

Access

Newsletter of the North Carolina Health Careers Access Program



Spring 1996 Vol. V No. 1

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Hands that Rock the Fields

The move of migrant farmworkers to North Carolina means big agricultural bucks, but what do they get in return for their labor?

GOING TO THE grocery store is an experience most North Carolinians don't think about much. We expect a fresh produce section, and a wide variety of fresh and canned fruits and vegetables to choose from.

What we may not know is that the availability of these goods at the grocery store depends on a complex cycle of agricultural production and distribution. At the heart of this cycle is the migrant farmworker.

According to the Office of Migrant Health, each year an estimated 45,000 migrant farmworkers and their dependents travel up the East Coast to North Carolina to work in the agricultural harvest. An additional 300,000 seasonal farmworkers find employment in North Carolina fields. As a result, North Carolina ranks fifth in the United States in numbers of migrant and seasonal farmworkers and ranks first among the upstream East Coast states.

Migrant farmworkers have already begun to arrive in North Carolina to work green pepper and cucumber fields. Who are these workers? Why do they come to North Carolina? What kind of occupational health hazards do they face? And what kind of health care can they hope to receive?

Common Misconceptions

To understand the life of the migrant worker, several stereotypes first must be dispelled.

▲ A common misconception among many agencies and the general public is that a migrant farmworker is defined by his or her ethnicity. For many, this means that any "Mexican" is considered a migrant or vice versa. This, however, is not the case; a migrant farmworker is defined by his or her occupation. In fact, up until the early '90s, North Carolina's migrant farmworker popula-



The urgency to complete tasks according to nature's timetable compels farmworkers to work in the fields in all seasons and in all weather conditions.

tion was predominantly African-American. Today, however, the N.C. Employment Security Commission reports that 92 percent of the state's migrant workers are Latino, with large numbers of workers coming from Mexico, Central America and the Caribbean. Native Americans, Jamaicans, Haitians and other racial and ethnic minorities work North Carolina fields, also.

▲ Migrant farmworkers do not take jobs from North Carolina residents, but are recruited and hired because sufficient local seasonal farmworkers are unwilling or not available to harvest crops.

▲ Migrant farmworkers do not impose an unfair tax burden on the state. In fact, migrant farmworkers contribute to the income of many local communities because of the food and goods they purchase while working in North Carolina. In addition, migrant workers and their families make a substantial contribution to the economy through withholding of federal income and social security taxes.

(see Farmworkers page 4)

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Farmworkers

continued from front cover

Importance of Farmwork Labor

Over 85 percent of the fruits and vegetables produced in North Carolina are hand harvested or cultivated. Without the efforts of farmworkers, North Carolina could not support its multi-billion dollar fruit and vegetable industry. Planting, thinning and harvesting are crucial to crop production, and the timeframe in which they must occur is determined by the seasons and the weather. Failure to perform any of these activities at the appropriate time can result in a lost crop.

In North Carolina, farmworkers are needed to hand-pick fruits and vegetables; plant and harvest tobacco and Christmas trees; or dig potatoes. Hand labor is especially vital to the production of blemish-free fruits and vegetables which consumers demand, and for which, in turn, merchants can charge up to 60 percent more.

Low Wages

In return for their labor, migrant farmworkers are among the lowest paid workers in the country, averaging less than \$7,500 a year. The vast majority of the state's farmworkers receive no fringe benefits or overtime pay, and are not covered by workers' compensation even though farm work is classified by the Department of Agriculture as one of the most dangerous occupations in the United States.

Housing a Recurring Issue

Farmworkers need decent, affordable housing to make the journey to perform the seasonal work needed. Without their labor, growers cannot maintain current production levels, thus creating food shortages that ultimately affect consumers in the form of higher prices.

Hired farmworkers, particularly migrants, face barriers to obtaining housing in local private housing markets. Many small, rural communities in North Carolina do not have enough rental units available, or they may be unavailable to migrant farmworkers because workers cannot provide deposits, qualify in credit checks or make long-term rental commitments.

North Carolina growers recognize that the lack of housing is a serious problem, but

construction and maintenance is expensive, especially if housing will be occupied only during a short harvest season. So, in the absence of housing, some farmworkers sleep in tents, cars, ditches or open fields.

There is, however, a group of North Carolina farm owners who are committed to farmworker health and safety—the Gold Star Growers.



Gold Star Growers register their migrant housing with the N.C. Department of Labor's Agricultural Safety and Health Division and have their housing inspected prior to occupancy. Since 1992, the N.C. Department of Labor has registered more than 300 Gold Star Growers who have met or exceeded housing standards.

