

“Red Flags” for Herbalists Working with Vulnerable Populations

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Herbalists are increasingly seeking opportunities to work with underserved communities, both out of a commitment to service and justice, and to find opportunities for the practice and expression of herbal medicine. Among the most vulnerable include homeless and marginally housed individuals, as well as undocumented immigrants, people who have been recently incarcerated, and people living in areas without adequate food or clean water. Given the complex barriers to healthcare and basic human necessities (e.g., housing, sanitation, healthy food, clean water), as well as the constant threat of discrimination, disease, violence, and incarceration, vulnerable populations suffer excessively from common chronic health conditions as well as life-threatening health crises. While this article will focus on “red flags” for

vulnerable populations in North America, these same issues and barriers apply to vulnerable populations in many areas of the world.

For this reason, herbalists wishing to serve these communities need training and skills to identify red flags for referring both to emergency services and to primary care. Herbalists also need to develop and practice first aid skills for treating emergencies, such as opioid overdose or environmental injury. Finally, herbalists will become better allies and advocates by having a greater appreciation for the structural determinants of health (the complex social

Common Health Emergencies in Vulnerable Populations

- Hypothermia
- Hypo/hyperglycemia
- Severe infections
- Exacerbations of chronic conditions
- Overdose
- Withdrawal
- Psychosis
- Assault or injury

Common Chronic Health Conditions in Vulnerable Populations

- Obesity
- Hypertension
- Coronary artery disease
- Diabetes
- Nutritional deficiencies
- Infections
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Schizophrenia
- Substance use disorders
- Poor dental hygiene
- Foot problems
- Lack of cancer screening



20th Anniversary
Mushroom Festival 2011
Wood Park
Arboretum

DEWALT

Common Structural Barriers to Health Care

- No or limited health insurance
- No primary care physician
- Reliance on emergency room or urgent care
- Chronic psychiatric condition(s) and/or substance abuse
- Social isolation
- Inability to afford recommended therapies/treatments
- No kitchen or home to cook healthy food, store remedies, bathe, wash clothes, do wound care, etc.
- Constant risk of violence and/or theft
- Incarceration

and economic systems that are responsible for most health inequities), by knowing how to access community-based resources, and by joining in struggles for social justice.

The prevalence of substance abuse and mental illness is higher in vulnerable populations, especially among the homeless, compared to the general population. Knowing about harm reduction strategies and becoming familiar with community resources, such as clean injection sites, needle exchange programs, and substance abuse treatment programs (including methadone or buprenorphine), are important elements in the herbalist’s toolkit. Similarly, learning how to verbally de-escalate a mental health crisis or how to skillfully question about suicidal ideation are powerful skills for an herbalist to develop for use on the street or in clinic. Mental health first aid training is now available in many US communities.

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LEFT: Sue Sierralupé of Occupy Medical works with a client on the streets of Eugene, Oregon.

CREDIT: Benjamin Hunt, <http://occupy-medical.org/>

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Sam Coffman works with a client at one of Herbal Medics’ free herbal clinics and water filtration projects in Nicaragua (2011-2014)

CREDIT: Suchil Coffman, <http://herbalmedics.org/>



“Red flags” are defined as signs of a serious pathology, and include such outward signs as uncontrolled bleeding, trouble breathing, shock, multiple burns, unremitting pain, sudden weight loss or gain, incontinence, obvious tumor, or mental breakdown/psychosis. Identifying serious medical problems that exceed an herbalist’s scope or tools requires humility, as well as a knowledge base that includes: (1) a coherent system of differential diagnoses; (2) a sense of which history questions to ask; and (3) an ability to assess key vital signs (e.g., taking a pulse) and

Vital Signs: Red Flags

- Temperature: <96 or >100.2 degrees Fahrenheit
- Heart Rate: <50 or >90 beats per minute
- Heart Rhythm: Irregular
- Respiratory Rate: <8 or >20 breaths per minute
- Oxygenation: Cyanosis (blue lips, pale nail beds) or pulse oximetry <92%

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An Herbal Medics team works with clients of the Navajo Nation, Arizona, July 2017.

CREDIT: Suchil Coffman,
<http://herbalmedics.org/>



Vital Signs: Mental Assessments

- Assess Mental Alertness: Awake, Drowsy, Responds only to pain, Unresponsive
- Assess Mental Orientation: Person, Place, Date, Events

perform very basic physical exam maneuvers (e.g., listening for the presence or absence of lung sounds). While physical assessment is not a part of the scope of practice for many herbalists, these

skills are critical for herbalists providing services for homeless people, vulnerable populations, or in other types of street medic situations.

Vital Signs: Mental Assessments

In addition to the standard “OPQRST” and “SAMPLE” questions that should be asked (see next page), it is critical to gather as much information as possible about the client’s emergency contacts, living situation, medications, allergies, and any medical alert tattoos or bracelets. Learning how to organize this

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A medic from the US Army’s 171st Medical Group listens to the heartbeat of a Ugandan patient during a training for humanitarian and disaster relief in Africa.

CREDIT: US Army Africa, CC BY 2.0
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Key Client History Questions: OPQRST and SAMPLE

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|---|---|
| <ul style="list-style-type: none"> • Onset • Provocation/Palliation • Quality • Radiation • Severity • Timeline | <ul style="list-style-type: none"> • Signs/Symptoms • Allergies • Medications • Pertinent History • Last Intake/Output • Events |
|---|---|

information in a concise presentation to share with the next healthcare provider will improve the quality of care the patient receives going forward. For herbalists who are not familiar with the standard intake questions, I recommend getting started with Red Cross First Aid, Wilderness First Responder, Emergency Medical Technician (EMT), or street medic trainings, in addition to an herb school curriculum. Then find a place to practice and get mentorship.

Choosing the level of care (“triage”) can sometimes be the most difficult decision in a medical crisis. Figuring out how sick the person is must be balanced with their preferences and the available resources. Many undocumented people or those with criminal records avoid medical care, including avoiding calling 911, because of the potential exposure to law enforcement agents. Others will be worried about the cost. If the person is stable for transfer, paying for a cab to the

emergency department or urgent care clinic sometimes is a great alternative to calling 911.

Herbs are powerful tools, but herbalists need more than just herbs to be healers; we need humility and a constantly evolving skillset to serve our communities. Furthermore, the structural inequalities that marginalize vulnerable populations often overwhelm both clients’ and practitioners’ efforts to address health problems with herbs and lifestyle adjustments alone. Learning to identify red flags does not invalidate the use of herbs, but should empower herbalists to assume a more holistic role as community healthcare providers, putting health and safety above the attachment to any particular treatment modality. ■

Choosing the Level and Acuity of Care

Severity of the Problem Continuum:

Life Threatening ←————→ Bothersome

Longevity of the Problem Continuum:

Acute ←————→ Chronic

Levels of Care Continuum:

More Intensive ←————→ Less Intensive

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| <ul style="list-style-type: none"> • 911 • Emergency room • Urgent care | <ul style="list-style-type: none"> • Specialist referral • Primary care referral • Free clinic referral | <ul style="list-style-type: none"> • Continuing herbal and/or nutritional therapies |
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