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# **HSPAC News and Views**

**#WeAreCorpsSTRONG** 

Spring 2022 Newsletter



# SAVE THE DATE!

USPHS SCIENTIFIC & TRAINING SYMPOSIUM MAY 23-27, 2022 IN PHOENIX, ARIZONA

CATEGORY DAY IS WEDNESDAY, MAY 25, 2022

COF'S PRIMARY GOAL IS TO ADVANCE AND PROMOTE THE MISSION OF PUBLIC HEALTH IN THE UNITED STATES. THIS IS DONE BY ADVOCATING ON BEHALF OF PUBLIC HEALTH PROFESSIONALS AND PUBLIC HEALTH ORGANIZATIONS, WITH A SPECIAL EMPHASIS ON THE OFFICERS OF THE UNITED STATES PUBLIC HEALTH SERVICE COMMISSIONED CORPS.

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# 2022 HSPAC Subcommittees

The HSPAC has eleven subcommittees all HSOs are encouraged to participate. The Category welcomes volunteers.

Subcommittee	Role	Name	Email
Analytics	Chair	LCDR Aaron Grober	Analytics.HSPAC@gmail.com
	Co-Chair	CDR Jennifer Freiman	
<u>Awards</u>	Chair	LCDR Shannon Aldrich	Awards.HSPAC@gmail.com
	Co-Chair	CDR Kari Irvn	
Career Development	Chair	LCDR Chris Sheehan	CareerDevelopment.HSPAC@gmail.com
	Co-Chair	LCDR Mo Halwani	
Communications	Chair	CDR Brook Kerns	Communications.HSPAC@gmail.com
	Co-Chair	CDR Kimberly Nguyen	
	Co-Chair	CDR Francis Bertulfo	
Community Wellness	Chair	LCDR Tracy Avila (Tilghman)	CommunityWellness.HSPAC@gmail.com
	Co-Chair	LCDR Pamela Ogonowski	
<b>Events</b>	Chair	CDR David Schwab	Events.HSPAC@gmail.com
	Co-Chair	LT Nathan Drew	
Membership	Chair	CAPT Rebecca Bunnell	Membership.HSPAC@gmail.com
	Co-Chair	CDR Danielle DiDonna	
Mentoring	Chair	CDR Erica Ruchard	Mentoring.HSPAC@gmail.com
	Co-Chair	CDR Jennifer Clements	
Policy	Chair	LCDR Eileen Bosso	Policy.HSPAC@gmail.com
	Co-Chair	CDR Alex Freiman	
<u>Readiness</u>	Chair	CAPT Jonathan Kwan	Readiness.HSPAC@gmail.com
	Co-Chair	CAPT Darin Wiegers	
Recruitment & Retention	Chair	CDR Monique Salter	RecruitmentRetention.HSPAC@gmail.com
	Co-Chair	CDR Chad Thompson	

# 2022 HS Category Professional Advisory Groups (PAGs)

HS Category has formed ten PAGs. Together, they address discipline-specific professional issues and advise the HS Category and the Chief Professional Officer of the Health Service Officer Category.

Professional Advisory Group	Role	Name	Email
Davis and Applied Calculate (DACDAC)	Chair	LCDR LaTonya Jiggetts	baspag.hspac@gmail.com
Basic and Applied Science (BASPAG)	Chair-Elect	LCDR Jennifer Grant-Smith	
Dental Hygiene (DHPAG)	Chair	LCDR Cynthia Chennault	dhpag.hspac@gmail.com
Dentai nygiene (DnrAG)	Chair-Elect	LCDR Jen Eng	
Washington Adams and a graph of Graph (C)	Chair	CDR Scarlett Lusk-Edwards	hapag.hspac@gmail.com
Healthcare Administration (HAPAG)	Chair-Elect	LCDR Diane M Richardson	
Health Information Technology	Chair	CDR Apollo Wang	hitpag.hspac@gmail.com
Health Information Technology	Chair-Elect	CDR David Wright	
Medical Laboratory Science (MLSPAG)	Chair	CDR June Germain	mlspag.hspac@gmail.com
Medical Laboratory Science (MLSFAG)	Chair-Elect	LCDR Osamede Onaghise	
Optometry (OPAG)	Chair	LCDR Hanna Fylppa	opag.hspac@gmail.com
optometry (or Au)	Chair-Elect	LCDR Jill Thompson	
Physician Assistant (PAPAG)	Chair	CDR Joseph Newcomb	papag.hspac@gmail.com
1 Hysician Assistant (1 At Au)	Chair-Elect	-	
Public Health (PHPAG)	Chair	LCDR Charlotte Kabore	phpag.hspac@gmail.com
t ubne neatui (Fiir Au)	Chair-Elect	LCDR Ayana Stanley	
Social Work (SWPAG)	Chair	CDR Robert Van Meir	swpag.hspac@gmail.com
SOCIAL WOLK (SWEAU)	Chair-Elect	LCDR Monique Richards	

# 2022 HSPAC Chief Professional Officer's Remarks



CAPT Diedre N. Presley Chief Professional Officer Health Services Category

Dear Fellow Health Services Officers,

As you take time in your busy day to read the 2022 spring edition of Health Services Professional Advisory Committee Quarterly Newsletter, let me take this opportunity to celebrate each of you for your continued commitment and unwavering service to the United States Public Health Service (USPHS) Commissioned Corps, your respective agencies, and the Health Services Category. You are serving during a remarkable period in our nation's history and our category has been resilient!

This same resiliency is going to assist us as we pivot to align with the modernization of the USPHS Commissioned Corps. With the release of several new policies (i.e., force management, promotion, retirement, protected communications, and fellowships, scholarships and grants) change is upon us and our success as officers and a category will be dependent on our attitude and actions. What we know is change is

inevitable, but progress depends on what we do with that change. As a category we are going to become knowledgeable and understand how we're impacted by these changes and adapt; embracing these changes so we can begin to use it as an opportunity to productively move forward – personally, as individual officers, and together as a Corps. The ongoing Commissioned Corps Headquarters (CCHQ) Connect sessions, upcoming agency listening sessions, and USPHS Scientific and Training Symposium will provide an opportunity for officers to continue their engagement with CCHQ to address many of our questions. Our Health Services Category Day will also be a time for us to engage and fellowship as a category.

