



# SWPAG E-Newsletter



## CHAIR'S CORNER

### ***Mental Health, Stigma and Resiliency: Operation Corps Strong!***

*By CDR Indira Harris, LCSW, BCD*



As you know, May was mental Health Awareness Month. Mental Health Awareness Month (also referred to as “Mental Health Month”) has been observed in May in the United States since 1949, reaching millions of people in the United States through the media, local events and screenings. During the 1960’s, this annual, weekly campaign was upgraded to a monthly one with May the designated month.

Mental Health Awareness month has a goal of building public recognition about the importance of mental health to overall health and wellness; informing people of the ways that the mind and body interact with each other; and providing tips and tools for taking positive actions to protect mental health and promote whole health.

Commissioned Corps Social Workers are once again at the front lines of addressing the issue of seeking help for mental health if, and when, needed. We introduced the HSPAC ‘Operation Corps Strong (OCS) - Mental Health Initiative’ at the 2018 Symposium in Dallas, TX. A new Suicide Awareness Campaign (H.O.P.E. Campaign) was unveiled through OCS to provide step-by-step guidance on how to assist a fellow Officer who may be in crisis, education about warning signs of suicidal behavior, and easily accessible resources.



**H** – Hear the Officer’s call for help

**O** – Offer a helping hand

**P** – Provide resources

**E** – Encourage follow-up/Escort if possible

OCS has four pillars: Officer Support; Resilience/Behavioral Health; Suicide Prevention; and Family Support. Within the Officer Support pillar is also the development of a comprehensive Grief/Bereavement Initiative and the Resilience through Meditation Program (RTM). Along with partners from the Nurse PAC and PsyPAG, four Social Workers led the development of the OCS initiative to include CAPT (sel) Marivic Fields, CDR Bill Bolduc, CDR (Sel) Sean Bennett, and myself. Social Worker LCDR Pascua also assisted to further expand the Grief/Bereavement Initiative through her support of this effort. In September 2018, a robust launch of the H.O.P.E. Awareness Campaign will include pocket cards, pamphlets, and innovative resources and outreach efforts to keep our Officers armed with the information they need to support themselves and each other.

Stay tuned for more information on the rollout of the H.O.P.E Campaign and how you can help. This campaign is for Officers, by Officers. ***Social Workers – The Time Is Now!***

## **ADVOCATES, LEADERS, CHAMPIONS**

### ***Two Outstanding Officers Receive Social Worker of the Year Award***

***By LCDR Sean Bennett, LCSW, BCD***

Each year, the Social Work Professional Advisory Group (SWPAG) names a senior (O-5 and above) and junior (O-4 and below) Social Worker of the Year. The awards go to Social Work Health Services Officers who demonstrate outstanding accomplishments, exhibit exceptional leadership ability and exemplary service, while substantially advancing the health of the Nation through innovative and strategic solutions. This year the Senior Social Worker of the Year goes to CDR Jamie Seligman, of SAMHSA; and the Junior Social Worker of the Year goes to LCDR Israel Garcia, of HRSA. Both of these stellar officers have an impressive body of work that has significantly influenced their respective agencies and the mission of the Corps.



CDR Jamie Seligman is a project officer with Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) in the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB). In his current role, he monitors Federal Management Emergency Agency (FEMA) crisis counseling grants to states with presidentially-declared disasters and provides technical assistance to grantees and applicants. He is also the project officer for the Disaster Behavioral Health Information Series (DBHIS), an online virtual disaster resource center with downloadable publications. CDR Seligman spearheaded the development and creation of the SAMHSA Disaster Kit; he also provided oversight and subject matter expertise in the development and launch

of SAMHSA's Disaster App. CDR Seligman oversees the Disaster Distress Helpline, which is the first national hotline dedicated to providing year-round disaster crisis counseling. CDR Seligman deployed to numerous disaster settings, serving as a federal responder (mental health professional) with United States Public Health Service (USPHS). His deployments include Ft. Myers, FL (Hurricane Charley), New Orleans (Hurricane Katrina), Asia (tsunami), South Dakota (suicide cluster), American Samoa (tsunami), Gulf Coast (Deep Water Horizon Oil Spill), Liberia (Ebola) and Flint, Michigan (Water Crisis).

