



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XIII, No. 11

November 1999

Surgeon General's Column

"But, in a larger sense, we can not dedicate – we can not consecrate – we can not hallow, this ground – The brave men, living and dead, who struggled here, have hallowed it, far above our poor power to add or detract. The world will little note, nor long remember what we say here; while it can never forget what they did here."

—President Lincoln
November 19, 1863

Veterans Day is the day when we as Americans can honor and pay homage to the men and women who fought for freedom, struggled for peace, and protected our democracy. We owe a great deal of gratitude to those who served their country in time of war, and especially to those who gave their lives in the line of duty. This significant observance provides us with an opportunity to reflect upon the long-standing and important role that the Public Health Service (PHS) has played in connection with the Nation's armed forces and an opportunity to pay tribute to our fellow officers that have served to protect our country.

The PHS was actually the predecessor of the current Veterans Health Administration of the Department of Veterans Affairs. Legislation passed in 1917 charged the PHS to care for disabled servicemen and in 1919, this request was broadened to include the care of all returning veterans. By 1921, the PHS was operating 62 hospitals and treating eight times as many patients as compared to the pre-war period. This arrangement would not last. In April 1922, the responsibility for the care of veterans was shifted due to the establishment of an independent Veteran's Bureau, which took over the operation of the PHS hospitals. Following that, the PHS continued to handle the care of veterans, but usually only in areas outside of the continental limits of the United

States, such as Puerto Rico and the Panama Canal Zone.

PHS and the Veterans of the 1800s

The PHS involvement with the military services began long before World War I. Almost from its beginning in 1798, the Marine Hospital System (that evolved into the PHS) was used to treat sick and wounded servicemen starting with the War of 1812. Marine Hospitals were used to treat the sick and disabled troops in the war with Mexico (1846-48), the Civil War, and the Spanish-American War of 1898. A significant example of the impact that the PHS had on public health was during the Spanish-American War. The Marine Hospital Service prevented the introduction of yellow fever by implementing a quarantine and disinfection program for baggage from troops returning from Cuba and Puerto Rico.

Service in World Wars I and II

The services of PHS commissioned officers were also extensively utilized by the Army and the Navy in World Wars I and II to control disease at military posts in the United States. For example, in 1918, concerns about the impact of venereal disease on the fitness of the troops and essential war workers led to the creation of the PHS Venereal Disease Division. This Division led campaigns against venereal disease in both world wars.

Today, it is interesting to note that we are very close to eliminating syphilis from the United States, and the PHS is playing a critical part in making it happen. Last month, I was in Nashville and spoke at the National Syphilis Elimination Launch, where we announced the need for serious community involvement in order to wipe out syphilis in this country. We have reached the point where most of the new syphilis cases are focused in a small

portion of the Nation. Last year, 50 percent of new cases were located in less than 1 percent of the counties in this country; two-thirds of them are in the South. So this is a real golden opportunity.

In 1917, during World War I, President Wilson issued an Executive Order constituting the PHS as a part of the military forces. In 1921, however, the Attorney General issued an opinion stating that the President could utilize the PHS in wartime but could not convert it to a military force. This situation was corrected when Congress passed the PHS Act in 1944. The act authorized the President to declare the PHS Commissioned Corps a military service in time of war. President Roosevelt took such action by issuing an Executive Order on June 21, 1945, during World War II. During that war, 663 medical, dental, engineer, and nurse officers served with the Coast Guard. Many of them suffered injuries and four lost their lives. Several other PHS officers died during the war as a result of enemy action, disease, airplane crashes, or internment in a prisoner of war camp.

The PHS has continued to provide support to America's fighting forces in the

(Continued on page 2)

IN THIS ISSUE . . .

