

# The Migrant Farmworker: Health Care Challenge

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*Migrant farmworkers comprise a severely medically underserved population, both nationally and in New Jersey. This article defines the migrant population, reviews their specific health problems, and illustrates the urgent need for the medical community's attention and resources.*

Migrant farmworkers comprise a unique and often forgotten minority group in New Jersey. As a transient population, they are easily overlooked, toiling and living in the less visible rural areas where agriculture predominates. New Jersey Rural Opportunities, Inc. estimates that the state has an annual migrant/seasonal farmworker population of over 12,000 persons. Theirs is a difficult plight, characterized by poverty, extreme mobility, arduous labor, severe occupational hazards, educational disadvantages, and language differences. The picture becomes even more grim when one factors in the migrants' lack of political empowerment and self-advocacy skills.

Migrant workers represent a critical link in the food production chain of the state. They help farmers produce and harvest an abundance of fruits and vegetables for which New Jersey is well known. Beyond that, they pump money into the local economy by purchasing goods and services, and allow local communities to receive state and federal funds to operate farmworker services. It is ironic that while migrants work to

provide nutritious foods for New Jersey residents, migrant workers have far greater health problems than the general population.

Health research on migrant workers has been limited, partly because their mobility precludes long-term studies, but also because research funding, staff, and priority status are scarce. Nevertheless, statistics are available that graphically illustrate the problems faced by migrant workers throughout the country:

1. The infant mortality rate is 25 percent higher than the national average.

2. The death rate from influenza and pneumonia is 20 percent higher than the national average, and the death rate from tuberculosis and other communicable diseases is 25 times higher than the national average.

3. The hospitalization rate from accidents is 50 percent higher than the national average.<sup>1</sup>

4. The migrant farmworker population suffers health problems related to poor sanitation and overcrowded living conditions at a rate much higher than the non-farmworker population.

5. Parasitic infections afflict migrant workers an average of 20 times more than the general



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population, ranging in prevalence from 27 to 57 percent (rates comparable to those reported in third world countries).

6. The full extent of both acute and chronic pesticide poisoning among farmworkers still is not known.

7. The dangers of agricultural labor on women, particularly pregnant farmworkers and their newborn babies, and on the development of farmworker children, are poorly documented.<sup>2</sup>

The most sobering statistic, and one that demands acknowledgment of the urgent need to address migrant health issues, is that, in 1990, the average life expectancy for a migrant farmworker was 48 years.<sup>3</sup>

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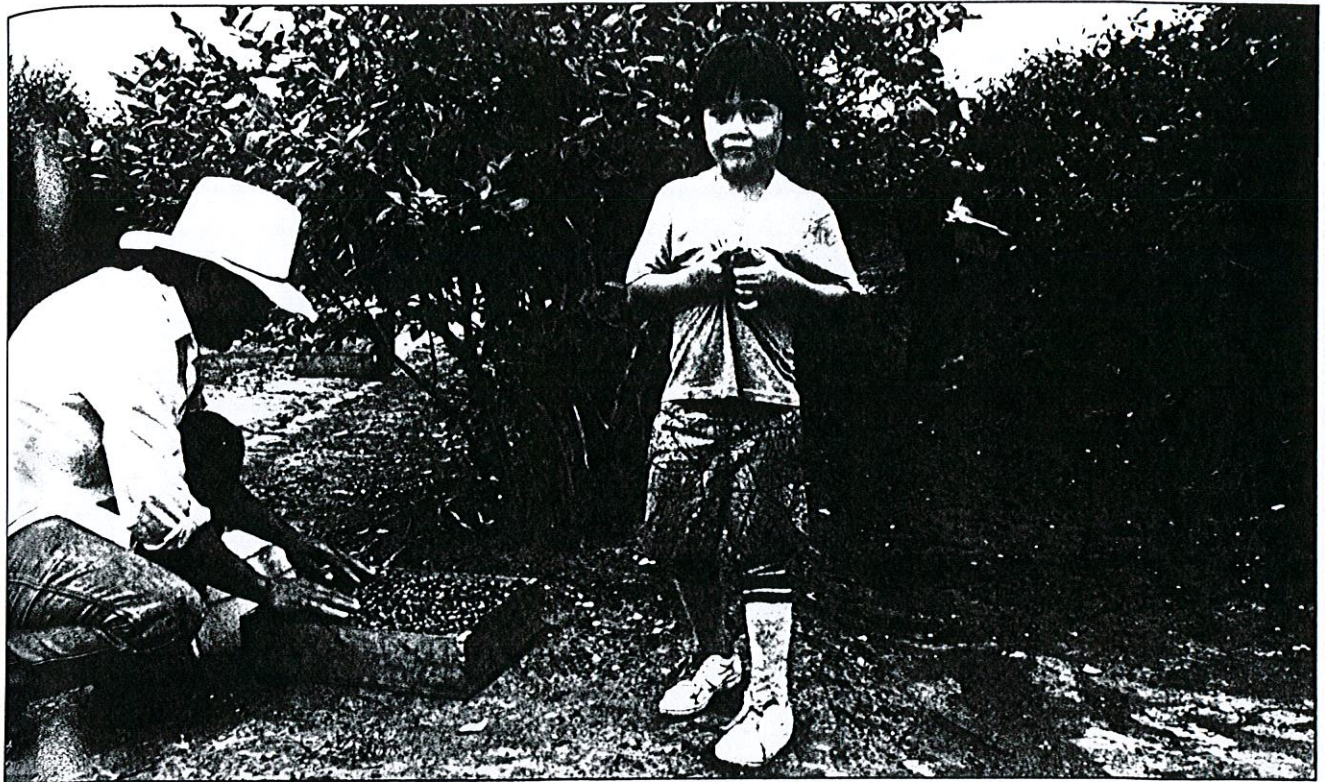
Migrant farmworkers at "home" and in the field. © Peter Byron

