

## Introduction

In the United States, 68 of the 72% foreign born farmworkers originate from Mexico. Of this percentage, 20% are from the southern states of Mexico, including Oaxaca.<sup>1</sup>

When first migrating to the United States, these farmworkers are “astonishingly healthy....despite being poorer, less educated, and medically underserved.”<sup>2</sup> However, with increased time in the United States, and with generation after generation, their health status as a group decreases.<sup>2</sup>

Current research shows that Mexican farmworkers, as compared to the general population, have high rates of obesity, hypertension, elevated cholesterol, and have limited access to health care due to lack of health insurance or legal status. Compounded with their dangerous occupation, Mexican farmworkers are at increased risk for cardiovascular diseases, diabetes, musculoskeletal injuries, upper respiratory diseases, and other life-threatening conditions<sup>3</sup>. Within this population, migrants from Oaxaca, Mexico face additional health risks, which are discussed in this report.

Although there are farmworkers distributed among all regions of the United States, this report focuses on California, because “there has been a surge of indigenous Mexicans in California agriculture since the early 1990s”<sup>4</sup>.

Beginning with a history of the Oaxacan people and their migration, this report analyzes influential factors in Oaxacan farmworker’s health, including language barriers and structural racism, concluding with policy and research implications. Only some of the health barriers are examined and do not represent all of what Oaxacan farmworkers encounter.

This report focuses on California, but the health of Oaxacan farmworkers is relevant for all Americans, because these individuals make up the backbone of our agricultural system. They support not only California’s economy but also United States’ economy by producing the food that we eat. Theirs are the hands that feed us.

## The Oaxacan Farm-Working Community in California

According to a study conducted by the California Farm Labor Force, 38% of the *new* farmworker labor force in 2005 included indigenous Mexicans, making them the fastest growing farm labor group in California<sup>5</sup>. An estimated 100,000 to 150,000 indigenous Oaxacans live in California<sup>6</sup>, while a total of 1 million Oaxacans are estimated to live in the United States<sup>7</sup>.

The indigenous Oaxacan community is not homogeneous. In Oaxaca, there are 17 distinct indigenous languages and cultures. In California, the top three communities are the Mixtec, Trique, and Zapotec people, who speak Mixteco, Triqui, and Zapotec respectively. The Zapotec people are mostly concentrated in cities such as Los Angeles. The Mixtec people are mostly concentrated in the Central Valley, and the Trique people are mostly concentrated in the Central Valley and Northern California. Of the individuals from Oaxaca, mostly Mixtec and Trique people are involved in farm-work, while Zapotec people work in restaurants and maintenance<sup>6</sup>. This analysis of migrant health focuses on the farmworkers, mainly Mixtec and Trique people.

## History of Oaxacan Migration

Compared to other migrant groups from Mexico, such as those from the states of Jalisco and Michoacán, migration from Oaxaca is relatively recent. The first wave of migration occurred during the Bracero program when the United States turned to Mexico to provide a labor force in WWII. However, the bulk of migration commenced after the implementation of NAFTA, or the North American Free Trade Agreement, which created a market for cheap American corn in Mexico that outcompeted native Mexican corn growers. NAFTA especially affected the Oaxacan people, because their economy is based on agriculture, especially the cultivation of staple foods such as corn and beans<sup>5</sup>. Left in extreme poverty, the Mixtec people of Oaxaca migrated to the United States and northern states of Mexico to evade starvation. The Trique people, on

the other hand, migrated due to political persecution in Oaxaca<sup>5</sup>.

## **Influential Factors in Oaxacan Farmworkers' Health**

### ***Living and Working Conditions***

Farmworkers have very poor living and working conditions, which put them at increased risk for diseases and violence.

In 2010, researchers in the Indigenous Farmworkers Study found that the most common complaints for farmworkers included lack of heating or air conditioning, leaks in the roof, insect/rat infestation, and plumbing problems<sup>8</sup>. Stagnant pools of water, feces on the floor, and rat droppings can act as the breeding grounds for a wide variety of bacteria, viruses, and parasites, putting the residents' health and wellbeing in danger<sup>9</sup>. Additionally, many housing complexes where workers live are extremely crowded, with 1.5 to 3 people per room, which "increases the risk for poor nutrition, infectious diseases, delayed development in children and domestic violence"<sup>8</sup>.

