

The Rapid Pulse

January 2005

The Director's Perspective

By Dr. Eugene Migliaccio

Welcome to the first installment of *The Rapid Pulse* for the new year!

I hope everyone had an enjoyable holiday with family and friends, and is ready for what the New Year will bring for DIHS!

I am excited about all of the great projects that await us in this new year.

As some of you may be aware, we will be opening a new site in Pearsall, Texas. It is anticipated that this site will be opened in the June timeframe.

We will also be opening the 'back-end' of the Houston, Texas facility.

I am also pleased to announce that CDR Linda Jo Belsito, Managed Care Coordinator, will also serve as DIHS' Chief Nurse.



We have also begun receiving Significant Event Notifications (SENs) from ICE. Our goal is to respond to these SENs by the next business day, whether it is just to acknowledge receipt of the report.

I look forward to a very productive and successful year for the Division of Immigration Health Services, and thank you all for your continued dedication to our mission!

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Faces and Places

WELCOME

El Centro, CA:
Ms. Angelina Duran

Houston, TX:
CDR Anthony Martin

Queens, NY:
Ms. Samantha Boggs

Tacoma, WA:
CDR Todd Tavorek

Washington, DC:
Mr. Doneg McDonough

FAREWELL

Florence, AZ:
Ms. Luz Westphal

Port Isabel, TX:
CDR Carolyn Jackson

Queens, NY:
LT John Fitzgerald

San Diego, CA:
Ms. Gerardine Montemayor
Ms. Susan Sanchez

San Pedro, CA:
Ms. Georgia DeGrant

A Healthier You

By Luzviminda K. Peredo-Berger M.D.

- ◆ Eat one strawberry a day. One extra strawberry a day is all you need to get the 15 more milligrams of vitamin C now recommended by the Food and Nutrition Board of the National Academy of Sciences. Remember that adequate intake of vitamin C may help protect against cancer and possibly other diseases. Besides oranges, the best sources of vitamin C, in alphabetical order, are: asparagus, blackberries, broccoli, cabbage, cantaloupe, grapefruit, kale, kiwi fruit, mangoes, mustard greens, peppers, raspberries, strawberries, tangerines, and tomatoes (**Proc Natl Acad Sci 2001; 98:9842-6**). Many health care practitioners recommend 250 mg to 500 mg of vitamin C daily.
- ◆ Eat more celery. Lab tests show that chewing on celery may shave some points off your “bad”(LDL) cholesterol while lowering your blood pressure. Celery, according to traditional Chinese medicine, lowers blood pressure. (**Life Sci 2000; 66:755-67**)
- ◆ Turn off the TV during meals. Undistracted eating means you’ll eat less. Researchers in Paris served lunch to women in various situations. They found that women who listened to a recording ate a lot more than diners who focused undistracted on their meal. (**AJCN 2001; 74:197-200**)
- ◆ Dodge diabetes by dieting and exercising. Diabetes is reaching epidemic proportions. But recent studies suggest that if you lose weight and exercise, you lower your risk dramatically. Diet and exercise were so successful in controlling diabetes that researchers stopped the study early and told everyone to start working out. (**Diabetes Prevention Program**)
- ◆ Eat more garlic. Natural substances in garlic called disulfides are not only antifungal, anticancer and antibacterial but are also useful in fighting malaria. Disulfides prevent oxidative cell damage. (**Am Soc Trop Med and Hygiene Meeting**)
- ◆ Eating better and eating more of healthy foods aides memory. Researchers found that patients over 60 years of age eat too little. The elderly, unlike the rest of America, don’t eat enough. Just adding extra calories helped boost brain

power. (**Am Jrnl Clin Nut, 11/01**)

