

# The Rapid Pulse

December 2002

## Faces and Places

### WELCOME

## The Director's Perspective

By Dr. Eugene Migliaccio

I want to take this opportunity to wish every member of the DIHS family a Happy Holiday and best wishes for the New Year. You have all shown great commitment and dedication to our mission in each of the challenges we have faced as an organization this year.

In 2002, DIHS has risen to the occasion to meet many challenges, including staffing shortages related to our Full Time Equivalent (FTE) issues, mass influxes of refugees, an office move for DIHS Headquarters, the opening of a brand new DIHS medical clinic in San Diego, a realignment of the Managed Care Branch, and a host of other challenges.

Through it all, however, I have been impressed by the commitment of our staff to our essential mission: to promote global health through the delivery of primary health care to undocumented migrants. Providing the highest quality, most cost effective health care remains our biggest priority, and you have not lost sight of that.

Our client, INS, as well as the detained migrants in their custody, count on us to be there at all times to serve as the medical arm of INS and provide primary health care services to an underserved population. The level of care we provide will not only impact INS, but the entire American public as well.

**Happy Holidays to all  
DIHS staff**

In short, the work we do each day is vital to the health and well being of this great nation.

I have also been grateful for the higher visibility our organization has had recently, including Surgeon General VADM Richard Carmona's recent visit to our San Diego facility. VADM Carmona was impressed with what he saw in San Diego, and expressed an interest in visiting more DIHS sites.

I believe that in the coming year, we will have even more opportunities to showcase this Division as one of the premiere places to work in the Public Health Service.

Again, thank you all for the dedication and commitment you have shown through all of the challenges of this past year. I wish you and your families a happy, healthy, and safe holiday season. I look forward to what the new year will bring for DIHS.

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LT Rosemarie Dennis  
LTJG Michael Leboe

### El Centro, CA:

LCDR Cynthia Spells

### Florence, AZ:

Terry Myers  
LTJG Bill Stahlberg  
LCDR Melvin Temple

### Queens, NY:

LTJG Veronica Lowe

### San Diego, CA:

Rhoda Binene

### San Pedro, CA:

Danielle DiDonna  
Rodolfo Nadres

### Washington, DC:

LT Rebecca McCain Singleton  
CDR Christine Williams

### FAREWELL

### Elizabeth, NJ:

LT Suzi Choi

### Florence, AZ:

LTJG Janet Cotie  
LT Annette French

### Kansas City, MO:

LCDR Gary Cole

### Manchester, NH:

CDR Annette Kolter

### Queens, NY:

CDR Marsha Dunham  
LT Donna Smith

### San Pedro, CA:

LTJG Frank Trenary

## Tis The Season

By LCDR Linda Jo Belsito

As we come upon the Holiday Season I thought it would be appropriate to give our Officers some nutritional tips that will keep us fit for duty. First, let me wish all of you a **Happy and Healthy Holiday Season**. During the next few months we will all be experiencing the hustle and bustle of daily activities, shopping, traveling, trying to resist the tempting treats and still make time to get in that exercise routine that we have committed to. Let me be the first to tell you that it can be done.

### **Tip #1. Set Your Dietary Goals**

By setting goals that are realistic and attainable you will be able to enjoy that piece of pie as long as you understand that you need to limit the intake of other foods, as well as continue the exercise routine that you have started. This is not the time of year to cut back on the exercise as it serves as a stress reliever as well as a calorie burner.

### **Tip #2. Do Not Try a New Diet at This Time of Year**

Although your intentions may be good, it is easier for you to stay committed to the plan that you have been on. If you feel that the temptations are too great then tell family and friends your dietary goals so that they can be supportive of your efforts.

### **Tip #3. Do Not Give Up If You Splurge**

Realize that the nutritional plan you have made for yourself is a plan for a lifetime. Holidays are a ONCE a year event and you should enjoy yourself

without thinking it will spin off into a downward spiral. Think of how much you have already accomplished and continue with that in mind and you will get right back on track.

### **Tip #4. Save Calories and Avoid Starving Yourself**

Remember that grabbing a hand full of fresh vegetables will give you more fiber, fill you up, and give you some antioxidants as well. It is ok to have a couple of pieces of cheese and crackers but don't fill up on them. Also, don't get into the habit of starving yourself all day. Eat a well balanced diet through the day, snack on wholesome meals like a cup of yogurt with fresh fruit, or a couple of peanut butter crackers. This will keep you from tackling a family member for that last finger roll.

### **Tip #5. Be Aware of Your Alcohol Intake**

Alcohol is not free of calories. Beer ranges between 130-200 calories and mixed drinks, between 200-1000 calories. Replace these with water, diet soft drinks or skim milk to save on those empty calories.



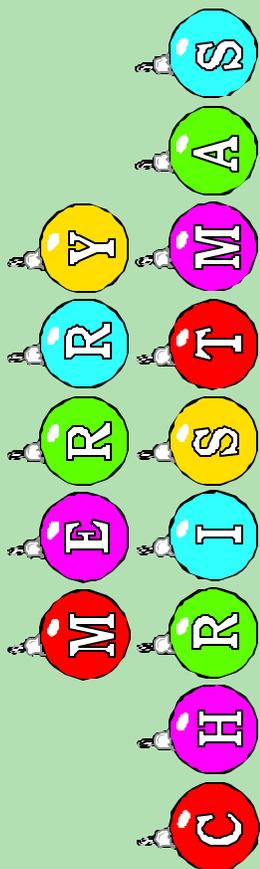
### **Tip #6. Never Neglect Your Exercise Routine**

No matter what time of year, whether you are on vacation or not, you should stick to your exercise routine. Remember that exercise adherence is more important than where it takes place. Commit part of your day to fitness, even if it's 20 minutes. I guarantee you will feel better when the day is through.

