Migrant Health

A National Challenge for AHECs

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Migrant farmworkers are literally the hands that feed America. Migrants follow an annual cycle picking crops, moving to other locations and states. Some travel many hundreds of miles, ending up in the northern tier of states, then returning home to begin the cycle again. They move in family groups: parents and children who work together in the fields. They move as single males. Some are citizens, some are documented workers from foreign countries, others are undocumented aliens. All of them keep food one of the best buys of all consumer goods in the United States.

Myths About Migrants

Migrants are often invisible when they work, misunderstood when they don't. The most common migrant myth is that they are illegal foreigners looking for any job they can get. In truth, a significant portion of migrants are United States residents. Most live in three home base states; Florida, Texas, and California. Many of them own their own homes in those locations.

Another myth is that migrants are unskilled workers; people who cannot get any other type of employment. Most migrants are skilled specialists, paid on a piecework basis. They specialize in a crop or group of related crops where familiarity and speed increase economic gain. But even with specialization, and often having their children work in the fields, migrants often do not make much more than they would make if they stayed at home. The advantage of migrant work is that instead of making $10,000 over a twelve-month period, migrants make it in four to six months. They return home with enough money to buy a plot of land. The next season, a truck can be bought, or a foundation for a home poured. Over several seasons migrants end up with an economic advantage over their non-migratory counterparts. But the price is frequent dislocation, hard labor, exposure to numerous occupational hazards, severe stress, all of the disease problems found amongst the poor, plus others that are unique to migrant groups.

Existing Migrant Health Problems

Migrant farmworkers have severe health problems created by poverty, compounded by poor nutrition, plus exposure to hazardous environmental conditions, overcrowding, and terrible sanitation conditions. Migrants sometimes are exposed to communicable diseases such as tuberculosis, that have been nearly eliminated from more prosperous populations in the United States and other industrialized nations.

The foremost migrant occupational hazards are pesticide exposure and industrial accidents. Some migrant farmworkers are victims of chronic overexposure to pesticides. Both adults and children are injured by farm implements and equipment. They also lack the opportunity to have the same type of sanitation at their work place that is available to virtually all other American workers. Sometimes migrants (men, women, and children) work in fields for 10- to 12-hour stretches without adequate sanitation facilities, and all too often without drinking water or the paraphernalia needed to protect themselves from pesticide residues.

Another farmworker health hazard is the mixture of domestic and foreign workers during the season. The mobilty of migrants can easily spread disease problems across the nation. The foreign workers coming in from developing nations all too often carry diseases that are rarely seen by physicians in the United States. They can spread these to domestic workers, and potentially to other U.S. populations.

A fourth health hazard for migrant farmworkers is simply a lack of access to health care. Migrants are poor and cannot easily afford the cost of health care services. In addition, the places migrants work are rural, and often are medically underserved. It is not unusual for migrants to have to travel one or more hours to reach help. Migrants are extremely reluctant to miss a day's work, since it is a total economic loss. At their home base location, they take adavantage of all available health resources. But in up-stream states they tend to use only crisis-oriented emergency care: care sought out only when the individual is incapacitated beyond possibility of further work.

The Future

There are slightly more than 100 migrant health clinics nationwide. At full capacity, they cannot fully serve the workers eligible for their services. Many other sources of care are not well suited to meet the special needs of migrants.

Migrants are plagued by problems of continuity of care, due to their mobility. Their children sometimes miss vaccinations common in the rest of the population. But just as often the children are given multiple immunizations, because new school districts either do not have the documentation from previous districts, or refuse to accept the students without revaccination.

When up to 2.5 million migrant workers have serious public health problems, it is time to start meeting their (and our own) needs. One mechanism for meeting some of these needs is through the AHEC program. In various locations around the country, AHECs are providing assistance to migrants. In Texas, one AHEC provided rotations for medical students that exposed them to migrant health issues through migrant clinics. In Arizona, an effort is under way to provide training in cross cultural medicine as it specifically relates to migrant health needs. In Colorado, AHEC student rotations provide most of the dental care to migrant school children, and family practice residents rotate through migrant clinics in rural California. Other AHECs are providing direct health education to migrants as well as other poor populations, while the health professions recruitment efforts of AHECs also help. More efforts are needed in the future for this special population. It is time to make sure that the hands that feed America are strong and healthy. ■