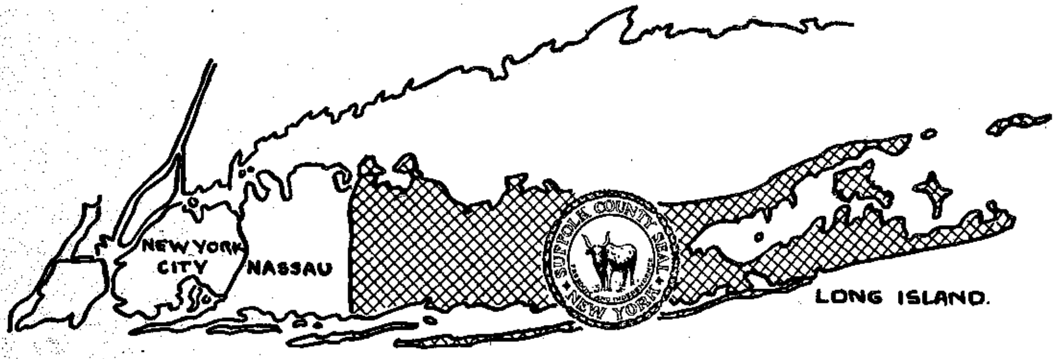
Annual Report

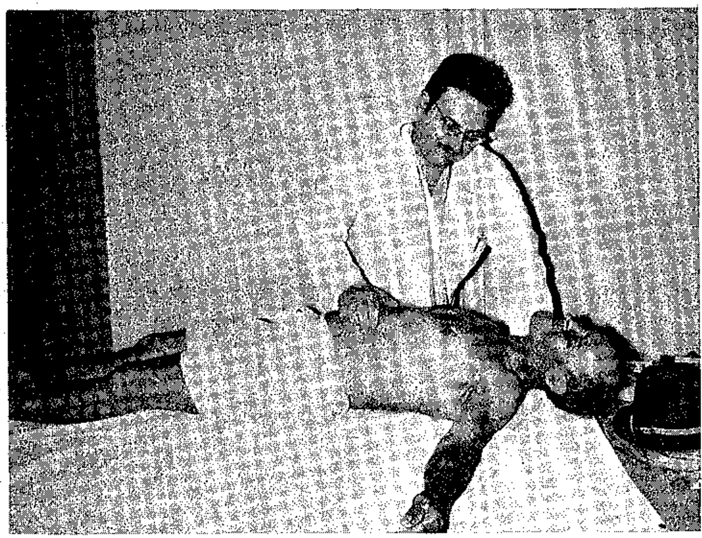
8965

1969



Suffolk County Migrant Health Project

MIGRANT HEALTH GRANT MG 60 F



GEORGE E. LEONE, M.D., M.P.H
COMMISSIONER

ROBERT SPECHT, R.N.
PROJECT COORDINATOR

SUFFOLK COUNTY MIGRANT HEALTH PROJECT

MIGRANT HEALTH GRANT #MG 60-F

1969 ANNUAL REPORT

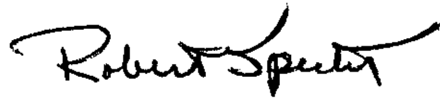
TABLE OF CONTENTS

Part		Page
	Acknowledgments	i
	Project Staff	ii
	Clinic Staff	iii
	Volunteer Staff	iv
I	General Project Information	1
II	Medical, Hospital and Dental Services	10
	Medical Conditions - I. C. D. Class	12
III	Nursing Services	16
IV	Sanitation Services	17
V	Health Education Services	18
VI	Narrative Section	
	A. Summary	
	Project Objectives and Changes	19
	Number of Migrants and Origin	20
	Economic Situation	21
	General Appraisal	22
	B. Medical and Dental Services	
	Stationary Clinics	27
	Mobile Clinics	30
	Overall Comparison Tables	33
	Dental Services	34
	C. Hospital Services	35
	D. Nursing Services	36
	E. Sanitation Services	41
	F. Health Education Services	42

MG 60-F
1969

ACKNOWLEDGMENTS

I would like to thank many people for their help and efforts in making this report easier to complete. It is not the single effort of one person; but a joint effort of many. I would like to thank Mr. Sidney Beckwith and his staff for their help in compiling statistics and narration; and last but not least, my staff, Mrs. Miles, Mrs. Terry and Mr. Welsch, Assistant Migrant Health Coordinator, for their undying help in compiling statistics and in composing this report. Without everyone's help, this report would have taken a much longer time to do and would not have been so complete.



Robert Specht
Migrant Health Coordinator

PROJECT STAFF

Area Public Health Nurses

Chest Clinic - Director and Staff

Helen B. Davis, Licensed Practical Nurse

Environmental Sanitation Staff

Health Department - Administration and Staff

George E. Leone, M. D., Commissioner

Ruth Miles, Stenographer

Denise Terry, Typist

Robert Specht, Coordinator

George J. Welsch, Assistant Coordinator

Mary Woodson, Public Health Aide

CLINIC STAFF

Marguerite Boyd, X-Ray Technician

Arthur Calderbank, M. D.

Alice Corbin, X-Ray Assistant

Helen Davis, L. P. N.

James D'Wolf, M. D.

Felix J. Hall, Lab Technician

Angel R. Fagundo, Interpreter

Joan Harrison, R. N.

Arlene Heil, R. N.

James Killean, M. D.

Elizabeth B. Lindsey, Lab Technician

Ruth Miles, Stenographer

Ricardo Oasin, M. D.

Eugene Schoenfeld, M. D.

Robert Specht, Coordinator

George J. Welsch, Assistant Coordinator

Hannah Woodson, R. N.

