



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

As U.S. Public Health Service (PHS) Commissioned Corps officers, wherever we are located, we care for and serve others. For those officers who are mental health professionals, responding to the psychological needs of the people they serve is part of their everyday mission. The reality is that all PHS officers have the capacity and responsibility to help lead Americans to the resources that can help them cope during this stressful time.

While the war with Iraq has been a successful mission, the psychological effect of war and terrorism is one of the greatest mental health issues facing us as a Nation. It impacts us at every level:

- The public as a whole, who has been inundated with a 24-hour stream of front-line newsfeeds. Millions of spectators tuned in for hours on end to their favorite embedded reporter.
- Servicemen and women, many of whom are today in harm's way, may tomorrow have psychological effects.
- The families and friends of servicemen and women—wives, husbands, children, parents, co-workers, and neighbors—for many, enduring long separations is excruciating, especially as they await any news of their loved ones.

The message I am working hard to get out to all Americans—and I need your help—is that we must be as vigilant about our mental health as we are about our physical health and safety.

We all know that our fighting forces are the greatest in the world, and that our Nation is better prepared than ever be-

fore to prevent a terrorist attack. But the stress of living in a time of war, and with the ongoing threat of terrorism, can lead to psychological challenges in one way or another to all. Traumatic events can bring intense reactions, and many bring personal upheaval. Through research on the reactions that occur in a time of crisis or terror, we have learned that most people have intense feelings after a traumatic event. We have studied the reactions of people following the Oklahoma City bombing, wars, and natural disasters such as tornadoes, floods, and fires.

Although the findings of mental health research indicate the serious nature of psychological responses to trauma and emphasize the need to recognize those requiring specialized assistance, there are also positive findings. We have learned from research, both in this country and other countries that have had extensive wars or crises, that people are amazingly resilient.

We can build and sustain that resiliency by doing a number of things, such as being informed about the potential effects of these experiences on ourselves and others, by remaining engaged in our important work and missions, and being open to talk about our feelings and our fears. We must all continue to recognize and emphasize the importance of mental health. We cannot allow this to become the forgotten wound for anyone, including our children.

It is especially important to talk to our children about what they are seeing and feeling. Parents, caregivers and health professionals should look for and recognize the symptoms of fear or depression in children. We should talk with children

about what they are thinking and feeling about war and terrorism. By talking about the effects of war and the images that children are seeing on television, we can help them sort through their own emotions and understanding of this complex issue. I also encourage parents to limit their children's exposure to televised images of violence, and to have them stick to their normal eating and sleeping routines as much as possible.

We will also build resiliency by reasserting control over our circumstances. Terrorists may exploit any perceived deficiencies in our ability to respond to uncontrolled situations. As a Nation, and particularly through the PHS, we are shoring up the public health infrastructure so that our Nation can respond to future attacks effectively, and we are communicating with the public to make sure that people are aware of this progress. In addition, we must offer people reliable information about how to cope with mental health concerns.

Following exposure to a traumatic event, it is difficult to predict anyone's response, though it is known that many

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Surgeon General's Column

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people will have intense feelings related to what they have experienced. Sleep disturbances, repeated and intrusive thoughts about the event, difficulty concentrating on other duties, anxiety, and depression are just some of the things that may be experienced.

Americans need to understand that they and their children may experience some psychological challenges as a result of war and terrorism, and that beyond talking through these fears and concerns with their usual support groups of family, friends, and their church, synagogue, or mosque family, additional help is available.

The Department of Health and Human Services has just launched a new section on its Web site. This section, which is focused on Mental Health and Traumatic Events, offers a wealth of materials and tips on ways to deal with exposure to traumatic events, including violence, terrorism, and war. It includes citizen-centered information for a variety of audiences, including first responders, children, parents, and teachers. The information can be found at <http://www.hhs.gov/mentalhealth>.

Agencies within the Department are also directing resources to help Americans deal with mental health challenges. The Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention each have outstanding clinical and community mental health programs. For more information, logon to <http://www.samhsa.gov/centers/cmhs/cmhs.html> or <http://www.cdc.gov/mentalhealth>. Also, the National Institute of Mental Health is conducting important scientific research that will drive future practices in our clinical mental health programs. For the latest, see <http://www.nimh.nih.gov>.

This is a time of great tests for Americans, including mental and emotional tests. I encourage all PHS commissioned officers to contribute to the mental and emotional recovery of our servicemen and women and their families, and all others who are impacted by recent events.

VADM Richard H. Carmona
Surgeon General

CAPT Denise S. Canton Named Acting Director, Division of Commissioned Personnel

Effective April 1, 2003, CAPT Denise S. Canton was named Acting Director, Division of Commissioned Personnel (DCP), upon the retirement of RADM R. Michael Davidson. She has been the Executive Officer and Chief Legal Advisor in DCP, and has previously served as the Acting Director in the absence of the Director.

CAPT Canton is a Nurse Attorney with extensive experience in personnel policy development and implementation, employment law, clinical nursing, nursing administration and management, nurse recruitment, and program management. Her academic credentials include B.S.N., M.S.N., and D.N.Sc. degrees in nursing as well as a JD degree.

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SUPPLEMENTAL ARTICLE

Available on DCP's Web Site - <http://dcp.psc.gov>

A Monumental Task: Finding a Memorial to the PHS Commissioned Corps

CAPT Gordon R. Seidenberg has submitted an extremely interesting article titled "A Monumental Task: Finding a Memorial to the PHS Commissioned Corps." The first two paragraphs of the article follow:

From State capitals to large and small municipalities, the American landscape is studded with thousands of monuments honoring uniformed men and women who defended our country in war. In paying tribute to those patriots killed, missing in action, or taken prisoner, our grateful Nation is reminded of the painful price we have paid—and continue to pay—to defend freedom.

But our national memory seems to fail us when it comes to one of the Nation's seven Uniformed Services—one that

can trace its roots back to President John Adams. My research for this article revealed only one instance in which a community erected a monument recognizing the contributions of the U.S. Public Health Service (PHS) and its health 'militia'—the PHS Commissioned Corps officers.

