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The Health of Migrant Farmworkers in the Pacific Northwest: Access, Quality, and Health Disparities

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Abstract

The health and well-being of migrant farmworkers have been neglected in the U.S. despite the prevalent reliance on undocumented foreign labor to fill the needs of the agricultural industry. In 1942, the U.S. signed a bilateral agreement with Mexico which allowed the recruitment of Mexican workers for temporary work in U.S. fields until the end of the program in 1964. This program contributed to the increase of Mexican migration even after its termination and reaffirmed our nation's dependence on migrant farm workers, both documented and undocumented. Due to their undocumented status, undocumented migrant farmworkers experience neglect, dehumanization, and criminalization that permeates the agricultural industry today. This paper addresses the health disparities and safety violations faced by migrant farmworkers and their families today, specifically in the Pacific Northwest which benefits from the billion dollar agricultural economy founded on their back-breaking labor. This paper will provide historical context and argue that the violations of human rights still occur in migrant labor camps. Possible solutions that contribute to the empowerment of migrant farm laborers will be discussed.

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Introduction

Alina¹ was an 11-year-old girl who attended school in northern Washington. She lived with her parents in a small cabin on a local farm in the Pacific Northwest. As the youngest of six kids and one of three who were born in the United States, Alina's parents had high aspirations for her. Both worked hard for the little pay they received as migrant farm laborers. They believed the American dream was possible for their children.

Her parents, both immigrants indigenous to Oaxaca, Mexico, speak Triqui, an indigenous dialect. They left behind their family and the only country they ever knew, making the dangerous migration across the U.S.-Mexico border, eighteen years ago, to find work in the fields of a rural area. Isolated from society, they pick hundreds of pounds of fruit a day with their bare hands and suffered the painful aching of their bent backs in the sweltering hot sun. They do not complain about the strenuous work or the lack of protective garments. Their lives are significantly threatened because they have limited access to healthcare and the lack of translation resources in their dialect makes them vulnerable to discrimination and exploitation.

Alina's mother has been diagnosed with diabetes but cannot afford the \$400 medication she needs monthly. Without citizenship, her employer is not obligated to provide healthcare benefits even if she works full-time. In Washington State, the Alien Emergency Medical (AEM) Program offers coverage for medical treatment for patients that do not qualify for Medicaid because of their immigration status ("Free or low-cost health care"). However, this program only covers qualifying medical emergencies, including emergency room care, cancer treatment, and dialysis ("Free or low-cost health

¹ Name has been changed to protect the identity.

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care”). As such, the health of Alina’s mother continues to decline and with it her ability to work which has taken a toll on the family’s income.

In August of 2017, a gas leak in the cabin killed Alina. The Hurtado² family and the Esterwick Farm³ community suffered a great loss. The cabin was roughly eighteen by eighteen feet, with scarcely enough room for two bunk beds, a sink, a small counter space for the stove and a refrigerator. The only source of ventilation came from a small window next to the door, on the wall furthest from the beds. I interviewed the parents one month after they had lost their child. Representatives of Esterwick notified the family that the gas leak was under investigation (Hurtado family, personal communication, August 22, 2017). According to the news, the parents forgot to turn off the gas stove (Danielson, 2017; Wanielista, 2017). The family feared speaking up, despite their immense pain. They had more children to support, and they could not risk losing their only source of income, they could not risk deportation. No further comments or responsibility was taken for the death of the child. The family was still living in the same cabin where the accident took place.

The United States has depended on undocumented farmworkers from the global south for decades. Specifically, laborers from Mexico have supported agricultural development through formal national labor agreements and informal recruitment by individual farms and corporations who have benefited from this low wage arrangement. Today, farmworkers are predominantly Mexican immigrants (Kilanowski & Gordon, 2015; Nichols, Stein & Wold, 2014; Farquhar, Shadabeh, Samples, Ventura & Goff, 2008; Holmes, 2006; Keim-Malpass, Spears, Quandt & Arcury, 2015).

² Name has been changed to protect the identity.

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Outsourcing laboring developing countries creates a vulnerable labor source subject to international corporate exploitation. The North American Free Trade Agreement (NAFTA) of 1994 facilitated this exploitation by encouraging the outsourcing of agricultural work, expanding American “agribusinesses in Mexico attracted by the ready access to land, cheap labor, and lax environmental regulations and failing to implement regulations that result in the exploitation of workers” (Zloliniski, 2018, p. 166). Throughout developing nations, large corporations take advantage of loopholes and will establish themselves in poor cities where workers do not have many other options for employment (Zloliniski, 2018).

Conversely, this exploitation also happens within the U.S. The farming industry puts pressure on small farms to provide produce at competitive prices that larger farms are capable of delivering due to mass production. This economic trend drives farm owners to exploit the vulnerability of undocumented migrant labor in order to stay afloat. Washington State is a national leading exporter for farmed goods, relying on the back-breaking labor of thousands of undocumented immigrants to support their billion dollar agricultural economy (Carvajal et al., 2013, p. 1176). Because the lack of healthcare provisions for migrant farmworkers is often hidden from the public eye, bridging the public disconnect is an imperative step in addressing their health disparities. The invisibility of this population, due to the criminalization of their immigration status and subsequent dehumanization, contribute to the persistent state of human rights violations.

