



SWPAG Newsletter

Semper Servientes

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Communications Chair

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

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Rear Admiral Kleiman Biography

By CDR Felder, PhD, LCSW
SWPAG Chair

In January 2021, RADM Kleiman, LCSW, BCD was selected to the rank of Rear Admiral and assumed the role of Assistant U.S. Surgeon General. He will continue his work as an executive-level leader within DoD serving as the National Guard Bureau’s Director of Psychological Health, a position he has held since 2016. In this role, he designs, develops, and directs an enterprise-wide system for psychological health fitness and resilience for over 450,000 National Guard members and their families. He is responsible for providing oversight, implementation, execution, and quality control for psychological health, resilience, and suicide prevention operations across the joint services.

Additionally, in 2019 RADM Kleiman was selected by the Chief of the National Guard Bureau to lead the new Warrior Resilience and Fitness (WRF) Office. In this role, he directs the National Guard Bureau’s efforts to synchronize and implement well-being, resilience, and prevention programs across the Air and Army National Guard and throughout the 54 states, territories, and DC.

RADM Kleiman is a commissioned officer in the U.S. Public Health Service. Prior to his assignment at the National Guard Bureau, he was detailed to the U.S. Coast Guard (USCG) for six years, where he served as the USCG Chief of Behavioral Health Services at their Headquarters Office in DC. Previously, RADM Kleiman served in the Office of Health Affairs at the Department of Homeland Security (DHS) as a principal advisor on resilience and behavioral health policies across DHS. Prior to that assignment, he was assigned as the National Mental Health Coordinator for Immigration and Customs Enforcement, responsible for coordinating the mental health care for all detained undocumented migrants in the United States. RADM Kleiman began his career as a Public Health Services Officer working emergency response operations for the Department of Health and Human Services, coordinating disaster response efforts for large scale emergencies such as Hurricane Katrina and the London Bombings.

Prior to transferring to the Public Health Service in 2005, RADM Kleiman was a commissioned officer in the United States Air Force, where for six years he provided a broad array of direct behavioral health clinical services to Airmen and their families at multiple duty locations. He has a Bachelor of Arts Degree in Psychology from the University of Tennessee, received his Master of Social Work degree from the University of Georgia, and is a licensed clinical social worker and board-certified diplomat. ~





Officer Spotlight: CAPT Andy Hunt

By LCDR Monique Richards, LICSW
National Program Coordinator
Zero Suicide Initiative
Division of Behavioral Health (DBH)
Office of Clinical and
Preventive Services (OCPS)
Indian Health Service, Headquarters
(Rockville, MD)



1. HOW MANY YEARS HAVE YOU BEEN SERVING ON ACTIVE DUTY?

29 ½ years

2. WHAT INSPIRED YOU TO BE A SOCIAL WORKER?

Growing up, I thought of myself as a “helper,” and other people saw me as “good listener.” In my Bachelor’s program, I studied psychology, and after working in entry-level human service jobs for a few years, I met several MSWs. They taught me about the Person-In-Environment approach and social work values of social justice and cultural competence, which resonated with me I decided to get my MSW. As a member of the Lumbee Tribe of North Carolina, I thought I could work with tribes as a social worker.



3. WHAT WAS THE COMMISSIONED CORPS LIKE, WHEN YOU JOINED THE CORPS?

A lot different than it is now! In 1991, there was no OBC, or any formal training for a newly commissioned officer – at least for one outside of Rockville. I got my Commissioning paperwork CAD orders by mail, along with a copy of the PHS Officers Handbook as my orientation. I had found a position at a tribe on the Oregon coast, and they agreed to convert me from a tribal employee to the Corps. I was the only officer at my duty station. Luckily, my father-in-law was a retired PHS officer who worked at the IHS Portland Area Office, and he introduced me to some senior officers who mentored me on the finer aspects of what I needed to know as a new officer. At the time, most Officers only wore their uniform on Wednesdays or at Regional/National Corps meetings. Officers assigned to tribal programs, like me, were discourage from wearing the uniform, so almost nobody did. The preferred uniform at the time was the



old Salt and Pepper, or Winter Blues (both discontinued long ago.) It was not until I had been in the Corps for 3 years before I went to my first formal Commissioned Corps orientation training, which was a 2-day session. We were really on our own back then, especially if you were not in Rockville or a Regional/Area Office with other officers.

