



# SWPAG NEWSLETTER

VOLUME III , ISSUE I

MARCH 2011

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September 21, 2011

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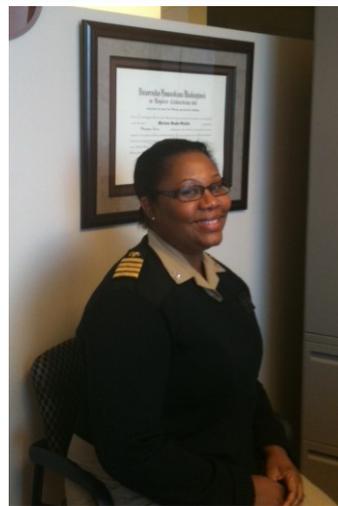
SWPAG Newsletter

created by

LCDR Christopher Cline

LCDR Julie Niven

## *Ladies and Gentlemen, We Present to You...*



### **CAPT Marinna Banks-Shields, SWPAG Chair for 2011**

CAPT Marinna Banks-Shields is a Licensed Independent Clinical Social Worker in Washington, DC. Despite the fact that her father is a Clinical Social Worker, her interest in social work peaked when she worked as a college intern on the Center for Disease Control's (CDC's) America Responds to AIDS Campaign in Atlanta, Georgia. Even as a double major in Sociology and African American and African Studies at Emory University, CAPT Banks-Shields worked as a buddy to persons living with AIDS through her Atlanta church and AIDS Atlanta. She later received her Master's Degree in Social Work (MSW) from Howard University in Washington, DC, specializing in the clinical tracks of displaced populations and child and family services. CAPT Banks-Shields also completed her Ph.D. in Social Work at Howard University specializing in mental health.

CAPT Banks-Shields began her career as a clinical social worker in the District of Columbia's Child and Family Services Agency. She was commissioned in 1992 and was assigned to a detail from the Substance Abuse and Mental Health Services Administration to DC's Commission on Mental Health Services. For over 9 years, CAPT Banks Shields worked in direct services with children, youth, and adults with serious and persistent mental illness and transitioned to writing the policies related to their care. In the Policy Division she revamped many of the policies related to DC's new Department of Mental Health.

CAPT Banks-Shields began working as a Senior Public Health Analyst with the Health Resources and Services Administration (HRSA), HIV AIDS Bureau (HAB), Division of Community Based Programs, in August 2002. In that position, she had lead responsibility for up to 18 million dollars in grant funds awarded to up to 35 rural and urban grantees with different legislative requirements across the United States. She represented the HIV/AIDS Bureau and HRSA in local and national committees, contributed to nationally published recommendations, was the lead on several work groups, and acted as an expert committee member for other HRSA bureaus. CAPT Banks-Shields recently transferred to the Office for Human Research Protections, Division of Compliance, under the Office of the Secretary of Health and Human Services.



CAPT Banks-Shields is the current chair of the Social Work Professional Advisory Group (SWPAG). She has participated in numerous Corps-related leadership and committee memberships in the SWPAG, Health Services Professional Advisory Committee (HSPAC), Black Commissioned Officer Advisory Group (BCOAG) and the Commissioned Officers Association (COA). She also serves in the community providing services to homeless families through her outside activity in the District of Columbia, serving on the Board of Directors of Thrive DC (formerly The Dinner Program for Homeless Women) in Washington, DC and serving on the founding Board of Directors of Resident.Connect.Care, a food program in Brooklyn, New York.

