

The Rapid Pulse

April 2003

The Director's Perspective

By Dr. Eugene Migliaccio

As you know, I have begun my detail with the Office of the Surgeon General, and I look forward to an exciting adventure. In my absence, Dr. GERALYN Johnson will serve as Acting Director. However, I still wanted to share my thoughts with you for this issue of *The Rapid Pulse*.

This month's focus is innovation. The dictionary defines innovation as "a new idea, method or device." In DIHS, innovation is one of the core values we hold dear in order to have a successful, viable organization. Specifically, in DIHS innovation means finding new and improved ways of doing work in order to survive in today's constantly changing world. It means we place a high value on the creativity and willingness of our employees as they seek better solutions to the issues we deal with daily.

I want to make certain that in DIHS, we always encourage creativity and new and innovative ways of doing things at Headquarters and in the field. Specifically, I want to make sure that we:

- Establish a new way of doing business
- Do away with those processes that don't work and don't make sense
- Reward risk takers

Moreover, promoting innovation among our staff will help us to continue to

achieve our mission and ultimately ensure we realize our vision. In other words, how can we become the benchmark for all correctional health care systems by 2005, if we don't have a talented team of innovators to help us get there?

I have been truly impressed by the level of innovation among the staff of DIHS. Many of you have consistently thought outside the box and helped us to refine various processes in order to more effectively provide health care to the ICE detained population. A shining example of this is the pocket formulary that one of our talented telepharmacists devised.

Particularly, innovation is important among our field staff. You are the ones who touch the patients and have first hand knowledge of those processes that don't work or need augmenting.

From the Headquarters perspective, we will continue to embrace your creativity and innovation and consider any new ideas or suggestions on how we can better provide health care for our special population.

I encourage everyone to continue to put their best thinking forward for the good of the entire Division.

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Aguadilla, PR:
LCDR Sean Waterman

Batavia, NY:
LTJG Deborah Doody

Queens, NY:
LCDR Priscilla Rodriguez

San Pedro, CA:
LTJG Connery Lee

Washington, DC:
LT Sara Newman
Lynne Brookes

FAREWELL

Port Isabel, TX:
LTJG Damian Idjagboro

Coping in the Midst of Crisis: *The Rhode Island Tragedy*

By LCDR Jay Seligman

On February 26, 2003, I was notified by DIHS and the Commissioned Corps Readiness Force (CCRF) to deploy to Rhode Island to provide counseling to the victims and families of those involved in the West Warwick, Rhode Island nightclub fire. The Great White's pyrotechnic display sparked the February 20 fire that engulfed the club in a matter of minutes, killing 98 and severely injuring 60 others. Many of the victims received third and fourth degree burns over their entire body. Unfortunately, many of the patients have lost appendages and much of the dermal surface. They will experience years of recovery, including reconstructive surgery and multiple operations.

When family members were notified of the tragedy, they had to find out where their loved ones were. Some patients were transported to hospitals in Massachusetts but the majority were treated at the Rhode Island Hospital (RIH). RIH is the largest hospital in the state but does not have a burn center. The administration converted the Intensive Care Unit and designated the fourth and fifth floors for the victims of the fire.

Family members converged to RIH and a separate waiting room off the cafeteria was reserved for families. The "family room" provided many comforts including food, newspapers, television, and a telephone. Assistance came from the community at large and flowers and cards were sent to the patients. In addition, "The Station Family Support

Center" was created to provide a one-stop information and referral center to assist families with health insurance, funeral arrangements, financial assistance and counseling.

The National Disaster Medical Service deployed 17 health care providers, including 12 nurses, four mental health practitioners, two respiratory therapists, and one dietician to augment the health care staff at RIH. Five were Commissioned Officers and the others were from Disaster Medical Assistance Teams throughout the country.

My role as a clinical social worker was to enhance the coping mechanisms for the patients and the families. Some family members were afraid to visit their loved ones because they were so badly burned and physically altered. It was essential that family members and patients were aware of the long road to recovery and what they could do to prepare for the process. A strong support system is critical to a successful recovery. I encouraged the families to let the patient take the lead and permit them to talk about the incident.

Family members also needed to be cognizant of their body language around their loved one. I reminded them that the hardest time for families is when the patient is released from the hospital. They don't have the around-the-clock health care and the patients would need to attend weekly outpatient clinic visits. It takes weeks for burn victims to get their mobility back and they are unable to do many of their own assisted daily living skills.

Burn victims experience a host of feelings after a crisis, including shock and denial. The patient has a hard time believing that they were affected by the crisis. They are trying to shield themselves from the intense emotions they are feeling. The inventory phase involves the patient sorting the crisis out and putting the incident together. Typically the patient is asking questions and seeking answers to the crisis. They tend to express their anger and find meaning in the experience.

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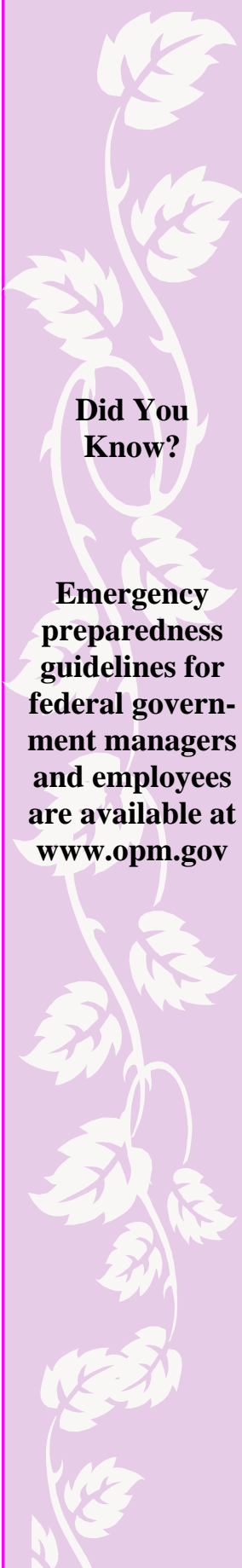
**"Kind hearts are
the gardens;**

**kind thoughts are
the roots;**

**kind words are
the flowers;**

**kind deeds are
the fruits."**

English Proverb



Did You Know?

