



INSIDE THIS ISSUE

FULL STEAM AHEAD	1
MEET THE HAPAG EXECUTIVE COMMITTEE	2
MEET THE HAPAG COMMITTEE CHAIRS	3
DISASTER CASE MANAGEMENT DEPLOYMENT	4
ADMINISTRATION FOR CHILDREN AND FAMILIES DISASTER CASE MANAGEMENT SUPPORT MISSION EXPERIENCE	5
LEADING DURING A CRISIS	6
HAPAG PROMOTEEES	7
AVOIDING BURNOUT IN THE HEALTH CARE ARENA	8
HAPAG OFFICER SPOTLIGHT	9
LEADERSHIP + VOLUNTEERISM=REWARD	10

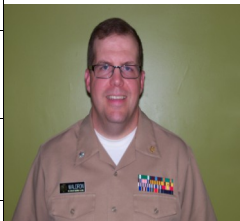
HAPAG MEETING REMINDERS

HAPAG General Meetings will be held via teleconference on the fourth Thursday bimonthly  
Dial-in: 1-866-620-8973  
Participant Passcode: 441234

HAPAG COINS.  
ORDER YOURS TODAY!  
See page 5



FULL STEAM AHEAD  
CDR WILLIAM "RUSTY" WALDRON  
2012 HAPAG CHAIR



At the time of publication, we will already be in June, summer will be just starting and my term as HAPAG Chair will be half over. Time flies when you are having fun! I wanted to take this opportunity to let you know of some goals that were set when I first took over as HAPAG Chair and provide an update on where those goals are now.

Goal #1: Develop a Strategic Plan

Baseball great Yogi Berra once said "If you don't know where you're going, chances are you will end up somewhere else." Well, the HAPAG wants to know where it is going. This desire led to the formation of a strategic plan workgroup, led by LCDR Donelle McKenna and LT Garman "Will" Williams. Strategic planning is an organization's process of defining its direction and making decisions on allocating resources to pursue that direction. Strategic planning deals with at least one of three key questions: What do we do?, for whom do we do it? and how do we excel? A formal strategic plan has never been developed in the HS PAC or HAPAG, so I am very excited to see the results of the workgroup's labor in the coming months.

Goal #2: Fill the HAPAG Toolkit

A mandate was given to the HAPAG a few years ago to create a repository or toolkit where various types of information and resources for healthcare administrators can be found that will expand their skill sets as healthcare administrators. Some examples of topics that these resources would fall

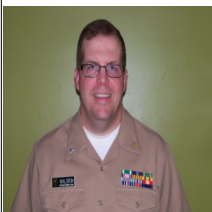
under include, human resources, finance/budgeting, operations, etc. Progress has been made over that time to identify topics and create the location of the toolkit. Now, it is time to start filling that toolkit with resources or tools for healthcare administrators. CDR Robert Windom and LCDR Kenneth Monahan are co-leads for the HAPAG Toolkit workgroup. Over the next few months, you will be seeing communication from the workgroup asking for volunteers on various items. I encourage all Healthcare Administrators that have an area of expertise (that means each and every one of us) to reach out to CDR Windom and LCDR Monahan and ask how they can help fill the toolkit.

Goal #3: Build up the HAPAG Treasury

A couple years ago, the HAPAG commissioned the design of its very own challenge coin. The end product was one that all HAPAG members can be proud. This challenge coin is also the sole avenue for the HAPAG to raise funds. So in an effort to build up the treasury, HAPAG embarked on a 100 Coins in 100 days campaign. The goal was simple; sell 100 coins in 100 days. Day 100 will be category day at COF, June 21<sup>st</sup>. As of May 16<sup>th</sup>, we have sold 48 coins. We are almost half way to our goal. By the time this newsletter goes to print, the campaign will have ended, but I hope to be able to report in the next newsletter that we had a successful campaign!

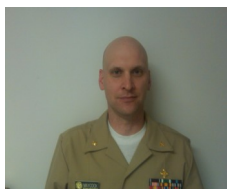
I just want to take these last couple lines to thank each and every healthcare administrator in the Corps for the work that you do each and every day. It is an honor and a privilege to represent you as your 2012 HAPAG Chair.

