

# Social Work Professional Advisory Group SWPAG NEWSLETTER

COVID-19 Response Edition  
Happy American independence and USPHS anniversary!

"In a time of domestic crisis, men of goodwill and generosity should be able to unite regardless of party or politics."  
President John F. Kennedy

### In this issue

COVID-19 Deployment to  
Omaha

by CDR Cline, LCSW

p.5

Strive for the Greater Good  
Beyond the Individual Patient

by CAPT Niven, LCSW

p.2

Readiness Tip

by LT Desirrae Harris, LCSW

p.15

Improving Clinical and  
Community Practice

by LT Rollins, LCSW

p.3

2020 Junior Social Worker of the  
Year

SWPAG Awards Sub-group

p.9

Responsibilities as  
USPHS Social Workers

by LCDR Durham, D.S.W.

p. 7

The Power of One

by CDR Jones, LSCSW

p.4

Social Work Practice @ NOAA

by CDR KJ Green, LCSW

p.10

Coronavirus Aid, Relief, and  
Economic Security Act (CARES)

by LCDR Brayboy, DHSc

p.14





## STRIVE FOR THE GREATER GOOD BEYOND THE INDIVIDUAL PATIENT

CAPT Julie A. Niven

LCSW, DCSW, MAC, CCTP

“A rising tide lifts all boats.”

President J.F. Kennedy

As a mental health clinician, I feel my ultimate goal is to engender hope and promote self-determination. In each individual session, these two objectives guide my practice. There is true satisfaction in seeing patients overcome obstacles, learn to forgive themselves for their mistakes, put into practice managing life in a less conflictual way, and becoming happier individuals overall.

I believe that each and every individual who heals from mental health wounds has the potential to make the world itself a little more successful overall. John F. Kennedy is famous for saying, “A rising tide lifts all boats.” We’ve each observed this to be true at some point in our lifetime. And the opposite can be equally true. For instance, just as a cheerful person’s attitude impacts others around him or her positively, conversely a grumpy person can dampen the mood in a room like water on a fire.



Recently, I have begun working with my patients with the goal of encouraging them somehow, in some way to help improve the world in whatever small or large way by using the suffering they have overcome to help others do the same. Of course, this is not a new idea. The best of humanity has been doing this since the beginning of time. What is new for me is actually engaging in a directed conversation about this with my patients. I like to time this to coincide with their achievement of their treatment goals. It’s adding one more goal to their plan, but with a focus on the greater good.



Most times my patients respond positively to a dialogue about how they might be able to work in the world to make it a better place for all. Sometimes they are not exactly sure as to the **how** of what they might try to do something, but they do seem interested in the **why** of trying. I see my role as a mental health clinician not so much as the leader within each patient session, but as the one

who holds the light to illuminate potentialities for the patient. From there, it is up to the patient to use self-determination to choose the path he or she feels led to walk. ~

# IMPROVING CLINICAL AND COMMUNITY PRACTICE

By LT Everett Rollins IV, MSW, LCSW, BCD, LCAS, CCS

Behavioral Health Consultant Supervisor



The Cherokee Indian Hospital (CIH) in Western North Carolina has a team of behavioral health consultants (BHC) embedded in the primary care clinic, who apart from their regular duties, often help fill the gaps in behavioral health services for patients of CIH. This has been especially important during the COVID-19 pandemic. Within CIH's Incident Command System for COVID-19, the BHC team has been supporting the Protecting Health Service Unit. This unit focuses on the preservation and protection of our most vital resources and services.

The BHC team has been able to continue serving patients via telehealth, support with SARS-CoV-2 testing, and therapeutic telephone sessions to patients who have tested positive. The BHC team has also developed an internal employee assistance program to help staff cope during these uncertain times and a behavioral health support newsletter that goes out to the entire hospital staff twice a week. The newsletter has been full of behavioral health resources related to self-care, coping strategies, motivational messages, and links to webinars and other resources. In an effort to make sure all staff have access to services, the team is now in the process of creating several behavioral health resource books for those CIH staff who have limited access to the email newsletter (i.e. housekeeping, maintenance/grounds, and kitchen staff).

