

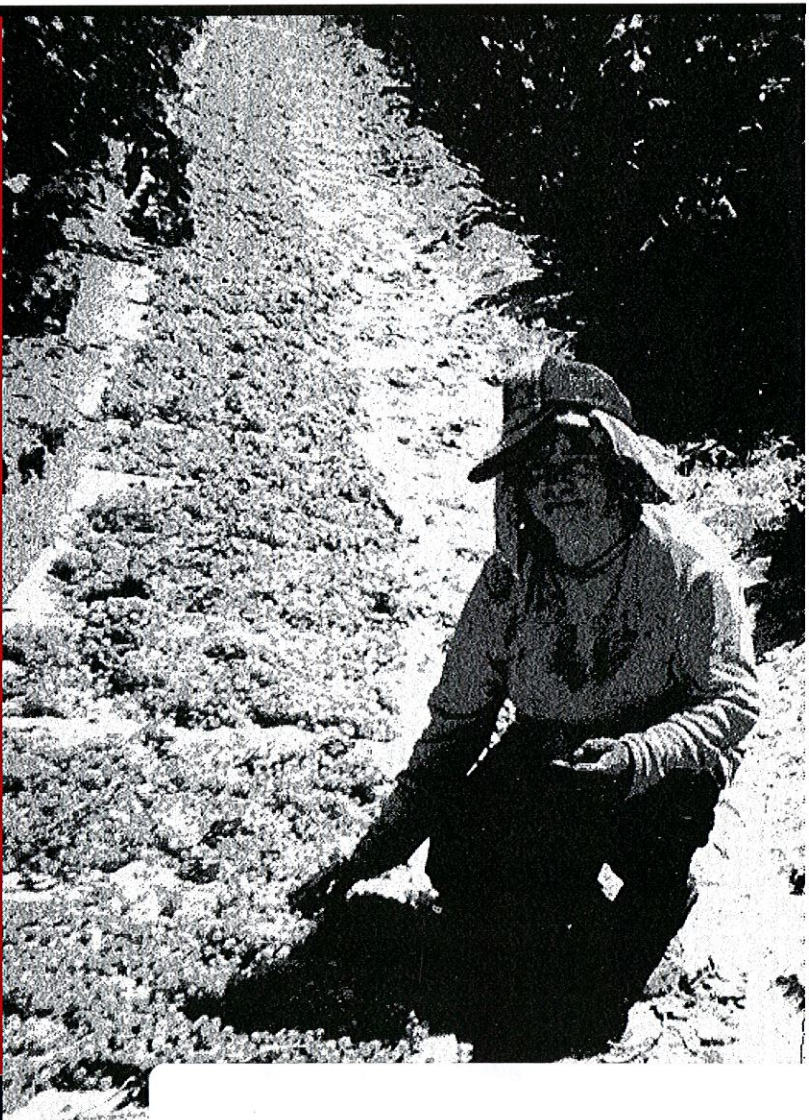
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**The People We Serve . . .  
The People We Are.**

**Bureau of Primary Health Care**

# **The Farmworker Women's Special Initiative on AIDS**



U.S. Department of Health & Human Services  
**HRSA**  
Health Resources & Services Administration

Resource ID#: 4072

**Farmworker Women's Special Initiative on AIDS**

**The People We Serve  
The People We Are**

**BUREAU OF PRIMARY HEALTH CARE**

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# **The Farmworker Women's Special Initiative on AIDS**

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Prepared by the  
**Farmworker Justice Fund, Inc.**

in cooperation with the

**U.S. Department of Health and Human Services  
Health Resources & Services Administration  
Bureau of Primary Health Care  
Division of Programs for Special Populations**

**Collier Health Services, Inc.  
Immokalee, Florida**

**The Farmworker Women's Leadership Project  
(*Lideres Campesinas*) of California**

and

**Sin Fronteras Organizing Project  
El Paso, Texas**

U.S. Department of Health & Human Services  
  
Health Resources & Services Administration

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***Acknowledgements***

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The Farmworker Women's Leadership Project (Lideres Campesinas) of California  
Sin Fronteras Organizing Project, El Paso, Texas

