



Semper Servientes

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2021 SWPAG Chair

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Social Work Month 2022: SWPAG Social Workers have “Dinner with a Captain”

By
LT Tamika Finch-Hall LCSW, BCD
2021 SWPAG Executive Secretary
Crisis Support Team (CST) Leader
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&
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On March 30th, 2022, the Dinner with A Captain (DWC) Committee and **Captain Anthony L. Johnson, PhD, LCSW, CCHP** hosted a virtual dinner to close out Social Work Month 2022. The five attendees and two co-hosts in attendance were all SWPAG Social Workers! Dinner with A Captain events are organized virtual or in-person gatherings that provide officers an informal path to mentorship. Established in 2016, this platform hosts several dinners quarterly throughout the year with leadership from varying categories and professions. Dinners are a great way to receive informal mentoring, resource/information sharing and network with other officers.



Captain Anthony L. Johnson currently serves as the Regional Behavioral Health Consultant for Immigration and Customs Enforcement (ICE) Health Service Corps.



Dinner With A Captain attendees: **Captain Anthony Johnson** (Host), **LCDR Jennifer Weekes** (Co-Host), **LT Tamika Finch-Hall** (Co-Host); **CDR Kymberly Spady-Grove**, **LCDR Jamillah Bynum**, **LCDR Monique Richards**; **LCDR Kimberly Calvery**, and **LCDR Tiffany Pham**.

He joined the Public Health Service via the reserve corps in 2005. During the two-hour intimate discussion, Captain Johnson shared insights on his career progression and experiences throughout his PHS career. He provided tips and answered questions on a myriad of topics including the importance of developing relationships, taking on stretch assignments to move out of your comfort zone, factors that contribute to successful leadership, and the importance of taking on a **H.O.P.E.** perspective. CAPT Johnson explained expounded on the aforementioned acronym H: **Humility**. O: **Open Mindedness**. P: **Purpose**. E: **Excellence**. He encouraged attendees explore Carol Dweck’s work on “Mindset” for success and closed the virtual dinner encouraging attendees to be in alignment, which is a position of agreement instead of focusing heavily on balance. He stressed to attendees always remain true to our values, regardless of presenting challenges.

Are you interested in participating in future Dinner with A Captain events? You can join the DWC listserv to stay informed of future opportunities. Email: listserv@list.nih.gov. In the body of the email type: subscribe DWC-Group, (Your Name).

PHS Captains interested in hosting dinner events can sign-up at <https://www.surveymonkey.com/r/2022DWC>



Innovative Readiness Training (IRT) Arctic Care: When Training Becomes Real

By

CDR Stephanie Felder, PhD, LCSW,
LCAS-A, ACTTP

Chief Licensed Clinical Social Worker,
Public Health Emergency Response
Strike Team - (PHERST)
CCHQ



Arctic Care was a training mission that became a working mission for me. My original duties centered around being Behavior Officer in Charge which meant I would prepare my team to provide behavioral health services to the Kodiak, Alaska, population and brief generals and colonels from the Army that led the mission. But within a week, my mission changed, and I began to assist with leading a search and rescue for a 7-year-old Coast Guard child with autism and providing behavioral health services to the victim’s mother and father and emergency responders/spouses. I also provided grief counseling services regarding a Coast Guard suicide. You may be wondering, what did this look like? Well, here are a few activities:

- Organized 50 servicemembers from USPHS, Army, Navy, and Air Force to assist in search and rescue. Service members dedicated 700+ hours of time to the mission. The Team Commander deployed a Black Hawk to provide aerial support.
- Led an evening stress management and behavioral health wellness group for 20+ Coast Guard spouses during the search and rescue mission.
- At the request of the community, represented the Arctic Care leadership team at the Coast Guard memorial service.
- Oversaw the BH screening of 250+ patients and 700+ hours of clinical time with patients in Kodiak, Ozawkie, Akhiok, & Karluk villages totaling \$17K.

I currently serve as the Chief Social Worker for the Public Health Emergency Response Strike team (PHERST) and I was recently chosen as the first USPHS Commissioned Corps Behavioral Health Officer in Charge (team of eight) for Innovative Readiness Training mission and, specifically, for Arctic Care (April 27, 2022, to May 16, 2022).

Arctic Care Kodiak Island, Alaska, was sponsored by the Office of Secretary of Defense Reserve Affairs, led by the U.S. Army Reserve multi-service/component training event, and coordinated with the Kodiak Area Native Association. I was very excited to be chosen for the mission as I served as a behavioral health provider in Operation Healthy Delta in 2021; however, I knew my role as Behavioral Health Officer in Charge would be different. I was provided housing at the largest Coast Guard base in Kodiak, Alaska. In the end, I stayed a total of four weeks in Kodiak, Alaska, and it was a life-changing mission. Arctic Care provided \$500K of no cost medical, dental, optometric, and behavioral health services to nearly 13K Kodiak, Alaskan/Native residents. Most importantly, we left a lasting impression on the Kodiak community, we care about their community and always uphold our mission to protect, promote, and advance the health and safety of the nation.