Farm-work itself is also deleterious for health. The repetitive motion of bending to pick up the crops, for example, puts workers at increased risk for arthritis and back pain<sup>4</sup>. Farmworkers in addition are at increased risk of pesticide exposure, especially while working. Oaxacan farmworkers who do not speak Spanish are at an even higher risk of pesticide exposure, because if warning labels are translated, it is only for Spanish and not for indigenous languages<sup>6</sup>.

### ***Mental Health***

The most prevalent mental health issues among this community are depression, anxiety, and "culture-bound mental health syndromes"<sup>10</sup>.

Due to their more recent migration, Oaxacan people do not have the network of family and friends that other migrant groups may have established in the United States. This especially impacts mental health, because it can perpetuate feelings of isolation and loneliness<sup>11</sup>. A possible protective factor is the

motivation for the workers to provide for their families in the United States or Mexico; it gives their work a purpose. However, this can also lead to an increase in stress if the workers do not find jobs and cannot send remittances back.

Furthermore, the life of a farmworker is stressful. To come to the United States, crossing the border has the potential to be physical, emotionally, mentally, and sexually traumatic, especially if the workers are undocumented. With limited access to mental health services, this trauma is perpetuated by the constant state of anxiety about Immigration and Naturalization Services for undocumented workers. Anxiety can also present itself in balancing low wages, high costs of living, and sending remittances back home<sup>11</sup>.

Women in particular have been shown to be especially affected by the loneliness of being separated from their children and family. Their undocumented status additionally increases their daily stress levels and can impede their access to health services<sup>12</sup>.

In a study conducted by Portland State University, researchers found that lifetime prevalence of mood disorders and major depressive episodes were higher among indigenous farmworkers than mestizos, or individuals with combined European and indigenous descent.<sup>10</sup> Incidence rates were higher for recently migrated individuals and those who knew less English or Spanish.

Oaxacan farmworkers additionally have culture-bound mental health syndromes such as "susto", "nervios", and "coraje". This translates to fear, nerves, and anger. "Nervios" may have similar symptoms to a Western definition of anxiety, but has different forms of treatment and overall perception within the indigenous community<sup>10</sup>. Traditional medicine used to treat these and other conditions will be discussed in future sections.

Analyzing the mental health of this community is especially important, because neglecting to do so can lead to alcohol abuse, domestic violence, and other behavioral health problems<sup>6</sup>.

### ***Language Barriers***

In general, Mexican migrant farmworkers often have language barriers in communicating with their supervisors and when attempting to access health care. Serious health impacts can result because the farmworkers may put off accessing health care or may not receive proper training on safely handling equipment<sup>11</sup>. However, this language barrier is even more pronounced for Oaxacan migrants.

Contrary to common belief, most Oaxacan people do not speak Spanish. Instead, they speak indigenous languages, such as Mixteco and Triqui<sup>6</sup>. In California, with the growing population of Spanish speakers, there is an increasing amount of bilingual staff and health care information in both English and Spanish. Yet, these resources are non-existent for the indigenous languages. Additionally, the Oaxacan indigenous languages are not written languages, which makes teaching the language and nonverbal communication very difficult, and there is variation within the languages, making it difficult for even native Oaxacans to translate and interpret for other members within their community<sup>6</sup>.

### ***Traditional Medicine***

In the Oaxacan indigenous community, there is an emphasis on traditional medicine; instead of going to physicians, many indigenous people go to traditional healers. Illnesses such as “susto”, or fright, which are not diagnosable within the Western system of medicine, are considered life-threatening by the indigenous people and must be treated right away. To a Western physician, a patient with “susto” could exhibit signs of PTSD, or post-traumatic stress disorder, but PTSD is not something that is relevant to the indigenous people, whereas “susto” is. Thus, it is important for physicians working with indigenous populations to practice cultural humility and connect the different indigenous and Western medicine worldviews<sup>8</sup>. Methods to integrate these worldviews will be discussed in future sections.

In a study analyzing Mixtec migrants in California, researchers found that with migration to the United States, the Mixtec people altered their health beliefs.

They found that migrants to California had fewer traditional beliefs on the impact of omens on their health, compared to Mixtec living in Oaxaca. The locus of control for migrants was also more external than for Oaxacan residents, meaning that they viewed prevention of illness outside of their control. A potential hypothesis to explain this result is the nature of farm-work. With a low locus of control within their work, this feeling may translate into having little control over their health. Moreover, migrants to the U.S. had an increased faith in Western medicine<sup>13</sup>. All of these three characteristics are important for health care professionals to keep in mind when treating indigenous patients.

