

# THE RAPID PULSE

June/July 2008

## Faces & Places

### WELCOME

#### **Berks County, PA:**

Elaine Heiser

#### **El Centro, CA:**

Bonnie Grady

#### **Elov, AZ:**

Wendy Wier-Azana

Phillip Ross

Joshua Peterson

Adelina Fortes

Tracey Fielitz

#### **Houston, TX:**

Sharon Jones

#### **Jena, LA:**

James Guinn

#### **Pearsall, TX:**

Delys Gribbin

Tracy Harrison

Shane Lambert

Cynthia Vera

#### **Port Isabel, TX:**

Marial Alvarado

#### **San Diego, CA:**

Elden Smith

Sandra Duncan

Kimberly Thomas

Alma Falaminiano

Cecilia Nguyen

#### **Stewart, GA:**

Glinda Howard

Iris Boyd

#### **Washington, DC:**

Margaret Lippitt

Shunda Pitts

#### **Willacy, TX:**

Xavier Maldonado

Kaycia Allain

Nora Perez

#### **York, PA:**

Douglas Harmer

Nichole Poling

Jessica Wolfe

Tamara Krzywulak

Charlene Hennon

Bonnie Stone

Tina Boyer

Eva Carroll

## THE DIRECTOR'S PERSPECTIVE

By CDR Philip Farabaugh, Interim Director

Welcome to another installment of *The Rapid Pulse!* As the Interim Director of DIHS, I am committed to using *The Rapid Pulse* as an important vehicle to communicate information to all DIHS employees.

As many of you are already aware, DIHS has responded to an influx of inquiries regarding our organization, including the series that ran in *The Washington Post*, as well as other media and congressional inquiries. Many of these inquiries required a quick response from DIHS, and I want to thank those staff who have been vital in formulating DIHS responses.

It has also been a time of transition for our organization in the area of staffing. DIHS is currently searching for a permanent Medical Director, Deputy Director and Director. The Headquarters office is also pleased to welcome CAPT Michael Anderson (Health Services Administrator at our Batavia facility). CAPT Anderson will serve as Acting Associate Director of Field Operations, until a permanent replacement can be found for CAPT Diane Aker, who transitioned out of DIHS to a position at the National Institutes of Health (NIH).

In order to better support each of our field sites, DIHS is looking to implement regionalization. Under this concept, there would be regional Health Service Administrators and regional Clinical Directors.

I want to thank each of you for your ongoing commitment and dedication to this organization. The employees are the heart and soul of DIHS. Without you, we could not provide the quality, first-rate medical care that we provide daily to the Immigration and Customs Enforcement (ICE) detainee population.

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## ***Port Isabel Detention Center Staff Aid in Health Screening for ICE Officers***

By CAPT Coleman Palmertree, Jr. DDS and LCDR Jan Guy, PA

On October 28, LCDR Jan Guy (Physician Assistant) and CAPT Coleman Palmertree (Director of Dental Services for DIHS), both from Port Isabel Detention Center, participated on a voluntary basis to aid the Special Reaction Team (SRT) of the U.S. Immigration and Customs Enforcement (ICE).

This was in response to a request from ICE for health providers to monitor officer vital signs. The place was the South Padre Island Holiday Inn Express; the reason was the first nationwide in-house training exercise held by ICE for the Special Response Team. At the start of the meeting on Sunday evening 18:00 to 21:00 leadership discussed the overall concept of the training and rationale, to officers present from detention centers across the country.

These ICE officers, all volunteers for this assignment, were hand-selected for their abilities, both mental and physical, to meet the exacting needs of such an elite ICE Officer body. Vitals were taken on each of the officers slated to participate in the training starting the following morning. Blood pressure, Heart rate and heart sounds were recorded for all officers present and data collated for each. Due to the strain and stress of traveling from all points across the country, several officers had readings that were outside the considered "safety" zone to allow participation in the exercise. After consultation of the group leadership, it was decided that an early morning monitoring of all officers would need to be repeated.

The request from ICE to the PIDC medical clinic was to provide health screenings/BP checks for all the ICE Officers participating in the special training. CAPT Rodriguez, from the San Antonio area, headed the training. Health questions were asked of all the participants as they lined up to have their blood pressure/pulse taken Sunday night. Several of the SRT ICE Officers had elevated blood pressures

at the time, possibly attributed to travel, drinking of caffeine/energy drinks and lack of sufficient sleep, along with anxiety related to anticipation of the Monday morning training start. All the personnel appeared healthy and in good spirits.