LCDR Garcia serves as Senior Public Health Analyst (05 billet) in the Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA). He excels in managing a portfolio of over \$45 million in health center grants that provide health care services for over 200,000 patients living in poverty. LCDR Garcia's accomplishments have earned him the recognition of subject matter expert on both, migrant and behavioral health. LCDR Garcia has achieved the highest credentials in his field. He is a Licensed Independent Clinical Social Worker, and a Board Certified Diplomate in Social Work. He completed the Deployment Cycle Resilience Train the Trainer Program sponsored by REDOG. In addition, he completed a Certificate in High Performance Leadership from Cornell University and is currently a fellow in the highly competitive 2018 Mid-Level Leadership Program through HHS University. His extracurricular and volunteer activities include:



## SOCIAL WORKERS FRONT & CENTER

### ***Ft Bragg Celebrates Social Work Month in Style***

*By LCDR Sean Bennett, MSW, LCSW, BCD*

On Monday March 19, 2018 over 80 Social Workers from Fayetteville, North Carolina attended the first ever Social Work Lunch and Learn on Ft Bragg, celebrating Social Work Month. Fort Bragg is a United States Army installation in Fayetteville; it is the largest military installation in the world (by population) with more than 50,000 active duty personnel. It is also home to the U.S. Army Reserve Command and Womack Army Medical Center. The area includes both active duty and civilian social workers.

CDR Tricia Booker, MSW, LCSW, BCD served as the Master of Ceremonies. She is the Officer-in-Charge of the East Bragg Embedded Behavioral Health Clinic and has been stationed at Ft Bragg for over 7 years.



The program included a warm welcome by Lieutenant Colonel (P) Todd M. Yosick, LISW-S, BCD, who serves as the Acting Chief of Behavioral Health and serves as Installation Director of Psychological Health at Fort Bragg's Womack Army Medical Center. Todd is a Board Certified Licensed Independent Social Worker in the State of Ohio, with 19 years of experience on active duty in the U.S. Army. He is a graduate of the Army Command & General Staff College at Fort Leavenworth, Kansas.

Valerie Arendt, MSW, MPP serves as the Associate Executive Director of the National Association of Social Workers-NC Chapter (NASW-NC) and will step into the role of Executive Director of NASW-NC on April 2. While serving as the Associate Executive Director for the past seven years, Valerie has provided professional and career support to the state's membership of over 4,600 social workers in North Carolina. Valerie has been the initial point of contact for the chapter's membership and supports the needs of members in clinical and macro social work, assisting with legal, ethical and advocacy issues. Ms. Arendt described the hard work that the members of

NASW-NC have accomplished for the social work profession in North Carolina and discussed goals for the coming year.



The keynote address was presented by LCDR Robert E. Van Meir, MSW, LCSW, BCD, who is assigned to the Womack Health Service Center at Fort Bragg. LCDR Van Meir provides an array of clinical services to the members of the Army and serves as the On-Boarding Officer for all the new hires to the Service Member Behavioral Health Line. This is LCDR Van Meir's second USPHS assignment. Before returning to Ft. Bragg, where he served as a contractor assigned to the JFK Special Welfare Center and School where the Army's Green Berets are trained, he was detailed to Homeland Security and worked at the Northwest Detention Center in Tacoma, Washington.

The keynote address centered on the stressors associated with the very demanding and rewarding career that is Social Work. The social workers were challenged to recommit themselves to the six core values of social work, which include service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. These principles set forth ideals to which all social workers should aspire. LCDR Van Meir also challenged social workers to take care of themselves as well as other social workers. The presentation was a humorous look at the stressors of the profession and how social workers can start social working themselves. Participants were able to receive 1.5 Hours of C.E. Credit.

## ***Social Workers: Leaders in Action***

***By CDR Deloris Caldwell, LCSW, BCD (SWPAG Chair-Elect)***

When we look at leadership many of us think it means being in a supervisory role and managing people. Although supervising is a part of leadership, you can be a leader without ever supervising others. As clinical social workers, we wear many hats which include clinical, administrative or both. Those social workers that primarily serve in the clinical role may not see themselves as leaders, but I am here to tell you that you are a leader in every sense of the word. When you advocate for your patients to assure they receive adequate care and services, you are serving as a leader. However, we tend to forget this as an important aspect of leadership because the focus is on the individual who is actually supervising and managing staff.

