



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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May 2002

Surgeon General's Column

Although we are in a period of transition, the Office of the Surgeon General (OSG) continues to engage in many significant activities. This month, I would like to bring three of these to your attention.

Citizen Volunteer Medical Reserve Corps

The Secretary has designated the OSG as the home base for the Citizen Volunteer Medical Reserve Corps (CVMRC), a component of the USA Freedom Corps announced by President Bush in his State of the Union address.

The purpose of a CVMRC is, in general, to identify, train, and organize health professional volunteers to address public health needs and improve emergency response capability in their local communities. OSG staff is currently working on the implementation of this Presidential initiative. First, we are developing a guide for local officials to aid them in establishing and operating a CVMRC. Second, we are developing standards to help communities select and train volunteers. And third, we are exploring legal issues to facilitate health professional volunteerism.

The CVMRC will provide communities with teams of trained and locally-managed volunteers who can assist health professionals during emergencies that exceed existing capabilities (e.g., pandemic influenza or a hazardous materials spill) as well as participate in community initiatives to improve or safeguard public health (e.g., immunization campaigns, health fairs). Volunteers,

who may be practicing, non-practicing, or retired health professionals, will be on a reserve list, ready to be called to action in the event of an emergency or other community public health initiative. Hence, in addition to playing an important role during a large-scale local emergency, CVMRC volunteers could be active throughout the year in promoting the public health of their communities. The CVMRC will provide a valuable organizational framework in which volunteers will be able to participate. While the details are still being worked on, we anticipate that Inactive Reserve Corps officers will have an important role in CVMRC training and preparation as well.

Strategic Plan for Suicide Prevention

We are continuing our suicide prevention efforts to capitalize on the momentum generated by the release of the *Surgeon General's Call to Action to Prevent Suicide* and the follow-on document, *National Strategy for Suicide Prevention*.

The *National Strategy for Suicide Prevention* consists of several goals and objectives for States, communities, and individuals. In collaboration with the Assistant Secretary for Health, we are working to ensure development of a public/private collaborative to guide its implementation. As the Acting Surgeon General, I plan to involve myself at national assemblies of suicide prevention scientists and practitioners to emphasize the importance of this issue, and in the promotion of awareness that suicide

is a serious but preventable public health problem.

The plan further calls for dissemination of information about the Air Force population-based, public health approach to suicide prevention as an evidence-based best practice, illustrating principles espoused in the *National Strategy for Suicide Prevention*. The Air Force experience is by far the world's largest and longest sustained suicide prevention effort associated with a significant reduction in suicides. The two documents referenced above are available on the Surgeon General's Web site—www.surgeongeneral.gov—as are all other documents emanating from the OSG over the past 4 years.

National Nurses Week

We will celebrate National Nurses Week, May 6-12. This year, the theme is "Nurses Care for America," with a focus on the work of America's 2.6 million registered nurses to save lives and to maintain the health of millions of individuals. For more information on this

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Surgeon General's Column

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observance, visit—<http://nursingworld.org/pressrel/nnw/nnwrel.htm>.

As we enter the 21st Century, there is a severe and growing shortage of nurses. This is also true for the Nurse Category in the commissioned corps. There are many reasons for the current and continued predicted shortage: nurses as a group are older; there are fewer people entering the profession; there are fewer faculty; healthcare reform has resulted in changes in healthcare delivery and settings; and women, who still comprise 95 percent of the profession outside of the uniformed services, have many other career options. Last November, the Bureau of Labor Statistics predicted that there would be a need for 1 million more nurses by 2010.

In the commissioned corps, the Nurse Category is the second largest category with almost 1,100 officers. While it is the fastest growing with 21 calls to active duty since the beginning of this year, the need still exceeds the supply. Each of us should function as recruiters, sharing the message and the mission of the commissioned corps with our colleagues and with the public, to increase our numbers to meet our responsibilities.

