Pathways to Farmworker Health

Case Study No. 3: Oxnard / Santa Clarita Valley

Research conducted by

Sponsored by
The California Endowment
The Agricultural Worker Health Study

Case Study No. 3: Oxnard & Santa Clarita Valley

A baseline report of
The Agricultural Worker Health Initiative

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Summary of Main Findings

Population and Environment

- Ventura County farmworkers are almost all immigrants. More than 90 percent were raised in Mexico.
- The Mexican networks are mostly Mestizo (Ladino), originating in the Central Highlands.
- Increasingly, Mixtec and other indigenous-language Mexicans are forming settlement cores in Ventura County. These groups of immigrants present unique challenges for health care providers. They are divergent culturally from Spanish-speaking Mexicans and are largely monolingual, rarely speaking much Spanish and almost never English.
- Mexican-American immigrant networks range from recent arrivals with poor U.S. connections to more deeply rooted and better off communities. Networks of indigenous-language individuals tend to be more recently arrived with fewer inroads to services.
- Ventura County supports a mixture of labor-intensive commodities such as row crops and nurseries, mostly along the coast, and extensive orchards of semi-tropical fruit (citrus and avocados) in the more inland areas. In recent years, row crops have been increasing in relative importance. The mixture of crops makes for a relatively long work season.
- About 25,000 farmworkers, another 25,000 family members, and many other ex-farmworkers are concentrated in Oxnard and in surrounding farmworker towns.

Living and Working Conditions

- There is a variety of housing occupied in Ventura County by farmworkers. Some live in detached houses, most live in apartments, many live in garages and outbuildings, and some live in farm labor camps. Regardless of the structure, farmworkers live in overcrowded conditions and doubling up of families is common practice.
- Grower-provided farmworker housing was much more common a generation ago than it is today. Much of the housing associated with citrus harvesting associations, for example, has disappeared or is now rented to farmworkers at market rates.
- Wages and working conditions peaked in the late 1970s and early 1980s for farmworkers in the Oxnard and Santa Clarita Valley area. Farm labor contractors replaced producer associations as prime employers in orchards, and the benefits and labor union protections of those earlier years have all but disappeared from most agricultural operations in Ventura County.
- Pesticides, although more strictly regulated, are increasingly used, and the problems associated with their use continue to be a common complaint of farmworkers and providers.
Hourly wages vary considerably and depend in part on an individual farmworker’s skills and working situation. The average hourly wage is about $8.00, but annual incomes are quite low because farmworkers rarely work steadily or year round, even in Ventura County.

**Health and Social Service System**

- The Ventura County Health Department offers a range of appropriate services for farmworkers, from hospitals to neighborhood clinics. It operates a large clinic that specializes in the Mexican indigenous-language population.
- Clínicas del Camino Real runs federally qualified health clinics that specialize in the immigrant population. Forty percent of Clínicas’ medical practitioners speak Spanish, and they also maintain a small clinic that specializes in serving Mixteco and other indigenous-language speakers.
- Public and private groups that focus on farmworker issues are being sponsored by schools, police departments, mental and dental health facilities, legal programs, and advocacy groups.

**Channels and Barriers to Care**

- Farmworkers rely heavily on word of mouth and natural social structures like hometown networks for communication. Radio advertisements and school-generated information are useful, but information is best delivered by someone the recipient trusts.
- Outreach workers and promotoras sponsored by both public and private institutions in Ventura County are useful but are currently inadequate in number.
- Common barriers of language, culture, fear of the INS, lack of transportation, lack of insurance, lack of AIDS programs, and taboos about mental health inhibit people from accessing health care and erode the quality of care they do receive.
- Language barriers persist because most bilingual providers speak Spanish only as a second language. The challenges for those who speak indigenous languages for which there are rarely translators, let alone fluent providers, are acute.
- The difficulties inherent in recruiting, training, and retaining skilled, culturally sensitive providers and support staff are extreme, and delivery of services in Ventura County remains problematic at times. Bilingual skills do not automatically include the ability to be respectful and empathetic.
- Referral systems for farmworkers exist in the Oxnard and Santa Clarita Valley area, but tracking systems are inadequate. There are many farmworkers who do not benefit from referrals because they cannot afford to pay for the services, cannot find a specialist who can help them, or cannot adequately communicate with the specialist.

**Use of Health Care by Ventura County Farmworkers**

- Ventura County adults are entitled to few services. However, children and pregnant women receive better care thanks to the state’s Children’s Health and Disability Program (CHDP) and Presumptive Medi-Cal for pregnant women.
The farmworker population relies heavily on emergency rooms, rarely receives longitudinal care, and makes frequent visits to Mexico to consult doctors and dentists and to buy medicines.

The main health issues are related to lack of diagnosis of and care for chronic diseases such as diabetes, hypertension, and heart disease. Provisions for dental and mental health care for farmworkers and their families are utterly inadequate.

Special Issues related to Indigenous-language Speakers

Mixtecos and other indigenous-language groups have special needs. They tend to be a young population, recently arrived, with a large number of young families. They also face special barriers due to their poverty (they are concentrated in the most arduous and poorly paid jobs), their unfamiliar languages that often have no written form, their significant differences in culture, and their lack of experience with modern medicine in Mexico or in the U.S.

Efforts to provide services and organize the indigenous-language groups in Ventura County are quite advanced. As previously mentioned, two clinics specialize in Mixteco care and offer translators. There are also formal discussion groups organized by the providers who serve this population to talk about the specific problems experienced by indigenous-language people.

Overview of Community-based Options

Suggested Main Approach

The Ventura County community would greatly benefit from one-stop information centers that emphasize the needs of indigenous-language people. These centers facilitate people’s access to services, improving the likelihood that they will take advantage of the help available to them. Such an approach would address many of the main concerns and suggestions voiced by both farmworkers and community members.

List Of Interventions to improve the wellbeing of farmworkers in Ventura County

- Launch an initiative to recruit new service personnel and train existing staff.
- Launch a campaign directed at reaching indigenous-language and undocumented members of the farmworker community.
- Launch a collaborative focused specifically on farmworker health that gathers together representatives from all groups involved.
Introduction

The purpose of this assessment is to provide The California Endowment (TCE) with a profile of farmworkers in the Oxnard and Santa Clarita Valley sub-region, which is coterminous with the relatively small county of Ventura. The assessment focuses on several key dimensions and generates a menu of potential community-based approaches for improving farmworker health care. This analysis is intended to assist TCE in developing a place-based strategy of intervention in this sub-region as part of its Agricultural Worker Health Initiative.

This is the third in a series of Agricultural Workers Health Study (AWHS) reports profiling and assessing farmworker health care delivery in several agricultural sub-regions of California. Each sub-region roughly encompasses a commuting area in which farmworkers travel to and from their residences, work, and health service delivery areas. Within each region, there is a community of professional and volunteer health care and social service providers who know each other and the communities they serve and who share common goals. Furthermore, farmworkers in the area tend to come from a few common communities of origin in Mexico. Many farmworkers maintain contacts within their original communities and with their colleagues in other parts of California and the U.S., creating an information network that spans sub-regional boundaries. By working within a geographic area, we can define the farmworker community and health care delivery systems available to them in detail. This targeted analysis allows us to identify specific problems and design effective solutions.

TCE has defined each sub-region to comprise a relatively cohesive unit with unique health care and institutional problems. One trait unique to the Ventura County area is the concentration of Mexicans from indigenous-language areas. This report addresses these farmworkers’ unique needs.

The AWHS utilizes a case study approach. The main subject of the inquiry is barriers to and facilitators of health care delivery as utilized by this sub-regional population, both in and out of the immediate area. Documentary review, participatory observation, and interview techniques were used to identify barriers and facilitators and ways to improve delivery. A telephone survey of service providers in the area was conducted, as were in-person interviews with representatives of providers, politicians, housing specialists, hunger workers, and, most importantly, farmworkers. Through these methods, many sources of information were marshaled to arrive at the full story. (See Appendix for details on methods.)
Background

This overview of the circumstances of Ventura County’s overwhelmingly Mexican farmworker population provides the context from which the analysis and the menu of options arise.

Environment

Ventura County is located on the California coast, with Los Angeles County to the south and Santa Barbara County to the north. Blessed with a temperate climate, the area provides ideal conditions for growing semi-tropical tree fruit, row fruit and vegetables, and nursery products. This wide variety of crops and the multiple harvest periods allowed by the area’s mild conditions provide for a fairly constant demand for farmworker labor throughout the year.

A very large proportion of Ventura County’s farmworkers and their families live in Oxnard or West Ventura and work in the surrounding area.1 There still are a number of agricultural fields within the city limits of Oxnard and Ventura and all along Highway 101 (see the pesticide map for an approximate distribution of Ventura County’s agricultural areas). Agricultural workers are mostly of Mexican origin; the border with Mexico at Tijuana is a half day’s drive away.

Despite its agricultural base, urban influences from Los Angeles and Santa Barbara creep closer every year. Real estate and commercial development is advancing from both the north and the south, eating away at existing farmland in the county and spurring rising rents and property values. The search for housing affordable to farmworkers grows more and more challenging. An administrator for a local community-

1 The census shows more than 120,000 Hispanics in Oxnard alone.
based organization (CBO) that works closely with farmworkers describes some of the changes.

In the last five years, there has been an increase in the number of farmworkers looking for services. Other changes taking place are that we have a new university and there is a lot of development in the area. The farm land is disappearing. Santa Maria up north is becoming another Oxnard.

An Oxnard school district representative describes the history of segregation in the county and recent changes in Oxnard, home of the largest proportion of the county’s farmworkers.

Oxnard is a classically segregated community dating back a hundred years or more. The east side, now La Colonia, has been traditionally where the Mexican population lived. In 1971, the U.S. government ordered communities to desegregate and there was cross-town busing. In 1971, the population was 48 percent Latino and 49 percent white. Since then, let’s face it, there has been white flight. Now, Oxnard is 82 percent Latino and it is estimated that just over half are English-language limited. It is well known that there are many undocumented workers in the community. We don’t ask about citizenship.

County and city governments and the community are well aware of farmworkers’ poor conditions and extreme needs, thanks in part to periodic articles in the local newspaper describing the difficult and dangerous living and working conditions they endure. Some community groups and collaboratives of agencies are already beginning to address farmworkers’ health, safety, and social needs. Fortunately, Ventura County offers an impressive network of social service agencies and health care facilities (this network is described in detail in Analysis of Key Dimensions in this report), an established infrastructure on which to build more comprehensive programs. In addition, front line medical clinics and private doctors are well distributed throughout the county.

**Farmworker Life in Ventura County**

**Shelter and Employment**

Newly arrived, often after trying and difficult journeys, farmworkers immediately face the challenging task of finding shelter and a job. They generally depend on advice from “paisanos”, their countrymen. La Colonia is a longstanding Latino farmworker community at the center of Oxnard where many new farmworkers gather for assistance, but paisanos are found throughout the county as well. A recent arrival and his son illustrate initial concerns.

My son and I come from Oaxaca. My wife and four other children are in Mexico. We just arrived here two days ago. This is our first time in the U.S. We are here to find work. We each had to pay $700 to get here. We’ve been staying with the coyote who brought us here, but he says we have to find our own place to stay. We want to find work in the strawberry fields. Now we are headed for “el centro/the transportation center,” near a market called La Gloria that we’ve been told about. My plan is to find a “paisano/countryman” who can help us find work and a place to stay.
A thirty-two-year-old solo male from Chiapas describes his experience arriving in the U.S.:  

I came into the U.S. illegally. I paid the coyote $1,200. I had to walk about eight hours. Then we took a van to Los Angeles. I came with my buddies. You figure out how to get here by communicating or word of mouth. You find work and a place to live the same way.

A farmworker and his wife, both from Oaxaca, describe their experience arriving and finding work:

We came to the U.S. about seven years ago. We paid a coyote to bring us to Oxnard. We had to walk across the border. My wife’s brother was living here. There are also a lot of other fellow townspeople who live in this area. We both work picking strawberries. The only crop we’ve ever worked is strawberries. That work is starting to die down now. When the season is over, we will rest for a month. To find out about work, we take a walk around or the supervisor from work calls us.

A twenty-eight-year-old solo male farmworker from Oaxaca illustrates the search for housing and work in the Oxnard area:

I came alone and I found a place just after I arrived. I live in an apartment with three other guys. In the streets you see your countrymen and get together. We split the rent and expenses between the four of us.

Financial Support for Families in Mexico

Ventura County farmworkers make great sacrifices, not only in the process of coming to the U.S. but also after they settle in. They explain that they come to work in the U.S. to relieve the suffering of their families. Solo male farmworkers in particular report sending back as much as $200 each week, and a Catholic Charities caseworker confirms their stories. “If they are solo males, they will send every penny they make back to their families and often don’t have extra money to spare to pay for rent.”

A female farmworker who both works the fields and cares for a family is especially limited by her dual responsibilities. These women do not have time to expand their experiences or skills in the U.S. or even to attend to critical tasks like managing their health. Any unexpected circumstance or expense is a crisis. A thirty-year-old mother intercepted at a laundromat had already worked seven hours that day picking strawberries. Two of her three children were with her—her eleven-year-old daughter was helping with the laundry while watching her two-year-old sister.

I don’t have time for entertainment. I don’t have time even to go to church, to tell you the truth. I send the kids to church, but I don’t usually go because I don’t have time. When I’m not working, I have housework to do.

Gathering Places

Public markets, parks, and churches draw farmworkers together. Weekend swap meets at Ventura’s and Oxnard’s community colleges attract many farmworkers, who shop, despite typically meager incomes, many farmworkers, especially solo males, send most of what they make back to family in Mexico.
socialize, and relax in the familiar market setting. Non-Latino faces at these events are rare. Public parks throughout the county are also popular gathering places on weekends and days when work is not available. In addition, churches attract this largely Catholic population, particularly Our Lady of Guadalupe, which has churches in La Colonia and Santa Paula.

**Rising Popularity of Evangelical Churches**

Informants agree that evangelical churches in Ventura County are growing in popularity among farmworkers. Two farmworkers interviewed had been members of an evangelical group for many years. For one, the church offered a community in which to socialize. The other had taken advantage of a counseling program offered by the church when he was going through a difficult divorce.

Jehovah’s Witness representatives actively recruit farmworkers to attend Bible study meetings and join their community. An indigenous-language farmworker from Oaxaca describes how Jehovah’s Witness study meetings helped him deal with his alcoholism:

I still consider myself an alcoholic, although I haven’t drunk for about a year. When I came to the U.S., I made more money and started drinking beer. I used to spend about $80 to $85 a week on beer. I drank about fifteen beers daily and on weekends I would drink about twenty-four beers a day. I would drink in the evening and wake up with a hangover in the morning before work. It got so that I didn’t want to work and my joints hurt. It also was causing problems with my wife and family. I started going to AA meetings, but that didn’t help. I didn’t like the foul language that the other group members used, and their heavy smoking bothered me. I don’t smoke and I felt that the group members were replacing one bad habit with another. They took on another vice. About a year ago, a Jehovah’s Witness approached me when I was out drunk and invited me to study the Bible. I haven’t become a Jehovah’s Witness, but they have helped me stay sober. My wife and I now socialize with the people we’ve met through Jehovah’s Witness.

**“La Migra”**

Mentions of INS or “la migra” certainly evoke an emotional response from farmworkers. Some of these people remember being transported across the border back to Tijuana with nothing but the clothes they were wearing. The threat of deportation remains and it takes a psychological toll, but undocumented farmworkers in Ventura County generally report that INS enforcement activities are not something they experience at work or in their day-to-day activities. One farmworker describes the current situation:

Mostly, the migra doesn’t bother us. About six to eight months ago, we heard that they picked up about fifteen people near here. We didn’t go out for about three weeks until we felt it was safe. We stayed home and watched TV.

Another seasoned undocumented farmworker offers a historical perspective:

Before, around the early 80s, the INS would chase you. Almost every twenty-two days or every month they would catch us and send us back. The difficulty
A young solo male farmworker explains the risks inherent in the simple and often essential task of driving a car.

The migra affects my daily life because I have to watch where I’m going. I also have to be careful about driving. We have a little car. If we get stopped, they will take our car away for not having a license. The migra doesn’t bother us in the streets or at work.

**Demographic Patterns**

The following demographic information pays particular attention to the most recently arrived and neediest group of farmworkers, people arriving from southern Mexico who speak indigenous Mexican languages such as Mixteco, Triquis, and Zapotec.

**How many are there?**

Ventura County’s population was estimated for 2001 at 763,586 (Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, Sacramento, CA: December 1998). Estimates of the percentage of the population that is Latino vary.

Oxnard’s Latino population has been growing steadily since the 1970s. While census reports have listed the percent of Hispanics or Latinos in the City of Oxnard at 66 percent, local estimates are much higher—above 80 percent. (Source: U.S. Census Bureau, Census 2000)

Official counts of farmworkers are known to significantly underestimate the true number, with undocumented and poor residents most likely to be undercounted (see Gabbard, Kissam and Martin). Farmworkers are notoriously difficult to count accurately because of their mobility, the shared and substandard housing available to them, their fear of authorities, and their lack of social involvement in a foreign and unfamiliar culture.

Recent estimates based on an algorithm rooted in labor inputs (rather than the census) place the number of migrant and seasonal farmworkers in Ventura County at 26,000 to 27,000. Add in these workers’ families/households, and the number would conservatively double, bringing farmworkers and their households to 6 percent of the county’s total population and about 4 percent of California’s farmworker population. (Larson: Migrant Seasonal Farmworker Enumeration Profiles Study)

**Where do they live?**

Based on census data and local observations, greater Oxnard has by far the largest portion of Ventura County’s Latino population; it is home to about 38 percent of all Hispanics in the county. At least seven out of ten residents in Oxnard, Santa Paula, and Fillmore
are Latino. Port Hueneme has a fairly high concentration, with 41 percent of its residents identifying themselves as Hispanic to census-takers. These numbers are striking given the census’ routine undercounting. Although they represent all Latinos rather than only farmworkers, these figures can be used as an important proxy by which to describe concentrations and the distribution of this difficult-to-estimate population in various communities.

