

Lessons Outside the Classroom: The Moultrie Migrant Farmworker Experience

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I clearly remember my first trip to the quaint southern town of Moultrie, Georgia. It was in the summer of 2010 and I had just begun teaching in a physical therapy program a few months prior. I was one of two faculty members to lead ten students on the annual week-long service learning trip to treat migrant farmworkers near the rural community. I had many expectations leading up to the trip. I anticipated the challenges of working through a language barrier, providing treatment from tents in the sweltering heat, and having very limited time to evaluate and treat the patients. I was also cognizant of the fact that, although most of the workers have traveled from Mexico with guest worker visas, others are undocumented and are hesitant to receive medical attention for fear of being deported. In spite of feeling adequately prepared for the trip, there was no way I could have predicted how transformative this experience would be for me as a physical therapist, an educator, and as a person. Witnessing firsthand how these individuals' access to basic healthcare is so restricted was eye-opening for me. I have returned with my students every summer and I continue to be impacted with each visit.

As a new faculty member, I recognized that the experience would be a great opportunity for personal and professional development. I was also eager to provide treatment to an underserved population in a setting unlike any other that I had worked in. Leading up to the trip, I planned for the musculoskeletal conditions and heat exposure symptoms I anticipated seeing in this patient population. The summer heat in rural Georgia is nothing short of brutal, so I imagined this would take a toll on laborers. In addition to preparing supplies for treatment, there is collaboration between students and faculty to organize crowdfunding via social media. Crowdfunding campaigns are a way for individuals or organizations to use social networking to raise contributions from a large number of donors by posting information about a project or charitable cause online. The student-led fundraising campaign was used to purchase basic supplies and clothing to donate to the migrant workers and their families.

The purpose of the trip is to provide healthcare for individuals who would not otherwise receive medical attention, but the personal interactions make the experience most meaningful. The migrant workers

labor for 10-12 hour shifts, enduring great physical strain and stress injuries, in order to be able to provide for their families. They were incredibly welcoming to us, waited patiently for treatment and expressed gratitude at the care they received. It was deeply satisfying to be able to alleviate some of the ailments for these hard-working and often overlooked individuals. Many migrant workers in Georgia have reported conditions including diabetes, musculoskeletal problems, skin or eye conditions, and hypertension¹, though few are receiving any regular treatment. Providing treatment to these patients enhanced my own appreciation for having readily available access to healthcare. Many of my students expressed similar sentiments.

The living and working conditions of the transient workers and their families are not always ideal. Many of the workers were in their twenties, and already suffered from musculoskeletal conditions that are unusual at such a young age. The majority of these patients presented with pain in the low back, knees, and shoulders. Some had conditions such as shoulder impingement. In order for the workers to be maximally efficient, they utilize poor body mechanics during repetitive loading. Many suffer from symptoms of dehydration, as they cannot frequently break for fluid intake. Back in the camps, a number of the workers were without pillows or mattresses. In spite of these conditions, they seemed appreciative of having employment that enables them to send money back home. Witnessing the difficult living and working conditions of these individuals stirs a sense of empathy and makes one truly grateful for things we so often take for granted. It is especially gratifying to be able to offer supplies and services to these patients, who frequently place the responsibilities of family before their own medical needs.

There is a burden on the workers' families as well. Their children are transient students in a local elementary school and struggle to interact with resident classmates. They may also suffer from a higher prevalence of certain health conditions than are present in non-migrant children. A recent analysis of data from children treated in the program between 2003-2011 found that anemia, elevated blood pressure, and obesity were more common in these children than in age-matched non-migrant children in the United States and Mexico.² This is an understudied population and these children face an unusual set of challenges, including limited access to healthcare and poverty. Therefore, providing thorough screenings to as many children as possible is important for early detection and prevention. Evaluating the migrant children is always enjoyable, and many of those same children have remembered us years later.

