



HSPAC News and Views

#WeAreCorpsSTRONG

Spring 2019

Greetings from the Health Services Chief Professional Officer

Dear Fellow Officers,

As you have taken time in your busy day to read the 2019 Spring edition of Health Services Professional Advisory Committee Quarterly Newsletter, let me take this opportunity to reinforce my appreciation of your continued commitment and unflinching service for your respective agencies and the Commissioned Corps.

The Communications Subcommittee has produced a very informative newsletter for this quarter. A variety of newsworthy items are covered in this edition including the soon-to-be published book, Service Before Self, mental health first aid training, thoughts and reflections on our Advanced Readiness Program, the PACE program, and leadership tips to name a few. I am sure you will find the newsletter to be very informative.

Spring is a busy time for the PAC as we look forward to Category Day. Based on feedback we received from many of you, our day is going to be non-traditional, highly interactive, and filled with opportunities to network! For those of you who will be able to attend, I look forward to seeing you in Minneapolis!

#WeAreCorpsStrong!



CAPT Jeanean Willis Marsh
Chief Professional Officer
Health Services Category

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Executive Recorder: LT Stephanie Chiang

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CDR David Hunter	LCDR Elizabeth Goodger
CDR Anthony Johnson	LCDR Thomas Maruna*
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USPHS SCIENTIFIC & TRAINING SYMPOSIUM

Better Health Through Better Partnerships

6 - 9 May 2019 • Minneapolis, Minnesota



2019 HSPAC Chair's Corner

Dear Health Services Officers,

In the spirit of transparency and our renewed focus on communication and outreach, I want to provide an update to the team on the progress we have made in our HSPAC this year—all of which is a result of the unwavering dedication and commitment of each one of you.

I previously shared my 3P vision of improving our operations by **increasing partnership, advancing career progression, and improving preparedness**. We continue to make incredible strides in all three areas. Here are a few notable updates:

- We are enhancing our communication channels with targeted messages on HS Listserv and social media pages to ensure our officers are abreast of ongoing activities within and outside of our Category. To improve collaboration between HSPAC and PAGs, we have appointed two liaisons (clinical and nonclinical). We have increased our efforts in initiatives such as the National Public Health week celebration spearheaded by the Community Wellness and Public Health PAG. We are also advancing and focusing on improving cross PAC communication. We have conducted cross PAC webinars such as Healthy Weight Management held on January 31, 2019 and continue to share relevant information across different Categories.
- We are fostering a culture of knowledge by augmenting our engagement with our professional stakeholders. These engagements will provide training opportunities, access to cutting edge data, and pertinent discipline information to our officers. We rolled out the Promotion Calculator back in February—an excellent tool for mapping out promotion timelines and career development planning as you progress as a Commissioned Corps officer. We are now working to establish a new active participant database which will increase volunteer opportunities within our HSPAC and also allow officers to strengthen their officership.
- We are powering our future by developing tools that will prepare HSOs for the forefront and adapt to changing dynamics of the Commissioned Corps. Starting with Advanced Readiness Program that has been implemented across all 10 PAGs. Based on the feedback received, we are making changes to the program to align coursework with deployment requirements and increase enrollment in the program. We have finalized discipline-specific deployment roles, and are now collaborating with PAGs to develop competencies and training around these roles so our officers to be well prepared and trained. Last but not least, we are in the final stages of developing our Professional Core Competencies Program. It is a unique and targeted career development strategy designed to improve and build skills for executive leaders in public health.



CDR Simleen Kaur

2019 Chair, Health Services Professional
Advisory Committee

As you know, all work and no play is not good for the soul. Kudos to Events Subcommittee for uplifting our spirits right after we came out of government shutdown. We celebrated our 60th anniversary during the week of February 17th with videos and messages across our HS Listserv and social media pages. Thanks to all who submitted their priceless pictures in making the celebration memorable!

Finally, I hope each one of you is excited and geared up for the upcoming USPHS Scientific and Training Symposium in Minneapolis! I am looking forward to meeting my fellow Health Services Officers during our Category Day scheduled for Wednesday, May 8th, 2019. This year's agenda is interactive and innovative, as it focuses on engaging our officers in meaningful conversations and at the same time provides ample opportunity to network as well as get a sneak peek of ongoing initiatives within the Category.

Thank you for your continued support and dedication to our mission.

USPHS Scientific & Training Symposium

6 May 2019

Schedule of Events

<p>0800-1600 M100 C-H</p>	<p>The X-Factor: Realizing Your Potential for Impactful Leadership</p> <ul style="list-style-type: none"> • Opening keynote address by ADM Brett Giroir and RADM Sylvia Trent-Adams • Chief Professional Officer Panel • Lunch and Learn with Leaders (L³) • Facilitated Session on Franklin Covey's <i>The 4 Disciplines of Execution</i> (4Dx)
<p>0800-1800 M100 B</p>	<p>Wellness Room</p> <p>HSPAC Community Wellness Subcommittee: On-demand life skills coaching, educational materials, meditation sessions, yoga sessions, blood pressure checks, and other relaxation exercises</p>
<p>0800-1200 M100 A</p>	<p>Cultural Awareness: What bias do you bring to the table?</p> <p>The purpose of this training is to increase effective leadership and service by elevating Commissioned Corps officers' cultural awareness and competency and by providing the knowledge and skills to help officers better serve individuals from diverse backgrounds during deployments and at their agencies.</p> <p>Facilitators: CAPT Matthew Weinburke CDR Sean Bennett CDR Elizabeth DeGrange CDR Anthony Johnson Ms. Cheri Wilson (contractor)</p> <p>Cost: \$30 (includes lunch) Sign up now: phscof.org/symposium.html</p>
<p>0800-1600 200 FG</p>	<p>Deployment Readiness and Clinical Skills Training</p> <p>Evidence-based clinical theories for USPHS officers based on current best practices, increasing knowledge base, and enhancing skills for officers who may deploy</p>
<p>0830-1600 200 ABC</p>	<p>Change the Map: Naloxone Opioid Overdose Reversal Training (Rotating 2-hour sessions)</p> <p>An overview of opioid overdose response and naloxone administration</p>
<p>1800-2200 Minneapolis Convention Center L100 AD, G-J</p>	<p>Anchor and Caduceus Dinner</p> <p>Uniform of the Day (UOD): Dinner Dress Uniform</p>