A report by the Ventura County Health Department reveals high concentrations of Medi-Cal use among Spanish-speaking people, many of whom are farmworkers or ex-farmworkers. Less than one in ten county residents receive Medi-Cal but half of those who do speak Spanish as their primary language. Those among the farmworker population who have legal documents or whose children were born in the U.S. generally have one or more family members who are eligible for Medi-Cal for at least part of the year. In 1999, Ventura County Public Health conducted a chronic diseases needs assessment (funded by TCE) that involved in-depth analysis of Medi-Cal use by location. According to the report, Geo-mapping showed that more than half the county’s Medi-Cal enrollees live in one city, Oxnard. The majority of Medi-Cal recipients are concentrated in four heavily poor and Latino zip codes. Two are in Oxnard, one makes up the city of Santa Paula, and one is in west Ventura, a part of that city with low-income housing and a high level of transience. The various demographic data sets (general population, Medi-Cal recipients) and hospital utilization patterns led to a focus on four primary zip codes as having the most need for prevention and early intervention services. These areas have the highest concentrations of poverty, Medi-Cal recipients, and use of hospital services.

Medi-Cal activity in the year 2000 for Santa Paula (population 29,000) involved twelve private doctors, three medical groups, three clinics, and a full-service hospital. Medi-Cal activity in Fillmore (population 14,000), a ten-minute drive from Santa Paula on a direct highway, included utilization of two private doctors, a medical group, and two outpatient clinics. This heavy utilization of Medi-Cal by the Spanish-speaking population makes clear that Medi-Cal activity is an excellent measure of the distribution of Hispanics.

Though the distribution of farmworkers in Ventura County is difficult to define precisely, based on the various proxies cited above, farmworkers are concentrated in the Latino neighborhoods of Oxnard, west Ventura, Port Hueneme, Santa Paula, and Fillmore and
in other smaller farmworker towns. These locations are described in more detail in the Analysis section.

**Where are they from and how do the networks vary?**

Ventura County farmworkers are predominantly of Mexican Mestizo (i.e., non-indigenous-language) origin, with the largest traditional Mestizo networks originating in Michoacan and Guanajuato (see the National Agricultural Workers Survey [NAWS] data for statewide estimates). In recent years, the number of individuals from Mixteco and other indigenous-language groups from Oaxaca and Guerrero has increased significantly.

Other general demographic information can be inferred from statewide data from NAWS and local census data.

- Nearly all farmworkers in the state are foreign born and more than 90 percent of those were born in Mexico. One-third have been in the U.S. for fifteen years or more; one-fourth have been here less than two years.
- More than half of California’s farmworkers are parents and live with one or more of their children (seeNAWS). Getting these children into Ventura County schools and migrant education programs has been an important way for their parents to gain access to health and social services. Children often serve as translators and intermediaries for their parents in day-to-day interactions.
- Farmworkers tend to be young. Three out of five are between the ages of eighteen and thirty-four.
- Nearly half of farmworkers and their families share their homes with non-family members.
- The median income for a farmworker family is less than $10,000 a year according to a Department of Labor survey (seeNAWS).

The networks sending farmworkers to Ventura County are diverse. Some are mature networks deeply rooted in the U.S. while others are immature and have not established strong ties in this country. On average, the Mestizo networks tend to endure longer and be more mature. Mature networks typically send a high proportion of legal workers and men whose wives and children go with them. Less mature networks send mostly solo males.

**The Unique Mixteco/Indigenous-language Group**

Most indigenous-language Mexicans in Ventura County and in California are from Oaxaca and neighboring Guerrero and speak “Mixtecan” languages (e.g., Mixteco Bajo, Mixteco Alto), but a growing number speak Triquis and Zapotec. Some came years ago during the

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2 The census data show that in various towns in Ventura County Mexicans make up more than 90 percent of the area’s Hispanics who identify a specific national origin.

3 Many observers question the quality of translations done by children and the advisability of exposing children to this responsibility.

4 See the work of Joshua Reichert and Douglas Massey, 1980.
Bracero period (1942-1964). Later groups initially migrated to Sinaloa, Sonora, and Baja California, then left Mexico as the economy deteriorated in the 1970s, crossing the border into San Diego and Riverside counties. By the 1980s, these pioneers had reached Ventura County and begun to form the core settlement of what is now a large Mixtec population. Groups that followed speak distinct languages. Mixteco Bajo is overwhelmingly predominant among the indigenous-language farmworkers interviewed for this report. However, local agencies and organizations have had to change the names of their “Mixteco” programs to the more generic term “indigenous” to include Zapotec, Triquis, and other groups migrating to the U.S.

Environmentalists describe the Mixtec area of Mexico as one of the most severely eroded in the world (Zabin, et al.). Economic value has been extracted from the region since before colonial times, when indigenous Mexicans lived under a feudalistic social structure. (Zabin et al.) According to a Mixteco informant, work, when it is available in his homeland, brings at best five U.S. dollars a day.

Mixtec farmworkers are heavily concentrated in settlements in La Colonia and south Oxnard, extending to Port Hueneme. They are settling in discrete communities near the coastal flats where strawberries and other row crops are grown. Despite row crops’ reputation as the least desirable form of farmwork with a high risk of back injury, Mixtecos work primarily in the strawberry fields, where peak harvesting occurs in spring and summer. These indigenous-language farmworkers have had limited exposure to health care systems in Mexico and face barriers imposed by discrimination by non-indigenous Mexican farmworkers and by the lack of a written form of their languages. Those who are bilingual speak Spanish as a second language and most have very limited Spanish skills.

Leaders among the indigenous-language workers have been meeting since the 1980s. Statewide, they formed Frente Indígena Oaxaqueña Binacional, the Binational Indigenous Oaxacan Front, which has centers of activity in Fresno and Oaxaca. The Front unites three Mixtec and two Zapotec organizations. They represent the larger community of indigenous-language peoples originating in the Oaxaca/Guerrero region. The Front’s Director, Rugino Dominguez, voices their strength.

Among indigenous Oaxaqueños, we already have the concept of community and organization. When people migrate from a community in Oaxaca, they already have a committee comprised of people from their hometown. They are united and live very near one another. It’s a tradition that we don’t lose, wherever we go. (International Solidarity – Oaxacan Style, Cross-border Organizing at the Grassroots, David Bacon).

Health Care Issues Specific to Mixteco/Indigenous-language People

Many Mixtecos are very young and not yet afflicted by chronic diseases that commonly appear later in life. However, their working and living conditions do place their health at
risk. In addition, alcoholism, domestic violence, and teen pregnancies are prevalent. Over time, deprived of their social and family networks and with poor access to health insurance and care, individuals may become, in the words of one farmworker, like “throwaway diapers”. This disillusioned man, at only fifty-three years of age, can no longer perform his job as a lemon tree pruner. The Chief Executive Officer of Clínicas del Camino Real, a major health care provider, gives an example of the special considerations generated by the recent influx of Mixteco farmworkers, particularly their need for education regarding perinatal care and cultural norms.

Where they [Mixtecos] are not educated is regarding underage girls giving birth. I guess in Mexico there is a time to get pregnant so that babies can be born at a certain time in the year that does not conflict with the crops. We had an incident in which thirty-eight Mixtecos came into the Maravilla clinic for deliveries all around the same time. There are legal problems involved because by law in the U.S. we have to report girls who are giving birth at the age of fourteen or younger. We have to educate these people on the laws of our culture.

Despite their inexperience with health care systems, Mixteco men are reported by local providers to be extensively involved with their families’ health care, more so than are non-indigenous-language Mexicans. They tend to accompany their wives to clinics and attend meetings related to community health and wellbeing. Unfortunately, however, they rarely seek medical attention for themselves.

Popular Social Activities
In terms of social activities, basketball is an important pastime for younger and solo indigenous-language men. According to a local grass roots educator born and raised in La Colonia, a court near the recreation center there attracts a group of serious players, mostly young Mixteco men. Monthly “bailes/dances” held at fairgrounds and dance halls also attract solo men. Many of the area’s “cantinas/bars” have closed, but those that remain provide additional social opportunities for farmworkers.

An Opportunity to Develop Model Programs
The existence of this concentrated group of indigenous-language people with significant needs for support regarding health care and social services offers a unique opportunity to develop pioneering programs that can then serve as a model for assisting similar groups in California, such as those in Fresno, Merced, Madera, San Diego, and Farmersville.

Agricultural Structure
Agriculture is the leading industry in Ventura County. The county ranks tenth in agricultural production in California, averages gross dollar sales of agricultural products of more than $900 million annually, and employs between 17,000 and 25,000 people.
Major Crops

Ventura County leads California’s production of semi-tropical tree fruit (coastal lemons, Valencia oranges, and avocados), strawberries, cut flowers, and nursery products, as well as celery, lettuce, cabbage, broccoli, tomatoes, onions, and peppers. Fruit and nut crops make up roughly half of the total value of crops. The Annual Crop Report for Ventura County describes the county’s top ten crops and their values for the year 2000.

<table>
<thead>
<tr>
<th>Crop Value in Millions of Dollars</th>
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<tbody>
<tr>
<td>Lemons $187</td>
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<td>Strawberries $186</td>
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<tr>
<td>Celery $166</td>
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<td>Nursery Stock $155</td>
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<td>Cut flowers $49</td>
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<td>Tomatoes $32</td>
</tr>
<tr>
<td>Peppers $27</td>
</tr>
<tr>
<td>Valencia Oranges $16</td>
</tr>
<tr>
<td>Lettuce $16</td>
</tr>
</tbody>
</table>

Strawberries, vegetables, and other labor-intensive or “stoop-labor” crops predominate in the flat lands near the coast, which also produce cut flowers, mushrooms, and nursery products. Citrus fruit and avocados are mostly grown inland where the terrain is more variable.

Lemons

Most lemon trees bloom in the spring. In more moderate coastal areas, the trees also bloom throughout the summer and early fall. Fruit matures approximately nine months later, so harvesting is intensive beginning in January and then tapers off throughout the spring. Some fruit is harvested in summer and even into September. Fruit is not harvested in October, November, or December.

Strawberries

Winter strawberries, planted in October and harvested in late spring, make up 60 to 70 percent of the county’s total production. Summer strawberries are transplanted to the fields in July and harvesting typically concludes by year’s end. Most of the strawberries picked from March into May will be frozen. Fresh market strawberries require the greatest number of workers. Peak season for these usually extends from May to July. Market windows, weather, freezer prices, and other factors influence the timing of strawberry production and associated labor demands. Rains also interrupt harvesting. An administrative manager for a local strawberry grower explains how the seasons impact their labor use.

We generally start hiring in December. Then we have layoffs in June and just retain a skeleton crew. We also hire for a few weeks in October for planting. We have a recall list with EDD. That’s our first resource. The rest of the hires are from word of mouth. The foreman keeps in touch with the communities of farmworkers.
**Farm Size**

A large part of Ventura County, approximately one-third, consists of farmland, amounting to 346,000 acres. Of those acres, about one-third is harvested cropland. The rest is pasture. Farms in the county consist of a few large operations and numerous small ones. Of 2,214 farms, three-quarters are less than fifty acres in size. About 130 farms (6 percent) are large, occupying among them nearly 64 percent of the total farmland.

**Gender and Age in the Work Place**

Strawberry and other row crop operations are more likely to employ women than are citrus and avocado growers. Women are particularly concentrated in jobs as sorters and in nursery work. Citrus and avocado operations, which are located inland around Santa Paula and Fillmore, employ men almost exclusively for work involving ladders and lifting. Fruit tree pickers tend to be younger men due to the physical demands of lifting heavy bags of fruit and as a result of attrition as older workers become weary or injured. Tree pruners tend to be older, more experienced men who want to minimize their time picking. Farmwork becomes increasingly difficult with age. According to NAWS data, some men work into their fifties; few last into their sixties. Informants stress that women have had to fight gender discrimination. A female employee of a local lemon packing plant talks about a sexual discrimination lawsuit against her company and its outcome.

There was a lawsuit against the company where I still work. We sued them for discrimination against women and won. They would give women fewer hours than the men. The California Rural Legal Assistance was involved and we had meetings.

**Recent Agricultural Trends**

Ventura County’s Agricultural Commissioner, on the job for the past twenty-five years, effectively sums up pressures and trends in the county’s agricultural industry.

I’ve seen the county’s agricultural industry triple in the past twenty-five years. We’ve seen an increase in high-value, labor-intensive crops like strawberries, peppers, and celery. Agriculture is always evolving. There are fewer tree crops all the time. There are no more sugar beets and no more baby limas. The acreage for strawberries has grown from 500 to 8,500 acres. Valencia orange trees are being pulled out. Every flat piece of ground goes to row crops. We have some wholesale nurseries moving up from Los Angeles, requiring yet more labor. The ground is valuable. There is considerable development pressure that’s been happening over the past twenty years and longer. Unfortunately, our proximity
to Los Angeles results in the prices continuing to increase. I’m sure my three kids won’t be able to afford to buy a place here when the time comes for them to move on.

**Shift to Farm Labor Contractors**

Ventura County’s farmworkers have been predominantly Mexican since the beginning of the Bracero Program, which operated from 1942 to 1964 and dominated the county, particularly in the citrus and avocado industries. Grower-run labor associations obtained a continuous supply of contracted labor from Mexico and managed to maintain relatively flat real wages for most of twenty years.

After the Bracero program ended, grower associations eventually lured ex-Braceros back by offering them better wages and benefits. A large proportion came illegally, but hundreds were legalized under a program sponsored by the labor department. These farmworkers brought their families, and for a time living and working conditions gradually improved.

Beginning in the late 1970s, two trends converged and opened the door to farm labor contractors. A large influx of workers from other networks increased the supply of available labor and therefore growers’ options. At the same time, the United Farmworkers of America (UFWA) began to successfully organize farmworkers and sign contracts with some grower associations. As organizing increased, growers abandoned the labor associations entirely, switching to non-union labor contractors. Farm labor contractors now dominate the citrus industry. (Mines and Anzaldúa, New Migrants vs. Old Migrants: Alternative labor market structures in the California citrus industry, 1982) A retired personnel director for a major citrus producer remembers that time and his role in securing labor.

I came into the business in the mid-60s. In the early 60s to middle 70s, almost every citrus worker had a series of benefits, one of which was a medical plan. We didn’t do it because we wanted to spend the money. We did it because that’s what we had to do to attract the workers. Basically, farmers stole labor from each other back then. In order to steal the labor, it helped to provide housing, benefits, and better wages. We were paying 30 to 40 percent in benefit packages. After the 80s, the UFW came in and unionized the workers. Before the union, labor contractors were a rarity and now they’re the norm. Growers will say the UFW priced themselves out of the market. The UFW were not really good administrators of contracts. They organized this industry overnight and then lost it almost the same way. They pissed off growers and then pissed off the workers. Of course, growers had a hand in it. Guys like me ran campaigns against the union. It was relatively easy to foment dissatisfaction.

Despite UFW’s efforts and general recognition by the community of the poor conditions farmworkers endure, the level of benefits for farmworkers in Ventura County has actually dropped in real terms since the late 1970s. Wages have not materially changed in twenty years, and contractors generally do not offer health insurance to workers. The same retired personnel director blames the lack of health insurance for farmworkers on its rising cost.
About fifteen years ago, in the citrus business, medical insurance was the norm. Every farmworker had a medical plan as a condition of employment, even the illegal ones. As health insurance costs increased and the owners went more to farm labor contractors... Farm labor contractors, well, their only pitch is to lower the cost. They have to exclude all the frills, including vacations, holidays, and medical plans.

There is a view that labor contractors allow growers to abdicate their responsibility for farmworkers. Contractors act as intermediaries, bridging and perhaps obscuring the cultural expanse between growers and workers. Labor contractors and their foremen often also relieve growers of the job of arranging for border crossings, housing, transportation to jobs ("raiteros"), meals, and work supervision. The retired director had this opinion on the situation.

The farmers like using labor contractors because it’s legal, provides cheap labor, no minimums, and no hassles. More importantly, the farmers never meet the workers. The people are faceless. So they can change people and dismiss them and never see their brown eyes.

An outreach coordinator for a local CBO had this to say about the farm labor contractor system.

If you look at Ventura County and statewide and at the history ten to fifteen years ago, when there were more workers working directly for the grower, generally the workers had benefits and better wages, even without unions. I think that the growers and the industry are exploiting the use of contractors to avoid having to provide benefits. A great majority of the workers in Ventura County work for farm labor contractors and get minimum wage and have no benefits because the farm labor contractors don’t provide that. I blame that system, but ultimately I think the growers understand that this is a way of washing their hands from responsibility for the labor unemployment and hourly wage issues. The contractors often find themselves in the position where they are barely making it. But I don’t feel any sympathy for someone who goes into business who doesn’t know how to do business. I don’t feel sympathy for the farm labor contractor who says that “I didn’t get paid by the grower so, therefore, I can’t pay my workers.” It is the responsibility of the farm labor contractors to pay their employees. Health benefits being provided previously by unions or the employers were dissolved with the arrival of the farm labor contractors.

Protecting workers from unfair treatment is especially difficult with undocumented workers who are more likely to avoid authorities than approach them for protection. An outreach worker for Central Coast Alliance United for a Sustainable Economy (CAUSE) gives his take on the labor contractor situation.

The farm labor contractors tend to work their way up the ladder from farmworkers themselves to eventually become the contractors. I don’t think that there are white people who would be willing to be contractors because they realize the contractors don’t make much money either. The advantage of being a contractor is having a house, a truck, and not working in the fields. They barely make enough to pay their workers, and often this leads them to pay under minimum wage or to rig the time cards. We often heard of cases in which workers were told by human resource personnel employed by the farm labor contractors to work overtime but not be paid for it.

Farm labor contractors have almost entirely replaced grower-owned associations in Ventura County.
contractors, “Even though you worked ten or twelve hours, I am only going to put you down for eight because the grower doesn’t want you to work that many hours. I will put you down to eight hours so that you won’t get in trouble so that it doesn’t seem you were working over time.” Often the extra hours are never paid for.

