



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

On February 13, the 16th Surgeon General of the United States, Dr. David Satcher, completed his 4-year tenure as the Nation's doctor. Committed to following the best public health science and evidence, listening to the American people and their concerns, and responding with appropriate information and programs, he has been the most prolific Surgeon General in a single term.

He has produced *Surgeon General's Reports* on tobacco use in the minority population, mental health, oral health, youth violence, reducing tobacco use, women and smoking, and mental health as it relates to culture, race, and ethnicity. Additionally, he has released *Surgeon General's Calls to Action* on suicide prevention, promoting sexual health and sexual responsibility, and overweight and obesity. Using the convening authority of the Surgeon General to focus on other pressing health issues, he has disseminated *Surgeon General's Reports of Conferences and Workshops* on primary care and mental health, children and mental health, and health and the mentally retarded.

He was instrumental in the development and dissemination of *Healthy People 2010*, the Department of Health and Human Services' *Blueprint for Action on Breastfeeding*, and the *National Strategy for Suicide Prevention*.

Each of these documents is available at the Surgeon General's Web site—www.surgeongeneral.gov. Every officer should be familiar with these documents, as they have become major topics of health discussions throughout the country and some even throughout the world.

Dr. Satcher leaves a lasting legacy in public health, public health communica-

tion, and public health leadership for the Nation and for the commissioned corps. He has been, as have other Surgeons General, a dedicated and highly respected steward of the position of Surgeon General of the United States, serving with integrity, firmly grounded on public health science.

Dr. Satcher's tenure occurred at a time when there was erosion in the position and serious consideration was being given to eliminating the position and the Office of the Surgeon General. Dr. Satcher restored that high level of confidence and high regard the American people once held for the Office. The general public grew to recognize him and the uniform he proudly wore every day, except when he was traveling abroad. And he never hesitated to discuss the origin of the uniform and the commissioned corps with anyone who asked. Perhaps the clearest evidence of the renewed trust being brought back to the position is that he was allowed to complete the last year of his 4-year term under a new administration and a different party, the first Surgeon General ever to do so. He has indicated that he will continue to support the corps as a national public health leader in the private sector. The corps could not have a better advocate.

In accordance with statutory provisions, it is my privilege to assume the role of Acting Surgeon General until our President nominates a successor, and until Congress confirms that nominee. With a 30-year career in the commissioned corps, and nearly 4 years as Deputy Surgeon General, I fully appreciate the gravity of the responsibility as Acting Surgeon General.

While we all hope for a speedy nomination and confirmation of a permanent

Surgeon General, it is yet critical that we as the commissioned corps not lose the momentum that is a significant part of Dr. Satcher's legacy to the Nation. And as Acting, I feel it my responsibility to continue to lead the corps in addressing and furthering our mission of protecting and advancing the health and safety of our Nation.

We have seen the rapidly emergent roles that we as leaders and professionals in public health have had to assume, as a result of the World Trade Center tragedy in New York, as well as the terrorist release of anthrax in Washington, D.C. and elsewhere. This is philosophically no different from the fundamental responsibilities of the commissioned corps in protecting and advancing health. It is different in its execution. We have risen to similar national public health needs over our history, such as with smallpox, with ebola, with hanta virus; and we will continue to do so, serving our country.

Corps officers are *professionals*. We do our job. We do the science. And we communicate and apply the science in the right context for the public to understand what we do and how we can work together to help protect and advance their health and safety.

(Continued on page 2)

IN THIS ISSUE . . .

Retirement Seminar at COA	2
Commissioned Corps Readiness Force	4
Thrift Savings Plan	7

Surgeon General's Column

(Continued from page 1)

Corps officers are *public stewards and public servants*. We have been trusted with public resources through our day-to-day programmatic responsibilities, as well as our extraordinary and emergency activities, and we serve the public through the conduct of our duties. We have the responsibility to use those resources well to achieve our mission.

Corps officers are *leaders*, both for our professions and for our corps. While we lead public health in our daily responsibilities and duties, we have become increasingly visible to the public in our extraordinary responses to September 11 and to anthrax. The public looks to us for leadership and response in disease prevention, public health protection, and response.

Each officer should be visible and identifiable as a commissioned officer, in uniform daily, throughout all of our Agencies. In a recent poll, we discovered that a majority of our officers are in uniform more than once a week, if not daily. Daily uniform wear should be the standard, rather than the exception. I ask that each officer take this responsibility seriously.