In 1948, The U.S. signed the Universal Human Rights Declaration, which states in article 2 that all humans, regardless of “race, [color], sex, language, religion, political or other opinion, national or social origin, property, birth or other status”, are entitled to

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the articles within the document including those outlined in article 23, concerning employment (“Universal Declaration of Human Rights”, 1948). These rights include “the right to work, to free choice of employment, to just and [favorable] conditions of work and to protection against unemployment” (“Universal Declaration of Human Rights”, 1948). It also declares the right to receive fair wages, and “to form and to join trade unions for the protection of [their] interests” (“Universal Declaration of Human Rights”, 1948).

Additionally, article 25 articulates that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond [their] control” (“Universal Declaration of Human Rights”, 1948). Although undocumented migrant farmworkers fall under the umbrella of those protected by the Universal Declaration of Human Rights, national law and public opinion isolate this population of laborers, marking them ineligible to receive basic human rights (Lorentzen, 2014). The lack of labor rights serves to benefit employers by reducing their level of obligation to their workers, including overtime, limited water breaks, unstable schedules, little job security, and no long-term benefits for contracted work, along with countless other benefits many U.S. jobs offer full-time employees (Lorentzen, 2014).

Thesis

This paper will discuss the problems with safety violations and limited healthcare available to undocumented migrant farmworkers in the Pacific Northwest (Bustamante et

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al., 2010; Dodd, Schenck, Chaney & Padhya, 2015; Kilanowski, 2012; Kilanowski & Gordon, 2015; Lambert et al., 2005; Pitkin Derose, Bahney, Lurie & Escarce, 2009) and the multi-generational impacts of such treatment (Liebman et al., 2017; Murphy et al., 2014; Nichols, Stein & Wold, 2014; Vargas Evaristo, 2017). I will outline the various ways in which migrant worker health is systematically neglected through the harvesting process; starting with the hand picking of produce through clouds of fumigants and ending with consumers purchasing packaged products.

To explore and understand the complicated circumstances that result in health disparities for undocumented migrant farmworkers, this paper will draw on interdisciplinary research from healthcare, anthropology, and critical race studies in relationship to citizenship. Additionally, an observational study of farmworkers in Washington State was conducted to present a personal and highly localized context. This ethnographic study, inspired by the research of Holmes (2013), took place on a farm where I interviewed farmworkers with the hope of gaining insight into their experiences.

Through this project, I intend to shed light on the systems of inequality that exploit undocumented workers and to provide suggestions for improving the industry in a way that recognizes the humanity of migrant farmworkers and benefits their health, their lives, and the lives of their families that are affected. My goal is also to depict the importance of undocumented migrant farmworkers to our economy and why they should have access to safe working environments and quality healthcare as inalienable rights.

History of Extracting Labor and Externalizing Care

The reliance of farm owners on undocumented laborers can be traced back earlier than World War II, however, it was during the labor shortages of this period that

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recruitment for labor rose steeply (Sifuentez, 2016). This encouraged the conception of the Bracero Program, one of the largest guest worker programs to benefit the agricultural field along the west and south coast (Guthman, 2016; Rickard, 2015). On August 4th, 1942, the U.S. entered into a bilateral agreement with Mexico (Sifuentez, 2016).

Although it was only meant to fill the labor shortage during the war, “the program lasted until 1964 and issued 4.6 million contracts to guest workers” (Sifuentez, 2016, p. 10).

The contract between the two countries required U.S. farmers to provide transportation to and from Mexico, adequate housing, and a fair wage, comparable to what would be paid to a domestic worker (Sifuentez, 2016). The Mexican government retained the right to refuse workers to any “state that discriminated against Mexicans”, consequently Texas was barred on these grounds (Sifuentez, 2016).

Acceptance Process

The process for workers to be accepted to the Bracero Program was arduous and lent itself to corrupt abuses of power. Despite the fact that the program did not require applicants to pay a fee, the masses of men hoping to get a chance to work gave officials the opportunity to demand bribes in order to process an application (Sifuentez, 2016).

The men waited in line for hours before being strip searched, humiliated, and subjected to invasive bodily examination; they were also doused with DDT, because they were believed to be infected with venereal disease and tuberculosis (Sifuentez, 2016). This is just one example of the way migrant labor was subject to institutional racism which is defined as an organization’s failure to deliver “appropriate and professional service to people because of their [color], culture or ethnic origin. It can be detected in processes, attitudes and [behavior] which amount to discrimination through unwitting prejudice,

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ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people. (Macpherson, 1999: para 6.34)” (Pearce, 2010). The bracero program is a good example of the way that ideas about racial inferiority and the exclusivity of American citizenship intersect for the purpose of cheap labor and profit (Golash-Boza, 2015).