***LCDR Jan Guy at start of health screening for SRT ICE Officers on Sunday night***

LCDR Guy and CAPT Palmertree were asked to return to recheck blood pressures and pulse on Monday, Oct 29<sup>th</sup>, at the SRT building located at the PIDC, hoping a good night's sleep and altered fluid intake had improved the officers' conditions related to blood pressure.

Due to improved blood pressure readings, all but one of the ICE Officers was cleared to participate in the strenuous training that lay ahead during the next five days. The final decision regarding participation was given by San Antonio Field Office Director Marc Moore of Homeland Security, present at the start of the training on PIDC campus, Monday morning.

*ICE Officers– From Page 2*

As a result of the process that was carried out, most all of the officers were cleared to participate in the planned exercises with confidence knowing their physical ability to meet the challenges ahead was good.



*CAPT Rodriguez, of the San Antonio area, with PA LCDR Jan Guy*



*LCDR Jan Guy and CAPT Rodriguez in front of ICE/ Homeland Security Display*

All officers and leadership of ICE present were grateful for the participation and cooperation shown by their newly partnered DIHS medical personnel. During the course of the procedures, leadership from ICE stated they were looking forward to working together with PHS in the near future on similar collaborations and in partnership for future trainings and partnerships.

The PIDC DIHS medical personnel and leadership were happy to supply medical personnel and equipment to help take vitals so that ICE leadership could help ensure that officers participating in the exercise had no overt physical problems prior to the exercise start.

## ***Brenda Marshall Celebrates 31<sup>st</sup> Year of Federal Government Service***

By Ms. Shalana M. Millard

The Division of Immigration Health Services is fortunate that it doesn't have to look very far to find examples of hard-working, dedicated federal employees who are committed to serving their country each day.

Brenda Marshall, Program Analyst at DIHS Headquarters, is such an employee.



Brenda (affectionately known by many of her colleagues as “Ms. B”) is celebrating her 31<sup>st</sup> year of service to our nation as a federal civil servant.

In February 1977, Brenda entered the federal government, as an employee at the U.S. Department of Labor's Bureau of Labor Statistics (BLS).

*see Brenda Marshall– Page 4*

*Brenda Marshall– From Page 3*

She has worked for three agencies during her federal career: the Department of Labor, the U.S. Department of Health and Human Services, and the Department of Homeland Security.

She describes her 31 years thus far in the federal government as “rewarding, challenging, and interesting.” So what advice does Brenda have for new federal employees?

- Get all the education you can
- Remember the importance of a good work ethic
- Be visible
- Be a team player
- Take the initiative to do things
- Remember the importance of family! Family comes first.

Congratulations Brenda on celebrating your 31<sup>st</sup> year in the federal government! Here’s wishing you many more! Thank you for continuing to serve your country so well!

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## ***Spotlight on the Analysis and Response/Statistical Unit***

By Dr. John T. Wulu, Jr.

The Division of Immigration Health Services (DIHS), like any other health care system, relies on accurate record-keeping, quality data collection tools, and reliable database management systems to ensure effective and efficient health care operation.

It is with this in mind that DIHS established the Analysis and Response/Statistical Unit (ARU). The primary aim of the ARU is to provide analytical response service to external stakeholders and customers at the interagency level for the DIHS Director. The ARU mainly utilizes and refines existing data-

bases. The unit proposes strengthening and enhancing data or information from the internal structures and databases of the division. It provides advice to the division director and senior management/staff on data sources, data systems, availability of information, proposed operational ‘fixes,’ and analytical capabilities in the division.



*Members of the Analysis and Response Unit: Mr. Dennis M. Cann, Jr., Ms. Carol Klosko, Mr. John T. Huff, and Dr. John T. Wulu, Jr.*

Further, its role includes coordinating analytical responses, reporting and presenting statistical analyses, responding to relevant deliverables most often in a time-critical nature, and providing technical consultancy advice in the division. The ARU is also responsible for providing advice to the director in order to meet the unit’s mission on, but not limited to: analytical response capacity and quality feedback, needs assessment studies; surveys and sampling procedures; and data system and database development, specifications and requirements.

The unit develops databases to store and organize information that was previously scattered throughout spreadsheets, text files, and paper hard copies in the division. It strives to collect, organize, analyze, and interpret data/information in a way that allows the division to answer any questions about health care and medical services provided to ICE detainees in a

*see ARU– Page 5*

*ARU– From Page 4*

timely manner. Moreover, the ARU is expected to devote its efforts on preparing regular/routine reports as well as ad hoc/special delivery data and analysis reports for the division. It is responsible for providing oversight on the development of annual fiscal year reports.