We are in the midst of an unprecedented opportunity to show the public the value and the impact of the commissioned corps, working side by side with our civilian counterparts, through what we have been able to do, and what we will continue to do in these evolving threats to the health and safety of our Nation. And we need to be increasingly visible, both within our Agencies and to the public, to send a message of reassurance that a credible and effective public health resource exists within the Commissioned Corps of the U.S. Public Health Service.

As a health professional who has spent more than three decades of his life in our corps, I embrace the opportunity to work with my fellow officers in addressing the needs of our Nation and in assuring that the value added of the commissioned corps is visible and acknowledged. Together, as professionals, as public stewards and public servants, as leaders, and as commissioned corps officers, we can make this happen.

RADM Kenneth Moritsugu
Acting Surgeon General

Retirement Seminar to be Held at COA's Annual Meeting

The Division of Commissioned Personnel (DCP) will offer a Public Health Service Commissioned Corps Retirement Seminar at the 2002 Public Health Professional Conference sponsored by the Commissioned Officers Association. The Retirement Seminar is scheduled for April 25-26, and will be held at the Sheraton Atlanta Hotel, 165 Courtland Street, Atlanta, Georgia.

The seminar is open to all officers no matter how many years of service. If you are interested in attending this seminar, please request that a blank retirement seminar registration form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the second option, "To retrieve documents through Faxback," and request document number **6536**. After completing the form, follow the instructions on the form and submit it to the Retirement Seminar Coordinator in DCP. Registration for the seminar must be received in DCP no later than **March 22, 2002**.

If you need additional information, contact the DCP Retirement Seminar Coordinator at 301-594-3108 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43108).

National Public Health Week

"Healthy People in Healthy Communities" is the ongoing theme of National Public Health Week, which will be celebrated April 1 through 7, 2002.

This national celebration provides an opportunity to recognize the contributions of public health to the Nation's well-being as well as help focus public attention on major health issues in the communities. National Public Health Week is celebrated in communities in 46 States and by 60 percent of local health departments.

For more information, visit the American Public Health Association's Web site — <http://www.apha.org>.

HEALTHY LIFESTYLES Get Active—Your Own Way, Every Day, for Life

Summary of the Whiteriver Service Unit Employee Fitness Program

The Indian Health Service, Whiteriver Service Unit (WRSU), has responded well to the 'Call for Action' for employee wellness.

The WRSU is a 45-bed Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited hospital in Whiteriver, Arizona, providing ambulatory and inpatient services. In September 2000, the WRSU Employee Fitness testing program was initiated. The program, hosted by the Physical Therapy Department, is open to all employees and interested patients.

The program is multidisciplinary and includes standardized strength, flexibility, and cardiovascular assessments. Anthropometric data; body composition, height, weight, and blood pressure are measured. Individualized modifications are made to meet any special needs of the participant (i.e., change in test positioning, technique). Lipid profiling is available as well as nutritional consultation. The fitness testing clinics will be held monthly in 2002.

Participants are provided with a personalized fitness plan and goals, and retesting is available in 6-12 months. To date, 46 employees have completed the test. Six of those have repeated the test to measure progress . . . with improvements in cardiovascular scores and decreased Body Mass Index (BMI).

Other fitness activities include noon hour aerobics and walking/jogging groups, and a local weight control group.

We want to thank our Chief Executive Officer, Ms. Carla Baha-Alchesay, for her support of this program.

Keep up the good work WRSU employees!

Junior Officer Advisory Group Call for Nominations



Caption: Surgeon General Satcher signing Junior Officer Advisory Group charter. (Pictured from left) LTJG Cheryl Lynn Fajardo (Health Services Officer); LT Elizabeth Yuan (Pharmacy Officer); LT Jacqueline Rodrigue (Health Services Officer) - JOAG Vice Chair; LCDR Michelle Jordan (Therapist Officer) - JOAG Chair; VADM David Satcher, Surgeon General; LT Sean Boyd (Engineer Officer); LCDR Kamela Evans-Davis (Veterinary Officer); LCDR David de la Cruz (Health Services Officer); LT Akilah Green (Nurse Officer) - JOAG Executive Secretary.