A better known and more reputable labor contractor for citrus growers in the Santa Paula area had this to say about his experience with other labor contractors and growers.

Some labor contractors are definitely unscrupulous, slicker than snot. They take advantage of the workers. They give agriculture a bad image. It hurts the workers and sets up an unfriendly environment, one that’s not conducive to fair business practices. I had one worker tell me that his contractor wouldn’t give him a W2 form for income tax. He was probably double billing. Then, when that worker retires, he won’t be able to draw on Social Security. I was part of an effort to set up a farm labor association with other contractors doing business on the up and up. It didn’t work because the growers were afraid of collusion. The growers are also afraid of globalization and not being able to make ends meet. The growers are getting squeezed financially. They are becoming more cost conscious because they need to survive. This causes them to turn to labor contractors who don’t have the best business practices but offer cut-rate deals.

Workers’ wages often do not get reported to Social Security because of inaccurate identification numbers. By the time a rejection notice is sent, the worker either has moved on to another job or fears government authorities too much to address the problem.

Informants in Ventura County suggest that regulators sometimes showcase reputable labor contractors to draw attention away from the difficulties of dealing with the less reputable ones. The regulatory agencies’ resources are in no way commensurate with the enormous task they face. A well known labor contractor for citrus growers gives his perception of the situation.

My business is intensely audited. This is probably because the unscrupulous contract laborers (farm labor contractors) draw the attention but can’t be located. I get audited by OSHA, the INS, the Department of Labor, and the county Agricultural Commission. I know the business inside and out. I do everything by the letter of the law.

Labor contractors dominate the county because growers prefer this less expensive and less easily organized work force. Unfortunately, the enforcement necessary to keep workers from being exploited requires resources that state and federal governments are not willing to provide. As a result, wages, benefits, and probably working conditions for farmworkers are worse today than they were in the 1970s.5

Pesticide Risks

Ventura County crop land is heavily treated with chemicals. Fertilizer is used on 83 percent of the harvested crop land, insecticides on 66 percent, and herbicides to control

5 See Mines and Anzaldúa for a full discussion of declines in wages and benefits.
weeds, grass, and brush on 55 percent. Another 40 percent are sprayed for plant diseases. (Source: June 13, 2002, printout for Ventura County based on agricultural census data that includes 1997, 1992, and 1987)

The county’s Health Department tracks pesticide illnesses. Last year, there were just thirty official reports and twenty of those were not related to agriculture. The Agricultural Commissioner had this to say about the county’s pesticide use and its effect on farmworkers.

The pesticide-related illnesses are not really that big a problem. It might surprise you, but this county is among the leaders in using biological control to minimize pests and reducing the use of pesticides.

The owner of a ranch management company had a different point of view of pesticides and the difficulties in diagnosing exposure.

My biggest safety hazard is probably pesticides. There are a couple of people who have gotten headaches from spraying Lorsband. Another guy complained of a rash from using Round Up.

Providers and advocates view exposure to pesticides in strawberry fields as a major problem. An outreach worker for California Rural Legal Assistance (CRLA) who is a former picker describes his experience.

I remember the burns on my arms from the pesticides used. Over time, our arms and hands would burn due to the constant exposure to the chemicals, especially if we handled the plastic around the strawberry plants. I also remember how farmworkers carrying gallons of pesticide on their backs for fumigating the crops would end up with holes burned in their clothes. One and a half years ago, two farmworkers died in a shed where the chemicals were being stored. California OSHA is reported to be investigating this incident.

An outreach coordinator for another local CBO tells of his experience with pesticides.

I worked for three years on pesticide issues. I would ask growers how come they spray so often. Is there really an infestation? Many claimed it was more preventative. Ventura County may have gone up slightly in its pesticide use over the last year. The amounts of fumigants used have increased tremendously, despite the fact that methyl bromide is supposed to be phased out. For strawberries, the use of fumigants for pre-season is high. The first response is to always use chemicals as opposed to looking for alternative methods. Sulfur, one of the biggest pesticides used in organic agriculture, also has huge respiratory risks. It is a natural occurring substance and is considered okay for organic agriculture, but it still has risks. We often hear people in the industry say, “We are only using sulfur so why are you so concerned?” Well, you go and work in sulfur and
see what happens to your hands when you get allergic rashes. Often the workers don’t see this as an occupational hazard. Workers put up with it as part of the job.

Responsible growers and labor contractors enforce regulations that call for passage of a period of time between a spraying and farmworkers entering the field. Contractors acting as supervisors also periodically have fifteen-minute tailgate meetings with farmworkers during the work day to review safety precautions and other health-related topics.

Pesticide exposure also can occur because of lack of understanding by the farmworker. Farmworkers who speak little or no Spanish and no English are at greatest risk because pesticide education materials are not available in their native languages. In fact, some of the indigenous languages have no written form. Existing methods of providing basic education about pesticide risks, therefore, are not adequate for this group.

Some farmworkers also disregard their own safety and work under virtually any condition, including potentially harmful exposure to pesticides and chemicals. Indigenous-language farmworkers and those most recently arrived in the U.S. are most likely to take such risks. They are the least educated and/or experienced and the most desperate for income.

Inadequate resources leave government regulatory agencies incapable of policing all the county’s farms for pesticide violations. There are clearly many unreported cases of pesticide exposure. Health care providers report skin conditions, particularly on the arms, as a common reason for farmworkers to seek medical attention.

Doctors may not be trained to recognize pesticide-related rashes or associate them with ongoing conditions that farmworkers must endure. The Agricultural Commissioner explains.

We have knowledgeable doctors but it would help to have more. It’s not so much a lack of doctors or resources but the need to educate the doctors we do have. For example, I’ve heard that medical students spend only one hour on pesticide poisoning.

Finally, farmworkers can be reluctant to call attention to themselves, either because of their immigration status or from fear of losing their employment. One farmworker who had been in the U.S. a number of years told a sad story of a woman who lost her child and was afraid to report it.

There was a woman who worked picking strawberries where my wife works whose baby was stillborn. She didn’t want any investigation. She was afraid to do anything because she was undocumented.

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Analysis of Key Dimensions

Living Conditions

Most farmworkers in Ventura County live in rented space in towns, particularly in Oxnard. In fact, Oxnard is comprised mostly of settled farmworkers and ex-farmworkers, who often live in suburban style homes. These suburban families generally depend on several family members’ incomes to meet their living expenses. Within Oxnard is La Colonia, a largely self-contained Latino and farmworker community centrally located in the city. Farmworkers also reside in Oxnard’s southern outskirts, extending to Port Hueneme, and there are smaller concentrations in west Ventura, Santa Paula, Fillmore, and other outlying areas (see chart on Latino population densities by city in the Background section).

A small minority of farmworkers lives in trailer parks and labor camps. The trailer parks, which are inhabited mostly by farmworkers, vary from well kept to cramped and dilapidated and are found throughout the Oxnard area and in the outskirts of Santa Paula and Fillmore.

Informants report that it is common throughout Oxnard, Santa Paula, and other farmworker communities for several families to live in a house coded for single-family occupancy, or even in garages and sheds.

La Colonia

The La Colonia neighborhood within Oxnard is the hub of the farmworker community in Ventura County. The area is bounded on the west by railroad tracks and extends over many blocks of south Oxnard. It offers all the elements of a functioning community—churches, schools, markets selling Mexican products, commercial streets, and parks. Farmworkers congregate at various pick-up points for scheduled rides or to be hired.

Residences in La Colonia vary from well-kept owner-occupied houses to rundown houses occupied by multiple families and shared living quarters. On some properties, trailers and other structures have been wedged behind the main building to serve as housing for farmworkers.

A soon-to-retire police officer who is involved in building community in La Colonia offers some details about the neighborhood.

In terms of housing in La Colonia, 40 percent are owner occupied and 60 percent are rental properties. There are also a lot of sub-rentals. I would say that approximately 30 percent of units have eight to ten people in them. Housing is
Within La Colonia, there is a healthy debate over the wisdom of suppressing bars and graffiti, which reduces crime but also freedom of expression. There are some in the community who see the crackdown on bars and graffiti in La Colonia as merely a superficial sign of authoritarian pressure. They recognize the need for expression and release for a community struggling to survive in an unfamiliar environment and that bars serve as places to socialize and get information about work and life, particularly for solo males. They argue that the real need is to inform, educate, and support farmworkers with basic direct services. These divergent points of view demonstrate the involvement of the community in a healthy effort to improve itself as well as the community's well-developed social structure. This level of experience and interest on the part of community leaders will be helpful in implementing additional programs and services to assist farmworkers.

**Other Farmworker Concentrations**

Several family residences for farmworkers operate successfully. The main ones are the Rancho Sespe Apartments between Santa Paula and Fillmore; Limoneira, located in Santa Paula; and Cabrillo Village, near Saticoy. There are also three privately owned labor camps for solo males.

Plans for the development of other family residences for farmworkers in the county are being considered. The chair of the board of supervisors for Ventura County addresses the future of farmworker housing there.

I am currently a member of the Committee to Address Farmworker Housing. The committee focuses on housing for low-income farmworker families. We have various members on the committee, including representatives from CRLA, UFW, members of the Cabrillo Economic Development Association, and various county planning people. Overcrowding is a big problem. Our objective is to build housing specifically for families so that less people have to live in one unit.

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7 The Cabrillo Economic Development Association oversees low-income housing. Farmworkers compete for spots, but the requirement of a minimum annual income of $20,000 excludes most farmworkers and their families.
Rancho Sespe Apartments

The Rancho Sespe Apartments is a planned development between Santa Paula and Fillmore strictly for farmworker families that is managed by a farmworker in residence with his family. The manager describes how the apartments work.

Rancho Sespe consists of two complexes with a total of one hundred units. Each unit has two to four bedrooms. There are a total of 500 people living in the complexes, almost exclusively inhabited by families. We do have two single men living here. The two-bedroom units go for a maximum of $472 while the four-bedroom units go for $572 maximum. The rent is subsidized by the government. The rent also includes water and sewage. The tenants are expected to pay electricity, gas, phone, and cable. The Commission on Human Concerns brings applications for discounts on utility bills. Currently, we have one vacancy. In order to qualify as a resident, at least one person in the family needs to be working in agriculture. We have families that have been living here since 1990. Some people don’t like the system and complain about all of the rules and regulations. For instance, family members not listed on the contract are not allowed to live in the units. Families must be documented and have a valid Social Security number in order to live here.

He goes on to describe a successful health program operating at the complex.

Every month there is a mobile van from the Samuel Dixon Family Health Center that comes to Rancho Sespe. They provide free vaccines, blood check-ups, and other medical tests. However, there is no dentist or doctor on the van. We are making arrangements now for a van from Clínicas del Camino Real to come by every two months. It would be helpful to be able to bring in more doctors and dentists.

Limoneira

The Limoneira residences were originally company housing for the citrus company of the same name. The company still owns the properties and allows farmworkers to rent at near-market prices. Company employment, housing, and health benefits were lost when Limoneira switched to farm labor contractors to lower costs in the early 1980s. This farmworker complex is commonly included in outreach and prevention efforts.

Cabrillo Village

This farmworker housing was originally built by Saticoy Lemon Company and then was bought by the residents in 1975. Farmworkers pay a $1,000 deposit and a monthly charge but do not own a specific unit. In 1994, the City of Ventura took over management of the village and annexed the area.

Camps for Solo Males

There are three remaining labor camps in Ventura County that house solo men. In 1963, there were twenty-two. (Mines and Anzaldúa)
SSS, pronounced “Tres Eses/Three Ss,” was once managed by Coastal Growers Association but is now privately owned. The camp is centrally located near La Colonia at the corner of Rose Avenue and Fifth. Approximately 180 solo males (usually younger men) live there, with typically seven or eight sharing a room. Communal showers are located down the hall and meals are provided. Health screenings are held there every three months.

El Campo is a labor camp at the far west end of the unincorporated town of Piru. Surrounded by high chain link fences and barbed wire, it appears stark and prison-like. Meals are provided.

The third camp is in Fillmore. It is named “El Hoyo/The Hole.”

Housing Costs and the Search for Housing

Housing in Ventura County is costly. Our informants concur that most farmworkers, especially newcomers, rely on shared living arrangements. Monthly rent ranges from $450 to $500 a month for a single room. Farmworkers on average earn less than $850 a month. Informants routinely relate stories of dozens of individuals crowded into a single dwelling. Sharing living space also makes it difficult for farmworkers to access health care. They need to demonstrate residency to obtain services but do not have utility bills in their names as proof. Farm labor contractors may also arrange housing for workers they employ. A caseworker for Catholic Charities describes her experience with farmworker housing and some of the implications.

Much of the housing is so bad that I would not even put my pet there. I have seen many migrant workers putting their newborns on blankets on the floor in the corner to keep them warm. Many of the houses have no door and instead use cardboard as partitions, because the landlord is too cheap. The neighborhoods are slums. Families are paying $450 to $500 for a room with access to the kitchen at certain times. They may share the kitchen with fifteen other people. Many people are homeless because they cannot afford to pay the necessary deposit. Landlords take advantage of them. They often raise the rent at the drop of a hat. You need a Social Security number in order to rent an apartment; however, you don’t need one to rent a room. I have to be careful when I visit homes because sometimes the landlords think I am a code enforcer or that I will report them. Sometimes if they have seen me come, they will kick their tenants out the next day because they think that I am with Welfare.

A solo male describes his process in looking for a place to stay.

I came to Oxnard with some friends from my hometown. When I first got here, a friend with more time here helped me find work and a place to live. I come here to work in the strawberry fields. When I come to Oxnard, I ask around for the best place to stay. I ask friends and look for notices in laundromats. You can get a place for $100 a month if several people share a space and $150 if there are fewer people.

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Working Conditions

Ventura County offers farmworkers some seasonal stability thanks to its nearly year-round agricultural activity, and most farmworkers in the county stay all year, particularly ones with families. Some spend three or four winter months in Mexico. Undocumented workers report that they must remain in the U.S. or risk the expense and danger of illegal border crossings. The availability of steady work is influenced by weather conditions, the rate at which fruit ripens, and the rate of influx of new workers into the labor pool.

Working conditions vary with the crop, the task, and the attitudes of the work supervisors, growers, and company owners involved. Informants uniformly stress the poor work conditions faced by farmworkers. Top on the list of grievances is the lack of affordable health insurance to protect farmworkers from the consequences of their physically taxing and dangerous work. On-the-job or Workers Compensation insurance is typically the only coverage provided to farmworkers, and many are either unaware that they have it or are afraid to use it lest they jeopardize their jobs.

Farmworkers often rely on farm labor contractors to arrange their employment and transport them to the site. They line up daily to be selected for the day’s work and for rides, many at central locations in La Colonia and at the transportation center in Oxnard. There is a public bus system in Oxnard and Ventura, but routes do not extend into rural areas. Information on work availability comes mostly from personal interactions with coworkers, family members, neighbors, and contacts on the streets.

Many community informants emphasized the exploitive nature of the farm labor contractor system. Undocumented workers tend to be taken advantage of, and their availability to growers keeps wages low and working conditions harsh for all. A retired farmworker explains.

When workers work illegally, everyone can do with them what they want. They’ll work for what the boss will pay them. There are people here who are willing to work for $4 an hour. They won’t complain because they have to work to pay off the debt they owe from borrowing money to come to this country. They come here, enthused to work so that they can pay off their debt. But that is what harms the legal residents here. Why should a boss go hire five or six workers from the union and pay the wages the union requires when they can hire workers for $3 or $4 an hour? Naturally, if he gets caught, he’ll be fined. But those cases where someone is actually fined are very rare. That’s how a lot of ranchers are taking advantage of the illegal worker.

Perceptions of working conditions also vary greatly among farmworkers. Some have figured out how to get by and have fit into a social network that softens a tough environment. Some are better informed than others about their rights and the occupational hazards of agricultural work. Some are grateful simply to be working and sending money to their families in Mexico. Others report that they are worn out and embittered by an
unfair system that makes few provisions for treating chronic illnesses or supplying Social Security assistance once they can no longer work.

**Relationship of Working Conditions to Health**

Some farmworkers recognize the negative long-term effects of working the fields, but they report having few options if they want to provide for themselves and their families in the U.S. and Mexico. Many others appear to be unaware of the potential negative effects that pesticide exposure and harsh working conditions can have. This is particularly true among those most recently arrived. Informants report that speaking out against an employer’s labor or pesticide practices can result in them being fired. A young unmarried solo male with a young son in Mexico describes the pressure he feels when he works.

Work affects my health negatively. You don't work at a normal pace. It takes a great personal effort to keep them from replacing you with another person. The company supervisor makes you work harder. The quality inspector and the “ponchador/tallier” also put pressure on you.

A solo male in his late forties explains the long-term impact of farmwork on health and the importance of family in providing for old age.

Work is okay for my health, except for my nose allergy. I sneeze about one hundred times a day. I think it’s related to the pesticides. It’s normal to be tired after working all day. The body wears out from working year after year. After a while, “no va rendir lo mismo/it won’t hold up as well.” I used to be able to pick up to ten boxes an hour and now the most I can pick is six or seven. I’m forty-seven years old and I plan to work until I can, God willing.

A fifty-three-year-old lemon tree pruner who is a longtime resident of Ventura County and has an interest in labor law provides insight into the difficulties of coping with a life of farmworking conditions.

I’ve worked for twenty years for the same company, *Podando Limones*. Now that I’m older, I feel badly that I can’t work the way I used to. I worry about being replaced by younger workers. It’s tough for older workers like me because you can be fired by the boss. So far, I have been able to keep working. I’ve suffered from depression. My eyesight isn’t very good anymore. I’ve had boils, skin infections, and rashes. I have arthritis because of the dampness. I also have eczema on my elbows and arms. I try to relax by reading, taking adult education classes, going to church, and spending time with my children and grandchildren. I attend workshops given by CRLA. Now I’m taking a class on labor and employment rights.