USPHS Scientific & Training Symposium

7 May 2019

Schedule of Events

<p>0600 Veteran's Park Richfield, MN</p>	<p>Annual Physical Fitness Test (APFT)</p> <p>Busses will depart from the Hyatt Regency/Convention Center beginning at 0530. It is approximately a 20 minute trip to the site. Buses will run continuously. The last bus to return will leave at 0900.</p> <p>At 0630 an APFT will be conducted immediately before the Surgeon General's 5K Run/Walk. The 5K serves as the run/walk portion of the APFT.</p> <p>For more information, visit: https://www.phscof.org/5k-runwalk.html</p>
<p>0700 Veteran's Park Richfield, MN</p>	<p>Surgeon General's 5K Run/Walk</p>
<p>0800-1800 200 A,B, I & J</p>	<p>Battle of the Commissioned Corps Categories Blood Drive</p> <p>Join the battle of the USPHS Commissioned Corps Categories blood drive!</p> <p>Purpose: Increase awareness of genetic blood disorders, particularly sickle cell disease.</p> <p>Challenge: Promote <i>esprit-de-corps</i> through friendly competition to determine which USPHS Professional Advisory Category donated the highest proportion of blood.</p> <p>For more information, contact: LCDR Shondelle Wilson-Frederick or LCDR Israel Cross</p>
<p>0800-1000 M100 I</p>	<p>HSO Category Career Counseling</p> <p>If you missed the deadline for signing up, there will be opportunities for walk-in sessions.</p>
<p>1000-1100 L100</p>	<p>Opening Ceremonies</p>
<p>1100-1200 L100</p>	<p>Luther Terry Lecture</p>
<p>1645-1815 L100</p>	<p>USPHS Commissioned Corps Leaders: The Nation's Health and Future of the Commissioned Corps</p> <p>ADM Brett Giroir and VADM Jerome Adams</p>
<p>1815-1900</p>	<p>JOAG Back to Basics Cocktail Reception</p>
<p>1900-2000 Ballroom A</p>	<p>USPHS Music Ensemble Concert: A Surgeon General's Own</p>
<p>2030 The Pourhouse 10 South 5th Street</p>	<p>All Category Social</p>

Service Before Self: Responding to the 2014-2016 Ebola Crisis

It's Coming! The Long Awaited Commemorative Book of HSOs in Action During the 2014 – 2016 Ebola Crisis

The HSPAC Communications Subcommittee Special Edition Team has spent the past year tirelessly reviewing 70+ personal accounts and more than 150 photos from fellow HSOs who responded to the request for deployment stories during the Ebola Crisis response. The team has compiled these stories, along with letters from former HSPAC CPO and Chairs, and other pieces of memorabilia into a draft manuscript for what we believe to be the first-ever HSPAC professionally printed book publication. The compilation is currently undergoing some finishing touches with professional editors and a graphic designer.

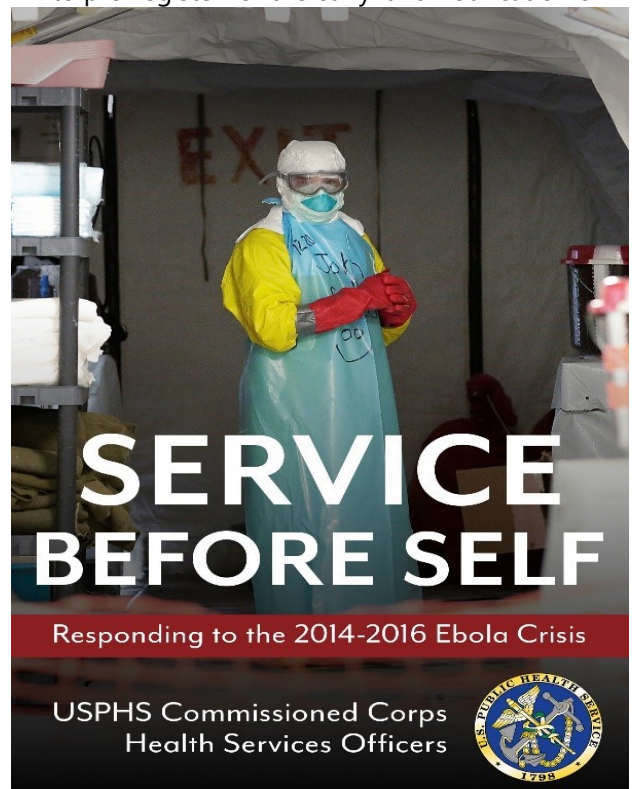
Please stop by the HSO Category booth for more information during the USPHS Scientific Training and Symposium in Minneapolis, Minnesota. Here you can pick up the book flyer with a link to pre-register for the early-bird notification of the pre-sale anticipated to launch this June. Be among the first to order this amazing commemorative. Can't make the Symposium or can't hardly wait? Sign up now to be notified when the book is ready for order: <https://www.surveymonkey.com/r/ebolabook>.

This collection of original stories and captivating photographs is dedicated to all HSOs who bravely served on the frontlines and those in direct supporting roles during the response, as well as those HSOs who served supporting critical staffing shortages resulting from the absences due to deployments of the responders. Many of those HSOs performed double duties at home in support of agency missions during this critical time.

A tremendous debt of gratitude is owed to the federal and tribal agencies and organizations that allowed officers to deploy, some for as long as four months, supporting Commissioned Corps officers through salaries and time away from duty stations.



CAPT David Lau grasps hands with Liberian Physician Assistant, Alvin Davis, the MMU's first Ebola patient.



CDR Matthew Johns served as Chief of Preventive Medicine with the Monrovia Medical Unit - Team 2.

Career Progression and Promotion Guidance (CP₂G)

USPHS Promotion Calculator

We are pleased to announce the launch of **USPHS Promotion Calculator** created by our own HSO, **LT Nicholas Buhr**. The calculator is designed not only to estimate your next promotion, but it helps map out promotion timelines for your entire career. It is an excellent tool for career development planning as you progress as a Commissioned Corps officer.

