



## **SWPAG Newsletter**

# Semper Servientes

LCDR Lorener Brayboy, DHSc, LICSW  
Communications Chair

CDR Mark H. Durham, DSW, LCSW  
Editor-in-Chief

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LT Tamika Finch-Hall

SWPAG Secretary

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LCSW, BCD, CCHP-MH

2021 SWPAG Chair-Elect

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CDR Felder, PhD, LCSW

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## Promotion Correction

By LT Tamika Finch-Hall,



The Summer SWPAG Newsletter listed the social workers who promoted, however the SWPAG Secretary, LT Finch-Hall, notes that **Martha Sonly Fermín, LICSW** was promoted to **CAPT**, who is stationed with DHSPS/MCHB/HRSA. ~

You are dedicated to the mission, and you work hard. Now it is promotion time. You worry over your COER, your Officer Statement and you hope that you have met all the benchmarks. You obsessively refresh your browser for the 100th-time waiting for the promotion results. You pour over Facebook to calculate the historical promotion release dates and still you wait and slowly replay all your efforts for the last year. Then the list is released, and your phone blows up with texts and phone calls.

## Promotion Anxiety

By LCDR Robert E. Van Meir  
LCSW, BCD, CCHP-MH, CCTP  
2021 SWPAG Chair-Elect

Most of us can clearly remember the day we made the decision to apply to become a Commission Corps Officer of the United States Public Health Service. The long wait to be accepted and the joy of finally being given your OBC date. Then maybe a little fear kicked in...now what happens? The unknown of wearing a uniform, the saluting, and all the talk about deployments. These can be overwhelming at first. Those officers with prior military experience usually make the transition to a PHS Officer a little easier. Then you attend OBC, and you are beginning to change your personal identity that from a civilian to a uniform officer. It becomes not something that you do but who you are. This affects not only you but your entire family.



Depending on whether or not you were promoted could result in either the best of times or the worst of times. Not being promoted could cause an Officer to feel grief and frustration. The model that we behavioral health professionals usually use as a framework for grief and loss was developed by Kubler-Ross. This model gives us five stages of grief that individual go through during the grieving process which are: denial, anger, bargaining, depression, and acceptance. Let's review each stage and some emotions or behaviors that are associated with them.



Promotion Anxiety, continues pg. 4



### Denial

“There must be some mistake.” You open the list, and you look for your name under your category. You don’t see it, so you look again and again. You check the other categories because you hope that your name was placed there by mistake. Maybe they misspelled your name or PHS number was entered incorrectly. You are stunned. Maybe this is your first look or fifth. This is a monumental disappointment to you. Denial is a normal reaction. It is part of the process of dealing with disappointment and grief.



### Anger

“They did not process my award fast enough, my agency would not let me deploy, or I was unfairly evaluated on my COER.” “The Corps is changing too fast, and these promotion rates are ridiculous.” Anger is a normal and a healthy emotion. But it is important to not act out and express your anger in self-destructive ways. Posting negative comments on social media will not be received well by your peers and supervisors. Vent in private with trusted colleagues. For reference the rates for promotion in the army for Major (O-4) is 16 %, for Lieutenant Colonel (O-5) is 8% and Colonel (O-6) is 2 %.



### Bargaining

Bargaining is a powerful psychological tool because it contains elements of reality. “If I get deployed, or an individual award, this will be my year.” “If enough officers retire then the promotion rates will improve.” This is a normal coping strategy. However, the danger of this might be setting yourself up for disappointment. It is important to be able to examine your promotion packet with a critical eye as well as have others review your information.



### Depression

Depression is a normal reaction to the disappointment of being passed over for your next rank. This depression can be fueled by all the sacrifices, hours, and tears you have shed over the past year or years. Some officers may internalize this as a major blow to their self-esteem. Their commitment to the Corps may wane and they might start thinking of leaving PHS and returning to the civilian world. They might shut down and only do what is minimally required for their position. This can foster a very negative attitude and can be toxic.



