



HSPAC News and Views

#WeAreCorpsSTRONG

Fall 2020

Greetings from the

Health Services Chief Professional Officer

Dear Fellow Officers,

Thank you for all of the work you do on behalf of your respective agencies and USPHS each day. This past year has been full of challenges for all of us. Thank you for all that you have done and continue to do in response to COVID-19. Now more than ever, the USPHS is being called upon to support this national crisis. We are on the front lines providing direct patient care, mission support, and supporting COVID-19 efforts at our respective agencies. Let's continue to take care of each other. We can't meet the mission if we aren't first ensuring our families and friends are safe. Our nation is counting on us and you are part of an extraordinary service that can get the job done.

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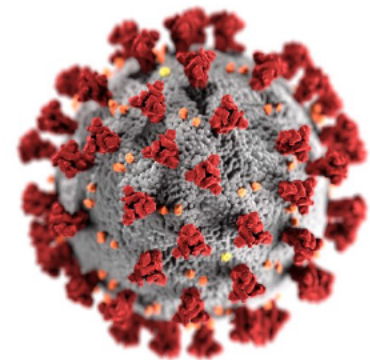


CAPT Diedre N. Presley
Chief Professional Officer



CDR Joel Richardson
2020 HSPAC Chair

COVID-19 Deployment Edition



Please join us in congratulating the HSPAC 2021-2023 Voting Members

Officer	Agency
CDR Kari Irvin	FDA
CDR Erica Ruchard	ASPR
LCDR Shannon Aldrich	FDA
LCDR Tracy Avila	HRSA
LCDR Eileen Bosso	CDC
LCDR Jennifer Clements	FDA
LCDR Kathryn Morris	NIH
LCDR Christopher Sheehan	ASPR

2020 Executive Committee Members

CPO: CAPT Diedre N. Presley

Chair: CDR Joel Richardson

Chair-Elect: CDR Catherine Beer

Executive Secretary: LCDR Mo Halwani

Deputy Executive Secretary: LCDR James Betz

Executive Recorder: LCDR Chris Hooban

Deputy Executive Recorder: LT Angela Hatzenbuhler

2020 HSPAC Subcommittees

Subcommittee	Role	Name	Email
Analytics	Chair	CDR Sara Azimi-Bolourian	Analytics.HSPAC@gmail.com
	Co-Chair	LCDR Aaron Grober	
Awards	Chair	LCDR Roberto Garza	Awards.HSPAC@gmail.com
	Co-Chair	LCDR Ellen Gee	
Career Development	Chair	CDR Pieter Van Horn	CareerDevelopment.HSPAC@gmail.com
	Co-Chair	LCDR Alex Freiman	
Communications	Chair	CDR Elizabeth Garza	Communications.HSPAC@gmail.com
	Co-Chair	CDR Karen Chaves	
	Co-Chair	LCDR Felicia Warren	
Community Wellness	Chair	CDR Brook Kerns	CommunityWellness.HSPAC@gmail.com
	Co-Chair	CAPT Malaysia Harrell	
Events	Chair	CDR Cynthia White	Events.HSPAC@gmail.com
	Co-Chair	CDR Rebecca Bunnell	
Membership	Chair	CAPT Kristin Kelly	Membership.HSPAC@gmail.com
	Co-Chair	LCDR Marquita Burnett	
Mentoring	Chair	CDR Catherine Beer	Mentoring.HSPAC@gmail.com
	Co-Chair	LCDR Elizabeth Goodger	
Policy	Chair	CDR Margaret Caulk	Policy.HSPAC@gmail.com
	Co-Chair	CDR Anthony Johnson	
Readiness	Chair	LCDR Nicole Bell	Readiness.HSPAC@gmail.com
	Co-Chair	CDR Jonathan Kwan	
Recruitment & Retention	Chair	CDR Martin Guardia	RecruitmentRetention.HSPAC@gmail.com
	Co-Chair	CDR Monique Salter	