4. WHAT AGENCIES HAVE YOU BEEN STATIONED AND WHAT WERE YOUR ROLES/POSITIONS?

In the summer of 1990, I had a Senior COSTEP assignment through the National Health Service Corps as a Medical Social Worker at a primary care clinic in downtown Portland, Oregon. After my CAD in 1991, I spent the first 15 years of my career with IHS, with the unique distinction of never working in an IHS-operated facility. Instead, I was on a series of IAA/Detail assignments to work directly in tribal programs, an Urban Indian Clinic, and a National Indian organization.

From 1991-1992 I was the Director of Human Services at the Coquille Indian Tribe Health Department in Coos Bay, Oregon. I served as the tribe's first professional social worker and developed their first mental health, substance abuse, community health, and child welfare programs from the ground up.

From 1992-1995 I was a Mental Health Counselor at the Seattle Indian Health Board. I provided individual, group, couples and family therapy children, youth and adults. I earned my Social Work license. From 1995-2000 I was at the Puyallup Tribal Health Authority, in Tacoma, Washington. The first 3 years was as a Mental Health Counselor, before I took the position of Mental Health Program Director. I worked to double the operating budget and staffing

level. I was intimately involved in the process construction for the tribe's new community mental health facility completed in 1999. (My handprints are literally in that building.)

From 2000-2006 I was at the National Indian Child Welfare Association in Portland, Oregon. For the first 3 years, I served as a Community Development Specialist before I took the Director of the Community Development Program position. I traveled extensively to tribes across the country to provide training and technical assistance on developing their children's mental health systems.

In 2006 I took an assignment in Rockville, Maryland at the SAMHSA in the Center for Mental Health Services where I stayed until 2019. I was a Project Officer and Program lead on four federal grant programs, with a focus on developing children's mental health systems in AI/AN communities. I was involved with multiple workgroups and committees related to cultural competence, improving SAMHSA's tribal grant portfolio.

Since early 2019, I have been on an extended detail to Indian Health Service Headquarters in Rockville, Maryland. I have been serving as the Acting Deputy Director of the Division of Behavioral Health. I have provided leadership stability during a 2-year transition period with no permanent Division Director. I supervised 24 staff and oversaw \$102.6 million annual budget to manage six national grant programs and initiatives. I am grateful to finish my career back at IHS.



Officer Spotlight, continues pg. 7



Introducing Our New Chair

CDR Stephanie Felder, PhD, LCSW
Chief of TBI Outcomes
Traumatic Brain Injury Center of
Excellence (TBICoE)
Research & Development Directorate
Defense Health Agency (DHA)



Dr. Stephanie Felder is a Commander (CDR) in the U.S. Public Health Service Commissioned Corps. She serves as the Chief of TBI Outcomes for the Defense Health Agency, Research and Development (J-9), Traumatic Brain Injury Center of Excellence. In this role, CDR Felder provides oversight on traumatic brain injury outcomes for the 400K+ veterans and active duty personnel for all U.S. Armed Forces impacted by traumatic brain injury.



CDR Felder has spent 8 years in the U.S. Public Health Service providing program management, technical assistance, research, and data analysis within several agencies of the Department of Health and Human Services. Her experience included oversight of grants for HIV/AIDS services for medically underserved patients, hospice and home health evaluation lead, and technical assistance for communities experiencing natural disasters.

CDR Felder has led a very active career in USPHS. She joined RDF-3 in 2016, served in leadership roles in Hurricane Harvey, delaying her doctoral defense to serve as the Lead Case Manager and Discharge Planner and Liaison to the North Carolina State Emergency Operations Center during Hurricane Florence. She managed a team of four federal and 15+ state-level staff that included coordinating critical dialysis care for disaster survivors and assisting in the placement of 45+ displaced disaster victims and reunification efforts with their families. In 2019, CDR Felder deployed to the border twice during the border humanitarian crisis. From March to May in 2020, she served as the Behavioral Health Officer In Charge during the first wave of the pandemic in New York City. She led beside two notable social work officers, CDR Sherri Bisci and CDR Timothy Pappalardo, as they worked jointly with Army, Navy, Airforce, and National Guard service members.