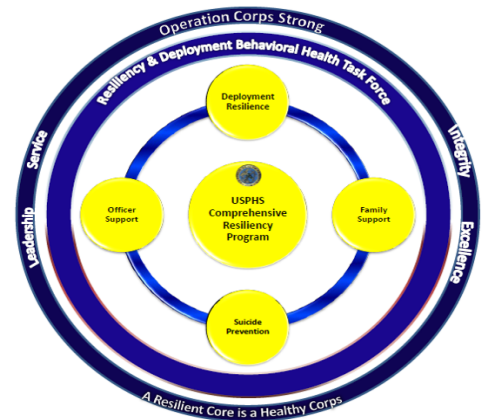
The comprehensive calculator can be found under [Quick Links](#) as well as under [Promotion Preparation](#) on HSPAC Career Development Subcommittee website. The tool includes detailed instructions and is ready to use right away. Send any questions and feedback to CareerDevelopment.HSPAC@gmail.com with "USPHS Promotion Calculator" in the subject line.



Operation Corps Strong (OCS)

Operation Corps Strong (OCS) was established to develop a resilience focused program for USPHS officers and their families that supports the unique culture of the Corps. Our goals are: (1) promote a resilient and ready Corps through innovative initiatives focused on deployment resilience, suicide prevention, officer and family support; (2) synthesize services and resources and make them accessible to officers and their families; (3) strengthen and unify our Corps through cross-category collaborations and initiatives.

Operation Corps Strong was developed by a small team of multidisciplinary officers who recognized key gaps in providing behavioral health resources to all Commissioned Corps officers.



Key Facts about OCS:

- During the Ebola mission in 2014, some of these gaps became apparent which resulted in the formation of a Family Support Network in addition to other initiatives.
- Some of the proposed key initiatives include development of a resiliency program, a coordinated suicide prevention plan, and officer and family support throughout the deployment cycle.
- OCS organized 4 pillars (Deployment Resiliency, Suicide Prevention, Officer Support, and Family Support) to develop training and provide subject matter expertise to the Corps based on the identified gaps.
- OCS aims to create an array of resources and supports that speak to the unique needs and challenges of the Commissioned Corps.
- OCS believes that resilience initiatives should be incorporated into all aspects of the Corps, beginning at OBC, regardless of professional discipline, location or agency assignment.

For more information on programs and initiatives, contact: [CAPT Marivic Fields](#), [CDR Indira Harris](#), [CDR Bill Bolduc](#), or [LCDR Joy Mobley](#).

Community Wellness

HSPAC Supports National Public Health Week

CDR Danielle DiDonna, CDR Karina Aguilar, CDR Malaysia Harrell, and LCDR Janesia Robbs

The mission of the HSPAC's Community Wellness Subcommittee is to provide Health Service Officers with the information, tools, and opportunities to support health initiatives identified by the Office of the Surgeon General through community engagement. The mission is achieved through various outreach mechanisms aimed to motivate, engage, and promote physical and emotional wellbeing for officers.

In line with its mission, the HSPAC Community Wellness Subcommittee collaborated with the Public Health Professional Advisory Group (PHPAG) and Prevention through Active Community Engagement (PACE) to celebrate National Public Health Week

(NPHW) from April 1–7, 2019. For the past 20 years, the American Public Health Association (APHA) has dedicated the first full week of April to bring together communities across the United States to observe NPHW and recognize the contributions of public health to improving our nation's health.

Public health promotes and protects the health of people and the communities where they live, learn, work and play. While a doctor treats people who are suffering from disease, those of us working in public health try to help prevent disease or injury by encouraging healthy behaviors and promoting mental and physical wellness. Each day of NPHW focuses on a public health topic, and APHA creates new materials each year that can be used to raise awareness about public health and disease prevention. Participants are encouraged to celebrate the power of prevention, advocate for healthy and fair policies, share strategies for successful partnerships, and champion the role of a strong public health system.

Every day during NPHW, the HSPAC Community Wellness Subcommittee and PHPAG reflected on a relevant topic impacting current trends in public health and encouraged officers to educate members of their communities to capitalize on public health strides made and identify areas where we can improve our Nation's health for the future. They also focused on the Surgeon General's highest priorities displaying the Commissioned Corps' commitment to advance the health of our communities.



Community Wellness

2019 National Public Health Week Daily Themes

Monday, April 1st – Healthy Communities
Tuesday, April 2nd – Violence Prevention
Wednesday, April 3rd – Rural Health
Thursday, April 4th – Technology and Public Health
Friday, April 5th – Climate Change
Saturday and Sunday, April 6th & 7th – Global Health

Mentoring Matters

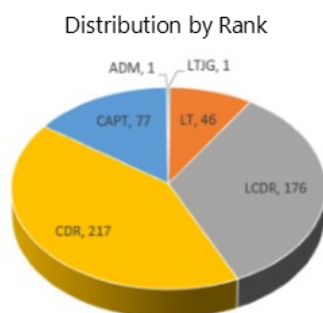
Results from 2018 Annual HSO Mentoring Program Survey

In 2018, the HSPAC Mentoring Subcommittee revised the evaluation process of the Mentoring Program. To streamline the process and promote survey participation, the survey is now annual and focuses on program impact. Officers who serve as both mentors and mentees will only complete the survey once regardless of how many mentors or mentees are assigned to them. The annual survey will be released in October for all program participants.

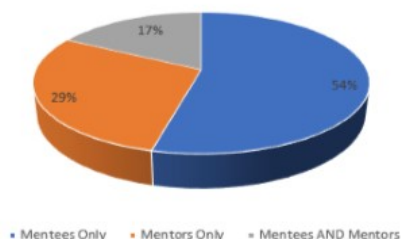


Survey Results (n=518)

Demographics:



Distribution by Mentor/Mentee Status



Program Satisfaction:

- More than 90% of respondents were satisfied with onboarding materials.
- Approximately 70% of mentees and 80% of mentors indicated that they were "satisfied" or "very satisfied" with the Mentoring Program.