## MEET THE 2012 HAPAG EXECUTIVE COMMITTEE



**CDR William "Rusty" Waldron (Chair)** currently serves as a Health Services

Administrator for two ICE Health Service Corps (IHSC) medical clinics in New York and New Jersey. CDR Waldron has served in the USPHS since 2003. He has held positions in budget, finance, operations and administration at various duty stations while working for the Medical Affairs Branch and IHSC. Prior to USPHS, CDR Waldron served as a Medical Service Corps officer in the United States Navy. CDR Waldron's educational background includes a BS in Business Management and a dual Masters in Business Administration and Health Administration from the Pennsylvania State University.



**LCDR Brett Maycock (Chair-Elect)** is in his fourth year as a HAPAG voting member.

For the last two years, he served as the Chair, of the HAPAG Awards Subcommittee. LCDR Maycock is currently assigned to the Department of Homeland Security, Office of Health Affairs as a medical liaison to the Federal Emergency Management Agency, in Washington, DC. He received a Master of Homeland Security, in Public Health Preparedness from Pennsylvania State University, Hershey Medical School, in 2010 and a Master of Health Policy and

Administration from Washington State University, in 2003. LCDR Maycock began his career in the United States Navy, gaining a commission as a healthcare administrator in 2003. In 2006, he completed an inter-service transfer into the U.S. Public Health Service, where he was assigned to the California Area Indian Health Service, in Sacramento, California.



**LCDR Makeva M. Rhoden (Secretary)** received

her Masters in Public Health with a concentration in Maternal and Child health from The George Washington University and a Bachelor's of Science in Psychology from Syracuse University. She is currently enrolled in a doctoral program at Walden University where she is pursuing her Doctor of Philosophy in Public Health with a concentration in Community Health Promotion and Education. LCDR Rhoden joined the Health Resources and Services Administration (HRSA) in 2004, as a HRSA Scholar. Through this program she gained federal experience in management, budget, and program development by completing rotations in various offices to include the Office of Rural Health Policy, Office of Management, and the HRSA Office of Women's Health. LCDR Rhoden is currently a Public Health Analyst in the Maternal and Child health Bureaus, Division of Healthy Start and Perinatal Services where she utilizes her skills in public health, strategic planning, and program development in working with the Federal Healthy Start, Community-based Dou-

la, and First-time Motherhood programs to guide communities in providing needed social services to women and children.



**CDR Morrissa Rice (Financial Advisor)**

received a BS in Biology from Spelman College,

Atlanta, GA in 1995 and a MHA from Hofstra University, Hempstead, NY in 1999. She has been involved in public health since 2000 in a variety of positions which include: directing a program to increase physical activity and good nutrition among minority women; serving as a food sanitarian; and serving as a disease intervention specialist assisting those infected and affected by HIV/AIDS and other STIs. She currently working in the HRSA Office of Women's Health as a senior public health analyst and serves as liaison to HRSA Bureaus and Officer regarding women's health activities and programs. She has been involved in several women's health collaborative efforts which include but are not limited to breast cancer awareness among young women, violence prevention, lupus awareness, and emotional wellness. She has received several awards including the PHS Achievement Medal, Citation, Outstanding Unit Citation, and Unit Commendation for her accomplishments and dedication to public health. She has been involved with several PHS organizations including JOAG, HS PAC, HAPAG, and currently is the 2012 BCOAG Chair and serves on RDF-3 as the Admin Deputy Chief. In her spare time, she enjoys traveling, reading, community service, and Tai Chi, and last but not least spending time with her family.

### UPCOMING MEETINGS

*AMSUS-The Society of the Federal Health Agencies*

Phoenix, AZ

November 10-16

## MEET THE 2012 HAPAG COMMITTEE CHAIRS



### Awards

#### **LCDR Kevin Bates (Chair)**

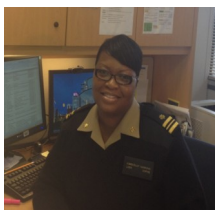
has over ten (10) years of progressive project management, grant administration, and research and evaluation experience. Since 2007, he has served as a Public Health Analyst within the Health Resources and Services Administration's, Bureau of Primary Health Care (BPHC). As a Public Health Analyst in the North Central Division, LCDR Bates was responsible for a portfolio of nineteen grantees that received over \$38.5 million in funding to provide primary health care services to uninsured and medically underserved populations. Recently, he accepted a new assignment in the BPHC's Office of Special Population Health. In this role, he plays an extensive role in overseeing cooperative agreements that provide technical assistance and programmatic support to federally qualified health centers across the country. Prior to joining HRSA, LCDR Bates played an intricate role in a pilot study to improve infant mortality and pregnancy outcomes; participated in three federally funded school-based health education initiatives; and served as a Program Specialist in the Administration for Children and Families, Office of Community Services.