IRT, continues pg. 5



- Delivered 700 copies of Substance Abuse Mental Health Services Administration (SAMHSA) material to the Kodiak, Alaska, site with a range of information on mental health information and SAMHSA suicide and disaster hotlines offering clinical services to reduce the 6-month wait time for behavioral health services in Kodiak.



During this mission, my excitement and anxiety around what to do next remained high. I realized that I was no longer training, and I was on a real mission. Each day I woke up, I knew the day would be full, and that people would be counting on me. I made sure to eat a healthy breakfast, identify my requirements for the day, and then executed my plan. At the end of the day, there were many things not done, but I gave myself grace and saved it for the next day. I stayed mindful of my self-care and, when I realized that I was becoming exhausted, I recalibrated, made sure to get more sleep, and cleared my mind in the evening by mediating before going to sleep. Overall, the medical, dental, and optometry services were essential and many of the underserved community members thanked the U.S. Public Health Service, Army, Navy and Airforce for giving their time to serve the community.

Next year when IRT comes up, I encourage social workers to apply. I have lifelong Army and Coast Guard friends from each mission and memories that I will never forget. IRT has taught me that Semper Gumby isn't just a phrase; it is a lifestyle. We must always remain flexible because you never know when a training may become real. ~



The Time is Now - Donate Blood

By LT Kat Jackson,
CSW-PIP, QMHP
Behavioral Health Consultant
Woodrow Wilson Keeble
Memorial Health Care Center



I want to begin saying I am not writing this article to make you feel guilty or have other negative feelings related to donating/not donating blood. My intention is to provide insight on why I donate and hope to inspire others to do so.



You have probably seen on the news Red Cross stating “Worst Blood Shortage in Over Decade.” We can probably chalk-it-up to the COVID-19 pandemic. This shortage not only affects acute trauma situations but can delay surgeries, cancer patients’ needing transfusions, and/or delay other medical treatment.

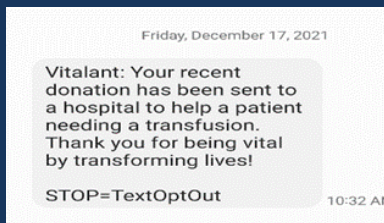
Time is Now, continues pg. 6



I started donating blood when I was 18 years old in college. My campus was having a blood drive and myself and few friends said “let’s try it.” In graduate school, I started to donate plasma to earn extra money but donating blood has always been important to me. Later in life, this “donating blood priority” took a whole different level when I was on the receiving end. After having a natural birth, I was told I needed two transfusions. I still remember crying when the doctor told me I needed transfusions. I was scared and thinking “someone else’s blood in me?” I agreed to the transfusions because I needed to be able to function when I left the hospital. The minute the transfusion started, I had an odd feeling...I could feel this blood coursing through my body and instantly feeling better. It made a full circle for me.



With apps and internet, it is easy to sign up for an appointment to donate. You get a mini physical with having your cholesterol and blood pressure checked. At one point during COVID they were testing for antibodies. I receive a text when my blood is used, which always puts a smile on my face. The bottom line is blood donation makes a difference in people’s lives. It did mine.



(a text I received after donating) ~



Values: A Case for MOAA Membership

by
 LT Michael Krusinsky,
 LCSW, BCD
 Clinical Social Worker,
 FMC Rochester, BOP

As soon as we commissioned into the US Public Health Service, we were bombarded with information on PACs, PAGs, JOAG, Commissioned Officers Association, and much more. It was, quite frankly, overwhelming to say the least. What should I commit my time, effort, and hard-earned cash toward?



As professional social workers, we are likely members of NASW (National Association of Social Workers) and paid our dues there. Or perhaps you are a member of other professional social work organizations, which might include **NABSW** (National

Association of Black Social Workers), **AAPCSW** (American Association for Psychoanalysis in Clinical Social Work), Society for Social Work Leadership in Health Care (**SSWLHC**), **CSWA** (Clinical Social Work Association), or **LSWO** (Latino Social Workers Organization). This list is certainly not all-inclusive of the myriad of professional social work organizations you can involve yourself with.

