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The Migrant Health News Source

Nora Martinez, MCN's Coordinator of Health Network Services with a El Salvadorian TB Nurse and a TB Patient

Personal Relationships Strengthen TB Care for the Mobile Poor

Jillian Hopewell, MPA, MA

Five days a week a jet lands at Comalapa International Airport in Cuscatlán, El Salvador with more than 100 deportees from the United States. Prior to landing in El Salvador, the airplane makes four or five stops in cities throughout the United States to pick up El Salvadorian nationals held in regional detention centers.

The detainees' families cannot be informed that they have left the United States until the plane actually lands on El Salvadorian soil. To make up for the lack of familiar faces, the detainees, many of whom have been on the plane for over 24 hours, are met by a team of people who provide the tired and hungry travelers with fresh water and pupusas, a Central American specialty. On the November, 2007 day that Nora Martinez, MCN's Coordinator of Health Network Services, went with the team to meet the plane, 128 weary deportees were returned to their native El Salvador.

According to Ms. Martinez, "in addition to food and water, the team at the airport provides each group of arrivals with an array of essential services and information. Over the course of three hours the team runs warrant checks, provides updates on new laws, and discusses healthcare, emphasizing STDs and HIV/AIDs which are more common in the United States. Anyone who comes in with a prescription is taken aside for further assistance". Some of the most critical services for the deportees come from the Department of Health personnel whose work has been greatly facilitated over the past five years by a very productive relationship with MCN's Health Network program.

MCN has had a contract in place with the Public Health Division of U.S. Immigration

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and Customs Enforcement (ICE) since 1997 to provide bridge case management services to tuberculosis (TB) patients in regional detention centers. Since the inception of this relationship MCN's Health Network has enrolled 1,590 TB patients from ICE facilities. This figure represents 62.5% of the total TB patients enrolled during the same time period. In 2006 alone, the Health Network worked with health officials in 23 different countries to facilitate TB completion for infected individuals once they were deported to their country of origin. Figure 1 shows the countries in which Health Network worked in 2006.

In spite of the extreme geographic and labor mobility of this group of patients, Health Network now boasts a comparable treatment completion rate to that of the standing U.S. population of TB patients. In 2006 Health Network verified completion for 81% of patients enrolled with active disease. This compares to a national U.S. completion rate of 82.3% in 2004 (the latest figures available). There are 12 million unauthorized immigrants that account for about 4.9% of the civilian labor force. Of this population 24% work in farming occupations. Many of those who begin working in farmwork quickly move into other industries when work becomes available. In a recent study agriculture accounts for 43.2% of the respondents' third most recent job. Construction and landscaping were the highest current and most recent occupation.

The Central American countries of Honduras, El Salvador and Guatemala make up the majority of Health Network's TB patients or 59% of the total 2006 patients enrolled. Figure 2 maps the case numbers in Central America. Health Network's sister program, CureTB, established in 1997 and operating out of the San Diego County Health Department TB program, handles the majority of active TB cases from Mexico.

Over time, MCN's Health Network staff has developed a truly remarkable partnership with the National TB Programs (NTPs) in Guatemala, Honduras and El Salvador. Through the hard work of Health Network and the NTPs, patients who would otherwise be marginalized have received first class treatment coupled with a true human touch.

The process begins when a detainee screens positive for TB in one of the regional ICE detention facilities. Even before a definitive diagnosis is made Health Network staff is notified and ICE enrolls the suspected TB case in the Health Network system. ICE asks for each individual's address in his or her country of origin and provides this information to Health Network.

Armed with this information, Health Network staff contacts the individual's family as well as the NTP in the country of origin. The system has now been honed so well that Health Network staff can promise to enroll someone within 24 hours of the initial notification and verify their address in the country of origin within a week. While Health Network staff is working with family members and the ICE detention facility, staff from the NTP work with local health centers in the detainee's home town to set-up TB care and follow-up when that individual is released to go home.