2020 Professional Advisory Groups (PAGs)

The Health Services Category is comprised of 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
<u>Basic and Applied Science (BASPAG)</u>	Chair	LCDR Chung Cho	baspag.hspac@gmail.com
	Chair-Elect	CDR Tiffany Taliaferro	
<u>Dental Hygiene (DHPAG)</u>	Chair	LCDR Jennifer Curtis	dhpag.hspac@gmail.com
	Chair-Elect	LCDR Emily Warnstadt	
<u>Healthcare Administration (HAPAG)</u>	Chair	CDR Kimberley Hawkins	hpag.hspac@gmail.com
	Chair-Elect	LCDR Brandon Johnson	
<u>Health Information Technology (HITPAG)</u>	Chair	LCDR Joyce Davis	hitpag.hspac@gmail.com
	Chair-Elect	LCDR Shakirat Apelogun	
<u>Medical Laboratory Science (MLSPAG)</u>	Chair	LCDR Lisa Flores	mlspag.hspac@gmail.com
	Chair-Elect	LCDR Jessica Damon	
<u>Optometry (OPAG)</u>	Chair	LCDR Laura Alexander	opag.hspac@gmail.com
	Chair-Elect	CDR Patrick Britton	
<u>Physician Assistant (PAPAG)</u>	Chair	CDR Carl Huffman	papag.hspac@gmail.com
	Chair-Elect	CDR Scott Klimp	
<u>Public Health (PHPAG)</u>	Chair	LCDR Janesia Robbs	phpag.hspac@gmail.com
	Chair-Elect	CDR Kimberly Nguyen	
<u>Psychology (PSYPAG)</u>	Chair	LT Kate Morris	psypag.hspac@gmail.com
	Chair-Elect	CDR Jill Breitbatch	
<u>Social Work (SWPAG)</u>	Chair	CDR Tricia Booker	swpag.hspac@gmail.com
	Chair	CDR Stephanie Felder	

Helm Coin: New HSO Category Coin



Did you know that there is a new HSO challenge coin? Created in 2019 by CDR Erin Grasso, the challenge coin honors the illustrious history of the USPHS Commissioned Corps and Health Services category.

The **shape** of the HSO coin acknowledges the USPHS's rich history as a sea service as its shape resembles the helm of a large, beautiful ship. The word "*helm*" refers to a ship's steering wheel and the area of the ship where the steering wheel is located. This helm-shaped challenge coin has ten spokes and handles, which assumes unique symbolism on each side of the coin.

The **metal cast** is antique bronze like the original Health Services challenge coin. However, instead of solely utilizing enamel topcoat, this coin utilizes antique bronze-brushed recess effect and 3-D molds to mimic the look and feel of a carved helm.

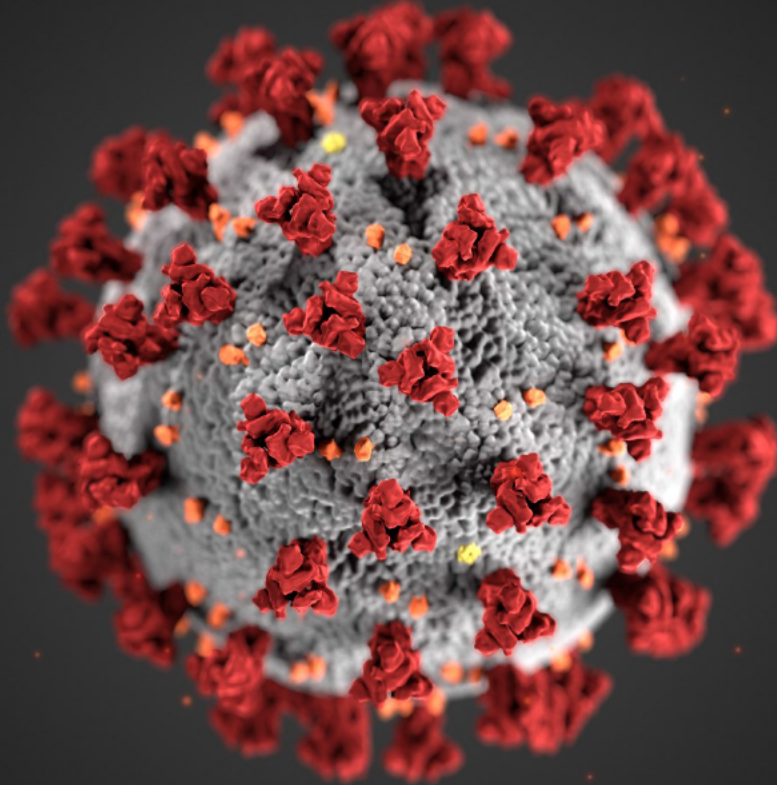
The **front of the coin**, or front of the helm, features the Great Seal of the USPHS Commissioned Corps. The spokes and handles represent other categories within the Corps, which are Physician, Nurse, Pharmacist, Dental, Dietitian, Engineer, Environmental Health, Scientist, Therapist, and Veterinarian. The rope design around the outer rim represents the strength and unity of the many disciplines within the USPHS Commissioned Corps.

On the **reverse side of the coin**, the spokes and handles represent the Health Services Professional Advisory Groups: Basic and Applied Science, Dental Hygiene, Healthcare Administration, Health Information Technology, Medical Laboratory Science, Optometry, Physician Assistant, Psychology, Public Health, and Social Work. The rope design around the outer rim represents the strength and unity of the many disciplines within our Health Services Category.

