



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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November 2003

Surgeon General's Column

We are fast approaching the 40th anniversary of the groundbreaking "Report on Smoking and Health" issued by Surgeon General Luther Terry in 1964.

Surgeon General Terry was a lifelong smoker prior to the release of the report. He knew that, as the man who was telling everyone that smoking is harmful to your health, he could not be a smoker. The need for change was fundamental, and as a leader he knew that there was no clearer expression of his commitment to the science of his report than to lead by example. So he quit smoking. Any of you who were smokers, or still are, know firsthand the difficulty of what Dr. Terry did.

Dr. Terry's report triggered nationwide efforts to prevent tobacco use, which has resulted in a marked decrease in the number of smokers and an increase in policies to protect nonsmokers, discourage new smokers, and make Americans aware of the potential hazards.

We have come a long way in the war on tobacco-related disease in the past 40 years. Despite our progress, tobacco use is still the *leading* preventable cause of death in the United States and there are now more than 1,000 brands of cigarettes in the U.S. market.

Every year 440,000 people die due to tobacco-related diseases. Few families are exempt from the ravages of these diseases which include chronic obstructive pulmonary diseases, cardiovascular diseases, and many cancers. Many of our own loved ones have died prematurely from a preventable cause related to smoking. Yet, over 46 million adults in this country still smoke and more than 4,000 young people will try their first cigarette *today*. Nearly half of all adoles-

cents who try smoking will become lifelong smokers, and one in two will die of smoking-related causes.

Those who choose to smoke are not the only ones affected. Fifty-four percent of nonsmokers will be exposed to environmental tobacco smoke and about 53,000 will die every year. Some of those nonsmokers are children who live in a household where someone smokes. There is a large economic cost as well—\$138 billion is spent per year in direct and indirect costs. More than \$20 billion of Medicare expenditures are related to smoking. Think of what Americans could do with all that money if we weren't spending it on smoking-related illnesses.

One of my priorities as Surgeon General is prevention. Research tells us that our best chance at beating the adverse effects of smoking is prevention. An estimated 80 percent of adult smokers started smoking before the age of 18, and while 38 percent to 50 percent of smokers try to quit each year, only about 2.5 percent actually succeed. That is why many of us in the Department of Health and Human Services (HHS) are working hard to prevent initiation of smoking among our Nation's youth under the leadership of Secretary Tommy G. Thompson.

- Our National Tobacco Control Program provides funding to States to prevent youth smoking and promote smoking cessation programs.
- HHS has also established a partnership with the Robert Wood Johnson Foundation and the National Cancer Institute, which will evaluate 50 youth cessation programs across the country and identify 'best practices' to help youths quit smoking.

- The National Tobacco Control Program provides funds to States to support Tobacco-Free Sports activities. The Tobacco-Free Sports Playbook is a guide to help communities and youth sports officials promote healthy lifestyles by integrating messages about sports and the dangers of tobacco use.
- The campaign 'Got a Minute? Give It to Your Kids' is a parent education program to increase health literacy by promoting parents' and caregivers' communication and involvement with preteens and early teenagers, including clear messages and practical strategies for preventing tobacco use.

For those who are still struggling to quit, we are helping them.

- The Food and Drug Administration has approved nicotine replacement products such as the nicotine patch, gums, inhaler, and nasal spray to help smokers quit.
- Medicaid helped cover treatment of nicotine dependency in 35 percent of States in 2000, an increase from 25 percent of States in 1998.
- Several HHS agencies are helping smokers quit by developing practical

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Surgeon General's Column

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applications for successful cessation interventions, and by creating smoking cessation guides for consumers and for health providers to implement in their practices and community health outreach activities.

HHS is also involved in collecting surveillance data, analyzing the contents and human consumption of tobacco products, investigating users' health risk perceptions and use of new tobacco products, and assessing the health impact of tobacco products.