*(More on SWPAG leadership continued on Page 4)*



# ***HAPPY SOCIAL WORK MONTH!!***

## **Celebrate Social Work Month!**

By LCDR Julie A. Niven

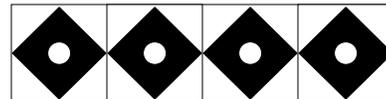
Though social work's history in the United States Public Health Service is not as lengthy as many other disciplines, social workers nonetheless have a noteworthy past of 62 years of commissioned service to date. Though social workers were employed with the PHS a few years prior to 1949, it was not until 1949 that the first social worker was commissioned as a PHS officer. In 1950, three additional social workers were commissioned and began work at NIMH. Nine more were commissioned the following year and were assigned to the Division of Hospitals and Clinics, the Division of Chronic Disease and TB, and NIMH. In 1967, 50 social workers were commissioned to work with the mentally ill at St. Elizabeth's Hospital in Virginia. Two years later, social workers became active in Child Health programs through the Children's Bureau. In 1979, another 128 social workers were commissioned and began work in a variety of HHS and non-HHS agencies. Today, there are over 120 commissioned social workers in the USPHS. We work in clinical/direct care positions as well as research, policy development, administrative and other program specific roles. We are represented in all major HHS and non-HHS agencies. Our strength comes from our diversity and our pride in what we do. Hats off to USPHS social workers as we celebrate **Social Work Month March 2011** and continue to do the work we love!

*LCDR Julie A. Niven, LCSW, DCSW, MAC  
is currently assigned at the Fort Lee Army Post  
in Fort Lee, VA.*

*Her email is [julie.a.niven@us.army.mil](mailto:julie.a.niven@us.army.mil)*



The Center Building at St Elizabeths Hospital, now abandoned, dates back to the civil war era.



## Diabetic Alert Dog Senses Glucose Highs and Lows

by LCDR Scott Eppler

My daughter, Abbie, is 6 years old and was diagnosed with Type 1 Diabetes in August of 2008. She has been on an insulin pump since December 2008. In 2009, Abbie began developing hypoglycemic unawareness; the difficulty or inability to feel when one's blood sugar is dropping too low. Abbie used to be able to feel her lows when her glucose fell between 60 and 70. Now she doesn't feel her lows until she is between 35 and 45. Seizures can occur if blood glucose levels fall too low. Abbie's blood sugar is checked approximately every 2 hours or more around the clock.



In October of 2009, we read an article about a boy and his Diabetic Alert Dog (DAD). My wife and I had never heard of a DAD. We knew we needed help and thought this could be one solution. We found and contacted Wildrose Kennels of Oxford, Mississippi, and explored their DAD program. Two weeks later, we put down our deposit.

Waiting for Gracie, a British Labrador, was like waiting to be first time parents all over again. We are a homeschooling family and decided that training Gracie ourselves was the way to go. We had a 7 month wait, so my wife read every book she could get her hands on since she would be the primary trainer. She talked to people on the Diabetic Alert Dog forum, asked questions, attended workshops, and took a lot of notes.

On April 30, 2010, we picked up Gracie (Wildrose Abbie's Saved by Grace). "Gracie" had taken part in the WR Super Learner Program. She had been trained on a number of low scent samples (including Abbie's) since she was less than a week old. The very first day she alerted to three lows. We were AMAZED! This was the first of many amazing alerts.

Self-training a DAD is a 24/7 job. Every interaction with your dog is a training/learning experience. Every low is also a training opportunity. From day one, each time Abbie checked her glucose, Gracie watched, smelled her finger, and smelled the strip. Abbie would also blow in Gracie's face. Gracie was able to smell the change in body chemistry on Abbie's breath. If Abbie was low, we party, party, partied, and rewarded with a treat. If Abbie was high, we would tell her that Abbie was high and that we would take care of her. No party. We have now added a bringsel (a bringsel is a nylon tube stuffed with polyester fiber batting and a Velcro closure to attach to belt loops) to the alert chain. If Abbie is low or high, Gracie now takes the bringsel to all the members in the family. She will wave her paw for a low and bow for a high. After we check Abbie's glucose on the meter, she is rewarded with a special treat and a lot of praise. It is all about consistency and repetition.