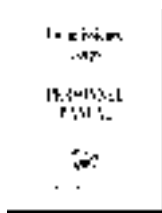
The Junior Officer Advisory Group (JOAG) is seeking motivated, hardworking junior officers for membership. JOAG is composed of Public Health Service (PHS) Commissioned Corps officers at the rank of Temporary O-4 and below. The mission of JOAG is to provide advice and consultation to the Surgeon General, Chief Professional Officers (CPOs), Professional Advisory Committees, and other PHS Commissioned Corps groups on issues relating to professional practice and personnel activities affecting junior officers in the corps.

JOAG meets monthly via tele/videoconferencing, and travel is not required for membership. You must be willing to actively participate in the various subcommittees, and regular attendance at the meetings is required throughout the term of membership.

All new appointments will be made for a 2-year term and self-nominations are encouraged. JOAG will recommend successful candidates for appointment to the Surgeon General and the appropriate CPO, with concurrence from the Agency/Operating Division/Program administrators and/or line supervisors.

Interested individuals should submit a current curriculum vitae that includes the name and phone number of their supervisor and a cover letter stating interest in serving on JOAG by **April 15, 2002**, to the following address:

LT Celia Gabriel
Chair, Membership Subcommittee
Junior Officer Advisory Group
5600 Fishers Lane, Room 7-90
Rockville, MD 20857-0001
Phone: 301-443-6563
Fax: 301-594-2511
E-mail: Cgabrel@hrsa.gov



Commissioned Corps Personnel Manual INSTRUCTIONS

The following INSTRUCTIONS have been distributed and can be accessed on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Publications' and then click on 'Commissioned Corps Personnel Manual.'

Transmittal Sheet 659 dated November 30, 2001—
INSTRUCTION 1 of Subchapter CC46.1, "Equal Opportunity."

Transmittal Sheet 660 dated December 21, 2001—
INSTRUCTION 6 of Subchapter CC26.1, "Equal Opportunity: Discrimination Complaints Processing."

Both reflect recent changes in Equal Employment Opportunity Commission case law.

Hispanic Officers Advisory Committee

HOAC Mission Statement

The Hispanic Officers Advisory Committee's (HOAC) mission is to improve the health status of Hispanics and ameliorate the health status of all U.S. citizens. This shall be accomplished by providing recommendations to the Surgeon General related to matters pertaining to the development and implementation of policies and programs of national and/or regional significance which would affect the general health and welfare of the Hispanic population of the U.S. The HOAC serves as the vehicle by which Hispanic commissioned officers have access to Public Health Service management and input into personnel practices that affect professional and personal growth, recruitment, and retention of Hispanic health professionals.

HOAC Announces Its 2002 Executive Committee

Chair

LT Angel Gustavo Seinos
HRSA – HIV/AIDS Bureau
5600 Fishers Lane, Room 7A-55
Rockville, MD 20857-0001
Phone: 301-443-4601
Fax: 301-443-5271
E-mail: Gseinos@hrsa.gov

Vice-Chair

LCDR Keyla Gammarano
Federal Bureau of Prisons
3150 Horton Road
Fort Worth, TX 76016
Phone: 817-413-3432
Fax: 817-413-3313
E-mail: Kgammarano@bop.gov

Recorder

CDR Elena H. Page
CDC - NIOSH
4676 Columbia Parkway, Mail Stop R-10
Cincinnati, OH 45226
Phone: 513-458-7144
Fax: 513-458-7105
E-mail: EPage@cdc.gov

Treasurer

Ms. Lisa Flach
HRSA - Bureau of Health Professions
5600 Fishers Lane, Room 9A-27
Rockville, MD 20857-0001
Phone: 301-443-8646
Fax: 301-443-8890
E-mail: Lflach@hrsa.gov

Are you interested in becoming a member of HOAC? We would be delighted to have you come on board. For additional information on how to become a member, please contact LT Angel Seinos, Chair of HOAC, at 301-443-4601.

Commissioned Corps Readiness Force

CCRF Deployed to Vaccinate D.C. School Children

For 11 days in January, 30 Commissioned Corps Readiness Force (CCRF) nurses, physicians, and physician assistants supported the District of Columbia's Department of Health in its efforts to complete the vaccination requirements of approximately 19,000 school children.

Officers worked long days at school clinics, public health clinics, and even a health fair, making every effort to realize the goal of a fully vaccinated student body. Although it seems that the Public Health Service (PHS) is never recognized for its many contributions, officers working on this deployment were highlighted on an NBC news program as well as in the *Washington Post* and the *Washington Times* for their contributions to the city.