### Acceptance

This is the final stage. Accepting that you were not promoted is an opportunity to do a critical look at your career up to this point.

Promotion Anxiety, continues pg. 5



This is the time to make course corrections. Ask senior ranking officers for feedback on your work, and written materials. The more eyes the better. Do you need to move, do you need a bigger leadership role, are you lacking individual awards, or what may be missing in your overall officer picture? Do you have a mentor? Are you showing growth? Is this a position that you have held for years? Study ways to become a better officer and keep moving forward and be proud of representing our nation as an Officer in the Uniformed Services. If after all of that, you may feel that you have done all that you can do. If that is the case continue to be the excellent officer that you are. Wear your uniform with pride. Have a sharp salute and represent our Service with respect and honor. Hard work and dedication are the recipe for future success keep doing what you are doing, and promotions will come. ~

deploy to the Dulles Airport and support the standup to the Emergency Repatriation Center (ERC). As the repatriation case manager coordinator, my main duties included overseeing the provision of temporary assistance (lodging, cash assistance, onward travel, and on-going case management) to eligible repatriates and their dependents. State’s case managers from Virginia Department of Human Services (VDEM) and local non-profit were present to support the intake process.



## Afghanistan Emergency Repatriation

By LT Johanna Paillet-Growl, MA,  
LCSW

Repatriation Program Specialist  
Office of Human Services Emergency Preparedness and Response (OHSEPR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS)

OHSEPR (Office for Human Services and Emergency Preparedness and Response), my current duty station, had been in conversations with critical stakeholders to prepare for the evacuation of American Citizens and their dependents from Afghanistan for multiple weeks. On August 16TH, I was tasked alongside two of my colleagues to

While the first couple of days were quiet for case management as most evacuees were Afghan At Risks (AAR) and Parolees, on the third night we had an influx of eligible families. We were incredibly fortunate to have bilingual and bicultural case managers who made the families feel at ease and oriented them to our services. Families were exhausted from multiple days of travel and the traumatic experiences of making their way to the airport in Kabul. One repatriate, his spouse and two young children were thankful for the reception services provided by the American Red Cross. Food, blankets, and baby kits provided comfort to families who often left Afghanistan with very few belongings.

[AFGH Repatriation, continues pg. 6](#)





Dulles Airport

It soon became clear that most arrivals would happen during the night. As a result, I switched my schedule to the night shift to support case managers and forward the intake documents to our grantee who provide on-going case management in the repatriates' state of final destination.



In the end, we were able to provide support to 481 individuals and as of October 2021 we continue to provide on-going case management for repatriates who came through the ERC. Additionally, we are supporting new referrals from Safe Havens dispersed throughout the United States. I am humbled by the support we received from staff and volunteers of the American Red Cross, the State of Virginia, and the Public Health Service. Just one year ago, I was providing social work care to geriatric patients at the Veterans Affairs, prior to my commission. I could not have imagined that a year later I would be part of the international efforts to support repatriate from Afghanistan as a Commissioned Corps Officer.



Strong Work from CORPS STRONG! ~



## Life Skills Classes

By LT Nathan Drew, LCSW,  
DHS / IHSC  
Krome North Service Processing Center

*Krome Presents "Life Skills Classes": An Education-Based, Group-Focused Approach to Mental Wellness*

In the beginning of the year 2020, the Covid-19 Pandemic swept the nation with a vengeance. Since then, its devastating effects continue to be far-reaching and relentless, to say the least. Because of this unfortunate reality, many have been impacted in tragic ways, including but not limited to unemployment, mental illness, significant loss (to include loss of life, loss of loved ones, loss of good health, loss of social connections due to forced isolation, loss of businesses), homelessness and much more.



