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Detailed Research Findings

"Is There a Doctor in the Field? Underlying Conditions Affecting Access to Health Care for California Farmworkers and Their Families"

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California Program on Access to Care

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Is There A Doctor In The Field? Underlying Conditions Affecting Access To Health Care For California Farmworkers And Their Families

CALIFORNIA POLICY RESEARCH CENTER
UNIVERSITY OF CALIFORNIA

Is There a Doctor in the Field?
Underlying Conditions Affecting Access to Health Care for California Farmworkers and their Families

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Prologue

Francisco and Jovita live in a 1975 Ford station wagon that has a broken fan belt and no back window. A neighbor from back home in Mexico charges the couple fifteen dollars a week to park in front of his house and use his water spigot. Francisco goes to work every day at three-thirty in the morning, riding out to the tomato fields on the labor contractor's bus with the other workers for five dollars a day. He earns thirty-five cents for a five-gallon bucket of tomatoes, sometimes filling two hundred buckets in a single day. Jovita cannot find work. She says that no one will hire her since she is eight months pregnant. She has never been to a medical clinic in her life and plans to give birth to the child in the back of the car with the aid of her friend Reyna, who is from her hometown. She waits all day for Francisco to return, making bracelets of colored yarn to sell to people in the K-Mart parking lot in the afternoon. When Francisco returns from work they both ride down to the San Joaquin River to bathe. Francisco is careful to wash the agricultural chemicals from his body. They hope to save enough money to rent a room from the labor contractor for twenty-five dollars a week so that Jovita might have the convenience of a bathroom when the baby comes. The child will be their third. The other two children are in Mexico with Jovita's parents. They are too young to come with their parents and earn dollars in the tomato and grape harvests of California. Jovita and Francisco hope to see them in six months, when work is scarce and the new baby is old enough to make the journey back to Mexico. Jovita says that they will have to leave the baby and his two brothers with her parents again when the couple returns next year, so

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[1] Parts of this document have appeared in 1994 Ph.D. dissertation *Sweatbaths, Sacrifice, and Surgery: The Practice of Transmedical Health Care by Mixtec Migrant Families in California* University of California, Riverside; in 1993 *Problems Surrounding Health Care Service Utilization for Mixtec Migrant Farmworker Families in Madera California* California Institute for Rural Studies, 1990 articles in the *Rural California Report* published by the California Institute for Rural Studies; and in a 1989 report for the University of California Riverside's Agricultural Cooperative Extension entitled *Migrant Farmworker Needs Assessment: A Report for the University of California Agricultural Cooperative Extension.*

that she also will be able to work. She says that they will name him Rufino, after his grandfather.[2]

Introduction

This paper examines the underlying conditions affecting access to and utilization of health care services by farmworker[3] families in California. Ongoing quantitative and qualitative ethnographic research among farmworkers in California, along with a survey of farmworker health literature, concludes that there has been no significant improvement in the quality of life among farmworker families in California for decades. Economic data such as that collected by the National Agricultural Workers Survey, which is commissioned by the U.S. Department of Labor, indicate a decline in total family income for California farmworkers since 1991. The few comprehensive reports on farmworker and farmworker family health[4] reveal that longstanding barriers to health care access and utilization *remain barriers today*. Poverty, job insecurity, unhealthful living conditions, stressful working conditions, and fear of deportation *continue to negatively affect* the health of farmworker families in California. Economic, language, transportation, and cross cultural barriers *still inhibit* access to and use of health care services by farmworker families in California. Recent anti-immigration and anti-Latino sentiment and legislation further threaten farmworker family well being and the stability of the farmworker economic, political, and social worlds.

This document is divided into two sections, both of which focus on California farmworkers and their families. Demographic, economic, social, and cultural features of the farmworker population in California reveal a diverse and important labor force whose health is negatively affected by adverse working and living conditions. The second section of this document examines the health of California's farmworker families by focusing on the processes of access to health care and utilization of health care services. Health service delivery, patient/provider interface, and the problems associated with occupational, maternal, child, and preventive health care delivery are examined as they reveal problems surrounding access to and utilization of health care services.

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[2] The qualitative data reported here are the result of ongoing binational qualitative and quantitative ethnographic field research based on participant observation and formal and informal interviews conducted by the author from 1987 to the present.

[3] The term farmworker here refers to an individual engaged in performing tasks on a farm for the purpose of producing an agricultural commodity for sale (Villarejo 1999:7), but specifically refers to those individuals employed in crop agriculture as defined by the Standard Industrial Classification (SIC) code 01. Throughout the text of this document various terms including hired farmworker, seasonal farmworker, farm laborer, migrant worker, crop worker, and undocumented worker are employed to recall the dynamic and diverse nature of California's agricultural work force.

[4] See for example Villarejo 1999; Rosenberg et al. 1998; Bade 1994; Mines and Kearney 1982; Diringer 1996; California Dept. Health Services 1992 Unpublished.

A farmworker and his daughter in Kerman, California

I. Farmworkers and their Families

Who Are California's Farmworkers?

Basic demographics of the California farmworker population tell us that farmworkers are young, Mexican, Spanish-speaking, undocumented, and impoverished residents of California who tend to be parents and who underuse the social service system (Table 1).

Table 1
Demographics of California's Farmworkers[5]

Age	33 years (mean)
Gender	82% male
Place of Birth	91% Mexico
Education	6 years (median)
Accompanied by Family	45%
Spanish as primary language	95%
Literacy skills	67% totally or functionally illiterate
Immigration status	42% undocumented
Needs-based government assistance	18% of households receive

[5] Source: "Who Works on California's Farms: Demographic and Employment Findings from the National Agricultural Workers Survey," Howard R. Rosenberg et al. Agricultural Personnel Management Program, Agricultural and Natural Resources Publication 21583, University of California.

Due to large-scale labor-intensive production and the seasonal nature of the $26.8 billion a year industry, California's agricultural industry requires an inexpensive and abundant seasonal labor force. California agricultural employers historically have used a foreign-born ethnic migrant or immigrant work force (Goldschmidt 1978; Villarejo and Runsten 1993). Current findings from the National Agricultural Workers Survey (NAWS) show that 9 out of 10 California farmworkers are born in Mexico (Rosenberg et al.1998:4). A foreign labor force, particularly one that has a significant portion of individuals criminalized as "illegals," is less likely to demand the better working conditions and employee benefits that characterize labor in the primary labor market of the United States.

Debate about whether farmworkers and their families are migrants or immigrants in California is irrelevant to questions of health care access and health service utilization. The fact that farmworkers -- whether immigrants or migrants, documented or undocumented -- reside in rural and urban-rural agricultural counties in California that have the lowest provider to patient ratios, insufficient housing opportunities, and no public transportation speaks volumes about questions of accessibility and utilization of health services. If one were to look at the population of farmworkers in the state as "migrants," then the assumption obviously would be that farmworkers are not here to stay, despite the $26.8[6] billion agricultural industry dependent on them. If we view farmworkers as "immigrants," then we assume they are here to stay, despite the two-way cross-border traffic observable in San Isidro any day of the week. It is clear that farmworkers and their families do reside in California. It is also evident that farmworkers and their families have occasion to need health care services while they are here, whether they are here for six months or six years.

What does the data in Table 1 really tell us about the daily lives of farmworkers and their families in California? California farmworkers belong to families. Young, single men of fifteen to twenty-five years of age, older married men with families in Mexico, young couples with young children, single mothers with children in both California and Mexico, middle-aged couples with several children, elderly single fathers or mothers – all live in California and work in agriculture. Despite the male dominance of the occupation (82%), California farmworkers are more accurately viewed as members of families. Indeed, 61% of California farmworkers are married, and 56% are parents. Furthermore, 45% of California farmworkers are accompanied by family. Of those who are unaccompanied, 24% have obligations to families living elsewhere (Ibid., p. 7). Residence in California for these individuals can range from three months, to three years, to a lifetime, depending on the goals and immigration status of the individual. Data published from the NAWS reports demonstrate that foreign-born farmworkers in California resided in the U.S. for an average of 10 years. However, more than half (56%) of those interviewed had been here less than 10 years, and 26% fewer than 3 years (Ibid., p. 4).

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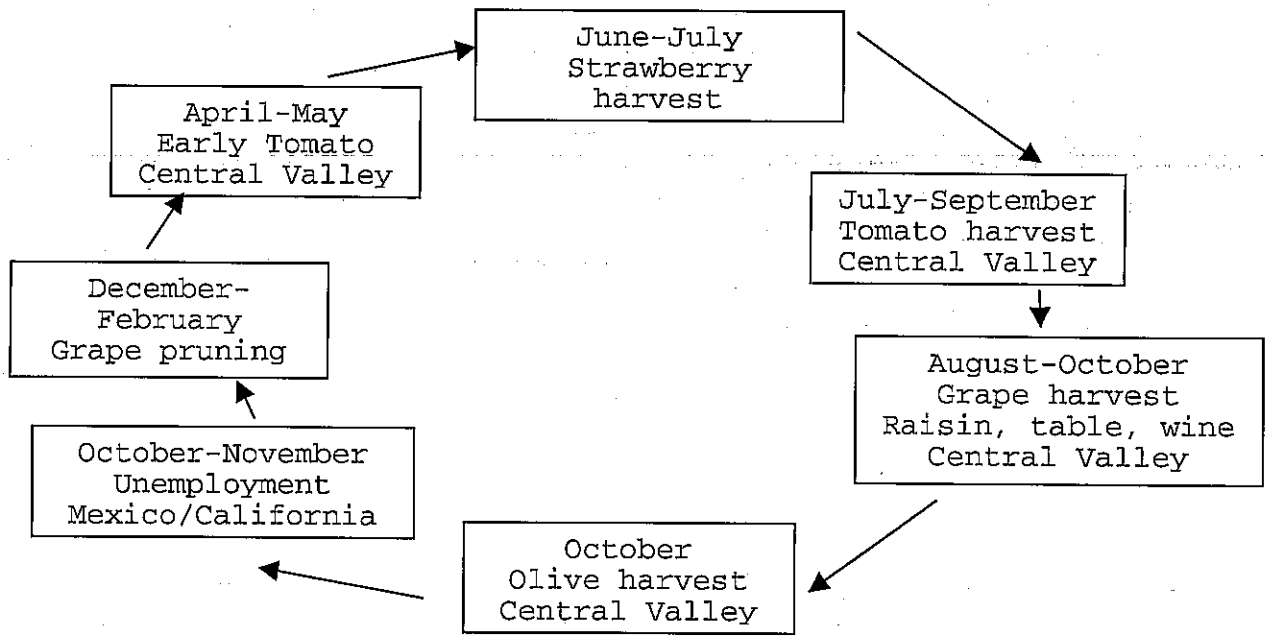
[6] Rosenberg et al 1998:18; Villarejo 1999:2.