We must encourage Americans never to smoke, and for those who are already smokers, we must encourage them to quit. The research is clear—there is no safe tobacco product. There are substantial benefits to quitting. Soon after quitting smoking, a person's circulation begins to improve and the carbon monoxide level in the *blood* begins to decline. His or her pulse rate and blood pressure, which are abnormally high while smoking, begin to return to normal. One year after quitting, a person's additional risk of heart disease is reduced by half, and after 15 years, this risk is equal to that of a person who never smoked.

Let's redouble our efforts to help our family members, friends, and neighbors quit this life-threatening habit.

As Public Health Service Commissioned Corps officers, we must always lead by example. I encourage you to walk the talk today. If you are a smoker, take the steps to quit. If a colleague or loved one is a smoker, help that person to stop smoking. Above all, help prevent smoking among our youth.

We need every American to help reach the Healthy People 2010 goal of reducing the number of adult smokers from nearly 23 percent to 12 percent. And we must begin in-house. Join me in promoting healthy, smoke-free lifestyles on November 20, 2003, in observance of the American Cancer Society's Great American Smokeout.

For more information on how to quit, call 1-877-44-UQUIT or visit www.smokefree.gov.

VADM Richard H. Carmona
Surgeon General



Keeping You Informed

Q&A on Travel

- Q.** I recently performed a Permanent Change of Station (PCS). Upon arrival at my new duty station, I used my Temporary Lodging Expense (TLE) allowance for 10 days. When filling out the "TLE Computation Worksheet" available on the Division of Commissioned Personnel's (DCP) Web site, I was very confused. Can you explain how to fill out the TLE worksheet?
- A.** The TLE worksheet located on DCP's Web site (<http://dcp.psc.gov>)—click on 'Services' and then 'Travel and Transportation Information' is not that complicated. What the worksheet allows you to do is perform a three-way comparison in regard to the lodging costs for your authorized reimbursement. The comparison includes what you actually paid (E-4), what the authorized government rate is for the location in which you stayed (B), and the maximum amount allowed by the Joint Federal Travel Regulations (F-3). The form is broken down into Sections A through G. Each section works you toward the final comparison.

EXAMPLE

Section A: Please enter the exact amount you paid for your total lodging. Use your receipts for lodging and taxes. With the total amount filled in, divide by the number of days you stayed to get the average amount you paid per night. (Example: Total amount = \$1,074.70 divided by 10 nights = \$107.47 per night.)

Section B: This is the official government per diem rate (available at <http://www.dtic.mil/perdiem/>) for the location in which you stayed. (Per diem rate = lodging and meals.) There is a small table below the calculation of Section B on the TLE worksheet that designates how much of the per diem rate you are allowed to claim. (Officer alone = per diem rate multiplied by 65 percent, officer with one dependent = per diem rate multiplied by 100 percent, etc.) The per diem rate is \$200 for Rockville, MD, and if traveling alone you would multiply \$200 by 65 percent which equals \$130 per night.

Section C: Since Section A showed what you paid only for lodging, but

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EDITOR'S NOTE

Effective with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty officers.

The monthly *Commissioned Corps Bulletin* has been available on the Division of Commissioned Personnel's (DCP) Web site for a number of years at—<http://dcp.psc.gov/CCBul.asp>. Each new issue is placed on this site within the first week of each month, and many interested persons access the latest issue of the *Commissioned Corps Bulletin* in this manner.

Since active-duty officers are especially encouraged to regularly access the DCP Web site, it has been determined that printing and mailing costs would be greatly reduced if printed copies were no longer mailed to active-duty officers. *Therefore, effective*



*with the January 2004 issue, the *Commissioned Corps Bulletin* will no longer be mailed to active-duty officers.*

Inactive Reserve Corps officers are also encouraged to access and peruse the *Commissioned Corps Bulletin* online since printed copies will continue to be sent to Ready Reserve Corps officers, but not to Inactive Reserve Corps officers.

Please note: The *Commissioned Corps Bulletin* will continue to be printed and mailed to the following: Ready Reserve Corps officers; retired officers; annuitants; and some administrative personnel.