Office of the Surgeon General	2
Military Pay Raise Bill Signed	3
Equal Opportunity Policy	3
'Sanitarian' Category Becomes 'Environmental Health Officer' Category	3
Changes Announced for Medical Officers Special Pays	4
Deadline for Submission of Applications for Assimilation into the Regular Corps	8

Surgeon General's Column

(Continued from page 1)

conflicts of the past half-century, such as the Korean, Vietnam, and Gulf Wars. For example, PHS involvement in the Vietnam War began even before the war had officially started in 1954, with the establishment of the South Vietnam Malaria Eradication Program. In addition, because of the scarcity of clinical personnel in South Vietnam, the PHS Surgical Team placed American physicians, nurses, and technologists in local South Vietnamese hospitals starting in 1962. Moreover, a PHS/Army Special Forces "Special Epidemiologic Team," operating out of the Communicable Disease Center, was very active in Vietnam from 1965 to 1968 (and to a lesser extent until 1973).

Within the PHS, we are extremely proud of our past and our continuing role in the defense of public health in America and other nations abroad. Wars not only produce battle casualties that demand medical attention, but also provide fertile ground for the spread of disease. Until the present century, in fact, more combatants typically died as a result of disease than as a result of wounds incurred in battle. Civilian populations also are not spared from the ravages of infectious disease in wartime any more than they can completely escape damage inflicted by the weapons of war. The PHS will continue to play an important role in the future in the prevention, control, and treatment of disease in times of conflict as well as in times of peace.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General

BCOAG Extends Deadline for Award Nominations to November 19, 1999

The Black Commissioned Officers Advisory Group (BCOAG) has extended its deadline for submission of nominations for the George I. Lythcott Award, Hildrus A. Poindexter Award, and the Retired Officer Recognition Award to the close of business on **Friday, November 19, 1999**. Please see page 8 of the August 1999 issue of the *Commissioned Corps Bulletin* for more complete information.

The presentation of these awards will be made during the Minority Officers Liaison Council Awards Dinner to be held on December 5, 1999.

Office of the Surgeon General

The following article launches the 'Office of the Surgeon General' column. Category-specific information, significant public health implications, and accomplishments related to health initiatives will be highlighted. This month the Therapist category is reporting on the physical activity program they developed for the commissioned corps.

The Surgeon General has established a priority on promoting healthy lifestyles for the Nation, and he has encouraged the American people to participate in regular physical activity to improve the health of our Nation. We now know that physical activity need not be strenuous to provide health benefits. The links between physical activity and increased energy, better control of weight, reduced anxiety and depression, reduction in morbidity and mortality of many diseases, and others, all add up to better health. To implement the Surgeon General's priority on promoting healthy lifestyles, the commissioned corps, as public health professionals, is particularly challenged to be an example of that which we advocate.

In March 1999, the Therapist category was charged to develop a physical activity program for the commissioned corps. As a result of this charge, in April 1999, the Therapist category's Task Force on Fitness submitted a proposal for the program to the Office of the Surgeon General. ADM David Satcher officially kicked-off the implementation of a broad-based physical activity program for all officers at the Surgeon General's Run/Walk on June 8, 1999, in Alexandria, VA, at the Commissioned Officers Association's (COA) Annual Meeting.

The Task Force's program is to be implemented during Fiscal Year 2000. *Phase I*, which we are initiating right now, involves the implementation of the Presidential Sports Award Program. This program has sixty-eight categories to choose from, providing everyone an opportunity to make a personal commitment to regular physical activity. Activities vary from pursuits such as horseshoe pitching and lawn bowling, to challenges including marathon running and orienteering. The idea is that exercise can be fun and enjoyable, done individually or in groups, and does not require expensive club memberships. Informational packets are forthcoming to all commissioned corps officers. In conjunction with this kick-off, a 'healthy lifestyles' web site

will be established with links from the web site of the Office of the Surgeon General <<http://surgeongeneral.gov>> and the web site of the Division of Commissioned Personnel <<http://dcp.psc.gov>>.

Phase II, to be implemented within the next 2 years, is in the development phase. This phase will include all aspects of wellness and a comprehensive program tailored to our mission of public health promotion and disease prevention. The Public Health Service Physical Activity Program, as envisioned by the Surgeon General, will provide guidelines and measures for healthy lifestyles and healthy behaviors rather than rigid standards of physical performance.

