

The New York Times

www.nytimes.com

May 10, 2008

Illegal Farm Workers Get Health Care in Shadows

By KEVIN SACK

MADERA, Calif. — The curandera is weary from work. Three, four, five times a day, the immigrant farm workers knock on her apartment door, begging her to cure their ailments.

They complain of indigestion, of rashes, of post-traumatic panic attacks. Then there are the house calls that compel her to crate up her potions and herbs and drive across town, often after midnight, to escape the notice of immigration police.

“I’ve done so many cures that I’m exhausted; it gives me no time to rest,” said Herminia L. Arenas, 55, the curandera, or traditional healer, who has practiced in this Central Valley town since migrating 14 years ago from Oaxaca, in southern Mexico. “I want to retire, but I feel like I was sent here to help these people.”

The people need help because they are in the United States illegally and because they are poor. Few have health insurance, but the backbreaking nature of their work, along with the toxicity of American poverty, insure that many are ailing.

They may visit a clinic or hospital if they are severely ill. But for many illegal immigrants, particularly

indigenous Mexican groups like the Mixtecs, much of their health care is provided by a parallel system of spiritual healers, home remedies and self-medication.

Stories abound here of people who died — of cancer, diabetes, even gangrene — because they did not make it to an emergency room until it was too late. Public health officials also worry that the lack of access to conventional care may contribute to the spread of communicable diseases. They warn that the rampant use of antibiotics, often without medical direction, may speed the development of resistant bacterial strains.

While acknowledging that some traditional treatments can complement modern medicine, they point out that others do considerable harm. Powders used to quiet colicky babies, for instance, have been found to contain heavy doses of lead. Without legal status, the immigrants have little protection against dangerous or fraudulent practices.

Immigrants interviewed amid the vineyards of Madera and the cantaloupe fields of Mendota said they had faced numerous obstacles to pursuing conventional medical care. Above all, they said, was cost, but other factors included fear of deportation, long waits for treatment in medically underserved

areas, and barriers of culture and language.

Some said they supplement their care on trips to Mexico or Central America, seeking out less expensive doctors and stocking up on pharmaceuticals before trying the risky crossing back.

The healers, like their American counterparts, tend to specialize. There are hueseros, who set bones, and sobadors, who massage away pain. The curanderos use herbs and incantation to return the spirit to its equilibrium.

Farm workers, community leaders and health researchers said many immigrants devised their own antidotes.

They brew recuperative teas from exotic herbs and roadside weeds. They enlist neighbors to inject them with vitamins and antibiotics from Mexico. Some of the medicines are sold under the counter at flea markets and botanicas, where amulets and incense share shelf space with Advil and Afrin.

Though the unlicensed sale of pharmaceuticals is not legal, and though some healers approach the edges of practicing medicine without a license, local police say enforcement of the laws is rare.

A recent visit to Ms. Arenas’s

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nondescript apartment found her in the middle of an eight-day cleansing ceremony, or *limpia*, for María de Jesús, a 28-year-old illegal farm worker. Ms. de Jesús explained that she had been having headaches since a car accident three months earlier.

“I feel like my heart is going to come out, it beats so fast,” she said. In visits to a clinic and an emergency room, she had been given pills for high blood pressure, to little effect. She said the doctors also had no answer for the grotesque swelling in the crook of her left arm, where she carries her tomato bucket.

At wit’s end, her husband delivered her to Ms. Arenas. “I have faith in the curandera,” Ms. de Jesús said.

“That’s why I am here.”

Ms. Arenas stepped outside to collect herbs from her garden. After mixing them with dashes of a Mexican cologne, she wrapped the sodden clumps around María’s head, waist and limbs with cloth tourniquets. Her cures come to her, she explained, in a flash of revelation, sometimes as she studies the movements of a broken egg yolk.

“Please bless this lady,” Ms. Arenas prayed. “Take all the bad spirits out and help me to heal her with your healing hands.”

