



SWPAG E-Newsletter



CHAIR'S CORNER

Be True, Be Inspiring, Be a vehicle for Change, Be Inspirational: Be You!

By [Sonjia Howard](#), LISW-CP, BCD, CDR, USPHS

My 2017 SWPAG journey as Chair has been simply an unforgettable experience. As you fly through life, where you will land, you don't know, what extraordinarily dynamic people you may encounter, or what opportunities you will have but no matter what stay true to yourself and believe in and trust your own convictions. Surround yourself with positive people who strive to be committed to whatever challenges lie ahead, and recognize the support and strengths they hold. As a Leader, set the standard by leaving by example. Have a vision, and engage in "action". Be able to make a command decision without hesitation. Support, encourage, and empower your peers, listen & learn from your mentors, and ask don't be afraid to ask the hard questions.

As I Social Worker, I "don't help". I... plan; coordinate; collaborate; act & do; motivate; educate; influence; listen; teach; inspire; reassure; support; & acknowledge. Still, I remain humble, honored, and excited to have served as the Chair of the [USPHS Social Work Professional Advisory Group \(SWPAG\)](#). However, without the commitment of our superb Leaders and Members, we would not have fulfilled my vision of us being... "Social Workers on the Move". We followed the marching orders of our HSPAC Chair & HSO CPO to successfully restructure and implement the new Uniform Bylaws and fought through numerous challenging tasking's, but we did it! For that, we thank and congratulate you. "I am because we are". Anonymous.



Those of you who truly know me know that I am true to Social Work but I absolutely love this... If you can imagine it, think it, picture it, or write it down, you can do it and make it happen. I've learned even more about myself during this amazing journey than my last. Remember to learn something about yourself in every situation. Take hold of it and make change accordingly and with everything within you.

Thank you to our HSPAC Chair & CPO for charging me to leading our most valuable players – Social Workers! Thank you to our Senior Leaders, Co-Chair/Chair Elect 2018 CDR Indira Harris and our Executive Secretary Extraordinariness LDCR Marriah Lombardo for your unwavering support. I truly treasure your friendship and team spirit.

Congratulations to all of our S/C Leads, Co-Leads, and our SWPAG members on a job well done!!! It is my pleasure to point a number of accomplishments and/or events of 2017:

- ✓ **"First"** Voting Session implementing permanent events
- ✓ Implementation of **2017 Learning Series** - attendees received **1 FREE** Contact Hour
- ✓ **First-time ever** AMSUS Joint Services Social Work (JSSW) Collaborative became a permanent staple in planning of the PHS Portion of the Annual AMSUS Meeting.
- ✓ For the **FIRST** time we implemented an entire half-day of Social Work & Behavioral Health related seminars where participants received d up to **(5)** general CEs
- ✓ **100%** of Chair Positions filled on SWPAG Organizational Chart IAW HSPAC Uniformed Bylaws
- ✓ SWPAG Awards Submission of Three (3) Awards (OUC (1); UC (2): 1. Social Work Consortium (USPHS/ VA / DoD initiative); 2. Joint Services Collaborative (2014–2016) & 3. SWPAG 2016 events and initiatives
- ✓ Updating and Restructuring of SWPAG Welcome Letter, Website, & Roster
- ✓ Presentation of three (3) Posters during 2017 COA Training & Symposium; recognized with **"most members"** on Category Day
- ✓ Planning & Organizing of White Paper
- ✓ Development of SWPAG wide list-serve through NIH
- ✓ SWPAG Members serving as presenters on national scale, i.e., (Inter-agency Shared VA/DoD/USPHS Social Work Webinar/NASW-DC Chapter/George Mason University & University of District of Columbia, College of Social Work during National Professional Social Work Month, & AMSUS Annual Meeting 2017
- ✓ **New** Stakeholder & Engagement S/C Community Outreach Projects that increased partnerships to provide educational and winter items to kids and families of Maryland
- ✓ 2nd Year in a row SWPAG was instrumental in the 2017 USPHS CAD Reviewing Process of **67 NEW** Social Workers
- ✓ SWPAG Leadership involvement in DC-COA Veterans and Military Outreach (VMO) events
- ✓ SWPAG Leadership in Arlington National Cemetery Wreathes Across America (WAA) 2017
- ✓ SWPAG Leadership, participation, and support of the deployments of hurricanes Harvey, Irma, & Marie 2017
- ✓ SWPAG Leadership in the 2017 HSPAC Annual Holiday Luncheon

