

INTERNSHIP REPORT

TOPIC: MIGRANT HEALTH SERVICES AT ADAMS COUNTY

By Teku Teku

Introduction

This internship was carried out under the auspices of the Human Services at Gettysburg, PA. Migrant workers are always exposed to health risks as they work on farms (apple orchards). Workers are affected by a wide range of chemicals such as insecticides, herbicides, fungicides, fertilizers, and ripening agents. Contact with skin, inhalation of vapours or unintentional injection of such chemicals results rapidly in poisoning with severe symptoms such as tachycardia, profuse sweating, pin-point pupils, vomiting, rashes, and mobility problems. Also the fact that workers spend long hours working on the fields, they suffer from backache, disability, and fatal injuries. Their crowded and unhealthy living conditions cause many contagious diseases, especially urinary tract infections.

It is important to know the types of medical facilities available to migrant workers. Estimates show that migrant health centres are only able to serve 15-20% of the migrant population. Many health needs go unmet and the health status of the population continues to suffer. The migrant health program is underfunded resulting in a lack of needed health care for migrant families. Although migrant workers contribute to the economy and pay taxes which fund public services, they are excluded from many federal programs and are also exempt from federal protection such as unemployment benefits when they are laid off from seasonal work. Inability for the families to survive on the typical low annual income of less than \$7,000 leads to nutritive problems and consequently health problems.

It is true that migrant Head start programs are administered from the national level and are designed to provide comprehensive services to eligible mobile migrant families and their children. Requirements for this program are that families move at least once during a twelve-month period, earn at least 51% of their annual income from agricultural work which involves the production and harvesting of tree and field crops and that they meet the poverty guideline.

Purpose

This paper looks at specific health services available to migrant farm workers at the Adams County, and will also try to see how these services have evolved over the past ten years. It also looks at the accessibility of the health services to migrant families, as well as the need to strengthen collaboration and coordination between the migrant education and migrant health programs at local and federal levels. Migrant workers will give their views concerning the services provided to them. Finally, this paper will also project into the future plans of improving on migrant health services at Adams County.

Methodology

To get all the relevant information many people were contacted. First the Human Services at Gettysburg, which served as the @ umbrella @ for our internships, provided information concerning the various health services available to migrant farm workers. Gabriela and Isabella, two workers at the Human Services were the main resource persons. Through discussions, and supporting documents they provided more information about the Migrant Head Start Programs (M.H.S.). The MHS, the program administered from the national level, is designed to provide comprehensive services to eligible mobile families and their children from birth to compulsory school age. The Human Services also provided information concerning the living conditions which affect nutrition of the farm worker community.

Another source of information was the Pennsylvania State Migrant Health Centre at Gettysburg, PA. Many trips were made to the health centre. Interviews, both recorded and unrecorded, were conducted with the nurses and some of the migrant workers who came there for consultation. A recorded interview was conducted with Bonny Sower, a resident nurse at the Migrant Health Services.

To get more information growers who are the employers of the migrant were also contacted. Dave Benner of the Elvista Orchard talked about the health services he provides to his farm workers. Farm workers randomly interviewed at the health centre came from Mexico and Haiti. A few wives of farm workers were also asked to talk about the health services provided to them.

We also observed the Mission of Mercy mobile clinic at Gettysburg College. We talked to the nurses and the physician. Many migrant workers consult at the Mission of Mercy mobile clinic. We met them and held discussions with them.

Information about migrant health services was also got from newspapers and journals at the college library and the Adams county Historical society.

Findings

L Migrant Head Start programs (MHS)

This is a program administered from the national level and, is designed to provide comprehensive services to eligible mobile families and their children from birth to compulsory school age. Requirements for this program are that families move at least once during a twelve-month period, earn at least 51% of their annual income from agricultural work which involves the production and harvesting of tree and field crops and that they meet the poverty guideline. Two types of MHS grantees exist: home based and upstream. Home based grantees located in the Southern part of the United States (California, New Mexico, Arkansas, Texas, Florida, etc.), provide services from October through May. Upstream grantees provide services to families as

they move northwards in search of work. The summer/fall months are usually the time frame for the upstream centres busy season. The states include Washington, Idaho, Nebraska, Iowa, Wisconsin, Michigan, Illinois, Indiana, Pennsylvania, etc. The Adams County migrant workers benefit from the upstream grantees. So migrants working on apple plantations will benefit from the upstream grantees and this is usually during the summer/fall months.

L Poor nutrition

The nurses at the Gettysburg health centre attributed some of the illnesses suffered by migrants and their families to be due to their poor living conditions which eventually affect their nutrition. They gave the following reasons:

low income

limited time to cook

Low income

Since the typical annual income is less than \$7,000 for farm worker families, it is not possible for most of them to actually have a balanced diet. Some of them can not get culturally appropriate foods.