Leaving her patient to rest, Ms. Arenas drove with Ms. de Jesús’s husband to the site of the accident, where he dug a hole and she sprinkled in rose petals, salt and holy water dispensed from a Gatorade bottle. After stomping in dirt, she waved María’s clothing

and prayed for her spirit to return home.

Over the next few days, Ms. de Jesús reported feeling calmer and said her headaches were gone. The swelling in her arm had not subsided, however, so Ms. Arenas recommended seeing a physician. Ms. Arenas asked for \$500 to cover her fee, as well as room and board, and the woman’s husband paid with a check (a more typical visit costs \$10 to \$60 and lasts a few hours, she said).

Studies find that many Latino immigrants arrive in the United States healthy, but then develop the trademark afflictions of their new home: diabetes, obesity, asthma, high blood pressure and high cholesterol.

Long hours in the fields often leave them with muscular and skeletal injuries, as well as rashes and burning eyes from pesticides and dust.

There is no firm projection of the medical costs incurred by the estimated 11.1 million illegal immigrants in the United States, a fourth of whom live in California. A RAND Corporation study in 2000, the most recent year available, pegged the cost at \$6.4 billion, including \$1.1 billion from public sources. It found the share of medical costs attributable to illegal immigrants was half as large as expected for their share of the population.

Health demographers estimate that half to two-thirds of California’s illegal immigrants are uninsured.

Women may receive occasional

checkups because they qualify for prenatal and obstetrical care under Medicaid. But RAND found that half of illegal immigrant men had not seen a doctor in the previous year, compared with 25 percent of men born in the United States; one in six illegal immigrant men had never seen a doctor.

Studies also find that newcomers are only half as likely as natives to use emergency rooms, which are required to treat patients regardless of immigration status. The California Hospital Association estimates that 10 percent of the state’s \$9.7 billion in uncompensated care last year was for illegal immigrants, said Jan Emerson, a spokeswoman.

“A lot of people assume the emergency room overcrowding problem is due to undocumented immigrants,” Ms. Emerson said. “That’s not what we see. They show up when they truly need emergency care.”

Jurley Cortez, 20, an illegal immigrant, has not been to an emergency room, doctor or dentist in her nine years in the United States, except for the perfunctory physical her school required for athletics. Now a high school graduate, she picks tomatoes and cantaloupe near Mendota.

Three years ago, when Ms. Cortez injured a knee in the fields, her mother could not afford a doctor and took her to a *sobadora*. After \$20 treatments of ointment and massage, the swelling subsided. “It still hurts when it’s cold,” Ms. Cortez said. “I just take Tylenol or Advil.”

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Even if farm workers in Mendota can afford the local clinic's sliding-scale fees, they often cannot afford to miss work while waiting up to six hours to be seen. Sarah B. Horton, a University of Montana anthropologist who is studying health care in the Central Valley, said the lack of access to conventional care reinforced a culture of self-medication. There is a preference for potent Mexican drugs, Ms. Horton said, delivered, if possible, by syringe.

Rosie Q. Valdovinos, 57, a lettuce picker, recently completed a

self-prescribed regimen of three penicillin injections, given by a friend, to combat a cough.

"Penicillin or ampicillin will work on anything: a cough, a problem with your chest, or if you have an infection of your kidneys, even for a tooth," she said. "There's no choice but to take them sometimes. To go to a doctor, you miss a day of work. You miss a day, and the next day you're gone."

Ms. Valdovinos, an American citizen who said she had immigrated when she was 3, is insured several

months a year through the Dole Food Company, but still prefers the ease and economy of Mexican medical care. In the few weeks between the end of lettuce season and her policy's expiration, she hops a Greyhound to Mexico and stockpiles pharmaceuticals — including Prozac, Valium and antibiotics — for herself and others.

"You pay a doctor \$30 for a prescription, and they'll give you the medicine," she said. "I'll spend \$500 down there, and that will take care of me for six months."