Gracie is now 10 months old. She alerts with the bringsel to high and low blood sugars consistently during the night and day. She consistently alerts within 10 points of Abbie's low or high target (100-160). DADs are able to beat continuous glucose monitoring systems by about 30 minutes. While it is not known precisely what DAD's are scenting, it is believed they are alerting to changes in body chemistry through chemicals given off by the body during a glucose event. Gracie can pick up highs, lows, and the trends inbetween even when the glucose meter shows a "normal" glucose reading for Abbie (100-160). This gives us critical time to react to Abbie's falling or rising blood glucose levels.

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### **LCDR Todd Lennon, SWPAG Vice-Chair for 2011**

LCDR Todd Lennon is a public health analyst in the Office of Emergency Preparedness and Continuity of Operations at the Health Resources and Services Administration (HRSA) in Rockville, MD. His work is focused on policy development and the coordination of internal and external information flows to prepare for and manage emergencies. Prior to his assignment to HRSA LCDR Lennon served three years in the Office of the Assistant Secretary for Preparedness and Response.

LCDR Lennon earned a BSW degree from the University of Wyoming in 1987 and an MSSW degree from the University of Louisville in 1988. He is a Licensed Certified Social Worker in the State of Maryland. He also serves as a field instructor and mentor for the University of Maryland School of Social Work and as an HSO mentor.

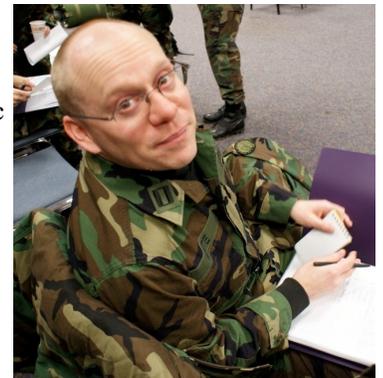
Prior to joining the Commissioned Corps in 2007 LCDR Lennon served 18 years on staff at the Council on Social Work Education in Alexandria, Virginia, holding various positions with increasing responsibility, working on several member service programs and initiatives.

### **LT Jonathan White, SWPAG Secretary for 2011**

LT Jonathan White currently works as a Policy Analyst with the Administration for Children and Families' Office of Human Services Emergency Preparedness and Response (OHSEPR), where he coordinates projects related to strategic partnerships in disaster human services and community resilience-building. Previously, he spent five years in the Social Work Department at the National Institutes of Health Clinical Center, as clinical social worker for the surgical oncology program.

LT White previously served as the Mental Health Group Leader of Rapid Deployment Force PHS-2. Prior to becoming a social worker, LT White worked in a variety of careers and McJobs including college English professor, labor union campaigns staffer, hotel front desk clerk, writing coach, and busboy. He holds a MSW in Clinical and Macro Social Work from the Catholic University of America, a Ph.D. in American Literature from George Washington University, a Maryland Licensed Certified Social Worker-Clinical license, and Social Work Supervisor and Board Certified Diplomate certifications.

LT White lives in Maryland with his wife, 3-year-old son, 3-week-old daughter, and two cats. He is widely respected among other parents of newborns for pioneering a new technique for taking naps while standing up in a crowded Metro car, but has yet to be nominated for a Corps medal or agency award of any kind in relation to the accomplishment.



### **CDR Jean O. Plaschke, SWPAG Advisor for 2011**



CDR Jean O. Plaschke received her Master's Degree in Social Work (MSW) from the University of Maryland, with a concentration in Clinical and Administration. She received a Bachelor of Arts degree in Psychology and Therapeutic Recreation from the University of North Carolina at Chapel Hill. CDR Plaschke is a Licensed Certified Social Worker-Clinical in the State of Maryland.

CDR Plaschke began her career as a clinical social worker in an outpatient mental health clinic in St. Louis, MO, and in an inpatient psychiatric hospital in Baltimore, MD. CDR Plaschke completed two Commissioned Officer Student Training and Extern Program assignments, including one with the Substance Abuse and Mental Health Services Administration, and the other with the Health Resources and Services Administration.

