



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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May 1999

Surgeon General's Column

They're only puttin' in a nickel, but they want a dollar song.

—song title

Recently, my senior staff and I held a half-day retreat. We used this opportunity to get a reading on how well we are doing as a team in moving toward our evolving priorities. We also used the time to lay out some action steps and plans that support our priorities, and we asked ourselves whether we were missing any opportunities that might move us closer to our goals. One of the priorities we spent a good deal of time assessing was the balanced community health system.

I have often said that the quality of health care in this country is at best uneven. In fact, if managed care has not proven anything else, it has proven that it is not the answer to the health problem in this country—but it is not the villain we make it out to be either. Our health care system is broken and any attempts to fix it have been largely unsuccessful. When President Clinton introduced health care reform in 1993, 37 million people were uninsured. Since that time, the ranks of the uninsured have increased to 43 million people. Of the working insured, more than 80 percent are currently enrolled in some form of managed care. Each year, we spend \$1.5 trillion on health care, but only 1 percent of that amount is allocated to population-based prevention. In terms of public health, we have been putting in a nickel and expecting a dollar song.

We have a systems problem and our biggest challenge is to begin to move toward a balanced community health system. Each word in this idea has signifi-

cance. *Balanced* means that just as much attention will be paid to health promotion and disease prevention as is paid to diagnosis and treatment. It also means that we move toward a new partnership between public health and medicine, where we adopt a balanced research agenda that includes people from various racial and ethnic groups—a research agenda that balances community-based prevention, biomedical, clinical, health services, and behavior research. *Community* means that the system must be accessible to and for everyone. Beyond that, it also means that to be successful it is going to take the involvement of everyone—people at the local level, including civic groups, community schools, faith-based organizations, homes, workplaces, senior and child day care centers, and individuals—to make it work. Finally, *health system* means that we recognize that we need a systems approach to health in this country, and that we cannot tinker with one piece without looking at the entire system as a whole. Just as importantly, it must be supported by the best available science, and it must ensure its users that access, quality, and cost are no longer major barriers to health. In short, a balanced community health system balances health promotion, disease prevention, early diagnosis, and universal access to quality care.

During the retreat, we discussed the three primary areas that would support a balanced community health system. First, we want to ensure that every child has the opportunity for a healthy start in life. This means making sure that babies are born to parents who are ready to be parents, that mothers-to-be engage

in healthful behaviors before and during pregnancy and that they seek early prenatal care, and that the baby's environment is safe and nurturing in *utero* and after it is born.

Second, we must promote healthy lifestyles, which means physical activity at least 5 days a week for 30 minutes a day. It means good nutrition and adopting a diet that is high in fruits, vegetables, and grains, and low in fats and sugars. It means avoiding toxins, including tobacco, illicit drugs, and excessive use of alcohol. It means engaging in responsible sexual behavior, which includes abstinence if a person does not find himself or herself in a committed relationship.

And finally, we must strengthen the mental health system in this Nation, which means removing the blame and stigmatization that often surrounds mental illness and replacing them with a caring and nurturing environment.

This will not be our last retreat. It allowed us to glance back, to gauge where we are, and to more clearly steer ourselves toward our goals. While there was

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Surgeon General's Column

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tremendous value in this process, one thing was equally clear before we went into the room as it was when we came out. When we, as a Nation, begin to put more of our nickels into health promotion and disease prevention, we will begin to see fewer dollars spent on preventable illnesses and diseases, and we will be making a lasting investment in our Nation's health. Most important, we will be preventing unnecessary pain, suffering, and death.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General



New Privately Owned Automobile Mileage Rate

The General Services Administration released a new mileage rate for privately owned automobiles when performing temporary duty (TDY). (Note: Permanent Change of Station rates have not changed.) This appeared in the *Federal Register*, March 31, 1999 (Volume 64, Number 61, Pages 15629-15631). The change is as follows:

Privately Owned Automobile—

Decreased from 32.5 cents per mile to 31 cents per mile.

This rate is in effect for any travel done on or after April 1, 1999.

The mileage rate for privately owned motorcycles remains at 26 cents per mile and the rate for privately owned airplanes remains at 88 cents per mile.