Any and all of these (and more) are worthy of our time and money. The benefits of membership with NASW and many other organizations are sometimes individual, but also for the good of the profession. The ability to connect with like-minded professionals who have a similar interest is valuable

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to professionals like us. Attempting to join all of them, however, would result in an overwhelming amount of conferences, events, emails, and cost a lot of money each year. It definitely makes the most sense to choose the organizations that align with your specific professional interests.

Regardless of your choice of organization, professional social workers share some common values, to include service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence. In accordance with these values, we put our energy and earnings toward advocacy efforts on a regular basis.

Many of us are likely members of the USPHS COA (Commissioned Officer's Association). You heard a lot about COA during OBC if you're recently commissioned, otherwise you are likely involved in your local chapter already. If you're not already a member of COA, please consider reviewing the benefits below and requesting to join:

Benefits of COA, as noted on coausphs.org

- Representation on Capitol Hill – they work to ensure parity between the Commissioned Corps and other uniformed services.
- Participation in a local branch – PHS officers value local connection with peers and to communities in which they live and work.
- COA Ribbon – however, this is only authorized to be worn by members in good standing and only when attending COA functions.
- Tuition discounts at New York Medical College Public Health programs, Ohio State University School of Nursing, and University of South Florida College of Public Health.
- COA Group Insurance offerings – Term Life, Disability Income, Long-term Disability, Hospital Income Protection, Auto and Home, Emergency Assistance, Accidental Death & Dismemberment, and Pet Health Insurance.
- Discounts on the Certified Public Health (CPH) Exam
- Free CPH Exam Study Guide

I'd also like to make the case for joining the Military Officer's Association of America (MOAA) in addition to COA. MOAA's advocacy efforts and wealth of resources for veterans, active duty officers, and separating officers exemplify many values we commit to as social workers in our code of ethics, namely service, dignity and worth of the person, competence, and the importance of human relationships.

MOAA was founded in February of 1929 and is the nation's largest and most influential association of military officers. Initially called The Retired Officers Association (TROA) until 2003, they are an independent, nonprofit, and politically nonpartisan and are the leading voice on compensation and benefit matters for all members of the military community. They began as an organization hoping to provide assistance and advice to other military officers. In 2009, MOAA was granted a federal charter, an expression of congressional support for their activities as a Veteran Service Organization. Today, their purpose has grown to include career transition assistance, military benefits counseling, educational assistance, and involvement in military professionalism activities. A highlight worth mentioning is that **MOAA is the only officially registered VSO that is open to USPHS Officers for membership**. We are currently not able to join AMVETS, The American Legion, or many others unless we have previously served in one of the Armed Services and meet their other criteria. (To note: this doesn't mean USPHS officers are unable to receive services provided by these VSOs. We're just excluded from membership.)



Values, continues pg. 8



Wait, what is a VSO? A Veteran Service Organization helps servicemembers on terminal leave and veterans and their families apply for a range of VA and state veteran’s benefits. They are not part of the federal government (they aren’t allowed to be). As noted above, you do not need to be a member of a VSO to receive their help in applying for or navigating benefits.

While we may already be members of specific professional organizations and societies that cater to the things we value, a main benefit in becoming a member of MOAA is supporting an organization that values us. Though MOAA is not USPHS-specific, they have historically and will continue to advocate for USPHS as a service that is as equally deserving of the attention of legislators as the other uniformed services, exemplifying the value of service and contributing to the dignity USPHS officers deserve. In addition, you could connect with officers of other services in your local chapters and have the comradery of officership.

COA and MOAA appear to work hand in hand with furthering the awareness necessary to put USPHS on the radar and ensure our officers receive the entitlements and benefits we deserve. Some legislative priorities for Active Duty servicemembers include:

- Sustain pay raises and adequate BAH for the troops and COLA raises for retirees.
- Ensure USCG, NOAA, and USPHS continue to receive pay during a government shutdown.
- Address barriers to accessing care within the MHS, including TRICARE coverage gaps and mental health care access challenges.
- Improve survivors’ benefits.

To speak to their commitment to our value of competence, they provide resources and education available to members include financial planning guides, retirement benefit checklists, estate planning guides, and regular articles on strategies and options available to officers. MOAA offers frequent

webinars and courses to ensure we have a complete understanding of the benefits and resources available to us.



As you can see, both COA and MOAA have each USPHS officer’s well-being and legitimacy as a priority. COA has been our outspoken USPHS-specific organization and deserves our membership without question, while MOAA is a worthy second.

Take a look at MOAA benefits consider joining at moaa.org.