To find out exactly where a monument to the PHS is located, and to learn more about CAPT Seidenberg's 'monumental task'—along with photographs—please visit the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>. Click on 'Publications' and then 'Commissioned Corps Bulletin.' The article can be found in the section titled 'CCB Plus.'

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Reminder

The Division of Commissioned Personnel (DCP) will offer a *Public Health Service Commissioned Corps Retirement Seminar* at the 2003 Public Health Professional Conference sponsored by the Commissioned Officers Association. The retirement seminar is scheduled for June 19-20, and will be held at the Westin

Retirement Seminar to be Held at COA's Annual Meeting

Kierland Resort & Spa, Scottsdale, AZ. The registration deadline for the retirement seminar is **May 23, 2003**.

Please see page 6 of the April issue of the *Commissioned Corps Bulletin* for further information.

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Memorandum From the Surgeon General



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Assistant Secretary for HealthOffice of Public Health and Science
Washington DC 20201

March 26, 2003

TO: All Commissioned Corps Officers

FROM: Surgeon General and Acting Assistant Secretary for Health

SUBJECT: Commissioned Corps Readiness Force Membership: A Factor in Promotion and Assimilation for All Future Cycles

By direction of the Surgeon General and Acting Assistant Secretary for Health, membership in the Commissioned Corps Readiness Force (CCRF) will be a factor considered by all future promotion and assimilation boards. This will encompass all competitive promotions, both temporary and permanent, in all grades through O-8.

The 2004 Promotion Year (PY) cycle will be the first promotion cycle to include this as a new factor. The 2004 cycle includes all officers eligible for competitive promotions on July 1, 2004 through June 30, 2005. The boards meeting March through May 2004 will be the first boards to include this new factor. As usual, officers will have until late December 2003 to update their Official Personnel Files (OPFs), including documentation of membership in CCRF. The actual date that the OPFs of officers going before the promotion boards will be determined later this year and will be well publicized.

The first assimilation cycle to include this new factor will be for those officers applying for assimilation into the Regular Corps for the 2004 board. The deadline for this board has not been determined, but will probably be no earlier than January 2004.

A full explanation of the CCRF factor and how it will be used and weighted in the promotion and assimilation criteria will be provided to all officers through the established channels, including memoranda from the Division of Commissioned Personnel and articles in the *Commissioned Corps Bulletin*.

As always, officers will be notified about deadlines for submission of materials through the established channels, including memoranda from the Division of Commissioned Personnel and articles in the *Commissioned Corps Bulletin*.

As members of a Uniformed Service, it is our privilege and our responsibility to serve the public and protect the health of all citizens. As I have said in the past, and will continue to state in the future, our Secretary and our President look to the Department and to the Commissioned Corps for leadership, duty to mission, readiness, and performance. Our continuing pursuance of professional excellence is yet another way we demonstrate our commitment to their goals and our membership as one of the seven Uniformed Services.

Richard H. Carmona, M.D., M.P.H., F.A.C.S.
VADM, USPHS

U.S. Public Health Service

Additional Montgomery GI Bill Benefits

Officers participating in the Montgomery GI Bill (MGIB) are reminded that they can increase their maximum monthly benefit by \$150 per month and their total benefit by up to \$5,400. The additional benefits can be purchased at the rate of \$1 for every \$4 contributed up to a maximum contribution of \$600.

Officers who have not used any of their MGIB benefits can increase their current basic monthly entitlement for full-time student status from \$900 a month to \$1,050 a month, for a 3-year obligation; and from \$731 a month to \$881 a month, for a 2-year obligation. Officers with a 3-year obligation, who have not used any of their 36 months of benefits, can increase their total benefit amount from \$32,400 to \$37,800.

For officers taking classes in less than full-time student status, the monthly benefit is pro-rated. An officer considered to be a 'half-time' student by their college or institution, would only be entitled to half of their maximum monthly amount.

Please Note: The MGIB benefit for officers on active duty is limited to the cost of tuition and fees. So officers should consider carefully before purchasing the additional entitlement to increase their monthly entitlement while on active duty.

To purchase additional MGIB benefits, officers should download form PHS-7039 "Application for Allotment of Pay (For Additional Montgomery GI Bill Benefits)" and DD Form 2366-1 "Montgomery GI Bill Act of 1984 (MGIB) Increased Benefit Contribution Program" from the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services,' 'Official Forms.' Officers may make a lump sum payment by check made payable to 'Department of Health and Human Services' or request monthly withholdings, but the monthly withholding amount **must be divisible by 4**.

Officers with questions should contact the Department of Veterans Affairs (VA) Regional Office at 1-800-827-1000 or visit VA's Web site at www.va.gov, or contact DCP at 301-594-3384 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—43384.

Military Life Insurance Premiums Reduced



The Department of Veterans Affairs (VA) will reduce Servicemembers' Group Life Insurance (SGLI) premiums beginning in July 2003. The new monthly rate will be 6.5 cents for every \$1,000 of coverage, about 19 percent less than the current 8 cents. Monthly premiums for the maximum coverage of \$250,000 will fall to \$16.25 from the current \$20.

In addition to the basic SGLI, family coverage is available for spouses and children of Servicemembers holding SGLI

policies. Spouses pay age-based premiums for up to \$100,000 coverage, while children receive \$10,000 of free coverage. The reduction for spousal policies will vary among age groups, with the largest decline—42 percent—affecting those 35 to 39.

The reductions do not affect Veterans' Group Life Insurance (VGLI) rates.

For more information about VA administered life insurance programs visit—<http://www.insurance.va.gov>.



Meet the New Chief Professional Officer

CAPT Charles L. McGarvey III was selected by Surgeon General Richard H. Carmona as the Chief Professional Officer for the Therapist category effective February 14, 2003. As Chief Therapist Officer, CAPT McGarvey is responsible for providing the leadership and coordination of Public Health Service (PHS) therapist services professional affairs for the Office of the Surgeon General and the Department of Health and Human Services. He also provides guidance and advice to the Surgeon General and the Therapist Professional Advisory Committee (TPAC) on matters such as recruitment, retention, career development, readiness, healthy lifestyles and rehabilitation practice, and health care policy.