CDR Jean Plaschke entered the Commissioned Corps of the U.S. Public Health Service in July 1996 after which she was assigned to the Office of the Secretary's Office of Minority Health (OMH) in the Division of Information and Education. In 2001 she joined OMH's Division of Program Operations. For more than five years, CDR Plaschke served as project officer on OMH's single largest grant program, the Family and Community Violence Prevention (FCVP) program. In addition, CDR Plaschke oversaw a number of other "umbrella" cooperative agreements with national minority organizations.

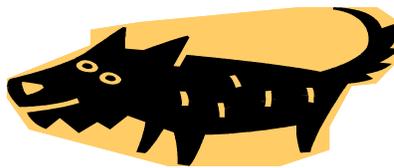
In August 2006, CDR Plaschke began working as a Senior Program Management Officer with the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services, in the Division of Prevention, Traumatic Stress and Special Programs, Emergency Mental Health and Traumatic Stress Services Branch. In this capacity, CDR Plaschke serves as a project officer on the National Child Traumatic Stress Network program, overseeing 22 cooperative agreement projects, and coordinating the program's social marketing initiative.

CDR Plaschke has served on a number of Corps-related workgroups, including the American Indian/Alaska Native Commissioned Officers Advisory Committee (AIANCOAC) as treasurer and vice-chair; the AIANCOAC representative and voting member of the Minority Officers' Liaison Council; and the Social Work Professional Advisory Group, as secretary (1998), chair-elect (2009), chair (2010) and senior PAG advisor (2011). CDR Plaschke is a member of SAT-5.

*(Continued from Page 3)*

Gracie goes everywhere we go and has federally-protected rights of access guaranteed under the Americans with Disabilities Act of 1990. Gracie is doing very well with public access. We still have a long way to go, but we are thrilled with what we have accomplished. As a result, Abbie has the best Hemoglobin A1C score in her pediatric diabetes clinic. (Hemoglobin A1C testing gives us an idea of how much sugar has been around in the blood for the preceding three months. In most labs, the normal range is 4-5.9 %. In well controlled patients it's less than 7.0%;[http://www.medicinenet.com/hemoglobin\\_a1c\\_test/article.htm](http://www.medicinenet.com/hemoglobin_a1c_test/article.htm)) Abbie's last A1C was 6.8.

*If you wish to know more about diabetic alert dogs,  
please e-mail LCDR Scott Eppler at [scottie.eppler@amedd.army.mil](mailto:scottie.eppler@amedd.army.mil).*



**The SWPAG challenge coin promotes esprit de corps and are a source of pride for Corps social workers. Coins also spread goodwill to members of other uniformed services and can be a great recruiting tool. One hundred new SWPAG challenge coins were struck late last year so we have plenty for officers to purchase for themselves or as gifts. Please use the order form in this issue of the newsletter or in the SWPAG section of the HS PAC website:  
[http://www.usphs-hso.org/pags/swpag/swpag\\_coin.shtml](http://www.usphs-hso.org/pags/swpag/swpag_coin.shtml).**

**SOCIAL WORK PAG COIN ORDER FORM**

**Ship to (please print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Order**

**Number of coins** \_\_\_\_ **x \$12.00 per coin =** \_\_\_\_\_ **payment enclosed**

**Payment accepted**

- Cash**
- Check or Money Order made payable to COF**
- No credit cards accepted**

**Mail this order form and payment to:  
Social Work Professional Advisory Group  
c/o LCDR Todd Lennon  
14403 Oakvale Street  
Rockville, MD 20853  
E-mail: [tlennon@hrsa.gov](mailto:tlennon@hrsa.gov)**