The BHC team has been able to respond to other needs affecting CIH staff not directly related to the COVID-19 pandemic. Cherokee is a tight-knit community and a single loss can have a significant impact on many staff members. As a response to recent losses, the BHC team was able to provide psychoeducation to the entire hospital on grief and offer additional behavioral health support for those in need.

The BHC team has remained active, providing support not only to the community and patients who have tested positive for the virus, but also to frontline hospital staff to help support their mental health as they continue to respond to the pandemic. ~



# The Power of One: Social Work Advocacy in the COVID-19 Response

CDR Kimberley Jones, LSCSW, MPH



There are few times in modern history in which the world takes a pause. The COVID-19 Pandemic is no exception. Looking back at New Year' Eve 2019 celebrations, the world had no idea what 2020 would usher in.



I recall refilling my Emergency Management Go Bag in fall of 2019. I was a new adjunct teaching an Emergency Management Course and felt it was my responsibility to show my daughter the importance of the 'Go Bag.' We took a field trip to Walmart and identified the essential supplies. I remember grabbing the trial sizes of this and that. We approached the hand sanitizer and antibacterial wipes. We grabbed three of each, thinking "We can always come back and get more if we run out." Little did I know the world was about to run out of hand sanitizer and other essentials previously taken for granted.

I watched and experienced the same cheers of excitement and grumblings of defeat as online stores and local stores stocked and ran out of essential cleaning supplies. As the reserves dried up, I watched in amazement at the price gouging of necessary supplies for financial gain. As supplies in the general public grew meager, so did supplies at my duty station. Ten usable sanitizer stations, now six, now two. All staff have face coverings and masks; however, hand sanitizing resources were slowly depleted and as we shared dwindling resources. Hand washing was a gold standard infection control measure and hand sanitizer was recommended between handwashing. My

Continued from page 4

department relied heavily upon hand sanitization stations as there are many doors knobs, pens, and handshake interactions in the course of a duty day. It became apparent that there were no signs of replenishing hand sanitizer supplies to utilize between hand washing.

My Social Work Advocacy skills leapt into motion. I contacted a merchant for essential supplies. This particular merchant stocked and prioritized critical supplies for “Essential Workers” responding to the COVID 19 crisis. I was directed to a site to provide 5w’s: my contact information, need for supplies, role in the COVID 19 response and my supply list. The merchant did not promise the supply list would be filled; however, they would do the best they could as supplies were received and requested by other essential agencies. I checked the site weekly to monitor any movement or updates. Six weeks later I received a notification that my small stockpile of supplies shipped. My department is now fully stocked with hand sanitizer and a sense of renewed optimism that there is still power in one. ~

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## Coronavirus Deployment to Omaha

By CDR Christopher D. Cline,  
LCSW, BCD

Account Executive

Employee Assistance and Work Life Programs, Behavioral  
Health

Federal Occupational Health, Program Support Center



I arrived in the evening in Omaha, NE on Feb 3, 2020. I met ACF’s (Administration of Children and Families) POC, CAPT Bill Bolduc and his Deputy, Wendi Ellis.

On the morning of Feb 4, 2010 I met with seven other PHS officers to begin preparing for the arrival of 57 individuals (12 would be children under the age of 15) who would be flying from Wuhan Province China on Thursday, arriving on Friday evening (Feb 7) at Epply airfield, Omaha, NE.

We began preparations by determining what their needs would be and made a list of “Comfort items” that we anticipated would be important to have available for them when they arrived. Some of these items included diapers, slippers, coats, toys for the children, etc. These items were purchased later in the week prior to the arrival of the travelers coming from China. We also reviewed the Standard Operating Procedures for Remote Case Management during nCoV Evacuation/Quarantine.

