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U.S. CONGRESS. HOUSE COMMITTEE ON
FOREIGN COMMERCE

COMMISSIONED CORPS,
PUBLIC HEALTH SERVICE

1959

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COMMISSIONED CORPS, PUBLIC HEALTH SERVICE

HEARING

BEFORE A

SUBCOMMITTEE OF THE

U.S. Congress, House,

COMMITTEE ON

INTERSTATE AND FOREIGN COMMERCE

HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH CONGRESS

FIRST SESSION

ON

H.R. 1077 and H.R. 6324

BILLS TO STRENGTHEN THE COMMISSIONED CORPS OF
THE PUBLIC HEALTH SERVICE THROUGH REVISION AND
EXTENSION OF SOME OF THE PROVISIONS RELATING
TO RETIREMENT, APPOINTMENT OF PERSONNEL, AND
OTHER RELATED PERSONNEL MATTERS, AND FOR
OTHER PURPOSES

APRIL 16, 1959

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COMMISSIONED CORPS, PUBLIC HEALTH SERVICE

THURSDAY, APRIL 16, 1959

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
SUBCOMMITTEE ON HEALTH AND SAFETY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:30 a.m., in room 1333, New House Office Building, Washington, D.C., Hon. Kenneth A. Roberts (chairman), presiding.

Present: Representatives Roberts, Rhodes, O'Brien, Rogers of Florida, Brock, Schenck, Devine, and Nelsen.

Mr. ROBERTS. The subcommittee will please be in order.

This morning the Subcommittee on Health and Safety is holding its first legislative hearing. It is most fitting that this hearing should be on legislation to strengthen the Commissioned Corps of the Public Health Service. All of us know that the growth and development of the Public Health Service since its inception would not have been possible without the magnificent contributions which have been made by the Commissioned Corps of the Public Health Service.

I am not so sure that the American people are well informed with regard to the existence and importance of the Commissioned Corps of the Public Health Service, and occasionally even Members of Congress do not realize the importance of the Commissioned Corps to the efficiency and successful operations of the Public Health Service.

I am happy to welcome this morning the Surgeon General of the Public Health Service, Dr. Leroy E. Burney, and I hope that Dr. Burney will take a few minutes before testifying on the bills which we have before us in order to develop some background information on the origin and history of the Commissioned Corps of the Public Health Service.

The hearing this morning will be on H.R. 6324, which I introduced on April 13 and which takes the place of an earlier bill introduced by our colleague on this committee, Mr. Williams, of Mississippi, H.R. 1077. Both bills were introduced at the request of the Department of Health, Education, and Welfare and my later bill is substantially identical with the earlier bill introduced by Mr. Williams except for some technical improvements and modification.

The purpose of H.R. 6324 is to establish parity between the retirement provisions for the Commissioned Corps of the Public Health Service and the provisions which have been made over the years for other uniformed services. While the bill is quite simple, the specific provisions are rather complex and require a knowledge and background not only with regard to the present retirement system of the Public Health Service but also knowledge of the systems now applicable to civil service employees and military personnel.

I am glad to know that the subcommittee will have assistance of the technical staff of the Public Health Service which, as I understand, has been working on this legislation for a number of years.

At this point without objection there will be inserted in the record copies of H.R. 1077 and H.R. 6324, the letter from the Secretary of Health, Education, and Welfare requesting introduction of this legislation, together with an explanation of the bill prepared by the Department, and reports from the Department of the Navy and Treasury Department.

(The documents referred to follow:)

[H. R. 1077, 86th Cong., 1st sess.]

A BILL To strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Public Health Service Commissioned Corps Personnel Act of 1959".

LIMITATION ON APPOINTMENT AND CALL TO ACTIVE DUTY OF OLDER COMMISSIONED OFFICERS

SEC. 2. Section 207(a) of the Public Health Service Act (42 U.S.C. 209(a)) is amended by adding at the end thereof the following new paragraph:

"(3) No individual who has attained the age of forty-four shall be appointed to the Regular Corps, or called to active duty in the Reserve Corps for a period in excess of one year, unless (A) he has had a number of years of active service (as defined in section 211(d)) equal to the number of years by which his age exceeds forty-four, or (B) the Surgeon General determines that he possesses exceptional qualification, not readily available elsewhere in the commissioned corps of the Public Health Service, for the performance of special duties with the Service, or (C) in the case of an officer of the Reserve Corps, the commissioned corps of the Service has been declared by the President to be a military service."

ADDITIONAL ORIGINAL APPOINTMENTS ABOVE SENIOR ASSISTANT

SEC. 3. Section 207(b) of the Public Health Service Act (42 U.S.C. 209(b)) is amended by inserting "(1)" after "(b)" and by striking out the last sentence and inserting in lieu thereof the following new paragraphs:

"(2) In addition to the number of original appointments to the Regular Corps authorized by paragraph (1) to be made to grades above that of senior assistant, original appointments authorized to be made to the Regular Corps in any year may be made to grades above that of senior assistant, but not above that of director, in the case of any individual who—

"(A) (i) was on active duty in the Reserve Corps on July 1, 1958, (ii) was on such active duty continuously for not less than one year immediately prior to such date, and (iii) applies for appointment to the Regular Corps prior to July 1, 1962; or

"(B) does not come within clause (A) but was on active duty in the Reserve Corps continuously for not less than one year immediately prior to his appointment to the Regular Corps and has not served on active duty continuously for a period, occurring after June 30, 1958, of more than three and one-half years prior to applying for such appointment.

"(3) No person shall be appointed pursuant to this subsection unless he meets standards established in accordance with regulations of the President."

RETIREMENT OF COMMISSIONED OFFICERS OF THE REGULAR AND RESERVE CORPS

SEC. 4. Section 211 of the Public Health Service Act (42 U.S.C. 212) is amended to read as follows:

"SEC. 211. (a)(1) A commissioned officer of the Service shall be retired on the first day of the month following the month in which he attains the age of sixty-four years.

“(2) A commissioned officer of the Service may be retired by the Secretary, and shall be retired if he applies for retirement, on the first day of any month after completion of thirty years of active service.

“(3) Any commissioned officer of the Service who has had less than thirty years of active service may be retired by the Secretary, with or without application by the officer, on the first day of any month after completion of twenty or more years of active service of which not less than ten are years of active commissioned service in any of the uniformed services.

“(4) A commissioned officer retired pursuant to paragraph (1), (2), or (3) shall be entitled to receive retired pay at the rate of 2½ per centum of the basic pay of the highest grade held by him as such officer and in which he has performed active duty for not less than six months (A) for each year of active service, or (B) if it results in higher retired pay, for each of the following years:

“(i) his years of active service (determined without regard to subsection (d)) as a member of a uniformed service; plus

“(ii) in the case of a medical or dental officer, four years and, in the case of a medical officer, who has completed one year of medical internship or the equivalent thereof (other than while on active duty in any of the uniformed services), one additional year;

except that (C) if the retired pay, so computed, of any officer who has not less than twelve whole years of active service (computed without the application of subsection (e)) is less than 50 per centum of such basic pay, it shall, instead, be 50 per centum of such pay, and (D) the retired pay of an officer shall in no case be more than 75 per centum of such basic pay.

“(5) With the approval of the President, a commissioned officer whose service as Surgeon General, Deputy Surgeon General, or Assistant Surgeon General has totaled four years or more and who has had not less than twenty-five years of active commissioned service in the Service may retire voluntarily at any time; and his retired pay shall be at the rate of 75 per centum of the basic pay of the highest grade held by him as such officer.

“(b) For purposes of subsection (a), the basic pay of the highest grade held by a commissioned officer means the basic pay to which he would be entitled if serving on active duty in such grade on the date of his retirement.

“(c) A commissioned officer, retired for reasons other than for failure of promotion to the senior grade, may (1) if an officer of the Regular Corps or an officer of the Reserve Corps entitled to retired pay under subsection (a), be involuntarily recalled to active duty during such times as the commissioned corps constitutes a branch of the land or naval forces of the United States, and (2) if an officer of either the Regular or Reserve Corps, be recalled to active duty at any time with his consent.

“(d) The term ‘active service’, as used in subsection (a), includes—

“(1) all active service in any of the uniformed services, other than the Coast and Geodetic Survey;

“(2) not to exceed five years of active service with the Public Health Service, other than as a commissioned officer, which the Surgeon General determines is comparable to service performed by commissioned officers of the Service; and

“(3) all active service (other than service included under the preceding provisions of this subsection) which is creditable for retirement purposes under laws governing the retirement of members of any of the uniformed services, other than the Coast and Geodetic Survey.

“(e) For the purpose of computing the amount of the retired pay of any officer pursuant to section 210 (g)(3) or paragraph (4) of subsection (a) of this section, a part of a year of active service of six months or more shall be counted as a whole year and a part of a year of active service which is less than six months shall be disregarded.

“(f) For purposes of retirement or separation for physical disability under chapter 61 of title 10, United States Code, a commissioned officer of the Service shall be credited, in addition to the service described in section 1208(a)(2) of that title, with not to exceed five years of active service with the Public Health Service, other than as a commissioned officer, which the Surgeon General determines is comparable to service performed by commissioned officers of the Service. For such purposes, such section 1208(a)(2) shall be applicable to officers of the Regular or Reserve Corps of the Service.”

MISCELLANEOUS AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

SEC. 5. (a) Section 2 of the Public Health Service Act (42 U.S.C. 201) is amended by striking out "and" at the end of subsection (n), striking out the period at the end of subsection (o) and inserting in lieu thereof "; and", and adding after such subsection (o) the following new subsection:

"(p) The term 'uniformed service' means any regular or reserve component of the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, or Coast and Geodetic Survey."

(b) Section 208(b) of such Act (42 U.S.C. 210 (b)) is amended to read as follows:

"(b) In accordance with regulations of the President, commissioned officers on active duty may make allotments from their pay. Such officers, and retired officers entitled to retired pay pursuant to section 210(g)(3), section 211, or section 221(a)(2), shall be permitted to purchase supplies from the Army, Navy, Air Force, and Marine Corps at the same price as is charged officers thereof."

(c) Section 210(g)(3) of such Act (42 U.S.C. 211(g)(3)) is amended by striking out "of his active duty pay at the time of retirement for each complete year" and inserting in lieu thereof "of the basic pay of the permanent grade held by him at the time of retirement for each year".

(d) Section 326(a) of such Act (42 U.S.C. 253(a)) is amended by striking out "including those on shore duty and those on detached duty, whether on active duty or retired" in subparagraphs (1) and (2) and inserting in lieu thereof "on active duty, including those on shore duty and those on detached duty", by striking out "or when retired for disability" in subparagraph (1), and by striking out subparagraph (3) and inserting in lieu thereof:

"(3) commissioned officers of the Regular or Reserve Corps of the Public Health Service on active duty;"

COVERAGE UNDER CIVIL SERVICE RETIREMENT ACT

SEC. 6. (a) Except as provided in subsections (b) and (c), service as a commissioned officer in the Regular Corps of the Public Health Service prior to January 1, 1959, shall be considered, for purposes of credit under the Civil Service Retirement Act, other than section 3(f) thereof, as civilian service performed by an employee (as defined in such Act), and commissioned officers of the Reserve Corps of the Public Health Service on active duty both before and after January 1, 1959, shall be considered as transferred, as of such date and with respect to service as such officers, to positions in which they do not continue subject to such Act. Other commissioned officers of the Reserve Corps of the Public Health Service, subject to the Civil Service Retirement Act on December 31, 1958, shall be considered as separated on January 1, 1959, with respect to service as such officers, from civilian positions subject to such Act.

(b) If a commissioned officer of the Regular or Reserve Corps of the Public Health Service is retired after December 31, 1958, and becomes entitled to retired pay from the Public Health Service, all service in the Regular or Reserve Corps of the Public Health Service, together with any other service credited to such officer as active service pursuant to subsection (d) of section 211 of the Public Health Service Act, shall be considered as military service for purposes of section 3(b) of the Civil Service Retirement Act; except that, in the case of any such officer who is retired pursuant to subsection (a) of such section 211, service which he performed as a member of the Reserve Corps prior to January 1959, and with respect to which he has not, prior to his retirement, received a refund of deductions under the Civil Service Retirement Act, shall not be considered as military service for purposes of such section 3(b), but only if he waives his right to have such service included for purposes of computing the amount of his retired pay from the Service.

(c) Section 1(r) of the Civil Service Retirement Act is amended by inserting after "Coast Guard of the United States," the phrase "or, after December 31, 1958, in the Regular Corps or Reserve Corps of the Public Health Service,".

ELECTION OF BENEFITS UNDER THE SOCIAL SECURITY ACT AND THE CIVIL SERVICE RETIREMENT ACT

SEC. 7. Section 215 of the Social Security Act (42 U.S.C. 415) is amended by adding at the end thereof the following new subsection:

"(h) (1) Notwithstanding the provisions of the Civil Service Retirement Act, remuneration paid for service to which the provisions of section 210(m)(1) of this Act are applicable and which is performed by an individual as a commissioned officer of the Reserve Corps of the Public Health Service prior to January 1, 1959,

shall not be included in computing entitlement to or the amount of any monthly benefit under this title, on the basis of his wages and self-employment income, for any month after December 1958 and prior to the first month with respect to which the Civil Service Commission certifies to the Secretary that, by reason of a waiver filed as provided in paragraph (2), no further annuity will be paid to him, his wife, and his children, or, if he has died, to his widow and children, under the Civil Service Retirement Act on the basis of such service.

“(2) In the case of a monthly benefit for a month prior to that in which the individual, on whose wages and self-employment income such benefit is based, dies, the waiver must be filed by such individual; and such waiver shall be irrevocable and shall constitute a waiver on behalf of himself, his wife, and his children. If such individual did not file such a waiver before he died, then in the case of a benefit for the month in which he died or any month thereafter, such waiver must be filed by his widow, if any, and by or on behalf of all his children, if any; and such waivers shall be irrevocable. Such a waiver by a child shall be filed by his legal guardian or guardians, or, in the absence thereof, by the person (or persons) who has the child in his care.”

EFFECTIVE DATES

SEC. 8. (a) The amendments made by sections 2, and 5(b) shall become effective January 1, 1959.

(b) The amendment made by section 4 shall become effective on the date of enactment of this Act in the case of commissioned officers of the Regular Corps of the Public Health Service, and on January 1, 1959, in the case of commissioned officers of the Reserve Corps of the Public Health Service; except that, in the case of any officer in the Regular Corps on active duty on the date of enactment of this Act, his retired pay shall be computed under section 211 of the Public Health Service Act as in effect prior to such date of enactment if it would result in higher retired pay for him.

[H.R. 6324, 86th Cong., 1st sess.]

A BILL To strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the “Public Health Service Commissioned Corps Personnel Act of 1959”.

LIMITATION ON APPOINTMENT AND CALL TO ACTIVE DUTY OF OLDER COMMISSIONED OFFICERS

SEC. 2. Section 207(a) of the Public Health Service Act (42 U.S.C. 209 (a)) is amended by adding at the end thereof the following new paragraph:

(3) No individual who has attained the age of forty-four shall be appointed to the Regular Corps, or called to active duty in the Reserve Corps for a period in excess of one year, unless (A) he has had a number of years of active service (as defined in section 211 (d)) equal to the number of years by which his age exceeds forty-four, or (B) the Surgeon General determines that he possesses exceptional qualifications, not readily available elsewhere in the Commissioned Corps of the Public Health Service, for the performance of special duties with the Service, or (C) in the case of an officer of the Reserve Corps, the Commissioned Corps of the Service has been declared by the President to be a military service.”

