

streamline

The Migrant Health News Source

Distinguished Speakers at 2010 National Summit of Clinicians for Healthcare Justice

By Robyn Northup

September 23-25, 2010, marks the 2nd National Summit of Clinicians for Healthcare Justice, co-sponsored by MCN, in Washington, D.C. The event is a venue for frontline clinicians to deliver evidence-based updates on primary care and public health theory, as well as a medium to interact with participants from community, academic and other backgrounds. The summit is a channel for clinicians to collaborate and raise their collective voice to bringing better health outcomes to all, and will feature a myriad of speakers who have dedicated their careers to making health care for the underserved a reality. MCN has chosen to highlight speakers Dr. David Satcher, Dr. Linda Rae Murray and Dr. Jack Geiger in this edition of *Streamline*.

Dr. David Satcher, M.D., Ph.D., 16th U.S. Surgeon General

Dr. David Satcher has realized great accomplishments in the field of public health throughout his career. He is currently Director of the Center of Excellence on Health Disparities and the Poussaint-Satcher-Cosby Chair in Mental Health at Morehouse School of Medicine in Atlanta, GA.

Dr. Satcher is most recognized for his efforts on eliminating health disparities, improving the sexual health of young people — including encouraging sexual health education in schools — and reducing the social stigma associated with mental illnesses. Throughout his career, he has raised public awareness of these conditions from a global perspective.

"[He] has dedicated his life to the well-being and dignity of all members of our global community, including particularly vulnerable groups—persons suffering from mental disorders, sexually active youth,

members of ethnic and racial minorities—whose health needs had been treated with silence. Dr. Satcher inspires us all to boldly communicate—against discomfort, stigma or attempts at censorship—all the information that is needed to improve the public's health," said Julio Frank, Dean of the Harvard School of Public Health, on conferring the School's highest award on Dr. Satcher.

In 1998, Dr. Satcher was sworn in as the 16th U.S. Surgeon General, serving until 2002. During this term he simultaneously held the position of Assistant Secretary of Health (1998-2001); he is the second person in history to have held both positions.

Dr. Satcher has received numerous awards and honors, including the Jimmy and Rosalynn Carter Award for Humanitarian Contributions to the Health of Humankind, and the National Association of Mental Illness Distinguished Service Award. He was the 2008-2009 recipient of the Julius B. Richmond Award, the highest honor given by Harvard School of Public Health.

Dr. Linda Rae Murray, MD, MPH

Starting this November, Dr. Linda Murray will hold the president-elect position of the American Public Health Association (APHA) for one year. The advocacy and policy work of APHA—which focuses on rebuilding the nation's public health infrastructure, ensuring access to health care, and eliminating health disparities—coincides with the efforts of promoting health care as a basic human right that Dr. Murray has put forth throughout her career.

Murray, a long-time Chicago healthcare provider, is currently the chief medical officer of Primary Care & Community Health: Ambulatory & Community Health Network

of Cook County. She also practices internal medicine at Woodlawn Health Center and is an assistant professor at University of Illinois at Chicago's School of Public Health.

True to her commitment to bettering health outcomes for underserved and marginalized populations, Murray has maintained active and visible participation in the communities where she has lived and worked throughout her career. From 1981 until 1983, Murray was part of the First Congressional District of Illinois Health Task Force under Harold Washington. Over the course of her career, she has held the positions of Medical Director for the Manitoba Federation of Labour in Winnipeg, Canada, professor at Meharry Medical College, and Medical Director of Near North Health Services Corporation.

Dr. Murray is the recipient of many awards for her continued service in public health, including the Daniel Hale Williams Award from the Cook County Physician's Association and the Distinguished Service in the Health Field Award from the National Association of Minority Medical Educators.

Dr. H. Jack Geiger, M.D., M.S. (Epidemiology), Sc. D. (Hon.)

Dr. H. Jack Geiger's influential work in human rights spans more than six decades. In 1964, during Freedom Summer, Dr. Geiger began working in Mississippi as a field coordinator for the Medical Committee for Human Rights. There, Geiger saw the stark correlation between race and quality of life in the state; the poverty of many of its black residents was dramatically impacting their health.