***Please allow time for processing and delivery***



## **“Freedom Means Correct Decisions” (FMCD) Program, Federal Bureau of Prisons, Devens**

Contributed by LCDR Robyn Coons

The Medical Social Work Department of Federal Medical Center Devens, a Federal Bureau of Prisons Hospital, has developed a program consisting of minimum security inmates who volunteer their time presenting panel presentations to various community audiences. This outreach effort allows the inmates to tell personal accounts of their crimes, their personal life histories, and their experiences in court and finally their experiences during prison. In addition to their own experiences, the inmates emphasize how their decisions to engage in criminal activities has affected their families as well. The inmates intend to convey to the audience what lessons they have learned by their criminal behavior and resulting incarceration in the hope that others will not make the same mistakes they did. The presentation is not meant to scare the audience in attempt to deter criminal behavior but it is simply a straight-forward, down-to-earth sharing of their lives, opportunities lost, and personal insight. Following the presentation, the audience has the opportunity to ask questions for whose answers the inmates may ultimately influence the audience participants to remain free from prison by making correct decisions in their personal lives.

It is our goal to speak with all interested local groups that could benefit from such presentations. These groups range from “at-risk” youths to students of community colleges, high schools, preparatory schools, and community centers for adolescents. I believe that the inmates’ compelling and sobering stories offer a realistic degree of insight to the realities and consequences of irresponsible behavior, drug abuse, greed, poor self worth, and peer pressure. The presentation is an authentic example of the loss of one’s freedom that is always the result of criminal behavior. The inmates attempt to balance this example with their own rehabilitative efforts in demonstrating the positive actions a person can take in dealing with the challenges of life. It is my hope that through sharing their experiences, these inmates may be able to inspire, enlighten, or convince others to choose a more pro-social lifestyle.

The FMCD presenters have been carefully screened and selected, and are considered model inmates by staff that interact with them on a daily basis. The inmates that participate in this program volunteer their time, they do not receive any form of compensation or time off of their sentence.

Beginning December 2004, FMCD Presenters started going out into the community to speak to a varying audience. To date, the “FMCD” program at Devens has presented to more than 6899 students. In addition, we have developed a successful relationship with the Worcester Gang Unit and have participated in several of their events throughout the years. On March 1, 2007, “FMCD” was selected as the Daily Point of Light by the Points of Light Foundation, the Corporation for National and Community Service and the Knights of Columbus. The Daily Point of Light Award honors an individual or organization that is making a positive and lasting difference in the lives of others.





## The Accidental Bureaucrat

Although government is synonymous with red tape and slow change, there is a lot going on right now in many agencies of the federal government. With the implementation of Health Reform, HHS is particularly pressed to change processes, structures and systems rapidly. Many of us feel like victims or pawns in systems. You've probably uttered or heard colleagues complain of 'stupid' decisions that are made by superiors that leave them feeling helpless and powerless. The following article was written by a colleague, Katherine Thorn LPC (a practicing psychotherapist in McLean VA [www.katherinethorn.com/](http://www.katherinethorn.com/)) and published in the Northern Virginia LPC Newsletter in December 2008. The article describes a simple yet powerful exercise that you can use to get a little clearer on what you fear, what you want and how to move forward despite the turbulence around you. You can also use it in your clinical work.

Fear can sometimes keep us from moving forward in our lives and our work. You may deal with fear in running your business, driving to work, or thinking about the future. We often help clients struggle with their fears, like fear of being alone, of making changes, of taking a risk. In our own work, fear can get in the way of accomplishing even simple tasks and hold us back from pursuing what we truly want.

I was talking to a client recently about fear and told him I thought gratitude was the opposite of fear. He thought about that and said he believed action was the opposite. We agreed that gratitude and action are two good antidotes for dealing with fear. That made me remember two excellent exercises for challenging our fears.

The first exercise has three parts:

1. Complete the sentence "I'm afraid of \_\_\_\_\_." List every fear individually, no matter how silly, trivial, or huge. "I'm afraid of my hair being ugly" is just as important to acknowledge, as "I'm afraid of death".
2. Then on a separate sheet of paper turn all those fear statements into desires by completing the sentence "I want \_\_\_\_\_". Write, for example, "I want my hair to look its best" or "I want to accept my own mortality".

Now turn each desire statement into an action, with a result or goal. For example, "I will get an appointment for a haircut next week" or "I will get my living will in place."