Contracts

Workers were given contracts to work for specific employers. The contracts could be renewed at the end of the allotted term, however, the system operated largely on recommendations. This meant that the braceros who complained about their wages or living conditions were unlikely to receive a recommendation (Sifuentez, 2016). Farms who were not part of the government contractual agreement aggressively undercut the federal program and recruited labor by offering slightly better pay or working conditions. This resulted in migrants moving further into the U.S. interior, losing their temporary laborer status, and overstaying their work visas (or the equivalent), thus making their status even more vulnerable (Sifuentez, 2016).

Conditions

The program understaffed inspectors, deliberately neglecting the monitoring of living conditions, for example, “in 1943, the Bracero Program had only two inspectors in Portland, Oregon, to oversee all the labor camps in Utah, Idaho, Oregon, Washington, and Montana” (Sifuentez, 2016, p. 24). Despite the pervasiveness of unsatisfactory work conditions, including unsafe housing, pay shortages, and even abuse at times, braceros continued to work to send money home to their families out of desperation (Sifuentez, 2016). The Bracero Program set the precedent for the treatment of undocumented migrant farmworkers. Despite the conditions outlined in the contract, the lack of regulation for the

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treatment of workers sanctioned deplorable living conditions and unjust wages; a pattern that continues today.

Migrant Farmworkers Today

Migrant farmworkers in the 21st century leave the extreme poverty⁴ in their home countries in search of a better life only to find themselves confined to a life of inhumane working conditions in order to feed their families and send remittances back home. Many entered the U.S. as undocumented workers. The fear of deportation plays a huge role in the way the workers are treated by their employers, it is also a contributing factor in their aversion to seeking medical care where it is available. Many “receive little or no medical treatment for their work-related injuries” (Cartwright, 2011, p. 649). Because most workers are simply concerned with retaining their ability to work, they will endure despite inequitable conditions (Bonnar Prado et al., 2017; Sifuentez, 2016).

Additionally, relative to U.S. wages, undocumented migrant farmworkers are underpaid. The National Agricultural Statistics Services (NASS) found that “agricultural workers earned an average of \$9.09 per hour; however, migrant farmworkers are often not paid by the hour, and in fact, many are paid by the piece, pound, or acre. Most migrant farmworkers are not employed full-time or all-year round thereby limiting their actual annual income” (Ramos, p. 1632, 2015). This relegates them to live their life under the poverty line with little hope of upward mobility. This also means that the little income they procure simply cannot cover the number of medical expenses that are almost unavoidable when working in the conditions many of these workers must. When migrant

⁴ NAFTA has contributed to the economic decline of Mexico’s domestic agriculture industry, affecting the earning power of farm working communities within Mexico (Zloliniski, 2018).

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workers become too old or too sick to continue working in the U.S. fields, the expectation is that they will return to their home country whose responsibility is to provide them with medical care; Holmes regards this as the extraction of labor and externalization of care (2013).

Although 72% of migrant farmworkers are male, 52% are parents, and those who migrate with children can also incur the additional cost of perpetuating a life of poverty as a sizeable percentage of children of farmworkers grow up to be farmworkers themselves (Peterson, 2014, p. 391). Moreover, many begin to work in fields alongside their parents from an early age; exposing them to the same cancer-causing chemicals that harm their health. The deregulation that allows workers', because of racial stereotypes and the subsequent stigma of criminalization based on their undocumented status, to be seen as the punishable "other" whose humanity is distanced from society, intentionally creates social desertion and furthers cyclical disadvantages of families of farmworkers.

The Politics of Citizenship, Race, and the Economy

Farm workers experience multi-dimensional levels of oppression. For instance, the current political state shares strong anti-immigrant sentiments and with it the demonization of undocumented workers (Guthman, 2016). Undocumented laborers are scapegoated in the public discourse as being responsible for unemployment rates (Sifuentes, 2016). The belief that undocumented immigrants are a drain on public resources is a myth (Guthman, 2016). Not only do undocumented workers contribute substantially to the economy through sales consumptions and the taxes they pay, they also create jobs that American citizens benefit from (Lorentzen, 2014). The reality is that a person's undocumented status negatively affects their ability to receive aid from public

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programs, additionally, citizenship offers worker protection from which undocumented workers do not benefit from (Sifuentez, 2016; Pitkin Derose et al., 2009). Some risks that come with being an undocumented worker include “maltreatment on the job, arbitrary reductions in pay, exorbitant and unnecessary fees, outright theft of their wages, [and] deportation” (Sifuentez, 2016, p. 88).

The current labor shortage in agriculture has been attributed to the heightened political emphasis on raising border patrol activities and implementing anti-immigration policies, which have benefited growers only by further disenfranchising an already vulnerable population, making them more susceptible to employer abuse (Guthman, 2016). Additionally, the introduction of the NAFTA prompted a budget increase for “border patrol agents, created fences and walls, and installed military surveillance devices to enable the apprehension of would-be crossers” (Guthman, p. 28, 2016).