Driven to address the injustice, Dr. Geiger

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drew upon an experience from medical school: the months he had spent in Pholela, South Africa. There he had learned about community health care firsthand, which inspired him to develop a similar project for the United States.

Based on an example from South Africa and the contribution of Dr. Geiger, the Delta Health Center was launched in Mound Bayou, Mississippi, in 1967. Care at the center encompassed more than the clinical; staff focused on the social problems undermining health in the region, such as hunger and unemployment. To ensure that members of the community could participate in decisions about their health and the future of the area, local people served on the clinic's board and some joined its staff. From the birth of this clinic and another in Boston, MA, the network of Community Health Centers has today expanded nationwide.

Dr. Geiger is the Arthur C. Logan Professor Emeritus of Community Medicine, City University of New York Medical School, a founding member and Past President of Physicians for Human Rights—which shared in the Nobel Prize for Peace in 1998—as well as a founding member and past president of Physicians for Social Responsibility, and the Committee for Health in South Africa. He is the U.S. affiliate of International Physicians for the Prevention of Nuclear

War, which received the Nobel Prize for Peace in 1985.

Geiger is the author or co-author of more than 100 scientific articles, book chapters and monographs. Among his numerous awards for his work on the problems of health care, human rights, and poverty, he was awarded honorary degrees of Doctor of Science by the State University of New York at Purchase (1992) and by Case Western Reserve University (2000); the Award for Academic Leadership in Primary Care, National Center for Primary Care, Morehouse School of Medicine (2003); and the first Award for Excellence of the American Public Health Association for “exceptionally meritorious achievement in improving the health of the American people” (1973).

MCN is honored to co-sponsor talks by these clinicians and human rights activists at the 2010 Summit of Clinicians for Healthcare Justice. In addition to the aforementioned speakers, distinguished clinicians Dr. Alvin D. Jackson, Maria E. Rosa, Dr. Eduardo J. Sanchez, Dr. Winston F. Wong, Dr. Margaret Flowers, Vice Admiral Dr. Richard H. Carmona, Dr. M. Joycelyn Elders, Dr. C. Everett Koop, Elaine S. Scott, RN, PhD, NE-BC, Dr. Kimberly Dawn Wisdom, MD, MS, Dr. Ana M. Viamonte Ros, Dr. Ron J. Anderson,

and Dr. Matthew Keifer will give presentations at this year's summit.

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MCN staff and board at the 2008 National Summit of Clinicians for Healthcare Justice

Potential Health Outcomes of Being Undocumented and Homeless: Stories from the Field

Maggie Sullivan, FNP

Homeless persons who are also unauthorized immigrants face a reality of extreme marginalization, putting them at significant physical and mental health risk. As a family nurse practitioner working in shelter-based clinics, I regularly care for many of these patients. And though resiliency is certainly not uncommon, the burden of disease for those who are both homeless and unauthorized is high.

Not having a home and being undocumented confer considerable health risks. It is known that homelessness, in and of itself, leads to significant risk of illness and premature death.ⁱ The majority of homeless individuals are U.S. citizens, and many of our foreign-born homeless patients are authorized immigrants. The minority who are both homeless and unauthorized immigrants face unique challenges and risks to their health. It is an aspect of health disparity not often addressed.

Research on homeless individuals is scant and painstakingly difficult. Research on undocumented homeless individuals is, to my knowledge, non-existent. But I frequently see these individuals in clinic, and their state of health and risks of illness and injury, not to mention their personal stories, are remarkable.

I am often initially struck by individual stories of border-crossings, especially given the subsequent health implications. I am also drawn to how these individuals became homeless, as this undoubtedly reveals many more links to health. For example, one patient, whom I will call Sara, was sexually assaulted by men she paid to transport her across the border. She was able to escape and join her husband in the U.S. to earn money to send back to their children. Sara was later diagnosed with syphilis and active tuberculosis. During the course of her hospitalization and treatment, she confided in a clinician that her husband was physically abusive. She was discharged to a domestic violence shelter, at which point she came into my care and presented with significant depression and anxiety.