We also received training on the ECMRS (Electronic medical record) so that we could input their information into a data base that would help track their care. We travelled to Camp Ashland, (30 minute drive from the Nebraska Medical Center) for a tour of the dormitories and administrative buildings. This allowed us to get a good look at the environment and conditions the travelers would be experiencing during their time being quarantined. Later we were trained on use of PPE (Personal Protective Equipment) and fit tested for masks.

Continued from page 5



CDR Cline on the right, 2nd person down, with arms folded.



We drafted a FAQ sheet for the “Travelers” to be given so that they would know what the daily schedule would be, which would include a 9:00 am to noon check-in with CDC (Center for Disease Control) personnel to see if they had any coughing, difficulty breathing, chills, body aches, and/or fever. CDC would also take their temperature using a non-contact thermometer. In the afternoons, they would take their own temperature and log it on a form. They would be under observation with the end date projected to be Feb 20 at 9:00 am.

The FAQ sheet also included a schedule for mealtimes and where they could do laundry. Each room was provided cleaning supplies. Phone numbers for Hospitality was given for assistance during their stay. They were given the number for any concerns for their security (U.S. Marshalls.) And, the hotline phone number for Case Management Behavioral Health services.

We conducted a mock drill 2-3 hours prior to when the plane would arrive at 7:45 pm CST at Epply Airfield. This helped us to work out some of the details that we needed to include and/or change to make it as smooth as possible. Once the travelers arrived on the tarmac, they were transferred to 2 large buses which were driven to a hanger in the cargo area of the airport. Multiple teams of people were waiting in PPE to welcome the 57 travelers who began the quarantine time-line the day prior at 9:00 am. The CDC checked their temperatures and gathered paperwork they had brought with them during the flight. There were 29 family units who were given a “Welcome Packet” which included keys to their room(s) and an I-phone 7. Bags of popcorn, granola bars and water bottles were provided the travelers while they waited their turn to receive the items mentioned above.

They were transported to Camp Ashland (35-40-minute drive) where they were able to eat food and go to bed by 11:00 pm. On Saturday afternoon we (Case Managers) began calling them on their I-phone 7’s and we were able to identify the room they were in and number of people in their group and final destination once the quarantine ended. Despite the long flight from China, with a stop at Travis AFB (Sacramento, CA) and then Lackland AFB (San Antonio, TX) they were in good spirits and glad to finally reach their final destination.

There were approximately 8 of the 29 family units that didn’t speak English and so we needed to use the language line where an interpreter who spoke Mandarin Chinese could assist with the translation. This proved to be very effective and helped get accurate information that was vital to the operation. The list of names, room numbers, family units that was generated, was provided to the logistics people, who were grateful to have a valid/confirmed list of the individuals they would be taking care of.

On Feb 9 (Sunday) the CDC began to hold town hall meetings where they would inform the travelers of the status of whether or not anyone was showing signs and symptoms of the coronavirus. As each day passed, there was a sense of relief and calm when the report that no one was infected with the virus was given. This provided assurance that they would be able to start booking flights to return home to their loved ones in the United States. The Town hall meetings occurred daily at 1:30 pm.

It was a lot of work to prepare for the arrival of the people coming from China, but necessary and an important part of the success for the daily management of their needs. One of the first changes made initially was to add rice to the daily menu. This helped them feel more at home and provided a sense of normalcy. Shower shoes were also a popular item provided that was appreciated.

As a case management team we had several conference calls with the leadership of ACF so they could answer questions and provide critical guidance on questions that would come up. For example, a common question was, how soon could the travelers begin to make flight reservations for their final destination? What was the criteria for a traveler to be eligible for financial assistance? And, so on.

