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Copies for Farmworker Health Committee

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FARM LABOR RESEARCH PROJECT

Testimony of Luis Espinoza, RN

for the

The Migrant Family Health Program
Farm Labor Research Project

Toledo, Ohio

Before

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Hello, my name is Luis Espinoza, I am a nurse, and I represent the Farm Labor Organizing Committee - which is the farmworkers union based in Toledo, Ohio. I also am representing the Farm Labor Research Project. It is my honor to be able to share with you today my experiences, desires and hopes.

Let me start by sharing with you some of the experiences I encountered this past summer. I journeyed to a far off land, one in which time seemed to reverse itself. Children, wonderful, beautiful children played joyfully, unafraid and uninhibited. Their smiles and their action can never be described by me in words. Unconditional acceptance was demonstrated by all. I will always cherish these little people for as long as I am able.

These fun loving children played as though there were no worries in the world. The center of this community is boarded off by the way the shanty's were structured. Laid in open land. At one end stood two large wooden poles. This served as the area's football field. The children played unafraid, unaware of any changes that might present themselves. How talented they were in their athleticism, even the youngest were out there giving their best. Most of them in their bare feet, they handled that ball as though it was an extension of themselves. How I wondered if the field was kept free of debris. If not, how many of these children were up to date on their tetanus vaccines ? My Goodness, I thought, something I take for granted with my own children's health worried me so for the many children playing out in the field.

As time went on children continued to play, rest, go home and venture out again. One thing became noticeable: there seemed to be a lack of discipline in these children with regard to washing up. I felt this deserved further investigation. A stroll around the community seemed appropriate. As I started down the dirt road the first thing to catch my eye was a water pump located on the side of the camp. There were people that were pumping water for the basic necessities needed in the home. No running water I thought, no way. I seemed to have entered the third world. A world I am not familiar with. My world is totally different, being a surgical nurse, I have become complacent with sterility, aseptic technique and an environment free of harmful organisms. I continued on to the next peculiar event. What caught my attention was not a sight, or a movement, or a person, but a stench. Yes, a smell in the air, one which took me back almost twenty years to when I was a child visiting my grandmother in a small southwestern Texas town known as Carrizo Springs. In Carrizo was the first time I had to use an out-house. But how could I have traveled such a distance?. I soon came to the community out-house located at one end of the camp, amazing! From here I could see the rest of the camp. A short distance down the road there stood another structure, judging from the occupants leaving this building, I can conclude this was where the shower stalls were located. I was truly amazed.

I found myself back where I started, watching the children play ,finding again much joy and freedom. Yet the sights, sounds and smell, I just experienced laid thick in my mind. I had to look inside into the lives of these people. I crossed over the road and without drawing attention to myself I looked into the shanty. The place where everyday life develops. One light bulb hangs from the ceiling. Maybe a small stove off the side, a bed for rest and all other necessities for life, clothes, dishes, supplies. A curtain hangs in the middle, around back it was obvious the curtain was a dividers barrier. There laid more beds, clothes and supplies. What made up the living arrangements for this family would have fit into my front family room. Children are living here in these tight quarters, I thought.

As I watched the children play, the horrors began to come to my mind: all of what can't be seen here and is most dangerous. The germs that are breeding the bacteria that seeps and oozes throughout the camp combined with the lack of essentials to ward off these terrible beasts. How can these kids have a fighting chance against disease? I wondered how, where, when, and if they have access to adequate health care.

This night, this first night will always truly stick out in my mind. As I was leaving this place I felt as though I would have to travel great distances as well as travel forward in time to get back to where it was I came from. Yet once I came to the end of the dirt road there I was back in "Civilization" Route 20 in Northwest Ohio, only 5 minutes from Fremont and only 30 minutes from Toledo, with a population of around 300 thousand, for most of whom, I am sure, the question of finding adequate health care was not an issue.

Now that I have painted a picture of my first night's experience with you, I would like to share with you what we found in terms of Health care for migrant workers in N.W. Ohio.

The Farm Labor Research Project was given a shanty by the Mauch family on which the camp was located. This shanty was cleaned, painted and made ready to be turned into a clinic. Here also we faced the problems for lack of electricity and running water. This clinic gave us access to some 200 workers. Also four other surrounding area camps were informed of the clinic. Our volunteer team consisted of 3 R.N.'s, 2 back-up physicians, 1 bilingual clinical organizer/coordinator and 1 translator. Our initial plan was to offer complete physical assessment to all who wished. Yet the demand for first aid and solving immediate medical problems changed the focus of the program. Therefore, this is what we devoted most of our time to. In addition to this program, an intake interview was conducted focusing on family and child health needs. Health educational activities such as distribution of coloring books on health issues for kids, brochures and other information for adults. Also two video sessions one on pesticides and one on Hypertension were included to the clinic as well.