In addition, the N.C. Department of Labor conducts compliance inspections and targets unregistered housing. In 1995, the penalty for unregistered housing was \$5,000. When adjusted for size, good faith, and history, the fine could be reduced to \$1,500—still a hefty amount of money and an incentive for growers to register their housing with the N.C. Department of Labor.

Occupational Health Hazards

Migrant farmworkers work the fields in all seasons and in all weather conditions, including extreme heat, cold, rain, bright sun, and damp. Their work often requires stoop labor, working with the soil, climbing, carrying heavy loads and direct contact with plant poisons.

North Carolina's plants and soil are frequently treated with pesticides and chemical fertilizers. Some plants, such as tobacco and strawberries, exude chemicals toxic to humans or can cause severe allergic reactions such as contact dermatitis and respira-



Children of migrant workers have higher rates of parasitic infections, malnutrition, dental disease, and are less likely to be fully immunized than other NC children (above). Migrant work often requires stoop labor, working with the soil, climbing, carrying heavy loads and direct contact with plant poisons (left).

tory problems. When safe water is not available for drinking and washing, some farmworkers resort to irrigation ditches and runoff ponds which are contaminated by pesticides, chemical fertilizers and organic wastes. Drinking and bathing in such water exposes farmworkers to potentially harmful chemicals and to water borne parasites, as well.

The Occupational Safety and Health Association (OSHA) requires that growers who employ eleven or more workers provide drinking water, hand washing facilities and toilets for their employees. However, farms with ten or fewer employees are exempt from these requirements. As a result, these basic amenities are not mandated by law for many farmworkers, regardless of the conditions or hours required of them by their work in the fields. Even where sanitation facilities meet requirements, workers often must walk up to one quarter mile to use them.

Socioeconomic Health Concerns

Although many of the health problems found in the general population, particularly among minorities and the poor, also affect migrant farmworkers, the hardship of life as a farmworker results in unique challenges to the health of these workers and their families. In many cases, the frequency or intensity of a health problem is greater within the migrant population than in the population at large.

For example, the lack of safe drinking water contributes to dehydration and heat

stroke. The absence of toilet facilities leads to urinary retention, which, in turn, is linked to urinary tract infection.

Conditions such as tuberculosis, diabetes, cancer and HIV, which require careful monitoring and frequent treatment, pose a special problem for farmworkers who must move frequently.

Employment security and other work conditions also play pivotal roles in a farmworker's mental and physical health. The absence of decision-making latitude on the job has been shown to be directly associated with the risk of cardiovascular disease and hypertension.

Isolation, economic hardship, and weather conditions often lead to depression. In addition, poverty, stress, mobility and lack of recreational opportunities make farmworkers especially vulnerable to substance abuse.

Although farmworkers fit the eligibility criteria for assistance programs such as Medicaid, Aid to Families with Dependent Children, and Social Security Insurance, few actually obtain benefits. This is because enrollment and eligibility standards are not designed to accommodate people who must move frequently to find work, or whose income fluctuates dramatically during the agricultural season even though their annual wages are below the poverty level. Also, many farmworkers do not understand they are eligible for benefits and so do not apply.

Health Care Resources in NC

Migrant workers don't generally earn enough to pay for health care, and they

almost never have health insurance. Many lack transportation to clinics or, since they don't receive sick leave, are afraid of losing wages or losing their jobs if they take time off to seek health care.

Follow-up care and continuity of care for chronic conditions are serious problems. A number of federal and state agencies are working hard to remedy these problems, however.

For example, the U.S. Public Health Service funds four health centers in North Carolina which serve the unique needs of the migrant farmworker: Blue Ridge Health Services in Henderson County; Tri-County Community Health Center, Sampson County; Goshen Medical Center, Duplin County; and Nash Regional Migrant Health Center, Nash County. Patients pay on a sliding fee scale according to their income.

North Carolina is one of few states to have state funds for migrant health services.



Blue Ridge Health Services in Henderson County is one of four health centers in North Carolina which serve the unique needs of the migrant farmworker.



Migrant farmworkers do not take jobs from North Carolina residents, but are hired because sufficient local seasonal farmworkers are either unwilling or not available to harvest crops.



Farmworkers are afraid of losing wages or losing their jobs if they take time off to seek health care.

These limited funds reimburse private doctors, dentists, clinics, pharmacies and hospitals for essential ambulatory medical and dental services provided to farmworkers and their families who have been employed within 24 months. Migrant farmworkers pay a copayment for services or medical prescriptions received under this program.

In addition, the N.C. Office of Rural Health and Resource Development offers grants to local health departments and non-profit health care agencies to provide comprehensive, community-oriented primary care for over 4,000 migrant and seasonal farmworkers in fifteen counties. These grants fund evening and weekend clinics, outreach workers, interpreters and patient transportation.