Single or married lone farmworker males with families in Mexico have a greater degree of mobility than do families when seeking work in the fields. Lone males are more at liberty to travel great distances (following various crop harvests) and to live in a variety of undesirable conditions, ranging from caves in the hills of North San Diego County to overcrowded labor camps in the Central Valley. Figure 1 describes an existing (there are many) farmworker labor pattern that involves migration to various job sites. The 1996 NAWS data reveal that 57% of California farmworkers had migrated from one location to another in order to seek or perform a farm job (Ibid., p.12). Additionally, California farmworkers spend an average of 26 weeks per year not working. Fifty eight percent of these spend time abroad, largely in Mexico (Ibid.,11).

Figure 1. Male Agricultural Labor Pattern



Young couples and families tend to be less mobile than single males. Due to the difficulties associated with moving entire families, workers with families usually make their living piecing together agricultural jobs that surface in surrounding counties where they reside. A head of a household living in Madera, for example, may work annually in the tomato, grape, and olive harvests of Madera, Merced, and Fresno Counties from May to October, and then in grape pruning from December through January. For many agricultural laborers residing in counties of the Central Valley, the months of November, February, and March are periods of partial or full unemployment. Often during this period of job scarcity, one or several members of a household from this group must necessarily migrate to other commercial agricultural areas farther away, such as Oregon, in search of work. California farmworkers are employed, on average, 23 weeks (45%) during the year in farm jobs and 3 weeks (5%) of the year in non-farm jobs (Ibid., p.11).

The social worlds in which farmworkers and their families live revolve around a network of social relationships composed of individuals related by kin, home community membership, or friendship. Farmworker networks provide individuals and their families employment contacts, housing opportunities and the financial and moral support necessary for survival as an ethnic worker in a society with unfamiliar rules and functionings regarding civic and professional life (Bade 1994:88). A constant flow of laborers passes through the labor network, due to the high turnover and seasonal nature of agricultural labor in California. Farmworker networks originating in pueblos in north, central, and southern Mexico, as well as Guatemala, feed directly into the commercial agricultural areas of the Western United States, such as the San Joaquin, Salinas, and Imperial Valleys; San Diego, Ventura, and Riverside Counties; the north and central coasts; and the states of Oregon and Washington (Krissman 1995; Palerm 1989).

The cultural backgrounds of California's Mexican-born farmworkers (91%)[7] and their families are increasingly diverse. While Spanish-speaking mestizo workers from North Central and Western Mexico formed the mainstreams of Mexican migrant farm labor in the past, increasing numbers of workers are coming from the southern indigenous regions of Mexico and Guatemala. These individuals and their families enjoy a rich cultural heritage that continues to manifest distinct pre-Hispanic cultural, social, political, and linguistic forms. A large portion of the new farmworkers speak indigenous languages, such as Mixtec, Zapotec, Chinantec, Triqui, Mixe, and Mayan, as their first language and learn Spanish upon migrating out of the home town. There are an estimated 50,000 Mixtecs living and working in California (Runsten and Kearney 1996; Zabin *et al.* 1993). Survey data gathered by the author in 1993 in Madera, California reveal that 55% of 107 women interviewed claim Mixtec as a first language. Indigenous workers have distinct illness etiologies and treatment practices that present special challenges to existing service providers and health care programs.[8] The same research indicates that Mixtec women supplement clinical health care with indigenous medical practices. Sweatbaths, medicinal herbs, massage, and ritual healing ceremonies are reported by Mixtec women to meet 73% of their health care needs, while clinical treatments were sought in only 27% of ailments experienced (1994:84).

The Criminalization of California's Agricultural Laborers

> *Esperanza handed her two-month old daughter over to the coyote not knowing if she would ever see her again. The smuggler assured her that the only way she and her daughter were going to make it across the border safely was to go separately. Her husband Celestino, a naturalized U.S. citizen, waited in a designated house in San Diego to receive his daughter. He had paid the coyotes $2,200 that he had borrowed from friends, relatives and loan sharks at 20% monthly interest, but wouldn't see his wife until she was dropped off at a home in the Los Angeles area. The couple had left southern Mexico six days earlier. Esperanza had never been more than 100km from her home, a small rural village of corn farmers and merchants. Four days on the bus and two looking for a coyote known to the community of border crossers in Tijuana culminated with Esperanza climbing into the back of the van. She slid on to the middle shelf of a*

[7] Rosenberg 1998:4.

[8] For further discussion of indigenous Mexican medical culture see Bade 1994a and 1994b.

stack of shelves laden with junk ranging from used clothes to merchant goods. The transporter stuffed hefty bags and boxes around Esperanza's body and left a small deep window through the merchandise for Esperanza to breathe. Waiting in the line at the border took the usual two hours and the van sped onto the 905 freeway headed for a house in East San Diego. Upon arriving, Esperanza was led into a dark living room, where she sat on a couch with two other fellow-crossers and watched TV. A few hours later, Esperanza and three other men and women were packed into the trunk of a 1989 Nissan Maxima driven by a woman. The car made it past the second border check in San Clemente and headed for a house in Norwalk, where Esperanza's husband and daughter waited for her. The couple arranged for a $60 ride to Fresno, where they moved into the bedroom of a relative's apartment. Celestino got a job within two days in the tomato harvest. Esperanza stays in the small bedroom of the apartment with the baby because the family cannot afford day care. She makes embroidered napkins and tablecloths to sell.

Although actual numbers are difficult to obtain, undocumented workers constitute nearly half of the agricultural labor force in California.[9] Undocumented workers have limited legal and civil rights. Workers without legal immigration documentation are not protected by the Agricultural Worker's Protection Act, and are not included in the definition of "individual" as used in Title VII of the 1964 Civil Rights Act and therefore have limited access to the same anti-discrimination rights that legalized workers enjoy.

The eight men and women crouched behind the small hill and peered out over the desert at the steel fence they would have to cross in order to get back to their families. Malena had a bottle of water, some tacos, and the arthritis medicine for her father stuffed safely away in a pack on her back. She had returned to Guerrero to help her mother bury Malena's brother, who had been killed in an automobile accident just off the 152 outside of Gilroy. The family had borrowed money to transport Malena's brother's body to his hometown in Mexico. Malena had left her two young children with her mother-in-law in the Salinas Valley, knowing that even though the children are U.S. citizens, she would not be able to get herself across the border with them in tow. It had been raining since dusk and the coyote told them that it would be easier to cross during the rain. They had already tried twice, but had had to return running from the migra (border patrol) bearing down on them in Chevy Blazers. The group, led by the coyote who had charged each of them $1,000, moved east after each attempt. Malena dashed with the rest of the group after the last Blazer went over a hill in the west, scrambling over the fence and picking her way through a small opening in the razor wire. As she landed on the other side another Blazer came into the valley from the East and the group scattered in all directions. Malena ran and ran. She could hear the migra capturing some of her fellow travelers. She crept her way up the valley hiding behind bushes. The migra drove away. She walked miles in the desert until the morning when she reached the gas station where the coyote said a van would be waiting. Two others had already arrived. The driver took them to Fresno, where Malena found a ride to the Salinas Valley for $40. The next day she was back working in the garlic fields.

Malena's case illustrates that the intensive immigration control efforts that began in 1996 have greatly affected the movement of workers. These efforts include the

[9] NAWS reports that fewer than 3 in 5 California farmworkers (58%) have status that allows them to work legally in the U.S. (ANR 21583). Some growers report that undocumented workers make up 50-70% of their harvest crews (Rural Migration News, Vol.2, No.2, April 1996).

implementation of high technology tracking devices, recruitment of more than 5,000 border patrol officials, use of military personnel and equipment, and fingerprinting and photographing of undocumented border crossers. Clearly, current anti-immigration policies, such as Operation Gatekeeper launched in October 1994, which has provoked an escalation of border crossing deaths to 448 since its implementation (compare to 24 deaths in pre-Gatekeeper year 1994), have discouraged continual border crossing by those without documents. Current border patrol policy forces many workers to remain in the U.S. to avoid risky, expensive, and increasingly dangerous journeys to their homes in Mexico. Members of transnational families, that is families with members living on both sides of the border, end up trapped in California and unable to attend to social responsibilities, civic duties, and familial obligations in Mexico. Economic and political barriers -- $1000-$2500 coyote fees, bus tickets, lodging -- further impede travel to and from hometowns in Mexico. However, increased militarization of the border has not discouraged workers from entering California to work in the agricultural industry. The 1995-97 NAWS survey reports that 26% of the 1,885 California farmworkers interviewed have been in the United States for fewer than 3 years[10] and that 45% of farmworkers interviewed had spent time out of the United States within the year preceding the interview (Rosenberg et al. 1998:4).