ADDITIONAL ORIGINAL APPOINTMENTS ABOVE SENIOR ASSISTANT

SEC. 3. Section 207(b) of the Public Health Service Act (42 U.S.C. 209(b)) is amended by inserting “(1)” after “(b)” and by striking out the last sentence and inserting in lieu thereof the following new paragraphs:

“(2) In addition to the number of original appointments to the Regular Corps authorized by paragraph (1) to be made to grades above that of senior assistant, original appointments authorized to be made to the Regular Corps in any year may be made to grades above that of senior assistant, but not above that of director, in the case of any individual who—

“(A) (i) was on active duty in the Reserve Corps on July 1, 1959, (ii) was on such active duty continuously for not less than one year immediately

prior to such date, and (iii) applies for appointment to the Regular Corps prior to July 1, 1961; or

“(B) does not come within clause (A) (i) and (ii) but was on active duty in the Reserve Corps continuously for not less than one year immediately prior to his appointment to the Regular Corps and has not served on active duty continuously for a period, occurring after June 30, 1959, of more than three and one-half years prior to applying for such appointment.

“(3) No person shall be appointed pursuant to this subsection unless he meets standards established in accordance with regulations of the President.”

RETIREMENT OF COMMISSIONED OFFICERS OF THE REGULAR AND RESERVE CORPS

SEC. 4. Section 211 of the Public Health Service Act (42 U.S.C. 212) is amended to read as follows:

“SEC. 211. (a) (1) A commissioned officer of the Service shall be retired on the first day of the month following the month in which he attains the age of sixty-four years.

“(2) A commissioned officer of the Service may be retired by the Secretary, and shall be retired if he applies for retirement, on the first day of any month after completion of thirty years of active service.

“(3) Any commissioned officer of the Service who has had less than thirty years of active service may be retired by the Secretary, with or without application by the officer, on the first day of any month after completion of twenty or more years of active service of which not less than ten are years of active commissioned service in any of the uniformed services.

“(4) A commissioned officer retired pursuant to paragraph (1), (2), or (3) shall be entitled to receive retired pay at the rate of 2½ per centum of the basic pay of the highest grade held by him as such officer and in which, in the case of a temporary promotion to such grade, he has performed active duty for not less than six months, (A) for each year of active service, or (B) if it results in higher retired pay, for each of the following years:

“(i) his years of active service (determined without regard to subsection (d)) as a member of a uniformed service; plus

“(ii) in the case of a medical or dental officer, four years and, in the case of a medical officer, who has completed one year of medical internship or the equivalent thereof, one additional year, the four years and the one year to be reduced by the period of active service performed during such officer's attendance at medical school or dental school or during his medical internship; except that (C) in the case of any officer whose retired pay, so computed, is less than 50 per centum of such basic pay, who retires pursuant to paragraph (1) of this subsection, who has not less than twelve whole years of active service (computed without the application of subsection (e)), and who does not use, for purposes of a retirement annuity under the Civil Service Retirement Act, any service which is also creditable in computing his retired pay from the Service, it shall, instead, be 50 per centum of such pay, and (D) the retired pay of an officer shall in no case be more than 75 per centum of such basic pay.

“(5) With the approval of the President, a commissioned officer whose service as Surgeon General, Deputy Surgeon General, or Assistant Surgeon General has totaled four years or more and who has had not less than twenty-five years of active commissioned service in the Service may retire voluntarily at any time; and his retired pay shall be at the rate of 75 per centum of the basic pay of the highest grade held by him as such officer.

“(b) For purposes of subsection (a), the basic pay of the highest grade to which a commissioned officer has received a temporary promotion means the basic pay to which he would be entitled if serving on active duty in such grade on the date of his retirement.

“(c) A commissioned officer, retired for reasons other than for failure of promotion to the senior grade, may (1) if an officer of the Regular Corps or an officer of the Reserve Corps entitled to retired pay under subsection (a), be involuntarily recalled to active duty during such times as the Commissioned Corps constitutes a branch of the land or naval forces of the United States, and (2) if an officer of either the Regular or Reserve Corps, be recalled to active duty at any time with his consent.

“(d) The term ‘active service’, as used in subsection (a), includes—

“(1) all active service in any of the uniformed services, other than the Coast and Geodetic Survey;

“(2) active service with the Public Health Service, other than as a commissioned officer, which the Surgeon General determines is comparable to

service performed by commissioned officers of the Service, except that, if there are more than five years of such service only the last five years thereof may be included; and

“(3) all active service (other than service included under the preceding provisions of this subsection) which is creditable for retirement purposes under laws governing the retirement of members of any of the uniformed services, other than the Coast and Geodetic Survey.

“(e) For the purpose of computing the amount of the retired pay of any officer pursuant to section 210(g)(3) or paragraph (4) of subsection (a) of this section, a part of a year of active service of six months or more shall be counted as a whole year and a part of a year of active service which is less than six months shall be disregarded.

“(f) For purposes of retirement or separation for physical disability under chapter 61 of title 10, United States Code, a commissioned officer of the Service shall be credited, in addition to the service described in section 1208(a)(2) of that title, with active service with the Public Health Service, other than as a commissioned officer, which the Surgeon General determines is comparable to service performed by commissioned officers of the Service, except that, if there are more than five years of such service, only the last five years thereof may be so credited. For such purposes, such section 1208(a)(2) shall be applicable to officers of the Regular or Reserve Corps of the Service.”

MISCELLANEOUS AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

SEC. 5. (a) Section 2 of the Public Health Service Act (42 U.S.C. 201) is amended by striking out “and” at the end of subsection (n), striking out the period at the end of subsection (o) and inserting in lieu thereof “; and”, and adding after such subsection (o) the following new subsection:

“(p) The term ‘uniformed service’ means any regular or reserve component of the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, or Coast and Geodetic Survey.”

(b) Section 208(b) of such Act (42 U.S.C. 210(b)) is amended to read as follows:

“(b) In accordance with regulations of the President, commissioned officers on active duty may make allotments from their pay. Such officers, and retired officers entitled to retired pay pursuant to section 210(g)(3), section 211, or section 221(a), shall be permitted to purchase supplies from the Army, Navy, Air Force, and Marine Corps at the same price as is charged officers thereof.”

(c) Section 210(g)(3) of such Act (42 U.S.C. 211(g)(3)) is amended by striking out “of his active duty pay at the time of retirement for each complete year” and inserting in lieu thereof “of the basic pay of the permanent grade held by him at the time of retirement for each year”.

(d) Section 326(a) of such Act (42 U.S.C. 253(a)) is amended by striking out “, including those on shore duty and those on detached duty, whether on active duty or retired” in subparagraphs (1) and (2) and inserting in lieu thereof “on active duty, including those on shore duty and those on detached duty”, by striking out “or when retired for disability” in subparagraph (1), and by striking out subparagraph (3) and inserting in lieu thereof:

“(3) commissioned officers of the Regular or Reserve Corps of the Public Health Service on active duty;”

COVERAGE UNDER CIVIL SERVICE RETIREMENT ACT

SEC. 6. (a) Except as provided in subsection (b), service as a commissioned officer in the Regular Corps of the Public Health Service prior to July 1, 1959, shall be considered, for purposes of credit under the Civil Service Retirement Act, other than section 3(f) thereof, as civilian service performed by an employee (as defined in such Act), and commissioned officers of the Reserve Corps of the Public Health Service, subject to the Civil Service Retirement Act, other than section 3(f) thereof, as civilian voluntarily separated on that date, with respect to service as such officers, from civilian positions subject to such Act.

(b) If a commissioned officer of the Regular or Reserve Corps of the Public Health Service is retired after June 30, 1959, and becomes entitled to retired pay from the Public Health Service, all service in the Regular or Reserve Corps of the Public Health Service prior to July 1, 1959, together with any other service which is performed at any time with the Public Health Service, other than as a commissioned officer, and which is credited to the officer for purposes of such retirement, shall be considered as military service for purposes of section 3(b) of the Civil Service Retirement Act; except that, in the case of any such officer who is retired

pursuant to subsection (a) of section 211 of the Public Health Service Act, any such service which was performed prior to July 1, 1959, which was subject to the Civil Service Retirement Act, and with respect to which he has not, prior to his retirement, received a refund of deductions under the Civil Service Retirement Act, shall not be considered as military service for purposes of such section 3(b), but only if he waives his right to have such service included for purposes of computing the amount of his retired pay from the Service.

(c) Section 1(r) of the Civil Service Retirement Act is amended by inserting after "Coast Guard of the United States," the phrase "or, after June 30, 1959, in the Regular Corps or Reserve Corps of the Public Health Service,".

ELECTION OF BENEFITS UNDER THE SOCIAL SECURITY ACT AND THE CIVIL SERVICE RETIREMENT ACT

SEC. 7. Section 215 of the Social Security Act (42 U.S.C. 415) is amended by adding at the end thereof the following new subsection:

"(h)(1) Notwithstanding the provisions of the Civil Service Retirement Act, remuneration paid for service to which the provisions of section 210(m)(1) of this Act are applicable and which is performed by an individual as a commissioned officer of the Reserve Corps of the Public Health Service prior to July 1, 1959, shall not be included in computing entitlement to or the amount of any monthly benefit under this title, on the basis of his wages and self-employment income, for any month after June 1959 and prior to the first month with respect to which the Civil Service Commission certifies to the Secretary that, by reason of a waiver filed as provided in paragraph (2), no further annuity will be paid to him, his wife, and his children, or, if he has died, to his widow and children, under the Civil Service Retirement Act on the basis of such service.

"(2) In the case of a monthly benefit for a month prior to that in which the individual, on whose wages and self-employment income such benefit is based, dies, the waiver must be filed by such individual; and such waiver shall be irrevocable and shall constitute a waiver on behalf of himself, his wife, and his children. If such individual did not file such a waiver before he died, then in the case of a benefit for the month in which he died or any month thereafter, such waiver must be filed by his widow, if any, and by or on behalf of all his children, if any; and such waivers shall be irrevocable. Such a waiver by a child shall be filed by his legal guardian or guardians, or, in the absence thereof, by the person (or persons) who has the child in his care."

EFFECTIVE DATE

SEC. 8. (a) The amendments made by sections 2 and 5(b) shall become effective July 1, 1959.

(b) The amendment made by section 4 shall become effective on the date of enactment of this Act in the case of commissioned officers of the Regular Corps of the Public Health Service, and on July 1, 1959, in the case of commissioned officers of the Reserve Corps of the Public Health Service.

(c) An officer in the Regular Corps on active duty on the date of enactment of this Act may be retired and have his retired pay computed under section 211 of the Public Health Service Act, as amended by this Act, or, if he so elects, under such section as in effect prior to the date of enactment of this Act.

(d) The limitation under subsection (f) of section 211 of the Public Health Service Act, as amended by this Act, on the amount of active service with the Public Health Service, other than as a commissioned officer, which may be counted for purposes of retirement or separation for physical disability, shall not apply in the case of any officer of the Reserve Corps of the Public Health Service on active duty on June 30, 1959.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
April 13, 1959.

HON. SAM RAYBURN,
Speaker of the House of Representatives,
Washington, D.C.

DEAR MR. SPEAKER: There is enclosed a draft of a bill to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes, together with a detailed analysis thereof. This draft bill is similar to a draft bill transmitted by this

Department to the Congress last year and introduced in the 85th Congress as S. 4312, H.R. 13812, and H.R. 13814. Since the close of the 85th Congress, we have carefully reviewed last year's bill and have determined that certain technical or clarifying changes are needed. These changes, embodied in the enclosed draft bill, do not alter the principles incorporated in the earlier bill.

The purpose of the proposed legislation is to assist the Public Health Service in recruiting and retaining competent personnel by strengthening the Commissioned Corps personnel system and by increasing its career attractiveness. The proposed legislation would—

1. Improve and strengthen the retirement system applicable to commissioned officers of the Regular Corps of the Service;

2. Remove commissioned officers of the Reserve Corps from coverage under the civil service retirement system and substitute therefor the retirement program applicable to commissioned officers of the Regular Corps;

3. More closely identify the retirement system applicable to Public Health Service commissioned officers with the system applicable to military personnel; and

4. Increase the number of appointments to the higher grades in the Regular Corps (full grade and above) which may be made each year by making the existing limitation (not more than 10 percent of original appointments authorized for the year) inapplicable to the appointment to the Regular Corps of active duty reserve officers.

A major retirement proposal is an authorization for retirement after 20 years of service, subject to the Secretary's approval. Despite the fact that this proposal would authorize retirements 10 years earlier than is authorized under existing law, we believe that it would result in retaining in the Service more capable officers for longer periods of service.

Practically all the resignations from the career service occur during the first 15 years of service. Of the 559 Regular Corps medical officers who resigned during the period of 1946 through 1958, 221 had completed less than 5 years' service, 272 had completed 5 through 9 years, 59 had completed 10 through 14 years, and only 7 had completed 15 or more years of service. An important reason for resignations after 5 years of service is the uncertain future resulting from the narrowly limited room at the top and the necessity under present law of completing 30 years of service in order to realize retirement benefits (unless retired for disability or an attainment of age 64). These resignations are particularly serious because of the investment in training which the Government has made, and because this is the group from which the future leaders of the Service must come.

The possibility of retirement after 20 years of service would encourage many excellent officers, who now resign after completion of a shorter though substantial period of service, to remain for at least 20 years. Moreover, experience in the military services (where 20-year retirements are now authorized) has shown that only a small number of officers of superior capability retire voluntarily after 20 years. They tend to remain because they are in positions which are professionally rewarding and personally challenging. In addition, it should be pointed out that the retired pay of those retiring after 20 years but before 30 years of service would be proportionately lower than the retired pay of those who complete the 30 years.

Under present law the Surgeon General may, upon his application and with the approval of the President, be retired after completion of 4 or more years as Surgeon General and 25 years of active commissioned service in the Public Health Service. It is proposed that this provision be extended to all general grade officers. In contrast to the military services, no permanent general grades are authorized within the Public Health Service Commissioned Corps personnel system. Consequently, an officer transferred out of one of the few general grade positions must revert to a lower pay grade and rank. This creates individual hardship and awkward administrative situations which may hamper the Surgeon General in the best utilization of his staff. The alternative of optional full retirement, after 25 years, for an officer who has been in the general grade for the required period of time would increase administrative flexibility and would not be unreasonable as a reward for an officer who has qualified to hold a position of such high responsibility.

Under existing law commissioned officers of the Reserve Corps of the Public Health Service are the only group within the uniformed services subject to the Civil Service Retirement Act. As in the other uniformed services, however, officers of the Regular Corps of the Public Health Service are under a noncontributory retirement program. Thus, Reserve officers of the Service, who receive the same pay as Regulars, are subject to the civil service retirement deduction

of 6½ percent of their basic pay. No such deduction is made from the Regular officer's pay for his retirement benefits. This distinction is even more inequitable toward the reservist since he receives less retired pay than the Regular officer with the same pay and the same length of service. The draft bill would remedy this inequity by extending the Public Health Service staff retirement system for Regular officers to its reservists on active duty. Rights previously earned by the reservists under the Civil Service Retirement Act would be preserved.