As we look forward to category day, the Events Subcommittee and many of our officers have been hard at work preparing for this special day which will be interactive and filled with opportunities to network and to grow as leaders! For those of you who will be able to attend, I look forward to seeing you in Glendale, Arizona!

Thank you as always for all that you do. I continue to be humbled by your service. Please be intentional about taking care of yourself and each other and let's continue to stand together as one category, one Corps, and usher in spring with optimism for what the future holds. **#WeAreCorpsStrong!** 

*In Officio Salutis,* CAPT Diedre Presley

### 2022 HSPAC Chair's Remarks

Fellow Health Services Officers,

We're well into spring and many of us are looking forward to warmer weather and time outdoors. Our operational tempo continues to be high, but I hope each of you are taking some time to breathe in the new season and take care of yourself. This time of year also means that the 2022 United States Public Health Service Scientific and Training Symposium is quickly approaching. After several years apart, we'll be in person this year in Glendale, Arizona. Our Health Services Category Day will be held on May 25th and will include numerous presentations including remarks from our Chief Professional Officer, CAPT Diedre Presley, a moderated panel on deployment experiences, and officer-led roundtable sessions on leadership and public health strategies. If you aren't already registered for the symposium, there is still time! I look forward to meeting many of you in May.

In other activities, I know the latest policy releases have created some confusion and left many of you with questions. The recently announced Commissioned Corps Headquarters (CCHQ) Connect sessions will hopefully address many of these questions, but CAPT Presley and I remain committed to receiving your concerns. While we do not have all the answers now, please continue to share your questions and concerns with us.

The activities of our Professional Advisory Committee (PAC) are not stopping. The Peer-to-Peer Mentoring Program is in full swing, the Readiness Subcommittee is gearing up for a presentation to help demystify the travel reimbursement and vouchering process, and the Public Health Professional Advisory Group just wrapped up activities for Public Health Week. That's just a few activities, but there are many more. We're always looking for volunteers so please reach out if you have any interest in getting more involved with the PAC.

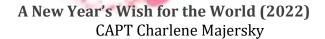
I'm wishing all of you a healthy and happy spring. As always, if I can be of support, please reach out to me.

In Service, LCDR Elizabeth Goodger egoodger@hrsa.gov



LCDR Elizabeth Goodger 2022 Chair, Health Services Professional Advisory Committee

### A New Year's Wish for the World



The New Year is a time to start fresh. to gain inspiration. and for self-introspection. Peace within and good-will towards all human beings, appreciating our differing viewpoints, with respect throughout.

May love, joy, laughter, and good health enrich your life. May you care, share, and give without expecting anything in return. Kindness, respect and integrity matters.

May your mind and heart marry into a deep and soulful connection. Life is a precious gift; no one is guaranteed today or tomorrow.

Live each day with purpose, unconditional love, and the highest degree of integrity.

I encourage you to make the world a better place your footprints mark your legacy throughout time.

There is hope for a better tomorrow. It begins with each one of us.

Our words and actions in synchronicity is a catalyst for positive change. Looking inward, reflecting openly, honestly and completely.

> No more excuses and being defensive. Self-awareness work is a key first step.

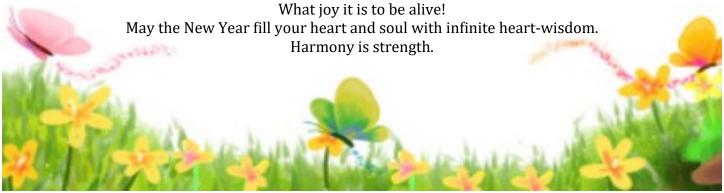
Being responsible and accountable is vital.

The possibilities are unlimited when we exercise hope and wisdom;

a soulful connection with others

and

a vibrant connection with the world. Each of us can make a difference.



### New USPHS Policies and Related Resources

#### **New USPHS Policies and Related Resources**

LCDR Eileen Bosso and LCDR Kimberly Goodwin

With the USPHS Modernization efforts moving forward, there were several new policies released in 2022. Commissioned Corp Headquarters (i.e., CCHQ) and HSPAC are providing resources to help officers understand the new policies' impact. This article provides a recap of three new, key directives, and resources to help officers understand each one. In addition to these resources, the HSPAC Policy and Procedures (P&P) Subcommittee maintains a policy reference guide that contains all current policies. This year's edition will include updated policies, links to FAQs, and will highlight which policies are new or updated since January 2021. The new reference guide (version 3.0) will be available on the HSPAC P&P website in May.

#### **Policy Recap and Resources:**

**Promotions** (CCD 122.01): The revised promotions policy includes several updates including consolidating officer categories from 11 to 5 for promotion purposes only beginning in PY2024; adding promotion credits to officers appointed at the O-3 level or higher; clarifying policy on promotion lists, promotion allocation by grade, and failure to be promoted; defining the effective date of promotion; and limiting the use of temporary promotions. By September 1, 2023, with the approval of the President, all qualified officers (except flag officers) are moving to a permanent grade equivalent to their temporary grade.

#### Policy Link and FAQ

**Force Distribution and Management** (CCD 122.02): This revision includes a number of updates including adding force distribution percentages authorized for the Ready Reserve and new percentages for the Regular Corps; establishing the maximum number of officers authorized at the beginning of any fiscal year; combining the percentages for the O-1, O-2, and O-3 grades into a single grouping with one percentage; authorizing PHS to "borrow" excess numbers in higher grades to cover inadequate numbers in lower grades; and establishing service obligations for all newly appointed officers to PHS.

#### Policy Link and FAQ

**Retirement** (CCD 124.01): This updated policy includes retirement regulations for the Ready Reserve; circumstances by which the ASH may retire an officer; retirement restrictions for officers with 20-30 years of service; and instructions for computation of retired pay for retirement issued by the ASH.

