

The Rapid Pulse

November 2003

The Director's Perspective

By Dr. Eugene Migliaccio

I want to use this issue of *The Rapid Pulse* to focus on the DIHS Nurses' Conference that recently convened. It was rewarding to see the conference take place, as it was originally cancelled after Operation Iraqi Freedom commenced.

One of the "hot button" items discussed was the issue of nurses conducting physical exams (PEs). The use of nurses to conduct PEs is fully within the scope of nursing practice, and thus all of our nurses should be allowed to conduct PEs in order to fully develop their professional skills.

A national performance improvement initiative in this area will be developed to track how we conduct PEs now and in the future.

Our short stay units (SSUs) and new bed space utilization initiative were also discussed. Nurses in DIHS should be able to fully practice their skills and they will be able to do so through their role in the SSUs and by conducting PEs.

The nurses were also briefed on the new strategic plan. They found the strategic plan an extremely useful working document to help them in their daily duties. There was a review of systems, to get rid of those systems which no longer apply to the strategic plan.

The Detainee Benefits Package was also re-introduced to our nurses, to serve as

their guide in providing health services to our detained population.

The nurses provided great feedback during the close-out sessions, and there was an exchange of information between branch chiefs and nursing staff in order to better understand operations.

DIHS' nursing staff provide a valuable service each day to their country, and I truly believe they returned to their respective sites more equipped with the tools they need to do their job.

I want to thank CAPT Marylouise Ganaway for organizing the conference, and thank everyone who made outstanding presentations during the conference.

I thank all of the nursing staff for attending, and for their enthusiastic response to the conference.

I also want to thank the Health Services Administrators and all of the staff who remained at each site while the nurses attended the conference.



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Faces and Places

WELCOME:

Batavia NY, :
Linda George

El Centro, CA:
Flora Johnson
LT Stacey Dawson

El Paso, TX:
LCDR Eric Hierholzer

Florence, AZ:
Barbara Sterett

Queens, NY:
John Fitzgerald

San Diego, CA:
LT Erica Graham

Washington, DC:
Ann Russell
Elizabeth Osborne
LT William Waldron

FAREWELL:

Batavia, NY :
LT Tammie Germonto

Florence, AZ:
LT Keith Harris

Queens, NY:
Veronica Lowe

Our Mission:

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

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.

Our Vision:

*By 2008, we
will be the
benchmark
for all
detention
health care
systems.*

*By 2008, we
will be
recognized
as having
the most
prestigious,
dynamic,
and reward-
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the PHS
where all
team mem-
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make a
positive dif-
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AMIO Mission

By LT David Lusche

Imagine for a moment that you are stepping into a rowboat-sized fishing launch. It's near mid-night 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 out-board 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 had been out for a week. One group had been without water

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