Limited time to cook

During the harvest season, for example, workers spend long hours on the farms. They return usually at about eight to nine p.m. They have little time to cook good meals. For those who have children, older children are left home to care for younger children and infants. These children may be feeding them the only other meal they will eat during the day. Cooking varies, some have left-over beans and tortillas or meat. For single men, most of whom are not familiar with cooking, they are dependant on fast cooking food, like hot dogs, canned beans, ready made tortillas and eggs. Since they eat these foods continuously, they may not get all the nutrients required for a healthy living. According to the nurses, these may be explained why most of them and their families suffer from illnesses related to malnutrition.

L Health Services provided by Lincoln Intermediate Unit # 12 (LIUMCDP)

In coordination with Migrant State Health, LIUMCDP performs health assessments on eligible migrant children. The assessments includes a general physical, urinalysis, hematocrit, tuberculosis test, vision and hearing. If additional treatment is necessary reference is made to migrant health, Pennsylvania State Health Department and other specialists.

The LIUMCDP administers a national demonstration, Even Start program in Adams, Cumberland and York Counties. LIUMCDP participates in the child and adult careful programs and the summer/fall service program offering nutritious meals and snacks to students attending directly operated centres and campus based summer programs. LIUMCDP does not discriminate in programs, activities, or employment based on race, color, national origin or sex.

L Mission of Mercy Mobile Clinic and migrant workers

The Mission of Mercy is a non-profit organization based in Emmitsburg, Maryland, which seeks to accomplish its mission of Ahealing through love@. It also aims at restoring dignity to the sick, poor, and homeless by providing free basic medical and dental care via a mobile medical clinic. This is accomplished through a team of paid and volunteer health care, administrative and hospitality workers. In addition to medical and dental services, Mission of Mercy also provides some laboratory testing and non narcotic drugs free of charge. Mission of Mercy is a creation of Dr. Michael Sullivan (who is the medical director) and Dr. Cianna Talone-Sullivan, Pharm. D., who is the foundress.

Mission of Mercy comes to Gettysburg College twice a month, every other Thursday. Many migrant workers frequent the Mission of Mercy where they receive good medical attention. According to Alberto, from Mexico, a migrant worker at Adams County, he and his family started benefiting from the services of Mission of Mercy since September 1997, when they first arrived in Gettysburg. They received free physical and laboratory tests and free medicines. AThe people at Mission of Mercy are very polite compared to the State Health Centre,@ Alberto commented.

According to Dr. Sullivan, since the Mission of Mercy came into existence in 1994, they have received more than 500 hundred migrant workers and their families. The common illnesses they complain of include respiratory problems, waist and backaches, rashes, and injuries sustained while working on the farms. The Mission of Mercy has nurses who are fluent in Spanish so language is not a problem to migrant workers who come there for consultation.

Antoine from Haiti had this to say about the Mission of Mercy: AThey welcomed me so nicely and gently and then they took care of me, treated me, gave me the medicines I needed and I thought to myself afterwards >someone cares for me=@.

The dental section of Mission of Mercy has been of great help to migrant workers with their families. Because of the food, most of them develop dental problems. ASo thank God we get free treatment and medicines from Mission of Mercy,@ added Antoine.

L Excerpts of an interview with Bonny Sowers of the Migrant Health Services 11/2/98

Bonny Sowers of the Migrant Health Services in an interview conducted on 11/2/98 in her house, revealed interesting information concerning the actual health services rendered to the migrant workers. The interview was conducted by my classmate Alicia Reynolds and myself.

Bonny who grew up at the York County first had cognizance of the migrant program about twenty four years ago when she picked apples with her husband. She gave a brief history of Migrant Health Services in Pennsylvania. Migrant Health Services came about as a result of federal grants in the 1960's, when president Kennedy accorded special grants to various states. The state of Pennsylvania was also awarded a grant. Mrs. Mariana Lam was the first person Bonny ever worked for, at Harrisburg, PA. Since the 1960's the clinics were run by various organizations. Originally, the grant was first given to the state of Pennsylvania, then later on

given to Rural Opportunities, then to the Keystone Health Centre at Chambersburg, PA. Finally, they sub-contracted different people since 1975, to provide migrant health care.

Types of health services provided

Appreciation of Health Services

Eligibility

Common illnesses

Pesticide related illnesses

Types of health services provided.

Bonny said that all health services are provided to migrant workers and their families. The care starts from prenatal to birth. Migrant do not need to be documented in order to benefit from these health services. Documents may come in only in the case where the patient is supposed to be hospitalized. Since the centres do not pay for hospitalization, the patient might wish to apply for medical assistance. It is at this time that they will be asked to present their documents.

But in the case of pregnancy, the woman can have a one-time grant because pregnancy is considered to be an emergency. Also the baby born in the United States is considered a citizen and can benefit from medical assistance.