Prior to active duty, CDR Felder served as the Healthcare for Homeless Veteran Coordinator for the Fayetteville VA Medical Center in North Carolina. As a national representative of female veterans experiencing homelessness, she advocated for their unique needs. She received a full academic scholarship from The Catholic University of America and completed a doctoral degree in social work focused on homelessness among female veterans. She has a remarkable 14-year record of advocacy efforts in the areas of homelessness, female veterans, mental illness, HIV/AIDS, and economically oppressed communities. CDR Felder continues to dedicate herself to the field of social work and public health service.





Officer Spotlight, continued

5. HOW MANY MENTORS DID YOU HAVE THROUGHOUT YOUR CAREER AND HOW DID THEY INFLUENCE YOU?

I had a few informal Corps mentors early in my career who “showed me the ropes” around things like military courtesy, and how to navigate the existing Corps systems and policies.

6. WHAT WERE SOME OF YOUR MOST MEMORABLE DEPLOYMENTS AND WHAT WAS YOUR DEPLOYMENT ROLE?

In the Winter of 2003, I deployed as a mental health responder to West Virginia Floods. This was prior to any formal structured deployment system, and prior to authorization of BDUs, or ODUs. I was with 2 other officers in remote setting where we clogged around in the mud, snow and wastewater of the flood zone in our Working khaki uniforms with our Bates dress shoes. We gave ourselves “field authorization” and went to Walmart to purchase black boots, so we could have functional footwear for that austere environment.



During Katrina in 2005, I was on a 15-member mental health team stationed in Gulf Port, Mississippi where we slept in cots in an enormous warehouse on the Sea-Bee base. We shared the space, which had no air

conditioning in August, with over 100 RDF members, a large FEMA team, hundreds of Red Cross Volunteers, and a Unit of Marines. Our team’s primary role was to provide emotional support and mental health assessments to airmen with the local Air National Guard Unit who had been first responders to the Hurricane.

7. WHAT IS ONE OF YOUR PROUDEST MOMENTS SERVING IN UNIFORM?

I am most proud of my work initiating and developing the American Indian/Alaska Native Culture Card when I was at SAMHSA. In 2007, I had the idea to develop a “pocket guide” to address the need of helping non-Indian Commissioned Corps officers deployed to tribal communities for the first time. I am grateful for the green light given by RADM Eric Borderick, who was the SAMHSA Acting Director at the time. I pulled together a workgroup of officers and tribal members in the field to develop the content and work on the design. The Culture Card ended up having an impact far beyond what I originally anticipated, as it was flying off the shelf for years. We had to reprint 3 times, and at my last report over 1 million copies were distributed to a wide range of people across the country, and internationally. The Culture Card even inspired several tribes and states to develop their own, as well as health officials in Canada.

8. HOW HAVE YOU SEEN THE USPHS SOCIAL WORK EVOLVE DURING YOUR CAREER?

The biggest change in social work since I began my career was the elimination of the Licensure Limited Tour of Duty for new officers Called to Active Duty. As I recall, this change occurred in the early 2000’s and I have long held that as a mistake that makes



it hard to recruit social workers out of graduate school. I began my PHS career right after I got my MSW and was on a 3-year Licensure Limited Tour of Duty. The policy provided an amazing opportunity and set the course of my professional career. Now, social workers must work somewhere on their own to earn their license before they can be Commissioned, and I think that is a disincentive. In the future, I hope the SPAG revisits this decision to help recruit more social workers and allow them to earn their license while first getting a Commission.

9. GIVEN THE LOW PROMOTION RATES, WHAT ADVICE WOULD YOU GIVE JR OFFICERS TO STAY MOTIVATED?

It seems promotions have been more competitive over the past few years and understand the frustration for officers who miss the cut. I realize it can be demoralizing when you feel like your work is not recognized. I'm not sure if this helps Junior officers, or not, but I have always taken the stance that if you give your best, seek to stretch your comfort zone, and try to leave each place in a better place than when you started, then good things will happen. Be open to opportunities and be flexible. Early in my career I never expected, or desired to end up in Rockville. I always thought I would be out in the field doing community-based work, not in a "Headquarters" position. However, my path eventually led me here as I took advantage of different opportunities along the way, and I am grateful for each experience.