The **inner circle** of the coin features the rising yellow sun with rays, which represents the eternal day of our professional USPHS presence anywhere in the world and our commitment to bringing light to the darkness of disease and pestilence. Inside the rising is the date 1959, which was when the Health Services category was established. Underneath the rising yellow sun is a navy blue Shield, which signifies national service.

The **inside shield** reads, "*Multidisciplinary in approach, connected by service, advancing public health,*" which is the Health Services tagline, coined in 2016. Inside the carved scroll below the shield reads "*Health Services Category*" and "*We Are Corps STRONG,*" a slogan coined by former Health Services Chief Professional Officer, CAPT Jeanean Willis Marsh, to demonstrate esprit de corps.

All Hands on Deck:



Responding to the COVID-19 Pandemic

Identified in December 2019, COVID-19 is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person.

Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans, several known coronaviruses can cause respiratory infections. There are four known global coronaviruses that mainly cause common cold symptoms. Rarely, animal coronaviruses can infect people and then spread person-to-person such as with MERS, SARS and the newly identified COVID-19.

USPHS Commissioned Corps officers are working together with state, local, tribal and territorial governments, ministries of health, researchers, private sector organizations, and the public to control the spread COVID-19. This newsletter includes original stories from HSOs who supported prevention and response efforts globally.

HSOs in Action: COVID-19

Health Service Officers Provide a Range of Support to the Navajo Nation

CDR William MacNulty and LCDR Nicholas Buhr

In May 2020, when the Navajo Nation was experiencing the highest rate of infection for COVID-19 in the U.S., Strike Team #6 (ST6), a multi-disciplinary team of USPHS Commissioned Corps officers, was deployed to staff an alternate care site (ACS). This ACS was established to manage the surge of new cases at the Northern Navajo Medical Center (NNMC). We served in the Ancillary Services Branch: a team of 12 officers, including several Health Service Officers, whose original mission was to provide behavioral health, case management, and other ancillary services at the ACS. Upon arrival, however, ST6 was asked to augment the beleaguered staff of the NNMC. ST6's nurses, providers, and several other officers went right to work in the COVID-19 ward, while the Ancillary Services Branch adapted their missions to perform contact tracing and provide force behavioral health protection to the staff of NNMC.

Contact tracing, which is one of the most important tools available to curtail the spread of COVID-19, involves contacting those who have tested positive for COVID-19 (cases), regularly monitoring the cases' symptoms through their isolation period, coordinating cases' access to care or services, and contacting those with whom the cases have interacted to advise them of possible exposure. Our team, which included a hospital administrator, a dental hygienist, an occupational therapist, social workers, psychologists, pharmacists, and a registered dietician, had no prior experience in contact tracing, but went immediately to work supporting this critical mission. In addition to the training provided by NNMC, several officers took the initiative to complete the Johns Hopkins Contact Tracing Certificate Course during their off-duty hours. In less than three weeks, the team made over 1200 case contacts, and coordinated access to emergency medical care for 33 patients who were in respiratory distress. The NNMC staff estimates that each of those cases represents a life saved. On several occasions, patients experiencing anxiety requested a referral for behavioral health services. By having behavioral health providers as part of the contact tracing team we were able to integrate tele-behavioral health services into these patients' symptom monitoring calls, thereby reducing wait-time to access behavioral health care from 14 days to one day.

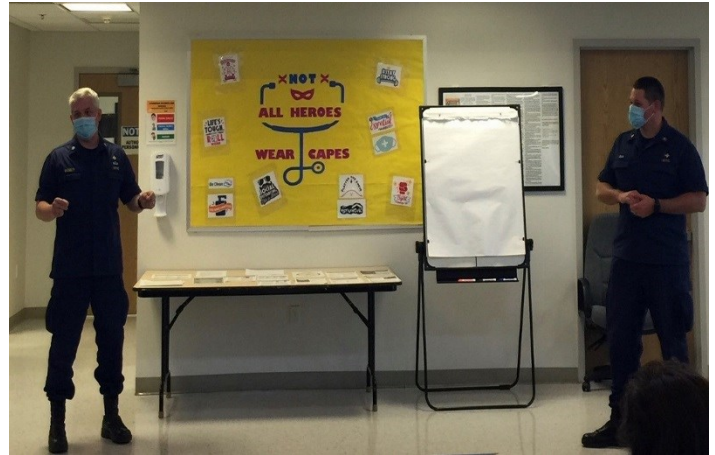
In addition to providing to providing contact tracing support, the behavioral health providers on ST6's Ancillary Services Team offered a wide range of force behavioral health protection. They provided over 450 consultations on stress management, coping skills, and self-care to providers and staff at NNMC and a satellite clinic. In 15 instances, staff members were so distressed that emergency individual sessions were required. The themes of these contacts included working long hours for months with limited breaks, experiencing many negative patient outcomes, and loss of normal life balance. The impact of the behavioral health team was so highly valued that the Indian Health Service successfully requested that an additional six behavioral health officers be deployed to the Navajo Nation.

