

PLANTATION HEALTH SURVEY

Conducted by:

Southern Mutual Help Association, Inc.

July 1971

with the

Generous Assistance Of

TULANE MEDICAL STUDENTS

And

PUBLIC HEALTH PHYSICIANS

Jeff Gordon was a senior at Tulane Medical School, and has compiled this preliminary survey of the health status of an average group of southern Louisiana sugar workers and their families. Our intention was to give a physician's eye view of the health and well-being of sugar workers on Louisiana's sugar cane plantations.

This preliminary health study and medical service project was organized and implemented by Southern Mutual Help Association, Inc. Dr. Van Gilder, Joe Licata, an Antioch student on field placement with Southern Mutual Help Association, and Jeff Gordon actually spearheaded the project. The study was designed to ascertain the health needs of the sugar workers on an absolute medical basis, and to provide medical care for each of the problems diagnosed.

To do this, Joe Licata asked a group of physicians to perform general medical examinations on each of the 107 people included in this study. They also performed a group of routine diagnostic studies which included complete blood counts, urinalysis, and the SMA-12 battery of blood chemistries on the adults, and hematocrit, blood smears, urinalysis, and stool studies for intestinal parasites on the children.

therapeutic; or surgical follow-up were referred to the Tulane services at Charity Hospital of New Orleans. In all, 42 people were felt to have serious enough medical problems to be referred.

We invite you now to examine the results of the medical examinations included in the lists and medical diagnoses following this text. In summary, 37 adults and 70 children under 14 years of age were examined. Of the 37 adults, only two were found to be medically normal, and only eight were not in need of immediate medical care. (Obesity and asymptomatic multiple dental caries being excluded as reasons for immediate medical attention). A total of 102 pathological diagnoses were made and only 12 medical problems were currently under the care of a physician. The most serious, life threatening problems discovered include two cases of previously undiagnosed valvular heart disease. Problems demanding immediate aggressive medical therapy included two cases of uncontrolled diabetes, and three cases of uncontrolled hypertension. Both disorders often predispose patients to other rapidly fatal problems.

As you might expect the children proved to be somewhat more healthy than the adults, but even among this group the results were incredible. Only 16 out of 70 children were

completely healthy. The most devastating finding was the high incidence of gross developmental and mental retardation. Five children out of 70 are grossly retarded and condemned to subnormality for life. Another seven children were retarded by growth, a finding that often correlates with mental subnormality in later life. The most common medical problem among this population is intestinal parasites; we found 20 cases of the roundworm *Ascaris*, four cases of the roundworm *Trichuris*, and four cases of combined *Ascaris* and *Trichuris* infection. We should point out that these findings are somewhat misleading. These diagnoses are made from clinical signs plus stool exams and we were only able to obtain stool samples from 30 of the children - 28 were infected. Again the most significant medical problem were cardiac - two cases of probable heart disease were discovered and referred to specialists.

Before commenting on these results, we should point out that our diagnoses probably tend to be somewhat conservative. As I have stressed, this was a preliminary survey to get a rough approximation of the health and well-being of this population. Many problems such as dental disorders, visual disorders, and hearing disorders were not checked by objective dental, visual or hearing exams, and only show here if they were overt clinical disorders.

In conclusion, these preliminary studies indicate this sugar worker population has significant unmet medical and health needs. Their current state of health is the result of the combination of 1) inadequate housing, 2) inadequate diet, 3) inadequate sanitation, 4) inadequate education, 5) inability to afford medical care, and 6) the lack of available physicians and other health services.

It should be pointed out that arrangements now exist where the employers of sugar workers pay the first five dollars (\$5.00) of their medical care for each illness. But looking at the enclosed diagnoses, it is obvious these problems will easily require more than five dollars, and more than one visit. Moreover local physicians, by their own choice, do not participate in medicare or vendor payment medical benefit programs, so patients are aware they have to pay or accept a physician's charity to get medical care. The usual situation is something like this for the sugar worker: He goes to a physician only when his children are sick with fever or pain, or when he or his wife have obvious pain. They usually go knowing they cannot afford the medical care and usually incur a bill with the physician that they cannot pay. But the simple fact that they haven't paid their bill makes them feel guilty about going back to the physician.