10. WHAT WOULD YOU LIKE TO SEE FOR THE SOCIAL WORK PROFESSION IN THE USPHS?

As I mentioned earlier, I would like to see the Licensure Limited Tour of Duty policy reinstated to Commission social workers

right out of graduate school. I would also like to see a more active role in recruiting at social work graduate schools, so social workers see what an amazing career they can have as a USPHS officer. The Corps needs to stop being the best kept secret in government work and be a viable and desirable career path for social workers.

11. WHAT ARE YOUR OCCUPATIONAL PLANS AFTER RETIREMENT AND WHAT DO YOU LOOK FORWARD TO DOING THE MOST WHEN YOU RETIRE?

The first thing I will do after I retire is take an extended trip to spend time with my grandchildren, and other family in Oregon. Then, I plan to spend a lot more time writing and recording music in the home studio I have been building over the past few years. When the pandemic is under control and live music begins again, I plan to get back to performing with my band and doing solo concerts. I will eventually seek paid work doing part-time consulting, so I can continue giving back to tribal communities based on the work I have done in my career.

12. IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

The best decision I ever made in my life was to join the PHS Commissioned Corps. When I talk to some of my colleagues, I went to graduate school with, and hear about their careers in state government jobs, or jumping from one non-profit organization to another, I am grateful for the Corps. My career has provided me with unparalleled opportunities to travel places, meet people, and experience things I could have never imagined when I started - all while having the stability of great pay and benefits for my family and myself.

~



A Personal Note on the COVID Vaccine

LT Oretade-Branch, DSW, LCSW, BCD

Questions

Have you received the COVID-19 Vaccine? What was your experience like? Were your concerns matched by your experience? Have you received the second round of the vaccine? How was it similar or different from the 1st dose?

Response

Currently, I'm stationed at Dover Air Force Base (AFB), in Dover, Delaware. On Friday, January 22nd, I was offered an opportunity to receive the Moderna COVID-19 Vaccine. I had been thinking about whether or not I would receive the vaccine or not once I had an opportunity, well now was "GO TIME" for a decision. Even though I'm a PHS Officer, as an African American there was and still is a level of skepticism that just runs through my blood as it relates to the unknown of certain medical interventions. Plus, let us just say that my husband's level of skepticism is MUCH higher than mine. Therefore, the topic of being vaccinated was a touchy subject in my home.

I've been fortunate that I haven't lost any loved ones to COVID. Last summer my father and nephew contracted COVID, but they were blessed to have recovered without the need for hospitalization. So, now I had to make a final decision, because I was told that the Military Treatment Facility at Dover AFB was trying to administer all their supply of the vaccine that day, so a decision had to be made quickly.



Taking a deep breath, I then discussed the topic of the vaccine again with my husband. Although I am very aware that this is my body, I am also aware of how decisions can impact the whole family dynamics.



Here were my reasons, which I explained to my husband, for getting the vaccine: 1) Being a PHS Officer, 2) Being a PHS Officer, and 3) Protecting my family. So let me explain.

1) "Being a PHS Officer", it's simple I don't want to be a hypocrite. How can I promote the health and safety of our nation if I'm not willing to be on the frontlines to protect it! While all the answers may not be available now, I believe that due diligence was made in the research regarding the vaccines and felt encouraged that people of color were involved in the process, even down to an actual scientist (i.e. Kizzmekia Corbett, Ph.D.).

A Personal Note continues pg 10



A Personal Note continued

2) "Being a PHS Officer", deployments can potentially put us in "harm's way", so while I've been very fortunate that I have not been exposed to an active case of COVID-19, I understand that given the role I serve while in the uniform, that if needed, I could be put in a position where I may be at a higher risk for exposure. Therefore, I wanted to do what I could to be protected, to best serve others.



3) "Protecting my family", well I think this is self-explanatory. My hope is that with getting vaccinated I will be able to protect my family from contracting the disease if I were exposed. As a PHS Officer, I can't live in a bubble, so I truly felt the benefits outweighed the unknown cost.