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## INTRODUCTION

### *Farmworker Women—A Population at Risk*

AIDS is now growing more rapidly in rural than urban areas, and the fastest increase in new cases is among women and children of color. HIV infection has been increasing dramatically among Hispanic and African American women in the United States, two groups to which the majority of farmworker women belong. Recent studies show that the rate of HIV infection among migrant and seasonal farmworkers may be as much as ten times the national rate.<sup>1</sup>

The reasons are many. Farmworker women and men lack knowledge about HIV and participate in risk behaviors that increase their exposure to the virus. The mobility of migrant workers—many away from their families for five or six months at a time—offers opportunities for workers to engage in high-risk behaviors without their spouse's or partner's knowledge. Prostitution and drug use occur in labor camps, particularly where male-only crews reside in isolated rural areas with no other recreational opportunities. Heterosexual men traveling in all-male crews may engage in homosexual behavior.

Farmworker women may be unaware that their partners are practicing unsafe sex or doing drugs. Or they may suspect their partner has engaged in high-risk behavior, but they may not be able or ready to take action to protect themselves. Farmworkers also give themselves and their children injections of vitamins, antibiotics, and other therapeutic drugs, which are sold over the counter in Latin America. If the same needle is used to inject more than one family member and someone is infected with the HIV virus, the whole family is at risk.

### *The Work and Challenges of Farmworker Women*

More than one-fourth of the estimated 2.5 million migrant and seasonal farmworkers in the United States today are women.<sup>2</sup> Overwhelmingly women of color, farmworker women do nearly every kind of farm labor on every kind of farm. They work on vegetable farms and in orchards, vineyards, packing-houses, nurseries, and greenhouses. Women hoe, thin, weed, prune, and harvest fruit and vegetable crops. They sort, grade, wrap, and pack fruits and vegetables, pot and tend ornamental plants, and dip ferns in pesticide baths and wrap them for shipment. Some move irrigation pipes or apply pesticides (although these better-paying jobs are usually reserved for men).

Farmworker women routinely receive less pay than men for the same work. (The average annual income of farmworkers is \$6500.<sup>3</sup>) Employers frequently attribute and give women's earnings to the male head of the household as a way of meeting federal or state minimum wage requirements. By listing a couple's or family's wages under one worker's name in their account books, employers can make it appear as if they are paying the legal minimum or more. In reality, workers may be earning as little as one or two dollars an hour. When social security benefits and payments they earn are credited solely to men (if the benefits are credited at all), farmworker women retire from years of hard work with no financial cushion.

Farmworker women are subjected to sexual harassment, assault, and rape by crewleaders and male workers. (Crewleaders are paid by growers to recruit, transport, house, and supervise farmworkers.) Women report that crewleaders often demand sexual favors in return for giving them places on work crews—and on the buses or vans that take them to the fields.



<sup>1</sup> National Commission to Prevent Infant Mortality. *HIV/AIDS: A Growing Crisis Among Migrant and Seasonal Farmworker Families*. December 1993.

<sup>2</sup> U.S. Department of Labor. *Migrant Farmworkers: Pursuing Security in an Unstable Labor Market*. Research Report No. 5. May 1994.

<sup>3</sup> U.S. Department of Labor. *U.S. Farmworkers in the Post-IRCA Period*. Research Report No. 4. March 1993.

## The Farmworker Women's Initiative on AIDS

Employed in the most dangerous occupation in the country, farmworker women daily face a daunting array of threats to their safety and health. They must cope with unsafe and unsanitary living conditions that include pesticide exposure, long hours at repetitive tasks without breaks, substandard housing in migrant labor camps, and the lack of toilets and drinking water in the fields.

Pesticide exposure can cause poisoning and even death, and chronic effects such as birth defects, cancer, infertility, and menstrual dysfunction. Repeating the same motions, such as sorting fruit or cutting vines, for hours at a fast pace leads to crippling repetitive trauma disorders. Inadequate toilet facilities in the field leave women more susceptible to urinary tract infections which, when contracted during pregnancy, have been linked to increased risk of miscarriage, premature labor, and neonatal death.