- ◆ Antioxidants may ease acid reflux. Heartburn can irritate your throat and esophagus. Researchers think that the irritation is not from the stomach acid but from free radicals causing problems. Antioxidants like vitamin E and C, instead of antacids, may ease the problem.
- ◆ Eat more soy. Soy is found to help with cancer prevention. Endometrial cancer was reduced in a Chinese study of aged matched women. (**BMJ 2004 May 29; 328:1285-8**)
- ◆ Elevate your mood with Vitamin D. Vitamin D is created when sunshine interacts with the skin. When vitamin D levels fall in the wintertime, it may be enough to trigger a depression called seasonal affective disorder (SAD). In a Canadian study, those prone to depression who took extra vitamin D (increases levels of mood chemical serotonin) discovered that their spirits improved. (**Nutr J 2004; 3:8**)
- ◆ Ease up on your coffee drinking. Researchers in Finland found that drinking large amounts of coffee (four or more cups a day) was linked to finding more rheumatoid factor (RF) in the blood. RF is the chemical that shows how your body is attacking its own joints. Finns found that a substance in the coffee stimulates the production of RF. So drink your coffee in moderation. (**Ann Rheum Dis Vol. 59, #8**)

POCR Unit: One Years Old!

By LCDR Thomas Hochberg

The POCR Unit celebrated its one year anniversary this past September 1st, so it’s time for an update on our many accomplishments. First though, it might be prudent to give just a little history of this program, for those who have joined the Division since my last contribution to *The Rapid Pulse*.

CAPT Carol Lindsey oversaw the inception of the program in July of 2001 when legacy

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Our Mission:

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

DIHS Holidays



The tree located at the front of the office at DIHS Headquarters

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INS requested the Division to make recommendations for conditions of release or continued detention of aliens who were considered to be “specially dangerous.” This came about due to a Supreme Court ruling in June of 2001 (*Zadvydas v. Davis*) that stated that INS could not continue in detention aliens whose deportation could not be effected in the “reasonably foreseeable future.” Subsequently, INS set forth regulation (8 CFR 241.14(f)) that would allow for aliens that were determined to meet the ‘specially dangerous’ criteria to be continued in detention for up to a year before being reevaluated. So what constitutes a “specially dangerous alien? The regulation states that:

“the Service shall continue to detain an alien if the release of the alien would pose a special danger to the public, because:

- (i) The alien has previously committed one or more crimes of violence as defined in 18 U.S.C. 16;
- (ii) Due to a mental condition or personality disorder and behavior associated with that condition or disorder, the alien is likely to engage in acts of violence in the future; and
- (iii) No conditions of release can reasonably be expected to ensure the safety of the public.

Since that time over 370 responses have been generated with respect to these requests from ICE! Of those 370, twelve are currently in continued detention under the regulation. The housing of those individuals has posed a challenge for ICE and DIHS. Meeting the criteria means that they are criminals and mentally ill and by virtue of the findings, there are no conditions of release that can ensure the safety of the public.

While the average length of stay in custody is 28 days, these aliens will be in detention long-term. They often are severely mentally ill and may pose considerable behavioral challenges as well. In addition, ICE is very closely following the treatment that they receive while in custody and has tasked the Division with ensuring that they receive the care that is necessary to treat their condition.

The evaluation and follow up component of the POCR Unit continues to enable us to meet the mission of the Division in protecting the American public. The legal process continues though, as aliens appeal their continued detention under this regulation and a ruling on this issue by the Su-

preme Court may be made in the not to distant future that will have a dramatic impact on this segment of the work of our Unit.

So what happens to the aliens who don’t meet the regulation criteria? Well, they are referred to the POCR Unit! In our now one year and four months old Alternatives to Detention Program we are referred cases that ICE would like to stipulate mental health conditions of release in the their Order of Supervision. In this program component, one of the three components of our Unit, we focus on release planning for aliens being released all across the county. Our goal, just as in the other program is to protect the safety of the American public. We do this by getting the most comprehensive assessment of the alien and determine the treatments that will best meet his or her mental health or behavior needs.

