOLO	0608	\$23,000	\$12,000	\$13,000	\$14,000
IMMUN	0613	\$23,000	\$12,000	\$13,000	\$14,000
INFCTDIS	0609	\$14,000	\$12,000	\$13,000	\$14,000
INT MED	0600	\$14,000	\$12,000	\$13,000	\$14,000
MDGENETIC	0620	\$14,000	\$12,000	\$13,000	\$14,000
NEONATAL	1507	\$23,000	\$12,000	\$13,000	\$14,000
NEPHROLO	0610	\$23,000	\$12,000	\$13,000	\$14,000
NEUROLOGY	1702	\$14,000	\$12,000	\$13,000	\$14,000
NonTen ROG	9998/7	0	\$12,000	\$13,000	\$14,000
NUCLEAR	2400	\$28,000	\$12,000	\$13,000	\$14,000
OBST&GYN	0800	\$31,000	\$12,000	\$13,000	\$14,000
OCCUPATL	2300	\$13,000	\$12,000	\$13,000	\$14,000
ONCOLOGY	0611	\$23,000	\$12,000	\$13,000	\$14,000
OPHTHALM	5800	\$28,000	\$12,000	\$13,000	\$14,000
ORTHOSUR	1000	\$36,000	\$12,000	\$13,000	\$14,000
OTOLARYN	1200	\$30,000	\$12,000	\$13,000	\$14,000
PATHOLGY	1400	\$16,000	\$12,000	\$13,000	\$14,000
PEDCARDI	1502	\$23,000	\$12,000	\$13,000	\$14,000
PEDCC	1515	\$23,000	\$12,000	\$13,000	\$14,000
PEDGASTR	1505	\$26,000	\$12,000	\$13,000	\$14,000
PEDHMONC	1503	\$23,000	\$12,000	\$13,000	\$14,000
PEDIATRS	1500	\$12,000	\$12,000	\$13,000	\$14,000
PEDIMMUN	1508	\$23,000	\$12,000	\$13,000	\$14,000
PEDINFEC	1509	\$14,000	\$12,000	\$13,000	\$14,000
PEDPULMO	1510	\$23,000	\$12,000	\$13,000	\$14,000
PHY&REHB	1600	\$12,000	\$12,000	\$13,000	\$14,000
PREVTIVE	1900	\$13,000	\$12,000	\$13,000	\$14,000
PSYCHIAT	1701	\$15,000	\$12,000	\$13,000	\$14,000
PULM-DIS	0606	\$23,000	\$12,000	\$13,000	\$14,000
RADIOLGY	1800	\$36,000	\$12,000	\$13,000	\$14,000
RESEARCH	9999	\$31,000			
RHEUMATO	0612	\$14,000	\$12,000	\$13,000	\$14,000
SURGERY	5400	\$29,000	\$12,000	\$13,000	\$14,000
SURG Subs	5499	\$36,000	\$12,000	\$13,000	\$14,000
UROLOGY	2000	\$28,000	\$12,000	\$13,000	\$14,000
SITE A		\$30,000			
SITE B		\$24,000			

PHS Commissioned Corps Visible at Cincinnati Job Fair

The Greater Cincinnati Federal Executive Board hosted a 'Government Job Fair' on October 16, 2002, from 12 noon to 8 p.m. The job fair took place at the Cintas Center on Xavier University's campus in Cincinnati, Ohio. The job fair, the first of its kind in the Cincinnati area, attracted more than 2,000 attendees.

Representatives from the National Institute for Occupational Safety and Health (NIOSH) along with six Public Health Service (PHS) Commissioned Corps officers were present to discuss exciting career opportunities at NIOSH and in the PHS Commissioned Corps. The commissioned officers are all members of the Cincinnati Branch of the Commissioned Officers Association, and five of these officers are NIOSH employees. Sixteen Federal and local government agencies were present, including: Internal Revenue Service; Immigration and Naturalization Service; U.S. Postal Service; Army Corps of Engineers; U.S. Marines; National Park Service; U.S. Customs Service; Bureau of Alcohol, Tobacco, and Firearms; Department of Justice; and Department of Labor.