ARU Staff

**Dr. John T. Wulu, Jr.** is the Chief of the Analysis and Response/Statistical Unit (ARU) and Supervisory Mathematical Statistician of the Division of Immigration Health Services (DIHS) at ICE/DRO in the Department of Homeland Security. Dr. Wulu's roles include supervising and coordinating all activities/tasks of the unit; advising on analysis and response to the division director; providing responsive service to internal/external customers that support customer and program requirements; and leading in the design and development of data collection tools, databases, and procedures for reliability and validity of data/information at DIHS. Dr. Wulu manages, administers, and performs professional work requiring statistical designs, surveys, database development, program evaluation, mathematical modeling, analyses and research for DIHS. He provides consultation in statistical methods and techniques to management/staff.

Dr. Wulu earned a Ph.D. degree in Biostatistics from the University of Alabama at Birmingham. He received a Master of Science degree in Statistics and completed all Ph.D. coursework in Mathematical Statistics from Michigan State University, Master of Arts degree in Mathematics from Western Michigan University, and Bachelor of Science degree in Mathematics from the University of Liberia. He served for at least seven years as Senior Mathematical Statistician & Primary Lead for Data and Analysis Services of DIHS at HRSA/BPHC in the Department of Health and Human Services. He has taught graduate-level and undergraduate-level mathematics, statistics, biostatistics, epidemiology, and computer science at various U.S. universities and colleges. Dr. Wulu has authored and co-authored at least 20 peer-reviewed public health and medical research papers

that are published in journals including: *Annals of Surgery*, *Southern Medical Journal*, *Vascular Surgery*, *Pharmacotherapy*, *Health Services Research Journal*, *Medical Care Research and Review*, *Stroke*, *American Journal of Public Health*, *Journal of Epidemiology and Community Health*, *Journal of American Board of Family Practice*, *Journal of Data Science*, and the *Journal of the National Medical Association*.

**Mr. John T. Huff** is a Data Analyst/Programmer for the Analysis and Response/Statistical Unit of the Division of Immigration Health Services. Mr. Huff brings to DIHS more than 12 years of software development experience. While working for major technology firms such as America Online and Verizon Communications, Mr. Huff developed 24X7 mission critical data tools in three disciplines: financial tracking systems, project management tools, and network operations center tools. Mr. Huff is currently developing and automating data collection systems to assist in facilitating DIHS' analysis and response capabilities. Mr. Huff earned a Bachelor of Science degree in Environmental Science/Business Management from Howard University.

**Mr. Dennis M. Cann, Jr.** is a Data Analyst/Programmer for the Analysis and Response/Statistical Unit of the Division of Immigration Health Services. Mr. Cann's roles include analyzing, designing, developing, and implementing software programs as well as system documentation according to specifications and standard. He is also responsible for developing and implementing databases, and producing statistical reports to support the data analysis and statistical services in DIHS. Mr. Cann earned a Bachelor of Science degree in Business Administration, with a concentration in Management Information Systems, from Drexel University in Philadelphia. He has recently served as a Database Analyst at PJM Interconnection

*see ARU– Page 15*

## *Spotlight on the Social Services Unit*

By LT Tracey Jackson-Weaver

The Social Services Unit's (SSU's) mission is to protect the safety of the American public. We provide social work services through three vital programs.

The first is the Post Order Custody Review (POCR) program. The POCR Program provides assistance to ICE in obtaining psychiatric evaluations. These evaluations are utilized to assist ICE in making a determination if a particular alien can be continued in detention as an "specially dangerous" alien.

The second program is the Alternative to Detention program (ATD). This program conducts release planning and follow up for mentally ill, non-deportable criminal aliens. Under both these programs, follow up and monitoring is conducted to ensure that appropriate treatment is rendered, whether continued in detention or released to the community. The unit also handles all financial aspects of the above programs for quality control and cost management. These functions include: negotiating fees with providers, review and processing claims and tracking costs.

Thirdly, the Availability of Healthcare program (AHC) provides ICE with recommendations regarding the availability of healthcare in countries around the world. This is done through extensive research into the capacity of nations around the world to provide medical and mental health care and supportive services such as medications.

