

THE RAPID PULSE

December 2006

Faces & Places

WELCOME

Eloy, AZ:

Ms. Sondra Kuroski

Florence, AZ:

CDR Claire Karlson

Harlingen, TX:

LT Cheryl Jones

Ms. Pearl Velez

Miami, FL:

LT Angel Rivas Rivera

Pearsall, TX:

LT Lysa Hieber

Ms. Laticia Ortegon

Ms. Jennifer House

Ms. Michelle Ruiz

Ms. Grace Moreno

Ms. Susan Mutz

Ms. Roxanne Trevino

Port Isabel, TX:

LT Marc McManus

LCDR James Gregory

LCDR Michael Eddy

San Diego, CA:

LCDR David Lau

San Pedro, CA:

LT Edmond Smith

Stewart, GA:

LCDR Sye Bennefield

LTJG Monica Bennefield

Ms. Patricia Fitzgerald

Ms. Shirley Pagan

Ms. Tracee Smith-Howard

Ms. Marilyn Hill

Ms. Mary Banks

Ms. Joyce Robinson

Ms. Tomika Lomax-Houghton

Tacoma, WA:

Ms. Shannon Lawrence

Washington, DC:

LT Dwayne Buckingham

LT Nicole Cyriaque

Willacy, TX:

LCDR Richard Naumann

LT John Annessa

LT Jan Guy

Ms. Irma Cisneros

Ms. Juanita Cortez

Ms. Lydia Pickett

Ms. Susan Gonzalez

FAREWELL

Washington, DC:

CAPT Kathleen Downs

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*!

First, I want to say "Happy Holidays" to each and every DIHS staff member. You have all worked extremely hard and gone above and beyond the call of duty this year. My hope is that you will use this holiday season to rejuvenate yourselves and spend much needed time with family and friends. A successful organization depends on a healthy and happy workforce.

As many of you are aware, we continue to be focused on expansion, and new activations of sites. I want to thank those of you who TDYed (in some cases multiple times!) to support the Willacy and Stewart facilities. The value and expertise that you have provided to these sites, cannot be overstated.

Thank you to our DIHS field sites for lending your staff. At a time when we are expanding as an organization and TDYing staff to new sites, we have also pulled resources from the field for other projects. I want to thank the members of the Strategic Planning Committee and Policy & Procedure Workgroup for traveling to DIHS Headquarters to take a hard look at our strategic plan and DIHS Policy

and Procedure Manual. Also, a very heartfelt thank you is extended to those who remained at their facilities, while their colleagues traveled. Thank you for backfilling to additional roles and responsibilities, as well as fulfilling your own duties. Your dedication has helped to ensure continuity of operations at each site.

In 2007, we look forward to the opening of the Pinal County facility, tentatively on January 2, under the leadership of LCDR Shawna Hutchins. We also look forward to opening the Eloy facility on February 2, under the leadership of LCDR Melissa George.

Again, happy holidays to you all, and your families. Thank you for your dedication! We could not do it without you!

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SUICIDE: THE SCOPE OF THE PROBLEM & WHAT CAN BE DONE

By Brenda Gearhart

Defining Suicidal Behavior

Suicidal behavior falls along a spectrum. It can range from a person just thinking about ending his or her life, to developing a plan, to obtaining the means to carry out the plan, to making an attempt, to completing the fatal act.

Suicide as a Global Problem (facts as of 2000)

1. An estimated 815,000 people worldwide killed themselves in 2000, or one suicidal death every 40 seconds in the world.
2. Suicide is the 13th leading cause of death worldwide.
3. In general, eastern European countries have the highest rates of suicide; the lowest rates are found in Latin America, the Philippines, and Thailand.
4. On average worldwide, for every one female completed suicide, there are three male completed suicides.
5. Suicide rates are often higher among indigenous peoples than among the rest of a country's population.
6. About 10% of those who attempt suicide do eventually kill themselves.