Once we have gathered all the mental health documentation and spoke with the current treatment providers and reviewed the relevant documents on their criminal and mental health histories, we begin formulating the release plan. If the alien has a place to live we start by looking for no or low cost treatment providers in that location. This may seem simple on the outset, but finding providers in rural areas that speak Vietnamese or Ethiopian, for example, can prove difficult! Then there is the challenge in finding certain types of treatment, such as sexual offender treatment that is not readily available in some rural or even suburban areas, add a native speaking provider in the mix and you have a challenge indeed!

The intrepid members of the Unit have persevered and completed 84 release plans in the previous fiscal year! However our work is not done there. As of June 2003 we are responsible for the follow up on all of the aliens released under the program. Just as we are responsible to ensure that those aliens continued in detention under 241.14 are receiving the care they require while in detention, we are tasked with following up with the aliens released under the Alternatives to Detention Program to ensure that they are complying with their conditions of release.

To ensure that there is clear communication and understanding of the program a letter is sent to each provider explaining the program. We also require that each provider submit to us a signed Monthly Treatment Summary Form that the alien signs on each visit. The Monthly Summary Sheets ensure that we are only paying for services that have been provided. This follow up process may seem as simple as making a phone call, should we not receive our form, but such is not the case.

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There have been occasions where the alien has moved and required a new release plan, or the alien gave a fictitious release address to begin with or where the provider discontinues treatment with the alien for various reasons.

In another instance the alien was dropped off at the incorrect address and never heard from again. The most challenging cases are those where the alien is homeless and severely mentally ill. Finding a low or no cost placement for a homeless, schizophrenic sex offender and substance abuser adds new meaning to the word challenge.

With the small amount of funds the program has been allocated to carry out its mission we have managed to place all of the individuals that have been referred to us. Those funds have become critical for the neediest of our caseload. As aliens under a final order of deportation, they have lost their previous immigration status, and thus with few exceptions, have become ineligible for federal benefits.

Working within the budget presents an opportunity for the case managers to work creatively with aliens that present with the most difficult scenarios, but the POCR Unit team works together to manage the financial responsibilities of the Unit. The case managers complete the financial expenditure estimate and the program assistant completes the TARs and processes the claims when they are submitted by the provider and maintains a detailed spreadsheet of obligations and outlays.

While this provides plenty of work for our unit there is an additional program that we are responsible for. We also manage the Availability of Healthcare Program. The Unit accepted the additional challenge in January 2004 when CAPT Carol Lindsey left the Division. This program gives the staff an opportunity to work in a different capacity where we are responding to requests from ICE, usually the field offices, on the availability of healthcare in other countries.

The goal of this program is to provide ICE with information so that they can make an informed decision on an alien's request for a stay of deportation based on health or mental health conditions. The Unit utilizes various resources to get the information we need. Primarily we use the internet, but also other resources such as non governmental organizations like Doctors Without Borders or organizations such as U.S.A.I.D. We then inform ICE, in writing, of our findings. It is important to understand that for the purpose of this program that we do not address the question of access to healthcare but rather we address availability of healthcare.

Our unit has also received inquiries from our own staff in the field. These requests have generally been for aliens who are going to be deported, but the requestor has had questions about the continuity of healthcare once deported.

Our Unit has been able to accomplish so much with limited resources, but help is on the way. We are pleased to announce that we will be adding a new Corps officer to our unit in January 2005! Ms. Lampasone, a master's level social worker, will be joining the team from the Office of the Secretary at HHS.

We welcome any inquiries from the field about the work we do. If you would like clarification regarding any of these programs, please call me.

Dr. Newman's Baby Shower

On December 17, DIHS Headquarters held a baby shower for Dr. Sara Newman, Epidemiologist.



Dr. Newman holds up gifts as her husband looks on.



Dr. Newman reads a card as her husband watches.

News You Can Use!

Congratulations to the staff at the Krome Service Processing Center on a recently successful Joint Commission on Accreditation of Health Care Organizations (JCAHO) survey.

Thank you for a job well done!

Congratulations to Dr. Sara Newman and her husband David on the birth of their new daughter, Carolyn Grace!