CAPT McGarvey was commissioned as an officer with the PHS in 1977 following his graduation from the physical therapy program at West Virginia University in Morgantown, WV. He earned a Masters of Science in Community Health Education from Old Dominion University, Norfolk, VA, in 1981.

Over the past 26 years he has served in a variety of clinical and research positions with the Bureau of Medical Services in Norfolk, VA, the Indian Health Service in Whiteriver, AZ, and the Rehabilitation Medicine Department, Warren G. Magnuson Clinical Center, National Institutes of Health (NIH) in Bethesda, MD.

Currently, CAPT McGarvey is the Chief, Physical Therapy, at NIH and has been very active professionally in a number of clinical, educational, and research programs. Clinically, he has worked almost exclusively with cancer patients for 18 years. Educationally, he has lectured extensively, nationally and internationally, on a variety of issues related to the assessment and treatment of cancer patients. In 1990, he published the text titled "Physical Therapy for the Cancer Patient," and has authored or co-authored more than 18 articles and chapters on the subject of cancer rehabilitation. During the period 1991-1992, he was selected by the Agency for Health Care Policy and Research to serve as the only physical therapist on two expert panels to develop nationally-based guidelines for the assessment and treatment of acute post-operative pain and cancer pain. These guidelines have served as the benchmark for the development and



CAPT Charles L. McGarvey III

implementation of comprehensive pain management initiatives worldwide.

CAPT McGarvey serves as manuscript reviewer and research expert in the areas on cancer and prosthetics for a number of professional organizations including the American Physical Therapy Association (APTA), the National Cancer Institute (NCI), and the Lymphedema Association of North America. Academically, he holds an appointment as Assistant Professor of Health Sciences of the State University of New York at Stony Brook.

In 1999, the National Naval Medical Center Breast Cancer Center (NNMC-BCC) invited CAPT McGarvey to serve as a consultant to develop and implement a program to provide comprehensive rehabilitation services to their population of patients with breast cancer. A major outcome of this program was the development and implementation of two NCI and Navy Institutional Review Board approved protocols. These protocols have been activated and are currently collecting prospective data, which describe the co-morbidities, associated with treatment of breast cancer patients. CAPT McGarvey serves as the principal investigator for both of these studies:

Morbidity Following the Diagnosis and Treatment of Patients with Breast Cancer: A Multi-Institutional Study between NIH/Rehabilitation Medicine Depart-

ment (RMD) and NNMC-BCC (02-CC-0044)—http://clinicalstudies.info.nih.gov/cgi/detail.cgi?A_2002-CC-0044.html; and

A Prospective (Cohort) Study to Identify Factors Affecting Morbidity Following Diagnosis and Treatment of Patients with Breast Cancer: A Multi-Institutional Study Between NIH/RMD and NNMC-BCC (02-CC-0045)—http://clinicalstudies.info.nih.gov/cgi/detail.cgi?A_2002-CC-0045.html.

CAPT McGarvey has proudly served the Therapist category for many years. He has held multiple appointments including the positions of TPAC Chair as well as Executive Secretary. He served as a TPAC Field Representative and served on various PHS appointment, promotion, and disciplinary boards. He is an Associate Recruiter of the PHS and served on the Commissioned Officers Association's Scientific Program Committee for numerous years. CAPT McGarvey has represented many past Therapist Chief Professional Officers during deliberations with Department of Defense (Army, Navy, and Air Force) counterparts. In this capacity, CAPT McGarvey was directly responsible for establishing the link with the Army Chief Physical Therapist that facilitated PHS participation in the Army Baylor Physical Therapy Program to recruit new therapists to the category. This program has been responsible for the recruitment of 12 highly skilled graduates over the past 8 years. CAPT McGarvey was also responsible for establishing the Interservice Exchange Continuing Education Training Program between these other Uniformed Services.

In recognition of his many contributions to the field of physical therapy, oncology rehabilitation, and the PHS, CAPT McGarvey, a Regular Corps officer, has received more than 19 honor and service awards including the following: PHS Commendation Medal, PHS Achievement Medal, PHS Citation, PHS Outstanding Unit Citation, PHS Unit Commendation, PHS Foreign Duty Service, and PHS Isolated Hardship Award. Professionally, he has served as President of the Oncology Section of the APTA, and received the coveted Jeri F. Walton Physical Therapy Service Award in 1993, and the Oncology Section Research Chair

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Meet the New Chief Professional Officer

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Award in 1999 for his valuable contributions to the section. He received the William Fromherz Award from the TPAC in June 2000, in recognition of his outstanding contributions in clinical care, program development, and administration.

CAPT McGarvey has a long history of dedication to the vision and mission of

PHS and the PHS Commissioned Corps. Each of his specific clinical, administrative, research, and educational accomplishments illustrate the leadership, maturity, insight, and vigor to promote the category and importance of rehabilitation in the improvement of the Nation's health.

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PHS Social Workers Receive Awards at USSW Conference

The Admiral Kidd Conference Center at the Fleet Anti-Submarine Warfare Training Center in San Diego CA, was the site of the 18th Annual Uniformed Services Social Work (USSW) Conference, February 9-10, 2003. The annual conference brings together uniformed and civilian social workers from the Army, Air Force, Navy, Marines, Department of Veterans Affairs (VA), and Public Health Service (PHS). The Navy spearheaded this year's conference, while the coordination of the conference rotates among the Uniformed Services.

This year's conference theme was *Collaboration: People+Possibilities+Purpose=Optimization (C3PO)*. In the aftermath of September 11, 2001, the conference planners and sponsors thought collaboration was the central component that made the recovery of the 9/11 tragedy so successful. Uniformed Services and various Federal, State, local, and community-based organizations came together, to speak and act in one voice.

