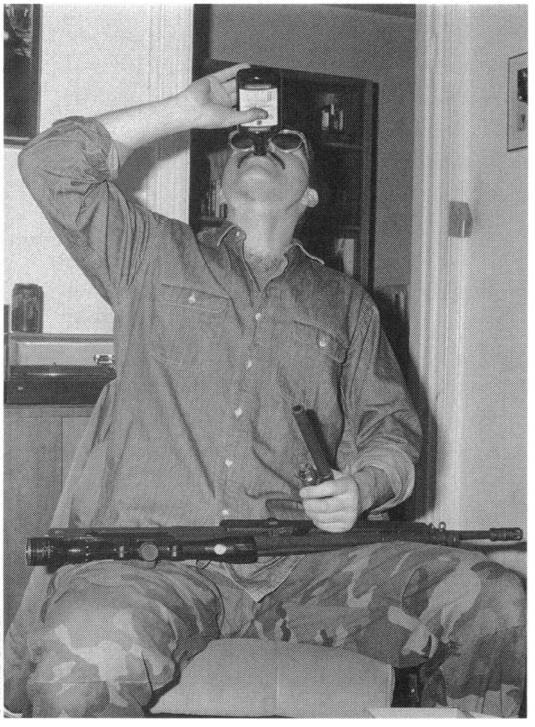
LETTERS

Photo Essay

I am writing to compliment your journal for publishing one of the most dramatic and effective articles that I have ever seen.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The photo essay by Karl Baden, "From Social Drinking...to Public Problems" [Public Health Rep 1999; 114:236-241], was provoking in its starkness. It is the simplicity of the horrors displayed and inferred that carry such impact.

Kudos to your staff for choosing this terse display.

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Pesticide Safety Training

In the article "Implementation of EPA's Worker Protection Standard Training for Agricultural Laborers: An Evaluation Using North Carolina Data" [Public Health Rep 1999;114: 459-68], Arcury et al. expose an important issue in that state. Their findings confirm anecdotal evidence suggesting that the implementation of the Worker Protection Standard (WPS) training has not fulfilled its promise to create a safer environment for farmworkers. The characteristics of pesticide safety training and the limited knowledge that farmworkers have about agricultural chemicals as reported in this article are especially striking when one considers the alarming rate of occupational exposure to pesticides among migrant and seasonal farmworkers in the United States. Data from California's mandatory reporting system imply a national average of 10,000 to 20,000 cases of farmworker pesticide poisonings annually.[1] However many consider this a serious underestimate due to both the lack of medical access for farmworkers and clinical misdiagnoses.[2]

Furthermore, Arcury et al. point out the important role the grower plays in complying with WPS regulations. The authors note that many growers do not believe the degree to which their workers are exposed to pesticides. The goal of the PACE (Preventing Agricultural Chemical Exposure among North Carolina Farmworkers) project is to investigate how to develop, implement, and evaluate culturally appropriate ways of reducing farmworkers' exposure to chemicals in the workplace. Hopefully this includes interventions aimed at growers, whose compliance and cooperation are essential to the success of WPS regulations. More research needs to be done to understand what knowledge, attitudes, and practices on the part of growers either promote or prohibit safer farm environments for their workers. The results of such research should be used to design culturally appropriate educational interventions targeting growers. The advantages of such innovative approaches to educating growers about pesticide risks and harm reduction are twofold. In the short term they will better enable growers to foster safer environments on their farms, and in the long term they are likely to decrease their legal liability.

The baseline information revealed in this article is sobering. Although PACE has taken the initiative in developing innovative ways of implementing WPS training, a multifaceted approach is necessary to thoroughly address occupational pesticide exposure among farmworkers. It is essential that the farmworker organizing, advocacy, and regulatory community respond to the results presented in this article. Responses should include more training on recognition and management of pesticide poisoning for clinicians who treat farmworkers, more resources directed at enforcement, implementation, and evaluation of WPS regulations, and further development of innovative educational interventions directed at both farmworkers and farmers. The findings reported in this article also underscore the urgent need for expansive outreach to all farmworkers, including those working with and without H2A visas.