Policy Link and FAQ

**Additional Resources:** In addition to the FAQs, CCHQ is also hosting six sessions to provide additional information and answer officers' question. Officers who are interested in listening to the recorded sessions should visit the Officer Secure Area on the Commissioned Corps Management Information System (CCMIS) and select "Office of the Assistant Secretary for Health (OASH) Leadership Presentations & Reports" from the column on the left. Links to the upcoming session are provided below:

- 1. Promotion Categories and Rank Conversion April 13 Recording
- 2. Readiness and Practice Hours April 20 Recording
- 3. Failure to promote/restricted vs non-restricted/opt out April 27 Recording
- 4. May 4: Force Distribution vs Promotion Rate: <a href="https://www.hhs.gov/live/cchq-connect-may-4/index.html">https://www.hhs.gov/live/cchq-connect-may-4/index.html</a>
- 5. May 11: New Promotion Score Sheet; Rank Order/ The Line Number: <a href="https://www.hhs.gov/live/cchq-connect-may-11/index.html">https://www.hhs.gov/live/cchq-connect-may-11/index.html</a>
- 6. May 18 Retirement: https://www.hhs.gov/live/cchq-connect-may-18/index.html

As a reminder, these Directives will be explained further in future Commissioned Corps Instructions (CCIs). Keep an eye out for more!

# Basic Readiness Requirements

### The Seven Basic Readiness Requirements CDR David Lum and LCDR Roberto Valverde

Basic Readiness allows the USPHS to maintain a basic ready deployable force. Each officer is responsible for maintaining their individual Basic Readiness qualifications. Not only is maintaining Basic Readiness mandatory, but it's also a condition of service in the USPHS Commissioned Corps. Failure to sustain a basic-level of readiness at all times can impact eligibility for future promotions and awards and can lead to an officer being referred to the USPHS Retention Board. Additionally, basic readiness qualification is a pre-requisite for participation in all deployments.

There are **Seven Basic Readiness Requirements**. Please click on the hyperlinks for more information.

- 1. <u>Annual Periodic Health Update (PHU)</u> has five components: medical history, physical examination, Behavioral Health Survey, dental examination, and additional screening tests as recommended. It is advised to start 1-2 months prior to the due date.
- 2. <u>Annual Physical Fitness Test (APFT)</u> is the process for officers to demonstrate a minimum level of physical fitness and requirements. An APFT score is comprised of four categories: cardiorespiratory endurance, upper body endurance, core endurance, and flexibility.
- 3. <u>Basic Life Support (BLS)</u> must be completed by one of the following: American Heart Association (AHA) Basic Life Support for health care providers, AHA Advanced Cardiac Life Support (ACLS), American Red Cross CPR/AED for the professional rescuer, American Safety and Health Institute (ASHI) CPR for the professional rescuer (CPR PRO), Instructor certification for any of the prior listed courses, or another basic life support training that is equivalent to the courses listed above and approved by the Surgeon General.
- 4. <u>Deployment Role</u>: An officer's primary deployment role is identified within RDB-Self Service area. Note there have been recent changes mandating an officer's primary deployment role match his/her qualifying degree for some disciplines. Please add any professional category specialties as they apply.
- 5. <u>Immunizations</u>: Officers are required to have current immunizations on record. Documentation of immunization must be submitted through eDOC-U and reviewed by the Medical Affairs Branch.
- 6. <u>Licensure/Certification</u>: When applicable, officers are required to possess and maintain a current unrestricted professional license, certification, and/or registration.
- 7. <u>Readiness Courses/Training Modules</u>: Officers must successfully complete 12 online training modules: 8 are through the <u>USPHS Learning Management System website</u> and 4 are through the <u>FEMA training website</u>.

Officers should regularly check their readiness status to ensure monthly compliance by logging into the CCMIS <u>Officer Secure Area (OSA)</u>. The projected readiness status can be viewed on the homepage with details in the Officer Dashboard section where 30, 60, and 90-day readiness status projections are provided. To make any updates, click on **RDB-Self Service** on the left side and go to the **Self-Service drop-down** menus in the yellow ribbon towards the top of the page.

Each of the Seven Basic Readiness Requirements have varying renewal frequencies. The PHU and APFT need to be provided annually. BLS needs to be renewed every 24 months, **before** expiration. Immunizations and Licensure/Certification are renewed as required, **before** expiration. For more detail, see the links above in the Seven Basic Readiness Requirements section.

# When Duty Calls - Know Before You Go

### When Duty Calls - Know Before You Go

LCDR Kimberly Goodwin

As the COVID-19 pandemic continues and hurricane season nears, it is important to familiarize yourself with the revised responsibilities and requirements that USPHS Commissioned Corps Regular and Ready Reserve officers must adhere to for response activities. Commissioned Corps Headquarters (i.e., CCHQ) issued its third instruction (Commissioned Corps Instruction (CCI) 241.02, "Deployment of Public Health Service Officers") on December 28, 2021 that updates and revises the deployment policy. This version replaces CCI 241.02, "Deployment of Corps Offices," dated July 2, 2021.

Deployments may be involuntary for officers assigned to an <a href="HHS Operating/Staff Division">HHS Operating/Staff Division</a>, and officers assigned to a non-HHS organization (e.g., Federal Bureau of Prisons, Department of Defense, U.S. Department of Homeland Security, etc.) must be in accordance with their organization's respective memorandum of agreement/understanding. However, there are exceptions to the deployment requirement. Officers can submit a request to the Corps Care Program (phscorpscare@hhs.gov or 240-276-9616) to address any behavioral health, medical, and spiritual needs and if experiencing significant hardship such as a life-threatening illness or death of an immediate family member. CCHQ will make a final determination on deployment exemptions.

During the COVID-19 response, some agencies reassigned officers to long-term deployment roles. This updated policy authorizes the Surgeon General to pull officers from intra-agency deployments when the need arises. Also, this revised policy establishes dwell time for officers that are deployed 30 or more consecutive days away from their home duty station. Dwell time facilitates resiliency and readiness for future deployments. This is a gentle reminder that we cannot give to others if we are not taking care of ourselves. For additional information about dwell time, see <a href="Personnel Operations Memorandum">Personnel Operations Memorandum</a> (POM) 821.76, Section 4 a-e, "Deployment Procedures."

