

# The CA-6 Chronicles



The latest news and information  
from the California Bay Area Disaster Medical Assistance Team, DMAT CA-6  
— Visit us at [www.dmatca6.org](http://www.dmatca6.org) —

Vol. 6, No. 1

January, 2006

Caregivers to the Nation...Building a bridge between hope and despair

## Mark Your Calendars

- **21 Jan** – Warehouse workday, Menlo Park warehouse, 1000 – 1500 hrs.
- **04-19 Feb** – Haiti '06 Mission 1a and 1b (1 week each).
- **11 Feb** – Team mtg @ Menlo Park warehouse/op center, 1000 – 1500 hrs; clinician's mtg @ 0830 hrs; new member orientation @ 0900 hrs.
- **11 Mar** – Warehouse workday, Menlo Park warehouse, 1000 – 1500 hrs.
- **22-26 Apr** – NDMS Conference, Reno, NV. Details in the March newsletter.

## Commander's Corner

By David Lipin, Commander

Happy New Year everyone, and welcome to the first issue of the 6<sup>th</sup> consecutive year of The CA-6 Chronicles! This month our team also celebrates its 8<sup>th</sup> birthday. We were organized in late 1997 and held our first team meeting in January, 1998. And look how far we've come!

### Post-Katrina Update

We've been informed that our cache has finally been retired from service in Louisiana (it's been on quite a road-trip through the South). Our trucks are being driven back to us by contract drivers and should arrive any day now. Our cache is being trucked to FEMA Logistics Center – East in Frederick, MD, where it will be rehabilitated and shipped back to us by contract carrier. They're aiming to have it back to us before our March on-call. Stay tuned, because we'll have to inventory it as soon as it arrives!

Just as a reminder to everyone involved with one or more of our Hurricane Katrina missions, we have medical and mental health resources available to anyone in need. Please contact me directly if you're interested in the details.

### Distinguished Member of the Year

Congratulations to Brian Buckhout, our 2005 Distinguished Member of the Year!

Brian is one of our newer members, having been with the team for only a couple of years. But he jumped right into things with the team, and proved himself to be an EMT and Logistics Guy Extraordinaire in our recent "trial by fire" in Louisiana, completing assignments at the Superdome, San Gabriel morgue and West Jefferson Hospital on two Katrina missions.



Thanks Brian, and keep up the good work!

### Flu Pandemic

As our nation quietly begins preparations for a possible flu pandemic, we're beginning to see the initial influences of these preparations at the team level. For now, these influences involve mostly discussions at the NDMS and state level regarding using DMAT resources in the event of a pandemic, but we expect that things will become more "tangible" over the coming months. So we're beginning our own preparations as

well, starting with increasing our focus on team member immunizations, extending our basic skills training to include immunizations, monitoring the news and federal and state planning, and raising the awareness level within the team.

You can expect to see and hear more on this in the months ahead.



## Section Updates

By the DMAT CA-6 Section Chiefs

### Administration/Finance Section (Bonnie Atencio)

2006 dues are now overdue, and are now \$30 for those who have lost track of time! We've attached the dues form to the end of this newsletter one more time for this year.

### Operations Section (Terry Holbrook)

Well, this will be a short update again.....the holidays just play havoc with your best intentions. And we do have those, in spades.

LeNai and Cris have managed to make the rest of us red-faced...they have not only done all of their Skills Check Off packet, including all of the forms, but are working on the revisions and addressing the additional topics requested by Dave. Additionally, they have organized and completed the online deployment packet for addition to the website. They can now be downloaded on notification of

deployment, and completed prior to reporting to the meeting place. This will certainly reduce the impact on the home team, and will greatly speed up our pre-deployment process. Not only that, but when done at leisure, as most of it can be, it will be more accurate in detail.

We are hoping to begin to address the medic issues regarding operating out of their own county in the very near future, and it will remain one of our biggest goals for 2006.

Immunizations are going fine under the direction of Bobbie Johnson, and she is really getting a handle on what sounds like it should be really easy, but, in fact, is time-consuming and sort of convoluted. The immunization nurses will be at the next team meeting. Please, please bring your yellow card (PHS-731 form). New ones will be available at the team meeting for those that need them.

