Is ‘Doing Well’,Good Enough?

By Emily Wierdsman

Introduction

A young man came into Cathy's office one day, he was a migrant and was speaking Spanish so I could only pick out a few words that I understood. The last word that the young man said was the Spanish word for ‘death’. I was really confused when the man left because I could not tell what the whole story was, so I had asked Cathy what he had said. She told me that the young man's cousin had died in a car accident two days ago. The boy's parents had not been reached yet because they still lived in Mexico with the rest of his family. The part that really struck me was that the boy did not have any health insurance and was not able to receive a proper funeral because of it. Later I found out that his family wanted his body to be sent home and to be buried in Mexico. The young man who had come into Cathy's office that day had gone to a local church and asked for money so that the boy could have a burial, but he had only received fifty dollars, which was barely enough for a burial, but not even close to enough to have his body sent to home Mexico. I don't think that I fully understood what having no health care really meant until that moment, until I made the connection that this family may never see their child again because he was not covered by health insurance and because nobody would give him the money to be sent home, made me think about the medical treatment that the migrant community was receiving. Unfortunately, I was never informed about what happened to the young boy, all I can do is pray that he made it home and his parents were able to see him one last time.

The research that I did on the health care system in Adams County Pennsylvania was done so that I could fully understand what they migrant community and the former migrant community did about their health care and their families health care. I wanted to learn what the migrants did when they knew that they were sick, I wanted to know what their first reaction was to do. I wanted to see if they still used herbal remedies to care for the sick, and if they did where I could get some or talk to someone about them. I learned about the health program that was offered to the migrants in the area, but I was also concerned about the fact that when the migrants did settle in Adams County, their health care privileges were taken away from them. I wanted to find out if the migrant health clinics did everything they set out to do. These were just some of the thoughts that I had when I was researching the migrant and former migrant health care system, and what I found out was shocking to me. The migrant health system in Pennsylvania was created to help a community of people who could not afford to provide health care for themselves or their families, although, what is not told is that the system confines itself to certain people and because of that does not live up to it's full potential. By full potential, I mean seeing as many patients as possible and relaxing the restrictions that the patients have to meet in order to see more of them and not turning them away.

Other Studies

There have been no other studies on the health care of migrants in Adams County Pennsylvania. One study that was done on the health care system that was relevant to my research were two documentaries that were done to help doctors and nurses who planed to be involved with the migrant health care. These two Documentaries, The Road to Quality Migrant Health and Health for America's Harvesters, were made to show that a certain amount of respect has to be given to the migrant community in order to be able to reach them medically. Another study done by Dr. Lyon also is relevant to the health care system. His research was done on the migrant population that travel to Michigan. Some of the other studies and research that have been done in the migrant health area mostly done with news letters or research that is given out by other farm worker health programs. One such news letter is AClosing the Gap@. This is a monthly news letter of the office of minority health, U.S. department of health and human services, that writes all about rural health care, budgets, physicians that work with the migrant community, Boarder heat programs, etc.. another such report is the Washington Newsline. This newsletter mainly focuses on the children of farm workers, one article is titled: AGAO Highlights Agricultural Child Labor Problem.@ The University of Minnesota also has a News Information that writes about the health problems within the migrant community. The Bureau of Primary Health Care is also a good source of information on the health care system for the migrant community. They have a program for the migrants and any other underprivileged communities that is funded by a federal grant to help serve the medically untreated communities of the United States. The BPHC also provides a list of different health care programs that are available for the migrant community.

Methodology

The way that I collected my research was very logical, but at the same time it was fairly basic because it was my first time doing this type of research. I did my internship with Cathy Hernandez, who is a nurse for migrant education. She was my Akey informant.@ She gave me a wide variety of information on the migrant community in Adams County. She was able to give me contacts and help me find the information that I was looking for. She was also able to introduce me to other people who could help me with my project and introduce me into the health care system in general. She was able to show me the Tuesday night clinic, which is open to the migrant population only. She showed me the Mission of Mercy, that is a clinic for anyone who does not have any type of health care for themselves or their families. Cathy took me out recruiting to some of the camps, and I watched as she helped people and the doctor take care of them. Cathy was able to help me a lot through the entire semester and if she had not been there to help me, I do not think that I would have half of the research that I have now. Cathy was able to show me what goes on behind the scene. She showed me what the health care system was suppose to do for the migrants. Cathy told me about the programs and what they set out to do.

