

MIGRANT HEALTH CLINICS

An Experiment In Medical Teaching And Care

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"Few Americans have an awareness of the vast 'impoverished army that tramps through their country to bring crops in from the fields. It cannot be seen except for the broken down cars, or bus here, or truck there, a ragged crew working somewhere in the fields."

(Slaves We Rent by Truman Moore) Random House

Each year approximately 1 3/4 to 2 million people migrate north in the United States for the picking of crops. Leaving the South early in April such groups might stop in several spring picking areas before arriving in the northernmost states in June and July. The migrant streams, so called, originate in the deep South, Texas, and until this year Mexico.

(See slide #1 entitled Travel Patterns of Seasonal Migratory Agricultural Workers). You will note that there are three main migratory streams. One on the West coast, originating in Mexico and California, flows to the Pacific Northwest. The second and largest stream, originating in Texas and formerly parts of Mexico, flows throughout the mountain states and into the Pacific Northwest. Finally the East Coast Stream originates in Florida, Alabama, Mississippi and the Carolinas, flows northward along the east coast to New York State, Massachusetts, Connecticut and New Jersey. This latter group, of course, is one in which we are interested. It consists primarily of Southern Negroes, some Whites and increasing numbers of Puerto Ricans. Finally a small group of French Canadians migrate over the border into Maine to help with the potato crops.

New York State has the largest migrant farmer population in the east.

Most pick crops along Long Island or in the cherry, peach or apple belts along Lake Ontario and the Finger Lake regions. Thousands of these people work in Orleans County to the west and Wayne county to the east of Monroe County. Six hundred to one thousand work in Monroe County during the summer, and settle mostly in the northwest section of the Hamlin, Brockport and Hilton areas. Most of these people live in small cement block huts with the barest minimum of comforts if any. Crowding, poor hygiene, lack of toilet facilities, lack of ability to leave such rural camp settings all provide breeding groups for many medical problems. The breaking up of family relationships as portions of the family remain South frequently creates other problems.

Such groups of people, living in rural camps, are directly under supervision of a crew boss who pays, feeds, houses, and sometimes even clothes them. We could compare such a boss to the plantation manager of several generations ago in the South. He recruits workers from the Southern states, transports them by his own bus, usually an obsolete school bus. Such vehicles, not wanted in many areas, stop only for gas, food, and usually by a wooded roadside for rest stops. Passengers sleep on the bus, bring all the necessities for a summer in a few bags or suitcases.

The children, of course, are taken out of school in April, to start a new school in May and possibly a third in June as they travel northward with the migrant stream. Again, in October or November, they leave school to return South starting a new and another school in that area. The effect of this one event upon a child's education is easy to imagine but impossible to measure. Frequently illiterate parents add further to educational burdens.

Two years ago Mrs. Naomi Chamberlain, formally Regional Coordinator for the Rehabilitation Program at the University of Rochester, and now

Director of the "HOPE" Land Based Mission in Kanakry, Guinea, West Africa, was invited to join the Monroe County Migrant Committee. This group consisting of interested people of varying occupations, but primarily church oriented people, had been trying to improve conditions among migratory farmers for a number of years.

Initially, Mrs. Chamberlain, several members of the Department of Preventive Medicine and three medical students piloted a series of visits to Dr. William Bergstrom, Professor of Pediatrics in Upstate Medical Center at Syracuse. As director of a Pediatric Clinic for migrants in Sodus, New York, Dr. Bergstrom described the needs among these children and allowed members of the group to take part in the actual clinic operation. Mrs. Chamberlain noted, however, that adults needed as much, if not more, care than children. For example, one 17-year-old girl, with hypertension, peripheral edema, wanted her six-month-old child seen for a check-up and immunizations, but was not offered treatment for herself. The group, including the three medical students who were part of the observing team, agreed that a family-type clinic would be preferable to an age-oriented clinic in Monroe County.

In 1964 a pilot family clinic was established at the Martin migrant camp in Brockport, New York. In cooperation with Public Health nurses from Monroe County, nurses from the University Medical Center, medical students and physicians, the clinic was maintained from mid-August to mid-October, 1964. Students took an active part in visiting possible sites for clinic operation, in setting up equipment, in organizing and supervising the laboratory, and in examining patients. A typical clinic day included the following personnel: an internist, pediatrician, two students, two hospital nurses, two public health nurses, and a social worker.

