

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 337

Approved June 10, 1980

RESOLVED, That Dr. Joseph Cannon, Director of the State Department of Health, is hereby requested to conduct appropriate testing for various communicable diseases, especially tuberculosis, cholera, malaria, parasite, and polio, among the recently immigrated Indo-Chinese population in the City of Providence, and

BE IT FURTHER RESOLVED, That he innovate a program of proper medical treatment for said communicable diseases among the Indo-Chinese population within the City of Providence and thereby assuring the good health of all the citizenry of the City of Providence.

IN CITY COUNCIL

JUN 5 1980

READ AND PASSED

Ralph Laing
Rose M. Mendonca EPK

APPROVED

MAYOR

Vincent J. Cianci
JUN 10 1980

Councilman Merrill

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June 12, 1980

Director of State Department of Health
Joseph E. Cannon, M.D., M.P.H.
75 Davis Street
Providence, Rhode Island 02908

Dear Dr. Cannon,

Enclosed is certified copy of Resolution No. 337, passed by the City Council June 5, 1980 and approved by His Honor the Mayor on June 10, 1980, the same being self explanatory.

Councilman Charles R. Mansolillo is the sponsor of said Resolution.

Very truly yours,

Rose M. Mendonca,
City Clerk.

RMM/jma
Enclosure



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health
CANNON BUILDING
Davis Street
Providence, R.I. 02908

16 June 1980

Rose M. Mendonca
City Clerk
Department of City Clerk
City Hall
Providence, Rhode Island

Re: Resolution No. 337

Dear Ms. Mendonca:

The City Council Resolution of June 10 calls on me to conduct testing and innovate a program of medical treatment for communicable diseases in the immigrated Indo-Chinese population of Rhode Island. To respond to this, I would like to review the health status of this population, present services rendered and resources available for meeting their needs.

Indo-Chinese Health Status

Data describing the health status of the refugees derives from Public Health Service surveys and discussions with Rhode Island care providers. Generally most refugees have arrived in relatively good condition. The most common problems have related to anemia and intestinal parasites especially in children. Other concerns include malaria, immunizations, malnutrition and dental problems. The Public Health Service has repeatedly emphasized that the health problems of the refugees, excepting tuberculosis, are individual health problems; that is, these people do not constitute a threat via contagion to those around them.

Present Services Available

Most refugees arrive under the auspices of the International Institute of Rhode Island and the Catholic Social Service. Both these agencies receive captation money from the federal government to aid in resettlement. Both agencies are charged with arranging medical screening and initiation of maintenance care. The bulk of refugee health care is provided by the

Providence Ambulatory Health Care Foundation through neighborhood health centers. The Public Health Service and the Rhode Island Department of Health recommend screening for anemia, malnutrition, and intestinal parasites by medical care providers. Tuberculosis screening is done in Asia and further screening is only recommended for those under 18 years of age by medical care providers.

Resources Available

It should be emphasized that, to date, the federal government in its wisdom has allocated funds only to the voluntary agencies involved with resettlement and to reimbursement agencies (SRS for a special medicaid program for these refugees). SRS is funding some of the medical care being provided to the refugees and this has eased the financial barrier to provision of care. No categorical federal or state dollars have gone to health departments to provide care for this group of patients.

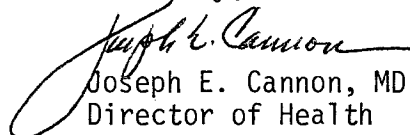
The Department of Health is now providing laboratory services for intestinal parasites, vaccine for immunizable diseases and treatment for tuberculosis. Moreover, we support an array of health programs such as well child conferences that are available to the refugees.

Summary and Comment

The Indo-Chinese do not present a public health threat. They are already receiving a number of medical services. Screening should not be done apart from ongoing health care. The Department of Health is already providing a number of services for the screening of these refugees. No new resources are available to the Department of Health to expand activities aimed at the communicable diseases; moreover, expanded activities in this area are probably not indicated. Be assured that in categorical areas such as immunizations and tuberculosis within the Department's mandate the Department is ready to assist any medical group or care provider to aid the Indo-Chinese refugee. Again we do not advocate "free standing" screening separated from ongoing care.

I have appointed Dr. Gerald A. Faich, Associate Director as the coordinator for refugee concerns for the Department of Health. If there are any questions please direct them to Dr. Faich. As the Council considers other broad health matters I am available to assist either before or after the passage of a resolution.

Sincerely,


Joseph E. Cannon, MD
Director of Health

JEC/am

cc. C. Mansolillo
Dr. Mullan
Dr. Faich