PHS-1 DMAT Deployed to Support President's State of the Union Address

On January 29, members of PHS-1 DMAT deployed to support the President's State of the Union Address. This activity has been filled by PHS-1 DMAT for several years now. In effect, the team is staged near the U.S. Capitol in case of a weapons of mass destruction event. We fervently hope this continues to be an evening with no activity other than readiness training, but we appreciate the sacrifice these officers make in being there if we need them.

Deployment to the Winter Olympics

On February 5, CCRF officers and PHS-1 DMAT members deployed to the Winter Olympics as members of medical strike teams stationed in Salt Lake City and Park City, Utah. A second rotation of CCRF officers arrived on February 14, and remained until the conclusion of the event. Officers and civilians from the Food and Drug Administration, Centers for Disease Control and Prevention, and PHS Regional Offices were also on site to support the public health mission of the Department. CCRF officers were stationed in the Department of Health and Human Services' Command Center in Washington, D.C., 24 hours a day, 7 days a week, for the duration of the event.

Upcoming Training

We hope that by the next issue of the *Commissioned Corps Bulletin* we will be able to publish a training schedule for a variety of courses to be offered for CCRF officers at the Noble Training Center in Anniston, Alabama, as well as in Rockville, Maryland.

Roster Eligibility Requirements

There are a couple of items CCRF members should remember. We continue to be in a state of heightened preparedness. If you are a member of the current month's on-call roster or back-up roster, you should plan accordingly. Secondly, the deployment eligibility requirements for CCRF changed on January 1, 2002. Review those changes on the CCRF Web site at—<http://oep.osophs.dhhs.gov/ccrf>—and make sure you are eligible to participate should your presence be required for a rapid response.

As a reminder, new roster eligibility requirements effective January 1, 2002, are:

- Basic Life Support (AHA Healthcare provider course);
- current license;
- completion of the training overview modules [N=5 see new requirements];
- professional currency hours recorded on the Web site;
- have completed basic immunizations and have Hep A and Hep B series started;
- have a successful physical fitness test recorded;
- record height and weight on the Web site;
- have a physical examination within 5 years on file with the Medical Affairs Branch, Division of Commissioned Personnel; and
- have a current log-in (within 3 months).

CAPT Terence Chorba Received National Hemophilia Foundation Award

CAPT Terence Chorba, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), received the *2001 Dr. Murray Thelin Researcher of the Year Award* from the National Hemophilia Foundation (NHF). The NHF is a national volunteer organization for people affected by hemophilia, von Willebrand disease, and other bleeding disorders, and the award is given annually to a scientist who has made a major contribution to research on hemophilia. The award was presented on November 17, 2001, at the NHF Annual Meeting held in Nashville, Tennessee.

At the presentation, a citation was read citing contributions to the welfare of the hemophilia community over years of public service—"Throughout an 18-year career as an internist and epidemiologist at CDC, Dr. Chorba has provided invaluable service to the hemophilia community. He has conducted numerous retroviral studies that have had major impact on HIV research because of immediate relevancy to therapy and management of hemophilia; this work has facilitated implementation of plans and procedures to reduce risks of HIV infection for persons with hemophilia and their sexual partners."

The award is given in memory of Dr. Murray Thelin, a biochemist affected by hemophilia, who helped develop the method for making the first blood clotting concentrates from human plasma in the 1960s.



Commissioned Officer Training Academy

For information about the Commissioned Officer Training Academy, please visit the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—and select 'Training' option.

JRCOSTEP Participant at CDC



President George W. Bush and ENS Nakita Cropper at the CDC.

ENS Nakita Cropper, a participant in the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP), November 12, 2001 through January 4, 2002, received a personal 'thank you' from President George W. Bush during his visit to the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. ENS Cropper was assisting with anthrax events at CDC's Emergency Operations Center while engaged in her professional practice experiential rotation. She participated in numerous activities, including the provision of drug and dosing information to health professionals throughout the country.

Ms. Cropper is a 2002 Doctor of Pharmacy Candidate at the Howard University School of Pharmacy in Washington, DC. She has been active at Howard University serving as an officer in the Student Council and in many pharmaceutical organizations. In March 2001, she represented the Howard University School of Pharmacy at the American Pharmaceutical Association-Academy of Students of Pharmacy (APhA-ASP) National Patient Competition held in San Francisco, California.