Finally, before your next deployment, become familiar with alert status expectations. The Public Health and Emergency Response Strike Teams (PHERST) must prepare to deploy in eight (8) hours when notified. For most officers, until the Public Health Emergency (PHE) Declaration expires, there is an advanced 24-hour notification from CCHQ before your alert status is active. After the 24 hours expire, prepare to deploy within 12 hours' notification. During this time, pack a bag with necessities for a 30-day deployment. As the COVID-19 pandemic shifts, the Readiness and Deployment Branch is developing a plan to return to an on-call month system within 45 days of the end of the PHE. The PHE was renewed in April 2022 for an additional 90 days. The Department of Health and Human Services will provide a 60-day notice prior to termination of the PHE for COVID-19. For details about alert status while on travel or leave, please visit section 6-7.d. (1-2) and 6-7.e in CCI 241.02.

For all Commissioned Corps policies, visit the <u>CCMIS Policy</u> webpage or the Quick Links section of the <u>HSPAC Policy and Procedures Subcommittee</u> webpage for the latest HSPAC Policy Reference guide. For questions on policies, please email <u>Policy.HSPAC@gmail.com</u>.

# Naming a Beneficiary: Part I

#### Have you Named a Beneficiary Part I

CAPT Kelly D. Brown

#### Foreword

Since the onset and throughout the duration of the COVID-19 pandemic, the usual emotional barriers to making financial decisions, including insurance, have remained. Emotions can often get in the way of thoughtful decision-making—especially during times of uncertainty. For example, *recency bias*, in the context of planning a financial future, is the psychological tendency to place greater weight on recent experiences, using them as a guide for what might happen next.¹ Some sources seem to indicate that the pervasive emotional experiences of grief, fear, despondency and hopelessness that have plagued so many during COVID-19 have made it more difficult to think about mortality or death-related benefits and insurance. Other sources seem to indicate that the pandemic has incentivized many people (millennials in particular) to investigate, purchase, or update their insurance at higher rates.² Yet other sources suggest COVID-19 should not significantly change decision-making regarding life insurance, and always recommend that updated life insurance is necessary for anyone whose death would result in financial strain for another person.³ Whether tragedy and loss have disrupted and demotivated your focus on personal finances, you now feel a new sense of intentionality and urgency about money matters, or COVID-19 has not changed your perspective at all, education and accurate information remain keys to making rational, not emotional, decisions for your financial future.

Death is a life changing event for families and loved ones. That is why it is important for officers to update their beneficiary's information on the Servicemembers Group Life Insurance and DD-93, "Record of Emergency Data" forms annually. The below article will give you some information about updates to the SGLI that will make it even easier for USPHS Commissioned Corps members to navigate these important decisions.

\_\_\_\_\_

#### References:

<sup>&</sup>lt;sup>1</sup> Lamas S. Is Recency Bias Swaying Your Investing Decisions? Morning Star Website. <a href="https://www.morningstar.com/articles/979322/is-recency-bias-swaying-your-investing-decisions">https://www.morningstar.com/articles/979322/is-recency-bias-swaying-your-investing-decisions</a>. Published April 27, 2020. Accessed April 20, 2022. 

<sup>2</sup> Dunsavage J. Pandemic Drives Life Insurance Sales, Especially Among Young Consumers. The Triple-I Blog. <a href="https://www.iii.org/insuranceindustryblog/pandemic-driveslife-insurance-sales-especially-amongyoung-consumers/">https://www.iii.org/insuranceindustryblog/pandemic-driveslife-insurance-sales-especially-amongyoung-consumers/</a>. Published September 22, 2021. Accessed April 20, 2022.

<sup>&</sup>lt;sup>3</sup> Price S. How is the Coronavirus Affecting Life Insurance? ValuePenguin Website. <a href="https://www.valuepenguin.com/life-insurance-coronavirus-fag">https://www.valuepenguin.com/life-insurance-coronavirus-fag</a>. Published January 20, 2022. Accessed April 20, 2022.

# Naming a Beneficiary: Part II

#### Have you Named a Beneficiary Part II

CAPT Kelly D. Brown, CDR Tacheka M. Bailey, and LCDR Alexander Amankwah

#### Have you Named a Beneficiary?

#### If Not, Here's How.

USPHS offers officers wonderful benefits, but just as important as choosing the right dental provider is making sure you and your loved ones are prepared for the unexpected. Selecting a beneficiary within the Servicemembers' Group Life Insurance (SGLI) and Thrift Savings Plan (TSP) is part of that important decision. Naming beneficiaries determines who you want to receive your savings or life insurance if something happens to you.

When adding or updating a beneficiary, you may want to:

- Determine what percentage of your total balance should go to each beneficiary.
- Name both primary and contingent beneficiaries so that if all primary beneficiaries are deceased, you determine who will receive funds.
- Add a trust or estate instead of an individual.

If you elected SGLI/TSP or intend to elect, make sure you update your beneficiary information today by following these steps:

#### SGLI (FSGLI)

- 1. Visit the SGLI Online Enrollment System (SOES) application for Public Health Service officers. Electronically enter life insurance elections in SOES by accessing the application via the DoD milConnect portal (<a href="https://milconnect.dmdc.osd.mil/milconnect/">https://milconnect.dmdc.osd.mil/milconnect/</a>), hosted by the Defense Manpower Data Center.
- 2. List of advantages:
  - Automate the process whereby Service Members elect beneficiaries and coverage amount.
  - Provide consistent information and critical counseling to Servicemembers making informed decisions about their coverage amount and beneficiary elections.
  - Eliminate errors prevalent on paper form, which often result in claim payment delays.
  - Be accessible through the DOD Mil connect portal and available 24 / 7 for USPHS members to manage their SGLI and Family SGLI (FSGLI) elections.
  - Initiate spousal notification as required by Law
  - Provide Casualty Assistance Offices with on demand access to the most up to date coverage and beneficiary information in the unfortunate event of casualty.
  - Be pre-populated with information from the Defense Enrollment Eligibility Reporting (DEERS).
  - Lessons costs of the SGLI Program with respect to using Automation instead of Paper.

# Naming a Beneficiary: Part II (cont.)

#### **TSP**

- 1. Visit online tool My Account: Beneficiaries.
- 2. Complete Form TSP-3, Designation of Beneficiary.