Under present law a Regular Corps officer appointed after his 34th birthday and not later than his 45th birthday is retired for age at age 64 with retired pay computed at the rate of 75 percent of basic pay. Likewise, an officer who is appointed to the Regular Corps after his 45th birthday has his retired pay at age 64 computed at the rate of 4 percent for each year of service times basic pay. These two provisions are more liberal than provisions applicable to military personnel. For this reason, we are substituting for these provisions new methods for computing retired pay which are similar to those now applicable to military personnel. Basically, retired pay would be equal to 2½ percent per year of active service times basic pay. In the case of physicians and dentists there would be added to the active service otherwise credited to them 4 or 5 years to compensate them for their professional schooling and internship which, under current law, are also credited for the computation of basic pay. In addition, officers who at the time of retirement have completed at least 12 full years of active service would receive retired pay of not less than 50 percent of basic pay. In no instance would retired pay exceed 75 percent of basic pay. The existing provisions relating to retirement and the computation of retired pay would continue to apply to Regular Corps officers on active duty at the time of enactment if the new provisions were less favorable.

The enclosed draft bill would amend the Public Health Service legislation in several other less significant respects in order to bring the Service's retirement system closer to parity with those of the military services. These amendments would—

1. Credit military service for purposes of retirement;
2. Authorize officers to retire at the highest grade held, temporary or permanent; and
3. Authorize a major fraction of a year to be counted as a full year in the computation of retired pay.

The Public Health Service Act presently limits original appointments to the Regular Corps in the full grade or above to 10 percent of the vacancies in the overall Regular Corps strength. Over the past several years this limitation has permitted on an average only 26 such appointments each year. Consequently, to meet the need for additional highly qualified professional and scientific personnel for the new or expanding responsibilities of the Service, many officers have been appointed to the higher grades in the Reserve Corps. There are now approximately 400 such Reserve officers on active duty in the higher grades. Since only a few of these can, under the present limitation, be appointed to the Regular Corps in the higher grades for which their ability and experience would qualify them and since the responsibilities of the Service will necessitate additional appointments of this nature to the Reserve Corps, the number of these officers in the Reserve Corps will continue to increase with the passage of each year.

We believe a large proportion of these officers are qualified for the career service and are anxious to obtain the tenure which the career service affords. A transfer from the Reserve to the Regular Corps would thus provide a substantial inducement for these highly qualified and experienced officers to remain with the Service instead of resigning to seek more secure employment. Their transfer to the Regular Corps would also provide a better balanced staff in the permanent operating programs of the Service. The bill would therefore, make the 10 percent limitation on the higher grade appointments in the Regular Corps inapplicable to members of the Reserve Corps appointed to the Regular Corps after they have been in the Reserve Corps for a year (but less than 3½ years).

There is also enclosed a detailed analysis of the draft bill.

Since the enactment of the enclosed draft bill would not in the foreseeable future entail annual expenditure of appropriated funds in excess of \$1 million, the provisions of Public Law 801, 84th Congress, are not applicable.

The Bureau of the Budget advises that it perceives no objection to the submission of this proposed legislation to the Congress for its consideration.

Sincerely yours,

ARTHUR S. FLEMMING, *Secretary.*

DETAILED ANALYSIS OF DRAFT BILL TO STRENGTHEN THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE THROUGH REVISION AND EXTENSION OF SOME OF THE PROVISIONS RELATING TO RETIREMENT, APPOINTMENT OF PERSONNEL, AND OTHER RELATED PERSONNEL MATTERS, AND FOR OTHER PURPOSES

SECTION 1

This section provides a short title for the bill—the “Public Health Service Commissioned Corps Personnel Act of 1959.”

SECTION 2

This section would preclude officers from being appointed or called to active duty in the Commissioned Corps at an age beyond which they could not complete the minimum career service of 20 years for purposes of retirement unless they possess exceptional qualifications. Exceptions to this limitation would be made in the case of Reserve officers who are called to active duty for 1 year or less or in the event that the Commissioned Corps of the Service is declared by the President to be a military service.

SECTION 3

The number of higher grade appointments (full grade or above) authorized to be made in the Regular Corps in any fiscal year under section 207 of the Public Health Service Act is 10 percent of—

(a) The number of vacancies existing on the first day of the fiscal year in the strength of the Regular Corps authorized by Congress in the appropriation act; plus

(b) The number of officers in the Regular Corps who during that fiscal year retire or for any other reason cease to be on active duty.

Section 3 of the bill would amend section 207 of the Public Health Service Act to permit those Reserve officers presently on active duty at the full grade or above to be appointed in the Regular Corps regardless of the number of years they have been on active duty, if they have been on active duty for at least 1 year prior to July 1, 1959, and they apply for appointment prior to July 1, 1961. Under section 207, as so amended, Reserve officers entering on active duty after June 30, 1959, would be required to serve on active duty continuously for at least a year before appointment to the Regular Corps, but they could not apply for such appointment after they had served continuously for more than 3½ years. If such requirements are not met, or if a person outside the Service applies for appointment in one of the higher grades in the Regular Corps, the existing 10-percent limitation would still apply.

SECTION 4

This section would revise the existing section 211 of the Public Health Service Act, with respect to the retirement of Regular or Reserve officers of the Public Health Service, in a number of respects. The subsections and paragraphs referred to below are subsections and paragraphs of the amended section 211.

Subsection (a) sets forth the eligibility requirements and the methods of computing retired pay in case of retirement for length of service or age (64 years) of commissioned officers of the Service.

Paragraph (1) of subsection (a) provides that all officers shall be retired on the first day of the month following their 64th birthday. This provision does not represent any change in existing law.

Paragraph (2) of subsection (a) provides that commissioned officers may be retired by the Secretary, and shall be retired upon their application, after completion of 30 years of active service. This provision, which is contained in existing law for Regular officers, would be applicable to Reserve officers as well.

Paragraph (3) of subsection (a) provides for voluntary retirement with the approval of the Secretary, or involuntary retirement by the Secretary, upon completion of 20 or more but less than 30 years of service for both Regular and Reserve officers. Although this provision would provide a new benefit for Public Health Service officers, it parallels similar provisions applicable to members of the military services.

Paragraph (4) of subsection (a) would establish the methods under which retired pay would be computed for officers retiring for age or length of service (20 or 30 years). Under these methods, retired pay would be computed on (i) the basic pay of an officer's permanent grade at the time of retirement or (ii) the basic pay of a higher temporary grade in which he has served on active duty for

not less than 6 months and which he would be entitled to receive if serving in such grade at the time of retirement. Basically, retired pay would be equal to 2½ percent per year of active service times basic pay. In the case of physicians and dentists, there would be added to the active service otherwise credited to them 4 years, to compensate for professional education, and 1 additional year for a medical internship, which years, under current law, are also credited for the computation of basic pay. If, however, any period of such professional education or internship is counted as active service, it will be deducted from the 4 or 5 years. In addition, officers who are retiring for age, who at that time have completed at least 12 full years of active service and who do not use for civil service retirement purposes any service also creditable under the Public Health Service Retirement system would be entitled to receive retired pay at the minimum rate of 50 percent of basic pay. In no event would retired pay exceed 75 percent of basic pay. Application of these new methods for computing retired pay constitutes a major change in the existing methods of computing retired pay under such circumstances. Under present law a Regular Corps officer appointed after his 34th birthday and not later than his 45th birthday is retired for age at age 64 with retired pay computed at the rate of 75 percent of basic pay. Likewise, an officer who was appointed to the Regular Corps after his 45th birthday and who is now retired for age has his retired pay computed at the rate of 4 percent for each year of service times basic pay. This change in computing retired pay parallels the formulas applicable to the computation of retired pay for military personnel.

Paragraph (5) of subsection (a) would authorize the Surgeon General, the Deputy Surgeon General, and Assistant Surgeons General to be retired, with the approval of the President, after completion of 25 years of active commissioned service in the Public Health Service and after 4 or more years in any one or a combination of the general officer grades. This provision, which is presently applicable only to the Surgeon General, parallels provisions applicable to the military services, inasmuch as all military medical and dental officers may retire after 26 years of service (after 25 years of service for medical officers in some instances) with full retired pay.

Subsection (b) of the amended section 211 of the Public Health Service Act provides that if retired pay is computed under subsection (a)(4) of the same section on the basis of the highest temporary grade held, the basic pay involved in the computation would be that pay to which the officer would be entitled if serving on active duty in such grade on the date of his retirement, regardless of the pay or pay grade of such grade at the time the officer served in such grade. This provision is similar to provisions currently applicable to the members of the military services.

Subsection (c) of the amended section 211 extends to Reserve officers entitled to retired pay under the Public Health Service staff retirement program an existing provision of law which permits the involuntary recall to active duty of Regular Corps officers during periods when the Commissioned Corps is a military service.

Subsection (d) of the amended section 211 defines the term "active service" for purposes of establishing eligibility for and the computation of retired pay. It would include (i) all active service in any of the uniformed services, including the Commissioned Corps of the Public Health Service, but excluding the Coast and Geodetic Survey; (ii) employment with the Public Health Service, other than as a commissioned officer, but not to exceed the last 5 years of such employment preceding retirement whether or not such years are continuous, and limited to those types of employment which are performed by commissioned officers; and (iii) all other active service in another uniformed service (excluding the Coast and Geodetic Survey), which is creditable for retirement purposes under laws governing the retirement of members of such other uniformed service. This subsection would change existing law in two major respects. It would authorize credit, for all retirement purposes, of active service in the other uniformed services, excluding the Coast and Geodetic Survey. Moreover, it would limit to a maximum of 5 years (the last 5 years) the crediting of civilian service with the Public Health Service.

Subsection (e) of the amended section 211 would authorize the crediting of a part of a year of 6 months or more as a whole year for purposes of computing retired pay. This follows the law applicable to the military services.

Subsection (f) of the amended section 211 would, in addition to a few drafting changes, amend the existing subsection (g) of section 211 to impose, with respect to the crediting of noncommissioned employment in the Public Health Service for disability retirement purposes, the same limitations as are contained in subsection (d) of the amended section 211, described above.

SECTION 5

Subsection (a) of section 5 of the bill would amend section 2 of the Public Health Service Act to add a new subsection (p) defining "uniformed service." The term would include all Regular or Reserve components of the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, or Coast and Geodetic Survey.

Subsection (b) of section 5 would amend section 208(b) of the Public Health Service Act to authorize Reserve officers retired for age, length of service, or disability to purchase supplies, such as quartermaster supplies, from the military services on the same basis as such supplies may be purchased by officers of the military services. The present provision is further amended by deleting the word "quartermaster," as supplies sold by services other than the Army are not known as "quartermaster" supplies.

Subsection (c) of section 5 would amend section 210(g)(3) of the Public Health Service Act which relates to the retired pay of a full grade officer of the Regular Corps who is twice passed over for permanent promotion to the senior grade and who is subsequently retired. The bill would make it clear that his retired pay would be computed on the basis of the basic pay of his permanent grade.

Subsection (d) of section 5 would amend section 326(a) of the Public Health Service Act to delete therefrom all references to retired personnel of the Coast Guard, Coast and Geodetic Survey, and Public Health Service. The inclusion of such personnel in the existing section 326(a) permits such persons to receive medical care from civilian facilities in emergencies. Such benefit is not available to retired personnel of the military services who are entitled to medical care only at medical facilities of the uniformed services pursuant to section 301(b) of the Dependents' Medical Care Act. The only intent of this amendment is to establish parity between retired personnel of the Coast Guard, Coast and Geodetic Survey, and Public Health Service and retired personnel of the military services.

SECTION 6

One of the main purposes of this section is to safeguard rights earned under the Civil Service Retirement Act for Reserve officers transferred from the civil service retirement system to the staff retirement system proposed by this bill.

Subsection (a) of section 6 provides that service, prior to July 1, 1959, as a commissioned officer of the Regular Corps of the Public Health Service shall be considered, for purposes of credit under the Civil Service Retirement Act, as civilian service. (Service in the Reserve Corps is already considered as civilian service for the purposes of such act.) Such Regular Corps service would not, however, be considered as civilian service for purposes of section 3(f) of the act which requires 5 years of civilian service for eligibility for an annuity under the act. In other words, such Regular Corps service would be creditable under the act only if the officer, after his resignation from the Service, completed 5 years in a civil service position subject to the act. One additional exception to this general provision is made in subsection (b) of section 6 (explained below). Also, this subsection provides that Reserve officers, whether on active duty or in an inactive status shall be considered as voluntarily separated on June 30, 1959, from civilian positions subject to the Civil Service Retirement Act. Under this provision any Reserve officer who, as of July 1, 1959, had 5 years or more of service creditable under the Civil Service Retirement Act, including his Public Health Service Reserve service, could elect to leave his money in the civil service retirement fund and receive a deferred annuity based on such service commencing at age 62.

Subsection (b) provides the general rule which would preclude the crediting of service under the Civil Service Retirement Act in the case of an officer retiring from the Public Health Service if such service is also creditable for retirement purposes under the Public Health Service staff retirement system. Any service which is so creditable, such as active commissioned Reserve service before July 1, 1959, or civil service employment with the Public Health Service performed at any time, would not, except as explained below, be credited for civil service retirement purposes upon an officer's retirement under the Public Health Service staff retirement plan, regardless of whether such service would be used in the computation of the officer's retired pay from the Public Health Service. If, however, an officer has, at the time of his retirement from the Public Health Service for age or length of service, service which is dually creditable under both the Civil Service Retirement Act and the Public Health Service staff retirement system and which was performed before July 1, 1959, and has not applied for and received a refund of his civil service retirement deductions covering such

service, he may waive the use of such credits in computing his Public Health Service retired pay and use such credits for annuity purposes under the Civil Service Retirement Act. For example, an officer, who had 10 years of active Reserve service on January 1, 1959, and 20 years of such service thereafter, applies for retirement upon completion of 30 years of service. He may elect to have his retired pay from the Public Health Service computed at the rate of $2\frac{1}{2}$ percent times 30 years times basic pay, or at the rate of $2\frac{1}{2}$ percent times 20 years times basic pay, thus permitting the officer to use his 10 years of service before July 1, 1959, for civil service retirement purposes.

Subsection (c) of section 6 amends section 1(r) of the Civil Service Retirement Act. This section defines "military service" for purposes of that act. The amendment would bring service after June 30, 1959, in the Regular or Reserve Corps of the Public Health Service within the meaning of the term.

SECTION 7

Under an amendment to the Civil Service Retirement Act, enacted in 1956, no service in a uniformed service performed after 1956, may be creditable thereunder if a person is or becomes eligible for old-age, survivors', and disability insurance payments. The purpose of this limitation is to preclude a civilian employee who enters military service from having this period of service credited under both programs. As the Civil Service Retirement Act authorizes a civilian employee to receive gratuitous credit for military service, this limitation is not unreasonable. Public Health Service Reserve officers, however, are compelled to pay for both civil service retirement (at the rate of $6\frac{1}{2}$ percent of basic pay) and old-age, survivors', and disability insurance (at the rate of $2\frac{1}{4}$ percent of basic pay through 1958 and since then $2\frac{1}{2}$ percent) with respect to their service after 1956 and, assuming enactment of the enclosed draft bill, before July 1, 1959. Yet, the limitation described above is applicable to this group of officers who are the only group of Federal personnel in this situation. Section 7 of the draft bill would resolve this unusual situation to some extent by permitting such an officer (or his survivors) to use such service for civil service retirement purposes or for purposes of old-age, survivors', and disability insurance, as he (or his survivors) may elect.