DCP and Y2K

As we approach the end of the 20th century and get ready to enter the 21st century, there is a worldwide concern that due to global dependence on computers there will be a potential threat to the smooth transition to the year 2000. In fact, Congress has mandated that all government computer systems be certified as Y2K compliant. As outlined below, not all Y2K problems wait for the year 2000 to become apparent, or to become a problem.

The basic Y2K problem arises from the fact that in the past, computer memory was very expensive. In order to save on storage and memory space, most dates were entered into the computer as two digit years, i.e., without the century, rather than as four digit years. The real problem arises when the computer tries to compare two dates to see which is older. In other words, when the computer tries to subtract 99 from 00 it ends up with a negative number. To get a better understanding of this problem, let's look at one of the Division of Commissioned Personnel's (DCP) systems to see what could happen, and then to see how it was fixed.

Let's look at the promotion system—something of concern to all officers at several points in their careers. The promotion year runs from July 1st of a given year through June 30th of the next year. In this case, the current promotion year runs from July 1, 1999 through June 30, 2000, already a potential problem as we have seen above.

The computer that determines promotion eligibility takes the training and experience (T&E) date of each officer and adds to it: 4 years for promotion to O-2; 8 years for promotion to O-3; 12 years for promotion to O-4; 17 years for promotion to O-5; and 24 years for promotion to O-6. There are of course other

factors, but for this example we will look only at eligible time.

Let's say that an officer is an O-4, and has a T&E date of October 1, 1982. The computer will add 17 years to 1982 and come up with a promotion eligibility date of October 1, 1999, for promotion to O-5. Next, the program has to determine if this date is within the promotion year. In order to do this, the program will subtract the eligibility date from the end date of the promotion year. The dates will have to be in year, month, day format to do the subtraction. With two digit years, the program will attempt to subtract 991001 from 000630. This will produce a negative number and the officer would not show up as eligible for promotion.

DCP has fixed this problem. The computer will now see these dates as 19991001 subtracted from 20000630 and the officer will be seen as eligible for promotion in this promotion year.

In fact, this promotion year is very successfully well underway with all officers who are eligible for promotion properly identified, and the promotion results are expected to be released this June.

All of the officers eligible for noncompetitive promotions have also been successfully identified and that process, for both permanent and temporary promotion, has been working quite well since the computer was made compliant. The noncompetitive process was reviewed on page 9 of the March issue of the *Commissioned Corps Bulletin*.

Future *Commissioned Corps Bulletin* articles will further explore Y2K issues and how DCP is addressing those issues.

1999 Annual COERs

The 1999 Annual Commissioned Officers' Effectiveness Report (COER) will be distributed in late May and is due from the officer to his or her immediate Supervisor/Rating Official no later than *June 4, 1999*.

Active-duty officers are advised to follow the instructions and deadlines announced in Manual Circular No. 360 to which the form PHS-838, "COER," is attached. Several key identifying pieces of information will be pre-filled on the form PHS-838 that you receive. (See the article on page 3 in this issue of the *Commissioned Corps Bulletin* for detailed information about the 1999 Annual COER.)

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

COERs are due:

- to the officer's Supervisor/Rating Official by *June 4, 1999*;
 - to the Reviewing Official by *June 18, 1999*;
 - to the COER Operating Division/Program Commissioned Corps Liaison by *July 9, 1999*; and
 - to the Division of Commissioned Personnel by *July 23, 1999*.
-

1999 Annual Commissioned Officers' Effectiveness Report - Reminder of Changes

Form PHS-838

The 1999 Annual Commissioned Officers' Effectiveness Reports (COERs) will be distributed in late May. Included in the mailing is the 1999 Annual COER Manual Circular No. 360 (on yellow paper), and form PHS-838, "COER." **Please note: Because the COER form is pre-filled and bar coded it can only be used by the officer whose name appears on the form. Therefore, it may be practical to make a photocopy before completing the form.**

The key points to note are as follows:

1. The COER form being provided is for your 1999 Annual COER only. Several key identifying pieces of information will be pre-filled on the form at the time of printing. If you change duty stations during the month of May, the Division of Commissioned Personnel (DCP) database should be current, but the preprinted information will not be correct. Please make note of such a change directly on the COER form.
2. Dates of signature of the COER through each of the rating and review processes must be provided. Spaces are included on the form for this purpose in Sections II and IV.
3. This form is designed for optical scanning of the data you, your rater, and your reviewer provide. Samples of the proper way to write-in this information are provided below and in the instructions in Manual Circular 360. Pay attention to the samples to expedite DCP's processing of data entry. **Note:** DCP will be implementing greater use of optical scanning and preprinting of materials. Your assistance in taking the time to understand these forms and the proper way to provide information will be of benefit to all in providing and receiving better customer service.