ISSUES & ANSWERS

The Opioid Epidemic in America

by Laura M. Boff, LMSW, Licensed Clinical Alcohol and Drug Counselor

Our country has declared a state of emergency due to the opiate epidemic. Opiate related overdoses and accidents has been on the raise throughout the years and this tragic epidemic is affecting individuals of all ages, races, and socioeconomic status. Yet, there remains many myths and misconceptions about opiate use and addiction as a whole. In addition, many medical professions are unaware of origins of the opiate epidemic, and symptoms of an opiate use disorder. As social workers, despite our clinical specialty, it is our responsibility to be aware of the opiate epidemic and the impact that addiction has on our clients, their families and our community.

One of the greatest misconceptions about opiate use and addiction is that individuals started their substance use history using heroin. Recent research has disputed this and according to the National Institute on Drug Abuse roughly 80% of individuals who have used heroin, first used prescription opiates (many of them prescribed due to chronic pain). The issue originated with false information presented by the pharmaceutical companies (mainly due to lack of research and knowledge) that opiates were “non-addictive” which lead to them being overly prescribed, which lead to individuals developing tolerance to the substance, and eventually turning to use heroin to manage the chronic pain that originally gotten them prescribed prescription opiates.

Although the opiate epidemic is affecting many of our communities, the good news is that as social workers we have the ability to “look out” for the signs of opiate use or addiction and can help our clients manage the unpleasant symptoms of addiction. Common short-term effects of opiate use are “nodding out”, flushed skin, slurred speech, drowsiness, and pinpoint pupils. Long term effects include increased risk for HIV and Hepatitis C infection, “track marks” (from IV use), chronic constipation, irregular heartbeat, and liver disease. If you notice these symptoms in a client it is crucial that you ask the difficult questions about their substance use history, you may be the first person who has asked or taken an interest in their wellbeing.

For many social workers addressing addiction can be anxiety provoking, but there is much support and information about addiction, and resources for professionals to make this discussion easier. The opiate epidemic will only come to a resolution with the help of social workers and other medical professionals taking interest and a stand to stop this epidemic.



SOCIAL WORERS ON THE MOVE

Embedded Social Workers in an RDF during Hurricane Irma Response

By CDR Marivic Fields, LMSW, BCD and CDR Tina Bryant, LCSW, BCD

Social workers stand ready when called to deploy! This was particularly true when we were called to respond to Hurricanes Harvey, Irma and Maria. Social worker roles vary from disaster case management to patient movement and functions may also differ depending on the deployment team we support.

The two of us were deployed during Hurricane Irma and we were embedded with Rapid Deployment Force (RDF)-3. After two weeks of being on alert status, the anticipation of the deployment suddenly crept in and we were both ready to take on the challenge of utilizing our well-honed social work skills - and do what we do best, including advocacy, case management, and disaster mental health. As members the Services Access Team (SAT)-4, our primary mission as embedded SAT officers for this deployment was to provide discharge case management to flood victims who sought shelter at the Ray V. Pottorf Elementary School in Fort Myers, FL. This school was designated as a 'special needs' shelter during the hurricane for individuals with low-acuity medical needs, most of whom were accompanied by family members serving as the residents' non-medical attendants (NMAs). Most of the patients were elderly citizens who were displaced from their homes due to damage or loss of power to their residences. Imagine the how challenging the task of dealing with the loss of their belongings, displacement from their home, and having to adjust to a new environment - and even more so for those who were without family support in the area.

RDF-3 personnel were comprised of highly skilled officers with diverse medical care expertise. The two of us were thrust into this mission with some initial trepidation because it has been a while since we had direct patient contact. Nonetheless, we blended well within the team of dedicated officer and everyone worked hand in hand with the SAT personnel to ensure a smooth transition of each and every resident from the shelter to either their home or to an alternate location of their choice. The shelter was initially staffed by state (FL) health department medical personnel



Row 1, 2nd from left, CDR Marivic Fields, LMSW, SAT-4 Team Commander
Row3, 5th from left, CDR Tina Bryant, LCSW, SAT-4 Member with the RDF-3 Team

who provided nursing care to the patients, though shelter operation was later transferred to RDF-3 for medical care; and to SAT-4 personnel for discharge case management responsibilities. We spent many hours interviewing every resident in the shelter to determine their specific needs including those who would be returning home and only needing assistance with transportation, to those needing FEMA services to relocate to a hotel until their homes were repaired. We made telephone calls to local utility companies; coordinated with local state health department to verify if the residents' power was restored; and contacted FEMA for transitional services, including hotel vouchers

and emergency funds. We also collaborated with community based organizations and medical providers to reestablish home health services for residents who were returning home. Additionally, we contacted family members of the residents who have not seen their loved ones since the flooding and made further arrangements with them on behalf of the residents.