Another patient, who I will call Marco, came to the U.S. alone in the late 1980s when he was in his early 20s. Marco states that he was sent to the U.S. by his mother,

who feared he would be killed if he remained in his country because of his father's association with the government. When he arrived to the U.S. he was young, alone, spoke no English and had a 6th-grade education. He worked in construction



and began to drink heavily. When he came to the U.S., he had already been smoking since early childhood, but along with an increase in drinking came an increase in tobacco use. Because of his drinking, Marco was unable to maintain steady work or an

apartment. He became homeless many years ago and stays outside or in a shelter. He came into my care shortly after being assaulted while drinking, and the injuries he sustained have now evolved into chronic pain. His significant smoking history has resulted in interstitial lung disease. While Marco now has 6 months of sobriety and is 20 days into his first attempt at smoking cessation, he is again looking for work in construction which remains elusive and difficult to find.

A brief and generalized snapshot of the demographics from my own clinical practice, show these patients to be overwhelmingly male, grade-school educated and currently or recently employed in a low-skilled service industry. Their average age is 45 and their average age at arrival to the U.S. was 22. The vast majority arrived from Mexico, Central America and the Caribbean. Strikingly, compared with other Latinos in the U.S., homeless unauthorized immigrants appear to have an estimated incidence of diabetes around 3 times the national average,ⁱⁱ their rate of asthma is about 2-fold,ⁱⁱⁱ their rate of smoking is about 3-fold,^{iv} and their rate of mental illness is about 4-fold.^v Combined with a life expectancy shortened by 30 years due to homelessness alone,ⁱ this is the grim and difficult reality for many of my patients. Essentially each of them came to the U.S. to work, to improve the quality of life for their family, to overcome the odds of poverty and the lack of opportunity in their own countries. But the undocumented immigrants who become homeless and whom I see in shelter-based clinics, continue a struggle beyond what I can imagine. ■

i. Premature Mortality in Homeless Populations: A Review of the Literature, December 2005, James J. O'Connell. <http://www.nhchc.org/PrematureMortalityFinal.pdf>

ii. In 2007, 7.9% of Hispanics in the US reported a diagnosis of diabetes (versus an estimated 23% of homeless undocumented patients observed in clinic). <http://www.cdc.gov/diabetes/statistics/prev/national/figbyhispanic.htm>

iii. In 2008, 6.3% of adult Hispanics in the US reported a diagnosis of asthma (versus an estimated 13% of homeless undocumented patients observed in clinic). <http://www.cdc.gov/asthma/brfss/08/current/tableC5.htm>

iv. In 2008, 14.5% of adult Hispanics in the US reported being current smokers (versus an estimated 45% of homeless undocumented patients observed in clinic). http://www.cdc.gov/nchs/data/nhis/earlyrelease/200812_08.pdf

v. In 2008, 11.1% of Hispanics reported "frequent mental distress" in the past 30 days (versus an estimated 45% of homeless undocumented patients with a mental health diagnosis observed in clinic). <http://apps.nccd.cdc.gov/HRQOL/TrendV.asp?State=1&Measure=7&Category=4&submit1=Go>



Tenth Annual Binational Health Week

October 2-15, 2010

Binational Health Week (BHW) is one of the largest mobilization efforts of federal and state government agencies, community-based organizations, and volunteers in the Americas to improve the health and well being of the underserved Latino population living in the United States and Canada. It encompasses an annual weeklong series of health promotion and health education activities that include workshops, insurance referrals, and medical screenings.

BHW fosters community solidarity through the extensive mobilization of existing resources and the organization of volunteers working together for a common goal. The events are coordinated by networks forged among agencies and community organizations with the purpose of reaching out to the most disadvantaged and vulnerable people, especially those without medical coverage.

BHW's main partners include the Secretariats of Health and Foreign Affairs of Mexico, and the Foreign Affairs Ministries of Guatemala, El Salvador, Honduras, Colombia, Ecuador and Peru, as well as the Institute for Mexicans Abroad, the Mexican Social Security Institute, the Centers for Disease Control and Prevention, California's Department of Public Health, The California Endowment, California HealthCare Foundation, Consejo de Federaciones Mexicanas en Norteamérica (COFEM), and the Health Initiative of the Americas, a program of the University of California, Berkeley, School of Public Health.