After rolling my sleeve up and getting my shot, I experienced mild pain, kind of like when I get a flu shot, and had some swelling at the injection site. These symptoms resolved after a few days. I also registered for the CDC program V-Safe to voluntarily report any potential side effects I was experiencing from the vaccine. I anticipate receiving my second dose on February 19th and will continue to monitor my reaction to the vaccine. Overall, I don't have any complaints and I think I made the right decision for me, my family, and my country!

~

Introducing Our New Executive Secretary:

LT Tamika Finch-Hall, LCSW, BCD

LT Tamika Finch-Hall is a Clinical Social Worker with the Federal Bureau of Prisons at Federal Medical Center (FMC) Carswell, a female institution. She has worked for the Bureau of Prisons for six years and commissioned in the U.S. Public Health Service in May 2019. LT Finch-Hall works with the forensic and mental health population at FMC Carswell. She services pretrial individuals who are undergoing psychological evaluation, inmates with mental health needs, and federal civil commitments.



LT Finch-Hall also serves as Team Leader of her institution's Crisis Support Team as a collateral duty. LT Finch-Hall is a native of Northern Illinois and has lived and worked in NYC and Middle Massachusetts before making Texas her home. She has two daughters, ages 8 and 6 months old, who occupy her recreational time.

~





Moderna Vaccine: Both Doses

LT (Kat) Jackson, CSW-PIP, QMHP

I currently work for IHS-Woodrow Wilson Keeble Memorial Health Care Center in Sisseton, SD on the Lake Traverse Reservation.



I would like to share my experience with receiving both doses of the Moderna Vaccine. I received my first dose on 12/28/2020. Initially, I was nervous about receiving the vaccine but I educated myself and took advantage of my health care center offering it to all employees. My reaction was mild. I had a headache only for that night and it was tender at the injection site for a few days. I was the first in my immediate and extended family to receive the vaccine and they all have been curious during this entire process.



I received my 2nd dose on 1/27/2021. I had initially scheduled my vaccine on 1/25/2021, but a lot of co-workers were having “expected” reactions to the 2nd dose. I decided to change my appointment because I had another important appointment, I needed to attend on 1/26/2021. I am glad I made this decision because my reaction was different than the first. Approximately, 12 hours after the injection...in the middle of the night, the chills began. I woke up with chills, a fever, injection site being tender, and nauseated. I called into work and went back to bed. I woke up later (way later 😊) and all symptoms were gone except I had very mild body aches and tender injection site. Later that night, I had chills again, but by the morning of 1/28/2021 I was feeling normal and returned to work.



The injection site remained tender (again) for a few days. I chose to participate in the V-Safe After Vaccination Health Checker, which was user friendly and I updated my symptoms for both doses through the app.

Although, I had more of a reaction to the 2nd dose, I am grateful that I was able to receive the vaccine. I feel the benefits of the vaccine outweighed the risks and I want life to return back to “normal.” Plus, I feel being an American Indian tribal member and showing I am receiving the vaccine will hopefully encourage other tribal community members to receive the vaccine when it becomes available to them.

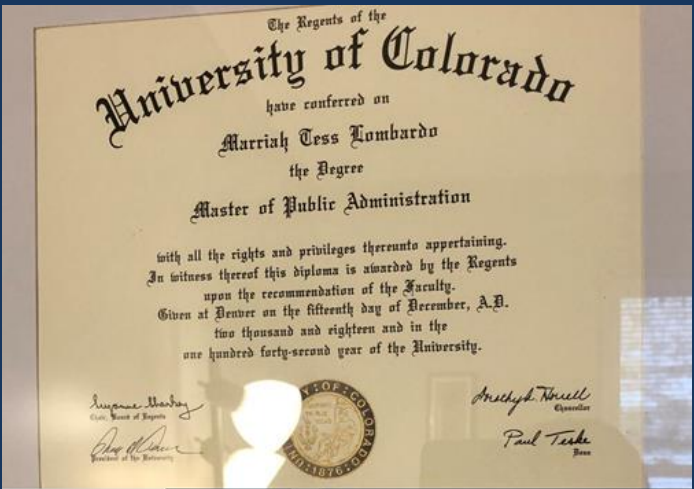
~



My Second Masters

LCDR Marriah Lombardo,
LCSW, MPA, CHEP
Management Analyst
Current Operations Division
Countering Weapons of Mass Destruction
U.S. Department of Homeland Security

