



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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January 2004

## Surgeon General's Column

On December 1, 2003, we joined together to observe the 15th Annual World AIDS Day.

In recognition of World AIDS Day, Secretary Thompson recommitted the Department to fighting the growing epidemic of HIV/AIDS. The Secretary led the largest delegation ever to sub-Saharan Africa. The delegation focused on what is needed to help people who are suffering because of AIDS and on how to prevent the spread of the disease. The delegation included international health officials, members of Congress, and leaders from more than 40 faith-based organizations, private-sector groups, and charitable organizations.

On December 1, I visited the Family Medical Counseling Services clinic in Washington, D.C. I met their amazing staff and saw their patients—men, women, and children—who are struggling every day with HIV and AIDS. Later in the day, I spoke with Department of Health and Human Services (HHS) employees about the effects of the epidemic in the United States, and then traveled to Uruguay to represent the Department at the 8th Annual STI/AIDS Congress.

I was so proud to take our message to other nations. As President Bush has said, "There are only two possible responses to suffering on this scale. We can turn our eyes away in resignation and despair, or we can take decisive, historic action to turn the tide against this disease and give the hope of life to millions who need our help now. The United States of America chooses the path of action and the path of hope."

AIDS has changed our lives and our world. My early experiences as a physician included working with patients suffering from HIV. I did my medical internship and residency from 1979 to 1985 at San Francisco General Hospital. I often worked with my friend and colleague, Dr. Julie Gerberding. Dr. Gerberding is of course still very much involved in the fight against AIDS.

As a young surgeon, I started seeing a lot of patients with unexplained bowel obstructions, unusual cancers, and other serious symptoms. Many of these patients were young men who would soon die extraordinarily painful deaths caused by symptoms that we couldn't trace to any logical origin. We couldn't explain their illness or their deaths to their families and loved ones. At best, we treated symptomatically. It was frustrating and sad for their families and loved ones, and for us. Although we didn't know it at the time, San Francisco General was at the heart of America's nascent AIDS epidemic.

Today, over 40 million people around the world are living with HIV/AIDS. In 2002, there were 5 million new HIV infections. We can't just think of them as numbers. These are real people with real pain, real families, and real people who care for them.

AIDS kills our youth, our middle-aged, our seniors. Gay or straight—it impacts everyone. It delivers death to people in the prime of their lives, and no city or town or village can escape it.

HIV/AIDS disproportionately affects African Americans and Hispanic Ameri-

cans, just as it affects our brothers and sisters in Africa, Latin America, and the Caribbean. This has little to do with genetics. More than 99 percent of the genetics of everyone, everywhere, are the same. But it has a lot to do with health literacy and health education. The fact is that in many minority and poor communities, people have not truly accepted that they can become infected with AIDS; that they are not immune.

From Harlem, New York, to Haarlem, South Africa, men, women, and children of color are being infected with the AIDS virus in staggering numbers. Africa has been hit the hardest. Three million African children are infected by HIV—3 million. And the disease has left 11 million orphans. This is more children than live in D.C., Virginia, Maryland, and New York combined.

But the news is not all grim. We have not yet found a way to defeat AIDS, but we have learned some effective ways of fighting it. Two decades ago, HIV/AIDS was a death sentence. But today we have

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## Surgeon General's Column

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more people *living* with AIDS than at any other time. Today, there is hope for HIV/AIDS patients.

### **What We Are Doing**

The Bush Administration is providing leadership globally and here at home.

- Last year, the Administration spent over \$16 billion—the largest amount ever—on HIV/AIDS programs in response to our Nation's crisis and the global crisis. President Bush has requested over \$18 billion in domestic and international AIDS funding for Fiscal Year 2004. We are standing shoulder to shoulder with communities, health departments, and faith-based organizations to battle HIV/AIDS and to help the people who are infected get the care they need. The Department is committed to ensuring that the resources follow the disease, and we are placing special emphasis on delivering help to those American communities that are the hardest hit.
- We are using taxpayer resources wisely. Our programs and policies are evidence-based and reflect the highest standards of accountability in dollars spent and outcomes reached.
- HHS supports a wide range of prevention, testing, treatment, and research strategies to fight HIV/AIDS. Early knowledge is critical to controlling the spread of the HIV infection, as is access to quality patient care.
- We are using the ABC approach as part of our response to the epidemic. Developed in the East African country of Uganda, where the ABC approach has meant a significant decline in HIV and AIDS, we are now following their lead in a common-sense effort to reduce HIV transmissions here. ABC stands for Abstinence, Be Faithful, and Use Condoms. We are encouraging young people to delay sexual activity. We are reminding those who are already in relationships of the importance of faithfulness and monogamy. We are encouraging those who engage in high-risk behavior to use condoms consistently and correctly, each and every time they have sex.

- Research is a critical component of the HHS strategy to fight HIV. Many approaches to HIV prevention are being studied and refined, and development of a safe and effective vaccine is in the works. Vaccine candidates are a big part of our hope for the future AIDS arsenal.

The bottom line is that the United States is using a multipronged approach to stop the spread of this insidious disease at home and abroad. President Bush and Secretary Thompson are leaders in the fight against AIDS. As Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Secretary Thompson has already accomplished a great deal. So far, the United States has spent or requested \$1.6 billion for the Global Fund—more than a third of the money pledged to the entire fund by all nations.

As a physician, as Surgeon General, and as an American, I'm proud that this Administration, under President Bush and Secretary Thompson, has done more to combat and treat AIDS than has ever been done in the history of the disease.

We have seen some great successes:

- First, prevention efforts have reduced the annual number of new HIV infections in the United States from over 150,000 per year to about 40,000 per year. This is still too many, but the number of new infections in our Nation is going in a positive direction—which is down.
- Second, we have seen the impact of advances in HIV therapeutics for many people living with HIV/AIDS in the United States and other western countries, and more recently the promise these medicines offer in the developing world.
- In the area of treatment, some very recent good news. Over the past few years, scientists have identified new targets for HIV therapy and novel drugs that block stages of the virus replication cycle. The Food and Drug Administration recently approved a drug called T-20 that blocks the fusion of HIV to the host cell membrane. This holds true promise for many HIV-infected patients who harbor a strain of

the HIV virus that is resistant to current therapies.

These are great successes, and I list them to you with the greatest humility. President Bush, Secretary Thompson, and I know that the real credit is due to the brilliant scientists and public health professionals throughout the world, and particularly in the HHS family, who dedicate their careers to preventing, treating, and someday curing AIDS.

We can win this fight. As Secretary Thompson said before he left for Africa, "Our efforts must start with knowledge, because HIV/AIDS has no power over a well-informed person who makes safe, educated decisions regarding his or her health."

We need to improve health literacy and health knowledge both here and abroad. By working together to support culturally competent messaging we can reach communities with accurate information and abiding hope.

We need to relay the facts:

- Anyone who might be at risk for HIV must be tested.
- There is no cure for AIDS, and no HIV vaccine. But there are drugs that can enhance the lives of people with HIV/AIDS.
- Unfortunately, there are still communities who refuse to acknowledge that HIV causes AIDS. Instead, they have bought into the myth that the treatments actually lead to death. We need to change this culture of cynicism and show them a culture of hope.
- Drug use is dangerous on so many levels. Not only is the drug damaging to a person's physical and psychological well being, needle sharing continues to be a significant conduit of HIV transmissions.
- We need to communicate to people who insist on seeking out HIV. We know that by making simple, smart choices, anyone can greatly reduce the risk of contracting HIV.
- Worldwide we need to promote the ABC message brought to us by

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## Surgeon General's Column

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President and Mrs. Museveni of Uganda. We know that abstinence is 100 percent effective in stopping the spread of the disease. In many places, prostitution and promiscuity have given legs to sexually transmitted diseases that attack entire communities.

The pain of HIV and AIDS is not distinct to one community. It affects us all. I'm sure we've all been moved at the sight of the AIDS Memorial Quilt. It is made up of over 44,000 panels, woven together, much like our lives, showing the lives of so many of our friends and loved ones lost in this battle.