Figure 1

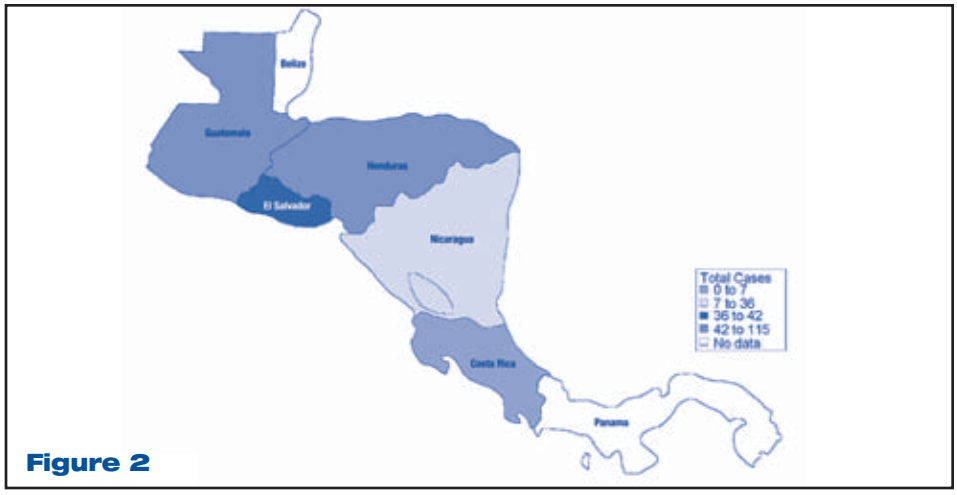

Figure 2

While the detainees' families usually already know that the individual has been detained, Health Network staff has the responsibility of letting the family know that the person has tested positive for TB. In this role Health Network personnel must be able to answer a variety of health related questions and concerns. The staff also serves as the only means of communication family members have with their loved one and as a result, must field a number of non-TB related calls as family members and the detainee struggle to obtain information about release dates, legal issues, and other difficulties.

While awaiting word about TB status and the follow-up care, ICE maintains a medical hold on the TB infected individual. After care has been set up in the country of origin by Health Network, the ICE detention facility is instructed to remove the medical hold. According to Nora Martinez, "while this process is supposed to take from 2-3 weeks, ICE is so backed up that it usually takes more than a month before the patients are released from medical hold".

By the time the plane touches down on home soil, many hours have already been spent in lining up care for any TB patients on board. The process does not end there however. Members of the NTP staff are frequently on hand to greet many of the TB patients and to make sure they are in fact going back to their home town where care has been set-up for them. Once the patient is back home, Health Network staff calls both the local clinic and the patient every four weeks to check on treatment progress. Ms Martinez reports that patients are often surprised and touched that the Health Network staff continue to monitor and care about them.

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Personal Relationships Strengthen TB Care for the Mobile Poor continued from page 2

Once a patient has completed care, the NTPs in these three Central American countries send confirmation of completion back to Health Network staff who in turn informs ICE about the final status.

Ed Zuroweste, MD, MCN's Chief Medical Officer visited with the NTP in Honduras earlier this year. According to Dr. Zuroweste, "because Health Network has developed these very personal relationships with the NTPs in Central America, the staff there works extra hard to make sure the process functions smoothly. Now that we know each other personally, everybody is even more eager to help. It has really paid off."

Health Network services are available to any mobile patient and/or clinic working with mobile patients and is particularly beneficial when working with migrant farmworkers who must move for employment regardless of their health care needs. In addition to TB patients, Health Network works to provide bridge case management services for patients with diabetes, cancer or those who are pregnant. All services are provided free of charge to both clinics and patients. While the Health Network has made great strides internationally, it is important to know that many of the mobile patients enrolled in Health Network move entirely within the United States. If you want more information about this innovative program, including how to enroll patients, please go to our website at *www.migrantclinician.org* or call the Health Network program at 800-825-8205. ■

El Salvadorian TB patient with his children

MCN Announces the 2008 Unsung Hero!

The Migrant Clinicians Network, the nation's oldest and largest clinical networks dedicated to the mobile underserved, established the Annual Unsung Hero Award in 1990 as a way to honor unrecognized clinicians in the field of migrant health. MCN is leading the effort to identify the changing face of the immigrant worker.

