

The Rapid Pulse

December 2003

Faces and
Places

WELCOME

The Director's Perspective

By Dr. Eugene Migliaccio

Happy Holidays to you and your families. As we enter this joyous and special time of the year please relax and spend time with your loved ones, friends, and communities. Your contributions this year to our mission, vision, goals, and objectives are much appreciated. Through your efforts we have accomplished a quality-driven health care system that can respond to the most urgent medical needs for our special population. You have worked very hard and for that I thank you.

Over the past few months, I have had the pleasure to work with our health services administrators (HSAs), clinical directors (CDs), dentists, mental health professionals, and headquarters staff at our annual leadership conference in Austin, Texas. I have also had the pleasure to meet many of our nurses at their first DIHS Nurses Conference in San Diego, California. At these conferences, one central theme emerged – teamwork.

The concept of teamwork became apparent as I listened to your reflections on how we have accomplished a multitude of projects, initiatives, taskers, and policies, not to mention our core business of primary and secondary health services. I met a number of staff who practice placing service over self and who are the first to say “count me in” or “what can I do to help.” These team members are the givers versus the takers that are found in many organizations.

**Happy Holidays to all
DIHS staff**

As I look to 2004, I envision a stronger DIHS that is lead by a great team of dedicated staff (and my definition of staff is our federal employees and our contract partners). In 2004, my personal objectives, (besides the larger DIHS corporate objectives), where I will focus all my energies and ask the team to help, are: (1) Short Stay Units (SSU) with central bed-management and local medical-management; (2) Registered nurses (RNs) completing all routine physical exams; (3) the continued development of a solid Mental Health Program at each SPC/CDF; (4) an enhanced information technology (IT) program; and (5) development of an integrated tele-health system.

I look to each of you for your continued support. I ask each of you to take the extra effort to make DIHS an organization that moves from “Good to Great.” Each of you has the power to make a positive difference. We have much to do. I look forward to great things happening in 2004.

Again, happy holidays!

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The Government Travel Card

Proper Usage

By Mr. Melvin D. Roberts

I'm sure that you have read recent articles or have seen television news segments concerning improper use of government travel cards.

This article serves as an annual refresher to all DIHS cardholders on the correct usage of the government issued travel card.

The Travel and Transportation Reform Act of 1998 was signed into law on October 19, 1998. One of its main purposes is to reduce federal travel costs and to streamline federal travel processes.

Among its provisions, it requires employees to use Federal travel cards for payments of official travel expenses. Employees who refuse to apply for and/or use the travel charge card for official travel will not be authorized a cash travel advance. Remember, the travel card is a *charge card not a credit card.*



As a cardholder you are responsible for:

- Reading and adhering to the cardholder agreement

- Timely payment in full upon receipt of billing statement
- Submitting travel voucher within five days after travel is completed
- Maintaining required supporting documentation

You can not:

- Make personal purchases or ATM withdrawals unrelated to official travel
- Use travel card for local official travel expenses (however, if a rental car is authorized for local travel, then the travel card can be used for renting the car)
- Use the travel card interchangeably with the IMPAC card

When submitting travel vouchers, common supporting documentation should include as a minimum:

- Receipts for all lodging and receipts for single purchases of transportation or miscellaneous expense item exceeding \$75
- Travel authorization with approving official's signature and funds certification
- Evidence of any special authorization

A new Standard Operating Procedure (SOP) on travel cards will be forthcoming, which will provide you with additional guidance.

If you have any questions regarding the government issued travel card, please contact Ms. Brenda Marshall at Headquarters.

AMIO Mission

By LT David Lusche

Imagine for a moment that you are stepping into a rowboat-sized fishing launch. It's near midnight and you're within view of the lights of Havana, just down the coast.

Thirteen other strangers have boarded with you: 11 men and two women, including a mother with her four year old child. The boat sputters northward under the power of a small outboard that smokes and makes your eyes red. With all the people, water and gas onboard, your launch rides with ten inches of draft through the 3 1/2 foot swells of the open ocean.

A third of your group doesn't swim. You hope, somehow, that your group will successfully evade the patrols and storms at sea, and cross the 90-mile stretch northward. If you're lucky, you may even catch the northbound currents to carry you further, closer to Miami.

Your only navigational tool is a compass, and after the first 24 hours no one really knows where you are. You've brought along some water and food, enough for several days but you don't know how long this journey will last. You've paid \$500 to take this journey. At home you earn \$13 a month.

These are the conditions under

which the hundreds of Cuban migrants began their journey northward this summer, before being picked up by the US Coast Guard's Alien Migration Interdiction Operation (AMIO) mission.

In addition to me, several DIHS officers had the opportunity to serve on Coast Guard cutters and provide medical services at the conclusion of these migrants' journey.

During my 10 days on the USCGC *Dauntless*, we processed 110 Cuban migrants ranging in age from 18 months to 50 years. They would arrive on our boat in varying conditions: some healthy, most sunburned, hungry, seasick and dehydrated (some severely). Among them were diabetics, hypertensives and asthmatics.

I saw a dozen cases of conjunctivitis, and dozens more with rashes – all the result of poor hygiene on those small boats. The migrants' emotions ranged from disbelief or relief, to anger, resentment, or depression. I am convinced we saved the lives of two patients who, after only two days at sea, were so severely nauseated and dehydrated they could not stand unassisted.

We had seen other groups that

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