The employment opportunities available to undocumented farm laborers are even more limited than their legal rights. According to farmworkers interviewed in Livingston, Selma, Madera, Clovis, Fresno, Hemet, Riverside and San Diego, there are three general employment options available to an undocumented worker. The worker can buy a false residence permit and/or social security number, sell labor in a "pick and hide" fashion, or become a day laborer. To the undocumented farmworker the permit and /or social security number are essential to survival. Without one or the other, one cannot hope to find employment as a farm laborer because employers legally cannot hire anyone who does not have some kind of documentation. Since the enactment of the Immigration Reform and Control Act in 1986, false permits and social security numbers have become a profitable enterprise for those who have specialized in providing them. When asked how he had obtained his false permit, one worker in the San Joaquin Valley reported the following:

> *"About fifteen of us arrived here in early May to start the tomatoes. I've been coming here since 1976 to work the tomatoes. Anyway, the contratista (labor contractor) knew that we didn't have permits to work, so the next day this guy arrives and asks us who needs a fake permit. He takes $150 from each guy who needs a permit, including me, and tells us where we have to go to get our pictures taken. I don't know, I think those permits come from Los Angeles or something, but a couple days later the guy came back and gave us our permits. He was one of the* mayordomos *(foremen) who worked the tomatoes."* [11]

Another, less common option for the undocumented worker is to sell one's labor in a "pick and hide" manner. This worker follows labor contractors and their crews to the

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[10] This figure represents a much larger portion than the 1990-91 NAWS finding of 12% having been in the state fewer than 3 years.

[11] Bade ND 1989:23.

fields or orchards that are being picked, and then proceeds to "hide" among the documented workers. She then sells her sacks or buckets of fruit to the other workers at a reduced rate, and they turn them in as their own, receiving the full rate and pocketing the difference. This practice is quite common in the citrus and tomato harvests, and, according to the workers, the labor contractors and foremen are fully aware of its occurrence but do not prohibit it because it increases production. Octavio, a citrus worker from San Jeronimo Progreso reports that:

> *"My friend Vicente doesn't have a* mica *(permit) like I do. He is really having a tough time. The* mayordomo *(foreman) won't hire him because he doesn't have the papers. Every day he comes out to where we're picking and he picks too. At the end of the day he sells all of his sacks to the other workers and then they give him part of their pay. It's really bad because he has to hide all the time and the other guys pay him way less than they earn. He lives up in the canyon with some other guys."*

Undocumented farmworkers who do not wish to "hide and pick" may instead become what is known as "day workers." Day laborers wait at established pick-up corners in the city or countryside and are hired as day help for cash. Day workers commonly work in construction as clean-up crews, and as gardeners, masons, or home improvement workers for private homes. Since the individual is employed for only the day and receives cash, there is no written evidence of the individual having been employed by the employer. With this freedom the employer does not have to abide by labor laws that require a minimum wage and safe working conditions, nor do the required legal paperwork.

Farmworker Wages and Earnings

Agricultural workers in California are paid by one of two systems, hourly pay and piece-rate pay. The most common wage system in California agriculture is hourly pay.[12] The 1995-97 NAWS data reveal that California farmworkers earn an average of $5.69 per hour, up only 29 cents since the average of $5.41 in 1990-1991 (see Table 2). Qualitative data from Madera and San Diego counties indicate that hourly pay is less desirable than the piece rate system because there is no way of earning more money for doing more work. Zabin *et al.* report widespread violation of minimum wage laws by those employing Mixtec workers (1993).

The piece-rate system maximizes production and puts greater mental and physical stress on the workers. Farmworkers, due to their often desperate financial situation and the sporadic nature of their employment as agricultural laborers, are already under great pressure to maximize their earnings in a given work period. The piece-rate system creates a situation in which workers work at full capacity as long as possible, and considerations such as health and accident risk are often secondary to production. In addition, since labor contractors are also often paid by the piece-rate system, by tonnage for example, pressure on the workers to work as fast and efficiently as possible is greatly increased. As a result, workers are often fired for not being able to maintain a fast and

[12] 1995-97 NAWS reports that 73% of California farmworkers are paid hourly.

productive pace. This practice especially affects older workers, who frequently suffer from health problems such as arthritis and rheumatism. One sixty-two year old worker from Tepejillo said that he hadn't been able to hold a job in the tomato fields for more than a few days before he was asked not to come back: "I get so hot out there and after a few hours my knee hurts real bad. The foreman says that if I sit down, then I can just go home and not bother to come back".

Table 2. Farmworker Earnings and Job Security

Average hourly wage	$5.69
Median family income	$5,000-$10,000
Held 5 or more jobs per year	30%
Held 1 job all year	18%
Farmworker families living in poverty	61%

According to the 1995-1997 National Agricultural Workers Survey data, 61% of California farmworker families live in poverty (Rosenberg et al. 1998:17).[13] The median annual personal income of California farmworkers is between $5,000-$7,500, while that of total family income is between $7,500-$10,000 (Ibid., p.17) California farmworkers are employed, on average, 23 weeks during the year, and when employed average 42 hours of work per week (Ibid., pp. 11, 14).

Job security does not figure into the farmworker occupation. Thirty percent of farmworkers interviewed in the 1995-97 NAWS survey held five or more jobs a year, 53% held between two and four jobs a year, and only 18% held one job all year. Juan's income, represented in Table 3, illustrates how job insecurity plays out in the lives of a farmworker family from Oaxaca living in Madera. The data were recorded in 1992 and consist of one year of pay stubs that Juan received from all of his different agricultural jobs. Total wages for more than ten months of work amount to little over $7,000, consistent with current personal income figures reported by the National Agricultural Workers Survey. Funds from Aid for Families with Dependent Children (AFDC), claimed by Juan for two of his U.S. born children, supplement his yearly income to a grand total of $11,539, less than half of the $23,470 that the Federal Register set for the poverty level in 1992 for a family of eight. In light of these figures, the use of public assistance by farmworker families can be understood to subsidize inadequate wages.

[13] Poverty is defined by the Federal Register as an annual income below $10,610 for two, below $13,330 for three, below $16,050 for four, below $18,770 for five, below $21,490 for six, below $24,210 for seven, and below $26,930 for eight (March 10, 1997, vol.62 no.46,pp.10856-10859).

Table 3. Juan's Income 1992[14]

DATE	CROP	TASK	PAY RATE	PIECES OR HOURS	CHECK TOTAL	PLACE
12-07-91	Grapes	Pruning	$0.19/plant	842	$143.23	Madera
12-16-91	Grapes	Pruning	$0.19/plant	1750	$298.16	Madera
12-29-91	Grapes	Pruning	$0.19/plant	2740	$463.27	Madera
1-05-92	Grapes	Pruning	$0.19/plant	1110	$192.13	Madera
1-12-92	Grapes	Pruning	$0.19/plant	1472	$213.73 $26 scissors	Madera
1-19-92	Grapes	Pruning	$0.19/plant	1662	$237.67	Madera
1-25-92	Grapes	Pruning	$0.19/plant	2011	$352.07	Madera
2-02-92	Grapes	Pruning	$0.19/plant	1584	$274.13	Madera
2-09-92	Grapes	Pruning	$0.19/plant	1764	$335.16	Madera
3-01-92	Asparagus	Harvest			$300+food	Stockton
3-15-92	Asparagus	Harvest			$300+food	Stockton
3-30-92	Asparagus	Harvest			$300+food	Stockton
4-15-92	Asparagus	Harvest			$300+food	Stockton
5-02-92	Grapes	Defoliage	$4.50/hr	26 hrs.	$117.00	Madera
5-09-92	Grapes	Defoliage	$4.50/hr	47.5 hrs.	$200.25	Madera
5-16-92	Grapes	Defoliage	$4.50/hr	44.5 hrs	$191.25	Madera
5-22-92	Strawberry	Harvest	$0.10/lb		$ 73.54	Oregon
5-29-92	Strawberry	Harvest	$0.10/lb		$272.31	Oregon
6-05-92	Strawberry	Harvest	$0.10/lb		$219.45	Oregon
6-09-92	Strawberry	Harvest	$0.10/lb		$269.93	Oregon
6-27-92	Tomato	Harvest	$0.45/bucket		$ 99.90	Madera
7-11-92	Tomato	Harvest	$0.45/bucket		$204.95	Madera
7-18-92	Tomato	Harvest	$0.45/bucket		$335.00	Madera
7-25-92	Tomato	Harvest	$0.45/bucket		$420.50	Madera
8-04-92	Wine grape	Harvest	$ 40/crate	5 days	$153.00	Madera
8-10-92	Wine grape	Harvest	$ 40/crate	1 day	$ 31.88	Madera
8-16-92	Table grape	Harvest	$4.25/hr		$142.55	Madera
8-20-92	Table grape	Harvest	$4.25/hr		$132.21	Madera
9-01-92	Raisin grape	Harvest	$0.14/flat		$220.00	Madera
9-07-92	Raisin grape	Harvest	$0.14/flat		$240.00	Madera
9-16-92	Raisin grape	Harvest	$0.14/flat		$235.00	Madera
10-15-92		Unemployment			$124.00	Madera
10-30-92		Unemployment			$124.00	Madera
11-15-92		Unemployment			$124.00	Madera
11-30-92		Unemployment			$124.00	Madera
				YEAR TOTAL WAGES	**$7,319.37**	

[14] Bade 1993:9

Job-Related Expenses for Farmworkers

By themselves, the annual earnings of a farmworker give an incomplete picture of farmworker income. One aspect of agricultural employment that is not commonly known to non-farmworkers is the number of services that the worker is obligated to buy, such as transportation to and from the place of work, regardless of whether or not these services are needed.