Benefits of MOAA (**B** = basic/free; **P** = Premium; **L** = Life)

- Legislative News Updates & Advocacy Efforts(**B**)
- MOAA Newsletters (**B**)
- Chapter, Council Membership & Involvement (**B**)
- Exclusive Discounts on Products & Travel (**B**)
- Access to Member Books & Guides (**P**)
- Financial Education & Consumer Advice (**P**)
- Scholarships, Interest-free Loans & Grants (for children of MOAA members seeking undergraduate degrees) (**P**)
- One-on-one Advice on Mil Pay & Benefits (**P**)
- Career Transition Resources – helps transitioning officers by hosting career fairs, resume critiques, training sessions, and more. (**P**)
- Subscription to Military Officer Magazine and Exclusive Publications (**P**): including interviews with RADM Susan Orsega, featuring regular updates on where USPHS officers are deployed and serving, as well as interesting history articles.
- Initiation fee (\$700) waived for Army & Navy Club of Washington, DC (**L**)
- Spouse protection – your benefits transfer to your spouse should anything happen to you. (**L**)

~



“The Journey Begins” My first 90 days

By LT Shaneka Holmes, LCSW, BCD
BH Provider
ICE Health Service Corps (IHSC)
Taylor, TX

I jumped through all the hoops, FINALLY met all the requirements. Now I am commissioned. It was one of the most exciting days of my life opening the email titled “Call to Active Duty.”



Now it is time for Virtual Officer Basic Course (OBC) 134/07. This was 2 weeks of intense virtual training. The virtual training consisted of sitting in front of your computer, camera on, hair to the back, clean white button up dress shirt, black slacks, black socks/stockings, and black shoes. Ready to learn promptly at 0845. The week included many nights of sleepless nights and sore muscles. Late nights studying and work outs in preparation for the AFPT was very exhausting. The days were exciting and filled with an enormous amount of information. It felt equivalent of training for a marathon in two weeks. The process was an extremely intense one that was geared towards preparing officers for a career in the USPHS. But through it all and in the end, I have a new profound respect for accountability.

Often during class, you could expect strange things to happen with everyone visible on camera. While being in the privacy of your own home, daily tasks and routines continued. There was a time when a classmate’s children would appear on the screen. A time where you would see family or significant others in the background. A time when family pets wanted a piece of the camera action as well. We named one of our classmate’s, cat the mascot for the OBC 134/07. The excitement extended to include, power outages, limited to no internet connections, doorbell interruptions of packages being delivered, constant bell notifications from GroupMe and WhatsApp. I had the best experience working and suffering with these group of people. It was our mission “Together we move and Together we overcome.”



Virtual OBC was a challenge and consisted of many **Pros and Cons**. Some of the pros of OBC:

- **Flexibility**- it was great to attend the training in the privacy of my own home.
- **Affordability**- I am sure that virtual OBC reduced the financial costs for the United States Public Health Service Commissioned Corps. Particularly because there were no travel, meals, or incidental costs required for attendees.
- **Learning styles**- virtual OBC had the ability to tap into a variety of learning styles. It was a benefit to be able to go back and listen to some of the audio and view many of the Power-Point presentations. As a solo learner, I found it comforting to have the ability to go back and review information from previous days.
- **Feedback**- the option of immediate feedback and response was available during our two-week training. When a question was asked, prompt responses were often received.

Journey, continues pg. 10



There were times during the presentations, we would be notified of the contact person, sent an email during class & received answers by COB.

• **Relationships**- it did seem weird at first with building relationship and interacting with others on a screen. I would say during the course we had accountability buddies. This concept allowed for us to hold one another accountable by creating the plan to finish the course strong. My classmates are now my extended family members. We still text to check in, send funny pics, new information, and encouraging words.

Cons

- Focusing on screen for long periods of time. I am pretty sure that an Optometrist would cringe at the lack of “eye breaks”
- Uniforms- I would say that I spent over \$3500 in uniforms. We were ordered to obtain our measurements from local seamstress and contact the provided persons from the Navy Exchange and the Coast Guard Exchange in the efforts to order our uniforms over the phone. Over more than half of my class had issues with their uniform’s orders. Either the uniforms were the wrong sizes, or our orders were mixed up amongst our group. I was appreciative for the \$250 one-time uniform allowance, but it was not enough to cover the costs of uniforms along with much needed alterations.
- The lack of comradery with other officers to learn how to wear the uniform properly. How in the world do you put these pants in the boots? How do I roll up my sleeves? How in the world do you adjust this belt? I ordered the wrong patches, wrong belt, and you get the rest.
- Distractions- being in the privacy of your own home comes with many distractions. Doorbell ringing, kids knocking on the door asking questions, pets in the background, packages being delivered, movers arriving.
- Okay. I continued to hear, “you are responsible for your own career” and “Where is the outline?” and “Where do I start?” and “What do I need to do now as a new officer?”