The events of September 11, 2001 and the subsequent anthrax attacks have tested our ability to be responsive in times of public health crises. The Commissioned Corps Readiness Force deployed almost 270 nurses, some who went into the field three or four times. Thank you to those who deployed, and a special thanks to those who stayed at their jobs and helped support the day-to-day responsibilities of those officers who "put themselves in harm's way to protect and advance the health and safety" of others.

Please join me in recognizing and applauding all of the Public Health Service nurses, commissioned corps and civilian, for the work they do every day.

RADM Kenneth Moritsugu
Acting Surgeon General



ATTENTION ALL ACTIVE— DUTY OFFICERS! 2002 Annual Commissioned Officers' Effectiveness Report

Effective May 1, 2002, the annual Commissioned Officers' Effectiveness Report (COER) will no longer be mailed to active-duty officers. Officers are required to print a COER form from the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. Manual Circular No. 371, "2002 Annual Commissioned Officers' Effectiveness Report," with detailed instructions must also be downloaded. The 2002 COER is a one page form, and specific instructions for completing the attachments are included in Manual Circular No. 371.

If you do not know your Logon ID and password, contact the DCP Help Desk at 301-594-0961 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—40961) or you may e-mail the Help Desk at dcphelpdesk@psc.gov. If you do not have Internet access, contact your Commissioned Corps Liaison for guidance.

The following summary of the established deadlines is provided as a convenient reminder:

COERs are due:

- to the officer's Supervisor by *June 7, 2002*;
- to the Reviewing Official by *June 21, 2002*;
- to the Agency/Operating Division (OPDIV)/Program Commissioned Corps Liaison by *July 19, 2002*; and
- to the Division of Commissioned Personnel by *July 26, 2002*.

All completed COERS must be routed through the appropriate Commissioned Corps Liaison. If an officer's COER is incomplete, it will be returned to the Agency/OPDIV/Program for any corrective action necessary. Moreover, if an officer's COER is not received on time, personnel actions will be affected to the officer's detriment. In October 2002, DCP will notify the appropriate Commissioned Corps Liaison if DCP's records reveal that an officer's COER has not been received. Any questions concerning the status of an officer's COER will be directed to the appropriate Commissioned Corps Liaison. A list of Commissioned Corps Liaisons is included in Manual Circular No. 371, and is always available on the DCP Web site—<http://dcp.psc.gov/contacts.asp>.



Commissioned Officer Training Academy

Summer 2002 COSTEP Orientations

The Commissioned Officer Student Training and Extern Program (COSTEP) Orientation is a 1-day course designed for officers called to duty as Junior COSTEP (JRCOSTEP) participants. The course provides a historical and organizational perspective of the Public Health Service (PHS) as it relates to both its past and future role in protecting the Nation's health. The PHS Commissioned Corps is identified as one of the seven uniformed services, and participant's are given guidance on the appropriate wear of the uniform and uniformed service courtesies. The corps is presented as a professional career option.

There are two orientations planned for this summer:

JRCOSTEP Orientation #1

Date: May 24, 2002 (Friday)
Hours: 8:30 a.m. to 4 p.m.
Location: Maryland Room, 3rd Floor,
Parklawn Building,
5600 Fishers Lane, Rockville,
MD 20857-0001

JRCOSTEP Orientation #2

Date: June 20, 2002 (Thursday)
Hours: 8:30 a.m. to 4 p.m.
Location: Conference Rooms G and H,
3rd Floor, Parklawn Building,
5600 Fishers Lane, Rockville,
MD 20857-0001

To sign-up, go to the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>. Click on 'Training'; click on 'Commissioned Officer Training Academy'; click on 'COSTEP Orientation.'

To register by phone or e-mail contact:

CDR Cheryl Wiseman
E-mail: cwiseman@psc.gov
Phone: 301-594-3458 (or toll-free at
1-877-INFO DCP, listen to the
prompts, select option #1, and dial the
last 5 digits of the phone number—
43458).