Mary Woodson, Public Health Aide

Joseph Yordan, Lab Technician

VOLUNTEER LIST

Alexander, Kenneth
Axel, Elaine
Axel, Jane
Black, Alice
Blais, Alana
Boyd, David
Bright, Pamela
Carey, Edith
Chantel, Gilbert
Draper, Sue
Flynn, Joanne
Goodale, Mary
Gradney, Gwen
Granttham, Caryl (Dr.)
Hawkins, James
Hungerford, George (Mrs.)
Keegan, Carol
Kirshenbaum, Joy
Landsman, Ray
Lapinski, Dorothy
Latney, Marion
Marcano, Ralph
Mayo, Shirley
Mickelson, Elizabeth
Miller, Irene
Moore, Josephine
O'Leary, Rita
Owen, Ethelyn
Paipolas, Laverne
Patterson, Bulah
Perez, Eduardo (Father)
Poltz, Judy
Prodell, Gwenn
Quiney, Patricia
Reeve, Lois
Rivero, Edward
Scott, Ruth
Sister Alice Fairchild
Sister Ann Louise
Sister Hannah Masterson
Sister Janet Dunn
Sister Maria Goretti
Sister Mary
Sister Mary Catherine
Sister Patricia Ann
Sister Paul Miriam
Sister Shawn Marie
Synder, Grace
Specht, Patricia
Stotsky, Patricia
Tashiro, Lillian
Wilson, Valrose

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED:
January 28, 1970

PERIOD COVERED BY THIS REPORT
FROM 1 - 1 - 69 THROUGH 12- 31 - 69

1. PROJECT TITLE
Suffolk County Migrant Health Project

2. GRANT NUMBER: MG 60-F

3. GRANTEE ORGANIZATION
Suffolk County Department of Health
County Center
Riverhead, New York 11901

4. PROJECT DIRECTOR
George E. Leone, M. D.,
Commissioner of Health

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS
a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
January	367	367	0
February	395	395	0
March	376	376	0
April	380	380	0
May	437	437	0
June	464	464	0
July	532	532	0
August	915	915	0
September	902	902	0
October	795	795	0
November	668	668	0
December	477	477	0

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	0	0	0
TOTAL			
Under 1 year			
1 - 4 years			
5 -14 years			

SUFFOLK COUNTY DEPARTMENT OF HEALTH
RIVERHEAD, NEW YORK

Suffolk County Farm Labor Camps Under Permit in 1969

NAME AND LOCATION OF CAMP	PEAK POPULATION Men	Women	Children	OPERATING FROM- TO	RATED CAPACITY
Abramowski, Peter and Sons Mount Sinai Road Mount Sinai	14	-	-	3/31-11/28	17
Agway Edgar Avenue Aquebogue	19	5	4	1/1 -12/31	23
Agway Sound Avenue Mattituck	12	1	4	1/1 -12/31	18
Agway Soundview Drive Peconic	18	6	4	1/1 -12/31	31
Agway Osborne Avenue Riverhead	20	2	1	1/1 -12/31	28
Baldwin and State Foster Avenue Bridgehampton	26	6	3	1/1 -12/31	31
Barbato Brothers Mount Pleasant Road Smithtown	8	-	-	6/6 -12/31	10
Beamon's Camp Kroemer Avenue Riverhead	22	6	-	1/1 -4/31	26
Bergold and Wakefield Mount Sinai Road Mount Sinai	8	-	-	5/26-11/15	9
Bernstein Blvd. Nursery Berstein Blvd. Center Moriches	15	-	-	3/1 -12/10	17
Brand Nurseries, Inc. 912 Park Avenue Huntington	4	-	-	4/4 -12/31	7
Briermere Farm Sound Avenue Riverhead	11	-	-	3/15-11/30	11

Suffolk County Farm Labor Camps Under Permit in 1969
(Cont'd.)

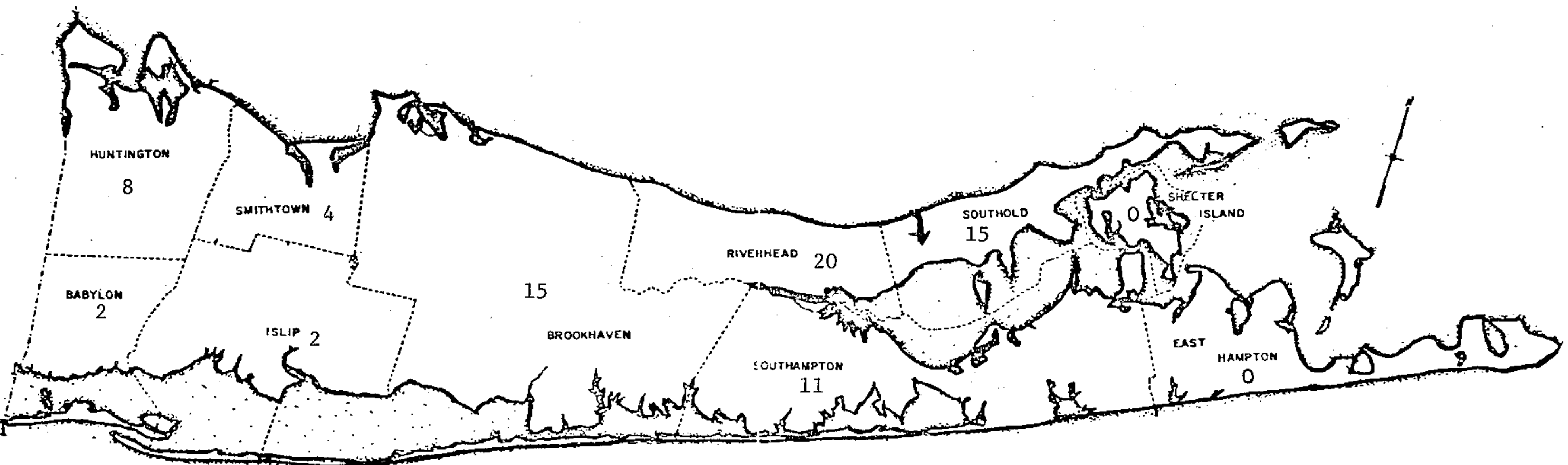
NAME AND LOCATION OF CAMP	PEAK POPULATION Men	Women	Children	OPERATING FROM - TO	CAPACITY
Eastern Suffolk Cooperative Cox Lane Cutchogue	26	4	-	8/1 - 12/31	41
Eberhardt Nurseries Pine Street East Moriches	13	-	-	4/1 - 11/31	14
Fargo Potato Company Laurel Lane Laurel	26	3	-	1/1 - 12/31	38
Fishers Island Utility Co. Crescent Avenue Fishers Island	3	2	6	1/1 - 12/31	9
Hartmann Camp Reeves Avenue Riverhead	10	2	2	1/1 - 11/15	11
Imperial Nurseries Miller Place Road Miller Place	25	-	-	3/15 -11/30	30
I. M. Young, Calverton Edwards Avenue Calverton	12	2	2	1/1 - 12/31	15
I. M. Young, Cutchogue Depot Road Cutchogue	10	1	3	1/1 - 12/31	13
I. M. Young, Riverhead Osborne Avenue Riverhead	11	2	-	1/1 - 12/31	15
I. M. Young, Southold Youngs Avenue Southold	10	3	1	1/1 - 12/31	13
Island Potato 96 Sound Avenue Riverhead	15	3	-	1/1 - 12/31	16
Charles Jackson Osborne Avenue Riverhead	19	3	-	8/29- 12/31	22
Marie Jackson Manorville-Wading River Rd. Wading River	17	2	-	1/1 - 12/31	18

Suffolk County Farm Labor Camps Under Permit in 1969
(Cont'd.)