The SSU team is comprised of three case managers, one case manager assistant, one program assistant and the Program Manager. Our staff works very closely with the ICE Case Management Unit of Detention and Removal.

### Some information about the ATD program:

- In the ATD program we assess mental health

needs and determine conditions of release that meet those needs. These conditions of release become part of the alien's Order of Supervision.

- The ATD caseload includes aliens with a myriad of mental health, substance abuse and sexual offender profiles. Our staff monitors treatment compliance in cooperation with the local ICE authority assigned to the released alien. The follow up period for aliens varies; it can be as long as three years.

### The POCR Program:

- POCR evaluations offer very specific information and are completed to meet ICE legal guidelines. All evaluations must clearly address the criteria in 8 CFR 241.14(f).
- Based on the findings of the evaluations, the provider recommends either:
  - \* Continued Detention with annual review; or
  - \* Referral to the Alternatives to Detention program and release under an Order of Supervision with conditions of release.

### The AHC Program:

- Provides information to ICE regarding requests for a stay of deportation due to medical or mental health condition(s).
- Requests are accepted from all Immigration officers and DIHS field and HQ staff and are channeled directly to the Social Services Unit.

*see Social Services Unit- Page 7*

*Social Services Unit– From page 6*

*Members of the Social Services Unit: Ms. Margaret Lippitt, LCDR Tracey Jackson-Weaver, LCDR Dwayne Buckingham, LCDR Nicole Cyriaque and Ms. Asia Conley. Not pictured: Ms. Annemarie Russell.*

### OUR CUSTOMERS

Internal Customers: This program in all three functions serves ICE directly. Our primary contact for the Alternatives to Detention and POCR Programs is the Branch Chief of the Case Management Unit in the Office of Detention and Removal and the staff therein. While we have not had formal relations with HQ ICE for the Availability of Healthcare program, there has been contact and collaboration with the Travel Document Branch at HQ ICE. The POCR unit meets on a monthly basis with HQ DRO/CDU. We provide information to ICE regarding the status of each POCR and placement case. We request that each provider submit to us a Monthly Treatment Summary Form along with claims, if applicable, for each alien.

External Customers: This includes all providers that are rendering services to our released population. Currently there are over 100 such agencies or individuals. In addition, we are in contact with the Bureau of Prisons and contract jails where immigration detainees are held as part of the release planning process. We also interact with a host of national and international organizations that provide medical and or mental health services internationally.

The SSU is always seeking new resources and work-

ing to improving service to our customers. If there are any questions or you would like to know more about the SSU please contact LCDR Tracey Jackson-Weaver at 202-732-0080.

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## *Magnibay is 2007 Rising Star*

By CDR Elizabeth Osborne

Federal Computer Week (FCW) selected LT Allen Magtibay as a “Rising Star” for 2007. He was presented with the award on December 7th. FCW presents the award to “tomorrow’s leader and decision maker” in the government IT community. Eligibility is extended to professionals in the first half of their careers as they are recognized for their accomplishments during 2007 through demonstrated leadership and innovation and the impact they had on their organizations. As the Information Technology Program Manager for DIHS, LT Magtibay was responsible for the overall management and daily operations of IT service and served as the project officer for our five year \$14.4 million IT enterprise services contract, as well as providing recommendations to senior leadership for the development of future IT resources. LT Magtibay facilitated the IT support for eight new facilities and the scheduling of two additional facilities. He also was instrumental in updating the enterprise network migrating from a decentralized to a centralized infrastructure. LT Magtibay has since accepted a position as the first Commissioned Corps Officer in the Department of Health and Human Services’ Division of Financial Operations. He now serves as the Project Officer for Operations and Maintenance for the new Unified Financial Management System and was promoted to the rank of LCDR on January 1st. We are grateful for his service and the credit he has brought to the division through this prestigious award. Congratulations, Allen!