SECTION 8

Subsections (a) and (b) of section 8 provide effective dates for the amendments made by the bill.

Subsection (c) is a savings provision pertaining to officers of the Regular Corps on active duty on the date of enactment of the bill (including officers on detail on a leave-without-pay basis). Its purpose would be to enable such officers to retire and have their retired pay computed under either the old or the new section 211, at their election.

Subsection (d) of section 8 is a savings provision for Reserve officers on active duty on June 30, 1959 (including those on detail on a leave-without-pay basis). Under the existing section 211 Reserve officers are, for purposes of disability retirement, credited with all their civilian service with the Public Health Service. Under the amended section 211 the crediting of such service would be limited to 5 years. Thus, to prevent a loss in existing retirement credits, subsection (d) would provide that all Reserve officers on active duty on June 30, 1959, could use the service with which they are credited on the preceding day for purposes of disability retirement under the amended section 211.

THE GENERAL COUNSEL OF THE TREASURY,
Washington, March 13, 1959.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House Office Building, Washington, D.C.

MY DEAR MR. CHAIRMAN: Reference is made to the request of your committee for the views of the Treasury Department on H.R. 1077, to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes.

The bill would (1) place a limitation on the age of officers appointed or called to active duty at 44 years (with exceptions); (2) authorize additional original

appointments above grades of senior assistant; (3) provide for the compulsory retirement of officers at age 64, authorizes 20-year (10 commissioned service) and 30-year retirements, authorizes retirement of Surgeons General with more than 25 years' service and at least 4 years in office with 75 percent basic pay of highest grade held, authorizes crediting for retirement or separation for physical disability of up to 5 years' service with Public Health Service in status comparable to officer; (4) adopt miscellaneous amendments to the Public Health Service Act; (5) provide coverage for public health officers under the Civil Service Retirement Act; and (6) provide for election of benefits under the Social Security Act and the Civil Service Retirement Act.

The subject matter of the proposed legislation is not of primary interest to the Treasury Department; therefore, no comment is offered on its general propriety.

Very truly yours,

NELSON P. ROSE, *General Counsel.*

DEPARTMENT OF THE NAVY,
OFFICE OF THE SECRETARY,
Washington, D.C., April 15, 1959.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

MY DEAR MR. CHAIRMAN: Your request for comment on H.R. 1077, a bill to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes, has been assigned to this Department by the Secretary of Defense for the preparation of a report thereon expressing the views of the Department of Defense.

This bill would increase the number of appointments to the higher grades in the Regular Corps which may be made each year from among active duty Reserve officers; authorize retirement after 20 years of active service, below age 64; authorize retirement at age 64 with a minimum of 12 years service at 50 percent of basic pay; and remove commissioned officers of the Reserve Corps from coverage under the civil service retirement system.

H.R. 1077 appears to provide a more extensive retirement benefit for the Commissioned Corps of the Public Health Service than is provided presently for physicians in the military departments, Army, Navy, and Air Force. There is no objection to making the Public Health Service more attractive to its personnel. However, if the Public Health Service is permitted to offer personnel benefits more extensive than those which may be offered by the military services, this could become detrimental and prejudicial to the best interest of the Defense Establishment. Procurement of doctors and dentists for the military services has been a continuing problem, only recently resolved, to a degree, by various financial and incentive programs as inducements to service. These inducements become less apparent, if they do not disappear altogether, when greater benefits are offered in a service which does not require similar hardships, long absences, and other disadvantages of military service during peacetime.

Section 3 of the bill would permit all reservists being appointed to the Regular Corps to be so appointed in the director grade (colonel). It would appear advisable to impose some statutory restriction in this area similar to the restriction imposed on the military services by the Officer Grade Limitation Act.

For the above-stated reasons, the Department of the Navy, on behalf of the Department of Defense, is opposed to the bill in its present form. It is our belief that any proposal designed to benefit the Commissioned Corps of the Public Health Service should approximate, but not exceed, benefits provided for commissioned officers of the military services. In those areas where personnel benefits currently available to Regular officers of the Public Health Service exceed those available to officers of the military services, such benefits should not be extended to cover Reserve officers of the Public Health Service.

Your attention is directed to section 5 of the bill which appears to contain a technical error in defining "uniformed service." The phrase "any Regular or Reserve component of" should be deleted from line 23, page 7, and line 1, page 8, of the bill if further action is taken on the bill. This change will assure that those elements of the Army and Air Force which are neither Regular nor Reserve components are included in the phrase "uniformed services." Temporary officers are commissioned in the Army and Air Force "without component." Persons drafted into the Armed Forces are assigned to no "component" thereof.

Title 10, United States Code, includes such persons in its definitions of the respective services.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Department of the Navy has been advised by the Bureau of the Budget that there is no objection to the submission of this report on H.R. 1077 to the Congress.

It is noted that the Secretary of Health, Education, and Welfare has recently transmitted a draft of legislation on this subject which this Department has not seen at this time.

Sincerely yours,

JOHN S. McCAIN, Jr.,
Rear Admiral, U.S. Navy,
Chief of Legislative Liaison
(For the Secretary of the Navy).

Mr. ROBERTS. Dr. Burney, you may proceed with your statement.

**STATEMENT OF DR. LEROY E. BURNEY, THE SURGEON GENERAL,
PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH, EDUCA-
TION, AND WELFARE**

Dr. BURNEY. Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, I am very pleased to have this opportunity to meet with you and discuss this proposed legislation.

May I present to you two of the staff members who will be available to answer some of the more detailed questions that you might have. Mr. Paul M. Camp, here, who is the Chief of our Division of Personnel and Mr. Robert Johnston, who is one of the staff members of our Office of Personnel.

I also welcome the opportunity to meet some of the members of your newly constituted subcommittee, Mr. Chairman; and I assume that we will have other occasions to meet on some other legislation during the coming session of Congress.

I also would like to say that we have sent to you, Mr. Chairman, I believe to the clerk of this subcommittee, some of the information on some of the activities in which the service is concerned and some of the new developments more recently in the realm of radiological health, some of the things we are doing in similar areas.

And I want you to know, sir, and the other members of the committee, that we will want to keep you informed, even though there perhaps is no legislative need back of some of these things.

We would like to keep you and your committee members informed of substantive health occurrences that are going on in which the Public Health Service does have a responsibility.

Also I will be very pleased to give you any reports of any kind that you or members of the committee would like to have or any information on any of these matters.

I am particularly pleased, of course, as Surgeon General, to be able to discuss this proposed legislation with you. We do not have any formal statement, because the letter which the Secretary sent to you, a letter of transmittal, I believe, outlined pretty clearly the elements of the bill, and also emphasized that this is an administration approved bill. By that I mean that the Bureau of the Budget has reviewed the bill and has approved it for submission to the Congress by our Department.

And naturally having been a career officer in the Service, beginning back in 1930, with my internship, and having been in the Service, except for 1 year at Johns Hopkins since, I have about 28 years of service as a career officer. And I must admit a certain amount of bias, Mr. Chairman, and members, about the commissioned corps and its contributions to public health in this country.

You have already indicated that we are to discuss the bill which you introduced, H.R. 6324. This legislation, as you know, Mr. Chairman, has been considered for several years. A bill was submitted last year to the Congress with administration support. It has been revised during the intervening months, not substantively, sir, but with some clarifying amendments. So, this year's bill in substance does not differ from the administration bill which was submitted last year. Thus, my comments to you gentlemen this morning will be on H.R. 6324.

I am pleased that you asked me to give a little background on the personnel structure of the Public Health Service because a great many people aren't aware of some of the implications.

We have in the Service, Mr. Chairman, and members of the committee, about approximately 25,350 officers and employees, most of whom are employed in our hospitals, in our laboratories and field stations, and on foreign assignments. Of this number approximately 22,000 are civil service employees, who are professional, administrative, clerical, and custodial persons.

In addition to the civil service contingent, we have a commissioned corps which numbers about 3,350 active duty officers at the present time. And this commissioned corps consists, like the other uniformed services, of both regular and reserve officers.

The commissioned corps differs a little bit from the other services in that we are a professional group. In other words, members of our commissioned corps are physicians, dentists, engineers, pharmacists, veterinarians, scientists, and other health related persons. So they are all members of what is broadly termed the health professions.

The reasons for the corps are to be found somewhat in the history of the Service.

A great many people don't realize that Congress established the Public Health Service initially in 1798. So we are one of the oldest of the departments of the Federal Government. The growing responsibilities of the Service since that time have increased largely as a result of additional responsibilities given to us by Congress.

The first commissioned corps was established by regulation of the Secretary of the Treasury in 1873. We were initially a part of the Treasury Department because we provided medical care for merchant seamen in our marine hospitals. The merchant seamen were taxed to pay for this care, and the tax was, of course, collected by the Treasury Department.

Then in 1889, 16 years later, Congress established by law the commissioned corps of the Service. The pattern of the corps, both as to obligations and perquisites, was similar to that of the military services.

That pattern has been maintained substantially throughout the years. We have Presidential appointments of the regular officers, a system of regular promotion of these officers, an agreement to serve—and this is particularly important—wherever they are given orders to

serve, whether at an isolated Indian health station or on a foreign assignment even though this may mean a 24-hour change of duty, as happens occasionally.

In other words, they must follow the orders given to them by the Surgeon General.

Rank and tenure are comparable to those of the Army.

We have a career system which has been extremely important in recruiting and retaining the kinds of professional people that we need to meet our obligations and responsibilities. The grade titles of the commissioned officers in the Service, although equivalent to, are different from those of the military. We have assistant surgeons, senior assistant surgeons, surgeons, senior surgeons, and medical directors. I have with me for insertion in the record a table showing the Public Health Service grades as they correspond to those of the Army.

(The material referred to follows:)

GRADE STRUCTURE

<i>Public Health Service</i>	<i>Army</i>
Surgeon General.....	Major general.
Deputy Surgeon General.....	Do.
Assistant Surgeon General.....	Major general or brigadier general. ¹
Director.....	Colonel.
Senior.....	Lieutenant colonel.
Full.....	Major.
Senior assistant.....	Captain.
Assistant.....	First lieutenant.
Junior assistant.....	Second lieutenant.

¹ 2 Assistant Surgeons General have statutory rank of major general. Others are either major general or brigadier general as determined by the Secretary of Health, Education, and Welfare.

Dr. BURNEY. But we ordinarily use our professional titles rather than military titles.

We wear uniforms in peacetime in our Public Health Service hospitals, on our assignments to the Coast Guard, in our foreign quarantine and domestic quarantine activities, and on similar assignments.

As I said, we have both Regular and Reserve officers. There are 1,550 Regular officers on duty and 1,800 Reserve officers on active duty.

In addition we have an inactive Reserve component, consisting of 4,330 Reserve officers.

The active duty officers, both Regular and Reserve, occupy most of the positions of program leadership in the Service. All of the major positions in the Service are held by career officers who have grown up in the Service and become, we think, experienced and mature persons to head these programs.

The officers of the Regular corps are selected after very intensive professional examinations which last about a week; written and oral professional examinations. They are then appointed by the President, by and with the consent of the Senate just as are officers of the other Services.

The corps is administered by the Surgeon General, who is appointed by the President, by and with the consent of the Senate, for a term of 4 years. The law establishing the Commissioned Corps stipulates that the Surgeon General must be appointed by the President from

career officers. He cannot go on the outside of the Service and appoint someone.

The officers of the Reserve corps are appointed by the Secretary of Health, Education, and Welfare on behalf of the President. Officers of the corps are paid under the Career Compensation Act of 1949.

The retirement system presently applicable to the Regular corps is similar to the retirement system of the military services. And to a large extent our commissioned officers are entitled to benefits which are similar or identical to those of the other services.

There are, however, Mr. Chairman, a number of benefits available to military personnel which are not presently extended to our officers. Now under the Public Health Service Act (which Congress passed a few years ago), the President is authorized in time of war or of emergency involving the national defense to declare the Commissioned Corps of the Service to be a military service. And only when so declared do our commissioned officers become entitled to all of the benefits authorized for military services.

Now, in both peacetime and wartime, Mr. Chairman, our Commissioned Corps has contributed very greatly to the ability of the Service to effectively carry out its responsibilities. This, I think, is due to two major factors, Mr. Chairman, or two among several.

One is the mobility which I have mentioned before and the authority which is vested in the Surgeon General relative to these officers.

We have, as you well know, quite a wide diversity of responsibilities which Congress has given to us throughout the years. In order to carry on those responsibilities, it is necessary not only to be able to recruit good professional people but to be able to place them where we believe they can best perform these responsibilities.

For example, we have a large number of officers assigned to the Coast Guard at the present time for duties aboard ships and ashore just as we had during the war. When Congress transferred the Indian health program from the Bureau of Indian Affairs of the Department of Interior to the Public Health Service about 3½ years ago, in order to improve the health status of the Indians, we had to improve the staffing of these isolated Indian hospitals and field stations immediately. This meant going into some of our Public Health Service hospitals and giving orders to officers to go to Fort Defiance, to San Carlos, to Point Barrow, or to some other spot. This we did regardless of the officer's wish. In taking over responsibilities such as this, we cannot defer completely to an officer's desire. This, of course, occurs in many other areas.

For example, we have officers now assigned to posts in 42 foreign countries as a part of the International Cooperation Administration program, and several assigned to consulates and embassies for duties pertaining to immigration and foreign quarantine activities.

Mobility is an extremely important function of the corps, Mr. Chairman.

Having been personally transferred to many posts with some of the disadvantages that accrue, I still think that it is most essential for our officers who will someday assume more responsible positions, to gain experience in a number of areas. This experience equips them to assume more responsible obligations.

The second relates to the integration with the military services. As I said before, it is only when the President declares a national

emergency, or in time of war, that he may by Executive order declare us to be a military service.

During World War II over 600 of our officers were assigned to the Coast Guard, and several hundred other officers were detailed to the Army or Navy or to Defense agencies of the Government.

Now, the proposed amendments to the Public Health Service Act, contained in H.R. 6324, are directed toward those provisions of the act which relate to the Commissioned Corps of the Public Health Service. As indicated in the Secretary's transmittal letter, the principal provisions of the bill would—I would like to read this in order to be completely accurate, Mr. Chairman—

(1) Remove commissioned officers of the Reserve corps from coverage under the civil service retirement system and substitute therefor the retirement program applicable to commissioned officers of the Regular corps.

(2) Increase the number of appointments to the higher grades in the Regular corps which may be made each year by making the existing limitation (which limits the number of such appointment to 10 percent of vacancies in Regular corps strength) inapplicable to the appointment to the Regular corps of active duty Reserve officers, and

(3) More closely identify the retirement system applicable to Public Health Service commissioned officers with the system applicable to military personnel.

With respect to this last point, Mr. Chairman, let me add a few words about the parity concept underlying the various amendments contained in this bill.

