

Kreutzer, R. (1993). Investigation of the Earlimart Childhood Cancer Cluster, California Department of Health Services, Environmental Health Investigations Branch.

INTRODUCTION

This report summarizes the investigation of an excess of child cancers in Earlimart, CA by the California Department of Health Services (DHS). It provides a general description of the cancer cases, a calculation of observed versus expected numbers of cancer to determine the degree of excess, a summary of information obtained from the families through a questionnaire, and a summary of environmental inquiries and analyses. It also reviews pertinent aspects of DHS's Four County Study of Child Cancer, which looked at childhood cancer rates in Tulare, Kern, Fresno and Kings counties.

BACKGROUND

On September 13, 1989, the United Farm Workers Union (UFW) announced the discovery of five child cancer cases diagnosed between 1986 and 1989 in Earlimart, CA, 15 miles north of McFarland. Because all of the Earlimart children with cancer were from families of farm workers and because this was a presumed cluster close to McFarland, The UFW and many Earlimart residents were concerned that pesticide exposure was the sole cause.

At the time of UFW's announcement, DHS was conducting a study to describe child cancer cases in the four counties of Kern, Tulare, Fresno and Kings for the years 1980-88. Thus, DHS was able to confirm the UFW reported cases and look for additional cases more quickly. Furthermore, the McFarland Technical Advisory Committee (composed of state academic scientists, a representative from the Centers for Disease Control (CDC), and community representatives) recommended that findings from the Four County Study be used to aid with the Earlimart cluster investigation.

By October 1989, the Earlimart Cancer Cluster Task Force Committee had been formed. Dr. Adolph Nava, Earlimart's only physician who staffed the United Health Centers of the San Joaquin Valley, Inc. Earlimart Clinic, was named chairman. The Committee's chief goal and objective was to assist the cancer victims and their families with identifying their needs, providing information on available aid societies and services, assisting with transportation, arranging free telephone services, and raising additional funds. In addition, they acknowledged the need for community education and became the liaison between state health officials, local health officials and the community.