Frequency and Topics of Communication:

- A majority of mentee/mentor pairs communicated either monthly or quarterly, most commonly by e-mail or phone.
- The most frequently discussed topics were promotion, CVs, COERs, career development, awards, and leadership.
- Nearly 40% of mentors felt that the program provided sufficient resources for the topics they discussed with their mentees. Other mentors would have liked additional resources for leadership, career development, mobility, policies, awards, training, and collateral duties.
- Common mentee/mentor pair activities included reviewing promotion materials, discussing how to become engaged in committees/groups, and writing awards.

Suggestions for Improvement:

- Mentees and mentors both believe that offering more structured events (e.g., webinars) would enhance their experience in the program. Mentees offered a number of other suggestions for improvement including: responding in a more timely manner to a mentor request, offering a formal orientation/training to set expectations, and offering the option to self-pair with one or more mentors.
- Suggestions from mentors included: providing a tip sheet with suggested topics, regular webinars that focus on one topic for which the mentor can have follow-up conversations with their mentee, and guidance on how to "renew" a match if the pair wishes to continue.

The Mentoring Subcommittee will use the feedback from the 2018 survey to continue to improve the 2019 Mentoring Program by developing new resources, webinars, and tip sheets to improve our mentoring training program and further support mentees and mentors. For more information about the HSPAC Mentoring Program, please visit our website at: <https://dcp.psc.gov/OSG/hso/sub-mentoring.aspx>

Policy Updates

CDRs Anthony Johnson and Joel Richardson

It is an exciting time in the USPHS Commissioned Corps as we continue to enhance the policy and procedures that govern our operations and improve officer readiness and effectiveness. The HSPAC Policy and Procedures Subcommittee (P&P SC) set in motion our 2019 strategy: **Policy and Procedures: From Information to Application**. Our goal is to disseminate relevant and timely policy information through cross-category webinars, HS Listserv announcements, and HSPAC P&P SC webpage updates. Our executive team is busy reviewing the recent policy issuances from Commissioned Corps Headquarters to ensure HSOs are apprised of emerging information of importance.



- **Policy Announcement:** On 4 February 2019, we disseminated a special announcement via the HS Listserv detailing 21 policy documents released within the last 15 months which may be of special interest to HSOs and can have a lasting effect on an officer's career.
- **Policy Webinar:** We coordinated and hosted a cross-collaboration Healthy Weight Management Webinar with the Physician PAC, Dietitian PAC and Therapist PAC on 31 January 2019 for all officers to promote healthy living aligned with USPHS Retention Weight Standards (POM 821.66). Presenters discussed evidence-based weight management action plans emphasizing healthy dietary and exercise regimens for all fitness levels. If you were not able to attend the webinar, you can access the webinar recording and webinar presentation on [Max.gov](#) via the link [Healthy Weight Management Webinar](#).
- **Policy and Procedures Subcommittee Webpage:** We have updated our HSPAC P&P SC webpage to include a Policy Information section. This section was initiated to assist HSOs and provide specific policy information aligned with questions and inquiries received through our HSO network. To date, we have posted information on Commissioned Corps policy terminology and our newly unveiled HSPAC Policy Reference Guide.
- **HSPAC Policy Reference Guide:** We are pleased to announce the release of the [HSPAC Policy Reference Guide](#) that can be used as a standalone reference guide for every available USPHS Commissioned Corps policy. As a reference guide for available USPHS Commissioned Corps policies, Health Services Officers can learn more about policy topics. The HSPAC Policy Reference Guide is a collection of all current official policies from the USPHS Commissioned Corps Issuance System (CCIS) into one document in a format that is searchable for key terms, easy to read, and user friendly. A living document with periodic updates, the [HSPAC Policy Reference Guide](#) contains a hyperlink for each policy entry to the actual policy on CCIS, so it is easy for everyone to quickly find the official policy they want to read. If you are unable to access the [HSPAC Policy Reference Guide](#) by clicking the embedded link, please copy and paste the below link in your browser: <https://dcp.psc.gov/OSG/hso/documents/HSPAC-Policy-Reference-Guide,-v1.0.pdf>

Stay tuned as the Policy and Procedures Subcommittee is currently working to coordinate additional policy webinars for the remainder of 2019 to enhance our readiness and effectiveness.

Readiness Recharge

LCDRs Nicole Bell and Thomas Maruna

As part of the Department of Health and Human Services' response to the ongoing opioid epidemic, the Centers for Disease Control and Prevention (CDC) is leading the development of Opioid Rapid Response Teams (ORRT) capable of deploying in support of state and local governments to help manage surges in patients who struggle with substance use disorders. As a result, CDC is partnering with Commissioned Corps Headquarters (CCHQ) to find skilled officers to serve on these teams. The Readiness and Deployment Operations Group (RedDOG) is tasked with overseeing the training, rostering, and deployment of the Commissioned Corps officers augmenting the CDC ORRT. CDC developed a set of online trainings to prepare members who may serve on these teams.



The training plans provide a comprehensive overview of the current opioid overdose epidemic. Topics include clinical aspects of opioids, harm reduction strategies, and federal agency roles.

The ORRT training plan consists of 11 modules:

- [Non-clinicians](#) are required to take sections 1–7 (estimated time for completion: 12.5 hours).
- [Clinicians](#) are required to take sections 1–9 (estimated time for completion: 18.5 hours).
- The optional sections provided by SAMHSA included in both training plans are not required but you are encouraged you to complete them. These sections describe recovery-oriented systems of care.

The ORRT training is now available via [CDC TRAIN](#). The trainings are hosted online and can be completed over multiple sessions. Upon completion of the required training and the post-training plan evaluation, you will be able to download a certificate of completion.

In addition to training potential ORRT members, RedDOG will use the CDC ORRT trainings to prepare Commissioned Corps officers who may encounter individuals suffering from a substance use disorder when responding to public health emergencies.

For additional questions, please e-mail RedDOG@hhs.gov. For training content questions, please email ORRT@cdc.gov.

CDC TRAIN

Public Health Professional Advisory Group (PHPAG)

Officer Reflections on Participating in the HSPAC Advanced Readiness Program (ARP)

CAPT Juanika Mainor-Harper and CDR Keisha Bayne



1. What was your motivation for enrolling in the ARP?

CDR Bayne: Part of my personal goal as a PHS officer, is further enhancement of my knowledge of readiness and deployment technical skills to ultimately become a more deployable resource. I was very eager for this opportunity to gain more knowledge in an accessible format that I could tailor to my schedule. I also wanted to support my PAG in this new program.

