

streamline

The Migrant Health News Source



Prostitution & Trafficking are Public Health and Migrant Health Concerns

Melissa Farley, PhD and Marisa Bava

Prostitution and trafficking are forms of sexual violence which result in economic profit for perpetrators. Other types of gender violence, such as incest, rape, and wife-beating are hidden and frequently denied, but they are not sources of mass revenue. Described by survivors as “paid rape,” prostitution provides buyers (johns, tricks, dates) constant sexual access to women and children. Prostitution and trafficking can take place in massage parlors, strip clubs, escort agencies, lap dance clubs, on the street, in a car or motel, or in a tent set up at the edge of a field being cultivated by migrant workers. Prostitution is a job unlike any other. For the majority of the world’s prostituted women, prostitution is the experience of being hunted, dominated, harassed, assaulted, and raped. Prostitution is a gendered survival strategy which involves the assumption of unreasonable risks.

Trafficking is a direct result of cultural and economic forces that sweep a woman or child into prostitution. An individual may be coerced or manipulated into prostitution, however other factors such as family and community-based violence, economic deprivation, racism, and conditions of inequality between the sexes contribute to prostitution as a social phenomenon. Women are trafficked (moved) by pimps wherever there is a demand for prostitution including military bases, tourist destinations, conventions, or

migrant communities. The current US trafficking law places the burden of proof on the victim to show evidence of force, fraud or coercion in the process of being moved across international borders (1). However, since pimps/traffickers move people to wherever they are sold for sex, a more accurate definition of trafficking would include movement of people within a country as well as across international borders for the purpose of sexual exploitation. This broader definition of trafficking takes into account the greater range of forces channeling people into prostitution and is more appropriate if governments seek to decrease sex businesses.

When health care providers speak of health risks of prostitution, they are usually referring to STD and HIV health risks. However, these health problems are not the ones that most worry those who are in prostitution or who have been trafficked. Their greatest health concern is violence. A recent study of prostituted women in Canada found (Farley, Lynne & Cotton, in press) that 90% of women in prostitution had been physically assaulted in prostitution and 78% had been raped in prostitution. Seventy five percent of these women reported physical injuries from prostitution: stabbings, beatings, concussions, and broken bones. Half of the women had head injuries from violent assaults with baseball bats, crowbars, and

having their heads slammed against car dashboards. They were regularly subjected to violence if they refused to perform a specific sex act.

Women and children who are prostituted or trafficked often experience extreme emotional distress or posttraumatic stress disorder (PTSD). They have high rates of depression, suicidal tendencies, self-mutilation, and anxiety disorders. They frequently use drugs or alcohol to numb out the anxiety and physical pain of prostitution.

In some cases, trafficked girls are sold to migrant farm workers, US tourists, and US military personnel. Hernandez (2003) investigated the trafficking of Mexican girls to brothels near San Diego. Over a ten-year period, hundreds of girls, aged 12 to 18, from rural Mexico were kidnapped or tricked into US border crossings by traffickers/pimps. In one case, caves made of reeds functioned as brothels at the edge of the fields. Many of the girls had even younger children of their own, who were then held as hostages so their mothers would not try to escape. Hundreds of farm workers were transported each day to these sexual slavery camps, where the workers sexually assaulted girls in prostitution.

A US physician who provided health care to migrant workers said, “The first time I

continued on page 2

■ Prostitution & Trafficking are Public Health and Migrant Health Concerns

continued from page 1

went to the camps I didn't vomit only because I had nothing in my stomach. It was truly grotesque and unimaginable." On one occasion, the physician counted 35 men raping a girl for money during a single hour. When police raided the brothels, they found dozens of empty boxes of condoms, each box having held a thousand condoms (Hernandez, 2003).

When she reported the girls' sexual assaults in prostitution, the physician was told by US officials that prostitution was "not a migrant health concern." Advised by her superiors to work with the pimps, she limited her practice to "prevent[ing] HIV/AIDS and other venereal diseases in the exploited minor girls" [Hernandez, 2003]. This tunnel vision regarding the health of those in prostitution is commonly seen in clinics and AIDS organizations. Although at first glance the public health attention to HIV and STD includes the prostituted woman herself, on closer inspection it becomes apparent that the overarching concern is to decrease the customer's exposure to disease (Farley & Kelly, 2000). There is often little attention given to the overwhelming health consequences of captivity including terrorization, traumatic stress and sexual violence.

