



SWPAG NEWSLETTER

VOLUME V, ISSUE II

JUNE 2013

INSIDE THIS ISSUE:

| | |
|---|------------|
| Farewell from Vice Admiral Regina Benjamin | P. 1, 6, 7 |
| From the SWPAG Chair | P. 2 |
| From the Comm. Chair | P. 2 |
| Congrats to the 2013 SWPAG Social Workers of the Year | P. 3 |
| SAMHSA Hosts Policy Academies | P. 4, 6 |
| USPHS Social Workers Attend W.R. Ethics Symposium | P. 5 |
| The Boston Marathon Explosion | P. 8-9 |
| Tip of the Month | P. 10 |
| Other News... | P. 11 |

2013 SWPAG Meetings

31 July at 1400 EST
25 Sept at 1400 EST
4 Dec at 1400 EST

SWPAG Newsletter
created by
CDR Julie Niven, LCSW,
DCSW, MAC



REGINA M. BENJAMIN MD, MBA
SURGEON GENERAL

Dear Fellow USPHS Commission Corps Officers,
Staff, and Friends:

It has been an honor to serve as the 18th Surgeon General of the United States. I have informed the President and HHS Secretary Kathleen Sebelius of my decision to leave my position as Surgeon General effective July 16, 2013. I thank President Obama for the honor he bestowed on me, four years ago this month, when he announced my nomination.

That day in the Rose Garden, I spoke of wanting to prevent other Americans from suffering the loss of loved ones, as I had, due to preventable illnesses such as smoking-related lung cancer, strokes, and HIV. My goal was to create a grass-roots movement, to change our health care system from one focused on sickness and disease to a system focused on wellness and prevention. With your help, that movement has begun.

Thank you for your support of my vision to improve the health of our nation by focusing on prevention. Together, we have partnered with everyone from nonprofits to companies big and small, to local, state and tribal governments, as well as thousands of individuals to help Americans understand that health occurs everywhere, not just in the doctor's office or the hospital.

Your hard work and extraordinary service has helped us achieve several historic accomplishments during these challenging times.

As Chair of the National Prevention, Health Promotion, and Public Health Council, which was established by the Affordable Care Act, I led the release of the landmark National Prevention Strategy (NPS). The NPS serves as a roadmap to work with partners at local, national, and international levels to help bridge the gaps in health disparities and ultimately increase the number of Americans who are healthy at every stage of life. The strategy was developed by the National Prevention Council, which is composed of 17 cabinet-level heads of federal agencies

...Continued on pages 6 & 7





from the *SWPAG Chair*

...*CDR Kristin Kelly, LCSW*

I would like to start the newsletter this month by apologizing for having to cancel our SWPAG meeting in May 2013. As I am sure we all have experienced at some point in our careers, it can be difficult to juggle ones USPHS duties with the mission of our respective agencies. Please know the meetings are important to me and I know many of you rely on them for valuable information about being a social worker in the USPHS. Our next meeting will be 31 July 2013 at 1400 Eastern Time and I hope all of you will be able to attend.

As I mentioned in the previous newsletter and at our first meeting in March, in addition to providing valuable updates, I would like to provide brief educational presentations for the PAG during our meetings. If you are interested in sharing information with your fellow PAG members, please contact me to discuss. I can be reached via phone at 301-492-5438 or via email at kristin.kelly@foh.hhs.gov.

I hope many of you were able to attend the Commissioned Officer Foundation conference last month. Although the PAG was not able to host a break out session this year, I trust all of you found time for networking and fellowship at the meeting. Many of you have shared some valuable experiences from the conference with me and I anticipate you will share those with the larger group at our next conference call.

Planning for the Association of Military Surgeons of the U.S. (AMSUS) conference continues with USPHS as the host service. The vision of AMSUS is to be the premier association supporting and representing military and other federal healthcare professionals. The AMSUS conference will be held in November 2013 in Seattle, Washington. My hope is some PAG members will be able to attend this conference as USPHS is hosting. As planning for the Uniformed Services Social Work (USSW) portion of the conference progresses, I will be calling upon PAG membership to assist in planning. Please feel free to contact me directly if you wish to assist with USSW.



Once again, I would like to express I am truly sorry for canceling our May meeting so abruptly. Please do not hesitate to contact me with information and ideas to advance the PAG and the visibility of social workers in the USPHS.

News, News and MORE News!