The next part of finding my research was to talk directly to the migrant community and see what they though of the health care system that was being provided for them. The migrant community gave me a different perspective from Cathy's and the administrator's perspective. Having personal conversations with the migrants allowed me to understand how effective the health system was. When I spoke to the migrants, and they told me that they had never heard of the free clinic on Tuesday nights, which told me a lot about the program. It showed how effective it was and if it was reaching the entire population or not. Speaking to someone, person to person, was a wonderful way that I was able to gain research.

The last way that I was able to carry out my research was to just observe the migrant community. I was able to watch the migrants at different places. I saw how they reacted when we went recruiting. I saw how hesitant they were to let a woman doctor look at them at first. I saw what type of people went to the clinics on Tuesday nights. I saw how they reacted at the Mission of Mercy when no one spoke any Spanish and they had to wait until someone arrived who could translate. By observing the migrant community I was able to see a lot about them and their reactions to different circumstances.

Findings

Migrant Education

The migrant education program is an opportunity for the migrant community to receive good health care if needed. The migrant education program plays a big part in the health care for migrant children and helping migrant parents find places that will help take care of their own health needs. Migrant education deals primarily with the health care for migrant children. Migrant education is a program that deals with the educational development of migrant children. The school systems that deal with migrant students work hand in hand with the migrant education program to make sure that the children are receiving the proper education, but also to make sure that they are receiving the proper heath care. The migrant students who are in the school systems in Adams County, Pennsylvania are referred to migrant education whenever they have a medical problem. This is done primarily through Cathy Hernandez. Cathy treats many of the migrant children who are enrolled in the school system. The nurses in the schools call Cathy if any of the migrant students are ill, and they do not speak English. Since Cathy is fluent in both Spanish and English and can translate any thing that the child says. Many times, if the child's problem is basic enough, Cathy will be able to treat the problem herself and not waste time being the translator between the school nurse and the child. Cathy can also translate the treatment of the child to the parents. Migrant education works with about six different school districts and, as of this year, 1921 of students. The qualifications for migrant education are fairly open ended, unlike some of the other programs that are available to the migrant families. AOur definitions for migrant education is much broader, we will enroll children whose parents work in processing plants, fruit processing plants, tree nurseries, things like that,@ (Hernandez). Migrant education will accept most children whose parents work in pretty much any

aspect of the agriculture business. This can be a big help to many families in the migrant community because they know that as long as their children are in the school system, they will be receiving good health care. The only problem with migrant education is that they can not give health care to the parents. The only thing that the parents can receive from migrant education, in terms of health care, are recommendations to a program that will help them medically, for example they may tell them about the Mission of Mercy of the clinic that is open on Tuesday nights.

Migrant Health

Migrant health is a program that can help entire migrant families with their medical needs. Migrant health is a clinic that is open for appointments during the week and every Tuesday night during the picking season. On Tuesday nights the clinic is open from four until about nine or so. The clinic is open to anyone who fits into the migrant health definition of eligibility. To be able to receive heath care from migrant health a person must be a migrant who is living in a camp, picking in the fields and when they move, they must move to pick fruit. Many of the migrants who came into the clinic on Tuesday nights did not understand this criteria. They may have not realized that there are very specific restriction that they must meet in order to get the health care.

For example, a young boy came into the clinic one night. He looked like he was about nineteen and by the clothes that he was wearing, he did not look like a migrant to me. The receptionist took his name and when asked him if he had ever been to migrant health before. When he said no she asked him to fill out the paper work that is involved in receiving health care from migrant health. One of the questions is whether or not you work in the fields and another is whether or not you move to work. The boy answered no to both of these questions and when he did that, he was denied heath care. Migrant health said that they would see him this one time, but then he had to look for a different health care facilitator. The boy was able to receive health care that one time, but what happens next time when the boy was sick and he was denied health care from migrant health? Because of the programs restrictions, this young boy in the future may not be allowed to receive the proper health care that he probably deserved. As I kept on going to the Tuesday night clinics, I saw this exact same thing happened more and more. It seemed to me that because of the restriction the clinic only sees a certain amount of people. When I was working at the clinic, what also interested me was the fact that the younger people were the ones who got turned away more often for not being migrants. That did deter me a little because it seems to me that many of the teenagers probably did not know where else to go, and if they did not receive help at a free clinic, I wonder if they will ever received help at all. I have to admit that I was not at the clinic during the height of the season when the clinic would be most full, but from what I saw, I thought that it was never so busy that they would not have had time to see some one who does not meet all of the qualifications.

