

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

Kari M. Bail

Date

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern
Georgia:
A Case Study

By

Kari M. Bail
Master of Public Health

Global Health

Karen Andes, PhD
Committee Chair

Jennifer Foster, PhD
Committee Chair

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern
Georgia:
A Case Study

By

Kari M. Bail

B.S.N., University of Massachusetts, 2006
B.A., Mount Holyoke College, 2001

Thesis Committee Chairs: Karen Andes, PhD, Jennifer Foster, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2011

Abstract

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern Georgia: A Case Study

By Kari M. Bail

There are currently more than 3.5 million Latino farmworkers in the United States. Farmworkers represent one of the most marginalized and underserved populations in the U.S. This thesis examines the determinants of health among Mexican migrant farmworkers in the Southeastern United States through a case study. Migrant farmworker health is shaped by poverty, occupational hazards, undocumented status, and insufficient access to health care. This thesis employs a case study approach, utilizing Clifford Geertz's concept of "thick description" to provide a narrative account of the setting and context through the relationship of a key informant and community member to the migrant farmworker community (Geertz, 1977). The key informant has worked and lived among farmworkers for more than twenty years. Through years of advocacy and membership in the Mexican farmworker community, she has earned the trust of the migrant farmworker community. Five in-depth interviews were conducted with the key informant, resulting in some 180 pages of transcripts. These transcripts were analyzed using MAXQDA software. Memos were created by the author, and from those memos, the data was coded and analyzed.

This thesis evaluates acculturation theory, a dominant paradigm used to explain the impact of migration on health. Acculturation theory cannot be easily mapped onto the transnational experience of migrant farmworkers, who navigate multiple physical and cultural spaces yearly, and may not have the opportunity or inclination to acculturate into the host society. In addition, acculturation theory does not take into account the impact of invisibility and isolation on the health of the Mexican migrant farmworker population. The main finding of this paper is that isolation from family and community, as well as lack of access to institutions, impact the health and well-being of migrant farmworkers. Migrant farmworkers have unique health problems that result from isolation from family and community, which leaves migrants without a support network and without the social capital that could improve their health status. Invisibility of farmworkers within institutions, such as the educational system, health care locations, social services, domestic violence facilities, and churches contribute to inequality and illness among farmworkers.

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern
Georgia:
A Case Study

By

Kari M. Bail

B.S.N., University of Massachusetts, 2006
B.A., Mount Holyoke College, 2001

Thesis Committee Chairs: Karen Andes, PhD, Jennifer Foster, PhD

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2011

Acknowledgments

This thesis would not have been possible without the key informant's generosity in sharing her knowledge, experience, and invaluable insight with the professors who interviewed her and with me. Additionally, Dr. Jennifer Foster's guidance, feedback, and enthusiasm for this project were critical to its success. Thank you to both Dr. Foster and Dr. Karen Andes for your mentorship on this project, with everything from conceptualization and methodology to utilizing software. Thank you to Anissa Dickerson for sharing her knowledge of prenatal care among migrant farmworkers with me. Thanks to Theresa Nash and Angela Roza for your help with all of the details of this project. While writing this thesis, I lived with my parents, Anne and Ed Stanek, and my in-laws, Lynne and Dick Bail – I cannot thank you enough for supporting me in completing this thesis and graduate school. And finally, thank you to my husband, Chris Bail, whose support, patience, and wisdom were invaluable to me and to this thesis. It truly might not have been finished without his encouragement and enthusiasm.

**Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in
Southern Georgia:
A Case Study**

Table of Contents

Chapter 1: Introduction.....	1
Chapter 2: Comprehensive Review of the Literature.....	6
Chapter 3: Manuscript.....	17
Chapter 4: Conclusion.....	64
References.....	70