Keeping You Informed

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Section B showed what you were authorized for lodging and meals, we need to add the meals portion to Section A. This is done by multiplying the amount in Section B by the multiplier given in Section C. It will be 23 percent for hotel rooms with a small kitchenette or food preparation facilities, and 46 percent for hotel rooms without food preparation facilities. Perform this calculation to figure your authorized meals portion. (Assume there are no food preparation facilities in Rockville, and you would have \$130 times 46 percent which = \$59.80 for meals.)

Section D: Add Section C to Section A. (\$107.47 plus \$59.80 = \$167.27.)

Section E: When performing a PCS, the government will *not* allow you to double dip for housing and food. Section E therefore subtracts the housing allowance and subsistence allowance you receive in your monthly pay. First, write down the amount you receive for your Basic Allowance for Subsistence (BAS) monthly in E-1 and divide by 30 days. Then look up the monthly Basic Allowance for Housing (BAH) you will receive for

your new duty station and place that amount in E-2 and divide by 30 days. Add these two amounts together to get the amount you must subtract from Section D above. (Assume you receive \$900 for BAH and \$167.27 for BAS. $\$900 / 30 = \30 and $\$167.27 / 30 = \5.57 . $\$30 + \$5.57 = \mathbf{\$35.57}$ (E-3) per day for BAH and BAS. Subtract this amount from Section D to get E-4 which is now \$131.70.) **NOTE:** If you are unaware of what these amounts are, you can find them under 'Other Links of Interest' on the DCP Web site—<http://dcp.psc.gov>—click on 'OSD Military Compensation.'

Note: At this point, you have calculated the first two amounts for your cost comparison.

Section F:

- Write the amount in Section B into F-1. (\$130)
- Write the amount from E-4 into F-2. (\$131.70)
- The current TLE cap will be in F-3 (currently \$180 not \$110)

At this point, choose the lowest amount of the three figures and place that amount in F-4. (For our calculation, we will choose F-1 or \$130.)

Section G: Now multiply the number of days you stayed in temporary lodging by the lowest amount found in F-4, and that is the amount you are authorized for your TLE reimbursement. (10 days multiplied by \$130 equals \$1,300. This is the amount reimbursable from TLE.)

TLE is not as bad as it seems. Just take your time, and work through the calculations. The most important thing of all is for you to remember to **save your receipts**, especially for lodging.

Travel Questions

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

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Recently, officers with the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and parts of the Indian Health Service have joined the ranks of those who wear the Public Health Service (PHS) Commissioned Corps uniform 5 days a week. Welcome! It is great to have you with us, and it is good to see all those uniforms out there. Nothing shows your pride in our Service more than wearing the PHS uniform. Of course, now that you are wearing the uniform more often, your questions have been flooding into our office about correct wear issues and changes that appear in *Commissioned Corps Bulletin* articles. These articles do not quite match what is in Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 61, "Information on Uniforms," since the pamphlet is a little out of date.

This *Commissioned Corps Bulletin* article will update you on a recent change



involving women's hair, and answer some of the most recent questions regarding the correct wear of the PHS uniform.

Women's Hair

As a Uniformed Service, it is very important for officers to portray themselves in a professional manner. One part of that professionalism is to have your hair properly in place. It has been noticed that some female officers have been using inappropriate items in their hair to hold it in place or dress it up. Items such as scrunchies, alligator clips, and multicolor devices are but a few. A memorandum recently signed by the Surgeon General has now clarified what is authorized to

maintain hair properly in place, and it states:

"When in uniform, the hair may touch, but not fall below a horizontal line level with the lower edge of the back of the collar. Long hair, including braids, which fall below the lower edge of the collar shall be neatly and inconspicuously fastened, pinned, or secured to the head. No portion of the bulk of the hair as measured from the scalp will exceed approximately 2 inches. A maximum of two small barrettes/combs/clips, similar to hair color, may be used in the hair. Additional bobby pins or rubber bands matching hair color may be used to hold hair in place, if necessary. Fabric elastic bands (scrunchies) are *not* authorized. Hair ornaments shall not present a safety or foreign object damage hazard. Hair nets shall not be worn unless authorized for specific types of duty."