### Career Development

#### **LCDR Phil Tonkins (Chair)**

is a Health Scientist Administrator in the Division of Skin and Rheumatic Diseases at the National Institute of Arthritis Musculoskeletal and Skin Diseases (NIAMS). He joined NIAMS in July 2008 to assist with the management and administration of the National Institutes of Health (NIH) Roadmap PROMIS Initiative. LCDR Tonkins manages the NIAMS Biobehavioral and Biopsychosocial research portfolio.



### Membership

#### **LCDR Kimberley Hawkins (Co-Chair)**

received her Masters in

Healthcare Administration from the University of Maryland University College (UMUC) in 2003. She joined Health Resources and Services Administration (HRSA) in 2009, as a new PHS officer and government employee. Prior to joining PHS she worked as a Sr. Strategic Planning Analyst for a local healthcare system. LCDR Hawkins is currently working as a Program Analyst in the Bureau of Clinician and Recruitment Services, Division of Nursing and Public Health.



### Membership

#### **LCDR Theresa Zach (Co-Chair)**

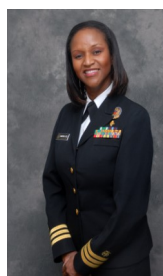
has over 12 years on active duty (3 USPHS and 9 USN). She received her MBA in Healthcare Administration from George Washington University. She is certified as a Senior Professional in Human Resources (SPHR). She served at the Office of Commissioned Corps Operations (OCCO), Division of Commissioned Corps Recruitment (DCCR), as a Recruitment Specialist from Sep 08 to Jan 11. She reported to the Federal Bureau of Prisons (BOP), Central Office, Health Services Division, Staffing and Recruitment Section, as the National Health Services Recruiter in Jan 11. LCDR Zach is the Co-Chair of the HAPAG Membership Subcommittee.



### Communications

#### **LCDR Keisha Johnson (Chair)**

received her Master's Degree in Health Care Management from Marymount University in 2002, as well as a Bachelor's Degree in Health Education concentrating in Community Health from Morgan State University in 1999. LCDR Johnson joined the USPHS in December 2009 after 11 years of service in the Federal Government. Since May 2010 LCDR Johnson has worked as a Public Health Analyst (Project Officer) in the Bureau of Primary Health Care (BPHC) within the Health Resources and Services Administration (HRSA). Prior to working at the BPHC, she was a Public Health Analyst at the HRSA's Office of Health Information Technology. Before joining HRSA, she worked as a Health Systems Specialist while employed within the Department of Defense. LCDR Johnson enjoys reading, skating and stays active by teaching Vinyasa Yoga.



### Policy

#### **CDR Kimberly McIntosh-Little (Chair)**

is also a HAPAG Voting Member. She currently works as a Senior Regulatory Research Officer at the FDA in the Center for Devices and Radiological Health where she works in the Freedom of Information Division. Prior to joining FDA, she worked for Federal Occupational Health as an Occupational Health Consultant, maintaining the active portfolios of several Agencies. By obtaining an interservice transfer, her first assignment, in September 2004 was in the Office of Commissioned Corps Force Management as a Policy Advisor for Marketing. In this role, she honed her skills in writing and developing policy. She advised on all matters pertaining to marketing and public affairs programs designed to raise awareness of members of the public, the press, and other external constituencies, to promote interest of the Commissioned Corps and its officers. CDR McIntosh-Little's entry into public service took place in 1998 with a direct commission into the US Navy. She served for 7 years, and was stationed at the National Naval Dental Center as Department Head of Information Technology and later Management Services. Her second tour as Program Manager, Naval Medical Programs was with the Commandant, Naval Recruiting Command-Millington. She organized, planned and coordinated the recruitment and processing of prospective applicants for the Naval Medical Corps in part due to the maintenance of specialties in demand and overall efficiency data. CDR McIntosh-Little earned a Business Administration undergraduate degree from the Alfred University and a Masters Degree in Business Administration with a concentration in Health Care Administration from Canisius College. She is also a Licensed New York State Nursing Home Administrator and a Licensed Pharmacy Technician. She is a member of the PHS Ensemble as well as other PHS Support activities including HSPAC Communications Subcommittee, BCOAG Health Disparities Subcommittee and a mentor to junior officers. She maintains active involvement in her community through participation in local school Career Days.