CAPT Mainor-Harper: I am a firm believer that as an officer I need to be ready to serve in times of public health emergencies. This means being fit both physically and mentally. I saw the ARP as an opportunity to learn new skills and refresh existing ones. It also helped that trainings were all online and I could complete them at my own pace over the course of a year. I am always looking for way to enhance my skillset.

2. What was your experience meeting the 25-credit hour requirement during the first year?

CDR Bayne: All trainings offered under the ARP are free and available online which allows maximum flexibility. The course content was engaging and introduced new resources and concepts I was not previously exposed to. I would highly recommend to other officers that it is helpful to create a personal training outline for each of the 12-months. The ARP requires HSOs to complete at least 25 hours of training in each year, as you cannot carry over hours into the next year. For example, you may not take all 30 hours in one year, thinking you will apply 5 hours to year 2.

CAPT Mainor-Harper: For me, it was not challenging. On my monthly calendar I have 2 spots for personal development. One is during a lunch hour and one is after hours. I chose to utilize this time to complete the ARP requirements. For an hour twice a month, I decided to put myself and my career first. Instead of going to lunch, I ate a sandwich at my desk and took the training. The most challenging part was a few of the trainings you have to set up an account and anyone that knows me knows I don't like reading a bunch of instructions to set up accounts and generating a password! But seriously, it was easy to complete the trainings. I completed 5 trainings and attended 2 technical readiness seminars for a total of 26.5 hours the first year. I also liked the opportunity to participate in the technical readiness seminars. These were brown bag lunch presentations that I probably would not have attended if it were not for this program. The technical readiness trainings I attended were: USPHS CC Deployment Operations and 2017 Hurricane Response Brown Bag.

HSPAC Advanced Readiness Program (ARP)

The HSPAC Advanced Readiness Program (ARP) is a free, two-year, online voluntary program structured to increase HSOs readiness and deployment knowledge beyond the current required level of basic readiness.

Participants must complete 50 hours of pre-approved online training within two years (25 hours must be completed in each year).

Public Health Professional Advisory Group (PHPAG) (cont'd)

3. *Any lessons learned you would share with the next cohort of officers enrolled in the ARP?*

CDR Bayne: I would strongly recommend officers get started on completing the 25 credits as soon as possible and pace themselves throughout the first year. When I first received my notification of acceptance into the 2018 Quarter 2 cohort in April, I unfortunately did not start completing the trainings immediately. At that time, my professional and personal schedule allowed little time to dedicate to completing the trainings immediately – at least I thought it did. In hindsight, I could have perhaps planned better and spread out the trainings over 12-months. Planning is instrumental when juggling numerous deadlines.

CAPT Mainor-Harper: A lesson learned for me was to space out the trainings over the year. I started the training right away. I completed the first training and went straight into the second training. I realized that I was not retaining the information. I think if you take one training per sitting you have a better opportunity to complete the training, think about how you can apply what you learned and retain the information better. Another recommendation is as soon as you complete a training to record it on your spreadsheet but also record it on your CV! I review CVs and I often see trainings on CVs that have little to no impact on your ability to serve in the field or as a public health professional. The trainings selected by the ARP directly tie to our positions as officers and deployments and are backed by the HSPAC!

4. *What did you like about the curriculum?*

CDR Bayne: All trainings required in the ARP are free and available online allowing maximum flexibility. Most of us are continuously busy with work, family and other responsibilities. The online trainings can be taken anytime, anywhere with the only requirement needed is an internet connection. This allowed me space to make time during my lunch break to complete the trainings. I also discovered most of the course materials, can be saved thus allowing me to add it as a resource tool I can refer to in the future, if needed. Additionally, there were some pre-approved webinars that I was able to listen to which were used to satisfy the technical readiness component of the ARP. Lastly, there is also a reporting system that includes an inventory of courses and an Excel tracking form to document completed courses. The pre-formatted documents were easy to follow and complete. The documents also provided detailed instructions for submitting training certificates and how to document any clinical hours.

CAPT Mainor-Harper: I enjoyed the flexibility of the program and curriculum. I am strategic and selected courses I would take based on my career goals. I took the courses that I knew the least about the subject matter first. The thought was if deployed or if offered a new opportunity I would have a new skillset to utilize. I also liked the ease of taking the courses and the freedom of pace. I'm a process thinker that can be easily distracted. In training courses with a facilitator, I often don't have time to process the material or have time think about how I can apply what I am learning because of external distractions (that one person in the class!). The ARP program for me was like having a private instructor. Public health is not a one size fits all, so I also appreciated that through the program you have a choice in the courses you choose that best fit your career goals.

All interested officers should contact their PAG's Technical Readiness Subgroup for more information.



CAPT Juanika Mainor-Harper



CDR Keisha Bayne

Social Work Professional Advisory Group (SWPAG)

Officers Support the 25th Annual Winterhaven Stand Down at the DC Veterans Affairs Medical Center

LTs Jennifer Weekes, Candice Karber, and Jamillah Bynum



The U.S. Department of Veterans Affairs Medical Center (VAMC) located hosted its 25th annual Winterhaven Stand Down this winter (January, 2019). This major outreach event provided a one-stop-shop resource venue for Veterans and their families, in the Washington, DC Metropolitan area including Maryland and Virginia, who are homeless, at -risk of homelessness, underemployed, unemployed. This year, over 75 Federal and State Government Agencies, Veteran Service Organizations, and Public-Private Partners were on hand to provide services, information and resources to 672 Veterans. The VAMC describes the Winterhaven Stand Down as a community effort that brings together VAMC employees, over 450 volunteers as well as donors and sponsors committed to ending Veteran homelessness. Veterans received medical screenings; immunization and specialty care; employment and housing support; legal counseling; hot meals; warm clothing and new boots/shoes; comfort kits; haircuts and much more. Of the 672 Veterans who participated, 63 were women who checked into the Women's Health Clinic, and many received mammograms with same-day results.