Farmworker women lack access to crucial information about their reproductive health such as how to protect themselves from sexually transmitted diseases like AIDS. Currently, aside from the several migrant health centers that receive federal funding under Title IIIb of the Ryan White Care Act, few AIDS prevention programs target farmworker women.

Farmworker women have trouble obtaining routine health care for themselves and their families. Most lack medical insurance, information about low-cost or free health care or social services in communities they migrate to, and more often than not, access to medical facilities. Underfunded and understaffed, federally funded migrant health centers currently serve only 12 percent of farmworkers nationwide. Even in medical emergencies, hospitals routinely turn away farmworker women and their families who lack money or health insurance. The result is that many farmworker women and their children continue to suffer—and even die from—preventable or treatable health conditions.

### ***The Farmworker Women's Initiative on AIDS***

In March 1991, the Farmworker Justice Fund, Inc., a national not-for-profit advocacy organization based in Washington, D.C., convened the first nationwide conference of migrant and seasonal farmworker women as the inaugural event of its Farmworker Women's Health Project<sup>4</sup>. The three-day meeting provided leadership and health training for 50 Latina, African American, Haitian, and Asian farmworker women from ten states and Puerto Rico.

One of the major health themes of that conference was AIDS. The conference participants admitted they had little accurate information about what AIDS is, how HIV infection is spread, or what they could do protect themselves. The women resolved to take the information they learned at the meeting back home to their families and communities. They also identified the need for AIDS education and awareness as a national priority to improve the health and well-being of farmworkers and their families. The conference participants pledged to turn their list of priorities into a national plan of action. They elected a steering committee to continue the work started at the conference. The committee met in Washington, D.C., in March 1993 for training, work on their action plan, and meetings with federal policymakers.



In the fall of 1993, Collier Health Services, Inc., of Immokalee, Florida, a community and migrant health center in southwest Florida and one of the Ryan White Care Act Title IIIb grantees, and the Division of Programs for Special Populations provided funding to the Farmworker Justice Fund to sponsor AIDS training conferences for farmworker women. The purpose of these conferences was twofold: farmworker women would receive HIV/AIDS

<sup>4</sup> The history and accomplishments of the Farmworker Women's Health Project are described in the report *Farmworker Women Speak Out*, available from the Farmworker Justice Fund, Inc., 2001 "S" Street, N.W., Suite 210, Washington, DC 20009 (phone: 202-462-8192).

education, and they would make recommendations to the federal government about access to comprehensive services and development of model education and prevention programs for their communities.

Discussions with farmworker women leaders led to the decision to hold one meeting in California and the other in Texas. Besides being home to large numbers of farmworkers, California and Texas both have grassroots farmworker women's organizations, whose creation was inspired by the 1991 founding conference of the Farmworker Women's Health Project. The Farmworker Justice Fund worked with the statewide Farmworker Women's Leadership Project (*Lideres Campesinas*), sponsored by the California Rural Legal Assistance Foundation, and with the Health Promoters Committee of the Sin Fronteras Organizing Project based in El Paso, Texas, to host these conferences<sup>5</sup>.

### ***The Farmworker Women's AIDS Conferences***

The two conferences were organized by the local farmworker women's organizations, with technical assistance and oversight by the Farmworker Justice Fund. Conference organizers identified AIDS trainers and other resources in their communities which they involved in their conferences. Some of these community resources were already linked to the farmworker community; others were not.

Conference organizers in Texas used the community and migrant health center, Centro de Salud Familiar La Fe, as the site of their day-long conference. One of the center's health educators was a trainer at the conference. The center also provided brochures in Spanish about AIDS, condoms, and coupons for free HIV testing; these materials were part of the conference packet that each participant received. Likewise, California conference planners enlisted AIDS educators from several community and migrant health centers to be trainers. The centers also provided condoms and AIDS brochures in Spanish for conference participants. The Farmworker Justice Fund secured bilingual posters and AIDS brochures and booklets from the National AIDS Clearinghouse which conference organizers distributed at each of the meetings.

