

THE RAPID PULSE

December 2005

Faces & Places

WELCOME

El Paso, TX:

Mr. Jose Carrasco

Florence, AZ:

LT Karen Kramer

Ms. Shantell Artley

Ms. Josephine Ecker

Pearsall, TX:

LT Tara Ross

LTJG Anisa Desmond

Port Isabel, TX:

LCDR Susan Dunham

LCDR Peggy Frisch

LTJG Lorenzo Dominguez

San Diego, CA:

LT Deborah Shannon

LCDR Jon Wooldridge

Ms. Juliet Brandel

San Pedro, CA:

LTJG Diane Vargas

Tacoma, WA:

LT Kevin McDermott

FAREWELL

El Paso, TX:

Ms. Delores Calderon

Miami, FL:

LCDR Monique Davis

Pearsall, TX:

LTJG Christl Bonaparte

Port Isabel, TX:

Ms. Amalia Zepeda

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*!

Thank you all for joining in on the most recent DIHS all-hands conference call, where we heard updates on our medical services, the San Diego facility, and the Pharmacy & Therapeutics Committee. In subsequent meetings, we will hear from other facilities and programs.

We also received updates from our Human Capital unit, as well as updates in the areas of TB surveillance, accreditation/performance improvement/risk management, as well as an update on the status of the Krome facility in the wake of Hurricane Wilma.

I always look forward to our all-hands meetings, and hope that you find them very useful as well. They are a vehicle to exchange information in our organization, and keep all staff members informed of the activities within DIHS.

Additionally, an electronic means of gathering questions, issues, comments and suggestions (the Director's Action Line) was recently implemented. I look forward to hearing from you.

I want to thank the PWS and MEO Teams for their outstanding work during this process, and for their dedication to the tasks at hand. I am confident that we submitted a first-rate proposal on

behalf of the government, and look forward to the final results.

As announced during the conference call, the next annual DIHS Leadership Symposium will convene the week of January 9, 2006 in Houston, Texas. Our mission, values, spirit and Balanced Scorecard will be discussed during the symposium. We will use the Leadership Symposium to focus on taking our organization to the next level.

I want to thank each and every DIHS staff member for their continued dedication to this organization. You never fail to answer the call, and because of that, our organization is truly moving from good to great.

Happy Holidays and best wishes for the new year.

INSIDE THIS ISSUE:

<i>The Director's Perspective</i>	Front Page
<i>Faces and Places</i>	Front Page
<i>Focus on MLPs: Meet LTJG Daniel Hankes</i>	Pages 2
<i>Organic Foods</i>	Page 3
<i>A Paradigm Shift</i>	Page 4
<i>Hurricane Wilma</i>	Page 6
<i>Infection Control Corner</i>	Page 8

Our Mission:

We protect America by providing health care and public health services in support of immigration law enforcement.

FOCUS ON MLPS: MEET LTJG DANIEL HANKES

By CDR John Golden and LCDR Jerri McGinnis

The staff at the Port Isabel Detention Center (PIDC) has been fortunate to have the service of LTJG Daniel Hankes, PA-C, the backbone of our mid-level practitioners. Since his arrival in June 2003, he has represented the best the Corps has to offer in medical service.

The PIDC was his first duty station after graduating from PA school, although he had excellent experience as a former NAVY medic caring for US Marines in some of the hot spots around the world.

LTJG Hankes has found himself the sole provider in the clinic during times when our CD was absent and the other mid-level was TDYed. The PIDC has had a shortage of mid-level providers since mid-2004, with it getting worse in June 2005, when the facility was left with only two mid-level providers and the Clinical Director.



LTJG Daniel Hankes, PA-C

This was complicated by the OFRD deployments in response to Hurricanes Katrina and Rita. LTJG Hankes was part of the OFRD team that served in the Gulf after Hurricane Katrina, when he volunteered for the first deployment to Louisiana.

He has never failed to perform his duties at the highest level of efficiency and quality; coming in early, and staying until the job was done. Even during adversarial situations, he has always respected authority and addressed issues in a professional manner, utilizing the proper chain of command.