One of the keys to success for the agriculture industry is to engage in forms of labor control that incite employer loyalty (Guthman, 2016). There is an unspoken accord among growers to keep farmworker wages low, making farm work unattractive to domestic workers and therefore giving them the ability to underpay migrant workers even further (Guthman, 2016). Another way the farm labor of undocumented migrants is unprotected is through their inability to practice collective bargaining. Under the Wagner Act of 1935, farmworkers were denied the right to perform collective bargaining. This act has only been marginally altered in a limited number of states (Holmes, 2006). The current common method of payment is piece rate payment. This incentivizes workers’ productivity but also means that their pay is dependent solely on the amount of produce

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they pick and how fast they are able to pick it, rather than being guaranteed an hourly wage, which contribute to health and safety risks (Sifuentez, 2016).

Criminalization of Workers

The criminalization of migrant farmworkers is rooted in false racial stereotypes and prejudice, in fact, the status of being undocumented in the U.S. is a civil infraction not a felony (“1911. 8 U.S.C. 1325”, n.d.). There is evidence that men of color are disproportionately victims of increased racial profiling by police (Golash-Boza, 2015), which can include migrant farmworkers from the global south. Currently, the U.S. Immigration and Customs Enforcement agency (ICE) uses a general rule of measure by which they define criminal behavior. Something as minor as a paid speeding ticket can be cause for deportation, automatically categorizing a person as a convicted criminal (Golash-Boza, 2015). However, even utilizing this measure of criminality, the New York Times reported “on April 6, 2014... that nearly two-thirds of the two million deportations since Obama took office have involved either people with no criminal records or those convicted of minor crimes” (Golash-Boza, 2015, p. 8). The social construction of Latinx men as criminals who are unjustly profiled and arrested makes this population more vulnerable, ensuring there is little to no pathway to citizenship. This criminalization dehumanizes workers, making them out to be the “other” and suggesting that they are undeserving of compassion or support from a social, political, economic, and cultural standpoint; in other words human rights do not apply to undocumented migrant farmworkers because of the way they are wrongly perceived (Pollard, 2012).

Health and Safety Violations

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Farm working jobs in the U.S. are physically strenuous and among the lowest paid (Bonnar Prado et al., 2017). Due to the nature of farm work, it offers little job security and farmworkers experience high levels of unemployment, up to double the national average of all labor sectors (Bonnar Prado et al., 2017). 95% of agriculture workers were born in Mexico (Holmes, 2006), an estimated half of farmworkers lack the documentation to legally work in the country and as a result live in constant fear of deportation (Bonnar Prado et al., 2017; Holmes, 2006).

Data on farmworker health and fatalities can be inaccurate due to the fear of reporting health problems and the little enforcement of health laws and policies (Holmes, 2006). The agriculture sector sees the largest degree of fatalities in the country, with a rate of “21.3 deaths per 100,000 workers per year, compared with the overall worker rate of 3.9” (Holmes, 2006). Preventative care is not often sought out, and by the time many farmworkers seek medical attention their condition is critical (Dodd et al., 2015). Furthermore, as workers age and become too sick to work, many opt to return to their home countries, creating the illusion of a young and healthy workforce in the U.S. (Holmes, 2006).

Housing

Workers in California, who enjoy the benefits of more stable employment year-round, may be required to find their own accommodations. However, workers in areas where picking is temporal, often live in housing provided by their employers (Keim-Malpass et al., 2015). For this reason, the quality of housing for migrant farmworkers is largely dependent on their employers. It may even be included as compensation for their work (Keim-Malpass et al., 2015). Housing regulations for farms vary from state to state

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and the level of enforcement for these regulations also varies. However, “such regulations are necessary because they provide standards for living and sleeping spaces, kitchen and laundry facilities, and general safety and sanitation” (Keim-Malpass et al., 2015). A study of housing quality performed in North Carolina found that 47% “of the participants lived in housing classified by the interviewers as average quality, while 30% lived in housing classified as poor quality and [only] 23% good quality” (Keim-Malpass et al., 2015).

Faulty electricity is a common concern in farms that provide housing. This issue is heightened when we consider the safety of small children. There is an added concern for food safety when appliances such as refrigerators are in poor working conditions and allow food to spoil (Keim-Malpass et al., 2015). Another common concern is the presence of vermin due to a lack of structural integrity in labor camps. A study on the housing conditions of migrant farmworkers, led by Keim-Malpass, Spears, Quandt, and Arcury, found that “several participants described rotting floors, roofs, and ceilings that were both structurally unsafe and would allow pests into the home”(p. 7, 2015).

The lack of safe drinking water in labor camps also poses a risk to the health of workers. A worker reported “that he just had to get used to the bad taste of the water. He would fill his cooler with this water and drink it, even when his stomach would begin to hurt. For this reason, he limited the amount of water he drank during the day” (Keim-Malpass et al., 2015, p. 8). Furthermore, there is often a lack of heating and cooling units in cabins and when present they may exude smoke and fumes, contaminating the air (Keim-Malpass et al., 2015).