A secretary was present at all of the clinic sessions and frequently a psychiatrist completed the team. Clinics operated in the evenings only, to accommodate to non-working hours available to the migrant farmers. Personnell and patients alike felt the clinic was a success, that it filled a need both for care and also for teaching. Students were enthusiastic and established a rotation procedure for other students to attend the clinic during the fall months.

In 1965 a similar clinic was staffed, with medical students again playing a vital role in planning, examining patients, and in making decisions. This clinic established at the Sodoma camp included three first-year students a full-time during the summer and two second-year students on a part-time basis. A number of other students had an opportunity to work in the clinic setting during September and October. And again, as previously, the clinic was conducted two nights weekly. The actual clinic was ready for operation the third week in July and was conducted until mid-November.

Nurses played an important role in organizing and staffing the clinics: over 40 nurses from Strong Memorial Hospital volunteered on a rotation for the clinic. Mrs. Lisa Trayser, Director of Outpatient Nursing, organized this aspect, procured supplies and equipment, supervised the medical records, and established a small health education program. Public Health Nurses from Monroe County supervised by Miss Madeline O'Keefe and Mrs. Mary McKay supervised immunization programs and insured continuity of care by home followups between clinic visits.

Dental needs were prominent among the migrant adults and children and it was soon evident that dental care should be provided. Dr. Erling Johansen and Dr. Louis Gangerosa of the University of Rochester School of Dentistry

established a busy clinic in late September 1965. This clinic, initially planned for only emergency extrative work, provided additional services, even to the point of replacing missing teeth for cosmetic reasons. The pleasure exhibited by the recipients of these teeth was well worth the effort expended.

A typical clinic evening included medical and dental personnel, the physicians occupying two rooms and the dentists one room in the total clinic set-up. In the medical program the following were evident:

- one internist
- one pediatrician or general practitioner
- two hospital nurses
- one public health nurse
- one or two medical students
- two student nurses (in September and October).

Similarly in the dental program, present were:

- one dentist
- one dental hygienist
- one dental technician
- one dental aide
- one dental resident.

A feature of the clinic was the post-clinic conference held at a nearby one room schoolhouse, the field office of the regional public health nurses. All the personnel joined in these sessions as each patient was discussed his disposition and future plans evaluated. In this way all of the personnel had an opportunity to learn about the problems encountered and to take an active part in the disposition. For the students the importance of this conference cannot be overly stressed, for they took an important role as members of the team.

OTHER CLINIC ACTIVITIES

It was evident to the personnel and also to the patients that a Medical-Dental Clinic was an ideal nucleus for other health-centered activities. Included among these were the following:

1. Planned Parenthood Program (Two education evenings were conducted with the members of the Planned Parenthood League of Rochester. On one evening with the supervision of the resident gynecology staff from the University of Rochester School of Medicine and Dentistry several intra-uterine devices were inserted.)
2. Immunization Clinic (Only one such was conducted early in the clinic program.)
3. Day Care Center Clinic (Brockport and Scottsville Day Care Centers with 35 and 25 children examined respectively. Immunizations were given at these clinics.)
4. Hearing Screening (Not too successful.)
5. Vision Screening (Two clinics with considerable pathology discovered.)
6. Tuberculin screening and testing (by the Tine test and also the Chestmobile from the Monroe County Department of Health.)
7. Health Education movie (not too successful.)
8. Educational materials (simplified and presented to the patients in the clinic.)
9. Sociologic project (A questionnaire of background information including attitudes, previous locales, previous work and other demographic information was obtained by Dr. Dean Harper of the Department of Sociology and Robert Mills from Colgate Rochester Divinity School.)

