



GAZETTE PHOTO / BILL KRASEAN

Dr. Thelma Flores examines 4-year-old Sally Ann Soto while her mother, Sylvia, looks on.

For Carlos Vasquez, this clinic is 'OK'

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BANGOR — Consider this dilemma. You seldom need a doctor, but when you do, it's generally for a serious problem. The doctor speaks only English. You speak mostly Spanish.

How do you tell the doctor what's wrong with you?

That's the dilemma facing many migrant workers who make the annual journey north from Florida or Texas each spring in search of work as harvesters in the fruit orchards and vegetable fields of southwestern Michigan.

So for Carlos Vasquez, a 47-year-old Florida resident who, with his wife, has been coming to the Bangor area for the past 15 years, the Bangor Health Center is a welcomed sight. The

physician and most of the staff are bi-lingual and many are Hispanic.

Vasquez, through interpreter Velma Dimas, said he is "appreciative and grateful for the services of such an organization."

In his own limited English, Vasquez says simply, "It's OK."

Vasquez is like seven of every 10 migrant workers in Michigan who speak limited or no English. As long as they remain with other migrants in camps, at work or on their own social outings, that presents no problem.

But when the migrants interact with American society in general, especially when their health is a concern, the language barrier can be a major impediment.

"If I were to doctor in Kalamazoo," Vasquez told Ms. Dimas, "I would feel out of place. That

alone makes the environment at the Health Center less threatening."

Vasquez told Ms. Dimas that he seldom has occasion to seek medical care and does so only when something serious needs attention. He does not go for checkups or other "well care" sessions.

Rather, he and his wife seek care for such things as poison ivy rash or, as in the most recent visit, for "a pain in my leg."

Florida, like Michigan, offers medical care through clinics where many of the staff are bi-lingual. But, Vasquez said, he seldom uses those facilities, either.

Vasquez told Ms. Dimas that when he started coming to Bangor about 15 years ago, "there was no doctor (for us). Now, when I have to go to the doctor, I feel comfortable."

Clinic sites varied and funding levels rose and fell unpredictably.

"Five years ago we decided that bouncing from pillar to post was not making it," Mrs. Rider said. "Obviously, we were not going to go away and neither were the migrants. We began to invest in our own buildings and became solid, familiar members of the communities where we were located.

"Once we lit and stopped migrating, we were better able to improve the quality of care to patients."

It was at that point that other residents discovered the medical care. Now about one-third of the more than 15,000 patients MARCHA

Bangor clinic and the other in Benton Harbor. At Eau Claire, the Southwest Michigan Clinic provides physician services to MARCHA six months a year and in Holland there are three part-time physicians.

Dental services are provided in Bangor and through a dental van that travels the region.

Mrs. Rider said the clinics make good use of nurse practitioners, highly trained nurses who are, in the medical hierarchy, a notch above registered nurses. While nurse practitioners can't prescribe medications — that's a physician responsibility — they can, unlike registered nurses, make diag-

dealing with their health problems," Mrs. Rider said. "Some of the things they learned are counter to what a doctor does."

"Our nurses," added Ms. Dimas, "are sensitive to the culture and the home remedies. They try to teach the proper techniques without making the mother feel defensive. You've got to be able to take that cultural prospective and deal with it with modern health care methods."

Mrs. Rider said MARCHA is "sort of an experiment in health care modality that's different from Medicaid (the federal health insurance program for low income, handicapped and others)

to promote prevention programs

"But we have controls," she said. "We are a cost-effective means of providing health care. Our administrative costs cannot exceed 16 percent of our budget. The cost of each medical encounter — including the visit, lab tests and medications — cannot exceed an average of \$26.

"Physicians must show levels of productivity. Each physician must have between 4,200 and 6,000 patient visits a year. We average about 6,400 a year.

"That makes it hard to recruit physicians."

Jane Miller, director of primary care, said the kinds of medical