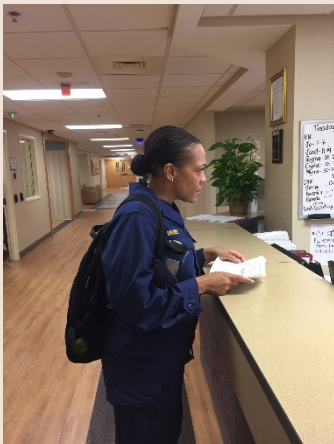
The deployment was a valuable experience-the residents and the local health department was grateful for the services we provided. It proved a key opportunity to understand how the local, state and federal agencies work together in a disaster setting for the benefit of those affected. Furthermore, it was a testament of camaraderie within the Commission Corps during a deployment as we integrated and became part of the team even before we left our home stations.

We both came to realize that our social work skills never fade, nor do we ever lose sight of the reasons for being a part of such a noble profession that is social work. It's engrained in us that we will always lend a hand to those who are in need, provide support to those who are weak, and advocate to those who may not otherwise be heard. And, we pledge to also take care of ourselves just as much as we take care of others!

Social Workers Play Critical Role in Hurricane Response Efforts

by CDR Tracey Jackson-Weaver, CDR Christye Brown, LCDR Sean Bennett, and LT Shercoda Smaw

In 2017, scores of Commissioned Corps Officers were being deployed in Support of Hurricanes Harvey, Irma, and Maria. On October 19, an urgent call went out seeking Social Workers, in particular, to help fill an immediate need in support of recent Hurricane response missions. In particular, there is a need of those with strong Disaster Case Management / Discharge Planning/ Resource & Referral experience to support Hurricane Maria. The Incident Response Command Team set up several Federal Coordinating Centers (FCCs) across the southeastern U.S., to accommodate a huge influx of patients evacuated from Puerto Rico and the U.S. Virgin Islands.



CDR Christye Brown working at FCC Jackson during Hurricane Maria Mission

These FCCs included Jackson, MS; Miami, FL; Shreveport, LA; Columbia, SC; Atlanta, Georgia; and Puerto Rico. Deployment teams worked to support patients and their family members that were medevac'd to CONUS locations due to their complex medical needs. Officers were expected to manage a caseload of diverse patients with a vast array of needs. Hospitals were typically spread out in the various cities which required officers to travel to many different facilities on a daily basis. Officers worked with federal and local support programs and identified resources to assure the needs of the patients and their family members were met. This deployment was a great opportunity for Commissioned Corp officers to network with other federal and local community members. While many of the local hospital staff members were unfamiliar with PHS, they were very excited to learn about the Commission Corps.



LCDR Sean Bennett working at FCC Jackson during Hurricane Maria Mission



CDR Tracey Jackson-Weaver & LT Cody Smaw working at FCC Jackson during Hurricane Maria Mission

Throughout the mission, the situation on the ground at the deployment locations was extremely fluid, often unpredictable, and occasionally austere. Nonetheless, the Social Work skill set proved well-suited for almost any development. At times, working in teams alongside RNs, pharmacists, [medical technologists](#), PAs, NPs, IT personnel, PTs, etc., PHS Social Workers contributed mightily to ensure success of the mission. When it comes to disaster case management, Social Worker stand tall and work hand in hand with their fellow officers to bring some relief to those affected by extreme circumstances.

Service Access Team – 4 (SAT-4) Deployment Team Recruitment Call



SAT-4 is actively recruiting new members. So, for those who are interested in being part of a team of ready, willing, and exceptionally able providers who bring a variety of skills to deployment setting, then reach out to us, at maria.fields@acf.hhs.gov

Remember, #SAT4BringsMore!

A Rewarding Experience of Service!