Nine total USPHS officers supported this year's event. The USPHS officers were assigned to the HUD Veterans Affinity Group (VAG)/Partners New Boot/Shoe distribution center. More than 640 pairs of new boots and shoes were distributed to Veterans and their families. The officers supported the entire day's event by working two shifts: Morning/Afternoon. The morning shift arrived promptly at 0730 to assist with setting up the distribution center and categorizing hundreds of shoes for an efficient distribution process. Wearing ODUs, USPHS Officers were tasked with welcoming Veterans to the area of operation, reviewing required paperwork for eligibility, obtaining, and confirming their shoes sizes, and presenting them their shoes. This created increased visibility for the officers and an awesome opportunity to educate Veterans, VA employees, and other volunteers, donors, and partners about the Corps. It was rewarding to support this great cause, partner with other Officers and thank Veterans for their service to our Nation. Please join us next year for our 5th year of service supporting the Washington DC VAMC to end homeless among Veterans.



Officers assist with setting up the distribution center.

Special thanks and appreciation to all USPHS officers who participated in this event:

CAPT Je'annine O'Malley
CDR Stephanie Felder
LCDR Oliver Ou
LCDR Tyann Blessington
LT Jamillah Bynum
LT Pushpa Jayasekara
LT Candice Karber
LT Briana Rider
LT Jennifer Weekes



SWPAG officers volunteer at 25th annual Winterhaven Stand Down.

Prevention through Active Community Engagement (PACE)

Reflections on Recent PACE Activity on Opioids and e-Cigarettes

CDR Traci Mullins



I joined PACE last year after working with the Public Health Professional Advisory Group (PHPAG) on a lesson plan for opioid addiction prevention. I have had a great experience with it so far! I completed my first official PACE event in February 2019 at a local Middle and High School. When I contacted the school principal and health teachers, they eagerly accepted my offer to present to the students on opioids and e-cigarettes. I soon found out why. The prevalence of e-cigarette (Vape) use in schools is very high in my state and across the nation, high enough for the Surgeon General to declare an epidemic!

Initially, I was very apprehensive about discussing controversial topics with students. It went better than I expected and I felt like I made an impact, especially on the younger students. After serving 16+ years with the USPHS, I feel like I can connect with PACE and have many more rewarding experiences to connect with communities without waiting for a deployment.

If you haven't heard about PACE or I've piqued your interest and you would like to learn more, please visit our HSPAC Max.gov page and look for HSPAC PACE which includes a link to the National Charter PACE homepage. I encourage all of you to join in on the outreach activities which are aligned with the initiatives of the Office of the Surgeon General and the Office of the Assistant Secretary for Health.



CDR Mullins (center) and fellow officer pose with her daughter during PACE school activity.

Active Duty Death and You: What Happens in the Event of Your Death?

What happens if you die in the line of duty? What will happen financially to your family members? Discussing and planning for an Active Duty death can put you and your loved ones at more ease in the event of your passing. Here are some common topics and benefits associated with Active Duty deaths:

- **“In the line of duty”:** Since officers are on duty 24/7, deaths that have no foul play component (such as drinking and driving) are typically determined to be in the line of duty. A final determination will be made by the Surgeon General.
- **Notification of death:** Your family should know how to find the contact information for your Commissioned Corps liaison, Commissioned Corps Headquarters (CCHQ), and supervisor. Furthermore, in order to make the ruling if the death was in the line of duty, the family should provide Medical Affairs with a copy of the officer’s death certificate along with a completed medical release form.
- **Compensation Branch payment:** Compensation will process the agency’s authorized death gratuity payment (\$100,000), 12 months of Basic Allowance for Housing (BAH) or up to 12 months of housing if using government housing, any unused annual leave, and prorated final Active Duty pay and allowances.
- **Agency payment:** The agency will pay for a final household goods shipment, next-of-kin transportation to funeral, and reasonable expenses for the cemetery and internment.
- **Veterans Administration payment:** The VA will pay for the headstone, Montgomery GI Bill (MGIB) refund, Dependent Education Program, and Servicemembers’ Group Life Insurance (SGLI) benefits (up to \$400,000).
- **Annuity payment:** The annuity of the Survivor Benefit Plan will be paid, treating your death as 100% disability retirement. USCG is the current pay processing organization for USPHS retirees.
- **TSP payment:** The TSP will permit rollovers to the beneficiary(ies) named by the accountholder.
- **Social Security payment:** Social Security will pay a \$225 lump sum death benefit, and your spouse and/or children may begin to collect Social Security benefits.
- **Healthcare benefits:** Your spouse can continue to be enrolled under TRICARE for three years for free, after which they may transfer to the retiree TRICARE status. Children are covered until 21 years of age (23 if in school). For dental coverage, dependents can receive coverage for three years at the Active Duty rate, at which point they may then enroll in the retiree dental plan.
- **Death not in the line of duty:** If it is found that your death was not in the line of duty, you jeopardize SGLI, BAH, SBP, dependents’ health and dental insurance, and VA benefits for your dependents.

Because there are so many financial considerations with Active Duty deaths, one of the best ways to ensure preparedness is to have a will. As Active Duty officers, you can create and upkeep a will at no charge on many military bases. While most of the payments are automatically paid to your next-of-kin, the TSP and SGLI benefits are paid to the listed beneficiary(ies) regardless of your will. Therefore, it is always a good idea to update your TSP and SGLI forms annually or whenever there are any major life changes.

TSP Website: <https://www.tsp.gov/>

SGLI Website: <https://www.benefits.va.gov/insurance/sgli.asp>

Disclaimer: This article’s content was submitted by LT Fengyee Zhou, Ms. Margaret Brenneisen, LCDR T. Monique Bailey, LT Alesha Harris, and CDR Felecia Bailey. It is accurate as of April 30, 2019.

HSOs in Action

USPHS Officers in West Virginia Help Feed the Hungry

Each February, an annual event occurs in Preston County, West Virginia. The event is called Empty Bowls, and it is a grassroots effort to raise funds to aid those in need locally throughout the year. For the past four years, USPHS officers in and around Morgantown, West Virginia have come together as a team to provide service during this event. Many of these officers are within the Health Services Category.