For officers who are already physically active and interested in fitness measures above the participant level of the Presidential Sports Award Program, the Therapist category can provide self-assessment tools, comparable to other Uniformed Services, for five components of fitness including: cardio-respiratory; endurance; muscular strength; muscular endurance; flexibility; and body composition. For more information on this, please contact LCDR Richard Shumway, U.S. Coast Guard Training Center, Cape May, NJ; phone: 609-898-6864; e-mail: <rshumway@tracencapemay.uscg.mi>.

Several COA chapters have already expressed tremendous enthusiasm in implementing physical activity programs. Interested COA chapters should contact CDR Mike Flyzik; phone: 505-722-1505; e-mail: <mflyzik@gimc.ihs.gov>.

As commissioned corps officers, we have made a decision to commit our lives to promoting and improving the public health of all Americans. We now must challenge ourselves to ensure that we also garner the tremendous benefits of good health and healthy lifestyles. Improved personal health and embracing healthy behaviors can only serve to enhance our ability to better meet our own personal challenges and the tremendous public health needs of the American people. Each officer, our family, our community, and our Nation should benefit from the decision to enthusiastically meet and answer this exciting physical activity challenge. Let each of us "Get Active Our Own Way Every Day—For Life."

DCP and Y2K Update

Many officers in the commissioned corps of the United States Public Health Service are wondering what will happen with their pay as the year 2000 approaches.

The commissioned corps payroll, unlike the civilian payroll with its 2-week pay periods, does not cross 'year' lines. Each computed pay is processed as a separate entity on a monthly basis. In addition, there are no date calculations in the actual payroll process, and at the end of the year the payroll date is the last working day of the month, so the payroll will be deposited prior to the century change. Any start/stop dates for charitable deductions or special pay contracts are calculated well ahead of time outside the payroll cycle. In fact, the special pay contract start/stop dates are calculated at the time the personnel order is cut.

As further assurance, the Division of Commissioned Personnel (DCP) has been running a parallel process with the 'old' system and the new Y2K compliant software for the past 9 months to check for comparability of the data. We have also been working in partnership with the U.S. Treasury to ensure that our payroll can be processed in their Y2K environment. Our payroll data has been determined to be Y2K compliant, has been tested, and has been found to be completely successful.

The Federal Reserve has assured us that the U.S. Treasury is ready to process the data that we send them and is further monitoring and pressuring banks/financial institutions to comply.

If you have questions about how your bank/financial institution will handle your pay, you should talk to your bank/financial institution directly to satisfy your concerns about their Y2K compliance.

□

DCP WEB SITE ADDRESS—

<http://dcp.psc.gov>

DCP Toll-Free Phone Number—

1-877-INFO DCP
(1-877-463-6327)

Subscribe to Listserv to Receive
Email Messages from DCP—
listserv@list.psc.dhhs.gov

□

'Sanitarian' Category Becomes 'Environmental Health Officer' Category

INSTRUCTION 1, Regulation CC43.0, "Titles," of the Commissioned Corps Personnel Manual (CCPM) was revised effective October 1, 1999. This regulation authorizes the change of the name of the 'Sanitarian' professional category to the 'Environmental Health Officer' category.

A copy of CCPM Transmittal Sheet 643 has been sent to all active-duty officers as well as the administrative offices that maintain a CCPM. The CCPM can be accessed at the Division of Commissioned Personnel's web site <http://dcp.psc.gov>.

□

CCPM 'Equal Opportunity: Discrimination Complaints Processing' Policy Released

INSTRUCTION 6, Subchapter CC26.1, "Equal Opportunity: Discrimination Complaints Processing," of the Commissioned Corps Personnel Manual (CCPM) was signed by the Surgeon General on October 13, 1999. This INSTRUCTION states policy and procedures relating to equal opportunity discrimination complaints processing for officers of, and applicants to, the commissioned corps of the Public Health Service.

A paper copy of this policy via Transmittal Sheet 645, is being distributed to all active-duty commissioned officers as well as all administrative offices that maintain a CCPM.

The entire CCPM can be accessed on the Division of Commissioned Personnel's web site <http://dcp.psc.gov>.

□

Military Pay Raise Bill Signed

Certainly the most important news for the Uniformed Services community is the signing of the FY 2000 National Defense Authorization Act (NDAA) last month. The initial bill, S1059, was signed into law on October 5, 1999, as Public Law 106-65. The NDAA contains about 3,500 different sections with about 1 percent of the sections affecting the U.S. Public Health Service Commissioned Corps.