This years Winner is Moses Santos from Fellsmere, Florida. In nominating Mr. Santos, Toni Remor said *"I would like to nominate Moses because I worked with him from 1996 - 2004 and knew him to be an exemplary advocate for not only migrant farmworkers but all patients who were in need of his services. Moses volunteered his personal time on many occasions to help the migrants living and working in and around Fellsmere, Florida, a large agricultural community. He offered his own time to unload food items, clothing, furniture, etc. from semi trucks on weekends in order to receive donations of the same items to deliver to needy families in Fellsmere and its surrounding communities. The migrant farmworkers in Fellsmere have come to know and trust Moses over the years since the clinic opened in the early 1990's. Many, who were undocumented, knew they could rely on Moses to help them in any way he could. Moses Santos goes above and beyond his job duties to ensure "his" families have the basic requirements of food, shelter and clothing. He is out and about meeting people from various agencies and organizations throughout the community always making valuable contacts and referrals for the migrant farmworkers. When needed, Moses would drive his patients 30-35 miles away to ensure his patients would get to their specialist appointments. If need be, he would have his staff pick up patients and bring them to a nearby grocery store to buy groceries or pick up their prescriptions.*

I would like to see Moses Santos receive this award because there is no one person that I know deserves it more for his dedication to and love for the migrant farmworkers in Fellsmere, Florida."

Unsung Hero Award winners and nominees are distinguished by their demonstrated dedication to migrant health, participation in areas of migrant health care delivery, innovation in service delivery and prevention strategies, clinical leadership, and lack of previous recognition for their contributions to migrant health. Mr. Santos will receive an all expense paid trip to the National Farmworker Health Conference in San Juan Puerto Rico, May 6 through 8th, 2008.

For more information or a list of previous award winners please contact Jillian Hopewell at *jhopewell@migrantclinician.org* or 530-345-4806. ■

MCN Welcomes New Board Member

We are thrilled to welcome two new board members, **Joan Combellick, MS, CNM** and **Hugo Lopez-Gatell, MD, PhD**. Both of these individuals bring with them extraordinary experience and leadership that will help guide MCN in our development.

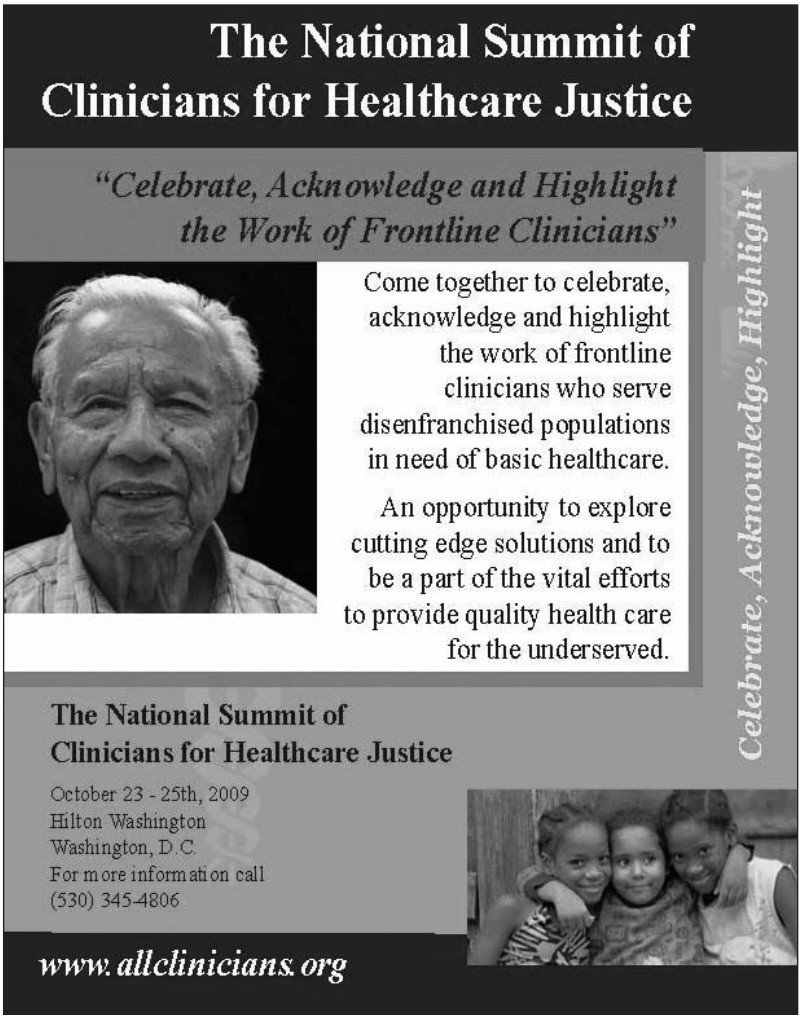
Joan Combellick MS CNM has worked as a certified nurse midwife for the last sixteen years in practice settings ranging from inner city tertiary care centers to migrant farm-worker clinics. Currently she is working at Hudson River Healthcare, a community health center located in the lower Hudson Valley of New York State. Before completing her midwifery degree at Yale University in 1991 she worked with Southeast Asian refugee populations in Thailand and Brooklyn New York. She is currently enrolled in the Masters in Global Public Health at NYU with a concentration in human migration. She has three children and lives on a small farm in the Hudson Valley.