For optimum accuracy, please print letters in capital letters and avoid contact with the edge of the box. The following will serve as examples:

J O H N | Q . | C I T Z E N , | I I I

0 1 2 3 4 5 6 7 8 9 Shade circles like this: ●

Not this way: ☑ ☒

4. If you have Internet access and need a new COER form, you may print the form from the DCP web site <<http://dcp.psc.dhhs.gov>>. Click on "Forms" on the menu on the left side of the page and then scroll down to "PHS-838." If you do not have Internet access and need a new form, contact your Operating Division (OPDIV)/Program's Commissioned Corps Liaison who will provide you with a blank form PHS-838, "COER," 2/96 version.

Delinquent COERS

On September 5, 1997, the Secretary signed a memorandum concerning commissioned corps personnel practices, recognizing that managers must understand and fulfill their obligations concerning commissioned corps performance management. A well-documented COER must be completed for each commissioned officer.

The Secretary has determined that the Surgeon General as well as each OPDIV Head will be provided a list of delinquent (120 days after the date due in DCP) COERs for their respective Operating Divisions. DCP will provide a list of delinquent COERs to the Surgeon General's Policy Advisory Council Representatives and the Commissioned Corps Liaisons 90 days after the date the COERs are due in DCP. These lists will include the names of the officers and their organizational component. The Secretary is holding each OPDIV Head responsible for full compliance.

Frequently Asked Questions

- Q. May a lower-ranking officer rate a higher-ranking officer?
- A. Yes; this is a frequent occurrence.
- Q. Will DCP accept a late annual COER?
- A. Yes. DCP will accept the annual COER at *any time*. However, a late COER may be detrimental to the rated officer. Every effort should be made by the rated officer, the rating official, and the reviewing official to complete the COER in a timely manner.
- Q. If I transferred in February or March and had a transfer COER, am I required to do an annual COER?
- A. Yes. Your current supervisor may use the transfer COER as guidance, or the current supervisor may call the previous supervisor for guidance. *Every officer is required to have an annual COER.*

BHPr Bicentennial Reaffirmation Ceremony



Corps officers in the Bureau of Health Professions attend Reaffirmation Ceremony.

The commissioned corps officers of the Bureau of Health Professions (BHPr), Health Resources and Services Administration, celebrated the end of the Public Health Service (PHS) bicentennial year with a Reaffirmation Ceremony held in Rockville, Maryland, on March 17, 1999. The mission of BHPr is to assure an appropriately trained health professions workforce to meet our Nation's health needs.

Eighty percent of the Bureau's commissioned corps officers attended the ceremony and reaffirmed their commissioning oath of office. Deputy Surgeon General, RADM Kenneth P. Mortisugu, officiated at this first-of-its-kind ceremony for a PHS Bureau or Operating

Division. Special guests included the Bureau Director, Dr. Vincent Rogers, and many of the Bureau's senior leadership.

The ceremony included the playing of the PHS March, administration of the oath of office, presentation of oath of office certificates signed by the Deputy Surgeon General, and a reception following the presentations. The junior officer of the Bureau, LTJG Donna Rusch, received special recognition from the Deputy Surgeon General as a representative of future officers in the commissioned corps and BHPr. The ceremony was arranged by the BHPr Commissioned Corps Coordinator, CAPT Dave Ellison.