NAME AND LOCATION OF CAMP	PEAK POPULATION Men	Women	Children	OPERATING FROM - TO	CAPACITY
Parmentier's Roses 119 Grady Street Bayport	11	-	-	3/18 - 12/31	12
Henry A. Pollack #1 Columbia Street Port Jefferson Station	15	1	-	8/26 - 12/31	18
H. A. Pollack Riverhead Corp. Mill Road Riverhead	14	-	-	9/1 - 12/31	16
Riverside Camp Old Quogue Road Southampton	4	1	-	1/1 - 12/31	15
Rosko Camp #1 Powell Avenue Southampton	7	3	6	1/1 - 12/31	11
Rosko Camp #2 Butter Lane Bridgehampton	5	-	-	1/1 - 12/31	9
Sacks, H. and Sons Osborne Avenue Riverhead	16	3	-	8/29 - 12/31	19
Sacks, H. and Sons Montauk Highway Southampton	14	3	-	1/1 - 12/31	15
Sang Lee Head of Neck Road East Moriches	17	-	-	4/1 - 11/1	17
Santorelli Brothers 351 East Northport Rd. Kings Park	12	-	-	5/8 - 11/1	15
Schmitt, Albert and Sons Half Hollow Road Melville	12	1	2	5/14 - 12/31	15
Schmitt, Philip and Son New Highway Farmingdale	5	-	-	4/11 - 12/31	8
Schrakamp-Kemper Nurseries # 1 81 Mills Pond Road St. James	17	-	-	4/7 - 12/31	19

MAP OF SUFFOLK COUNTY-LONG ISLAND, NEW YORK

77 REGISTERED MIGRANT LABOR CAMPS LOCATED THROUGHOUT 8 OF THE 10 TOWNSHIPS.



4. IMMUNIZATIONS PROVIDED

TYPE	TOTAL	UNDER 1 YR.	1-4	5-14	15 & older	In-Complete Series	Boosters Revaccinations
TOTAL-ALL TYPES							
Smallpox							
Diphtheria							
Pertussis							
Tetanus	659				28	628	3
Polio							
Typhoid							
Measles							
Other (specify)							

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	187	161	26
	060	Peripheral neuritis	0	0	0
	061	Epilepsy	41	31	10
	062	Conjunctivitis and other eye infections	21	18	3
	063	Refractive errors of vision	86	78	8
	064	Otitis media	6	6	0
	069	Other conditions	33	28	5
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	149	106	43
	070	Rheumatic fever	0	0	0
	071	Arteriosclerotic and degenerative heart disease	0	0	0
	072	Cerebrovascular Disease (stroke)	4	2	2
	073	Other diseases of the heart	19	12	7
	074	Hypertension	114	81	33
	075	Varicose veins	5	5	0
	079	Other conditions	7	6	1
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	277	240	37
	080	Acute nasopharyngitis (common cold)	30	28	2
	081	Acute pharyngitis	12	12	0
	082	Tonsillitis	14	12	2
	083	Bronchitis	18	17	1
	084	Tracheitis/Laryngitis	4	4	0
	085	Influenza	4	4	0
	086	Pneumonia	7	7	0
	087	Asthma, Hay fever	27	21	6
	088	Chronic lung disease (Emphysema)	3	3	0
	089	Other conditions	158	132	26
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	366	313	53
	090	Caries and other dental problems	235	202	33
	091	Peptic ulcer	14	13	1
	092	Appendicitis	0	0	0
	093	Hernia	11	10	1
	094	Cholecystic disease	4	4	0
	099	Other conditions	102	84	18
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	65	56	9
	100	Urinary tract infection	13	11	2
	101	Disease of the prostrate gland	2	2	0
	102	Other diseases of male genital organs	13	11	2
	103	Disorders of menustration	11	11	0
	104	Menopausal symptoms	9	8	1

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XVI.	162	Other symptoms referrable to limbs and joints	5	5	0
	163	Headache	22	16	6
	169	Other conditions	59	50	9
XVII.	17-	ACCIDENTS, POISONINGS AND VIOLENCE: TOTAL	284	241	43
	170	Lacerations, abrasions and other soft tissue injuries	161	142	19
	171	Burns	6	5	1
	172	Fractures	38	28	10
	173	Sprains, strains, dislocations	71	58	13
	174	Poison ingestion	0	0	0
	179	Other conditions due to accidents, poisoning or violence	8	8	0
				NUMBER OF INDIVIDUALS	
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL		3531	
	200	Family Planning Services		2	
	201	Well Child Care		1	
	202	Prenatal Care		13	
	203	Postpartum Care		0	
	204	Tuberculosis: Follow-up of inactive case		8	
	205	Medical and surgical aftercare		8	
	206	General Physical Examination		244	
	207	Papanicolaou Smears		1	
	208	Tuberculin Testing		176	
	209	Serology Screening		668	
	210	Vision Screening		14	
	211	Auditory Screening		0	
	212	Screening Chest X-Rays		508	
	213	General Health Counselling		710	
	219	Other Services: (Specify) Blood Pressure Determination		679	
		Urine Strip Test		498	
		EKG		1	

PART IV - SANITATION SERVICES

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	77	1321	77	1321
OTHER LOCATIONS	0	0	0	0
HOUSING UNITS - Family	N/A	N/A	N/A	N/A
IN CAMPS	N/A	N/A	N/A	N/A
IN OTHER LOCATIONS	N/A	N/A	N/A	N/A
HOUSING UNITS - Single	N/A	N/A	N/A	N/A
IN CAMPS	N/A	N/A	N/A	N/A
IN OTHER LOCATIONS	N/A	N/A	N/A	N/A

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT: *	77		688		484	4	376	2
a. Water								
b. Sewage								
c. Garbage and refuse								
d. Housing								
e. Safety								
f. Food handling								
g. Insects and rodents								
h. Recreational Facilities								
WORKING ENVIRONMENT:								
a. Water								
b. Toilet Facilities								
c. Other								

* Inspection include Items A through H

A. SUMMARY FOR ANNUAL PROGRESS REPORT

REPORTING PERIOD

For continuity of reporting, this report will cover the period from January 1, 1969 through December 31, 1969. This covers services provided under our old Grant #MG 60-E and our new Grant #MG 60-F provided through the United States Public Health Service - Migrant Health Branch.