Like battered women, trafficked women experience anxiety, terror, lack of resources, and a general lack of control of their own lives. In addition to constant physical threat from pimps and customers, trafficked/prostituted women have been uprooted from their home communities, and because of their undocumented status, they may be in legal jeopardy. Undocumented immigrant women may avoid seeking social services for fear of being reported to the Immigration and Naturalization Service (INS). Once involved in the sex trade, immigrant victims may not attempt to escape for fear of violence or even torture by pimps/traffickers, as well as for fear that traffickers will harm relatives at home.

Practice Considerations

Screening questions for migrant workers

Migrant clinicians in the United States have a unique opportunity to assist the international community in learning more about prostitution and the trafficking of women and children alongside migrant labor communities. Currently, we know little about the use/abuse of prostitutes by migrant workers

including whether these are trafficked women or whether they are local women from communities in which migrant workers are temporarily employed. In addition to providing direct services, clinicians can obtain information about prostitution and trafficking which would benefit all who are working on behalf of victims.

We recommend the following as routine health screening questions for migrant workers. When you ask about patients sexual risk factors, assure them that "I ask all my patients these questions" (and do just that, of course). Use your own words for the following but be behaviorally specific in your questions. When inquiring about STD or HIV, ask the following:

1. "How many prostitutes have you visited in the last month?"
"In the last six months?"
"In the past year?"
2. "Because what you do with them may affect your health, I have questions about specific acts:"
"Did you have oral sex?" Use idioms when possible.
"Did you have vaginal sex?"
"Did you have anal sex?"
"Did you use your hand for penetration?"
"Did you use a condom?" If yes, "did she have a condom, or did you bring a condom with you?"

It would be a good idea to offer free male and female condoms at all clinics. They should be freely available – patients should not have to ask for them.
3. "Because it affects your health and your family's health, I have some questions about the prostitutes you visited."
"Were you able to wash yourself?"
What kind of setting were you in?" Ask specific questions about location:
"Motel?" "Strip club?" "Car?" "Bar?"
"Trailer?" "Tent?"
"Was the person you saw in prostitution a local resident or someone who is an immigrant?"

If your patient denies contact with prostitutes, you should still ask: "If you have not visited prostitutes yourself, please tell me what you have heard from your friends about girls in prostitution?" Then ask as many of the foregoing questions — permitting him to speak about someone else.

Contact with victims of prostitution or trafficking

All of the guidelines used when working with battered women are relevant when working with women who have been trafficked. Her physical safety is the primary goal, and healthcare providers must not increase the danger of violence to the victim. Batterers often ask to attend healthcare appointments with the patient. Their goal may be to ensure her silence. It is important to carefully screen anyone (male or female) asking to join her in the appointment. Some traffickers are called boyfriends. Some pimps are women. Keep in mind that trafficking victims can be boys as well as girls and women.

The first challenge is to make contact with the person who has been trafficked in a way that does not frighten her. The contact person should be able to speak in her language and should be able to react with compassion, flexibility and common sense in a crisis situation.

The following factors must be evaluated when working with victims of prostitution/trafficking: immediate physical safety, access to safe housing (provided by someone other than a pimp who she may call her boyfriend), legal or immigration status, physical injury, chronic illness, disability, malnutrition, acuity of psychological distress, access to social services, access to nonexploitive social support, literacy, education, job skills, and level of awareness of human rights.

Shame is a common reaction to sexual assault, including prostitution and trafficking. Shame limits the victim's capacity to acknowledge the responsibility of the perpetrators. Sexual assault survivors often feel that they failed to sufficiently resist. They may feel especially responsible for sexual violence if they were pressured by poverty or previous abuse to "consent" to a work agreement which included illegal border crossing - whether or not they were deceived about what the 'work' really was. Some women know in advance they are going to prostitute, but they do not have any idea of how dangerous and damaging it will be. At every opportunity, it should be emphasized that she is not to blame, even if she "consented."