As Public Health Service officers, we are working to give liberty from death's grasp from disease. That includes HIV/AIDS. We are all soldiers in an epic struggle to save lives. We are all working toward the hope of a better, safer, freer tomorrow. The reality is that one person can make a difference, and a community that cares and joins together can do even more. Each of you is a role model, and as a Department we are the living embodiment of what people can do when they work together for the good of our Nation.

VADM Richard H. Carmona  
Surgeon General

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## Call for Nominations for the Environmental Health Officer PAC's 2004 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—<http://www.ehopac.org>. For additional information, contact CAPT Jeff Smith, Chairman of the EHOPAC Awards and Recognition Subcommittee, at 907-729-3502 or via e-mail at [jjsmith@anthc.org](mailto:jjsmith@anthc.org). Nominations are due no later than **February 27, 2004**.

The 2004 EHOPAC Awards will be presented during the National Environmental Health Association's Annual Educational Conference in Anchorage, Alaska, May 9-12, 2004.

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

Nominations are being sought for the Public Health Service (PHS) Commissioned Corps officer *Veterinarian of the Year Award*. This award recognizes veterinarians whose professional careers and work performance have resulted in significant contributions to public health and to the mission of the Department's Agencies/Operating Divisions and other programs where commissioned corps veterinarians serve. The award, established in 1997, will be presented at the PHS Veterinarians All Hands Meeting in the spring of 2004.

Nominees must be active-duty officers in the Veterinary category. PHS veterinarians, supervisors, coworkers, and peers as well as members of the Commissioned Officers Association are en-

couraged to nominate deserving veterinarians for this competitive and prestigious award. Nominations will be kept in strictest confidence. The selection will be made by an Awards Committee composed of senior PHS veterinarians. Evaluation by the Awards Committee will be made based on the impact of the nominated officer's work in public health and veterinary professional communities.

Nominations will be judged on accomplishments in the following areas:

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

- Service on committees/boards

### Nomination Package

The nomination package should consist of the following:

- Letter of nomination (no more than two pages)
- Two letters of support for the nomination (no more than one page each)
- A copy of the officer's curriculum vitae

The nomination package should be sent electronically by **March 31, 2004**, with the requested documents as attachments (in Word® or WordPerfect® format), to CDR Terri R. Clark at [clarkte@od.nih.gov](mailto:clarkte@od.nih.gov).

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## Keeping You Informed

### **Entitlements/Allowances for Permanent Change of Station (if Qualified Under the Joint Federal Travel Regulations (JFTR))**

#### **CALL-TO-DUTY AND ACTIVE-DUTY OFFICERS**

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

#### **RETIRED OFFICERS**

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank; and
- (3) One (1) year of Non-Temporary Storage (NTS) from point of origin.

Please remember that officers must always contact their agency's Shipping Officer before performing any type of Permanent Change of Station (PCS) move, including a Personally Procured Transportation move, to avoid reimbursement complications. This is true for active-duty and retired officers.

### **January – Q&A on Travel**

- Q.** What is involved in a 'Do-It-Yourself' move and what is the process? Please advise.
- A.** First, this type of move is referred to as 'Personally Procured Transportation' (PPT). The JFTR authorizes a member to personally arrange for the transportation and/or NTS of HHG during a PCS. Keep in mind that the Government's cost limit is based on the member's maximum HHG weight allowance (i.e., if the member transports HHG in excess of the authorized weight allowance, all payments are

based on the authorized weight allowance).

One important note is that the member who personally arranges for HHG shipment (i.e., moves the HHG themselves, or arranges directly for the HHG to be moved) is entirely responsible for all issues related to the use of U.S. carriers, import/export processes, tariffs, customs, etc.

What the member needs to do for a PPT:

- (1) When an officer receives PCS orders, he/she must contact the new agency's Shipping Officer to notify the Shipping Officer of the intent to execute a PPT. The Shipping Officer will counsel the officer on the appropriate paperwork needed. Failure to perform this contact may delay reimbursement of the monetary allowance.
- (2) Estimate the HHG weight by multiplying each room in the house by 1,000 pounds and note the estimated weight on form PHS-4013-1, "Application for Shipment of Household Goods (Commissioned Officers)." At this point, the Shipping Officer may be able to estimate the moving allowance dollar amount based upon the 95 percent cash allowance authorized.
- (3) The Shipping Officer will counsel the officer about the 'weight certificate(s)' needed and other important information in accordance with the guidelines established in the JFTR, and note on form PHS-4013-1 that a PPT will be executed.
- (4) **IMPORTANT:** Upon completion of the move and as soon as possible after arrival at the new permanent duty station (PDS), the officer must provide the Shipping Officer who initiated the PPT move with a copy of his/her PCS personnel order as well as weight certificate(s) of the actual HHG weight transported, in order to be reimbursed under the PPT program provisions. Failure to follow this directive may delay payment of the monetary allowance associated with the PPT move.
- (5) Based upon the actual weight transported by the officer as indi-

cated on the weight certificate(s), the Shipping Officer will note on the bottom of form PHS-4013-1 the cost the Government would have incurred if the HHG were shipped by the Government, and 95 percent of the cost the Government would have incurred if the HHG were shipped by the Government.

(6) The Shipping Officer will sign and date form PHS-4013-1, maintain a copy for his/her records, and return a copy to the commissioned officer.

(7) At this point, **either the Shipping Officer or the officer** must associate the copy of form PHS-4013-1 containing the Shipping Officer's notations, and other documentation provided, along with his/her Standard Form 1012, "Travel Voucher," for PCS allowances (e.g., per diem, monetary allowance in lieu of transportation (mileage)) and submit them to the appropriate finance office for reimbursement of the appropriate amount noted by the Shipping Officer.

(8) If the officer hired a private moving company to move the HHG to the new PDS, then 100 percent of the cost is reimbursable up to the amount the Government would have paid a Government contractor to move the HHG.

(9) If the officer moves the HHG himself or herself, then 95 percent of the Government-contracted amount is reimbursable to the officer as a cash allowance. (Gas, oil, insurance, truck rental, and all other expenses pertaining to the PPT are not reimbursable individually, but part of the cash allowance paid to the officer.)

(10) For the cash allowance and prior to submission, the officer must make the following entry under the 'Description' column of Standard Form 1012— "PPT"—and place the 95 percent amount noted on form PHS-4013-1 by the Shipping Office in the column labeled 'Amount Claimed/Other.'

(11) The officer's PCS personnel order **will not** reference a PPT move. The PCS personnel order will

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## Keeping You Informed

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indicate the officer is authorized to execute a PCS move in accordance with the JFTR. **Officers requiring temporary storage at the new PDS location must coordinate storage arrangement with the Shipping Officer prior to departure from the old PDS.** Temporary storage may be authorized for 90 days on PCS moves if circumstances occur that prevent delivery to a residence.

(12) Executing a PPT move may or may not be advantageous to officers performing PCS moves. Those considering a PPT move are cautioned to

weigh all the factors (e.g., cost the member will incur, time and labor requirements) before executing a PPT move.

### Travel Information

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

## Nominations Sought for Health Services PAC's 2004 Kissel and Garcia Awards

The Health Services Professional Advisory Committee (HS-PAC) is pleased to announce that it is inviting nominations for two major 2004 awards:

- **Stanley J. Kissel Award for Outstanding Health Services Professional of the Year.** The nominee must have made a significant impact on the Nation's health, exhibited leadership in the achievements(s) being cited, and must serve as a role model to others.
- **Joseph Garcia Jr. Award for Outstanding Junior Health Services Professional of the Year.** This award will go to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their

work, and shown involvement in health-related professional or community organizations or activities.

Officers from the Health Services category and equivalent civil service professionals, excluding 2004 members of the HS-PAC, are eligible for these awards. Nominations must be received by **March 31, 2004**. These awards will be presented at the annual Commissioned Officers Association meeting in Anchorage, AK, on May 18, 2004.