Some of you will be contacted in the near future regarding mentoring....our first batch of new members will be cleared by Bonnie, our new A.O., in the very near future. If you look like a good match, we will be calling. Remember, the way it goes is we will call, ask your permission, and give you the new member's contact information. We will expect you to contact them in a short amount of time and to keep communications open for the 6+ months it takes them to feel comfortable and to meet the initial requirements. We will have, hopefully, a form for the mentors to use to follow documented meetings, etc. It sounds lots more complicated than it is. If you have ever been a room-parent, you already know what they might look to you for.

By the next meeting, several of your team members will be in Haiti doing the mission you have heard of. We will be contacting Dave intermittently, and I'm sure he will keep you all informed of our experiences.

### **Logistics Section (Steve La Plante)**

[No update submitted.]

### **Plans Section (Ron Buckhout)**

[No update submitted.]



## **Meeting One of Our Own: Bonnie Atencio**

*Edited by Mary Clare Bennett,  
Public Information Officer*

Name: Bonnie Atencio, RN

Team Position: Administrative Officer

Member Since: 1998

Born in Petaluma, CA, Bonnie moved to San Jose when she was 11. Except for a short stint in Amador County, she and her husband lived and raised their son and two daughters in Santa Cruz County. "The children have given us four delightful grandsons", she says as she smiles that famous Bonnie smile, "and they brighten each day for us."

Two years ago when her husband retired, they moved to El Dorado County with two "revolving goldfish". With that move to the Sacramento area, Bonnie accepted a position as the Clinical Educator at Mercy San Juan Medical Center's Emergency Department and Level II Trauma Center. After two years she found that she missed providing patient care. She left Mercy San Juan to go back to work at the bedside in the Emergency Department at Marshall Medical Center in Placerville, where she is currently working. Bonnie says, "I have not regretted the decision one little bit."

Bonnie has been interested in emergency medicine ever since she

worked as a clerk at the Santa Clara Valley Medical Center Emergency Department in 1968-1972. She was starting her family at that time, so she waited until her children were in school before she actually began her education. Bonnie received her Associate Degree in Nursing (ADN) from Cabrillo College in Aptos; took a few years to obtain her Bachelor's of Science in Nursing (BSN) degree from CSU Dominguez Hills; and obtained her Master's of Science (MS) degree from San Jose State University in 2002. Immediately upon graduation from Cabrillo, Bonnie began work in the Emergency Department at Dominican Hospital in Santa Cruz. She stayed there for 12 ½ years, and then worked as their Hospital Supervisor for two years. During the last year at Dominican, Bonnie received her Master's degree, and taught nursing students at San Jose State University for a couple of semesters. This Bonnie describes as "a very rewarding activity."



During Bonnie's tenure at Dominican, she spent six years working as a Sexual Assault Nurse Examiner. She was also the Nursing Director of the Pregnancy Resource Center in Santa Cruz. Bonnie is back at Dominican now, part time, helping out when they need a Supervisor. And, she still lectures for Mercy's Learning Center. Bonnie is also the Coordinator for the Respiratory Component of the Emergency Nurse's Curriculum component of the Education Consortium in the Sacramento area.

Just before the first DMAT team meeting in 1997, Bonnie saw a flyer at work. "I was looking for

some way to do some community service, and this seemed to be interesting. I went to that first meeting and was hooked. I've been devoted to the team ever since."

Bonnie's most recent deployment was to New Orleans for Hurricane Katrina and her commentary on this deployment is "this was disaster and devastation on a level I had never expected to experience. It was an honor to be able to provide help to the victims of this tragedy."

Bonnie's first team deployment was an individual assignment to Fort Dix in New Jersey. That was at the time of the Albanian/Kosovo war, and the U.S. had accepted 4000 refugees. They needed housing, medical, dental, and mental health care. She worked in the clinic on the night shift for two weeks and recalls how she "learned to appreciate those hard working people."



Bonnie also remembers that she participated in the World Trade Organization mission in Seattle in 1999. They were off-site training when the riots were happening. "It was surreal," recalls Bonnie, "to look outside and see helicopters flying about and smoke from the tear gas rising, and watching TV to see the pictures of the smoke the helicopters were taking."

Bonnie was deployed with the team to the World Trade Center disaster, and reflects on the experience there. She says, "It was a mission of emotional intensity where we cared for recovery workers, and felt the most profound sense of humble privilege. There was no way we could do more than we were doing, but it all felt so inadequate in the

light of the deep personal loss of the people for whom we were caring."