## GET INVOLVED WITH THE HAPAG

### Step 1: Sign-up for the HAPAG listserv

- Go To—  
<https://list.nih.gov/cgi-bin/wa.exe?AO=hapag-l>
- Follow the instructions. For Subscription type, Mail header style and Acknowledgements, it is best to leave the settings at the defaults.

### Step 2: Speak to HAPAG leadership about your interests

- Visit the HAPAG website—<http://usphs-hso.org/?q=pags/hapag>
- Review the Leadership Roster—<http://usphs-hso.org/?q=pags/hapag/roster>
- Email a HAPAG voting member to discuss leadership roles

### Step 3: Join a Committee

- Visit the HAPAG Subcommittee page—<http://usphs-hso.org/?q=pags/hapag/subcommittees>
- Contact a Chair to provide you talents to the mission of the committee

**So what are you waiting for?**

# Disaster Case Management Deployment By CDR Robert A. Windom

In the aftermath of Hurricane Irene and Tropical Storm Lee, President Obama signed disaster declarations on August 31, 2011 and September 13, 2011 respectively. The declarations prompted the New York State Office of Emergency Management to request that FEMA, in coordination with Administration for Children and Families (ACF) and Catholic Charities USA (CCUSA), activate the Disaster Case Management (DCM) Program to support disaster survivors in the affected counties. The Office of Force Readiness and Deployment (OFRD) fully supported the DCM Program by activating USPHS officers to assist residents in six counties in Upstate New York severely impacted by the disaster.

Hurricane Irene hit on August 28<sup>th</sup> in New York and Tropical Storm Lee followed the next week. Disaster declarations were placed for 28 counties in New York State, including Albany. The impact of the torrential rains on already saturated soil caused the greatest destruction and loss of life throughout the affected region. The extensive storm damage was estimated to be one of the top ten costliest disasters in U.S. history. It was immediately apparent that the devastation would require long term recovery efforts in the form of DCM response. DCM provides services whereby a case manager assesses the needs of the survivor and develops a recovery plan to address those needs. It is essential to immediately assess disaster-caused needs within a community, such as the existing healthcare structure, mental health and human services needs in order to greatly reduce its impact. Failing to address these specific needs caused or exacerbated by the event may adversely impact an individual's recovery and overall health. DCM coordinated resources for affected communities by providing varied services and local, state, and federal agency involvement. The DCM response in Upstate New York was the largest undertaking since the program was authorized by Congress in 2006. ACF representatives are optimistic that more DCM missions could potentially open up during future disasters, which could also call for support from Commissioned Corps Officers.



Five rotations, totaling 111 USPHS Officers deployed as Disaster Case Managers to support this mission. After the fifth and final team was identified, official orders were cut less than 48 hours prior to departure to Albany, NY on Thursday, 8 December 2011. LT Kelly Leong and I were the only Healthcare Administrators in Rotation Five, which totaled 16 Officers. The morning after our arrival, LCDR Jonathan White, Program Analyst with the Administration for Children and Families, conducted "Just in Time" disaster case management training for our members. At the conclusion of the training, the officers split into three groups of five and traveled to their assigned service sites in Schenectady, Schoharie and North Delaware County. During this mission, officers worked tirelessly with CCUSA to conduct outreach, worked with clients to develop disaster recovery plans, and assisted clients with information and referrals for greatly needed resources. Despite being four months removed from the disaster, the pain and suffering was still apparent on the faces of residents who came into the DCM office. There were families who lost all of their life savings and memorabilia during the destructive storm and flooding. It was reassuring to know that many of their spirits were lifted by the glimpse of hope and comfort that our mission offered.

# Administration for Children and Families (ACF) Disaster Case Management Support Mission Experience United States Public Health Service (USPHS) Deployment By CDR Laurie A. Brown, Ph.D.