### ***Structural Racism***

Within the hierarchy of farm-work, indigenous people experience structural racism, which often contributes to their poor working conditions, increased risk for injuries and diseases, and increased stress.

In Holmes’s study, indigenous people are found to have the worst living and working conditions out of all of the farmworkers. Anglo-Americans and Japanese Americans, who are in charge of the farms, have the best health and highest levels of control, placing them at the top of the hierarchy. Following these groups are U.S.-born Latinos and Mestizo Mexicans, who perform the standing jobs. The groups with the worst health, least control and who, not coincidentally, perform the kneeling and outdoor works are the indigenous Mixteco and Triqui Mexicans<sup>7</sup>. Holmes collected this data by living and migrating with the indigenous communities from Mexico, through California, and to Oregon for 15 months. He conducted interviews with workers and health care providers, as well as noted his observations.

Along the same lines, a study conducted in California concluded that indigenous farmworkers, when compared to mestizo or Latino farmworkers, often have lower wages, more dangerous working conditions and speak less English (and Spanish)<sup>14</sup>. Holmes argues that these inequities are due to structural racism.

### ***Lack of Lawful Protection***

Although the United States has progressed in improving working conditions and labor laws, many of these regulations and laws unfortunately do not apply to farmworkers, undocumented or not.

Passed in 1938, the Fair Labor Standards Act guaranteed minimum wage, time-and-a-half wage for overtime, and restricted child labor, but this did not apply to farmworkers<sup>7</sup>. To this day, farmworkers are paid low wages – oftentimes lower than the minimum wage<sup>8</sup>. Furthermore, the Housing Act of 1949 and Occupational Safety and Healthy Act of 1970 have failed the farmworker community; farmworkers still live in appalling conditions, as noted in previous sections. Additionally, though farmworkers pay taxes, the majority of farmworkers is excluded by the Social Security Act and gets no unemployment benefits<sup>7</sup>. Finally, under the Wagner Act of 1935, farmworkers cannot collectively bargain or unionize and thus cannot advocate for fair wages and treatment<sup>7</sup>.

### **Public Policy Implications and Recommendations**

As highlighted above, farmworkers barely have any form of legal protection. Moving forward, one of the most important agendas is improving the regulations for farmworkers' working and living conditions. Farm owners should have to provide protections against pesticides, for example, and farmworkers' housing should be held to the same standards as all other housing. Farmworkers must also be paid at least minimum wage, just like any other individual working in the United States. Moreover, not only does there have to be laws set in place, but a form of implementing the laws is crucial. Federal, state, and local governments must be held accountable.

To address conflict between traditional forms of medicine and Western medicine, it is crucial that these two groups work together to advocate for the farmworkers' health. A possible intervention involves teaching Western practitioners to be culturally humble and how to work with traditional healers. The healers could be trained as health

promoters in the community since they have already established trust and rapport. Training health care practitioners on structural competency, including structural racism, is important, as Holmes highlights.

Additionally, given the language barriers that indigenous farmworkers face, there should be initiatives to increase the number of interpreters for indigenous languages.

### **Conclusion**

Overall, migrant Oaxacan farmworkers face language barriers, encounter structural racism, have poor living and working conditions, lack legal protection, and are vulnerable to mental health issues. Together, these negatively impact their health by increasing their susceptibility to diseases, injuries, and abuses.

In the future, policies that improve their living and working conditions, increase access to interpreters and translated material, and integrate Western and traditional medicine could help reduce some health barriers for Oaxacan farmworkers.

Even though this report is based on research, there is still an overall lack of research and data on this community. Studying Oaxacan migrant farmworkers is difficult, because of seasonal migration and language barriers, but this group should still be studied nevertheless. It is vital that they are healthy in all aspects of their lives, for Oaxacan farmworkers are a crucial element in our food system. Without them, the entire agricultural business would suffer.

### **Resources**

The Binational Center for the Development of Indigenous Oaxacan Communities:  
<http://centrobinacional.org/en/>

National Center for Farmworker Health:  
<http://www.ncfh.org/>

Indigenous Mexicans in California Agriculture:  
<http://indigenousfarmworkers.org/>

The Mixteco/ Indigena Organizing Project:  
<http://www.mixteco.org>

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