Bonnie also recalls the honor and privilege of going with other DMAT members and the California National Guard to Ukraine in the summer of 2004. "What a special treat we lived on a Ukrainian military base, ate Ukrainian food, and were given a special tour of the Fire Academy (which is like their military boot camp)."



Bonnie is also known on the team for two songs she has written for us. The first one was the team song which she thinks of as a fun song. "However," says Bonnie, "nobody, except for a few, really knows about it. The second one was written as the team was escaping from the Superdome in New Orleans. Richard Brown came up with the first few lines and the melody, and I did a couple of other verses. As we were driving away from the dome, I was in a van with some FEMA people, and they kept saying 'put in something about \_\_\_\_\_' so the verses kept on coming. Since the New Orleans song is more about a specific event than the love I have for the team itself, I'd have to say the team song is my favorite. It was meant to show pride in our mission, and the sacrifice we make for the people who really need us."

Bonnie loves to embroider, knit, tat, or any type of hand work that involves a needle.

And she is an ardent fan of movies and books. For movies, Bonnie just

loves Princess Bride and Ladyhawk. Conspiracy Theory is also a favorite of hers. She is also crazy about science fiction, and currently, Stargate SG1 is her favorite series. At Christmastime, the original The Bishop's Wife, and Scrooge are the movies she looks for in TV Guide, so she doesn't miss seeing them. "Why?" she answers, "because I'm probably just a fantasy freak." Bonnie recalls that the first book she fell in love with was Dumas' The Three Musketeers. "I must have read it 10 times as a teenager," and she says, "I loved the romance, and the adventure in it and now I have found The Princess Bride and The Phantom of the Opera in written form, and enjoy them as well." Bonnie tends to prefer specific authors more than individual books. And, again, she says, "With music, it's the artist. Being a sappy person musically, I love, and miss horribly, Karen Carpenter's gorgeous voice. I also have musical embarrassment, in that I am happy listening to elevator music." Bonnie says she has also recently discovered Country Western, and is starting to think that she may need an intervention sometime soon!



Bonnie smiles that special smile again and says, "I love being a DMAT member, and I have a profound sense of service, as our patients are in real need of care on all levels. I've had experiences I'd never, ever, be able to have in my private life. I've ridden in a Chinook and driven a baggage cart in an airport! When or where else

would I ever be able to do that? I get to go places I'd never be able to go on my own. Most of all, I love the people on the team. They all share my love of disaster care and planning. We speak the same language, and no one looks at us as if we're weird. Our team members are committed and professional, and fun to spend time with. Who could ask for anything more?"



## Cuts to Medi-Cal Put Patient Care at Risk

**Fears arise that doctor availability may be further reduced for disabled, poor**

*By Sandy Kleffman, Contra Costa Times, January 3, 2006*

*[From the editor: this article features Brian Blaisch, our team's Deputy Commander and Medical Director. The team makes no comment on the views expressed in the article, but we want everyone to know about the community efforts of our team members.]*

Beginning this week, the state will cut by 5 percent its reimbursement rate for doctors who treat California's poorest residents.

Some people fear this will cause even more doctors to abandon the Medi-Cal program, making it tougher for 6.8 million poor and disabled residents to find someone willing to treat them.

"Already, half of the providers in California do not take Medi-Cal," says Anthony Wright, executive director of Health Access California, a consumer advocacy group.

"It's a real concern in terms of access to care. For certain people,

Medi-Cal coverage is in danger of becoming a false promise."

The cut comes as an improving economy has caused the state's budget coffers to brim again after several years of multi-billion-dollar shortfalls.

Last week, Gov. Arnold Schwarzenegger's administration announced it will seek to rescind tuition hikes planned this year for university students.

There are no such plans to restore the Medi-Cal cut, however.

The cut was proposed by then-Gov. Gray Davis and enacted by the Legislature in 2003, but was placed on hold after the California Medical Association and other groups sued to block it.

Late last year, the 9<sup>th</sup> Circuit Court of Appeals opened the door for state officials to proceed.

Lawmakers could have opted to make the cut retroactive to Jan. 1, 2004, essentially requiring doctors to refund the difference. But they decided instead that the cut would go into effect this week.

One East Bay physician said the state reimbursement rate already was so low that he struggles to make ends meet.

Pediatrician Brian Blaisch is a rarity in California medical circles – he treats almost exclusively Medi-Cal patients at his east Oakland office.