Out of 5 team rotations, we were the 2<sup>nd</sup> deployment team activated to the New York State Disaster Case Management Program for Hurricane Irene and Tropical Storm Lee. There were 5 Commissioned Corps Officers who consisted of 1 Team Lead, and the remaining 4 case managers. Our Team 2 assisted the Schenectady county residents. We worked with Catholic Charities USA (contracting with the Department of Health and Human Services) to conduct outreach, develop disaster recovery plans, and assist with information and referrals as part of our mission.

Out of all of my deployments, this deployment was truly an awarding experience. Assisting, serving, and providing case management services to individuals in need was very touching. As a USPHS Officer it made me truly grateful for the skills and assistance I can provide - thanks to the Corps' mission of protecting, promoting, and advancing the

health and safety of our nation. The residents always complemented on a job well done by the USPHS. My one case management experience (which I will never forget) was a home visit to an older adult lady who was 92 years young. Her home was severely damaged so she had to stay with her son at his home. Although most of her valuables were damaged and/or lost due to the disaster, she showed us a few items that they were able to salvage, which was very memorable to her. It was more than my privilege to provide services to those who are dependent and in need. One of her comments was, "What would we do without you all - the USPHS."

I would like to thank and commend CDR Torris Smith for an outstanding job he did leading and directing the case managers. Also, much thanks to my fellow case managers for a job well done: CDR Angela Payne, CDR Valerie Rappleyea, and LCDR Jon Schwake.



## HAPAG Coins for Sale!



Order your coins today! Coins are \$10.00 each plus \$2.00 for shipping & handling.

Contact [Morrisa.Rice@hrsa.hhs.gov](mailto:Morrisa.Rice@hrsa.hhs.gov) or (301) 443-6838

# Leading During a Crisis

## By LCDR Charlene Majersky, Ph.D.

Nobody likes to find themselves in a crisis situation, but it happens. I think health care administrators can appreciate this notion.

As health care administrators and leaders, this is an important topic, at least from my humble perspective. So, the question becomes, "How do we, as health care administrators and leaders, lead effectively during a crisis?"

The first important rule is not to engage in the blame game. It is evident to those individuals involved in the crisis situation that there is a crisis in full swing, tensions are high, and people feel bad that such a situation exists. The blame game mentality is unhelpful, does nothing to add value to an already stressful situation but turmoil, and prevents the focus on working towards a resolution.



A word of caution to people whom engage in the blame game mentality: Be absolutely sure you have done your due diligence before commenting on the crisis situation at hand. What this means is, "Have you talked with all of the individuals involved in the crisis situation to ascertain factually what had transpired?" This is what I refer to as conducting a findings of fact analysis and evaluation. If you skip this critical step and instead react impulsively, it is highly likely that what you consider to be the events of what had transpired will be erroneous, adding greater tension and turmoil to an already delicate and sensitive situation.

My sense is that during a crisis, it is imperative that the focus and attention is on coming up with a viable solution to the critical issue. How to do this with poise, dignity, and without attacking individuals is the heart of true leadership. During a crisis, can you, as a health care administrator and leader, bring people together to work collaboratively in order to resolve the issue at hand?

Once the crisis is over and the issue resolved, this is the appropriate time to discuss what had transpired, to identify lessons learned, and to develop mechanisms so that this crisis situation does not repeat itself. It is mindful to note that anytime human beings are involved in any type of situation, there is a chance that errors can occur. However, hopefully there will be mechanisms in place to minimize or abate errors.

It is my heartfelt hope that we, as health care administrators and leaders, create and nurture a work environment where people don't feel like they are constantly walking on eggshells when they are at work and are under a tremendous amount of stress, terrified that their human errors will not translate into opportunities for their professional and personal development.



True leaders create opportunities. There is great value in human interconnectedness that is respectful, gentle, compassionate, understanding, supportive, nurturing, and accepting. An interpersonal relationship of this magnitude enriches our life and encourages us as we continue our journey on the path towards a calm, clear, and loving state of consciousness and a secure and vibrant connection with the world.