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Officers Promoted to the Rank of Assistant Surgeon General

The following commissioned corps officers have been promoted to the rank of Assistant Surgeon General (Rear Admiral lower half):

RADM Brenda J. Holman has been promoted to the rank of Assistant Surgeon General effective January 1, 2002.

RADM Holman, an Environmental Health Officer, is the Regional Food and Drug Director, Pacific Region, Office of Regulatory Affairs (ORA) in the Food and Drug Administration (FDA). ORA/FDA Regional Offices and affiliated field offices are responsible for performance of all of the inspections of manufacturers of FDA regulated products and analytical analyses of ingredients and finished products from these manufacturers, distributors, and corporations. FDA regulated products include foods, drugs, both human and animal, medical devices, blood and biologic products, and animal food and feeds. RADM Holman directs and oversees these operations across three District Offices and two Regional Laboratories in the States of Alaska, Washington, Oregon, Idaho, Montana, California, Arizona, Nevada, Hawaii, and the Pacific territories.

Commissioned in 1988, RADM Holman is a regular corps officer. She held positions in FDA's Boston field office, FDA Headquarters in Rockville, Maryland, Detroit District Office, and New York District Office. This is her second assignment to the Pacific Region office. She has received the following Public Health Service (PHS) awards: Commendation Medal; Achievement Medal; PHS Citation; two Outstanding Unit Citations; and five Unit Commendation awards.

RADM Holman has devoted her career to public health and environmental health concerns.

RADM Dan L. Longo has been promoted to the rank of Assistant Surgeon General effective January 1, 2002. A medical officer, RADM Longo is the Scientific Director of the National Institute on Aging (NIA), National Institutes of Health (NIH). He directs and oversees the Institute's Intramural Research Program.

Commissioned in 1977, RADM Longo is a regular corps officer. He served with the National Cancer Institute for 18 years before joining NIA in 1995. He has received the Public Health Service (PHS) Outstanding Service Medal, Commenda-

tion Medal, Outstanding Unit Citation, and Unit Commendation. He has also received the NIH Merit Award and the NIH Director's Award.

RADM Longo is an internist and medical oncologist who has published more than 675 papers, reviews, and book chapters on lymphocyte function and neoplasia.

RADM Stephen M. Ostroff has been promoted to the rank of Assistant Surgeon General effective December 1, 2001.

RADM Ostroff, a medical officer, is the Associate Director for Epidemiologic Science of the National Center for Infectious Diseases (NCID) at the Centers for Disease Control and Prevention (CDC). The Center is responsible for the prevention and control of infectious diseases, especially those caused by new and reemerging microbial agents and those linked to bioterrorism, and handles the majority of outbreak investigations conducted by CDC. In NCID, RADM Ostroff is responsible for coordinating outbreak investigations, assuring human subjects protection, and overseeing the scientific quality of disease surveillance, food safety, antimicrobial resistance, West Nile virus, and bioterrorism activities.

Commissioned in 1984, RADM Ostroff is a regular corps officer. He has received the Public Health Service (PHS) Meritorious Service Medal, Commendation Medal (two awards), PHS Citation, Outstanding Unit Citation (nine awards), Unit Commendation (six awards), Foreign Duty award, and Isolated Hardship award. He has also received the Department of Health and Human Services Secretary's Award for Distinguished Service, the Defense Intelligence Agency Director's Award, and the U.S. Environmental Protection Agency's Bronze Medal for Commendable Service.

RADM Ostroff began his career with the National Health Service Corps, serving in Micronesia from 1984 to 1986, and then joined CDC's Epidemic Intelligence Service (EIS) in 1986. After completing EIS and a preventive medicine residency at CDC, he has devoted his career to infectious disease epidemiology and public health. He has been in his current position since 1993. In addition to his current duties, RADM Ostroff is also the President of the Armed Forces Epidemiology Board of the Department of Defense, and Dispatches Editor of CDC's *Emerging Infectious Diseases Journal*.

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Call for Nominations for EHOPAC Membership

The Environmental Health Officers Professional Advisory Committee (EHOPAC) is seeking self-nominations from persons interested in serving their category. Membership on the EHOPAC is open to all Public Health Service Commissioned Corps active-duty Environmental Health Officers as well as civil service employees in the environmental health field.