Criteria and nomination forms for either of these awards can be found at [www.usphs-hso.org](http://www.usphs-hso.org) (click on 'Awards') or may be obtained by contacting LT Stacey Gooding at 301-443-0147 or e-mail [sgooding@hrs.gov](mailto:sgooding@hrs.gov). *Please note:* Nominations that do not follow the correct format will not be reviewed.

### Reminder

The Division of Commissioned Personnel (DCP) is current accepting applications for assimilation. Applications for assimilation into the Regular Corps must be received in DCP by the close of business on Friday, **February 13, 2004**, in order to be reviewed by the 2004 board.

A complete assimilation package that includes form PHS-7034, "Application for

### Deadline for Submission of Applications for Assimilation into the Regular Corps

Assimilation into the Regular Corps," as well as a table outlining the differences between the Reserve Corps and the Regular Corps, are available on the DCP Web site—<http://dcp.psc.gov/assimilation.asp>.

Please see the December 2003 issue of the *Commissioned Corps Bulletin*, page 7, for more information regarding applying for assimilation.

## Call for Nominations for the Scientist PAC's 2004 Scientists of the Year Awards

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

The SciPAC will present two awards—one to recognize the achievement of a senior-level officer, and one to acknowledge the contributions of a junior-level officer. These awards will be presented by the Surgeon General at the annual meeting of the Commissioned Officers Association in 2004. Recipients of the awards will receive a 'Derek Dunn Memorial Scientist of the Year' plaque, or a 'Young Scientist of the Year' plaque, and a special letter of recognition from the SciPAC.

Active-duty PHS scientist officers at the rank of O-5 or higher are eligible for the 'Derek Dunn Memorial Scientist of the Year' award; past winners of the 'Young Scientist of the Year' award remain eligible. Active-duty PHS scientist officers at the rank of O-4 or below are eligible for the 'Young Scientist of the Year' award. No distinction will be made for either award based on an officer's billet or career track assignment.

Officers may self-nominate or nominate others. Nominations are due by **March 1, 2004**.

More information about the awards and the submission process details are available at—<http://usphs-scientist.org/contributions/awards/2004awards.htm>. If you have questions after reviewing the Web site, please contact:

LCDR John Mosely Hayes  
Phone: 334-206-3394  
E-mail: [jmhayes@adph.state.al.us](mailto:jmhayes@adph.state.al.us)

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



As we move forward and embrace the transformation of the Public Health Service (PHS) Commissioned Corps, more and more officers are eager to wear their uniforms correctly. Many officers phone and e-mail questions, and are looking for exact answers. Unfortunately, exact answers are not always available.

Commissioned Corps Personnel (CCPM) Manual Pamphlet No.61, "Information on Uniforms," is the guide to the proper wear of the PHS uniforms, but is written a bit ambiguously in places. This ambiguity does not diminish the policies of the PHS Commissioned Corps, but instead enhances the ability of officers' Agencies/Operating Divisions/Programs to work within the rules. When you read the policies, remember that uniformity is very important. Understand that with the number of uniform suppliers available, and the many interpretations of the uniform and its policies, there will be some small differences between individuals—but uniformity throughout the PHS Commissioned Corps.

This month, we would like to update you on the five most recent memorandums signed by the Surgeon General relating to PHS uniforms. These memorandums include changes to the maternity uniform, female undergarments authorized, the uniform belt buckle, the wind-breaker jacket, and the outer garments now authorized for wear with most of the PHS uniforms.

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CCPM Pamphlet No. 61 will be updated with the following information regarding **maternity uniforms**:

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## Section D. Maternity Uniforms

### 1. General

- a. Certified maternity uniforms are mandatory for all pregnant officers when a uniform is prescribed, and regular uniforms no longer fit. Personnel are expected to wear regular uniforms upon return from maternity leave, however, commanding officers may approve the wear of maternity uniforms up to 6 months from the date of delivery based on medical officer diagnosis/recommendation.
- b. Maternity uniforms are designed like corresponding primary

uniforms, but proportional to fit pregnant women.

### c. Outer garments

Pregnant officers may wear outer garments (all-weather coat, overcoat, peacoat, reefer, and sweater) unbuttoned when they no longer fit properly buttoned.

A maternity cardigan sweater is authorized for optional wear. The shirt collar is worn inside the sweater when a tie is worn and outside the sweater when no tie is worn. As an exception to the restriction in Exhibit 1, the sweater is authorized for wear outside the immediate office space. The addition of epaulets on the current maternity sweater has been approved if the sweater is to be worn outside the immediate office space; wear soft shoulder boards.

## 2. Service Dress Uniforms

### Service Dress Blue

- a. **Coat.** A single-breasted coat made from navy blue authorized material, with a convertible collar, seven black plastic buttons down the front. Ribbons, insignia, badges, and name-tags may be worn if applicable. Wear removable soft shoulder boards on epaulets.
- b. **Skirt.** Plain, two panel tailored A-line skirt with elasticized waist and stretch front panel. Skirt matches the coat's color and material.
- c. **Shirt.** Made of white authorized material with a convertible, turndown, pointed collar, short or long sleeved, with epaulets. Officers must wear soft shoulder boards on the epaulets.
- d. **Slacks.** Flared slacks of the same material as the jacket. Front panel and waist are the same as the skirt.

**Service Dress White.** When Service Dress White is prescribed, wear Summer White with ribbons.

3. **Summer White.** Summer White maternity uniforms are authorized for wear when prescribed. The design is similar to the blue maternity skirt, slacks, and white short-sleeved shirt. The fabric of the top and bottom components must match. Wear the shirt, with ribbons, unbuttoned at the collar. Wear hard shoulder boards.

### 4. Winter Blue

- a. **Shirt.** The shirt is the coat worn with Service Dress Blue. Wear fully buttoned with tie, ribbons, and miniature metal collar devices.
- b. **Skirt.** Same skirt required for Service Dress Blue.
- c. **Slacks.** Same slacks required for Service Dress Blue.

### 5. Summer Khaki

- a. **Shirt.** Made of authorized khaki fabric, with short sleeves, and two breast pockets with button flaps. The shirt has an open collar forming a V-neck. Officers wear collar insignia.
- b. **Skirt.** Plain, two panel tailored A-line khaki skirt of the same fabric as the shirt, with elasticized waist and stretch front panel.
- c. **Slacks.** Khaki flared slacks of the same fabric as the shirt. Front panel and waist are the same as the skirt.

6. **Working Khaki.** Summer Khaki uniform without ribbons.

### 7. Dinner Dress Uniforms

- a. When Dinner Dress Blue is prescribed, wear Service Dress Blue with miniature medals.
- b. When Dinner Dress White is prescribed, wear Summer White with ribbons.

### 8. Full Dress Uniforms

- a. When Full Dress Blue is prescribed, wear Service Dress Blue with large medals.
- b. When Full Dress White is prescribed, wear Summer White with ribbons.

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## Q & A on Uniforms

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9. **Winter Working Blue.** Wear without a tie or ribbons, and only the top collar button is unbuttoned.

See Example Figures (Service Dress Blue, Summer White, and Winter Blue) to right →



The **female undergarments** description will be updated to include the following information:

a. **Description:**

- (1) **BRASSIERE:** White when worn under white shirts. Otherwise, color is wearer's option.
- (2) **UNDERPANTS:** White when worn under white skirts/slacks. Otherwise color is wearer's option.
- (3) **SLIP:** May be full or half slip. Worn only with skirts and shall be white when wearing white uniform components.
- (4) **UNDERSHIRT:** (Optional when not required uniform component.) Made of white cotton or poly-cotton. May be sleeveless, V-neck, or crew neck.

The definition of both **male and female belts** will be updated to include the following information:

**BELTS, WITH CLIP**

- a. **Description:** Plain cloth or webbing, same color as uniform, 1-1/4 inch wide (men), 1 inch wide (women), and fitted with a gold anodized clip. A

cotton or nylon web belt may be worn with all uniforms. If a cloth belt is worn, the fabric shall match the uniform.

**BUCKLE**

- a. **Description:** Either a plain, anodized Navy buckle or a gold, anodized buckle which is the same size as the plain, Navy buckle and decorated with the PHS miniature cap device. Silver buckles are not authorized.