By CDR Anthony Johnson, LCSW, PhD, BCD - 2017 HSPAC Executive Secretary

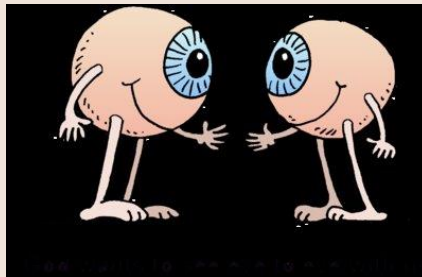


The experience as 2017 Health Services Professional Advisory Committee (HSPAC) Executive Secretary is difficult to capture in a few words. The opportunity to serve the USPHS through our distinguished HS Category provided a direct avenue to execute the vision of CAPT Jeanean Willis Marsh, HS Category CPO and CAPT Josef Rivero, 2017 HSPAC Chair. The executive secretary role is significant as it carries an expectation of high standard and excellence in performance of tasks in support of the 11 Subcommittees, 10 Advisory Groups, and Initiatives and in the enhancement of the HS Category of over 1200 officers across the nation. Overall the experience was so rewarding in developing operational strategy, enhancing communication across the category and in building bridges which expand the HS Category in our reach to support our officers as we together serve for the betterment of public health for all.

SWPAG Members Partnering to Reach Those in Need

By LCDR Loquita Roberts, LCSW

SWPAG Stakeholders and Community Engagement Committee partnered with Community Ministries of Rockville (CMR) to provide holiday food and gifts to families and children in the greater Rockville, Maryland Area. CMR Community Ministries of Rockville seek to improve the quality of life for the most vulnerable of Montgomery County residents by providing basic services including housing healthcare, homecare, and emergency assistance. CMR is supported by 21 interfaith affiliates, local government, corporations and individual donors. CMR Holiday Giving provides meals and gift cards to those in need during the holiday season. CMR host a holiday party for clients and their families providing gifts for children and a visit from Santa. Participants worked hard in raising contributions over 200.00 in monetary donations, gift cards and winter wear. Stakeholders and Community Engagement Committee look forward to partnering with CMR in the future. Special thanks to the following participants in this event: CDR Jamie Seligman, LCDR Loquita Roberts, LT Rhonita Culver, LT Jamillah Bynum, and Ms. Penny Miller!



Peer to Peer- Mentorship: Colleagues in Arms Helping Each Other Help Others

By: LCDR Stephanie Felder, LCSW with LT Jamillah Bynum, LCSW

A peer mentor can serve as a vital resource for obtaining information about the U.S. Public Health Service Commissioned Corps (USPHS) and system. For a new junior officer can be an exciting and daunting have mentors that can assist in and challenging roles. Peer-to-peer many ways to provide mentoring, can should not be underestimated. The two amazing opportunity to enjoy peer-to-been mutually beneficial. I assisted recruitment and call to the active duty



navigating the federal entering into USPHS, it experience. It is vital to assimilating into new mentorship, one of the be highly rewarding and of us have had a peer mentorship that has her LT Bynum from her

process. Having previously worked together at VA, Health Care for Homeless Veteran program in Durham North Carolina, we remained in close contact after my departure. Realizing that I was leaving the VA to enter the USPHS Jamillah readily expressed her own interest in the Commissioned Corps. During my time at the VA, we devolved a strong relationship. This was due, in part, because she trained me in the Housing and Urban Development (HUD) Veteran Assisted Supportive Housing (HUD-VASH) program. I witnessed firsthand her dedication to the homeless veteran population and knew she would one day be an extraordinary officer with a great deal to offer the Public Health Service.

So, when the call for new social workers to enter PHS finally came in 2016, I happily assisted her by reviewing and editing her personal statement. LT Bynum's fervor and continued interest led to her selection as one of the first social workers to enter USPHS in several years! She is a graduate of OBC 99 and is currently serves in a clinical capacity at the National Institutes of Health (NIH) as an LCSW. At NIH, LT Bynum provides a full range of screening, assessment, diagnostic, treatment, and consultative services to clinical center patients, families, and staff.

LT Jamillah Bynum has also served as a mentor to me. An experienced social worker with over 15 years working for the Durham Veterans Affairs Medical Center in Durham North Carolina and the Atlanta Veterans Affairs Medical Center in Atlanta, Georgia, LT Bynum served as one of three panel members to review the qualitative interview guide I created for my PhD dissertation. She provided volumes of constructive feedback and went above and beyond to make certain that the unique experiences of homeless female veterans were clearly understood by me and effectively articulated in my thesis. LT Bynum continues to serve as my peer debriefing consultant; after interviews with female veterans, we discuss emerging themes and findings from my data. She ensures that I remain objective in the study and serves as a sounding board as the study unfolds with each interview. Furthermore, we have collaborated for the January 2018 Washington, DC Veteran Affairs Winterhaven Homeless Stand Down under the auspices of the Washington, DC Commissioned Officers Association (DC-COA). This is an event that provides medical and dental services, support services, food, and clothing to homeless veterans—an event that we both are passionate about. In 2017, over 800 veterans were served, including 172 female vets. As colleagues- in-arms in the fight for better living conditions for area vets, we invite to join us in serving homeless veterans in the DC area.