Chapter 1: Introduction

Migrant farmworkers are among the poorest and most vulnerable workers in the United States today. Farmworker wages are typically less than \$10,000 a year, and three out of five farmworker families have incomes below the poverty line. Their work and transient lifestyle make them vulnerable to many health conditions, such as pesticide exposure, skin disorders, infectious diseases, lung problems, hearing and vision disorders, and orthopedic injuries (National Center for Farmworker Health, Inc., n.d.). This manuscript style thesis seeks to contribute to the literature on farmworker health by utilizing a case study approach of rural southern Georgia. This type of study, which utilizes narrative analysis of interviews with a knowledgeable and trusted member of the migrant community, is vitally important to increasing knowledge of migrant farmworker health. Farmworkers are difficult to study, given language barriers, remote living quarters, and the instability of their living and work environments. The author of this thesis spent two weeks in rural southern Georgia providing health care and health education to migrant farmworkers as a Nurse Practitioner and public health student. This experience lends further legitimacy to this thesis, as her experiences inform and contextualize the qualitative data analyzed.

Rural southern Georgia is an agricultural gem – with a 12 month growing season, it stands among the most productive agricultural areas in the United States. An annual agricultural machinery festival draws thousands to southern Georgia to learn about the most recent innovations in farming technology. However, if you travel to this event, you might not see any of the county's 7,549 migrant and seasonal farmworkers who make this massive agricultural economy possible (Larson, 2008). Indeed, the entire American

agricultural industry relies heavily upon overwhelmingly Latino farmworkers to plant, grow, and harvest their crops. While public debate about immigration policy and the fate of the undocumented rages, farmworkers travel far from home and family in search of a better life, toil under the hot sun and struggle on a daily basis to maintain their health, families, and livelihood.

Why should policy makers, government leaders, and the average American care about farmworker health? After all, Latino immigrants and others have chosen this precarious occupation, some entering the U.S. legally through a government program, while others traverse deserts and rivers to reach the United States in violation of U.S. immigration laws. While many Americans disdain such undocumented immigrants, others realize that without them our agricultural industry would suffer, since American workers are unwilling to do their jobs. What is more, fruits and vegetables would likely increase in price if Americans took the place of immigrant farmworkers who can be hired without benefits such as health insurance. As I describe below, migrant farmworkers suffer from grave health challenges ranging from repetitive use injuries to alcoholism and domestic abuse. As these problems increase, it has become increasingly clear that the health of America's agricultural economy depends critically upon the well-being of America's migrant farmworkers.

Although debates about migrant workers have emerged across the country, they are particularly volatile in Georgia. As of July 1st, 2011, Georgia House Bill 87, The Illegal Immigration Reform and Enforcement Act of 2011, was enacted with the goal of deterring the undocumented from entering the state, and creating more hostile conditions for those who reside in Georgia. The law requires that businesses and government

agencies check the immigration status of new workers through a federal system and impose fines of up to \$250,000 and 15 years in prison on those who use false identification. An additional provision, scheduled to go into effect in January 2012, will require people applying for food stamps and public housing to provide specific forms of identification (Severson, 2011). The state's sixty-nine billion dollar a year agricultural industry is at stake with the passage of this new immigration law (Edwards, 2011). The president of the Georgia Agribusiness Council, Bryan Tolar, said of the new immigration law: "What we have here is the equivalent of a giant scarecrow in the middle of a cornfield (Gray, 2011)." As elsewhere, health benefits for undocumented migrants have become a rallying cry of immigration opponents, despite the urgent need for public health services among Georgia's migrant farmworker population.

This article seeks to improve public debate by presenting empirical data about the scope of health challenges facing migrant farmworkers in the United States. Farmworker health is compelling on the basis of both human dignity and economic logic. However, migrant farmworkers are a uniquely challenging population to study, due to the transient nature of the population, language, and access resulting from long hours and isolated living quarters, not to mention reticence to share experiences with authorities whose intentions may not be well understood. A partnership between the Emory University School of Nursing and the migrant farmworker community of southern Georgia resulted in the Farmworker Family Health Project, a collaboration between faculty and students and a clinic in southern Georgia that provides health care to migrant and seasonal farmworkers. This project brings students and faculty to the fields and barracks where farmworkers live and work to provide basic health care and screening services.