Life Skills Classes, continues pg. 7



ICE Health Service Corps (IHSC) facilities were not exempt from this far-reaching impact. The pandemic forced leadership to implement new mandates to limit the number of detainees housed at a given facility to ensure and protect the health and safety of all involved. Due to the resulting lowered census across IHSC facilities, in many instances the amount of facility staff far exceeded the work demand. In lieu of viewing this as newfound “free time” or a chance to ‘kick back and relax’, the Behavioral Health Team at the Krome North Service Processing Center (Krome SPC) located in Miami, Florida, saw this as an opportunity to create an impactful program. This program would not only provide much-needed education in various areas relative to mental health, but would also provide a way for ALL detainees housed at the facility to participate in an opportunity to acquire knowledge and skills that would help to improve their overall quality of life.



## U.S. Immigration and Customs Enforcement

The Krome SPC Behavioral Health Team, (consisting of the following disciplines: social workers, psychologists, and behavioral health technicians) includes the following 12 individuals: CDR Vickie Stowers (LCSW), LT Nathan Drew (LCSW), LT Brittanie Butler (LCSW), Dr. Jose Sanchez (PsyD), Ms. Tahra Sealy (LCSW), Dr. Josimar Saldana (PsyD), Mr. Andrey Kleyman (BHT), CDR Allah-Fard Sharrieff (LCSW), LT Janelle Phillip (LCSW), Dr. Tawanna Pearce (PsyD), Dr. Rosemary More (PsyD), and Ms. Yodeige Thervil (BHT). In May of 2021, this dynamic team of practitioners collaborated to create a program that would assist detainees in improving life skills through carefully selected education-based topics to include Social Skills, Sleep Hygiene, Stress Management, Coping Skills, and Effective Communication. Lesson plans were created and appropriately vetted to ensure that the information

presented was easy to comprehend and culturally appropriate for the target population.

The team began outreach efforts in all nine housing pods during the week of June 7, 2021, and officially began facilitating group sessions on Tuesday, June 15, 2021. For 6 consecutive weeks, Tuesdays through Thursdays, the team (divided into 3 sub-teams) facilitated 3 separate groups, at 3 separate times, in 3 separate housing pods each day. Using this approach, groups were able to be held in all 9 pods each week. Since participation is voluntary, there was no palpable indication that the detainees would participate and access the educational opportunity being offered. Fortunately, detainee participation was overwhelmingly higher than expected. On any given group session day, the number of participants ranged from 4 to 17 detainees at one time. The detainees took full advantage of the opportunity provided to fully engage in each session. They were not only able to gain practical knowledge and insight but were also able to learn concrete tools to effectively aid them in managing stress, developing useful coping skills, managing sleep concerns, utilizing appropriate social skills, and communicating their wants and needs through meaningful and effective ways. The group sessions also provided them the opportunity to interact and establish supportive relationships with other detainees; thus, indirectly enhancing their interpersonal skills.



What started out as a lofty idea, quickly morphed into a rewarding reality. The initial roll-out was hugely successful and received stellar feedback from the participants.

[Life Skills Classes, continues pg. 8](#)



The total number of participants who attended the group sessions was 226, equating to nearly 75% of the total number of detainees housed in Krome at that time, with a total of 40 group sessions facilitated. The team is currently in the process of rolling out the evaluation phase to be able to concretely track feedback from the participants involved in hopes to further improve and streamline the process going forward. The team is currently refining the content and planning our next roll-out with a projected start date within the final quarter of 2021.



**Krome North Service Processing Center**

In a climate such as this, where mental health and wellness are being directly impacted, it is imperative that we as Public Health Officers remember our charge to protect, promote, and advance the health and safety of our nation. Every contribution to the mission, whether great or small, serves a purpose and makes an impact. Therefore, focus on identifying a gap or need of some sort and create a mechanism to address and potentially close that gap. This was one gap that the behavioral health team at Krome identified and responded to. What will yours be?

