

# Fear and Poverty Sicken Many Migrant Workers in U.S.

By STEVEN GREENHOUSE

CUTLER, Calif. — Francisco Plaza, a 35-year-old farm worker from Mexico, made a rare visit to a doctor last year after he suddenly lost a lot of weight. The doctor told him that he had diabetes and ordered him to take two medications that cost \$134 a month.

But Mr. Plaza, who prunes fruit trees for \$6.25 an hour, often skips his medicine, saying he cannot afford it after paying for food and rent.

"Some months he doesn't get much work, so it's hard to afford," his wife, Rosalva, said at their modest home in this Central Valley farm town. "When he doesn't work, he doesn't buy his medicine."

Mr. Plaza, who has lived in the United States for four years, is in the same bind as many other Mexican farm workers who live more or less permanently in the United States. While federal clinics for migrants are supposed to serve all indigent farm workers, illegal immigrants shun them because they do not qualify for state Medicaid coverage and fear discovery of their illegal status. (Almost half of the migrant farm workers are in the country illegally.) Farm workers often do not see doctors until their condition is so dire that they must go to emergency rooms, which are not permitted to turn them away.

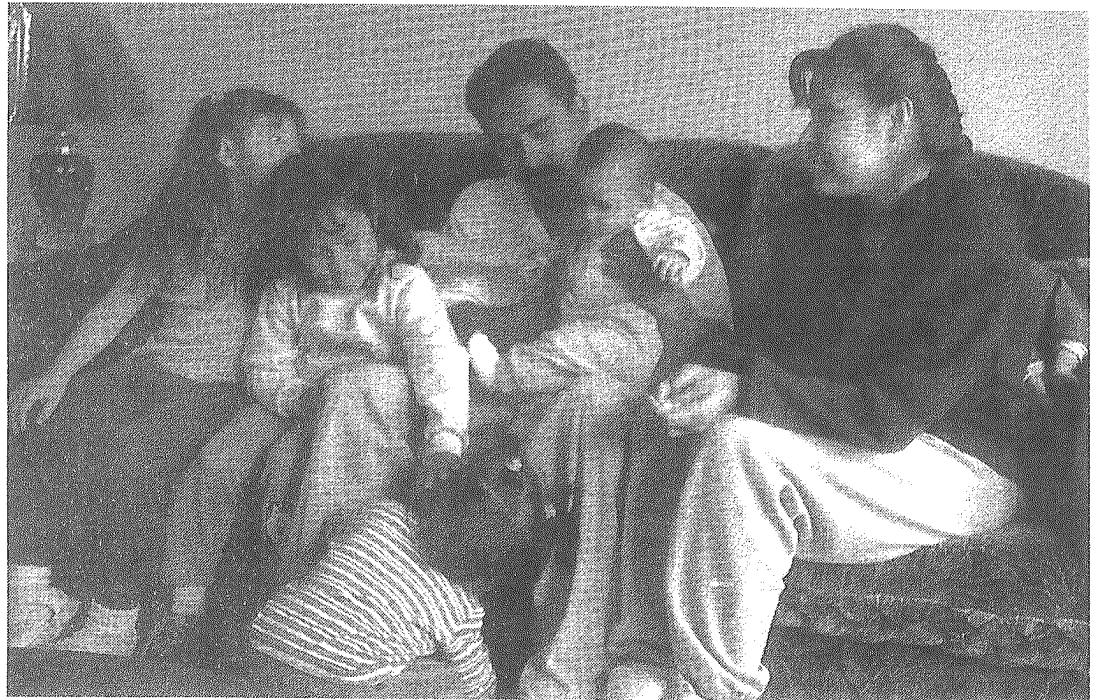
"A situation we see every day is a terrible diabetic who can't afford the \$200 a month for medicine, and that person ends up with renal failure," Dr. Oscar Sablan, who runs a clinic for farm workers in Firebaugh, Calif., said. "Then they're able to get a state health insurance card and dialysis. That's \$1 million a year."