Further details will be provided on the Division of Commissioned Personnel's web site <http://dcp.psc.gov>, in upcoming issues of the *Commissioned Corps Bulletin*, and through Commissioned Corps Personnel Manual INSTRUCTIONS.

□

PROMOTION YEAR 2000

IMPORTANT DATES TO REMEMBER

PIR Corrections Postmarked no later than:

November 19, 1999

Career Counseling Completed:

December 10, 1999

IMPORTANT PHONE NUMBERS

For Counseling: 301-594-3360

(or toll-free 1-877-INFO DCP or 1-877-463-6327, listen to the prompts, select option #1, dial 43360)

For PIR Questions: 301-594-3471

(or toll-free 1-877-INFO DCP or 1-877-463-6327, listen to the prompts, select option #1, dial 43471)

□



Changes Announced for Medical Officers Special Pays

On January 1, 2000, the new rates for Medical Special Pay (MSP) will go into effect. In a table at the end of this article, the new rates are listed by specialty and show the Incentive Special Pay (ISP) rate, the 2-year, 3-year, and 4-year Multiyear Retention Bonus (MRB) contract amounts, and the change for the 2000 maximum rate amount compared to the 1999 rate.

MSP has two major purposes. The first is to enhance retention and to attain an appropriate experience mix of physicians in each specialty. The second is to bring compensation levels for Uniformed Services physicians in line with their civilian counterparts. The MRB portion is designed to accomplish the first purpose, and the ISP portion is designed for the second. The rates for MRB and ISP are the same for all the Uniformed Services.

Specific information regarding the rate changes will be distributed to the Commissioned Corps Liaisons during the month of November. Medical officers have two options regarding special pay contracts beginning January 2000. The first option is to continue in their present contract through the normal process of recertification each year. Approximately 45 days prior to the contract anniversary date, medical officers are sent (via Commissioned Corps Liaisons) a recertification form. The recertification form must be processed through the officer's supervisory channels as in previous years. The second option for medical officers is to enter into a new MSP contract, either as a subsequent MSP contract after the expiration of the current contract, or as a renegotiation into a new MSP contract, if it is financially advantageous to them.

Renegotiations are authorized provided that the new contract extends beyond the current contract expiration date and the new rates are higher. When the medical officer has both MRB and ISP, both rates must be for the same length of time and specialty.

If you wish to renegotiate and you have not received a contract by December 1, you should:

- contact your Commissioned Corps Liaison and obtain a new MSP contract, *and*
- complete, sign, and notarize the contract, *and*
- submit it through the appropriate Operating Division/Program (OPDIV) supervisory channels to the Compensation Branch, Division of Commissioned Personnel (DCP).

NOTE: The contract must be notarized on or before January 1 in order to receive a January 1 effective date.

Eligibility requirements are unchanged and include:

1. Be entitled to Retention Special Pay (RSP);
2. Be in pay grade O-6 or below;
3. Not be participating in Department of Health and Human Services (HHS)-supported long-term training;
4. Not be serving obligated service pursuant to participation in an HHS-supported scholarship or training program (applies to MRB only);
5. Be eligible to remain on active duty for the specified term of the contract;
6. Hold a current, valid license to practice medicine or osteopathy;
7. Be board certified or fully trained in a medical specialty; and
8. Be capable of undertaking the clinical practice of his/her specialty.

Officers are reminded that they cannot retire for the duration of their MSP contracts. However, you may prospectively renegotiate your contract to align a planned future retirement date.