The definition of the **Windbreaker Jacket** will be updated with the following information:

a. **Description:**

- (1) **Black** – A black (Army black shade 458) jacket, 55/45% poly/wool with a stand-up knit collar and knit cuffs and bottom. Jacket is single-breasted with a zipper front closer, two inverted slant pockets, and shoulder epaulets. The old-style blue windbreakers were no longer authorized after October 31, 2003.

- (2) **Khaki** – A single-breasted, hip-length jacket, made of water repellent poly/cotton poplin cloth. It has a plain collar, two pockets located on side fronts, a zipper, and a collar button closure.

The number of **Outer Garments** authorized for wear with the following uniforms will increase as noted:

Adverse/cold weather garments listed with the PHS uniforms would include:

**SDBS:** Overcoat, Raincoat, Windbreaker, Reefer, Army Pull-over Sweater

**MSDB:** Overcoat, Raincoat, Reefer

**SW:** Raincoat, Windbreaker, Reefer, Army Pullover Sweater, Cardigan Sweater

**SB:** Overcoat, Raincoat, Windbreaker, Reefer, Army Pull-over Sweater, Cardigan Sweater

**SK:** Overcoat, Raincoat, Windbreaker, Reefer, Army Pull-over Sweater, Cardigan Sweater

**IDW:** Overcoat, Raincoat, Windbreaker, Reefer, Army Pull-over Sweater, Cardigan Sweater

**WK:** Overcoat, Raincoat, Windbreaker, Reefer, Army Pull-over Sweater, Cardigan Sweater

*Note:* Cardigan Sweater is for indoor wear only.



## Retirements – December

Title/Name Agency/OPDIV/Program

**DENTAL**

**CAPTAIN**

William D. Wood BOP  
Kevin T. Schlepp IHS

**NURSE**

**COMMANDER**

Madonna Azure IHS  
Juanita J. Mellum IHS  
Marcia L. Standifer IHS

Title/Name Agency/OPDIV/Program

**SCIENTIST**

**CAPTAIN**

Laurence J. Doemeny CDC

**VETERINARY**

**REAR ADMIRAL (Lower Half)**

Roscoe M. Moore, Jr. OS

**COMMANDER**

Lowrey L. Rhodes, Jr. NIH

Title/Name Agency/OPDIV/Program

**PHARMACY**

**CAPTAIN**

Michael R. Seybold IHS

**COMMANDER**

David B. Bakken IHS

**HEALTH SERVICES**

**CAPTAIN**

Von Nakayama FDA





## Commissioned Officer Compensation

On November 24, 2003, President Bush signed the National Defense Authorization Act for Fiscal Year 2004. Below is a summary of compensation provisions from the Act and other legislation.

### Changes in Active-Duty Compensation

Effective January 1, 2004, the rate for Basic Pay increased an average of 4.1 percent. No members will receive an increase less than 3.7 percent, and the increase will be as much as 6.25 percent for some mid grade members. The pay table for 2004 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 2004 Basic Allowance for Housing (BAH) rates climbed by an average of 5.9 percent or about 3.5 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. Please 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.

Effective January 1, 2004, the Basic Allowance for Subsistence (BAS) rate for officers is \$175.23 per month, a 4.8 percent increase. The BAS rate is linked to a food cost growth index measured by the U.S. Department of Agriculture.

The Thrift Savings Plan (TSP) is intended to be a supplement to existing Uniformed Services retirement plans, not a replacement. For calendar year 2004, officers may deposit up to 9 percent (up from 8 percent for 2003) of Basic Pay, along with 100 percent of special pay and bonuses up to a combined ceiling of \$13,000 per year which is up from the 2003 level of \$12,000. Officers wishing to change the amount of basic pay deposited into their TSP account must submit a revised Form

TSP-U-1, "TSP Election Form," to the Compensation Branch during the next open season. The next TSP open season will be April 15 - June 30, 2004. 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 \$3,000 of additional contributions in 2004, \$4,000 in 2005, and \$5,000 in 2006 and thereafter. Use Form TSP-U-1-C to make 'catch-up' contributions. Additional details on the TSP are available on the TSP Web site—<http://www.tsp.gov>. (Please be sure you are viewing the 'Uniformed Services' section of that Web site). 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 new rates, can be found in a separate article on page 18 of this issue of the *Commissioned Corps Bulletin*.

The temporary increases in Family Separation Allowance to \$250 and Hostile Fire/Imminent Danger Pay to \$225 are extended through December 31, 2004. The temporary increase in Hostile Fire/Imminent Danger Pay applies to eligible members worldwide; not just those assigned to Iraq or Afghanistan.

**DEATH GRATUITY** – The death gratuity is increased from \$6,000 to \$12,000 retroactive for payments made for active-duty deaths occurring on or after September 11, 2001. The entire death gratuity is made tax-exempt, also retroactive for payments made for deaths occurring on or after September 11, 2001 (previously only 50 percent was tax exempt). Letters have been mailed to affected individuals explaining these changes and providing instructions to claim additional amounts, and file amended tax returns.

### Changes in Retired Pay/Annuitant Compensation

Effective December 1, 2003, payable January 2, 2004, retirees will be receiving

a 2.1 percent cost of living adjustment (COLA) if they first became a member of a Uniformed Service before September 8, 1980. Officers who first became a member of a Uniformed Service on or after September 8, 1980, will receive a COLA based on their retirement date (see table below):

<i>Retirement Effective</i>	<i>Percent Increase</i>
Before January 1, 2003 .....	2.1 percent
January 1, 2003 - March 31, 2003 .....	1.7 percent
April 1, 2003 - June 30, 2003 .....	0.7 percent
July 1, 2003 - September 30, 2003 .....	0.4 percent
October 1, 2003 - December 31, 2003 .....	No increase

Survivors who are receiving an annuity under the Survivor Benefit Plan (SBP) or the Retired Servicemember's Family Protection Plan (RSFPP), will receive an increase of 2.1 percent.

**PHASE-IN OF FULL CONCURRENT RECEIPT** – Under current law, a Uniformed Services retiree who is receiving both military retired pay and Department of Veterans Affairs (VA) disability compensation, has his or her retired pay offset by the amount of the VA compensation. Effective January 2004, this 'offset' is reduced over the next 10 years to zero. This provision only applies to retired members with 20 or more years of service, whose VA disability rating is 50 percent or greater. For calendar year 2004, offset is reduced by an amount based on VA disability percentage as follows:

<i>VA Disability Percentage</i>	<i>Increase in Retired Pay</i>
100% .....	\$750
90% .....	\$500
80% .....	\$350
70% .....	\$250
60% .....	\$125
50% .....	\$100

*Note:* For calendar year 2005, same amount as above *plus* 10 percent of the remaining offset. In future calendar years, the percentage is increased, i.e., for 2006 it is 20 percent, for 2007 it is 30 percent, etc., until by January 2014 there

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is no offset. Because of this new concurrent receipt provision, the Special Compensation for Severely Disabled Uniformed Services Retirees that had been serving as temporary relief for some retired members, is repealed effective January 1, 2004.

REVISION TO COMBAT RELATED SPECIAL COMPENSATION PROGRAM – Effective January 2004, the definition of individuals eligible to receive combat related special compensation (CRSC) is expanded to include those with combat-related disability of any percentage. (Currently, the percentage must be 60 percent or greater, except for Purple Heart recipients). Also, effective January 2004, individuals eligible for CRSC and concurrent receipt benefits described above, must choose which entitlement to receive; they may not receive both. An open season will be established annually to allow this choice.

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

Annual earning statements (W-2 for active duty and 1099R for retirees and annuitants) are scheduled to be mailed at the end of January. Active-duty officers should receive their Form W-2, and retirees/annuitants 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)

### 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.

### Basic Pay

Basic Pay 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 the call-to-active-duty date; however, it may be adjusted for prior service in other Uniformed Services. The second date that is important 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 basic pay result from length of service, promotion to the next higher rank, and legislative pay increases.