The Migrant Health Program of the Bureau of Primary Health Care in the Health Resources and Services Administration supports organizations working to educate clinicians serving migrant and seasonal farm-

workers. We applaud *Public Health Reports* for providing a forum for sharing these important results. We also thank PACE for conducting this innovative research. Results such as those presented in this article highlight the need for further research in this area.

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References

1. Blondell JM. Epidemiology of pesticide poisonings in the United States, with special reference to occupational cases. In: Keifer MC, editor. Human health effects of pesticides. Occupational medicine: state of the art reviews. Philadelphia: Hanley & Belfus; 1997.
2. Routt RJ, Roberts JR. Recognition and management of pesticide poisonings. 5th ed. Washington: Environmental Protection Agency (US); 1999. ■

Survivors of Torture

I salute the authors of "A Comprehensive Refugee Health Screening Program" [Public Health Rep 1999; 114:469-77] for adding mental health to the list of components in medical assessments of new refugees. At the same time, I have misgivings about recommending a symptom checklist that apparently only has "face validity" and is not familiar to a substantial number of practitioners. Are there other diagnostic surveys or questionnaires that might serve better? While I appreciate that it is difficult to identify mental disorders in new refugees clinically, I do not agree with the authors that "psychiatric diagnosis at the time of resettlement is most often inappropriate." Accurate diagnosis is useful at any stage of assessment of refugees, especially if it leads to treatment.

The authors report that during one three-month period, 14% of refugees had symptoms of mental health problems, most commonly due to torture. We know that the most prevalent psychiatric condition associated with torture survivors is post-traumatic stress disorder, with major depression second. As in screening for other medical conditions—for example, hypothyroidism and syphilis—the screener is obligated to ensure treatment. However, if the lack of cross-cultural mental health care for refugees is as severe in Colorado as it is in Minnesota, it seems likely that referral capacity will soon be exhausted. The Center for Victims of Torture in Minneapolis is strapped providing care to just 50 complicated new patients per year, roughly the number of torture survivors identified in Colorado among new refugees. With its current waiting list, the Center is working to increase options for psychiatric assessment and treatment of torture survivors in existing health and mental health organizations through its Minnesota Mainstream training project.

I believe that mental health screening which leads to early diagnosis and treatment is better than screening which identifies symptoms for which action is not clear. Refugees might be traumatized again if they tell their stories of torture but there is no place where their experience can be addressed. Therefore, the decision to question every adult refugee about torture and trauma assumes an intention to refer survivors for psychiatric assessment and treatment rather quickly.

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The authors reply:

We appreciate and agree with Dr. Holtan's comments about the urgency and importance of diagnosing post-traumatic stress disorder and depression in newly arrived refugees. In fact, our program was designed to be able to do just that, via a stepwise process of detection. Family physicians and registered nurses screen for psychiatric symptoms during the initial two visits in a relatively short allotment of time. We do not make diagnoses at this phase due to time limitations. However, the screening process does allow us to identify "mental health concerns." All of those who are identified as having mental health concerns are referred for diagnostic evaluation and treatment by mental health providers. At present, three mental health clinicians provide in-house services, and our primary site for referral of torture survivors is the Rocky Mountain Survivors Center. Thank you for giving us the opportunity to clarify this issue.

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Involving a Community in a Marine Safety Investigation

In public health research, the use of a community-based methodology is becoming more common. In the ultimate form of this methodology, researchers become equal partners with members of the affected community and together they design and implement a study. Among the benefits of this approach is that having been equal partners, community members are more likely to take action on the research outcomes.

In 1997, the Marine Safety Office of the US Coast Guard in Portland, Maine, modified the community-based model for use with inshore scallop fishers in northern Maine. The components