## Congratulations Award Winners!

*DIHS congratulates the following award winners. Thank you for a job well done!*

### **Unit Commendation - Crescent City Relief Medical Unit:**

CAPT Jeffrey Brinkley  
CAPT Rosa Colon  
CDR Wanda W. Gonzalez  
CDR Danisha Robbins  
CDR Scott Salvatore  
LT Elsa Rivera  
CDR Elizabeth Osborne  
LCDR William Rekward

### **Unit Commendation - DIHS/HRSA/BPHC/DIHS Port Isabel:**

CAPT Bu Jean Jenkins  
CAPT Luzviminda Peredo-Berger  
CDR John Golden  
CDR Wanda W. Gonzalez  
CDR Eunice Jones-Wills  
CDR Nancy Lawrence  
CDR Jerri McGinnis  
CDR Beth Messer  
CDR Daniel Reyna  
LCDR Gina Chacon  
LCDR Cheryl Garza  
LCDR Suzie Garza  
LCDR Jeff Haug  
LCDR Tracey Karshner  
LCDR Maria Morel  
LCDR William Rekward  
LCDR Todd Tovarek  
LT Daniel Hanks

### **Commendation Medal:**

LCDR David Lau  
LCDR David J. Beckstead  
CDR Scott Salvatore  
CDR Dennis S. Slate

### **Outstanding Service Medal:**

CAPT Ronald Bajuscak

### **Achievement Medal:**

CDR Carla D. Whitfield

### **PHS Citation:**

CDR Darla D. Whitfield  
LCDR Susan H. Miller  
LT Jessica M. Diaz  
LCDR Abelardo F. Roman

*see List of Awardees continued on Page 15*

## ***THE OPENING OF THE ICE LASALLE DETENTION FACILITY***

By LCDR Forbes

The Division of Immigration Health Services (DIHS) has a new detention facility. The La Salle Detention Facility in Jena, Louisiana, was functioning effectively on October 22, 2007. The first 10 days, the site was open 12 hours a day and with full efficacy of 24/7 coverage by day nine.

The facility provides medical services to persons detained by the U.S. Immigration and Customs Enforcement (ICE), who are being held in detention centers until their immigration cases have been decided by the immigration courts. The population that the medical staff serves is very diverse ethnically, culturally, and religiously. Approximately 30% of these patients have medical and mental health problems including high blood pressure, diabetes, seizures, human immunodeficiency virus, hepatitis, tuberculosis, schizophrenia, bipolar, depression, and many other medical and mental health problems.

Some would say that providing a service of this broad spectrum, in a period of 90 days, would be an impossible task. Others would say that it is nothing short of amazing. Nothing is impossible when one has CAPT Jeffry Brinkley at the helm and the "Dream Teams" that were assigned temporary duty (TDY) from Varick, New York and San Pedro, California, along with LT Ivonne Arena from DIHS Headquarters (HQ), to take on such a challenge.

On October 16th, CAPT Brinkley was asked to become the Health Services Administrator at the La Salle Detention Center in Jena, Louisiana. He accepted the challenge without hesitation, and in less than 24 hours he was packed and on the road, and arrived at the facility in less than 90 hours. Upon his arrival with an emergency "Go Bag" in hand, CAPT Brinkley began his venture. Assessing the situation, he immediately established liaison with LaSalle General Hospital for emergency support. CAPT Diane Aker and her staff at DIHS HQ established travel orders for the "Dream Team." Within a few

days the Varick team arrived. By Oct 28<sup>th</sup>, after closing down the San Pedro Facility in Los Angeles and transferring over 450 detainees to other facilities within approximately a five day period, the San Pedro Team arrived. The TDY staff included registered nurses, a nurse practitioner, pharmacist, and administrative staff.



**CAPT Brinkley; Teresa Mitchell, RN; Dawn Andrews, RN; Felicia Howard, Administrative Assistant/POC; Patrick Humphries, RN/ Infection Control**

CAPT Brinkley appointed LT John Murrain from Varick as temporary AHSA. LT Arena (DIHS HQ), Rosario Alvarez (Medical Records), and Melissa Baker (Pharmacy Technician) had the task of initiating and establishing the medical records system and the establishment and organization of the pharmacy department.

Staff assessed the situation upon arrival. Each professional and administrative person assessed the areas for which they had been assigned. An initial meeting was held and a plan was established.

Boxes of supplies arrived, with materials to help with the initial set-up of the clinic. A temporary pharmacy was established, and contact with Diamond Pharmaceuticals was made.

*see Jena– Page 10*

*Jena- From Page 9*

Relationships with different specialty clinics and other surrounding hospitals were established to provide a more complete coverage of care. A temporary supply system was prepared. Within a three week period shelves were established and a more permanent system of supply intake and utilization was established. The triage room was organized, night locker established and organized, and sharps and control substances accountability was established.

Each person who had been TDYed to Jena, gave input for their specific area, on what supplies were needed. Administratively the HSA and AHSA, in a short period of time, established an effective relationship with medical staff, security staff and the correctional administrative staff. All supplies and needed materials to run the clinic effectively were delivered and in workable order in a very timely manner.