CAPT Larry Doemeny, CDR John Cardarelli, LCDR Chuck Hayden, CDR



CDR John Cardarelli, LCDR Chuck Kardous, and LCDR Leslie MacDonald staffing the PHS Commissioned Corps booth at the Cincinnati Job Fair.

Chuck Kardous (an Associate Recruiter), LCDR Leslie MacDonald, and ENS Lisa Wind staffed the PHS Commissioned Corps career booth, assisted potential recruits with information about the

Corps and available career opportunities, and helped in making the PHS Commissioned Corps visible to the Cincinnati community.

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COA's 2003 Professional Conference to Focus on Public Health Infrastructure

The Commissioned Officers Association (COA) of the U.S. Public Health Service (PHS) has announced that *"Weaving Tomorrow's Public Health Infrastructure"* will be the theme of the 2003 Professional Conference. The conference will be held June 15-18, in Scottsdale, AZ, at the Westin-Kierland Resort and Spa, a brand new five star hotel, and will feature a keynote talk by Surgeon General Richard H. Carmona. "This really is the Surgeon General's conference," said Jerry Farrell, Executive Director of COA. "Our goal is to make it the

pre-eminent public health professional conference in the country."

The 2003 topic was carefully selected to acknowledge the Native American culture and heritage in the Phoenix-Scottsdale area, and the prominent role officers of the PHS play in the Indian Health Service (IHS). Some 40 percent of PHS officers serve in the IHS. The topic also responds to the critical public health infrastructure issues facing not only the Native American community but the en-

tire country, as aging and increasingly fragmented public health institutions struggle to face the emerging new threats of bioterror warfare and the possibility of mass casualties in the U.S. Homeland.

"We are delighted to return to Arizona where we have had some of our most successful meetings," Farrell said, "We also plan to expand the content and opportunities for participation this year to include regional, State, and local public health officials."

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2002 Combined Federal Campaign of the National Capital Area

The October 2, 2002 'Kickoff' event for the Combined Federal Campaign (CFC) for the Headquarters of the Department of Health and Human Services (HHS) was the first ever 'CFC Motorcycle Ride'—symbolizing HHS as 'Leaders of the Pack.' This was an outdoor event with a convoy of 75 motorcycles, with police escort, originating from the Humphrey Building in Washington, DC, and proceeding to the Parklawn Building in Rockville, MD. When they arrived to cheers, the first in the lead was HHS Secretary Tommy Thompson, a Harley-Davidson motorcycle enthusiast. The crowd outside the Parklawn Building cheered the arrival of the long line of HHS employees on motorcycles.

All in attendance were given a small American parade flag. There was also an extensive charity fair, with various charity display tables positioned around the perimeter. To increase the patriotic spirit, a local high school band provided inspiring music, and the Surgeon General's Honor Cadre presented the Colors. Speakers at the event included Secretary Thompson (Campaign Chair), Mr. Jim Vance (local TV personality), Surgeon General Richard H. Carmona, Mr. Charles Curie (Campaign Vice Chair and Administrator, Substance Abuse and Mental Health Services Administration), and CAPT Susanne Caviness (Campaign Manager).

CAPT Caviness is the first Public Health Service Commissioned Corps officer ever appointed to manage the HHS Headquarters (Washington, DC area) Combined Federal Campaign. She has been working with representatives of all HHS Headquarters' Operating Divisions (OPDIVs) who are responsible for their OPDIV's CFC progress. Secretary Thompson made a special point of congratulating CAPT Caviness for the event and her inspiring charge to the audience.

Additionally, Mr. Curie added, "Remember, if you only give till it feels good, you haven't given enough."

Toward the end the program, the speakers and Agency leaders tossed CFC stuffed bear and eagle toys to the crowd, and many in the crowd had photos taken with the Secretary alongside his motorcycle. It was a fun event, and HHS is looking forward to a successful 2002 CFC campaign.



Pictured left to right: Secretary Tommy Thompson, Mr. Jim Vance, Surgeon General Richard H. Carmona, Mr. Charles Curie, and CAPT Susanne Caviness.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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