### **Tip #7. Do Not Make New Year's Resolution To Lose Weight**

How many years have you done this and failed? Make good nutrition and exercise a part of your life everyday. Remember a healthy lifestyle is more than a New Year's Resolution.

\*\*\* Have a happy and healthy holiday season !!!!! \*\*\*



## DIHS Mental Health Staff Trained

By LT Tom Hochberg

In conjunction with the INS and the US Bureau of Prisons (BOP), the Federal Bureau of Investigations conducted a training course titled "Basic Crisis and Hostage Negotiations." The training took place at a BOP facility in Miami Fl October 15-17 2002. Representing DIHS were CDR Gustavo Cadavid, LCDR Jay Seligman, LTJG Jamie Seligman and LT Tom Hochberg.

The course was designed to give an introduction to the fundamentals of crisis negotiation. Major topics included: The Negotiation Team Protocol, Abnormal Psychology for Crisis Negotiators, and Crisis and Suicide Prevention. Emphasis was placed on discerning between a crisis and hostage situation. The correct assessment of the situation determines the approach used by the negotiator. While both situations are tense, the crisis situation is usually marked by high emotionality and low rationality; the hostage situation is reversed.

Active listening skills and strategies to effect behavior change were continually drilled. While these non-tactical responses to hostage situations may seem like a logical approach, our group learned that it was not always the case. Not until the early 1970's did police departments and federal agencies begin to see the value in such an approach. Prior to that time a tactical method was largely used resulting in an increased number of deaths, not only of the hostage takers but the victims and police force as well. Since coming into widespread use throughout the United States, these techniques and methodologies have been incorporated into training courses such as this. Many of the part-

icipants were mental health professionals and familiar with these techniques. It would seem that there would be a natural connection to a professional trained in these skills and the role of the hostage negotiator; however, the negotiation teams are discouraged from utilizing them in that role. Rather they are asked to act in a consultant capacity to assess the mental health status of the perpetrator.

As a newcomer to DIHS, and to correctional health care, the need for such training was not initially realized. As I have learned more about what we do and the conditions under which we work the need was understood. Almost all of the vignettes used to demonstrate the negotiation process involved correctional settings! Prevention of such situations is always where the emphasis should be placed, but having personnel in the Division who are familiar with the hostage negotiation process are a valuable asset.

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### Out and About

On October 29, the **Krome Medical Referral Center** received a mass influx of Haitian detainees. This was a high profile influx that received national media attention. DIHS staff worked diligently to process the detainees and protect the health of the nation.



Detainees waiting in holding area at Krome



## Assimilation

By CAPT Marylouise Ganaway

After two years of active duty service, PHS officers are eligible to apply for assimilation into the Regular Corps of the US Public Health Service. Being assimilated means that you become a regular officer and receive additional benefits. The deadline for applying is February 14, 2003. You will need to provide a form PHS-5141-1 for signatures. Officers with a P4 rank and higher are required to write a statement and attach it to their application. I encourage you to read the assimilation information provided in the Commissioned Corps Personnel Manual (CCPM), CC23.3-INST 7, to familiarize yourself with the requirements and benefits that come with assimilation.

Officers who are P2 and P3 ranks have a greater chance of being selected for assimilation. Historically the numbers have been about 80 - 90% while officers who are P4 and higher have less chance. Two years ago, congress removed the 'double-dipping' penalty to retired officers who chose to return to government service after uniformed services retirement. The penalty restricted the amount of total salary and retirement combined that you could receive. Now, there is no good reason not to apply for assimilation. Your assimilation application is perceived as dedication to a career within in PHS and is seen quite favorably by reviewing officials, including the promotion boards.

The CCPM and all PHS forms are available to you on the DCP web page, [dcp.psc.gov](http://dcp.psc.gov) under the publica-

tions section. I recently sent information to each HSA reminding all Officers to review their OPF. This is important for all officers but especially those up for promotion. Please be sure you get a copy of the OPF review form from your HSA if you have not done so.

All officers should submit a current CV at the end of each year. It should have a November or December date on it. Also, if your category requires a license, be sure that you have submitted it. Outdated CVs and licenses can result in you not being considered for promotion, a new position, or an award. It is imperative that your OPF reflect your current professional level.

Since the deadline for OPF submission is December 31, you should be working on the review and preparing to submit your papers now. Otherwise, there may be a delay in getting your papers into the OPF and then you are unable to validate their placement by your final review of your OPF. You also need to plan accordingly because many of you will be on leave during the holidays as will the staff here at DIHS and DCP. It can be very unsettling when you need help NOW and it is not available because you did not plan accordingly. Please do your reviews and preparations now.

All items should be faxed to DCP at 301-480-1436 or 1407. Mailing items will delay their placement into your OPF. Place your current e-mail and other contact information into the DCP database by going to the DCP web page. This is also important to reviewing officials. If you do not have a password, please call the DCP helpdesk at 301-594-0961.