News, news and more news! This quarter's SWPAG Newsletter is chock full of news! Our Surgeon General is bidding us farewell. (Can you believe that 4 years have passed already?) The new ODU phase-in period is being extended. (I guess everyone has been having the same problems I've been having getting all the uniform components from Woodbine.) The Boston Marathon bombing occurred (and we have a great article submitted by one of our own to tell us about how the USPHS helped in mitigating the tragedy). There is an article about the 2013 SWPAG Social Worker of the Year winners, etc., etc. Our world is indeed a very busy place!

On a more personal note, I hope that everyone is having a nice start to their summer and have their grills ready for the upcoming 4th of July. Be safe with any fireworks you might enjoy and don't drive if you decide to drink. As for myself, I am planning to fly the flag and celebrate our independence. (I just had a great time during Flag Day at the Richmond Virginia Veterans Administration on 14 June!)

Take care and have a great holiday. And of course, thank you all for the many great articles. Keep 'em coming!

Yours in Service, *CDR Julie A. Niven*



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Congratulations to the 2013 SWPAG Junior and Senior Social Workers of the Year!

CDR Stacey Evans: 2013 Senior Social Worker of the Year

(photo unavailable)

CDR Evans is presently assigned to the Department of Defense (DoD), Defense Center of Excellence (DCoE), Deployment Health Clinical Center (DHCC), Specialty Care Directorate (SC), where she is the deputy branch chief for the Clinical Recommendations Section and the lead for the DoD Integrated, Mental Health Strategy #26 (translation of research into clinical practice).

CDR Evans has been instrumental in providing timely delivery for several high visibility products for SC to include the first ever data call request for inputs from the Armed Services for their prioritization of research needs; as well as a Joint Incentive Fund proposal to develop a pilot for Integrated Mental Health (IMHS), Strategic Action (SA) #26. CDR Evans is the DoD lead for the Health Executive Counsel's SA#26 initiative working with multiple agencies and senior leadership at the Department of Veterans Affairs.

As a career counselor, CDR Evans has positively impacted the careers of over 200 officers. She demonstrated excellent leadership skills while serving as Chair of the Health Services Officer Appointment Board, as well as president of the District of Columbia, Commissioned Officers Association Metropolitan Branch. As a Senior Instructional Officer, CDR Evans played a significant role in the development and implementation of the two-week USPHS Officers Basic Course (OBC), which, since 2007, has positively impacted each new officer called to active duty.

CDR Evans has always remained grounded, resilient and dedicated to the mission before her which is why she is a tremendous asset to the social work profession and the USPHS.

LCDR Tarsha Cavanaugh: 2013 Junior Social Worker of the Year



LCDR Cavanaugh was nominated for her exceptional leadership qualities as a Senior Public Health Analyst within the Health Resources and Services Administration (HRSA), Office of Women's Health (OWH). She serves as the lead advisor on subject matters related to violence prevention, oral health, veterans and tribal women's health. LCDR Cavanaugh is the HRSA Women's Health Coordinating Committee, Violence Prevention Workgroup Chair and provides leadership in the development of priorities and partnerships related to violence prevention. In 2013, LCDR Cavanaugh initiated the development and implementation of a HRSA Project Action Charter, Veterans Trauma-Informed Care Protocols Initiative, to identify trauma-informed approaches, resources

and training to support HRSA funded health centers providing primary care to veterans. She co-hosted a pre-conference session on Home Visitation and Domestic Violence: State-level Strategies to Meet the Federal Benchmarks, presented a poster on Understanding the Department of Health and Human Service Women's Preventive Services Guidelines: A Focus on Domestic Violence Screening and Counseling and co-authored a blog on Bullying Prevention: Let's Be a Voice for Change. Finally, as HS PAC Communications Subcommittee Chair, LCDR Cavanaugh recommended the utilization of the HSO Weekly Announcements to showcase Health Service Officers contributions in addressing components of the National Prevention Strategy.

SAMHSA Hosts Service Members, Veterans, and Their Families Policy Academies

Submitted by LT Holly Berilla, MSW

In April and May 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA), an operational division of the Department of Health and Human Services (HHS), hosted two Service Members, Veterans and their Families (SMVF) Policy Academies with the purpose of strengthening statewide and territorial behavioral health care systems and services for the SMVF population. With the support and input of their respective governors, a total of 19 states and territories developed interagency teams that represented a range of public and private stakeholders with policy-level responsibilities. The teams committed themselves to develop a sustainable strategic action plan to inform policy and service delivery for the SMVF population.