New members are generally elected during the EHOPAC's December meeting, however, vacancies occasionally occur during the year. Therefore, to allow the EHOPAC to meet this contingency, the EHOPAC has adopted an open continuous announcement for membership applications. Applications are solicited throughout the year and all applications are considered for vacancies occurring during the course of the year.

To be considered for membership, please go to the 'Getting Involved' section of the EHOPAC Web site at—ehopac.org—and complete the *Application for Membership* (in Adobe Acrobat .PDF format) and e-mail/fax it to:

LCDR Don Williams
E-mail: donald.Williams@mail.ihs.gov
Fax: 520-295-2409

Please note the request to submit your curriculum vitae electronically. Also note that your direct supervisor must endorse the application before you can be considered for membership. Your application will be maintained on file for 3 years. Annually, a member of the Membership/Nominations Subcommittee will contact you to determine if you are still interested and if you still have supervisory support for your participation.

Call for Nominations for Pharmacy PAC Membership

The Pharmacy Professional Advisory Committee (PharmPAC) is an advisory group composed of pharmacists representing Department of Health and Human Services (HHS) Agencies/Operating Divisions (OPDIV) as well as non-HHS Programs that employ Public Health Service (PHS) Commissioned Corps pharmacists.

The PharmPAC provides advice and consultation to the Surgeon General and to the Pharmacy Chief Professional Officer on issues related to both the professional practice of pharmacy and the personnel activities of commissioned corps and civil service pharmacists. The PharmPAC meets bimonthly in the Rockville, Maryland, area. However, teleconferencing is available.

Nominations are being solicited from pharmacists who are interested in serving on the PharmPAC. Anticipated openings for the 2002-2005 term are listed below, but all nominations will be kept on file for future consideration.

Openings for the 2002-2005 term include:

- Federal Bureau of Prisons (2);
- Coast Guard (1);
- Food and Drug Administration (2);
- Health Resources and Services Administration (1); and
- Indian Health Service (2).

If you are a PHS pharmacist, either commissioned corps or civil service, and

are interested in representing your Agency/OPDIV/Program on the PharmPAC, please submit your curriculum vitae with a cover letter describing your interest and including the date of your first licensure as a registered pharmacist. Also, please provide a memo or letter of endorsement from your immediate supervisor. All materials must be submitted by **April 30, 2002**, to:

CAPT Jim Imholte
INS Medical Facility
182-22 150th Avenue
Jamaica, NY 11413
Phone: 718-244-7966
Fax: 718-553-5477
E-mail: jimholte@hrsa.gov

If you would like to participate in PharmPAC activities as a nonmember, please volunteer to serve on one of the following committees: Recruitment and Retention; Awards; Career Development; Commissioned Corps Readiness Force; Civil Service; Communications; or Professional Relations. Working with a committee is a great way to contribute while learning about the PharmPAC and its activities. Descriptions of the responsibilities of these committees along with contact information are available on the PharmPAC Web site at—<http://www.hhs.gov/pharmacy>.

Retirements – February

Title/Name *OPDIV/Program*

MEDICAL

REAR ADMIRAL (LOWER)

Thomas E. Novotny OS

CAPTAIN

Elaine H. Callahan IHS

William L. Freeman IHS

Thomas K. Stempel IHS

Dennis P. Toomey IHS

Francis A. Zampiello HRSA

COMMANDER

Robert S. Bernstein OS

DENTAL

CAPTAIN

Steven M. Boe IHS

Alan R. Deubner IHS

Jerome L. Gordon IHS

Kenneth E. Hoffman IHS

Michael L. Mark IHS

Timothy W. Sizemore BOP

NURSE

CAPTAIN

Alicia M. Blessington HRSA

Patricia L. Callison IHS

Gayle N. Clark PSC

COMMANDER

Gail J. Siqueiros IHS

David W. Teborek IHS

ENGINEER

CAPTAIN

Thomas F. Bloom CDC

Gregory Q. Haase IHS

ENVIRONMENTAL HEALTH

CAPTAIN

Gerald W. Shipp FDA

VETERINARY

CAPTAIN

Peter M. Schantz CDC

PHARMACY

CAPTAIN

Michael A. Morton IHS

Gordon W. Reiter IHS

Kenneth L. Spear BOP

COMMANDER

Gordon E. Watkins IHS

LIEUTENANT COMMANDER

David H. Huang BOP

THERAPY

COMMANDER

Shelley A. Patterson HRSA

Thrift Savings Plan—Eligible Rollover Distribution

The Thrift Savings Plan (TSP) can accept transfers of eligible rollover distributions from qualified retirement plans (or their designated financial institutions) or from certain conduit individual retirement accounts (IRAs) that were set up to accept eligible rollover distributions from a qualified retirement plan.