Concerning financial compensation by migrant workers, Bonny explained that all medical assistance is free. No fee is charged. Medicines are also given free to patients. The migrant workers may have to buy their own medicines only in the case of a prescription. This can only occur when the medical centre does not have the required medicines. But she added that such cases are very rare. In most cases, if the health centre does not have the medicines, the nurses will either go to Chambersburg, PA, to get it, or get it from the doctor office.

Appreciation of Health Services

When asked if the migrant workers appreciate the health services, she replied that some do and some do not. She said that some take it for granted because they have been in assistance for long. Such people always say that they are entitled to it. They do not consider the privilege offered by the state. Most states charge fees for health care to migrant populations. Bonny feels that the health centre is not doing well by not charging them health fee. She would have preferred that they charge them a nominal fee of about five or ten dollars. This would make them better persons, when they provide for themselves. By doing this, they will cease to be dependent.

Bonny cited the case of some migrants who have settled in the state of Pennsylvania for so long and still depend on free medical care. Such migrants work in factories and earn free health benefits. They ought to use their free benefits to pay for their health services, just like any other person. They are not supposed to benefit from free medical health care at the centre for migrant health.

Eligibility

Concerning the question of who is eligible to get free health care, Bonny said that the only criterion is that the individual should be a migrant working under the agricultural field. Eligibility for the program lasts two years. This means that any other migrant working, for example, with a poultry or any other factory which excludes farm work will not benefit from the health care at the migrant health centre.

She said that when a migrant comes to the clinic for the first time, they will treat him freely, but subsequently when he comes, he has to show proof that he is working in the farm, before he is treated.

She explained that there are so many Hispanics in Pennsylvania and it is difficult to know what they are actually doing. When they are ill, the first place they tend to is the migrant health centre. Such people can not be treated because they do not meet the requirements.

Common illnesses

Bonny explained that the common illnesses amongst migrant farm workers are hepatitis, digestion problems, urinary tract infections, respiratory infections, diabetes, hypertension, rashes, and injuries. There are also many cases of pregnancy (though pregnancy is not an illness).

Pesticide related illnesses

In relation to pesticide, Bonny explained that because of intensive spraying law in Pennsylvania, workers are sensitized about the use of pesticides. For this reason, cases of pesticides cause illnesses have not been brought to the clinic in the past five years. But she cited one case of pesticide infection which occurred in one of the orchards about five years ago. The man was however not brought to the clinic but conveyed to the hospital where he was treated. He was fine after that.

Nonetheless, she said that one can not say that pesticides have no bearing because more and more cancer related patients are being seen at the clinic. She wished that special studies be carried out to find out whether the cancer related illnesses are linked to pesticides or streams that exist in the area.

L Dave Benner of Elvista Orchard

Dave Benner of Elvista Orchard employed about forty two migrants workers this year. Most of them picked the apples and a few did pruning. Thirty four of the forty two workers came from Mexico, while six came from Puerto Rico.

Medical services

Benner said that he had first aid kits in all of his three buildings that provide housing for thirty eight single men on the farm. First aid kits also exist in orchard vehicles. In a case where a worker is seriously injured or gets ill, the orchard vehicle transports him to the migrant health clinic at Gettysburg where they receive treatment. Compensation is covered by insurance.

L Views of selected migrant workers on health care provided them

J..M. from Mexico appreciated the free health services provided to them at the State Health Services. But he complained that most of the times the nurses are slow and impolite. AThey consider us to be dirty people.@ He also said that when you go to the clinic and you do not meet a nurse who speaks Spanish you will have to wait until one comes around. AYou may die under pains,@ he said. However he wished that the services of the migrant health centre be expanded to include hospitalization. He complained that it becomes very expensive if they or their wives or children have to be hospitalized. They are unable to pay the high hospital bills because of the meagre wages they earn working on the farms.

P.T. from Haiti appreciated the free medical care provided by the State Health Centre but he regretted that most of the times you do not see a physician. Only the nurses are available and they do not provide in depth diagnosis. AAlso, they abandon us to ourselves for a long time before attending to us.@ P.T. preferred having regular consultations at the Mission of Mercy mobile clinic where there is a physician who does good diagnosis.

Asked to talk about pesticides, P.T. said that it is difficult to be affected by pesticides, given the fact that they protect themselves well when working. He said the main problem is that much exposure on the field causes respiratory problems, also minor injuries are common when they prune or pick apples.

RECOMMENDATIONS.

There is need to increase funding for the migrant program to better reflect the increasing need for health care for migrant families. This is because migrant workers end very meagre salaries and are unable to with stand the high hospital bills in the United States. Any attempt at making migrant workers to pay for medical bills will only go to increase the misery.

It was noticed that some health care providers serving the same population often lack awareness and understanding of cultural issues and the unique health needs of migrant families. Many receive little or no training on migrant specific issues in their professional training programs. The health and social needs of migrant children and their families are often unaddressed by school

healths programs due to mainstream educator=s lack of awareness of issues unique to the migrant population. This aspect has to be redressed.