The demands of both a rapid turnaround of Level 1 detainees, and vast complexities of chronic care cases, are well met by LTJG Hankes. The fast pace days with urgent care patients to evaluate are taken in stride by this excellent practitioner. He has been able to develop his skills related to assessment, evaluation, and treatment of mental health disorders.

As a result, he has advanced to the level of an excellent front-line evaluator of those who need more detailed and complex mental health care that require referral to our psychologist.

Highly respected by the nursing staff, LTJG Hankes works as a

see Hankes– Page 3

Hankes– From Page 2

team-member in caring for our patients. He is proactive in providing educational training and case studies to the clinic staff.

LTJG Hankes' interest and expertise in the proper wearing of the uniform (with a recruitment poster appearance) has kept us all in line to represent the Corps with pride, as he gently corrects those of higher rank to look their best. LTJG Hankes wears his uniform daily, always looking sharp and professional.



In addition, he has been proactive in meeting the OFRD requirements for Basic Readiness and strives to achieve the highest levels on the AFPT. He strives to meet the standards on a daily basis and does not abuse the system related to sick leave or absences.

LTJG Hankes demonstrates the core values that are reflective of a Commissioned Corps Officer. It is with great pride and pleasure that we introduce you to LTJG Hankes. He is and will continue to be an asset to the USPHS and DIHS.

Organic Foods

By Dr. Luzviminda Peredo-Berger

Once frowned upon by conventional farmers, organic food has been winning respect. Today organic farming is considered one of the most rapidly growing areas of American agriculture. Organic food sales have grown to above 11 billion dollars yearly.

By eating organic, you eliminate pollution both from your body and the earth. The main reason for the popularity of organic food derives from the reassurance that artificial chemicals and pesticides cut your exposure to toxic residues.

Researchers have found that organic products contain larger quantities of beneficial natural chemicals. Berries and corn grown organically can have almost 60% more polyphenolics. Remember that polyphenolics are antioxidants used by plants to protect against disease and which humans can utilize.

Researchers have determined that when bugs such as aphids nibble on plants, the plant produces phenolics, a protective, natural chemical. Phenolics guard against these pests. When pesticides kill the pests the level of polyphenolics produced by the plants are reduced.

Foods raised without pesticides contain more vitamins, but when
see Pesticides– Page 4

Our Spirit.

We add dignity to a necessary process of alien detention, serving without fanfare at the forefront of public health protection for the American populace.

Our
Vision:

By 2008, we will be the benchmark for detention health care systems and will be recognized as having the most prestigious, dynamic and rewarding workplace within the United States Government.

Pesticides– From Page 3

exposed to pesticides, the level of pesticides tend to accumulate.

The following is a list of foods that tend to be the worst offenders of pesticide accumulation and should be washed thoroughly before consumption.

- Apples
- Bell peppers
- Grapes
- Green beans
- Melons
- Peaches
- Spinach
- Strawberries

***A PARADIGM SHIFT:
HURRICANE KATRINA
AND USPHS/ICE***

By LCDR Danisha Robbins, P.D.

To date, the United States Public Health Service Corps (USPHS) has worked with Immigration and Customs Enforcement (ICE) on numerous deployments involving detainees and ICE personnel. When Hurricane Katrina struck in September of 2005, ICE asked for the assistance of USPHS medical staff to support them exclusively during their deployment of over 380 Immigration and Enforcement Agents (IEAs) and Special Agents (SAs) to the area. This marked the first occasion of USPHS working solely with ICE officers, without detainees as patients.

The first medical team consisted of a Commanding Officer (Nurse Practitioner) and a Chief Nurse (Registered Nurse) who arrived and set up in the gift shop of a hotel, dispensing immunizations, first aid, and general medical care to the New Orleans police department, hotel staff, and federal agents on site. It is of special note that this gift shop operation was already in action, being run by civilian volunteers and a Special Agent from Homeland Security.

Shortly thereafter, a psychologist arrived and along with the CO, provided daily mental health briefings to the New Orleans Police Department and conducted several Critical Incident Stress Debriefings with the ICE Special Response Team (SRT), particularly for members who lost their homes. After five days, structure was created with ICE setting up a tent city referred to as “ICE Town,” which included a perimeter fence and ICE assets placed within the perimeter. A medical tent was set up and additional members of the medical team arrived.