The conference keynote speaker was Dr. Elizabeth Clark, Executive Director of the National Association of Social Workers (NASW). Dr. Clark provided a thought-provoking address on "Embracing Chaos and Change" for social workers and the environments in which they work. Each day attendees selected from a wide range of topics: HIV services for uniformed personnel; post-traumatic stress disorders; military family support and deployment issues; VA and Department of Defense partnerships; working with mortuary affairs personnel and their families; cultural competency in health care settings; etc.

Each year the conference holds a luncheon to recognize the "Social Worker of the Year" from each Service. This year's recipients of the "PHS Social Worker of the Year" award were **CAPT Wendell E. Wainwright** and **LCDR Thomas A. Costello**. CAPT Wainwright was recognized for his contributions to program development, outstanding community service, and leadership within the PHS. He is the immediate past chair of the Black Commissioned Officers Advisory Group, and is a member of the Health Services Professional Advisory Committee and the Commissioned Corps Readiness Force. LCDR Costello was recognized for developing the compassion release program at the Bureau of Prisons Medical Center in Lexington, KY.

On a very rainy day, conference attendees were able to tour the *USNS Mercy*, one of two Navy hospital ships converted from oil tankers. The *USNS Mercy's* sister ship, *USNS Comfort's* homeport is in Baltimore, MD, while the *USNS Mercy's* homeport is in San Diego, CA. The *USNS Comfort* played a significant role in New York after 9/11. For 3 weeks, Navy, PHS, and civilian medical and support personnel provided care to volunteer rescue workers, firefighters, and police involved in search and recovery efforts.

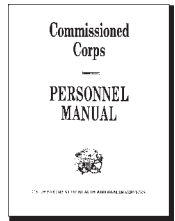
Ten PHS Commissioned Corps officers attended this year's conference, and the conference was well attended by all the Services. Social workers look forward to the 19th Annual Conference to be hosted by VA.

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Commissioned Corps Personnel Manual

Important Note

In an effort to decrease costs and increase efficiency, the Division of Commissioned Personnel (DCP) will no longer distribute paper copies of Commissioned Corps Personnel Manual (CCPM) INSTRUCTIONS and Manual Circulars. The entire CCPM is available on DCP's Web site—<http://dcp.psc.gov>—click on 'Publications,' 'Commissioned Corps Personnel Manual.'



Announcements of new or revised INSTRUCTIONS and new Manual Circulars will be made on DCP's Web site as well as in the *Commissioned Corps Bulletin*. Distribution of one paper copy of each new INSTRUCTION and Manual Circular will be made to the following: Chief Professional Officers; Surgeon General's Policy Advisory Council Representatives; Professional Advisory Committee Chairpersons; and Commissioned Corps Liaisons.

Announcement—Revised CCPM INSTRUCTION

The following revised INSTRUCTION can be accessed on DCP's Web site—<http://dcp.psc.gov>—click on 'Publications,' 'Commissioned Corps Personnel Manual.'

Transmittal Sheet 663 dated March 19, 2003

INSTRUCTION 4 of Subchapter CC23.3, "Appointment Standards and Appointment Boards." This INSTRUCTION implements the recommendations made by the Surgeon General's Appointment Standards Task Force in its report dated April 2002. The Task Force report addressed three distinct areas: (1) training and education credit calculation; (2) licensure issues; and (3) the appointment of new disciplines to the Corps as well as other issues relating to the transformation of the Public Health Service Commissioned Corps. In addition, this revision incorporates the recommendations made by the Chief Professional Officers and the changes noted in Manual Circular No. 370 which expanded the list of information technology related degrees eligible for appointment as 'computer scientists.'

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The annual Public Health Service (PHS) Professional Conference, which is sponsored by the Commissioned Officers Association, is scheduled for June 15-20, 2003, in Scottsdale, AZ. The authorized uniforms of the day for the conference are Summer White, with the option of Summer Blue (Salt and Pepper), and Service Dress Blue (SDB). In addition, the Tropical Dinner Dress Blue will be the uniform for the formal dinner.

The Tropical Dinner Dress Blue is not a uniform that is worn frequently by a large number of Corps officers. This article is dedicated to information that will be needed for the proper wear of that uniform at the formal reception and dinner on Wednesday, June 18. Pictures of the uniform are available online at— <http://dcp.psc.gov>—click on 'Publications,' 'DCP Official Publications,' 'CCPM Pamphlet 61'—page 45 for men and page 78 for women. This uniform is considered a formal dress uniform and is worn for official functions. Appropriate wear is equivalent to civilian dress for a black tie affair.

The Tropical Dinner Dress Blue Uniform

MEN: The following items are required uniform components:

- A. Shirt, White Summer
- B. Trousers, Blue Dress



- C. Cap, Combination, White
- D. Shoes, Black Dress
- E. Socks, Black
- F. Cummerbund, Gold Wraparound
- G. Undergarments
- H. Shoulder Boards (Hard)
- I. Miniature Medals
- J. Raincoat (prescribable)
- K. Belt, Black, w/Gold Tab (prescribable)
- L. Buckle, Gold (prescribable)

WOMEN: The following items are required uniform components:

- A. Shirt, White, Short Sleeve
- B. Skirt, Blue Unbelted
- C. Cap, Combination, White
- D. Shoes, Black Dress
- E. Cummerbund, Gold Wraparound
- F. Handbag, Black Dress
- G. Undergarments
- H. Hosiery (skin tone only)
- I. Shoulder Boards (hard)
- J. Miniature Medals

- K. Raincoat, Blue (prescribable)
- L. Skirt, Blue formal (optional)
- M. Shoes, Black formal (optional)
- N. Earrings, 6mm gold/pearl ball (optional)

Several specific notations need to be made:

1. The cummerbund is the wraparound style, not the partial wrap.
2. The cummerbund is worn with the folds upward.
3. The white shirt is made of the poly/cotton blend, not the Certified Navy Twill (CNT) material.
4. The combination cap is the only authorized cover. The women's beret is **not** authorized with this uniform.
5. Miniature medals are worn over the pocket flap of the left pocket centered appropriately.
6. **No** name tag is worn.
7. The male pants and female skirt are the same material as the SDB uniform.
8. Men may wear a belt under the cummerbund, but it is not required.