### Special Pay

Special pays are paid to several professional disciplines in the PHS Commissioned Corps based on category. Officers must be called to duty for a minimum period of 1 year. These special pays are paid either on a monthly basis or on an annual contractual basis. All special pays are considered as taxable income. Rates of monthly special pays are determined by the years of creditable service, while most contract pay rates are determined according to specialty.

Recent changes in legislation have increased the maximum allowable rates for certain special pays and bonuses for health care professionals. In the upcoming year, 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 (<http://dcp.psc.gov>), and various Listservs. Changes are not anticipated during the current fiscal year.

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 Cer-

tified 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 veterinary officers. Officers must provide documentation from the certifying board in support of current active certification to receive this special pay. All time-limited diplomates must submit successful completion of recertification exams to continue receipt of BCP.
- 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

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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. Officers must provide documentation from the certifying board in support of current active certification to receive this special pay. All time-limited diplomates must submit successful completion of recertification exams to continue receipt of NBCP. Officers with prior military must include classification information for all prior active duty time with their request for NBCP.

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 an annual payment of \$15,000 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 an annual bonus for medical officers who are board certified or fully trained in a medical specialty. ISP rates authorized by law, range from \$2,000 to

\$42,000 per year for a 1-year contract. Effective in 2004, there will be some change in the ISP rates. ISP will be split into three payment levels: (1) ISP payable in conjunction with an MRB contract; (2) ISP payable if the officer has an obligation for training or scholarship; and (3) ISP payable for officers who choose to enter into 1 year only contracts when the officer is eligible for MRB. 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 an annual bonus for medical officers who are board certified or fully trained in a medical specialty. MRB rates range from \$2,000 to \$15,000 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 or scholarship (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 an annual bonus for officers who are board certified or fully trained in a dental specialty, and is payable at the rate of \$3,000 to \$20,000 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 an annual lump sum bonus 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.
- **NURSE SPECIAL PAY** is an annual 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), and submit proof of current certification;
- (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

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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 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.

All special pay contract bonuses are available online at the DCP Web site—<http://dcp.psc.gov>—under 'Services' and 'Official Forms.' Specific guidelines determine the effective date of all contract pays, so it is important for officers to be familiar with the requirements in order not to jeopardize their eligibility. Questions on special pay eligibility can be addressed with Agency/Operating Division/Program Commissioned Corps Liaisons or the Compensation Branch.

### 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 2003. Effective January 1, 2004, the maximum amount for which the full rate of 7.65 percent will be deducted has increased from \$87,000 to \$87,900. 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 \$87,900 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 \$87,900 of wages and 1.45 percent thereafter. Officers earning more than \$87,900 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. Effective July 1, 2003, SGLI premium rates were reduced to \$.65 per \$10,000 of coverage, making the monthly premium \$16.25 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

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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.

Detailed information on all SGLI programs is available online at the VA Web site—<http://www.insurance.va.gov/sgliSite/default.htm>. Election forms are also available online at <http://www.insurance.va.gov/sgliSite/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
- **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 2004 BAH rates will increase in most (but not all) locales to make the housing allowances more reflective of actual housing costs. In some areas, rates may decrease due to decreases in local rent markets.

Current rates can be viewed at <http://www.dtic.mil/perdiem/bahform.html>. Officers receiving BAH at the 'with' dependent rate must recertify annually the status of each dependent to continue receiving the 'with' dependent rate. The Compensation Branch will provide the recertification form. Failure to submit a completed form to the Compensation Branch will result in your being paid BAH at the 'without' dependent rate.

### BAH RATE PROTECTION

In most cases, officers will have their BAH rate protected. Each year, when the BAH rates change, the rate paid

will be the greater of the new rate or the rate in effect the day previous to the new rates. This protects officers in areas where rents have decreased, thus causing a decrease in the published BAH rate. This rate protection does not apply in the following three circumstances, each of which involves a change in status that could lead to a reduction in BAH:

- (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/ccform.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 Bonds 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-2362 for Series I Bonds and for Series EE Bonds. The maximum number of Bonds that can be purchased by payroll deduction continues to be three (I and EE combined).

Series EE 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. Series I Bonds are purchased for their full face value. The minimum Series 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 Bonds information is also available on the following Web site—[www.publicdebt.treas.gov/sav/sav.htm](http://www.publicdebt.treas.gov/sav/sav.htm).

### Officer Responsibilities

Officers should notify the Compensation Branch immediately of changes in

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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

For active-duty officers, payday is usually the first day of the month. If the first day of the month is not a 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.

For retired officers and annuitants, payday is usually the first day of the month. If the first day of the month is not a workday, retired officers and annuitants may expect to receive their pay on the first workday following the first day of the month.

(For actual dates, refer to the Pay Date chart at the top of the next column.)

- **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 and annuitant. For active-duty officers, the statement provides a detailed accounting of earnings, both taxable and non-taxable, and deductions that include Federal Tax Withholding, State Tax Withholding (if appropriate), Social Security (FICA),

### PAY DATES FOR 2004

Payroll Month	Active Duty	Retired/Survivors
January 2004	January 30	February 2
February 2004	March 1	March 1
March 2004	April 1	April 1
April 2004	April 30	May 3
May 2004	June 1	June 1
June 2004	July 1	July 1
July 2004	July 30	August 2
August 2004	September 1	September 1
September 2004	October 1	October 1
October 2004	November 1	November 1
November 2004	December 1	December 1*
December 2004	December 30	January 3, 2005

\*Last pay day for 2004 tax year for retired officers and survivors

and Servicemember’s Group Life Insurance (SGLI). For retirees and annuitants, the statement provides a detailed accounting of retired pay (Survivor Benefit Plan for annuitants), taxable and non-taxable amounts, and deductions that include tax withholding.

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 for active-duty officers, 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.

- **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 re-

ceive 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.

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.

(Continued with chart on page 14)

## Commissioned Officer Compensation

(Continued from page 13)

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES PAY AND ALLOWANCES OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS OFFICERS EFFECTIVE JANUARY 1, 2004</b>															
<b>MONTHLY RATES OF BASIC PAY CUMULATIVE YEARS OF SERVICE</b>															
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												12524.70	12586.20	12847.80	13303.80
O-9												10954.50	11112.30	11340.30	11738.40
O-8	7751.10	8004.90	8173.20	8220.60	8430.30	8781.90	8863.50	9197.10	9292.80	9579.90	9995.70	10379.10	10635.30	10635.30	10635.30
O-7	6440.70	6739.80	6878.40	6988.50	7187.40	7384.20	7611.90	7839.00	8066.70	8781.90	9386.10	9386.10	9386.10	9386.10	9433.50
O-6	4773.60	5244.30	5588.40	5588.40	5609.70	5850.00	5882.10	5882.10	6216.30	6807.30	7154.10	7500.90	7698.30	7897.80	8285.40
O-5	3979.50	4482.90	4793.40	4851.60	5044.80	5161.20	5415.90	5602.80	5844.00	6213.60	6389.70	6563.40	6760.80	6760.80	6760.80
O-4	3433.50	3974.70	4239.90	4299.00	4545.30	4809.30	5137.80	5394.00	5571.60	5673.60	5733.00	5733.00	5733.00	5733.00	5733.00
O-3	3018.90	3422.40	3693.90	4027.20	4220.10	4431.60	4568.70	4794.30	4911.30	4911.30	4911.30	4911.30	4911.30	4911.30	4911.30
O-2	2608.20	2970.60	3421.50	3537.00	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90	3609.90
O-1	2264.40	2356.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50	2848.50
Above table does not apply to commissioned officers who have been credited with over 4 years of active service as an enlisted member or warrant officer (see table below).															
<b>COMMISSIONED OFFICERS WHO HAVE BEEN CREDITED WITH OVER 4 YEARS ACTIVE SERVICE AS AN ENLISTED MEMBER OR WARRANT OFFICER</b>															
	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		4027.20	4220.10	4431.60	4568.70	4794.30	4984.20	5092.80	5241.30	5241.30	5241.30	5241.30	5241.30	5241.30
	O-2E		3537.00	3609.90	3724.80	3918.60	4068.60	4180.20	4180.20	4180.20	4180.20	4180.20	4180.20	4180.20	4180.20
	O-1E		2848.50	3042.30	3154.50	3269.40	3382.20	3537.00	3537.00	3537.00	3537.00	3537.00	3537.00	3537.00	3537.00
Basic Allowance for Subsistence is \$175.23. Basic Pay for O-7 to O-10 is limited to Level III of the Executive Schedule which is \$11,875. Basic Pay for O-6 and below is limited to Level V of the Executive Schedule which is \$10,450.															