HSOs in Action: COVID-19

Deploying to Navajo Nation was one of the highlights of our USPHS careers. It was an honor to work with such a diverse and dedicated group of officers. In the face of uncertainty and change, they modeled flexibility, adaptability, and professionalism, and exemplified the USPHS values of Leadership, Service, Integrity, and Excellence.



CAPT David Dietz conducts contact tracing.



CDR Bill MacNulty and LCDR Nicholas Buhr offer stress management training to IHS staff.



*The Contact Tracing Team (Left to Right):
CDR Dipti Kalra, LCDR Erin Andrews, CDR Teshara Bouie,
CDR Amy Strain, and CAPT David Dietz*

HSOs in Action: COVID-19

USPHS Strike Team #5

Mask on/Mask Off: Building Camaraderie During Deployment

CDR Zanethia Eubanks

During a deployment, we often don't get to know many of the officers that we serve with. Often times we don't know who we are deploying with 12-24 hours prior to deployment. I recently deployed as the Admin/Planning Chief for Strike Team 5 to the Navajo Nation in Chinle, Arizona in May 2020. We met as a team in Colorado and drove to Arizona for our mission.

For many of us, this was our first time serving on the Navajo Nation and working with Native American populations. To provide uniform communications and share information from the different sections (e.g., Operations, Safety, and Logistics), I created a newsletter that would not only share information about the Navajo Nation but feature officers who were engaged in the response. Since we work various shifts to care for patients, many officers did not know how we looked without our masks hence the creation of the Mask On/ Mask Off feature. This section of the newsletter provided a picture of officers with their masks on and masks off. It also provided information about where they worked, how long they have served in the USPHS, their role during the deployment, and an interesting, fun fact about them.

LCDR Kimberly Calvery served as one of the staff writers along with CAPT Jennifer Bodart who brought the newsletter to life. Through the newsletter, we were able to feature most of our team members and learn about the Navajo Nation. The newsletters were one of several ways we helped to build camaraderie across the team while accomplishing the deployment's critical mission.



CDR Zanethia Eubanks



To learn more about the Navajo Nation's rich history and culture, [visit](#):

- This podcast examines the stories of [code talkers](#) in U.S history.
- [Windtalkers](#) (2002) chronicles the Marines' secret weapon to ending WWII, the Navajo code talkers.
- [Basketball or Nothing](#) (2019), follows the Chinle High basketball team in Arizona 's Navajo Nation on a quest to win a state championship and bring pride to the isolated community.
- Johns, Wahleah (2020, May 2020). A Life on and Off the Navajo Nation. [The New York Times](#).

HSOs in Action: COVID-19

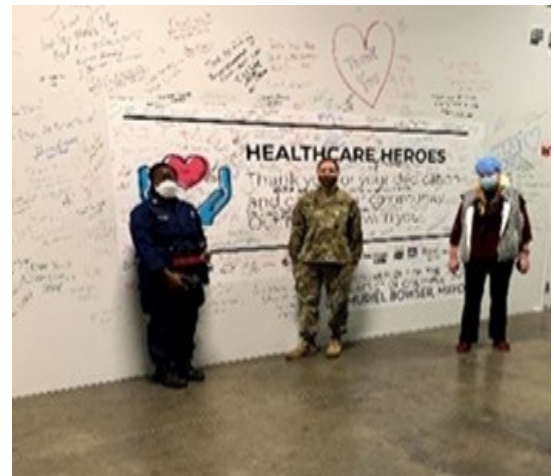
USPHS Strike Team #4

LT Jennifer Weekes, PhD, MPH, LICSW, BCD

In May 2020, I had the unique opportunity to deploy as a Behavioral Health Provider on Strike Team #4 to the District of Columbia's Alternate Care Site (ACS). The Walter E. Convention Center was transformed into an ACS to support the District's COVID-19 medical surge response. USPHS Strike Team # 4 was the advance deployment team that partnered with MedStar Health and the US Army National Guard to setup and implement processes and procedures for this surge facility. Through excellent leadership by Strike Team #4 and strong collaboration with our partners, we were able to accomplish the mission.

This deployment enabled me to work directly with behavioral health leadership from MedStar Health and the US Army National Guard. We developed a comprehensive plan to provide behavioral health services to COVID-19 positive patients at the facility. This deployment was personally and professionally fulfilling. I was born in the District of Columbia and prior to joining the USPHS Commissioned Corps, I provided mental health services to children and adults in private and public sectors. I will forever embrace my experiences during this deployment. I am grateful for the opportunity represent the USPHS and to serve alongside outstanding senior officers and my beloved District of Columbia.