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Q & A on Uniforms

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Questions and Answers

- Q.** There seems to be a discrepancy between the Uniform of the Day Memo for Fall/Winter of 2003/2004 and other information given in the past about the wearing of the female beret with the Summer Khaki and Working Khaki uniforms. Can you clarify this?
- A.** This was an oversight on our part. The black female beret is authorized for wear with both the Summer Khaki and Working Khaki uniforms.
- Q.** This is probably the most frequently asked question by officers. I am confused by the khaki uniforms. What fabrics are authorized for wear with each khaki uniform?
- A.** The answer is not that confusing. First, you must think of the Summer Khaki and Working Khaki uniforms as two separate and distinct uniforms. Here are a few basic rules regarding these uniforms:
- (1) The Summer Khaki is a 'service' style uniform and is to be worn in an office environment. The authorized fabrics include (a) poly/wool blend, and (b) Certified Navy Twill (CNT). You are out of uniform if you are wearing the wrong fabric in this work setting.
 - (2) The Working Khaki is a 'working' style uniform and is *only* to be worn in austere working conditions *when* authorized by the Local Uniform Authority (LUA) or Commanding Officer (CO). In other words, not very often. The *only* authorized fabric for this uniform is the poly/cotton fabric. You are out of uniform if you are wearing the wrong fabric in this work setting.
 - (3) Currently, you may wear either the long or short sleeve khaki shirt with the Working Khaki uniform. The Summer Khaki only authorizes a short sleeve shirt.
 - (4) The *only* authorized color sock for this uniform is *black*, unless you are wearing the authorized brown low quarter shoe. In that case, you *must* wear khaki-colored socks. *Note:* The brown shoes and socks are a specific shade of brown that must be purchased only in Navy Exchange uniform stores or through the Navy Uniform Support Center.
- (5) The hat and belt you wear with the uniforms *must* match the fabric of the shirt or pants. The khaki garrison cap does not have the gold piping around the rim. The only authorized belt other than the same material of the uniform being worn is the webbed nylon belt which is authorized with all materials. This 'belt' rule applies to all uniforms.
- (6) The black windbreaker jacket is authorized for wear with the khaki-style uniforms.
- Q.** During the Basic Officers Training Course, I heard that the old style blue windbreaker is being phased out. What is replacing that jacket, when does it take effect, and where can I purchase the new jacket?
- A.** It is true. The old style blue windbreaker has been phased out. The effective phase-out date was October 31, 2003. The jacket that has replaced it is the black windbreaker. The new description will appear in the updated version of CCPM Pamphlet No. 61 as follows:
- "A black jacket, 55/45 percent poly/wool with a stand-up knit collar and knit cuffs and waist. Jacket is single-breasted with a zipper front closer, two inverted slant pockets, and shoulder epaulettes."
- Q.** When wearing the black pullover sweater with the Khaki or Summer Blue (Salt and Pepper) uniforms, is the collar of the shirt to be worn inside or outside of the sweater?
- A.** The rule when wearing the black pullover sweater is that all open collar shirts shall have the collar points positioned outside the sweater, and all closed/button-up uniform shirts shall have the collar points positioned inside the sweater.
- Q.** As PHS officers increase the wearing of the Field Utility Uniform in austere working conditions, what boots are authorized for wear?
- A.** Officers shall wear boots used by the Department of Defense (DoD) or similar in design. There can be different designs, but they must all be (when measured from the heel) approximately 10 inches high (as opposed to the 6 inch high safety shoe), have a smooth plain toe, and be made of all black leather or a combination of leather and cloth (jungle boots)—the cloth may be black or olive green at this time. Metal toe inserts are optional. Zippers are acceptable either as inserts in the front in lieu of the laces or on the side (inner) with laces still in the front, as long as the zippers are black.
- Q.** What is the authorized purse or handbag to use with the PHS female uniform?
- A.** This is a frequently asked question by female officers and is one of the most abused items worn with the uniform. In order to be in proper uniform, the proper handbag should be black, brown, or white (depending on uniform), made of semi-rigid construction, approximately 11 inches wide and 7½ inches high with only one shoulder strap. The handbag shall be worn over the left shoulder or forearm, placing the top of the handbag at waist level. This allows the right arm to move freely for saluting when necessary. At no time shall an officer (male or female) carry a coach bag, office brief-case bag, laptop case, or sports bag over the shoulder. Bags of this nature should be carried in the left hand at the side of the body.
- Q.** I am a newly commissioned officer, and have been trying to find the long sleeve shirt for the Service Dress Blue female uniform outlined in CCPM Pamphlet No. 61. The staff at the Navy Exchange stated they no longer carry that shirt and attempted to sell me the newer version of that shirt that was authorized for Navy. Is the new Navy long sleeve shirt

