

# Field Work:



## TAKING PORTABLE HEALTH CLINICS TO MIGRANT FARM WORKERS



STORY AND SKETCHES BY SUSAN KEETER

FOR THE PAST TWO SUMMERS SUNY UPSTATE MEDICAL students and faculty have partnered with the Onondaga County Health Department (OCHD) in a volunteer program providing health care to migrant farm workers who work at area farms. Each of the past two years more than 50 patients have been helped.



PHOTOGRAPHY BY SUSAN KAHN EXCEPT WHERE NOTED.



L to R: Erin Crosby MS2, Doug MacQueen MS3, Amy Sucheski MS3, Carrie McNeil MS2, public health nurse, Corinne Schiff.

# MIGRANT WORKERS: THE MEDICAL REALITY



Migrant farm workers in Central New York—most in their 20s—tend to be Spanish-speaking males from Mexico and Guatemala who work at fruit and vegetable farms in the summer; and English-speaking Jamaican men who work in apple orchards in the late summer and fall.

Migrant farm workers are more vulnerable to injury and illness than most people living in the United States. As a group, their average life expectancy is 49 years, compared to a 77.2 year average life expectancy for the U.S. population overall.\* Current life expectancy of migrant farm workers

compares to the average U.S. life expectancy 100 years ago. Some workers have had little or no medical care, and all have gaps in care. Poverty, frequent relocation, crowded living conditions and the nature of their work make them especially vulnerable to communicable and musculo-skeletal conditions. Sun exposure leads to skin cancers; the combined effects of sun, dust, and wind lead to blinding eye conditions; and work requiring repetitive motion, bending and twisting leads to tendonitis, joint deterioration, and chronic back pain.

\* Sources: Centers for Disease Control, National Vital Statistics System 2003 and Farm Workers Health Services



L to R: Owner of the farm, Tony Emmi, Jaime Masso, OCHD, unidentified migrant worker and Dr. Peter Cronkright.

## PLANTING THE SEED

The collaboration began with a conversation at a conference on migrant health a year ago. Alumnus Bruce Gould, MD '79, associate dean for primary care at the University of Connecticut School of Medicine, compared notes with Onondaga County Health Department's (OCHD) Deborah Tracy. Gould runs health care clinics for migrant workers at tobacco farms in Connecticut. For the past several years, OCHD has visited Central New York migrant camps to screen for communicable diseases and provide some primary care. Tracy was eager to find a way to expand this care, and Gould was hopeful his clinics could serve as models.

As talk of collaboration ensued, Gould learned of Upstate's Salt City Health Outreach Program (SC Hope), a health clinic for the homeless, established in 1989 by Upstate medical students in collaboration with OCHD. SC Hope convinced Gould that Upstate had a commitment to helping the underserved and a structure that could be adapted to expand the existing OCHD migrant clinics.

## ROLL UP YOUR SLEEVES

But taking a clinic to a farm posed unique challenges, says Ronald Miller, MD '52, one of six Upstate faculty and 20 medical students who volunteered at the migrant clinics last summer. "Imagine trudging through an empty field, hoisting exam tables and supplies and looking for a spot to pitch tents," he explains. "You hope there's an electrical outlet so you can run an extension cord. When there's not, you rely on batteries, lanterns and headlights for power and light."

Upstate offered equipment and volunteer staff to bolster OCHD's efforts. Pop-up tents (used as exam rooms) were purchased by the NYS Area Health Education Center (AHEC). Portable examination tables were borrowed from a Weiskotten Hall classroom. Networked laptop computers were on loan from SC Hope.



PETER BEATTY, MD



### Under the Medico Aqui (Doctor Here)

**Sign:** SUNY Upstate medical students and faculty and Onondaga County Health Department staff at a CNY migrant health clinic: kneeling, from left: Ronald Miller MD '52, Shazia Beg, Jen Nead, Nina Nami; standing: Deborah Tracy RN,\* Jung-Woo Ma, Jaime Masso,\* Lleni Patch MD, Ariel Ruiz,\* Aaron Fischman, Douglas MacQueen, Peter Cronkright MD, Arjun Srinath and Alex Rusanov. (\*indicates OCHD staff. All others are medical students and faculty.)

**Inset:** Bruce Gould MD '79

## FERTILE GROUND

Last spring, Gould met with Upstate students and faculty members, OCHD staff and staff from community health organizations to find a way to expand the program. An important piece was already in place: OCHD had established a strong link—and trust—with area farmers and migrant workers.

So that the health clinic did not interfere with the farms' work schedules, evening hours were scheduled. Three tents were set up—one for vital signs and initial intake and two for examinations. The medical students knew enough Spanish to conduct the initial intakes. OCHD counselors served as interpreters during the actual examinations.

According to third-year medical student Douglas MacQueen, much of what they treated was "typical stuff"—skin rashes, eye infections and muscle strains. When more serious conditions, like hypertension or diabetes, were suspected, Tracy coordinated follow-up care. OCHD counselors provided transportation to the Syracuse Community Health Center (SCHC) and served as interpreters at those appointments. SCHC provided care at no cost to the migrant farm workers who had been seen at the clinics.

## REAPING THE BENEFITS

Peter Cronkright MD, associate professor of internal medicine, serves as Upstate faculty advisor for both the migrant and homeless clinics. "The medical students are learning to work with patients in a



L to R: Edna Pagan, OCHD HIV counselor, Dr. Peter Cronkright, Jaime Masso and his wife, Roséo Masso.