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Retirements - April

<i>Title/Name</i>	<i>OPDIV/Program</i>	<i>Title/Name</i>	<i>OPDIV/Program</i>
MEDICAL		John M. Smith	EPA
CAPTAIN		COMMANDER	
Norris S. Lewis	HRSA	Sidney B. Stephens	PSC
Theodore F. Tsai	CDC	PHARMACY	
David S. Finbloom	FDA	CAPTAIN	
Jordan D. Tobin	NIH	Jimmy R. Mitchell	HRSA
DENTAL		THERAPY	
CAPTAIN		CAPTAIN	
Robert F. Martin	IHS	Andrew L. Smith	IHS
ENGINEER		HEALTH SERVICES	
CAPTAIN		CAPTAIN	
Martin D. McCarthy	IHS	Ieva Berzins	HRSA
Wayne E. Mohler	IHS		
Patrick A. Crotty	EPA		

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Reminder

Officers' Official Personnel Folders Being Converted to Optical Disk Storage

The Division of Commissioned Personnel (DCP) is converting all officers' Official Personnel Folders (OPFs) from paper format to Optical Disk Storage (see the March issue of the *Commissioned Corps Bulletin*, page 2, for details). We will be scanning hundreds of thousands of paper pages in this conversion process and have set a standard of zero errors. To do this there will be times of very restricted access to files. DCP needs the cooperation of all officers.

- **To all officers who are *not* scheduled for promotion or assimilation during the year 2000-**

Please do not submit any paperwork until *after December 31, 1999*, for inclusion in your OPF except for the following: current professional license/certification/registration, Commissioned Officers' Effectiveness Report, and, if appropriate, form PHS-520, "Request for Approval of Outside Activity."

- **To all officers who are *eligible* for promotion or assimilation during the year 2000-**

Please do not submit any paperwork until *after September 30, 1999*, for inclusion in your OPF except for the following: current professional license/certification/registration, Commissioned Officers' Effectiveness Report, and, if appropriate, form PHS-520, "Request for Approval of Outside Activity." You will be notified in September with instructions on how to submit appropriate items to get your OPF ready for the promotion boards. It is anticipated that technology will allow for electronic (e-mail/fax) submission of many items.

As always, DCP-generated items will automatically be placed into each officer's OPF. These include: personnel orders; Public Health Service awards received; identification card information; and correspondence initiated by DCP.

This is a huge project. DCP thanks you for your help and hopes you will be very pleased with the outcome.

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Certified Nurse Anesthetist Sponsorship Programs

There are programs available through which Public Health Service Commissioned Corps nurses can obtain certified registered nurse anesthetist (CRNA) training and a masters degree in nurse anesthesia at no-to-low cost while still accruing Federal salary and benefits. CRNA training lasts 2 to 2 ½ years. A service obligation is incurred while one is receiving Federal support. The obligation is for up to 3 years of service for every year the candidate is sponsored/supported in CRNA training.

Two sponsorship programs exist. The first is the Title 118 program for both civil service and commissioned corps nurses. A registered nurse who has already been accepted into an accredited CRNA school *and* who has a sponsoring PHS facility can apply for Title 118 support. The sponsoring facility agrees to pay the candidate's salary while the candidate is in training; the candidate agrees to fulfill a predetermined service obligation at the sponsoring facility upon completion of CRNA training. CRNA school tuition is paid with funds provided through the Title 118 program.

The second option is for commissioned corps nurses only. Under this program, the nurse candidate must already be accepted into the Uniformed Services University of the Health Sciences CRNA training program *and* must have a sponsoring PHS facility. The responsibilities of the CRNA candidate and the sponsoring facility are described above.

For more information, please contact:

LT Mark Martineau
(or)
LCDR Robert Branche
Anesthesia Department
Tuba City Indian Health Service Hospital
167 North Mail Street
Tuba City, AZ 86045-0600
Phone: 520-283-2501, 2621, or 2618
Fax: 520-283-2591



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

DCP Web Site -

<http://dcp.psc.dhhs.gov>



Call for Nominations for Veterinary PAC Membership

The Veterinary Professional Advisory Committee (VetPAC) is seeking motivated commissioned corps and civil service veterinarians who are interested in serving as members on this categorical panel. VetPAC membership is open to all veterinarians who are employed in the Department's Operating Divisions (OPDIVs) as well as Corps officers in the veterinary category working in any of the major programs that employ Public Health Service Commissioned Corps officers.