Federal Malpractice Coverage for Officers in the Commissioned Corps of the United States Public Health Service

Officers in the Commissioned Corps of the U.S. Public Health Service (PHS) are afforded protection against malpractice claims by several provisions of Federal law as set forth in 42 U.S.C. 233 and 28 U.S.C. 2671-2680. The statutes provide broad protection with respect to claims for damages for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions, including the conduct of clinical studies or investigations and other activities performed by PHS officers while acting within the scope of their office or employment.

An officer's billet is the official document that specifies the scope of the officer's employment. If an officer is engaged in clinical practice as part of his/her official duties, it is imperative that these responsibilities be addressed in the officer's billet. For example, if an officer who is assigned to the Office of Public Health and Science has been authorized to practice in another Federal facility, such as a military hospital, these additional duties should be reflected in the officer's billet.

Officers may also engage in clinical practice in non-Federal facilities and have Federal malpractice coverage if such activity is incident to the performance of official PHS duties as determined by the officer's supervisor. Again, however, it is imperative that these duties be reflected in the officer's billet if they take place on a recurring basis.

Billets may be amended, or an addendum may be filed with the current billet, by following Agency/Operating Division/Program procedures. Officers should contact their Commissioned Corps Liaison for assistance. In instances where officers occasionally are placed on temporary duty (TDY) assignments to engage in clinical practice in other Federal or non-Federal facilities as part of their official duties, the assignments may be documented by a TDY order or memorandum. A copy of the TDY order or memorandum should be forwarded to the Division of Commissioned Personnel for inclusion in the officer's official personnel folder. Please note that when officers are engaged in activities that have been desig-

nated as part of their official duties, it is unlawful for them to accept any compensation for the work other than that provided by PHS.

Under the Department's Standards of Conduct, officers may be authorized to engage in outside work activities provided that: prior approval for such work is obtained by using form HHS-520, "Request for Approval of Outside Activity"; the work does not interfere with the officer's official duties; and the work does not result in a real or apparent conflict of interest.

Form HHS-520 is required when officers are engaged in outside work activities that are not part of their official duties. If officers are providing clinical services in non-Federal facilities as part of their official PHS duties, the officer's Agency/Operating Division/Program must certify that the clinical practice requirements have been met. However, to receive certain special pays, all medical officers will be required to forward evidence of clinical privileges regardless of whether they practice in a Federal or non-Federal facility. Officers who are completing requirements for Commissioned Corps Readiness Force should refer to the Web site—<http://OEP.OSOPHS.dhhs.gov/CCRF/> for guidance on documentation regarding completion of clinical requirements.

Two other points about outside work activities should be stressed. First, the Comptroller General of the United States has ruled that PHS commissioned officers, like members of the Armed Forces, are not entitled to receive any additional pay for performing services for another component of the Federal Government. For example, a PHS officer on active duty is prohibited from contracting with the Department of Veterans Affairs (VA) to provide services to VA on days when the officer is not scheduled for duty with PHS.

Second, officers engaged in outside work activities have no Federal malpractice coverage for those activities irrespective of whether compensation is received for the outside work or whether the outside work fulfills an officer's clinical practice requirement for medical special pay.

Recent Calls to Active Duty

Title/Name Agency/OPDIV/Program

MEDICAL

LIEUTENANT

Daniel E. Dejesus Serrano BOP
Jonesville VA

NURSE

LIEUTENANT

Denise M. Hinton FDA
Rockville MD

SCIENTIST

LIEUTENANT

Dan-My T. Chu FDA
College Park MD

PHARMACY

LIEUTENANT

Michael W. Holcomb BOP
Petersburg VA

HEALTH SERVICES

LIEUTENANT

Teresa L. Fox FDA
Dundalk MD

Jon-Mikel Woody FDA
College Park MD

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Commissioned Officer Roster and Promotion Seniority Pamphlet on DCP Web Site

Commissioned Corps Personnel Manual Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority," (also known as the "Blue Book") dated October 2001, is only available on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>. Select the 'Secure Area' option from the menu and then select 'Officer and Liaison Activities.' If you do not know your Logon ID and password, contact the DCP Help Desk at 301-594-0961 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—40961).