Officers participate as volunteers to aid in set up, food line servers, table workers, and clean-up crew. People attending the event pay a set fee, and receive a ceramic bowl handcrafted by a local student. They can then choose from about 15 different types of soup to eat, or try more than one. There is also a silent auction during the event, and plenty of delicious bread and desserts.

Putting this event together each year requires coordination and the help of volunteers. The officers in West Virginia are glad to do their part, and at the same time have many opportunities to educate the public about the U.S. Public Health Service.



USPHS officers prepare to feed the hungry at the Empty Bowl service project.



USPHS officers travel to Preston County, West Virginia to feed the hungry.

HSOs in Action

Officers Complete Mental Health First Aid Training

CDR Sam Price, LCDR Israel Garcia, and LCDR Elizabeth Goodger

CDR Sam Price, LCDR Israel Garcia, and LCDR Elizabeth Goodger completed the Mental Health First Aid Training in February-March 2019. The training course was presented collaboratively by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA) to train HRSA staff on identifying, understanding, and responding to signs of mental illness and substance use disorders. Presented as an 8-hour training over two days, the trainers utilized slideshow presentations, video portrayals, small group exercises and workgroup activities to review the curriculum. The course material touched on a wide-variety of mental health issues including anxiety, depression, substance use disorders, and psychosis. Participants reviewed real-life experiences in which mental health first aid actions could be put into practice.

*Five simple steps to provide Mental Health First Aid that have proven to be effective if used appropriately and with a caring attitude: **ALGEE!***

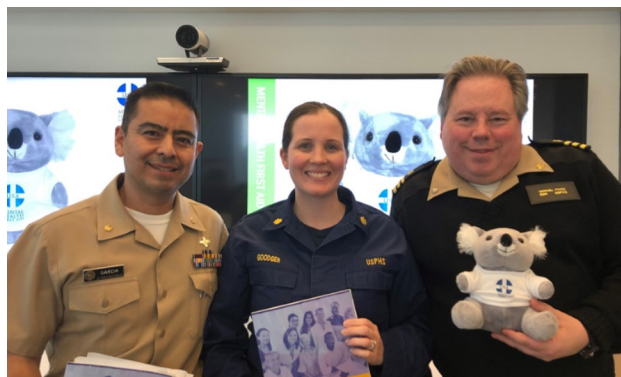
Assess for Risk of Suicide or Harm
Listen non-judgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support strategies

Did you know?

- Every year, about 42.5 million American adults (18% of the total adult population in the U.S.) suffers with some mental illness, enduring conditions such as depression, bipolar disorder, or schizophrenia.
- In 2014, approximately 21.5 million people aged 12 or older had a substance use disorder (SUD) in the past year.

Some of the key takeaway from the course include:

- Mental health issues mild or severe can occur to anyone, at any time anywhere.
- Having an action plan for responding to mental health signs protects lives.
- The training is beneficial for managers and non-managers staff to promote a healthier workplace environment.



LCDR Israel Garcia, LCDR Elizabeth Goodger, and CDR Sam Price complete the Mental Health First Aid Training.

Kudos Corner

2018 HHS Departmental Award

CDR Jonathan White received the Department of Health and Human Services Secretary's Award for Distinguished Service. This award is the highest Honor award granted by the Department and is conferred by the Secretary. The Award recognizes senior leaders of the Department for their sustained excellence.

Jonathan White, PhD, LCSW-C, CPH is a Commander in the U.S. Public Health Service Commissioned Corps and a Maryland licensed certified social worker-clinical. He is an emergency manager specializing in the needs of children and vulnerable populations in crisis events. He is presently stationed in the Office of the Assistant Secretary for Preparedness and Response (ASPR), US Department of Health and Human Services, where he is Senior Adviser in the Office of Emergency Management and Medical Operations. He led the mission to reunify children separated from their parents at the U.S. border as the Federal Health Coordinating Official for the reunification mission. Prior to joining ASPR, he was the Deputy Director for Children's Programs in the Administration for Children and Families (ACF) Office Of Refugee Resettlement (ORR), where he led the Unaccompanied Alien Children Program, which provides care and services to 40,000-60,000 children and youth annually who enter the U.S. without parents or legal guardians. He previously served as Senior Adviser in ACF's Immediate Office of the Assistant Secretary, responsible for crisis management, public health, and strategic initiatives. Prior to that he served as Deputy Director of ACF's Office of Human Services Emergency Preparedness and Response. Earlier in his social work career he was an oncology social worker with the National Institutes of Health Clinical Center. He has deployed or held national-level leadership roles in over 50 domestic disaster, public health emergency, UAC influx, and programmatic crisis events.



CDR White testifies before the Senate Judiciary Committee about the Department of Health and Human Services work on family reunification.

Kudos Corner

CDR Carlos Bell Selected as RDF-1 Deputy Team Commander

Please join us in congratulating CDR Carlos Bell for being selected as the Deputy Team Commander RDF-1. CDR Bell has extensive deployment and leadership experience. Of note, in 2017 he served admirably as the Team Commander for Coqui-2 Bravo in Puerto Rico and in 2018, he served as our HSPAC Chair. His proven track record and experience are sure to help RDF-1 in continuing its rich history of *leading the way*.

CDR Carlos Bell was commissioned as a LT in August of 2005. His first duty assignment was with CDC/ATSDR's Geospatial Research, Analysis & Services Program (GRASP) in Atlanta, GA where he served as an Epidemiologist and Emergency Response Geographical Information Systems (GIS) Analyst. As the deployable GIS field expert, he conducted various field evaluations researching the geospatial relationship between health outcomes and environmental exposures; including a study of unregulated water sources in Navajo Nation and an aflatoxin outbreak investigation in Kenya.

In 2008, CDR Bell moved to Washington, DC to work at the FDA. During his first FDA assignment, he served as a Senior Program Manager detailed to Commissioned Corps Headquarters. From 2010-2017, CDR Bell then served as the Senior Program Manager for FDA's Sentinel Initiative. The Sentinel Initiative is FDA's "active" national post-market surveillance system for monitoring the safety of medical products (i.e., drugs, biologics, and vaccines). In July 2017, CDR Bell joined ASPR where he now serves as a Senior Geospatial Analyst within ASPR's Office of Security, Intel, and Information Management (SIIM), Information Management Division (IMD), GIS Branch. In this role, CDR Bell serves as ASPR's Geographical Information Systems' (GIS) subject matter expert.