The additional members included a medical doctor, nurse, pharmacist and a health administrator. The Commanding Officer (CO) was deployed for the entire recovery operation whereas the other team members rotated on 2 week shifts. In addition, contract ambulance staff brought four paramedics/EMTs. One week after arriving, the

see ICE Town– Page 5

Health & Fitness: Your Questions Answered

By Dr. Luzviminda
Peredo-Berger

Q: I know that fresh blueberries contain health benefits. Since they are not always available, can I substitute dried blueberries? Do these berries have the same benefits?

A: Blueberries are rich in antioxidants and have been linked to many health benefits, including lowering risk for cardiovascular disease, cancers, sagging skin, diabetes, urinary tract infections and degenerative eye disease. The health benefit from blueberries comes from the dark pigment that makes blueberries blue-
anthocyanin.

There was study a last year in the Journal of Biomedicine and Biotechnology that tried to determine whether freezing or drying changed the antioxidant activity of blueberries. The study found that the amount of total anthocyanins in frozen berries was not significantly different from fresh samples.

However, the drying process reduced the concentration of anthocyanins by anywhere from 41% to 49%, depending on the

see Sidebar– Page 6

ICE Town– From Page 4

USPHS medical staff assumed control of medical operations for ICE Town. Recipients of care included all Immigration and Customs Enforcement agents, contract staff supporting ICE Town (e.g. food service, logistics, etc.), Federal agents, New Orleans police officers and several fire department personnel on scene.

Medical services offered included sick call (acute illnesses, injuries, rehydration), follow up care, and monitoring. Also provided were immunizations to include tetanus and Hepatitis A and B, mental health services, and pharmacy services.

Lastly, medical officers served an active/supportive role as Safety/Environmental and Infection Control Officers. The medical tent was operational with an exam table, pharmacy, administrative area, consultation area, and sleeping quarters for the staff.

While posted hours were from 0700 to 1900, there were medical personnel on call and on site 24 hours a day. Sick call visitors presented with various problems, including dehydration, sinusitis, blisters, diarrhea, and foot fungus. Immunizations were also given.

Upon arrival to the scene, the Commanding Officer (CO) of medical operations met with the ICE Director of Operations to discuss the needs of ICE Town. After reports of several suicides among the New Orleans Police officers in the initial aftermath of the hurricane, the issue of ICE Offi-

cers' mental health needs was given high priority. The CO requested that USPHS conduct preventive and mandatory mental health debriefings to all ICE officers. This request was approved by ICE and a shift in the delivery of medical services began.

While all necessary medical care continued to be dispensed, the mental health provider on site in conjunction with the CO, developed a "psychological flak jacket" for ICE officers to receive at an exit debriefing. As the mission was to support ICE officers, these were the only individuals who received the mental health exit debriefing.

This "protective gear" plan included stress management materials, information on Post Traumatic Stress Disorder (PTSD), Employee Assistance Program information, and a questionnaire designed to elicit information on potential problem areas.

The 14-item questionnaire addressed issues such as sleeping, eating, irritability, energy level, suicidal ideation, guilt, and physical symptoms. The questions were put in a multiple choice format.

During the exit briefing, the ICE officer was asked the question, "In your time here, what is the worst thing you have seen?" This question served as a starting point for additional questions about their experiences during the hurricane recovery.

see ICE Town– Page 6

method used. But that doesn't translate into dried blueberries being less potent. Dried blueberries have less anthocyanins but the same researchers found the dried berries showed no significant difference in antioxidant activity compared with the fresh berries. The article suggested that the breakdown products from the anthocyanins during the drying process might continue to act as antioxidants. In addition, dried blueberries contain a source of fiber and potassium.

Q: I am confused about how much sleep we really need. Can you tell me how much or does it vary because of genetics?

A: The amount of sleep a person needs depends on many factors, including age, lifestyle, quality of sleep and genetics. Infants generally require about 16 hours of sleep, teens need about 9 hours and most adults feel fine after about 7 or 8 hours of sleep.