SODOMA CLINIC SUMMARY - 1965

Dates: July 22 - November 25

32 Clinic sessions

Total patient visits: 332

Total visits, Day Care Center: 70

Ages: 6 months to 62 years

Family Frequency: "W" family visits: 43 (one family)
(others much less frequently)

Location of Patients: Sodoma Camp
Martin Camp
Barbutt Camp
Perzik Camp

Summary of entities seen, Sodoma Clinic, July to November, 1965

Upper respiratory infections	25
Gonorrhea	12
Lues, active	4
Secondary Lues with skin rash	2
Bronchitis and asthma	7
Anxiety reaction	7
Depression	2
Trauma	11
Skin Infection, including impetigo	10
Others:	
Tuberculosis, active	3
Tuberculin positive skin tests in children	4
Narcotic addict	1
Alcoholism (impossible to ascertain, but high)	1
Rheumatic heart disease	1
Lobar pneumonia	1
Pelvic inflammatory disease	1
Breast tumor	1
Hernia	4
Fractures	2
Anemia	5
Hemoglobin SC disease	1
Parasitism (tested in Day Care Centers)	43
Visual problems	15
Hypertension (etiology unknown)	6
Dental problem (not adequately surveyed, but high)	1
Pseudocyesis	1
Pregnancy	2
Idiopathic epilepsy	2

STUDENT PROJECTS

PARASITOLOGY

A study of parasite infestations among migrant children compared with controls of the University of Rochester School of Medicine showed approximately 53 % of the children were infected contrasted with none of a controlled group. The paper entitled "Prevalence of Intestinal Parasites in Children of Migrant Laborers in Monroe County" was a study of 43 children in two Day Care Centers contrasted with a controlled group of twenty hospitalized children at the University of Rochester School of Medicine. There were difficulties in obtaining samples, more difficulties in the hospitals, however, than in the migrant families themselves. Dr. Albert Ritterson from the Department of Microbiology precepted this particular paper.

PSYCHOMETRIC EVALUATION OF CHILDREN OF MIGRANT LABORERS

This was conducted with the help of Dr. Floyd Wylie, a psychologist, with the use of a Columbia Mental Maturity scale which had been adapted for language and cultural variation among the migrant children. The author noted a slightly lower average developmental level than expected among children in the Monroe County area; however, it was interesting that as these children developed into late childhood and early adolescence, the developmental quotient dropped appreciably. The latter was postulated to be a reflection of the lack of cultural language opportunities among these children.

A STUDY OF ANEMIA AND GROWTH AND DEVELOPMENT AMONG MIGRANT CHILDREN

Screening was conducted for hemoglobins, hematocrit, differential blood counts, glucose-6-phosphate dehydrogenase deficiency and sickle cell anemia. Several patients with iron deficiency anemia were noted and one with hemoglobin

SC disease was discovered, and followed and studied carefully by the student. In addition, variations in growth and development were demonstrated among 73 children.

CYTOMEGALIC INCLUSION DISEASE STUDY

A pilot study among migrant children for the possibility of cytomegalic inclusion disease was conducted by Dr. Frederick Li under the auspices of Dr. James B. Hanshaw. They noted that positive testing for this virus was higher in this particular group than in any group that Dr. Hanshaw had previously studied. Further studies are indicated before definite conclusions can be made.

FAMILY STUDIES

Each student picked one family in the migrant setting, visited this family frequently during the summer, took charge of the care of this particular family in the clinic, observed members in the hospital, if referred. Students reported in detail on the family structure and environment in a post clinic seminar before members of the staff and social service departments.

Field work: students visited with the sanitarian as he made inspections of migrant health camps, attended the King Ferry Migrant Project on Cayuga Lake, visited Dr. Bergstrom's Sodus Clinic. They also visited general practitioners in the area and spent a day with them. Three students worked in the fields and lived at least one night in rooms adjacent to the migrant farmers. Those who took part in the working experience reported in favorable terms, for it gave the student an opportunity to observe another facet of this particular community group. Visits to the Health Officer, active in migrant projects, in Batavia and to Day Care Centers in Batavia and Albion and participation

in a Day Care Clinic in operation in Brockport and Scottsville completed field work experience.

Rochester Migrant Conference, September 1965, an all day conference was held with active student participation. Other participants included members of the Pediatric, Psychology, Anthropology, Obstetric Departments from the University of Syracuse, representatives from the Migrant Health Branch at the U.S. Public Health Service from the Health Department of Florida, Batavia, and Buffalo and the personnel from the University of Rochester School of Medicine.