The audience for both conferences was Hispanic farmworker women. Both conferences were held entirely in Spanish and used only women trainers to ensure that participants felt as comfortable as possible discussing and asking questions about AIDS and related sexual topics. *Lideres Campesinas* videotaped the California conference proceedings.

**The California Conference**—In preparing for their training conference, *Lideres Campesinas* worked with psychologist María Elena López-Treviño of Pomona, California, to design a questionnaire to survey farmworker women about their knowledge of AIDS and the HIV virus. The survey was a way to get women interested in the conference and to help shape the agenda of the training. Farmworker women who were members of the *Lideres Campesinas* project surveyed 72 of their co-workers in 11 communities throughout the state during January 1994 using this instrument.

Results of the survey showed that all respondents knew that AIDS is a sexually transmitted disease. The overwhelming majority (80-95 percent) correctly identified high risk behaviors, e.g., unprotected sex, sex with multiple partners, and sharing needles for IV drug use. Only five percent of respondents thought that AIDS was a disease of homosexual men only.

The majority of women (86 percent) indicated they had no problems discussing openly with their partners about having safe sexual intercourse. However, only eight percent of the respondents indicated that they used condoms as a protective measure. The protective strategy most reported by respondents (42 percent) was being monogamous and trusting that their partner was being monogamous too.

Popular media—TV (97 percent) and radio (61 percent)—were the major sources of information about AIDS for the farmworker women surveyed. Print media (44 percent), health clinics (43 percent),

<sup>5</sup> For more information about these organizations, contact: Millie Treviño-Sauceda, Farmworker Women's Leadership Project, 611 S. Rebecca Street, Pomona, CA 91766 (phone: 909-865-7776) and Alicia Marentes, Sin Fronteras Organizing Project, 201 East Ninth Avenue, El Paso, TX 79901 (phone: 915-532-0921).

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friends (38 percent), and doctors (31 percent) were other ways that respondents said they had learned about AIDS.

The California conference was held in the Salinas Valley at the St. Francis Retreat Center in San Juan Bautista during the weekend of February 4-6, 1994. Some 40 Latina farmworker women and trainers from agricultural communities throughout the state attended. (See Appendix 1.) The weekend retreat format allowed the women many opportunities to converse with each other about what they were learning.

The conference structure included plenary sessions followed by small-group work sessions where the women generated recommendations. These recommendations were then brought to the final plenary session for general discussion, agreement, and development of an action plan. Besides the initial health presentation given by a physician and a discussion of the results of the AIDS survey, the training included sessions about drugs, sex education in the farmworker family, sex education in the farmworker community, and a presentation by a family member of a person with AIDS. The weekend also included an evening reception for the women hosted by Salinas Valley dignitaries, which was a fundraising event.

**The Texas Conference**—The Texas conference had a different structure. The day-long meeting was held at a local clinic site in El Paso on Saturday, April 9, 1994. More than 30 participants and trainers came from the El Paso area as well as from New Mexico and Mexico. (See Appendix 2.) It was a point of pride that the AIDS conference was the first event of the Sin Fronteras Organizing Project that was organized exclusively by and for farmworker women. For women raised in a culture where their needs and interests always come last, it was a heady experience for them to discuss AIDS education and make policy recommendations while a committee of the husbands prepared their meals and took care of the children.

The conference organizers had done door-to-door canvassing to alert women about the training. They distributed colorful fliers and posters about the event and distributed AIDS brochures. Women who were not able to attend the conference appreciated the opportunity to receive AIDS information and learn about the health promoters committee.

The Texas training included some of the same topics as the California conference: what AIDS and the HIV virus are, how HIV is spread, the symptoms of AIDS, how to prevent infection, including the proper use of a condom. The Texas training also taught women about how to use the female condom. Other topics at the El Paso conference included sessions on the national AIDS picture, drugs, sex education, and health and working conditions in agriculture. All of these conference sessions were plenary sessions.