Pictured below is USPHS Strike Team #4. Back Row: Left to Right: CDR Dina Passman, CDR Michael Bowers, CAPT Michele Nehrebecky, CAPT Anita Johnson, CAPT Derek Newcomer, and CAPT David Magnotta. Front Row: Left to Right: LT Jennifer Weekes, CDR Tina Adeleye, CAPT David Byrne, and CDR Jane Baumblatt.



Behavioral Health Joint Team: Left to Right: LT Jennifer Weekes, MAJ Laura Stewart (US Army National Guard), and Col. (Ret.) Dr. Elspeth Ritchie (MedStar Health)



LT Jennifer Weekes



USPHS Strike Team #4

HSOs in Action: COVID-19

USPHS Mental Health Team and Service Access Team: HRSA Officers Deploy in Support of Initial COVID-19 Response Mission

CAPT Elise Young, CDR Lynda Bishop, and LCDR Tigisty Zerislassie

USPHS Mental Health Team (MHT) members CAPT Elise Young and LCDR Tigisty Zerislassie and Service Access Team (SAT) member, CDR Lynda Bishop, were deployed to Lackland Air Force Base (LAFB) in San Antonio, Texas; Travis Air Force Base in Sacramento, California; and Eppley Air Force Base in Omaha, Nebraska to support Wuhan evacuees impacted by COVID-19. The goal of the mission was to ensure safe transport of evacuees without Coronavirus to their final destination, which ranged from Toronto, Canada to San Jose, California to San Antonio, Texas. Officers were deployed from February 7-20, 2020 to provide case management, behavioral health and data management services to support the mission of repatriating evacuees from Wuhan, China.

Evacuees traveled to the U.S. from China. Lackland AFB received 91 evacuees, representing 45 unique family units (comprised of 26 families most traveling with children ranging in age from 2 months old to teenage); Eppley AFB received 57 individuals and 29 family units and Travis AFB received 234 evacuees. All were U.S. citizens or legal U.S. residents from many professional backgrounds. Many had traveled to China to celebrate the Lunar New Year with family.

Officers assisted in establishing receiving areas for the evacuees in aircraft hangars at their respective locations. Each evacuee was registered; screened for any COVID-19 symptoms and once cleared, were assigned a room and had phone communication with a case manager throughout the quarantine period. They were transported to the base visitor's quarters for the duration of a 14-day quarantine period.

The MHT assets were available at the quarantine site and provided care coordination, stress management, addressed adjustment issues, provided family counseling, and supported wellness activities. Evacuees were able to request services or were referred from medical teams. SAT members were assigned a caseload of about 5-14 evacuees with variable levels of need (low to high case management needs). Additionally each SAT member served simultaneously in team roles, such as Mission Team Lead, Behavioral Health Lead, and Data Lead.

Collectively, team members provided over 400 technical assistance communication contacts to acquire data to facilitate client identification, needs assessment, health status monitoring and discharge planning. The impact of SAT and MHT team members was vast and included the development of several Excel-based technical assistance reporting sheets for tracking unique communications and related information (some involving the coordination and integration of language translation services) as well as ensuring the safety, comfort and well-being of each quarantined individual.

HSOs in Action: COVID-19

CDC Quarantine Station Screening in Support of COVID-19 Response Mission

CDR Laurie A. Brown

The Commissioned Corps Headquarters, Readiness and Deployment Branch augmented CDC Quarantine Stations across the U.S. I was one of the several officers deployed in March 2020 from other agencies to assist and support with medical screenings at the San Francisco International Airport in California. San Francisco was one of the eleven preselected CDC Quarantine Stations across the country. I was the only non-clinical officer with an Information Technology background to support this very important mission.

Tertiary screenings included medical screenings of airport passengers with any symptoms related to COVID-19. As a tertiary screener, I also provided IT troubleshooting and accessed CDC's Quarantine Activity Reporting System (QARS). This system includes personally identifiable medical information and other sensitive information that require protection from unauthorized access, disclosure, or modification – where passengers' information is tracked, logged and maintained.

Personal Protective Equipment (PPE) such as masks, N95 respirators, face shields, and gloves were worn at all times when conducting passenger screenings and for overall protection and safety. I am proud to have been a part of carrying out this USPHS mission and assisting the passengers traveling from many countries. This is an experience that I will never forget.