Some of the participants from states and territories included, but were not limited to, SMVF leadership from the State National Guard, U.S. Department of Veterans Affairs and Veterans Affairs Integrated Service Networks, consumer organizations, Army One Source, State tribal health offices, State/Territory Departments of Veterans Affairs, as well as State/Territory Senators and/or legislative representatives, mental/behavioral health planners, mental health or behavioral health commissioners, and others.

Throughout the process, SAMHSA and the SMVF

Technical Assistance Center provided subject matter experts and leads in the field to offer guidance and assistance to participants in their process of designing strategic action plans for their respective states in order to improve services to the SMVF population. Federal staff were available to provide interagency team facilitation, subject matter expertise, informative presentations, and technical assistance. Among the Federal participants were the following PHS Commissioned Corps social work officers: RADM Joan Hunter (NGB), CAPT Janet Hawkins (DCoE), CAPT Andrew Hunt (SAMHSA), CAPT Wanda Finch (DCoE), and LT Holly Berilla (SAMHSA).

SAMHSA's SMVF Policy Academy process is one component of specialized technical assistance provided by SAMHSA to support states and territories in initiating and enhancing existing behavioral health care systems for the SMVF population. As part of the initial policy academy process, states/territories receive an on-site strengths, weaknesses, opportunities, and threats assessment conducted by expert consultants through SAMHSA's SMVF Technical Assistance Center. During this initial site visit, the interagency teams begin their work during a strategic planning session.



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USPHS Social Workers Attend Annual Walter Reed National Military Medical Center Healthcare Ethics Symposium

Submitted by CDR Todd Lennon, LCSW

The annual Walter Reed National Military Medical Center Healthcare Ethics Symposium was held 14-16 May 2013 in Bethesda, MD. It was attended by over 250 allied health professionals who serve in, are retired from, or who serve the uniformed services. USPHS was well-represented by social workers and psychologists. Attendees received up to eight free ethics CEUs for licensure and enjoyed presentations by national leaders in the study of ethics in healthcare. Social workers in the National Capital Region should plan on making this an annual part of their continuing professional education.



*SWPAG MEMBERS ATTENDING THE WRNMMC ETHICS SYMPOSIUM L-R:
 LCDR MALAYSIA GRESHAM (DOD), CDR TODD LENNON (HRSA), CAPT LAURA APONTE (HRSA), LT CARA ALEXANDER
 (DOD), LT ISRAEL GARCIA (HRSA). MISSING: CDR DWAYNE BUCKINGHAM (DOD), LCDR TRACY PACE (HRSA),
 CAPT (RET) REBECCA ASHERY, CAPT (RET) AMY BARKIN*

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The states/territories then participate in the formal 2.5-day SAMHSA SMVF Policy Academy. The interagency teams significantly advance their work through intensive, professionally facilitated sessions and develop and share strategic action plans. As follow-up to the Policy Academy, participants receive a post-academy technical assistance site visit by SAMHSA's expert SMVF consultants. Ongoing technical assistance (e.g., webinars and consultation) through the SMVF technical assistance center will remain available to participants.

Since the process was initiated in 2008, SAMHSA has provided a total of six SMVF policy academies. Some participants from earlier policy academies have participated in more recent academies to further solidify their SMVF state action plans and service delivery efforts.

The next SAMHSA SMVF Policy Academy will be held in September 2013, upon which, 48-states, the District of Columbia, and four territories will have participated, received technical assistance, and developed sustainable strategic action plans to implement policy and behavioral health service delivery for their respective SMVF populations.

If you are interested in learning more about SAMHSA, please visit www.SAMHSA.Gov. To learn more about SAMHSA's SMVF Technical Assistance Center, please visit <http://www.samhsa.gov/militaryfamilies/tacenter/>



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including the Departments of Transportation, Education, Agriculture, Labor, Defense, HUD, and the EPA, with input from hundreds of stakeholders.

The NPS illuminates and puts into action what we in Public Health have been saying for more than a hundred years: Prevention is the foundation of public health and prevention is the foundation of an effective health care system.

The National Prevention Council Annual Report, to be released later this month, shows positive trends in some leading health indicators.

Among the highlights are decreases in:

- youth ages 3 to 11 exposed to secondhand smoke;
- the number of adolescents who are current smokers;
- the rate of coronary heart disease deaths;
- stroke deaths; and
- overall cancer deaths.