The clinic, to me, is discouraging. It seemed to lack in many ways, the main one being that it kept too many man out of the clinic and not receiving health care. In the near

future, Dr. Solomon, the person who runs the clinic, and Cathy Hernandez, want to change the clinic. They want to improve the clinic, so that more people will be able to see a doctor or a physician's assistant when it is necessary. They want to take away many of the restrictions and make it more like migrant education in the way that many more people will have asses to the program. I also think that they want to have a completely bilingual staff, which is now a problem in the clinic. The last thing that they would like to change is the hours and the schedule of the clinic. Right now the clinic opens at around nine and closes around five, except on the nights of the clinics, and the clinic also closes in mid November when the apple season is over. What they would like to do is keep the clinic open longer at night, which is a better time for the migrant population to come in because they are in the fields all day. They also want to keep the clinic open all year round for those migrants who may stay for the off season. I believe that they would like to do a biweekly schedule, so that one week the Mission of Mercy would be available to the community and the next week the migrant clinic would be open. This seems to be a step in the right direction, but there still seems like a lot of work needs to be done.

Migrant Recruiting Trips

The next part of the research that I found was going on the recruiting trips with Cathy Hernandez, Bonnie Sower, and Mary Englerth. Cathy and Bonnie are both nurses who work with the migrant clinic and Cathy works with migrant education also. Mary is a nurse practitioner who also works for the clinic. A nurse practitioner is basically a step under a doctor. They can treat certain conditions and can hand out certain prescriptions. They have more education and know more diagnostic procedures than nurses. The recruiting process is done in a way that I don't fully understand, and unfortunately I never asked their exact reasoning for going to the camps that they did. On Wednesday nights the three women go out into the camps at around six or seven and see if they can sign anybody up for migrant health and if they can treat any minor illnesses. There is not a set schedule on which camps they go to, they just kind of decide each night where to go. By doing it that way, it means that some camps are not being seen at all by the recruiters. This also means that it is possible that the camps that are not being seen do not know about the free clinic every Tuesday night. For the majority of the time, the men at the camps did not know about the clinic on Tuesdays until they were told about it by the recruiter. The camps that we went to seemed to be the same ones that we went to each week. The recruiting that was done at the migrant camps is so important, not only for the migrants, but for the doctors and nurses as well. When the nurses and doctors go to the camps, they are able to see what the patient's living situations are like, and how they are taking care of themselves. This can be helpful for the doctors and nurses because it may be a part of the problem. For example, at one camp that we went to I saw how the dishes were done. Every person had a dish and when they were done with their dishes they just wiped them clean with a paper towel. They did not clean them properly and that might have been one of the reasons that people were getting a common cold around the camp. The surroundings that the people live in can tell a lot about them.

I went out recruiting with Mary, Bonnie, and Cathy a couple of times during the time that I spent at my internship. I thought that this was the best part of my internship because it was so informative for me. This was the time when I could really observe the migrants and see how they reacted to us being there. The first night that I went out was the best. It was late in the season so there were not many camps that we could go to because they had all left. The first camp that we went to was somewhat uncomfortable because when we went inside and they were all eating dinner. Cathy and Mary asked if any of them had any medical problems that we could help them with, and if they needed any type of prescriptions or anything. When no one gave a serious answer, we started to leave, but when we were about to get into the car, a man came out and asked about his shoulder. We went back into the place where they were all eating dinner and started to have the man fill out the proper forms. As soon as one person started to become interested in what we were doing there, then another came, and soon we had about five men who wanted to be medically treated. What I also saw was that most of the men wanted to know if their health was good or not. One man, the first one that we saw at that camp, had his blood pressure taken and when the doctor told him what it was, he wanted to know if that was normal and what was the normal scale for blood pressure. The men had a valid concern for their health. We saw five men that night, and out of that five, four of them were being treated for medical problems that were related to picking. One man was being seen about his back. He had hurt it when a branch had fallen down and hit him. The only thing that the doctor could do for him was to give him some advil for the bruising on his back. The best thing for the worker to do would have been to rest and take it easy for a few days, but she knew that he would not take the time off of work right now to bother with it Another man had a problem with his shoulder from using the same motion day after day. Another wanted some eye drops because the pesticides were bothering them. The last man said that he had fallen off of a ladder and had hurt his side. Just as the first man, the best medical advise that Mary gave to the men was to rest for a couple of days and use the eye drops and pills, but again, they could not take the time off from their jobs picking. I found it interesting that the majority of the problems had to do with work related incidents. For the most part, there were only a couple of medical problems that did not have to do with work related instances.

