

THE RAPID PULSE

September 2005

Faces &
Places

WELCOME

El Centro, CA:
LT John Murrain

El Paso, TX:
Maria Calderon

Miami, FL:
Jessica Diaz

Pearsall, TX:
CDR Richard Schmidt
LCDR Kim Braithwaite
LT Calvin Spinner
Ms. Maricella Benavides
Ms. Annabelle Cuevas

San Pedro, CA:
LT David Beckstead
Ms. Adriane Powell

Washington, DC:
CDR Mary Bowling

FAREWELL

El Paso, TX:
Ms. Sylvia Layne

Florence, AZ:
CDR Eddie Frazier

Port Isabel, TX:
LT Stephanie Tilghman

Washington, DC:
LCDR Rebecca McCain Singleton
LT Darrell Lyons

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*. In this month's issue, I want to provide you with an update on the A-76 study currently underway.

The government is currently putting together its proposal, known as the Agency Tender, which is due by October 4. We have reviewed our operations, made many enhancements, and I am confident that we have a truly winning approach to this process.

One of the key facets to this winning approach is our accreditation program, which has helped ensure that many of our sites receive triple accreditation through the Joint Commission on Accreditation of Health Care Organizations (JCAHO), National Commission on Correctional HealthCare (NCCHC) and American Correctional Association (ACA). We are also bringing our new facilities online with accreditation.

In addition, we have shown our ability to support an ever-expanding population of detainees. As the needs of our client, the U.S. Immigration and Customs Enforcement (ICE), have changed, we have adjusted our program accordingly, and thus earned the respect and gratitude of ICE.

We have a first-rate medical escort program, which provides a cadre of highly skilled medical personnel to support do-

mestic and international escorts.

DIHS has proven its ability to support not only the mission of ICE, but other federal entities as well. We continue to provide staff in support of the Coast Guard's Alien Migration Interdiction Operations (AMIO) Program. I thank every DIHS staff member who has been involved in the AMIO Program for their stellar performances. We have also placed a priority on readiness: ensuring that our officers are always in a deployable state.

We have also worked diligently to build a solid Managed Care Program. And we have been extremely successful in our cost containment measures, in part by providing more services on site.

Finally, we have a winning approach because of you: the employees, who have made this Division a solid organization.

INSIDE THIS ISSUE:

| | |
|--|------------|
| <i>The Director's Perspective</i> | Front Page |
| <i>Faces and Places</i> | Front Page |
| <i>Focus on MLPs: Meet CDR Garza</i> | Pages 2 |
| <i>Repellents: What You Need to Know</i> | Page 3 |
| <i>Infection Control Corner</i> | Page 4 |

Our Mission:

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

FOCUS ON MLPs: MEET CDR GARZA

By LCDR Christopher Henneford

The San Pedro Service Processing Center has unique medical and mental health detainee demographics that make it the proving ground for DIHS mid-level practitioners.

Any professional looking to utilize and practice their skills to the maximum is not going to be disappointed by accepting the challenge.

On any given day the practitioners can be found doing every part of the patient contact: from the traditional nursing contribution of initial screening and phlebotomy; to their normal assignment of examination, assessment and treatment; to taking the blood sample to the lab box for pick-up.

The neatly screened, packaged and presented detainee ushered to the exam room is more exception than rule. Doing whatever it takes to get the job done is closer to the reality. San Pedro practitioners do not stand on ceremony, rank or privilege, at risk of a missed encounter.

CDR Alex Garza, NP, represents perfectly that get it done attitude, and has been putting it to practice since his arrival to San Pedro in early 2004. He began with the Division 2 ½ years ago at El Paso, and immediately utilized his knowledge and skills as a highly effective clinician dealing with a more medically complex population.

Respected by his peers for both his clinical expertise and professional demeanor, CDR Garza has the admira-

tion of the entire staff.

A typical day in the clinic for CDR Garza is normally noted for not being typical or routine, beginning at 0700 with the task of medically clearing the "Room and Boards," something of an anomaly to the San Pedro SPC. Detainees must be either medically cleared to travel to Los Angeles to complete their ICE investigations or held as unsuitable for travel.

This becomes a mixture of medicine and art form, since the process can continue for several consecutive days, and the pressure is to balance their medical stability and continuity of care, with ICE's mission of getting them fully processed quickly. Those with active mental illness can become so fatigued and stressed by the process that they may decompensate or become at risk for self harm.