While the commissioned corps system of the Service is patterned after and tied to the commissioned personnel system of the Armed Forces, it is not feasible in all cases to have identical statutory provisions because of differences in the missions and the needs of the individual services.

The objective in preparing these amendments has been to develop provisions that would assure substantial parity with comparable provisions applicable to the Armed Forces. While any such undertaking inevitably involves some differences of opinion as to what constitutes parity, a great deal of time and effort has gone into the achievement of this objective in the proposed amendments. The bill has been intensively reviewed by the Bureau of the Budget with coordination by the Bureau of the Budget with the Department of Defense and the Civil Service Commission. I would like to reiterate that this is an administration-approved bill.

We believe that the provisions of the bill can be fairly represented as amendments that will achieve substantial parity with similar provisions applicable to military personnel.

One final point is with relation to cost. For the fiscal year 1960 it is estimated that the increased costs of the new benefits of the bill will amount to \$275,000. This cost will increase on the average about \$80,000 a year for the next several years.

On the other hand it should be noted that during fiscal year 1959 approximately \$560,000 was appropriated to provide for the Government's share of the contributions which are required to be paid to the civil service retirement fund based on the active-duty pay of Reserve officers.

In other words, we are presently paying from our appropriations \$560,000 into the civil service retirement fund for the retirement of Reserve commissioned officers.

We doubt if the cost of retiring Reserve officers under the new system would ever exceed \$560,000 a year. This opinion is based on the fact that only about 20 percent of our Reserve officers stay with us more than 5 years. These are men who come in for shorter periods of time and do not stay until retirement.

Aside from the comparability of the retirement provisions to those of the other services, we feel that the bill would benefit our ability to retain professional personnel.

We have the same problem that everyone else has in keeping physicians, dentists, engineers, pharmacists, nurses, and scientists. We have had officers in the Regular corps with 8, 10, or 12 years of experience at which time they have become extremely useful, and it appears that they are going to continue as career officers for a number of years. Then they receive attractive offers from the outside and resign.

A psychiatrist for example will get an offer of \$35,000 a year to head a psychiatric institution, or an engineer from a construction company, or some similar activity.

We believe, Mr. Chairman, that most of these officers with 10, 12, or 14 years of service, will be influenced to stay in the service for at least the minimum service of 20 years required under the provisions of this bill to make them eligible for retirement.

However, once they get to the 20 years, it has been the experience of the other services that they do not then leave except for an isolated few, for two reasons: First, they are interested in what they are doing at that time, and second, they do not get full retirement benefits if they leave.

I would also point out that the 20-year retirement provision is not obligatory. It has to be approved by the Secretary of Health, Education, and Welfare.

I have talked too long, Mr. Chairman.

But I did want to give all of you a little background on the commissioned corps, admitting a certain amount of bias. Moreover, having worked on the provisions of the bill for several years, and knowing the combing that these provisions have had, not only from our Department but from the Bureau of the Budget, I sincerely believe that the bill has been presented to you in an honest and a factual way relative to both the costs as well as to the need for these provisions.

I believe this bill will help us, Mr. Chairman, to have an even better commissioned corps and to retain the kinds of officers that we need to meet the obligations which the Congress gives to us. I appreciate the opportunity, sir, to make these remarks.

If there are any questions you would like to direct to me, to Mr. Camp, or to Mr. Johnston here, we will be very pleased to try to answer your questions.

Thank you, sir.

Mr. ROBERTS. Thank you, Dr. Burney. I congratulate you on your statement. And I think it is very clear and demonstrates the importance of this legislation.

There will be some questions, of course.

First of all, how long have you been in the position which you hold at the present time?

Dr. BURNEY. I was given an interim appointment, Mr. Chairman. I believe it was on August 3, 1956. It then was confirmed by the Senate on January 30, 1957. So my official tour, I believe, begins on January 30, 1957.

Mr. ROBERTS. I believe you said you had been in the Public Health Service for 28 years?

Dr. BURNEY. Yes, sir. Including my internship.

Mr. ROBERTS. Now, do you have—or could you give us the names of the ranks starting at the first and going to the highest rank held by members of the commissioned corps?

Dr. BURNEY. Yes, sir. Although we have a junior assistant grade, we appoint our medical officers as assistant surgeons, which goes back in terminology for many, many years. Actually one of the other services, the Navy, used the same terminology in the past.

The assistant surgeon is a graduate of a medical school and has the rank equivalent to a first lieutenant in the Army or a lieutenant junior grade in the Navy.

Then, after several years in that rank he has to take a competitive examination. If he passes, he is permanently promoted to what we call a senior assistant surgeon, which corresponds to a lieutenant senior grade in the Navy or a captain in the Army.

Then, at the end of another series of years, he is eligible again to be examined for promotion to the grade of surgeon, which corresponds to a major in the Army or a lieutenant commander in the Navy.

After that, he is promoted to what we call the grade of senior surgeon, which corresponds to a lieutenant colonel in the Army or a commander in the Navy.

Mr. SCHENCK. Will Dr. Burney yield for a question?

Dr. BURNEY. Yes, sir.

Mr. SCHENCK. Are these promotions automatic, or are they based upon available spaces, such as are required in the other military services?

Mr. ROBERTS. If the gentleman from Ohio will indulge the Chair, let me finish and then I am going to open it up to general questioning.

Mr. SCHENCK. I just thought he could clear that up at this point.

Mr. ROBERTS. Surely. We will go ahead with that.

Dr. BURNEY. Let me give you my general comment on this. And then Mr. Johnston can answer, I think, in more specific detail than I can.

We have for the director grade only a certain number of positions, Mr. Chairman. Therefore, we can't promote everybody. The grade of medical director corresponds to a colonel in the Army or captain in the Navy.

An officer in the senior grade may be eligible but held over for several years before he can be promoted to the director grade. And some of them never reach it because the numbers are few and the examination is, in a sense, competitive.

After I complete the other ranks, if you would like a little further breakdown, perhaps Mr. Johnston can give you that.

Then we have, say, the medical director is the grade that corresponds to a colonel in the Army or a captain in the Navy.

Above medical director we have provision, just as do the other services, for a certain number of general grade officers.

The Public Health Service Act provides that the chiefs of our three bureaus shall be Assistant Surgeons General. Dr. Price who heads up the Bureau of State Services is a two-star general. So are Dr. Shannon, who heads up the National Institutes of Health, and Dr. Lowry of the Bureau of Medical Services.

The law provides that the Surgeon General shall have a rank equivalent to that of the Surgeon General of the Army. So my rank as Surgeon General is equivalent to the rank of major general as is that of the Deputy Surgeon General.

The total number of general grade officers cannot exceed three-quarters of 1 percent of all of our active-duty strength. Some of these are Assistant Surgeons General with rank equivalent to brigadier general. These officers are in charge of some of our major activities, such as the Communicable Disease Center at Atlanta, Ga.

I believe that is all, sir.

Mr. ROBERTS. Now, could you supply us with the amount of salary, or with the salary scale, starting at the bottom and going to the top? Can you do that from memory or would you like to supply it for the record?

Dr. BURNEY. Mr. Camp has it here. I would like to point out, however, that the pay scales vary a little bit, because of the longevity pay factor in the various ranks. Mr. Camp, maybe you can read this table better than I can. I know what my own salary is.

Mr. CAMP. Mr. Chairman, may I point out that the salaries are identical with those of the other uniformed services. And they are based or paid under the Career Compensation Act. So they are absolutely identical.

Mr. ROBERTS. I see.

Mr. CAMP. I can supply this pay table for the record.

Mr. ROBERTS. Yes. Just supply it for the record.

Mr. CAMP. Yes, sir.

(The pay table referred to follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, PUBLIC HEALTH SERVICE
 Pay and allowances of officers, Public Health Service,¹ effective June 1, 1958

Grade	Cumulative years of service and monthly rate													Rental		Subsistence		
	Under 2	Over 2	Over 3	Over 4	Over 6	Over 8	Over 10	Over 12	Over 14	Over 16	Over 18	Over 20	Over 22	Over 26	Over 30		With dependents	Without dependents
Surgeon General, Deputy Surgeon General, Assistant Surgeon General (major general)-----	\$963.30	\$1,000	\$1,022	\$1,022	\$1,022	\$1,100	\$1,100	\$1,100	\$1,150	\$1,150	\$1,200	\$1,250	\$1,300	\$1,350	\$1,350	\$171.00	\$136.80	\$47.88
Assistant Surgeon General (brigadier general)-----	800.28	860	860	860	900	900	950	950	1,000	1,000	1,100	1,175	1,175	1,175	1,175	171.00	136.80	47.88
Director grade-----	592.80	628	670	670	670	670	670	670	690	800	800	840	860	910	985	136.80	119.70	47.88
Senior grade-----	474.24	503	540	540	540	540	560	560	630	680	680	720	745	775	775	136.80	102.60	47.88
Full grade-----	400.14	424	455	455	465	485	520	550	570	610	630	630	630	630	630	119.70	94.20	47.88
Senior assistant grade ² -----	326.04	346	372	415	440	460	480	510	525	525	525	525	525	525	525	102.60	85.20	47.88
Assistant grade ¹ -----	259.36	291	360	370	380	380	380	380	380	380	380	380	380	380	330	94.20	77.10	47.88
Junior assistant grade ² -----	222.30	251	314	314	314	314	314	314	314	314	314	314	314	314	314	85.50	68.40	47.88

¹ Career Compensation Act of 1949, as amended.

² Does not apply to commissioned officers who have been credited with over 4 years' active service as enlisted member. (See table below.)

Commissioned officers who have been credited with over 4 years' active service as an enlisted member

Grade	Cumulative years of service and monthly rate													Rental		Subsistence		
	Over 4	Over 6	Over 8	Over 10	Over 12	Over 14	Over 16	Over 18	Over 20	Over 22	Over 26	Over 30	With dependents	Without dependents				
Senior assistant grade-----	\$415	\$440	\$460	\$480	\$510	\$535	\$535	\$535	\$535	\$535	\$535	\$535	\$535	\$535	\$535	\$102.60	\$85.50	\$47.88
Assistant grade-----	370	380	395	415	435	450	450	450	450	450	450	450	450	450	450	94.20	77.10	47.88
Junior assistant grade-----	314	335	350	365	380	400	400	400	400	400	400	400	400	400	400	85.50	68.40	47.88

NOTE.—Additional pay as applicable: (1) \$100 per month incentive pay for veterinarian officers; (2) for medical and dental officers (excluding medical and dental interns) who have completed active service as a physician or dentist: \$100 per month for less than 2 years; \$150 over 2; \$200 over 6; \$250 over 10; (3) \$110 per month leprosy pay; (4) \$110 per month flight pay for noncrew members.

Mr. ROBERTS. Now, you mentioned, Dr. Burney, that the officers in the Commissioned Corps now serve as the Medical Corps for the Coast Guard.

Dr. BURNEY. Yes, sir.

Mr. ROBERTS. How long has that been true?

Dr. BURNEY. I am not sure I can give you an answer on that. It was true before I came into the service. But we can put that in the record. It has been many years. But it goes back to the early 1900's at least, and maybe even in the 1800's.

Mr. ROBERTS. You may put that in the record.

(The information requested follows:)

MEDICAL CARE FOR COAST GUARD PERSONNEL

In 1798 the Public Health Service was established and was then known as the Marine Hospital Service. From that date until the present time it has provided medical care for members of the Coast Guard which, in 1798, was known as the Revenue Marine Service.

Mr. ROBERTS. Is that true in peacetime and in time of war and emergency?

Dr. BURNEY. Yes, sir.

Mr. ROBERTS. Now with reference to the obligation to serve which you mentioned wherever assigned, is that obligation the same upon the Reserve officer as it is upon the officers of the Regular service?

Dr. BURNEY. Yes, sir; it is.

Mr. ROBERTS. Does this same obligation prevail when an officer is assigned to a foreign country on an ICA program?

Dr. BURNEY. Yes, sir.

The only difference is that he goes under their administrative direction rather than ours.

Mr. ROBERTS. Well it just occurs to me: Why doesn't the ICA supply its own officers?

Dr. BURNEY. They have extreme difficulty, sir, in recruiting the kinds of people with the experience and training that they need for these foreign missions. In other words, it is extremely important when a mission is sent to Thailand, for example, that the medical officer, the engineer, the nurse, or the entomologist be a very competent person. And ICA has difficulty in recruiting those kinds of people. They find it almost impossible to recruit from outside of the service.

We, on the other hand, have these kinds of people, either at our National Institutes of Health or at the Communicable Disease Center or the Sanitary Engineering Center. And we can provide these people to the ICA. It is a good experience for our staff. It helps the ICA in meeting its obligations from a corps of experienced people.

Actually it is of mutual advantage to both of us.

No. 1: ICA finds it difficult in most cases to recruit these kinds of people.

No. 2: It gives to our officers increasing opportunities for experience in these areas.

Mr. ROBERTS. Do you have any figures which indicate the number of officers who saw foreign or overseas service during World War II and the Korean conflict?

Dr. BURNEY. We could supply that for the record. I don't have those figures at the present time.

(The information follows:)

DEFENSE RESPONSIBILITIES AND FUNCTIONS OF THE PUBLIC HEALTH SERVICE
DURING WORLD WAR II

The Public Health Service, through special use of its commissioned corps, assumed additional responsibilities during World War II. (During World War II made a military service by Executive order of the President.) As shown below—

(a) Conducted extra-cantonment sanitation and public health activities for controlling health problems of the civilian population that jeopardized military personnel.

(b) Provided to the military, special experts such as—

(1) A PHS officer became the Chief Malarial Control Officer for the Mediterranean Theater.

(2) A PHS mission was detailed to the Burma Road project before World War II to provide disease control so the road could be built. Members of the mission walked with General Stilwell to India when the Japanese advance threatened them.

(3) The quarantine officer of the Philippines (a PHS officer) accompanied General MacArthur in his escape from Corregidor. This officer continued to serve as General MacArthur's adviser on public health matters through the Pacific campaign.

(4) About 10 PHS officers were detailed to the European theater of operations and assigned to the military government.

(c) Provided consultant and advisory services for defense housing areas, especially as pertains to sanitation, sewage disposal, water supply, insect and rodent control.

(d) Provided professional staff to administer sanitation and medical care services in internment camps.

(e) Provided medical arm of civilian defense. Organized 150 15-man hospital units (2,250 reserve corps officers) to be available to go in to take care of civilian disaster resulting from enemy action.

(f) Served as part of the Armed Forces under Executive order of the President.

(1) Two hundred officers were detailed for foreign duty with UNRRA.

(2) Two hundred officers were detailed to the War Shipping Administration.

(3) Six hundred officers were on detail to the Coast Guard for service on ships in combat zones; 10 officers lost their lives as a result of these wartime assignments.

Mr. ROBERTS. One or two other brief questions and then the Chair will be through.

The first question has been suggested—I mean this question has been suggested by a conference of State sanitary engineers. They suggest the deletion of the word “commissioned” on page 5, line 20.

They contend that by retaining the word “commissioned” you may restrict retirement beyond the definition of active service which is found in subsection (d), page 6, on line 13.

Now, they point out that many of the sanitary engineers first enter the Federal service as civil service officers rather than as commissioned officers, and that they should receive credit for this time in service. What is your comment with respect to that proposition?