This conference differed strikingly from the California training in one important aspect. Much of the discussion throughout the day focused on the serious lack of any kind of health services for farmworker families in their region. Participant after participant told heart-wrenching stories of themselves or their family members being ill and yet being turned away at public and private hospital emergency rooms because they didn't have health insurance or enough money to be treated. Several women reported family members being discharged from the hospital too soon for economic reasons, with serious health consequences for their loved ones. Women talked about the high cost of medical care, the lack of Spanish-speaking personnel in area hospitals, insensitive and discriminatory treatment of farmworkers by hospital and clinic personnel, long waiting times to get seen at the federally funded health centers, and the lack of farmworker representation on the boards of those centers.

The conference was an opportunity for emotional catharsis and constructive action. Women told their stories; they expressed their anger, frustration, outrage, and sorrow. Then together they named the problems and recommended how to solve them.

## The Farmworker Women's Initiative on AIDS

**Impresslons from Both Conferences**—Farmworker participants at both conferences quickly got over their initial awkwardness and embarrassment and entered into frank discussion about what they knew and didn't know about AIDS and sex in general. For example, a number of women had never used condoms and did not know how to use them properly.

Both trainings included women of all ages. Several mother-daughter pairs attended the Texas conference. The participants at both meetings acknowledged the taboos within the Latino culture that make it hard for women to discuss sex and AIDS prevention with their children—much less with their husbands. As one woman in Texas put it, men's attitude toward the Hispanic woman is generally "Cállate y agúantate," "Shut up and put up with it."

If they know or suspect that their husband or partner has multiple sex partners or is an IV drug user, the women said, they now know they and their unborn children are at risk for getting infected with the HIV virus. Yet if they ask him to use a condom, they fear he will accuse *them* of being unfaithful or of not trusting him. Often the reaction is more severe. Everyone at both conferences knew a woman who, after asserting herself, had been beaten, thrown out of her house, refused financial support, or deserted.

If the spread of HIV among farmworkers is to be slowed, said participants, men as well as women need to be educated about the disease and how to prevent it, and to share what they have learned with other men in their communities. Farmworker women are the caretakers of their families. When farmworker women sicken and die from AIDS, the whole family suffers. Young children may end up taking care of their sick mothers. When the woman dies, the children may be split up and sent to live with different relatives—sometimes in abusive situations—or they may become orphans.

Both conferences ended with a pledge from the women to use what they had learned to help reduce the spread of HIV in their communities. They vowed to do a better job of educating their children about sex than their parents had done with them. The sharing of their stories and experiences, the time they spent together, the support they gave each other, and the new things they learned made the trainings an empowering experience for the women. As one Texas participant described, "We're always giving love, but we don't ever take it for ourselves."

## RECOMMENDATIONS

One of the goals of the conferences was for farmworker women to make recommendations to federal policymakers about HIV/AIDS. The following list is a combination of the recommendations from both conferences. These recommendations include actions that the women themselves and their families should take, what can be done in their communities, and what priorities and programs local, county, state, and federal governments should fund to prevent the spread of AIDS. At the end of this section are listed the problems and recommendations from the Texas conference that deal with general health care access and delivery issues.

### ***Education and Prevention***

- ❖ Create effective AIDS education and prevention programs aimed at farmworker women *and* men.
- ❖ Hold AIDS conferences for farmworker men.
- ❖ Use the media—TV, radio, newspapers—to reach farmworkers about AIDS.
- ❖ Train more farmworker women as community health promoters and AIDS educators.