I am also particularly proud of several key reports and campaigns that reinforce the importance of prevention, including:

The Surgeon General's Vision for a Healthy and Fit Nation, which focused on prevention of obesity at all ages, healthy eating, physical activity, and managing stress. The First Lady's leadership with her *Let's Move Initiative* has helped take this issue to heights of awareness and success that a Surgeon General alone could not have done.

Surgeon General's Report on How Tobacco Smoke Causes Disease – the Heart Stopper Report concluded that exposure to tobacco smoke – even occasional smoking or secondhand smoke – causes immediate damage to your body that can lead to serious illness or death.

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Surgeon General's Report on Preventing Tobacco Use among Youth and Young Adults focused on health effects on tobacco use and interventions.

Surgeon General's Call to Action to Support Breastfeeding identified ways that families, communities, employers and health care professionals can increase support for breastfeeding and improve breastfeeding rates.

National Suicide Prevention Strategy, an ambitious national strategy to reduce the number of deaths by suicide.

Because health occurs where we live, learn, work, play, and pray, I felt it was important to go where the people are and to lead by example. I am very proud of our efforts to engage communities in creative ways, including:

Surgeon General Every Body Walks Initiative, a national walking and walkable communities initiative bringing together more than 400 partner organizations to encourage everyone to take steps toward better health.

Surgeon General Journey of Joy, an initiative based on the simple fact that any lifestyle change needs to be fun in order to sustain over time.

My Family Health Portrait, an Internet-based tool encouraging people to collect their family health history during the holidays when families gather together.

Annual Exercise Friendly Hair Competition engages with hair stylists to become ambassadors for health by removing a major barrier to routine exercising.

The nation must take a more holistic and integrative approach to community health as called for in the Affordable Care Act. No one understands this concept better than you. Our nation has faced many disasters. Every time, you have swiftly met the challenge with expertise, professionalism, compassion, and honor. From the Gulf Oil Spill to Hurricane Sandy; from the Boston bombings to the tornados of Oklahoma, the US Public Health Service was there. Too few Americans know that you are a distinct branch of the uniformed services (military). Just as the Air Force protects our skies, and the Navy protects our shores, you protect the public's health.

I was called to serve, and I have truly enjoyed serving as America's Doctor, promoting prevention in everything we do. I will leave the Office of Surgeon General confident that we have paved the path for a healthier nation with a much stronger focus on wellness and prevention.

My deputy, RADM Boris D. Lushniak, M.D., M.P.H., will serve as Acting Surgeon General while a search is underway for the next Surgeon General.

My personal plans include taking a short break and enjoying the summer as I explore new challenges and opportunities to make a difference. I will spend some time volunteering at my clinic in Alabama, allowing me to get back in touch with my patients, whom many of you know I have missed greatly.

My sincere thanks to each of you for welcoming me into the PHS family.

I am so proud to have served as your Surgeon General.

God bless you all and God bless America.

Sincerely,

Regina M. Benjamin, MD, MBA
Vice Admiral USPHS
Surgeon General

Be Prepared: The Boston Marathon Explosion, A Case In-Point

Submitted by CDR Dale Thompson

On Monday 15 April 2013, two explosive devices were detonated at the Boston Marathon finish line, resulting in shrapnel injuries and death to bystanders, marathon participants, volunteers, and race officials. The impact of this event reverberated throughout the community and resulted in a need to support and protect the mental health of those affected in the Boston metropolitan area. The State of Massachusetts requested federal assistance for disaster response to include the deployment of PHS Officers under the Department of Health and Human Services. Mental Health Team 3 was on call for the month of the month of April and received the call out from the Office of Force Readiness and Deployment to get “boots-on-the-ground”.

DCCPR recently made adjustments to deployment teams’ structures such that MHTs were identified as “stand alone” teams, giving DCCPR the capability to deploy the MHTs outside of Disaster Medical Assistance Teams (DMAT). As such, the MHTs work directly with the Incident Response Command Team (IRCT). This has resulted in two deployments (i.e., Sandy Hook and Boston Marathon Explosions) with specific mental health needs were identified and a quick response was coordinated with a more nimble MHT. As a direct result, nineteen Tier 2 Offices and 1 RIST Officers received phone calls to deploy within less than 24 hours of the explosions and some team members were arriving on site in Boston within 24 hours of the event. This was an unprecedented deployment response time, and the example of such bacons Officers to remain prepared, particularly those in their “on-call” month.