PROJECT OBJECTIVES

1. To improve the health of migrant workers and their families in Suffolk County.
2. To conduct a stationary clinic at a strategic location serving the areas where the majority of farm labor camps are located.
3. To encourage the retention and use of the Personal Health Record (Form PHS 3652) by migrant workers.
4. a. To provide medical care to migrant workers and their families through local physicians on a fee for service basis and to continue to observe the effectiveness of this method of providing medical care.
   b. To provide emergency dental care when indicated through local dentists on a fee for service basis.
5. To conduct a Mobile Clinic Operation as a means of providing our services to workers in the field.

OBJECTIVE CHANGES

Our objectives for 1969 did not differ greatly from those in 1968. In 1968 we listed an objective to encourage the establishment and operation of additional Child Care Centers. This objective was dropped as it was felt by the project staff that there are only 50-60 migrant children in Suffolk County who follow the migrant stream with their parents. These children are scattered throughout the 1,000 square miles in Suffolk County. In 1969 Migrant Health saw a total of 55 children from the ages of under 1 year to 14 years of age. Migrant Health encouraged these children and families to utilize the existing programs such as Head Start, Child Health Conferences and the established Day Care Centers.

At the end of 1969 we did evaluate our total program and revised our objectives. These findings and proposed changes will be found in another part of this report.

NUMBER OF MIGRANT WORKERS

According to local figures, there were an estimated 1,200 migrant workers in Suffolk County at the peak employment period of the season which extends from the end of August through November.

Reasons for this decrease from last year are accounted to: the enforcement of the New York State Sanitary Code; the decreased amount of farm acreage farmed; the use of local labor by some growers; poor harvesting weather; and the decreased number of registered labor camps, 77 in 1969 as compared to 87 in 1968.

It is estimated that approximately 1,500 migrants came into the area for at least a brief period during the 1969 crop season. Some workers started to arrive in the area the latter part of June, but the greatest influx began July 15 and built up to the peak indicated above. Most of the workers had left the area by December 1. However, some workers engaged in grading potatoes will remain until late February or early March.

LOCATION OF CAMPS

A listing of Suffolk County camps under permit in 1969 will be found in another section of this report. The camp distribution does not differ markedly from that of the previous year. It can be noted that Riverhead, the North Fork and the South Fork contain the preponderance of farm labor camps in the County; the remainder being scattered throughout the western end of the County. The map included depicts in general outline the location of the camps.

CHANGES IN MIGRANT SITUATION FROM PREVIOUS YEAR

The migrants coming into Suffolk County in 1969 again averaged the same age composition as in previous seasons, as can be seen by the following chart.

There continues to be a general decrease in the number of workers coming into our area. In 1968, we saw a total of only 552 workers at our clinics. Of these, 316 were Negro, which accounted for 57% of the total seen. Puerto Rican workers seen totalled 232 workers. They accounted for 42% of the total workers seen.

In 1969 a total of 708 workers were seen for the first time at our clinics. Of these, 203 were Puerto Rican, which accounted for 29% of the total seen. Negro workers totaled 505 and accounted for 71% of total workers seen.

It must be noted that Migrant Health conducted more stationary clinics this year than last, and that the camps that attended these clinics were predominantly Negro. The stationary clinic is located in the largest concentration of migrant camps which are predominantly Negro. We conducted 14 extension clinics, the same as last year. These camps usually have Puerto Rican workers. Thus, having more stationary clinics in a large segment of Negro camps would change this statistical data from last year's.

Even though these percentages differ greatly from last year's, Migrant Health still feels that the basic structure of place or origin and cultural background of the workers, does not greatly change in Suffolk County.

ECONOMIC SITUATION

In 1969, our farm season got off to a poor start due to heavy rains during the strawberry and potato harvest. Most of the workers started to arrive in our area in the middle of July. Due to the heavy rains many of these workers stayed around the camps waiting while other crews left the area for a while seeking other crops to work with.

As it has been noted in the past, each year the growing season starts later. In the past our main agricultural crop, potatoes, would begin to be harvested in July. The harvest now starts in August. Many farmers store their potato crop and grade this product all winter for market when the prices are higher.

Generally, the harvest this year was fair. There were fears that the potato crop was going to be poor due to the heavy rains. Prices generally were poor, and the farmer was not breaking even in the cost of growing and harvesting his crop. Many farmers put their crops in storage to wait for the price of potatoes per 100 pounds to go up. At the end of December the price of potatoes reached a point whereby the farmer could break even in his operating cost.

Due to this situation, Migrant Health noted that the majority of the camps are not closing down as in the past, but that a larger segment of workers are staying to grade potatoes throughout the winter months. This condition has changed the picture of medical care from past years. The amount of medical and dental referrals has not decreased as in the past around December. It is expected that with the cold weather and the fairly high number of workers in the area that we should be having an increase in the number of workers seen with diseases of the respiratory system. We are already beginning to see a fairly large amount of influenza cases.

II. At present Migrant Health does not have an advisory council with active representation from the migrant stream. During this past year we have met with Seasonal Employees in Agriculture, Long Island Council of Churches, Long Island Volunteers, Catholic Charities, O.E.O., VISTA and others in trying to establish a central advisory council with migrant representation for all agencies involved with migrants. It was felt that this body encompassing all consumer groups, lay and professional, would have a better view to coordinate and advise all groups involved in delivering services to migrants. At present plans are in the making through the efforts of the Council of Churches and Suffolk Community Council, to establish a Long Island Migrant Coordinating Council, where the public and private sectors of the community can develop all potential resources and to institute long-range mutual planning.

Migrant Health has had exceptionally good rapport with others in its working relationships. Though transportation is a problem, Migrant Health has managed to mobilize the resources of volunteer and other agencies to transport workers to and from scheduled medical and dental appointments. Through these mutual endeavors a great deal of information was exchanged. Here Migrant Health Had a great input of ideas and health needs that the migrants were telling others, as well as to Migrant Health. From these many exchanges came our objectives and implementation for next year's grant.

A list of the many individual volunteers and agencies can be found in the forward section of this report.

contacted us for appointments. In evaluating the type of care rendered, Migrant Health finds that many of the emergency dental problems could be solved by corrective procedures rather than extraction. Therefore, in next year's grant Migrant Health has asked for dental clinics at which restorative care could be rendered.

Even though this objective was met, Migrant Health had a great problem with transportation. This often caused missed appointments with cancellations. Plans to correct this situation can be alleviated by the project providing the needed transportation, rather than depending upon other individuals outside our program.