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Medical Affairs Branch

Implementation of TRICARE Prime Remote Rescheduled

A 'waived charges' benefit for active-duty TRICARE Prime Remote family members will remain in effect until the new TRICARE Prime Remote for Active-Duty Family Members program is implemented.

For more on TRICARE Prime Remote, visit http://www.military.com/Resources/ResourceFileView?ESRC=mr.nl&file=TRICARE_Prime_Remote.htm.



Tax Withholding for 2002

If you have found, as a result of completing your 2001 tax forms, that you had a significant refund or payment, you should consider changing the withholding on your current income.

Your current number of allowances for tax purposes is shown on your form PHS-6155, "Statement of Earnings and Deductions." You may file an updated Form W-4 for Federal (and State if it applies) tax withholding if you wish to change the amount of your present withholding. Form W-4 contains worksheets to assist you in determining the correct amount of allowances. The payroll system automatically adjusts for the new tax rates based on the number of allowances that you presently claim.

If you wish to change the number of allowances you claim, Form W-4 (2002) and worksheets are available on the Internal Revenue Service Web site—<http://www.irs.gov>—or you can request a Form W-4 from your local administrative or personnel office. Complete the form and mail it to:

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



Keeping You Informed

What an Officer Should Know About Placing Household Goods in Storage

When a Public Health Service (PHS) commissioned officer is preparing for a Permanent Change of Station (PCS) move, there seem to be 10 million things to think about. However, there are some things you can do to make it go smoother. Check the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services', click for the down menu, and choose the section titled 'Commissioned Corps Travel and Transportation Information Center.' This site contains a wealth of information that can be helpful to smooth your way through the move you are about to make.

One of your entitlements under a PCS move is storage of household goods (HHG). You are entitled to 90 days of temporary storage. That is **90 days, not 3 months**. This is important for you to remember because it could mean money out of your pocket if you are not careful. When the moving company puts your HHG in storage they count the days. It is *your* responsibility as an officer to monitor your storage time. You are responsible for the *storage charges* once the entitlement has expired.

Perhaps this sounds a bit strict. And 90 days can seem to fly by very quickly, especially when you are first starting a new assignment and your family is getting settled into a new location. Assess your current storage situation after 30 days, but before 60 days, to determine if additional time will be needed. If extenuating circumstances exist that will require additional storage time, you may request up to an additional 90 days of temporary storage. That is **90 days, not 3 months**.

Here is what you need to do. Contact your Agency/Operating Division (OPDIV)/Program administrative representative and/or your Commissioned Corps Liaison. If the Agency/OPDIV/Program agrees to support your request to extend your temporary storage, write a short memorandum explaining the circumstances of the need. Make sure the contents of your memo include your *PHS serial number*, the *personnel order number* authorizing your PCS move, and the date of the *first day* your HHG went into storage.

Have your Agency/OPDIV/Program endorse your request. Then, the request must be forwarded to your Commissioned Corps Liaison who will forward the request to DCP. *Note:* The request **must** be forwarded to DCP through your Commissioned Corps Liaison.

From that point, the process could take up to 30 days for completion. Once authorized a personnel order will be issued that will authorize up to an additional 90 days of temporary storage. Again, that is **90 days, not 3 months**.

Be proactive! Don't forget your storage expiration date.