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Q & A on Uniforms

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authorized for wear with the PHS Service Dress Blue uniform?

- A.** Yes. Although rarely referred to, there is a statement in CCPM Pamphlet No. 61 (Subchapter CC26.3, INSTRUCTION 1, Section G.1) that states the following: “. . . with the exception of some optional items and special-purpose uniforms, any clothing article which is certified to meet the specifications for naval officer personnel is suitable for wear with the appropriate PHS uniforms.” There will always be a lag time in updating our uniform pamphlet, but this statement allows PHS to stay current.
- Q.** Are epaulettes required on the pea coat? Does the women’s coat button on the same side as the men’s coat?
- A.** This is certainly timely for the cold season ahead. First, the pea coat is not authorized for PHS. It is consid-

ered an enlisted jacket and therefore not part of the PHS uniform. On the other hand, the reefer is very similar and is authorized for wear with some PHS uniforms. Unlike the pea coat, the reefer has epaulettes on the shoulders for the hard shoulder boards. Second, as stated, this jacket is *not* authorized for wear with *all* PHS uniforms. Currently, CCPM Pamphlet No. 61 authorizes the reefer with the Winter Working Blue, Winter Blue, and Service Dress Blue uniforms *only*. *Note:* A memorandum is currently in the system to correct this and will allow the reefer jacket to be worn with additional uniforms. Finally, the women’s reefer jacket buttons to the left, while the male version buttons to the right. Please remember to switch-out the Navy buttons with the gold PHS buttons.

- Q.** Throughout the PHS, I have noticed officers wearing several different

types of name tags. Shouldn’t we be more like DoD and have one standard type of name tag for our uniforms?

- A.** Several agencies have received authority to produce and wear their own version of the PHS name tag. These name tags have been sanctioned by the Surgeon General and authorized for wear. Just as a side note, the other Uniformed Services, including DoD, have several different styles of name tags that are unit specific. It is a way of building recognition with fellow officers and comradery among agency co-workers. *Note:* The name tags are to be identical with the exception that the agency logo is substituted for the PHS seal (Subchapter CC26.3, INSTRUCTION 6, Section I, 2.b.)

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

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APAOC Call for Nominations for the Annual Samuel Lin Award and Annual Junior Officer Award

The Asian Pacific American Officers Committee (APAOC) is pleased to announce the call for nominations for the Samuel Lin Award (for officers O-5 and above), and the Junior Officer Award (for officers O-4 and below). These awards have been developed to promote the future leadership of Asian Pacific Americans in the Public Health Service (PHS) by honoring members of the commissioned corps or equivalent civil service professionals who have made significant contributions to the advancement of the Nation’s health.

Nominations must include the following:

1. NOMINATION COVER SHEET THAT INCLUDES:
 - Name and Rank
 - Position Title
 - Work Address
 - Proposed Citation
 - Nominated by:
 - Work Phone

–Relationship to Nominee

2. NARRATIVE, NOT TO EXCEED TWO PAGES (FONT SIZE 10 OR 12), THAT DESCRIBES THE FOLLOWING:
 - The nominee’s contribution to the advancement of the Nation’s public health. Nomination should address the impact of the work and the role of the nominee;
 - The leadership of the nominee in the work being cited (e.g., providing vision or direction; developing an innovative approach; initiating significant activities; pursuing ongoing professional development; mentoring; etc.); and
 - Involvement of the nominee in health-related professional or community activities.
3. CURRENT CURRICULUM VITAE.