Don't remember whether you've submitted a Designation of Beneficiary or you're not sure who you named as your beneficiaries? Look at your annual statement, check the online tool, or call the ThriftLine at 1-877-968-3778.

In the event of your death, your benefits would be distributed this way:

- 1. To your spouse
- 2. If none, to your child or children equally, and to the descendants of deceased children
- 3. If none, to your parents equally or to your surviving parent
- 4. If none, to the appointed executor or administrator of your estate
- 5. If none, to your next of kin who is entitled to your estate under the laws of the state you lived in at the time of your death

For most people, this is the best option because it accounts for life changes like births, deaths, divorce, or marriage that may happen after you open your account.

Please see the Frequently Asked Questions for more details regarding SGLI and TSP. https://dcp.psc.gov/ccmis/ServiceMemberGroupLifeFAQ.aspx https://www.tsp.gov/frequently-asked-questions/

You can also update your beneficiary information by calling your individual insurance, banking, investments, and earlier retirement plan customer service centers.

# Leadership Fundamentals

#### **Leadership Fundamentals: Order and Discipline**

**CAPT Charlene Majersky** 



One of the primary responsibilities as a health care administrator and leader working in an organization is to ensure that a solid and functional foundation is created. Specifically, ask yourself: Is the management and operations side of this company in order?

The management and operations part of any organization serves as the backbone of the institution. It's the glue that holds the business together.

From my viewpoint and speaking from over twenty years of experience as a health care administrator and leader, if you don't have a firm foundation created, it's nearly impossible to move forward and to build upon anything. After all, you cannot build upon something that is not there. If you find that your organization's management and operations department, whose primary function is administration, is not operating on a solid foundation then perhaps it's important to return to leadership fundamentals. A first critical and necessary step is maintaining order and discipline.

On a basic level, the absence of order and discipline is chaos and confusion. Examples of how to establish order and discipline in the management and operations side of any organization include implementing a clear chain of command and a solid structure for the day-to-day operations. Specific examples of order and discipline include developing standard operating procedures (SOPs), creating an organizational chart, establishing a personnel/staffing list, devising an emergency call tree, and developing personnel files for all employees.

Equally important is for a leader to enforce the chain of command by holding those whom do not follow the standards accountable for their actions. There is no value in developing SOPs or creating policies if they are not enforced. Finally, not holding individuals accountable for not abiding by these policies and procedures is often seen as irresponsible leadership.

An organization that functions with a high degree of order and discipline usually operates efficiently and is productive because employees have a clear understanding of the expectations and a solid foundation from which to perform the day-to-day operations. Furthermore, order and discipline yields a healthy and vibrant institution where employees have unlimited opportunities for growth and development on both the professional and personal level.

Sometimes we wonder why our organization is spinning into chaos and confusion when the answer is clear that returning back to leadership fundamentals is what's required at this time. Order and discipline is one method for creating a solid foundation for your day-to-day operations and to shift into a more seamless way of conducting business.

# Black History = World History

Black History is World History: A Global Celebration of Diversity and Inclusion at Embassy Kigali CAPT Sherene Cora and CDR Alberta Mirambeau

Throughout the month of February, US Embassy Kigali, through the leadership of CAPT Sherene Cora and CDR Alberta Mirambeau, conducted a wide array of activities in recognition of Black History Month and celebration of the diverse cultures, languages, and traditions within the Embassy community. PHS Officers Cora and Mirambeau – members of the Embassy's *Diversity, Equity, Inclusion and Accessibility (DEIA) Council* – collaboratively planned and implemented a Black History Month (BHM) program. The program embraced the notion that Black History is "World History" by highlighting notable black figures both domestically and globally.



This month-long BHM program engaged Embassy staff and their family members via social media and a range of virtual programs. Tying into the 2022 theme of Black Health and Wellness, these programs raised the awareness of the Rwandan public and the Embassy community about the impact of racism on healthcare and remarkable contributions of Black people both historical and contemporary. The quarterly DEIA newsletter kicked-off BHM by explaining the origins and significance of BMH.

Among the many activities, the Public Affairs Section led a monthlong social media campaign by posting a selection of prominent African Americans and Rwandans that made significant contributions to the field of health and wellness. One post, honoring Ms. Salima Mukansanga, the first woman to referee a match at the Africa Cup of Nations Tournament, generated the largest number of interactions

of any post in the last year (until it was barely eclipsed by the Ambassador's farewell video).

To cap off the month, an Embassy-wide virtual Town Hall featured a poetry performance, an Embassy-wide produced video and an interactive conversation. The <u>video presentation</u> featured members of the

Embassy Kigali community from various agencies, employees (both Americans and locally employed staff) and family members, highlighting inspiring Black figures from countries they are from or had a personal cultural affiliation. Countries that were represented included the U.S., Jamaica, Haiti, Ghana, Democratic Republic of Congo, Ethiopia, Uganda, Burundi, Kenya, Canada, and Rwanda. Comments during the virtual Town Hall indicated that staff appreciated this inclusive approach to BHM, including not only Americans, but also sharing the stories of important African and Caribbean figures.

To encourage some introspection on the activities that occurred throughout the month, the Embassy community was asked to share their thoughts on the question "What Does Black History Month Mean to You?" Comments such as "Black History Month is ALL of our history" demonstrated the atti-



CAPT Sherene Cora and CDR Alberta Mirambeau are captured here from the <u>video presentation</u> that was featured at Embassy Kigali during the February Townhall meeting to celebrate the diversity of the Embassy community.

tude the DEIA Council hoped to inspire at Embassy Kigali – to celebrate the beauty in our diversity and remarkable achievements while still striving for a more inclusive and equitable future.