Mission of Mercy

The Mission of Mercy health clinic is not just for the migrant community, this facility is for anyone who does not have any type of health care at all. If a family needs medical care or even dentistry work, the Mission of Mercy will be able to help them. The clinic is funded by the Catholic church but receives donations from anyone. Migrant education is also a program that funds the Mission of Mercy health care clinic because they do serve many of the migrant and Hispanic community. One thing that Migrant education will be doing is to have the mission of Mercy write up a wish list and migrant education will try to donate one of the items. From what I have heard, Dr. Leon has a lot to do with the idea of donating items to the Mission of Mercy. What I believe is the best part of the Mission of Mercy clinic is that they do not ask any questions about any of the patients background. The patients come into the clinic and fill out the forms that have to do with

their medical history, and then are seen by the doctor. Many of the patients make appointment to see the doctor, but if they have not made one and they just walk in, they will most likely be seen. The doctor is able to see about four patients, if not more, an hour, therefore, anyone who walks into the clinic will be seen. The dentist on the other hand is a different situation. The dentist has appointments that are made about two months in advance. November was the last time that I went to the Mission of Mercy, and the dentist was booked until mid January. The only way for a walk-in patient to be seen is if one of the people who did have an appointment missed it or was ten minutes late. The only other time that a person could be able to see the dentist as a walk in appointment is if their are two dentists. I saw this happen the first time that I was there, but I never saw it happen again. Even with the two dentists being there, they still were unable to see all the patients that came in.

From what I observed at the Mission of Mercy, the migrant population used the program fairly well. I believe that about thirty to forty percent of the people who went to the clinic were migrant or Hispanic. The Hispanic population, the former migrants and the migrants, did use the clinic, which I was very happy about. I believe that most of them came in to see the doctor, but many also used the clinic for the dentist. Both the doctor and the dentist helped the migrant population. They saw both the former migrants and the migrants who still travel and treated them both the same. They came into the clinic, filled out the paper work on their medical history, saw the doctor, and were treated, no questions asked.

The only problem that I did have with the Mission of Mercy was the fact that only about one or two people spoke Spanish at the clinic. These two people, Cathy Hernandez and Maria, volunteer at the Mission of Mercy clinic just to translate for the Spanish speaking people who come into the clinic. The two people who volunteer at the Mission of Mercy who speak Spanish help out the clinic immensely. The problem occurs when they are not there to help translate for the Hispanic community who speak only Spanish. One man came with his daughter who knew how to speak enough English to get by and helped him, but for the most part, not many of the Hispanic community who came to the Mission of Mercy spoke English, I assume that this also had to do with the fact that almost every time the Mission of Mercy is in Gettysburg, Cathy is there to translate. The last time that I was at the clinic, Cathy was not there and neither was the other woman who could speak Spanish, so the four Hispanic people who were there had to wait to see the doctor until Cathy returned and could translate everything for them. This seemed unfair to me. There were two women who spoke only Spanish who were waiting for the doctor, but no one was there to translate for them, and they ended up waiting there for two more extra hours. I believe that the migrant community feels more at ease when there is a person at the Mission of Mercy who does know how to speak Spanish, and the fact that the migrants know that there is no background check let's them be more open with the doctor. I believe that this makes a big difference in the relationship between the doctor and the patient, I think that it makes the setting a little more relaxed for the migrant population that may not have documentation.

The Migrant Communities' Point of View

The migrant community is a group of people whose situation can put the treatment of their health conditions at a different level than other people. The life of the migrants is a different type of life that many of us can not understand. From speaking with the migrant community, I have thought of four reasons why the migrant community may not be receiving all the medical attention that they should be; they are economic, migration, cultural beliefs, and language barriers. These reasons are all very important for the care taker to take into consideration, if any of these four concepts are looked over it, could mean that a new barrier may be created, like mistrust or dishonesty.