Transportation to and from the fields, known as the *raitero,* or ride system, is prevalent throughout California and in some areas is obligatory. The 1995-1997 NAWS data reveal that half (52%) of California farmworkers pay for rides to the work site arranged by their employers (Rosenberg *et al.*1998:16). Cost for this service is $4.00-$5.00 a day (Bade ND 1989:46). According to the office of California Rural Legal Assistance in Fresno, the *raitero* system constitutes one of the primary sources for worker injury. The CRLA claims that accidents involving these vehicles are very common and that the safety of the passengers is compromised by lack of maintenance, such as ensuring that vehicles have dependable brakes. Many of the vehicles have no windows or seat belts, and they are overcrowded. As one worker from San Juan Mixtepec put it, "They pack us in there like we're sardines or something, and usually its so hot that people get dizzy or sick." On August 9, 1999, thirteen workers from the tomato harvest were killed on the way to work. The van in which they traveled had wooden benches bolted to the floor and no seatbelts available for its passengers.

Another expense for workers in the work place is food. In a typical day a worker might get one or two breaks in which to rest and eat. A catering truck, known as the *lonchera,* usually provides food in the fields. Due to overcrowded or non-conventional housing accommodations (discussed in the next section) where there is no kitchen to prepare food, many workers are not able to bring their lunches with them to work and therefore have no choice but to buy lunch from the catering truck. The food available is generally overpriced junk food, such as chips, soda, and pastries. More solid items, however, such as burritos and tacos, are also available. A typical lunch of a burrito and a soda will cost a worker anywhere from $2-$4. Workers interviewed report that the *lonchera* is usually owned by the labor contractor or one of his friends or relatives. One worker, Ernesto, from Santiago Naranjas, said that some of his friends had gotten together to form a lunch service. They prepared tacos, tamales, and burritos and bought sodas and juice, but when they got out to the fields they were chased off by the labor contractor because they were selling their food at prices lower than those of the *lonchera.* Ernesto protested in frustration:

> *"They ran those guys off the fields because they were only charging fifty cents a soda, instead of ninety cents like the* lonchera *makes us pay. Their burritos were tastier and cheaper, but the* mayordomos *(foremen) chased them out of here and told them not to come back."*[15]

[15] Bade ND 1989:35.

Often the agricultural work done in the fields requires special tools, such as clippers, knives, cartons, and gloves. In the garlic harvest, for example, the workers must clip the roots off the garlic bunches before placing them in the bins. 1995-1997 NAWS data indicate that 89% of California farmworkers pay for all or part of the tools they use on the job (Rosenberg *et al* 1998:15). Requiring workers who earn less than $11.50 per hour to buy work-related materials that are essential to performing the job is an illegal practice. A pair of clippers ranges from $18-$30. Knives used in the grape harvest cost $8-$13 and buckets used in the olive harvest are $10-$15.[16]

Many agricultural laborers of Madera, Merced, and Fresno counties report that they do not receive paychecks, but rather are charged for the cashing of their checks. According to the workers this service is provided by the labor contractors and costs between $2 and 10% of the check total. The farm laborers are then given a check stub on which deductions for food, Social Security, Federal and State taxes, and unemployment are recorded. All agricultural employees pay for these private and public services, regardless of their legal residence status in the United States. As one migrant farm laborer put it:

> *"Since 1976 I've been picking tomatoes and grapes here and paying Social Security and unemployment and all that. The sad part of it is that even though I pay this money to be here, and even though they make me buy a permit, I still have to hide from the authorities because they still consider me illegal."* [17]

One of the greatest costs to California's seasonal farmworkers manifests itself in the form of harassment. Undocumented workers, for example, are frequently not paid for their work. A group of workers in Arvin reported that more than one hundred workers had not been paid for a week's worth of work in the grape harvest. According to Herminio, a worker from San Juan Mixtepec and one of those who had been denied pay for his work, the labor contractor simply told them that he had never seen them before and that they had not worked for him. Not surprisingly, all of the workers who were refused their earned pay were undocumented and were using false permits. The labor contractor, knowing which of his employees were undocumented and therefore likely to avoid legal confrontation, decided not to pay them for their work. Herminio later revealed that the workers were eventually paid after weeks of persistent complaining and camping out on the labor contractor's front lawn. This type of occurrence is common for undocumented workers and represents an additional source of stress and financial hardship for them.

Working Conditions

The workday for the farm laborer is long and tiring. During the tomato harvests, for example, the day begins at 3:30 or 4:00 in the morning when the *raitero* comes by to pick up the workers, stopping at houses, shacks and fields and loading four to five workers in the bus or van at each stop. It takes about forty-five minutes of driving to fill the vehicles, then they head for the fields, traveling sometimes for more than an hour

[16] These numbers are based on data gathered during 1989.
[17] Bade ND 1989:36.

before arriving. The rides are uncomfortable and crowded. Upon arrival the workers scramble to begin filling the two 5-gallon buckets that are worth between 33 to 45 cents each. By 9:00 AM the cool hours of the morning have gone and the average worker has filled 60 to 80 buckets, hauling the twenty-five pound full containers to the tomato truck and lifting them over his head to the person who will dump them into the truck trailer. The young and ambitious run the entire time, racing to the *ponchera* to get their cards punched with little holes that represent money. By the time the first 20-minute break arrives, the older workers are sweating and tired, wiping their brows with grimy handkerchiefs. Many complain of headaches and nausea; however, they do this quietly out of fear that they may be heard and dismissed. The crew walks to the *lonchera*, where many buy burritos and soda; some buy nothing.

A woman worker carries buckets filled with tomatoes in Madera, California.

Maintenance of personal hygiene in the field is difficult. The hands of workers become encrusted with a mixture of oil from the tomato plants, dirt, and chemicals. A dark green muck cakes under the fingernails, on the hands and forearms, and over the shoes, ankles and legs.

Posted information concerning the chemicals used in the field is rare. When asked when and what pesticide had been sprayed in the fields, not even the labor contractors know. They say it is up to the grower to make sure that the fields are safe to pick. As the

heat builds up to more than 100 degrees, the thick smell of chemicals becomes almost unbearable. One worker commented that he holds his breath while picking, breathing when he stands up and his face is farther from the ground. He admits, however, that this slows him down: "I'd probably make more money if I didn't worry so much about dying" (Bade ND 1989:52).

By the end of the day, if it has been a good one, most workers will have picked around 175 to 200 buckets of tomatoes. They are exhausted and dirty, having only had one or two 20-minute breaks all day. One of the older workers worried that his shoulder might not last another day. He fell asleep during the ride back to Madera. Another worker kept rubbing a red and swollen eye with the back of his green and grimy hand. He said that it had been bothering him more and more during the last few days. The lids of his eyes were puffy and infected.

Housing and Living Conditions

A dominant feature of the living conditions of California farmworker families is overcrowding due to the lack of low-income housing. It is common for several families to share a house with entire families living in single rooms of the house or apartment. In situations such as these, a household may have up to seven or eight women cooking and caring for fifteen or twenty children in the same living space. In one house in Madera an older couple rented out their rooms to migrant families and single men from their home village. One woman, Magdalena, reported that she and her husband and their three children lived in a 12 x 10-foot room off the kitchen. A tattered king sized mattress served as the bed for the family and took up nearly all of the floor space. Food was stored in cardboard boxes in the corner of the room. The other corner was filled with clothing and cardboard boxes and bags of personal items. Magdalena complained of a high, persistent fever that she had had on and off for over a month. Two of the other women making tamales in the kitchen also had fevers. When asked what she had done to get well, Magdalena replied:

> *"I've taken a whole bunch of pills that I bought at the pharmacy, but nothing seems to help. I feel so tired all of the time and when I cook hot things I get dizzy and need to sit down. That's why I'm not working. My husband can't find a job in the tomatoes because they told him they already have people. I need to work but I feel so sick. I want to just sleep but then who would watch the children and cook the food? Besides, my husband would get mad."*[18]

The shortage of affordable housing means that migrant farm laborers find themselves in unhealthful living situations. Extreme overcrowding and a lack of basic needs such as beds and indoor plumbing characterize the home lives of California's seasonal farmworkers. In a house in the Central Valley an old couple from Tepejillo had more than twenty men staying in their living room alone. Each room of the house had at least one family living in it and more that thirty men and women live in the backyard and

[18] Bade ND 1989:47.

shed. All living space in the house is overcrowded, especially the kitchen and bathroom. The women with young children generally stay home during the day, preparing food in the kitchen for their families and some of the other workers. The couple charges $10 a week for individuals to stay and $15 for families.

Children sleep on a living room floor in Madera, California.

For many of the more than 700,000[19] farm workers employed in California, home is a shack or shed in someone's back yard. In the Imperial, Central, and Salinas Valleys it is common for farmworker families renting a house to have up to forty or fifty workers sleeping in the rooms, hallways, bathrooms, closets and backyards of their homes. As one man who always rents out space to the workers put it:

> *"There isn't any place for* mis paisanos *(my countrymen) to live. They won't let the single men rent houses here because they always end up with fifty or so of them all living under the same roof. I let these guys and couples stay here in my backyard because they don't have any other place to go. If they stay in the park, the cops chase them out. The ones with cars just park here in front of my house, they sleep in their cars. My wife won't let everyone in to use the bathroom because it would just be too much, so they all go to the San Joaquin River to bathe and clean up after work."*[20]

Sherman and others found that in Parlier a significant portion of the farmworker population lives in substandard and unofficial housing, such as shacks, trailers, sheds, and tents (1997:31). A young couple from San Juan Mixtepec was living in an old station wagon parked in front of a man's house. The woman was eight months pregnant at the time and did not speak Spanish. She would stay in the car during the day while her husband worked in the fields. In the afternoon she would go to the river with him to bathe. She had received no prenatal care and was planning to have the child, her third, in

[19] Villarejo 1999:9.
[20] Bade ND 1989:42.

the car. Her other two children were in Mexico living with the parents of her husband. The couple had not seen their other two children for six months, since they came to California to begin the grape pruning. According to her husband, they sent home four hundred dollars every four or five months. With their living expenses and the irregularity of farm labor opportunities, he said that they hardly were able to save any money at all. They paid the landlord $15 a week to park on his street and use the water from his garden hose.