Binational Health Week 2010

This year, the Tenth BHW will take place October 2-15, 2010 in 40 states in the U.S. and 3 provinces in Canada, with the participation of the consular networks in the United States of Mexico, Guatemala, El Salvador, Honduras, Colombia, Ecuador and Peru. Additionally, during BHW three national campaigns will be implemented to promote awareness among the underserved Latino community: Obesity and Diabetes, Oral Health, and Prevention of Addictions and Gang Involvement among Adolescents.

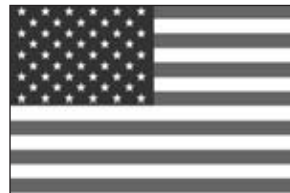
Growth of Binational Health Week in the United States: 2001-2009

Year	Countries	States	California Counties	Activities	People Reached	Participating Agencies	Participating Consulates
2001	3	1	7	98	18,720	115	4
2009	9	38	46	5,082	765,901	10,875	140

Main Partners



Canada



United States



Mexico



Guatemala



El Salvador



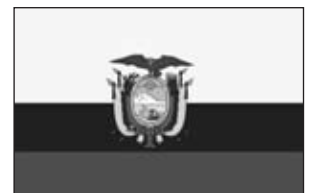
Honduras



Columbia



Peru



Ecuador

The inaugural event and Policy Forum on Migration and Health will be held on October 4-5 in Guanajuato, Mexico. The closing event will take place in Sacramento, California (date to be confirmed).

Results from Binational Health Week 2009

Last year, the events took place from October 3-15, 2009. An estimated 5,082 activities were held benefiting 765,901 people, involving the participation of 10,875 agencies and 17,044 volunteers led by 140 consulates working together with 174 plan-

ning committees. In addition, millions of people received education on health issues through the media. Five national campaigns were implemented with the aim of increasing the Latino population's awareness of: H1N1 and Preparing for Public Health Emergencies, Prevention of Addictions, Nutrition, Stroke Awareness, and Living Green. The inaugural event and Policy Forum on Migration and Health took place on October 5-6 in Santa Fe, Nuevo Mexico.

To find more information on your local Binational Health week activities visit www.binationalhealthweek.org

Ventanillas de Salud Open a Window to Global Health

Minden Pletsch

One of the most innovative public health programs developed over the past decade involves a binational collaboration called *Ventanillas de Salud*. The *Ventanilla de Salud* program (VdS) is a free service located inside Mexican Consulate offices across the US. The *Ventanillas* offer bilingual, bi-cultural health information and services, promoting preventive health and encouraging health education. They provide referrals and offer preventive health assistance such as blood pressure screenings, HIV testing and other services to Mexican nationals in the United States.

In 2003, a pilot phase of the *Ventanilla de Salud* program was hosted at the San Diego and Los Angeles Mexican Consulates funded by a grant from The California Endowment. Currently, the Institute of Mexicans Abroad (IME), a division from the Secretariat of Foreign Affairs (SRE) directs the development and policies and procedures of the VdS program on a national level.

The *Ventanilla de Salud* (VdS) program involves a collaboration of non-profit organizations in the US and Mexican Consulates within the US. Each VdS location in a Mexican consulate is co-sponsored by a US non-profit. This partnership between the Mexican and US governments and other national and local agencies provides a unique opportunity for Migrant/Community Health Centers to reach immigrant populations.

Josana Tonda is the director of the *Ventanilla de Salud* program in the Consulate General of Mexico in New York City. According to Tonda, "the *Ventanillas*' main goals are to be a health resource center for Mexican families located inside the Consulate so that they are easily accessible and able to reach the target audience comprised largely of undocumented, hard-to-reach, high risk populations". Tonda said that one of the key strategies for the *Ventanilla* program is to increase early access to preventive health services. Tonda added that for many people, the *Ventanillas* help to develop a new sense of confidence and belief that healthcare and education services help them to improve their lives.

With 40 programs now operating in 21 states, the *Ventanillas* are growing rapidly and meeting their goal of providing increased access to healthcare services and resources. Tonda pointed out that one of the reasons these programs have succeeded in growing is that the *Ventanillas* are both available and accessible to Mexican immi-



grants. The system works because people must come in to receive their documents and use the Consular services. Therefore it is a "perfect place," says Tonda, to access health information at the *Ventanilla* booth, since it is set up inside the Consulate.