Exposure to Harmful Chemicals and Harsh Environments

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Pesticide exposure is a huge safety concern for farmworkers, a population that is at the greatest risk of contracting Acute Occupational Pesticide Related Illness (AOPI). Factors that contribute to this risk happen when “a person fails to perceive that they have a treatable condition, the affected person doesn’t seek care, the person is misdiagnosed, the clinician fails to take an occupational history and fails to recognize that the condition is work-related, and the clinician fails to comply with the legal requirements to report the illness to public health authorities” (Bonnar Prado et al., 2017, p. 396).

In a survey on the occupational conditions of farmworker, conducted by Farquhar, Shadbeh, Samples, Ventura, and Goff (2008), “respondents said that they have breathed pesticides in the air (61%), touched plants with visible residue (39%), and have been accidentally sprayed by a plane or tractor (34%). Yet only 57% of the farmworkers who reported working in treated areas said they received any type of pesticide safety training” (p. 1958). Providing material to promote worker safety can be difficult due to linguistic differences. “Many indigenous languages have no contemporary or standard written form, and literacy levels are generally low, which presents challenges when selecting modalities (i.e., written, oral) for training materials” (Farquhar et al., 2008, p. 1956).

The most common concern voiced was about day-to-day contact with pesticides and the residue they leave on workers shoes and clothing which risk contaminating the homes of the workers at the end of their shifts (Keim-Malpass et al., 2015). Laborer camps are often in the vicinity of agricultural fields, meaning that workers and their families are exposed to chemicals after pesticides are sprayed in nearby fields (Keim-Malpass et al., 2015). During a field study at a farm in Washington State, Holmes (2006), a prominent author in the field, observed the strawberry pickers performing work without

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gloves, despite the visible pesticide residue that would stain hands. During lunch breaks, many laborers would eat without washing their hands to save time and quickly go back to work (Holmes, 2006). In the previously mentioned survey conducted by Keim-Melpass (2015) and his team of researchers, interviewees commented on their symptoms of headaches and nausea while working on fields that had been recently sprayed.

Children of migrant farmworkers are also at a risk for exposure to pesticides and harmful chemical without having to step a foot in the fields. The “carry-home” transport process describes the course by which parents who have been exposed to organophosphate chemicals carry traces on their clothes, hair, and skin into their home where their children may then experience second-hand exposure (Lambert et al., 2005). Because children have “developing organ systems, specifically the brain and central nervous system, and immature detoxification and elimination capacities”, exposure to chemicals is especially detrimental (Lambert et al., 2005, p. 504). A study conducted by Lambert and a team of researchers evaluated urine samples from 176 children of farmworkers in three different Oregon communities (pears, cherries and fruit berries). The children were between the ages of two and six years old. Using urinary biomarkers, the research team found traces of dialkyl phosphate (DAP), suggesting that children of farmworkers experience significantly higher levels of exposure to organophosphates compared to children residing in urban areas.

Farmworkers, whose labor exposes them to direct sunlight, have a high risk of developing heat-related illness (HRI). “HRI comprises a spectrum of disorders ranging from heat rash to heat stroke, which can be fatal” (Lam et al., 2013, p. 2). Normally, HRI affects largely the elderly population or those with chronic conditions, however, HRI

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caused by exertion can affect healthy, young individuals, especially those working in hot humid conditions such as farmworkers (Lam et al., 2013).

Multi-Generational Impact

The exploitation of farmworkers has repercussions beyond their own health deterioration. The effects of this exploitation can be seen in their children, making this a detrimental, multi-generational issue. They are part of the growing Latino presence in the U.S. and many of them are U.S. citizens (Kilanowski & Gordon, 2015). Although it is hard to find an exact number for the children of farmworkers, there is an estimated 55,000 migrant youth in Oregon alone, 72% of which are under 12 years of age (Kilanowski & Gordon, 2015). The health of adults is strongly influenced by childhood ailments. Children of farmworkers have a large risk of developing physical and mental health problems which can affect them well into their adulthood (Kilanowski, 2012). Primary care physicians rate Mexican-American migrant children as two to three times more likely to have poor or fair health as opposed to good or excellent health, compared to their non-migrant counterparts (Nichols, Stein & Wold, 2014).

The perpetual need for relocation to find employment means that “the children of these workers suffer homelessness, lack of friends, frequent relocation, poverty, and schooling interruptions, posing psychosocial and developmental risks” (Sandhaus, 1998, p. 52). The constant movement also affects their ability to maintain consistent medical check-ups and dentist appointments, “this often creates health risks for children; data indicates poor immunization and dental records, stunted growth, and higher rates of accidents and injuries” (Sandhaus, 1998, p. 52). The familial responsibilities of children of farmworker are often also far greater than that of their peers. The low wages their

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parents are afforded mean that the children must also help out in the fields or at home with their siblings in order to make ends meet (Sandhaus, 1998).