Many seasonal farm laborers, usually lone males, live in garages, abandoned shacks, orchards, warehouses, caves, or down by the side of the river. Some of these men find housing through their labor contractors. One group of four men from Santiago Naranjas, for example, converted an old refrigerator truck trailer in a junkyard into living quarters with bunk beds. They constructed an outdoor shower that consisted of an elevated hose and four walls of corrugated tin. When they got so ambitious as to run an extension cord from a power source in the yard, the owner of the property, who was their labor contractor, began to charge each $20 a week to stay. In another case there were thirty-seven men living in a garage in a field behind a private labor camp. There were no bathroom facilities and the kitchen consisted of a board on two sawhorses and a bucket full of water. The only water source for these men was a faucet around back. This faucet was used for bathing, cooking, and clothes washing. The area underneath the faucet was perpetually soaked and muddy. Most of the workers have no more than two changes of clothes, so after two or three days in the same pants and shirt the worker would wash his clothes under the faucet and hang them to dry on the barbed wire fence.

Twenty-seven men share this water spigot as their only source of water for washing, laundry, and cooking in Madera, California.

The inability to rid one's self of pesticide residue is compounded by the lack of space, water, and facilities that characterize the living conditions of farmworkers throughout California. Flea-ridden carpets, broken windows, makeshift bedding, and dirty clothing caked with sweat and chemicals all combine to make the living conditions of farm laborers a perpetual health hazard. This condition exists not by choice, but rather by lack of choice. The shortage of low-income housing for farmworkers is one reason for the workers' unhealthful living conditions. The other reasons lie in a rental system that fails to recognize the limiting factors that dictate the nature of the seasonal farmworker lifestyle. Since many workers follow the crops throughout California and into Washington and Oregon, they are not able to rent or lease living space for extended periods. Many landlords interviewed reported that short rental time was the main cause for their unwillingness to rent to the farm laborers. Secondly, since many farmworkers come to the United States as economic refugees, they do not have the necessary capital for the deposits required by owners of rental housing. As a result, the majority of the agricultural labor force of California live in substandard, overcrowded, and unhealthful living conditions. In Mecca, California during the grape harvest of May and June, workers live in their cars and rent parking spaces in parking lots owned by local merchants. The shortage of housing has provoked the proliferation of people living in unlicensed trailer parks, back yard shacks and sheds, as well as out in the open in city parks and streets. Riverside County efforts to control the situation have caused the displacement of hundreds of families to the streets as county authorities have shut down unlicensed trailer parks.

The neighborhoods in which migrant farmworkers and their families live are poor and dangerous. Communities of migrants are usually located in the low-income districts and ghettos, where housing is affordable and available. These areas tend to be overcrowded, have high crime rates and are frequently home to drug dealers and users. This environment is quite hostile and threatening, especially for women and young people. Qualitative data gathered between 1989 and 1999 in central and southern California reveal that women who are abused or raped in these areas are often afraid to seek help from authorities because they do not speak English (many do not speak Spanish either), fear deportation, and do not trust legal authorities such as the police.

II. Health

Health care is the outcome of the interaction between the two fundamental processes--*access* and *utilization*--of health care services. An individual's ability to gain access to clinical diagnosis and treatment, coupled with that person's experience in the utilization of these gained services determines the quality of health care. Access involves both the *ability to pay* for the health services needed, as well as the *availability* of those services. Cash, Medi-Cal, Worker's Compensation, Healthy Families, and other health programs provide access to health care services because they cover the costs, or parts of the costs, of those services. The number of service providers in a given region (i.e. the

availability of health care) also promotes or hinders access to health care. Utilization can be defined as the individual's ability to obtain health care services. For farmworkers in California utilization frequently translates to a complicated process of finding a ride to the place of service; trying to fill out forms written in an esoteric language; waiting; being weighed and measured by someone who may or may not be multilingual; then waiting in another room, perhaps disrobing; then waiting again; then being seen by another practitioner, who may or may not speak Spanish; then being unable to voice concerns or health worries due to language, time, or space barriers; then getting probed and manipulated without explanation; then perhaps receiving a prescription for a pharmaceutical; then paying with money or showing a card; then getting a ride back home. The following discussions of maternal, child, occupational, and elderly health inherently raise the primary issues of problems surrounding health care access and health service utilization.

Access to Health Care

The various factors that combine to present difficulties in accessing care for farmworkers and their families include both the ability to pay for care, and the availability of care. Health insurance is fundamental to the ability to pay for health care in California. Farmworker health studies in McFarland found that 46% of all families and 64% of Spanish-speaking families did not have health insurance coverage (DHS 1992). Similarly, Sherman and others report that 61% of adults in Parlier lack any form of health insurance (1997). There are numerous health care programs that do offer access to health care for California's farmworkers and their families. General coverage, however, does not exist. Health care coverage for farmworker families is limited to emergency/pregnancy related care programs such as Medi-Cal, federal public health programs such as tuberculosis treatment, disease-specific grant-funded sporadic programs such as diabetes or chlamydia treatment, or immigration status-specific programs such as Healthy Families. While these programs are invaluable sources of acute health care coverage for farmworker families, many health conditions, such as chronic illness and primary care needs, do not receive clinical attention. Many individuals with health needs, such as an elder with arthritis, a worker with psoriasis, or a woman with an ulcer do not meet criteria for such limited programs and thus cannot access clinical care unless they can pay for it out of their pockets.

> ***"Hired farmworkers, their families, and the communities in which they largely reside, have the worst access to health care services in the entire state."*** [21]

Access to health care is also determined by its availability. The unavailability of health care services in areas where California farmworkers live poses another barrier to accessing health care. According to figures from the 1990 Census and the Medical Service Study Areas data base maintained by the Department of Health Services, there are twice as many primary care physicians relative to population in urban areas of California

[21] Villarejo 1999:2.

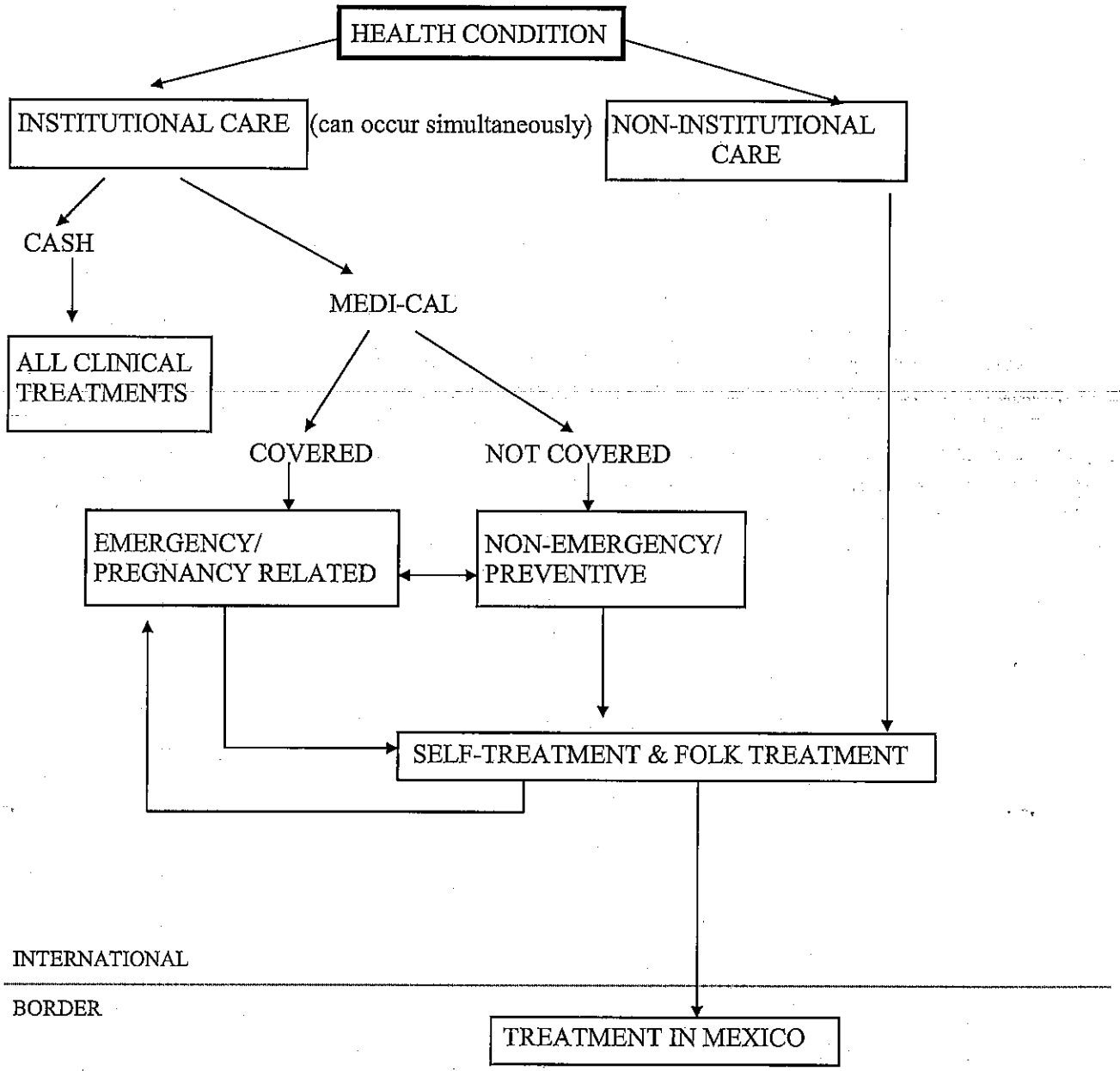
than there are in rural areas, where farmworkers are most concentrated.[22] Furthermore, 16% of the rural Medical Study Service Areas in California have no primary physicians at all. Low income rural agricultural towns in California where farmworkers largely reside, such as Arbuckle, Cutler, and Gonzalez, have fewer resources to attract potential providers. This is illustrated by the fact that the ten most affluent communities in California have an average of 498 residents per primary care physician, while the ten poorest communities have an average of 3,548 residents per primary care physician (Villarejo 1999:6).