San Francisco Ports of Entry

Major Airport Arrivals

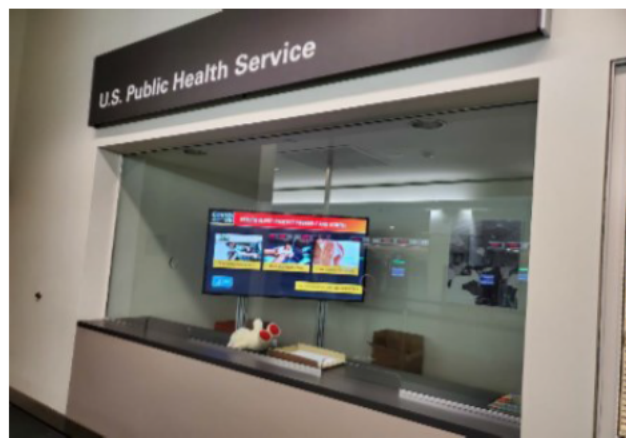
- San Francisco International Airport
5.1 million passengers
- San Jose Mineta International Airport
177,000 passengers
- Oakland International Airport
104,000 passengers

Major Seaport Arrivals

- 144,000 international cruise and cargo ship passengers and crew



CDR Brown wears PPE to screen passengers during her deployment.



USPHS COVID-19 display at the San Francisco Quarantine Station.

HSOs in Action: COVID-19

BOP Psychology Services during COVID-19 Response

LT Evan Brown and CDR Meghan Reilly

Starting mid-March 2020, circumstances of COVID-19 began to impact institutional operations throughout the Federal Bureau of Prisons (BOP). Psychologists at the Federal Correctional Institution/Federal Detention Center (FCI/FDC) in Tallahassee, Florida, similar to other Psychology departments around the agency, began modifying the size of groups and programming outside to adequately social distance to help stop the spread of the virus. By April 1, 2020, the BOP implemented nationwide enhanced modified operations to help flatten the curve as the virus began to spread throughout BOP facilities. This change in operations significantly limited inmate movement and suspended all programming, placing a strain on accessibility of psychologists to meet the mental health needs of the inmate population. As a result, psychologists adapted mental health services under conditions that present significant challenges to traditional modes of intervention within a correctional setting, which is an inherently unique environment. On June 1, 2020, the BOP implemented a full, nation-wide lock down secondary to civil unrest in the community, resulting in no inmate movement and increased security measures until June 9, 2020, which further compounded our ability to provide mental health services.

As correctional psychologists, we have to remain flexible and adaptable on any given day, however the COVID-19 response has created some novel challenges, requiring us to navigate situations from a different perspective. While this has resulted in frustration, it has allowed us to utilize our creativity and problem-solving skills. As USPHS Commissioned Corps officers, we have led by example and provided the utmost care while considering these new protocols. We are responsible for the continuation of treatment for mentally ill inmates, as well as implementation of treatment for those who present with new mental health symptoms. Psychologists also provide support to other staff members during these complicated times. An added layer to obstacles faced by psychologists at FCI/FDC Tallahassee is maintaining the integrity of our doctoral internship program. We modified training to meet institutional demands, while continuing to meet Association of Psychology Postdoctoral and Internship Centers (APA/APPIC) standards, providing quality training and supervision. Furthermore, psychologists work various custody posts throughout the institution on a daily basis, which has monopolized our time. In turn, we have had to rely on cooperation and coordination with one another to meet the mental health needs of the institution.

FCI/FDC Tallahassee psychologists have designed a treatment approach to meet institutional and individual mental health needs during enhanced modified operations, while ensuring our treatment approach is comprised of various evidence-based practices to maintain ethical standards. Psychologists also complete rounds seven days a week on all housing units at the FCI and FDC, including Special Housing and Quarantine Units to ensure availability of psychology services to the inmate population. While enhanced modified operations are not ideal, it is our new reality, and psychologists at FCI/FDC Tallahassee are rising to the challenge.

HSOs in Action: COVID-19

We Are Taught to Always be Ready: A Story of Deployment Resilience

LCDR Christopher Sheehan

As USPHS officers, we sign up to deploy whenever and wherever we are needed. We are taught to always be ready, maintain discipline, flexibility, and stay resilient. These all came into play when I was activated to deploy to an Alternate Care Facility (ACF) in Detroit, Michigan. I received an activation call one evening notifying me I was rostered to deploy for 45 days but there was no information about where, when, or what I would be doing. I informed my supervisor, activated my family care plan, and finished packing my bags. My flexibility and readiness were tested three days later when I awoke to travel information with four hours before my departure flight as part of Strike Team 3. I finished a few last items, kissed my wife and kids, and headed to the airport. Our first meeting would be that morning at the TFC Convention Center. A second email from the Team's Chief Nurse requesting all nurses assemble for a meeting after our initial team meeting had me a bit confused and a little surprised but figured, as a HSO, I was added to their list by mistake.