There were many moving parts with many different agencies involved in the process of getting the mission accomplished. At times it was quite hectic and difficult due to many personalities and people wanting to get their piece of the puzzle in place. Nonetheless, the mission was a success in the fact that we were able to provide a safe place, where 57 individuals could be quarantined during a time of uncertainty. ~



## RESPONSIBILITIES AS USPHS CC SOCIAL WORKERS

by LCDR Mark H. Durham, D.S.W., LCSW, BCD

Thomas Jefferson of Virginia was “a member of a committee of five that included John Adams of Massachusetts, Benjamin Franklin of Pennsylvania, Robert Livingston of New York, and Roger Sherman of Connecticut” this committee wrote the constitution.

“IN CONGRESS, JULY 4, 1776

The unanimous Declaration of the thirteen United States of America

When in the Course of human events it becomes necessary for one people to dissolve the political bands which have connected them with another and to assume among the powers of the earth, the separate and equal station to which the Laws of Nature and of Nature's God entitle them, a decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. — That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed...”

Continued from page 7

U. S. Constitution Preamble:

"We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America."

Only 22 years and 12 days later, on 16 JUL 1798, John Adams, the 2<sup>nd</sup> president of the U. S., signed into law the "Act for the Relief of the Sick and Disabled Seamen." This law, that was 222 years ago, birthed the USPHS.

President John Adams wrote, "Always stand on Principle even if you stand alone."

Concerning the Constitution he said, "A Constitution of Government once changed from Freedom, can never be restored. Liberty, once lost, is lost forever."

Regarding tenacity for freedom president Adams stated, "You will never know how much it has cost my generation to preserve your freedom. I hope you will make good use of it."



President Adams emphasized the foundation of civility in culture. "I must study politics and war that my sons may have liberty to study mathematics and philosophy. My sons ought to study mathematics and philosophy, geography, natural history, naval architecture, navigation, commerce, and agriculture, in order to give their children a right to study painting, poetry, music, architecture, statuary, tapestry, and porcelain."

Likewise, his wife Abigail equaled his wisdom stating, "Learning is not attained by chance, it must be sought for with ardor and attended to with diligence." She was also highly progressive in her day by writing, "If we mean to have heroes, statesmen and philosophers, we should have learned women."

On 4 JAN 1889, 131 years ago, Congress established the Commissioned Corps of the U. S. Public Health Service, as the uniformed component of the Marine Hospital Service.



Today, the mission of the U.S. Public Health Service Commissioned Corps is to protect, promote, and advance the health and safety of our Nation.

As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through:

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science



As Social Workers we continue our nation's evolution and legacy toward a more perfect Union of Liberty, Domestic Tranquility, Welfare, Posterity, and Justice! ~



The SWPAG Awards sub-group

CDR Spady-Grove, DHSc, LCSW-BCD & CDR Shumaker, Psy.D, LCSW-BCD

announce the

## **2020 Junior Social Worker of the Year**

is awarded to

### **LT Oretade-Branch, D.S.W., LCSW, BCD, CDCS**

Comfort Care Program Coordinator | FCC Social Work Internship Program Coordinator

Department of Justice | Federal Bureau of Prisons | Federal Medical Center, Butner, North Carolina

In recognition of her sustained high quality officership, professional work performance, and contributions to the Federal Bureau of Prisons and PHS Mission. Her dedication to the agency's mission lead to a "Superior" Program Review rating from the Joint Commission by performing weekly staff assist audits of the Reduction in Sentence (RIS) Patient Care Standards. In spite of a 265% increase in annual RIS request and a 43% reduced social work staffing ratio, her perseverance resulted in agency cost savings of \$2,876,530 during the 2018 -2019 performance year. She is recognized as a subject matter expert in Forensic Social Work through various publications, trainings, and conferences at federal and state-level, as well as, local universities.