5. To conduct a mobile clinic operation as a means of providing our services to workers in the field.

   These extension clinics were well received in the outlying camps that could not come to the main clinic due to travel time and distance. 14 clinics were held at which the project staff saw 187 workers. Migrant Health also conducted an extension clinic in a church basement where a fairly large concentration of Puerto Rican workers lived. This clinic was well received and Migrant Health proposes to hold more of this type clinic during next year.

IV. Migrant Health plans for continuation beyond the period of grant assistance is to become a part of the overall comprehensive health planning picture in Suffolk County. Migrant Health now strives not to duplicate already existing services, but instead to utilize these services fully.

V. <u>OBJECTIVES 1970 - 1971</u>

1. To conduct a primary Family Health Clinic at a strategic location serving the areas where the majority of farm labor camps are located.
2. To conduct extension family health clinics as a means of providing services to workers and their families in outlying areas.
3. To provide for out-patient care in physicians' offices and hospital emergency rooms when clinics are not operating.
4. To conduct dental clinics for migrant workers and their families, and to provide emergency dental care when needed.
5. To provide transportation for migrant workers to clinics and other medical care facilities.
6. To encourage the retention and use of Personal Health Record (Form PHS 3652) by migrant workers and their families.
7. To provide for consumer participation in program planning and development.
8. To promote a health education and consumer advocacy program.

Migrant Health's new objectives really do not change greatly from the preceding years. The goal is to improve the health of the workers and their families. The greatest change this coming year will be in the implementation of these objectives.

Migrant Health plans to conduct 69 weekly medical clinics at the Health Department's Health Center in Riverhead. These clinics will be conducted throughout the grant year. Arrangements have been made with the local hospital for backup. (See letter of agreement between Migrant Health and Central Suffolk Hospital at the end of this section)

Plans are also in the making to hold 104 dental clinics. 52 of these clinics will be held weekly on the North Fork and 52 on the South Fork of Suffolk County. These clinics will be conducted in the dentist's offices. A full-time Dental Hygienist would be sought to enable us to do dental follow up and dental education.

// CENTRAL SUFFOLK HOSPITAL ASSOCIATION

1300 ROANOKE AVENUE

P. O. BOX 809
RIVERHEAD
NEW YORK
11901

TELEPHONE:
727-3700

BLAIR M. PATTERSON, F. A. C. H. A.
Administrator

A Non-Profit General Hospital

January 20, 1970

Mr. Robert Specht, R.N.
Migrant Health Coordinator
Suffolk County Dept. of Health
County Center
Riverhead, New York 11901

Dear Mr. Specht:

Following our meeting on December 16, 1969, Central Suffolk Hospital agrees to assist the Migrant Health Program by offering the following services:

1) When the Migrant Health Clinic physician orders Laboratory or X-ray work for diagnostic purposes, the Hospital will do these tests or exams on an appointment basis. Emergency requests for Laboratory or X-ray work will have to be handled through the Emergency Room just as any other emergency case coming to the Hospital.

2) Central Suffolk Hospital will also perform Laboratory tests on blood dsawn by your clinic physician or nurse and sent over to the Hospital. The Hospital will provide the necessary tubes and request forms.

3) If the Migrant Health Clinic physician feels that a patient needs hospitalization, he will be sent to the Hospital Emergency Room with a written referral from the clinic physician; however, the House Physician along with the Attending Physician on call will make the final determination.

CLINIC TRANSPORTATION

REFRESHMENTS

—

CHURCH WOMEN UNITED

WAITING ROOM ENTERTAINMENT

B. MEDICAL AND DENTAL SERVICES

I. MEDICAL SERVICES

Medical services were provided by three methods; medical clinics, referral to local physicians on a fee for service basis whenever medical clinics were not in session, and emergency medical at local area hospitals. Fee for services were paid comparative to medicaid levels.

CLINIC SERVICES

1. STATIONARY CLINICS:

There was a total of 16 stationary health clinics held from 7:30 p.m. until 11:00 p.m., beginning July 30th and ending on November 12th, 1969. These were held on Wednesday might at the Health Center in Riverhead.

ATTENDANCE BY NUMBERED CLINIC

Clinic #	1st Visits	Revisits	Clinic #	1st Visits	Revisits
1	45	16	9	51	23
2	54	2	10	21	25
3	85	5	11	9	22
4	38	16	12	18	20
5	28	18	13	6	6
6	29	17	14	25	23
7	44	10	15	11	14
8	32	18	16	25	40
TOTAL	335	102	TOTAL	166	173
			GRAND TOTALS	521	275

The personnel, professional and volunteer, who staffed these clinic operations are found in the forward section of this report. The Health Clinic procedures this year were:

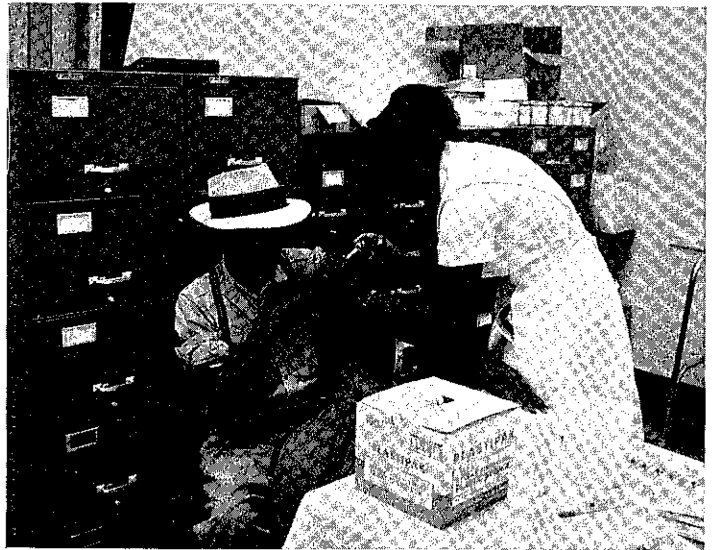
1. Blood pressure determination
2. Blood serology
3. Tetanus Toxoid immunization
4. Urinalysis (Strip test)
5. Chest X-Ray
6. Medical Examination (optional)

