

streamline

The Migrant Health News Source

Caring for the Worker in Migrant Health:

Occupational Medicine Brings Healthcare Justice to the Front Lines

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Editor's Note: This article showcases an occupational medicine model for migrant health that MCN is trying to replicate in Migrant and Community Health Centers across the country. If you are interested in building this type of activity into your practice, either as a primary care clinician/clinic or as an occupational medicine specialist, please contact Amy Liebman, at aliebman@migrantclinician.org or 410.860.9850.

Each time Hector Garcia* tried to return to work at the local fruit packing plant, his asthma worsened. Just the smell of the packing house made his breathing difficult. Struggling more and more in his attempts to go back to work, Hector sought treatment at a local health clinic in Washington State. Because his asthma had begun following a mass poisoning with carbon monoxide, he was diagnosed with work-related asthma. Despite the best clinical efforts to help Hector manage his asthma, nothing seemed to improve his condition. Neither his bronchodilator inhaler nor inhaled steroids made a difference. Hector's physician referred him to Dr. Matthew Keifer, an occupational medicine specialist from the University of Washington.

Each month for the last 13 years, Dr. Keifer has flown from Seattle to Toppenish, the heart of Washington's agricultural region, where he runs a half day occupational clinic at the Yakima Valley Farm Workers Clinic. Dr. Keifer deals with the complicated cases regarding work related injuries and exposures, cases no longer manageable in the primary care setting.

Hector's symptoms did present like asthma. But something was off. "It just didn't add up," comments Dr. Keifer. "He also suffered from depression and prolonged anxiety. But the immediacy of symptoms such



"Social justice and occupational medicine go hand and hand."

Dr. Matthew Keifer, pictured above, on his way to his monthly occupational medicine clinic at the Yakima Valley Farm Worker's Clinic.

as shortness of breath in response to auditory stimuli suggested it wasn't asthma."

Dr. Keifer reviewed Hector's case. He interviewed and examined him and went over all of his symptoms in detail, delving into potential triggers to his shortness of breath. He ordered a methacholine challenge test, which was negative. Dr. Keifer had seen several similar cases and finally concluded that Hector suffered from Post Traumatic Stress Disorder related to the mass poisoning from carbon monoxide.

The initial incident struck Hector and his coworkers almost a year earlier at the fruit packing plant. The carbon monoxide poi-

soning, not uncommon in Washington State agriculture, resulted from forklifts being used in a relatively tightly sealed workplace.

Trying to keep insects out of the packed fruit, packing houses often limit ventilation and close doors and other openings that might provide natural ventilation. This can become dangerous when gas powered forklifts and other petroleum or natural gas powered equipment are used.

In Hector's case, several workers fell to the floor unconscious. Others made it out, some collapsing once outside the ware-

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house. The workers awoke amidst the screeching of sirens as ambulances and personal vehicles rushed to the scene to take sickened workers to the hospital. The residual fear and trauma of the event caused Hector to suffer anxiety attacks resulting in shortness of breath and other symptoms. These were all related to the terrifying, life-threatening episode he endured and witnessed.

Dr. Keifer's occupational clinic has helped numerous workers injured on the job. In addition to problems related to the residuals of carbon monoxide poisoning, he sees a wide variety of worker injuries and illnesses ranging from pesticide exposures to falls and trauma to chronic pain from dangerous or repetitive workplace tasks. He also offers expertise in dealing with the workers' compensation system and helps the workers, the clinicians and the clinic navigate an often bureaucratic maze. Because Dr. Keifer regularly deals with workers' compensation he is rarely thwarted by what others perceive as a complicated and at times insurmountable system.

Dr. Paul Monahan, an internist at the Yakima Valley Farm Workers Clinic, says about Dr. Keifer, "It's nice to have someone to fall back on. He helps us with the complex cases. Without him some of these cases would be stuck in limbo. There are lots of other specialists that just don't want to get involved with these kinds of cases."

Standing up for workers in the legal, regulatory arena is part of the expertise that an occupational medicine specialist brings to the table. While supporting the worker is first and foremost on the mind of Dr. Keifer as an occupational medicine specialist, he must also maintain credibility with growers and employers. Dr. Monahan feels this is a particular strength of Dr. Keifer. "He's very well respected by employers. He's a thoughtful and deliberate physician who makes good clinical judgments. He knows a tremendous amount about the agricultural workplace. Growers know this. At the same time, he takes patient problems seriously. Even when patients can't get any benefits, they realize they've been heard."