Emergency preparedness guidelines for federal government managers and employees are available at www.opm.gov

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They ask themselves “why me?” Finally, the recovery phase ensues, which includes rebuilding the physical, emotive and spiritual well being.

I am glad that I was able to provide support to family and patients in need. Victims of tragedy need an outlet to express their grief and loss. The recovery process is aided by listening to those in need and encouraging appropriate coping skills.

DIHS Holds Tabletop Drill

By CDR Debra Scott

On March 26, the DIHS conducted a tabletop Continuity of Operations/Bio-terrorism Threat Response Drill to discuss how Headquarters and all DIHS field sites would respond in the event of a bio-terrorist event. There were two scenarios during the exercise: 1) A smallpox outbreak at the Port Isabel Service Processing Center (SPC) and 2) a dirty bomb explosion at the Union Station in Washington, DC.

All staff gathered at their respective sites to discuss how they would respond to the outlined events. A coordinated national response was important because if Emergency Operating Conditions (EOC) are declared, the entire Division would be affected. The tabletop drill was also helpful in that it allowed staff to identify opportunities for improvement in the response plans.

At the El Centro SPC, the staff was privileged to be joined during the exercise by the facility Officer-in-Charge (OIC), Caryl Thompson. The OIC commented that the exercise opened his eyes to a few areas which needed to be evaluated by the enforcement side of the facility. He was also impressed that all the staff fully

participated in the drill, providing valuable comments and input. He commended the entire staff for a job well done.

After the drill, an all-hands conference call was conducted, and I want to thank all HSAs for the insight they provided on the drill at their site, and their recommendations for improvements. Many valuable suggestions were forwarded on the drill evaluation forms. Two of the major lessons learned from the tabletop exercise were 1) the need for a better plan for communications with the field sites in the event of an attack and 2) the need for all of us to have individual family plans in the event we are confined to our duty station and unable to pick up our children.

Very soon, there will be an actual simulation of a bio-terrorist event. However, it is worth noting that the scenario(s) in the actual simulation drill, will differ somewhat from those in the tabletop exercise.

I am confident that in the event of a bio-terrorist event, DIHS is well equipped to respond, while at the same time continuing to fulfill its obligation to the ICE detained population as mandated by Congress. At the Headquarters level, we are continuing to coordinate our response plans with the ICE leadership.

I want to thank everyone in DIHS for recognizing the importance of having a sound continuity of operations/bio-terrorist response plan in place. I also want to thank those at Headquarters who have been so diligent in this effort: LT Tom Hochberg, LT Sara Newman, Sheila Holland, the Section Safety Officers who have been coordinating plans at HQ, and all who have been involved.

Focus on the Field

A Look at San Pedro

By CDR Yvonne Anthony

Nestled between Long Beach and San Pedro California, surrounded by the beautiful Pacific Ocean, is the San Pedro Medical Facility. The community of San Pedro, located on the east slopes of the Palos Verdes Peninsula, has a climate that excels that of any other community in Southern California. It is composed of over 45 different nationalities that live and work together.

The facility was constructed in 1938 and opened in 1939 as a processing center for detainees. It is the only facility of its kind in the Western Region that is owned by ICE. It is unique in many other ways:

- It is the only ACA accredited facility in the Western Region for ICE, and the only facility to house female detainees in the Los Angeles area.
- It is the only facility in Los Angeles that will accept detainees that are rejected by other facilities contracted by ICE.

The majority of the detained population has a criminal history. The average length of stay is 17 days; some have been in custody for four years. Approximately 70% are deported to their country of origin, 20% are released to the community, and 10% are released on bond. The majority originate from Mexico. Many of our staff are bilingual, and speak such languages as English, Spanish, Russian, Tagalog, and German.

In the last year, San Pedro has had many accomplishments, thanks to our wonderfully talented staff:

- Implementation of the first Tele-

Radiology services in Los Angeles, California

- A perfect NCCHC score
- JCAHO accreditation above the national average
- An OSHA review with no citations issued
- All standards met during the ICE Review
- Opening of a medical pod on the first floor
- An earthquake simulation was conducted in real time using detainees as patients. LTJG Jeanne Abaya, Health and Safety Officer, organized the drill.
- MVM Security Services provides security training for all new employees and annual updates. Dr. Val Allen provides suicide and behavior training, which has enabled officers to intervene with problem detainees in a more positive way and decreased the number of psychiatric hospitalizations.

Future goals for the facility include:

- Have a unit that maintains a posture of readiness at all times.
- Have a highly trained unit through maximum utilization of developmental opportunities.
- Have a work environment that promotes diversity.
- Provide a work environment that encourages positive attitudes.
- By 2004, we are the most prestigious place to work in DIHS.

San Pedro is conveniently located in close proximity to many landmarks, i.e. Disneyland, Hollywood, Universal Studios, San Diego Zoo, etc. It is four hours from Las Vegas, within one hour of the mountains for great skiing, and a heartbeat away from the beach! It's a great city and a wonderful place to work!

Editor's Note:

As many of you know, our Health Services Administrators have been traveling to DIHS Headquarters to talk about the wonderful work being done at their site, and the goals they have set for their site in the future. The HSA presentations have thus far been a great experience. So great, in fact, that we will also be using *The Rapid Pulse* as a vehicle to **Focus on the Field** and share the work being done in our clinics each day.