Journey, continues pg. 9

- Wait you tell me that I am eligible for extra benefits? How do I get them? “I need help filling out the forms correctly.”
Virtual graduation DONE! I must say I cried like a new baby on this day. To hear “LT Shaneka V. Holmes” overly filled my heart and eyes with tears. “I DID IT.” Now, let us prepare for work. “Is my uniform right? “I hope my patches are ½ inch on my collar.” “How will they look at me?” “What will I be doing today?” Black book bag, check. black mask, check. black lunch box, check.

First day at the facility. My nerves seemed to be ticking, heart racing, hands sweaty, yet smiling face under my mask. I walked through the doors then the prison gates closed. “Okay, Shaneka! It is show time.



Accomplishments

- Met with the Surgeon General while he was in Austin for an event over the weekend.



Journey, continues pg. 11



- Mandatory trainings (PALMS) completed up until September 2022.
- Field readiness training classes completed.
- Showing qualified in deployment readiness with the only exemption pending the second Hep A vaccination. “Thank God, I am exempt for 1 year due to being a new officer.”
- NAKAMOTO auditors onsite. I am the new girl, I only been here 2 weeks. Now, this is where the dreading PowerPoints and black books paid off. I was asked more questions from the auditors than my colleagues who has been with the agency for many years. Whew, I dodged that bullet. Glad I read the materials and completed the assignments. “One of my most proud moments on the job.”
- I was able to grasp information quickly and be oriented and trained within one week.
- Linked with awesome mentors and joined a few committees. The linking of the mentors has allowed many of my questions to be answered. Having that senior officer willing to give directions and information is an asset to the Corps.

Obstacles

- It was a challenge to receive my PIV card. After 3 unsuccessful attempts. The fourth try in Austin was a WIN. Now, let us get started with the check-off list. Reading through the big black books, many, many, many PowerPoints, and over 15 help desk tickets. Now, let the work begin.
- I have also had issues with my compensation being incorrect. Somehow, the mixing up of multiple forms being submitted several times did not land in the correct hands. “Well God, yes, I did plan for my salary to be this amount, but I guess after the audit is complete, I will receive all funds due to me.”
- It took weeks to gain computer access and access to eCW the electronic health records system. “Okay, I need to start seeing patients, but I cannot chart on them.” “Well, okay let’s keep waiting it will get right soon.”

- Returning uniforms back to Navy Exchange and Coast Guard Exchange via mail. “That order was returned 4 weeks ago, and I am yet to receive information that it was received, or any monies refunded.” “Well, I guess it is coming as well.”
- Drove to Houston to visit the Coast Guard Exchange, spent the night to only obtain 1 pair of ODU pants. “That one pair of pants cost me a hotel stay and gas. What an expensive pair of pants. A \$35 pair of pants turned into \$250 without including alternations. So, the \$250 uniform allowance went to the one pair of ODU pants.”



As social workers we are equipped for obstacles that seem unbearable. Social workers are resilient, resourceful creatures that always seem to make a way when it seems no possible way. We can conform and adapt in ANY given situation. As humans it is normal feelings to become frustrated, stressed, and emotional, in what may seem to be difficult situations. Usually, the result will most likely be worth the wait. Having to deal with the obstacles and cons, added additional tools to my knowledge box.



Hopefully, my experience and sharing can help someone else. I am beyond excited about my privilege to be a USPHS officer! I am here to let the world know that social workers ROCK! ~



Walkabout – Not just for the Australian outback

By CDR Scott Eppler, LCSW-BCD
OIC, Soldier Recovery Unit
Ft. Riley, KS

Walkabout. Isn't that just a life-altering quest for wisdom and enlightenment in the Australian outback? Well, yes and no. During my deployment in support of Operation Allies Welcome at Ft. Bliss, Texas, walkabout was used for the purpose of engaging in community outreach with those in the refugee village.



Generally, this is when you take a fellow USPHS officer and/or an interpreter to stretch your legs and check in with the community by going where they are versus waiting on them to come to you. We would engage small checkpoints of US Army Soldiers who were usually somewhere in the middle of a 16-18 hour day and often bored to tears.

We learned they too were experiencing the strain of the operation by missing their own families and working long hours.



We would listen to their stories, offer support and let them know that our clinic was available to support them as well. We would check in with families or individual groupings of people at various tents or those outside sitting on benches just to check on the mood of the camp, to check to see if their needs were being met and to inform them of our mental health services, clinic location, and just talk with them like any other person.



We would engage with people at the medical tents to see how they were doing and check on the issues they were seeing (particularly behavioral health). While we were doing these walkabouts we would also use the time to educate those in the community as to the presence of our newly opened behavioral health clinic. We would participate in briefings at "town halls" with elected leaders in the camp community to inform them of our services as well.