Pimps often threaten death (and have in fact killed many women), have told women

continued on page 3

that they are criminals, that they can be arrested at any moment because they lack a visa, or that her family at home will be killed if she discloses criminal activity. In order to survive, the victim has had to comply with all of the pimp/trafficker's demands. Once the survivor of sexual exploitation, prostitution, or trafficking is removed from immediate danger, crisis intervention is necessary. This is best provided by counselors from battered women's shelters or by someone who is familiar with the systematic methods of brainwashing, indoctrination and control which are used against trafficked/prostituted women.

Collaboration with other agencies

If you are doing outreach to a migrant community to contact a trafficking victim, we have the following suggestions. The initial contact with a suspected victim should not be made by a member of any law enforcement agency, including INS. An ideal person to reach out to a prostitution/trafficking victim might be a promotora or someone from an agency familiar with trafficking and prostitution who is acquainted with members of the immigrant community. The approach should occur as part of public health outreach. Because it is common for violent gangs to traffic women, two people (at least one woman) should make the visit, and others should be aware of their whereabouts, with an agreed-upon time when the agency will be phoned. Each person should have a visible cell phone.

It is helpful if you have connections with a local battered women's shelter, or with a police officer who has previously offered assistance to rape victims and/or women in prostitution. These kinds of networks are best set up in advance, not in the midst of a crisis. In one case more than 20 agencies were involved in the care of a trafficking victim. We mention this not to discourage you but to point out the wide range of agencies which can be enlisted to assist you in providing services to prostituted/trafficked women and girls. Agencies involved in the previously mentioned case included several community health clinics, a psychologist, a youth shelter, a battered women's shelter, funds obtained through Office of Refugee Resettlement, Health & Human Services, the Mexican Consulate, Desarrollo Integral de la Familia (Mexican Social Services), Mexican Judicial Federal Police, Human Rights Mexico, the FBI (Office of Victim Services), a criminal

attorney, an immigration attorney, a US attorney, and a sheriff.

Long-term health issues

For women who have been prostituted, STDs are the rule rather than the exception. In addition to hepatitis C and HIV, poverty-related diseases such as tuberculosis are common but rarely assessed in medical examinations of prostituted/trafficked girls. Sensitively delivered sex education should be standard practice when providing care to survivors of prostitution and trafficking. It should not be assumed that because they

Currently, we know little about the use/abuse of prostitutes by migrant workers including whether these are trafficked women or whether they are local women from communities in which migrant workers are temporarily employed.

are performing sex acts, they understand STD and pregnancy prevention. Those who have received education about sex and STDs may later become sources of information, referral and support for others.

Counseling for symptoms of post-traumatic stress is necessary not only for healing, but also for coping with the trauma of contact with the multitude of agencies involved in trafficking cases. Trafficking victims have lived in a world of verbal abuse, lies, and physical danger. Law enforcement efforts can be seen as an additional threat to their survival.

A strategic question to ask your state child protective services agency so that they can develop a plan to assist victims is: "how should health care providers report minors who are being sexually abused in prostitution or trafficking and what services are available to them?" Obviously, this is a question which would ideally be asked before a case is identified, since an appropriate response will take months or even years to implement.

Conclusion

Pimps and traffickers take advantage of the subordinate status of women in both the United States and Mexico by exploiting sexist and racist stereotypes of women as property, commodities, servants, and sexual objects (Hernandez, 2001). Traffickers also take advantage of institutional inexperience

with trafficking/prostitution by criminal justice, health care and social service providers. Meeting the challenge of serving survivors of prostitution and trafficking requires multicultural education, the development of specialized treatment protocols for victims as well as collaboration across agencies, disciplines and borders. Additionally, as service is provided, we hope that data is collected so that the information can be shared with others.

Notes

1. The United States defined trafficking in 2000 as occurring when "a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery." US Dept of State, July 2003 Trafficking in Persons Report <http://state.gov/g/tip/>.

References

- Bava, M.; Zarate, L.; Goolsby, C.; Farley, M. (in press) Prostitution and Trafficking of Women and Children from Mexico to the United States in Melissa Farley (editor) *Prostitution, Trafficking & Traumatic Stress*. Binghamton, NY: Haworth.
- Farley, M. and Kelly, V. (2000) "Prostitution: a critical review of the medical and social sciences literature," *Women & Criminal Justice*, 11 (4): 29-64.
- Hernandez, A (2003) The Sex Trafficking of Children in San Diego: Minors are prostituted in farm labor camps in San Diego. *El Universal*. Mexico City. Jan 11, 2003
- Hernandez, T. K. (2001) Sexual Harassment and Racial Disparity: The Mutual Construction of Gender and Race. *U. Iowa Journal of Gender, Race & Justice* 4:183-224.