Individuals vary and adults may need as little as 5 hours or as much as 10 hours each day to feel well. The amount of sleep you need increases if you don't get enough sleep the night before. When a person feels drowsy, yawns, and feels tired the next day, it's fairly obvious that the person is not getting enough sleep. If you fall asleep within 5 minutes of

see Sidebar– Page 7

ICE Town– From Page 5

The questionnaire answers were also reviewed with the officer, eliciting further information as needed. After this, information on Post Traumatic Stress Disorder was discussed with the officer to include describing symptoms of the disorder.

Officers were reassured that they were not likely to develop the disorder, but were asked to monitor themselves if they displayed one or two symptoms for any worsening. Next, the officers were given material on coping skills and taught ways in which they could take care of themselves when they returned from deployment.

Emphasis was placed on giving themselves time to process the deployment and the mechanisms by which they could achieve this (e.g. talking with family or peers, sharing stories with other deployed officers, seeing a professional such as clergy or mental health provider).

Other recommendations included getting rest, exercising, and setting realistic goals. Third, the officer was asked to take the time to help his/her fellow officers if they observed changes in their behavior. A sheet of tips on how to reach out to another officer was provided.

The last segment of the exit debriefing was a discussion of the ICE Employee Assistance Program (EAP).

Overall, Officers deployed felt this assignment with ICE was a tremendous success. Attending to the medi-

cal needs of the ICE officers was critical to their mission. By keeping officers fully functional, they were able to serve the city of New Orleans effectively.

It is hoped that by placing an emphasis on the mental health of these officers and agents, they will continue to work effectively as well as become attuned to their psychological needs.

Hurricane Wilma: Being On The Other Side

By CDR Jay Seligman

I have responded to several crises with the Office of Force Readiness as a mental health officer. I assisted people through grief and loss and provided victims with psychological first aid. However, an unfortunate turn of events made me play the role of victim instead of a responder. In the not so distant past, I was watching the news that Hurricane Wilma was to go through the Caribbean and eventually strike Cozumel and then head towards South Florida.

I did not want to believe the forecast models because Hurricane Wilma would have to go in a U-turn pattern in order to hit Fort Lauderdale.

see Wilma– Page 7

lying down, you probably are sleep deprived or may even suffer from a more profound problem such as a sleep disorder.

Lifestyles can also influence our sleep. Drinking coffee, alcohol and smoking can affect your sleep. People who give up these habits may end up needing less sleep. Regular exercise can also improve sleep quality but it's recommended to abstain from heavy exercise within 2-3 hours of bedtime. Sleeping in a very dark room may improve the likelihood of falling asleep and staying asleep.

Yes, there may be a genetic component to sleeping and how much a person needs. The need to nap seems to run in families. Researchers at the University of Wisconsin Medical School identified for the first time a single gene mutation that has a powerful effect on the amount of time the fruit fly sleeps!! It seems that fruit flies and humans have a lot in common when it comes to sleep patterns, and humans carry a similar gene. It is hoped that this research will eventually lead to new treatments for sleep disorders.

Wilma- From Page 6

In addition, I, along with many other Florida residents, have been inflicted with "hurricane fatigue." Florida residents have for the past two years experience so many hurricane warnings, it was not uncommon that Floridian's experienced fatigue, anxiety, and denial every time there is a tropical storm brewing in the Atlantic. I guess I was in denial because I was hoping the hurricane would hit further North or South of Fort Lauderdale.

On Sunday October 23, all of South Florida was placed on Hurricane Warning. The weather forecasters predicted it would be a Category 1 hurricane so I placed shutters on the window and filled my bathtub full of water (in case water went out). I was trained by The Commissioned Corps to be prepared but did not fill my gas tank in my car, stock up on water and canned goods, or purchase a battery operated radio and an ice chest.

At 0530 on Monday the 24th, the hurricane was approaching and the electricity in my home went out. The winds were howling as if they were animated and was picking up and throwing any item not securely in place. Trees looked liked they were acrobats swaying to and from with their branches.

