

The Rapid Pulse

May 2003

Faces and
Places

The Director's Perspective

By Dr. Eugene Migliaccio

In this month's installment of *The Rapid Pulse*, I want to focus on one of our core values: teamwork. In DIHS, accomplishing our vital public health mission to the standards we demand requires that we all work together, collaborate across organizational lines and specialties, share information freely, and that we individually and collectively accept responsibility for the whole of what we do.

The success of any organization depends in part on the ability of its employees to work together as a team to accomplish the mission, vision and values of the organization. This is particularly true in DIHS.

Take for example, the teamwork and spirit de corps shown by the staff of the Krome Medical Referral Center. Last October, they received a mass influx of Haitian refugees, a high profile event which received national media attention. In order to rapidly process the refugees, an assembly line was formed in the screening clinic. One nurse took chest x-rays, while another entered data into the teleradiology computer. Four medical staff completed screening papers, two medical staff completed vital signs, two staff members recorded the chest x-ray results, and three staff completed transfer summaries. This team of talented and committed individuals worked non-stop for 9 ½ hours. One can easily argue that had it not been for the teamwork of the staff, they would not

have been able to process the refugees in such a remarkable period of time.

We have all seen the benefits of teamwork throughout DIHS. One of the reasons that we have been able to deploy on special missions (Tinian, Midway, Guatemala and the World Trade Center are just some examples) is that we know we can count on the staff who remain at the sites, to backfill into other positions. This allows the daily work of our medical clinics to continue, so that the medical care of our patient population is not compromised.

Teamwork is also critical to ensuring successful high profile visits to our sites, such as the recent visit of Dr. Duke and RADM Sam Shekar to Port Isabel. Staff from Headquarters and Port Isabel worked as a cohesive team to ensure the visit was a success.

If we continue to work as a team, the possibilities for our organization are endless! Thank you all for working as a team to accomplish our mission.

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WELCOME

Florence, AZ :
Kelly Klous Ramirez

Washington, DC:
Charlotte Henderson

Angela Briscoe-Shillingford

FAREWELL

El Paso, TX :
CDR Kevin McGuiness

Our Mission:

We promote global health through the delivery of primary care to undocumented migrants.

VIPS Visit Port Isabel

By CAPT Ellie Qualls

The Port Isabel Service Processing Center (PISPC) was filled with anticipation the week of April 1. Dr. Elizabeth Duke, HRSA Administrator, her entourage, and RADM Sam Shekar arrived at the camp at 0940 April 3rd, escorted from Harlingen by two ICE officers.

ICE and PHS coordinated all the details to make the visit successful. Every minute was accounted for and every detail planned. The medical department was busy cleaning, washing windows, arranging furniture, painting and planning. Everyone was involved. CDR Phil Jarres and LT Tom Hochberg arrived on Sunday to help us get ready. CDR Jarres painted, moved furniture, and got rid of clutter. LT Hochberg dusted furniture, swept floors, moved furniture, rearranged book shelves and worked with staff on speech writing.



CAPT GERALYN JOHNSON arrived on Tuesday evening to guide us through this very important visit. She inspected the clinic and was quite pleased. She worked with ICE and DIHS staff to ensure that every minute of the visit was

meaningful. She took over the HSA's office and computer to accomplish the goal.

Dr. Duke was greeted by a host of ICE officials, CAPT GERALYN JOHNSON, CDR Phil Jarres, Dr. Carlos Plasencia, and me. After introductions, Dr. Duke, her entourage, and RADM Shaker were taken to the processing area where they met ICE officers and toured the area. The group was educated on the procedure for processing detainees into the camp. They were then taken to the teleradiology/screening area where PHS receives detainees for health and mental screening and chest x-rays are taken. The process of TB clearance was also explained.

From there the group was taken to the medical department to meet the medical staff, tour the clinic and have refreshments. While in the clinic the group was taken to the TB isolation facility where they were educated on the TIF unit and the cost savings of not sending detainees suspected of TB to local hospitals.

After touring a detainee dorm, it was back to ICE Administration where Dr. Duke was presented with an INS mug commemorating the end of an era and a paper weight from DIHS.