Only TSP participants who have open accounts can transfer money into the TSP. This includes participants who are separated from the uniformed services and/or Federal civilian service.

What is an eligible rollover distribution?

For TSP purposes, an eligible rollover distribution consists entirely of before-tax money, or "tax-deferred" money (i.e., money that has not yet been subjected to Federal income tax), that is distributed for a qualified retirement plan or conduit IRA. Under the Internal Revenue Service (IRS) rules, only certain types of payments are considered "eligible rollover distributions."

Examples of eligible rollover distributions may include: a lump sum distribution after terminating employment, an age-based in-service withdrawal, a final single payment after a series of monthly payments, death benefits made to a spouse, or payments made to a spouse or former spouse pursuant to a qualified domestic relations order (QDRO). If you are a Federal civilian employee as well as a member of the uniformed services, an eligible rollover distribution may also include some retirement benefits administered by the Office of Personnel Management (for example, the taxable portion of the Alternative Form of Annuity (AFA) or interest on lump sum retirement credits).

A TSP participant who would like to transfer money into the TSP should check with a representative of his or her former plan or conduit IRA to ensure that the distribution is an eligible rollover distribution before submitting form TSP-U-60, "Request for Transfer Into the TSP." The TSP cannot accept a transfer into a participant's account unless the administrator of the qualified retirement plan or the trustee or custodian of the conduit IRA certifies that the distribution is an eligible rollover distribution. Under no circumstances can the TSP accept after-tax money (i.e., money that has already been subject to Federal income tax). Nor does the TSP accept tax-exempt money (i.e., money that is never subject to Federal income tax) from a qualified retirement plan or conduit IRA.

What is the difference between a "transfer" and a "rollover"?

A **transfer** occurs when the participant instructs the qualified retirement plan or conduit IRA to send all or part of his or her eligible rollover distribution directly to the TSP instead of issuing it to the participant.

A **rollover** occurs when the qualified retirement plan or conduit IRA makes a distribution to the participant (after withholding the mandatory 20% Federal income tax) and the participant deposits all or any part of the gross amount of the distribution into the TSP within 60 days of receiving it.

Note: The term "transfer" is used broadly in this article to include rollovers, unless the information is specific to rollovers.

From whom will the TSP accept a transfer?

The TSP can accept a **transfer** from one of the following:

- **A qualified retirement plan.** This is either a qualified trust described in IRC § 401(a) of the Internal Revenue Code (IRC) which is exempt from taxes under IRC § 501(a) or an IRC § 403(b) annuity plan. *Note: A qualified retirement plan generally includes defined contribution plans such as Money Purchase Plans, Profit-Sharing Plans, Employee Stock Ownership Plans (ESOPs), Stock Bonus Plans, and other plans that have provisions for Cash or Deferred Arrangements (CODAs) under section 401(k) of the IRC.*
- **A conduit IRA.** This is an individual retirement account described in IRC § 408(a) or an individual retirement annuity described in IRC § 408(b) that contains **only** funds transferred or rolled over from a qualified retirement plan and earnings on those amounts. It cannot contain funds contributed to it directly by you. Consequently, an IRA will not qualify as a conduit IRA if you have a mixture of before-tax and after-tax contributions or funds from other sources together with the rollover distribution from your retirement plan. Transfers also cannot be accepted from SEP or Simple IRAs. For further information, see IRS Publication 590, *Individual Retirement Arrangements (IRAs) (Including Roth IRAs and Education IRAs)*.

The TSP can accept a **rollover from the participant**. A rollover can be accepted only with 60 calendar days of the date the participant received the eligible rollover distribution from a qualified retirement plan or conduit IRA. The rollover must be in guaranteed funds (i.e., a certified check, cashier's check, cashier's draft, money order, or treasurer's check from a credit union) made payable to the Thrift Savings Plan.

How much can a participant transfer into the TSP?

A participant can transfer all or any part of an eligible rollover distribution. If the distribution is made to the participant, the former plan should withhold taxes before making the distribution. The participant can roll over the entire tax-deferred amount of

the distribution, including the amount that was withheld for taxes, by making up with personal funds the amount that was withheld.