# Mentoring Program Debut

#### Peer-to-Peer Mentoring Program: A Unique Experience Open to ALL HSOs

LT Tia McClelland, LT Mary Luc, and LT Valerie Favela

The Health Services Officers Peer-to-Peer (P2P) Mentoring Program is available to all HSOs and provides a unique experience of fellowship among HSOs of the same rank navigating similar career paths, interests, and aspirations. Did you know that mentoring is one of the factors in our promotion benchmarks under the 'officership' promotion precept? Not only does P2P offer a co-learning environment with open dialogue to discuss professional development, officership, and networking, but you'll be engaging in an area that is directly tied to your promotion potential. P2P enrollment occurs on a rolling basis and is quick and easy. To enroll, officers need to complete the enrollment form and submit a copy via email to P2P.HSPAC@gmail.com. Once



matched, officers receive a welcome matched memo to connect with their peer and a detailed topics list to help guide their discussions. Participation in P2P can be added to your CV under the PAC mentoring programs section. Members will also be invited to a "Peer Rank Chat Session" which provides an informal opportunity to engage in rank-specific career development. The matched memo should be uploaded into your eOPF to show proof of participation in mentorship activities. Make sure you upload it as an 'Appointment' document type so it will appear in the "PHS Support Activities" section of your eOPF.

P2P launched on September 28, 2021, and since this time has received 146 applications and made 94 peer matches. P2P participants have experienced career benefits, developed strong relationships with their peer mentor, and enjoyed their overall P2P experience. We recently surveyed current P2P participants and asked why they joined, their experience thus far, and if they would recommend P2P to fellow officers and if so, why? A current P2P participant stated that P2P is a "great opportunity for P2P engagement, [to have] someone to bounce ideas off of, to get advice from." Officers shared that they joined because they loved the idea of networking, meeting new officers and discussing topics that are relevant to us now. Furthermore, a participant described their P2P experience as "Great! I was matched up with two officers and one I talk to almost weekly either email or via text. We are excited to meet soon in person as we were both chosen to deploy to the same location for an upcoming Innovative Readiness Training!" Lastly, all responses indicated that current P2P participants would recommend P2P to others. One officer said, "Sometimes, it's easier to communicate with peers at your level. There is no pretention. If you have questions regarding something, most likely the other peer has the same questions." Another officer stated, "It never hurts to know someone. Also, you never know what info you have that may really help another and vice versa. Helping each other is what it is all about!"

P2P looks forward to supporting <u>ALL</u> HSOs in their career endeavors through this unique and mutually beneficial mentoring opportunity. For additional information on P2P, please visit the P2P Mentoring Program website at <a href="https://dcp.psc.gov/OSG/hso/p2p.aspx">https://dcp.psc.gov/OSG/hso/p2p.aspx</a>.

# Tips on How to Become a Journal Reviewer

#### How to Become a Journal Reviewer: Tips from the Editors of Disaster Medicine and Public Health Preparedness

LCDR Marriah Lombardo and LCDR Jymillah Bynum

#### 1. How do I become a journal reviewer?

Notify the editors of *Disaster Medicine and Public Health Preparedness* at <a href="mailto:authorhub@cambridge.org">authorhub@cambridge.org</a> of your interest and they will send you an invitation to join the database of reviewers. To receive an article for review, your name must appear on the list of reviewers. You can withdraw your name at any time. Reviewers can accept or deny an article review request. Obtaining a reputation for conducting the review and returning it with some reasonable comments will increase the number of article review request you receive.

Authors are often chosen as a reviewer and invited to review an article based on their expertise or self-selected key terms. For this journal, if you are a registered author, you pick certain terms that are associated with your background and expertise. The information is entered into a searchable database that editors use to appoint reviewers.

Some authors have the opportunity when they submit the paper to recommend reviewers. If you know individuals that are writing manuscripts, and they know that you are in that area of expertise, then they can submit your name as a reviewer for that article.

#### 2. What do we look for in a journal reviewer? What are the expectations of reviewers?

Preferred reviewer characteristics include the following: 1) ability to evaluate the article professionally, 2) recognize and understand proper grammar and writing, 3) possess research and subject matter background, 4) knowledgeable on manuscript content and layout, 5) provide useful feedback that will assist in strengthening the manuscript, and 5) conduct reviews in a timely manner.

#### 3. What are the benefits of becoming a journal reviewer?

Benefits of becoming a journal reviewer include professional satisfaction and professional development. You have an opportunity to read articles outside of your normal topic choices; ultimately, expanding your knowledge and interests. In academics, faculty members are expected to take part in the peer review process without additional pay, but the experience can be rewarding and added to your curriculum vitae (CV).

#### 4. How long does it usually take to review an article?

Review times vary and depend on the type of manuscript. Shorter articles usually take 45 minutes to an hour to review, including a letter from the field. Reviewing original research, around 4000 words, can take about two hours.

### 2021 HSPAC End of Year Virtual Networking Event

#### 2021 HSPAC End of Year Virtual Networking Event

LCDR Jason Truax

The HSPAC Mentoring Subcommittee, External Relations Team in collaboration with members of the Planning Team, hosted its first ever virtual networking event for Health Service (HS) Officers in December in coordination with the 2021 HSPAC End-of-Year Event. Approximately 45 officers and nine seasoned facilitators participated in this two-hour event.

Officers were assigned cohorts and four topics were discussed in 30 minute sessions. The topics were based on officers' responses to the HSPAC virtual category day survey and are as follows: (1) The importance of mentorship; (2) If I don't make Captain, do I feel like I had a fulfilling career; (3) Holistic approaches to being a successful officer; and (4) Progression and career pathways.

Facilitators moved from room-to-room introducing new topics to each cohort. The sessions were conducted in a virtual, non-formal environment. Officers enjoyed the opportunity to meet fellow officers of various ranks, disciplines, and agency assignments; discussed topics of interest; and learned more about each other. The biggest takeaways expressed by officers were "mentoring resources, networking, peer-to-peer experiences," "learning the views of other officers, makes you not feel so alone," "we are all in the same boat," and "there is more to a fulfilling career than my rank."

Additionally, it also was a learning experience for HS officers that were members of the Planning Team. The planning process involved many hours, and several meetings; and although participants enjoyed the event, it did not go off without a hitch. The lessons learned from this virtual event, including valuable participant and facilitator feedback, will be used to improve future networking activities.

By all accounts, it was an enjoyable event for those who participated including the Planning Team. It was an honor to provide opportunities for growth and connection for all HS officers. The Planning Team



would like to express their gratitude and thank the facilitators and the officers who attended this event. Your participation made this a successful and rewarding endeavor.