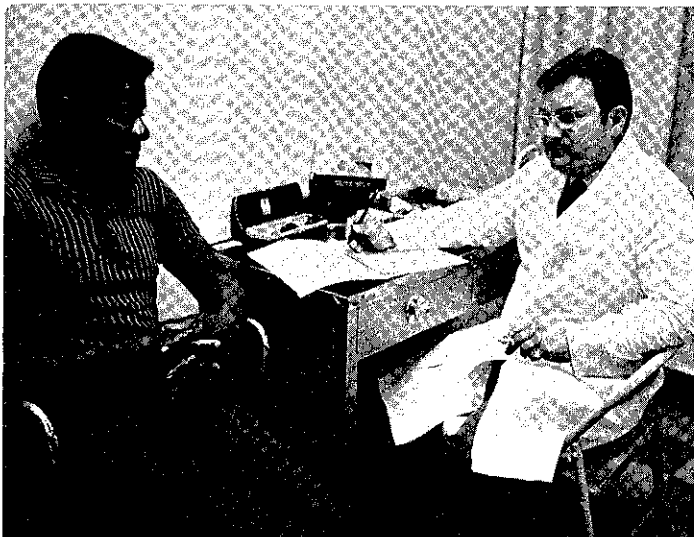
All workers who were found to have abnormal blood pressure readings or urinalysis were referred to the Clinic Physician. If further studies were indicated, these workers were referred to private physicians in the community.

Patients throughout the year who wanted to see a physician or dentist were referred to local practitioners in the area.

SEROLOGY

IMMUNIZATION





MEDICAL HISTORY
AND EXAMINATIONS

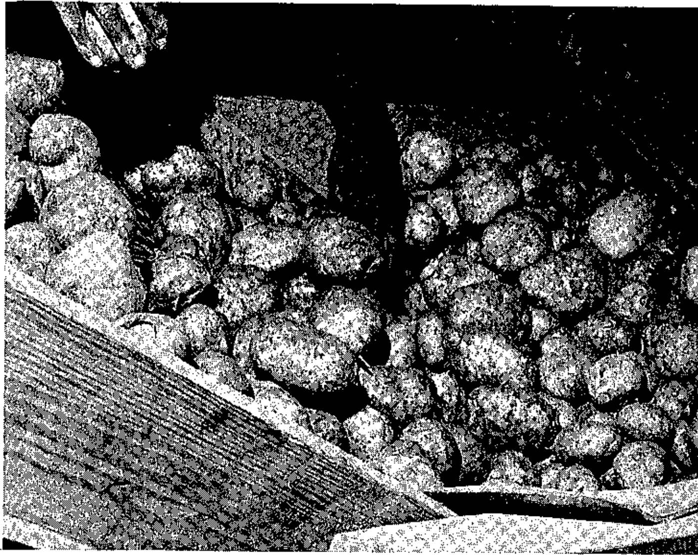
STATIONARY CLINICS: cont'd

Arrangements for phasing in services at the start of our clinic operations did not offer too great a problem, as the bulk of the workers did not start to arrive in Suffolk until after we started our clinics. In phasing out our clinic medical services, two systems were used. If the worker was leaving the area, Migrant Health would send an interstate referral to the nearest Migrant Health Project in which the worker was going. This system did not work out too well. Many migrant workers left the area prior to our knowing of their leaving. The other system used was to have the worker phased out to area physicians. A copy of the Clinic Physician's findings and treatment was sent ahead. This system worked fairly well, until the worker decided to leave the area. Often Migrant Health had no prior knowledge of the workers leaving, therefore, their destination was unknown to us and an interstate referral could not be sent.

The project tried to assist workers obtain medical assistance from Suffolk County Department of Social Services. It was felt that the worker should not become solely dependent upon Migrant Health to answer all their health needs. It was hoped that a direct patient-to-doctor relationship could be developed between the worker and physician of his choice. This idea has not worked out too well. By the time the worker, along with Migrant Health, collected all the data that was needed for application to receive medical aid, the worker was getting ready to leave the area to follow the east coast stream. Migrant Health did strongly pursue this philosophy of medicaid in regards to workers who had children with them. By the end of the season, many of the 50 children who travelled to Suffolk County were enrolled in Medicaid.

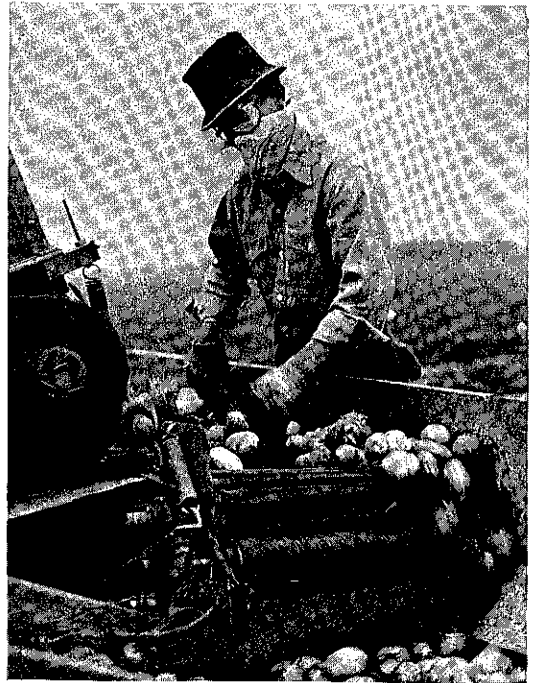
This year Migrant Health Clinics did not encounter too much difficulty with the Spanish-speaking migrants. Besides having the services of the Spanish Apostalates to act as interperters, Migrant Health was also lucky in having a clinic physician who spoke fluent Spanish. However, even with all the help this year, Migrant Health discovered that a Puerto Rican worker, in following physician orders, created a small problem.

This worker came to clinic on night for low back pain. The clinic physician saw this worker and recommended that he should go home and rest for a few days and use a bed board on his bed. The next day, Migrant Health received a few telephone calls informing us that this worker had made plans to fly home to Puerto Rico and had already left for the airport. Migrant Health, with the aid of the Spanish Apostolates managed to locate this worker and explain to him that the physician meant for him to utilize the bed board and rest at the camp site. The worker explained that he was just following doctor's orders.



POTATOE GRADING

POTATOE HARVESTING



FIELD CLINIC SEROLOGY

2. MOBILE CLINICS: cont'd

Our first clinic was held on April 23, 1969, and our last mobile clinic on September 9, 1969. We conducted a total of fourteen mobile clinics this year compared to fourteen for the previous season. These clinics were held on Tuesday evenings to enable us to revisit these camps on a weekday night in order to read our tine tests.