During the several trips I have made to Moultrie, there have been many individuals who have made a lasting impression and helped shape my perceptions about what it means to be able to provide patient care. One particular patient was a man who proudly carried his blood pressure reading from the previous summer in his wallet. This impressed upon me how, despite considerable time limitations and language barriers, there is a meaningful opportunity to make a lasting impact and provide patient education and prevention. Another man had been suffering from undiagnosed symptoms of a past motor vehicle accident in Mexico for quite some time before we treated him. Initially, he presented with bilateral neck pain and headaches. After the medical screening process and manual examination of the patient's neck and upper extremities, his symptoms were not reproduced. All of the testing performed revealed the patient's symptoms did not fit a specific mechanical

neck pain pattern of a musculoskeletal diagnosis. It was discovered that he had been in an accident and needed imaging and further care. He did not have the means to receive treatment prior to our evaluation and had been hesitant to seek out medical attention. I could not help but wonder how many other workers were suffering with undiagnosed conditions and how long they might have been going untreated. To me, this illustrated the paramount importance of honing one's clinical reasoning and evaluation skills, as patients might have been living with pathology for months or years before being seen and may not feel comfortable with disclosure. In addition to memorable patient interactions, donating the collected clothes and supplies is a highlight for both students and faculty on the trip.

Providing treatment in the migrant camps is not without its challenges. Surmounting these obstacles, alongside colleagues and students of several disciplines, integrates members of the healthcare team in a powerful way. This illuminates how, through inter-professional collaboration, healthcare providers can combine their enthusiasm and unique skill sets to provide optimal patient care in any setting. This program reinforces the importance of consulting with colleagues, and embracing a multi-cultural learning environment in order to be a competent clinician, capable of working with diverse populations. Students, clinicians, and educators from several universities and community facilities work cohesively during the program, demonstrating the potential of inter-professional collaboration to have lasting positive impact. We typically only treat each patient once during our stay, so it is essential to provide as many resources as possible so they can manage their care independently. This involves thinking critically and creatively in a limited amount of time. Coupled with this challenge, there are a limited number of

translators which makes communication and treatment difficult. The workers are very patient with our limited Spanish, and make an effort to communicate with us during the treatment. Both clinicians and students can hone their treatment skills by working through these hindrances and stepping outside of the comfort zone of the clinic. The reasoning abilities developed through volunteer treatment can translate to enhanced skills and improved patient interactions.

As I prepare for my seventh trek to treat migrant workers in the rural South, I am reflecting on how these trips have impacted me personally and professionally. I have also been considering how this type of experience is formative for students in shaping the type of clinician they will become. One of hallmarks of physical therapy is the professional obligation to provide pro bono services to those who are disadvantaged, and to meet the medical needs of underserved populations.³ Farmworkers face many occupational hazards and physical stressors, and may experience persistent injuries and illnesses that are likely to become chronic conditions without access to medical services.¹ Poverty, cultural differences, language barriers, and discrimination are among the barriers to care faced by migrant workers.¹ Treating these patients has made me recognize that even brief increments of civic engagement and health promotion have the potential to be valuable and impactful. I have developed a deeper understanding about how access to medical care is something we frequently take for granted, and how populations lacking this basic right are especially vulnerable. This patient population has encouraged me to consider different ways physical therapists can improve the human experience with limited resources and time.

Caring for these patients has elevated my sense of

empathy along with my clinical reasoning skills. I have become more aware of the unique set of circumstances faced by this population, impressed by their sense of familial duty, and grateful for their difficult and under-valued work. Treating migrant workers means provision of therapy to patients with significant barriers to healthcare, and underscores the need for providing skilled interventions. As a clinician and educator, my hope is that I have been able to mentor students on their treatment techniques and instill the value of pro bono service. This is such a singular opportunity for education, and I enjoy the students' reflections following each trip. Several former students have returned to donate their time as licensed clinicians over the years, and I hope to

continue in this tradition of volunteer treatment to this underserved patient population.

References

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About the Author



Jordan D. Garcia, PT, DPT, OCS, Cert SMT is a Clinical Assistant Professor of the Doctor of Physical Therapy Program at Georgia State University in Atlanta, GA. He received his Doctor of Physical Therapy (DPT) from A.T. Still University in Mesa, AZ. His teaching responsibilities include the Musculoskeletal series, Physical Therapy Interventions, Evidence-Based Practice and Radiology and Imaging. Dr. Garcia has been the lead faculty participant in the Farmworker's Family Health Project in Moultrie, GA for the last six years. He is the recipient of the Georgia State University - Carl V. Patton President's Awards for Outstanding University Program in 2012 for his work with the migrant workers. Dr. Garcia strongly believes that experiences like the Moultrie farmworkers project are transformative and key to educating future clinicians in the role of civic duty in the form of 'pro-bono' service, cultural competence and professionalism in the doctor of physical therapy program. His research interests include manual therapy, orthopedics and service learning in Physical Therapy.



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