Student Project Conference, with Dr. Robert Dyar, Research Director of Teaching in the California Department of Health, who supervises 40 students in similar activities. The students presented individual projects. He emphasized the need for student projects to coordinate and dovetail in interest.

SUMMARY

A unique opportunity presented itself to University of Rochester faculty and students to study the medical needs of a group of migrant farmers living in a circumscribed environment. The proximity of the working and living facilities of the Sodoma Migrant Camp to the clinic provided an ideal setting for students to study the effect of these factors upon illness in a way not often available in a medical school setting. The understanding of this population in its milieu may provide skills which will be needed again as students leave the medical school setting, for it is in this existence that much of the population of the world exists. It is to such peoples, either in the United States or other countries that the great gaps occur in medical care, population control and other preventive services.

In addition to broadening a student's medical experiences, the program provided him with the discipline of formulating and carrying through a project of his own to completion - good discipline for any embryonic physician.

In the words of Dr. Dyar "there are certainly shortcomings in your program, but the over riding factor in my mind is that the students were highly pleased and satisfied and most of them expressed the desire to repeat their experience. Whatever its faults were, they were not sufficient to discourage the student. I would repeat the real proof of the situation is the students reaction and I certainly judged it to be excellent."

SLIDES AND DESCRIPTIONS

Migrant Labor Camps - Monroe County New York (fourth tape)

1. Location of Sodoma Camp.
2. Mileages compared to migrant mobility. No bus service from Hilton to Rochester, No bus service from Sodoma Camp to Brockport. Two hour round trip from Brockport to Strong Memorial Hospital and back. Bus service from Scottsville to Rochester, bus leaving at 12:55 a.m., returns at 2 p.m., thus, allowing no time for a clinic visit. This graphically illustrates the need to conduct clinics in the migrant environment since lack of mobility is one of the prime characteristics of migrant living.
3. The Sodoma camp setting illustrating the clinic and its relationship to the camps' water supply and open outhouses.
4. A typical migrant bus. Note the bullet holes in the rear window.
5. Another migrant bus - Jolly Green Giant. Behind is a Day Care Center.
6. And inside the Day Care Center, the crowded conditions and poor lighting.
7. A Drive-In lunch room.
8. The inside of this lunch room on the King Ferry campsite. Sodas 15¢ coffee 12¢.
9. The barber shop with its sign, "Please don't ask credit for I am broke too."
10. A typical row of rooms at the King Ferry campsite. A number of rows were built in the similar fashion at most of the camps visited including Sodoma Camp.
11. The type construction of rooms at the Martin Camp. Note the condition of the doors.
12. The wash area and again another view of the dwellings at the Martin Camp.

13. Toilet facilities - Martin Camp.
14. Recreation and dining hall has crew boss at Sodoma Camp. The inside of a similar dining room - Martin Camp.
15. The outside of the Health Clinic at Sodoma Camp - Mr. McCarrie.
16. Through the front door of the clinic, John McIntyre, second year student, with patient.
17. Students interviewing a patient.
18. Mrs. McKay, Public Health Nurse, interviewing a patient.
19. A sociologic study with Mr. Mills interviewing.
20. Doctor Haggerty, Department of Pediatrics, interviewing.
21. Doctor Haggerty and Francis Driver, first year student, examining patient.
22. It actually works.
23. The laboratory and Francis Driver, 1st year student.
24. Mary Constanza and Francis Driver, 1st year students, working in the laboratory.
25. Mrs. Traizer, Nursing Director of Clinic, in action.
26. Ralph Dahlstrom, 4th year student, examining patient with student nurse.
27. Van Jackman, third year class, examining a patient.
28. Doctor Gangarosa, director of dental team, with his staff and a patient.
29. The postclinic conference at the Adams Basin Nursing Station.
30. The postclinic conference with 3rd year students, student nurses, Mrs. McKany, Public Health Nurse.
31. Mrs. McKay, Public Health Nurse, with students at a postclinic conference.
32. An ideal Day Care Center - Scottsville, New York

Mrs. Aiken, Director
Mr. Stewart, Visiting Health Educator
Mr. Donald Ferris, 1st year student

33. Mrs. Aiken, director of Scottsville Day Care Center and one of migrant children.