I did this exercise years ago with the focus on my business. It was so helpful and interesting to put all my fears down on paper. I was afraid of a wide assortment of possibilities. The main themes had to do with self-confidence, financial concerns, and fear of success. My list also showed I feared both sides of a possibility, like fearing not having enough clients and at the same time fearing having too much work.

When I did the exercise I didn't write a desire statement for each fear sentence, I just wrote a list of desires by completing the "I want \_\_\_\_\_" statement. Again, writing down my desires was powerful. I could see that my list was perfectly reasonable. Everything I wanted reflected who I was and what I valued.

The list of desires also simplified taking the next step of planning action. Knowing what you want makes it much easier to list specific tasks and actions. Making plans based on what I wanted felt stronger than trying to appease my fears.

Gratitude is another way to challenge our fears. This second exercise is not new or unusual, but can have powerful results. I tried it when reading Sarah Ban Breathnach's book *Simple Abundance: A daybook of comfort and joy* (1995). She suggests a 'daily gratitude journal', where you write five things you are grateful for at the end of each day. Breathnach says, "As the months pass and you fill your journal with blessings, an inner shift in your reality

*(continued on page 10)*

## National Women and Girls HIV/AIDS Awareness Day

by CAPT Kerima A. Gibbons LICSW, BCD

March is a month in which many health observances typically occur. Did you know that March 10 is specifically observed every year for *National Women And Girls AIDS/HIV Awareness Day*? HIV/AIDS is a serious public health issue affecting nearly 280,000 women in the United States. While men account for the most HIV/AIDS cases, the impact on women is growing. In addition, research indicates that, when compared to men, women face gaps in care.

The new Affordable Care Act (ACA) and National HIV/AIDS Strategy will help change this. The new law prohibits Insurance plans from placing lifetime caps on the dollar amount they will spend on benefits. In the past those with HIV/AIDS, cancer or any chronic diseases ran the risk of hitting a lifetime cap, thus resulting in a loss of health care. The law also restricts most insurance companies' use of low dollar limits on benefits. In 2014, those benefits will be eliminated. The ACA will also assist those living with HIV/AIDS to be better able to afford their medications.

The National HIV/AIDS Strategy is designed to help reduce the number of people who become infected with HIV, increase access to care and thus optimize health income for those living with HIV, and reduce HIV-related health disparities.

The ACA and National HIV/AIDS Strategy are two important steps in the fight against this disease, but the federal government cannot do it alone. We all play a role and on this day, the Office Women's Health challenges organizations across the country to take action and bring attention to the impact of HIV/AIDS on women and girls. There are events taking place in the District of Columbia (March) and in Baltimore, Maryland in April.

There are many ways to take action: screening events or health fairs; working with local government officials to issue a proclamation declaring March 10 *National Women And Girls AIDS/HIV Awareness Day*; or working with the local media to write stories about the impact this illness has on women and girls.

### Know your ABCs to Prevent HIV:

**A** - Abstinence (Not having sex of any kind)

**B** - Be faithful (Being in a sexual relationship with one partner who is also faithful can help protect you)

**C** – Condoms. Use of condoms for all types of sexual contact can greatly reduce your risk of becoming infected with HIV during sexual intercourse. (If you are, or your partner is, allergic to latex, use polyurethane. If the male partner will not use a condom, a female condom can be used. Although the latter may offer a level of protection, they are not generally thought to be as good as a male latex condom.) Natural or Lambskins condoms don't protect against HIV. Be aware that condoms don't provide complete protection. The only sure protection is abstinence.

Take time to talk before having sex

Know how to use condoms

Avoid drug use, particularly IV use

Keep your baby from getting HIV - Detailed information is available on the site listed below

Keep your kids from getting HIV - Detailed information is listed on the site listed below

### Be aware of the Myths about HIV/AIDS:

**Myth:** Women can't give men HIV. While it is true that it's much harder for men to get HIV from women, it does happen.