I will share with you 2 case studies which are representative of the types of problems we encountered this past summer. First I would like to start with Maria. Maria is a nine year old Hispanic child who appeared healthy. She came in with her mother and her sister. It was Maria's sister who the parents were concerned about since she had been sick the last few days. After I finished this child's exam I ask the parents if they would like us to check Maria. They agreed. We started our exam with ear, nose and throat since we had been finding that most children seemed to be presenting with upper respiratory infections. Much to our surprise Maria seemed to be worse off than her sister, upon examination of the oral cavity and I quote from our notes "the upper right first molar and canine teeth were decayed to the point that they were blackish, brown in color". Other teeth in the oral cavity were also obviously decayed. We asked the mother if Maria was in pain and if she had seen a dentist. The reply was that she does complain of pain but they were giving her a Tylenol for it. They had not seen a dentist for this condition. In addition to the teeth, this child presented with and I quote "Tonsils are swollen to the point where they almost touch the uvula". Therefore leaving very little airway clearance. Apparently though the child had no observable breathing difficulty. It was evident to me that we may have been the first health care personnel to have discovered this 9 year old's health problems, suggesting that there is inadequate access to health care as well as health education for this population of people. I do not base this claim on just this one case but on the many cases which came to us that were similar in nature. These are the types of problems that forced us to change the focus of the clinic to address health care needs.

The second case scenario I would like to present is that of Jose. He was a 27 year old Hispanic male who presented with visual problems. He presented with having a small whitish, yellow lesion appearing on the medial side of the pupil. Also, the medial side of the eye was reddened with blood vessels appearing inflamed. This patient has had the problem for the past three years. He states that he had seen a physician in the past but no follow-up was scheduled. I was genuinely concerned about this problem. This concern grew tremendously as I asked if this caused any visual impairments. He stated that he did have total vision loss in that eye as often as twice a day, which started eight months ago. This client was told that he needed to see an eye doctor as soon as possible. Therefore we told him that he needed to visit the Migrant Health Care Clinic ASAP in Fremont, OH. This client returned to us one week later. He stated that he had visited the Migrant Health Clinic in Fremont but was unable to see a physician. I was completely taken by this, it is the view of this Health professional that with the severity of this problem he should have received immediate health care. That week I personally called the Migrant Health Clinic to express my concerns. They had remembered this client and stated they set up an appointment at the end of the month. Yet by this time the farmworkers were leaving to go back home to Florida and Texas. The difficulty in accessing the available health care for Migrant workers was quite evident in this case, although we tried to utilize the clinics available. This even proved trying and confusing for both farmworkers and our clinic. This indicates to me that there is a problem with the adequacy of the delivery of health care service to migrant families.

To summarize the clinic's operation this past summer: data of the clients' problems and demographics were collected and compiled. We operated the clinic every Wednesday night for eight weeks. The major problems found were a lack of preventive care, lack of information and education on health issues, lack of seeking health care. One example of this is the significant amount of kids with upper Respiratory infections and secondary infections in their ears. This is telling that they are not being treated and they passed around to their brothers and sisters. It sounds that their families just wait to see if they get better. Also there are poor hygiene/sanitary conditions. We served a total of 75 persons with this program. 41 received direct medical treatment. Almost half of these(44%) were children, 34% were men and 22% were women. Eleven people attended the clinic with health related questions or for information and or materials. 23 participated in two video sessions.

In addition to the problems we encountered, we were contacted by Dr. Cardwell who is a peri-natologist in Toledo. He was sent pregnant women from migrant families who had no pre-natal care and found a high incidence of birth defects. Therefore, he would like to volunteer his services to the Migrant community in North west Ohio this coming summer. In addition , we have three volunteer MDs and three RNs returning to the clinic for next summer.

We would like to submit the following recommendations for your consideration.

1. The Migrant Health Clinics need to have more after sundown hours due to farm workers working at least until sundown during the harvest peak.

2. The development and implementation of a Popular Health Education Program for Migrant families is contingent upon their other basic health needs being met as well.

3. Although the Pesticide Education Center advises field workers wash their work clothes in a commercial grade washing machine twice after each wearing in order to remove residues. Most camps in NW Ohio lack such washing facilities, except where the union has leveraged the building of new worker housing.

4. Clients are instructed to use home therapies such as soaking limbs and joints in hot water. One woman stated that in order for her to do that she would have to walk across the camp, pump the water, carry it back and heat it , meanwhile risking further aggravating an already troublesome sore arm and shoulder. Running water and electricity is a must in the camps.

5. Additional services such as dental, prenatal, pediatric, opthamalogy and occupational should be accessible.

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