When asked how the word spreads about the VdS program, Tonda said, "Mobility." She continued, "The real initiative now is to host Mobile Consulates and Mobile *Ventanillas* through the Mobile Consulates." With portable *Ventanillas*, the idea is to provide services to those in areas without access to consular/*Ventanilla* services for various reasons including fears related to legal status, language barrier or work schedule. "For example we're currently planning to implement a Mobile *Ventanilla* through the Mobile Consulate in Presidio so that we can reach more of the populations in those parts

of rural Texas."

With nine active *Ventanilla de Salud* programs, Texas provides a number of examples of how the program can function effectively. In 2008, the first State of Texas *Ventanilla de Salud* opened its doors in the Mexican Consulate in Austin, Texas. Annie Crawford, Director of the *Ventanilla de Salud* program in Austin, discussed the experience of opening that first Texas-based *Ventanilla*.

"There was an immediate need for services here," said Crawford when asked what the energy was like when the VdS opened in Austin. "There are a ton of resources here but people did not know how to access them. *Ventanilla de Salud* is a community resource hub." By partnering with more than 20 social, educational and health agen-

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The National Conversation on Public Health and Chemical Exposures

Elizabeth Wright

What is the National Conversation?

The *National Conversation on Public Health and Chemical Exposures* is a collaborative project supported by the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). Launched in 2009, the *National Conversation* has brought together government agencies, professional organizations, tribal groups, community and non-profit organizations, health professionals, business and industry leaders, and members of the public to engage in a dialogue aimed at developing an action agenda to help government agencies and other organizations strengthen their efforts to protect the public from harmful chemical exposures. Six work groups are charged with the tasks of researching and making recommendations on cross-cutting public health and chemical exposure issues.

Education and Communication Work Group

Migrant Clinicians Network is taking part in the *Conversation* and MCN's Director of Environmental and Occupational Health, Amy Liebman, serves on the Education and Communication work group. The *National Conversation's* Education and Communication work group was formed in recognition of two specific needs regarding chemical exposures and public health: a well-informed, well-equipped public and a competent network of health professionals to address public health and chemical exposures. The Education and Communication work group is developing recommendations to 1) ensure that timely, accurate, and clear communication of information about links between chemical exposures and health is provided to medical, public health, and environmental health professionals ("health professionals") and the general public; 2) to better prepare current and future health professionals to help recognize, address, and prevent chemically-related health problems; 3) offer a model of government/public/workforce/health professional communication and engagement that is timely, responsive, and accountable; and 4) ensure that discussions between agencies and communities about chemical exposures and health are transparent and maximally accessible.



The public will have an opportunity to review and comment on the draft reports of all six project work groups in September 2010, and the work groups will submit their final recommendations to the *National Conversation's* Leadership Council in October 2010. A final action agenda

that will address recommendations on issues addressed by each work group will be made available for public comment in January 2011. For more information about the *National Conversation*, visit www.atsdr.cdc.gov/nationalconversation. ■

New Pesticide Resource Available

Washington, DC, August 18, 2010 – Links to pesticide exposure are being found in a growing number of studies that evaluate the causes of preventable diseases—including asthma, autism and learning disabilities, birth defects and reproductive dysfunction, diabetes, Parkinson's and Alzheimer's diseases, and several types of cancer. A new database, released today, tracks published epidemiologic and real world exposure studies. The database begins an ongoing effort by the national environmental and public health group, Beyond Pesticides to maintain this comprehensive database of the studies that the group says "supports an urgent need to shift to toxic-free practices and policies."

The *Pesticide-Induced Diseases Database*, which currently contains 383 entries of epidemiologic and laboratory exposure studies will be continually updated to track the emerging findings and trends. You can view the database at this link: <http://www.beyondpesticides.org/health/>.

cies in the Austin area, the Austin, Texas Ventanilla strengthens health education and care in the urban community by offering free health screenings, providing referrals to Community Health Centers and distributing culturally appropriate health education materials. Additionally, the Austin Consulate has operated a mobile division for four years. Once a month, the Ventanilla staff travel to a central place in the community, such as a church or a public center and are able to serve several hundred people a day.

According to Crawford, the Austin Consulate averages over 100 to 150 new visitors every day. With the mobile division, the Austin Consulate is able to provide services in 23 surrounding counties. The key, she says, is mobility. "Being mobile is very important in Texas to serve those who may not be able to come to us."