~

## **Krome Behavioral Health Unit**

By

**CDR Allah-Fard Sharrieff,**

**PhD, LCSW, MSCP**

**& LT Janelle Phillip, LICSW, BCD**

The Krome Behavioral Health Unit (KBHU) is a male-only, 30-bed national behavioral health (BH) treatment program at the Krome Service Processing Center in Miami, Florida, and is the only program of its kind within the country. KBHU provides care for immigrant detainees from detention facilities across the nation with serious BH disorders which impede their ability to function in general population and/or participate in immigration proceedings. This program is locally led by ICE Health Service Corps (IHSC), with support from IHSC Headquarters and the ERO Miami Field Office, with support from ICE ERO Headquarters (Custody Programs).



KBHU started on 22 January 2019 and has provided BH services to over 100 very complex BH detainee cases. The immigrant detainees admitted to the KBHU often demonstrate major, long-term behavioral health impairment but are not currently in need of acute hospitalization. They receive daily individual therapy, psychiatric treatment, and evidence-based therapeutic groups utilizing various treatment modalities including but not limited to illness management & recovery, emotional-behavior

**Krome BHU, continues pg. 9**





regulation, cognitive-behavioral therapy, and dialectical behavioral therapy.

KBHU asked ERO and IHSC leadership, from across the nation, their perspective of the program. Some of the responses are as follows:

ERO Custody Management recognizes the KBHU as an essential component in ICE’s continuum of care and how it strengthens the agency’s commitment to maintain an immigration detention system that prioritizes the health, safety, and welfare of all of those in our care in custody. In just a short period of time, the unit has demonstrated clear success in stabilizing individuals with serious mental illness, resulting in fewer incidents, stays in segregation, and admissions to costly inpatient hospitalization.

Greg Hutton,  
Unit Chief of the Custody Reporting  
and Strategy Unit.

The KBHU is unlike any program in correctional healthcare. It was the closest thing we could get to a community residential treatment center in which IHSC patients with a DSM 5 diagnosis (many of whom have serious mental illness) are provided with wrap around behavioral health care and treatment. When created, the KBHU had three behavioral health providers (psychologists and clinical social workers), one program manager (who is also a behavioral health provider), a psychiatrist, a psychiatric advanced practice provider, and a host of psychiatric registered nurses and licensed practical nurses. We also had a Custody Resource Coordinator who assisted with discharge planning and resource linkage when a patient was released or repatriated to their country of origin. Now we have expanded staffing to include behavioral health technicians who act as care extenders and provide additional support. These wrap-around treatment and services affords the opportunity to individualize care, offer a variety of care options, place patients at the forefront of their treatment pathway, and offer them opportunities for peer support and mentoring.

The increased structure of the KBHU setting also helps enhance the clinical environment, especially for our most vulnerable mentally ill population who would be better served in this setting. Our hope is to duplicate this model in different ICE detention facilities, as its efficacy has been demonstrated, and the patients have expressed how this has set them on a path of recovery and rehabilitation.



CAPT Indira Harris, DHSc, LCSW, BCD, ACTTP  
Chief, Behavioral Health Unit  
ICE Health Service Corps  
Enforcement and Removal Operations (ERO)  
Immigration and Customs Enforcement (ICE)

KBHU is under the leadership of National Program Manager, CDR Allah-Fard Sharrieff.



KBHU has a multidisciplinary staff consisting of clinical psychologists, licensed clinical social workers, psychiatrist, psychiatric nurse practitioner, and psychiatric board-certified registered nurses and licensed practical nurses that are supported by a custody resource coordinator and program evaluator. The team works together with ERO and Custody Programs Division.

For more information about KBHU:  
[KBHUWest@ice.dhs.gov](mailto:KBHUWest@ice.dhs.gov); [KBHUEast@ice.dhs.gov](mailto:KBHUEast@ice.dhs.gov)

~





## Operation Allies Welcome

By LT Karnisha Harvey, LCSW  
Intensive Outpatient Program  
Department of Behavioral Health  
Martin Army Community Hospital

I was deployed for 28 days for Operation Allies Welcome (OAW), Afghanistan refugee mission to Dona Ana Range Complex near FT Bliss. Where 10,000 guests were placed living in tents. Upon arrival of my USPHS behavioral health team, guests had been there approximately 20-30 days.



