

The Rapid Pulse

October 2003

Faces and Places

The Director's Perspective

By Dr. Eugene Migliaccio

In this issue of *The Rapid Pulse*, I want to talk about the Senior Leadership Conference and our future as an organization via strategic planning.

First, thank you to all Division staff who worked so hard taking care of our patients so that the clinical directors, health service administrators, dental directors, and Headquarters staff could attend the conference earlier this month in Austin, TX.

The theme of this year's conference was "Good To Great." In his book of the same name, author Jim Collins makes the case that many organizations are good, but they never become great because they achieved good and reached their comfort zone. To achieve the next level—great—organizations stretch and plan. At the conference, our Strategic Plan was presented, the culmination of months of work by our own Strategic Planning Group (SPG). For DIHS, our strategic planning program is our tool to move "from good to great." It will serve as a framework for all employees to implement their own planning efforts locally. All tasks should be clearly in line with the strategic plan.

The strategic plan is designed to be a forward-looking document. Now it is imperative for everyone to ask themselves "if it is not in the strategic plan, should I be doing it?" Only if it relates to our priorities of employees, quality, and cost.

The strategic plan serves as a vehicle for DIHS to grow further as we continue to grow. It also focuses on newer initiatives within the organization, such as mental health, telemedicine, and aviation medicine.

Processes for new and current programs and systems will be standardized as appropriate, and there is an increased focus on accountability in the form of monthly and quarterly reporting.

It is also important to note that the strategic planning document is not a static document. It will change as required to fit the needs of DIHS as we continue to grow and expand our services.

I want to take this opportunity to thank all of the members of the SPG. They have provided an invaluable service to DIHS, and given us a framework to move forward in the coming years.

I also thank the members of DIHS who provided input to the SPG. Because it is critical that the strategic plan is embraced by all staff. Thanks for your leadership!

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WELCOME

Batavia, NY :
Noelle Armburst
Margaret Russell

Miami, FL:
Tiffany Stephens

Washington, DC:
LT Kelly Brown
LT Martin Ruiz-Beltran
LTJG Darrell Lyons

FAREWELL

Los Angeles, CA :
Angela Watson

San Pedro, CA:
LTJG Jeanne Abaya



**Our
Priorities:**

Employees

Quality

Cost

Availability of Health-care: An Overview

By CAPT Carol Lindsey

One of my responsibilities as the Consultant Services Coordinator for DIHS is to research availability of health care or medical services in other countries.

As the medical authority for ICE, DIHS provides medical recommendations and responds to ICE requests regarding availability of health care for detained and non-detained aliens who may be returning to their country of origin or another country.

Immigration officers from all over the United States have requested this type of information on aliens who are claiming that the medical care, medications or services they require are not available in their country of origin.

It can be very exciting and involve creative search methods when obtaining this information. It can also be very time consuming, requiring numerous phone calls, emails, faxes and letters. The process can also be delayed due to the country's slow response.

For example, once I emailed a request to the Ministry of Health in Bulgaria and it took them six months to respond, which they did eventually by mail.

Consults involve questions about health care in countries all over the world. I receive numerous re-

quests regarding medical care for persons with HIV or AIDS in other countries and for dialysis. Other consults vary in type of care or medications needed. One past consult I received involved an Italian mobster who was claiming he couldn't receive intrathecal narcotic treatments in Italy. I contacted the drug company in Switzerland that manufactured the medication he was receiving intrathecally and they gave me contact information on at least three drug representatives and physician contacts in Italy who dealt in this type of therapy. This information was shared with ICE and the detainee was deported.

Other consults I receive involve children who are receiving care in the United States for serious or complicated medical problems. Many times the care is not available in their country of origin and DIHS recommends they be allowed to continue their medical care in the U.S.

A variety of methods are used to obtain information, including via telephone, email, fax or mail. I contact Embassies, Consulates, Ministries of Health, international governmental and non-governmental organizations, drug companies, pharmacies, and utilize the internet and many other types of organizations to acquire information. LT Jamie Seligman at the Queens Service Processing Center has also assisted me on many cases in attaining information. LT Seligman has a great contact with 'Doctors Without Borders' who have been very resourceful. When organizations are contacted for this information, the patient's name is never divulged although many times this is requested.