Specific information for both MRB and ISP are detailed in INSTRUCTIONS 9 and 10, Subchapter CC22.2 of the Commissioned Corps Personnel Manual (CCPM). You may review the CCPM online by accessing the DCP web site <<http://dcp.psc.gov>>. The RSP, MRB, and ISP contracts are combined into a single contract, form PHS-6300-1, "Medical

Special Pay (MSP) Contract Request," which requires the officer's signature and notarization on the front, and the OPDIV's approval on the reverse. The forms are available through your Commissioned Corps Liaison. Please note that the recertification forms for MSP have a section that must be completed by all officers on MRB and/or ISP contracts who are not in clinical billets (primary job = 81). This section requires the officer to specify where, when, and how much time was completed toward his/her clinical requirement. Officers in clinical billets or those officers whose billets have been approved as satisfying the clinical requirement are not required to complete this section. Specific instructions for completing form PHS-6300-1 and the recertification sheet will be sent to officers. Should you have any questions, please contact your Commissioned Corps Liaison.

The Compensation Branch plans to begin distributing materials for recertification and renegotiation in early November. Your request for a new contract or recertification should be submitted through your OPDIV for approval prior to submission to the Compensation Branch. Please be advised that the Compensation Branch has 90 days from the date of receipt of the completed contract (including required attachments) or from the anniversary date, whichever is later, to process the contract.

Official personnel orders are issued prior to any payment. Every effort is made to process contracts and payments as quickly as possible, however, *officers should not expect payment earlier than the February 2000 payroll (payable March 1)*. Contracts are processed in the order that they are received with processing priority given to recertifications in January and renegotiations in February. You can phone *CorpsLine* at 301-443-6843 to see if your personnel orders were issued in the appropriate months. Payments are authorized by the issuance of personnel orders, so payment should not be expected until after personnel orders are issued and received.

For additional information, contact your Commissioned Corps Liaison and watch for information in future issues of the *Commissioned Corps Bulletin*.

(Continued on page 5)

Changes Announced for Medical Officers Special Pays

(Continued from page 4)

2000 Medical Special Pay Rates

Specialty	Spec Code	2000 ISP 1-year	2000 MRB 2-year	2000 MRB 3-year	2000 MRB 4-year	Change 4-year
ALLERGY	0601	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
ANESTHES	0100	\$29,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 8,000
AROSPACE	2200	\$11,000	\$ 8,000	\$ 9,000	\$10,000	\$ 1,000
CARD DIS	0602	\$36,000	\$ 6,000	\$ 7,000	\$ 8,000	\$11,000
CLINPATH	1408	\$16,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
CLINPHRM	8000	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
CRITCARE	0615	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
DERMATOL	0300	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 2,000
DIA RAD	1803	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
EMERGENCY	6200	\$22,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 2,000
ENDO&MET	0607	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
FMLYPRAC	0501	\$13,000	\$ 9,000	\$10,000	\$14,000	\$ 1,000
GASTROEN	0604	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
GERIATRC	0614	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
HEMATOLO	0608	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
IMMUN	0613	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
INFCTDIS	0609	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
INT MED	0600	\$13,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
GENETICS	0620	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
NEONATAL	1507	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
NEPHROLO	0610	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	\$14,000
NEUROLOGY	1702	\$13,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
NUCLEAR	2400	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
NonTen ROG	9998/7		\$ 8,000	\$ 9,000	\$10,000	
OBST&GYN	0800	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	
OCCUPATL	2300	\$11,000	\$ 8,000	\$ 9,000	\$10,000	\$ 1,000
ONCOLOGY	0611	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
OPHTHALM	5800	\$28,000				
ORTHOSUR	1000	\$36,000	\$ 9,000	\$10,000	\$14,000	\$ 1,000
OTOLARYN	1200	\$30,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
PATHOLGY	1400	\$16,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
PEDCARDI	1502	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PEDENDO	1506	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PEDHMONC	1503	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PEDIATRS	1500	\$11,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 1,000)
PEDIMMUN	1508	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PEDNEPHR	1504	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PEDNEURO	1509	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
PHY&REHB	1600	\$11,000	\$ 8,000	\$ 9,000	\$10,000	\$ 1,000
PREVTIVE	1900	\$11,000	\$ 8,000	\$ 9,000	\$10,000	\$ 1,000
PSYCHIAT	1701	\$14,000	\$ 9,000	\$10,000	\$14,000	\$ 2,000
PULM-DIS	0606	\$23,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
RADIOLOGY	1800	\$31,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 1,000
RESEARCH	9999	\$31,000				
RHEUMATO	0612	\$14,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 5,000
SURGERY	5400	\$26,000	\$ 9,000	\$10,000	\$14,000	\$ 1,000
SURG Subs	5499	\$36,000	\$ 6,000	\$ 7,000	\$ 8,000	(\$ 2,000)
UROLOGY	2000	\$28,000	\$ 6,000	\$ 7,000	\$ 8,000	