Dr. BURNEY. Mr. Chairman, as I said previously, we have attempted throughout the several years we have been working on this legislation to arrive at substantial parity with the other services but not to go beyond that parity, because we feel that that would not be proper.

Now, there is no provision as far as I know in the law applicable to the other services identical to this proposed revision that is suggested by the sanitary engineers.

We have in the bill a provision that military service in other services shall count. For example, we have a number of officers who have served in the other services and then have resigned and come over to our service. We have a number of pilots in World War II who then went ahead and studied medicine and are now in the service as medical officers.

At the present time they can't count their service in the Air Force, for example, toward their Public Health Service retirement.

Mr. JOHNSON. For longevity pay, yes, but not for retirement.

Dr. BURNEY. So, there is no objection as far as the service itself is concerned, Mr. Chairman to this proposal of the State sanitary engineers. It would not seriously embarrass us. However, I am not in a position to endorse this or any other amendment to the bill since approval from the Bureau of the Budget has not been received. I merely point out that in the preparation of this bill we have attempted to achieve just substantial parity with the other services. I am not sure I have answered your question.

Mr. ROBERTS. I think I understand the answer.

Now, also some people with the U.S. Coast and Geodetic Survey have questioned a provision in paragraph (b) of section 4. That is to be found on page 6, beginning on line 13. I notice on page 7, line 2, the Coast and Geodetic Survey people—rather that group is excluded from the definition of "active service."

They question the equitableness of that provision. I would like to have your views on that contention.

Dr. BURNEY. Mr. Chairman, in all frankness, I am not sure that I can answer this question. The exclusion was written in by the executive branch of our Government during its coordination within the Bureau of the Budget.

And I suspect that one of the reasons might have been that the Coast and Geodetic Survey is not a military service, as contrasted with the Army, Navy, and Air Force; and that our provision was that service only in the military services would count toward retirement.

But I am being completely honest with you, sir, I do not know the reasons for this exclusive clause. Because it was put in by the Bureau of the Budget.

Mr. ROBERTS. I was wondering if at times the Coast and Geodetic Survey parties are assigned to the Corps of Army Engineers for map-making purposes?

Dr. BURNEY. I cannot answer that, sir.

Mr. ROBERTS. If you can get the answer I would appreciate it if you would supply it for the record.

Dr. BURNEY. We will endeavor to.

(The following information was later submitted:)

U.S. DEPARTMENT OF COMMERCE,
COAST AND GEODETIC SURVEY,
Washington, D.C., April 16, 1959.

To: Surgeon General, U.S. Public Health Service, Washington, D.C.

From: Director, Coast and Geodetic Survey.

Subject: Coast and Geodetic Survey commissioned personnel assigned to duty with the Armed Forces.

With reference to an oral request from Mr. Robert Johnston of your office, the following information is furnished regarding Coast and Geodetic Survey officers assigned to duty with the Armed Forces.

During World War II, 94 of the 171 commissioned officers were transferred by Executive order to the Armed Forces. Distribution and duties of these officers are shown on pages 6 and 7 of the attached publication "World War II History of the Coast and Geodetic Survey."¹

Since the termination of hostilities several branches of the Armed Forces have requested the continued assignment of Coast and Geodetic Survey officers to their service for special duty. Assignments such as these are of mutual benefit to both services and since 1950 Coast and Geodetic Survey officers have been assigned to service with the Armed Forces as follows:

	Field Artillery	Corps of Engineers, Inter- American Geodetic Survey	Air Force	Navy
1950-----	2	3		
1951-----	2	2		
1952-----	2	1	1	3
1953-----	2	1	2	3
1954-----	2	1	2	2
1955-----	2	3	2	1
1956-----	2	1	2	1
1957-----	1	1	3	1
1958-----	1	1	3	1

If additional information is needed, it will be furnished upon request.

CHARLES PIERCE, *Acting Director.*

TRANSFERS, RECRUITING, AND TRAINING OF PERSONNEL

TRANSFER OF COMMISSIONED OFFICERS

During the war, 94 of the 171 commissioned officers of the Coast and Geodetic Survey were transferred to the Armed Forces—48 to the Army and 46 to the Navy. Of the latter, 17 were assigned to duty with the Marine Corps.

Between January 2, 1942, and January 20, 1944, transfers were effected by a series of 9 Executive orders which transferred 38 officers, by name, to the Army and 39 to the Navy, and returned 4 officers from the Navy to the Coast and Geodetic Survey. After the latter date, additional transfers of 10 officers to the Army and 7 to the Navy were made under provisions of Executive Order No. 9468 of August 22, 1944, which authorizes transfers upon mutual agreement between the Secretaries of War, Navy, and Commerce; and the return of officers when so directed by the Secretary of War or the Secretary of the Navy. This latter Executive order was issued in order to establish a simplified procedure for the return of officers to the Coast and Geodetic Survey and for their replacement in the Armed Forces by other officers of the Bureau.

Officers transferred to the Army served principally in the Air Forces, the Field Artillery, and the Corps of Engineers. In the Air Forces, they were engaged in mapping isolated regions of Africa, Asia, Alaska, and South America, and in the development and application of electronic methods for distance determinations. One officer was placed in charge of the mapping depot of the Army Air Forces at St. Louis, Mo.

In the Army and Marine Corps artillery forces, officers generally served in observation units, some in command of their battalions. Their work included development of methods and instruction of personnel in surveying and map construction as applied to artillery operations, procurement of control and magnetic data in combat areas, location of battery emplacements and of enemy installations, and other similar duties. One officer served throughout the war at the Field Artillery School at Fort Sill, Okla., as head of the survey department. For a part of the war period, two Coast and Geodetic Survey officers were assigned as his assistants.

Most of the officers transferred to the Corps of Engineers were engaged in amphibious landing operations, including development of methods and equipment for navigation, instruction of personnel, and actual participation in landings on enemy shores. Two officers, one with considerable experience in the procurement and use of electronic equipment and the other with special knowledge

¹ Copies of pertinent pages attached.

of ocean tides and currents, were detailed to duty with the Corps of Engineers without formal transfer, for work of this nature.

The majority of officers transferred to the Navy served on the Coast and Geodetic Survey ships which were transferred and on other naval survey ships, some as commanding officers, others as executive officers or survey officers. Their duties included the carrying on of surveys in enemy areas under combat conditions, the preparation of preliminary charts or copies of field survey sheets for immediate use, establishment of aids and removal of dangers to navigation, piloting, salvage operations, and the layout of anchorages.

Several brief reports from officers transferred to the armed services giving details of duties performed are included in appendix II. Many reports were received from military commanders relating to the valuable services rendered by commissioned officers of the Coast and Geodetic Survey. A number of these reports are included in appendix III.

PEACETIME TRAINING OF OFFICERS

Service of Coast and Geodetic Survey officers with the armed forces indicated the desirability of some preliminary training, particularly in administrative duties and in general military procedures. Several officers were assigned to the Field Artillery and participated in maneuvers before the war, but there was no opportunity for training with other branches of the Army or with the Navy. Peacetime training of officers in preparation for their duties in time of war is undoubtedly desirable, and it is believed that suitable arrangements should be made therefor.

Since the termination of hostilities, several branches of the Army have requested the continued assignment of officers to their services for special duty, such as survey experts and consultants with artillery regiments, instructors in field artillery schools, and in connection with the development of survey optical instruments. Officers on these assignments will be able to render valuable technical assistance to the military and at the same time receive training in military procedure. Such arrangements should prove mutually beneficial.

TRANSFERS AND INDUCTIONS OF CIVILIAN PERSONNEL

At the beginning of the war, 18 employees of the Coast and Geodetic Survey held reserve commissions in the various branches of the military services. During the war 1,020 men were drafted, or requested military furlough in order to enlist. Twenty women employees left to join the women's service units.

Mr. ROBERTS. One other thing so our record will be complete.

Captain Willenbucher will follow as the next witness. He has suggested an amendment. Frankly the Chair doesn't know what the amendment is. But maybe you are familiar with the amendment he is going to suggest.

Dr. BURNEY. Well, I believe the amendment, sir—well, I know the amendment, which is one proposed by the Commissioned Officers Association, would authorize officers of the Regular corps on duty on May 31, 1958, to use their longevity credit as of such date for purposes of computing retired pay.

And actually this provision applies now, Mr. Chairman, to the other services.

In other words, officers in the other services who were on duty as of May 31, 1958, can use their longevity credit for purposes of computing retired pay.

After that period, no.

So this would not be more than parity with the other services if we had this. But again I would point out that there are certain disparities even among the Army, Navy, and Air Force. They don't all have exactly the same things. And what we tried to do in drafting this bill was to get substantial parity, recognizing that there are individual differences among the services.

Mr. ROBERTS. Thank you for that explanation.

Now, the Chair will be glad to recognize other members who desire to question the witness.

Mr. Rhodes.

Mr. RHODES. Mr. Chairman, I want to commend Dr. Burney for his statement, and also I want to commend him and his associates for their devotion and the good work that they are doing in this important field.

I can think of no department or agency of the Government who is doing more for the well-being of our people in this country than those of you in the Public Health Service.

I have no questions, but I do want to make that statement.

You have always been a very informative and a cooperative witness. I welcome you here this morning.

Dr. BURNEY. Thank you, sir.

Mr. ROBERTS. Mr. Schenck.

Mr. Schenck. Mr. Chairman, I share our colleague's sentiment as to the great services and the value of the contributions constantly being made by the Public Health Service. This is well established, well known, and completely recognized. I commend them most sincerely.

Frankly I have not yet come to a conclusion in my own mind on this proposed legislation. But I must say, in all fairness, that I am highly critical of it.

Now, it is my understanding that Coast Guard personnel, for example, are not entitled to military benefits inuring to other services so long as the Coast Guard is under the peacetime service and direction of the Department of the Treasury unless these benefits are specifically spelled out in any legislation that includes other services.

Is that true?

Dr. BURNEY. I believe, Mr. Schenck, that the provisions that we are requesting here are already available to the Coast Guard either in peacetime or in wartime relative to their Reserve officer's retirement and so forth.

If you will recall I did say that there are certain military benefits that we are not eligible to receive unless and until there is a national emergency or a war, at which time then we may be made a part of the military service.

But these proposals in this bill are, I believe, available to the Coast Guard at the present time.

Mr. SCHENCK. Well, it is my understanding, Mr. Chairman, that when the Coast Guard is actively transferred into the Defense Department as a result of a national emergency, that they then are considered completely eligible for all—for the same benefits as any other branch of the military service. Otherwise, there are some differences.

Mr. ROBERTS. Will the gentleman yield to me?

Mr. SCHENCK. Yes.

Mr. ROBERTS. I think the gentleman will find that that situation was true up until World War II, as the gentleman stated. But I think at the present time the situation at Coast Guard is just about the same on parity with all the other services. And I will be glad to be corrected on that. But I think the gentleman will find that is true.

Mr. SCHENCK. Mr. Chairman, in connection with the eligibility of some Coast Guard veterans during the period of the Korean emergency, which benefits were set up by various States, there was a very specific question as to whether or not the Coast Guard could partici-

pate in these benefits—bonuses, et cetera—because they had not been so specifically designated by the Congress. That is one reason why I raised that question.

Mr. ROBERTS. I would say to the gentleman that my statement was made with reference to the Federal treatment of the Coast Guard.

Mr. SCHENCK. Now another point of critical interest so far as I am personally concerned is the fact that this legislation was sent to the Speaker of the House as of April 13, 3½ months after the opening of the session. And I couldn't understand why the urgency for the consideration of it at this point, having waited that long.

I am informed that part of that delay was occasioned by the Bureau of the Budget going into the matter very carefully.

And that leads me into this question: Undoubtedly, as you have pointed out, there will be certain costs connected with the administration of this program if it is enacted into law.

Now, then are these costs at present a part of the budget request of the President for fiscal year 1960?

Dr. BURNEY. They would not be, sir, because the bill has not passed, or has not been acted upon by Congress.

However, as I intimated earlier, we are contributing and have in our proposed budget for 1960, \$560,000 for the civil service retirement contributions of Reserve officers. And if this bill were to be enacted, then this \$560,000 would not be necessary, but \$275,000, I believe, would be required for the Reserve officers.

So there would be a decreased appropriation need of approximately \$285,000 for the first year.

Mr. SCHENCK. Do you mean, Dr. Burney, that by the approval of this legislation that it would cost \$300,000 less than now is anticipated?

Dr. BURNEY. Well, you see, Dr. Schenck, the present provision for the retirement of Reserve officers, recognizing that a small percentage of them do stay on until they are eligible for retirement, the Federal Government participates in the retirement pay for those just as they do for other civil service personnel.

So that the contributions of the Federal Government to the retirement of these Reserve officers who are under civil service retirement are the same as for a regular civil service individual.

Mr. SCHENCK. Then what you mean, or what I take it to be, is that the present estimated cost of \$500,000-plus, whatever you say it is, to that sum would be added the additional cost of this bill?

Dr. BURNEY. No, sir. The \$560,000 would not be required if this bill were enacted and these Reserve Officers become eligible for a retirement plan similar to Regular officers. What I am saying is that instead of the \$560,000 which is in the budget now to pay the Civil Service Commission for the retirement, that this would be excluded and that \$275,000 would be what would be estimated for the cost of having the Reserve officers come under the same retirement plan as Regular officers.

So it would be approximately \$285,000 less, Mr. Schenck.

Mr. SCHENCK. And you are actually testifying, Dr. Burney, that the approval of this bill would then cost \$285,000 less in 1960 than if the present retirement program under civil service is continued?

Dr. BURNEY. For the first year, sir. And we estimate, then, to be completely honest with you, that the second and third and fourth

years probably would cost about an additional \$80,000 a year over this \$275,000.

But we can never—I shouldn't say never—we do not believe it will exceed what is going into the present civil service retirement, again because 80 percent of our Reserve officers have served less than 4 or 5 years with us.

So, this group doesn't—this group never would become too large.

Mr. SCHENCK. Mr. Chairman, it would seem to indicate that the retirees would then lose \$560,000 some way or other.

Dr. BURNEY. May I ask Mr. Johnston to first confirm or deny what I have said, Mr. Chairman?

He is free to do either one.

Mr. JOHNSTON. Well, everything that Dr. Burney said is completely correct. But I would like to go into more detail to answer your question, sir. Reserve officers under this bill would be taken out from under civil service retirement and put under the staff retirement plan presently applicable to Regular Corps officers only. So they wouldn't be losing their retirement. They would just be transferred to a different retirement system.

Mr. SCHENCK. So the budget cost would still be transferred to the other system; the \$560,000?

Mr. JOHNSTON. No, sir. The \$275,000 increase for fiscal year 1960, which will increase at an annual rate of \$80,000 a year for the next several years, will go to pay for the retirement of Reserve officers under the PHS retirement system. And the Public Health Service will no longer have to ask Congress for appropriations of \$560,000 to pay into the civil service retirement fund.

Mr. SCHENCK. Somebody is going to lose \$300,000. I am probably pretty confused on this. But——

Mr. ROBERTS. Will the gentleman yield to me?

Mr. SCHENCK. Yes.

Mr. ROBERTS. Actually it is a question of mechanics, is it not, or bookkeeping. And it really—really you have \$560,000 appropriated. If this new system goes into effect, you would only use \$275,000 or a savings at the present budget consideration; of about \$285,000.

