



# NMservices Times

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**Do you have an idea or special event that you would like to add to our newsletter? We would like to know.**

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## NEW MEXICO DEPARTMENT OF HEALTH CELEBRATES 90 YEARS OF SERVICE

By *Alfredo Vigil, MD*  
*Secretary of Health*

The New Mexico Department of Health began with four public-health nurses in a vast state where some families lived 100 miles away from the nearest physician. The average life expectancy was 47 years. Tuberculosis, smallpox and diphtheria were common, and infants frequently died.

March 27th we celebrated our 90th anniversary. That gives us an opportunity to reflect on the health of our citizens from when we first started until now, when we have more than 50 public-health offices — at least one in every county of New Mexico.

DOH had an office in the basement of the Eddy County courthouse, and held immunization, well-child, tuberculosis, prenatal and family-planning clinics, often with clients having to wait in the hallway. "The magistrate judge, whose office was in the same area at the time, often got upset because the children were making too much noise", recalled Sherry Kearns, a retired public-health nurse from Carlsbad who worked for the department from 1968 to 1998. For Crippled Children Services Clinics (now Children's Medical Services), DOH saw clients at a local church in their Sunday-school rooms.

In our department's first

year, priorities were to develop regulations to control infectious disease; report births, deaths and notifiable conditions; dispose of sewage; protect the water supply; prohibit common drinking cups in public places; and prescribe a treatment to prevent infant blindness.

The small health department had its challenges: malaria-carrying mosquitoes in 11 counties; an infant death rate twice the U.S. rate; the second highest rate of TB infection; poor roads; a small number of public-health officials; and poor sanitation. In 1938, half of the public schools did not have clean drinking water,



and most had unhealthy toilet facilities.

Despite that, it didn't take long to see dramatic results. During the Great Depression, workers built sanitary outhouses in rural areas and lined 90 miles of drainage ditches with rock to prevent malaria. Nurses held maternity clinics in public schools throughout the state for women, most of whom had never seen a physician.

We couldn't have accomplished nearly as much without our public health nurses who made 50,000 home visits in 1956 and held 10,000 well-child clinics.

Before homecare and hospice existed, public-health nurses in our area made home visits to care for clients. We also drew up insulin on a weekly basis for people who had complications from diabetes and were unable to see clearly the markings on their insulin syringes.

Most significantly, we saw sharp declines in infectious diseases due to improved access to clean water, improved sanitation, better hygiene and increased access to medical care. In 1930, the maternal death rate was 25.3 per 1,000 people and TB was the leading cause of death. In 2000, the maternal death rate was .04 and there were five TB deaths.

Our beginnings focused on the basic care people needed. Over the years, we've been able to broaden our vision and expand our services into specialized areas, such as disability support services, behavioral health care, bioterrorism preparedness, long-term care and substance-abuse treatment.

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## WHAT MIGHT BE EXPECTED OF YOU WHEN DEPLOYED



Every disaster or emergency is different and many factors directly affect the conditions that a person will face during a deployment. For example, normal and ample accommodations may be available in some areas, but other areas may present more austere and challenging conditions. Flexibility and personal preparedness are the key elements to success as a deployed Temporary Emergency Health Employee or Volunteer.

Deployment duty is often physically and emotionally challenging. Hours can be long and medical circumstances can be challenging. The physical requirements for individuals being deployed to disasters or emergencies through NMServes will be based on the functional requirements of the job to be performed and the specific conditions under which the health professional will operate. Persons recruited for an assignment must be physically capable of performing the duties for which they are selected and must be current in their vaccination status. These include: tetanus/diphtheria, hepatitis A and B, measles, mumps, rubella (MMR), tuberculosis (TB), varicella, and influenza. Specific additional vaccinations may be necessary depending on the area and nature of the emergency and the conditions present at the time of deployment. If your

vaccinations are not currently up-to-date, or if additional vaccinations are required, you should consult your personal physician. Alternatively, you may obtain these at any local NMDOH Public Health Office once your registration has been accepted and your identification card has been issued.

It is the registrant's responsibility to make all arrangements with his/her employer (including obtaining permission to miss work) and to make arrangements for childcare and other personal needs. As part of the deployment consideration process, volunteers are required to fill out a Volunteer Fit for Duty Survey. Once a volunteer has registered on the NMServes registry website, he or she will be asked to fill out this questionnaire. This information will assist the NMServes program staff match volunteer abilities with the current situation so as to not put them in harm's way.