LT Harvey standing in front of ISO Box where clinic operations took place, there is a sign on the door in Pashto so that individuals knew exactly where to find the Mental Health Team.



There was an unmet need for the provision of mental health services. My team and I set up a mental health clinic using an integrated Behavioral Health model. Daily, I provided supportive counseling, crisis intervention services, case management services (linking guests with tangible resources), psychiatric medication referrals, and provided education on sustaining a good mental health.

The Afghanistan refugees had many of heart wrenching stories. Unfortunately, many of the things we heard, we had no control over or ways to start to fix. We had 3 imperatives as their social workers:

1. **Educate ourselves** on cultural norms and meet them where they were. Cultural sensitivity was of utmost importance. Having little to no regard for what they value, and how they interact with one another could lead to an inability to establish trust and rapport.
2. It was important to **empathetically listen** and pour into them as much education pertaining to stress management, relaxation, and distress tolerance. It was important to educate them on symptoms which may surface as a result of what they have encountered and what to do if those things occur. Simply feeling sorry for them wasn't going to help them.
3. **Positive peer support** was paramount in getting through the mission. We took advantage of our daily 45-minute commute to debrief from the long days. We also used the commute to brainstorm ways to improve processes and explore group topics that our guests could benefit from.



OAW, continues pg. 11



USPHS Deployment Team, OAW FT Bliss 2021 September, with 5 linguists and a Nurse case manager assigned to assist. Officers: (From left to right) LCDR Dexter Prichett, CAPT Robert Marietta, CDR Scottie Eppler, LT Karnisha Harvey (On mission but not pictured LT Keisha Bryan)

CAPT Robert Marietta, psychiatrist and OIC of the mission was extremely influential during the mission. His energy was steadfast for the duration of the deployment. Upon arrival each morning, he asked, "How can we help our guests today?" He was so eager to assist, he's truly a social worker at heart!

Our impact as a behavioral health team of 5 was phenomenal. We provided clinical interventions to over 200 guests, translated psychoeducational material into 3 dialects with the help of on-site linguists, attended town halls to brief guests on MH services, completed hundreds of walkabouts to educate guests on our existence and purpose, and we provided behavioral health support to U.S. Army soldiers assigned to the camp.

For many of us social workers, we work in nice offices with heat and air. Flexibility is a must! We work out of CONEX/ISO-Boxes with limited supplies, we walked around in unpleasant environmental conditions. We had to suspend our discomfort to focus on the bigger mission. I

wouldn't trade the experience for anything and do believe we were able to make a difference.

## The 2021 HSPAC Joseph Garcia Jr. Award:

**LCDR Monique Richards, MSW, LICSW**  
Zero Suicide Initiative National Lead  
Indian Health Service Rockville, MD

By  
LCDR Candice T. Karber, LICSW,  
BCD

The Outstanding Junior Officer of the Year is awarded to a junior officer who has made significant contribution to the advancement of the Nation's health, demonstrated the core values of Leadership, Service, Integrity and Excellence in their work, and proven themselves to serve with the utmost dedication to the Corps and their fellow officers.



HSPAC Garcia Award, continues pg. 12





The Joseph Garcia Jr. Award is presented annually to the outstanding junior health services professional of the year. The award was developed to promote the future leadership of the Public Health Service (PHS) by honoring a junior officer or equivalent civil service professional who has made a significant contribution to the advancement of the nation's public health.