If you have questions about PHS Commissioned Corps uniforms, please e-mail LCDR Ron Keats at rkeats@psc.gov. □

Call for Nominations for Engineer PAC Membership

The Engineer Professional Advisory Committee (EPAC) is seeking motivated commissioned corps and civil service engineers and architects who are interested in serving as members on this committee. The EPAC provides advice and consultation to the Chief Engineer and, through that individual, to the Surgeon General on matters relating to professional activities and personnel issues affecting engineers and architects. Members represent a diverse cross-section of individuals within the Department's Agencies and Operating Divisions (OPDIVs) and Programs that are staffed by Public Health Service (PHS) personnel.

Each year nominations are sought to fill vacancies due to expiring terms. The 3-year term appointment begins on January 1, 2004. The Chief Engineer will rec-

ommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and Agency/OPDIV/Program representatives. The EPAC meets 10 times a year by tele/video conference. Travel is not required for membership. Regular attendance at the meetings is expected throughout the term of membership. EPAC members are expected to actively participate in the activities of at least two subcommittees during the term of service. Some of the activities conducted by EPAC for the Chief Engineer include the mentoring, awards, emergency preparedness, and career development programs.

Commissioned corps or civil service engineers and architects who are interested are encouraged to self-nominate. Interested individuals should submit a

current curriculum vitae or resume and concurrence from their supervisor to participate. Self-nomination forms can be obtained from the EPAC Web page—<http://www.usphsengineers.org>. Alternatively, you may contact the Office of the Chief Engineer (see contact information below). Individuals should submit their completed self-nomination form by e-mail, fax, or mail no later than **June 30, 2003**, to:

Ms. Lisa Hayes, P.E., DEE
Assistant to the Chief Engineer
Office of the Chief Engineer, USPHS
ATSDR/DHAC – Mail Stop E32
1600 Clifton Road, NE
Atlanta, GA 30333
Phone: 404-498-0435
Fax: 404-498-0792
E-mail: LHayes@cdc.gov □

Tucson Pharmacy Officers Respond

On November 20, 2002, three unidentified men entered a crowded conference center in Tucson, AZ, and discharged the contents of several dry fire extinguishers. The substance in the extinguishers was determined to be anthrax, and the city, county, and State emergency plans were activated. The National Pharmaceutical Stockpile (NPS) was requested and deployed to Tucson, the Tucson Metropolitan Medical Response System (MMRS) NPS plan was activated, and a mass dispensing site was established at the Tucson Convention Center. (*Please note:* Effective March 1, 2003, as part of the Homeland Security Act, the NPS became known as the Strategic National Stockpile (SNS) and was placed under the Department of Homeland Security.)

This was the scenario of the Tucson MMRS Mass Dispensing Exercise, which coincided with the 2002 National MMRS Conference. Many Public Health Service (PHS) Commissioned Corps officers attending the conference had the opportunity to participate as 'victims' and several others, both active-duty and retired, were involved to an even greater extent in the design, development, and implementation of the exercise.

As members of the Tucson MMRS Pharmacy Task Force, CDR Nick Quaglietta (Bureau of Prisons) and LT Bradley Bishop (Indian Health Service) were integral to the development of the dispensing site plan, dosing and prescribing protocols, and patient information handouts. Both CDR Quaglietta and LT Bishop completed the NPS training at the Noble Training Center in Anniston, AL, in 2002 and were subsequently recruited by Ms. Marilyn Atha, Pima County Bioterrorism Coordinator, to help spearhead the planning process for the Tucson exercise.

Over the next few months, CDR Quaglietta, LT Bishop, and CAPT Rick Herrier, USPHS (Ret.) were called upon to train more than 100 pharmacists, pharmacy technicians, nurses, and physicians as dispensing site staff. RADM Fred Paavola, USPHS (Ret.), CDR Robert McClelland (IHS), and CAPT James Justice, USPHS (Ret.) were among those who completed the training sessions and dress rehearsal leading up to the exercise. All of these officers volunteered many hours of their time in addition to their regular duties while functioning in their new roles. Dr. Ted Tong, Director of the Tucson MMRS



CDR Nick Quaglietta (back to camera) briefs dispensing area staff as CDR Robert McClelland (rear) and RADM Fred Paavola, USPHS (Ret.) (left) look on. (Photo courtesy of David Von Behren, University of Arizona College of Pharmacy.)

Pharmacy Task Force, made the following comment: "The level of response from community pharmacists and the Public Health Service was enormous. They received nothing in return except for a personal sense of satisfaction and recognition for having served the community so well."

During the exercise, LT Bishop served as the screening area manager and was also called upon to provide an overview of site operations to various State and local dignitaries, such as Tucson Mayor Bob Walkup. CDR Quaglietta served as the dispensing area manager and was assisted by RADM Paavola, CAPT Herrier, and CDR McClelland, who functioned as dispensing area supervisors. Each area was staffed by more than 30 pharmacists, pharmacy technicians, and nurses whose responsibility it was to screen 'victims' for risk of exposure and contraindications to drug therapy, select appropriate medication and dosing, dispense 'medication', and provide medication counseling. LTJG Andy Demma (Centers for Disease Control and Prevention) was a guest speaker at the conference and also participated in the exercise as a member of the NPS Technical Advisory Response Unit (TARU) that accompanied the stockpile throughout the exercise.

VADM Richard H. Carmona was a founding member of the Tucson MMRS and played an integral part in the development of the Pharmacy Task Force. VADM Carmona was the conference keynote speaker and provided comments at the post-event debriefing and press conference after touring the dispensing site during the drill.