## **The Farmworker Women's Initiative on AIDS**

- ❖ Require growers and farm labor contractors/crewleaders to provide farmworkers with educational materials about AIDS.
- ❖ Develop AIDS prevention programs and education materials in Spanish and other languages spoken by migrant and seasonal farmworkers.
- ❖ Provide AIDS prevention information at dental clinics.
- ❖ Teach children about AIDS and drugs at school, starting at the elementary level. Get parents involved in these efforts.
- ❖ Train parents how to talk to their children and spouses about drugs, alcohol, sex, and AIDS so they are able to set aside their embarrassment and myths from the Latino culture and talk more openly.
- ❖ Have more communication with our children. Give them sex education and teach them about AIDS.
- ❖ Develop directories of health and social services—including information on AIDS testing and other services—for farmworkers in their home communities and in the communities where they migrate.
- ❖ Develop a simple brochure about AIDS targeted exclusively to farmworkers.
- ❖ Make AIDS prevention information and condoms available to the community in public places, such as community centers, the post office and government agencies, restaurants and other businesses, as well as in public and workplace restrooms.
- ❖ Hold community meetings to call attention to the drug problem and the connection with AIDS.
- ❖ Give talks about AIDS in schools and at work.
- ❖ Establish community recreation centers to provide sports and other activities for farmworker youth as alternatives to gangs, drugs, alcohol, and sex.
- ❖ Require growers to provide more sanitary facilities and cleaner conditions in the fields and labor camps to prevent health problems such as the spread of tuberculosis and other infectious diseases.
- ❖ Encourage businesses—especially those that target young people, such as cigarette and beer companies, video arcades, and X-rated movies—to fund AIDS prevention programs.
- ❖ Put a stop to violent and pornographic movies and TV shows; they have no positive educational value for our children.
- ❖ Crack down on prostitution in migrant labor camps.

### ***HIV/AIDS Services and Treatment***

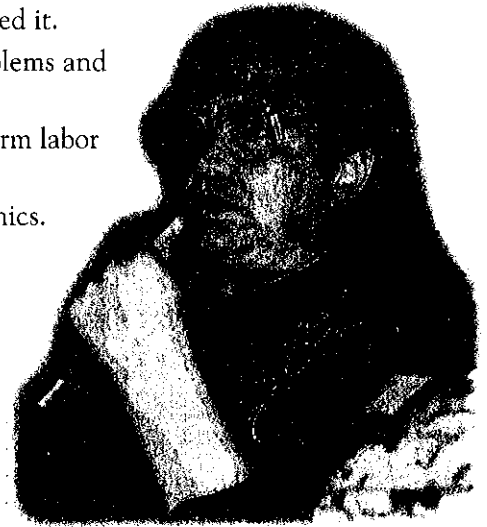
- ❖ Get tested for the AIDS virus.
- ❖ Develop an efficient and adequate medical referral network, which includes AIDS services, for farmworkers.
- ❖ Provide more government funding for health clinics and health educators in farmworker communities.
- ❖ Provide AIDS testing free of charge.
- ❖ Create AIDS support centers in farmworker communities for AIDS survivors, and their families and friends.
- ❖ Establish rehabilitation centers in farmworker communities for drug addicts.
- ❖ Require the Immigration and Naturalization Service to give information about AIDS services to persons who, in the course of their application for legal residence, have tested positive for the HIV virus.
- ❖ Provide more trained, efficient, and compassionate personnel in the hospitals to care for people with the HIV virus, especially in remote rural areas.
- ❖ Require that medical institutions have Spanish-speaking personnel to attend and advocate for farmworkers who may be infected with the AIDS virus.
- ❖ Prohibit requiring any type of documentation of immigration status from persons seeking medical attention because this could lead to people with AIDS going without care and infecting others and

further spreading the disease.

- ❖ Designate the money and property confiscated from drug dealers to be used for AIDS prevention programs.
- ❖ Provide AIDS prevention training to prisoners and prison authorities and personnel. Distribute AIDS education materials and condoms in prisons.