At your service, LCDR Jason Truax, MLS (ASCP) Co-lead, External Relations Team, HSPAC Mentoring Subcommittee

# Mississippi HOSA Conference

#### USPHS Officers at MS HOSA Conference, Future Healthcare Professionals

LT Jessica Criss, LT Natasha Bennett, and LT Sharon Baymon-Allen

On March 24, 2022, LT Jessica Criss, LT Natasha Bennett, and LT Sharon Baymon-Allen were selected as judges for the state conference for Mississippi Health Occupations Students of America (HOSA), now known as HOSA Future Health Professionals. It is a national student organization recognized by the U.S. Department of Education and the Health Science Education (HSE) Division of the Association for Career & Technical Education (ACTE). HOSA's two-fold mission is to promote career opportunities in the health care industry and to enhance the delivery of quality health care to all people. HOSA provides an opportunity for students all over the country to be introduced to health occupations as early as middle school.

LT Criss: As a dental hygienist, it is moving to be able to use my knowledge to help encourage high school students to explore occupations in the medical field. The day of the competitive event was exciting to see all the young students preparing themselves for their part of the competitions. There are over 30 categories the students can choose to compete including CPR, nursing skills, dental services, medical terminology, and many more. Clinical Specialties and Public Health were my judging categories. Clinical Specialties required a student to choose any medical occupation, shadow a professional for at least 8

hours, and be able to exhibit a clinical skill learned. The student developed an informational portfolio to include interview questions and were required to make a 6 minute presentation. The Public Health category theme was oral health care and its correlation to overall health. This category was officially sponsored by the United States Public Health Services.



LT Allen: Providing support as a USPHS Nurse was a great opportunity to witness the great performance of many future health leaders. As a nurse, I had the pleasure to judge the Nursing Assisting event during HOSA Future Health Professionals State Leadership Conference. This occupational category included skills that are based on direct patient care provided by nursing assistants. The specific skills judged during the conference was donning and doffing of personal protective equipment. Thirteen students were judged during this event. The students were divided according to accommodations required for testing. Students with Individualized Educational Plans (IEP) required accommodations for testing and judging to ensure equitable opportunities for the students. Judging this event was very enlightening as the student's enthusiasm were unmatched.

LT Bennett: Having the opportunity to exemplify officership at the HOSA Future Health Professionals State Leadership Conference, was nothing short of amazing. I was astonished at the candidates' professionalism. I was selected to judge the Dental Science and Prepared Speaking Categories. The Dental Science competitive event consisted of 15 students that were required to accurately identify and explain the use of 15 dental instruments. In the prepared speaking category, 11 students were given the topic "Exceeding Expectations." The students had to deliver a 5 minute speech on what this topic meant to them. I was completely flabbergasted at how these young, brilliant students accepted and exceeded both challenges. These young individuals serve as our future healthcare leaders, and it was pleasing to see their overall enthusiasm.

### **USPHS Social Workers at Walter Reed**

# USPHS Social Workers Service at Walter Reed National Military Medical Center LCDR Sheila M. Houghton-Antonucci, LT Keisha Bryan, and LT India Johns

At Walter Reed National Military Medical Center (WRNMMC), USPHS social work officers are an integral component of the multi-disciplinary team, providing a variety of services to active duty service members, retirees, and their dependents. Currently, there are approximately 20 social workers embedded in various departments throughout the hospital including the emergency department, internal medicine, obstetrics, psychiatry, neuropsychiatry, oncology, palliative care, cardiology, intensive care, pediatrics, neurology, and nephrology. Working within inpatient and outpatient settings, our services include advocacy, conducting complex psychosocial assessments, crisis intervention, treatment planning, psychotherapy, grief counseling, family meetings, care coordination, as well as linkage to supportive resources. Social worker clinical input in these areas will often serve as a guide for a patient's plan of care following discharge.

At WRNMMC we are afforded the opportunity to work alongside providers from multiple branches of the military. We train future Army and Navy psychiatrists in the area of perinatal psychiatry. LT India Johns has developed a curriculum in this area, and it is included in the psychiatry rotation. Residents can learn about women's mental health during pregnancy and post-partum. LT Bryan is currently the social worker for WRNMMC's Neuropsychiatry and Traumatic Brain Injury (TBI) inpatient unit. She works closely with a multidisciplinary team to develop detailed treatment plans for active duty service members and retirees who have experienced neuropsychiatric medical conditions or a TBI. LCDR Houghton-Antonucci has been at WRNMMC for 7 years and has been committed to integrating USPHS officers into various aspects of WRNMMC. She is currently the Chief of the Department of Consultation & Education, overseeing social work, health psychology, graduate medical education for psychiatry trainees, neuropsychiatry, and psychiatry. LCDR Houghton-Antonucci also provides coordination for social workers and psychologists to become visiting providers at WRNMMC. This allows these providers to complete clinical practice hours and remain basic ready.

In addition to serving in our respective clinics, we have also had the opportunity to serve in many collateral roles such as the Mass Casualty Family Reunification Center. This center provides supportive services should a mass casualty event occur in the National Capital Region. This role affords a unique perspective on how family members would be reunified and how to provide support to these families during a mass casualty event. We coordinate virtual and in-person training to ensure that social workers at WRNMMC obtain the continuing education credit hours required to renew their licensure. Several

USPHS officers have also trained our staff virtually in the areas of leadership and culturally grounded practice. At WRNMMC social work services are provided for 24 hours a day through our on call scheduling. We take great pride in representing the USPHS and serving the many different populations at WRNMMC.



### Did You Know?

#### Did You Know, The Time is Right for Social Workers?

LCDR Marie P. Cetoute, LCDR Candice T. Karber, and LCDR Nicole Pascua

March was National Social Work Month. Annually, it is the month that the social work profession is recognized for their impactful contributions to addressing the nation's behavioral and public health needs. According to the National Association of Social Workers (NASW), the theme for 2022 is "The Time is Right for Social Work." The theme addresses the increasing need for social workers as an integral part of continuing to support people through their day-to-day challenges, and how they make local, national, and global impact.