The mission of the VetPAC is to provide advice and consultation to the Surgeon General on the application of veterinary medical science for the protection and advancement of the health of the Nation. Additionally, the body seeks to represent the activities and interests of all Department veterinarians. The VetPAC currently meets quarterly by tele-/videoconference, and travel is not required for membership. Regular attendance at the quarterly meetings is expected throughout the term of membership which is currently 3 years, and VetPAC members are expected to actively participate in the activities of at least one subcommittee during the term of service.

Eight positions will be available as of December 1999. The VetPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of line supervisors and OPDIV representatives.

Corps officers or civil service veterinarians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vitae which includes the name and phone number of their immediate supervisor along with a one-page cover letter describing their interest by **June 1, 1999**, to:

CDR Hugh Mainzer
Chair, USPHS Veterinary
Professional Advisory Committee
CDC/NIP, Mail Stop E-52
1600 Clifton Road, NE
Atlanta, GA 30333
Phone: 404-639-8209
E-mail: hmm2@cdc.gov



Call for Nominations for the Health Services Professional Advisory Committee

The Health Services Professional Advisory Committee (HS-PAC) provides advice to the Surgeon General and the Chief Professional Officer on professional and personnel issues related to the Health Services category.

Selections, which are based on the nominee's commitment to public health activities and specified criteria in the HS-PAC Charter (e.g., organizational, discipline, gender, and minority representation), are made by the HS-PAC and are approved by the Surgeon General.

HS-PAC members are expected to obtain the necessary travel funds to attend six scheduled meetings per year in Rockville, Maryland, (with permission of the HS-PAC Chair, teleconferencing can be arranged for two of these meetings) and to participate in HS-PAC activities. Appointments will be made for a 3-year term, beginning January 1, 2000.

Please request that a blank self-nomination form (which includes a space for supervisory approval) 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 **6530**.

Complete the self-nomination form and send it along with a current curriculum vitae and a cover letter describing how your specific experience and expertise will benefit the HS-PAC. The completed package must be submitted by **July 30, 1999**, to the address below:

LCDR Anne Perry
Chair, Membership Subcommittee,
HS-PAC
Health Services Division - Duke Unit
Federal Correctional Institution
Old Oxford Highway 75
Butner, NC 27509
Phone: 919-575-4541, ext. 3501
Fax: 919-575-2017



Vacancy Announcements

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

Additional vacancy announcements suitable for commissioned officers can be reviewed by accessing the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB). The EBB contains a listing of vacancies currently tracked by DCP's Vacancy Announcement and Tracking System (VAATS). Information regarding access and use of EBB is provided elsewhere in this *Commissioned Corps Bulletin*.

Any Operating Division/Program (OPDIV) wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: VAATS Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001. The VAATS Project Officer can also be reached at: Phone: 301-594-3458 (or 301-594-3360) or Fax: 301-443-7069.

<i>Category/OPDIV</i>	<i>Description of Position</i>
MEDICAL COAST GUARD- Astoria, OR	Physician / Flight Surgeon Contact: CAPT R. Miller 202-267-0812 Grade: O-3 VAATS ID: HBD-93-0094 Solo physician requires flight surgeon experience or willingness to train for same. Duties include flight operations.
DENTAL BUREAU OF PRISONS- Various Sites	Staff Dentist Contact: CAPT Rodney Kirk 202-307-2867, ext. 138 Grade: O-3 VAATS ID: HBE-93-0314 Staff dental officer positions are available in Lewisburg, PA; Coleman, FL; Talladega, AL; Florence, CO; and Oakdale, LA.
NURSE HEALTH RESOURCES AND SERVICES ADMINISTRATION- Chicago, IL	Occupational Health Services Consultant Contact: CDR Christine Rubadue 206-615-2436 Grades: O-3/O-4/O5 VAATS ID: HBJ-93-0011 Delivery and oversight of Federal Occupational Health (FOH) services at an FOH clinic. Key responsibilities include daily clinical operations and customer satisfaction in a unique occupational health setting. Must be a Certified Occupational Health Nurse, and possess good communication, team participation, and organizational leadership skills. Prefer experience of exposure-driven medical surveillance programs.
NATIONAL INSTITUTES OF HEALTH- Bethesda, MD	Clinical Nurse Contact: Ms. Maureen Estrin 1-800-732-5985 Grades: O-2/O-3/O-4 VAATS ID: HNJ-93-0114 Provides nursing care to patients in a 314-bed hospital solely dedicated to biomedical research. Current vacancies exist for staff nurses with experience in critical care, oncology, mental health, organ and bone marrow transplant, medical / surgical, pediatrics, cardiac catheterization lab, cardiology / telemetry, and neurology / neurosurgery.