Ms. Atha has since reported that, "The Tucson exercise, which is the largest of its type to date, was a great success." The Tucson mass dispensing clinic occupied more than 55,000 square feet and was designed with ease of patient flow as a primary objective. Ms. Atha went on to say, "Over 2,000 'victims' were screened and treated in the 6-hour drill, yet the staff was never fully taxed over any extended period. It is projected that 8,000 to 10,000 victims could have been treated." In describing the efforts of the involved PHS officers, RADM Paavola stated that, "In true PHS Commissioned Corps tradition, when the community they lived in needed assistance they were among the first to respond with the attitude of 'what can I do to help.'" LTJG Demma summed up the exercise by saying, "While my duty station is the SNS Program and involvement in this exercise was a given, many officers were volunteering their skills and abilities on their own time. It was very impressive seeing so many Public Health Service officers involved at the Federal, State and local levels throughout the planning process and during the exercise. I think this shows the PHS Commissioned Corps' level of commitment to the community and the Nation."

The Tucson exercise may be over, but the Tucson Pharmacy Task Force remains very active in preparing the pharmacy community for potential disasters. Recently, RADM Paavola, CAPT Herrier, CDR Quaglietta, CDR McClelland, and LT Bishop were called upon to begin training Tucson area pharmacists as part of the Pima County smallpox plan. They gladly accepted.

Commissioned Corps Readiness Force

National Naval Medical Center Support

On Monday, April 7, Commissioned Corps Readiness Force (CCRF) nurses began reporting to the National Naval Medical Center (NNMC) in Bethesda, MD, to support staffing on general medical and surgical wards that were understaffed. Because many of the nurses at the NNMC were deployed on board the *USNS Comfort* in the Persian Gulf, the facility was already understaffed and overworked. Now, however, they have received quite a number of injured soldiers, sailors, and airmen from the Gulf War—many requiring surgeries—and they must have our support.

Smallpox Preparedness

On March 11, commissioned officers of the CCRF and the Centers for Disease Control and Prevention (CDC) staffed a smallpox immunization clinic at the Department of Health and Human Services (HHS) in Washington, DC. At that time, Surgeon General Richard H. Carmona, received the smallpox vaccination.

In addition to Surgeon General Carmona, 31 commissioned officer volunteers were also vaccinated. To quote the Surgeon General, he and his commissioned corps officers “are ready to roll up their sleeves to be ready to protect the public health of American citizens.” In a press conference earlier that day, Surgeon

General Carmona explained to the public that it will take time for people to understand that smallpox, declared eradicated in 1980, poses a threat again as a weapon. “It’s going to take time to build some understanding,” he said. While effective against smallpox, the vaccine also carries risks. It is estimated that between 14 and 52 people out of every million being vaccinated for the first time will face life-threatening side effects, and one or two will die. Risks are lower for people who have been vaccinated before.

Of the 31 Corps officers vaccinated, only one was deferred because of having a household member with a history of
(Continued on page 9)

National Society of Professional Engineers Honors PHS Engineers

In February every year during National Engineers Week, the contributions by engineers to society are highlighted. This year, Public Health Service (PHS) engineers were honored by the National Society of Professional Engineers (NSPE) at the NSPE annual Federal Engineer of the Year Awards luncheon.

Five PHS engineers were honored by NSPE. They were: CDR Carole Boerner, Indian Health Service (IHS); CDR Bradley Harris, National Park Service (NPS); and LCDR Nicole Wolanski, Food and Drug Administration. In addition, CDR Danielle DeVoney, Agency for Toxic Substances and Disease Registry (ATSDR), and Dr. Karl Zipf, Jr., Centers for Disease Control and Prevention (CDC) were selected for the Top Ten Federal Engineers of the Year. Attending the awards luncheon, in addition to family members and colleagues of the award winners, were Deputy Surgeon General RADM Kenneth Moritsugu, RADM Gary Hartz, IHS, and Chief Professional Officer, RADM Robert C. Williams, ATSDR.



(Pictured left to right) RADM Gary Hartz; RADM Robert C. Williams; CDR Danielle DeVoney; LCDR Nicole Wolanski; CDR Carole Boerner; Dr. Karl Zipf, Jr.; CDR Bradley Harris; and RADM Kenneth Moritsugu.

The following day, PHS engineers gathered at the Uniformed Services University of the Health Sciences in Bethesda, MD, to recognize outstanding PHS engineering officers and civilians who have contributed to the health of our Nation. In addition

to the engineers honored by NSPE, also recognized was Mr. Dominic Eng, Health Resources and Services Administration. Selected as co-PHS Engineers of the Year were CDR Anthony Zimmer, CDC, and CDR Bradley Harris, NPS. □

Commissioned Corps Readiness Force

(Continued from page 8)

eczema or entopic dermatitis. Many of the CCRF officers were health care providers such as pharmacists, nurses, and physicians. Other officers were epidemiologists, engineers, and environmental health officers. Later in the week, on March 14, Senator Bill Frist, M.D. (R-TN) also received the vaccination. In an effort to encourage other doctors and health professionals to get involved, Senator Frist was included in the vaccinator effort because of his potential role as a Washington, DC, first responder. Senator Frist also received training on the administration of the vaccine.

On March 26 and 27, CCRF held a Smallpox Vaccination Screening Clinic in the CCRF office in Rockville, MD. CCRF officers who indicated an interest in receiving the vaccine reviewed the CDC's online smallpox vaccination contraindications prior to screening. Fifty-one officers viewed the CDC prescreening video, which was monitored by a CCRF pharmacist and CCRF nurses who were available to answer questions. Following the video, the officers were screened by three CCRF members using the CDC's Patient Medical History and Consent Form. If referred for vaccination, the CCRF member reported to the Smallpox Clinic, Department of Preventive Medicine, NNMC in Bethesda, MD. Of the 51 members screened, 4 were deferred because of contraindications such as eczema or having a family member with a contraindication. Those vaccinated were then instructed to report back to the NNMC the following week for a 'take' check.

Individuals interested in the latest information about the Smallpox vaccine are encouraged to visit the CDC Web site—<http://www.bt.cdc.gov/agent/smallpox/index.asp>.