Mr. JOHNSTON. It would be a savings, Mr. Chairman, only to the Public Health Service appropriations at the present.

Mr. ROBERTS. Yes.

Mr. JOHNSTON. Yes sir.

Mr. SCHENCK. Not to the entire taxpayer?

Not to the taxpayer?

Mr. JOHNSTON. Not entirely to the taxpayer.

Mr. SCHENCK. Okay.

Mr. ROBERTS. You mean if you consider it over a period of years?

Mr. JOHNSTON. Over a period of years, yes.

Mr. ROBERTS. But considering the present budget it would actually be a saving of \$285,000.

Mr. JOHNSTON. Yes, sir.

Mr. SCHENCK. Now, Mr. Chairman, may I ask this: The present system of civil service retirement is a contributory type of retirement.

Mr. JOHNSTON. That is right.

Mr. SCHENCK. And by the enactment of this, this makes it a non-contributory type. Is that not true?

Mr. JOHNSTON. That is correct.

Mr. SCHENCK. So that the entire cost will then be borne by the tax budget.

Mr. JOHNSTON. That is correct, sir.

Mr. SCHENCK. Do you then mean to indicate that the Bureau of the Budget and the administration feels that this legislation is consonant with the recommendations of the President in holding the line with anticipated income?

Dr. BURNEY. The Bureau of the Budget, sir, and the executive branch of Government has endorsed this bill. This is an administration bill. And, actually, sir, it is making Reserve officers not second-class citizens as contrasted to Regular officers.

In other words, Reserve officers are presently of a different type as far as retirement is concerned. But they are subject to the same type of mobility and transfer, regardless of their personal desires.

Civil service people are not.

Civil service people without their permission cannot be transferred.

Mr. ROBERTS. Gentlemen, the Chair feels that we have spent just about enough time on this phase.

Mr. SCHENCK. I have no desire to belabor the point. I just hope that our staff will check into that phase of this program very carefully.

Mr. ROBERTS. Any further questions?

Mr. RHODES. Since the administration budget and the administration bill are involved I don't think there should be any conflict.

Mr. SCHENCK. I am not so sure that there is. That is the point.

Mr. ROBERTS. Any questions by the gentleman from Florida?

Mr. ROGERS of Florida. I wanted to ask two or three questions.

You say, I believe, that you supply people for ICA. Is that taken out of the budget of ICA or must your budget take care of it?

Dr. BURNEY. It is a reimbursable item, sir.

Mr. ROGERS of Florida. It is reimbursable?

Dr. BURNEY. Yes, sir.

Mr. ROGERS of Florida. Through ICA?

Dr. BURNEY. May I add we do not supply all of their people. They do some recruitment of their own.

Mr. ROGERS of Florida. Yes, sir.

Now, presently if an officer has 12 or more full years of active duty, is his retired pay less than 50 percent generally?

Mr. JOHNSTON. Sir, today the retired pay of an officer coming into the Regular corps over the age of 45 years is computed, when he

Mr. JOHNSTON. Sir, today the retired pay of an officer coming into the Regular corps over the age of 45 years is computed, when he retires at age 64, which is the mandatory retirement age, at 4 percent per year. So to answer your question, if an officer came into the Service at age 52 and went out at age 64 with 12 years of service, his retired pay would be computed at 48 percent of basic pay.

The 50-percent provision is therefore a slight adherence to the present 4-percent provision, and it will permit us to recruit the older physicians whom we must take into the corps from time to time because of their national reputations and because of new and expanding programs.

Mr. ROGERS of Florida. Yes, sir.

Well, as I understood, one of the reasons for approving the proposition of 20-year retirement was that you would cut them down to 50 percent for 20 years.

Mr. JOHNSTON. That is right.

Mr. ROGERS of Florida. But here we are providing in the new provision that if he has 12 years of active service, he can still get 50 percent.

Mr. JOHNSTON. That is right.

Mr. ROGERS of Florida. So what are we accomplishing? I don't understand it.

Mr. JOHNSTON. Well there is a provision on page 2 of the bill, sir, that severely limits taking officers into the corps over the age of 43, because they would not be able to complete the minimum career service of 20 years before their mandatory retirement at age 64. This provision does, of course, permit us to take these officers if they have exceptional qualification. However, because of this limitation, we will not be taking many people over the age of 43.

Yet, if the needs are serious enough and Dr. Burney decides he has to have a very well-known scientist or physician to head up a new program, he can then take the man in and if he retires with 12 years of service, he will get a minimum of 50 percent. But that will be exceptional, sir.

Mr. ROGERS of Florida. Actually you are trying not to take men after age 34, aren't you?

Mr. JOHNSTON. That is right. Anyone over age 34 will not get full retirement pay; that is right.

Mr. ROGERS of Florida. So you are really trying to keep it to age 34?

Mr. JOHNSTON. Yes, sir.

Dr. BURNEY. These would be very rare individuals. In our new air pollution program, we needed one or two top people. And we could get them from the outside. Dr. Shannon, Director of the National Institutes of Health was brought in by former Surgeon General Scheele. But these would be unique.

Mr. ROGERS of Florida. Under the present law do you give credit for their medical education in retirement, computing retired pay?

Mr. JOHNSTON. No, sir, not today. The military services now have that for their physicians and dentists. We don't have it. This bill would provide it.

Mr. ROGERS of Florida. And that is given to the other military services.

Mr. JOHNSTON. That is given to physicians and dentists in the military services.

Mr. ROGERS of Florida. Must they have gone to an academy first?

Mr. JOHNSTON. No, sir. This is just to compensate them for their medical and dental school education and medical internship.

Mr. ROGERS of Florida. Do you have any set policy on movement of your officers around. Do you try to move them in 2 or 3 or 4 years?

Dr. BURNEY. No, sir. We used to have that policy when I first came into the service. I think I had seven transfers in the first 7 years that I was in. One was expected to become a generalist in those days and know a little bit about everything.

Now we, like everybody else, are recognizing the need for specialists, whether it is in surgery or in research. And we leave individuals a little longer in the same place. But let me say this: There is still a policy that it is desirable not to leave an officer in one spot for all of his career.

Mr. ROGERS of Florida. Yes. I want to commend you for that policy of leaving them a little longer. Because I think our travel costs amount to something like \$3 billion. And I think great savings can be effected. I am delighted to hear you are not just shifting your men around for the sake of shifting. I think that is fine.

About what is your turnover, would you say, in personnel? You say you are losing personnel. I just wondered.

Mr. CAMP. In the Regular corps it is quite low—in the vicinity of 5 percent a year. In the Reserve corps, because of its purpose for temporary service, we do have a much higher rate of turnover. It is somewhere in the vicinity of 20 to 25 percent.

Mr. ROGERS of Florida. And about what percentage of your active duty personnel are now in the Reserve corps?

Mr. CAMP. More than 50 percent. There are 1,800 in the Reserve on active duty and 1,550 in the Regular on active duty.

Mr. ROGERS of Florida. Thank you very much, Mr. Chairman.

Mr. ROBERTS. The gentleman from Nebraska.

Mr. BROCK. I heard you mention that the Public Health Service was transferred from the Interior Department as it pertains to Indian Service to the Public Health Service under your direction.

Dr. BURNEY. Yes, sir.

Mr. BROCK. What services do you supply to the Indian tribes?

Dr. BURNEY. By an act of Congress passed in 1955, I believe it was, we were given all of the responsibilities then reposing in the Interior Department for the health and hospital care of Indians, including all physical facilities, both Indians in the continental United States and the Alaskan natives, Eskimos and Indians. We provide hospital and medical and dental care. We are emphasizing particularly preventive medicine among the Indians.

Their health status is about a generation behind that of their neighbors. For example, their life expectancy is, I believe, about 37 at birth. Ours is about 67 to 68. When we took over this program, tuberculosis was the major cause of death. In these 3½ years, sir, the mortality rate has been cut and instead of being the first cause of death, it is now the eighth cause of death among Indians.

The diarrheas and dysentery are one of the major problems of Indians partly because of their culture, and partly because of their isolation and language.

So, this is an area in which we are trying to develop a recognition by the Indian of the need for safe water, adequate disposal of biologic waste through use of privies and that sort of thing. So, instead of just treating them after they become sick, which we have to do, we also like to institute and are instituting these other measures to prevent the diarrheas and dysentery, the tuberculosis, and other conditions, sir.

Mr. BROCK. Well, Dr. Burney, do you furnish visiting nurse service among your Indian tribes?

Dr. BURNEY. Yes, sir; we do. We are training and have trained a great number of Indian nurses and Indian sanitation aids.

In fact, 51 percent of all of our people, I believe, in the Indian Health Service are Indians for obvious reasons.

Mr. BROCK. I might be mistaken, but I am under the impression that the Health Service—you may have some personnel at the Winnebago Hospital at Winnebago, Nebr.; but that it is now a community

hospital run by the community, and that the Public Health Service has withdrawn. Am I mistaken in that belief?

Mr. BURNEY. I cannot comment specifically on that hospital, sir, because I am not familiar with it. But we have and are encouraging community hospitals to provide facilities for Indians rather than for us to have to provide isolated areas. And Congress did pass a law about 2 years ago, Public Law 151, which provided assistance in the construction of an Indian hospital for that part of the hospital which might be used by Indians so that then there would be a greater inclination to include them as a part of the community.

Mr. BROCK. But you are providing the medical care and the personnel for the Indians in this community hospital?

Mr. BURNEY. Not if that is a community hospital; no, sir.

Mr. BROCK. Well, then, you have withdrawn and you are not giving the medical care to those Indian tribes; is that right?

Mr. BURNEY. Well, we would contract, sir, with that hospital to provide for the hospital and medical care.

Mr. BROCK. There are three tribes: the Winnebago, the Omahas, and the Santees. The Santees are a considerable distance from the other two tribes. And I get two or three letters a week that there is a welfare lady who calls on this Santee Tribe. And they try to convince her that this certain Indian needs medical care and if in her determination she decides that he is ill enough, she might give the order that this Indian patient be transferred to the hospital at Winnebago. You have testified that you do furnish visiting nurses. This welfare lady that I am thinking of, I don't think is a visiting nurse.

And I am just wondering whether we are supplying the service that we should supply to these Indian people.

Mr. BURNEY. We are not doing as much, sir, as we think we should for the Indian population. But I would be very pleased to give you a specific report on the situation.

Mr. BROCK. I would be happy to have it, Doctor.

Mr. BURNEY. We have worked very closely with Dr. Rogers, your State health officer, in the mutual responsibilities in caring for the Indian health program. I will be very pleased to give to you a report on that situation.

Mr. BROCK. Thank you.

That is all I have, Mr. Chairman.

Mr. ROBERTS. Thank you, Dr. Burney.

Mr. BURNEY. Thank you, sir.

(The following information was later received for the record:)

ESTIMATED COSTS OF H.R. 6324 RELATING TO THE RETIREMENT OF RESERVE OFFICERS

As indicated in Dr. Burney's testimony in support of H.R. 6324, our best estimate is that the costs resulting from enactment of the various provisions of the bill will be approximately \$275,000 in fiscal year 1960 (including \$100,000 for Reserve officer retirement), but that no additional appropriations will be required to meet these costs because the Service will no longer have to make the presently required contribution of \$560,000 to the civil service retirement fund on behalf of all of its active-duty Reserve officers.

At first glance this apparent "savings" of \$285,000 seems anomalous in view of the fact that the civil service retirement system, which now applies to PHS

Reserve officers, is a contributory system, while the PHS staff retirement system, to which Reserve officers would be converted by the provisions of H.R. 6324, is a noncontributory system. The explanation of this apparent anomaly lies in (1) the differences in fiscal procedures applicable to the two retirement systems and (2) the characteristic tenure of active-duty employment among PHS Reserve officers.

DIFFERENCES IN FISCAL PROCEDURE

Under the civil service retirement system, annuities to retired employees are not paid directly from annual appropriations to the various departments and agencies. Rather, they are paid from the civil service retirement fund, to which both the employee and the employing agency make equal contributions (6½ percent of the employee's base pay) throughout the entire period of the employee's Federal employment. If the employee leaves the Federal service before he is eligible for retirement, he may withdraw his own contributions (plus interest) or, if he has had at least 5 years of Federal service, he can leave his contributions in the fund and receive a limited annuity when he reaches the minimum retirement age. Federal agency contributions made on behalf of employees who subsequently drop out of the system, however, remain in the fund.

Under the staff retirement system now applicable to PHS Regular officers, as well as to the armed services, there is no central, accumulative fund for the payment of retirement annuities. Instead, annual appropriations to the Service include the full amount of annuities for those officers actually eligible for retirement benefits. Officers who leave the Service before meeting the minimum retirement age or length-of-service requirements receive no retirement benefits. There is no annual fund contribution or other "cost" to the Service for officers on active duty who have not yet become eligible for retirement benefits.

TENURE OF PHS RESERVE OFFICERS

The purpose of the PHS Reserve Corps, as the name implies, is not to offer career employment but, rather, to assure a standby force for emergency needs and to provide a mechanism for temporary or short-term employment of officer personnel to supplement the career officers in the Regular Corps. The turnover among active duty Reserve officers is therefore very high (20 to 25 percent annually), and only one in five of our Reserve officers has been in the service for 5 years or longer. Not more than 1½ percent of these Reserve officers will be eligible for retirement in fiscal year 1960, and we do not expect that in subsequent fiscal years more than two to three officers will become eligible each year for such retirement. While long-range cost calculations are difficult to make for such an employee group, we do not expect that the total retirement costs for Reserve officers under the staff system will ever exceed \$600,000, and this maximum potential cost is not anticipated for at least 20 years.

COMPARATIVE COSTS

The immediate effect of converting the Reserve Corps to the PHS staff retirement system will be to reduce the annual retirement costs chargeable to Service appropriations. This reduction of service costs stems from the fact that, in the future, the service will be paying the retirement costs only for those Reserve officers who actually continue their Federal employment until retirement age. Eventually, perhaps 20 years from now, however, the total annual cost of the new system may approximate or slightly exceed current costs under the existing system.

In conclusion, it should be noted that this comparative cost analysis has been made in terms of costs to the Public Health Service, and that the "savings" projected for the immediate future are not necessarily "savings" from the standpoint of the Government as a whole. This qualification stems from the fact, noted above, that Federal agency contributions to the civil service retirement fund on behalf of employees who subsequently terminate their Federal employment before retirement age remain in the fund and are available to pay retirement annuities to other Federal employees. To that extent, therefore, these contributions may reduce correspondingly the amounts required to be appropriated in some undetermined future year to assure a fund adequate to meet all of its annuity obligations.

Mr. ROBERTS. Gentlemen, I would like to make this announcement. As the bells indicated, the House meets at 12 noon today. And the first matter scheduled for consideration is H.R. 5674, which is to authorize certain construction at military installations, 2 hours debate.

The next witness is Capt. F. O. Willenbacher, U.S. Navy retired, national counsel of the Commissioned Officers Association of the Public Health Service.

You may proceed, Captain.

