

Physicians in Public Health**Caring for the Health and Culture of Migrant Workers****Caring for the Health and Culture of Migrant Workers**

Juli C. McGreevy

Editor's Note: We call attention to the efforts of women physicians during September, designated as "Women in Medicine Month." For more information, see "Medicine Recognizes Female Physicians," page 35.

In this month's installment of a series of articles on physicians working in their communities to improve public health, Leah A. Maitland, MD, of Littlestown, discusses her work in the Adams County Migrant Clinic.

Amidst tranquil fields of historic Civil War battlegrounds and neat rows of bountiful fruit trees, Dr. Leah A. Maitland tends the needs of an often "invisible," but equally vital part of Adams County: the migrant worker community. She is medical director of the county's Migrant Clinic, housed at the State Health Center in Gettysburg.

Dr. Maitland settled in Adams County in 1955 to begin a family practice in Littlestown. She soon found that her obstetrics practice kept her in the Gettysburg Hospital in the evenings. Because the hospital had no staffed emergency department at the time, she also assisted in the emergency room when she was available.

By the 1970s the emergency room had become busy enough to need a staff, and Dr. Maitland was put in charge of scheduling. She noticed a strange phenomenon: on summer evenings, the number of migrant workers in the emergency room was tremendous. "People came to the emergency room," she says, "even though we had a free clinic for migrant workers from 1:00 to 4:00 in the afternoon." Upon investigation, she discovered afternoon was prime picking time.

"Migrants work even if they are sick, and get care after dark when they can't pick, so the clinic was of no use to them," according to Dr. Maitland. Her response was to recruit physicians, including herself, to work evenings at the clinic. She has been involved ever since.

The migrant health program

Adams County has the largest number of migrant workers in Pennsylvania, mostly apple pickers. The U.S. government funds a migrant health program for workers and their families. In Pennsylvania, Rural Opportunities, Inc. (ROI), a migrant worker

advocacy group headquartered in Camp Hill, distributes grant money to migrant health clinics throughout the state. The Gettysburg Hospital, of which Dr. Maitland is president and CEO, subcontracts with ROI to operate the Adams County clinic.

Her colleagues are impressed by her all-around commitment to the health of migrant workers. According to Ambrose Potrzebowski, deputy for migrant health at ROI, "Dr. Maitland has the longest history of any provider in the state. And the clinic in Gettysburg is the most full-service facility, particularly their programs for pregnant women, mothers, and young children."

The clinic employs four physicians, a nurse practitioner, and a nurse midwife, in addition to some interpreters and student volunteers. Dr. Maitland has been effective in enthusing and recruiting other physicians. For example, one physician volunteered four years ago to learn Spanish for a trip abroad. His trip has come and gone—but his interest in the clinic has not.

Because of the current economy, clinic visits are no longer free. If they can afford to pay, patients are charged \$5. Dr. Maitland has found that most patients want to pay something. "I was the one who didn't want to charge!" she says.

Lack of funding is a chronic problem, even with the well-administered migrant health program. The Gettysburg Hospital is often called upon to supplement the federal funding, and Dr. Maitland and her colleagues must be creative when providing services and medicines to their patients.

Migrant workers in the '90s

When Dr. Maitland began working at the clinic in the '70s, she treated mostly single males—African Americans, Haitians, and Puerto Ricans. Now, the patients are predominantly Mexican families.

There are three migrant streams: East Coast, Central U.S., and West Coast. Pennsylvania is in the East Coast stream where workers start picking in Florida early in the year and go as far north as New York. At the end of November, many families go

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, Keystones of Public Health.

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back to Mexico and then start all over again in Florida the next year. Workers and their families typically arrive in Adams County in June and stay until the middle of November.

A unique style of care

Dr. Maitland and her colleagues have struggled over the years to teach patients about preventive medicine, such as immunization. In the beginning, parents didn't want their children immunized because they associated shots with being sick. Through education, the clinic staff has overcome this cultural barrier and convinced parents that prevention is necessary.

The transience of migrant workers presents a challenge to health care providers. "We stress that they carry their health records," says Dr. Maitland, "and we send their records with them, particularly on the children's immunizations, when the family leaves." If a patient has a chronic disease, a pregnancy, or anything that needs tracking, the clinic forwards records to a clinic near the next migrant camp.

"When they first move into an area," she says, "the families have all the expenses of moving and no income for a few weeks. They can get some emergency funds but that barely takes care of food." Their health needs oftentimes cannot wait. For instance, if someone is using birth control pills, the clinic provides at least three packs for departing women until they can settle in a new location and find a clinic.

Most of the workers and their families are healthy, according to Dr. Maitland. "We don't have too many sick ones. One of the myths is that they carry a host of exotic diseases. However, for example, there has only been one person with HIV." Patients go to the clinic for typical family practice problems.

The Tuesday night clinics are also social and learning times for the patients. They visit with friends from other migrant camps after treatment, and the waiting area provides a captive audience for viewing videotapes in Spanish on HIV and pesticides—and even cartoons for the children.

A separate culture

Dr. Maitland's most difficult challenge was not the language barrier. "I had trouble understanding how their beliefs affected their health or affected my ability to deliver health care to them," she says. "They don't demand to be cured immediately [as most North Americans do], and they're much more accepting of adverse conditions." Her patients were raised with a rudimentary health care system, and she is offering them a sophisticated health care system: "In Mexico, I know that pregnant ladies

don't get two sonograms per pregnancy; [there,] they're lucky to get a good pelvic exam."

She feels her successes have come from adapting to the workers' culture: "They're hard to reach in our estimation because we want them to be reached in a way we understand. Sometimes that's not what they're after." For example, Dr. Maitland has heard North Americans complain about the conditions in migrant camps. However, she has traveled to Mexico, seen where the workers come from, and feels this is a complaint that wouldn't occur to the migrants themselves. She says, "The families bring their Mexican culture with

them. People trying to help them make the mistake of not respecting their culture."

Discussions on a national health plan in Washington could affect the migrant community in Adams County because health plans in some states have specifically excluded migrant workers and their families. The level of primary care migrants receive in Pennsylvania is considered by many of the workers themselves to be the best in the nation because of the clinics dedicated to that care.

Whatever happens with a national health plan, migrant health clinics will more than likely survive to provide culturally appropriate prevention and health promotion services, continuing the great strides made by Dr. Maitland and her colleagues in Adams County and throughout the commonwealth. O



photo by Carl Socolow

Dr. Leah Maitland hugs three-year-old Eric Aguinaga following his routine check-up at the Adams County Migrant Clinic, housed at the State Health Center in Gettysburg.