

The Rapid Pulse

February 2003

The Director's Perspective

By Dr. Eugene Migliaccio



In last month's installment of *The Rapid Pulse*, I talked about our most important value in DIHS: the people of this Division, and our commitment to recruiting and retaining the most talented individuals whose professional values are aligned with ours.

This month, I want to talk about another important value: **commitment**. Commitment is important to ensure the success of any organization, large or small. In DIHS, commitment is important on several levels:

- Commitment to the mission, vision and values of our Division
- Commitment to our parent organization, the Department of Health and Human Services (HHS)
- Commitment to our client, the Immigration and Naturalization Service (INS)
- Commitment to the INS detained population we serve
- Commitment to our co-workers and superiors to accomplish the tasks we say we will

In DIHS, a commitment means we do

what we say we will do. It is also the recognition that if we are all committed in the aforementioned areas, there is no limit to what we can accomplish!

As Director of this great Division, I believe we are fortunate to have employees who have demonstrated time after time the commitment necessary to ensure the vitality of DIHS, and most importantly, the commitment necessary to ensure the health of the American public.

Thank you for your **commitment** to DIHS!

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Faces and Places

WELCOME

El Centro, CA:
LTJG Elsa Rivera

El Paso, TX:
LTJG Peter Awofodu

Florence, AZ:
Barbara Appleton
CDR Curtis Spann

Los Angeles, CA:
LTJG William Inciso

Queens, NY:
Leticia Collins
LT Nadina Hammonds

San Pedro, CA:
Georgia DeGrant
LTJG Ross Obenauer

Washington, DC:
Lisa Mason

FAREWELL

El Paso, TX:
LT Chris Hunt

San Diego, CA:
Telma Goertz

Our Values:

The People of
the Division

Commitment

Inclusion

Innovation

Integrity

Performance

Professionalism

Service

Teamwork

Trust

My First Medical Escort

By LT Eileen Falzini

Yes! Finally, I got to go on my first medical escort. I was so excited.

I received the information from Headquarters that I was to fly to North Carolina, and I made my ticket arrangements. My patient was 67 and had Alzheimer's Disease. I asked for medical information (the transfer summary with medications, physical capabilities, etc.) regarding my escort from the Bureau of Prisons (BOP) which is where I was picking up my patient.

However, I was told that all of the information I needed (regular medications the patient was prescribed, PRN injectables for possible disturbances, transfer summary, etc.) would be waiting for me when I arrived at BOP. I mentioned that I had heard from a nurse that the patient soiled himself with feces and that I would like to have depends/diapers. I was assured that everything I needed would be waiting for me upon arrival at the BOP.

Upon my arrival, there was no medical person available to speak with, no PRN injectables, no depends/diapers, no information on the patient's physical capabilities, and I was told for the first time that the patient only speaks Spanish. WOW!

Being a former Flight Nurse for the US Air Force, and being a Reg-

istered Nurse of 10 years, this was not acceptable for me! I nicely asked to speak with a medical person, preferably a nurse that had information on this patient. A floor nurse assured me the patient had never soiled himself and never had behavioral disturbances.

I then asked to speak with somebody else, as his diagnosis was Alzheimer's Disease with behavioral disturbances as listed on the transfer summary and the INS report stated he assaulted somebody! Another nurse got on the telephone and again assured me I would not need PRN injectables because he never gave anybody any problems and always did as he was asked. She did concede to the depends/diapers.

I then asked to speak with the doctor, as I was now very adamant that I was not leaving until I received PRN injectables. I knew that it is better to have the medication and not need it than to not have it at all! She was quite perturbed with me, but sent down the Psychiatrist. This doctor said he'd order me anything I wanted as long as we "get him out of here." This was a clue.

We then proceeded upstairs to pharmacy so they could fill my order for Ativan (2-2ml vials) with syringes. The Pharmacist stated that this was highly unusual to give the Ativan to go. The doctor told her who it was for and she said, "I'll get it right away as long as you take him out of here." Another clue! The Psychiatrist recommended that we keep the patient in handcuffs and

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This is *your* newsletter! Have an idea or suggestion for a future issue of *The Rapid Pulse*? Don't delay! Call or email Shalana Millard !

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Leaders

**Leaders are called to stand
In that lonely place
Between the no longer and the not yet
And intentionally make decisions
That will bind, forge, move
And create history**

**We are not called to be popular
We are not called to be safe
We are not called to follow**

**We are the ones called to take risks
We are the ones called to change attitudes; to risk displeasures
We are the ones called to gamble our lives for a better world**

**-Mary Lou Anderson
April 1970**

Escort– from Page 2

restraints the entire trip! Yet again, a clue!

Alzheimer's patients are usually cooperative if you can take your time with them. We had to seat him in a wheelchair and push him around in the airport. Getting on and off an aircraft does not allow for taking your time. The patient did not want to walk at all so we literally picked him up by the belt on his pants, carried and pushed him down the aisle of the aircraft. He was to sit in the middle seat. He would not slide over so I used my hips to push him over. While we never hurt him physically, it was probably not a good experience for an Alzheimer's patient to endure.

The patient began to sing loudly in Spanish and when we tried to quiet him, he apparently used profanity, which I didn't find out until later! He was agitated almost the whole flight. Finally, the first part of the trip was over. The patient decided he didn't want to sit down in the airport and was so rigid we could not get him to sit in the wheelchair again, so we began to walk in the airport.

I knew he would tire quickly so we had the wheelchair behind him. He wanted to sit down, but not in the wheelchair. I did not allow this, as I knew we would never get him up again. We were able to get him in the wheelchair by knocking his legs out from under him! Again, no harm physically. He continued to be quite agitated.

I scheduled it perfectly to give him an Ativan injection 15 minutes before our next flight. I commanded the men's bathroom and he

voluntarily leaned over so I could give the shot. It worked great for the next two hours. Unfortunately, when we arrived back at the gate (with only 15 minutes to board), we were told that the aircraft had mechanical difficulty and they didn't know when it would be fixed. About 90 minutes later they said we had to go to another gate in another terminal (Dallas Airport) so we had 30 minutes to get there via the train. Of course, the train does not accommodate wheelchairs. I jammed the wheelchair on anyway!

Once again, we bunny-hopped the patient down the aircraft aisle and into the seat. The injection had worn off. He was again very agitated. I gave him two Tylenol as this sometimes helps older people. He took them with water and promptly spit them out all over the back of the seat. I then put two in a bottle of water and dissolved them (creativity is the key). He finally took them.

I began my therapeutic massage on his head, neck and back. He became quite calm after this. Again, it's all about working with what you have (or in this case what you don't have).

Due to the layover from mechanical difficulty, I missed my flight back to El Centro and had to stay over an extra night. Being a seasoned traveler, I planned ahead and took an extra set of clothes. It sounds like the day that wouldn't end! For the most part, it was all pretty funny though. I really learned a lot!

A word of advice: expect the unexpected and be flexible!

DIHS Out and About

On January 15, INS Commissioner Michael Garcia toured the El Paso Medical Referral Center in El Paso, TX. During his visit, DIHS Health Services Administrator LCDR Diane Aker briefed the Commissioner on the services DIHS provides to the detained population at El Paso.

INS OIC (Officer in Charge) Campos introduces Commissioner Garcia to the medical clinic staff at El Paso



Commissioner Garcia receives an overview of the El Paso tele-radiology program

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.