**LCDR Forbes and CAPT Brinkley with the PHS service patch**

LCDR Jeff Sherman, DO, was appointed the Clinical Director. His exceptional organizational skills and ability to trouble shoot, was an essential part in the rapid fine tuning of the general medical operations of the clinic.

During this phase, CAPT Brinkley was involved in the orientation of the permanent staff hired to work at the medical facility. Training of permanent staff was the responsibility of all TDY members. A Nurse Compliance Officer was selected and trained. He is in charge of all responsibilities related to the position

of the Infectious Disease Officer, Health and Safety Officer and in ACA standards. A director and assistant director of nursing were also selected to round out the management team.



**Sue Bailey and Teresa Corley, both LPNs, at the Nurse's Station**

The LaSalle Detention Center Medical Facility started with nothing on October 22, 2007 and by December of 2007, it had developed into a fully functional ambulatory medical clinic. This project has been the best example of total support and cooperation of DIHS HQ, Information Technology (IT), and TDY staff from Varick, NY; San Pedro, CA and Washington, D.C., to make this such a success.

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**Accreditation Corner**



Congratulations to the **Elizabeth, Houston, Pear-sall** and **San Diego** facilities for achieving 100% compliance and American Correctional Association (ACA) accreditation.

Congratulations also to the **Buffalo, El Paso,** and **Port Isabel** facilities on their successful re-accreditation via the Joint Commission.

Thank you for a job well done!

## ***OBC: ONE MORE STEP IN TRANSFORMATION***

By LTJG Matthew J. Gunter

After spending 18 years and seven months in various Army National Guard Units, including 10 years in the 19<sup>th</sup> Special Forces Group, it came as quite a shock to learn that I was only being credited with only one and a third years towards retirement, yet would still retain all of my time for pay purposes. Such was my introduction to the Commissioned Corps of the US Public Health Service this past July.

As a long-time senior non-commissioned officer, I was used to running morning formations, performing unit physical training, supervising annual weapons qualifications, and managing the training of soldier skills. My new assignment with DIHS was quite a change; no morning formation, PT, field training, road marches, or uniform inspections. What was I to do? I felt a little lost.

“Most everything the Commissioned Corps does is performed online. All your questions can be answered if you spend enough time looking for it,” was the advice given me by my fellow officers at my new duty station. I was told that at some point I would go to the Basic Officer’s Training Course or BOTC. However the Training Branch’s Website stated that no new classes were going to be offered for BOTC. I didn’t think I would be able to learn all I had to learn about being an officer in the Commissioned Corps unless I was willing to sit at my computer for several weeks.

In September, I was told I would be going to the next BOTC class even though there was no information on the Website announcing any courses. I got my orders two days before my flight and soon found myself at the National Conference Center in Landstowne, Virginia with a group of about 35 other new officers. We were welcomed with the news that this was not BOTC, but was now the Officer Basic Course, or OBC, to align our initial training with those of the other six uniformed services.

Depending on the branch of service OBC can last anywhere from 26 weeks for a Marine Corps officer to as little as nine weeks for officers in the National Oceanographic and Atmospheric Administration. For the PHS, BOTC was only three days long. To rectify gaps in learning and to help transform the Commissioned Corps, our OBC was extended to 13 days. The first week introduced the concepts of uniformed service, protocol, pay and leave policy, promotions, wear of the uniform, and the history of the corps. The second week introduced the concepts of health crisis response and was presented by officers from the Office of Force Readiness and Deployment (OFRD).

The most significant thing I brought home from the course is the proud history that the US Public Health Service has and that very little of it is known—even within the Corps. For example, every major development or program that the Public Health Service has developed was taken from the service and turned into a separate government agency. The FDA, CDC, Veterans Administration, and other agencies were initially programs initiated by the Public Health Service. Additionally, the service was instrumental in immigration efforts since the 1890’s by screening immigrants through Ellis Island in New York and Angel Island in San Francisco. We even had our own ships at one time to enforce quarantines and protect the nation’s commerce.

OBC is still a very new concept for the Commissioned Corps and though only three or four courses have been held to date, this new training program will help our officers develop the same sense of pride, honor and tradition that our sister services have held for a long time.

## ***The Mental Health Library at PIDC – An Experiment That’s Working!***

By LT Julie A. Niven, LCSW, DCSW, MAC

One of the secrets of good mental health is to involve oneself in positive activities.