Though it was our first day on site, we jumped right into preparations, as the center was expected to open the next day and we were expected to care for all initial COVID-19 patients. There was little time to talk with leadership about my duties until our nurse's meeting. When it was my turn to introduce myself, I shocked several of the nurses when I informed them I was an HSO. I then stated that I have EMT certification and would be happy to help however I could. Later in the day, CCHQ confirmed that I was deployed there as a nurse and that is where I would serve. While many were as surprised as me, the nurses were very welcoming and assured me that I would be a valued member of the team. To say I was nervous and uneasy was an understatement, but this is what we do as USPHS officers. All of the nurses let me know that we were a team and they would help me along the way.

By the end of the first day, we were in two teams that would be work 12-hour shifts. I was assigned to night shift triage/intake responsible for screening and admitting of patients, bed assignments, coordinating with the charge nurse, reviewing and accepting paperwork, escorting transfer teams/patients to their beds and discharging when recovered or transferred out. I also served as an assistant and runner for medications and supplies when needed. After the first week, we split into three teams for eight-hour shifts and began integrating some Army reserve/guard and civilian staff.

While I was initially nervous to try to fill the shoes of a nurse, we were using a limited scope of care (more of what I was familiar with as an EMT) as a step down facility for recovering patients. The nurses all offered to assist with anything I needed or if I felt uncomfortable or unfamiliar. I was very fortunate to work with great nurses and was mentored by all of them. While working in a hot zone during a pandemic, in a new role, as a resilience tester, the help and support of my team allowed me to focus on getting the job done. Like many deployments, information was scarce at times, constantly changing, and sometimes missing but we took it one shift at a time. As we opened the facility, in the beginning of the pandemic, we had to develop many of our procedures and SOPs. We were all in unfamiliar territory and had to pull together and do the best we could for our patients. We all looked out for each other. We had to adjust and remain flexible. I am thankful for the team I worked with as well as the mentorship and help I received. This deployment was a true test of readiness, response, and resilience that I will never forget.

HSOs in Action: COVID-19

Maintaining Wellness During Deployment

CDR Camille Mitchell, LCDR Fabian Chaparro, LCDR Pamela Ogonowski,
and LCDR Shercoda Smaw

The HSPAC Community Wellness subcommittee's charge is to use community outreach to motivate, engage, and promote physical and emotional well-being for Health Service Officers. During this time of social distancing, where outreach is virtual, here is how a few of our team members achieved and maintained wellness while on deployment.



Positivity and Spirituality while Working in Stressful Environments

As a staunch supporter of Healthy Mind Initiative, developed to focus on Asian Americans and Pacific Islanders (AAPI) youth, LCDR Smaw has advocated for raising mental health awareness. She took the valuable insights she gained from this initiative and was able to put them into practice during her deployment. LCDR Smaw deployed with the Service Access Team (SAT)-5 to Travis Air Force Base, working under the Administration for Children and Families (ACF) as an Emergency Responder and Case Manager during the HHS Wuhan Repatriation Mission. Having a healthy mind also means having a healthy body and soul, all three (mind, body, and soul) work together as a whole to keep you strong, calm, fit and balanced. LCDR Smaw had a positive quote for each day of the week, such as "Happy Marvelous Monday Everyone, Positive Thoughts Breeds Positive Results. " She maintained a healthy soul through prayer, meditation, and maintaining a close-knit bond with family via phone and text messaging in the evening. LCDR Smaw had previously worked on a USPHS prayer for comfort and strength with LCDR Jorge Muniz Ortiz. She would read the daily morning and evening scriptures along with reciting this prayer. Finally, LCDR Smaw maintained a healthy body by exercising 20-30 minutes a day. She walked with fellow officers around the outdoor track at Travis Air Force Base and performed Taekwondo Poomse forms in the morning before heading out.



"On deployment, what keeps my soul and spirit intact is maintaining a social support network with fellow officers."

-LCDR Shercoda Smaw

HSOs in Action: COVID-19

Finding Moments of Laughter and Camaraderie

CDR Camille Mitchell, LCDR Fabian Chaparro, LCDR Pamela Ogonowski, and LCDR Shercoda Smaw

When LCDR Fabian Chaparro first got the call to deploy, he was concerned and worried. This was not his first deployment, but this one felt different. Preparing for a month-long deployment with limited time off and anticipating that the hotel gym would be closed, he packed a series of tension cords as a weight substitution. He downloaded a series of exercise routines for tension cords that could be done in a hotel room. LCDR Chaparro exercised with these tension cords three to four times a week for 45 minutes to an

hour and took 30 to 45 minute walks in the parking lot of the hotel. During his deployment, he had to utilize exercise as a distraction to keep his mind far from potentially working in a hazardous environment and the added stress of being away from his family. Luckily, ESPN was airing a docuseries about the 90s Chicago Bulls and their superstar Michael Jordan. LCDR Chaparro describes himself as an NBA fan and a big fan of the Bulls. This was a moment of nostalgia that led him to finish a book he had been reading for a while, *The Soul of Basketball* by Ian Thomsen. He also enjoyed watching *Star Wars Clone Wars* without being teased by his family. LCDR Chaparro made a point of starting and ending his days on a good note by talking to his wife and kids. This peace of mind carried over into his workday where it relaxed him mentally, and he was able to get to know fellow deployed USPHS officers. This led to enjoyable discussions about the Bulls among other things and moments of laughter during the day.