About the Authors

Melissa Farley has practiced as a clinical psychologist for more than 35 years. Her research on prostitution has been used in depositions before state governments in South Africa, Ghana, and New Zealand by groups which are attempting to counter the decriminalization or legalization of prostitution. Some of her papers are available at Prostitution Research & Education, <http://www.prostitutionresearch.com>. She has recently completed editing a 400-page book, *Prostitution, Trafficking & Traumatic Stress*, a collection of 16 articles that is scheduled to be published by Haworth in Fall 2003.



Pizcando Sueños/ Harvesting Dreams

The Voices of Mexican Migrant Women

Final Article in a Series of Five

"...que ellas llegaran a hacer lo que yo quise hacer y no lo pude haber hecho antes. Por una cosa o por otra se frustraron mis pensamientos."

"...I would like them to achieve what I wanted but couldn't do before. For one reason or another my desires were frustrated."

Taking time to dream for many is a privilege, a little ray of hope that liberates us from our suffering, work, and worries. Dreams give sustenance to our will and desire to live. They guide a great part of our lives. Even though we may know that our dreams may not become reality, this guidance leads us to make decisions and to confront our responsibilities with energy and optimism. For the women of Pizcando Sueños, rarely do they take the time to dream.

The stories told by the 20 women of the Pizcando Sueños project, all Mexican farmworkers living in Florida, speak directly to their reasons for crossing the border. Many of their reasons coincide with the academic studies. But in their words, migration is an escape from hunger, poverty, and domestic violence and illustrates the emotion and detail of what leads people to abandon their homes. The dreams that lead them and thousands before them to migration, offsets these painful realities; the dreams of a better life for their children.

"Me gustaría verlas [mis hijas] realizadas, sí me gustaría verlas... con esa misma inquietud de estudiar, de superación. Esa inquietud, esa espinita que traen ellas ahorita de seguirse superando, me gustaría que ellas lo realizaran, que ellas llegaran a hacer lo que yo quise hacer y no lo pude haber hecho antes. Por una cosa o por otra se frustraron mis pensamientos."

"I would like to see them fulfill their dreams. Yes, I would like to see them... with this need to study, to learn more, this yearning that they have now to improve themselves. I would like them to achieve what I wanted but couldn't do. For one reason or another my desires were frustrated."

For most of the women, their personal dreams have been converted into what can be achieved for future generations. There were a few women interviewed that identified dreams that focused on their own personal betterment such as studying, finding better work opportunities and personal improvement.

"Mi meta es aprender..., algo bien importante y bien necesario para mí. Estoy viendo la posibilidad de sacar el GED. Yo creo que con la ayuda de Dios...voy a lograr sacar mi certificado."

"My goal is to learn...things that are very important and necessary for me. I am looking into the possibility of getting my GED. I think that with the help of God...I am going to be able to get my certificate."

"Yo quisiera poder y sueño, tener mi propio trabajo, no depender de nadie."

"I would love the ability and I dream about having my own job, not depend on anyone."

"Para el futuro, no tengo sueños. Lo único que anhelo es tener un...(piensa) una fábrica o un taller de costura."

"For the future, I don't have dreams. The only thing that I long for is to own (she pauses) a factory or a sewing shop."

The dream of happiness and well being of their children becomes the women's own dream. It is here that faith and dreams interconnect. Women believe that when their children achieve their dreams, the women themselves will be compensated for their hard work and faith.

"Pues [les deseo] mejor, pues que no trabajen tanto como yo."

"I wish the best for them, so that they don't

have to work as hard as I do."

Para mi hija...quisiera que siguiera estudiando porque todavía es joven. Tiene que buscarse algo que realmente le gusta a ella..."

"For my daughter ... I wish that she be able to continue studying, because she is still young. She needs to choose something she really likes..."

"Pos mis sueños para el futuro son realizar a mis hijos, sacarlos adelante, y pos es mi única meta que tengo ... y eso es lo que a nosotros los padres nos toca..."