Retirements - April

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

James L. Hoff CG
Andrew G. Dean CDC

NURSE

CAPTAIN

William S. Campbell NIH

COMMANDER

Robert J. Sivret IHS

LIEUTENANT COMMANDER

Kathleen Tyler BOP

ENGINEER

CAPTAIN

David L. Larson CDC
Harvey W. Rogers CDC
John I. Powell NIH

SCIENTIST

CAPTAIN

Eugene H. Herman FDA

ENVIRONMENTAL HEALTH

CAPTAIN

Edward A. Tupin ATSDR

COMMANDER

Douglas L. Dillon IHS

PHARMACY

CAPTAIN

Benjamin P. Lewis, Jr. FDA

HEALTH SERVICES

COMMANDER

Maria Lago HRSA



Acting Surgeon General Addresses Engineers During 'National Engineers Week'

A hundred years ago, communication was by letters that were hand carried on horses or trains. If you had urgent communications, they could be sent via a repeating network of telegraph operators. If you wanted to journey from one coast of the U.S. to the other, it would take weeks via train or ship. In the early days of the 1900s you probably would not live to age 72 or even age 65.

Yes, in the last 100 years we as a Nation have made fantastic strides in our standards of living. Communication is almost instantaneous. We travel fantastic distances with only modest travel times and our life expectancy has risen dramatically. Most of us would readily praise science for these advances and rightly so, but then who is it that builds freeways or insures the safety of new medical equipment? Who designs new information systems, water treatment plants, sewer systems, buildings, or the hundreds of other pieces of infrastructure that make our way of life possible? Responding to these and other challenges of society is the domain of engineers. Engineers turn textbooks into technology and ideas into reality.

Each year in February, the contributions to society by engineers are highlighted during National Engineers Week. This year Public Health Service (PHS) engineers gathered at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, to recognize outstanding engineering officers and civilians who have contributed to the health of our Nation. Representatives of engineering professional organizations, academic institutions, and two very special guest speakers joined in this year's PHS Engineering Luncheon. RADM Kenneth Moritsugu, Acting Surgeon General, and Professor Jerry Michael (RADM, USPHS Ret.) presented their views of the engineering profession in the mission of the PHS Commissioned Corps.

Those honored at the luncheon included the following 'Engineers of the Year'—

- CAPT John Collins - National Park Service;
- CAPT Ken Martinez - Centers for Disease Control and Prevention;
- CDR Matthew Dixon - Indian Health Service;

CDR Jo Ann Griffith - Environmental Protection Agency;

CDR Paula Simenauer - Food and Drug Administration;

Mr. Juan Reyes - Agency for Toxic Substances and Disease Registry; and

Dr. Farhad Mamarzadeh - National Institutes of Health. *Note:* Dr. Mamarzadeh was also honored as PHS Engineer of the Year.

A transcript of Professor Michael's presentation is available online at the PHS Engineer's Web site at—<http://www.usphsengineers.org>.

Recent Deaths

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

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

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
<i>REAR ADMIRAL (Upper)</i>	
James V. Lowry	03/24/02
<i>CAPTAIN</i>	
Randall B. Haas	11/24/01
Clifford E. Nelson	01/21/02
Philip L. Spencer	03/13/02
<i>COMMANDER</i>	
Michael J. O'Brien	03/19/02
NURSE	
<i>COMMANDER</i>	
Mary E. Roberts	01/22/02
<i>LIEUTENANT COMMANDER</i>	
Grace A. Donovan	03/23/02
ENVIRONMENTAL HEALTH	
<i>CAPTAIN</i>	
Daniel Sullivan	03/02/02
PHARMACY	
<i>CAPTAIN</i>	
Jacob Levy	03/24/02

Call for Nominations for AI/ANCOAC Membership

The American Indian/Alaska Native Commissioned Officers Advisory Committee (AI/ANCOAC) is seeking commissioned corps and civil service health professionals who are interested in serving on this national committee. The committee is composed of health professionals who are employed in the Department's Agencies/Operating Divisions (OPDIVs) or in any of the major programs that employ commissioned corps officers. The mission of the committee is to provide advice and consultation about American Indian and Alaska Native issues to the Surgeon General and the Minority Officer Liaison Council. The AI/ANCOAC members meet monthly via teleconference. Travel is not required for this committee.

Each year at this time nominations are sought, the majority being self-nominations by commissioned officers or civil servants interested in serving on the committee.