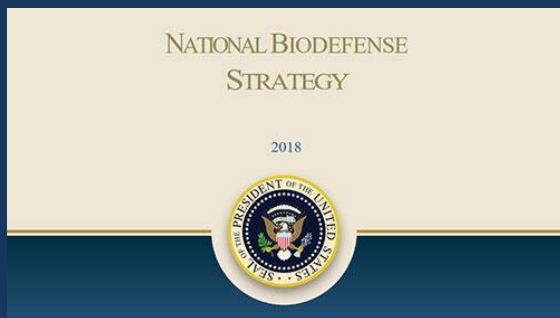
I improve organizational effectiveness by developing and reviewing organizational plans and policy. I use my deeper knowledge of leadership styles and techniques daily within groups and individually among program staff. I was recently asked by my CAPSTONE sponsoring agency to participate in a forum to improve the response of civilian medical volunteers across jurisdictional and regional boundaries.



September of 2013, I embarked on the new aspect of my career. I enrolled in the University of Colorado, Denver’s School of Public Affairs, to receive a degree in Public Administration, with a focus in Nonprofit Management. I completed the program in December of 2018.

While the path to my degree was long, and not stress free, I am daily reminded that, “the tassel was worth the hassle.”

I chose this school’s program, because it was a credible university, and offered my desired degree completely online. I opted to obtain this degree because I aspired to develop my leadership skills. My time and financial investment in this program yielded results. I utilize my newly acquired leadership skills daily in my duty location.





COVID-19 vaccine Optimism defeating Uncertainty

LT Keisha Bryan, LCSW-C, BCD
Walter Reed
National Military Medical Center

As an emergency room Social Worker at Walter Reed National Military Medical Center, I was offered the Pfizer vaccine in mid-December 2020 and received the second round of the vaccine in early January 2021.



I would be remised if I did not share my initial concerns about receiving the vaccine. I had questions and concerns about taking a vaccine produced in under a year; however, I did my research and concluded that cutting down on time does not always mean cutting back on quality.

My research included listening to a series of talks with Dr. Kizzy Corbett, a lead Immunologist for the COVID-19 vaccine at the National Institute of Health. Dr. Corbett addressed the process of working on a Coronavirus vaccine and how her team was able to develop a COVID-19 vaccine in less than one year. I also listened to a conversation between Dr. Fauci and the Black community, a partnership sponsored by Howard University, the National Urban League, and the Health Alliance Network Black Coalition against COVID.



This research increased my knowledge regarding the various causes that have resulted in increased reluctance, mistrust, and anxious feelings among African Americans related to the vaccine.

Prior, during, and after the initial dosage, I prayed that this was a step in the right direction. A step towards exponentially fewer patients dying alone. A step towards worrying less about bringing COVID-19 home to my family. A step towards my children returning to in-person education. A step towards facts and science prevailing over conspiracy. I prayed that this day would be symbolic in marking a new beginning for all humanity.

Following the first dose of the vaccine, my shoulder was slightly sore, but I experienced no other side effects. Due to reports of adverse effects and reactions following the second dose of the vaccine, upper management put a work coverage plan for 1-2 days following receiving the second vaccine to allow time off to rest. Favorably for me, I did not experience any adverse reactions following the second vaccine.



Regarding planning, coordination, and implementation, Walter Reed National Military Medical Center did an excellent job developing an effective and efficient process in administering the vaccines.



SWPAG Officer Career Paths Within PHS & Helpful Hints...

From the Recruitment & Retention Sub-Group

by LT Janelle Phillip, LICSW
Behavioral Health Provider
ICE Health Services Corps (IHSC)

Rank and Name

LT Everett F. Rollins IV

Current Agency Employed

Indian Health Service

Current Duty Station

Cherokee Indian Hospital in Cherokee, NC



Current Job Title

Behavioral Health Consultant Supervisor

Brief Description of Current Job Duties

I supervise the behavioral health consultant team that serves as part of the larger integrated healthcare team in Cherokee's primary care clinic. Our duties include screening, brief interventions, and referrals to treatment.