**Myth:** He doesn't "look" like someone with HIV. Remember the old phrase, "Everything that looks good, isn't good"? There is a ten-year latency period that can prevent a person from knowing if he/she is infected.

**Myth:** HIV is the same as AIDS. More accurately, HIV is the virus that leads to AIDS. A person is said to have AIDS when his/her CD4 count drops below 200. A person can be infected for years without having AIDS. Having the HIV virus in your system does not mean you have AIDS.

(Continued from page 8)

**Myth:** The government produced AIDS to reduce certain groups of people. The government did not make the disease. Research shows that AIDS appears to have started in Africa, where several monkey and chimpanzee species had been infected with a virus. There are several ways by which humans may have become infected, including blood contact or consumption of these animals. New research suggests that mutations/changes in a single gene have turned the AIDS virus from a harmless infection of monkeys and chimpanzees into a global killer of humans.

**Myth:** Knowing who is on the "down low" will save me from getting HIV. Learning your partner's sexual and drug history is important. Again, the best form of prevention is abstinence.

**Myth:** HIV can be cured. While there are many claims of cures, the truth is that there is no cure for HIV at this time. Great strides have been made in HIV care. Those infected continue to work and have families and relationships despite their illness.



### **NEED TRAINING OR CONTINUING EDUCATION CREDITS??!!**

**The SWPAG Career Development Subcommittee has created a monthly listing of trainings, conferences and continuing education credit opportunities just for our members!! Find it here: [http://new.usphs-hso.org/pags/swpag/swpag\\_subcommittees.shtml](http://new.usphs-hso.org/pags/swpag/swpag_subcommittees.shtml)**

**Our goal is to keep you informed about the most current, nation-wide opportunities that might be of interest to Social Workers. We would like to ask for your help in accomplishing this goal. If you'd like to share any trainings/webinars, conferences and continuing education opportunities that you know about with your fellow SWPAG members please email the information (and weblink) to LCDR Tracy Pace, Chair, SWPAG Career Development Subcommittee, at [tpace@hrsa.gov](mailto:tpace@hrsa.gov)**

*(continued from page 7)*

will occur. Soon you will be delighted to discover how content and hopeful you are feeling.” Most days it is easy to think of simple pleasures and treats; some days are more challenging. If you do this exercise consistently, you will notice a change.

Many of the things we fear are outside of our control, like the future economic situation or people we love getting hurt. Feeling powerless can add to the stress. With both of these exercises we are reminded that we have choices; we can choose our response and attitude. For example, with the first exercise, some of my action statements were about being patient, enjoying the season, or remembering to take care of myself. Even when we can't have everything we wish for, it's nice to remember what we do have. I hope you will challenge the fears that hold you back from doing what you want.

Write to me at: [theaccidentalbureaucrat@gmail.com](mailto:theaccidentalbureaucrat@gmail.com)

**...OTHER NEWS...**

**Check us out on the website:**

**[http://usphs-hso.org/pages/swpag/swpag\\_main.shtml](http://usphs-hso.org/pages/swpag/swpag_main.shtml)**

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**2011 USPHS Scientific and Training Symposium  
New Orleans, LA**

**Category Day: June 21st**

***...watch your email for more information...***

**JOIN OUR MEETINGS  
in 2011!!**

- March 16, 2011
- June 15, 2011
- September 21, 2011
- December 14, 2011

***Watch your email for call-in number and face-to-face meeting times and place.***

LT Jonathan White,  
SWPAG Secretary

[Jonathan.white@acf.hhs.gov](mailto:Jonathan.white@acf.hhs.gov)

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 (CEUs), publicity events, deployment/OFRD training experiences, COA events, etc. for publication in the SWPAG Newsletter.

Please email LCDR Christopher Cline at [Chris.Cline@phs.dhs.gov](mailto:Chris.Cline@phs.dhs.gov) if you are interested in contributing to a future issue of the SWPAG Newsletter.