"Well my dreams are for my children to become something, to help them get ahead. This is what we as parents have to do, help them get ahead..."

"Salir adelante, luchar por mis hijos, sobre todo mi niña. Y si mi esposo quiere seguir conmigo...y si no al final del tiempo pues apartarnos, apartarme de él y [yo voy a] luchar por mis hijos, por que lo más importante para mí son mis hijos."

"To get ahead, struggle for my children, especially my daughter. And if my husband wants to stay with me, or if not we will end separated and [I'm going to] fight for my children. Because the most important thing for me is my children."

"...Que trabajen por ellas mismas, que sepan lo que es ganar un dinero y que sepan cuanto cuesta."

"That they work for themselves and that they know how to earn money and understand the value of things."

"El sueño más sagrado que tengo para ella (mi hija) es que no se case, uno dice que cotorro que se le paso a uno el tren -Que se le pase, pero que no se case chica, por que echándose uno al matrimonio es muy difícil".

"The most sacred dream that I have for her [my daughter] is that she doesn't get

married. People say that not getting married is like missing the boat. I say, let it pass, so that she doesn't marry young. Because getting married young is very difficult."

The women of Pizcando Sueños focus little on the difficulties of their work, but dream that their children should have a better life and that their work should be less labor intensive and more rewarding.

"Los sueños que tengo para ella [mi hija] es que estudie y que sea algo profesional ya que yo no soy. Ando empinada cortando. Yo no quiero que ella sea eso. Quiero que estudie y que me mantenga (risas), que me mantenga al futuro (risas). Yo le digo que sea algo, dice ella que quiere ser enfermera.."

"The dreams that I have for her [my daughter] is that she study and that she becomes a professional, since I am not. I walk around bent over from field work. I don't want this for her... I want her to study and take care of me (smiles) and that she takes care of me in the future (smiles). I tell her to be somebody, she says that she wants to be a nurse."

"Yo le digo a mi hija- estudia harto para que no sufras, Dios nos dé licencia y se casen, tengan para tus papeles puedas trabajar, estar bien, es lo que yo quiero, es lo que les digo."

"I tell my daughter, study hard so she doesn't suffer. May God give us the opportunity to see them marry and that they get work permits to be able to work and that they be well. This is what I want and what I tell them."

Within the dreams expressed by the women for their children was that they treasure family life. Their dreams are that their families stay united and that their children, especially their daughters, find respectful partners.

"[Les deseo] la felicidad de que les toque un hombre bueno que las vea y que tengan su trabajo que su trabajo nunca les falte les digo a ellas, -que más quisiera para ustedes que les toque un hombre bueno."

"I wish for them the happiness of finding a good man that looks after them and that they never be without work-as I tell them, more than anything I hope that they find a good man."

"Que algún día sean buena pareja con su pareja que algún día sean buenas madres, que se quieran así mismas y que lleguen a lograr los sueños que ellas tienen, para sí mismas."

"That one day they find a good partner and that they be good mothers, that they love each other and that they achieve the dreams that they have for themselves."

"Pues yo nada más sueño que no les vaya a hacer falta nada a mis hijos, que todo el



tiempo estemos sanos, bien, que nunca se me acabe mi matrimonio que siempre esté con ellos, con mi esposo con mis padres y mis hermanos."

"Well, I only dream that my children never be without anything, that they are always healthy, that my marriage never ends and that we are always with them, with my husband, my parents, and my brothers and sisters."

"Que Diosito me deje crecer a mis hijos bien, que me deje a mí crecer con ellos, sanamente que mi matrimonio siga adelante, que sigamos siendo una familia y tantos sueños que tiene uno, que le pide uno a la vida y que con fe se hacen realidad".

"That God allows my children to grow up and that I can grow with them, that my marriage continues happily, that we continue as a family. And that all the dreams that one has, that you ask of life, come true because of your faith."

Women have faith that they will get by. Faith is their unwavering foundation. It is their dream of achieving legal status- that will relieve much of the stress and fear that they suffer and will allow the women to dream of bigger things.

"Quisiera poder arreglar [mis] papeles a través de los años que tenga acá y poder juntar para poderme hacer mi propia casa en México y sacar a mis hijos adelante."