The physician, on the other hand, has a full medical practice that demands long hours seeing his regular paying patients. He has little time to see non-paying "charity" patients, but he will usually squeeze them in if he can. With little available time he usually directs his attention to the immediate complaint, often overlooking underlying chronic problems like diabetes, hypertension, or even mild congestive heart failure. The result is usually poor medical care, but the best both patient and doctor can do under prevailing social and economic conditions.

The solution to this problem will not be simple. On the national level the answer we will ultimately seek will probably involve a form of national health insurance and increased production of physicians and para-medical personnel. But this group of sugar workers has far greater medical and health needs than the average population in this country. And they need the best possible solution we can provide now. Given the medical care situation as it now exists, probably the best immediate health benefit that you can specify for the sugar worker and his family would be a total health insurance that provides payment for preventative services including yearly physical exams, outpatient care, hospital services, psychiatric services, dental care, and drugs. The goal of this insurance

would be to at least make the sugar worker and his family an equal competitor for the medical and health services that now exist in the area.

Health insurance is the minimum benefit that might help the sugar worker obtain better health care. But his increased degree of medical needs merits the attention of a full-time health system actively working to improve his health. What these people require to bring them back into the mainstream of health is a program that addresses itself toward improving their income housing, nutrition, education, and sanitation as well as their medical and dental care. Anything less will continue to leave the people in a medically underdeveloped country.

ADULT DIAGNOSES

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
2-5	61	M	Hypertension Congestive heart failure Alcoholism Osteoarthritis Pharyngitis Anemia Obesity
10-85	60	F	Arteriosclerotic heart disease Hypertension Osteoarthritis
9-87	59	M	Hypertrophic prostatism Congestive heart failure Cerebellar dysfunction Alcoholic gastritis Peptic ulcer disease Anemia
5-14	53	M	Valvular heart disease-Aortic stenosis Emphysema Blindness-Left Eye Hypertrophic prostatism Hypertension Anemia Obesity
3-60	50	F	Hypertension Angina Upper GI bleeding Rheumatoid arthritis Diabetes Obesity
4-71	46	F	Hypertension Arteriosclerotic heart disease Diabetes Obesity
8-51	45	M	Arteriosclerotic heart disease Emphysema Lipoma-Right temporal area Multiple dental caries

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
3-52	40	F	Diabetes Arteriosclerotic heart disease Anemia Obesity
3-54	40	F	Normal
8-44	39	F	Valvular heart disease Mitral insufficiency Obesity
13-31	36	M	Obesity
1-105	35	F	Hypertension Congestive heart failure Obesity
1-99	34	F	Psychiatric disorder Anemia
2-88	33	F	Asthma Congestive heart failure Obesity
6-26	33	M	Anemia Obesity
2-89	30	M	Hypertension Urinary tract infection
3-6	29	F	Migraine headaches Multiple caries Obesity
4-61	26	F	Urinary tract infection
4-10	26	F	Urinary tract infection Obesity
6-21	25	F	Strabismus Pelvic inflammatory disease Kidney infection Multiple caries
1-28	25	F	Pyelonephritis Migrane headaches Gastritis Anemia Obesity

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
7-33	25	F	Pregnancy at 4 months Vaginal discharge Uterine fibroids Anemia
5-12	24	F	Hypertension Congestive heart failure Urinary tract infection Pregnancy at 3 months Severe anemia Obesity
5-11	22	F	Lymphadenopathy
3-15	21	F	Arthritis Anemia Obesity
3-8	19	F	Multiple caries Obesity
3-9	19	F	Pregnant at 3 months Anemia Obesity
3-32	18	F	Obesity
8-40	18	F	Anemia
8-41	17	F	Multiple caries
4-77	17	F	Urinary tract infection Anemia Breast mass
8-42	15	F	Normal
11-84	15	F	Urinary tract infection Anemia
8-43	14	F	Multiple dental caries
3-53	14	F	Obesity
4-73	14	M	Umbilical hernia
8-110	-	F	Pharyngitis Multiple caries