Utilization of Health Care Services

Access to and utilization of health care are intimately related. The nature of access programs, such as Medi-Cal, can determine patterns of health service utilization. The very structure of Medi-Cal, the default health insurance for farmworker families in California, directs individuals with health conditions to specific treatment "choices," which are those treatments that are covered by Medi-Cal and those that are not. Furthermore, Medi-Cal promotes use of emergency rooms by farmworker families seeking primary care. Figure 2 outlines the pathway to health care for farmworker families without medical insurance whose access to clinical treatment is Medi-Cal dependent. The arrows represent the movement of individuals toward health care. The diagram does not include all available options, but instead focuses on those most commonly used by economically disadvantaged farmworkers and their families living in agricultural towns of California.

[22] Medical Service Study Area (MSSA) is a concept developed by the Office of Statewide Health Planning and Development. It refers to a small geographic area in which residents seek health services. There are 487 MSSAs in California.

Figure 2: Pathway to Clinical Health Care Treatment for the Uninsured



The pathway outlined in the diagram begins at "health condition" with a particular health situation, for example prolonged uterine bleeding, occurring in California. The woman can choose to seek treatment at a hospital, local clinic, or from a private doctor

(INSTITUTIONAL CARE), or rely on self-treatment or perhaps go to a traditional healer, depending on her cultural background (NON-INSTITUTIONAL CARE). If she chooses institutional care she has two options available for payment of services: cash or Medi-Cal. Her economic status determines cash available for treatments, which may be none in this case. As her condition worsens, she seeks emergency care at a hospital where she is given a series of tests and possibly a prescription and/or is operated on and released. If the condition persists after emergency treatment, which tends to treat symptoms, not causes of illness, she may turn to her own medical culture and knowledge to attempt to alleviate the problem. If the problem recurs, this will lead her back to the emergency room. The woman is literally forced into a treatment "loop," alternating between institutional emergency and non-institutional self or traditional care as her condition persists or diminishes in severity. Her other option for health care treatment is to go to Mexico, perhaps Tijuana, where she is familiar with both institutional and non-institutional forms of treatment.

Two important points stand out in the pathway to health care for uninsured low-income individuals in California such as farmworkers and their families. First, ailments that are a) not emergency or pregnancy-related, such as general aches and pains, respiratory aliments, and gastro-intestinal problems (vomiting, diarrhea), or b) chronic illnesses, such as diabetes, arthritis, asthma, and high blood pressure, either: 1) go untreated, 2) develop into emergency or urgent care situations, or 3) are diagnosed and treated using ethnospecific or folk methods. Secondly, it must be realized that the bureaucratic structure of Medi-Cal imposes emergency care, one of the most expensive types of health care, upon individuals with non-emergency health needs who wish to receive clinical medical attention. In other words, if an uninsured farmworker needs clinical care and cannot afford it, then that individual must seek emergency care.

Utilization of Services: Maternal Health Case Study

Utilization of services refers to the ability of the person with a health need to make use of the existing services available. The following case illustrates the ways in which access barriers combine to negatively influence health service utilization.

> *Angela is a nineteen year old undocumented farmworker living in the Central Valley. Along with her mother and four siblings, Angela arrived in California in 1990 to join her father, who has been a farmworker in Fresno County since 1979. At the age of twelve Angela quit school to work the tomatoes and grapes with her father. She had been attending the local elementary school, but had decided that her family needed her help in order to make ends meet.*
>
> *At fifteen Angela met a young man from her hometown in Mexico. Antonio and Angela married and she had her first child within a year. Angela continued to work the tomato and grape harvests, leaving her daughter with her mother, who had two toddlers of her own, during the day. One evening while she and her husband drove through the barrio to the local park to relax and watch their daughter play on the grass, a bullet pierced the back windshield and killed Antonio immediately. Angela became a widow at seventeen.*

After a year of living with her parents and siblings, Angela met another man from her hometown and the two became novios, *engaged. Angela didn't realize that her boyfriend was already promised to another young hometown woman who was only fifteeen years old. The parents of the 15-year-old became enraged with the boyfriend, called the police, and had him arrested for molesting a minor. Angela's boyfriend is currently serving a two year sentence in the county jail.*

Within days of his arrest, Angela discovered that she was pregnant. Since the birth of her second child, proposition 187 had passed in California. Angela, along with the rest of the undocumented portion of her family, had not been to the local clinic since she had heard that she might be taken away by the migra, or immigration service, if she went there. By the fifth month of her pregnancy, Angela had not sought prenatal care. In the sixth month she began to have pains and became extremely worried. She went to the local clinic, but because she was past her first trimester and had not had any prenatal care, she was considered to be "high-risk" and they refused to see her. The only health service provider in the area that sees high-risk pregnant women is the Valley Medical Center in Fresno. Fresno is a thirty minute freeway ride from the small agricultural town in which Angela lives.

The clinic had given Angela a telephone number and told her to call the Medical Center and make an appointment. Since Angela did not have a phone, she had to use the public phone at the local convenience store to make the toll call to Fresno. After three unsuccessful communications with the Medical Center, Angela finally got an appointment for the following week. She would have to take the day off from work. There is no form of regular public transportation available in this small agricultural town in California, so Angela had to round up a ride from neighbors and acquaintances. A young man across the street said he would take her for $20.

After wandering the halls for half an hour, Angela finally found the obstetrics division of the Medical Center. Another Spanish-speaking patient observed Angela's arrival and told her that she needed to sign in at the desk. The receptionist handed Angela a "medical history" form and told her to fill it out while she waited. Angela had completed only six years of school, and she found the medical history form to be mostly incomprehensible. In addition, the medical conditions listed on the form, such as cervical cancer, lie outside the illness categories of Angela's medical culture, which includes illnesses such as susto *(fright to the point of illness) and evil eye. She spent the hour guessing which items to check or not check on the form and finally decided to leave it blank.*

An hour later a bilingual medical assistant called Angela's name. Angela was weighed, her blood pressure taken, and a blood sample drawn before the medical assistant led her to an examination room and instructed her to remove her skirt and underpants. Angela sat on the vinyl and steel chair with the apron draped over her lap for over 45 minutes before a non-Spanish speaking nurse practitioner entered the room and proceeded to do a pelvic exam. Since the NP did not speak Spanish, Angela was unable to tell her of the pains that she had been experiencing. Later Angela had a sonogram and the doctor assigned to her expressed concern over the size of the fetus. The bilingual medical assistant was not present and thus the information was not communicated to Angela.

After determining that Angela was anemic, the medical staff gave her a prescription for iron pills and told her to go to another counter to make her next monthly appointment. When she walked out to the parking lot her ride had long since left. Angela called her mother's house and waited for her mother to find a neighbor who would be willing to go and get her. She sat in the parking lot of the Medical Center until after dark, when a van pulled up two hours later and gave her a $30 ride back to her

house. Angela never made another prenatal appointment, became a "non-compliant" patient, and returned to the hospital four months later to give birth to a healthy baby boy.

In Angela's case we see that health service utilization involves much more than availability and access. At play are the usual barriers that have been reported to negatively affect health service utilization since the early 1980s, such as lack of transportation, lack of child care, inconvenient service provider hours, and language difficulties (cf. Mines and Kearney 1982; Bade 1994; Diringer 1996). Several other obstacles to health service utilization arise in Angela's case. Bureaucratic labels, such as high-risk and non-compliance, determine Angela's health care options without consideration for her situation, placing hardship on an already dire situation. Biomedical illness categories, such as cervical cancer, loose their impact on the patient and become nothing more than esoteric jargon if no attempts to explain them are made. Finally, what could be called a lack of bedside manner--in this case Angela's waiting undressed in a cold examination room and then not being given the opportunity to express her concerns--can negatively affect farmworkers' decisions to continue to pursue a particular course of medical treatment.

Patient/Provider Interface

One obvious factor affecting health service utilization is patient/provider interface. In 1999 the California Institute for Rural Studies conducted a statewide health needs assessment for California's hired farmworkers.[23] The study is complex and includes collaborative agreements with local health clinics to perform the physical exam and follow up portions at each of the seven sites of the study. In the process of giving the 1,200 participants of the study the opportunity to learn their health status through a physical exam, the site coordinators have had to work closely with health delivery personnel who are responsible for providing this service, such as medical assistants, nurse practitioners, physician's assistants, and physicians. In the Southern California site, the CIRS team of researchers has had much opportunity to conduct qualitative ethnographic research regarding patient/provider interface. The following case illustrates the problems surrounding utilization of health care services by farmworkers in terms of patient/provider interface.