According to Holmes (2006), “children of migrant farmworkers show high rates of malnutrition, vision problems, dental problems, anemia, and excess blood lead levels” (p. 1778). *The Journal of Agromedicine* published an article listing additional risks such as “disproportional rates of diabetes, acute otitis media, upper respiratory tract infections, viral and parasitic infections, and dermatitis, along with increasing prevalence of unhealthy weight” (Kilanowski, 2012, p. 1). These claims are confirmed by numerous experts and studies, including a study done on migrant families in North Carolina, which found that “53% of the children had an unmet medical need; this was 24 times the proportion of US children overall and 15 times the proportion of Mexican American and Hispanic children” (Nichols, Stein & Wold, 2014, p. 364). This study also revealed that 80% of children had not undergone a wellness exam in the past year, and 53% had not had one in over three years (Nichols, Stein & Wold, 2014).

Another study found that “U.S.-born children with noncitizen and non-English-speaking parents, or with naturalized parents who immigrated after 1986” have a reduced rate of insurance coverage, up to three or four times the national average (Pitkin Derose et al., 2009, p. 357). This finding exemplifies the ways in which the parent’s status as non-English speaking immigrants also affects the access of American-born children to receiving healthcare. The neglect that migrant families experience goes beyond undocumented immigrant status, it is the intersection of race and class that also negatively impacts their American-born children.

Barriers to Accessing Healthcare

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There are a number of barriers that can keep farmworkers from accessing healthcare resources. Farms and camps are often located in rural areas and workers must travel far to receive care. This proves difficult for workers who don't have access to their own vehicle or reliable transportation (Bonnar Prado et al., 2017, Dodd et al., 2015). Additionally, most farmworkers have limited education and a growing number of farms workers "speak an indigenous language rather than Spanish as their primary language" (Keim-Malpass et al., 2015). The lack of translation services and resources in healthcare facilities do not provide farmworkers with quality care in a language they can understand (Lee, Salzwedel, Chyou & Liebman, 2017)

Another barrier is the cost of receiving medical screenings and treatment, even when offering low-cost or pro-bono health services because time spent away from work means no wages and reduces their ability to support their family financially (Dodd et al., 2015). Some federally qualified health centers work on a sliding scale fee, however, these centers may not be available nearby or workers may not be aware of their accessibility (Bonnar Prado et al., 2017, Dodd et al., 2015). In fact, lack of familiarity with American healthcare systems is another barrier to access. Workers with strong ties to an established community benefit from collective knowledge on local health services, whereas migrant farmworkers, unfortunately, do not integrate into locally established communities due to their temporary migratory status and this isolation becomes a deterrent to accessing healthcare (Bustamante et al., 2010). Furthermore, undocumented immigrants are less likely to have regular check-ups compared to documented immigrants (Bustamante et al., 2010, Dodd et al., 2015). This also carries over to children of Mexican immigrants, who are less likely to access health services (Bustamante et al., 2010). Undocumented

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immigrants are classified as “foreign-born individuals from Mexico who are not US citizens or green cardholders” (Bustamante et al., 2010). There is a strong distrust of medical professionals that stems from a fear of deportation (Dodd et al., 2015).

Research

For my research study, I volunteered with a summer program that does outreach to migrant youth, which is run by a leader in a local church in northern Washington State. The program encourages other youth from parishes all around the Pacific Northwest to volunteer a week of their summer to help with the food bank and provide lunches for the children who stay behind in a nearby camp while their parents are working in the fields. Through this program, I was able to observe the lives of the families, the physical condition of their living accommodations and survey the adults to gain more insight into their health. My proctor for this session was Alfredo Campos⁵, the director of the program and the parish’s food bank. He was able to introduce me at events, where appropriate, as well as to individual workers with whom he had built rapport with.

Methods

This study utilized grounded research with semi-structured interviews and an observational technique at the labor camp. I used qualitative interviewing of current farmworkers who were over the age of eighteen. The interviewees were identified using a snowball method, a trusted member of the community introduced me to a laborer and they were able to direct me to other individuals who were willing to be interviewed. The data was collected through semi-structured interviews that allowed me to gather individual ethnographies. The observations took place primarily at the labor camp where

⁵ Name has been changed to protect the identity.

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I volunteered daily for five days. Other observations were taken at a local food bank that predominantly serves the migrant community.

My field observations were both descriptive and explorative. My presence in this space was critical in that I was not there solely to collect data but also to find insights; it was not objective but rather subjective research. As participatory action research, my experience volunteering with the community helped me build rapport to conduct the interviews. I am bilingual which gave me a certain advantage, however, I do not speak indigenous languages from Oaxaca, and the surrounding regions, which was crucial in some cases where the interviewees required a translator. My presentation as a woman of color within this community was also to my benefit but it was clear that my upbringing and education distanced me from the community

Part of my method was to record reflections at the end of the day to prevent memory bias. Each interviewee was asked a set of questions about their health and safety⁶. I used a phenomenological analysis to provide insight into the lives of migrant farmworkers and to understand the ways in which they view their position as laborers in the U.S. field of agriculture. My use of a grounded theory approach for this research stemmed from a desire to give agency to the workers. In many ways, this research was an attempt to give a voice to a community that has been silenced. A grounded theory approach allowed me to come into the community and perform research with an open

⁶ Each interviewee was asked to sign a consent form or to provide verbal consent, all interviews were audio-recorded and each interview was assigned an identifying number as names were omitted for all purposes other than the consent forms which are stored by a faculty mentor in a locked box in her office at UW Tacoma. The documents will be kept confidential for a period of three years before being shredded and disposed of by the UW Tacoma copy center, which handles the disposing of confidential university material.