These awards are open to both PHS Commissioned Corps officers and civil service professionals. Nominations may come from a supervisor, professional colleague, or anyone who through a profes-

sional working relationship can attest to the impact of the nominee’s contribution to the advancement of public health. Self-nominations will not be accepted. Nominations will be accepted through **December 31, 2003**. No exceptions will be made. The awards will be presented in May in Anchorage, AK, at the 2004 Public Health Professional Conference which is sponsored by the Commissioned Officers Association.

Please send eight (8) copies of the above items to:

LT Marjorie D. Baldo
Centers for Medicare & Medicaid
Services (CMS)
CMM/HAPG/Division of Ambulatory
Services
MS C4-03-06
7500 Security Boulevard
Baltimore, MD 21244
Phone: 410-786-4617
E-mail: mbaldo@cms.hhs.gov

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Commissioned Corps Readiness Force

Hurricane Isabel

Tropical Storm Isabel developed on September 6, 2003, about 600 miles west of the Southern Cape Verde Islands. The next day, Isabel was upgraded to a hurricane. On September 11, Isabel became the first Category 5 hurricane in the Atlantic since Hurricane Mitch in 1998, and made landfall on September 18 as a Category 2 hurricane. By September 25, six Federal disaster declarations were issued as a result of Hurricane Isabel.

Commissioned Corps Readiness Force (CCRF) members responded to Hurricane Isabel by providing support to the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), and the American Red Cross (ARC). Sixty-eight officers supported HHS, 26 supported DHS, and 61 deployed with ARC. Deploying officers came from 15 different agencies from within and outside of HHS, and included physicians, nurses, engineers, environmental health officers, scientists, social workers, pharmacists, dietitians, therapists, and health services officers.

In support of HHS, officers deployed to support the Federal Emergency Management Agency-Emergency Support Team (FEMA-EST) and the Homeland Security Operations Center (HSOC) in Washington, DC; two Secretary's Emergency Response Teams; a Continuity of Operations Program (COOP) site; three Regional Operation Centers (ROCs); seven State Emergency Operation Centers (EOCs); five State Public Health Departments; one State Health Operations Center; and CCRF Staff. Other officers worked in the Health Resources and Services Administration's EOC, and to carry out the Food and Drug Administration's food safety missions in the Baltimore, Maryland, area.

In support of DHS, officers deployed with three Management Support Teams, the Operation Support Center in Rockville, Maryland, and as liaisons to ROCs and State EOCs.

Officers supported ARC at the Disaster Operations Center in Washington, DC; the ARC call center in Falls Church,

Virginia; and in Emergency Relief Shelters and outreach teams in Virginia, North Carolina, Maryland, and Delaware. ARC requested that the Office of the Surgeon General provide nurses to support the public health needs of those people who were displaced as a result of the storm. This partnership is related to the 1984 Memorandum of Understanding (MOU) between ARC and the Public Health Service (PHS). Through this MOU, the PHS may provide medical and public health support during disasters to supplement the needs of the ARC response.

Homeland Security Medical Executive Course

Ten CCRF officers attended the Homeland Security Medical Executive Course in September in San Antonio, Texas. This 5-day course is designed to prepare senior officers to train as an integral part of the National Response Plan. Officers learn about the challenges and complexities of a chemical, biological, radiological, nuclear, high-yield explosives event, or natural disaster in the continental United States. CCRF had more than 50 applicants for the initial class and plans to sponsor similar participation in the future. For more information view CCRF's 2004 Training Schedule at—<http://oep.osophs.dhhs.gov/ccrf/training.htm>.