According Peter Economy, who is known as the "Leadership Guy" leadership embodies the following nine qualities:

- Decisiveness
- Awareness
- Focus
- Accountability
- Empathy
- Confidence
- Optimism
- Honesty
- Inspiration



When we demonstrate these qualities we are exemplifying leadership in our current professional roles. I implore all of you to please when you are pondering the question of whether or not you are a true leader, please think about these qualities and how you use them on your current assignments and PHS support activities. Lastly, please remember that if you have made a significant difference in the lives of other people, there is no doubt you are a true leader. Quote:

*"If your actions inspire others to dream more, learn more, do more and become more, you are a leader." By John Quincy Adams*

## LIFELONG LEARNING

### ***Continuing Education Resources for Professional Development***

*By LCDR Sean Bennett, LCSW, BCD*

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



1. **SAMHSA Recovery to Practice (RTP)**: Find educational curricula and training to help build and strengthen a recovery-oriented workforce within and across disciplines. Six (6) professional organization work with Recovery to Practice (RTP) to develop educational curricula and training material that promote recovery principles within their specialty areas. Applicable to both specific disciplines and a multidisciplinary behavioral health and integrated workforce, these curricula may be used in academic settings and for professional development activities. Access the curricula to learn more about the participating organizations. Click the link FMI: <https://www.samhsa.gov/recovery-to-practice/rtp-curricula#peer-specialists>
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.ihi.org/layouts/15/ihi/userregistration/userregistration.aspx?displayuserreg=full&ReturnURL=http://app.ihi.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% and then print your CE certificate

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

## FEATURE ARTICLES

### ***The US Department of Housing and Urban Development (HUD) & Maryland Chapter of American Gold Star Mothers Memorial Day Event***

***By LCDR Rhonita Culver and LCDR Stephanie Felder***



On Thursday, May 24, 2018, the Department of Housing and Urban Development (HUD) held its annual Memorial Day Ceremony in recognition of fallen heroes and prisoners of war. The ceremony took place at the HUD headquarters in Washington, DC. The Washington, DC Commissioned Officers Association (DC-COA) Veterans and Military Outreach subcommittee solicited three USPHS officers to assist at the event under the leadership of LCDR Stephanie Felder. Officers in attendance were LCDR Rhonita Culver, LCDR Brandon Johnson, and LCDR Marriah Lombardo.

The event began with speeches welcoming the families from two Cabinet-level dignitaries, Secretaries Ben Carson of The Department of Housing and Urban Development and Betsy DeVos of The Department of Education. The president of the Maryland Gold Star Mothers Chapter, Janice Chance, also spoke at the event along with Laurie Sayles, President & CEO of Civility Management Solutions and Veteran U.S.M.C. The keynote speaker was CSM (ret) Michele S. Jones of the United States Army. All speakers provided messages of hope and support to the families of some of our great American heroes.

USPHS officers escorted Gold Star Mothers as they received certificates of remembrance in recognition of their sons and daughters killed in action while serving our country. Additionally, LCDR Felder presented Secretary Betsy Devos with the Prisoner of War (POW) flag. The POW flew over the HUD headquarters in recognition of the 2018 Memorial Day. The USPHS officers in attendance used this opportunity to show appreciation for the Gold Star mothers and our veterans. USPHS officers served in a highly visible support role during this event; leadership from HUD and the Department of Education commended the officers. For more information on how you can assist in future DC COA Veterans and Military Outreach Subcommittee efforts, please contact LCDR Stephanie Felder (Stephanie.Felder@cms.hhs.gov).

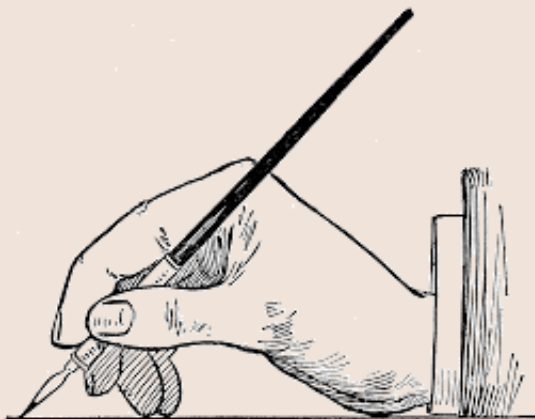


## ***From the Clinician's Toolbox...***

### ***The Value of Writing Letters***

***By CAPT Julie Niven, LCSW, DCSW, MAC***

I recently attended a workshop at a conference emphasizing letter writing as an effective component of conducting an intervention with a patient who is abusing substances. Personally, I think I first learned the value of letter writing in fifth grade while attending summer camp. (Think back to the era when the earth was cooling. *wink*) I have been writing letters ever since, but more importantly for this article, I have been advocating for my clients to write them. I have to say it was nice to receive confirmation from the workshop presenter that other clinicians find letter writing to be an effective tool to use in therapeutic, clinical work.



