HIV Trainings for U.S. Immigration and Customs Enforcement (ICE) Clinicians

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**OBJECTIVE**

Improve continuity of HIV care for U.S. Immigration and Customs Enforcement (ICE) detainees through training U.S. ICE clinicians on how to connect HIV patients to care when they return to Mexico or Central America.

**INTRODUCTION**

An internal needs assessment conducted by U.S. - Mexico Border AETC Steering Team (UMBAST) in 2009 revealed that U.S. ICE clinicians needed additional training on how to connect HIV infected detainees to care when they return to Mexico or Central America. In order to address this gap, UMBAST reached out to national and local champions to facilitate introductions to appropriate administrators at U.S. ICE. Recognizing the value in UMBAST trainings, U.S. ICE administrators advocated for HIV training and helped organize continuity of care webinars and in-person workshops in U.S. ICE facilities in Arizona and California.

**METHODS**

- **November/December 2012:** Dr. Diana Elson (formerly Schneider) of U.S. ICE Health Service Corps (IHSC) requested UMBAST assistance with a joint training of multiple U.S. ICE facilities in Arizona. The initial request was for training on providing HIV negative test results to patients. Per Dr. Elson’s request, Alyssa Bittenbender and Tom Donohoe scheduled a conference call with Captain Deborah Schneider, IHSC Acting Administrator of San Diego with oversight of the Arizona facility. After initial discussions and needs assessments, plans for an in-person training covering 1) Update on HIV Testing and 2) Continuity of Care for HIV-infected (and other) Patients Returning to Mexico and Central America were presented to Lieutenant Commander (LCDR) Brent Stephen, Health Services Administrator, IHSC Medical Clinic, Florence Detention Center.

**Factsheet:**

- **January/February 2013:** LCDR Stephen, Alyssa, and Tom met via conference calls and planned a 2-hour in-person, interactive on-site workshop for February 22, 2013 in Florence, Arizona. Tom and Alyssa presented the HIV TESTING UPDATE and CONTINUITY OF CARE workshops. Dr. Carol Galper (Principal Investigator, Arizona PAETC) and Tim Martinez (PA Intern, Arizona PAETC) also participated. An Audience Response System (ARS) was used to assess participants and evaluate the workshop. Interestingly, none of the 19 participating clinicians were able to participate in either our 2011 or 2012 UMBAST national webinars, despite knowing of them, underscoring the need for on-site trainings for clinicians.

- **December 2012:** Alyssa and Tom traveled to El Centro, CA and presented a 4-hour, 12-person workshop. They connected us to a Health Service Administrator at Pinal County Jail that houses the lowest rate among the U.S. and Central America. An internal needs assessment revealed that additional training was needed on how to connect HIV infected patients to care. The top priority identified was conveyance to Mexico.

- **February 2013:** Alyssa and Tom presented to a total of 28 U.S. ICE individuals. The training was well received with 100% of attendees indicating they would use this information in their roles.

**RESULTS**

- **Participants included:** 2 MDs, 2 NPs, 13 Nurses, 1 PA, and 1 Social Worker. More than half provided direct patient care and one third answered “administrator” as primary responsibility. Participants were 77% male, 23% female. 15 out of 16 indicated they provided services to an HIV-infected patient (mean experience = 7 years, max = 15 years; 93% indicated > 9 patients with HIV).

- **ARS HIV Testing:** Turning Technology ARS “clickers” were used. More than 80% (15/16) reported having not been an HIV testing training in the previous year; 43% (7/16) reported having given an HIV-positive test result. Only 1 was new to health care (<1yr), while 67% (10/15) were veterans working more than 10 years.

- **ARS Continuity of Care:** No one (0/16) reported seeing the presentation prior to the in-person event (including via the 2011 and 2012 webinars); 94% (16/17) have had at least one HIV-infected patient return to Mexico.

- **PEF summary:** Report attached. 17/19 ranked the program’s Overall Quality as “Excellent” and 18/19 (one missing) responded that they would “recommend the training to a colleague”. Self-reported knowledge gain, confidence, and ability to provide HIV services all increased markedly and significantly.

**CONCLUSION**

UMBAST delivered valuable information to U.S. ICE clinicians enabling them to connect their HIV patients to care once they return to their countries of origin. Lieutenant Commander Brent Stephen, Health Services Administrator for Florence ICE Detention Center in Arizona sum up the value of the trainings in an email to the Arizona AETC, “The IHSC Florence Medical Unit found this training extremely beneficial to our mission. It is valuable for us to have an intimate understanding of border health issues and resources which can assist in ensuring continuity of care for our detained population upon removal to their countries of origin. We look forward to more educational opportunities with AETC AZ.”

UMBAST has received formal recognition for their work with U.S. ICE from U.S. Representative Lucille Roybal-Allard and Jon R. Krohmer, Enforcement and Removal Operations Assistant Director of U.S. ICE Health Service Corps. UMBAST was also noted as an international best practice by Human Rights Watch International in their 2009 publication Returned to Risk: Deportation of HIV-Positive Migrants. Initiatives to provide cross-border treatment between the United States and Mexico could serve as an example. Programs such as the U.S.-Mexico Border AIDS Steering Team... serve as a model for how treatment can be coordinated for deportees across borders and should be expanded where feasible.”