PEDIATRIC DIAGNOSES

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
3-60	13	F	Normal
4-45	12	M	Umbilical hernia Urinary tract infection
4-72	12	F	Cardiac enlargement
2-98	12	F	Normal
2-97	11	M	Post-irradiation epiderma Carcinoma of the forehead
12-106	11	M	Normal
8-107	11	F	Normal
3-3	11	M	Systolic heart murmur Recurrent epistaxis Asthma Impetigo
4-70	11	M	Umbilical hernia
3-55	11	M	Normal
8-46	11	M	Mental retardation
4-68	10	F	Congenital heart disease - Ventral septal defect
4-69	10	F	Normal
3-7	10	M	Growth retardation Behavior problem
3-27	10	F	Multiple caries
2-96	9	F	Pica
1-102	9	M	Mental retardation Growth retardation Diastasis recti Ascariasis

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
8-49	6	M	Normal
6-111	6	F	Seizure disorder
3-17	6	F	Multiple caries Ascariasis
4-81	6	M	Normal
3-57	5	F	Ascariasis
6-23	5	F	Growth retardation Urinary tract infection
3-18	5	M	Urinary tract infection Ascariasis Multiple caries
4-82	5	F	Growth retardation
8-108	4	F	Febrile upper respiratory infection Ascariasis Trichuriasis
7-35	4	F	Upper respiratory infection Trichuriasis
6-30	4	F	Ringworm
6-24	4	F	Developmental retardation Urinary tract infection
4-05	4	M	Normal
2-92	3	M	Asthma Trichuriasis Ascariasis
7-34	3	F	Trichuriasis
6-25	3	M	Growth retardation Multiple caries
8-50	3	M	Upper respiratory infection
3-58	4	M	Urinary Tract infection Ascariasis

<u>Patient No.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
3-19	3	M	Developmental retardation Growth retardation Incontinence of urine and feces Ascariasis
3-59	2	F	Ascariasis
3-13	2	F	Upper respiratory infection
4-64	2	M	Ascariasis
4-83	2	F	Anemia
4-79	2	F	Ascariasis
4-63	22 mos.	M	Growth retardation Ascariasis
4-62	22 mos.	M	Growth retardation Ascariasis
7-36	18 mos.	M	Upper respiratory infection Trichuriasis
2-91	18 mos.	M	Ascariasis
1-100	12 mos.	F	Upper respiratory infection Growth retardation
1-29B	12 mos.	M	Otitis media
3-20	12 mos.	F	Ascariasis
4-78	11 mos.	M	Normal
1-86	7 mos.	M	Asthma
2-90	_____	M	Upper respiratory infection

<u>Patient no.</u>	<u>Age</u>	<u>Sex</u>	<u>Clinical Diagnoses</u>
3-4	9	F	Multiple caries Asthma Ascariasis
7-38	9	F	Urinary tract infection
8-49	9	F	Normal
4-67	9	F	Normal
8-47	9	M	Normal
2-95	8	F	Ascariasis Trichuriasis
2-94	8	M	Ascariasis
7-37	8	M	Rickets
1-29A	8	M	Normal
4-80	8	M	Normal
1-104	7	M	Normal
3-56	7	F	Ascariasis
3-16	7	M	Multiple caries Ascariasis
4-66	7	M	Ascariasis
1-101	6	M	Ascariasis
2-93	6	M	Ascariasis
8-109	6	F	Urinary tract infection Enuresis Ascariasis Trichuriasis
7-39	6	M	Mentally retarded Speech defect Trichuriasis
8-48	8	F	Upper Respiratory Infection