Walkabout, continues pg. 13



Over time, even within a 30-day deployment, we were able to build rapport with key leaders and the community, get some needed exercise and let people know we were there to help. For all of these reasons, walkabout is an indispensable tool to engage your community and should be utilized daily as your deployed mission and circumstances permit.

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Attention: Telemental Health opportunity for SWs needing Clinical Practice Hours in the National Capital Region.

By LCDR Monique Richards, LICSW
National Coordinator
Zero Suicide Initiative
Indian Health Service HQ
Rockville, MD

Commissioned Corps Headquarters (CCHQ) on April 4, 2022, released updated policies concerning CCI 241.01 "Readiness and Duty Requirements." Specifically, Commissioned Corps Directive (CCD) 111.03 "Conditions of Service," which stated "Officers are requested to maintain professional competencies and conditions of service," which for Social Workers means you must acquire 80 Clinical Practice hours annually. According to the CCHQ, Clinical Practice Hours include any time providing a direct service to a patient or animal, supervising those providing direct services to a patient or animal, or supporting those who provide direct service.



If you are a Social Work Officer working in an administrative billet, you may find it challenging to meet this requirement. If this is the case for you, please plan to attend the upcoming information with the Pro Bono Counseling (PBC) located in Baltimore, MD. This organization is a non-profit 501(c)(3) corporation founded to connect uninsured and under-insured low-income Marylanders with compassionate and qualified mental health professionals, who provide care at no cost. PBC is the brainchild of a visionary Sally C. Millemann, MSW, and Advocates for Children and Youth. Since being founded in 1989, PBC has helped over 30,000 individuals and families throughout Maryland connect with volunteer mental health professionals and obtain the mental health care they could not afford otherwise. Presently, PBC has over 800 volunteer clinicians all over the state of Maryland who give over 16,000 hours collectively each year!



Please note, to be eligible for this opportunity, you must be a Licensed Certified Social Worker-Clinical (LCSW-C) in Maryland and have liability insurance. In addition, the Officer should also plan to complete the required HH-520 Outside Activity Form and get approval through your agency. To learn more about this exciting volunteer opportunity with Pro Bono Counseling, please plan to attend the upcoming information session on August 2, 2022, at 12:00 PM EST. Please reference the upcoming SWPAG weekly announcements for meeting logistics.



For more information regarding this opportunity, please contact LCDR Monique Richards at Monique.Richards@ihs.gov

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SWPAG 2022 Promotions

By LT Regena Hardy, MSW, LISW-S,
LCSW, BCD, CCHP

2022 SWPAG Secretary



Jennifer Bornemann CAPT

Timothy Pappalardo CAPT

Jonathan D. White CAPT



Christine Nemeti CDR

Monique Richards CDR



Keisha Bryan LCDR

Delice Echols LCDR

Luis E. Figueroa Sr. LCDR

Janelle Phillip LCDR

Everett F. Rollins IV LCDR

Tashonne J. Timson LCDR

Tanesha Tutt LCDR

~



SWPAG Officer Career Paths

By
LT NaKeisha Williams LCSW-C BCD
Mental Health Provider
316th Medical Squadron
Joint Base Anacostia-Bolling, D.C.

Rank and Name

CDR Vickie Smith Stowers

Current Agency Employed

ICE Health Service Corps (IHSC)

Current Duty Station

Krome North Service Processing Center

Current Job Title

Supervisory Behavioral Health Provider

Brief Description of Current Job Duties

I serve as Department Head and Supervisor Provider of Behavioral Health. In this capacity, I manage daily operations and supervise 8 multi-disciplinary professionals while also performing evaluations, coordinating cases, delegating work assignments, scheduling staff, and monitoring compliance.

1. Three words to describe yourself

Supportive, Thoughtful and Dedicated

2. How long have you been a Social Worker?

Over 23 years. I received my Master in Social Work (MSW) from Boston College in 1999.



BOSTON COLLEGE
School of Social Work

3. Do you have any other degrees besides your MSW?

No.

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

I was commissioned to be a PHS officer on July 12, 2009. My experience at OBC was very informative and educational as I learned a great deal about officership and what it takes to advance the health and safety of the nation. I walked away feeling motivated and ready to serve this great country.

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

Over the course of my 13-year career I have had the honor of being stationed at Fort Benning Army base from 2009-2014 where I supervised and mentored over 41 family medicine residents and served as Chief of Behavioral Health Services within Consolidated Troop Medical Clinic where treatment was delivered to over 3000 soldiers. I was then detailed to Department of Homeland Security (DHS)/Immigration Health Service Corps and served in several leadership positions from 2014 to my current role as Department Head.