CCRF Basics Course

Forty-seven CCRF members completed the CCRF Basics Course that was held in Anniston, Alabama, in September. Members completed the second iteration of the course in Jacksonville in June. The Basics Course includes the basic 12 core modules essential for deployment, daily fitness activities, Basic Life Support for Healthcare Providers (BLS), uniform wear inspections, and military courtesies. For more information view CCRF's 2004 Training Schedule at <http://oep.osophs.dhhs.gov/ccrf/training.htm>.

CCRF Member Represented USA in Masters World Weightlifting Championships

This year's Masters World Weightlifting Championships, which were held

in Savannah, Georgia, had representation from 33 nations. LCDR Linda Jo Belsito, a PHS Commissioned Corps nurse officer, represented the USA at this event and was successful in her quest to win a Third World Title in weightlifting. LCDR Belsito brought home the Gold Medal in the 75 kg class in her age category. As she received the Gold Medal and was handed the American Flag, the National Anthem started to play. While tears of joy were rolling down her cheeks, LCDR Belsito stated "I was thinking of our men and women in uniform, and how proud I am to be a USPHS officer." LCDR Belsito hopes to continue to compete at this level and eventually make it into the Weightlifting Hall of Fame. □



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	
CAPTAIN	
Martin Flavin, Jr.	09/29/03
Thomas E. O'Brien	09/05/03
Peter L. Perine	08/27/03
NURSE	
CAPTAIN	
Marcella R. Dwyer	09/13/03
ENVIRONMENTAL HEALTH	
CAPTAIN	
Kenneth F. Hunt	09/09/03

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Physician PAC Membership—Call for Nominations

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

The mission of the PPAC is to provide advice and consultation to the Surgeon General on the application of medical science for the protection and advancement of the health of the Nation. Additionally, the PPAC seeks to represent the activities and interests of all Department physicians. The PPAC currently meets every other month (travel not required for membership—conference calling available for all meetings). Regular attendance at meetings is required and PPAC members are expected to actively participate in the activities of at least one subcommittee during the term of service which is currently 3 years.

One position will be available as of January 1, 2004. The PPAC will recommend successful candidates to the Surgeon General for appointment, with the concurrence of the line supervisors and OPDIV representatives. Corps officers or civil service physicians who are interested are encouraged to self-nominate. Individuals should submit a curriculum vitae that includes the name and phone number of their immediate supervisor, along with a one-page cover letter describing their interest. This document should be sent as a Word or WordPerfect attachment to an e-mail message by **January 1, 2004** to:

CAPT Eric Mann
Chair, PPAC Workforce
Subcommittee
Phone: 301-594-2080, ext. 187
E-mail: exm@cdrh.fda.gov



COA Issues Call for Papers and Announces Dates for BOTC and Fitness Testing

The Commissioned Officers Association (COA) of the U.S. Public Health Service has issued a call for contributed papers for its 2004 conference, which will be held in Anchorage, AK, May 16-20, 2004.

COA also has announced the dates for the 3-day Basic Officer Training Course (BOTC) and the Commissioned Corps Readiness Force (CCRF) Annual Physical Fitness Test, which will be held in conjunction with the conference.

The BOTC course will be offered twice—before and after the conference—from May 14-16 and May 21-23. The CCRF test will be offered at 4 p.m. on Sunday, May 16, in connection with the Surgeon General's 5K Run/Walk. The BOTC training will end in time for participants to join the Fitness Test. Registration for BOTC is free. To register for BOTC, call toll-free 1-866-544-9677. Registration for the Fitness Test will be

available online in the near future at—www.coausphsconference.org.

Papers are being sought for both oral and poster presentations. Submissions are due by November 15, 2003. Public health professionals (both commissioned officers and civil service) from all disciplines and career levels are invited to submit. Past topics presented have included:

- Clinical experiences;
- Environmental health/public practice;
- Health program management; and
- Scientific research.

Oral presentations will be limited to 10 minutes for presentation and 5 minutes for discussion.

For more information about the conference or to register, visit—www.coausphsconference.org—or call 1-866-544-9677.