The next issue of Streamline will feature additional information about Dr. Lopez-Gatell. ■

Joan Combellick, MS, CNM

Providing Bridge Case Management Services to Turkey

The following case study illustrates the complex work and follow-up that must occur in order for MCN's Health Network to provide bridge case management for international patients. In the Spring, 2007, an ICE detention center enrolled a 33 year old male from Turkey. The patient showed infiltrate in his right upper lung with cavitation, positive smears and cultures positive for Mycobacterium tuberculosis. He was started on four-drug therapy in February 2007 and enrolled in Health Network in March 2007. Once the patient was enrolled, health network staff made calls to Turkey to locate the patient's uncle. However, the numbers provided were not correct. The staff then spoke with the patient's father who lived in the United States and he provided more accurate information. Finally, after several calls, Health Network staff spoke with patient's uncle in Turkey using the Tele-Interpreter line. He, however, was reluctant to provide any address information because he knew that the patient had TB and he did not want to accept him in his home. Health Network staff then called the patient's grandfather but he too would not provide any information. Faced with this dilemma, the Health Network staff again spoke with the patient's father and explained the situation. He was very concerned and at his request, Health Network staff arranged a three way conference call between himself, Health Network and the uncle in Turkey. With the father's help, Health Network staff was able to explain that the patient was no longer contagious and therefore would not be at risk to family members in Turkey. After this call, the uncle was willing to provide the address needed which allowed Health Network staff to locate the clinic that was closest to the patient's home through the National TB Program in Turkey. Health Network staff faxed the information to the detention center to give to the patient. Upon arrival in Turkey, the patient obtained a cell phone so that Health Network staff was able to communicate with him. Health Network staff checked in monthly with both the clinic and patient. The patient successfully completed treatment on September 2007. ■



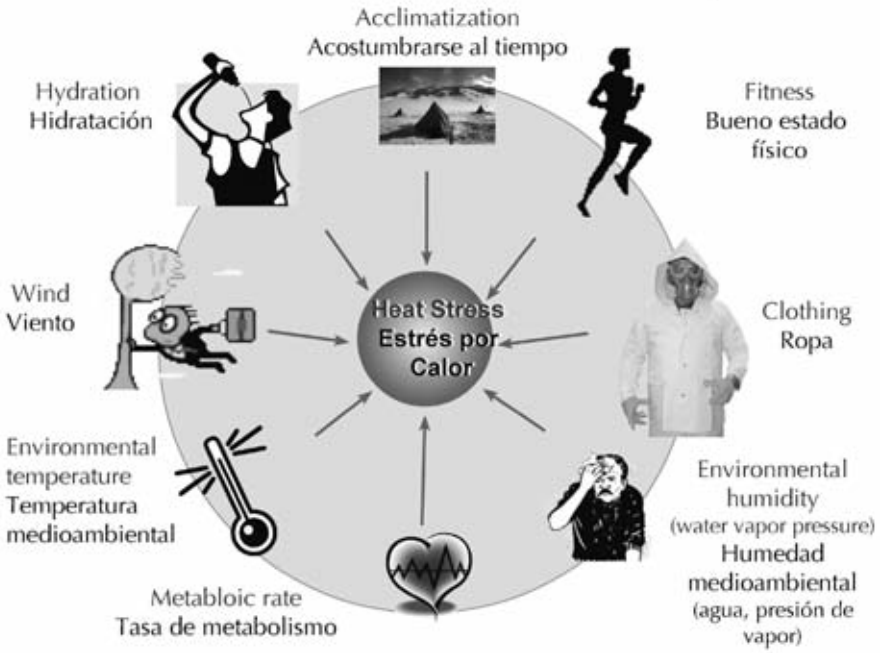
Heat stress among farmworkers: A preventable cause of injury and death

Pamela Rao, PhD, Farmworker Justice

Every year, a number of farmworkers die from heat-related illness while working in agricultural fields, and many times that number are injured by heat stress while on the job. With farmworkers, illnesses caused by heat can be easily overlooked because they are not specific to any crop, task, or equipment, and develop in commonly-occurring environmental conditions. But farmworkers are frequently at higher risk for these illnesses than workers in other industries: they work outdoors in direct sunlight and humidity of summer and the work activity generates large amounts body heat by, which is then retained in the body by heavy work clothing and equipment[1]. The resulting heat buildup – heat stress – can become more than the body can handle, creating a dangerous and potentially fatal situation. This type of occupational heat stress, and the resulting injuries and deaths, can be entirely avoided by means of a few straightforward precautions.