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

- Team Lead, Service Access Team (SAT) in Columbia, SC during Hurricane Maria; saved the lives of 47 chronically ill and displaced patients by spearheading the coordination of swift transport to and/or timely discharge from medical facilities (2017).
- Team Lead, SAT 5 in Tioga County, NY during Hurricane Irene; engineered outreach strategy



U.S. Immigration and Customs Enforcement



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

I would advise them to pace themselves and seek graduate degrees that aligns with their personal obligations, professional responsibilities, and PHS duties. I would also advise them to be well rounded and strive to excel in all aspects of officership as they progress in their careers within the Corp. Lastly, I would advise them about the importance of being visible leaders with a focus on remaining active and serving others at all levels of management. This is one strategy that will enable them to stand out.



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

Certified Correctional Health Professional (CCHP) & Certified Correctional Health Profession – Mental Health Specialty (CCHP-MH).

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

I obtained CCHP-MH to be recognized as a subject matter expert in the field of correctional mental health. As a Supervisory Behavioral Health Provider, it is important to oversee the delivery of high quality and effective clinical treatment to vulnerable and under-served detainee population.



The CCHP-MH certification provides an excellent opportunity to demonstrate advanced knowledge of correctional health in an environment that is both challenging and expanding in scope across the nation.

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

Obtaining the certification allowed me to enhance my knowledge of important correctional healthcare illnesses that threatens the nations' health. I am better prepared and equipped to address medical and behavioral health related challenges experienced by non-citizens in detention settings.

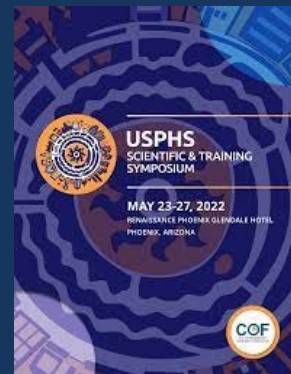


As my mind pin-pinged back and forth from being a mentor to others and being a mentee of others, I could feel the butterflies in my stomach as I began to fidget with the ID badge I held in my hand. It was then that I verbally reminded myself that the manifestation of the highest level of maturity, strength, and dignity is demonstrated through mentorship!

Growth through Mentorship

By LT Regena Hardy, MSW, LISW-S,
LCSW, BCD, CCHP
Behavioral Health Provider
IHSC, Eloy Detention Center, AZ

Mentoring is one of the greatest acts of leadership. As I packed up my presentation equipment and rehearsed the information that I planned to present at the 2022 Symposium, my mind wondered if any of the new CAD Officers would be attending in person. I knew that it was a costly event, but I wanted so much to meet with at least one of them in person, as we had been conversing through TEAMS and the phone for almost a year. As I replayed some of my conversations with those new Officers that I am mentoring, my thoughts were interrupted by the conversations, that I have had myself, with individuals that have served as mentors in my life.



Unapologetically, I decided not to allow any of the negative thoughts that attempted to invade my mind to set up residency as if they were welcomed guests. Through mentorship, I had accepted the invitation to be a part of the HS PAC Opening Ceremony of the Health Services' Category Day by presenting the ORB during the Symposium. Researching the Orb gave me an understanding that the orb symbolized unity, strength, integrity, and diversity. It was used as a reminder of the world we live in, its

Mentorship, continues pg. 17





populations, and that good leadership is being responsible for the outcomes of others. What an honor to present and retrieve such a symbol. The orb precession and retrieval would prove more meaningful to me than I had originally thought.



Honestly, I had fallen into a rut as an Officer. Daily, I put on my uniform and drove the 45 minutes to my assigned post and prepared to meet with those that I was assigned to serve. I volunteered in the community, led many presentations, trained and mentored new Officers and Contract workers at the duty site. To the outside person, things looked great. However, internally, I was struggling. I was beginning to question if my service truly had purpose. The routine itself had me questioning my beliefs that my service to others was meaningful. Does the work that I provide to others have a positive impact? As a mentor, am I sowing positive effective seeds in the lives of my mentees? I was not confident that I was still living up to my own beliefs. It is interesting how routines can produce subtle cracks in your foundation...just small enough for doubt to creep in and wreak havoc. Attending the Symposium was exactly what I needed to rid doubt of its grip and to stand confident as a leader and confident of my leadership!



Attending the Symposium was like a journey into self-discovery as a Commissioned Officer. While I have served as a Clinical Social Worker for more than twenty years, I have only served as a Commissioned Officer for less than two years...and

here I was, for the first time, in my Service Dress Blues. Despite the nervousness, the journey (and attending the Symposium) helped me to rediscover that my life and service has never been and is in no way impact-less. I KNOW that I am living my life with purpose and my service to others matters. Serving and learning through mentorship has reignited my passion of service to others. I left the symposium having met many of my mentors and mentees for the first time, face-to-face. I left with more confidence in knowing that as a mentee I am learning from leaders who have achieved and accomplished much as Commissioned Officers and as a mentor I am effectively depositing my knowledge and skills to the next generation of Officers. I am proud to admit that my greatest gift to the CORPS are my mentees; I am a leader developing leaders!