Retirements - October

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

Stephen W. Heath IHS

DENTAL

CAPTAIN

Kent K. Kenyon BOP
Richard H. White DHS

NURSE

CAPTAIN

Mary Chambers BOP
Ruth M. Coleman HRSA

COMMANDER

Cathy D. Barker IHS
Patricia M. Gallagher IHS
Michael G. Mikulan BOP

ENGINEER

CAPTAIN

Leroy D. Di Pasquale IHS
James F. Dunn EPA

SCIENTIST

CAPTAIN

David G. Brown FDA

Title/Name Agency/OPDIV/Program

ENVIRONMENTAL HEALTH

CAPTAIN

David H. Pedersen CDC

COMMANDER

Georgia P. Pedro IHS

PHARMACY

CAPTAIN

Ezequiel Mendieta, Jr. BOP
Ralph H. Rack HRSA
William B. Welch BOP

THERAPY

CAPTAIN

Leopold R. LaBranche IHS

HEALTH SERVICES

CAPTAIN

Janet M. Ruck CMS

COMMANDER

Gene W. Walters HRSA



Commissioned Officers Leave Tracking System

The Commissioned Officers Leave Tracking System (COLTS) provides an enhanced, Web-based version of form PHS-31, "Officers' Leave Record," implemented on the World Wide Web. This system provides the Commissioned Corps Leave Maintenance Clerks (LMCs) with an automated tool to accurately record **annual** leave via the Internet. Key features of COLTS include:

- A graphical calendar interface to allow LMCs to record or remove annual leave days taken by the officer.
- Automated crediting of the officer's leave balance for annual leave accrued. The system automatically accrues 2.5 days per month.
- Automated deductions from the officer's annual leave balance for annual leave days taken.
- Automatic adjustment of the officer's annual leave balance to 60 days, if necessary, at the end of the calendar year.
- Real-time annual leave balance for officers.
- Summary and detail reports on the officer's annual leave activities.

Once fully implemented, this automated system will replace form PHS-31. The data enables us to provide immediate information not only to all LMCs, but also to the officer, the Division of Commissioned Personnel (DCP), and budgetary personnel. This information will eliminate the process of leave reconciliation required when an officer separates from the Public Health Service Commissioned Corps.

Because of the potential of loss of annual leave days, officers are encouraged to schedule their annual leave through the year so as to preclude any disappointment or misunderstanding at the end of the year. The maximum annual leave that may be carried forward from one leave year to the next is 60 days. The leave year is a calendar year; the period beginning January 1 and ending December 31. The 60-day limitation on the amount of unused annual leave that can be carried forward from one year to the next is imposed by statute. Therefore, no waiver is legally permissible.

In accordance with Manual Circular No. 368, "Annual Leave—Implementation of Special Leave Accrual Policy and Amendment," dated December 12, 2001, those officers who were authorized to accumulate up to 90 annual leave days as of December 31, 2001, under the leave accrual provisions of 10 U.S.C. 70, are reminded that they are required to use their accumulated leave in excess of 60 days not later than December 31, 2004.

Officers are encouraged to periodically check their leave balance and current end of year 'use or lose' by accessing COLTS through the DCP Web site at—<http://dcp.psc.gov>—under the 'Secure Area' menu. The name, phone number, and e-mail address of the officer's LMC is included on the leave report.

If your LMC is not enrolled in COLTS, or if you need additional information about the program, please contact the COLTS Administrator at 301-594-1507.

CCPM Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority," is Now Available in Real-time on DCP Web Site

Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority," (also known as the 'Blue Book') is now available real-time in the 'Secure Area' of the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>.

Please note: By viewing and/or downloading, officers accept compliance with the requirements of the Privacy Act which stipulates that they will control access to information contained in the 'Blue Book.'

JRCOSTEP and SRCOSTEP Deadlines

The application deadline for the 2004 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) is **December 31, 2003**.

The application deadline for the 2004-2005 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) is also **December 31, 2003**.

For applications, please visit the following Web site—www.usphs.gov.

For further information, please phone 1-800-279-1605 or 301-594-3453.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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