### Hospital "Return Demo" HazMat Exercise Schedules



"We are looking forward to seeing all of you very soon"

**April 28th**—Roswell Regional

**April 29th**—Nor-Lea General Hospital

**April 30th**—Artesia General Hospital

**May 12th**—Miners' Colfax Medical Center—Raton

**May 14th**—Christus Saint Vincent's Medical Center—Santa Fe

**May 20th**—Rehoboth McKinley Christian Hospital—Gallup

**June 17th**—Indian Hospital—Santa Fe

For more information please contact Tim Yackey at [tim.yackey@state.nm.us](mailto:tim.yackey@state.nm.us)

"If you ever need a helping hand, it is at the end of your arm. As you get older you must remember you have a second hand. The first one is to help yourself. The second hand is to help others."

-Audrey Hepburn-

**DOH CELEBRATES  
90 YEARS (Continued)**

Our more recent history has included investigating disease outbreaks around the state. In the early 1990s we were involved in a national investigation when Hantavirus was discovered for the first time in the Four Corners region. More recently we gained national attention for being the first health department in the nation to link tomatoes to a salmonella outbreak.

"We have made great strides in our ability to detect and respond to outbreaks," said State Epidemiologist C. Mack Sewell. "With our molecular testing at the Scientific Laboratory Division, epidemiology nurses in all of our regions and electronic reporting systems, our disease surveillance systems have come a long way from when I started in 1984."

We are the biggest state department with more than 4,000 employees who are proud of their commitment to improving the health of New Mexicans. And we are proud to celebrate our 90th anniversary and remember how far we have come.

**Medical Reserve Corps:  
Chimayo Pilgrimage and Operation Lone Star**

The Medical Reserve Corps (MRC) collaborated with Rio Arriba County Emergency Management during the annual Good Friday Pilgrimage to El Santuario de Chimayo in northern New Mexico. Each year, thousands of pilgrims walk from various locations to the shrine. This year, as in previous years, MRC volunteers from across the state came together in Chimayo to provide first aid support along the way.

For the past several years, the Medical Reserve Corps (MRC) in Texas has participated in a program called Operation Lone Star (OLS). For two weeks in the summer, OLS volunteers provide free health services to thousands of families at several different locations along the Texas-Mexico border. The MRC in New Mexico is developing a similar program, and this year OLS organizers have generously invited NM MRC volunteers to participate in OLS activities this summer.

This year the NM MRC will be sending three physicians, four registered nurses, two medical assistants, one medical psychologist, one chaplain, one pharmacist, one EMT-intermediate, one EMT-paramedic and administrative volunteers to southern Texas.

The NM State MRC Coordinator is working with the Area Commander from the Texas Department of State Health Services on credentialing and licensure issues to ensure all MRC volunteers from NM will be able to work in their fields of expertise.

If you are interested in becoming an MRC volunteer, please visit [http://hsc.unm.edu/som/cdm/mrc\\_training.shtml](http://hsc.unm.edu/som/cdm/mrc_training.shtml)

*-Kitty Juul-  
State MRC Coordinator*

"Help your sister's boat across the water, and yours too will reach the other side. Kindness can become its own motive. We are made kind by being kind."  
  
*-Erick Hoffer (1902-83)-*



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**Just for Fun**

B A B I E S B R E A T H E R  
T J M Y B K N A S D F G M H  
A N O I T A N R A C T U Y U  
L D J K L Z X V C B M G N S  
S C A L L O E I Q E W G O Y  
T M N I D O R C H I D A S L  
R T B Y S I E T C Q A R H L  
O Z N R N Y N E T U M D S I  
M I A T O A F V S L D E X L  
E Y Q T S O A D G O J N A A  
R H W Y U T U L I P R I C L  
I A R Y I P S F H A K A V L  
A H E F R E E S I A L Z B A  
C S R N O G A R D P A N S C

- Alstromeria
- Babies Breath
- Calla Lilly
- Carnation
- Chrysanthemum
- Daisy
- Freesia
- Gardenia
- Orchid
- Rose

- Snap Dragon
- Tulip



**Word list hidden in the diagram of letters. Seek them by reading forward, backward, up, down, and diagonally, always in**