Risk Factors for Suicidal Behavior

Suicidal behavior is a complex problem and there are numerous and interacting factors that place one at higher risk for suicide, as well as protective factors that reduce the risk for suicide. Some of the identified factors that are associated with a heightened risk for suicide are:

1. Psychiatric and psychological factors associated with increased suicide risk:
 - Major depression – the risk is higher for those who do not follow their treatment and consider themselves

untreatable.

- Other mood disorders such as bipolar disorder
 - Schizophrenia – the risk is higher with young males; with males or females in the early stages of the disease; and those with chronic relapses.
 - Disorders of conduct and personality
 - Impulsivity
 - Alcohol and drug abuse – there are many close links between alcohol abuse and depression.
 - Feelings of hopelessness
 - Previous suicide attempts – a previous suicide attempt is one of the most powerful predictors of a future completed suicide. The risk is higher in the first year, and especially the first six months after the attempt.
2. Biological and medical factors associated with increased suicide risk:
 - A family history of suicide increases the risk of suicide.
 - Severe and painful physical illnesses, especially one that is disabling
 - Possible impaired functioning in neurons that may reduce a person's ability to resist impulses to act on suicidal thoughts
 3. Life events associated with increased suicide risk:

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Suicide- From Page 2

- Loss of a loved one (i.e. death, divorce, separation)
 - Conflicts in relationships
 - Legal or work-related problems
 - A history of physical or sexual abuse in childhood
 - Sexual orientation may be related to an increased risk for suicide in adolescents and young adults.
 - Social isolation
 - Living in poverty/unemployment
4. Protective factors associated with reduced suicide risk include:
- High self-esteem
 - Social connectedness with family and friends
 - Having social support
 - Being in a stable and happy marriage
 - Having responsibilities for raising children
 - Commitment to a religion

Sources of information:

“World Report on Violence and Health: Summary.” World Health Organization, Geneva, 2002.

“World Report on Violence and Health: Chapter 7: “Self-Directed Violence.” World Health Organization, Geneva, 2002.

Editor’s Note: This has been the first in a three-part series of articles on suicide. In the second series (January 2007), the author examines how jails approach suicides.



**Happy Holidays to all
DIHS staff!!!**



TRAINING FOR A MARATHON

By LT Allen Magtibay

Have you ever had a desire to run a marathon but didn’t know how to train for one? Are you looking at getting into shape or looking at meeting some new people? Well if you answered “yes” to any of these questions then you might be interested in joining Team in Training (TNT).

Team in Training is the world’s largest endurance sports training program. The program provides training to run or walk marathons and half marathons or participate in triathlons and century bike rides while fundraising money for the Leukemia and Lymphoma Society. I’ve been involved with Team in Training since last year. I joined the program right after the death of my sister, Arlene Magtibay. She lost her life to Lymphoma last October. I joined the program to honor her. I plan on continuing my involvement with the organization until a cure for these deadly diseases is found.



Right now I’m in my second season with TNT and I am signed up as a captain for 10 participants who are new to the program. I’m currently training for the Phoenix Rock and Roll Marathon on January 13, 2007 in Phoenix, Arizona. I’ve been training for this event for the

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past three months. My training consists of three to four short to medium runs during the week, followed by a long run with the entire team on the Saturday of every week.

In addition to my weekly running I'm also working on the second portion of the program—the fundraising. I have conducted a variety of different programs to help with my fundraising to include hosting happy hours, conducting auctions, and letter campaigning. Historically, the fundraising portion of the program is what deters people from joining Team in Training. For those of you who have never fundraised before it can be challenging. However, if you incorporate a variety of different programs and explain to people the importance of your fundraiser, you will receive donations. You may not receive donations from everyone you talk to and that's ok. The important thing is to not be deterred and continue asking people until your goal is met.