## Commissioned Corps Readiness Force

### Southern California Fires

Twelve major wild-land and urban/wild-land fires ignited in the California counties of San Bernardino, San Diego, Los Angeles, Riverside, and Ventura. The fires ignited during extreme fire hazard conditions associated with 4 years of drought and strong easterly Santa Ana winds, high temperatures, low humidity, and dry vegetation. The fires destroyed forest wild-lands, residential and commercial structures, resulted in fatalities and injuries, forced evacuations and sheltering of residents, and disrupted highway, rail and air traffic, telephone service and electrical power.

Governor Gray Davis declared a state of emergency for San Bernardino, Ventura, San Diego, and Los Angeles counties. On October 27, President Bush declared the region a major disaster area.

The Surgeon General activated Commissioned Corps Readiness Force (CCRF) nurses and mental health officers to deploy to the Southern California Wildfires. Due to the significant health issues, the American Red Cross (ARC) requested the assistance of CCRF to provide services for a 2-week period to assist the residents affected by these fires. Ten nurse officers assisted Red Cross workers in health

services by staffing a number of service delivery sites including shelters, emergency aid stations, outreach teams going into affected communities, and rode on Emergency Response Vehicles (ERVs) during mobile feeding to informally visit with people in their communities. Six mental health officers assisted Red Cross mental health workers wherever community members gathered so that they could offer emotional care to those affected by the disaster. Mental health officers were also always present to provide support to the Red Cross workers as well as other emergency workers (rescue, fire,

(Continued on page 15)

## Commissioned Corps Readiness Force

(Continued from page 14)

other agency volunteers, etc.) who responded to this devastating disaster.

### **West Virginia Floods**

CCRF was activated to assist the ARC over the Thanksgiving holiday to provide mental health care for flood victims in West Virginia. This area had been hard hit with natural disasters this past year due to Hurricane Isabel and many floods. Officers 'stepped up to the plate' once again to provide care for victims of the recent floods. These officers unselfishly deployed for 14 days over the Thanksgiving holiday giving up time with their families to assist the ARC and the citizens of West Virginia.

### **Maniilaq Association Health Center, Kotzebue, Alaska**

The Surgeon General activated the CCRF to respond to the needs of this remote health clinic north of the Arctic Circle. Kotzebue is inside the Arctic Circle, and provides health care to approximately 10,000 Native Alaskans in Kotzebue and ten villages spread over a geographic area the size of Indiana. Maniilaq experienced a severe shortage in labor and delivery-trained nurses, general duty nurses, and pharmacists. In order to send some of their remaining general nurses to Anchorage for training, our nurses augmented their staff so they could maintain services. The health clinic also experienced an unexpected illness that impacted the pharmacy department, so CCRF also met this need. From early November until mid-December, CCRF provided one labor and delivery trained nurse per rotation, plus three other general duty nurses, and one pharmacist per 2-week rotation. One more example of dedication to those in need in far away places during the holiday season. However, the greatest credit is due all of those officers who serve in Isolated Hardship stations on a full-time basis. CCRF is in awe of your dedication to the mission of the U.S. Public Health Service.

### **Dental Officers Deploy to Camp Lejeune**

Dental resources at the 2nd Dental Battalion/Naval Dental Center at Camp

Lejeune is being currently supported by 18 CCRF dental officers to help support Operational Deployment Readiness (ODR) requirements of the Second Marine Expeditionary Force through the end of February 2004. Our dental officers are providing care to 10,000 - 12,000 marines and sailors requiring annual exams to maintain ODR. Once ODR is met, these marines and sailors will re-deploy to Iraq.

A similar mission for CCRF dentists began in January, when officers deployed to Camp Pendleton to provide the same services for marines in the First Marine Expeditionary Force. Camp Pendleton is also inundated with inbound and outbound marines headed to or returning from the Iraq Theater—all of them requiring dental readiness exams.

### **MMCBC Course**

In early November, six CCRF officers attended a 6-day 'CCRF Advanced Training' course, the Medical Management of Chemical and Biological Casualties (MMCBC). The first 3 days of the course, focusing on detection and management of biological agents, were held at the U.S. Army Medical Research Institute of Infectious Disease (USAMRIID) at Fort Detrick, MD. Course material included lectures and case studies on anthrax, smallpox, plague, botulinum toxin, viral hemorrhagic fevers, to name a few. The remaining 3 days were taught at the U.S. Army Medical Research Institute of Chemical Defense at Aberdeen Proving Ground, MD, and involved classroom, laboratory, and field exercises related to the treatment of chemical agent casualties. Chemical and nerve agents studied included phosgene, mustard, cyanide, and sarin. All class participants gained experience in wearing Mission Oriented Position Posture (MOPP) attire (the Department of Defense's personal protective equipment) and triaged patients exposed to chemical and biological agents. In addition to PHS officers, participants from the Army, Navy, Air Force, and Coast Guard were also students in this exciting training course. CCRF participants included physicians, nurses, phy-

sician assistants, dentists and pharmacists. Please visit the CCRF Web site—[http://oep.osophs.dhhs.gov/ccrf/adv\\_training.htm](http://oep.osophs.dhhs.gov/ccrf/adv_training.htm)—regarding application information for the next MMCBC course offered March 7-12, 2004.

### **Field Medical Readiness Badge**

On January 1, 2004, the requirements for the Field Medical Readiness Badge (FMRB) were changed by the Surgeon General, such that those requirements are identical to those for the new *Advanced Level of Deployment Readiness*. After December 31, 2003, CCRF no longer accepts applications for the FMRB based on the former requirements.

### **Deployment Roles**

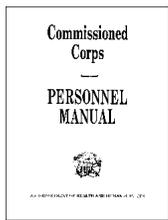
In early December 2003, if you had identified a Deployment Role on the CCRF database, you should have been contacted by CCRF, letting you know that you had been reassigned to one of the seven monthly rotational rosters, per the deployment role you selected. Also, an e-mail was sent to your supervisor, as identified by you on your 'CCRF Officer Information,' letting him/her know your roster assignment. In this e-mail, CCRF asked that supervisors identify those officers who are utilized by their agency for agency-specific deployments. Those officers will be pulled from the CCRF monthly rotational rosters and placed on an 'Agency Roster' to assure that those individuals are always available to the agency.

A few of you were affected by an IT problem at CCRF, in that you had picked a deployment role, but the system lost the information. CCRF notified you, along with those who had not picked a role at all, and asked you to re-enter the information so you could be placed on a roster. This is important, as these deployment roles will be the only way you are placed on a monthly rotation roster. Even if you are placed on an agency roster, you should select a CCRF deployment role, and complete at least the requirements for the CCRF Basic Level of Deployment Readiness.

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# Commissioned Corps Personnel Manual

## NEW ISSUANCES



### MANUAL CIRCULAR PHS NO. 374, DATED DECEMBER 9, 2003

**Subject:** Amendment to Subchapter CC22.2, INSTRUCTION 13, "Critical Skills Retention Bonus (CSRB)."

Manual Circular No. 374 amends Subchapter CC22.2, INSTRUCTION 13, so that the INSTRUCTION tracks similar language in the Department of Defense Health Affairs' Critical Skills Retention Bonus (CSRB) payment plan regarding Dental Officer Multiyear Retention Bonus (DOMRB) active-duty obligations (ADO).