The state pays him about \$26 per office visit, \$5.05 for an eye exam for children under age 7, and \$2.54 for eye exams for older children.

He gets a flat fee of \$13 per month for youths covered through a Medi-Cal managed care program, regardless of how often they need to be seen.

By contrast, doctors who treat non-Medi-Cal patients may charge \$150 for a physical.

"I've been essentially underwriting my practice by way of refinancing my house a couple of times,"

Blaisch said. "That's what it's taken so far."

After putting in a full day at his east Oakland office, he often travels to Martinez to work evenings at Contra Costa Regional Medical Center to help keep his practice afloat.

"Everything that we have to pay for has been going up – our employee benefits, our supplies, but our rates of reimbursement are going down," he said.

"Living in the San Francisco Bay Area and getting paid what's equivalent to what you were getting 15 years ago, doesn't make any sense.

It's basically embarrassing to be part of this system right now because it's so dysfunctional."

State officials have sought for years to bring the expanding Medi-Cal budget under control, but there are limited ways to make cuts, said Stan Rosenstein, deputy director of medical care services for the state health department.

Medi-Cal is now the second-largest expenditure in the state's general fund, behind elementary and high school education.

It makes up 15 percent of the general fund budget, but will consume 21 percent within 15 years if there are no changes, Rosenstein said.

Former Gov. Davis triggered an angry backlash in 2003 when he proposed eliminating benefits such as wheelchairs, dental services, prosthetics and hearing aids. He quickly abandoned that idea.

Other proposals have included restricting eligibility. "We cover a much greater percentage of our population than any other state except New York," Rosenstein said.

But thus far, the Schwarzenegger administration and state lawmakers have chosen not to limit benefits or eligibility.

That leaves provider rates as a place to make cuts or hold the line.

The state boosted provider rates by 16 percent in 2000 – the only rate increase since 1985.

“We’re concerned about a loss of physicians,” Rosenstein said last week. “We’re asking people to hold in there for a year.”

Under the 2003 legislation, the rate cut will expire on Jan. 1, 2007. It will save the state general fund about \$68 million.

Despite perceptions among many health care advocates that it is becoming increasingly difficult to find a Medi-Cal doctor, Rosenstein said the number of physicians enrolled in the Medi-Cal fee-for-service program has actually been increasing.

In Contra Costa County, for example, the number of Medi-Cal providers rose from 358 in 1999-2000 to 463 in 2004-05. That doesn’t include physicians who work in clinics or managed care programs.

Those numbers are misleading, Blaisch countered. Doctors may treat only five Medi-Cal patients in a practice of 1,500 people, he said. Others may be registered but treat none.

Oakland resident Melodie Bosley knows how hard it can be to find a Medi-Cal doctor.

When Dr. Howard Chin of Oakland retired a couple of years ago, she called a list of doctors she was given without success.

“People were saying they wouldn’t accept new patients – everybody I was calling,” she said.

She went without a doctor for a year for her two daughters until she found Blaisch, who took over Chin’s practice. Luckily, the girls were not seriously ill during that time.

The number of primary care physicians per capita available to Medi-Cal patients is about one third less than for the general public, the California Medical Association estimates.

An even greater disparity exists in other fields. The per capita number for specialists willing to accept Medi-Cal patients is about 50 percent less than for the general population. For surgeons, it is two-thirds less.

Blaisch is committed to serving Medi-Cal patients and has no plan to abandon his practice. But he worries that many doctors will decide it is no longer worth it.

If they do, larger numbers of poor and disabled people may avoid seeking medical care until they are much sicker. That could cost the state more money in the long run.

“The more you squeeze on this program, it’s going to be like squeezing a balloon,” Blaisch said.

“The balloon is going to pop out somewhere else, and that’s going to be urgent care clinics and emergency departments.”



### **Bird Flu Harbingers**

*An editorial from the Washington Post, January 11, 2006*

Here’s the good news: The discovery of a clutch of new bird flu cases in eastern Turkey does not – yet – signify the onset of a global human pandemic. So far, it appears that everyone who came down with flu caused by the H5N1 avian virus was in close contact with poultry. That probably means the virus has not yet mutated in such a way as to allow people to catch it from other people. If it never does, then it will remain a large economic problem – poultry farmers across Turkey are being forced to slaughter their flocks – but a relatively small health problem, confined to farmers and isolated rural villagers.