If you would like to be considered for appointment to the committee, please request that a blank self-nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6529**. Send the completed form by **July 1, 2002**, to:

CDR Michelle T. Hall
ANC-CHAP
4315 Diplomacy Drive
Anchorage, AK 99508
Phone: 907-729-2434
Fax: 907-729-2447
E-mail: mhall@anmc.org

Help Needed in Formulating a PHS Reading List

Public Health Service (PHS) commissioned officers of all categories who are interested in helping to formulate a PHS-wide reading list or category-specific reading lists, should contact:

CDR Robert Branche
(Indian Health Service Medical Officer)
Phone: 928-283-2406 (or)
928-283-4460
E-mail: rbranche@tcimc.ihs.gov (or)
rbranch@tubacity.net

Scientist of the Year Awards

The Scientist Professional Advisory Committee (SciPAC) is pleased to announce that **CAPT G. Bryan Jones** received the "2002 Career Scientist Award" and **CDR Charles D. Kimsey, Jr.** received the "2002 Young Scientist Award." RADM Kenneth Moritsugu, Acting Surgeon General, presented the awards at the Commissioned Officers Association's annual meeting, April 21-25, in Atlanta, Georgia. Congratulations to these outstanding Scientist officers!

CAPT Bryan Jones is the Public Health Service (PHS) Region III Emergency Coordinator. In this capacity he supports the Federal Emergency Management Agency (FEMA) by formulating regional plans, policies, and procedures to execute the Department of Health and Human Services (HHS)/PHS lead responsibility for the Federal region-wide health and medical services response to natural and man-made disasters and terrorism. CAPT Jones also provides leadership to the local components of the National Disaster Medical System. He responded to the September 11 attack with a deployment to Boston to support FEMA and PHS where he was instrumental in advocating for disaster mental health assessments. He later assisted in managing the response and recovery operations for the Pentagon and Western Pennsylvania crashes. It was CAPT R. Davidson and CAPT Jones who first raised the PHS flag over "ground zero."

CAPT Jones' past PHS assignments included Director, Office of Military Liaison and Veterans Affairs, where he managed the Department's involvement on the Persian Gulf Veterans Coordinating Board and authored the "Eisenberg Report." The Report initiated a process for the Centers for Disease Control and Prevention-sponsored research meetings and activities through the National Institute of Environmental Health Sciences that examined the relationship between multiple exposures and the development of undiagnosed illnesses among Gulf War veterans. He also served as Senior Project Officer and Chief of Counseling and other Mental Health Training Programs in the Substance Abuse and Mental Health Services Administration.

CAPT Jones has past involvement with both the Commissioned Corps Readiness

Force and the PHS-1 DMAT (Disaster Medical Assistance Team).

CAPT Jones is currently a member of the Scientist PAC, is an Associate Recruiter, a faculty member at Temple University and the Medical College of Pennsylvania, and holds membership in several professional societies. He is a Regular Corps officer who has received 17 PHS awards. He is a member of the Commissioned Officers Association, Reserve Officers Association, Association of Military Surgeons of the U.S., Naval Reserve Association, Navy Supply Corps Association, and the Retired Officer Association.

CDR Charles (Bo) Kimsey, Jr., currently an epidemiologist in the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion, received his BS in biology in 1974, a MSEH in environmental health in 1979, and his Ph.D. in public health in 1993.

CDR Kimsey began his Public Health Service (PHS) career at CDC in 1998 as an Epidemiologist in the Division of Nutrition and Physical Activity. He was later assigned for 3 years to the Epidemiology and Surveillance Division, Vaccine Safety and Development Activity, before returning to the Division of Nutrition and Physical Activity. CDR Kimsey identified a relationship between inactivity and neighborhood safety and published the first article demonstrating this association. He also participated in a multi-country validation project that led to a precedent standard international measure for physical activity assessment and surveillance.