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mind, not pushing my own preconceived ideas of their lives onto them, tainting the validity of my research.

Findings and Analysis

My findings were very much in line with what is represented in the current literature. There were many prevailing themes evident in the interview data and my field observations. Broadly my research reinforced the concept of the extraction of labor and externalization of care, which was evident in the lack of preventative care, minimal interactions with health care providers, and lack of safety equipment and training resources. Like Holmes (2013) findings in his research, I also heard migrant farmworkers minimize their suffering and exult their resilience.

The broader theme that became apparent through my research was the value the employer placed on the handling of the fruit versus the health of the worker. Two of the subjects explained that whether or not they received gloves depended on the fruit they were picking. For example, they do not receive gloves when working in blueberry fields because they damage them, this is farm policy despite the exposure of workers to allergic reactions to the chemicals that are sprayed on the fruit. Another subject explained that she did not receive any safety equipment but was told to maintain her nails unpolished to avoid contaminating the fruit. Yet another subject explained that they only receive gloves when they are hurt in order to avoid them getting more hurt. These statements highlight the importance that is placed on keeping the fruit free from damages despite the physical toll this takes on the workers. This is an example of the extraction of labor and externalization of care.

Lack of Preventative Care

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Six of the seven farmworkers that were interviewed reported that they did not receive medical check-ups. One reported check-ups only when she required it for her diabetes but she could not afford the medication to treat it so she went without. All seven attributed the lack of healthcare to cost, reporting that the out of pocket expense was unaffordable. They implied that there was no need for the subjects to receive check-ups if they did not experience severe or persistent symptoms. This observation raises the question whether this is the case for others in the camp, if so, then there is a dangerous breach in the health of this population.

Three participants contributed that they had no knowledge on assistance programs, one further explained that the temporal nature of the work meant that they did not spend enough time in one place to get to know the social services offered in the community. One participant also stated that time was an additional barrier, their work hours conflicted with clinic hours. One subject reported starting work at 3:00 or 5:00 in the morning and not getting out until 4:00 or 5:00 in the afternoon. This meant that they had little time to tend to their daily familial responsibilities, much less to take care of their health. This observation coincides with the literature on the distance of healthcare facilities and long work hours (Nichols, Stein & Wold, 2014).

Interactions with Healthcare Providers

In general, subjects reported good if not unexceptional experiences with medical professionals. However, of the interviews that were done, two subjects reported having negative experiences during their visits. One subject reported experiencing discrimination from medical staff due to having been pregnant at fifteen. Another subject reported hearing medical staff making negative remarks about the patient in the same room

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because they assumed she did not speak English. When asked about the frequency of interpreters provided, six participants responded that interpreters were always available. Of these, two reported that the interpreter only spoke Spanish when the prevalent farm working community spoke various indigenous dialects and little Spanish. Two others reported having interpreters in their dialect, and one stated that there are many dialects not covered by interpreters that contribute to the misunderstandings between clinical staff and patients.

If nothing else, the workers will take Spanish interpreters, however, the level of Spanish spoken by the interpreters is often higher than the level of education of the workers creating a disconnect that is not acceptable when dealing with clinical visits due to the sensitivity of the conversations that take place in medical settings, this lack of accurate communication in healthcare settings can lead to misleading conclusions being made by healthcare providers that affect the way the workers are cared for (Holmes, p. 138, 2013). Similarly, translators must possess cultural humility as “assumptions about language and lack of interpretation have even more dire consequences” (Holmes, p. 138, 2013).

Safety Equipment and Training

As far as safety provisions, few subjects reported having received safety equipment from employers. Four of the subjects reported receiving no safety equipment from their employers and relying only on their clothes and hats to offer protection. Three other participants stated that they sometimes received gloves, depending on the fruit they were picking. Additionally, one participant stated that when they are offered training, they take place in Spanish which affects the capacity of some workers to understand.

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In one interview, the subject stated that safety equipment was given only when workers are hurt because the employers do not want them to get worse. This implies that employers save money by not incurring the expense of protective gear up front, then only risk costs should an injury occur, knowing that the workers are less likely to report because of their status. One subject reported receiving no protective equipment and only being told not to have her nails painted so that the fruit does not get contaminated.

Those that received safety equipment reported receiving only a pair of gloves, which they were not allowed to use in cases where they were handling sensitive produce such as berries. This left them exposed to pesticides and defined the importance that farm owners place on the product in comparison to the health of their employees. When asked how they protect themselves from pesticide exposure and the elements, most subjects reported the use of hats and layering clothing, meaning that they need to rely on themselves and their resources to maintain any protection in the field. Additionally, safety training is limited, informal, and only in Spanish if/when it is provided. One subject reported training on how not to fall or instructions to wash their work clothing separate from that of their children.