"I would like to get my working papers

because of all the years that I have been here, be able to build my own house in Mexico and help my kids get ahead."

"Mis sueños...lo que más anhelo son mis papeles de migración y enseñarme a manejar bien y que mis hijos agarren sus buenas carreras y sus trabajos que no agarren ni un vicio".

"My dreams...what I desire most are my immigration papers, and to learn how to drive well and that my children get good jobs and that they don't pick up any vices."

The women of Pizcando Sueños realize that their dreams alone have not brought them to this point. The support that they have received from others is not forgotten. They all recognized those who have helped them get here and are committed to serving others.

" Yo quiero seguir adelante en todo lo que pueda hasta para poder ayudar a la demás gente, que de veras hay mucha gente que necesita ayuda. Yo quisiera que las demás personas se dieran la mano, porque a mí la gente me ha brindado mucho a mí, sí, porque es bien duro llegar así sin nada."

"I want to get ahead in everything that I can so that I am able to help others, because there are really a lot of people who need help. I wish that people would help each other, because many people have helped me

continued on page 8

MCN Celebrates our 2003 Unsung Hero

Austin, TX – June 3, 2003—At a time when so many people are looking overseas for our heroes, **The Migrant Clinicians Network** announced the 2003 Unsung Hero Award went to American Dr. Bob LeBow, a longtime advocate of healthcare for farmworkers and other underserved populations.

“Bob LeBow embodies the true characteristics of the Unsung Hero Award. He served more than 20 years as the Medical Director of Terry Reilly Health Services (TRHS,) and Bob LeBow has always used his skills as a bilingual clinician to speak often to patient groups,” says Karen Mountain, MCN CEO.

“His valuable folk art and photo collection from Mexico, Peru, and all over the world on the walls of the TRHS Nampa Clinic have made countless patients feel at home, and their culture validated,” added Mountain

Dr. LeBow has advocated for health care reform on the national and state level, serving as President of Physicians for a National Health Program in 1998 and 1999. Last May he published his first book, *Health Care Meltdown: Confronting the Myths and Fixing Our Failing System*, giving a thoughtful look at the US health care system and offering suggestions for change.



But his story as an American hero goes on, last July, on his way to work Bob suffered a serious bicycle accident. Dr. LeBow now lives as a quadriplegic, *and* continues his advocacy work on the telephone and through email from his son's home near Philadelphia. Bob is supported in his work by his wife Gail, his son Ted, daughter-in-law Jennifer and his granddaughters. Although

Bob is now retired from his work at TRHS, he was recognized for a life devoted to improving the health of persons in this country and, through his Peace Corps and consulting work, all around the world. He was honored in *absencia* at the **2003 Annual Farmworker Health Conference in Phoenix, Arizona on May 2, 2003.**

The Migrant Clinicians Network established its Annual Unsung Hero Award in 1991 as a way to honor one of the unrecognized clinicians in the field of migrant health. The Award winner receives an expense paid trip to the annual conference.

Nominees for the Unsung Hero Award are distinguished by their demonstrated dedication to migrant health, participation in a variety of areas in migrant health care delivery, innovation in service delivery and prevention strategies, clinical leadership, and lack of previous recognition for their contributions to migrant health.

Nominations for the Unsung Hero are solicited from the MCN membership as well as others working on behalf of the underserved. +

calendar

2nd Annual Conference

Challenges in Agricultural Health and Safety
September 7-9, 2003
San Francisco, CA
530-752-5253
<http://agcenter.ucdavis.edu>

17th Annual California Conference on Childhood Injury Control

September 22-24, 2003
Los Angeles, CA
Center for Injury Prevention, Policy and Practice
619-594-3691
www.cipp.org

In Harm's Way: Toxic Threats to Child Development

November 6th, 2003
Oregon Health and Sciences University, Portland, OR
November 8th, 2003
University of Washington, Seattle, WA
Physicians for Social Responsibility
OREGON - Angela Crowley-Koch, Oregon PSR
angela@oregonpsr.org
503-274-2720 or visit www.oregonpsr.org
WASHINGTON - Martin Fleck, Washington PSR
www.wpsr.org; wpsr@wpsr.org; 206-547-2360 or
Elise Miller, Institute for Children's Environmental Health
emiller@iceh.org; www.iceh.org; 360-331-7904