One solo male felt more at ease about his work with a blackberry grower despite the long hours and lack of overtime pay.

I work with the blackberry. Mostly I fix or take care of the plants. I’ve worked for three seasons there. The heavy work is in May but there is work all year round. We work six days a week, ten hours a day. We don’t work on Sundays. The pay is $7 an hour. They don’t pay overtime. Forty hours a week is a normal work week but we don’t have a choice on how many hours we work. When I first arrived in Oxnard two years ago, I started working in the strawberry fields.
for about three months. Blackberries have more than one season a year and you can work year round. I’m at ease working. They treat me well.

**The Mushroom Industry**

The mushroom industry is important because, though it is not one of the county’s top ten, it involves some unique qualities and working conditions. The work requires a higher skill set than other farmworker jobs and selects for documented workers. Because of its stable and legal work force, it has become a focus for union organizers attempting to establish better health care and other benefits for farmworkers. An organizer with UFW describes the different aspects of picking mushrooms.

The farmworkers in the mushroom industry have an advantage because the work is not seasonal. As a mushroom picker, a year round wage is offered. The wages on the whole tend to be higher because of year round employment. It is also a more skilled and technical labor than picking strawberries. It takes time to learn the skill to harvest the mushroom properly as it simultaneously involves harvesting, cleaning, and making room for more production. Close to all of the workers in the mushroom industry have legal documentation, and most have a family. In the strawberry industry, only about half of the workers are documented.

The same organizer stressed that the work, though steady, is dangerous.

The working conditions are poor for mushroom pickers. They have to wear a hard hat, a belt with the battery for the light around their waist, and a miner’s light on top of their hard hat, which contributes to damaging their vision due to eye strain. Often, after working eight hours, the light becomes dim and replacement batteries are not always readily accessible. The workers straddle mushroom beds five to twelve feet above the ground. Workers go in and out of dark rooms and into bright daylight as they move from room to room. The system here is quite ancient compared with up north, where they use lights on the walls that are turned on when picking is taking place and then turned off when the room is not being picked.

A forty-three-year-old mushroom picker expresses his attitude towards working and its consequences.

All work has something bad about it. You are at risk of hurting yourself. You could fall or work too much. The repetitive movements wear your bones down. It’s recommended to not always be doing the same job. The helmet we wear hurts. We have to wear it to avoid hitting our heads. There is also a lantern attached to the helmet so that we can see. The helmet has made my ear bend out permanently because the edge of the helmet rests on my ear. It rests on my ear because of the position of my head when I’m picking. I also need glasses now. I can’t read a map anymore.

**Wages and Employment Levels**

Strawberry pickers and citrus pickers may be paid by the hour, at a piece rate by boxes picked, or by a combination of the two. The average wage is $8.00 per hour for tree fruit and $8.13 for row crops. But low earnings for farmworkers result as much from their infrequent and unpredictable employment as it does from low wages.

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lack of steady employment as from low hourly wages. Everything from rain to an over-supply of workers can significantly reduce a farmworker’s paid time. It is difficult to determine farmworker earnings for Ventura County alone, but statewide, farmworker families earn about $10,000 a year (NAWS survey). A thirty-three-year-old solo male with a wife and child in Mexico talks about his earnings at the height of strawberry picking.

I work on a farm off of Santa Clara Avenue in Oxnard. There are about seventy of us that work in the fields. We work six to seven days a week. We are paid $4.50 an hour and an additional $1.05 for each “caja/box.” I pick thirty to thirty-five boxes a day. It comes to about $60 a day, depending on how many strawberries there are.

A recently instituted electronic system for tallying boxes has generated some anxiety among already distrustful farmworkers. A farmworker describes the way boxes are tallied and his evaluation of the process.

We are generally paid $1.40 a “caja/box” but there are different sized boxes that pay from $1.30 to $1.55 a box. The boxes are not counted manually. They use “fichas/electronically scannable cards” to tally the boxes. The workers don’t trust this system because they might be undercounting their boxes. Some people try to keep their own count, but this is discouraged. We have no other option than to go with the system.

Health Care Delivery System

Ventura County’s front line clinics, hospitals, and other medical and social services agencies form an impressive and widespread but somewhat fragmented network. They have been largely effective in addressing immediate health care needs for county residents. And there is considerable awareness of the extent of the difficulties farmworkers face. But despite their efforts to link farmworkers and resources, people on the front lines commonly complain that there is still a gap in understanding of farmworkers’ needs, particularly the needs of the Mixteco and indigenous-language people, who are quite different culturally from other Mexican immigrants.

Farmworkers continue to rely disproportionately on local hospital emergency rooms and on doctors in Tijuana for their primary health and dental care. They tend to turn to these resources either out of desperation (the emergency room) or because they prefer a familiar and sometimes more comfortable environment (Mexican health care systems). Wait times, for example, are often shorter at clinics in Mexico.

Gaps in service come from a lack of available providers for clinics, an acute lack of dental and mental health services, the need for intermediaries who can help navigate farmworkers and their families through the process, and some competitive issues between clinics that prevent them from working together effectively.

Service Provider Inventory

Two consortia of clinics stand out in providing health care services to county residents and farmworkers: Ventura County Health Department and Clínicas del Camino Real.

Ventura County Health Department

Facilities and Staff

The Ventura County Health Department is by far the biggest player in delivering health care services to farmworkers. The main facility, Ventura County Medical Center, offers 208 beds for general acute care, a 24-hour emergency and trauma center, a neonatal intensive care unit, and outpatient services. Inpatient care includes the intensive care unit, surgery, pediatrics, obstetrics/gynecology, and psychiatry. The hospital’s residency program includes thirty-nine practicing residents associated with UCLA School of Medicine.

In addition, the county runs eight primary care outpatient centers and five medical therapy units. This consortium of clinics seeks to make each location a “one-stop-shop” offering primary care services, dental services, and mental health services. They focus on family care, pediatrics, obstetrics and gynecology, occupational medicine, and urgent care. Three of the clinics have a dental department, and each site has its own psychology and health education department. There are limits to the services the clinics can provide. For example, the Piru clinic is only open for three hours in the morning Tuesdays through Fridays. Santa Paula Rural Health Clinic has a staff of four nurse practitioners, but only two speak Spanish, and the visiting doctors come in for just two to four hours per week.

Seventy-four public health nurses serve all of Ventura County. They are assigned to geographic areas within the county and are funded by various programs. Their services are free, and can be obtained simply by calling and making an appointment. Most referrals to public health nurses come from community members and health agencies. Nurses make home visits to provide medical care, make assessments, and offer referrals. Follow-up and ongoing services can be provided for as long as the client needs them. A public health nurse describes her role providing services to farmworkers.

We go out and do an assessment of their situation and their home and see where their needs are and see if they would benefit from us. What we do is provide case management services and we look at referrals and resources in the community that they might be able to access.

Las Islas Family Group

Las Islas Family Group in south Oxnard began as a private operation and later joined the county network. The clinic provides outpatient comprehensive primary care with a staff

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11 Only four are fluent in Spanish. They have access to four translators.
of ten physicians, including family practitioners, pediatricians, and internal medicine specialists, and three family nurse practitioners. The clinic sees some 1,200 patients per month. Afternoons after 2:00 p.m. are busiest, as the fields empty of workers for the day. About 70 percent of the clinic’s patients are farmworkers and about 80 percent of those are undocumented. Though the facility is open seven days a week, four to five hour waits persist for walk-ins. Space is extremely limited. The clinic is struggling to meet the needs of a growing population with finite resources.

Las Islas boasts a long history of providing respectful quality medical care to Spanish-language patients who often lack education and financial resources. Patients rely primarily on state-administered programs such as Child Health and Disability Prevention (CHDP), Family PACT (a Department of Health Services reproductive health program), and emergency Medi-Cal to cover costs. The clinic accesses all of the pharmaceutical companies’ indigent care medication programs. Though these programs often require applications, financial records, and lots of paperwork, they have allowed the clinic to stock medications for those unable to pay for them.

The clinic also sponsors a “Necessities of Life” program that provides food, clothing, and diapers to about fifty indigenous-language farmworkers once a month. Diapers are constantly in short supply. The clinic anticipates the number of people needing such services growing to as much as 400 a month or more.

Las Islas stands out as a service provider for the Mixteco population in the Oxnard area. The clinic hired a full-time Mixteco translator to help with the increasing number of these people seeking care and services. Las Islas is strategically located in the southern area of Oxnard where this group is concentrated. Indigenous-language farmworkers have learned about the clinic’s attempts to meet their needs primarily by word of mouth. Most Mixtecos have no formal education and few read. The clinic also advertises on radio and relies on a mailing list.

**Bilingual Staffing**

Most county clinic staff members, including health educators, are bilingual. Two-thirds of the fifteen physicians who work at the clinics are bilingual. Currently, only four of the county’s public health nurses are fluent in Spanish and a few others have limited skills. There are four interpreters available to assist when they visit Spanish-speaking clients. Indigenous-language speakers must communicate with nurses through family members, neighbors, or friends. The county attempts to assign Spanish-speaking clients to bilingual nurses; however, case assignments largely depend on caseloads at the time (maximum of fifty) and the appropriateness of the funding program involved.
Payment Arrangements

All clinics accept Medi-Cal, Medicare, private insurance, and cash payments. West Ventura Family Care Center, Las Islas Family Group, Santa Paula Clinic, and Santa Paula Rural Health Clinic accept sliding scale payments.

Health Education and Outreach

Ventura County provides health education one on one after a patient has been diagnosed. Screenings for diabetes, high blood pressure, obesity, and high cholesterol are provided throughout the community, and on some occasions providers have taken these services to farmworkers in the fields. There is also some outreach in the community associated with programs such as CHDP and the Breast Cancer Early Detection Program.

Prenatal Care and Delivery Services

Many of the babies born to farmworkers from the cities of Ventura and Oxnard and from the Santa Paula, Fillmore, and Piru areas are delivered at Ventura County Medical Center. Expectant women can receive prenatal care from one of the satellite clinics before delivering at the hospital. Several clinics offer an eight-week series of prenatal classes, and Santa Paula Rural Health Clinic runs a family wellness center that provides pregnancy services. Both prenatal care and delivery are covered by Medi-Cal.

Clínicas del Camino Real

Facilities and Staffing

Clínicas del Camino Real is another major player in providing health care to farmworkers. This network of six clinics (two in Oxnard) was developed by the current chief executive director from a single free clinic popular in the 1960s. Clínicas is a federally qualified health clinic (FQHC). The network includes fourteen physicians, three dentists, three physician assistants, four family nurse practitioners, three psychologists, two optometrists, a podiatrist, an acupuncturist, a chiropractor, and two registered dieticians. All clinics offer outpatient primary and preventive care and mental health departments staffed by psychiatrists and psychologists. Dental and optical services are available at the Oxnard and Ventura clinics.

Farmworkers frequently use the Oxnard clinics, which each serve between thirty and forty walk-in patients a day. The Spanish name is its first draw. All six clinics are open for extended hours on Tuesdays and Thursdays primarily to help the farmworker population

12 An FQHC gets full-cost reimbursement for some of the uninsured patients it serves. This funding comes from a Bureau of Primary Care grant.
access health care. The two Oxnard clinics and the Fillmore clinic are open for part of the day on Saturday for the same reason.

Clinicas prides itself in competing successfully against the larger, slower, more bureaucratic county health department and against private facilities. The director expresses an “us against them” approach that seems to reflect his perception of the undercurrent of an ongoing struggle against anti-Latino racial attitudes.

Everywhere we compete, we beat the pants off the other folks and we still get criticized. I have decided to ignore the criticism and just continue to do what we do.

Maravilla Community Health Center

One of Clínicas’ clinics, Maravilla Community Health Center, is particularly involved in providing health care to the indigenous-language farmworker population of south Oxnard. They are smaller than the county’s Las Islas Family Group, operating from a modular building and supplying a single physician. The waiting area includes a television monitor that broadcasts health-related videos in Spanish.

Bilingual Staffing

Clinicas reports that 40 percent of its medical practitioners and its entire health education staff are bilingual. Maravilla Community Health Center employs a Mixteco translator to help patients navigate the health care system.

Payment Arrangements

These clinics are non-profit and accept Medi-Cal, private insurance, cash payments on a sliding scale, government grants, and programs such as Healthy Families. Services are offered regardless of insurance status or documentation. All that is required is a local address. The sliding fee scale makes up one-fifth of Clinicas’ payments. It is flexible and may include contracts for smaller payments over time. Minimum payments for office visits vary from $20 to $40. Two-thirds of payments are covered by Medi-Cal, and Clinicas currently incurs $1.4 million in uncompensated care annually. A Clinicas representative voices the payment philosophy. “We cannot deny services because they don’t have the ability to pay. We can deny services if they refuse to pay.” For referrals, they establish relationships and enter into contracts with off-site specialists. This helps eliminate the problems that come up with specialist care due to lack of insurance.

Health Education and Outreach

Clinicas offers a number of community and outreach programs, including well-baby checks, immunizations, marital blood tests, pregnancy testing, diabetes and hypertension
care, nutritional counseling, health education, and disease prevention. They are a comprehensive prenatal services program (CPSP) provider. They offer mammograms, cancer detection services, and health screenings in the community.

**Competition between the County and Clínicas**

The two clinics in south Oxnard, county-run Las Islas and Clínicas’ Maravilla, do not collaborate with each other to any great extent even though both are involved in providing services to the same patient population and to Mixteco/indigenous-language farmworkers in particular. The longstanding rivalry between Ventura County’s health network and Clínicas del Camino Real, it seems, has resulted in greater attention paid to the needs of farmworkers and Spanish speakers in general. The CEO of Clínicas elaborates.

We have had a lot of friction over the years. They did not like that I came over from working with the county to Clínicas and helped build it up from a $60,000 budget with five staff to a $12 million program with 200 staff. We own all of our sites, so it is a thorn in their side that we exist. Collaboration between us and the county is definitely a problem. I think we are kind of like Palestine and Israel. I don’t know what their problem is. They feel that they should get all the money. I don’t think that they could handle all of the patients without us here. I think if the county wasn’t there we would be in the same problem. For a while all of our deliveries were being done at the county hospital. They treated our physicians like second class citizens. They tried to recruit our patients right out of the bed. This went on for fifteen years. One day they tried to recruit one of our doctors in front of our human resources director. Six or seven years ago, we decided to move all of our patients to privately owned St. John’s hospital and effectively moved one hundred deliveries a month to St. John’s. That comes to 1,200 deliveries a year. All it was costing the county for us to use their facilities was good will. They weren’t being ethical and we were giving them business for free.

Allegations of patient dumping by both the county and Clínicas were heard in a number of interviews conducted during this study. Each system perceives that the other avoids taking patients who are unable to pay by referring them on.

**Mixteco Efforts**

Despite its limited resources, Ventura County’s Las Islas Family Group has made the greatest strides of any medical establishment in the county in attempting to address the needs of the Mixteco and other indigenous-language people from Mexico. It is estimated that at least 5,000 and perhaps as many as 20,000 people in Ventura County speak Mixteco as their primary language.

A family nurse practitioner at Las Islas is very involved in the effort to expand health care and social services to the indigenous-language farmworker population. She and a native Spanish-speaking public health nurse, who works for the county’s public health perinatal services, were instrumental in starting the Indígena Community Organizing Project in...
January of 2001. The project is specifically geared to addressing the multiple barriers the Mixteco/indigenous-language population face in accessing health care. In an article published in The Utopian, she describes the plight of a typical indigenous-language farmworker mother seeking medical care in the U.S.

Imagine that you are fifteen years old and pregnant. You find yourself in a country where you share no common language. You have never seen a health care provider in your life. You know that you want your baby born healthy, and born a citizen of this new country. So you make your way to a clinic, where strangers ask you all kinds of questions you don’t understand about a medical history you do not have. They make you take off all your clothes and touch you in very intimate ways.

For the group’s first meeting, the organizers obtained a translator from CRLA to interpret between Spanish and Mixteco. This arrangement developed into a collaboration between the two groups that also helps people address job-related issues and obtain documentation from Mexico for those who have no legal document from any country. This documentation, a *matriculación*, protects workers if they are arrested and allows them to open bank accounts.

The clinic continues to hold a well attended monthly meeting called “Reunión Indígena.” Las Isla’s full-time Mixteco translator describes the practical issues dealt with during these meetings.

We have a “junta/meeting” here for solo men and families the last Saturday of the month. The meeting lasts for two hours. We talk about obtaining birth certificates, going to the hospital for emergencies, getting Social Security numbers for their children, and diseases like tuberculosis. People find out about the meetings from flyers and by word of mouth. This community is very “unidos/united.” They talk to each other at work, where they live, and at the clinic. This meeting provides one of the few outlets for solo men and others in the community to relieve their sense of isolation.

The meetings also provide a forum where people can learn about self-defense techniques regarding pesticides and other job-related issues, tenants rights, nutrition, immunization, use of car seats, and other health-related issues.

**Other Hospitals and Medical Centers Serving Farmworkers**

Several other hospitals and medical centers in Ventura County have long histories of providing services to the community and to farmworkers. These include Community Memorial Hospital in Ventura, St. John’s Regional Medical Center in Oxnard, and Santa Paula Memorial Hospital in Santa Paula. In addition, the Salvation Army provides many critical health care services.

*Community Memorial Hospital*

Community Memorial Hospital in Ventura is a private, nonprofit facility serving the county as a whole. It has 250 beds and 150 active physicians who maintain their own practices.
Community Memorial also runs four community clinics, known as family health centers—one in West Ventura, one in Fillmore, and two in Oxnard. In 2001, the hospital announced a partnership with the Veterans Administration Greater Los Angeles Healthcare System to help run the community clinics in Ventura County. These outpatient primary care clinics accept most insurance, cash payments, Medi-Cal, and Medicare. Their main interest in the Spanish-speaking community appears to be attracting mothers who have Medi-Cal coverage.

