

1994 update on the recommendations of the national
advisory council on migrant health

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NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH

A Supplement to
1993 Recommendations of the National Advisory Council on Migrant Health

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1994 UPDATE

ON THE RECOMMENDATIONS OF THE NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH

The National Advisory Council on Migrant Health firmly advocates the implementation of the recommendations put forth in the *1993 Recommendations of the National Advisory Council on Migrant Health* which address: Housing, Appropriations/Authorization, Mental Health, Family Issues, Health Reform, Outreach, Occupational/Environmental Health, Health Professions, and Research. This update reflects events of the last year and subsequent concerns regarding the issues that affect the well-being of migrant and seasonal farmworkers. The following information brings the standing recommendations and background papers up to date with the Council's position on migrant and seasonal farmworker health issues in 1994.

HEALTH REFORM

The Secretary of the Department of Health and Human Services, the Honorable Donna E. Shalala, met with the National Advisory Council on Migrant Health in February of this year. The Secretary has expressed a commitment to include migrant and seasonal farmworkers in health care reform. The Council commends the Secretary and applauds this pledge. However, the Council cautions the Secretary that the following issues must be taken into consideration and accommodated in any health care reform plan to benefit farmworkers:

- Benefits must be portable due to the mobility of the farmworker population.
- Limitations on out-of-area coverage, which would not have a significant impact on stationary populations, could effectively eliminate access to benefits for the highly mobile migrant and seasonal farmworker population.
- Determining who is the employer of a migrant or seasonal farmworker poses a problem. Farmworkers often work for labor contractors or crew leaders who contract services to growers. Farmworkers may have multiple employers in the course of a year or even of a single day. The consideration of who will provide the employer contribution for migrant and seasonal farmworkers is highly problematic.
- To be effective, health care reform must include accommodations for the special problems migrant and seasonal farmworkers face in obtaining care. These problems include, but

are not limited to, language barriers, lack of transportation, and the need for culturally competent care.

- Disease does not recognize borders or nationalities. The Council is concerned that undocumented workers are being excluded from coverage under health care reform. Undocumented workers contribute economically to this nation, and experience the same health problems as migrant and seasonal farmworkers, but will not receive any benefits under health care reform proposals. Undocumented workers must be included in health care reform if the nation is to meet its public health objectives.

Migrant health centers have been effective at providing the quality of care that is required by migrant and seasonal farmworkers. Utilization and expansion of this model to provide the necessary primary care for all migrant and seasonal farmworkers and their families should be considered in the implementation of health care reform.

MENTAL HEALTH

Domestic violence is not limited to physical abuse. It may also include verbal or emotional abuse or oppression. Although men are not exclusively the perpetrators of domestic violence, they are traditionally the dominant domestic partners in migrant and seasonal farmworker families. The issues of physical abuse and the lack of empowerment of migrant and seasonal farmworker women in domestic relationships have been brought to the Council's attention. In documented cases, men have limited the ability of women to implement family planning or to seek general health care. Abusive relationships undermine the self esteem and general well-being of migrant and seasonal farmworker women.

The Council recognizes that domestic violence can have a severe impact on migrant and seasonal farmworker families. The mental health needs of farmworkers are in general inadequately addressed and under-funded. The same stresses that make this population vulnerable to anxiety, depression, and substance abuse also put them at risk for domestic violence. This vulnerability must be recognized and addressed along with the other mental health needs of farmworkers. Curtailing domestic violence requires concerted community education, intervention, and prevention measures. The Council urges that more resources be made available to meet the mental health needs of migrant and seasonal farmworkers.

ORAL HEALTH

Migrant and seasonal farmworkers and their families exhibit some of the most severe oral health problems in the nation. The Council recognizes that oral health is an integral part of the overall well-being of any individual. A well-documented dispar-

ity exists between the oral health status of individuals who have ready access to oral health care services and those who do not. The Council is anxious that this important aspect of migrant and seasonal farmworker health not be neglected; therefore, it has resolved that it:

- Supports amending the Public Health Service Act so that Sections 329, 330, and 340 mandate the scope of services needed to achieve the oral health objectives of *Healthy People 2000*.
- Will work to assure that the oral health services, including prevention and treatment, are an integral component of primary health care and are defined as such in legislation and regulations.
- Will work to increase the number of oral health programs in migrant and community health centers and homeless health projects.
- Will work to expand access and improve existing oral health services in migrant and community health centers and homeless projects.
- Will work to change the Medicaid legislation to include oral health as a basic covered service.
- Will work to recommend to the Clinton administration the inclusion of oral health as a covered service in national health reform.

It is vital that additional appropriations be made for improving the oral health of farmworkers. It is also vital that sufficient numbers of qualified oral health providers be available to furnish necessary services. The Council recommends that the Department pursue all opportunities to improve the level of oral health services for migrant and seasonal farmworkers.

OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Full implementation of the Environmental Protection Agency's, Worker Protection Standards has been postponed from April 1, 1994 until January 1, 1995. Implementation of these national standards is a long overdue measure to protect migrant and seasonal farmworkers from pesticide exposure. The Council urges the Department to work with the EPA in every way possible to assure that all provisions of the Worker Protection Standards are implemented as soon as possible.