### ***General Health Care Access and Delivery Problems for Farmworkers:***

- ❖ People who don't have money are denied medical care.
- ❖ Migrant and seasonal farmworkers don't have information about where they can get medical care.
- ❖ Medical institutions demand excessive documentation to satisfy their criteria to receive care. Sometimes farmworkers don't have these items, e.g., proof of residence, pay stubs, rent receipts, driver's license and other forms of identification.
- ❖ Farmworkers are denied emergency medical care when they need it.
- ❖ Farmworkers don't have enough information about health problems and how to protect themselves.
- ❖ There are no first aid kits in the fields or in the vehicles that farm labor contractors use to transport farmworker crews to work.
- ❖ There is a need for networking of medical services between clinics.
- ❖ Clinics that see farmworker patients are not open long enough hours.
- ❖ The cost of medical care is very high. Uninsured farmworkers are required to pay most of the bill up front in order to receive service.
- ❖ There are long waits—up to 12 hours—at emergency rooms because of the lack of medical personnel and resources.
- ❖ Farmworker patients suffer insensitive and inhumane treatment by some of the personnel at area clinics and hospitals.
- ❖ Farmworkers have to take someone with them to advocate for them when they go to the emergency room so that they are attended.
- ❖ There is a lack of medical personnel who speak Spanish.
- ❖ There is a need for medical personnel to inform patients so that they understand correctly about their condition and treatment.
- ❖ Current working conditions in agriculture are what cause the health problems that we farmworkers suffer.
- ❖ There is a lack of farmworker representation on the boards of directors of health centers; such representation is needed to improve service to farmworkers.
- ❖ Housing agencies do not solve the housing problems of farmworkers. Unsafe and unhealthy housing causes major health problems for farmworkers and their families.
- ❖ Dental services are insufficient and inadequate.
- ❖ The Immigration and Naturalization Service requires an AIDS test, but this is discrimination and robbery because when applicants test positive, the INS only rejects their application but provides no information about where the HIV-positive person can go for help.



### ***Solutions:***

- ❖ Money should not be a requirement to receive emergency medical care. Hospitals should accept that medical bills will be paid according to a patient's income.
- ❖ Ensure that health care facilities post notices in Spanish explaining patients' rights in places easily visible, such as near the information desk.

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- ❖ Provide a health care program like Medicare for farmworkers and their families. Ensure that farmworkers are included in any national health care reform plan. This is vital because we cannot even pay for an eye exam let alone get treatment for AIDS when our annual income is \$4,000-\$5,000.
- ❖ Ensure that housing authorities process applications for housing in less than three months so that people can avoid getting sick or aggravating health problems such as AIDS because of bad housing or homelessness.
- ❖ Establish an emergency housing program in El Paso.

### FOLLOW-UP

At the final session of the California training, the participants developed the following action plan:

- ❖ Organize meetings in our communities to do trainings about AIDS prevention.
- ❖ Work with our local community and migrant health centers to do our AIDS trainings.
- ❖ Prepare ourselves to be competent trainers about AIDS prevention. Make sure we have up-to-date information.
- ❖ Visit our city and county politicians and explain what we have learned about AIDS and the needs of the farmworker community concerning AIDS.
- ❖ Work to get AIDS prevention and treatment services in areas where there are none.
- ❖ Oppose laws that prevent undocumented persons from receiving AIDS services.

After both the conferences, farmworker participants returned to their homes and communities and began to share information about AIDS with their families, friends, neighbors, co-workers, and the larger community.

Many of the California women reported that they were able to overcome their embarrassment and reluctance to talk about sex with their husbands and children because of the very serious health consequences of AIDS. They wanted to protect themselves and their families. Many women said that this was the first time they had talked to their husbands and children about AIDS. Their family members were initially surprised, but they were receptive and interested in the information.

Women with sexually active sons were pleased to teach them the correct use of a condom and to see that their sons took the condoms to use. The mothers were happy to know that the information they shared from the AIDS training was helping to protect the health and well-being of their children. Daughters echoed some of the women's own concerns about control over their health: What can I do if my husband or partner insists he is faithful and refuses to use a condom? What do I do if I can't convince him to use one and I suspect that he may be at risk for HIV infection and is putting me and my unborn children in jeopardy?

California conference participants each gave a presentation about AIDS to their local committee. (The Farmworker Women's Leadership Project comprises women's committees in over 20 agricultural communities throughout California.) The other members of their committees took the AIDS information home and shared it with their families. Some of the committee members asked that there be more detailed trainings given locally.