STATEMENT OF FRANZ O. WILLENBUCHER, CAPTAIN, U.S. NAVY (RETIRED), NATIONAL COUNSEL FOR THE COMMISSIONED OFFICERS ASSOCIATION OF THE U.S. PUBLIC HEALTH SERVICE

Mr. WILLENBUCHER. Mr. Chairman and members of the committee, my name is Franz O. Willenbacher, captain, U.S. Navy, retired. I am an attorney with offices in suite 505, 1624 Eye Street, NW., Washington, D.C.

I am national counsel for the Commissioned Officers Association of the Public Health Service with offices in the Perpetual Building, Wisconsin Avenue, Bethesda, Md. I am also national counsel of the Association of Field Engineers, U.S. Coast and Geodetic Survey.

The Commissioned Officers Association of the Public Health Service is grateful for the opportunity to appear before the committee on the proposal in H.R. 6324, to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes.

The Commissioned Officers Association of the Public Health Service has more than 2,200 members, which membership constitutes about 90 percent of the Regular Corps career officers. It also has in its membership a sizable number of retired officers and Reserve officers of the Service.

The Public Health Service is one of the seven uniformed services, the others being the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Coast and Geodetic Survey. These seven uniformed services are all grouped together under laws which govern their pay under the Career Compensation Act of 1949, with its various amendments; for survivor benefits under the Servicemen's and Veterans' Survivor Benefits Act and under the Contingency Option Act of 1953, which permits members of the uniformed services to forego part of their retired pay during their retirement in order that their widows may receive benefits, should they predecease their wives.

The Commissioned Officers Association of the Public Health Service is in full agreement with the purposes and objectives of the proposed legislation, contained in H.R. 6324, and strongly recommends its enactment with such amendments which the Congress in its wisdom may deem necessary.

In the opinion of the association, the proposed legislation will, if enacted, greatly assist the Public Health Service in carrying out the many functions for which it is responsible in fields of public health and its varied associated technical programs. It will do this by attracting to and retaining in the service highly qualified professional officer personnel needed for these purposes.

The association does not wish to encroach upon the committee's time by testimony with reference to the details contained in the bill. That has been comprehensively done in the documents and other information heretofore received by the committee. The various provisions of the proposed legislation having, thus, been so thoroughly presented to the committee, further testimony on these subjects would be repetitious.

The association has, however, one additional matter which it respectfully requests the committee to take under consideration in connection with the pending legislation.

As previously set forth in this statement, members of the Public Health Service are included in the same pay laws, survivor benefit laws, and other similar laws with members of the other uniformed services. Retirement opportunities of these services are very similar. The intent of the Congress in all such laws has been to provide equality to all members of the seven uniformed services in the benefits of such laws where service, service requirements, and service obligations of these services are comparable. As the committee is aware, the legislation now under consideration accords with that congressional intent.

There is one situation in which the computation of retired pay by retired members of the Public Health Service is not on a basis of equality with members of the armed services (Army, Navy, Air Force, Marine Corps, and Coast Guard). It is this inequity which the association asks the committee to consider in connection with the pending legislation.

Section 11 of the Military Pay Act of 1958, Public Law 85-422, effective June 1, 1958, provides that retired members of the armed services (Army, Navy, Air Force, Marine Corps, and Coast Guard) may use the years of service credited to them for active duty pay purposes in the formulas for the computation of their retired pay, if they were in service prior to said effective date (June 1, 1958). Since the provision speaks in terms only as to members of the armed services, members of the Public Health Service, with comparable service background and who, likewise, were in service prior to said date are not accorded equal opportunity in the computation of their retired pay.

The association offers to this committee for its consideration the following proposed amendment, the adoption of which it is convinced will provide equality in the computation of retired pay to members of the Public Health Service who were in active service prior to June 1, 1958, with members of the armed services with whom they were associated in the same pay laws:

Delete clauses (i) and (ii) of section 211(a)(4) of the Public Health Service Act, as amended by section 4 of H.R. 1077, and insert in lieu thereof the following three clauses:

"(i) his years of active service (determined without regard to subsection (d)) as a member of a uniformed service; plus

"(ii) in the case of a medical or dental officer who did not hold a commission on May 31, 1958, as such a medical or dental officer in one of the uniformed services, four years, and in the case of such a medical officer, who has completed one year of medical internship or the equivalent thereof, one additional year, the four years and the one year to be reduced by the period of active service performed during such officer's attendance at medical or dental school or during his medical internship."

Mr. ROBERTS. How long were you in the Regular Navy?

Mr. WILLENBUCHER. I am still in the Regular Navy as a retired officer. But on active duty I served for more than 28 years as a

commissioned officer and for 3 years in one of those classes that graduated early from the Naval Academy. So, a total of something over 31 years of active service.

Mr. ROBERTS. In the course of your service, did you have occasion to observe the work of the Commissioned Corps of the Public Health Service?

Mr. WILLENBUCHER. To a slight degree. In ships I have been in various places where there were facilities of the Public Health Service. And we in our service were associated with them in various social and sometimes in official matters. I have had a great deal of opportunity, however, since to observe and become familiar with the problems of the Public Health Service, for I have been counsel of the Commissioned Officers Association for some 7 years now.

And I have been involved in problems concerning pay and so forth, because I am also executive vice president of the Retired Officers Association and have been for some 13 years.

Mr. ROBERTS. Now, based on your naval service and on the experience you have had as professional counsel for this group, do you see any great difference in the type of hazard or exposure to danger that the people in the Public Health Service are in contact with, any difference in that from the other services?

Mr. WILLENBUCHER. No, I do not. I have come to the deep conviction that the service is very comparable. And also during the wartime under the discretion of the President, the Public Health Service is brought in its entirety—is constituted a military service.

It is quasi-military during peacetime. But it is and was in the last war made military in its entirety, and serves with the military in various parts of the world.

Mr. ROBERTS. In this period of growing concern over radioactive fallout and danger of isotopic radioactive material, do you see any way that the danger of the Public Health Service personnel will be lessened; or will they be people who will be thrown into that work?

Mr. WILLENBUCHER. I would think they would be thrown into that very work. And I think from that standpoint there is every reason for them to be in the military service and serving in uniform in case of emergency, national emergency, or war.

I think that the danger would be at least as much with reference to the duties of the personnel of the Public Health Service.

Mr. ROBERTS. Would they not be the people who are primarily concerned, as far as the Federal Government is concerned, and also in conjunction with their work with the State health departments, with this new problem of air pollution?

Mr. WILLENBUCHER. Absolutely, sir. I am sure of that.

Mr. ROBERTS. That is all I have.

Mr. SCHENCK. Mr. Chairman, you are speaking of Public Health Service?

Mr. ROBERTS. Yes. Well, I mean too the Commissioned Corps.

Mr. WILLENBUCHER. Yes.

Mr. SCHENCK. In Public Health Service?

Mr. ROBERTS. In the Public Health Service; yes.

Mr. SCHENCK. Because each of the services has its own medical corps.

Mr. ROBERTS. That is true.

Any further questions?

Mr. O'BRIEN. I would like to agree thoroughly with the chairman, because the kind of war that we are contemplating now, if we are going to have one, is going to be carried to the civilian population of this country. And it would seem to me that in that emergency, the Public Health Service is of paramount importance.

Mr. WILLENBUCHER. Yes, sir. If I may be permitted a personal observation, I would think that with the development in the potentialities of warfare the Public Health Service would be the first service exposed to the protection of civilians and exposed to the dangers incident to that duty.

Mr. BURNEY. May I add a comment in that respect? There is a proposed Executive order signed by our Secretary of Health, Education, and Welfare and Governor Hoey, Director of OCDM now being reviewed by the Bureau of the Budget, again coordinating with other departments having an interest, which would propose the transfer or delegation of responsibility for health services from OCDM to the Public Health Service, including not just biological and chemical warfare but casualty care in its entirety.

Mr. ROBERTS. Gentlemen, this is the last witness. Are there any further questions?

(No response.)

Mr. ROBERTS. Thank you, sir.

This concludes our hearing.

I would like to thank Dr. Burney and Captain Willenbacher for appearing this morning.

The subcommittee will now adjourn subject to the call of the Chair.
(The followidg material was later received for the record:)

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., April 28, 1959.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives,
New House Office Building, Washington, D.C.*

MY DEAR MR. CHAIRMAN: This is in reply to your request of April 17, 1959, for the views of the Bureau of the Budget on H.R. 6324, a bill to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes.

H.R. 6324 is a departmental proposal by the Department of Health, Education, and Welfare, the purpose of which is to improve and strengthen the Commissioned Corps of the Public Health Service by (1) converting the Reserve officers from the civil service retirement system to the Public Health Service staff retirement system which is now applicable only to Regular officers; (2) improving and extending existing retirement benefits; and (3) revising existing limitations on appointments to the higher grades in the Regular Corps.

An important objective of this proposed legislation is generally to pattern the personnel benefits provided for the Commissioned Corps of the Public Health Service after those for the military services, subject to the special needs of the Public Health Service. Prior to its submission to Congress, H.R. 6324 was reviewed by the Bureau of the Budget within the framework of extending benefits to the Commissioned Corps which are substantially equivalent to those currently available to the Medical Corps of the military services. In the course of this review several benefits provided by the present law were reduced in favor of benefits more nearly comparable to the military retirement systems. We believe the objective of substantial parity with the Medical Corps military retirement systems has been accomplished.

It should be noted, however, that a precisely identifiable parallel is difficult to establish between the Public Health Commissioned Corps and the Medical Corps of the military services. There is no single retirement system applicable to all

branches of the military services. Each system contains elements peculiar to that branch of the service. By the same token, the system proposed to be made available to the Commissioned Corps of the Public Health Service also contains some special elements recognized in H.R. 6324 which are geared to the circumstances under which the Public Health Service is required to operate. The Department of Health, Education, and Welfare will, of course, be prepared to justify the proposed system, with particular reference to its special features.

The Bureau of the Budget recommends the enactment of H.R. 6324 for the reasons set out in the Department of Health, Education, and Welfare letter transmitting the bill to the Speaker.

Sincerely yours,

PHILLIP S. HUGHES,
Assistant Director for Legislative Reference.

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE,
Washington, D.C., June 19, 1959.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: We should like to call to your attention a few technical errors in H.R. 6324 which have come to our attention as the result of further study and consideration of the bill within the administration.

Under the revised section 211 of the Public Health Service Act contained in section 4 of the bill, it would be possible for commissioned officers of the Reserve Corps on inactive status at age 64 to receive retired pay. However, we had intended that only those officers on active duty at age 64 be entitled to retired pay.

Subsection (e) of the revised section 211 (lines 3 to 8, p. 7) provides that for purposes of computing retired pay a part of a year of 6 months or more shall be counted as a whole year. We had intended this provision to apply only to the number of years by which the appropriate percentage (2½ percent) of an officer's basic pay would be multiplied to compute the amount of his retired pay. The language of the bill could, however, be interpreted to allow the fraction of a year to be used also to increase an officer's cumulative years of service for purposes of determining the amount of his basic pay to be used in computing his retired pay.

Finally, as the April 15, 1959, report of the Navy Department to your committee on H.R. 1077 pointed out, there are persons on active duty in the military services who are not in a Regular or Reserve component. Such active duty would thus not be included as creditable service for retirement purposes because of the definition of "uniformed service" in section 5(a) of the bill.

We would appreciate it if the committee would amend the bill to correct these errors. We are enclosing for the convenience of the committee language amending the bill for this purpose.

We have been advised by the Bureau of the Budget that there is no objection to the submission of these amendments to the Congress for its consideration.

Sincerely yours,

ELLIOT L. RICHARDSON,
Assistant Secretary.

AMENDMENTS TO H.R. 6324

Page 4, line 13, after "(3)" insert "who was (in the case of an officer in the Reserve Corps) on active duty with the Service on the day preceding such retirement".

Page 7, strike out lines 3 and 4 and insert:

"(e) For the purpose of determining the number of years by which a percentage of the basic pay of an officer is to be multiplied in computing the amount of his retired pay pursuant to section 210(g)(3)"

Page 8, lines 4 and 5, strike out "any Regular or Reserve component of".

DEPARTMENT OF THE NAVY,
OFFICE OF THE SECRETARY,
Washington, D.C., June 18, 1959.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.

MY DEAR MR. CHAIRMAN: Your request for comment on H.R. 6324, a bill to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes, has been assigned to this Department by the Secretary of Defense for the preparation of a report thereon expressing the views of the Department of Defense.

This bill would increase the number of appointments to the higher grades in the Regular Corps which may be made each year from among active-duty-reserve officers; authorize retirement after 20 years of active service, below age 64; authorize retirement at age 64 with a minimum of 12 years' service at 50 percent of basic pay; and convert Reserve officers from the civil service retirement system to the Public Health Service staff retirement system which is now applicable only to Regular officers.

We are informed that as the result of further study and consideration of H.R. 6324 within the administration, the Department of Health, Education, and Welfare has submitted clarifying amendments to H.R. 6324. These amendments will provide (a) that Reserve officers retired at age 64 will be entitled to retired pay only if on active duty at that time; (b) that for purposes of computing retired pay a part of a year of 6 months or more shall be counted as a whole year for multiplier purposes only; and (c) for the correction of the definition of "uniformed service."

If the bill is amended to incorporate the recommended changes, the Department of the Navy, on behalf of the Department of Defense, would have no objection to its enactment.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Department of the Navy has been advised by the Bureau of the Budget that there is no objection to the submission of this report on H.R. 6324 to the Congress.

Sincerely yours,

JOHN S. MCCAIN, Jr.,
Rear Admiral, U.S. Navy,
Chief of Legislative Affairs,
(For the Secretary of the Navy).

NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS,
Washington, D.C., April 22, 1959.

HON. KENNETH A. ROBERTS,
Chairman, Health and Safety Subcommittee, Interstate and Foreign Commerce
Committee, House of Representatives, Washington, D.C.

DEAR MR. ROBERTS: The National Society of Professional Engineers has reviewed your bill, H.R. 6324, to strengthen the Commissioned Corps of the Public Health Service through revision and extension of some of the provisions relating to retirement, appointment of personnel, and other related personnel matters, and for other purposes. We are in general accord with the purpose of this proposed legislation, which is to assist the Public Health Service in recruiting and retaining competent personnel by strengthening the Commissioned Corps personnel system and by increasing its career attractiveness. We understand that specific provisions of the bill will place the Public Health Service on a parity with other commissioned services as related to the retirement system.

Our organization is concerned with and has supported legislation for improving the Federal career service, particularly with regard to employment of professional and technical personnel. Our interest in this proposed legislation is, of course, specifically related to the status of engineers in the Public Health Service.

In reviewing this bill, there is one provision which NSPE desires to mention as being in need of a minor change. Section 4(a)(5) restricts credit for eligibility for retirement for certain officers to a greater degree than that included in the definition of "active service" (for retirement purposes) in section 4(d). Inclusion of the word "commissioned" (on p. 5, line 14) would result in inequity for

engineer officers coming under this provision, when analyzed against retirement credits stipulated for medical and dental officers elsewhere in the bill. In order to prevent a potential inequity, it is recommended that the word "commissioned" be deleted; thus, all would be credited as defined in section 4(d).

With this modification, the National Society of Professional Engineers favors enactment of this bill.

Very truly yours,

PAUL H. ROBBINS,
Professional Engineer, Executive Director.

(Whereupon, at 12 o'clock noon, the subcommittee adjourned, subject to the call of the Chair.)

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