Commissioned Corps Readiness Force

The Commissioned Corps Readiness Force (CCRF) dispatched six officers: CAPT Kevin Molloy; CDR Bonnie Pylar; CDR Robert Newsad; CDR Richard Lawson; LCDR Calvin Edwards; and LTJG James Zink to assist with the response and recovery operations leading up to and following Hurricane Floyd's excursion up the east coast of the United States. Information and pictures from the deployment can be viewed under "Events" on the CCRF website <<http://oep.osophs.dhhs.gov/ccrf>>.

The CCRF continues to undergo significant changes even as the program's policies and procedures crystalize. More than a hundred guests turned out on September 30th at the Commissioned Officers Club, National Naval Medical Center in Bethesda, Maryland, to celebrate the retirement of RADM Webster Young, Jr., CCRF Coordinator for 3 years. CAPT Veronica Stephens has been named Acting CCRF Coordinator while a search committee is formed to select the next permanent coordinator. CAPT Stephens comes to CCRF from the Division of Program Development, Office of Emergency Preparedness.

At the end of October, LCDR Billy Rowell, CCRF Database Manager and Webmaster, also left the CCRF staff. His replacement has not yet been named.

All CCRF members should remember to visit the CCRF website frequently to check for news and to update any changes to their personal information. All members should also subscribe to the CCRF Listserv in order to receive the most timely CCRF news messages via e-mail. To do so, click on "Listserv" from the CCRF home page.

□

Recent Deaths

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

Title/Name	Date
NURSE	
CDR Flora V. Moore	09-19-99
HEALTH SERVICES	
CAPT Robert M. Beauregard	09-12-99

□

JRCOSTEP and SRCOSTEP Deadlines

The application deadline for the 2000 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) is December 31, 1999.

The application deadline for the 2000-2001 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) is also December 31, 1999.

For applications, please phone:

JRCOSTEP: 1-800-279-1605

SRCOSTEP: 301-594-2919
(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 42919)

Applications can also be requested on-line at the Public Health Service Commissioned Corps web site:

<http://www.dhhs.gov/phs/corps>

For further information, please phone or e-mail:

JRCOSTEP

Phone: 301-594-3484

(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 43484)

E-Mail: msavoy@psc.gov

SRCOSTEP

Phone: 301-594-3352

(or toll-free 1-877-463-6327—listen to the prompts, select option #1, dial 43352)

E-Mail: hdarracott@psc.gov

Maximum Annual Leave Accumulation

Officers are reminded that the maximum annual which may be carried forward from one leave year to the next is 60 days. A leave year means 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 other words, no one can grant an exception.

Officers are encouraged to schedule their annual leave throughout the year so as to preclude any disappointment or misunderstandings resulting from the loss of accrued leave at the end of the year.

Vacancy Announcements

The following vacancies are provided as representative of 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.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel/HRS/PSC, ATTN: Vacancy Announcements Project Officer/ODB, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001 – or phone: 301-594-3458 or 301-594-3360 (toll-free at 1-877-INFO-DCP (1-877-463-6327) – listen to the prompts, select option #1, dial 43360) or Fax: 301-443-7069.

Category / OPDIV

Description of Position

MULTIDISCIPLINARY

HEALTH RESOURCES AND SERVICES ADMINISTRATION—
Various Sites

Assistant Health Services Administrator (4 positions)
Contact: CDR Gilbert Rose 877-353-9834
Grade: O-6

The Division of Immigration Health Services, Immigration and Naturalization Service, announces the creation of four Assistant Health Services Administrator positions—Buffalo, NY; Florence, AZ; Los Angeles, CA; and Miami, FL. These positions will require the officers to be geographically mobile after a 2-year training period to a Health Services Administrator billet (management O-6) as the positions become available. This is a great opportunity for mid-career officers who want to join a dynamic organization that can offer them the upper-level administrative billets necessary for future promotion and who want to make a real difference in the area of primary health.