It is the practitioner's responsibility to look into the eyes of the individual, think beyond the practical, and advocate for their health by initiating a hold. It is a testimony to CDR Garza and each of the other practitioners, that their decision is virtually never questioned by ICE for the sake of expediency.

In addition to keeping pace with a busy clinic schedule of PEs, chronic care, and emergencies,

see Garza- Page 3

Garza- From Page 2

CDR Garza has the added responsibility of collateral duties, temporary assignments and Division initiatives. In the past 12 months, he's participated in several difficult medical escorts, supported the Key West Coast guard interdiction mission and will be conducting two ICE Detention Standards inspections this fall.

CDR Garza's personal interest in health and fitness has inspired other San Pedro staff to become more health and diet conscious, as well as initiating a group of lunch time power walkers. An added benefit to his recruitment poster appearance is an absence of sick days to take away from his work productivity. The influence he exerts in example and practice on new and junior officers, as well as those established individuals, sets the standard for a revitalized San Pedro SPC and leaves the rest of us challenged to keep up the pace.

Frequently hearing the phrase "Well, in El Paso we....." followed by a process that was improved, faster, and better, we share in the amusement of the terminology but always listen for the content that CDR Garza is honestly sharing with the intent to improve this program.

It is the hope of at least one of us that in future years at his next assignment with DIHS he will be able to at least once say "Well, in San Pedro we....."

Editor's Note: This will be the first in a series of articles intended to highlight the various specialties within our Division.

Repellents: What You Need To Know

By Dr. Luzviminda Peredo-Berger

With summer comes the inevitable arrival of our favorite bug, the mosquito. Now more than ever, people are seeking ways to protect themselves, especially since mosquitoes can spread the potentially dangerous West Nile virus.

Some seek alternatives to lotions and sprays, which can range from insecticide-treated clothing to ultrasonic watches that can be worn on the body. Studies show that the clothing is effective, but it doesn't eliminate the need for topical repellents.

Repellents can serve as a first line of defense. Those that contain deet, picaridin or oil of lemon eucalyptus are usually recommended by the Centers for Disease Control and Prevention. Some people are still wary, even though health officials have pronounced them safe when used as directed.

Specially treated clothing made by Buzz Off is offered as an alternative to topical repellents. The clothing includes shirts, socks, pants, and hats that are made in adult or child sizes. The fabric is impregnated with the insecticide permethrin. According to the FDA, the chemical is

see Repellents- 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.

Repellent– From Page 3

considered safe when applied to fabrics. Unlike deet, which keeps bugs away, permethrin stuns or kills them. It's used on clothing by the military.

Buzz Off says the clothing remains effective through 25 washes and is safe for children, though they should not chew on the fabric. In situations with lots of mosquitoes, insect control experts recommend skin exposed areas with repellents.

Other products placed on the body such as wristbands containing deet or citronella are far less effective. Research published in the *New England Journal of Medicine* found them to deter mosquitoes only where the band is placed.

Ultrasonic battery powered devices emit sounds (inaudible to humans) that are supposed to keep mosquitoes away. But there is little evidence to support this claim. The Federal Trade Commission has even cracked down on some manufacturers for making false advertising claims.

Instead of insect control devices, insect control experts advise avoiding dark-colored clothing, perfumes and scented lotions or soaps; all can attract mosquitoes.

Consider long pants and sleeves, or clothing treated with permethrin. On exposed areas of skin, use lotions or sprays.

REPELLENTS AND NUMBER OF MINUTES BEFORE BITTEN:

Deet 23.8%: 301 Minutes

Oil of Eucalyptus (Natural Product): 120 Minutes

Deet 6.7 %: 112 Minutes

Soybean Oil 2% (Natural Product): 94 Minutes

Deet 4.8%: 88 Minutes

Citronella 10% (Natural Product): 19 Minutes

Source: *NEJM*



Infection Control Corner

As you may know in July we released a new and improved National Infection Control Plan. You can find a copy of the plan on the G drive at:

G:\Specialty Folders\Epidemiology\Infection Control Program Management\Infection Control Plan

The plan outlines the responsibilities of staff in carrying out important infection control measures at your site, such as surveillance for Infectious Diseases and, in particular, TB, educating staff in infection control, monitoring infection control at the site, and reporting requirements for infectious diseases. The plan also includes:

- ◆ A TB Control Plan
- ◆ A Contact Investigation Guide
- ◆ A TB Risk Assessment
- ◆ A Blood Borne Pathogen Post Exposure Control Plan

Please contact LCDR Sara Newman and/or LCDR Diana Schneider of the Epidemiology Unit for more info!