Letter writing is a useful tool in that the written word can help an individual communicate his or her thoughts in a manner that is less threatening to both the writer as well as the audience. There is no chance that the writer will be interrupted (unless the recipient of the letter refuses to read it). Letter writing eliminates the emotionality of nonverbal communication as well as the speaker's tone of voice which can allow the recipient of the letter to absorb its content in a more thoughtful, less defensive manner. Said another way, the recipient is sometimes better able to "hear" what the author of the letter is trying to communicate. The process of

writing letters can even help the author “hear” his or her own thoughts more clearly as he or she puts pen to paper or fingers to keyboard. And that in itself can be a primary, healing goal in therapy.

In my work with those who are grieving the loss of a loved one, especially when the individual was unable to “say goodbye” to the deceased, I often suggest the bereaved write a letter to the deceased to express what he or she wasn’t able to express prior to the passing. Equally appropriate and helpful is a letter to a child lost by miscarriage or to a beloved pet that has died. These types of letter not only help the author release painful feelings, but can help foster forgiveness of self and others as well as bring closure to an emotionally-charged situation.

There are no set letter writing parameters, however it is helpful if the letter talks about how the person or animal was uniquely important to the author. Using “I” statements is more powerful than writing in the second or third person. Referring to special memories in the letter can help feelings move from the writer’s head to his or her heart. Writing about how the loved one helped change the writer’s life for the positive can decrease feelings of loneliness. If the writer can incorporate the future in some positive way, this can engender hope. And making a request of the beloved towards the end of the letter can help the writer feel less bereaved.

Letter writing is akin to journaling. I am not sure exactly how the magic happens, but there does seem to be some healing magic at work when we put our thoughts down on paper. It can be good for the client and clinician. I encourage clinicians to try this with their clients and for clinicians to explore the art of letter writing (and journaling) themselves.

## ***Standing Up for Veterans at 2018 Baltimore Stand-down***

***By Stephanie Felder, MSW, LCSW, BCD and Sean Bennett, LCSW, BCD***

Representatives from nearly twenty government and community-based organization gathered at the War Memorial Building on Saturday, June 2 and Sunday June 3, 2018 for the first Baltimore Area Veterans Stand-down. Each day featured both scheduled presenters and the various Vet-serving organizations providing real-time, information, resources and services.



Sponsored by the Maryland Center for Veteran’s Education and Training (MCVET), this two-day event drew scores of veteran’s who field into the hallowed hall that serves as a museum dedicated the men and women of the armed forces and their service on the frontlines throughout the years. Fittingly, this occasion provided an opportunity for some of those men and women to receive the service of others. Among the many services offered during the event included: therapeutic massages, barber/hairstyling, legal aid, housing,

mental health just to name a few. The vets also revised hot lunches both days and enjoyed a rousing medley of songs performed by the MCVET chorale.

MCVET attendees are often at-risk of homelessness because of underemployment, accessed resources to assist in foreclosure, rental eviction avoidance, and utility bill assistance... The Veterans met with more than 60 community organizations and





over 350 community volunteers; a plethora of government agencies joined forces with the DC Veterans Affairs Medical Center to eliminate and avert Veteran homelessness in the DC metropolitan area.

LCDR Stephanie Felder organized this SWPAG National Homeless Veteran Outreach Campaign event. True to this year's SWPAG motto of Leader's, Advocates, Champions, social workers took the lead in assisting homeless Veterans. Starting at 0800 on Saturday 2 JUN, LCDR Sean Bennett stood front and center and led the charge; then CDR Indira Harris & LCDR Felder took over the afternoon shift. Special guests from Baltimore also dropped by to show their support as well. Mayor Catherine Pugh (shown above left with LCDR Felder and LT Dantrell Simmons) expressed the city's commitment to



homeless vets. Plus, everyone's favorite and likely the tiniest volunteer with the biggest heart, 6 year-old Tyler Stallings (shown at right with LCDR Bennett and another unnamed volunteer) who has been packing "hero bags" with snacks, water and other critical items for veterans MCVET for the past two years.



The Baltimore event is part of a larger initiative that will see similar events occur CA, TX, NC, and GA. Special thanks to all of the SWPAG members that volunteered for this event: CDR Indira Harris, LCDR Stephanie Felder (organizer), LCDR Sean Bennett, LCDR Nicole Vaughn,

LCDR Yolawnda McKinney (nurse), LT Jamillah Bynum, and LT Dantrell Simmons!



## READINESS ROUND-UP



### ***Readiness Quick Tip-Summer 2018:***

Social Work Corps Officers...do you have a goal to lose weight quickly to meet the weight standards? Well, if you are like most people, you want to lose those unwanted pounds in the quickest way possible. Did you know, according to the Center for Disease Control (CDC), "people who lose weight gradually and steadily (about 1 to 2 pounds per week) are more successful at keeping weight off"?