This Manual Circular amends Subchapter CC22.2, INSTRUCTION 13, to permit Public Health Service dental officers to serve their CSRB ADOS and existing DOMRB ADOs concurrently. This amendment does not change the fact that ADOs for new DOMRBs will not begin until after completion of an officer's CSRB ADO.

### MANUAL CIRCULAR PHS NO. 375, DATED DECEMBER 18, 2003

**Subject:** Readiness Standards for the Commissioned Corps of the U.S. Public Health Service (PHS) and Implementation Plan for Physical Fitness (PF)/Body Mass Index (BMI)/Body Fat (BF) Programs.

This Manual Circular supplements Subchapter CC26.1, INSTRUCTION 8, "PHS Readiness Standards," by providing PHS officers with the standards for meeting the basic level of readiness for promotion year (PY) 2004. This Manual Circular also sets forth the policies and procedures governing the PHS Commissioned Corps PF/BMI/BF and Medical Waiver Programs.

### TRANSMITTAL SHEET 665 DATED DECEMBER 18, 2003— INSTRUCTION 1 OF SUBCHAPTER CC23.4, "PERMANENT GRADE PROMOTIONS."

This INSTRUCTION revises Subchapter CC23.4, INSTRUCTION 1, which governs the permanent grade promotion program for active-duty officers. In doing so, the INSTRUCTION revises the perma-

nent grade promotion program so that only highly qualified officers will be eligible to receive permanent grade promotions to the next higher grade.

### TRANSMITTAL SHEET 666 DATED DECEMBER 18, 2003— INSTRUCTION 2 OF SUBCHAPTER CC23.4, "TEMPORARY GRADE PROMOTIONS."

This INSTRUCTION revises Subchapter CC23.4, INSTRUCTION 2, which governs the temporary grade promotion program for active-duty officers. In doing so, the INSTRUCTION revises the temporary grade promotion program so that only highly qualified officers will be eligible to receive temporary grade promotions to the next higher grade.

### TRANSMITTAL SHEET 667 DATED DECEMBER 18, 2003— INSTRUCTION 8 OF SUBCHAPTER CC26.1, "PHS READINESS STANDARDS."

This INSTRUCTION implements Subchapter CC26.1, INSTRUCTION 8, which establishes readiness standards for active-duty officers in the Public Health Service Commissioned Corps.

### TRANSMITTAL SHEET 668 DATED DECEMBER 18, 2003—

The Acting Assistant Secretary for Health has approved the rescission of Subchapter CC23.4, INSTRUCTION 3, "Exceptional Capability Promotion (ECP)" from the Commissioned Corps Personnel Manual. The policies and procedures governing the ECP program are now listed in Subchapter CC23.4, INSTRUCTION 2, "Temporary Grade Promotions." The ECP Program is now referred to as the "Exceptional Proficiency Promotion" program.

### TRANSMITTAL SHEET 669 DATED DECEMBER 18, 2003—

The Acting Assistant Secretary for Health has approved the rescission of Subchapter CC23.4, INSTRUCTION 4, "Promotion Boards" from the Commissioned Corps Personnel Manual. The policies and procedures previously contained in Subchapter CC23.4, INSTRUCTION 4, are now listed in the INSTRUCTION that governs a particular type of promotion program, e.g., permanent, temporary, etc.

The Manual Circulars and INSTRUCTIONS listed above can be accessed on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Publications,' 'Commissioned Corps Personnel Manual.'

## 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' Agencies/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 Agency/OPDIV or other major program employee. See the following Web site for more information—[www.cc.nih.gov/rm/pt/tpac.htm](http://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, 2004**. All submissions of self-nomination forms should be faxed to the attention of CDR Nancy Balash, TPAC Chair, at fax number 509-865-5374 **and to** LCDR Rita Shapiro, TPAC Executive Secretary, at fax number 410-786-8532. A curriculum vita with a cover letter stating interest in serving on TPAC should be e-mailed to [nbalash@yak.Portland.ihs.gov](mailto:nbalash@yak.Portland.ihs.gov) **and** [rshapiro@cms.hhs.gov](mailto:rshapiro@cms.hhs.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](mailto:nbalash@yak.Portland.ihs.gov)

## Call for Nominations for the Physicians PAC's 2004 Awards

The Physicians Professional Advisory Committee (PPAC) to the Surgeon General of the Public Health Service (PHS) is seeking nominations for three physician awards. These awards will be presented at the Commissioned Officers Association's annual meeting to be held in Anchorage, AK, May 16-20, 2004. The awards will honor either civil service or commissioned corps physicians. The categories for the three awards are listed below along with descriptions and evaluation criteria.

### *Clinical Physician of the Year*

This award will recognize a clinical physician who consistently achieves high standards in the practice of medicine. He or she is able to find innovative ways of delivering quality medical care despite the constraints of budget and personnel. This individual is consistently looked upon as a role model by his or her peers and is a valuable resource person due to the extended length of his or her service. There are four evaluation criteria for this award:

- (1) Clinical skills (example: board certification; CMS activity; additional relevant clinical training/skills; etc.);
- (2) Innovative contributions to delivering patient care (example: developed new ways to educate patients; used home visits to improve access and quality of care; etc.);
- (3) Contributions to the field of clinical medicine (example: teaching medical students/residents; patient education; membership in medical societies; publications; etc.); and
- (4) Leadership (example: supervise staff/team; Department Chair/Head; Clinical Director; etc.).

### *Physician Researcher of the Year*

This award recognizes individual initiative, accomplishment, and accountability of actions that increase the overall effectiveness of the PHS through research. This individual has established research programs or approaches that enhance health care delivery or has improved existing research programs. In addition, he or she has developed and implemented research programs that have raised the health and safety consciousness of the public or resulted in significant cost savings or cost avoidance.

The following elements are the evaluation criteria for this award:

- (1) Research publications in peer-reviewed journals;
- (2) Research publications in popular and lay print;
- (3) Scientific lectures and presentations;
- (4) Contributions to the future development of the field (example: teaching students/residents; mentoring; membership in professional societies; etc.); and
- (5) Leadership (example: supervise staff/team; Department Chair/Head; Director of a research laboratory or program; etc.).

### *Physician Executive of the Year*

This award will recognize a physician executive who plays a key role in the successful administration or management of an office or program activity in the PHS. This individual makes exceptional contributions to the accomplishments, goals, and objectives of the PHS while serving as a manager, administrator, or supervisor. He or she makes choices that maximize the use of available resources and enhances the goodwill between the U.S. Government and the public. The evaluation criteria for this award are as follows:

- (1) Leading change (example: developed/implemented an organizational vision; strategic planning; etc.);
- (2) Leading people (example: ability to design strategies to foster teamwork; maximize employees' potential; etc.);
- (3) Business acumen (example: ability to acquire financial and human resources; identifies cost effective approaches to meet goals; etc.);
- (4) Builds coalitions/enhances communication (example: developed partnerships; participated in professional societies; published; etc.).

The awards committee will consider all nominations that are received by **March 12, 2004**. Submissions sent by facsimile machine or e-mail will not be accepted. Each nomination package should include a brief narrative (1-2 pages) explaining how the physician meets the award criteria, the nominee's title, supervisor's name, supervisor's phone number,

agency, address, fax, and phone numbers. The nominee's current curriculum vitae should also be included. A brief, one sentence statement as to the reason this nominee deserves this award should be included in the nomination package. Nomination packages should include the name and phone number of the person submitting the nomination.

Please note that nomination packages from previous years will not be considered. Only nomination packages from this 2004 cycle will be eligible for consideration. Also, former PPAC members are not eligible for consideration for these awards until at least 1 year has past since completing their tour of duty as a PPAC member.