St. John’s Regional Medical Center

St. John’s Regional Medical Center runs a major hospital that is centrally located near downtown Oxnard and a smaller facility in Camarillo. The Oxnard facility has 261 beds and 593 active physicians. The Camarillo facility has 81 beds.

The Oxnard Network Meeting convenes at St. John’s in Oxnard monthly and is organized by the center’s director of patient community education and directing health ministries. Representatives of as many as thirty community service and health agencies meet to introduce their programs, make announcements and appeals, and listen to in-depth agency presentations. Many of the participants are actively involved in providing direct services to farmworkers.

Santa Paula Memorial Hospital

Santa Paula Memorial Hospital is privately run and serves the Santa Paula area. It has forty-five active physicians representing a fairly broad range of specialties. The hospital provides emergency services, and patients are referred to specialists at Ventura County Medical Center when necessary.

Salvation Army

The Salvation Army depends on volunteer providers to offer health and social services at several locations in Ventura County. The main site in Oxnard relies on twenty-six physicians, six dentists, three pharmacists, and several nurses. They also employ a nurse who specializes in diabetes, a nurse practitioner, a part-time dentist, two dental assistants, and an outreach worker. The diabetes nurse, outreach worker, and part-time dentist are bilingual in Spanish and English. At the Oxnard facility, comprehensive health services include primary health care, dental care, and weekly screenings for diabetes, plus counseling services, food distribution, and help with housing issues. The clinic is open five days a week and there is no charge for appointments. A van allows for outreach and transporting clients. A nurse at the Oxnard site describes their health services.

There is a diabetes screening clinic every Thursday morning. I would say that 80 percent of people who come on a day like today have diabetes. When we have a patient with diabetes, we refer them to St. Johns or Community Memorial.
Hospital for more urgent care. However, we do provide free medication here in the meantime. We also work closely with the county hospital’s emergency room.

Although Salvation Army provides critical services, their availability is limited. And there are hurdles to get over that can deter farmworkers trying to access them. An interviewer for this report describes her effort to secure a dental appointment for a farmworker.

While following up with a farmworker I interviewed, she informed me of a severe toothache. She described the pain as moving up into her eye. This concerned me, and I proceeded to try and make her a dentist appointment. I called Salvation Army and the earliest appointment was two months away. I was told that the visit was essentially free, although they encouraged a $10 donation. They also require a photo identification and a translator to help interpret the paperwork that had to be filled out prior to being seen by the dentist.

A public health nurse refers her clients to the Salvation Army for health services despite the limitations. “My client doesn’t always go because there are so many people. They can only see thirty people a day. Once they see the thirty people, you’re out of luck.”

Private Physicians

The extent to which farmworkers seek care from private doctors is not known. There are offices located in and around La Colonia and south Oxnard and distributed throughout the county. Private doctors are beginning to view farmworkers as an attractive market and are flexible in accommodating their needs. Some specialize in offering health care services for cash payments. Additionally, some private doctors now offer health care services modeled after the type of care provided in Mexico. This usually means shorter wait times and rapid diagnosis and treatment. One doctor who has an office near La Colonia is a good example. Many local health care professionals interviewed were familiar with his practice. His patients’ families have come to him for generations. People know that if they need something they can go to this doctor. He charges a flat $50 per visit and also accepts insurance.

Other Programs that Serve Farmworkers

There are a host of other agencies that provide social, legal, educational, and advocacy services to farmworkers in Ventura County. Many of these providers are set up to assist children, and adult family members can sometimes qualify for services through them. Much less is available for single and childless adults. A program director for a CBO with programs for youth tells of his experience obtaining funding for his citizenship programs.

The youth programs are easy to raise money for, but it is difficult to raise funds for the adult citizenship program. The youth programs are more attractive but people don’t want to give money for the adults.

There appears to be significant collaboration taking place among many of the key players in this group. Representatives of the agencies generally know each other and many have been involved directly or indirectly with more than one agency or organization. They
share a common interest in improving the working and living conditions of farmworkers in the area. A community member describes the climate for collaboration clearly.

When there is a good objective to meet, agencies and organizations work together well. We all attend meetings and recognize the other players. Everyone has their own niche. There is some competition for grants.

El Concilio del Condado de Ventura

El Concilio del Condado de Ventura in downtown Oxnard is a central link to social services and education for the Latino population. Its prominent location across from the police station lends this agency legitimacy and status in the community. It was mentioned frequently by other service providers and county employees as a participant in joint projects and efforts to reach the Latino and farmworker populations. One of the administrators describes the agency.

El Concilio has existed for over twenty-five years. Originally, it was an activist organization. Now it is more community-based and needs-driven to respond to changes in the Latino community. It is currently in a strategic planning phase, deciding whether to continue as a CBO or become more geared toward activism. The organization is county-based and serves primarily Oxnard, Santa Paula, Fillmore, and Port Hueneme, but not so much (the town of) Ventura.

El Concilio is well known for its youth programs. The agency often takes on the role of intermediary and advocate to help individuals and families navigate various social and legal systems in order to solve problems and address practical life needs. In addition to referrals, the agency offers direct services, educating and assisting people with paperwork for immigration issues, citizenship applications, and the Healthy Families program (children must have legal documents to participate). They collaborate with public and private health systems, the school system, and the police department regarding health, youth, and law enforcement issues and sponsor health fairs for children, youth programs, and an annual Latino leadership awards event.

The administrator explains how the community views and hears about the agency.

The community trusts our organization. They access us through referrals and word of mouth. We advertise on the radio (KOXR). We have half-hour shows on the laws that are coming out. We advertise for classes on parenting, domestic violence, and child runaways. The advertisements and classes are all in Spanish.

He also demonstrates the important role served by El Concilio and the need for further support.

We need help dealing with paperwork, like assisting people in applying for Social Security benefits. People come in with letters from the Social Security office. The local Social Security office would charge a fee to help them out. Our receptionist at El Concilio does it for free. They also come in for help with DMV applications for ID cards. Some farmworkers can’t do it. It’s a literacy issue.
Interface Children Family Services

Interface is an important part of the health safety net for farmworker families, particularly children. They are instrumental in filling the large gap in services for dental and mental health care. Interface runs more than seventy different programs and also publishes the Blue Book, a comprehensive directory of health and human services in Ventura County. Funding is provided by the county, private grants, and donations. They rely on pro bono work from private physicians and medical groups. However, they do not work with the county health system because of federal restrictions on providing services at no cost. The program manager dealing with medical assistance to children describes the program and some of its limitations.

We provide free medical care to children of low income. The criteria for kids to be able to tap into our services include being under the age of eighteen, a referral by a government agency (a school, a public health nurse, or the court system), an identified need, and low-income status according to the CHDP standards. We need government agency referrals because it provides a method of screening. Through the government services, we can get information about the family. The doctors from all over the county donate their services pro bono. We rely very much on the “Blanche du Bois” principle, or the kindness of strangers. If we can’t find the appropriate people to make a team, then we rely on donations. If we still can’t make it jell, then so be it. It is ultimately up to the doctors in terms of what services they will perform. We get a lot of migrant children referred to us by Migrant Education (about 20 percent). The other 80 percent come from other low-income families. Most families that we service are undocumented. We also see children who have Medi-Cal but are not covered by emergency Medi-Cal.

There are some social service staff in the community who feel that Interface’s large number of programs and county-wide coverage limit its effectiveness for a specialized population like farmworkers. One problem is the availability of Spanish-speaking counselors. At the time of the study, the agency had lost its one Spanish-language counselor. A social worker involved in domestic violence cases makes a comment about Interface that highlights the difficulties farmworkers can face in dealing with social services agencies.

One woman I know who was in crisis called Interface and she was told to call another time, we don’t have time to take your call now. This type of response in a time of crisis places the woman calling in a dangerous position and constitutes a lost opportunity to provide a crucial service.

The agency’s response to how people find out about their services highlights their limited resources. “We try not to advertise too much because we have more cases than we can handle.” A question about emergency care services results in a similar response.

Again, we try not to advertise any emergency program because it is strictly a donor program. While we try not to promote this kind of care, we do provide it. It is hard for a provider to drop a paying customer to take an emergency patient. For example, a surgeon may have hospital privileges, which would allow for an emergency procedure. However, the whole team, including the anesthesiologist, has to agree in order for the service to be provided.
This response demonstrates the difficulties associated with pro bono services when dealing with a crisis. Service delivery ultimately depends on the largesse of professionals with extremely demanding schedules and coordination among them.

**Migrant Education Program**

The Migrant Education Program is well established and active in the county’s school districts. It is federally funded and state administered. The main charter is to encourage children of farmworkers to finish high school. Primary services also include adult English classes and education on nutrition, health, and parenting. They also participate in Even Start, a readiness program held in the summer for pre-school-age children. A lower priority is providing a link between health services and children with health needs. A regional director’s comment puts the importance of health services in perspective.

> We really do not focus on the relationship between good health and doing well in class. Although I know it is true that an unhealthy kid is unable to work as well as a healthy kid. The concept of a healthy body in connection with a healthy mind is not a priority in the school district. I would like to have more money set aside for preventative health. Currently, we have $3,000 a year out of $4 million for health needs.

Statistics on Region XVII, which includes most of Ventura County, frame the seriousness of language and cultural barriers for Latino school children there. The director describes the magnitude of the problem.

> Of my 11,000 students in 110 different schools, about half of them are bilingual and the other half are monolingual. I estimate 1,000 to be Mixteco monolingual. About 70 to 80 percent of my students are undocumented. They are not necessarily afraid of being caught, especially the ones that are enrolled in the program, because otherwise they wouldn’t be here. Migrant kids usually don’t attend high school. Their drop-out rate is 65 percent.

In the more rural Santa Paula area, the outlook is more positive for farmworker children. A longtime migrant education teacher gives a quite optimistic assessment of changes in the community.

> There is less movement now than there was twenty years ago. Families come and stay. They are thinking now about not disrupting their children’s education, whether they will miss school, and whether it will affect their grades. Migrant students are now more able to compete for scholarships to colleges and universities. About a quarter of our students are migrant students. When I started, only a few students would go on to college. Now, there are only a few who do not go on to college.

The same teacher goes on to explain how the Migrant Health Program handles dental referrals.

> Usually the way it works for dental referrals is that the school sends the child to see the nurse. She contacts us and we arrange for a dentist to see the child for an estimate of the cost of work required. We send the estimate to the main Migrant Ed office for approval. The family may have to pay a portion of the cost. Then
the child goes back to the dentist to have the work done and to set up a payment plan if necessary. Vision can also be offered in this same way if we have the resources. All health efforts go through the district nurse. She oversees six schools, including one high school, one middle school, three elementary schools, and one continuation school.

The Migrant Education Program at Oxnard Elementary School District, separate from District XVII, works as follows according to the district superintendent.

We have three migrant ed staff members that do outreach to find children. All staff members are bilingual and bicultural. They provide services at the school sites and instructional assistance for support services. They collaborate with the attendance clerks who do the enrolling. The clerks ask about employment, and if it is in agriculture, a referral is made. We also work with the migrant health CBOs for referrals to services and to identify children for migrant education. Some of them we work with are El Concilio, El Centrito de la Colonia, Public Health, and City Impact.

A teacher for El Rio School District describes the scope of her involvement with the migrant education program.

I am the principal of the Saturday and summer schools. I have 1,200 migrant students and 2,400 parents involved in the traditional migrant school program that runs ten months out of the year. Region XVII is the third largest program in the state, pulling from all high schools in the county. The Saturday school attendance is 175 and the summer school attendance is approximately 300 students. We also have an adult education program that consists of ESL, nutrition, exercise classes, a self-initiated walking club, and aerobics every Saturday.

El Centrito de La Colonia

El Centrito de La Colonia is a grass roots community-based organization that has served La Colonia and downtown Oxnard for ten years. It addresses the educational and social assimilation needs of the Spanish-speaking community in Oxnard. One of the founders explains how the organization was formed and its underlying philosophy.

We founded El Centrito because we saw a need in La Colonia. There was a lack of social services, yet the area had all the elements of a community. The population had no access to the services offered by the county due to language and cultural barriers. Throughout the ten years or so that El Centrito has been in existence, there have been many challenges. We have concentrated on incremental growth with a focus on quality. Most of our clients hear about us through word of mouth. We recruit and perform outreach by having members of our staff go out to the community. We post flyers at bus stops. Teachers at schools also refer children and families to us.

El Centrito has four main programs that provide educational, cultural, recreational, and counseling services to low-income youth and their families: community technology centers (computer labs), a school readiness program for children under five years of age, an after-school program, and a youth and family program. All services are free. El Centrito’s main office is located in Oxnard’s old high school building. They have a computer lab.
there and at the recreation center in La Colonia. Both sites also have classroom space for their after-school and family programs.

El Centrito is responsible for the creation of several murals that add to the cultural attributes of La Colonia. One that discourages driving after drinking is strategically located at an intersection that has been used in the past by police for random alcohol screening. The other is near the recreation center. Its themes, developed with input from the community, include scenes of indigenous heritage, labor strikes, fashion, and agriculture.

City Impact

City Impact is a faith-based organization often mentioned as a mental health referral for farmworker youth and their families. Volunteers, urban and youth ministry professionals, counselors, and social workers provide a full-service counseling center with eight satellite locations. Individual and group mentoring activities reach approximately 250 at-risk kids weekly. There are also student leadership groups at twenty schools and other youth intervention programs, with more than 2,000 at-risk youths and their family members assisted monthly. The agency is involved with the Even Start family literacy program, a summer school-readiness program for families with children younger than eight whose parents have not completed high school. The program supports participating families so that they can succeed in educational experiences, improve their children’s academic achievements, learn to read, promote health, and improve their standards of living.

Neighborhood for Learning Centers

The Neighborhood for Learning Centers program is a model being developed by the county’s Five First Foundation (previously Children and Families First Commission). The commission was created to oversee the use of state Proposition 10 funds and is independent of the county and state. It functions by partnering with communities and neighborhoods to fundamentally change the delivery of early childhood (five and under) development services and support efforts by community centers to promote quality preschool services, healthy starts for children, and parent educational improvement. Their broad range of services involves education, mental health, social activities, and recreation. In addition, they offer grants for services to mothers of newborns and for readiness programs for low-income children. Ventura County will have eleven Neighborhood for Learning Centers. There are already centers in Ojai, Port Hueneme, Oxnard, and Conejo Valley. City Impact and the WIC network are associated with these centers.

Líderes Campesinas

Líderes Campesinas is a national organization that focuses on community outreach to the Spanish-speaking population. The organization’s main concerns are domestic violence, Líderes Campesinas is a “promotoras” program involving mostly Latina women with agricultural backgrounds.
health education, and advocacy. Outreach is conducted by Latina women who have agricultural backgrounds. Many are monolingual Spanish speakers. The organization offers leadership training and periodically holds meetings in various locations throughout the state. They follow the traditional model of “promotoras” or health promoters, which can be traced back to a similar, quite popular movement in Mexico. The public health department and other organizations collaborate with Líderes for specific outreach efforts.

A farmworker involved with Líderes talks about her involvement, aspirations, and limitations.

I started working on the side with the Líderes Campesinas about a year ago. We sponsor health programs to teach people about things like pesticides, AIDS, and cancer. Since I have been with them, we have had four breast exam clinics. We had about fifteen to eighteen women at each clinic. The exams were free. I started working two days a week to interview people about their health. I interviewed twelve people per month and was paid $50. We handed out about 500 flyers with information about the breast exam clinics. There is a mobile clinic that comes from Santa Barbara. We also telephone people and hand out flyers and talk to people in places like laundromats. People also find out about the clinics through word of mouth. We get telephone numbers to call from the interviews we do. I have traveled to Fresno for meetings with the Líderes Campesinas. I would like to work full time as a promotora. There was a job listing, but it was only for thirty hours a week and did not offer benefits. I have health insurance for my family through my current job at a lemon packing company. We pay a $20 co-payment to see the doctor.

Coalition to End Domestic and Sexual Violence

The Coalition to End Domestic and Sexual Violence is a more than twenty-five-year-old nonprofit agency that offers emergency shelter to battered women and children, a 24-hour hotline, educational community outreach, crisis intervention services, advocacy, support groups, and counseling in English and Spanish. A former counselor with the Coalition offers insight into the unique cultural aspects of their efforts and suggests a more viable approach to dealing with domestic violence within the Latino and farmworker communities.

Most of the domestic violence agencies try to take a cookie cutter approach to the problem. They are usually feminist-based and rather collective. In 1996, there was a shelter set up for Hispanic women in the area. It turned out that the women did not want to leave their homes. They were more likely to want help for their husbands and a more gradual, family-centered approach, rather than suddenly removing the woman from a situation of danger. The shelter didn't work for Hispanic women, and there continues to be a high rate of recidivism among users of other shelters in the county.

A community worker’s experience corroborates the uniqueness of dealing with domestic violence among the farmworker population.

Women are hesitant to call the police, because they don’t understand the consequences of making a phone call. They fear that if the father is put in jail then the children will be left without food. Women need to be better advised
regarding the risks and benefits of getting help for such violence. There have been instances where one family calls the police because of violence they witness in another home. Sometimes this results in the police arriving and taking away the father without any explanation.

Food Share

Food Share is Ventura County’s food bank. Volunteers and staff collect and distribute donated food through a countywide network of charitable food providers. The agency describes feeding 33,000 individuals and supplies more than 293,000 meals per month. A migrant education teacher for the El Rio School District describes their use of the food bank.

Food Share has been very involved in providing better nutrition for students. We get USDA canned and dried foods for parents to pick up weekly (or more often if they want). There is really no limit as to how often they pick up food as long as we are stocked at the time. Office Depot provides us with plastic bags to package the food for pick-up. Food Share is also involved in providing food for Saturday school. There is awareness to try to increase protein, milk, cheese, and fruit consumption. We have quite a few kids who are obese. We need to have better weight loss programs.

An administrator at El Concilio also uses Food Share’s services.

We work closely with Food Share. It supplies us with snacks, treats, and drinks for the programs we have here at El Concilio. They also give out food on an emergency basis, like if the parents get laid off. They have fruits and vegetables. They also have pastries, Pampers for babies, formula, and gift certificates for Vons Supermarket.