Lázaro waits daily at a busy street intersection in Vista for prospective employers to drive by and offer him a day's work. He had been working the cucumber harvest in Vista but his job security ended when there were no more cucumbers to pick. One of the CIRS interviewers from the Vista community, assigned to randomly select farmworker participants at different outlying day laborer pick up sites, arranged for Lázaro's physical exam. Lázaro arrived at the clinic along with three other workers from a nearby nursery who were also participating in the study. When greeted by the CIRS staff he took the opportunity to tell the site coordinator about an acute pain that he had been

[23] *An Assessment of the Health Status of California's Hired Framworkers.* Co-Investigators Dr. Don Villarejo, Research Associate, California Institute for Rural Studies; Dr. Steven McCurdy, Epidemiology and Preventive Health, University of California, Davis; Dr. Bonnie Bade, Professor of Medical Anthropology, California State University, San Marcos; Dr. David Lighthall, Executive Director, California Institute for Rural Studies. Project funded by The California Endowment.

experiencing in his foot. The CIRS site coordinator communicated the complaint to the bilingual medical assistant, who said she would mention it to the doctor during the physical exam. When Lázaro returned to the waiting room after having had his physical, he told the CIRS staff that the doctor, who did not speak Spanish, had not mentioned his sore foot. Lázaro had not said anything to her about it for fear that she would not understand him. When Lázaro returned two weeks later for his follow-up appointment, lab results showed that his glucose level was alarmingly high. The medical assistant sat down with Lázaro in one of the examination rooms to explain that he needed more tests because the doctor suspected that he was diabetic. Lázaro refused to make another appointment because he could not afford one. He said that he didn't trust the people at the clinic because they had not acknowledged his problem with his foot, which had worsened dramatically in the two weeks since his last visit. He told the CIRS staff that he had had to leave his last job due to the pain in his foot and was headed to Mexico to "get injections" and some treatment for his foot.

We learn several lessons from Lázaro's experience at the clinic. The lack of health delivery personnel who speak the language of the patient creates a situation in which the patient is unable to communicate his needs to the provider and the provider is unable to communicate concerns to the patient. The lack of communication generates mistrust and fear, which affects both utilization and delivery of health care. Furthermore, the lack of communication creates opportunities for treatable, preventive health conditions to escalate to full-blown health crises.

Utilization of Services: Maternal and Child Health

"I had a daughter once, but she was born dead. My husband didn't want me to work when I was pregnant, but we had just arrived from Mexico and we didn't have any money. So I worked because I needed to. One day on the way out to the field we were all riding in the back of this truck with high walls. We were standing up and the driver went around a turn really fast and all the people smashed up against me and I was crushed between them and the wall of the truck. I knew that night that my daughter was dead. My belly was quiet and I knew that she was gone. Three days later she was born dead. I have her picture that my friend took. I named her Reyna." [24]

Maternal and child health care are a primary health need among farmworkers and their families. Data from a 1993 survey of 109 Mixtec women in Madera, California[25] reveal that 39% of last visits to a clinic were to seek perinatal care, such as family planning, prenatal, delivery, and postnatal health care. Perinatal care needs result from the youth of the farmworker population. However, utilization of perinatal services by farmworker families reflects the availability of federal, state, and local perinatal support programs, such as Medi-Cal and the Special Supplemental Food Program for Women, Infants, and Children (WIC). The 1995-97 NAWS data report that although just 18% of farmworker households received any type of needs-based assistance from social service

[24] Bade ND 1989:57

[25] Survey conducted by Bonnie Bade and supported by funds from the University of California Agricultural Cooperative Extension under the guidance of Dr. James Grieshop of UC Davis and Dr. Martha Lopez of Madera County.

programs, the program that most frequently assisted them was WIC, used by one in seven (14%) California farmworker households. The 1993 Madera survey confirms that WIC is widely used among farmworker families, 86% of whom report that they had participated in WIC with their U.S. born children. WIC's primary benefit to farmworker families consists of food coupons. Table 4 shows price totals for Soledad's WIC food coupons benefits from various months in 1992. Excluding baby formula, the average value of the food coupons per month is $34.70. The items that a family using WIC coupons can buy are limited to specific quantities and brands of milk, cereal, beans, eggs, cheese, juice, and formula. Keeping the income of farmworker families in mind, which for three-quarters of the population is less than $10,000 per year, the WIC coupons subsidize the insufficient wages of farmworker families, as do the unemployment benefits shown in Juan's income (Table 2).

Table 4. Soledad's Monthly WIC Food Coupon Benefits

Juan and Soledad's Monthly WIC Food Coupon Benefits

	Milk	Cereal	Beans	Eggs	Cheese	Juice	Formula	Totals per Month:
7/20/92	$3.74	$9.57	$0.79	$2.46	$5.26	$11.66		$33.48
9/3/92	$6.48	$7.42	$0.79	$2.92	$5.56	$11.36		$34.53
9/9/92	$7.86	$10.07	$0.79	$2.92		$12.78		$34.42
10/14/92	$9.89	$7.42	$0.79	$2.86	$4.07	$11.34	$37.80	$74.17
Totals:	$27.97	$34.48	$3.16	$11.16	$14.89	$47.14	$37.80	

As of September 2000, Medi-Cal, despite recent legislation, continues to provide emergency and pregnancy-related health care benefits. For young farmworker families these two benefits are indispensable. The 1993 Madera data show that 73% of the 99 women who responded sought prenatal care during their last pregnancy. The study also reveals, however, that prenatal care was sought *after* the first trimester of pregnancy, with a mean of 3.8 months for the first prenatal visit. This number is consistent with data gathered nearly *twenty years ago* by Mines and Kearney in Tulare County, who found that 18% of women interviewed had no prenatal care and over half did not have a prenatal exam during the first trimester (1982:74). Studies have shown that prenatal care after the first trimester creates a situation of high risk for both mother and child.

According to the Darrin M. Camarena Health Center in Madera, California, farmworker women and children suffer from nutritional deficiencies, intestinal parasites, and upper respiratory infections such as bronchitis and pneumonia. However, data to back these claims is lacking. The director of health education at the center claims that the risk for women of suffering from hypertension, malnutrition, and sexually transmitted diseases such as syphilis, gonorrhea, and herpes, is four times greater than it is for men. Teens are also a high-risk group for illnesses such as diabetes and hypertension.

Occupational Health

Farm work obviously ranks as one of the most stressful and dangerous of occupations. Recently published data show that the incidence rate among California hired farmworkers in 1994 was found to be 10,546 per 100,000 FTE (Villarejo 1999:39). Accidents on the job and in vehicles transporting workers to and from work, as well as environmental exposures that come with outdoor work, such as pesticide and dust exposure, heat, and cold, make up only some of the risks that farmworkers face on a daily basis in the agricultural fields of California.

> *Eugenia's eyes wrinkled in delight as I ate the bowl of mole (ethnic dish from Oaxaca) she placed before me. We sat alone in the kitchen in the late afternoon, the other men and families who occupy the house were all out in the back yard cooling off after a long day in the tomato fields. "As I was telling you* güerita, *my arm is so messed*

up I can't work anymore," she said as she cleaned the herbs her husband had found in the tomato field. She held out her hand and exclaimed "look güerita, *look how this arm is so much shorter than the other. They used to be the same, you know."*

Ever since Eugenia fell off the ladder while picking olives in Selma two years ago, things have not been the same. She still works, picking tomatoes with her husband. They work together under his name because the farm labor contractor won't hire Eugenia because she works too slowly. So all her tomatoes go in Francisco's bucket, earning them 34 cents for each five-gallon tub they fill. This helps Francisco keep his job as well, since he's old and moves slowly due to chronic knee pain. He goes to Mexico every six months to buy arthritis medicine that he injects himself while seated on the floor of the single bedroom the couple share in the two-bedroom house full of farmworkers and their families. The house rents for $650 a month, so many folks live there, including a family of five in the other bedroom and 17 single male farmworkers who sleep in the living room. Another family lives in a makeshift shack behind the house and migrating farmworkers frequently camp out in the back yard.

Eugenia has her legal documents, which she proudly waves under the noses of the local bureaucrats with whom she must deal in order to get compensation for her injury. She has been involved in a legal battle since her accident. Some friend had told her about a lawyer in Fresno who would help her "get money" for her injury. Eugenia had been working the olives less than 30 days when she fell from the top of a ladder, smashing her arm against both the tree and the ladder and breaking the ulna(forearm bone) in four places. She has a huge scar on her elbow where the bone broke through the skin. Her labor contractor drove her to the emergency room and Medi-Cal covered the expenses of her initial treatment. Eugenia had heard of worker's compensation from a friend and had asked her employer about it. He claimed that since she had worked for him less than 30 days, she did not qualify for it. The injuries Eugenia suffered needed treatment beyond the emergency room. Physical therapy, as well as further surgery, would be necessary for Eugenia to regain the full use of her arm.

"I can't get that patrón *(employer) to talk to me. He acts like he has never seen me," Eugenia says as she pulls a stack of papers and envelopes bound in a rubber band out of a plastic shopping bag she keeps stored under the mattress. "Here, can you read these to me because I think they want me to go to court or something." Mixed in with notices from Medi-Cal and the Employment Development Department are a few letters from a public defender stating that Eugenia's case had been closed. As she pulls an x-ray of her arm out of the bag to show me she exclaims, "Can you believe all those screws and nails they put in my arm? No wonder it hurts all the time." As I read through the legal documents, all written in English and full of incomprehensible jargon, I realized that the courts had determined that Eugenia suffered no lasting effects from the fall, and that she required no further treatment. "But how can they say that?" she said showing me an arm at least two inches shorter than the other and covered with scars. "At night it really hurts,* güerita. *What can I do? That's how life is."*

Elderly Health and Work

A worker hauls buckets of tomatoes in Merced, California.

The elderly migrant farmworkers, like the children, are especially susceptible to health-related difficulties as a consequence of the strenuous and stressful farmworker lifestyle. Elderly workers, who tend to suffer from more health problems than the younger workers, are in a particularly vulnerable position without health insurance. A case in point is Eliseo, a sixty-two year old migrant farmworker from Tepejillo, Oaxaca. Eliseo suffers from rheumatism in his left knee. He also broke his arm several years ago in the citrus harvest and it frequently causes him severe pains when he does strenuous work. Work in the tomato fields has recently become quite difficult for Eliseo. The five-gallon buckets, which when full weigh as much as twenty-five pounds each, are too heavy for him to lift over his head for six or more consecutive hours. He also complains that he has trouble standing up from the kneeling position required for picking and filling the buckets.