# Behavioral Health & Wellness at the National Oceanic and Atmospheric Administration

By CDR Kenneth J. "KJ" Green, LCSW, BCD



The National Oceanic and Atmospheric Administration (NOAA) is an exciting agency of the federal government that enriches life through science! Falling under the Department of Commerce, NOAA is comprised of 12,000 employees who share in the mission of studying our world from the surface of the sun to the depths of the ocean floor to keep the public informed of the changing environment around them. From daily weather forecasts, severe storm warnings, and climate monitoring to fisheries management, coastal restoration, and supporting marine commerce, NOAA's products and services support economic vitality and affect more than one-third of America's gross domestic product. NOAA's scientists use cutting-edge research and high-tech instrumentation to provide citizens, planners, emergency managers, and other decision makers with reliable information they need when they need it.

The Office of Health Services (OHS) is located within the Office of Marine and Aviation Operations (OMAO), one of the six line offices within NOAA. The principle objective of OHS is to ensure the medical readiness of OMAO's three operational communities: aviation, dive, and marine. These three operational communities are comprised of civilians as well as officers of the NOAA Commissioned Officer Corps, all of whom make it possible for scientists to get where they need to go to observe our world and collect data. The aviation community manages a fleet of aircraft that operates throughout the world providing a wide range of capabilities including hurricane reconnaissance and research, marine mammal and fisheries assessment, and coastal mapping. The diving program trains, certifies, and equips scientists, engineers, and technicians to safely perform underwater operations and promotes the innovation of effective diving technologies. The marine community manages the largest fleet of federal research ships in the nation. Ranging from large oceanographic research vessels capable of exploring the world's deepest ocean, to smaller ships responsible for charting the shallow bays and inlets of the United States, this fleet supports a wide range of marine activities including fisheries research, nautical charting, and ocean and climate studies.

Continued from page 10



Group picture in front of NOAA Lockheed WP-3D Orion N43RF, also known as "Miss Piggy," in the NOAA Aircraft Operations Center hangar, Lakeland, FL.

L-R: CDR Joe Newcomb (USPHS), Flight Surgeon; LCDR Sharon Downey (USPHS), Director of NOAA Corps Medical Affairs; CAPT Christian Rathke (USPHS), Director of NOAA Office of Health Services; CDR KJ Green (USPHS), Director of NOAA Behavioral Health & Wellness; and LT Helen MacGregor, Deputy Director of NOAA Corps Medical Affairs

Continued from page 11

During a 2017 review of the medical services provided to OMAO, the newly installed Director of OHS identified the need for behavioral health parity. Through his passionate advocacy, he secured stakeholder support throughout the line office and the appropriations of the necessary funding for the creation of my billet. I am honored to have been hired as the inaugural Director of Behavioral Health & Wellness in February 2018. Since my arrival at NOAA, it has been my privilege to create, implement, and manage a program that strives to ensure our beneficiaries have ready access to high-quality behavioral health information and resources in the context of a supportive culture that encourages treatment. This this end, my office provides best-fit evidence-based behavioral health services; educates the organization about behavioral health to increase knowledge and understanding, decrease stigma, and develop skills; and extends its reach beyond the beneficiary population—and even beyond the organization—to serve the greatest number of people possible.



Group picture at USPHS promotion ceremony on 24 AUG 2018 with NOAA leadership and US Surgeon General. L-R: CDR KJ Green (USPHS), Director of NOAA Behavioral Health & Wellness; CAPT Joe Baczowski (USPHS), NOAA Assistant Chief Information Officer; **VADM Jerome Adams (USPHS), US Surgeon General**; RADM Michael Silah (NOAA), Director of NOAA Corps and the Office of Marine and Aviation Operations; CAPT Christian Rathke (USPHS), Director of NOAA Office of Health Services; and CDR Jose Finn, NOAA Homeland Security Program Office



Continued from page 12

I am humbled that our Behavioral Health & Wellness program has attracted attention not only from other line offices within NOAA, but from other agencies of the federal government, as well. Catalyzed by the work my office does and the effect that work has, the National Weather Service (another of the six line offices within NOAA) is currently in the process of hiring a USPHS Behavioral Health Officer. Outside of NOAA, I regularly consult with two other federal agencies, assisting them with the development of their own behavioral health programs. I hope—and am optimistic—that our behavioral health program will continue to grow within and across the NOAA organization and that more and more federal agencies (and private businesses, for that matter) will develop their own behavioral health programs. Now is an important time for the behavioral health industry and for social workers like us within that industry. It is my heartfelt hope that all of you are making a difference in your organizations, and for your beneficiaries and beyond!