Catholic Charities

Catholic Charities provides important social services and health referrals to farmworkers. Their major facilities are located in the southern part of Oxnard, where indigenous-language farmworkers live, and in Ventura. A caseworker for the Oxnard facility describes their client base and the services offered.

Almost all (97 percent) of our clients are Hispanic. Many of them are agricultural workers who work picking strawberries, celery, lemons, and avocados. I see about thirty families per day and that is on the low side. On average, there are between five and six individuals per family. We service Oxnard, which includes Saticoy, Port Hueneme, Camarillo, and Santa Paula. Everything that we provide is free to the client, and this includes furniture, clothing, food, financial assistance for prescriptions, money for rent, diapers, money for lease deposits, money for utilities, and gas vouchers to get to work or for medical purposes. We often guide people to St. Vincent de Paul in Oxnard. We also help with job placement and referrals. A bus stops outside of Catholic Charities at 4:00 p.m. every day to pick up any passengers. We provide those without the funds $1.00 for a bus ticket. We provide free lunches every day. We serve about 150 people per day. Anybody qualifies for these free lunches as long as they are homeless.
Even if they work for one week and then have one week off they qualify to receive food.

Homeless Program

The Homeless Program was initiated by the county to benefit farmworkers and offer health services. It consists of an extensive network of public and private agencies that advocate for increased assistance for homeless persons at federal, state, and local levels. As part of the program, public health nurses in Ventura County assess the medical needs of homeless and transitionally homeless persons at various networking agencies (recall that only four speak Spanish). They then work to connect these clients to needed services. Free medical care is provided through collaboration with Ventura County Medical Center’s family care residents, volunteer doctors, nurses, pharmacists, and nursing students. This care includes primary care, referrals to dental and vision services, assessments, education, prescriptions, and referrals for follow-up services. Immunizations and TB testing are also available.

CRLA and CAUSE

California Rural Legal Assistance (CRLA) and CAUSE, Central Coast Alliance United for a Sustainable Economy, are two important grass roots CBOs actively working to improve conditions and protect the rights of farmworkers in the county.

CRLA

CRLA was established to address the legal needs of poor rural populations, especially farmworkers. This nonprofit agency operates two offices in Oxnard and fourteen others throughout California. They provide free legal assistance related to labor, health, education, housing, and civil rights and hold workshops on related topics. Two years ago, CRLA hired a community worker who had been a farmworker himself and spoke both Spanish and Mixteco Bajo. That worker has emerged as a leader and an important link to the indigenous-language population. He is often called upon to act as a translator and intermediary. He is also involved in the “Proyecto de los Pueblos Indígenas/Indigena Community Organizing Project,” an outgrowth of efforts made by staff at Las Islas Family Group and others to assist indigenous-language farmworkers. He explains that the goal of the project is to teach members of the indigenous-language community to read, write, and speak Spanish and to educate farmworkers regarding domestic violence, health, civil rights, and pertinent U.S. laws, including labor laws. He plans to study law and take on a leadership role for his community. He explains how CRLA is perceived by the farmworkers and why they seek its services.

Most people that seek assistance through CRLA come because they think we help with everything. Often we refer them to private lawyers. Common complaints of people are they aren’t paid, they don’t give them rest periods, and they don’t give them bathrooms. Also, many people come to CRLA because
they are having problems with immigration. Women also come to us because they want to file for a divorce.

CAUSE

CAUSE was established in May of 2000 by the Ventura County Living Wage Coalition, a broad-based multi-ethnic coalition of forty-six faith-, labor-, and community-based organizations. It has emerged as an intermediary resource for community and labor efforts in Ventura and Santa Barbara Counties. Their mission is to advance economic justice, environmental and economic sustainability, cultural diversity, participatory citizenship, and social action. Current programs include support for a living wage ordinance, economic justice for women and children, redistricting and fair representation, and expanded health coverage for the uninsured. They receive funding from TCE for their efforts regarding health insurance.

Health Care Payments for the Uninsured and Undocumented

Medi-Cal and Emergency Medi-Cal

The Medi-Cal program in Ventura County is provided strictly on a fee-for-service basis. Reimbursement is based on actual utilization using payment rates set for units of care provided.

Many farmworkers who are documented and uninsured qualify for Medi-Cal based on their low incomes but fail to use it. There is a perception among both farmworkers and providers that the services provided by Medi-Cal are not as good as those obtained through private insurance or by paying cash. Other barriers that prevent eligible individuals from using the system include an inability to complete the paperwork, distrust of institutions, and confusion regarding eligibility, deductibles, and services. A program coordinator elaborates.

One farmworker felt that those with private insurance received better treatment than those with Medi-Cal. Medi-Cal facilities are more crowded, and physicians know they are not being reimbursed at equal rates. Another worker felt that getting Medi-Cal counted against obtaining legal residency; however, it is not cash assistance so it shouldn’t have any impact.13

Also, some farmworkers feel that Medi-Cal’s coverage is too limited. One farmworker describes this concern.

We have a mound of bills at home. Medi-Cal does not pay for anything. I don’t even have money to pay for one treatment. They send the bill to us from the hospital. We don’t know what to do with these bills.

Medi-Cal requires quarterly in-person interviews to determine eligibility. This extra step not only deters people from using the coverage but also can result in an individual who is eligible based on annual income to be periodically ineligible during peak harvest periods.

13 See discussion of public charge in the Barriers section.
Undocumented pregnant women can apply for Emergency Medi-Cal for prenatal care and for six weeks of post-partum care. Afterward, most of them revert to being uninsured and either delay seeking care for themselves or pay cash. Fathers remain consistently uninsured. Their citizen children born in the U.S. automatically qualify for many programs. Infant Medi-Cal can be applied for immediately after the child is born and covers the baby for the first six weeks. Farmworker families interviewed for this report seemed generally aware of the health benefits available to children born in the U.S. and their mothers.

A retired administrator for a large lemon grower who is currently on Santa Paula Community Hospital’s board of directors talks about the impact of favorable reimbursement rates for perinatal Medi-Cal coverage on health services.

Before, Medi-Cal patients were looked upon with great disfavor by providers. Doctors were refusing to deal with Medi-Cal patients because they were poor and Hispanic. Now, Medi-Cal pays better from a hospital perspective than conventional insurance. Santa Paula Hospital is beating the bushes trying to get poor, illegal farmworker females to deliver their babies at the hospital. Not because we’re such great humanitarians, but because the reimbursement rate is highest for these people. It used to be that the affluent were subsidizing the poor. In this case, the reimbursements of Medi-Cal are subsidizing the hospital and now other new programs.

Undocumented Children

Undocumented children can receive health care through various programs, the main one being CHDP. However, a CHDP representative alluded to upcoming developments that may change current paths of access to health care for children.

CHDP is in a transitional period now. There have been budget cuts. The county wants to change where the undocumented go for health care. The low-income families should be routed to federally funded clinics like the Clínicas system. The county system would handle the families currently on Medi-Cal or CHDP.

A county-run WIC program provides some services to children up to age six, to pregnant women, and to new mothers regardless of their legal status. California Kids, a private philanthropic organization, funds providers for services that do not require them to have legal status and offer medical, dental, vision, prescription drug, and behavioral health services and 24-hour nurse access. The coverage is quite complete, including application fees, monthly share of cost payments, and co-payments. Funds for the program, which are limited and granted to individual counties annually, can be exhausted before the year ends.

Migrant education workers can identify children with health care needs and refer them to school district nurses. They may work with Interface Children Family Services (see preceding description). It is possible, typically with the help of a social worker or some

14 Statewide, about two-thirds of farmworker children living with their parents were born in the United States (NAWS data).
other advocate, to obtain dental and mental health services for undocumented children this way.

**Farmworker Experiences with Health Care**

There are numerous institutional barriers to overcome in order to humanely deal with the farmworker and indigenous-language population. Overcoming these barriers to access must be the first priority; logically, improvements in the quality of care cannot be addressed until access is achieved. Major barriers include cost, transportation issues, basic health beliefs, fear of deportation, and undue respect or distrust for institutions and authority figures.

**Reliance on the Emergency Room**

Many farmworkers are young and forego health care altogether. Those who are undocumented generally delay treatment if possible or find a way to pay cash. Farmworkers head to emergency rooms for primary care when there is an urgent medical need, and for some, the only treatment they ever receive is through an emergency room. The resulting bills can amount to hundreds of dollars, which causes emotional stress to individuals and families struggling to survive day to day. Ultimately, many of these bills cannot be paid and wind up as uncompensated care.

Clinicas del Camino Real, some of the county clinics, and some private doctors accept cash payments. Our informants explained that arranging smaller monthly payments over time is a common way to pay off expensive medical bills. An undocumented husband and wife, both strawberry pickers from Oaxaca, explain how they acquired their debt for medical expenses.

We are still paying off a $900 medical bill for an accident we were involved in that took place five years ago. We pay $20 a month. The person we got a ride to work with had an accident. Rosa twisted her back. I twisted my neck. They took Rosa to the hospital in an ambulance. That cost $500. The other costs were another $400. We also owe for an x-ray because I have arthritis. That bill was sent to a collection agency and now we also have to pay interest.

The need for medical care is not always as dramatic as a car accident. Sometimes an infection or other treatable condition progresses untreated until it becomes a medical emergency. A Catholic Charities outreach worker describes a notable case with a tragic outcome.

I knew a man who had a toothache. He didn’t have any insurance and couldn’t afford a dentist. I found a dentist in Port Hueneme who said he would take a patient and work with payments. He lied. In the end, he wanted a minimum of $105 up front and denied service to the man with a severe toothache. Clinicas couldn’t take him because he needed an appointment in advance. Within one week the infection moved into his eye. His eye bulged out of its socket and, as a result, he was transported by the county to an emergency dentist in Los Angeles as there is no dentist for emergency care in Ventura County. In the end, he lost...
his eye due to lack of earlier care. After this personal devastation, he left his family of five in the U.S. and returned to Mexico.

Another farmworker’s story illustrates the system’s shortfalls and people’s reliance on traditional remedies in times of need.

About three years ago I went to St. John’s Hospital in Oxnard. I went two times because my ear hurt. I went to the emergency room at the hospital, and I had to wait six or seven hours. The doctors and nurses closed me up in a room and checked my ear. All they did was give me a prescription for medicine and charge me $75 for the visit. The medicine the doctors gave me subdued the pain, but only for a little bit. Less than three weeks after going to the doctor, my ear started to hurt again. I called my aunt, who knows about “medicinas y hierbas/medicines and herbs.” She boiled a tea and she told me to put three drops in my ear every five hours. I did this for a week and that was it. The pain went away.

**Use of Tijuana for Health Care/Attitudinal Preferences**

Farmworkers in Ventura County have long gone to doctors across the Mexican border because they are cheaper and yield more satisfying and immediate results. A local merchant in Santa Paula states it clearly. “For health services, the single men go to Tijuana if they have papers. If not, they just put up with it.” Another merchant in the same area made a similar observation. “Documented farmworkers go to Tijuana. It’s cheaper in Tijuana and they see you quickly.”

Growers at one time apparently took advantage of this system. A former administrator for a lemon packing company describes the situation twenty years ago.

Those that were legal crossed the border and went to Tijuana to see a doctor and buy cheaper prescriptions. For a while, when I was with the company, Limoneira encouraged people to go to Mexicali. It was cheaper to pay that doctor than to pay a local doctor. Some companies had arrangements with doctors on the border.

Cost is not the only factor. A program director for CAUSE reveals attitudes of farmworkers toward U.S. doctors and remembers going to Tijuana herself as a child.

I often hear farmworkers say that doctors in the U.S. are of no use and only give them a “pastilla/pill.” There is a cultural perception that they are getting better care from physicians in Mexico. They claim that doctors don’t talk to you here. There is no relationship or connection established in the U.S. between doctor and patient. My dad, for example, would drive from Fillmore to Tijuana for medical care. We would leave at 4:00 a.m. and arrive in Tijuana at 8:00 a.m. We were the only ones at the doctor’s. He would always spend an hour or more talking with my parents. I remember how sad my family was when we heard that he passed away. Here, the doctor enters and leaves. I think this lack of connection plays into the low usage of health care and the lack of confidence that they are getting the proper attention.

Travelling to Mexico for health care has become more difficult thanks to tighter border controls. A health outreach worker reveals the complexities of getting across the border.
Last weekend we drove a friend to Tijuana. From there, he was going to fly to his hometown in Mexico, near Mazatlán. He has no legal documents so he is not able to fly from airports in the U.S. Getting back across the border will be a different matter. If you are caught transporting someone without legal documents, they can take your papers away from you. I'm not sure how he's going to get back.

Though many prefer health care systems in Mexico, some farmworkers believe that U.S. doctors are better or more knowledgeable than their Mexican counterparts. In response to questions about home remedies and traditional healers, they indicate that such services aren’t necessary because there are doctors and medicines available here instead. They imply that traditional methods are used as a last resort when other approaches are unavailable or have not worked.

**Clinic Conditions**

Farmworkers seeking medical care often must spend long periods waiting in crowded clinics. The situation is further complicated by staff members who speak little or no Spanish and are inadequately trained. Moreover, referrals to other providers with different requirements and protocols often leave farmworkers confused and frustrated if they actually attend the referral appointment at all. All of these multiple contacts, each with different sets of rules, must be navigated by farmworkers who in most cases have limited language and literacy skills. As a result, many abandon local programs and travel to Mexico for care or do not seek treatment at all.

*Treatment of Patients in Front Line Clinics*

The reception area and staff represent the first contact farmworkers have with a health or social service agency. The following ethnographic observation by a field interviewer underlines the challenge of attending adequately to farmworker needs.

The clinic was very busy when I was there at 3:00 p.m. One young Mexican couple (or sister and brother) impressed me. They had clearly just come from work. They were disheveled, covered in dirt, and their fingers were stained red from strawberry picking. They were there to fill out information for some type of medical insurance. The service they received from the receptionist was fair but nobody went above and beyond to help this couple or sit down with them and explain the paperwork. Instead, I observed the couple struggle to interpret the writing, often skipping sections, as they did not understand what was being asked of them. They were timid and sat in the back row of chairs in the waiting room. They were still there when I finished my interview at approximately 4:00 p.m.

Because of the scarcity of legally employable qualified intermediaries, those selected for reception and clinical assistant positions may not be effective in assessing patients' needs and channeling them to appropriate professionals even though they are bilingual. And there is no guarantee that the next person to whom they are referred will be able to...
communicate effectively. This highlights the need for translators and advocates whose job would be to walk farmworkers needing assistance through the entire process.

There seems to be a growing cultural sensitivity toward farmworkers in Ventura County. Most providers now offer a bilingual reception staff and, in some cases, translators and outreach workers specifically for farmworkers. Some clinics, particularly in Oxnard, specialize in serving the predominantly Spanish-speaking patient population. Administrators are becoming more aware of the need for extended hours and other concessions in order to provide effective services. One local consultant exemplifies this sentiment and suggests further changes to help farmworkers get access.

It doesn’t work to just tell people what’s good for them. Creating an environment that is accessible is important. It’s important to ask the question would I feel comfortable in this environment if I were from a particular culture? Does a space seem familiar? Does it have pictures on the walls that someone can identify with? Sometimes the appropriate music can reach an innate emotional level that can’t otherwise be accessed. Connection to the spirit is important.

Language and Cultural Abilities of Professional Staff

The presence of healers and educators who can understand, reach out to, and effectively communicate with farmworkers is sadly lacking. This is particularly true in mental and behavioral health. A farmworker explains how the language and cultural barriers with providers make her feel.

To tell you the truth, I’m scared. Sometimes they’ll get you a person and they talk to you but you don’t understand them because they don’t speak Spanish. I have faith in doctors here but I wish that we could talk, just like we’re doing now. When you go to Mexico, you’re able to talk to the doctor and have him explain to you what is wrong with you. Here, you’ll get translators that you can’t understand and you don’t feel comfortable asking questions.

An educator for the county gives her perspective on the issue.

Language is a big problem. So here comes this campesino who is illiterate and shakes his or her head “yes” indicating that they understand what the doctor is saying. Often they don’t know what the hell is being said to them. Some providers will make an effort to try and speak their language, but speaking a second language is never quite the same. I think a lot of the crucial information that the provider is supposed to give the patient isn’t being conveyed. Either it is not being conveyed at all or not properly.

A UFW representative gives an example of the difficulties of reaching across cultural boundaries.

There are many instances in which the farmworkers do not feel respected. Workers may feel that they will be judged when explaining an injury or pain that is not understandable to a doctor. The doctor’s response sometimes suggests that the patient is inventing an ailment. I had one woman who complained of sharp pains in her ear followed by loud sounds from her ear. The doctors were telling her it was an ear infection. This woman said no, it is not an ear infection because
the inside of my head hurts. She couldn't get anywhere, so she changed doctors. Her pain ended up being linked to migraines.

Case Management and Longitudinal Care

A county public health nurse's work with farmworkers in the Oxnard area reveals the importance of case management for this population.

Farmworkers make up about 75 percent of my clients. If they are undocumented, I can still provide them with services. I work with families but I focus on the moms and kids. They tell me about the husband's problems, but I don't get involved unless it's a major thing that is impacting them. Most of the time, the problem is financial so it affects the whole family. I tell them where they can go to get help with the utility bills or places that have food.

There is a lack of longitudinal care, but it is not emphasized by locals as the first priority for interventions. Farmworkers' mobility makes it difficult to address the issue, and there are more immediate and pressing needs, like increasing awareness of available services and basic health knowledge. Prenatal and child health care services accomplish greater degrees of continuity, particularly for children born in the U.S. and covered by Medi-Cal.

Referral Systems

The county's agencies have extensive but poorly tracked referral systems. They generally rely on the client to come back if the referred service is not obtained. This situation has increased the sense among some farmworkers that they get the run around, and it can lead to further misunderstandings. An administrator at Clinicas explains the situation there.