Below, I employ a case-study method to study migrant farmworker health, drawing upon extended interviews conducted by Emory School of Nursing faculty with the director of a farmworker health facility, a middle aged Caucasian woman named Jackie¹, who has lived amongst and worked with farmworkers for more than twenty years. Jackie has intimate knowledge of the health issues facing migrant farmworkers as the director of a rural clinic that receives federal funding to serve migrant and seasonal farmworkers. These interviews were conducted to illicit her perspective on critical health issues facing the migrant farmworker population. Transcripts of these interviews provide unique and valuable insight into the health concerns of migrant farmworkers. The experience of the author, who spent two weeks in June 2010 conducting farmworker clinics and providing health education, also corroborates information in these interviews.

This article makes the argument that current theories of migration and health do not sufficiently explain the influence of isolation and invisibility on migrant health, as most of these theories were designed to explain permanent – and not temporary – migration. The circular migratory patterns of farmworkers create unique public health challenges that have been overlooked by previous studies of health among permanent migrants. More specifically, migrant farmworkers have unique health problems resulting from isolation from family and community, which leaves migrants without a support network and without the social capital that could improve their health status. Invisibility of farmworkers within institutions, such as the educational system, health care locations, social services, domestic violence facilities, and churches contribute to inequality and illness among farmworkers.

¹ Pseudonyms are used for all research participants in order to protect their anonymity.

The following article utilizes narrative analysis of a case study to illustrate, through the relationship of the narrator to migrant farmworkers, how isolation from family and community, as well as invisibility within institutions, impact the health and well-being of migrant farmworkers. As Margarete Sandelowski wrote, “Narrative analyses of texts force scholars to attend first to what is placed immediately before them – stories – before transforming them into descriptions and theories of the lives they represent (Sandelowski 2007 p. 2).” The stories of farmworkers come to life through their narration by Jackie, a woman who is uniquely positioned to understand the experience of a diverse group of farmworkers across more than a decade. Jackie’s position as a provider has enabled her to develop intimate relationships with the population that yield remarkable data for the purposes of this study. Jackie’s narration reveals not only the hardships of migrants she has witnessed, but also the complexities of legal status and anti-immigrant sentiment in the United States. Her recollections describe farmworkers’ intimate connection to the land and agricultural production, and the strategies they use to solve health problems without access to the services they need.

Chapter 2: Literature Review

A literature review of migrant farmworker health reveals articles on migrant farmworkers and occupational health, mental health, stress and acculturation. This literature review will expand upon several of the themes discussed in the literature that are relevant to the content of this thesis. The goal of this literature review is to highlight relevant literature, and also to show how this manuscript will contribute new knowledge of farmworker health to the discipline by revealing gaps in the literature. Research has been conducted on the physical and mental health of migrant farmworkers; however, while several studies mention isolation as a condition of the migrant farmworker experience, most do not associate isolation and invisibility with declining health status. There are several articles that represent exceptions to this generalization. Garcia and Gondolf (2004) identified situational factors that increase problem drinking among Mexican farmworkers as social isolation and peer influence. They concluded that programs and policies are necessary to support migratory families and offset social isolation as a means to address problem drinking (Garcia & Gondolf, 2004). Hovey and Magaña, in several publications on mental health among Mexican migrant farmworkers, acknowledge the impact of social isolation resulting from physical isolation as negatively impacting their mental health (J. Hovey, 2000; J. D. Hovey & C. G. Magaña, 2003; J. Hovey & C. Magaña, 2000; C. Magaña & J. Hovey, 2003). Isolation from family and friends results in feelings of anguish (J. D. Hovey & Magaña, 2002). Hovey further expands upon the theme of isolation and mental health. He names “geographical and social isolation” as represented by stressors associated with being physically isolated. He

also describes “emotional isolation” as characterized by the emotional inability to confide in others (J. D. Hovey & C. G. Magaña, 2003, p. 114).