CDR KJ Green in front of NOAA Ship *Okeanos Explorer* in dock at NOAA Marine Operations Center - Atlantic, Norfolk, VA on 10 JUL 2018.

I consider myself truly fortunate to be a Social Work Officer in the Commissioned Corps of the U.S. Public Health Service working at an agency and within a chain of command that are united in their appreciation for the value of behavioral health services and provide support that reflects this appreciation. If you want to know more about NOAA and our Behavioral Health & Wellness program, or if there is anything else I can do to be useful to you, I welcome and encourage you to reach out to me anytime!

Kenneth J. "KJ" Green, LCSW, BCD  
Commander, U.S. Public Health Service  
Director, Behavioral Health & Wellness  
Office of Marine and Aviation Operations  
National Oceanic and Atmospheric Administration  
office phone: 301-713-7639  
personal cell: 571-241-0349 (call or text)  
[kenneth.green@noaa.gov](mailto:kenneth.green@noaa.gov)

Sincerely,

KJ ~

# Coronavirus Aid, Relief, and Economic Security Act (CARES)

by LCDR Lorener Brayboy, DHSc, MSW, LICSW  
Chair, SWPAG Communications Subgroup

The COVID 19 pandemic has impacted many communities, families, and individuals. Social distancing, shelter in place orders, and other protective measures put in place have disrupted the “way of life” for many, leading to socio-economic implications. USPHS Officers across the nation have been called to respond in a variety of capacities to this global emergency either through deployment to the front lines, logistical support for response, and continuing operations at their assigned agencies.

Although I have not deployed, I did support my agency’s response. I work at the Health Resources and Services Administration (HRSA) within the Bureau of Health Workforce (BHW)’s Division of Health Careers and Financial Support (DHFS). DHFS is responsible for a myriad of health career programs to (a) support a diverse health care workforce; (b) increase the distribution of the health workforce in rural and underserved areas; (c) provide education and training opportunities to students from disadvantaged backgrounds; and (d) increase access to care for underserved populations. Many of these health career programs are managed by health professions schools and programs across the nation such as, medical, nursing, pharmacy, and public health among others through federal grants and cooperative agreements.

COVID 19 has affected all levels of education, but for many health professions students clinical training opportunities were placed on hold, particularly in acute and community-based settings which created much uncertainty. In response to COVID, medical training and other health professions programs had to act quickly and create experiences that would be beneficial and safe for students. The Coronavirus Aid, Relief, and Economic Security Act (CARES), allowed HRSA to provide grant recipients federal funds to expand telehealth and clinical training resources for health professions schools, while also helping health professions students and practicing health professionals to address the COVID 19 pandemic, particularly among rural and vulnerable populations. In addition to providing coverage for those USPHS officers in our branch who deployed, my civilian colleagues and I were tasked to write a proposal for assigned CARE ACT funds with a quick turnaround in which we outlined targeted education and training activities supporting the COVID 19 effort and continuing medical education training across the nation for grant recipients. These HRSA grant recipients have extensive grass roots reach to strategically partner with their states and local communities to tackle the COVID pandemic. For example, some programs were identified to support contact tracing efforts, case management of COVID 19-positive patients, creating COVID 19 training curriculum, and spearheading research initiatives related to underrepresented minority (URM) groups and COVID 19. All of these efforts are opportunities for student learning and helping communities in need.

Although I did not deploy to the frontlines, it was rewarding to help continue HRSA operations and be a part of the COVID 19 response in this capacity. I look forward to seeing the outcomes of many the grant recipient initiatives. There is no doubt COVID 19 has affected the educational community, but it has also shown how creative they can be.