CAPT (Ret.) Joseph Garcia, Jr. began his career in 1964 Garcia as a field epidemiologist with the Centers for Disease Control and Prevention. During his career, CAPT Garcia held a variety of positions, including serving as the first PHS officer on the Joint Chiefs of Staff, Department of Defense, where he developed the first Joint Medical Readiness Mobilization Plan for PHS officers. Prior to his retirement, CAPT Garcia was the Associate Director for Management Services, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.



## E Pluribus Unum

by

CDR Mark H. Durham, DSW, LCSW

Supervisory BH Provider, DHS, IHSC  
Taylor, TX

Organizations form a motto for the purpose of identity. A motto is succinct; however, much thought goes into a motto. Along with identity, a motto describes the organization's purpose and mission. The character instilled in a motto helps members of an organization identify their role and purpose with their organization.

Simultaneously, a motto helps individuals identify with other individuals of the same organization. One short motto is a reminder of Why Are We Here and What Are We Doing Together. A motto is usually located in places that are commonly seen for consistent remembrance of the organization's purpose.



Another common aspect of a motto, they are written in Latin. Many commonly used languages today are based solely or partly on Latin as the foundation for that language. A Latin motto is illustrative of both the intentional and foundational purpose of the organization.

The motto of the US Public Health Service Commissioned Corps is "In Officio Salutis." The translation from Latin to the English is, "In the Service of Health." This Latin motto is bedrock for

E Pluribus Unum, continues pg. 13





both who we are and what we do as Public Health Service Commissioned Corps Officers.

We all remember SWPAG adopted a new motto in 2020. CAPT Donald Schmidt set our motto, “Semper Servientes (Always Serving).” In the SWPAG Newsletter of Fall 2020 LCDR Lorener Brayboy, DHSc, LCSW stated, “Semper Servientes embodies the work of social workers in USPHS in helping and empowering individuals, families, and communities. We tackle broad social issues. PHS social work officers promote all aspects of social work practice within our distinct agencies.”

E Pluribus Unum is the motto of the United States. This motto is found on the great seal, on U.S. currency coins, and dollar bills. The translation of E Pluribus Unum from the Latin to the English is, “Out of many, one.” Individuals are separated by their individuality, however every organization is comprised of individuals and as a collective these individuals choose to participate as one organization. As individual officers in the USPHS Commissioned Corps we choose to wear the uniform. We respect each other’s varying skill sets, talents, and pasts; these differences make us a more robust and a more complete unit of Corps Officers practicing social work. We exemplify E Pluribus Unum.



As PHS clinical social workers, we should not get stuck on obstacles of theory, critical of our existence and purpose; we should refute any philosophical tool designed to divide and destroy us based on our differences. If we allow this, then our PHS identity, mission, and purpose will evolve to separation from and destruction of each other. When we are divided in mission and purpose, then our service and practice is compromised.



As clinical social work officers our focus is to inspire every PHS officer to be kind to all, to respect each other, to not demolish each other, to encourage one another, to improve each other, and to stay on mission. As social workers our uniformed provision of health care systematically impacts our micro, mezzo, and macro environments. We have shined exemplary as clinical social workers and PHS officers during the COVID Pandemic, our immigration crisis, and the Afghanistan refugee relocation. Let us continue proving that we can accomplish more together as one.



In Sum, as clinical social work officers, when we Semper Servientes then we are E Pluribus Unum.

~



## Cookout With Military Vets

by

LT Johnny D. Nwankwo, MPH

The number of military veterans experiencing homelessness in the United States is over 37,000 at any given period, which accounts for about 9% of all adult homelessness across the country. Many veterans must navigate through the arduous process of multiple duty station changes, extended deployments, and resettlements into different communities throughout their career – requiring them to adjust to different cost of living and house markets wherever duty takes them. Some veterans also struggle with converting military-specific skills to private-sector jobs, which can contribute to job instability and increased chances for homelessness.