All nominations should be addressed to:

LT Daisy Y. Eng  
PPAC Awards Committee  
Community Health Alliance of  
Pasadena  
1855 N. Fair Oaks Avenue  
Pasadena, CA 91103  
Phone: 626-398-6300

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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>
<b>MEDICAL</b>	
<i>CAPTAIN</i>	
Daniel J. Daley	11/07/03
Erwin C. Drescher	11/18/03
John F. Osterle	07/02/03
Karl F. Urbach	11/01/03
<b>NURSE</b>	
<i>CAPTAIN</i>	
Marie F. Hanzel	11/11/03
Jean F. Kaplan	11/08/03
Dorine J. Loso	11/16/03
Agnes Malec	11/29/03
<b>ENGINEER</b>	
<i>CAPTAIN</i>	
Robert W. Jones III	11/18/03

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## Changes Announced for Medical Officers Special Pays

On **January 1, 2004**, 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](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) Con-

tract 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/MSP\\_fact\\_sheet.htm](http://dcp.psc.gov/MSP_fact_sheet.htm). Should you have any questions, please contact your Commissioned Corps Liaison.

Distribution of materials for recertification and renegotiation was accomplished in December 2003. 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 2004 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 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.

*(Continued with table on page 19)*

**2004 MEDICAL SPECIAL PAY RATES**

<i>Specialty</i>	<i>Spec Code</i>	<i>2004 ISP with MRB</i>	<i>2004 ISP Obligated</i>	<i>2004 ISP No MRB</i>	<i>2004 MRB 2-year</i>	<i>2004 MRB 3-year</i>	<i>2004 MRB 4-year</i>
ALLERGY .....	0601	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
ANESTHES .....	0100	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
AROSPACE .....	2200	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$15,000
CARD DIS .....	0602	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
CLINPATH .....	1408	\$19,000	\$16,000	\$16,000	\$12,000	\$13,000	\$15,000
CLINPHRM .....	8000	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
C&R SURG .....	5200	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
CRITCARE .....	0615	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
DERMATOL .....	0300	\$18,000	\$18,000	\$18,000	\$12,000	\$13,000	\$15,000
DIA RAD .....	1803	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
EMERGENCY .....	6200	\$26,000	\$26,000	\$26,000	\$12,000	\$13,000	\$15,000
ENDO&MET .....	0607	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
FMLYPRAC .....	0501	\$13,000	\$13,000	\$13,000	\$12,000	\$13,000	\$15,000
GASTROEN .....	0604	\$29,000	\$26,000	\$23,000	\$12,000	\$13,000	\$15,000
GERIATRC .....	0614	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
HEMATOLO .....	0608	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
IMMUN .....	0613	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
INFCTDIS .....	0609	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
INT MED .....	0600	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
MDGENETIC .....	0620	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
NEONATAL .....	1507	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
NEPHROLO .....	0610	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
NEUROLOGY .....	1702	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
NEUR SURG .....	5500	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
NonTen ROG .....	9998/7	0	0	0	\$12,000	\$13,000	\$15,000
NUCLEAR .....	2400	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$15,000
OBST&GYN .....	0800	\$31,000	\$31,000	\$31,000	\$12,000	\$13,000	\$15,000
OCCUPATL .....	2300	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$15,000
ONCOLOGY .....	0611	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
OPHTHALM .....	5800	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$15,000
ORTHOSUR .....	1000	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
OTOLARYN .....	1200	\$33,000	\$30,000	\$30,000	\$12,000	\$13,000	\$15,000
PATHOLGY .....	1400	\$19,000	\$16,000	\$16,000	\$12,000	\$13,000	\$15,000
PEDCARDI .....	1502	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDCC .....	1515	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDENDO .....	1506	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
PEDEMER .....	1562	\$26,000	\$26,000	\$26,000	\$12,000	\$13,000	\$15,000
PEDGASTR .....	1505	\$29,000	\$26,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDHMONC .....	1503	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDIATRS .....	1500	\$12,000	\$12,000	\$12,000	\$12,000	\$13,000	\$15,000
PEDIMMUN .....	1508	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDINFEC .....	1509	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
PEDNEPHR .....	1504	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDPULMO .....	1510	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
PEDRHEUM .....	1512	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
PEDSURG .....	5440	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
PHY&REHB .....	1600	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$15,000
PLASTSUR .....	2100	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
PREVTIVE .....	1900	\$13,000	\$13,000	\$12,000	\$12,000	\$13,000	\$15,000
PSYCHIAT .....	1701	\$15,000	\$15,000	\$15,000	\$12,000	\$13,000	\$15,000
PULM-DIS .....	0606	\$26,000	\$23,000	\$23,000	\$12,000	\$13,000	\$15,000
RADIOLGY .....	1800	\$42,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
RESEARCH .....	9999	\$31,000	\$31,000	\$31,000	0	0	0
RHEUMATO .....	0612	\$14,000	\$14,000	\$14,000	\$12,000	\$13,000	\$15,000
SURGERY .....	5400	\$34,000	\$29,000	\$29,000	\$12,000	\$13,000	\$15,000
SURG Subs .....	5499	\$41,000	\$36,000	\$36,000	\$12,000	\$13,000	\$15,000
UROLOGY .....	2000	\$28,000	\$28,000	\$28,000	\$12,000	\$13,000	\$15,000
SITE A .....		\$30,000	\$30,000	\$30,000			
SITE B .....		\$24,000	\$24,000	\$24,000			

## Commissioned Corps Awards Board

The Commissioned Corps Awards Board commends the achievements of all of the officers who were recognized in December 2003. Due to limited space in the *Commissioned Corps Bulletin*, only one Individual awardee and one Unit Honor awardee will be featured in the January and February issues respectively.

**CDR Darrel W. LaRoche**—Honored for *His Strong Leadership to the Albuquerque Area Indian Health Service*.

CDR Darrel W. LaRoche was recognized with the Public Health Service (PHS) Outstanding Service Medal for effectively managing the Health Facilities engineering services for the Albuquerque Area Indian Health Service (IHS) during the period October 2000 to May 2003. As Health Facilities Director, CDR LaRoche demonstrated strong leadership by arranging staff training, facility inspections, and material upgrades prior to the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) surveys in 2001. The facilities maintained JCAHO accreditation with scores from 92 percent to 99 percent, when nationally JCAHO scores above 92 percent are achieved by 8 percent of all facilities. The accreditation was essential for the facilities to keep billing

Medicare and Medicaid for health care reimbursements which account for 40 percent of the facility health program budgets.

As the main IHS representative in the development of a Joint Venture Agreement (JVA) between the Jicarilla Apache Nation and IHS for funding and building a new health center, CDR LaRoche helped negotiate the first JVA for IHS. The JVA will be used as a model for future JV projects nationwide, and IHS expects that the JVA format will reduce the project design time from the project average of 12-14 months to 6 months. Under the JV program, \$12 million in Jicarilla Apache Nation funds will be used to construct a comprehensive health center and IHS will provide \$3.2 million for equipment replacement, and to lease, staff, and operate the facility for 20 years. CDR LaRoche concurrently oversaw the development of an Indian Self-Determination Act (ISDA) contract for \$325,000 to the Jicarilla Apache Nation for a dental facility replacement project. He also assisted in developing a model ISDA contract for equipment purchasing in conjunction with the national JV Construction Program. This contract will also be used as a national model for future JV projects.

CDR LaRoche has conducted numerous activities of national impact, such as co-creating a 5-day Basic Safety Officer course and a 3-day Advanced Safety Officer course for training safety officers to manage occupational safety and health programs. These courses are now offered at the IHS Environmental Health Support Center where CDR LaRoche is also an instructor. He also co-developed a national course on Hospital Emergency Incident Command Systems which was endorsed by IHS Headquarters as the standard for nationwide IHS facilities. Besides national activities, CDR LaRoche has also overseen several Area initiative activities. Some of these activities involve completing over \$1.5 million worth of backlogged maintenance and repair projects, updating the Area tribal health facility space inventory, and securing \$934,000 in IHS Environmental Remediation Funds for removal of asbestos and lead-based paint in Area facilities.

In recognition of his achievements for both nationwide and Albuquerque Area Health Facilities programs, CDR LaRoche was awarded the PHS Outstanding Service Medal. □

### DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Human Resources Service  
Division of Commissioned Personnel, Room 4-04  
Rockville MD 20857-0001

Official Business  
Penalty for Private Use \$300

**DATED MATERIAL**