16th Annual East Coast Migrant Stream Forum

October 23-26, 2003
Tarrytown, NY
North Carolina Primary Care Association
919-469-5701
www.ncphca.org

Midwest Migrant Stream Forum

November 6-8, 2003
Houston, TX
National Center for Farmworker Health
512-312-2700
www.ncfh.org

Western Migrant Stream Forum

January 30-February 1, 2004
Seattle, WA
Northwest Regional Primary Care Association
206-783-3004
www.nwrpca.org

2004 National Farmworker Health Conference

April 29-May 1, 2004
Miami, FL
National Association of Community Health Centers
301-347-0400
www.nachc.com

newsflashes

Video Available for Farmworker Mental Health Outreach and Education

Los Cuentos del Campo - Las historias que nos enseñan que a pesar de la sombra hay esperanza
Stories from the fields - Stories that show us that in spite of the darkness...there is hope

The bilingual mental health outreach team of Terry Reilly Health Services has created a video slide show that shows how farmworkers facing life problems can benefit from counseling services. These mental health issues include:

- Child behavior problems and the benefits of play therapy
- Female depression and adjusting to life in the United States
- Grief and sadness after losing a loved one
- Recognizing panic attack symptoms
- Recognizing male depression symptoms

This video has been shown in mental health outreach presentations at the 2003 Western Migrant Stream Conference and the 2003 Northwest Spring Primary Care Conference and is used by Terry Reilly Health Services to help create awareness in the farmworker community of mental health issues and the benefits of counseling. This video has been shown in the following settings:

- Community presentations (labor camps, churches, community centers, etc.)
- School parent meetings
- Health fairs
- Health clinic waiting rooms

"The cost of the video which includes a Spanish/English written presentation guide for facilitating group discussions is \$17.00, plus \$3.00 for shipping and handling, per video. Purchasers from Idaho, add 6% (\$1.02/video) state sales tax."

Terry Reilly Health Services
Attn: Britney Lanham
211 16th Ave. N., P.O. Box 9
Nampa, ID 83653-0009

Women's Health Resource

The Hesperian Foundation continues to offer the *Women's Health Exchange* (published in English) and *¡Saludos!* (published in Spanish). These are free resources for education and training in women's health. Published 3 to 4 times a year, these newsletters are designed to help women and community groups from around the world learn more about each other, share training ideas and information, and promote popular education on women's health. Each issue

focuses on a certain women's health topic and includes:

- A training guide for participatory community-based education
- Stories about groups working to improve women's health
- Resources for that particular topic
- Information about new developments in women's health

Contact the Hesperian Foundation for more information or to sign up to receive this publication. 510-845-4507, www.hesperian.org, or Kathleen@hesperian.org

Recent Articles on Migrant Health Issues

The May 2003 issue of *Pediatrics* contains information on a study looking at health service use among children of migrant farmworkers. The objectives of the study were to

- 1) assess the determinants of health services use among users and nonusers of health services and
- 2) evaluate the association between health status and health services use while controlling for enabling resources and sociodemographic factors.

Overall the researchers found that adult caregivers overcame "resource and socio-demographic barriers to obtain needed health care" when they perceived the child to be in poor health. Researchers also suggested that "further efforts may be needed to improve access to care for migrant children with the following profiles: those who lack contact with WIC, older migrant children, boys, and those who relatively high geographic mobility. (Weathers A, Mindowitz C, O'Campo P, et al. 2003. Health services use by children of migratory agricultural workers: Exploring the role of need for care. *Pediatrics* 111(5): 956-962.

The January-April 2003 issue of the journal of *Dentistry for children* has an article examining the cost efficiency of a dental program for migrant children. The authors of this study concluded that "the dental treatment program used less financial resources than providing care in a private practice setting whether or not Medicaid reimbursement was factored in". (Chaffin JG, Satishchandra P, Bagramian RA. Cost-efficiency of a community dental delivery program for migrant children. 2003. *Journal of Dentistry for children* 70(1): 47-50. For more information

about the program studied go to www.brightfutures.org/oralhealth/about.html.