The staff would leave the County Center in Riverhead about 4:30 p.m. and proceed toward our first stop. We started our clinics in the west end of the county, and during the season worked east. This meant traveling about fifty miles for our first clinics. We would stop enroute and have dinner, then proceed to our first location. This was usually scheduled for the best convenient time for the farmer and the crew. Usually they wanted us to arrive about 6:00 p.m. or 7:00 p.m. We would preschedule no more than three camps for any one clinic night. When finished at one camp, we would pack up and move to our next stop. We would try to arrange it so that our last stop would allow us to finish about 9:00 p.m. After this, we would have to travel back to the County Center to unload our supplies. Very often we would be finished between 10:00 and 11:00 p.m.

Arrangements would be made on clinic night for us to return in 48 hours to read the tine tests. Those who had positive reactions were scheduled to visit one of our department's chest clinics for follow up.

Again this year, the camps visited by our mobile clinic were predominantly Puerto Rican. We employed a Spanish-speaking Interpreter to help us with the language problem. A very good rapport was established with the workers this year. They would usually be first in line to go through our clinic. They also helped convince the others to attend.

The response again from our mobile clinics to these Puerto Rican camps was 90 - 95%. We did note though that the response to this clinic when conducted in the east end was frustrating. Very often we would preschedule a clinic at one of these camps and upon arrival, no workers could be found. Upon inquiry, we would find out that they had not been notified that we were coming. This was a waste of man power, as we would then have to re-schedule the camp for a later date. This occured at three camps before we changed our method of notification. After these occurances, we had our Aide previsit the camps for notification.

This past season Migrant Health received a written request from one of the camps to revisit them. We visited this camp early in the season and upon their request, returned. A copy of this letter is enclosed with this report. Migrant Health was proud to receive this letter because it showed, in part, that our limited health education was beginning to take effect.

MIGRANT HEALTH PROJECT

OVERALL COMPARISON TOTALS 1968 - 1969

	1968		1969		
	No.	Time	No.	Time	Increase or Decrease for 1969
Clinics	23	90:10 hours	30	107:55 hours	+ 17:45
Clinic Visits	605		1,010		+ 405
Private Physician Visits (Persons)	353		715		+ 362
Clinic Medical Care	215		477		+ 262

SCREENING TOTALS 1968 - 1969

	1968		1969	
	No.	%	No.	%
Screening	552	100%	708	100%
Chest X-Rays	330	60%	508	72%
Serologies	525	95%	668	94%
Tetanus Imminizations	527	95%	659	93%
Dental Examinations	97	17%	0	0
Tine Tests	219	40%	176	25%

C. HOSPITAL SERVICES

HOSPITAL CARE

Patients needing hospitalization were referred to the nearest local hospital by local physicians. As in the past, these costs were underwritten by Suffolk County Department of Social Services. At the time of admission to the hospital, the county social caseworker would interview the migrant. If admission took place at night or during weekends, usually a hospital staff registered nurse or admission clerk would start the necessary forms.

During 1969, a total of nineteen workers were hospitalized for Tuberculosis at Meadowbrook Hospital, Plainview Division, formerly Nassau County Hospital for Pulmonary Diseases. The costs of this hospitalization is reimbursed 100% by the State of New York to the hospital. There was a total of thirty-five workers found to have Tuberculosis, but sixteen were treated on an out-patient basis.

Arrangements were made this past year whereby telephone contact was maintained between Migrant Health and the local area hospitals. When a migrant was admitted to the hospital, Migrant Health would be made aware of this fact. Upon discharge from the hospital, the project would sent its nursing staff out to the camp for follow up if needed. Through the efforts of the Migrant Health Aide and the Licensed Practical Nurse, a few patients were found other housing and enrolled under social services when the medical conditions warranted it. Two interesting cases may illustrate the work involved by these people.

One case involved a young worker who was pregnant. This girl was unmarried and away from home for the first time. Upon finding out that she was pregnant, she tried to abort herself. She took a mixture of quinine and turpentine and started to bleed. At this time the girl got afraid and sought out help from the Migrant Health Medical Clinic. The clinic physician felt that this worker should be hospitalized. The worker, upon hearing this, asked to leave the examination room to go to the bathroom. She never returned. Both the Aide and the L. P. N. went out to the campsite and tried to locate this worker. She could not be found anywhere. After looking for a whole day, the Aide learned from another migrant where this young girl was hiding. The Aide found her and discovered that the worker was fearful of the hospital because her older sister was in a hospital a few years ago and died. This worker was given the reassurance she needed and consented to go to the hospital.

While in the hospital, the Aide and L. P. N. visited her every day. The discovered that this worker had tried to abort herself because she came from a very close and religious family and she was ashamed to let her family know of her condition. After showing this girl that people do care, our Aide and L. P. N. gave this worker the strength to contact her mother. Arrangements were made through other agencies and transportation was provided for the girl to return home. A referral was made to this girl's family physician from our project.

The other case involved a male worker who was a severe diabetic. This worker would be admitted to the hospital every few weeks in a diabetic coma. The L. P. N. would visit this worker at the camp and hospital to help teach him how to inject himself with insulin and plan his diet. The Dominican Sisters of the Sick Poor were also requested to have their Public Health Nurse visit this worker. It was learned that at the camp other workers would break his syringes. It was also learned that the camp's cook would not help this worker plan his diet and cook the foods that were needed.

The L. P. N. helped this worker to apply for Social Services assistance and located a small apartment where he could move away from the camp environment. The Public Health Nurse and the L. P. N. would visit this patient at intervals to further help him along in living with his diabetic condition.

This worker recently died due to other physical conditions. The L. P. N., on her own, arranged for the funeral and burial of this worker.

D. NURSING SERVICES
(Cont'd.)

patients to enlist their complaints. They also did routine temperatures, blood pressure determinations, suture removal, dressing changes, weights, pulse, assisted the doctor with examinations, and administered injectable medication when ordered by the clinic physician.

One P.H.N. was assigned to the exit interview table where all patients came through when finished with clinic services. The Public Health Nurse would review the workers' charts and start to do any health teaching or reinforcement that was needed. If any further medical, laboratory or x-ray procedures were needed, the nurse would start the process. If the Public Health Nurse felt that further visits in the field were needed to reinforce health principles or medical orders, the nurse would also initiate this.

All local referrals were channeled to the Assistant Coordinator, who is also the full-time Public Health Nurse with the project. Here all efforts of coordination for appointments, transportation and follow up were done. This system worked out well as many hours were needed to coordinate all these services. By having one person in charge to supervise the nursing section, it enabled the remaining nursing staff to spend more hours in the field.