All of the subjects interviewed stated that they were given access to clean drinking water during their shift. One subject stated that they could use the water to wash their hands but they were not provided with soap, which is necessary considering they are exposed to chemicals.

I observed how the children's lives were endangered when I assisted with activities for the children who stayed behind in the labor camp while their parents worked in the fields. For example, elementary aged children watched their younger siblings while

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the adults were out working. I witnessed a young girl, maybe nine years old, carrying an infant. While it is culturally appropriate for older siblings to assist with childcare in Latinx families, the dilapidated camp facilities make the practice unsafe. Furthermore, there were no regulations about who had access to the labor camp, leaving the children who stayed behind vulnerable to abduction and predators posing as community volunteers.

One of the themes I came across in my interviews was narratives of resilience⁷. When interviewing a group of migrant farmworkers from California one of the men spoke up and said that since they come from California, it's not too hot for them. This sentiment was echoed throughout the group, eliciting supporting statements on how they do not feel the heat as strongly and how other people up here simply cannot stand the heat. Additionally, in regards to the living conditions, one woman stated that the living conditions of the quarters in Esterwick were better than what she had previously experienced because the doors and windows closed correctly. These sentiments are examples of the ways some of the workers perceive their current positions. While the conditions are still inhumane, they are not viewed through the same lens because they have experienced worse. In other words, in their narratives they presented themselves as tolerant of their suffering, even minimizing it, as if to suggest they are tougher than other laborers, perhaps as a way to establish status or rank (Holmes, 2013).

Discussion

My research about migrant farmworkers was meant to unearth a conversation that has been long overdue. I observed first hand the many ways institutional racism has

⁷ It is not determined in this study but I would encourage future studies to investigate this as a psychological survivor strategy.

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contributed to the cycle of poverty and externalization of care they have experienced throughout their history as migrant workers in the U.S. This contemporary problem is a reminder of the little progress that has been made in addressing the issues that plague this community since the end of the Bracero program in 1964. The criminalization and dehumanization of migrant farmworkers by U.S. immigration policy and public opinion has suffered, grossly justified the exploitation of undocumented migrant farm laborers. The research I conducted reaffirmed what the literature says about the deplorable living conditions and limited access to health resources migrant farmworkers and their children experience as a consequence of state-sanctioned neglect and disregard.

As a society that profits from this neglect, not only should farm owners be held responsible for humanizing the treatment of farmworkers, we as consumers should also work towards and demand change in the structure of the industry that allows these violations of human rights to occur. Because the lack of healthcare provisions for migrant farmworkers is often hidden from the public eye, bridging the public disconnect is a step in addressing their health disparities.

If the exploitation of their undocumented parents is justified because of the illegality of their status in the U.S. there is no excuse for the social desertion of the children who do have citizenship. In many ways, this confirms the institutional racism at play, that regardless of citizenship the American government has abandoned this sector of the population. Therefore, not enough is being done to secure the health of children of migrant farmworkers (Bustamante et al., 2010). The limited regulations on the living conditions the children are exposed to are rarely upheld, our fragmented healthcare system means the health records of migrant children are not maintained due to their

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migratory status and potentially creating another generation of migrant labor thus perpetuating the cycle of poverty rather than contributing to its demise (Sandhaus, 1998). Many of the children of migrant farm workers have birthright citizenship, yet because of their race and their parent's status as undocumented migrant workers, they are treated like second-class citizens and subject to institutional racism in healthcare and beyond.

Conclusion

The lives of Alina and her family are like many undocumented immigrants, threads of discrimination, neglect and institutional racism connect their struggles to those of other migrant farm working families. One of these threads is the lack of access to affordable healthcare that often goes unobserved. The fear of ICE and deportation, the healthcare provider's inability to speak their language, and their lack of commitment to providing appropriate translators who are familiar with indigenous languages are all contributing factors to the silencing of migrant voices. This neglect serves to promote the continual oppression of an entire population that we can trace back to earlier examples of institutional racism.

The American economy is wholly dependent on cheap and docile labor that results in horrific abuses, due to the criminalization of Mexican migrants and it will take more than increasing public knowledge to create policy reform and social change. Based on the review of the literature and observations taken at Esterwick farm, I have identified three steps that are imperative in alleviating the issues faced by migrant farmworkers in the U.S. First there needs to be a movement towards providing amnesty, immigration reform, or work permits with defined parameters for the protection of workers. Without a legal status, farmworkers are susceptible to mistreatment and will avoid speaking up due

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to fear of deportation. Second, farm owners need to be held accountable for the health of their employees. This includes providing workers with health insurance, proper safety equipment, and training. Additionally, clinics and hospitals serving farm working communities need to accommodate them by providing extended hours, transportation, and translators, which can be trained and equipped from within the community.

Implementing these key steps may not be ultimate solutions but they are huge steps towards improving the health and well-being of a population that has been neglected for far too long.

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