Vision Care Resources

The National Eye Institute (NEI), one of the Federal government's National Institutes of Health, is pleased to announce its support for a new national health observance: Healthy Vision Month. The first Healthy Vision Month was in May 2003 and focused on reducing blindness and visual impairment in children and adolescents. Start planning now for next year's Healthy Vision Month!

The NEI site offers ideas and materials for use in local programs and outreach promoting healthy vision and the specific vision objective. Targeted materials are available for parents and caregivers, health care professionals and educators, pediatricians and nurses, State and local governments, and youth in all racial/ethnic groups.

The key resource for planning your Healthy Vision Month is NEI's Healthy Vision Month Resource Guide. The Healthy Vision Month Resource Guide provides you with the information and tools your organization needs to draw attention to children's vision health. The Resource Guide can help you organize a local Healthy Vision Month event that will meet the needs of your community and grab the attention of the media. Visit <http://www.healthyvision2010.org/HVM2003> to order or download your free copy today.

EPA Cites Five Colorado Growers for Failing to Comply with Agricultural Worker Protection Regulation

The U.S. Environmental Protection Agency issued administrative complaints against five Colorado growers June 3, 2003 for violations of the Federal Insecticide, Fungicide, and Rodenticide Acts (FIFRA) Worker Protection Standard (WPS), a regulation aimed at reducing the risk of pesticide poisonings and injuries among agricultural workers and pesticide handlers.

The Colorado growers include David Petrocco Farms, Inc., Brighton, Colo., Bauserman Farms, Inc., Manzanola, Colo., Dionisio Farms, Pueblo, Colo., Villano Brothers, Inc., Ft. Lupton, and MJ Farms, Inc., Commerce City, Colo. In the case of David Petrocco Farms, Inc., EPA is proposing a civil penalty of \$231,990 for 229 violations of the WPS and FIFRA. This is the largest proposed federal WPS misuse penalty in EPA history. +



Migrant Clinicians Network

P.O. Box 164285 • Austin, TX 78716

Non Profit Org.
U.S. Postage
PAID
PERMIT NO. 2625
Austin, TX

■ Pizcando Sueños/ Harvesting Dreams – The Voices of Mexican Migrant Women

continued from page 5

a lot, because it is really hard to come here without anything.”

For the women of Pizcando Sueños one dream that was consistently voiced within the context of other questions and discussions is that of returning home to Mexico. But most state that it is an impossibility.

“El principal (sueño) es regresar a México, pero yo sé que es un sueño imposible si regreso, regreso para visitar nada más”.

“My main dream is to return to Mexico, but I know that this is an impossible dream. If I return, it is for a visit, nothing more.”

This dream of returning home has been superceded by the dreams of a better life for their children. Their children, if not born here, have grown up here and are deeply rooted in the U.S. Most women feel that they have come too far to see their children get ahead and that to return to Mexico would mean a trip home alone, leaving behind their children and grandchildren.

“Mis sueños más grandes son que mis hijos siempre salgan adelante...Dios me dé licencia de vier a mis nietos más, y ver hasta donde se puede ir y que vayan con bien todo.”

“My biggest dreams are that my children always move forward...May God give me the opportunity to see more of my grandchildren and that everything turns out well.”

Pizcando Sueños has projected the voices of Mexican migrant women, highlighting their individual realities and their common struggles. Each woman’s story of crossing the border, of learning to work like men in the fields and their struggle to maintain family life and to preserve Mexican traditions have been marked by some victories and many painful moments and separations. The 20 interviews of these powerful farmworker women in Florida and the subsequent fotonovela and traveling exhibit have brought to life the stories and images of farmworking women. The stories of *Pizcando*

Sueños have served to unite farmworking women, to educate their daughters about the past and their mother’s dreams for their future, to inform Mexicans at home of life en el norte, to illuminate barriers to providing services to farmworking women and has served to document how the faith, values, and traditions of the women are maintained, once in the United States. *Pizcando Sueños* is a documentation of what these women wish to tell the world and to pass on to future generations with the pride of saying:

“A pesar de todo, hemos salido adelante.”

“In spite of everything, we are moving forward.”

Pizcando Sueños is a project of Fabiola del Castillo and Fran Ricardo and Robin Lewy of the Rural Women’s Health Project. For more information about the *Pizcando Sueños* project, or to read other articles in this series, please visit our web site at: www.rwhp.org/pizcando.