Today, as I put on my uniform and make my commute to my duty station, I did so with the pride of knowing that the ultimate measure of true leadership is not to simply influence a host of followers but to help mold, develop, and produce leaders. I am confident that as a Commissioned Officer, my goal is not only to serve the masses, but to also help to mold, produce, and prepare the next generation of officer-leaders! Mentorship helped to remind me of this knowledge.

Never confuse your role for your value. You have much to offer and even more to learn. Never underestimate the power of a Mentor/mentee relationship. I am truly thankful and grateful for ALL of my Mentors and Mentees.

~



Lounging at the Lola: 2022 SWPAG Socializing in Glendale, AZ

By
LCDR Candice Karber , LICSW, BCD
Chief, Behavioral Health & Wellness
NOAA
Oceanic & Atmospheric Research (OAR)
&
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The Social Work Professional Advisory Group (SWPAG) Stakeholders and Community Engagement Subgroup charged SWPAG officer volunteers with planning and executing the 2022 Commissioned Officers Foundation Symposium Social in Glendale, Arizona. The team included: LCDRs Renee Cannon and Jennifer Weekes (Leads), LCDR Candice T. Karber, LTs Delice Echols, Janelle Phillip, and Tashonne Timson. The social was held at The Lola, which offered delicious food along with adult beverages.



The evening’s event allowed for camaraderie, fellowship, and networking opportunities. Some officers even met for the first time in person! The event was well attended by fellow social work officers who also attended the symposium. Universally, attendees expressed being pleased to gather again following the pandemic. We hope that more social workers will be able to participate next year with us in Tulsa, Oklahoma.

Chair’s Last Call



Robert E. Van Meir, LCSW, BCD,
CCHP-MH, CCTP
Supervisory, BH Provider
ICE Health Services Corps (IHSC)
Eloy Detention Center

SWPAG,

The famous saying goes “we are living in interesting times”. I first want to say to all of the officers who were selected for promotion a big “Congratulations” as this is a major milestone in your career. You were promoted in a very competitive field of outstanding officers who serve in the United States Public Health Service. We represent about .001821% of the overall population of our great country. **We are truly the elite of the elite.**

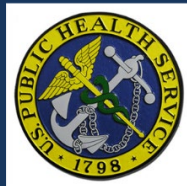
Chair’s Last Call, continues pg. 19



Those of you that were promoted, please take this opportunity to mentor and share your success with other officers. If you have been passed over before, take some time to analyze what was different about your promotion package this year what did you do different. These lessons learned can have great value moving forward.



I attended the PHS Symposium this year and met many of the extraordinary officers that we have in the Corp. One topic on most people’s mind was promotion. Most officers are success driven both by internal and external forces. Promotion represents a tangible acknowledged of our career success and it can validate all our hard work and the extra time we have committed to wearing this uniform. But it is not the only indicator of your value, hard work, and dedication to duty. **You impact lives. You change lives. You truly make a difference in the lives of those we serve. No matter what your practice is: Marco, Mezzo, or Micro you are a change agent.**



This year’s rates were slightly higher than 2021 but still historically low overall. Some would say this is the “new normal” as we align with our sister services and attempt to correct us being top heavy. For those officers who were passed over it is normal to feel hurt, disappointed, and discouraged in some cases. I personally know several officers who I was shocked that they were not promoted. When talking with one exceptional officer who was passed over, they expressed their feelings this way “Chagrined, disillusioned, crestfallen. Yet, I am not surprised.”

As a social worker we intellectually understand that it is normal to hurt when we are not promoted and, in some cases, to see others promoted over us. To think, I worked hard, volunteered for extra duty, performed numerous deployments in harm’s way, stayed ahead of my personal and professional education requirements, and kept my nose clean. I did everything to demonstrate my worth to the Public Health Service but still fell a little short.



Take a moment and celebrate or grieve your result. I have all the confidence that you continue to serve with honor and dedication. Know that the SWPAG is here to help and in the coming months we will focus on career mapping, lessons learned, writing for impact as we approach another promotion cycle. **We will also provide opportunities for officers to present on the national level, writing articles for publication in our newsletter, and to demonstrate leadership serving in the SWPAG.**



I applaud all the SWPAG social work officers, who sacrifice on a daily basis. I am proud to serve with you and I am honored to serve as your Chair.

Semper Servientes ~