Heat stress occurs when body heat builds up from both external (e.g., the weather) and internal (e.g., muscle activity) sources. The resulting increase in core body temperature can lead to dehydration, electrolyte imbalance, and if permitted to continue, to neurological impairment, multi-organ failure, and death. Heat illness occurs along a continuum of severity, from mild to life-threatening, which are categorized clinically as follows:

- *Heat edema*, or swelling of the hands and/or feet, is the mildest form of heat-related illness[2].
- *Heat cramps* are spasms of the muscles of the arms, legs or abdomen, and are a warning sign of developing heat stress[2].
- *Heat syncope* is dizziness that occurs when making abrupt posture changes[2].
- *Heat exhaustion* occurs as a result of water or salt depletion when the body subjected to more heat than it can handle. Symptoms include intense thirst, weakness, anxiety, dizziness, fainting, headache, and excess sweating[3].
- *Heat stroke* is life-threatening medical emergency that occurs when the heat buildup becomes more than the body can handle. Heat stroke occurs in two forms, classic and exertional[3].
  - *Classic* heat stroke occurs as a result of excessive environmental temperatures.
  - *Exertional* heat stroke is caused by the production of excess heat in the body through strenuous activity[4].



Source: University of Washington, Pacific Northwest Agricultural Safety and Health Center, *http://depts.washington.edu/pnash/heat_illness.php*

From a clinical perspective, the crucial distinction is between heat *exhaustion* and heat *stroke*, since the latter is a major medical emergency requiring immediate treatment. Heat *stroke* is clinically defined as a core body temperature over 105°F (40.6˚C)[5], while temperature may not be abnormal with heat *exhaustion*. Presence or absence of sweating is insufficient for diagnosing heat stroke because in classic heat stroke, the individual stops sweating due to deyhdration, but a victim of exertional heat stroke may continue sweating. The other major defining characteristic of heat stroke is the presence of significant central nervous system dysfunction. While heat exhaustion may cause anxiety, dizziness or fatigue, heat stroke victims will also exhibit confusion, irritability, altered mental status, irrational behavior, or lack of muscle coordination (i.e., ataxia)[6].

Heat stress may be difficult to distinguish from organophosphate poisoning[7]. Three ancillary symptoms of pesticide poisoning help in making a differential diagnosis: pinpoint pupils (as opposed to dilated pupils), slow pulse (rather than rapid), and wet membranes, i.e., mouth, eyes (rather than dry.) Of course, pesticide poisoning and heat stress can co-occur. If there is any possibility of pesticide poisoning in addition to heat-related illness, treatment for both conditions should be initiated immediately.

Prevention is the most important factor in avoiding the adverse effects of heat stress. Avoiding strenuous activity, especially outdoors, during the heat of the day, acclimatizing (gradually building up tolerance for working in heat), and drinking adequate quantities of water are important preventive measures. However, these factors are often beyond the control of farmworkers, who must work under the conditions required by their employers. Health care providers should be alert for signs of heat stress during the summer months and any time that crop work in their area involves long hours of unshaded strenuous activity.

Treatment for any form of heat illness is based on reducing core body temperature as quickly as is safe. In the early stages this includes removing the individual to a shaded area, ceasing all heat-producing

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Dear Friend of MCN

Happy Mother's Day!

Looking for a gift that honors the meaning of Mother's Day?

Invest in the life of a migrant family, and we'll recognize your gift with a beautiful card sent in your honor to celebrate the mother or special person who has been there for you. Proceeds from our Mother's day cards will be used to assist migrant women access essential healthcare during pregnancy. Many of these women struggle to access prenatal care, good nutrition, sound medical advice, and the basic necessities that promote good health. Your tax deductible contribution will help these women have healthier babies.

Thanks to your generous contribution, last year we helped hundreds of migrant women and infants. Please help us make this year a success too. Pledge your tax deductible donation by May 2nd, 2008 and we will mail your mom or your chosen recipient a beautiful card with original artwork by MCN staff members and friends. You may purchase your card using the form below or through our website at *www.migrantclincian.org*. All cards will be mailed in time for Mother's Day.