Now here’s the bad news: If the virus really were to become a global human pandemic, the behavior of the Turkish government, neighboring governments and international institutions demonstrate that, for all the hype about bird flu, the world is totally unprepared. Certainly most health officials in that region are unprepared, judging by the drastic, frightening and almost certainly pointless steps they have taken. Turkish officials have set up quarantines around parts of their cities, Russian officials have advised their citizens not to travel to Turkey, neighboring countries are spraying disinfectant on cars coming from Turkey and Iran has closed its border with Turkey – all in the name of a disease that is being transmitted around the world by wild birds that are unlikely to obey quarantines, respect borders or ride in cars. Turkish officials have also announced they have enough retroviral medicines to deal with the disease, a claim that will certainly prove false – no one has enough retrovirals to deal with the disease – if any significant number of people get it.

The World Health Organization, which is charged with monitoring the progress of the flu and conveying information around the world, has done its best to keep up with the multiple cases in different cities. But with only a dozen employees dispatched to Turkey and only a few dozen flu specialists worldwide, the WHO has been quite slow to confirm reported cases of the disease. This means not only that the organization will be overwhelmed if the numbers

grow larger, but the lack of information has led to the publication of widely varying estimates on the numbers of cases and constant rumors that there are far more. Already there are reports of public attacks on rural health officials. Since chickens are being culled without any compensation, there are also reports of farmers hiding the birds to have something to eat.



It is true that in the absence of a vaccine, there are only a few useful things governments can do: prepare hospital isolation wards, for example, so that patients can be treated safely if the disease begins to spread – or provide the public with better, clearer information, so

panic doesn't increase. The only genuinely satisfying solutions are all still long-term. The World Health Organization needs more funding and more employees. The world needs a high-priority, international program to create a bird flu vaccine. These steps, and not useless quarantines and empty promises about nonexistent cures, are what we hope the United States and the rest of the world's rich countries will be talking about when they meet to discuss bird flu in Beijing next week.



# California Bay Area Disaster Medical Assistance Team

c/o Emergency Medical Services  
1340 Arnold Drive, Suite 126  
Martinez, CA 94553

## 2006 Regular Member Annual Dues Statement

Covers Period from January 1, 2006 through December 31, 2006

Name: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Regular Member Dues if paid by January 1, 2006 = \$25.00</b>	<b>\$25.00</b>
Late fee if paid between January 1 and January 31, 2006 = add \$5.00	\$ _____
Late fee if paid between February 1 and February 28, 2006 = add \$10.00	\$ _____
Late fee if paid after February 28, 2006 = add \$15.00	\$ _____
If dues in arrears for 2004-2005 = add prior dues plus \$15.00	\$ _____
<i>Tax-deductible Voluntary Donation to DMAT CA-6 (not required)</i>	\$ _____
<b>TOTAL AMOUNT ENCLOSED:</b>	<b>\$ _____</b>

- Updated professional license is attached.
- Address has changed - I need a Record of Home Address form.

New Address: \_\_\_\_\_

Members will receive the California Bay Area Disaster Medical Assistance Team monthly newsletter and receipt of email related to disaster medicine, field deployments and other activities of the team. Email addresses and all other member information are kept confidential. No mailing lists are ever sold to third parties. Information may be shared with NDMS and the State of California EMS Authority as needed for documentation of certification, licensure, and ability to be deployed. Information related to a job may be released to the State Compensation Insurance Fund for calculating Worker's Compensation Insurance rates.

Dues are not required for participation and membership in the federal entity DHS/FEMA/NDMS/DMAT CA-6. Dues are required for participation and membership in the non-profit entity California Bay Area Disaster Medical Assistance Team and its non-federal activities.

Payment may be made by check or money order, US funds only. We cannot accept credit cards for payment. Checks should be made out to 'DMAT CA-6' and mailed to the DMAT office address listed above. There has been no increase in dues for the current year. Late fees are added for those paying dues late to encourage members to pay at the beginning of the year and to save the additional effort and cost of mailing further reminders.

The California Bay Area Disaster Medical Assistance Team is a 501(c)3 corporation, and is registered in the State of California as a non-profit public benefit corporation. Donations are deductible to the fullest extent of the law. Donations over \$100.00 will be acknowledged by a receipt. All other donations will be acknowledged by receipt if requested. Copies of the Financial Statement for the latest filed year are available upon request.