1. Three words to describe yourself.

My personal watchwords are: Leadership in Service

2. How long have you been a Social Worker?

About 10 years.

3. Do you have other degrees besides your MSW?

I have a Graduate Certificate in Substance Abuse Studies.



4. When did you become a PHS Officer? (Can you include a description of OBC experience?)

My application process took about two and a half years. I was part of OBC 106 in November of 2018. I was the only social worker there and roomed with an IHS pharmacist from Minnesota. While I was there it snowed, and it was beautiful. I was also elected class speaker for graduation.

5. What agencies, duty stations and responsibilities have you been assigned to throughout your career?

I am currently at my first duty station at Cherokee Indian Hospital. Apart from my daily clinic responsibilities, I have several other collateral duties including managing the pediatric psychiatry caseload, and serving on the suicide risk screening workgroup and the primary care steering committee. This year my responsibilities expanded to aid in Cherokee's response to the COVID-19 pandemic.

SWPAG Officer Career Paths, continues pg. 15



SWPAG Officer Career Paths, continued

6. What deployment missions and roles have you fulfilled during your career?

I have been "deployed in place" as part of Cherokee's response to the COVID-19 pandemic and lead the Behavioral Health Response Team. We have been providing psycho-ed, resources, and counseling services to hospital staff and telephonic support for patients in isolation after testing positive for the virus.



7. Can you provide some recommendations for Junior Officers regarding graduate degrees, career progression and standing out for promotions?

The feedback I have received from others has included the idea of not being afraid to advocate for ourselves. Social Workers are meant to be good advocates for others, but we can sometimes neglect to advocate for ourselves. If you have done good work, make sure people know about it. Highlight it in your CV or your Officer's statement.

8. College degree(s) & Certification(s) outside of Social Work.

I have a Bachelor of Science degree in Psychology, with a second major in Anthropology, and a minor in Archaeology. In addition to being an LCSW, I am also dually credentialed as a Licensed Clinical Addiction Specialist. I am also a Certified Clinical Supervisor and a Certified Case Manager.

9. If you have another degree(s) or certification(s), why did you choose that one specifically?

There is an addiction epidemic in the United States and I feel being well trained in this area is critical in providing quality care to patients struggling with addiction and co-occurring disorders. The supervisor credential has been helpful not only in growing as a clinician myself, but in helping others develop as well. This year I completed the Certified Case Manager credential for two reasons: it is in support of Cherokee Hospital's efforts of becoming a Managed Care Organization and case management is one of four discipline specific deployment roles for social workers in the commissioned corps.



10. Do you feel it has helped you in your career progression? Please explain.

Yes. All the training I received in pursuit of these credentials has been helpful in giving me a broader set of knowledge to be a more competent supervisor and clinician. Whether it is for a credential or not, I do recommend pursuing new opportunities for training whenever possible. Being a Certified Clinical Supervisor has opened up leadership opportunities that I otherwise may not have had. ~



Prime Time for Recruitment

LT Janelle Phillip, LICSW, BCD

Have you ever heard the phrase, “strike while the iron is hot?” Well, the iron, being PHS clinical social work, is glowing. Right now, is a GREAT time to engage and recruit other amazing social workers to commission as PHS officers. Here are three reasons why now is the time for us to recruit at least one, awesome social worker to join these prestigious ranks.

There is leadership support. If you have been following the recent CCHQ Town Halls, you have heard the push from leadership to recruit and replenish our ranks due to the large numbers of officers who are retiring or separating. Leadership developed recruitment tools on the CCMIS website to support officer efforts for recruitment. The need to increase and retain the Corps numbers is pressing, as we have learned from the Covid-19 pandemic. Our specialized skillsets are needed to continue to enhance the health and safety of this nation. And leadership has demonstrated their commitment to our profession with the newly implemented special pay for social workers. PHS clinical social workers can now receive a one-time accession bonus of \$30,000 and a recurring retention bonus of up to \$10,000, yearly. This is tremendous selling point for new recruits.