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Recent Deaths

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

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
CAPTAIN	
CAPT Virgil J. Dorset	02-27-99
ENGINEER	
CAPT William E. Holy	03-01-99
VETERINARY	
CAPT Robert K. Sikes	03-17-99
HEALTH SERVICES	
LCDR Cecil Pinkerton	03-22-99



Method for Accessing DCP's Electronic Bulletin Board

Access to the Division of Commissioned Personnel's (DCP) Electronic Bulletin Board (EBB) requires a computer terminal equipped with a modem. The telephone number to connect to EBB is 301-594-2398. The line parameters for your modem/terminal should be set at 300-14400 baud; 8 bits; 1 stop bit; no parity. If you do not have access to the required equipment, it is suggested that you contact your Operating Division/Program to inquire about obtaining the necessary equipment or information on how to obtain the material displayed on the EBB.

If you experience a problem regarding registration or access to the EBB, please contact:

Division of Commissioned
Personnel/HRS/PSC
ATTN: EBB Project Officer/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Phone: 301-594-3458 or
301-594-3360.



Vacancy Announcements

(Continued from page 6)

Category / OPDIV

Description of Position

SCIENTIST

FOOD AND DRUG
ADMINISTRATION—
Bethesda, MD

Director, Office of Vaccines Research and Review
Contact: Ms. Sylvia Lucero 301-827-1288
Grade: O-6 VAATS ID: HF-93-0069
The FDA's Center for Biologics Evaluation and Research is searching for a candidate for the position of Director, Office of Vaccines Research and Review. The Director is responsible for planning and directing research and review policy and program objectives of the office concerning vaccine-related biological products, including those related to AIDS, and those prepared by genetic engineering and synthetic procedures. Responsibilities also include overseeing research programs designed to develop and maintain a scientific base for establishing standards.

FOOD AND DRUG
ADMINISTRATION—
Bethesda, MD

Director, Division of Bacterial Products
Contact: Ms. Linda McGahey 301-594-1010
Grade: O-6 VAATS ID: HF-93-0070
The FDA's Center for Biologics Evaluation and Research, Office of Vaccines Research and Review, is recruiting a Director for its Division of Bacterial Products. The director will supervise the activities of the Division, which are to conduct scientific research related to the microbiology, pathogenesis, and immunology of bacterial diseases, and to review Investigational New Drugs and Product License Applications for vaccines and related products.

PHARMACY

BUREAU OF PRISONS—
Various Sites

Chief Pharmacist
Contact: CAPT John Babb 202-307-2867, ext.128
Grades: O5/O-6 VAATS ID: HBE-93-0317
Locations include the U.S. Penitentiaries in Florence, CO; Lompoc, CA; Talladega, AL; Chicago, IL; Allenwood, PA; and Miami, FL.

HEALTH SERVICES

BUREAU OF PRISONS—
Terminal Island, CA

Staff Dental Hygienist
Contact: CDR Carol Baxer 310-732-5261
Grades: O-2/O-3/O-4 VAATS ID: HBE-93-0319
Provides dental hygiene services to Federal Bureau of Prisons inmates located approximately 25 miles south of downtown Los Angeles.



Survivor Benefit Plan Updates

Paid Up Survivor Benefit Plan Becomes Reality

The House and the Senate worked out in committee their differences over the "Paid Up Survivor Benefit Plan (SBP)" provision in the Fiscal Year 1999 Defense Authorization Bill. The compromise was to delay the implementation date until the year 2008 vice 2003 to satisfy House budget considerations. The President signed the Bill into Public Law 105-261 on October 16, 1998.