The first concept is the economic restraint on the migrant community. There are many times when a prescription may not be filled or a doctor may not be seen because the family can not afford the visit or the prescription. As I was told by Rosa Sanchez, when she and her family got to their destination where they were going to be in the fields, they were there to work, not to have their medical needs treated. ASick or not sick, you were out in the fields working,@ (Sanchez). For any of the migrant community, their work comes first before any minor illnesses. The only time that an illness would come first would be if the sickness got in the way of their working. The migrant community relies on the fact that they have to be in the fields everyday working and picking, so if a medical problems occurs, and they are still able to work, then they will work, and put off going to the doctor. In Pennsylvania, the migrant community is lucky in that they are able to receive free medical treatment. Almost all of the prescriptions that are given to the migrant community from the clinics are also free. The only problem that I found out with the clinics that offer free medications and free doctor visits, are that they are not well known and much of the migrant population does not now that they will be able to help them. The economic factor plays a big role in the migrant community, if they do not understand that they can receive medical treatment for free, then they will put off going to the doctor as long as possible. The migrant community will not seek out the medical help if they do not know that it is there for them to use. By going out into the camps and telling the people that the clinic is available is the best possible way to endorse the program.

The next factor that the nurses and doctors have to take into consideration is the fact that they are dealing with a community which travels for nine out of twelve months of the year. Any treatments and/or prescriptions that are given to the migrant community, must be refined enough to take on the road when they move on to the next place. As one doctor put it to me, AThis is the only population where you have to negotiate treatments and remedies,@ (Englerth). The migrant population is a mobile population, which means people who work with them have to understand that many times their treatments may not be carried out properly. One woman told me a story about her brother who had a problem with his foot. He had a cancerous mole on his foot, but his family never stayed around long enough to be able to have it treated. They also were never able to stay around long enough to have the mole inspected by a doctor who specializes in caner patients. (Sanchez). Because the population is so mobile certain treatment have

to be refined to be able to make ends meet. The prescription and the treatment that are given to the migrants have to be realistic. Care givers have to understand that the population that they are going to be dealing with will have a very inconsistent living pattern. They may be willing to do the treatment while they are there, but you can never say what happens after they leave that area. This is not only a problem for the care givers, but also for the migrants. This can be a very frustrating thing for the migrant community. They may want to get the treatment that they need and it may be possible for them to continue the treatment while they are in the area, but as they leave the area, the treatment may not be so reasonable any more. The migrant community has to be able to deal with their health problems in a small amount of time and if that can not be met, then they will do what they can to just get by.

The third factor that I have found that stunts the medical treatment of the migrant population are cultural beliefs. I would say that the majority of the migrant population believe in herbal and spiritual remedies. The migrant community believe in the herbs that are used to help cure the sick. From talking with some of the migrant community in Adams County, herbal remedies are still very important in the population. Many of the people who use the herbs are women who have been taught from their elders. Jesus Bermaho, who works in the Mexican Store in Artensville, told me that he did not know a lot about the herbs himself. What he usually sees is a person will come into the store and buy what they need, and they will know what to do with it on their own. He told me that most of the herbs are used in teas, but that was about all he knew. This runs consistent with what the man at the Mexican Store, Sandoval's, said. He also did not really know what the herbs were for either, but he would just order what the people wanted. When I asked Jesus if the majority of the migrant population did use herbal remedies, he said that yes the majority did use the herbs because they felt more comfortable with the herbs. At the clinic or with conventional medicines, the migrants feel uncomfortable because they are unsure about what is going on. Many of the migrants would like to stay in the comforts of their own homes. Carlos, a migrant who was traveling through Adams County this season, told me that he would rather stay in his home and try to heal himself rather than go to a doctor. He said that he would not immediately go see the doctor, but if the problem did not go away, then he would see a doctor. Herbal remedy and spiritual remedies can vary through each family. One man told me of a tradition that if a child is looked at by someone and then gets sick, they know that the persons spirit has entered he body of the child. They put the child into bed and put a glass of water with an egg in it under the bed. The next morning the child is usually better and the egg has all of these strands coming down from it. The strands coming off of the egg are supposed to signify the evil spirit being pulled from the body of the child. (Carlos). I believe that the strands coming off the egg is the yoke falling away from the egg and breaking apart, but I personally liked the idea of this spiritual remedy, and am tempted to try it.