As the COVID-19 pandemic’s immense health and socio-economic impact on families wane across the country, the United States Public Health Service (USPHS) Commissioned Corps’ Social Work Professional Advisory Group partnered with the U.S. VETS to organize a Cookout event to support homeless veterans in Washington, DC, on September 4, 2021. As a newly commissioned USPHS PHERST Officer, I was excited to participate in the program to help prepare and serve meals to the patriots who served our great country. I was intrigued to find many USPHS senior officers from different government agencies in attendance as all participated in preparing the charcoal in the grill bucket, setting up the utensils and tables for food service, and helping to serve veterans.



The U.S. VETS is one of the largest nonprofit veteran-specific organization working to end veteran homelessness in the United States. Established by a veteran to help veterans, U.S. VETS operates by rendering services that help homeless veterans adjust to a functional independent life. U.S. VETS provide programs such as supportive counseling, job placements, permanent housing placements, and meal services to over 20,000 veterans each year.

The veterans were excited to see us and appreciated our time and services. After the food was served, I joined several Vietnam veterans at their table as they hospitably shared stories of their experiences during their time in service. I asked them about some of

[Cookout with Vets, continues pg. 15](#)



their proudest moments in uniform. From the meticulous details of their narratives and the passion of their voices as the recounted their proud moments in uniform. It was easy to see their love for our country, that led them to be willing to serve. It was fulfilling for me to interact with them and hear them share some cheerful stories amidst their present difficult situations. As the day wound down and we packed up to leave, I felt I was in the right place helping the right people; on the other hand, I feel sympathetic toward their situation and hope more can be done to ameliorate their conditions. We successfully served lunch and provided take-out foods for dinner to 84 homeless veterans.

*Semper Servientes ~*



## Chair's Last Call



**Stephanie Felder, PhD, LCSW, LCAS-A, ACTTP**  
Commander, U.S. Public Health Service  
Lead Licensed Clinical Social Worker  
Public Health Emergency Response Strike Team  
(PHERST)  
Commissioned Corps Headquarters



SWPAG,

It has truly been an honor to serve as your Chair throughout 2021. This is one of the highlights of my career, and it is because I had the opportunity to serve alongside all of you during one of the most challenging times in USPHS history. Although we had many challenges, we also had many wins this year that we can't forget. Just to note a few:

*Chair's Last Call, continues pg. 16*





1. We received special pay and acknowledgement that we are critical to the success of the USPHS mission
2. Junior officers led a leadership event with General Petraeus (Army Retired) which was attended by over 90 officers from HSPAC



3. We provided educational opportunities and multiple volunteer opportunities to junior and senior officers

Most importantly, we served as social work leaders in the forefront of COVID-19, Afghanistan reparation, Hurricane Ida, and other critical missions. We gave the name “America’s Health Responders” true meaning. As you all know, the Commissioned Corps is one of the eight uniformed services and the only one dedicated solely to protecting America’s public health. That is what we do every day; we put ourselves second, so we can put our communities first.



If there was ever a time to serve as Chair, to lead and learn from all of you, it was 2021. As I reflect across the months, I remember hearing from so many of you. One voice that came through loud and clear this year was that of our junior officers. They led all our events and did so with an impact that made the entire Health Services Category take note of who we are and what we bring to the table. HSPAC asked for many of our recording links to place in the HSPAC repository for other officers to watch—we are truly leading the way.

My vision for the SWPAG is that our junior social workers feel confident and supported in taking the helm; we know you all can do it and that you are ready. My vision for social work overall is for us to take our rightful place as leader of the Corps. We should continue to obtain leadership positions in our agencies and serve as leaders in deployments. Don’t worry, I plan to stand there right beside you.



As I pass the social work chair mantle to CDR Van Meir, I want you all to know that it has been an honor to be chosen as your 2021 Chair. If ever you should need me, please feel free to contact me at [Stephanie.Felder@hhs.gov](mailto:Stephanie.Felder@hhs.gov).

*Semper Servientes*

CDR Felder, PhD, LCSW

2021 SWPAG Chair