We offer many services, including medical, dental, behavioral health, vision, acupuncture, and other specialty services. In general, we try to keep our referrals internal. Outside referrals can create a situation in which the patient cannot afford to pay. To avoid this situation, we do have contracts with outside providers. Without these contracts, referrals to specialties would be turned away due to a lack of insurance. We are trying to bring more specialists into our clinics.

Sometimes medical referrals seem to be made to strategically favor or avoid particular hospitals or health networks, not always to the benefit of the patient. Ventura County would benefit from a more integrated system or at least more amicable referral practices among major service providers. A health care network director voices his vision for improvement.

I think there is a way for this county to work with the small hospitals like Santa Paula and Ojai. Our goals are the same. I don't understand why we can't share resources and work on a partnership. I think that it could happen if the leadership was available at the board of supervisors' level and at the health care agency. Santa Paula is making great strides. But the county has been very territorial and is not open to communication or partnering. I don't think that anybody needs to be out of business because there is enough business for everybody.
Outreach Efforts

The major health care networks, religious and social organizations, and evangelical and other church organizations all operate outreach programs directed to farmworker communities. The county’s seventy-four public health nurses visit farmworker families in their homes, and its clinics sponsor health fairs and provide medical services. Common venues for contact include swap meets, parks, laundromats, bus stops, markets, transportation centers, homes, places of work, and on the streets of highly concentrated communities like La Colonia. Health screenings are a regular occurrence at farmworker residences like Rancho Sespe Apartments, Limoneira, and the labor camps. Videotapes on health-related topics have been used effectively in clinic settings.

The Promotoras Model

Many community members interviewed for this report, including providers, have great faith in the “promotoras” model for outreach to the farmworker community. Promotoras (e.g., Líderes Campesinas) are specially trained members of the farmworker community who possess sophisticated communication and community building skills they can use to act as intermediaries between farmworkers and providers.

The Importance of Well-Qualified Intermediaries

The challenge of the Promotora model is identifying and training enough workers. Great care must be taken in selecting people to mediate between farmworkers and service providers. In addition to needing excellent communication and community relations abilities, they must feel at ease in two disparate worlds. The ideal promotora candidate has a farmworker background, is bilingual (Spanish and Mixteco), knows some English, has more than a sixth-grade education, and is available to work legally and full time in a clinical or administrative setting. A public health consultant in the area expresses a common sentiment regarding the use of outreach workers to the farmworker community.

We need the resources to encourage collaboration. Services have to be culturally relevant and we need to focus on inclusive governance. Incentives for education need to be provided. The promotoras model is a good one, but they have to be paid and paid well, a living wage, in order for it to continue to attract people and be effective.

Special Needs for Indigenous-language Groups

Agencies in Ventura County have had a difficult time finding qualified, employable indigenous-language translators. Currently, there are only three such individuals known to be working as intermediaries for this growing farmworker community. An unknown number function informally and disseminate information by word of mouth. The fear among many undocumented farmworkers regarding working illegally in a foreign country may be a major barrier to finding qualified intermediaries.
Special attention must be paid to outreach to Mixteco and other indigenous-language groups. These farmworkers need direct help from someone they can understand and trust in order to navigate complex, technologically dependent, and at times expensive U.S. systems. Outward and first impressions of a service are important in establishing credibility. Having members of the community involved in outreach as well as in service delivery is also critical for effectively determining needs and matching them to services.

Ventura County Public Health

Ventura County Public Health makes use of outreach workers they call promotoras in part with support from a TCE grant. One public health employee has already organized three seventy-hour promotoras trainings lasting six to seven weeks each. These trainings focus on crisis counseling and intervention and are modeled after a March of Dimes program. Participants are paid to complete the trainings and offered an additional amount for recruiting participants in classes on parenting and communicating with partners and family members. Most of the time they spend on actual outreach is not compensated. One of the promotoras trained through Public Health talks about her involvement.

I like to help people. I know a lot of people. People call me if they need help. I do a lot of work with domestic violence. I refer women to shelters and support groups. Women call me saying that their husbands arrived home drunk. The women don’t have cars. I arrange to meet them at a central public place. They need someone to listen to them. They need to know their rights better in a different country. Here, there is equality. It’s important to have someone who will help you and to know that no one will gossip about it. Some women are afraid to seek help because they are afraid that people will talk about it. They could be embarrassed that it reflects badly on them and their family. It could also be dangerous if word got back to their husbands.

Efforts to involve men in these programs have been effective. The county’s training coordinator describes the effort.

The trainings involved men and women. Why not address the man’s issues as well, because they play a big part in this whole family issue? I believe that knowledge equates with wealth. We have forty-six promotoras located in six cities in Ventura County. Eight of them are men and thirty-eight are women. They are all bilingual. We received a grant from March of Dimes in order to pay the promotoras a $50 to $70 stipend for their work.

Clinicas del Camino Real

The Clinicas program employs about fifteen promotoras with support from a TCE grant. The director describes the role of these workers.

Our outreach consists of fifteen to seventeen people that have responsibilities in the health centers for education and classes. Outside the centers, they do outreach to fields, packing houses, laundromats, local community stores, housing areas, and health fairs. We do have a mobile health clinic, one of the smaller components of our outreach. We do the mobile medical clinics at different school
sites that have a difficult time accessing health care otherwise. We are trying to link patients to outreach programs that exist. One of their jobs is to let the farmworkers know that we exist. They can ask farmers where their crews are on a particular day and then the outreach workers can go to them.

One of their health educators describes their outreach work and approach to covering the county.

We do outreach each week in the farmworker neighborhoods and often are able to find two new patients per week. Each clinic of Clínicas del Camino Real has its own territory that it is responsible for doing community outreach there. We target schools, churches, and farmworkers themselves. Often we will stop and talk to them in the street.

**Other Avenues for Outreach**

Schools and migrant education programs are an excellent way to reach farmworker children and their families. The schools collaborate widely with health and social service agencies, as well as with government and law enforcement agencies. Referrals to the school nurse in Ventura County are a common and effective way to deal with health needs of farmworker children and sometimes their families.

Grass roots efforts like CAUSE and Proyecto de Los Pueblos Indígenas are some of the best conduits to the indigenous-language farmworker population. They are actively engaged in teaching people how to deal with landlords and employers and in distributing information on how to find and fully utilize available services. Input and support from these groups would be particularly useful in designing and implementing interventions aimed specifically at indigenous-language workers.

**Channels and Barriers to Health Care**

Exploring the channels through which farmworkers obtain information about new environments suggests ways in which those personal networks can be used to help farmworkers access health care. Also, understanding the primary barriers that block access to health care is important in designing successful interventions.

**Channels (Cultural Brokers)**

Interviews with immigrant workers and families seeking a livelihood in the U.S. reveal that they rely primarily on personal contacts from home or neighboring sending villages for information on life in the U.S. The importance of word-of-mouth communication was mentioned frequently by our informants and is well documented in other studies.\(^\text{15}\) This personal communication channel conveys information on employment opportunities, housing, access to health care, and the gamut of socio-cultural transactions involved in everyday life. An individual’s experiences, both good and bad, with a program can

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consequently be passed to the larger community fairly quickly, influencing many others’ perceptions.

Undocumented farmworkers often depend on middlemen for transport across the border, employment, transportation to work, housing, and even meals. In some cases, one contractor manages all of these aspects of a worker’s life. Farmworkers in this situation depend on a middleman’s benevolence and interest in their wellbeing for their survival. Under the right circumstances, these existing networks could serve as channels for needed health and social services.

Service administrators have had some success disseminating information through radio announcements and print media. Libraries and school systems are also viable channels through which to reach farmworkers. However, direct personal contact is essential. The relationships required to effectively promote a program are based on trust; they take time to develop and considerable effort to maintain. An intermediary’s language and cultural skills are critical to successfully establishing that trust.

Research for this report identified many groups in the Ventura County community who could serve as cultural brokers—landlords and housing managers, social workers, teachers, store owners, and pharmacists, to name a few.

Barriers

Barriers to health care access by farmworkers are extensive and well documented in a number of other studies of Spanish-speaking populations in the U.S., including farmworker communities.16 This report covers the primary barriers encountered in Ventura County as reported by local observers, particularly with respect to Mixteco farmworkers.

Immigration Status and Fear of Deportation

Farmworkers fear reprisals for identifying themselves when accessing health or social services in the U.S. Undocumented individuals are afraid of being deported or of jeopardizing their legal standing, now or in the future. Those with documents are afraid of being held responsible under “public charge” provisions of the immigration laws. They fear losing their own or a close relative’s legal status by using public services. This fear is actually unfounded in connection with health care and food programs. Public charge provisions hamper efforts to gain permanent legal status only in the case of governmental cash transfer payments.17 As a result, people with adequate means use private physicians, choosing to pay the full fee out of pocket rather than use less expensive community clinics or county services. Recently arrived farmworkers are the most inexperienced and therefore the most fearful.

17 See INS information at www.cbpp.org/1-7-00imm.htm.
The following comments by an undocumented farmworker living with his wife and son are an example of how INS restrictions isolate undocumented farmworkers, instilling distrust of U.S. institutions in general.

The most difficult period for us was when we first arrived about seven years ago. We didn't know where to land or where to go. About eight or so months after we arrived, I was caught by the INS agents and sent back to Mexico. I had gone out to the street, just outside this trailer park, to make a phone call. I saw the van drive up and some agents get out. I started running. They caught me and sent me to Mexico. We had to borrow money from my wife's brother for me to get back. I'm still wary when I have to go out. My father died while we were living here. I wasn't able to attend his funeral. I don't have legal papers so I couldn't leave the country and expect to get back.

A female farmworker's response to whether she worries about the INS (la migra) indicates the pervasive fear felt by undocumented immigrants.

Sometimes I worry about the migra, but I don't usually go out too much. I only leave my house to run my errands and to go to work. Sometimes I get scared to go out, but I have to go. I don't have a choice. I have to buy groceries; nobody is going to buy them for me.

Language Barriers

The ability to recruit and retain competent, trained bilingual staff members in all areas of health care delivery in Ventura County is limited at best. Even if a translator is available, a communication barrier remains between physicians and their patients that can lead to serious misunderstandings. One physician, who works at two rural health centers and Santa Paula Memorial Hospital, admitted that she has been able to get translators for Spanish-speaking patients 90 percent of the time, but still she spends less time with them than with other patients due to the difficulty communicating.

Interviewers, through participant observation, noted that bilingual staff members often lack cultural competence. Many factors besides simple language skills allow an employee to interact effectively and humanely with a farmworker. High on the list are willingness to understand another's perspective and the desire to assist.

Informants for this report observed that many administrative staff members who serve as the first point of contact with farmworkers and their families display disdain and prejudice, especially toward indigenous-language farmworkers. Some of this behavior may result from prejudices against indigenous-language peoples brought to this country by Spanish-speaking Mexicans.

Mixteco/Indigenous-Language Cultural Barriers

The profound cultural differences between Spanish-speaking and indigenous-language farmworkers are poorly recognized in the United States. This group of immigrants comes
predominantly from the southern Mexican states of Oaxaca and Guerrero, where they live in remote impoverished areas. They fall at the bottom of Mexico’s socio-economic ladder, and health care systems are virtually unknown to them. One cannot safely assume that even the most rudimentary health care measures, including immunizations, have been provided to these farmworkers. In the U.S., they comprise one of the most destitute sub-populations of immigrant farmworkers.

Ventura County’s indigenous-language population consists largely of young men and women, some still in their teens and many who are married and starting families. Because they receive little formal education in their native communities, they speak little Spanish and rarely speak English at all.

Our observations confirm that indigenous-language farmworkers access services less often due to their youth, inherent respect for authority, acquired attitudes of humility with city people, and consciousness of being in someone else’s country. These qualities, which make them highly desirable as hard working agricultural laborers, leave them timid about accessing health care and social services. Any intervention with this group must attempt to incorporate and respect their cultural qualities but at the same time stimulate them to seek the services to which they are entitled and to learn ways of defending themselves against people who try to take advantage of them.

Cultural Issues around Mental Health

Farmworkers, especially males, seem particularly reluctant to seek care for mental health conditions. According to several service providers in this area, in order to seek help, farmworkers must overcome the stigma they associate with anything related to mental health services. Many cultures associate shame with mental health problems, and this is particularly true of the Mexican culture, in which such difficulties are seen as signs of weakness or personal failure, moral or otherwise. For men, who value self-reliance and machismo, the stigma is acute. Furthermore, cultural values dictate that problems should be addressed within the extended family, not to outsiders.

Lack of Information about AIDS Treatments and Prevention

Farmworkers and community members agree that farmworkers generally lack an adequate understanding of AIDS, its transmission, and its prevention and treatment. This is of particular concern in the Mixteco population, where sexual activity begins at a young age. A health care administrator offered the following information about the incidence of HIV among Latinos in the county.

Most HIV cases in this county are Latino. Of the 1,300 cases, approximately 850 are Latino. Sex education, birth control, and condoms are means of prevention. However, there is considerable cultural resistance to such education.
Strong efforts now to instill safer sex practices among farmworkers could slow the spread of HIV to indigenous-language populations in Mexico. In rural areas of southern Mexico, there are few doctors and few public health care services. Extreme poverty ensures that obtaining expensive medications to treat HIV/AIDS is not tenable.

Lack of Health Insurance

Health providers, farmworkers, and community members repeatedly report that very few farmworkers receive health insurance from their employers beyond Workers Compensation. Adult farmworkers without children have a difficult time finding affordable care. And even the undocumented children of farmworkers face challenging obstacles. A social worker at a clinic serving mainly farmworkers describes how she handles the lack of insurance for children.

The Mexican born children have the most need. I refer the families of children with no health insurance to CHDP. They offer physicals for children with no insurance. They reduce the fee to 50 percent for same-day payment. Otherwise, people can spread the payments out over several months.

Lack of Transportation

Health providers throughout the county recognize transportation as a serious barrier. There is a public bus system in Ventura and Oxnard, but it generally is not a convenient or practical way for farmworker families to access health care. Typical problems associated with public transportation are compounded for farmworkers by conflicts with their work schedules and the likelihood of long wait times at medical facilities. Patients complain that public bus lines do not arrive at clinic locations at appropriate times. In addition, routes do not extend into rural areas. The public buses will take individuals to the clinic for free if they can show that they have an appointment.

A van service called VISTA provides round-trip rides by appointment for $2.50 to anywhere along Highway 126, from Ventura to Piru. Attractive as it sounds, this service is seen as unreliable by people who have used it. One woman prefers her weekly hour-long walk to church, despite the pain caused by an injured knee. She explained that the van sometimes arrived late or not at all.

Farmworkers who can afford a car quickly abandon public transportation despite the risk of being stopped and having the car confiscated due to lack of insurance, registration, and other requirements that are difficult for undocumented workers to obtain.

Las Islas Family Group provides taxi vouchers to women in labor, but they offer no other transportation services. Ventura County, Salvation Army, and Clínicas del Camino Real operate a limited number of vans to provide some transportation, usually in extreme cases, but cannot meet the demand. The director of Clínicas sheds light on the situation.
We do have vehicles in which we occasionally transport patients to the hospital for an appointment. We try not to advertise that too much because it ties up resources that we don't have. Sometimes, when Oxnard gets overloaded, we transport clients to a clinic that has more availability and then provide transport back. This relieves the load on the Oxnard clinic. We have thought about applying for a grant for better transportation services, and we probably need to do that. It is a priority but it is also another program to run that requires a lot more planning and time that we don't have right now. We want to do some studies before implementing a transportation system.

Community members throughout the county support ongoing plans for a mobile pediatric dental service staffed by a pediatric dentist and technicians. A van for this purpose, though not yet in service, was purchased for Ventura County with Proposition 10 funds. It will be available to Neighborhood for Learning Centers, WIC sites, and other centers frequented by low-income women with children.

Experience gained through the dentistry program may help establish a model for taking other health-related services to places where they are needed.

**Principal Medical Conditions and Treatments**

The most common medical conditions suffered by Ventura County farmworkers are similar to those of farmworker populations throughout California. The incidence of dental disease, diabetes, hypertension, and heart disease are high. Other prevalent conditions include chronic pulmonary disease, allergic rhinitis and other respiratory problems, cancer (of the skin and others), and orthopedic problems (back pain and arthritis). Socially, alcoholism and domestic violence are ongoing problems. Many community members see the lack of adequate mental health services as a severe deficiency.

**Medical and Dental Diseases**

**Dental Issues**

Dental disease is prevalent among Ventura County farmworkers and their families, including infants and children. There are few alternatives in Ventura County to expensive private dentists. Direct observations during interviews with farmworkers and their accounts of dental-related medical emergencies revealed the seriousness of the problem. Emergencies often resulted from neglect of originally minor conditions. Community members agree that this lack constitutes a huge gap in health care for farmworkers and their children.

School-aged children with an obvious need for dental work can be referred by the school nurse to low-cost and free dentistry services through Migrant Education or Interface regardless of whether they are Medi-Cal qualified. Some Clinicas del Camino Real sites offer dental services on a sliding fee scale or for small payments over time. Salvation
Army in Oxnard offers limited free dental services. Appointments must be made several months in advance with no provision for the sudden onset of a toothache or infection. They ask for photo identification, a $10 donation, and completion of some paperwork. The paperwork is in English, however, and patients who don’t speak English must bring their own translators. There is also a pediatric van that goes to schools and Neighborhood for Learning Centers. Community members generally felt that mobile dental units aimed at students have been successful.

Dental care in Mexico is attractive because it is much cheaper and the environment is familiar. A farmworker expresses his distrust toward and difficulty relating to dentists in the U.S.

The dentists here have a way of grabbing customers that I didn’t like. They don’t explain how you will be charged. They try to hook a person and not give him a way out. They say they can’t tell you anything until they get an x-ray. Then they won’t give you a choice of what you want done. I just wanted a cleaning. I didn’t feel like I should have to pay for the x-ray and exam. They should have told me up front what they were going to charge me.