In addition to the Smallpox Vaccination Initiative, CCRF began offering the CCRF Basic Course in May. This course assists officers in gaining the basic requirements for CCRF membership. Commission officers who are interested in becoming CCRF members are encouraged to visit the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

Smallpox Survey

Some local jurisdictions have begun contacting CCRF, asking if we can support their efforts to vaccinate first re-

sponders during Phase II of the President's Smallpox Plan. We currently only have 176 CCRF members who have been vaccinated, and thus are protected. To support these local public health requests, we must have a larger number of officers who are vaccinated themselves so they can, in turn, vaccinate first responders and perhaps others. If you have not already logged onto the CCRF Web site and completed the Smallpox Survey, please do so immediately. We are trying to identify all CCRF members who are willing to receive the vaccination so we can get them immunized. Hopefully, this nationwide vaccination of CCRF officers will have begun by the time this issue of the *Commissioned Corps Bulletin* is published.

Threat Level: Orange

On March 17, the Department of Homeland Security elevated the threat level from Yellow to Orange to coincide with Operation Iraqi Freedom. As such, CCRF members were deployed as liaisons to the Secretary's Command Center at HHS.

Radiation 'Truth and Consequences'

Forty-five CCRF members attended Radiation 'Truth and Consequences' which was offered April 14-18 at the Noble Training Center in Anniston, AL. This course provided an overview of radiation emergency preparedness and response, and knowledge of key components of radiological emergency response. CCRF's goal is to prepare officers to respond to public health radiological emergencies that may affect the general population. The course also covered the role of CCRF members in responding to such events, within the framework of the Federal Response Plan and the Federal Radiological Emergency Response Plan.

CCRF: The First 10 Years

CCRF will be 10 years old in 2004. CCRF is in the process of recording its history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history

of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail CDR Martinelli (to receive the submission form) at amartinelli@osophs.dhhs.gov.

New CCRF Training

The CCRF Basic Course is scheduled for June 2-6, August 4-8, and September 15-19.

CD-ROMs containing all 61 CCRF training modules have now been mailed to all PHS Commissioned Corps officers. This will provide much easier access to the training program, and will only require that officers logon to the CCRF Training Web site after viewing a training module in order to test out for that session.

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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>
MEDICAL	
<i>REAR ADMIRAL (UPPER)</i>	
Carruth J. Wagner	11/25/02
<i>CAPTAIN</i>	
Ardell B. Colyar	03/08/03
John C. Wagner	03/25/03
NURSE	
<i>CAPTAIN</i>	
Margaret F. Knapp	03/20/03
SCIENTIST	
<i>CAPTAIN</i>	
Morris Goldman	03/18/03
Martin D. Young	03/28/03
ENVIRONMENTAL HEALTH	
<i>COMMANDER</i>	
F. E. Hamblet	03/28/03
VETERINARY	
<i>CAPTAIN</i>	
Keith T. Maddy	03/07/03

□



Keeping You Informed

ENTITLEMENTS/ALLOWANCES FOR PERMANENT CHANGE OF STATION (IF QUALIFIED UNDER THE JOINT FEDERAL TRAVEL REGULATIONS)

- (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).

Please remember that you must always contact your Agency's shipping officer before performing any type of Permanent Change of Station (PCS) move, including a personally prepared move, to avoid reimbursement complications.

ISSUE: YOUR HHG AND UNCRATING THEM AFTER THE MOVE

The benefit of having the Government move your household goods is that the movers do almost everything for you. One frequently overlooked part of that benefit is having the movers unpack your HHG when they arrive at their destination.

When the moving company delivers your HHG, you are authorized to have them unpack your boxes and place the items in their correct location (within reason of course). After they have unpacked your HHG, they will load up and haul away the trash and boxes that you no longer need.

The catch is, you must ask them to place the items where you want them. If you don't, when the movers are finished unloading the truck, they will leave. Once you have released the movers, they are then relieved of their moving obligations.

MONTHLY TRAVEL TIP #1

There are few guarantees in life—but the General Services Administration's (GSA) Federal Premier Lodging Program (FPLP) guarantees rates and guarantees rooms where they are needed! There are already 378 hotels participating in 41

cities across the country, and there will be over 1,200 participating hotels in 70 cities by the end of 2003!

What is FPLP?

The Federal Government spends nearly \$1.7 billion a year with the lodging industry, but, in almost all cases, Federal travelers have no assurance that rooms will be available at fair prices. Through FPLP, GSA contracts with multiple properties for rooms priced at or below the established per diem rate. Federal travelers told GSA their number one concern is finding available rooms at or below per diem rates, especially in major metropolitan areas. GSA listened. Now the odds of finding guaranteed rooms, at guaranteed rates, just got a lot better.

GSA is making an aggressive effort to improve travel management and provide excellent customer service through innovative travel policies. FPLP gives travelers more time to concentrate on their jobs, and less time on arranging travel, by providing convenient and safe rooms, and guaranteed room availability. GSA and the Federal travel community, in partnership with the private sector, launched FPLP to provide Federal travelers with the best value.

Benefits of FPLP Hotels

Federal travelers enjoy these benefits at FPLP hotels:

- FPLP ensures that rooms are available near where Federal travelers need to conduct business.
- FPLP properties are required to have a full-service restaurant on the premises or within 1/3 mile of the hotel.
- FPLP hotels are on the fire safety list maintained by the Federal Emergency Management Agency (FEMA). Always seek a hotel that is on FEMA's safety list.
- FPLP properties must be: rated two stars or above by the American Automobile Association (AAA) or Mobil; meet the requirements of the Americans with Disabilities Act; and meet the city's building and safety codes.
- FPLP properties are near public transportation.

We Need Your Help

Spread the word—share your good FPLP experiences with other Federal travelers. Ask your travel management center to book an FPLP hotel whenever possible. For more information about participating FPLP hotels and the cities where they are located, visit—www.gsa.gov/fplp.