"I am a strong believer that when members of a team are on high spirits and there is good morale, the mission would be a success. Although it may have been a small contribution when you look at the big scheme of things with this pandemic, we helped people."

-LCDR Fabian Chaparro

The Importance of Recognizing What Makes You Function at Your Best

LCDR Pamela Ogonowski describes herself as someone who occasionally struggles with falling asleep. "I'm aware that I function better and that I feel a lot happier when I'm well-rested." Because of this, she prepares for deployment by making sure to include a couple of things to help her sleep. This included a sleep mask, white noise app on her phone, lavender essential oil, and a travel sized weighted blanket. While waiting for the call to deploy, she packed and unpacked multiple times. LCDR Pamela Ogonowski deployed as a quality control officer at a Community-Based Testing Site and virtually as the HHS/ASPR liaison to Massachusetts. She made it a priority to maintain a sleeping schedule by trying to be in bed by 10 pm every night whenever possible, squeezing in 20-30 minutes of exercise (HITT, virtual barre classes, and yoga) on most days, and limiting her caffeine consumption.

LCDR Ogonowski encourages utilizing NIH's getting-to-sleep [tips](#).

"By maintaining my routine, limiting caffeine, exercising, and packing a couple things to make my evenings a little more comfortable, I was able to sleep well most nights, and this helped me feel good and better contribute to my team."

-LCDR Pamela Ogonowski

Leadership Circle

Take a Moment

CDR Denise Morrison

Have you ever experienced change, challenges, obstacles, adversity, or a pandemic? Do you find it difficult to turn a negative situation around?

As a senior IHSC investigator, having past experiences as a clinician, and an administrator, I can relate to the frustrations associated with heightened workloads, increased stress levels, and staffing shortages. I understand and realize the potential effects these occurrences can have on overall performance, productivity, work-life balance, and daily interactions with others. I encourage you to **take a moment** to perform to the high standards of excellence within your agency, local workplace, and your personal lives, to foster a positive workforce and a resilient environment.

Take a moment to...LISTEN twice as much as you speak.

Take a moment to...CREATE open and two-way communication with your supervisors, colleagues, and counterparts.

Take a moment to...THINK about the consequences of your actions and responses, verbally, via email correspondence, and on social media.

Take a moment to...LEARN the policies and procedures that govern what you do, including your scope of practice.

Take a moment to...KNOW and understand your role and responsibilities, within your respective discipline.

Take a moment to...DO what is right, even when no one is looking, rather than cut corners. Dot your I's and cross your T's.

Take a moment to...BE open-minded, slow to anger, and receptive to constructive criticism.

Take a moment to...ACT kindly, professionally, respectfully, with integrity, and never bully.

Take a moment to...REMAIN vigilant, optimistic, balanced, and safe.

I challenge you to take a moment and be the best you can be; not only for yourself, but for those around you. Remember, *"What we do for ourselves dies with us. What we do for others and the world remains and is immortal."* Albert Pike

Leadership Corner



Kindness Matters

CAPT Charlene Majersky

Our world is a rich tapestry—a mosaic of wonder to the eyes of the beholder.
Looking through our lens,
if we choose to,
we can see much.

Diversity is alive!

Morning dew nourishes our heart,
radiant sunlight warms our soul,
tropical breezes cool the fire that ignites from within.
An abundance of pedals bloom in the fields where we dance many times over.

A garden of ravishing flowers awaits—gifting us with hope.

Despite our differing views,
we are bonded by a respect for humanity—for ourselves and others.
Our commitment to leading by example is key,
because soulful change begins with each one of us
from the inside out.

Our words and actions tell a story,
leaving our footprints through time.

What are you going to do to make the world a better place?

Kindness matters—
without it,
we are trapped in darkness,
indifference,
hatred,
disservice.

With kindness—love,
acceptance,
peace,
change
is possible.

Sprinkle kindness—live it! Kindness matters—always!

Announcements



Are you interested in contributing to the next issue of the HSPAC Quarterly Newsletter?

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 to the HSPAC Newsletter Team and contributors!

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