All categories are open. I remember when I decided I wanted to apply to commission into PHS. I would periodically check the website to see if the social work category was open. At some point, I stopped checking. Then one day, a friend called me and said, “PHS is open for social workers!” It took a small window of opportunity and a good friend for me to enter the best professional transition of my life. Now, social workers who would like to commission have an open door because all PHS categories are open for recruitment. We do not know when this will change, and we should help social workers take

advantage of this time frame. Also, with the approved authority and funding for the Ready Reserved Corps, there are several choices for social workers to serve with PHS.

Support to the nation. We know the wealth and value that we as social workers add to every space we occupy. An increase in our numbers would be beneficial to address and support our mission. Epidemiologists anticipate that public health disasters will increase in frequency and intensity as time continues. Our roles during these emergencies are critical to mission success. Social workers are critical to handling crises, system management, strategic planning, education, adapting quickly, problem solving, individual and family care, and on and on. Having more of us to provide these and many other skills during deployments will be tremendously valuable to the Corps and to our country.

This is prime time to recruit social workers for PHS. The SWPAG Recruitment and Retention Subcommittee is here to support your recruitment efforts and has a presentation ready to go. I am in constant awe of the work social workers do and I look forward to seeing more of us in uniform and service. Let us continue to work to increase the numbers of social workers in PHS.

Semper Servientes ~





Chair's Last Call

CDR Stephanie Felder, PhD, LCSW

SWPAG,

My vision for the Social Work Professional Advisory Group is one of elevation. Simply stated, elevation is defined as to raise to a higher state, rank, or office; exalt; promote. Fellow social workers, this is our time to ELEVATE.



According to the National Association of Social Workers (2009), "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty." As United States Public Health Service Commissioned Corps Social Workers, we are uniquely positioned to execute this mission and make a direct impact on public health both nationally and internationally. Whether in the administrative or clinical realm, we are all equipped with the knowledge, skills, and expertise to make change in the many agencies in which we work. We have social workers stationed throughout the Department of Health and Human Services as well as at the Department of Defense, the Immigration Health Service Corp within the Department of Homeland Security, the Federal Bureau of Prisons, the U.S. Marshals Service, the U.S. Coast Guard, the Environmental Protection Agency, the National Oceanic and Atmospheric Administration, and the Department of Agriculture.



We have proven time and time again our value-added as social workers and we are being recognized for all of our hard work. An example of this is our recent inclusion in the Social Work Special Pay policy CCI 633.01 which was updated and released to include social work. As stated in **RADM Orsega's** recent email,

In concert with the U. S. Public Health Service (USPHS) Commissioned Corps' "Modernization Initiative," I am pleased to announce the updated Commissioned Corps Directive (CCD) 151.05, Health Professions Special Pays (HPSP) and Commissioned Corps Instruction (CCI) 633.01, Special Pays. These policies incentivize officers who are most needed to care for patients and public health directly aligned to USPHS' unique missions to serve the nation through deployments and public health outreach to communities. Importantly, these changes ensure retention of key categories essential to carrying out the core public health mission of our service and also includes language for Ready Reserve implementation. HPSP are designed to compensate Commissioned Corps officers for their training or skills that are necessary to accomplish the mission of the U.S. Public Health Service.

Social workers have and will always be essential to the mission of the USPHS. Congratulations Social Workers!

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Chair's Last Call continued

We are truly making a difference and that we will continue to elevate our reach and our impact. During my leadership, I will use measurable goals to ensure accountability and are a few areas that we will focus on:

- Understanding the needs of the SWPAG by hearing directly, through surveys, from all of you on what YOU really need now.
- Increased opportunities to elevate USPHS Social Workers
- USPHS awareness campaign to at least 50% of the 255 MSW social work programs



- Transformation of social work mentoring services to ensure social workers are being promoted within the ranks equal to or greater than other PAGS



- Increasing interaction among non-active social members by 25%

- Continued focus on homeless veterans and furthering the work of previous SWPAG chairs



- Five-year plan for our vision of the future of SW

2021 will be the year of persistent Elevation!!!

CDR Felder, PhD, LCSW

2021 SWPAG Chair