Note: Any tax-deferred portion of the eligible rollover distribution that the participant chooses not to transfer or roll over into the TSP will be taxed as ordinary income in the year it is received. In addition, if the participant is younger than 59½ at the time of distribution, he or she may have to pay a 10% early withdrawal penalty tax on the tax-deferred amount that was not transferred or rolled over.

There is no limit to the number of transfers into the TSP that a participant can make. For example, if you were a participant in two different private sector qualified retirement plans, you can transfer money from both into the TSP.

What happens to the money once it reaches the TSP?

Money that is transferred to the TSP is allocated to the TSP funds according to the participant's most current contribution allocation on file. Once the money is deposited in the TSP, it becomes part of TSP employee contributions and will be subject to the same plan rules as all other employee contributions in the account. For example, the money will be available for loans or in-service withdrawals. Any future transactions a participant makes will apply to the entire account balance with distinction as to the money that has been transferred. The money will be subject to court orders against the TSP account, and spousal rights rules will apply to all loans and withdrawals from the account.

Note: Because the TSP accepts only funds that have never been taxed, funds transferred into the TSP will be subject to taxation when they are eventually distributed to the participant. Therefore, you must make sure you are asking the TSP to accept only funds that have not already been taxed.

How are transfers affected by the annual elective deferral limit?

Money that is transferred into the TSP is not applied to the annual elective deferral limit (\$11,000 in 2002) that is imposed on regular employee contributions.

For further information

For further information on form TSP-U-60, "Request for a Transfer Into the TSP," you must contact the TSP Service Office National Finance Center at phone number 504-255-6000 (Monday through Friday, 7 a.m. to 4:30 p.m. Central time). Only the TSP Service Office National Finance Center can assist you with questions pertaining to the TSP-U-60. The TSP's Web site address is—www.tsp.gov.

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Ms. Sarah Kuester Receives 2001-2002 Dietitian of the Year Award

The Public Health Service (PHS) Dietitian of the Year Award is presented to the PHS dietitian (commissioned corps officer or civil service employee) who has made a superior contribution over time to the field of nutrition/dietetics.

Ms. Sarah Kuester, a civil service employee and registered dietitian at the Centers for Disease Control and Prevention (CDC), was selected as the 2001-2002 PHS Dietitian of the Year. The award will be presented by the Dietitian / Nutritionist Professional Advisory Committee (D/N PAC) during their category day luncheon at the Commissioned Officers Association's 2002 Public Health Professional Conference to be held April 21-24 in Atlanta, Georgia.

Ms. Kuester was recognized for her outstanding contributions to the field of nutrition in promoting healthy eating and physical activity among youths. She has demonstrated exceptional dedication to the mission of the PHS through her commitment to program initiatives, creativity, and pursuit of excellence in the practice of public health nutrition.

Serving as a Public Health Nutritionist with the Division of Nutrition and Physical Activity at CDC, Ms. Kuester is a nationally recognized authority in the area of school health nutrition. One of her outstanding accomplishments has

been the development of "Guidelines for School Health Programs to Promote Lifelong Healthy Eating." These guidelines have been a standard used by schools across the country for development of policies and programs for nutrition.

Ms. Kuester led the joint Agency sponsorship of a grant program to States for promotion of the 5 A Day Program. For the past 2 years she has accepted the responsibility for leadership of CDC's nutrition/physical activity/obesity initiative, providing overall management and guidance of the cooperative agreements. She is an active member of the Society for Nutrition Education, serving terms as the Chair of the Division of Public Health Nutrition, and as Co-Chair of the Advisory Committee on Public Policy. She has received a number of awards and citations for her contributions to CDC and to the community, including her participation on CDC's Partners in Education Committee.



Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

The deaths of the following retired officers were recently reported to DCP:

<i>Title / Name</i>	<i>Date</i>
MEDICAL	
CAPTAIN	
Luis T. Diaz	12/30/01
David B. Dolese	01/06/02
Ellen E. Garrecht	07/30/01
DENTAL	
COMMANDER	
Donald P. Reid	11/21/01
SCIENTIST	
CAPTAIN	
Richard Q. Bell	12/19/01
PHARMACY	
CAPTAIN	
Leighton H. Tooms	01/25/02
DIETETICS	
CAPTAIN	
Myrtle M. Holle	01/08/02
A. Eileen Murnin	12/19/01



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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