Ms. Crawford further explained that since Austin was more of an urban Ventanilla, it was important to ensure they were reaching every corner possible. To help meet this need the program coordinators developed a well-being initiative called Educational Health Sessions or EHS. "EHS is an interactive gathering at a local classroom, church or worksite that teaches health literacy and health education on [many] topics such as

breast and testicular cancers."

One of the newer Texas Ventanillas, located on the US-Mexico border near Piedras Negras, Mexico, is the Eagle Pass Ventanilla. With only four promotoras (community health workers) on staff, it is one of the smallest Ventanillas in the nation. This Ventanilla is supported by MCN as its fiduciary agent.

Local Eagle Pass coordinators, Arecey Castro and Rosa Maria Muñoz, are working hard to expand on early accomplishments. "Some of the greatest successes here for us at Eagle Pass have been that the local community is really involved with the work that we do," said Muñoz. The Ventanilla has received excellent response from the community with support for the Ventanillas' health fairs and health education sessions that are conducted on a regular basis.

"The largest barrier we frequently encounter here is the denial of medical services to undocumented people; cases of people who may have cancer or other serious health issues and need help with medication."

Muñoz said in the future, she hopes that Eagle Pass can increase the awareness of the Ventanilla de Salud in other surrounding counties that are part of the Consular

District. In this way the major objectives of the Ventanilla can be met at the local level.

MCN continues to work with Ventanillas across the country to provide clinical technical assistance and other resources. Recently, MCN received generous donations of adult and children's toothbrushes as well as 100 pairs of sunglasses to promote oral and eye care. MCN will distribute these brushes and glasses and pair them with bilingual health-care brochures throughout the remainder of the summer and fall to the Ventanillas in Eagle Pass and Presidio Texas.

In June of 2010, MCN's Del Garcia and Bertha Armendariz participated in the Institute of Mexicans Abroad (IME) Ventanillas de Salud Program workshop in Mexico City. "This was a great meeting, one of shared vision and exchanges of ideas and experiences," said Garcia.

To Learn More

For further information and to learn more about the Ventanilla de Salud program, please go to our website at www.migrant-clinician.org. You may also contact the Mexican Consulate in your service area. To find the location and contact information for the Mexican Consulate in your area, please visit <http://www.sre.gob.mx/english/>. ■

L I V E S T R O N G

"The day I was diagnosed with cancer was the day I started to live."

- Lance Armstrong

On October 2, 1996, Lance Armstrong realized he had to grab hold of his life and take nothing for granted. He made a decision to face his illness with courage, strength and dignity.

On October 2, Lance Armstrong became a survivor.

We've joined Lance in standing with 28 million survivors this October 2 on LIVESTRONG Day—a global day of action to celebrate survivorship and work toward our goal of a world without cancer.

LIVESTRONG Day is an opportunity for people from all walks of life to work toward the common goal of making sure everyone, everywhere who's been diagnosed with cancer has the information, resources and support to live with strength and dignity.

Join in the celebration. Add your name and take part in this incredible show of global unity and support:

www.livestrong.org/livestrongdaypledge

MCN is dedicated to healthcare justice for the mobile poor.

With support from LIVESTRONG, MCN has developed a cancer patient navigation and case management system specifically designed for mobile populations. For more information about the program and how to enroll patients visit our website at <http://www.migrantclinician.org/services/health-network.html>.



Migrant Clinicians Network

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calendar

2010 East Coast Migrant Stream Forum

October 21-23, 2010

Charleston, SC

<http://www.ncchca.org/>

20th Annual Midwest Stream Farmworker Health Forum

November 17-20, 2010

Austin, TX

<http://www.ncfh.org/>

20th Annual Western Migrant Stream Forum

February 16-18, 2011

Oakland, CA

<http://www.nwrpca.org/conferences/western-migrant-stream-forum.htm>

Be Safe, Be Profitable: Protecting Workers in Agriculture

January 6-7, 2011

Dallas/Ft. Worth, TX

<http://ashca.org/>

International Conference on Health, Wellness and Society

January 20-22, 2011

Berkeley, CA

<http://healthandsociety.com/conference-2011/>