Standards of care for dental work in the U.S. often result in thousands of dollars worth of work involving multiple stages and appointments. Dentists in Tijuana typically perform tooth extractions for a much smaller fee and may also offer simple, though perhaps temporary, solutions at a much lower cost.

**Diabetes, Hypertension, and Heart Disease**

Medical providers often mention diabetes, hypertension, and heart disease together as related major health conditions affecting farmworkers. A social worker in charge of patient community education for a major hospital comments on the prevalence and dangers of diabetes in the farmworker population.

Diabetes is very common and often creates major complications of the eyes and kidneys. Gestational diabetes during pregnancy is an increasing problem (and) can affect mothers in their mid-twenties or younger. This puts babies at a high risk of also contracting the disease. Some women have lost their vision due to lack of screening and early detection of diabetes.

In many cases, these conditions go undiagnosed, and those that are diagnosed go untreated. A farmworker’s response to whether there were any chronic illnesses in her family highlights the challenges in identifying and treating these common health conditions.

Sometimes I think that my husband has high blood pressure and diabetes. A long time ago, they told him that he had the precursors for diabetes but he didn’t pay attention to it. My mother died of complications from diabetes and one of her sisters did too. I haven’t been checked for diabetes. Maybe I suffer from it too. I don’t see well, and it’s probably due to something like diabetes. I can’t read because I can’t see well. I need glasses.
A public health nurse from the county sums up the gravity of the situation.

A lot of the adult farmworkers are not insured and do not have Medi-Cal. They have chronic health issues that they don’t always receive care for, such as diabetes and hypertension. They can’t afford the care and they can’t afford the medication. There aren’t a lot of systems for care that are cheap. I had a client who was followed by Clínicas for diabetes. She had no insurance. They would give her the medication when they could give it to her for free, but they didn’t always have it, so she didn’t always have the medicine to take. I have another client who has diabetes, and she’s followed by Salvation Army. Salvation Army has a free clinic for health care. She doesn’t always go because there are so many people. Sometimes they’ll go to Mexico or Tijuana for health care and medicines.

County and private health networks sponsor health fairs to test blood sugar and blood pressure. Individuals with a medical condition or at risk are referred to medical centers for further treatment. Identifying those with medical conditions is one important step. The real challenges involve health education, overcoming traditional health beliefs regarding the onset of such conditions, and establishing affordable ongoing care.

Salvation Army holds a weekly diabetes clinic. The cost is $10 for the exam and a supply of glucose test strips. A nurse describes the screenings and subsequent actions taken.

There is a diabetes screening clinic here every Thursday morning. I would say that 80 percent of people who come on a day like today have diabetes. When we have a patient with diabetes, we refer them to St. John’s or Community Memorial Hospital for more urgent care. However, we do provide free medication here in the meantime.

Other Chronic Ailments

Difficulties diagnosing and treating other chronic conditions are similar to those discussed above. In all areas there is a lack of education and proper insurance coverage to meet the health needs of the farmworker population.

Mental Health

Providers from county, private, and community clinics identified lack of mental health services as a severe deficiency in the health provider landscape of Ventura County. The need is immense. Lawyers at CRLA, social workers, and mental health providers for insured individuals described how mental health problems in the underserved adult population are largely identified by the criminal justice system after an arrest. At that extreme juncture, court orders require people to attend Alcoholics Anonymous or counseling for issues related to domestic violence and substance abuse. There are many cases of anxiety and depression, often the result of trauma and isolation from home and family, that are almost completely neglected. There are very few therapists who speak Spanish and even fewer who are able and willing to offer effective and affordable therapy to the farmworker
A seasoned clinical psychologist had this to say about the financial difficulties of providing mental health services to documented farmworkers with Medi-Cal coverage.

If you have Medi-Cal, you are not going to get much service in the private sector. I won’t take Medi-Cal anymore, because the county Mental Health Department that manages the mental health Medi-Cal benefit tried to recruit me under the case rate system. I think it is unethical. The case rate system works like this. We will pay you a maximum of $400 for services over a four-month period. If you see a patient four times, you will get your $400. Or if you see them five times, you will get your $400. In other words, we will pay at an $80 rate, but when you get to $400, that is it for four months. If I need to see them three times a week because they are suicidal, I would be losing money.

Informants familiar with the county’s mental health services say that children may often obtain the benefit of earlier diagnosis in schools and, if insured, may be referred to and use psychological services. Informants also indicate that such services are extremely limited for Spanish speakers and non-existent for those who are uninsured and unable to pay and for people who speak indigenous Mexican languages.

Though children are more likely to obtain counseling and mental health assistance, services are so scarce that they are available only for severe cases. They are handled mostly as referrals to doctors at Interface who agree to provide low-cost or pro bono work. This short-term approach may result in social and public problems in the future; children who suffer from conditions such as attention deficit disorder and receive no treatment have been shown to be more likely to be involved in criminal activities later in their lives.
Summary of Community Assets and Liabilities

Ventura County as a community possesses numerous assets that can support the health and wellbeing of farmworkers. Significant challenges, some of which cross state, national, and social boundaries, also exist. The county has a clearly demonstrated need and the infrastructure necessary to effect change. This combination makes Ventura County a uniquely promising location in which to provide assistance. Indigenous-language farmworkers are a particularly needy group that could benefit from pilot interventions. Successful programs in Ventura County could serve as a model for efforts in other indigenous-language communities across the state. Following is a list of Ventura County’s primary assets and liabilities to consider when planning such interventions.

Main Assets

Extensive Community Awareness – The community is broadly aware of the difficulties faced by farmworkers, and there is much genuine interest in taking further action to improve the situation. In fact, a number of community members expressed frustration that the problems, though clearly identified, are not yet being properly addressed.

Broad Recognition of the Importance of Farmworkers – Both public and private clinics and medical facilities recognize and understand the importance of the Latino and farmworker population as a potentially large and distinctive market. County leaders, Anglo and Latino, also recognize the importance of these workers to agriculture. It is understood that immigration from Mexico will continue to provide the work force needed to assure this essential industry’s success. The Mexican Consulate in the area is personally involved in reviewing farmworker conditions and working toward solutions.

Well Established Health Care Network – Ventura County operates a well established and extensive network of health care facilities and social service providers that pay special attention to farmworkers. There are also private nonprofit health networks and facilities delivering services to this group.

Involved Health Care Practitioners – Many health care practitioners and social service providers in Ventura County demonstrate significant awareness of the special needs of farmworkers and the particular needs of indigenous-language people. They are concerned about providing health services to farmworkers and express a general desire to improve their living and working conditions.

A Growing Sense of Community – Some agencies that share programs and interests already work with each other and have developed strong relationships. On an individual level, outreach workers, administrators, and practitioners in the county are well acquainted
with each other’s skills and goals. There are also various community groups that meet to network and plan community events and projects. Ventura County has held two well attended educational forums in the past two years that brought government, industry, and human rights representatives together with Spanish-speaking and indigenous-language farmworkers. This growing sense of community is a strength that will support health care interventions in the area.

Clear Results from Efforts to Provide Health Care and Education for Farmworker Children – Pregnant women and their children, whether born here or abroad, are generally covered by some kind of public insurance. Also, public schools guarantee education to all children regardless of origin and immigration status. As a result, the children of Ventura County farmworker families receive more frequent and comprehensive care during their developmental years and often provide a link to services for adult family members.

Local Models of Care Exist for Indigenous-language Farmworkers – Two clinics in the Oxnard area stand out for their efforts to serve this most needy group—county-run Las Islas Family Group and Clínicas del Camino Real’s Maravilla Community Health Center. This extensive existing medical infrastructure provides a solid base from which to develop specialized health services for indigenous-language farmworkers.

Main Liabilities

Social Inequities and Discrimination – Ventura County faces many hurdles in addressing the inequities that exist between the agricultural labor force and the rest of society. Sadly, discrimination against farmworkers and particularly indigenous-language farmworkers exists. And industry and government officials at all levels ignore the problems faced by undocumented workers when it suits their interests. Workers’ illegal status contributes to their exploitation by employers, landlords, merchants, and others. They are denied services even though they provide much of the labor necessary for the agricultural and other industries in the area. The extent to which farmworkers’ legal rights are violated cannot be fully known since regulatory agencies (OSHA, Wage and Hour, housing departments, etc.) are inadequately staffed to police employment and other practices that impact farmworkers’ lives.

Too Few Culturally Competent Providers and Intermediaries – Front line staff members provide a critical link between people and resources. The lack of culturally competent Spanish-speaking health and social service providers in Ventura County makes it difficult to address the health needs of area farmworkers. Recruiting and retaining high quality staff for these roles will remain a challenge. The issue is complicated by a lack of developed leaders within the farmworker community to assist with training and recruitment efforts.
Critical Gaps in Dental Care and Mental Health Services – The lack of dental care and mental health services in Ventura County is widely recognized, and measures are under way locally to make improvements. However, these services are expensive and the general lack of insurance for farmworkers makes this undertaking particularly challenging. In addition, attitudes prevalent to U.S. society and farmworkers regarding mental health exacerbate the problem.

Influx of Indigenous-language Farmworkers Creates a Greater and More Urgent Need – Although their value to agriculture is widely acknowledged, Mexican indigenous-language workers (Mixteco Alto, Bajo, and Triquis) also pose additional challenges for the county. There are virtually no health professionals who speak the languages of these largely monolingual groups. Even translators are difficult to find and employ given this group’s typically low level of education and mostly undocumented status.

Menu of Community-based Options to Improve Farmworkers’ Health Care

Suggested Main Approach
The community would greatly benefit from one-stop information centers that emphasize the needs of indigenous-language people (see list of possible needs to address at the end of this section). These centers facilitate people’s access to services, improving the likelihood that they will take advantage of the help available to them. Such an approach would address many of the main concerns and suggestions voiced by both farmworkers and community members during our research for this report.

We recognize the need for maximum community input in deciding how to direct efforts to improve farmworker health. With that in mind, we have developed a list of options to consider when undertaking that task. These options apply specifically to the farmworker population in Ventura County. Individual actions are listed below and grouped into major initiatives.

Identified Needs
To be addressed through the one-stop center, particularly regarding the hard-to-reach indigenous-language farmworker population.

- Education
- Case management (formalized cultural brokering)
- Practical referrals
- Legal advice and representation (immigration assistance)
- Identification cards for undocumented workers (for cashing paychecks and opening bank accounts)
- Nutrition education and information about where to obtain emergency food
- Dental care
- Mental health services/activities (dealing with substance abuse and domestic violence)
- Health care for widespread chronic health problems (diabetes, high blood pressure, asthma, arthritis, permanent injuries)
- Transportation
- Advocacy to enhance skills needed to deal with landlords, foremen, and social service agencies (CAUSE, CRLA, UFW)
- Child care (affordable)
- Housing

List of interventions to improve the wellbeing of farmworkers in Ventura County

1. **Launch an initiative to recruit new service personnel and train existing staff.**
   This would encompass workers in health care, social service delivery, and outreach. Interventions could include:
   - Increase hiring of translators and cultural go-betweens such as outreach workers and promotoras associated with particular programs.
   - Actively recruit Spanish-speaking medical personnel, including dental care workers.
   - Recruit medical personnel from Mexican medical and dental schools.
   - Provide training for physicians, nurse practitioners, and physician assistants in the medical approaches and beliefs of Mestizo and indigenous-language Mexican groups. Involve medical and dental associations in this training for providers; involve professionals from Mexico.
   - Strengthen Promotoras programs (see Ventura County’s Public Health Department for a good model).
   - Provide living salaries and family health benefits for social services and outreach workers. This does not suggest being able to provide the same for all farmworkers. However, planning should ensure adequate compensation for those individuals with farmworker backgrounds employed by TCE-funded ventures for outreach, education, and advocacy.

2. **Launch a campaign directed at reaching indigenous-language and undocumented members of the farmworker community.** Elements of the campaign could include:
   - Implementing standard procedures in front line clinics that provide simple, clear, unthreatening instructions and messages.
Incorporating attention to the “look” and “feel” of medical/health care delivery systems to make them culturally appropriate.

Supporting health care orientation programs at one-stop information centers that are geared to hard-to-reach populations.

Advertising widely that services are available to all and that no identification beyond address is required.

Emphasizing personal contact and visits to communities in which farmworkers live.

Developing an identity among social workers/promotoras as advocates.

Supporting grass roots and community organizations that have established programs for education and access to services (El Centrito, Las Islas Family Group, El Concilio).

Adopting a long-term view, allowing time for word of mouth to promote services and encourage their use and for the community to build trust.

Providing video materials on safety and health in indigenous languages to address the lack of written language and high illiteracy rate.

**3 Launch a collaborative focused specifically on farmworker health that gathers together representatives from all groups involved.** The collaborative should include:

- Farmworkers as active members with leaders who are compensated for their roles, giving them financial freedom from field work.
- Watchdog agencies that advocate for farmworkers and Spanish-speaking populations (CRLA, CAUSE, UFW).
- School systems, which have a proven track record not only of serving children but also of linking adults to services through children.
- Community college representatives who can make their campuses central meeting grounds for mobile health units, flea markets, etc. at low cost.
- Representatives from churches and spiritual communities and organizations.
- Growers and members of the agricultural industry.
- The Mexican Consulate, who can work to influence policy to resolve international economic, social, and governmental issues.
- Representatives of government labor agencies and the County Agricultural Commission.
- Established community groups like Oxnard Networking, Oxnard Network Coalition, and Weed and Seed (police sponsored).

Additionally, the collaborative should:

- Encourage cooperation between Ventura County Public Health, Clinicas del Camino Real, St. John’s Hospital, and private practitioners to fill gaps in care and create an effective, simple referral process.
- Conduct a communications campaign to increase the visibility of farmworkers and awareness of their working and living conditions.
- Link with similar medical programs in Los Angeles and Santa Barbara.
APPENDIX

Methods Used for the
Oxnard/Santa Clarita Valley (Ventura County) Report

Community-based Content

The report summarizes opinions and facts given by the community of farmworkers, the community of people in charge of delivering services to them, farm producers, and other observers concerned with farmworker problems. The purpose is to describe the community through its own eyes. These recommendations and observations reflect a consensus in the community as mediated by the researchers.

Methodological Steps

The approach of this study is open-ended questioning of interviewees with an emphasis on collecting details on the particular problems and issues important to the respondent, while balancing this with a systematic collection of information across sites.

The first step was to organize a telephone survey of the provider and service community. Separate protocols were designed for medical providers, social workers, and outreach workers. This survey was conducted in September of 2001. It allowed us to identify the main Ventura County neighborhoods where farmworkers live and to describe in some detail the main programs that provide services to these farmworkers. The telephone inquiry, which involved conversations with about thirty people, did not allow for an understanding of the strengths and weaknesses of the service resources available to farmworkers. And, of course, it did not allow for input from farmworkers to identify their major health problems and describe the primary barriers they face in obtaining services.

Next, the team implemented one protocol for farmworkers and another for providers and others in the community. Three full-time interviewers—Kurt Schroeder, Kara Nygaard, and Mireya Samaniego—and two part-time interviewers—Laura Sanford and Heather Kun—carried out a series of interviews under the guidance of Nancy Mullenax in April, May, and June of 2002. The sampling process endeavored to focus on major networks of individuals. This proved difficult given the isolation of some people from their network contacts, as well as the many different networks present in this accessible and established agricultural area. As a result, the sampling of individual farmworkers focused in part on network sampling and in part on obtaining interviews with a representative sample. The selection made certain of geographic representivity and included various towns, cities, field camps, and trailer parks. Also, the sample intentionally included people of different ages, men and women, and people separated from and with their families. The indigenous-
language speakers and those who serve them were particularly targeted for a number of interviews. Interviewers intentionally followed up on issues that the community (from all sectors) identified as crucial to farmworker health. As a result, they spoke to growers, farm labor contractors, community organizers, journalists, aides to politicians, housing officials, and outreach workers of various kinds. In addition, they were careful to take a sample of all kinds of health care providers, such as nurses, nurse practitioners, intake workers, accountants, doctors, and physician assistants. The interviewers were successful in obtaining interviews with some individuals in all the organizations that are considered to be front line groups delivering services to farmworkers.

The next step was to import the field notes (in Microsoft Word) to a qualitative text analysis software package (Atlas.ti). This process necessitated revision and editing of the notes, which may not be edited once they are in Atlas. This task created the opportunity to also review notes and extract contacts and leads for subsequent field work in the sub-region. Standards on the format of written notes were established.

The AWHS team revised the codes used for the Coachella Valley and North San Diego County studies to make them more relevant to Ventura County. This helped in systematic analysis of field notes (by means of the Atlas software). Codes are concepts that are represented in the interview data. Each code was defined to ensure inter-coder reliability. The code list in its categorized form is also useful for conceptualization of the model to be used to explain how to improve outreach to farmworkers. The code lists were further refined by piloting the coding, described below. The creation of new codes arising from the data was not inhibited, but procedures were set up to guide their creation. In other words, codes were added during the coding process.

The AWHS team held a two-day training program for the field work staff before returning to the field. Protocols were re-examined and possible coding schemes were reviewed. The examination of the field notes is serving to facilitate the iterative refinement of the protocols and the research design.

Coding

The interview data were placed in “text with carriage returns” format. These are called primary documents (each interview=primary document) and are considered the data source. A set of primary documents comprises a hermeneutic unit. Within a hermeneutic unit, subsets of primary documents can be grouped into families.

Three hermeneutic (analysis) units were created—one for farmworkers, one for providers/outreach workers, and one for all other respondents. The primary documents were coded using the code lists. Coding consisted of selecting a phrase, sentence, paragraph, or group of paragraphs that represented a concept. The selected texts are called quotes. Multiple coding was allowed and has served to facilitate analysis of the data.
Analysis

After the coding was completed, reports were generated showing the frequency of each code. Tables were generated to determine how often each code appeared in each primary document.

Quotes associated with the codes were printed out to identify themes, patterns/relationships, and dimensions of phenomena (valence) and to provide contextual understanding. These reports on codes and their quotes were used to structure the reports. Feedback on these analyses was given to current field researchers so they could further revise protocols and sampling.
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