Herbal remedies are very important to the migrant community and anyone who treats migrant community has to remember that herbal remedies are a big part of their tradition and by not respecting them, they could be damaging the relationship. In order

to make a relationship possible between the patient and the doctor, you have to take their culture into consideration.

The last factor that the migrant population has told me about that hurts the relationship between the patient and doctor is the language barrier. Many of the migrants in Adams County have openly said that they feel put off by the fact that many people in Adams County do not speak their language. Not only does this put a strain on the relationship between the patient and doctor, but also the treatments or what the patients actually feel. The patients may not understand what the doctor is saying, or the interpreter might not be able to translate what the doctor is telling the patient. In Adams County there is one doctor that does speak Spanish and does help out with the migrant community, and the doctor at migrant health speaks Spanish, but as far as I know those are the only doctors that are able to speak to their patients directly. The language barrier can be seen directly in the example I gave above when I was speaking about the Mission of Mercy clinic and how they were not able to see the two women who spoke only Spanish because there was no translator. These types of situations can cause a serious problem in the relationship, and can show to the migrant population that care giver may not be taking the time that they should on the patients.

The Settled Migrant Community

The health programs in Adams County do so much for the migrants who come to pick the fruit during the fruit season. Many of these migrants enjoy the benefits that they receive in Adams County and many of them end up bringing their families to the area to settle permanently, but what happens when they arrive back in Adam County? The migrant programs that were once available for the migrants are now no longer available because they have settled into the area. For example, the migrant clinic that migrant health has every Tuesday night would not take former migrants who have now settled in the area. The only thing that the former migrants who have now settled have is the Mission of Mercy clinic, migrant education, which is only for their children, and to go and see a private physician, which is about twenty five dollars a visit. In my opinion, I believe that many of the migrants who come to Adams County and settle here is because of the wonderful benefits that they are receiving and expect that those benefits will continue if they do settle, but what they do not know is that the benefits will stop, but again this is just a thought. It seems to me that what needs to happen is to have a new program be created, like the Mission of Mercy, that will allow anyone to come and receive medical attention. I understand that the migrant programs are still not doing all the could, but I think that we are some-what ignoring this community of people who we almost baited to come and settle in the community. It seems to me that many of these families should be receiving the same health care that they were acquiring when they were migrants. The funding for this program would be difficult to obtain because this is not just a migrant program. A program that helps the people who are lingering in an economic situation that does not allow then to receive well fair, but they also do not have enough income to properly take care of their families, should be established by the government. This is not

just a program that would benefit the migrant community in the United States, but it would aid everyone who is in the same predicament.

Analysis

Throughout my studies of the migrant community and the settled migrants I learned a lot about a community that I had never given much thought to or that I knew even existed. I never thought about how a medical problem, that I would not even think twice about, like a cold or the flu, could become something very serious. I never considered the fact that even if they got sick, they still had to go to work because migrants never get a day off or a sick day. This community of people should be receiving the best health care for the work that they do, but unfortunately they are not receiving this kind of health care, in fact they may not be receiving any health care at all. The health care system that I have researched in Adams County has wonderful potential for becoming excellent, but it has to work out a few things.

From my research, I have concluded that the health services in Adams County are not reaching enough people. In every situation, with the exception of migrant education which is serving about as many children that it can, the programs seem to be lacking in the most important component. The migrant health clinic is doing a very good job with the patients that it sees, but they do not seem to be doing everything that they should be doing for the patients that they do not see. The migrant health program should be doing all it can to be reaching all the camps in Adams County. I understand that this may be an impossible task, but right now it seems like they are not even trying to expand their clientele. Also I believe that the restrictions that go along with migrant health should be taken away, or they should include migrants who have settled in the area. I also feel that the migrant health program should be reaching out to more people. I felt that every time that I went out with the migrant recruiting program, they went to most of the same camps, and that the same people were being seen every time the women who did recruiting went out. The men and women that they did see when they went out recruiting were very interested in their health, which I would think, would encourage more trips to more camps.