I tried to go back to sleep since there was little that I could do but wait it out. At 0800 I woke up to wind chimes crashing from my neighbor's balcony. The sky had a gray haze and the winds continuously blowed. Not having any power, I was para-

lyzed on what was going on. Using my landline phone, I called my parents for updates. They told me that the worst was yet to come, and that I should expect by 1100 the full fury of Wilma with recorded wind speeds of 105 mile per hour.

There was little to do except to hope that the storm passed by quickly. Around 1100 the winds were as loud as a train. I heard metal hitting the asphalt and saw from my window traffic lights falling to the ground and shingles being plucked off the roof. Someone's hurricane shutters were blown off their home. I could not tell the extent of the damage being inside but I knew the town where I grew up in was never going to be the same.

Around 1230 the winds dissipated and the sun was trying to peek out from the clouds. I walked outside and it looked like a war zone. Trees and power lines were in the roads. Street signs and shattered glass were everywhere. I searched for signs of electricity but saw no lights in the cityscape. We were told by the news that we should stay at home because there was no place to go and the local responders needed to conduct surveys unfettered.

On the radio the mayor announced a 1900 curfew because there were some neighborhoods that were being looted and that there was no electricity or operable traffic lights. I was concerned because I know many people were not prepared like

see Wilma- Page 8

Congratulations
to all DIHS staff
who are recipi-
ents of HRSA
Honor Awards
for 2005.

Thank you for a
job well done!

Wilma– From Page 7
myself. I was mentally exhausted and went to bed at 2000 and did not wake up into 0800 the next day.

As of Tuesday the 25th my water and electricity is still not working and I am unable to shower or wash my hands. Luckily, I have some handi wipes and hand sanitizer. I heard FEMA is going to distribute ICE and water but no food. Since the food in my fridge is already spoiled and I have bottled water there is no need to wait 8 hours in line. My car has less than a quarter tank of gas left but I was going on a quest for gasoline and any shops that may open because I can only eat peanut butter for so long.

I found some little grocery stores with no electricity that were selling chips, candy, and canned goods. Gov. Jeb Bush stated today that things are going “to get worse before they are going to get better.” About 98% of Broward County is without electricity and many people are without running water. We are told that it’s going to be weeks before electric is going to be restored.

Dealing with the effects of Wilma is going to be challenging. I know that the frustration level of many is going to increase. I am also aware that the day-to-day routine that people are accustomed to has been severely disrupted. I no longer have to walk in the shoes of disaster victims because I know how it feels firsthand. I do not know when my electricity is going to be turned on or when I can fill my car with gas.

The multitude of feelings can be

overwhelming but the tools of coping that I have shared with others is now what I intend to utilize. That is, take a day at a time and continue to keep active. I find solace in sweeping the streets and assisting my neighbors in anyway I can. People in times of disaster are resilient and so am I.



Infection Control Corner

- Since 2003 outbreaks of highly pathogenic avian influenza – mostly influenza A (H5N1) – among chickens and ducks have been reported in several countries in Asia. Human cases also have been reported. As of October 2005, there have been 56 human cases of avian influenza A (H5N1) in Vietnam (37), Thailand (18) and Cambodia (1), resulting in 43 deaths. See <http://www.cdc.gov/flu/avian/outbreaks/asia.htm> for updated information.
- The ability of avian viruses to transmit from person to person appears limited. All influenza viruses can change rapidly, and therefore it is possible that an avian influenza virus could change, infect humans and spread easily from person to person. There is little or no immune protection against them in the human population.
- Although experience with human infection is limited, persons infected with avian influenza would likely have fever and respiratory symptoms (cough, sore throat, shortness of breath).
- If a detainee traveling from an area in which avian influenza cases have been reported is ill with a fever or respiratory illness, staff should keep the sick person separated from close contact with others as much as possible. Ask the sick person to wear a surgical mask if one is available, provided the person can tolerate it. If a surgical mask is not available, provide tissues and ask him or her to cover the mouth and nose when coughing. When a sick person is unable to wear a surgical mask, personnel should wear surgical masks when working directly with that person. See <http://www.cdc.gov/flu/avian/facts.htm> for further information.