NATIONAL PARK SERVICE—
Philadelphia, PA (or)
Boston, MA

Regional Public Health Service Officer
Contact: CAPT John J. Hanley 202-565-1117
Grade: O-6 - Environmental Health Officer Category (formerly Sanitarian Category) or Engineer Category

The Public Health Program of the National Park Service (NPS) is currently recruiting for a field position in the Northeast Regional Office. The Centers for Disease Control and Prevention details commissioned officers to the NPS to assist with their public health program. The officers serve as consultants to NPS management in environmental health and engineering, and the heaviest program emphasis is placed on potable water, wastewater management, food service operations, and vector control/communicable disease surveillance.

The selected officer will be working largely on his/her own without immediate supervision. The officer must be able to work well with people and provide timely reports on findings. A masters degree is required in environmental health or engineering or a related field. A minimum of 8 years of experience with 2 years of relative recent fieldwork, relative to the program elements referenced above. Professional registration (PE, RS, REHS, or equivalent) is mandatory. Frequent travel is necessary.

PHS and the Korean War

The National Museum of Health and Medicine in Washington, D.C., is planning an exhibit on medicine in the Korean War. The museum would like to include some material on the role of the Public Health Service (PHS) in this conflict and has contacted the PHS Historian for assistance. The PHS Historian has not been able to locate any photographs or artifacts, or even any substantial information, on the subject. If there are any active-duty or retired officers who have documents, photographs, or

artifacts related to the role of PHS in the Korean War, please contact:

Dr. John Parascandola
PHS Historian
5600 Fishers Lane, Room 18-23
Rockville, MD 20857-0001
Phone: 301-443-5363
Fax: 301-443-4193
E-mail: jparascandola@psc.gov

Globe of Surgeon General Thomas Parran, Jr.



Standing by the Parran globe, Surgeon General David Satcher presents a Certificate of Appreciation to CAPT John C. Eason, Jr. (Ret.) for his role in preserving this historic artifact. CAPT Eason was the first African American to be commissioned in the Public Health Service.

On September 14, 1999, the Office of the Surgeon General held a ceremony celebrating the acquisition of an historic globe that belonged to Thomas Parran, Jr. (1892-1968), who served as Surgeon General of the United States Public Health Service (PHS) from 1936 to 1948. When Surgeon General Parran retired, the globe was preserved in the custody of CAPT John C. Eason, Jr. (Ret.) The globe was then housed in the offices of the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), for some years until the PHS Historian arranged for its transfer to the Office of the Surgeon General in July of this year.

Attendees at the ceremony, which was held in the Parklawn Office of the Surgeon General, included Assistant Secretary for Health and Surgeon General David Satcher, Deputy Surgeon General Kenneth Moritsugu, CAPT John C. Eason, Jr. and Mrs. Eason, the Associate Administrator for BHP, Dr. Vincent Rogers, and the PHS Historian, Dr. John Parascandola. Surgeon General's Certificates of Appreciation were awarded to those individuals responsible for safeguarding the globe: CAPT Eason, Dr. Rogers, HRSA Administrator Dr. C. Earl Fox, Mr. Anthony Hollins, Jr. of BHP, and

RADM Fitzhugh Mullan (Ret.), the former Administrator of BHP.

A plaque was placed on the globe stand identifying its association with Surgeon General Parran. A larger plaque, containing information on Surgeon General Parran and on the history of the globe, was placed on the wall near the globe. Under Surgeon General Parran's distinguished leadership, the PHS made significant contributions to the country's war effort, established the Communicable Disease Center (now the Centers for Disease Control and Prevention), expanded the National Institutes of Health, conducted a major campaign against venereal disease, supported hospital planning and construction, increased its activities in the field of mental health, and grew significantly in size and importance. Surgeon General Parran also played a major role in the creation of the World Health Organization. After leaving the PHS, he served as the first Dean of the University of Pittsburgh School of Public Health.