health centers are in operation, funded largely by federal public health service act grants. However, obstacles such as insufficient funding, lack of client transportation, and language differences prevent the clinics from reaching a large portion of the potential clientele. According to a 1986 report of the Farmworker Justice Fund, in fiscal year 1985 federally funded migrant health facilities reached only 17 percent of migrant and seasonal farmworkers and their dependents.<sup>2</sup>

The health problems most frequently reported at migrant health clinics include dermatitis, injuries, respiratory problems, musculoskeletal ailments, eye problems, gastrointestinal problems, hypertension, and diabetes. Most health problems can be linked directly to the workplace or migrant lifestyle—overcrowded housing, poor sanitation, exposure to pesticides, stoop labor, improper nutrition, or accidents related to occupational hazards.

To fully appreciate the severity of this population's health needs,





Migrant farmworkers are adults and children. © Peter Byron

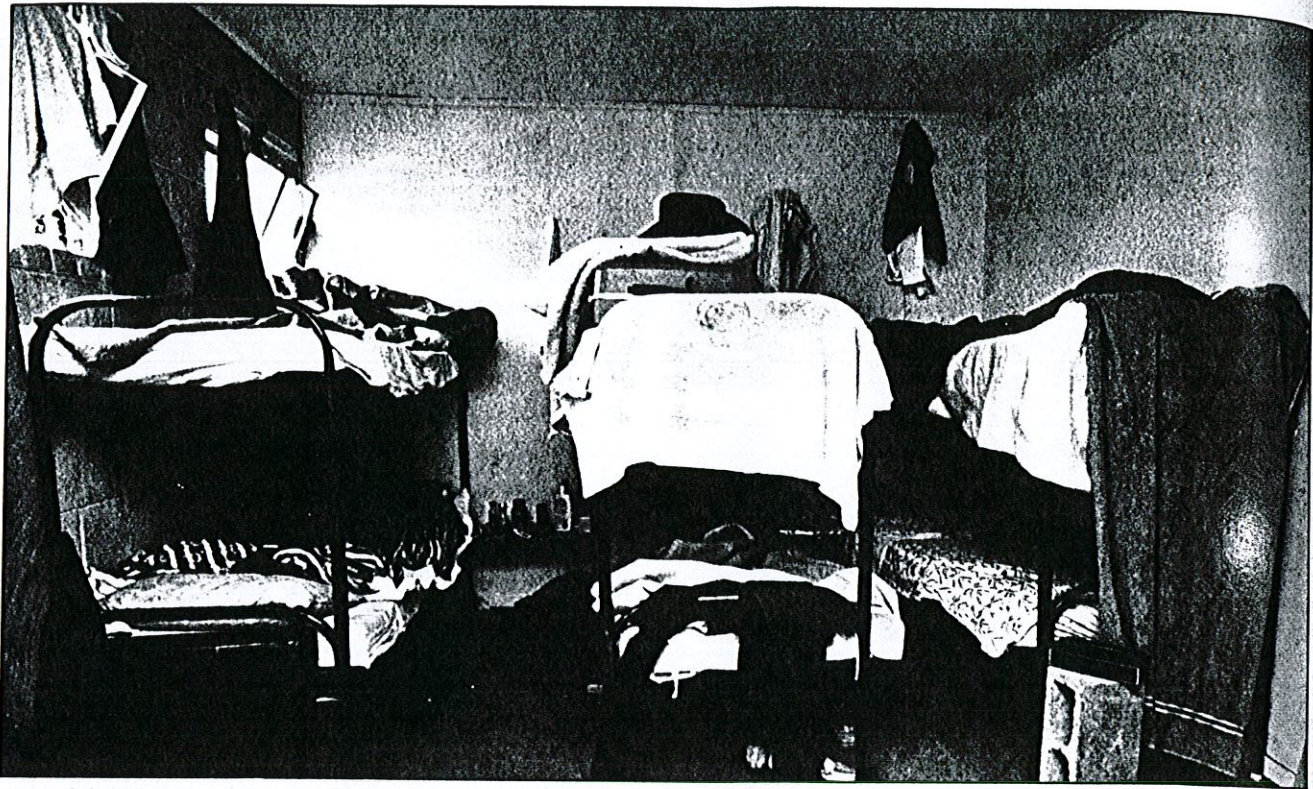


it is necessary to consider the most prevalent of their health problems. The Farmworker Justice Fund described the following major concerns:

**Poor sanitation.** Numerous health problems arise from poor sanitation in the field and in living quarters, including communicable diseases, dermatitis, heat disorders, parasitic infections, and pesticide-related illness. Farmworkers are three to five times more likely to contract a urinary tract infection than the general population.