Make your check out to MCN and Mail it to:

Mother's Day Campaign,
Migrant Clinicians Network,
P.O. Box 164285, Austin, TX 78716

If you have any questions, do not hesitate to call Theressa Lyons at 512.327.2017, x4511. Thanks!

MCN MOTHER'S DAY PLEDGE FORM

Please fax or email the below information to the attention of Theressa Lyons at (512) 327-0719 or tlyons@migrantclinician.org

Amount of your contribution:
☐ $15 ☐ $30 ☐ $50 ☐ $100 ☐ other amount _____

Card choice (circle): #1 #2 #3

If you would like to send more than one card please call or email Theressa Lyons at the MCN office - 512-327-2017 x4511.

Name of the mother/person you are honoring:

_____

Address to Mail Card:

_____

Your Name:

_____

Your Address:

_____

Your phone number:

_____

Your e-mail:

_____

Heat stress among farmworkers continued from page 5

activity, removing heat-retaining clothing and PPE, and drinking as much water as possible. If the individual exhibits signs of heat stroke (core body temperature over 104°F), s/he needs to be transported to an emergency medical treatment as soon as possible. Rehydration also becomes crucial; if the individual is conscious, s/he should be encouraged to drink as much *unsalted* water as possible[6].

For more information:

University of Washington, Pacific Northwest Agricultural Safety and Health Center, *http://depts.washington.edu/pnash/heat_illness.php*

Centers for Disease Control & Prevention. *Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety. http://emergency.cdc.gov/disasters/extremeheat/heat_guide.asp*

NIOSH Safety and Health Topic: Heat Stress, available at *http://www.cdc.gov/niosh/topics/heatstress*

OSHA Technical Manual on heat stress, available at *http://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html*

California Department of Occupational Safety & Health, Heat Related Illness Prevention and Information, available at *http://www.dir.ca.gov/DOSH/HeatIllnessInfo.html*

Environmental Protection Agency. A *Guide to Heat Stress in Agriculture.* EPA-750-b-92-001, 1993.

Bay Area Environmental Safety Group, The Heat List: Heat Stress Resources on the Internet. *http://www.baesg.org/heatlist.htm*

Wexler P. Evaluation and Treatment of Heat-Related Illnesses. *American Family Physician* 65(11):2307-14+, 2002.

A more detailed version of this paper can be found on Farmworker Justice's webpage (http://www.fwjustice.org/Health&Safety/resources1.htm#FJDocs).