The men at the first camp did not know that the clinic was open on Tuesday nights. They did not know that they could be receiving free medical help. The recruiting that goes on in the migrant camps is very important. I felt that the women who were doing most of the recruiting were not getting to as many camps as they should. The recruiting process is a wonderful program that can be greatly used by the migrant community. I believe that there should be more organization to the process of going to the camps at night. One person saying that they believe that their are migrants that need medical help in a camp and just going to those camps is not the best way to do it. There should be a list of camps that they are going to every week and a monthly list of camps that must be seen. This way many more camps will be seen in an orderly fashion. There should not be a camp that is missed or a camp that is receiving too much attention if this system is used. Because of the way things are run now, I believe that there were

many camps this year that did not receive any medical recruiting. I believe that the people who are recruiting should be making more of an outreach program. The recruiting process is not just a time to give medical attention, but also a time to promote the Tuesday night clinic. When I was out recruiting with the women I noticed that many of the men did find out about the night clinic, and I believe that the more camps that recruiters go to, the more patients you will have at the night clinics.

I also feel that it is very important for the health care providers to see where the people live and to try their best to help them live in a way that will prevent certain health conditions. Not only does going to the migrant's home help the health care givers to solve problems from the health care perspective, but it also let's the migrants know that their problems are important. It shows that someone cares for them, and it will help the relationship between the two.

I feel that the migrant program needs to expand their opportunities. They have so much to offer the people who come to see them, why not open it up to more people? I have a problem understanding all the restrictions that come along with the health programs. It seems to me that if the programs cut all of their restrictions, then more people would be able to take advantage of the wonderful programs that are the for the migrants and former migrants to use. This could be a tricky situation, because if the program directors decide to try to change the restrictions, then there is the possibility that they would lose their funding. What just might have to happen is the restrictions may just have to be overlooked in order to give the migrant community the full support that they need. If the migrants feel more comfortable using the health facilities, then the programs would be able to increase their clientele and then there would be a possibility of increasing their funding for the programs. The health programs that are in Adams County can greatly help the migrant community and be a model for other programs like it, but the only way this can be attained is if they let the restrictions go and just see where it takes them.

Problems With Research

My research is very incomplete, I will be the first one to admit it. I was only able to study the migrant community for about two months. The time that I spent with the migrant community, I believe, was very valuable, but it was still a small amount of time. There is only so much I could learn from this community in such a small time constraint. Not only did I only have the term to work within, but I also had to work in the time restraints of the migrant community. The apple season was bad this fall and therefore, the migrant left some what earlier than other years. Because we did not begin to start observing the migrant community until late September or early October, that limited our time with them greatly.

The next problem that I had with some of the migrants was the language barrier between the two of us. When I was speaking with some of the migrants and they were speaking Spanish, I was only able to pick out bits and pieces of what they said. There were definitely times when there was a chance that I might have misunderstood what

they had said and vice versa, I might have asked a question and they might not have fully understood me. I did try to learn a little bit of Spanish, but not nearly enough. I know that if I was to continue on with my research with the migrant community and their health system I would have had to learn more Spanish to make my data more complete.

Another thing that could have altered my research was the fact that I stayed with the same woman the whole time. Although Cathy was a wonderful resource for me and I truly enjoyed working with her, it would have been nice to get a different perspective. I believe that if I was working with Bonnie or Mary, I would think differently about the health clinic and about the recruiting process because they have different opinions.

It would have also been nice to go to different areas of Adams County. Cathy was doing recruiting for migrant education all over the Adams County district, and sometimes even beyond that. I would have taken part of that if I was able to, but my schedule in the beginning of the term did not allowed me to go out with her. I think it would have been interesting for me to see if the migrant population varies at all in different areas of Pennsylvania, or if the programs differed in any ways throughout Pennsylvania.

Although my research was not complete, I believe that for the time I had I did as much as possible. I tried to observe all the migrants objectively and without stereotypes. The information that I obtained this semester will stay with me for the rest of my life because all of the findings that I have are my own, and no one else can claim them. I have never had that before, and I will never forget it or the friendships that I have made through the program.

Bibliography

Bermaho, Jesus. Personal Interview. November 16, 1998.

Bureau of Primary Health Care. http://www.bphc.hrsa.dhhs.gov/mhc/mhc1.htm

Carlos. Personal Interview. October 29, 1998.

AClosing the Gap.@ Office of Minority Health. Washington DC.

Englerth, Mary. Personal Interview. October 21, 1998.

Hernandez, Cathy. Interview done by Emily Wierdsma. October 8, 1998.

Kurtz, Joseph. News Information. University of Minnesota, Extension Service. August 28, 1996.

Referral Office. Austin, TX. June, 1990.

Sanchez, Rosa. Personal Interview. October 29, 1998.

Washington Newsline. http://www.afop.org/newsletter/tease998.html