The social work profession has been in existence since the late 1800s. According to NASW, the first social work class was in 1898 at Columbia University. Over the years, the profession grew to include masters and doctoral degrees. Currently, there are over 1,356 colleges or universities offering social work degrees. The Council of Social



Work education informs the creation of the profession's 13 core competencies, including diversity and difference and social and economic justice. Additionally, a social worker's education, training, and experience can lead to a path of certification to practice as an independently licensed practitioner.

According to 2020 data from the U.S. Bureau of Labor Statistics, social work is one of the fastest-growing professions, and from 2020 to 2030 is expected to grow by 12%, with an annual job rate of 78,300 new positions. In addition, social workers serve in various positions addressing numerous challenges impacting individuals, families, and communities. Examples of issues addressed include social injustice, inadequate housing, substance abuse, unemployment, domestic conflict, child welfare, end-of-life care, and more.

According to the Social Work Professional Advisory Group (SWPAG), in 1921, the United States Public Health Service (USPHS) recognized social workers as a vital profession to help meet the mission to protect, promote, and advance the health and safety of the nation. The first social worker to be employed by the USPHS was in 1921, and the first commission occurred in 1949. Currently, there are over 200 social work officers serving in clinical and administrative roles.



### Did You Know? (cont.)

#### Let us take a moment to highlight the various ways social workers rock.

#### SOCIAL WORKERS

Serve the vulnerable and oppressed by assisting individuals, groups, and communities

Operate in various settings and offer a wide range of professional services

Conduct research, advocate for change, and treat a range of behavioral health concerns

Improve people's lives through policy, direct care, and research

Apply a person and environmental approach considering various systems in a person's life Listen and offer solutions to problems while leveraging resources to resolve issues

Work in all areas of our society

Over 200,000 clinically trained in the U.S. and the largest providers of mental health services (and continuing to grow)

Require obtaining a bachelor's, master's, or doctorate

Key professionals for addressing a range of behavioral and public health issues

Encourage long-term positive change in individuals, society, and the world

Respect and professional regard for all, no matter who they are, as a foundational principle

Support individuals navigating challenging issues: abuse, addiction, mental illness, etc.

Represent at top political positions as national, state, and local elected officers

Operate from a professional culture of sensitivity towards the dynamics of power and privilege

Create interventions to provide care to people throughout the lifespan, from prenatal to death

Knowledgeable and incorporate three levels of interventions: macro (e.g., research, policy, program development, and community-based), mezzo (e.g., neighborhoods, institutions, and groups), and micro social work (e.g., individual counseling, couples, and families)

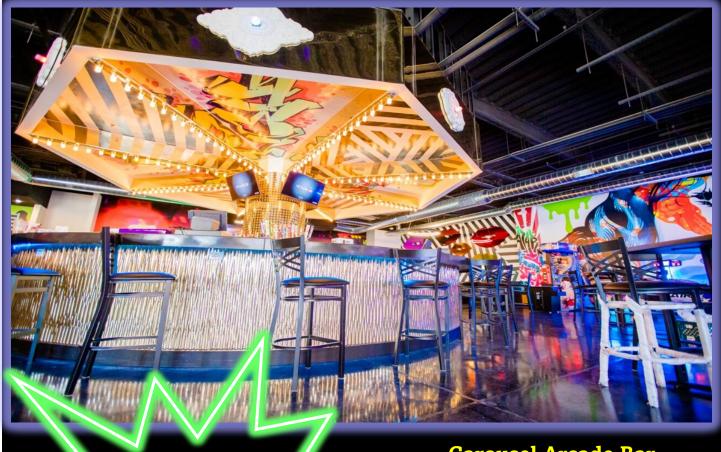
Take time to acknowledge and express appreciation for the social workers you know. Do so often, but es-



# Commissioned Officers Foundation: Categories Social - Save the Date!

# HSO/Pharmacy Categories Social

May 25<sup>th</sup>, 2022 @ 7pm



All Categories Welcome!

Carousel Arcade Bar 6770 N Sunrise Blvd Suite G111 Glendale, AZ 85305

Officers from all categories who are attending the 2022 USPHS Symposium are welcome to join us in the WestGate Entertainment District for a night of classic bites, themed cocktails, and a retro arcade bar! https://westgateaz.com/

# Popular HSPAC Facebook Posts



# Popular HSPAC Facebook Posts (cont.)



# Popular HSPAC Instagram Posts



# Acknowledgements

#### **2022 Senior Officer Consortium**

**Chair: CAPT Shelia Merriweather** 

**Co-Chair: CAPT Raquel Peat** 

**Executive Secretary: CAPT Maria Benke** 

**CAPT Julie Erb-Alvarez** 

**CAPT Robin Hunter-Buskey** 

**CAPT David Lau** 

**CAPT Tracy Branch** 

**CAPT Tarsha Cavanaugh** 

**CAPT Juanika Mainor-Harper** 

**CDR Margaret Caulk** 

**CDR Crystal Russell** 

**CDR Antoine Smith** 



2022-2024 Voting Members

**CAPT Darin Wiegers (FDA)** 

CDR Danielle DiDonna (FDA)

CDR Kimberly Nguyen (FDA)

CDR David Schwab (FDA)

CDR Chad Thompson (FDA)

**CDR Jennifer Freiman (USDA)** 

LCDR Aaron Grober (CDC)

LCDR Mouhamed Halwani (FDA)

# Advertisements/Announcements

Hope you found some delight while reading the HSPAC News and Views Spring Newsletter!

Thank you to all the officers who submitted articles and contributed to the Spring issue!

# Newsletter Article Submission

Submit articles and photos to:

Communications.HSPAC@gmail.com

When submitting articles, be sure to include:

\*"Article" in the subject line.

\*A descriptive title for the article.

\*1-2 high quality photos with captions to help tell your story. Photos should be in .jpeg or .png files.

# Special Thanks

#### 2022 HSPAC Newsletter Team

Co-Lead: LCDR Janesia Robbs
Co-Lead: LCDR Kimberly Goodwin
Co-Lead Editor: CDR Keisha Bayne
Co-Lead Editor: CDR Samantha
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CDR Erich Kleinschmidt
LCDR Alicia Sherrell
LCDR Belinda Slaughter

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