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6. Glazer JL: Management of Heatstroke and Heat Exhaustion. *American Family Physician* 71(11):21332140, 2005.
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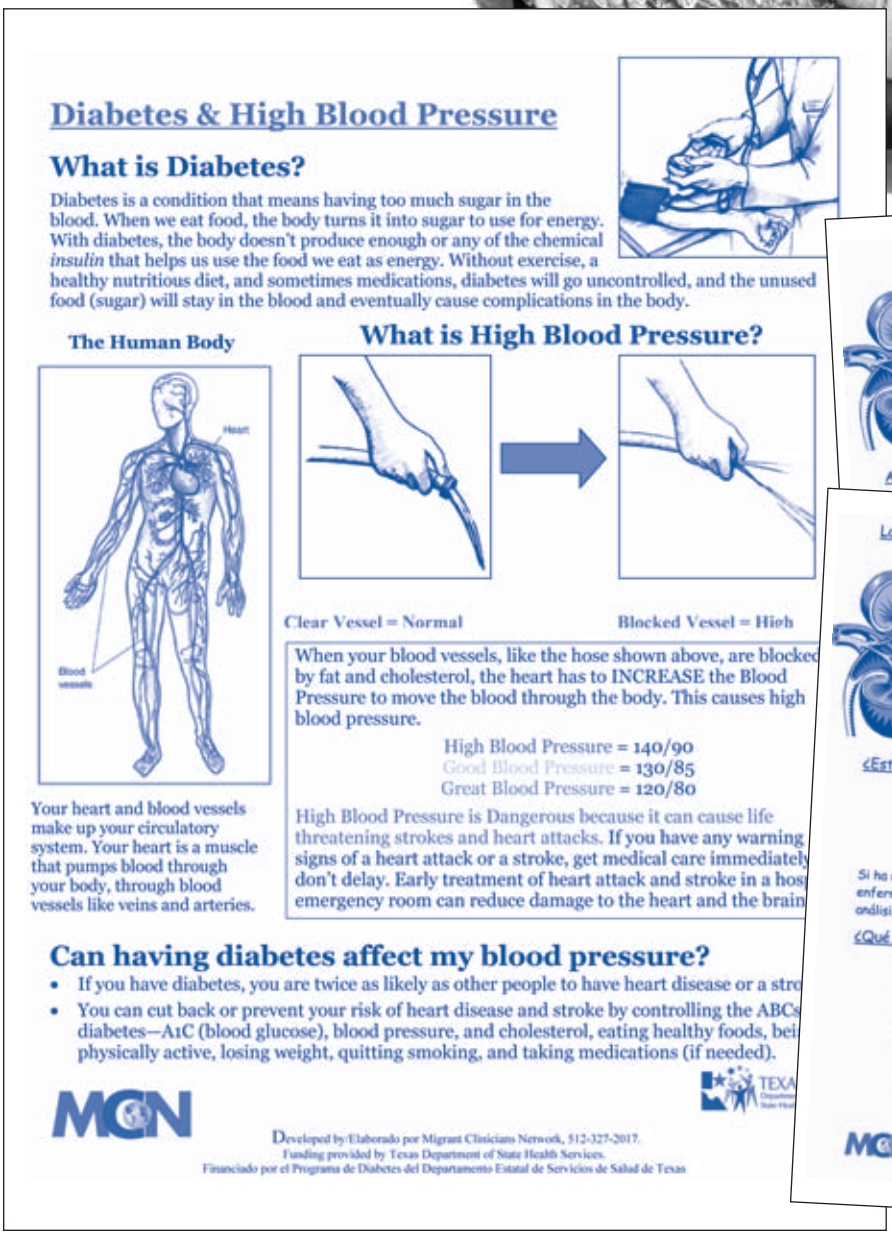
Resources Designed for You and Your Patients

May is just around the corner and for many migrant health centers marks the start of a new migrant season. Faced with the task of reopening a health center or scaling up to meet increased demand at a standing site, many clinicians won't have time to find the variety of patient education materials that they would like to have on hand. MCN has collected many useful piece that can be downloaded from our website www.migrantclinician.org The following images are just some of what is available for you to use free-of-charge. ■



Diabetes & High Blood Pressure

What is Diabetes?

Diabetes is a condition that means having too much sugar in the blood. When we eat food, the body turns it into sugar to use for energy. With diabetes, the body doesn't produce enough or any of the chemical *insulin* that helps us use the food we eat as energy. Without exercise, a healthy nutritious diet, and sometimes medications, diabetes will go uncontrolled, and the unused food (sugar) will stay in the blood and eventually cause complications in the body.

The Human Body

Heart

Blood vessels

Your heart and blood vessels make up your circulatory system. Your heart is a muscle that pumps blood through your body, through blood vessels like veins and arteries.

What is High Blood Pressure?

Clear Vessel = Normal

Blocked Vessel = High

When your blood vessels, like the hose shown above, are blocked by fat and cholesterol, the heart has to INCREASE the Blood Pressure to move the blood through the body. This causes high blood pressure.

High Blood Pressure = 140/90
Good Blood Pressure = 130/85
Great Blood Pressure = 120/80

High Blood Pressure is Dangerous because it can cause life threatening strokes and heart attacks. If you have any warning signs of a heart attack or a stroke, get medical care immediately don't delay. Early treatment of heart attack and stroke in a hos emergency room can reduce damage to the heart and the brain

Can having diabetes affect my blood pressure?

- If you have diabetes, you are twice as likely as other people to have heart disease or a str
- You can cut back or prevent your risk of heart disease and stroke by controlling the ABCs diabetes—A1C (blood glucose), blood pressure, and cholesterol, eating healthy foods, bei physically active, losing weight, quitting smoking, and taking medications (if needed).