Farmworker Advocates

Farmworkers face many challenges. Fortunately, many people and organizations remain committed to helping workers and their families overcome poverty and powerlessness. One such entity is the N.C. Farmworker Health Alliance.

Lead by the Division of Health Promotion, the N.C. Office of Rural Health and

(see Farmworkers page 14)

NIH's Norman Anderson gives NC students a 'prescription for success'

Former Duke researcher and psychologist delivers Inspirational Speakers In Science Lecture

MEETING YOUR own short- and long-term goals involves overcoming obstacles and capitalizing on opportunities," said Norman B. Anderson, Ph.D., associate director of the National Institutes of Health and the first director of the newly-established Office of Behavioral and Social Sciences.

Anderson, a clinical psychologist and former Duke University researcher, delivered the third Inspirational Speakers In Science Lecture in April at the Friday Center in Chapel Hill. The event was held in conjunction with the Spring '96 Health Professions Forum and jointly sponsored by NC-HCAP, the National Institute of Environmental Health Sciences, NC Area Health Education Center and the Friday Center.

Anderson said his prescription for success is based on the G.P.A. principle: not grade point average, but setting Goals, developing Plans and taking Action.

"You would think someone in my position would have been a straight 'A' student and best in the class," Anderson told 75 undergraduate, middle and high school students. "But that's not so. I was disinterested in school, never made the honor roll and definitely wasn't the best in my class."

Anderson said his only goal in high school was to make it to the N.B.A. "After all, those were my initials, Norman Bruce Anderson," he said. "Basketball was my destiny."

It wasn't until his sophomore year at North Carolina Central University that Anderson switched his goal from the N.B.A. to a Ph.D. after Dr. Alphonso Davis turned him on to psychology. A number of obstacles ensued.

"I knew I had to raise my grades to get into graduate school," said Anderson, who applied the G.P.A. principle to make the Dean's List: Goal: increase grade point average; Plan: increase study time; Action: quit basketball.



Dr. Norman Anderson's prescription for success is based on the G.P.A. principle: setting Goals, developing Plans and taking Action.

"That was a tough decision to make," said Anderson, who gave up his position as NCCU's starting guard to crack the books.

Anderson showed students how he applied the G.P.A. principle throughout his personal and professional life, focusing on two fundamental principles: "Rely on God for strength and guidance in *all* matters and pray daily," he told students.

Anderson, who is currently on leave from his position as associate professor at Duke, left Durham in 1995 with wife, Pamela, to begin his two-year appointment at NIH. After beating more than 90 applicants for the NIH post, the son of two long-time Baptist ministers decided work advancing his field was worth taking a break from his own scientific career. He does not regret the decision.

"I work with some of the most brilliant, scientific minds in the country," said Anderson, whose new goal is to change the course of national research into how behavior and social factors affect human health, particularly in African Americans. ■

Farmworkers from page 5

Resource Development, and the N.C. Primary Health Care Association, the Alliance is comprised of over 50 organizations committed to improving farmworker health and safety.

Another organization dedicated to serving migrant farmworkers is the Student Action with Farmworkers or SAF.

SAF is a non-profit organization created to build a network of campus-based projects focusing on farmworker issues. Projects include summer internships and year-round opportunities for direct service, community education, advocacy and community organizing work.

Through SAF's *Into the Fields* program, students from farmworker families and regional campuses work ten weeks each summer at farmworker agencies in North and South Carolina. Students are recruited from North Carolina Central, Duke, North Carolina State and Appalachian State Universities, Central Piedmont Community College, the University of South Carolina at Columbia, and other universities in North and South Carolina.

SAF interns work primarily in health agencies, legal services, migrant education programs, Migrant Head Start Centers and community organizing groups.

Summary

Farmworkers work hard for a living, and, in return for their vital role in our economy, seek the same opportunities for themselves and their families that other North Carolinians take for granted.

The next time you bite into a crisp, juicy apple, bake the perfect potato or choose the family Christmas tree, take a moment to thank the migrant farmworker who pays a significant price for helping make these pleasures possible. ■

Written by the N.C. Primary Health Care Association and NC-HCAP Communications. Parts of this article were adapted from the presentation, "Who Are America's Farmworkers?," produced by the National Center for Farmworker Health. For more information on the N.C. Farmworker Health Alliance, contact Ivette Lopez Bledsoe, N.C. Primary Health Care Association at (919) 469-5701. Students interested in Student Action with Farmworkers should contact Melinda Wiggins, Director, at (919) 660-3652.