Unidentified translator and Dr. Lleni Patch.

nurturing environment, and they're getting hands-on experience designing a healthcare delivery system," he reports. "We try to teach both in the classroom, but an experience like this is irreplaceable."

According to MacQueen, "The clinics drew a link between my studies and the reason I wanted to go to medical school in the first place, which is to care for others."

"The first year is such a challenge," he says. "There's so much reading, so many facts to stuff in your head. It can feel very removed from helping people. And it was eye opening to meet the farm workers. There is so much need. If it weren't for this collaboration, the clinics wouldn't be there."

### BEARING FRUIT

Gould, chairman-elect of the National Advisory Council on Migrant Health of the Health Resources and Services Administration (HRSA), says the clinics help medical students develop into compassionate caregivers. "By going to the farms and making sure the migrant workers get the medical attention they need, and deserve, we are fulfilling the Hippocratic Oath in a very real way."

## One Physician's Journey

By Ronald A. Miller, MD, Class of 1952

Imagine the challenge of an empty farm field for base operations, tents set up with examining tables and chairs and securing a place for simple medical supplies. As one of six Upstate Medical University faculty, I, with the others, embraced the challenge—along with 20 medical students—of volunteering at an Onondaga County Health Department clinic that provides health care to migrant farm workers outside Syracuse.

One often hopes there's an electrical outlet so you can run an extension cord. When there's not, you rely on batteries, lanterns and car headlights for power and

light. And with that light comes a treasure of enthusiasm, the joy of anticipation and the satisfaction of service as rewards for medical students and staff. Teaching students is the ultimate privilege. Giving back what you've learned is a tremendous opportunity. Lectures, talks and in-service are all rewarding, but nothing surpasses the one-on-one with students.

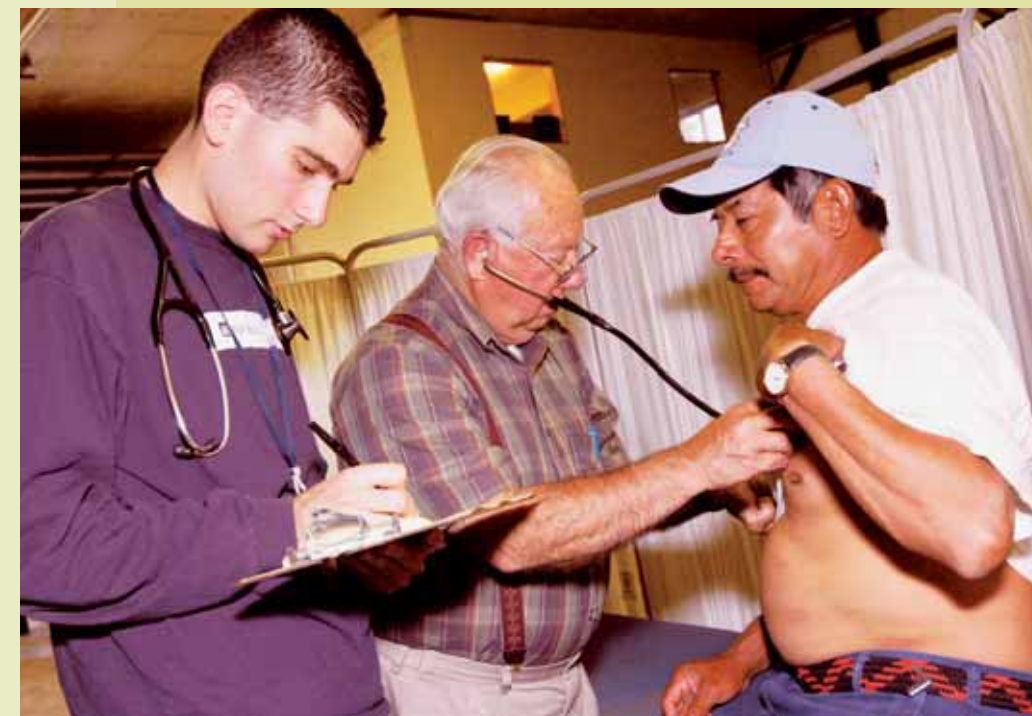
Along with the Onondaga County Department of Health, fellow faculty members and Upstate medical students we conducted nine clinics at six fruit and vegetable farms. We saw 55 patients, all migrant workers.

Clinics were held weekly in the evening to avoid conflicts with workers' schedules. A variety of musculoskeletal conditions secondary to repetitive motion, bending and twisting with resultant tendonitis, back pain and strains were common. Diabetes, hypertension, skin rash and conjunctivitis were not uncommon. Acute and/or difficult diagnostic problems were referred to the Syracuse Community Health Center with patients escorted there by the Community Health and Outreach coordinator from the Onondaga County Health Department.

SUNY Upstate provided some equipment, while student fees provided toolboxes for use as physician bags. Pop-up tents were used for exam rooms and a Spanish-speaking interpreter was present. Portable examining tables were borrowed and networked laptops were on loan. Medication was supplied from the University Hospital pharmacy at cost; (facilitated by donations to the Upstate Medical University Foundation) and from private physicians. Volunteer retired physicians were provided malpractice insurance under the umbrella of the Upstate Medical University Department of Medicine. The New York State Physician Medical License Fee is waived for such practice without compensation by simply applying.

Does such a venture completely fill a void for a retired physician? Of course not. However, perhaps such an adventure could be looked upon as a glass partially full... and filling.

For more information, you can contact Dr. Miller at 315/478-1977.



L to R: Shawn Conlon MS2, Dr. Ronald Miller, unidentified patient.