MCN

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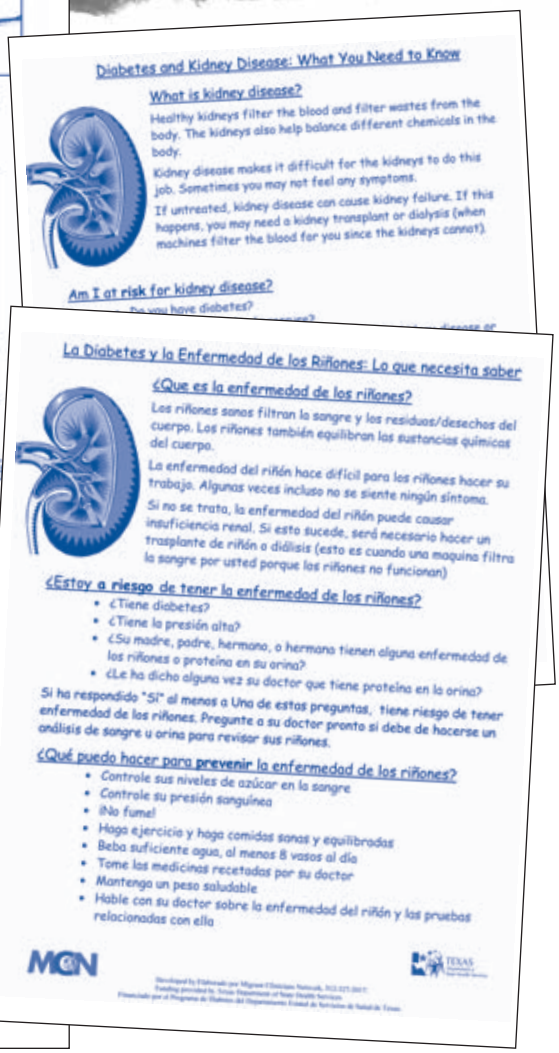
Funding provided by Texas Department of State Health Services.
Financiado por el Programa de Diabetes del Departamento Estatal de Servicios de Salud de Texas



Diabetes and Kidney Disease: What You Need to Know

What is kidney disease?

Healthy kidneys filter the blood and filter wastes from the body. The kidneys also help balance different chemicals in the body.

Kidney disease makes it difficult for the kidneys to do this job. Sometimes you may not feel any symptoms.

If untreated, kidney disease can cause kidney failure. If this happens, you may need a kidney transplant or dialysis (when machines filter the blood for you since the kidneys cannot).

Am I at risk for kidney disease?

La Diabetes y la Enfermedad de los Riñones: Lo que necesita saber

¿Que es la enfermedad de los riñones?

Los riñones sanos filtran la sangre y los residuos/desechos del cuerpo. Los riñones también equilibran las sustancias químicas del cuerpo.

La enfermedad del riñón hace difícil para los riñones hacer su trabajo. Algunas veces incluso no se siente ningún síntoma.

Si no se trata, la enfermedad del riñón puede causar insuficiencia renal. Si esto sucede, será necesario hacer un trasplante de riñón o diálisis (esto es cuando una maquina filtra la sangre por usted porque los riñones no funcionan)

¿Estoy a riesgo de tener la enfermedad de los riñones?

- ¿Tiene diabetes?
- ¿Tiene la presión alta?
- ¿Su madre, padre, hermano, o hermana tienen alguna enfermedad de los riñones o proteína en su orina?
- ¿Le ha dicho alguna vez su doctor que tiene proteína en la orina?

Si ha respondido "Sí" al menos a Una de estas preguntas, tiene riesgo de tener enfermedad de los riñones. Pregunte a su doctor pronto si debe de hacerse un análisis de sangre u orina para revisar sus riñones.

¿Qué puedo hacer para prevenir la enfermedad de los riñones?

- Controle sus niveles de azúcar en la sangre
- Controle su presión sanguínea
- ¡No fume!
- Haga ejercicio y haga comidas sanas y equilibradas
- Beba suficiente agua, al menos 8 vasos al día
- Tome las medicinas recetadas por su doctor
- Mantenga un peso saludable
- Hable con su doctor sobre la enfermedad del riñón y las pruebas relacionadas con ella

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calendar

2008 National Oral Health Conference
April 28-30, 2008
Hilton Miami Downtown
American Association of Public Health Dentistry (AAPHD)
www.aaphd.org

National Farmworker Health Conference
May 6-8, 2008
San Juan, PR
http:/www.nachc.com
301-347-040

2008 Annual Rural Health Conference
May 7-10th, 2008
New Orleans, LA
http://www.nrharural.org/conferences/index.html

2008 AHRQ PBRN Research Conference
June 11-13th, 2008
Bethesda, Maryland
http://pbrn.ahrq.gov
(301) 427-1569

National Summit of Clinicians for Healthcare Justice
October 23-25, 2008
Washington, DC
www.allclinicians.org
530-345-4806

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