Dr. Duke spoke to the group after her one hour tour of the camp and commented on how impressed she was with the teamwork she observed between ICE and PHS. She left with a new found respect for DIHS and the work we do.

World TB Day 2003

By LT Eiginia Chacon,
LT Stanton Hawkes, and
Vangie Vasquez, RN

During the World TB Day festivities held on March 27, the Binational Tuberculosis Card was introduced. Attending this event were representatives from health agencies in Mexico and the United States. US Public Health Officers were asked to stand and be recognized for their participation in this project.

The Public Health Service (PHS) plays a major part in the treatment of TB cases in the border region. The presentation by Dr. Kenneth Castro of the Centers for Disease Control and Prevention (CDC) included the TB screening process used by ICE and PHS. By using the latest advances in radiology for the immediate diagnosis and treatment of TB, resistance to TB treatment is reduced.



As tuberculosis reemerges as a major global disease, the U.S. and Mexico Border Health Commission, through the "Healthy Boarder 2010" program, has made tuberculosis one of their priorities. In an effort to develop a comprehensive and efficient process to solving binational health issues, the U.S. and Mexico

have collaborated on a TB Case Management Pilot Project.

The pilot project consists of the development of a portable health card that will facilitate surveillance and TB treatment completion. Funding for this project has come from the CDC, where the card was produced. The United States Agency for International Development (USAID) is supporting the implementation of the card in Mexico. The goal of this project is to reduce TB diseases along the boarder. The sites of the pilot project are San Diego, California and the El Paso, Texas/Las Cruces, New Mexico border areas.

Flight School Training

By CDR Jay Garrido

In February of 2003 I attended flight school at Brooks Air Force Base. It sounded exciting but at the same time intimidating since I have been out of school for over 10 years. The flight course was 30 days long with 21 training days.

During the first week we had altitude physiology, which was interesting as I learned about the changes of gases in different altitudes. The best part of that section was the actual flight chamber, which took us up to 35,000 feet. During the climb we wore oxygen masks at 100% and when we reached 35,000 feet of altitude we were told to take off our mask and breathe the air until we developed three signs of hypoxia. Once we

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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.

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experienced three signs of hypoxia we immediately put our masks back on again at 100% oxygen. It was a bit scary but fun.

I also found myself conducting numerous explanations of what the Public Health Service is all about. There were 37 students in my class; all from the Air Force except for one Navy Officer and me. Strangely enough, no one was interacting with each other, but they all were interested in finding out who I was. I was selected as the overall class leader, responsible for all class activities and ensuring that all the students were accountable 24 –7. This added to my already moderate stress. The first test, a medical review, was tough. Two people failed; it was an eye opener to what the rest of the course would be like.

The course director told me that as a class leader I was to keep an eye out for the people that failed and to try and help them. I felt it was time to bring the group together. I quickly began to have meetings with the class and started to develop study groups.

I encouraged them by stating that we started together, and we would graduate together. Everyone was doing fine except for one person who told me he did not think he could pass this course and was thinking of washing out. I spent several hours trying to help him put all his issues into perspective but it still did not look good.

During the next couple of weeks I met several times with the director of the program and some faculty staff as they felt that they should pull this person out of class and send him back to his duty station. I felt that pulling him out would possibly destroy him as a person as well

as his career, and requested that they give me an opportunity to work with him. I began to work with him on a daily basis.

During the following week we learned about the stresses of flight and the different aircrafts. We were tested on all aspects of the different aircrafts as well as medical equipment. As war began in Iraq, the class pace was stepped up a notch. We participated on an actual live flight with simulated missions.

It was starting to all come together, and I felt ready to be deployed to the Middle East if called to do so. We became a close knit family and took care of each other at all times. The person I was helping did great and passed all his tests and everyone who started together graduated together!

During graduation I was asked to pin the officer that I had helped, which was a great experience for me. He stood at attention and saluted and said that he would have never made it with out me. At that time the entire class and faculty applauded as we returned to our section. At the end of graduation I was asked to accept an award for exceptional leadership, the first of its kind in the history of the flight school.



Our Vision:

By 2005, the Division of Immigration Health Services will be established as the benchmark for all correctional health care systems.