It's amazing that our passion to serve vulnerable populations has brought us back together from the Carolinas to serve as peers in the U.S. Public Health Service Commissioned Corps. Peer-to-peer mentorship has been an integral part in both of our careers.



New Year's Meet and Greet - 5600 Peer2Peer (P2P)



Looking for formalized Peer2Peer mentorship?

Do you want to hear from your Experienced Junior Officers?

**Would you like mentoring advice from Senior Officers? Join the
5600 Fishers Lane Peer2Peer (P2P) network. The P2P will hold a**

New Year's Meet and Greet for

5600 Mentors & Mentees Date: January

11, 2018 at 1000-1100

Location: Conference Room 11SWH01

*Come socialize with your peers over light refreshments and find your next
peer mentor in the New Year!!*

If you are interested in participating, please contact LCDR

Stephanie Felder at Sfelder@hrsa.gov

LIFELONG LEARNING

Continuing Education Resources for Professional Development

By LCDR Sean Bennett, LCSW, BCD



This month we are highlighting online resources on health systems improvement and public health effectiveness.

1. The Agency for Health Care and Quality Improvement (AHRQ) offers the TeamSTEPPS train via the Learning Management System. TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals and staff. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into any health care system. You can either enroll to become a Master Trainer, or simply complete individual modules. In all cases you can earn CE upon successful completion. FMI please click the following link <https://tslms.org/>
2. The Institute for Healthcare Improvement (IHI) provides access to the IHI's 'Open School' to support you in your quality improvement efforts. The Open School offers essential training and tools in an [online, educational community](#) to help you and your team deliver excellent, safe care and to build core skills in improvement, safety, and leadership. The Open School offers more than 30 online courses in quality, safety, leadership, the Triple Aim, and patient-centered care. FMI please click the following link <https://www.ihl.org/layouts/15/ihl/userregistration/userregistration.aspx?displayuserreg=full&ReturnURL=http://app.ihl.org/lmsspa/#/validatePasscode>
3. The CDC has a free CE program known as Clinician Outreach and Communication Activity (COCA). The purpose of COCA continuing education opportunities is to increase clinicians' knowledge and competencies of threats to the public's health, their effects on human populations, and evaluation and management strategies of these threats. COCA continuing education is free.

How to earn continuing education (CE):

- a. Go to the [CDC Training & Continuing Education Online System](#).
- b. Log in as a participant. If this is your first visit, you will need to register and establish a login name and password
- c. Click on "Search and Register"
- d. Under "keyword search" find the course you are interested in by entering:
- e. "WC2286" for calls hosted in last 30 days
- f. "WD2286" for calls hosted more than 30 days ago
- g. Select your course
- h. Complete evaluation
- i. Pass posttest at 50%
- j. Print your CE certificate

Consider signing up today for these professional development opportunities. Hope to see you around in the virtual classroom!

Feature Article

NASW Recognizes Two Of Our Own As Trailblazers!

By CDR Barbara Olaniyan, DSW, LICSW, BCD

Two Commissioned Corps social workers—one retired and one on active duty—were two of 17 newly inducted NASW Social Work Pioneers® at the 13th Annual Program and Luncheon held on October 28, 2017 at the Woman’s National Democratic Club in Washington, DC. CAPT (retired) Donald Soeken (*pictured on L below*) served from 1967 to 1994. CAPT Todd Lennon (*pictured on R below*) was commissioned into the Inactive Reserve Corps in 2005 and was called to extended active duty in 2007. The printed program for the event included these brief citations of their pioneering work. Dr. Donald Soeken was the first recipient of the Jack Otis Whistleblower Award presented by the Research and Education Fund of NASW (now the NASW Foundation). He received the NASW Lifetime Achievement Award for work with persons of integrity and the Psychiatric Institute Foundation’s Mental Health Achievement Award for Legislation in recognition of sustained efforts to improve the mental health of the residents of metropolitan Washington, DC. He is an expert witness for whistleblowers and also an advocate for those persons who speak out about waste, fraud, and abuse of power in the government and industry.