I am excited about some of the new tools at my disposal. During his tenure with DIHS over the summer, Ensign Andrew Hickey developed a Microsoft Access database

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Scenes From the 2003 Leadership Conference



US Surgeon
General
Richard Carmona



Dr. Migliaccio



Surgeon General
Carmona with
LCDR(s) Rhondalyn
Cox

Availability– from Page 2

that will allow us to maintain a record of the information we receive regarding availability of health care.

As we receive information on the health care services available in other countries, that information will be entered into the database for easy retrieval in the future. This will increase efficiency. The database will also include information obtained from past cases.

It is a very challenging and exciting part of my job to research availability of health care in other countries and provide this information to ICE. If you are ever contacted by ICE regarding this matter, please contact me at headquarters for assistance.

DIHS POCR Program: An Overview

By LT Tom Hochberg

The world of immigration detention was radically altered on June 28, 2001. The United States Supreme Court ruled that the Immigration and Naturalization Service, now the Bureau of Immigration and Customs Enforcement (ICE), could not detain criminal aliens indefinitely if they could not be deported within the reasonably foreseeable future.

The ruling arose from a petition from a Mr. Zadvydas, who had been in custody after serving two years on cocaine related charge and was ordered deported in 1994. He was

born to Lithuanian parents in a refugee camp in Germany in 1948, and neither Germany nor Lithuania would claim him as a citizen and therefore travel documents could not be obtained.

The Immigration Reform and Immigrant Responsibility Act of 1996 allowed ICE to detain individuals in order to protect the safety of the public, until they could be deported regardless of the length of time the deportation would take. This was challenged by Mr. Zadvydas and the case went to the US Supreme Court. In a five-to-four vote, the Court rejected ICE's policy.

New regulations went into effect in November of that year, which clarify the criteria under which a detainee may be held indefinitely. Under Title 8, Chapter I, Part 241, Section .14. "Continued detention of removable aliens on account of special circumstances," there are only four categories, each with its own specific criteria, under which aliens may be detained indefinitely.

These categories are: aliens with a highly contagious disease, aliens detained on account of serious adverse foreign policy consequences, aliens detained on account of security or terrorism concerns and aliens considered as especially dangerous. It is under this last category that the US Public Health Service is involved.

In order for ICE to detain an alien ordered deported, the alien must meet the following criteria: They

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must have committed a crime of violence, must have a mental health diagnosis and there must be a nexus between their diagnosis and criminal behavior. In addition, a psychiatrist must find that the detainee is likely to commit acts of violence in the future and there are no conditions of release that can reasonably assure the safety of the public. It is incumbent on the US Public Health Service, specifically DIHS, to make the mental health determination for ICE.

Since the ruling, ICE has requested that the Division review the Post Order Custody review file and make recommendations for conditions of release. These conditions will be reviewed by ICE and likely be incorporated into their conditions of release for detainees. Due the medical nature of the recommendations, the review of the files was handled by CAPT Carol Lindsey in the Clinical Branch who, with the assistance of LCDR Jay Seligman, drafted in excess of 300 letters for ICE.

As the time came for the release of the detainees affected by the ruling, ICE came to DIHS to work with their Alternatives to Detention Program to coordinate the discharge plans for the detainees for which previous recommendations of release were made. Out of that discussion the Division created the Post Order Custody Review Program.

Effective September 1, 2003 the division's Managed Care Branch launched the Post Order Custody Review (POCR) Program. The mission is to provide ICE with comprehensive medical, psychiatric or mental

health evaluations and discharge planning for detainees. While few detainees will meet the stringent criteria for continued detention under section .14, the vast majority will have conditions of release imposed by ICE that pertain to medical and mental health needs.

With funding from ICE under the Alternatives for Detention Program, the POCR Program is locating resources nationwide to meet the needs of released aliens.

The goal is to protect the public safety by connecting the alien with needed services in order to reduce the likelihood that the alien would commit an act of violence or crime in the future. The program is supported by the effort and dedication of CAPT Nina Dozoretz, CAPT Neal Collins, our ICE partners and our program assistant Ms. Juanita Maldonado.

NOTES FROM THE FIELD:

Congratulations to the staff at the El Paso Medical Referral Center. They recently underwent their American Correctional Association (ACA) survey and received a score of 100% on mandatory standards and 99.1% on non-mandatory standards. The medical department standards were met 100%. Congratulations to all on a job well done!



Our Spirit:

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