The "Paid Up" provision (Subtitle D, sec. 641) of the law stipulates that effective October 1, 2008, SBP payments will be terminated for retired service members who have made SBP payments for 30 years and have attained age 70. SBP was originally enacted into law in 1972. The purpose of paid up SBP is to encourage more service members to enroll in SBP to provide financial security for their families. It should attract more young retirees to the program because now they have a light at the end of the tunnel when they attain "Paid Up" status. Thereafter, they would have a number of years of life expectancy, at full retirement pay, to enhance their standard of living.

SBP Open Enrollment Period Announced

Public Law 105-261 contains a provision (Subtitle D, sec. 642) that provides a Survivor Benefit Plan Open Enrollment Period for 1 year commencing March 1, 1999.

During the open enrollment period, eligible retired or former service members will be provided the opportunity to enroll in the SBP and Supplemental SBP. Such enrollment requires that the service member survive for 2 years subsequent to enrollment for the SBP annuity to be paid to the beneficiary.

In addition to the premium of 6.5 percent of the base amount of SBP elected, service members who enroll during the open enrollment period will pay an actuarially adjusted premium based on the date of SBP enrollment and the date the member was first eligible to enroll at retirement. A death prior to 2 years results in a return of premiums from date of enrollment to date of death.

Subscribe to Listserv to Receive E-mail Messages from DCP

Officers are encouraged to subscribe to Listserv to receive periodic messages from the Division of Commissioned Personnel (DCP).

Please sign up for the mail list by sending an e-mail message to listserv@list.psc.dhhs.gov with the message: Subscribe DCP "your full name".

Where "your full name" is in the example above, replace it with your first and last name without the quotation marks – *Example:* Subscribe DCP John Smith

Officers who have already subscribed to Listserv are encouraged to forward announcements they receive to their colleagues.

Opportunity for Officers Assigned Outside of the Washington, D.C. Metropolitan Area to View Their Official Personnel Folders

During the 1999 Public Health Professional Conference, sponsored by the Commissioned Officers Association of the U.S. Public Health Service, the Officer Development Branch (ODB) of the Division of Commissioned Personnel (DCP) will provide an opportunity for out-of-town officers attending the conference to view their Official Personnel Folders (OPFs). Since officers' OPFs cannot be removed from DCP, officers wishing to take advantage of this opportunity will have to travel from the conference in Alexandria, Virginia, to the Parklawn Building in Rockville, Maryland.

To schedule an appointment, interested officers should complete the form below and mail or fax it to ODB prior to May 26, 1999. A scheduled appointment is required to ensure that your OPF will be available.

One way to get to the Parklawn Building is to take the Washington Metrorail System. From Alexandria, take the Yellow Line in the direction of Mt. Vernon Square/UDC. Exit at the Gallery Place/Chinatown transfer station. Take the Red Line in the direction of Shady Grove. Exit at the Twinbrook Metro Station (not the Rockville Station). The Parklawn Building is a 7-minute walk east of the metro station. To gain access to the Parklawn Building, you will need to present your Uniformed Services Identification Card.

Opportunity to View Official Personnel Folder

To view your Official Personnel Folder in ODB, DCP, Room 4A-18 of the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland, please complete and return the following prior to **May 26, 1999**:

Name: _____
(Last) (First) (Middle)

PHS Serial Number: _____

Daytime Telephone Number: (_____) _____

E-mail Address: _____

Check below to indicate the day and time of your arrival in ODB. The travel time from the conference site to ODB is estimated to be 2 hours. Please select from the following:

Monday, June 7: _____ AM (9 a.m. to noon), or _____ PM (1 to 5 p.m.)

Tuesday, June 8: _____ AM (9 a.m. to noon), or _____ PM (1 to 5 p.m.)

Wednesday, June 9: _____ AM (9 a.m. to noon), or _____ PM (1 to 5 p.m.)

Send / fax your request to: Division of Commissioned Personnel, HRS/PSC
ATTN: CAPT Frank Behan/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Fax: 301-443-7069

Confirmation of your request will be sent prior to your appointment. Questions will be answered by contacting Ms. Mary Boone at 301-594-3360 or CAPT Frank Behan at 301-594-3397.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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