He participates with the Department of Defense on the Joint Services Health and Fitness Work Group. He was instrumental in the Memorandum of Understanding established with the U.S. Military Entrance Processing Command to analyze the medical database on 1.5 million military applicants to address the decline in fitness and increase in overweight. Currently, CDR Kimsey serves as an expert on developing and implementing complex epidemiological research programs addressing the health impact of physical activity. He serves as a member of the PHS Commissioned Corps Healthy Lifestyles committee and coor-

dinates the Web site. He assisted in the development and study design of a survey to assess the physical activity and nutrition habits of commissioned corps officers. He was pivotal in the analysis and interpretation of the survey in preparation for a Surgeon General briefing.

CDR Kimsey received four individual or unit PHS honor awards, was nominated for an Exceptional Capability promotion in December 2001, and received a Certificate of Commendation, Department of Health and Human Services Secretary's Award for Distinguished Service.

CDR Kimsey is a member of the Surgeon General's Honor Cadre, is a founding member of the HHS Region IV Commissioned Corps Healthy Lifestyles Committee, is a member of the Commissioned Corps Readiness Force and Disaster Medical Assistance Team (GA-3). He holds membership in several professional organizations, including the Association of Military Surgeons of the United States, Commissioned Officers Association, and Reserve Officer Association. □

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

National Employee Health and Fitness Day—May 15, 2002

Public Health Service Commissioned Corps officers are invited to join in the largest worksite health and fitness observance in the United States. Each year, employees around the country celebrate National Employee Health and Fitness Day on the third Wednesday of May. Federal Health and Fitness Day is an opportunity for commissioned officers and other Federal employees to join in this celebration. Help plan an event. Get together with colleagues to be physically active. Enlist senior officers to demonstrate their support and lead activities.

For more information, visit—
<http://www.physicalfitness.org/>. □

Medical Affairs Branch

BMP Corner

The Beneficiary Medical Program (BMP) Section of the Medical Affairs Branch, Division of Commissioned Personnel (DCP), will be addressing issues pertinent to BMP and healthcare reimbursement issues in a space titled '*BMP Corner*' in this and future issues of the *Commissioned Corps Bulletin*. This month's '*BMP Corner*' offers the following:

- If you are utilizing a TRICARE pharmacy, please have the pharmacy bill TRICARE directly. You may still submit pharmacy claims to BMP, however, submitting the claim directly to TRICARE will avoid out-of-pocket expenses and negate the need to wait for reimbursement.
- Officers who are utilizing medical and dental providers who refuse to participate in the Electronic Funds Transfer (EFT) Payment System will be financially responsible for the fees. Officers may then request reimbursement from BMP.
- Officers will need to complete an EFT form for electronic reimbursement for medical and dental care. The Division of Financial Operations, Program Support Center, pays invoices through the Automated Clearing House (ACH) network, and an ACH Payment Information Form must be completed for this type of electronic reimbursement. Officers who are in need of an ACH Payment Information Form should contact BMP at 1-800-368-2777. [Note: SF-1199A, "Direct Deposit Sign-Up Form," on file with the Compensation Branch, DCP, *cannot* be used for this purpose.]



Thrift Savings Plan

Upcoming open season, May 15 through July 31, 2002. Information is available on the Thrift Savings Plan Web site—www.tsp.gov.

Procurement of Public Health Service Commissioned Corps Uniforms and Accessories

Public Health Service (PHS) uniforms and components may be purchased from the following:

Lighthouse Uniform Company
1532 15th Avenue West
Seattle, WA 98119
Phone: 1-800-426-5225
Fax: 202-282-5662
Web site: www.lighthouseuniform.com

Bethesda Navy Exchange
National Naval Medical Center, Bldg. 12
8901 Wisconsin Avenue
Bethesda, MD 20889
Phone: 301-295-1489
Fax: 301-295-6325
Web site: www.navy-nex.com

Navy Exchange (NEX)
3280 Virginia Beach Boulevard
Virginia Beach, VA 23452
Phone: 1-800-368-4088
Web Site: www.navy-nex.com

NOTE: The Black Army V-Neck Sweater must be purchased from an Army uniform shop.