Diabetes, high blood pressure and anemia occur at higher rates among California's 700,000 immigrant farm workers, mainly from Mexico, than among Americans, and the workers' health worsens the longer they stay in the United States.

A study to be released this month found that poor diet and infrequent visits to doctors make the health of longtime migrant farm workers considerably worse than that of those who have just arrived, even after accounting for differences in age.

Preliminary findings by the California Policy Research Center in Berkeley indicate that illegal immigrant farm workers, newly arrived from Mexico, have far lower cholesterol, lower blood pressure and less obesity than do farm workers who have lived here legally for a while.

"It's an appalling picture," said Robert K. Ross, president of the California Endowment, a foundation spe-



Monica Almeida/The New York Times

Yovana Cisneros Espindola, with her husband, Francisco, and children, from left, Cassandra, 6, Sarahy, 4, Melissa, 1½, and Yovana, 5 months. Ms. Cisneros has multiple sclerosis, but the family has no insurance.

cializing in health issues. "These are people who help keep food prices low for American families, and I have a hard time figuring out why their health status should be so poor."

Many things complicate the farm workers' health, including unfamiliarity with American medicine and a lack of exercise in the long stretches they are unemployed. A poor diet is a key to their high rates of diabetes, high blood pressure and anemia, researchers say, and it gets worse as the migrants combine American fast food with the staples of tacos and refried beans. Other factors are the lack of money and insurance.

A study released last November found that the women, 36 percent of the migrants, were far more likely than the men to visit doctors, largely because pregnant farm workers, even illegal immigrants, qualify for state health insurance. Indigent men here illegally do not qualify except for medical emergencies. The median income of the 971 farm workers in the November study, sponsored by the California Endowment, was less than \$10,000 a year.

Many growers acknowledge that their workers' health is substandard, but they blame an inferior health system in Mexico and the failure of the workers to take care of themselves. Many growers say they cannot afford to provide insurance.

But many growers agree with advocates for the workers that the federal system of community and migrant health clinics is inadequate.

"The situation is harder because there aren't enough health professionals in many of these rural areas," Don Dressler, president of insurance services for the Western Growers Association, said.

These concerns have made an impression on the Bush administration, which has proposed a 10 percent, or \$124 million, increase next year for the nation's 3,400 community health clinics, including its 400 migrant health clinics. Advocates for the workers applaud that, but are unhappy that Mr. Bush has proposed reducing money to train doctors in underserved rural areas.

Farm owners say they want laws that will make it easier to provide discounted health insurance through grower associations for documented and undocumented workers alike.

And like many farm workers, growers favor having more government-sponsored mobile health clinics visit farms. For many farm workers, simply getting to a clinic is an obstacle — the clinics are often far away, the workers generally do not own cars, and buses rarely run between farm communities.

Don Villarejo, founder of the California Institute of Rural Studies,

which conducted the November study, said the state, growers and workers should contribute to a health program. He proposes assessing a few cents per bushel of produce to help finance the program.

"For another nickel a head of lettuce, we could raise wages by 40 percent and provide health insurance," he said.

Yovana Cisneros Espindola, 23, the wife of an undocumented farm worker from Mexico, was fortunate, because of her pregnancy, to have state health insurance last year when she suffered her first multiple sclerosis attack, which temporarily blinded her. Her child was born last November, and she no longer has insurance and cannot afford the pills needed to slow the advance of the disease. They cost \$10,000 a year.

Rosalinda Avitia, a worker with Catholic Charities, wrote to the Biogen pharmaceutical company, which agreed to give Ms. Cisneros the medication for three months and to consider renewing the gift.

Ms. Cisneros's husband, Francisco, hardly ever sees a doctor.

"It's too expensive," Mr. Cisneros said at their dark, crowded apartment in Visalia, Calif. "Even if I have a bad fever, I go to work anyway. If I miss work to go to a doctor, how am I going to pay for food for my family?"