The behavioral health picture of this particular event was complicated and compounded by multiple factors in the hours/days after the IED blasts at the world class sporting event, to include the following, sustained injuries (i.e., upwards of 260 individuals), loss of life (i.e., 3 persons), the search for and identification of suspect (i.e., man-hunt), an unprecedented metropolitan-wide shelter-in-place and lock-down, carjacking, multiple incidents of reported “shots fired”, dispatch of grenades from a moving vehicle, SWAT teams entering hospitals with weapons drawn searching emergency rooms, ambush and death of an MIT Officer, hold-up of suspects in a residential area, death of a suspect in residential area, and hold-up and capture of second suspect in residential neighborhood. The location of this suspects capture was within 1 mile of PHS billeting. Many deployments involve risk the astute Officers considers during deployments. Incorporation concept of active shooter, sheltering-in-place, and other safety measures are a consideration as Officers may be call on to deploy into harm’s way. Security measures were taken for this deployment to include an on-site HHS Officer, safety briefings, shelter-in-place communications, and missions were vetted for Officers’ safety.

The primary mission of mental health disaster response is to mitigate the adverse effects of trauma by promoting and protecting psychological well-being. For the Boston mission, this was addressed in outreach efforts to provide Psychological First Aid (PFA), psycho-education, referrals, and assisting in developing long-term psychological support plans to the BAA, first responder groups, universities/colleges, and other interest groups or city officials.

Each deployment presents with particulars that require a disciplined but flexible approach to meeting the needs of the communities we serve. For the Boston Marathon Explosions, this was accomplished by embedding the MHT with the Boston Medical Incident Command (MIC). The MIC was a pre-staged Medical Command Team specific for the Boston Marathon, staffed by key community leaders, the Boston Public Health Commission (PBHC) and Boston EMS. The existence of the MIC is one of the unique features of this deployment, such that a team of experts and key personnel were “in place” with a working All-Hazards Preparedness Plan in which PHS could integrate and operate within their footprint. The command center was located in downtown Boston near the blast sites. From the moment of the explosions the MIC was a counter response in support of the victims, family members, organizers, volunteers, businesses, education centers, and the community at large. Requests for services and support came in daily to the MIC for vetting and resource management (e.g., police, FBI, EMS, hospitals, universities, etc.). The MHT worked collaboratively in establishing a match for services and coordinating resources towards mitigation of psychological trauma. The primary missions were providing mental health services to the Boston Athletic Association (i.e., host of the world renowned Boston Marathon) and first responder groups in emergency management services. Additional support was provided to three area



hospitals where victims were treated for blast and/or gunshot injuries (e.g., Boston Children's, Beth Israel Deaconess, and Mt. Auburn Hospital). Officers were also present at two universities/colleges (e.g., Suffolk and Wheelock) in providing PFA and psychoeducation. Team members participated in a collaborative effort lead by the Red Cross in staffing a Family Assistance Center for victims of the explosions and their family members. The Boston Last Mile Run and Candlelight Vigil was staffed with PHS Officers on the MHT with medical professional backgrounds with disaster mental health training (e.g., PAs

and nurses) along with other mental health specialist. PFA was also provided for employees of a company who were exposed to trauma being located at the finish line.

This deployment afforded many Officers leadership training and exposure. This occurred as a result of taking advantage of multiple developments. Because the MHT was staged in the same billeting as the IRCT, both MHT and IRCT staff and leadership were highly visible and accessible, encouraging training, education, and mentoring opportunities. Because of the area wide "lockdowns" the team engaged in training so that time was not wasted on-site and Officers were engaged. Team members were also encouraged to "step-up" into assignments with our lesions (i.e., Group Supervisor and Medical Official) to the MIC and learn first-hand about the "who, how, and what" that occurs in a Medical Incident Command. Mission assignments were developed cognizant of placing experienced Officers as "leads" early on in the deployment, with these Officers given an opportunity to mentor and lead by example. Then, as missions were shifting in locations but remaining similar in scope, the decision was made and supported by many of the senior Officers to allow the opportunity to have many Officers assume leadership roles. As a result of these efforts many of the deployed Officers had the opportunity to function in and prepare for future DCCPR leadership roles and have a better understanding of the administrative end of a deployment effort.