[https://www.cdc.gov/healthyweight/losing\\_weight/index.html](https://www.cdc.gov/healthyweight/losing_weight/index.html)

Start now! Drink plenty of water, incorporate exercise and healthy eating into your daily lifestyle and you will not only see the weight drop but you will keep it off.

## Readiness Tips: Be Ready when time to Deploy, leaving the Flu behind

By CDR Todd A. Cesar, LMSW, BCD



### 1. Take time to get a flu vaccine.

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, a flu vaccine protects against the viruses that research suggests will be most common. (See [Vaccine Virus Selection](https://www.cdc.gov/flu/about/season/vaccine-selection.htm)(<https://www.cdc.gov/flu/about/season/vaccine-selection.htm>) for this season's vaccine composition.)
- Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Everyone 6 months of age and older should get a flu vaccine every year before flu activity begins in their community. CDC recommends getting vaccinated by the end of October, if possible. Learn more about [vaccine timing](https://www.cdc.gov/flu/protect/keyfacts.htm#timing)(<https://www.cdc.gov/flu/protect/keyfacts.htm#timing>).
- Vaccination of [high risk persons](https://www.cdc.gov/flu/about/disease/high_risk.htm)([https://www.cdc.gov/flu/about/disease/high\\_risk.htm](https://www.cdc.gov/flu/about/disease/high_risk.htm)) is especially important to decrease their risk of severe flu illness.
- [People at high risk of serious flu complications](https://www.cdc.gov/flu/about/disease/high_risk.htm)([https://www.cdc.gov/flu/about/disease/high\\_risk.htm](https://www.cdc.gov/flu/about/disease/high_risk.htm)) include young children, [pregnant women](https://www.cdc.gov/flu/protect/vaccine/pregnant.htm)(<https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>), people with certain chronic health conditions like asthma, diabetes or heart and lung disease and [people 65 years and older](https://www.cdc.gov/flu/about/disease/65over.htm)(<https://www.cdc.gov/flu/about/disease/65over.htm>).
- Vaccination also is important for [health care workers](https://www.cdc.gov/flu/healthcareworkers.htm)(<https://www.cdc.gov/flu/healthcareworkers.htm>), and other people who live with or care for high risk people to keep from spreading flu to them.
- [Children younger than 6 months](https://www.cdc.gov/flu/parents/index.htm)(<https://www.cdc.gov/flu/parents/index.htm>) are at high risk of serious flu illness, but are too young to be vaccinated. People who care for infants should be vaccinated instead.

### 2. Take everyday preventive actions to stop the spread of germs.

- Try to avoid close contact with sick people.
- While sick, limit contact with others as much as possible to keep from infecting them.
- If you are sick with flu symptoms, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone for 24 hours without the use of a fever-reducing medicine.)
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- [Wash your hands](#) often with soap and water. If soap and water are not available, use an [alcohol-based hand rub](#).
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- See [Everyday Preventive Actions](https://www.cdc.gov/flu/pdf/freeresources/updated/everyday-preventive-actions-8.5x11.pdf)[257 KB, 2 Pages](<https://www.cdc.gov/flu/pdf/freeresources/updated/everyday-preventive-actions-8.5x11.pdf>) and [Nonpharmaceutical Interventions \(NPIs\)](#) for more information about actions – apart

from getting vaccinated and taking medicine – that people and communities can take to help slow the spread of illnesses like influenza (flu).

### 3. Take flu antiviral drugs if your doctor prescribes them.

- If you get the flu, antiviral drugs can be used to treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious [flu complications\(https://www.cdc.gov/flu/about/disease/complications.htm#complications\)](https://www.cdc.gov/flu/about/disease/complications.htm#complications). [For people with high risk factors\[702 KB, 2 Pages\]\(https://www.cdc.gov/flu/pdf/freeresources/updated/treating-influenza.pdf\)](https://www.cdc.gov/flu/pdf/freeresources/updated/treating-influenza.pdf), treatment with an antiviral drug can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.
- Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick, but starting them later can still be helpful, especially if the sick person has a [high risk factor\(https://www.cdc.gov/flu/about/disease/high\\_risk.htm\)](https://www.cdc.gov/flu/about/disease/high_risk.htm) or is very sick from the flu. Follow your doctor's instructions for taking this drug.
- Flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

⇒ Visit CDC's website to find out [what to do if you get sick with the flu\(https://www.cdc.gov/flu/takingcare.htm\)](https://www.cdc.gov/flu/takingcare.htm).

⇒ Source: CDC  
<https://www.cdc.gov/flu/protect/preventing.htm>



### Please submit articles for future publications of the SWAG Newsletter:

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