**Heat stress.** Agricultural workers are over four times more likely than nonagricultural workers to suffer heat disorders. Problems range from prickly rash to fatal heat stroke.

**Pesticide exposure.** Most labor-intensive crops receive heavy pesticide application, leaving migrant field workers at great risk of exposure. Contact with pesticides may result in acute problems such as poisoning, skin and eye conditions, chronic dermatitis, headaches, cancer, birth defects, and abnormalities in



Typical housing accommodations for migrant workers. © Peter Byron

liver and kidney function in farmworkers of all ages.

**Vision problems.** Occupational hazards for the eyes include irritations, infections or injury from sun and wind; dust, soil, twigs, branches, thorns, and debris ejected from farm machinery; and allergic reactions.

**Musculoskeletal conditions.** Migrant farmworkers perform heavy labor, and often must stoop or kneel for extended periods or lift and haul heavy loads. Prolonged activity of this type ultimately leads to muscle strain, traumatic injury, irritated joint tissue, and degenerative joint disease.

**Accidents.** Agriculture is widely considered to be the second most dangerous occupation in the United States, second only to mining. In 1983, there were 1,800 work-related deaths and 180,000 disabling injuries among workers aged 14 and over.

**Respiratory conditions.** Migrant workers frequently live in overcrowded, poorly ventilated housing and lack sanitary conditions, resulting in the spread of colds, influenza, and upper respiratory tract infections. Mi-

grant workers also are more likely to inhale hazardous substances.<sup>2</sup>

Among the many other factors affecting migrant health are poor nutrition; little or no access to adequate pre- and postnatal care; inability to qualify for Medicaid benefits outside the homebase state; overwhelming lack of health insurance; geographical isolation from health care providers; substance abuse; and illiteracy. Many migrant farmworkers and families cannot access preventive or routine health care, and seek treatment only for acute medical problems, often in emergency rooms.

In many respects, New Jersey is far ahead of other states in protecting the rights and welfare of migrant workers. New Jersey is 1 of 15 states providing complete coverage for agricultural workers under worker's compensation law. New Jersey also protects farmworkers against pesticides more extensively than the federal government, and has passed toxic substance right-to-know legislation.<sup>2</sup> A 1987 study conducted in New York, New Jersey, Ohio, and Pennsylvania by Rural Opportunities, Inc. revealed that farm-

workers surveyed in New Jersey had the lowest incidence of occupational injuries, suggesting better working conditions and stronger law enforcement than elsewhere. Fifty-seven percent of migrant workers reported receiving pesticide safety information from New Jersey health care providers.<sup>4</sup>

New Jersey also has a statewide farmworker health task force that encourages cooperation among member agencies.<sup>5</sup> The federally funded migrant education program provides health services for the children of migrant workers, and has established substantial links with the health care community. SaLantic Health Services, Inc. and Bridgeton Area Health Services, Inc. are direct health care providers for migrant and rural populations. New Jersey Rural Opportunities, Inc., the Comité de Apoyo a los Trabajadores Agrícolas (CATA), farmworkers' rights organizations, and other agencies advocate on behalf of migrant farmworker needs and rights.

However, much remains to be done. The extremely limited resources available for migrant

Farmworkers

health care ability of agricultural workers, comprehensive care, and accessibility of the state health system, resulting in increased need for acute care services. A more systematic approach on a whole includes social conditions, health care, and other areas.

If migrant workers are to get to health care services more easily, more work must be done about the needs of the migrant health care community. Specific health care must become a priority.

The situation is succinctly illustrated by the opportunities for migrant farmworker health care and ability and



Farmworkers getting ready for a day at work. © Peter Byron

health care projects hamper the ability of agencies to deliver comprehensive services to the majority of the state's migrant workers, resulting in a seriously underserved population. Delivery of acute care must be coupled with systematic preventive care based on a whole-family approach that includes screening, immunizations, health and nutrition education, and outreach into remote areas.

If migrant families are unable to get to health care centers, the services must be taken to them. More work must be done to bring about greater public consciousness of the existence and needs of migrant workers. The health care community, in particular, must become more aware of their specific health problems.

The situation is summarized succinctly in the 1987 Rural Opportunities, Inc. study on farmworker health care availability and utilization: "No other

labor force in the United States is expected to tolerate (nor indeed has tolerated) such dangerous, degrading working and living conditions as farmworkers."<sup>4</sup>

The case for remedying the situation is stated by the Farmworker Justice Fund, Inc. in its 1988 progress report: "The time is well past due for this nation to afford farmworkers decent health care. It should be apparent to all thoughtful observers that farmworkers, the most productive sector of labor in one of America's most successful industries, should not be rewarded for their efforts with disability and disease. Farmworker health and safety must become a national priority."<sup>6</sup> ■

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