A statement made by a staff member of Beth Israel Deaconess Hospital had a particular power and resonance for a uniformed service wielding mental health providers at the ready. Through tears she spoke, "...when I saw you Officers walk in together through our hospital halls, I said to myself 'here comes the Calvary of Mental Health'".

As Officers of the United States Public Health Service, we stand ready to serve, so that what is right about humanity will continue to maintain a foothold against forces, man-made and natural, that threaten our people. It is inevitable that our services will be called on again. The need for well trained and nimble mental health US PHS Officers is well established as a deployment force. Now is the time for you to continue to remain prepared or to get prepared to respond in aid of your Nation. Stand with us in fulfilling the obligations of your charge to bring to bear mental health resources when call upon and be our Nation's "Calvary of Mental Health".





U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PERSONNEL OPERATIONS MEMORANDUM



**EFFECTIVE DATE: POM 13-004
13 June 2013**

By Order of the Surgeon General of the U.S. Public Health Service:

VADM Regina M. Benjamin, MD, MBA

TO: All Corps Officers on Extended Active Duty

SUBJECT: Extension of Phase-in of the Operational Dress Uniform (ODU)

1. This Personnel Operations Memorandum (POM) extends the mandatory phase-in time for the ODU specified in Personnel Policy Memorandum (PPM) [PPM 12-002](#), dated 9 March 2012.
2. The mandatory phase-in time for the ODU shall be 31 December 2014.
 - a. On 1 January 2015, the Battle Dress Uniform (BDU) and all accompanying uniform accoutrements will no longer be authorized for wear and the ODU will be a required uniform for all Corps officers.
 - b. During the phase-in period, the BDU and all accompanying accoutrements will continue to be authorized. Mixing of ODU and BDU accompanying uniform accoutrements is not authorized.
 - c. Woodland pattern, olive drab or black non-uniform equipment, such as GI Duffel Bag, Backpacks, ALICE packs etc, will remain authorized as long as they are serviceable. New or replacement non-uniform equipment items shall be black in color.
3. All other provisions of PPM 12-002 remain unchanged.

-signed-
Regina M. Benjamin, MD, MBA
VADM, USPHS
Surgeon General

...Other News ...



The SWPAG Career Development (CD) Subcommittee actively seeks and disseminates information on career opportunities for professional development, vacancies, and special assignments. In an effort to accomplish its mission the CD Subcommittee has created a calendar that lists various trainings/webinars, conferences and continuing education credit opportunities that might be of interest to our members. More current months will contain the most information. You should check back frequently as we will update the calendar as we learn of CD offerings around the country. Please email questions/comments, suggestions for making the calendar better and information about trainings/webinars, conferences and continuing education opportunities to LCDR Maria Fields, Chair, SWPAG Career Development Subcommittee, at maria.v.fields.mil@mail.mil Requests for more specific information about any of the events on the calendar should be directed to the event host.

ANYTIME

Ethics

<http://www.aswb.org/education/courses/index.php>

Ethics: Boundary Crossings and the Ethics of Multiple Role Relationships

<http://www.continuingcourses.net/active/courses/course066.php>

Ageing, Mental Health, and Long-term Care

<http://www.continuingcourses.net/active/courses/course041.php>

Traumatic Brain Injury and Post Traumatic Stress Disorder

<http://www.dcoe.health.mil/TrainingCalendar.aspx>

The National Child Traumatic Stress Network

<http://learn.nctsn.org/course/category.php?id=3>

Center for Deployment Psychology

<http://deploymentpsych.org/training/online-courses>



*The Mission of the U.S. Public Health Service
 Commissioned Corps is to
 protect, promote, and advance the health and safety
 of our Nation.*

For more information about our PAG, visit the SWPAG website at
<http://usphs-hso.org/?q=pags/swpag>

2013 SWPAG Meetings

*31 July at 1400 EST
 25 Sept at 1400 EST
 4 Dec at 1400 EST*

*Watch your email for the
 Call-in number and
 participant code*

SWPAG Colleagues:

The Communications Committee encourages officers to submit any news/events information about fellow social workers, something you've accomplished, clinical issues, job/agency opportunities, recruiting ideas or strategies, career enhancement suggestions, educational opportunities (CEU's), publicity events, deployment/OFRD training experiences, CCA events etc. for publication in the SWPAG newsletter. Please have submissions cut and paste ready.

Thank you!

*Please respond to CDR Niven at:
julie.a.niven.mil@mail.mil with submissions*