# Congratulations to all HAPAG Officers on their promotions!

## To Captain (O-6)

George Durgin 04/1/2013  
Michael Weahkee 7/1/2012 (EPP)

## To Commander (O-5)

Charlene Majersky 7/1/2012

## To Lieutenant Commander (O-4)

Donna Chaney 10/1/2012  
Jonathan Whitehart 10/1/2012

## To Lieutenant (O-3)

Ramses Diaz-Vargas (Permanent 7/1/2012)



## HAPAG Related Professional Web Resources

American College of Health Care Executives  
[www.ache.org](http://www.ache.org)

American Academy of American Administrators  
[www.aameda.org](http://www.aameda.org)

Associations of Military Surgeons of the United States  
[www.amsus.org](http://www.amsus.org)

Management Resources for Healthcare & Medical Professionals  
[www.pohly.com](http://www.pohly.com)

American Public Health Association  
[www.apha.org](http://www.apha.org)



# Avoiding Burnout in the Health Care Arena

## By LCDR Charlene Majersky, Ph.D.



There is no doubt that the health care arena continues to be filled with complexity and uncertainty during these challenging and trying economic times. As health care administrators and leaders, it is important that we have strategies in place so that we can avoid getting burnt out.

Our role and responsibilities as health care administrators is like a mosaic filled with a kaleidoscope of intricate tasks, often times functioning simultaneously with numerous hats on, ranging from mediator to counselor, to coach to teacher, and the like. Add in financial constraints that impede our ability to obtain

adequate personnel resources, resulting in our having to do more with less, and to multitask. Furthermore, anytime human beings are involved, there are varying personalities, personal life histories, cultural considerations, and sometimes personal agendas that make an already challenging work environment much more complex and time consuming for health care administrators and leaders to be able to lead, both effectively and successfully. Finally, the ongoing demands of an "I want it yesterday" mentality or operating in a crisis mode daily are draining and cannot be sustained over time.

Unfortunately, this type of work environment creates stress for everyone, which results in decreased efficiency, productivity, and morale, not to mention increased errors amongst employees. All this translates into an unhealthy work environment, where people are good candidates for burnout in the health care arena.

Since we are unique individuals, our strategies for avoiding burnout will be different from one person to the next. What is important here is for each individual to ascertain what works best for him or her. For example, create a list of things that help you to manage stress. Some examples are to exercise, read a book, drink a cup of hot green tea, bake, cook a meal, see a movie, engage in volunteer work, call a friend, etc. What works for you?

Sometimes we reach a point in our life where the job we currently hold does not inspire us any longer, where we feel that intellectual stimulation is absent, and where opportunities for growth and development are missing. We are drained on all levels, having tried our best to make a difference. Here, changing course or finding a different path might be the next step. Life is about choices.

My sense is that our health is our greatest wealth. If we do not take care of ourselves every day; spiritually, mentally, emotionally, and physically, then we cannot adequately help others to be the best that they are capable of becoming in the workplace. Setting healthy limits to what you can and cannot do in the workplace is important. Balancing work and your family life is critical too.

I am a strong advocate of self-awareness work and insight meditation, especially for health care administrators and leaders who serve in a leadership position. Personally, I find that sitting meditation helps me to develop a calm, clear, and tranquil mind so that I can exhibit loving-kindness (Metta = Pali term) and good-will towards myself and to others.

As leaders, our words and our actions have a significant impact in the workplace. The manner in which we communicate speaks volumes. The way in which we lead affects people in more ways than one. Take good care, give care, and lead with a compassionate heart.







## HAPAG OFFICER SPOTLIGHT: SERVING WITH PRIDE

### By LCDRs Kevin Bates, MPH and Keisha Johnson, M.S.

For more than 40 years, the Health Resources and Services Administration (HRSA) has supported community based health centers. Housed with the Bureau of Primary Health Care (BPHC), federally qualified health centers provide comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.

One major component of health centers is that they are community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. Currently, federally qualified community health centers deliver preventive and primary care services at more than 7,900 service delivery sites around the country to 19 million patients, about 40 percent of whom have no health insurance, regardless of their ability to pay.

Commissioned Officers have always played a vital role in the dissemination of quality health care services via the BPHC. These range from Program Analysts, to Branch Chiefs, or even Clinical Advisors. Currently, there are two HAPAG Chair members that work at the BPHC, LCDR Keisha Johnson and LCDR Kevin Bates.