Health education suffered greatly without having a full-time Health Educator with Migrant Health to consult with. The nursing section tried to teach the basic principles of health to the workers whenever they met with them. Many times the nursing staff worked through the camp cook who usually was the one responsible person in the camp throughout the day. Here principles of nutrition were covered as well as basic housekeeping and maintenance.

The out-of-state referral system used was the Migrant Health Service Referral Index comprising the Atlantic Coast Migrant Stream, and the referral forms printed by Community Health Services, New York State Department of Health.

The nursing section of Migrant Health could be vastly expanded. Suffolk County encompasses approximately 1,000 square miles. Traveling to and from campsites entails a large majority of the nursing staff's time. It is felt that with future plans of increasing the medical clinics that more nursing follow up will be needed. In order to ensure that maximum medical continuity is achieved, more full-time nursing staff is needed.

(b) Medical Care for ill migrants: Cont'd

Sister will arrange transportation by camp personnel, S. E. A. or volunteers. Migrant Health will make available to her photocopies of the physician's report for follow-up.

(c) Medications: Prescriptions can be filled at Whelan's Pharmacy in Riverhead and other designated pharmacies, and will be paid for by Migrant Health.

(d) Laboratory Work: Southampton Hospital facilities can be used for diagnostic tests ordered by a physician; Migrant Health will be billed for same.

(e) Emergency Dental Care: Referral can be made by Sister Maureen Michael to local dentists for extractions or other emergency care. Migrant Health will send vouchers.

(f) Prenatal Care: Patients will be referred to Prenatal Clinic; field follow-up will be done by Sister Maureen Michael as indicated.

(g) Hospitalization: Payment will be made through the Department of Social Services. When hospitalization is elective, an effort will be made to have the patient see the hospital social worker prior to admission.

Referrals received from Mrs. King (Southampton Hospital) or Mr. Romas, (Central Suffolk Hospital), regarding migrants in the previously mentioned geographic area needing post-hospitalization follow-up, will be channelled to Sister Maureen Michael.

4. Referral for camp nursing services in Southampton Township and Metropolitan Riverhead will be made to Sister Maureen Michael, who will make regularly scheduled visits to each camp. Health problems not specifically related to nursing (for example, sanitation) will be discussed with the Migrant Health Director and channelled to the proper sources for action.

5. Sister Maureen Michael will maintain patient records for all patients seen by her; photocopying pertinent reports from Migrant Health records when needed. To provide continuity of care, photocopies of her records summarizing nursing action and patient progress will be supplied to Migrant Health for all patients active with them -- either at time of discharge, or prior to scheduled clinic appointment. Sister vill also share with the Health Department copies of periodic statistical and narrative reports of service to migrants.

6. Migrant Health will maintain contact with crew leaders and camp personnel throughout the season in order to continue positive relationships and for educational purposes.

These working arrangements will be subject to ongoing evaluation and development by both the Dominican Sisters of the Sick Poor and the Division of Migrant Health. It is anticipated that Sister Maureen Michael will provide nursing services to migrants throughout the 1969-70 season. Plans for the future will depend on evaluation of this year's experience. If for any reason, this planned nursing coverage has to modified or terminated, Migrant Health will be notified.

Copy to: George Leone, M. D.
Migrant Health Project
Dominican Sisters of the Sick Poor, Hampton Bays
Rev. Robert Emmet Fagan, Catholic Charities, Committee for Community Interests
Rev. Richard P. Hendel, Catholic Charities, Health & Hospital Office

E. SANITATION SERVICES

Following a tour of Suffolk County Migrant Camps, the Chairman of the New York State Legislative Committee on Industry and Labor Conditions, Donald C. Shoemaker, made the statement that the camps were outstanding and the best he had seen in the state. This reflects the Suffolk County Department of Health's efforts to up-grade migrant camps in 1969.

The migrant labor camps were inspected to ensure that the requirements of Part 15 of the New York State Sanitary Code were met. The primary objective was to assure a healthful environment for the migrant laborers. The inspection program was carried out by the staff of the Division of Environmental Health Services, Housing and General Sanitation Unit, of the Suffolk County Department of Health.

An operator of a camp in which there are five or more occupants must obtain a permit from the Health Department. The Sanitary Code sets up specific requirements related to housing, fire hazards, bathing and toilet facilities, food sanitation, water supply and sewage disposal at the camps. Inspections were made at least once a month and more frequently when found to be necessary. In 1969, a total of 688 inspections were made. Although the Health Department's Housing and General Sanitation Unit was the principal agency involved with the physical environment of the camp occupants, they worked in close cooperation with other concerned agencies and groups. These include the New York State Labor Division, Farm Extension Service, and the Suffolk County Council of Churches. This close-working relationship has proven most beneficial in solving problems of mutual interest.

There were 78 permits issued to migrant camp operators during 1969. Although the size and type of construction of camp buildings vary, masonary construction was the recommended choice. As a result, new camps were built with concrete block walls and concrete floors. All of the camps had flush toilets, lavatory basins, kitchen sinks, showers, and laundry tubs or automatic washing machines. All had hot and cold running water. Shelf or closet space for clothes storage was adequate and the required amount of space was provided in sleeping quarters.

The adequacy of food handling practices was dependent to a large degree on the type of food service operation. While all of the camps had the required basic kitchen facilities including ample refrigeration, larger camps where the food service operation was carried out by a concessionaire rather than each individual doing his own cooking had a more efficient operation.

Greater emphasis was placed on poor housekeeping or maintenance problems during the year. Also, a new approach to solving these problems was tried. Starting in July, preannounced inspections were conducted at every other camp. The remaining camps were inspected in the conventional manner. By evaluating the statistical data obtained from the inspection reports, a comparison will be made to determine if pre-announced inspections will result in better maintenance and thereby reduce the number of reinspections.

The enforcement of code requirements emphasized voluntary compliance. Attempts were also made to obtain compliance through administrative hearings. When voluntary compliance was not obtained, a decision was made to institute legal proceedings. In 1969, it was necessary to institute 7 legal actions against operators of migrant camps.

Although it was not mandated, facilities and space for recreation was recommended. Television sets and record players were not uncommon. One camp had an entire building set aside for recreational pursuits, including a pool table and television. Other amenities recommended and accepted at a number of camps which improved asthetic qualities as well as the comfort of the migrant workers included curtains and drapes on windows and sheets and pillow cases on beds.

In general, the camps were operated in substantial compliance with the New York State and Suffolk County Sanitary Codes. It is realized, however, that there should be no let up on efforts to further improve living conditions for migrant workers and their families during their stay in Suffolk County.