Army and Air Force Exchange Service
Exchange Catalog Sales
P.O. Box 660211
Dallas, TX 75266-0211
Phone: 1-800-527-2345
Web Site: www.aafes.com

PHS Commissioned Corps replacement ribbon bars, medals, lapel devices, rosettes, name tags, and miscellaneous items may be purchased from:

PHS Officers Device Supply Center
National Hansen's Disease Programs
1770 Physicians Park Drive
Baton Rouge, LA 70816-3222
Phone: 225-756-3793
Fax: 225-756-3810
E-mail: mgautreau@hrsa.gov
Web site: <http://www.pbhc.hrsa.dhhs.gov/nhdp> (click on PHS Officers Devise Supply Center)

PHS magnetic ribbons and name tags as well as 'pin-on' sets can be purchased from:

UltraThin
P.O. Box 7161
Moore, OK 73153
Phone: 1-800-758-7265
Fax: 1-800-962-1451
Web site: <http://www.ultrathin.com>

Medals and insignia of membership organizations whose ribbons, medals, and insignia are authorized for wear by corps officers, may be obtained from those organizations at the addresses indicated below:

Association of Military Surgeons of the United States (AMSUS)
Membership Department
9320 Old Georgetown Road
Bethesda, MD 20814
Phone: 301-897-8800
Fax: 301-530-5446
Web site: <http://www.amsus.org>

Commissioned Officers Association of the USPHS (COA)
8201 Corporate Drive, Suite 560
Landover, MD 20785
Phone: 301-731-9080
Fax: 301-731-9084
Web site: <http://www.coausphs.org>

Reserve Officers Association (ROA)
1 Constitution Avenue, NE
Washington, DC 20002-5655
Phone: 202-479-2200
Fax: 202-479-0416
Web site: <http://www.rog.org>

NOTE: If officers cease to be members of AMSUS, COA, or ROA, they are no longer entitled to wear the ribbon or medal of that organization on their uniforms.

DCP Web Site Address—
<http://dcp.psc.gov>

DCP Toll-Free Phone Number—
1-877-INFO DCP
(1-877-463-6327)

Follow the voice prompts to direct your call correctly.

Subscribe to Listserv to Receive E-mail Messages from DCP—
listserv@list.psc.dhhs.gov

JRCOSTEP Annual Leave Policy

Students participating in the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) earn and accumulate annual leave at the rate of 1/2 day of annual leave for every 6 days on active duty.

Any annual leave not used by the end of an individual's JRCOSTEP tour of duty will be forfeited. JRCOSTEP participants are, therefore, urged to discuss their annual leave plans with their supervisors as early as possible in their tours of duty. Note that all leave taken must be with the prior approval of the supervisor and the leave granting authority. Form PHS-1345, "Request and Authority for Leave of Absence (Commissioned Officers)," is used to request leave. This form is available from your Agency/Operating Division/Program administrative or personnel office.



Editor's Note

The *Commissioned Corps Bulletin* is mailed only to officers (active duty, inactive reserve corps, and retired) and some corresponding administrative personnel. Accordingly, many of the civil service employees with whom officers work, as well as visitors to your offices, do not have regular access to the *Bulletin*.

How about sharing your *Commissioned Corps Bulletin* with your colleagues and visitors by placing a copy where others may have a chance to see it and read it. This will help others learn more about the Public Health Service Commissioned Corps and its activities and accomplishments.



Reminder

Leave Policy

All officers are reminded that they are required to keep their leave granting authority and their leave maintenance clerk informed of their whereabouts during any period of leave, including sick leave. In addition to providing this information on form PHS-1345, "Request and Authority for Leave of Absence," you must be sure to furnish your supervisor with the address and phone number where you can be reached while you are on leave.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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Human Resources Service
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