As a specialist, Dr. Keifer spends more time with patients. New patient visits are generally an hour and follow-up visits about 20 minutes. He volunteers his time and the clinic pays for his travel and expenses. Malpractice insurance is covered under his clinical duties at the University of Washington. As a fluent Spanish speaker, he does not require the use of an interpreter to provide care.

The extra time Dr. Keifer spends evaluating patients makes a difference. Dr. Monahan finds that there are just some things that the

primary care clinician can't address in their 15 minute encounters. "In your busy day when you think you've covered all your bases you just might miss the occupational end of things. (Dr. Keifer) is there to bring it all together. It's really quite extraordinary what he does," notes Dr. Monahan.

Yakima Valley Farm Workers Clinic Executive Director, Carlos Olivares, feels that offering an occupational medicine clinic on site in a migrant and community health center is critical to quality care and stresses the need to expand this model across the country. "If your mission is truly focused on improving the health of the worker, having an occupational medicine clinic is a no-brainer," says Mr. Olivares. "Migrant health is generally thought of only from a primary care perspective, but occupational health is almost as critical. Can you imagine how the injured patient feels, knowing that specialty care is needed and having to go to a major metropolitan area for treatment? And how do you think the family doctor feels making this referral? The chances of the patient actually getting the treatment are almost zero. It's not good care. And it's certainly not cost effective. We need specialists like Dr. Keifer who can leave the university and come to the workers."

Mr. Olivares adds that the expertise of occupational specialists is also needed to maneuver through the workers' compensation system. "Labor and Industry feels quite comfortable contesting the family practitioner, but they rarely deny a claim that carries the weight and expertise of a specialist like Dr. Keifer."

From a risk management perspective, Mr. Olivares comments that an onsite occupational medicine specialist decreases the risk of malpractice. "It diminishes the margin of error. Our clinicians take much comfort in working within a medical treatment plan when an occupational medicine specialist is involved."

The benefits of conducting an occupational clinic in a migrant health center go far beyond the patient. Dr. Keifer and referring primary care clinicians enjoy an ongoing collegial exchange of medical knowledge and expertise. Dr. Keifer learns first hand patient care issues presenting in frontline, primary care medicine. His colleagues at Yakima Valley Farm Workers Clinic share with him their successes and lessons learned in offering culturally competent care to foreign, non-English speaking patients.

Dr. Keifer works with the clinicians to help them understand occupational medicine. One key component that primary care providers often overlook is the determination of cause in occupational medicine. While the medical condition is diagnosed with the

same certainty applied to any medical condition, the determination of the cause of the condition, whether it is in fact attributable to the workplace, is made on a "more probable than not" basis. In other words, clinicians only need to be more than 50 percent certain that the illness or injury is work related in order to file a claim. Documenting charts to satisfy both the medical and legal systems becomes critical for the patient's as well as the clinic's success in obtaining benefits from the worker compensation system.

For Dr. Keifer, his monthly clinics have helped him tremendously in designing relevant, applicable research projects, and more importantly, in gaining access to both the clinicians and the community to be able to do the research. Dr. Keifer is a renowned scholar regarding pesticide health effects and has published extensively in the peer reviewed literature on this topic. Most recently, his research has focused on cholinesterase monitoring of pesticide applicators in Washington and some of his efforts involve community based participatory research. "When I do work in the community, I have first hand knowledge of what their health concerns and problems are," says Dr. Keifer. "They know me and trust me. Having credibility is fundamental to doing any kind of research in the community."

The clinicians in Yakima also have confidence that Dr. Keifer's research efforts are going to be worthwhile. He feels his work with the health center has helped break down the perception of the "Ivory Tower" as his clinical activities have a track record of benefiting farmworkers. "They (the clinicians) know what they see. They know I know what they see. They know this guy's out here in the trenches with them." When he proposes research projects, the clinic tends to be very supportive of his work.

In the end, Dr. Keifer feels his monthly trips to the Yakima Valley have been as beneficial to him as to the patients he cares for. "It's much more than volunteering. It's about really doing the work I was trained to do. It's motivating and it's interesting. It keeps my Spanish in great shape. More than anything else, it's my constant reminder that social justice and occupational medicine go hand and hand." ■

* The particular medical case discussed in this article has been modified to protect the patient's privacy. It builds on several similar cases and incidents surrounding Post Traumatic Stress Disorder and carbon monoxide poisoning. Hector Garcia is a fictitious name.