MONTHLY TRAVEL TIP #2

State Department Issued Travel Warnings

The State Department has issued travel warnings for Hong Kong, China, and Vietnam. The warning advises U.S. citizens to defer travel to these countries because of the pneumonia-like disease known as Severe Acute Respiratory Syndrome (SARS). Travel warnings have been issued for Indonesia, Iraq, Burundi, Israel, Pakistan, Algeria, and the Central African Republic because of safety and security concerns.

The State Department also updated a previously issued travel warning for Afghanistan, 'strongly' urging U.S. citizens not to visit the country. "Remnants of the former Taliban regime and the terrorist Al-Qaida network, and other groups hostile to the government, as well as criminal elements, remain active," the Department said.

The State Department renewed an existing travel warning for the Democratic Republic of the Congo. Although a peace process has begun to establish a power sharing arrangement between the Congolese government, which controls the western, central, and southern regions, and the rebel forces that hold the north and east areas, an agreement has not been signed.

The State Department's Web site is—<http://travel.state.gov>.

TRAVEL HELP

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



National Health Service Corps Ready Responders

The Health Resources and Services Administration, Bureau of Health Professions, National Health Service Corps (NHSC) Ready Responders completed an intensive 14-day training session from March 1 through 14, 2003. Forty Public Health Service (PHS) commissioned officer clinicians attended, and these officers were from all over the United States and its territories. Some traveled from Alaska, Hawaii, Micronesia, and from throughout the continental United States. These officers not only provide essential primary, oral, mental, and behavioral health care in some of the neediest communities in America, they are also trained to respond quickly and effectively in the event of a large-scale regional or national public health emergency.

The 14-day NHSC Ready Responder training is the type of training these officers receive on an annual basis (beyond that required by the Commissioned Corps Readiness Force for deployment-eligible status). In addition to new officers completing the Commissioned Officer Training Academy's Basic Officer Training Course, the Ready Responders participated in a variety of courses including: Advanced Trauma Life Support;



Dr. Betty Duke, Administrator, Health Resources and Services Administration, (center) is pictured with the National Health Service Corps Ready Responders on March 1, 2003.

Advanced Cardiac Life Support; Forensic Dentistry; and the very intensive Medical Management of Biological and Chemical Casualties Course conducted by the U.S. Army at Fort Detrick and Aberdeen Proving Ground, MD. These officers represent the very esprit de corps that we all take pride in as commissioned officers in the PHS Commissioned Corps.

The NHSC hopes to have 80 officers in the NHSC Ready Responders by the end of this current fiscal year. There are still opportunities for board certified family

physicians to serve. In order to be eligible, officers must be interested in serving for at least 3 years in an underserved location. Candidates selected will be sent on site visits to as many as three sites around the country before their first assignment is made.

Officers interested in becoming NHSC Ready Responders should visit the following Web site—<http://nhsc.bhpr.hrsa.gov>—or call CAPT David Rutstein at 301-594-4150.

Update on Computer Use

This is to remind all Public Health Service Commissioned Corps officers of the Department of Health and Human Services' (HHS) policy regarding limited acceptable use of Federal Government-owned equipment.

The policy allows employees and contractors to use HHS Information Technology (IT) resources for non-Government purposes when such use (1) involves minimal additional expense to the Government; (2) is performed on the employee's non-work time; and (3) does not interfere with the HHS mission or operations. Using software tools that are utilized to download music, mov-

ies, etc., is prohibited. Additionally, using Government equipment for activities that are illegal, inappropriate, or offensive to fellow employees is unacceptable.

Officers are expected to conduct themselves professionally in the workplace and to refrain from using Government office equipment for activities that are inappropriate. Any inappropriate use of HHS IT resources could result in (1) loss of use or limitations on the use of equipment; (2) disciplinary or adverse actions; (3) criminal penalties; and/or (4) being held financially liable for the cost of inappropriate use.

You may review the policy by accessing—<http://www.hhs.gov/read/irmpolicy/003.html>.



**Thrift Savings Plan
Open Season—
April 15 through
June 30, 2003**

The Thrift Savings Plan (TSP) open season is your chance to start or change the amount of your contributions to your account. Use the TSP Election Form (TSP-U-1) which can be downloaded from the TSP Web site—www.tsp.gov.

Retirements - April

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (UPPER)

Edward L. Baker, Jr. CDC

CAPTAIN

David G. Hooper PSC

DENTAL

REAR ADMIRAL (LOWER)

R. Michael Davidson PSC

CAPTAIN

Robert F. Felker, Jr. IHS

NURSE

COMMANDER

Danny J. English IHS

Michael W. Jones IHS

ENGINEER

CAPTAIN

Rodney Lee Vyff IHS

ENVIRONMENTAL HEALTH

COMMANDER

Wayne A. Potter IHS

PHARMACY

CAPTAIN

Weldon B. Roberts IHS

DIETETICS

CAPTAIN

Katherine W. Davis HRSA

HEALTH SERVICES

CAPTAIN

Jay A. Rachlin FDA



Recent Calls to Active Duty

Title/Name Agency/OPDIV/Program

DENTAL

LIEUTENANT

Stephen L. Ericksen IHS
Shiprock, NM

William C. Thomas IHS
Ignacio, CO

NURSE

LIEUTENANT

Lorraine L. Chavis FDA
Philadelphia, PA

Jerald G. Coopersmith BOP
Jesup, GA

ENVIRONMENTAL HEALTH

LIEUTENANT J.G.

Jasen M. Kunz ATSDR
Atlanta, GA

VETERINARY

LIEUTENANT COMMANDER

Edward J. Wozniak USDA
San Antonio, TX

PHARMACY

LIEUTENANT J.G.

April R. Bryant IHS
El Reno, OK

HEALTH SERVICES

LIEUTENANT J.G.

Amy Constantine FDA
Jamaica, NY



Tax Withholding for 2003

If you have found, as a result of completing your 2002 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 (2003) 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:

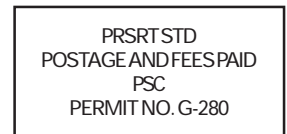
Division of Commissioned Personnel
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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