Dr. Todd Lennon was responsible for leading the Council on Social Work Education into the digital era in the 1990s and early 2000s. The technology solutions he established improved CSWE’s business processes and advanced its mission. He is currently a captain and social work leader in the U.S. Public Health Service Commissioned Corps.

It is worth noting that CAPT Lennon was cited for his work at CSWE, prior to his joining the Corps and that he and CAPT Soeken are not the first Commissioned Corps social workers to be recognized with this honor. They join Milton Wittman, the Corps’ first social work “Professional Liaison Officer.” A full list of Pioneers® and citations can be found on the NASW Foundation Web site at <http://www.naswfoundation.org/pioneers/>.

A JOB WELL DONE

Brief Notes on Readiness and Preparedness: That Tedious and Constant State.

By CDR Carlos R. Castillo, LCSW, ACSW, BCD

Soon, it will be that time again, where we will need to check our readiness compliance before the year is over. The next readiness status check is on Dec 30, 2017. Do not get caught off guard.



Are you ready or prepared?

In order to be ready you have to practice preparedness. In other words, you prepare to be ready.

I have always struggled with the concept of being ready. Why is it that when you think you are ready, you find out that you aren't? Or, why is it that one could be deemed ready today, but not necessarily tomorrow? It is simple.

Readiness is a concept, it is a state of being that is variable; it is relative to how prepared you are for a specific time and a specific need or a specific situation. That is why is so challenging. It is a set of requirements that must be attained and kept alive all at once; a real juggling act.

For instance, how could one be ready if one does not know when one will deploy? And, are we really ready? If so, ready for what? Well, that is the constant challenge for commissioned officers. The state of being ready is like carrying insurance on your car. You can't drive your car if you don't have insurance, and you carry it in hopes you will never have to use it due to an accident. However, if you happen to be involved in an accident, because you prepared by keeping your insurance up to date, you are ready to have expenses covered, or at least, most of it.

Because you prepared yourself, you were ready when needed. Can you imagine if you did not pay attention to your insurance payments and the car accident happened the day after your insurance expired? If that is the case, it means you were not ready. You were preparing all year long, but not ready because you missed that one payment.

So, we prepare in order to be ready, but we do not know when our readiness will be put into practice. Readiness requires practice, training, attention to details and a continual reassessment of our current status. It also requires thinking things through, projecting into the future. It is a time sensitive concept.

In order to comply with Corps readiness each officer needs to meet at least 7 basic requirements: the Annual Physical Fitness Test (APFT), the Basic Life Support (BLS), Immunizations, Licensure, Medical Exam, Readiness Courses, and Deployment Role. One would also need to comply with additional requirements if you are going before a promotion board.

Practicing preparedness:

So, remember. Are you practicing preparedness? Preparedness is an individual process that requires monitoring and progress. If you practice preparedness you can comply with readiness. I invite you to practice preparedness all year round, so you don't have to worry about being ready.

*Please, check the Basic Readiness Checklist. You can download it at:

https://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf




Front & Center!



During the 126th Annual AMSUS Meeting held at National Harbor, MD, the **SWPAG** has left a bold footprint! As part of the Joint Social Work Panel and Collaborative Sessions held on 1 DEC 2017, many of our very own SWPAG members presented alongside other professionals in the field of Behavioral & Public Health and other uniformed services Social Work officers. Information packed sessions were well-attended, including an impressive poster display in the exhibit hall. Attendees were eligible to earn up to 5 CE credits. Kudos to all those who came out to take part in this groundbreaking event and to support our fellow SWPAG officers!




**SNAPSHOTS OF SWPAG JOINT SERVICES SOCIAL WORK COLLABORATIVE
AT THE AMSUS SOCIETY OF FEDERAL HEALTH PROFESSIONALS
ANNUAL MEETING
1 DEC 2017
GAYLORD NATIONAL HARBOR**



LCDR Nicole Pascua, LCSW
Moderator, JSSW

L to R: CDRs Indira Harris, Tricia Booker, LCDR Robert Van Meir, Presenters



LCDR Karl Harris, LCSW, BCD
Chair, Presenter, JSSW



Please submit articles for future publications of the SWAG Newsletter:

- CDR Barbra Olaniyan – Chair SWPAG Communication Subcommittee at bolaniyan@hrsa.gov
- LCDR Sean Bennett, Co-Chair SWPAG Communication Subcommittee at sean.bennett@ihs.gov
- LCDR Mariah Lombardi, SWPAG Executive Secretary at marriah.lombardo@dhs.gov