**LCDR Kevin Bates, MPH** currently serves as a Public Health Analyst within the HRSA's BPHC, North Central Division (NCD), Central Midwest Branch. As a Public Health Analyst since 2007, LCDR Bates is responsible for a portfolio of nineteen grantees that receive over \$38.5 million in funding. Due to the complexity of the federally qualified community health center program, LCDR Bates is responsible for multiple awards for a single grantee. For example, in 2010 he played a vital role in ensuring \$2 billion from American Recovery and Reinvestment Act (ARRA) funds were quickly administered to community health centers in Illinois and Indiana. Ultimately, through his effort more patients have been served and jobs were created or maintained in an effort to meet the significant increase in demand for primary health care services among the Nation's uninsured and underserved populations. Beyond his grant administration duties, LCDR Bates serves as a mentor to new staff and serves on multiple workgroups.

**LCDR Keisha Johnson, M.S.** also works in the BPHC's NCD within the Eastern Mid-west branch. LCDR Johnson has worked as a Public Health Analyst since 2010. She is also responsible for a portfolio consisting of 11 eleven grantees within the state of Ohio. LCDR Johnson monitors the performance of Federally Qualified Health Center grantees and develops actions needed to assure continuity of services to underserved and underrepresented populations. Her daily monitoring activities include, but aren't limited to, site visits, leading conference calls to provide financial and clinical guidance, as well as technical assistance on issues around performance improvement. In addition to her duties as a Public Health Analyst, LCDR Johnson also serves as the Chair of the newly formed BPHC's Primary Health Care Divisions' Standard Operating Policies (SOPs) and Procedures Review Committee. This committee was formed to support the Primary Care Divisions with the review of Standard Operating Procedures, guidance documents, checklists, tip sheets, and any other internal documents prior to finalization. Prior to establishment of this committee, the internal document review process did not involve the end user; in particular, Project Officers and Branch Chiefs. The previous review process was informal and inefficient, resulting in delays in establishing or updating key internal documents for use by BPHC staff – as documents were only reviewed at the management level as schedules permitted. Since LCDR Johnson has served as Chair of the committee, several SOPs have been circulated for use among BPHC staff, resulting in expedited information to support consistent and comprehensive grantee monitoring.

Importantly, all Commissioned Officers working in the BPHC uphold the United States Public Health Service (USPHS) Commissioned Corps' core value of service, by directly serving underserved and underrepresented populations who deserve quality and affordable health care. HRSA's mission of improving access to quality health care, as well as the USPHS Commissioned Corps' mission of improving the health of the Nation by protecting, promoting, and advancing the health and safety of the Nation, will continue to be achieved by all Commissioned Officers working in the BPHC.



# Leadership + Volunteerism = Reward

## By CDR Kimberly McIntosh-Little

Many officers are involved in HAPAG or HS-PAC, yet how often do we get to share our leadership talents outside of our jobs and with our communities? Fourteen years ago, I was exploring how I could serve my community for the greater good. I found it through the Susan G. Komen Race for the Cure. Every year on the first Saturday in June, I offer my talents to the organization in various ways, from setting up water and food stations, to manning the “I am the Cure” station that provides public health information on breast cancer. In 1998, it began with getting a group of co-workers and friends to come out every year to show support for a worthy cause. Currently, I serve as one of the volunteer Captains for this initiative. My duties include managing 100 volunteers, conducting meetings to strategize how to effectively utilize the volunteers’ talents, and maintaining positive morale of the group since there are no monetary rewards. This is no easy task, but it is accomplished every year. I believe volunteering is beneficial in the following ways:

- Grow in leadership skills through the experiences of strategic thinking and conflict resolution, which is learned at the meetings as well as on race day working with the many volunteers.
- Develop leadership skills that I can apply in my workplace.
- Meet numerous people who also work to improve our community.
- Serve as a role model for others, including my children, who participate every year.
- Satisfaction that my contribution does make a difference.

Explore other job opportunities you may not have thought of. There are endless opportunities to volunteer in your community. Channel your talents and willingness to serve your time beyond the walls of the USPHS. It will come back to you positively by providing a good work-life balance. Encourage your colleagues to become involved. You can obtain information on how to serve from the various national associations’ websites or your local schools and religious organizations. I challenge you to choose one organization to volunteer with. The many thanks I receive from my volunteer service is a priceless reward.