The women also conversed with neighbors and co-workers about what they had learned at the AIDS conference, and they distributed information to them. There were numerous appeals for more information and additional training.

Some of the California conference participants contacted the health clinics in their areas and organized AIDS workshops with clinic staff for their communities. Conference participants also began to assess the availability of AIDS/HIV resources locally. This assessment includes information on local

## The Farmworker Women's Initiative on AIDS

service providers, including the services offered, and whether these services encompass bilingual language capabilities with bicultural staff members.

In April 1994, representatives from both of the AIDS conferences were panelists at a session of the annual migrant health conference in Seattle, Washington. Imelda García, Eva Espíndola, Praxides Porcayo, Teresa Sandoval, and Alicia Marentes were presenters at the session entitled "Empowering Farmworker Women." They spoke about the conferences and their organizing efforts around AIDS prevention.

During the summer of 1995, the local committees of the Farmworker Women's Leadership Project organized and convened 12 local and regional training conferences for farmworker women. Each of these conferences has included training on AIDS, domestic violence, and pesticides. At the end of each meeting the women develop work plans for their areas, and the participants commit to take the information they have learned back to share with their families, neighbors, and co-workers.

Future plans of *Lideres Campesinas* include compiling a statewide Farmworker Women's HIV/AIDS resource guide, educating in their communities through conferences and clinics, mobilizing at the local and state levels where services are deficient or nonexistent, and hosting a statewide HIV/AIDS conference for farmworker youth at which they would get information and develop their own local action plans about AIDS.

In Texas the farmworker women have taken similar steps. Conference participants report they have spoken with their spouses and children about AIDS and HIV. Many took advantage of the opportunity for the free AIDS test for themselves and family members. Since the conference, the Sin Fronteras Organizing Project has opened the Border Farmworkers Center, a safe and clean place for farmworkers to sleep, shower, and eat. The center is working with local health and human service organizations to provide on-site health screening, e.g., for diabetes, and medical referrals as well as health education programs. The health promoters have found that their male audiences have been very receptive to getting training about AIDS from women.

## CONCLUSION

Both of these farmworker organizations are committed to continuing their work to combat the spread of HIV and AIDS within their communities. These farmworker leaders are particularly concerned about training their children about the dangers of unsafe sex and drug and alcohol abuse. The women are working in their communities with the resources at hand. In addition, they have developed proposals to seek funds to more broadly implement their recommendations. These two organizations are a resource for outreach efforts and organizing strategies to train farmworker women and their families nationwide about AIDS and HIV.



## The Farmworker Women's Initiative on AIDS

### Appendix A

#### California Farmworker Women and AIDS Conference

February 4-6, 1994 — San Juan Bautista, California

##### Planning Committee:

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Leticia Maravilla  
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Francés Guzmán  
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María Treviño  
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Julia Medina  
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Martha Moreno  
Julia Ponce

##### Participants:

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Eva Espíndola  
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Laura Conle  
Amelia Rojas Hernandez  
Emma Guzman  
Francisca Acosta  
Martha Moreno  
Reneé Martínez  
María "Cuca" Carmona  
Paula Ruiz  
María Sara Cerda Martinez  
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Julia Medina  
Julia Torres  
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Elvira Callo  
Esperanza Torres  
Delia De Leon

##### Speakers/Trainers/Facilitators:

Rosa Apodaca  
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Leticia Maravilla  
Laura Solorio, M.D.  
Maria Corralejo  
Juanita Godwin  
Lucia Molina  
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Claudia Gálvez  
M. Gloria Hernandez  
Rosa Saucedo  
Mary Melero  
Sylvia Torres  
Jessica Silverman  
Valerie A. Wilk  
Brenda Lee Bonano

### Appendix 2

#### Texas Farmworker Women and AIDS Conference

April 9, 1994 — El Paso, Texas

##### Planning Committee:

Alicia Marentes  
Lorenza Primero  
Gloria Salcedo  
Elisa Juarez

##### Participants:

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