Ethno-Specific Illness and Health Care

As mentioned earlier, the cultural and ethnic background of farmworkers and their families has changed over the last twenty years. Increasing numbers of indigenous people from southern Mexico and Guatemala bring with them nosologies (classification of diseases), etiologies (causation theories), therapies, and concepts of prevention that are

markedly distinct from those of clinical biomedicine. For indigenous people, as well as for many mestizo farmworkers from rural parts of Mexico, illness, health maintenance, religion, and social relations are all intimately interwoven. Additionally, among both indigenous and non-indigenous workers and their families from Mexico, there are a number of ethnospecific illnesses, such as *susto* and *empacho* (severe indigestion), that are not formally recognized by clinical providers. *Susto*, literally translated as fright, is a condition with symptoms including listlessness, loss of appetite, and even fever, vomiting and diarrhea. It is described as a condition in which the soul of the individual is somehow separated from the body, usually as the result of a frightening experience or a scare. Children are particularly susceptible to *susto*; however, adults can suffer from the effects of *susto* as well. Treatment for *susto* involves ritual cleansing of the individual accompanied with the administration of herbal and often pharmaceutical substances. *Empacho* is a condition that affects digestion. An individual with *empacho* suffers from feeling overly full, as though another bite of food would simply not fit. Various treatments for *empacho* include the administration of herbal teas as well as fasting. *Aire*, sometimes called *aigre*, refers to an affliction caused by exposure to cold or damp, especially when one is warm from having recently worked or exercised. Symptoms experienced by one afflicted with *aire* include headache, body ache, and lack of energy. *Caída de mollera* (fallen fontanelle) affects infants. It is diagnosed when a child's fontanelle, the soft space between the developing bones of the cranium at the top of the head, sinks in and makes a visible depression. Symptoms include persistent crying, loss of appetite and sleeplessness. *Caída de mollera* is associated with dehydration. *Mal de ojo*, or evil eye, is a form of *susto* that affects young children who have been jealously or excessively admired by an adult. It is believed that the soul of the child can be displaced by the stronger gaze of the mature soul. Symptoms and treatment are similar to those of *susto*, however culturally-specfic forms of prayer are employed, often by a traditional healer. *Mal puesto* is a condition resulting from the use of witchcraft to place a spell upon the victim. Diagnosis and treatment of *mal puesto* also involve esoteric prayer and practices performed by a traditional healer. *Coraje*, literally anger, describes a condition in which one suffers from feelings of frustration and powerlessness. Symptoms include loss of appetite, tension, and feelings of being overwhelmed. Table 5 shows the frequency of ethnospecific illnesses reported by 107 women interviewed in Madera in 1993.

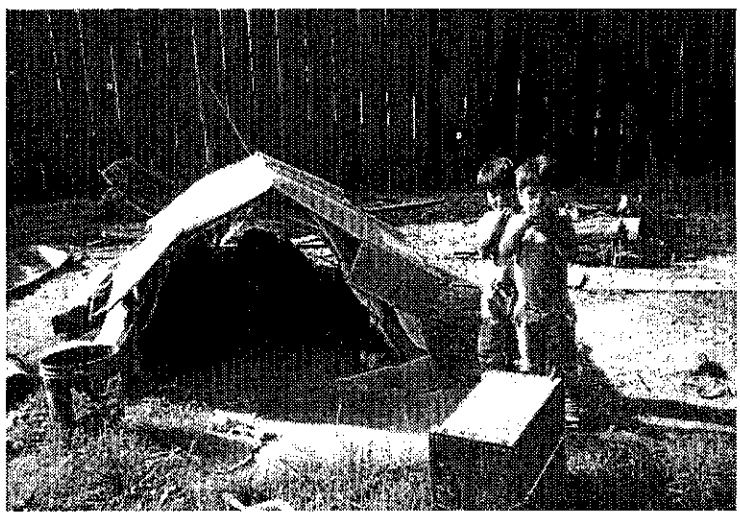
Table 5. Ethno-Specific Illnesses Experienced in Madera

Illness	Number of Cases	Percent of Sample
Coraje	49	46%
Susto	38	36%
Empacho	19	18%
Aire	11	10%
Caída de Mollera	9	8.5%
Mal de Ojo	6	5.6%
Mal Puesto	2	2%

Source: Bade 1994.

The number of individuals who report that they suffer from ethno-specific illnesses is significant and cannot be dismissed if we are to understand health care behavior of farmworker families in California. Ethno-specific illnesses are diagnosed and treated by farmworker families and traditional healers using herbs, pharmaceuticals, massage, sweatbaths, and ritual healing ceremonies. Symptoms for many ethno-specific illnesses overlap, as do their etiologies.

The esoteric knowledge necessary to distinguish between illnesses, to diagnose and treat illnesses such as *susto*, is unacknowledged by clinical practitioners. Biomedical clinical health care providers receive training that discredits ethnomedicine. The use of herbs, ritual, and traditional diagnosis and treatment methods by non-liscensed practioners, such as mothers, healers, and pharmacy owners, is largely dismissed from discussions of health care access and utilization. The truth is that herbalists, masseurs, healers and even doctors pick vegetables and fruits daily all over California. At night these individuals see patients, rubbing an arm with a tonic of hemp and alcohol or performing a ceremony to relieve diarrhea in a child with *susto*. Research by the author indicates that ethno-specific treatment and self-treatment meet the majority of general health needs of farmworker families, even in incidences of non-ethno-specific ailments (Bade 1994:78-81). The importance of the transmedical healthcare-seeking behavior, or the use of both biomedical and traditional healers as well as clinical and non-clinical treatment practices, must be recognized before access and utilization of clinical care can be fully understood.



Children stand next to a sweatbath structure in Madera, California.

Mental Health

As with other areas of health, mental health among farmworkers and their families has been little studied. The 1993 Madera study recorded mental and stress-related illness occurrence among 107 women belonging to farmworker families. Self-reported conditions, including sleeplessness, nervousness, depression, lack of appetite, lack of energy, and *coraje* (anger) ranked second (150 cases) after general aches and pains (211 cases) as conditions most commonly suffered by women of farmworker families. Table 6

shows the occurrence of the mental and stress-related conditions among the 107 women interviewed.

Table 6. Mental and Stress Conditions among Women in Madera

Symptom	Number of Cases	Percent of Sample
Coraje (anger)	49	46%
Lack of Energy	35	33%
Nervousness	32	30%
Lack of Appetite	20	19%
Depression	18	17%
Sleeplessness	16	15%

Source: Bade 1994.

Conclusion and Recommendations

Farmworker family health and the problems surrounding access to and utilization of health care services *have not changed for the better in the last two decades*. The dire situation surrounding farmworker health continues. Poverty, lack of health insurance, language barriers, cross-cultural miscommunication, and lack of transportation continue to pose barriers to improving the health of farmworkers in California. Those programs that do improve farmworker family health, such as WIC, Medi-Cal, Healthy Families, and various grant-funded efforts cannot meet all of the health care needs of California farmworker families. It is hoped that this document will serve as a wake up call to legislators, health service providers, and access programs.

Ways that we can improve farmworker family health do exist. In the first place, farmwork as an occupation must include employee benefits such as health insurance. Comprehensive health care coverage for farmworker families can ease the current demands placed on existing programs such as Medi-Cal that cannot possibly meet all health care needs of farmworker families. It is imperative to educate the public about the economic value of farm labor, and also about the contributions made by farmworkers and their families to the California economy.

Health providers should minimally be bilingual in Spanish and English, and health service providers must acquire appropriate interpreters. Cooperation with legal, educational and culturally-based groups that presently provide interpreter services, such as the California Rural Legal Assistance or the Binational Indigenous Oaxacan Front, can greatly improve health service delivery and utilization as well as patient/provider interface. Providers who speak Spanish should be paid more than providers who do not.

Programs employing culturally trained health promoters need to gain priority in California's agricultural communities. Word of mouth is the most effective outreach strategy through which to reach farmworkers and their families. Health promotion programs must not impose clinical concepts and methods, but rather seek ways to complement clinical practices with traditional practices. Not only do farmworkers and their families need education regarding clinical concepts, practices, etiologies, and illness

categories, but biomedical providers also need education concerning the concepts, methods, and illness categories employed by their patients and ethno-specific practitioners.

An active network of skilled traditional healers exists in farmworker communities of California. Cultural and educational exchange between biomedical and traditional practitioners will increase understanding of and participation in the delivery of clinical health care. Traditional healers, as well as mothers and other practitioners of self-treatment, need to be recognized as crucial guardians of farmworker family health and should be included in promoter and health education programs. Biomedical providers need to be educated in the value and diversity of ethno-specific concepts, treatments, and practices and the role that medicinal herbs, pharmaceuticals, massage, and ritual healing play in the maintenance of health among farmworker families.

The health status of California farmworker families must be monitored. Systematic studies that combine provider data with qualitative and quantitative study of health status and health care behavior of farmworkers and their families should take place regularly so that improvements on delivery systems and changes in utilization and access to care can be assessed.

Access to care and utilization of services by California farmworker families must improve if farmworker health is to improve. The barriers that have negatively affected farmworker health care for decades, such as lack of transportation, language difficulties, lack of economic resources, and adverse living conditions must be eliminated if we are to witness any positive changes in farmworker health. Furthermore, the cultural barriers, such as differing illness concepts and treatment methods must be understood to be mutually complementary rather than exclusive. Other barriers, such as those created when labels such as non-compliant or high-risk are imposed on individuals seeking health care will continue to impede utilization of clinical care unless flexibility in health care options is attained.

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