CAPT John J. Tuskan, Jr. – Member of a Psychosocial Needs Assessment Delegation to Kosovo

CAPT John J. Tuskan, Jr., a Senior Public Health Advisor in the Refugee Mental Health Program, Special Programs Development Branch, Substance Abuse and Mental Health Services Administration, recently completed an assignment as a member of a Psychosocial Needs Assessment Delegation to Kosovo. CAPT Tuskan was the only Public Health Service Commissioned Corps officer in the 11 member delegation.

This Psychosocial Needs Assessment Delegation was formed at the request of President Clinton and based on the recommendations of Mr. Elie Wiesel, a member of the President's Commission on the Holocaust, who recently visited Kosovo. The State Department was tasked to make arrangements and requested that the International Rescue Committee (IRC) organize and coordinate the process.

The IRC and the State Department invited professionals in the field of refugee psychosocial and mental health services to participate in the delegation. The group represented various points of view and was tasked to:

- Assess what psychosocial and mental health services exist in Kosovo and gather basic information about their quality;
- Report back on what the greatest needs are and where there are important gaps in services; and
- Prepare broad-based recommendations on issues related to psychosocial and mental health concerns in refugee crises.

The Delegation returned to the United States on September 14, 1999. They prepared a report of findings and recommendations, and a public briefing was scheduled for the National Security Council and the White House.

For further information, please contact CAPT Tuskan at 301-443-1761 or e-mail: <jtuskan@samhsa.gov>.

Deadline for Submission of Applications for Assimilation into the Regular Corps

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel by the close of business on Friday, **February 4, 2000**, in order to be reviewed by the 2000 board.

Form PHS-7034, "Application for Assimilation into the Regular Corps," can be requested by using the Faxback feature of *CorpsLine*. A table outlining the differences between the Reserve Corps and the Regular Corps can also be requested by using the Faxback feature. 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 numbers **6560** (assimilation application) or **6534** (comparison table). (Note: Form PHS-7034 is also available on the DCP web site <<http://dcp.psc.gov>> under "Forms".)

Important: Officers who applied for assimilation in the past but were 'not recommended' are reminded that a new application is required in order to be re-considered.

If you have any questions regarding assimilation, please contact LTJG Julian Canizares in the Personnel Services Branch at 301-594-3460 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43460).



Please Check Your Payroll Address

The Public Health Service Commissioned Corps payroll system allows you to receive payroll-related documents at the address of your choice. This method protects your privacy and provides for prompt, reliable, and secure delivery of important and confidential payroll documents.

Form PHS-6155, "Statement of Earnings and Deductions," is mailed to each commissioned officer approximately 5 days before the first of the month. If you do not receive your pay slip, contact the Compensation Branch in writing (see address below).

It is particularly important that your payroll address be correct since this will be the address to which your Form W-2 withholding statement for the year will be mailed.

Please notify the Compensation Branch, in writing, of changes in your payroll address:

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



Retirements - October

Title/Name *OPDIV/Program*

DENTAL

CAPTAIN

John L. Buchanan III	CG
Lawrence J. Ochfeld	CG

COMMANDER

Ronald L. Majka	CG
-----------------	----

NURSE

CAPTAIN

Marilyn K. Pierce-Bulger	IHS
--------------------------	-----

COMMANDER

Thomas M. Conrad	FDA
William D. Armachain	IHS
Dennis E. Gallagher	IHS
Helen J. Golden	IHS
Mary E. Roberts	IHS

ENGINEER

CAPTAIN

Herbert W. Dorsey	FDA
Ernest L. Leporini	IHS
Joseph S. Ali	EPA
Michael D. Dworsky	EPA

COMMANDER

Kenneth E. Wilde	IHS
------------------	-----

ENVIRONMENTAL HEALTH OFFICER

REAR ADMIRAL (LOWER)

Webster Young, Jr.	OS
--------------------	----



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
 Human Resources Service
 Division of Commissioned Personnel, Room 4A-15
 Rockville MD 20857-0001

Official Business
 Penalty for Private Use \$300

BULK RATE
 POSTAGE AND FEES PAID
 PSC
 PERMIT NO. G-280

REDISTRIBUTION
 USING PERMIT IMPRINT
 IS ILLEGAL

DATED MATERIAL