As a social worker at the Port Isabel Detention Center (PIDC), I meet with detainees daily suffering from mental illness and situational stress, and I provide handouts and verbal instruction about stress management to most everyone I see. Still, many detainees *used to* say to me, “I wish I had a book to read. Do you have any books I could borrow?” I emphasize *used to* because after hearing this a few times, it just made sense to investigate starting a lending library and have it centralized in the Mental Health Department. And so the experiment began...

### **Getting The Library Up and Running**

I took the idea of the library to my leadership and so began the flow up the chain of command to ICE. Soon the idea was approved and guidelines were set out for the length of time books could be checked out, the type of materials that could and could not be added to the stacks, proper documentation and record keeping for book lending, etc. All staff were brought into the loop (as it is possible for all providers to lend books when asked) and the Mental Health Library officially opened for business.

Initially, there were only a few books, but every week or so the number of volumes grew as books from local libraries were added to the stacks. (A great place to find good used, inexpensive books is from resale outlets within regular libraries run by “The Friends of the Library.”) Other inexpensive sources include thrift shops, used bookstores and yard sales. I was even able to secure several books donated from a source in North Carolina. A detainee checked out the first book in November 2007.

Today, the library is comprised of over 195 volumes (fiction, nonfiction, self-help, secular, even a couple of dictionaries) and over 220 books have been checked out to date!

### **The Positives**

Again and again, I hear *now* from many detainees that they are benefiting from the reading materials loaned to them. They tell me that being able to read something really helps lower their stress and focus their minds on something other than their status as detainees, missing their families, worrying about their futures, etc.

### **The Challenges**

As can be expected with any new venture, there are challenges as well as positives. One such challenge is in finding suitable books written in languages other than English. Many of the detainees in custody at PIDC are Spanish speaking. One might think living in south Texas that Spanish language books might be in plentiful supply. But this is not so. Thus far, there are only about 40 books in Spanish available for lending. Books in other languages such as Chinese and French are even harder to come by, but a couple have been added and we are always on the lookout for more.

Another challenge is the frequency with which detainees take the book they’ve borrowed with them when transferred, deported or released. This is of course a drain on the system as a whole.

### **In Summary**

In summary, the new Mental Health Library at PIDC is an experiment that is working. I can’t help but think such an experiment might work at other ICE facilities equally well. If a *Rapid Pulse* reader would like more information about the specifics of how we at PIDC have made this project work, please email me ([julie.niven@phs.dhs.gov](mailto:julie.niven@phs.dhs.gov)) and I will be glad to answer any questions!

### Congratulations 2008 DIHS Commissioned Officer Promotees

<u>Last Name- Officer</u>	<u>First Name- Officer</u>	<u>Site</u>	<u>Promoted To</u>
BISHOP	DEBORAH	ICE MEDICAL FACILITY-BUFFALO	O-4
AUHL	HERMAN	ICE MEDICAL REFERRAL CENTER-EL CENTRO	O-4
BEEN	CANDACE	ICE MEDICAL REFERRAL CENTER-EL CENTRO	O-4
WETHERILL	PAUL	ICE MEDICAL REFERRAL CENTER-EL CENTRO	O-5
THOMAS	AURELIA	ICE MEDICAL REFERRAL CENTER-EL PASO	O-5
MARQUEZ	DELIA	ICE MEDICAL REFERRAL CENTER-EL PASO	<u>O-5</u>
CHULEY	MICHAEL	ICE MEDICAL FACILITY-ELIZABETH	O-4
GEORGE	MELISSA	ICE MEDICAL FACILITY-ELOY	O-5
REYNA	DANIEL	ICE MEDICAL FACILITY-ELOY	O-6
WALKER	ANTHONY	ICE MEDICAL FACILITY-ELOY	O-4
KORDAS	DAWN	ICE MEDICAL FACILITY-FLORENCE	O-4
MATUSKOWITZ	MONIQUE	HOUSTON CCA-HOUSTON CDF	O-5
MOLINA	FRANK	HOUSTON CCA-HOUSTON CDF	O-5
DUTTON	SAMUEL	HOUSTON CCA-HOUSTON CDF	O-4
CADAVID	GUSTAVO	ICE MEDICAL REFERRAL CENTER-KROME	O-6
GAVARRETE	CRISTINO	ICE MEDICAL REFERRAL CENTER-KROME	O-5
PAPPAS	JAMES	ICE MEDICAL REFERRAL CENTER-KROME	O-4
THOMPSON	DALE	SOUTH TEXAS DET COMPLEX-PEARSALL	O-5
CLOUGH	MARC	SOUTH TEXAS DET COMPLEX-PEARSALL	O-4
DARDER-BONILLA	SHEILA	SOUTH TEXAS DET COMPLEX-PEARSALL	O-4
HUDDLESTON	CHARLES	SOUTH TEXAS DET COMPLEX-PEARSALL	O-4