## Readiness Tip

by LT Desirrae Harris, LCSW  
SWPAG Readiness Subgroup Chair

### Periodic Health Assessment Completion

As we come upon the new fiscal year let's ensure we stay medically ready. The Commission Corps recently came out with a new policy regarding physical examinations. The new policy will require officers to complete a Periodic Health Update (PHU). With new policy comes new questions regarding readiness such as, Do I have an upcoming Periodic Health Update? How do I know where this information is? The readiness subcommittee is here to assist with many of these questions.

For officers unsure of PHU due date or if you meet readiness requirements, log into the officer secure area and view the dashboard. The dashboard will inform you of deployment readiness, permanent/temporary promotion eligibility, and medical readiness. Additionally, the dashboard will inform you of most recent PHU and next due date. If you have a PHU due within the next 90 days be sure to take these steps provided below to ensure compliance.

The PHU will have five components:

1. **Medical History:** Self-reported, and must be given to the officer's primary care provider for review and verification ([form DD-2807-1](#))
2. **Physical Examination:** Based on the officer's health risk factors, as determined by the officer's provider. Minimal requirements are the officer's vital signs and weight ([form DD-2808](#)) (*Right Click and Save Link if you have issues viewing*)
3. **Behavioral Health Survey:** Self-reported and given to the officer's provider for review. The behavioral health survey will facilitate a discussion with the provider about the mental well-being of the officer ([form PHS-7083](#)).
4. **Dental examination:** ([form DD-2813](#)) (*Right Click and Save Link if you have issues viewing*)
5. **Additional tests:** Screening tests as recommended by the United States Preventive Services Task Force (USPSTF) (e.g. cervical, breast and colorectal cancer screening) and any other testing recommended by the officer's provider based on the officer's age, medical, family, and deployment history, and the officer's occupational and environmental exposures and risks

*Protecting and Advancing the Health and Safety of Our Nation*

Resource

<https://dcp.psc.gov/ccmis/>



# BOLO



Be On the Look Out!

SWPAG Officers,

The Officer Forum Featuring: **Transition From Clinical Billet to Administrative Billet**

Please save the date: **August 12, 2020 @ 1500EST/1400CST**

Updates and log in information will be forthcoming. Keep sending questions in preparation for answers!

\*\*In addition to the panelists, Mentoring will share insights from an officer on our listserv who RECENTLY transitioned from a Clinical Billet to Administrative Billet (in the last 30 days).

from CDR Kimberley Jones, LSCSW, BCD, MPH, CHES, LCAC, COR

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## CHAIR'S LAST CALL

SWPAG,

As the year progresses, we have continued to face many challenges and obstacles. I continue to be amazed by all the outstanding things social workers have accomplished this year, especially during the ongoing COVID response and social justice issues. CDR Felder and I sent out a message regarding the recent events and death of George Floyd. I invite you to review.

Despite it all, we have risen to the challenge and remained resilient and strong. I especially want to recognize LT Oretade-Branch as Junior Social Worker of the Year and the 5 social work officers who promoted this recent promotion cycle:

CDR Melanie Pedersen -Promoted to O6  
LCDR Israel Garcia- Promoted to O5  
LCDR Monique Worrell Promoted to O5  
LT Jamilah Bynum- Promoted to O4  
LT Jennifer Weeks- Promoted to O4

It was a tough year and these officers stood above the rest. The SWPAG is very proud of you all! Promotion time can be very frustrating and disappointing time for many. If you were not promoted, please know this is not a reflection of your worth as an officer this past year, but a competitive field. SWPAG hopes to help. We are working on impact writing seminar in the fall and some conversations with HSPAC leadership. I encourage all use the next month to reflect and regroup. You are great social workers and keep up the hard work.

CDR Tricia Booker, LCSW, BCD  
SWPAG Chair