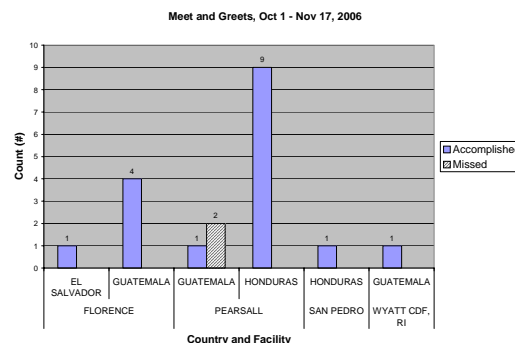
Well, I hope I did a good job in explaining the Team in Training program to you. I can honestly say joining TNT has been one of the most rewarding things in my life. I have met some wonderful people and again I can't say enough about the mission of the program. If you are interested in learning more about TNT you can visit their website at <http://www.teamintraining.org>. Also, if you are interested in learning more about my personal cause than visit my official Team in Training site at: <http://www.active.com/donate/tntnca04/tntncaAMagtib>.

Epidemiology Corner

Meet and Greets Updates

DIHS has reached an all time high in the number of meet and greets planned and successfully accomplished. This is largely due to the incredible communication that has taken place between several outstanding facilities (Florence, Pearsall, and San Pedro) and the Epidemiology Unit. We hope that more facilities will follow these examples of timely reporting and monitoring in order to provide TB

continuity of care. Between October 1 and November 17, 2006, a total of 17 meet and greets were planned and accomplished, and only two were missed. Missed meet and greets are determined based on the TB status and the willingness of public health authorities to meet the patient at the airport upon repatriation. (*Note: Honduras, Guatemala, El Salvador, Nicaragua National TB programs have expressed a desire to coordinate meet and greets.*)



*n=19

**Assumes that meet and greets are planned for all patients from El Salvador, Honduras, Nicaragua, and Guatemala

**Only includes reported patients. Facilities not listed are assumed to not have TB patients from the four aforementioned countries.

TB and Infectious Disease Surveillance Forms

A friendly reminder goes out to all facilities emphasizing the importance of submitting all infectious disease surveillance forms. Please be sure that all forms are submitted in a timely manner to headquarters.

Links and Articles

Behr, M.A., et al. Transmission of Mycobacterium tuberculosis from patients smear-negative for acid-fast bacilli. *Lancet* 1999; 353: 444-49.

Hernández-Garduño, E, et al. Transmission of tuberculosis from smear negative patients: molecular epidemiology study. *Thorax* 2004; 59: 286-290.

Think Cultural Health: Bridging the Health Care Gap through Cultural Competency Continuing Education Programs (DHHS Office of Minority Health) www.thinkculturalhealth.com



From The Field



News from the San Pedro Processing Center

On Tuesday October 7, 2006 CAPT Jeff Brinkley and CDR Alex Garza from the San Pedro Processing Center were sworn in the assimilation into regular corps.



CAPT Jeff Brinkley has proudly served in the Public Health Service for 18 years. He is currently stationed at the San Pedro Processing Center, Terminal Island, CA where he has served as our senior Nurse Practitioner for the last two years. CAPT Brinkley is known for his prestigious service while serving in Iraq and Operation Katrina in New Orleans.

CDR Alex Garza has proudly served in the Public Health Service for five years. He is currently stationed at the San Pedro Processing Center, Terminal Island, CA where he has served as one of our Nurse Practitioners for the last three years. CDR Garza participates in ICE detention inspections throughout the division. He has also traveled around the world while conducting medical escorts for the division.



News from the DIHS Special Operations Unit



The Special Operations Alien Migrant Interdiction Operation (AMIO) Unit in Key West Florida continues to support the Coast Guards' efforts to stem the flow of illegal migrants and human smuggling. There are two officers assigned from The Division of Immigration Health Services: CDR Joel Johnson, NP and LT(s) Dan Hanks, PA-C. They often spend weeks at sea aboard Coast Guard cutters, in poor weather, caring for migrants rescued in the Florida Straits. During his visit to Sector Key West on November 30th, the Coast Guard's Commandant Admiral Thad Allen took the time to thank the DIHS Special Operations providers for their efforts and acknowledge the officers' dedication to a very tough mission.