### Congratulations 2008 DIHS Commissioned Officer Promotees– Continued

BULLARD	LYNN	SOUTH TEXAS DET COM- PLEX-PEARSALL	O-6
KARSHNER	TRACEY	ICE MEDICAL FACILITY- PORT ISABEL	O-5
ZORRILLA	ADOLFO	ICE MEDICAL FACILITY- PORT ISABEL	<u>O-6</u>
EDDY	MICHAEL	ICE MEDICAL FACILITY- PORT ISABEL	O-5
LINSTEADT	VILMA	ICE MEDICAL REFERRAL CENTER SAN DIEGO	O-4
PALLANTE	MARIO	ICE MEDICAL REFERRAL CENTER SAN DIEGO	O-4
BRYANT	TINA	ICE MEDICAL FACILITY- SAN PEDRO	<u>O-4</u>
INCISO	WILLIAM	ICE STAGING FACILITY- SANTA ANA	O-4
JONES	SHERRI	ICE MEDICAL FACILITY- STEWART	O-4
MCALMAN	CAROL	ICE MEDICAL FACILITY- STEWART	O-4
JACQUES	SHERLENE	ICE MEDICAL FACILITY- STEWART	O-6
SHAW	BETTY	ICE MEDICAL FACILITY- STEWART	O-6
TOVAREK	TODD	NORTHWEST DETENTION FACILITY-TACOMA	O-6
PAULSEL	JONATHAN	NORTHWEST DETENTION FACILITY-TACOMA	O-4
SIMMET	KENNETH	NORTHWEST DETENTION FACILITY-TACOMA	O-4
VEGA	MUN	NORTHWEST DETENTION FACILITY-TACOMA	O-4
COX	BRUCE	ICE MEDICAL FACILITY - TAYLOR	O-5
MURRAIN	JOHN	ICE STAGING FACILITY - VARICK	O-4
JONES	CHERYL	ICE MEDICAL FACILITY - WILLACY	O-4
ALLAIN	SEAN	ICE MEDICAL FACILITY - WILLACY	O-4
DIAZ	JESSICA	SPECIAL OPERATIONS	O-4

**Congratulations 2008 DIHS Commissioned Officer Promotees– Continued**

RIVASRIVERA	ANGEL	SPECIAL OPERATIONS	O-4
SANCHEZ	NERFIS	SPECIAL OPERATIONS	O-4
FULLER	BARBARA	DIHS Washington DC	O-5
BOWLING	MARY	DIHS Washington DC	O-6
ARENA	IVONNE	DIHS Washington DC	O-4
BUCKINGHAM	DWAYNE	DIHS Washington DC	O-4
CYRIAQUE	NICOLE	DIHS Washington DC	O-4
LEE	JAMES	DIHS Washington DC	O-4
KLEIMAN	MATTHEW	DIHS Washington DC	O-5

Congratulations to all Commissioned Officers who have been promoted during this promotion cycle!

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**Congratulations Award Winners! (continued from Page 8)**

**The Field Medical Readiness Badge**

- LT Monica E. Bennefield
- LCDR Nelson Ryes
- CDR Eunice F. Jones
- LCDR Andrew S. Ganzon
- CDR Danisha L. Robbins
- LCDR Dale K. Thompson
- LCDR Jeffrey E. Haug
- CDR Dennis S. Slate
- LCDR Bruce K. Cox
- CDR David L. Ransom

**The Commendation Medal**

- CAPT Coleman O. Palmertree, Jr.
- LCDR Karen E. Dorse

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*ARU– From Page 5*

and interned at the City of Philadelphia’s Environmental Health Services.

Ms. Carol Klosko is a Data Analyst/Programmer for the Analysis and Response/Statistical Unit of the Division of Immigration Health Services. Ms. Klosko earned a Bachelor of Science degree in Computer Science from Ohio State University. She is also a candidate for a Master of Science degree in Accounting and Information Technology at the University of Maryland. Ms. Klosko brings to our team a wealth of experience in database/software development, logical display formatting, and data analysis.