CDR Carlos Bell
RDF-1 Deputy Team Commander

CDR Bell has been an active participant of the Health Services Professional Advisory Committee (HSPAC) since he commissioned, and served three years (2015 -2017) as a voting member as well as the Chair of the HSPAC Readiness Subcommittee, and as the 2018 HSPAC Chair. As a Junior Officer, then LCDR Bell served as a voting member of the Junior Officer Advisory Group (JOAG) from 2008–2011, including serving as the 2010 JOAG Chair, where he advocated on behalf of over 3,000+ junior officers.

Additionally, CDR Bell has been part of the Rapid Deployment Force (RDF-3) since the inception of the teams in 2006, and most recently served as the Deputy Director of the Operations Section. CDR Bell is humbled at having had the opportunity to serve his country and the Commissioned Corps by having deployed more than 25 times since commissioning including: Unaccompanied Children Mission in Nogales, TX (2014); West Africa Ebola Outbreak (2015); Flint Water Response (2016); Zika Outbreak in Puerto Rico (2016); as the Team Commander of Coqui-2B Rapid Deployment Force Health and Medical Task Force (HMTF) in response to Hurricane Maria in Puerto Rico (2017); and Typhoon Yutu in Saipan (2018).

CDR Bell has a MPH in epidemiology from Emory University and a BA in biology from the University of Virginia. He joined the USPHS because he wanted to continue his family's tradition of serving our country. The USPHS not only gave him an opportunity to do so, but it also allowed him to follow his passion of helping others. He is grateful for the opportunity the USPHS has provided him in making a difference among underserved populations domestically and abroad.

Kudos Corner

LCDR Charlotte Kaboré Awarded Emory University Alumni Award

In February 2019, Emory University Rollins School of Public Health awarded the Matthew Lee Girvin Award to LCDR Charlotte Kaboré. This award honors the memory of Matthew Girvin, a 1994 graduate who died in January 2001 while serving on a United Nations surveying mission. The award is presented to a fairly recent graduate of the Rollins School of Public Health who exemplifies selfless dedication to the field of public health and who has made significant contributions toward improving the lives and health of others.

Since earning her Master of Public Health degree MPH from the Rollins School of Public Health in 2011, LCDR Kaboré has dedicated her career to reducing morbidity and mortality attributable to preventable diseases and improving the quality of life of underserved communities. She grew up in a region of the Mississippi Delta with only one county health department that provided services to nearly 70,000 people. Her first-hand experience witnessing the impact of health disparities on poor, rural communities of color, including her own, influenced her desire to pursue a public health career with a focus on underserved populations.

LCDR Kaboré currently serves as a public health analyst in the CDC's HIV Prevention Branch within the Division of Global HIV & TB, which is one of the primary agencies of U.S. President's Emergency Plan for AIDS Relief (PEPFAR). In this role, she supports program and management operation initiatives and helps to support more than 40 PEPFAR field offices around the world. Her group works with each country's U.S. embassy, ministry of health, USAID office, and other government and nongovernmental agencies to interpret policies and regulations and assist in organizing and implementing projects.



LCDR Kaboré and Rollins School of Public Health Dean, James Curran, During the awards ceremony.



LCDR Kaboré is joined by her son (Eric), LCDR Ayana Stanley, LCDR Felicia Warren, CDR Ali Danner, LT Kimberly Goodwin, family, and friends at the awards ceremony.

Leadership Circle

Subject Matter Expert on Excuses (SMEE)

CAPT Charlene Majersky

Some individuals are drawn to and focused solely on position titles,
which might indicate expertise in a subject matter.
A title alone does not reflect the type of leader a person is.

Making excuses, no matter what the situation is, is not an attractive quality,
nor does it emulate effective leadership.
Once a person gets tangled in their self-induced web,
moving down a dark and slippery slope,
a quagmire,
it can be challenging to find your way back
to soulful and spirited leadership.

As a leader, ask yourself, what is my focus?
The choice is up to you!
Are you interested in exhibiting sound leadership?
For example, taking responsibility for your actions,
owning it on all levels,
and finding solutions to issues?

Or, do you take the easy way out and make excuses,
earning the title of SMEE?

Food for thought —
Instead,
let's focus our attention on modeling spirited, soulful, and
effective leadership.
Walk the talk.
Walk the walk.

Be a positive change agent; inspire and effectuate value-added change.
Lead with passion, integrity, excellence, and service with heart.

Above all, stop making excuses!



Leadership Circle

7 Leadership Tips

CAPT Charlene Majersky

1. *Walk in integrity. You create your reputation and sense of credibility.*
2. *Model trust at all times.*
3. *Own it. Be responsible and accountable for yourself and your actions.*
4. *Communicate clearly, both verbally and in writing.*
5. *Beware of spin cycle trap; instead, focus on solutions.*
6. *Exhibiting initiative is a great attribute to emulate.*
7. *Ongoing self-introspection work is key to growth and development.*



CAPT Charlene Majersky

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.

Articles should be no longer than 1 page in length.

Upcoming Events



The **HSPAC Events Calendar** (located on your HSPAC homepage on the sidebar navigation menu) shows upcoming events being hosted by the HSPAC. Click the calendar icon to visit the Events Calendar page. To include an event on the HSPAC calendar, submit a calendar invitation to HSPAC at Calendar.HSPAC@gmail.com with all pertinent information and a point of contact.

Did you know the HSPAC uses multiple social media platforms to support officers and provide updates on public health matters? The [Health Services Officer Facebook Group](#) is a closed page for HSOs. The [YouTube channel](#) commemorates HSPAC involvement, while the [Twitter](#) and newly founded [Instagram](#) pages are the HSPAC's way of reaching out to the public. Follow us today and see what we are all about!

Connect with us:



<https://dcp.psc.gov/osg/hso/>



hspac.usphs@gmail.com



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<https://www.youtube.com/watch?v=MAFgNP->