Sullivan and Rehm (2005) performed a literature review of 14 published, peer-reviewed manuscripts on mental health of undocumented Mexican migrants. The investigators were interested in looking at the effects of the stress of stigmatization among undocumented immigrants. They posed the provocative question – should documentation be considered in the assessment of health? Their goal was to assist clinicians and scholars in nursing to better understand the mental health status, needs, and challenges of Mexican immigrants. The literature review found many themes among undocumented Mexican immigrants that contribute to a unique health risk profile. Undocumented Mexican immigrants were affected by exploitation, vulnerability, lower wages, and unstable employment status. Fear of deportation often negatively affected their likelihood of seeking health care. A failure to succeed in the country of origin may result in emotional effects from a sense of failure or inability to provide for one’s family. During the journey to the United States, many migrants have traumatic experiences crossing the border – they face the possibility of deprivation, rape, and murder. Once undocumented immigrants have arrived in the U.S., they are often very apprehensive to return across the border, contributing to their isolation from friends and family. Finally, a salient theme discussed was that of fear and fear-based behaviors. The pervasive fear, according to Sullivan et al, is ubiquitous in the literature. Fear of detection and deportation are constant, and not affected by length of time in the United States (Sullivan & Rehm, 2005). These findings draw attention to the impact of legal status on farmworkers. The psychological burden of undocumented status is likely to increase

given the passage of The Georgia Illegal Immigration Reform and Enforcement Act of 2011.

Multiple studies have been done of anxiety and depression among farmworkers (Alderete, W. Vega, Kolody, & Aguilar-Gaxiola, 2000; Donlan & Lee, 2010; Grzywacz, 2009; J. Hovey, 2000; J. Hovey & C. Magaña, 2000; C. Magaña & J. Hovey, 2003; Sullivan & Rehm, 2005). Joseph Hovey has written several articles on migrant farmworker health that highlight associations between high levels of depression and various risk factors, including family dysfunction, ineffective social support, hopelessness, and high acculturative stress. While there appears to be agreement among scholars that acculturation leads to stress and increased incidence of mental health dysfunction, one study found that the prevalence of psychiatric disorders among migrant farmworkers was lower than for Mexican Americans and the US population as a whole, but increased with further acculturation and primary residence in the United States (Alderete et al., 2000).

A number of theoretical perspectives have been presented to explain health outcomes of Latin American immigrants in the United States.² Among these, acculturation theory remains the most common point of reference. Acculturation theory – also known as “assimilation theory” – is based on the assumption that immigrants succeed by adopting cultural practices of their host country and relinquishing those from their homes (Alba & Nee, 2005; Massey, 1981). Among these adaptations is the way they think about health care, or adapt to the health behaviors of their new country.

Acculturation theory has been used to explain health outcomes among Mexican migrants in the United States by multiple scholars (Antecol & Bedard, 2006; Donato, Gabaccia,

² For an overview, see *Legacies* (A Portes & RG Rumbaut, 2001).

Holdaway, Manalansan, & Pessar, 2006; B. Gorman, J. Read, & Kreuger, 2010; Kanaiaupuni, 2000). Historically, migration studies have focused on the experience of the single male migrant. Relatively few studies examine the experiences of Mexican migrant farmworkers, as opposed to seasonal or “settled out” farmworkers.³ This is an important gap in the literature, since there is little evidence that settled farmworkers and circular migrant farmworkers face different health challenges (B. Gorman et al., 2010, p. 442).

The transnational nature of migrant farmworkers challenges acculturation theory, the dominant paradigm used to explain the impact of migration on health. Although acculturation theory presumes immigrants gradually integrate or disassociate from receiving societies, migrant farmworkers navigate two physical and cultural spaces yearly, and therefore may not have the opportunity or inclination to acculturate into the host society. The burgeoning literature on transnationalism provides important insights into such circular migratory patterns (e.g. Levitt, 2001). Transnational social networks provide opportunities that facilitate farmworker migration, both legal and illegal. Levitt (2001) has shown that transnational migration disrupts traditional family patterns, since fathers and mothers are routinely forced to abandon their children for long periods of time. While Mexican farmworkers are challenged by the new circumstances encountered in the American agricultural industry, migrants’ social and economic lives are not bounded by national borders. They do not necessarily renounce loyalties and participation in their home country, and in fact, frequently remain very connected to the lives and countries they have left behind (Levitt, 2001, p. 5).

While acculturation does not always fit the experience of migrant farmworkers, several researchers have noted that farmworkers, in addition to permanent migrants,

³ Exceptions include (Hondagneu-Sotelo, 2001; Pedraza, 1991).

experience acculturative stress (Finch, Frank, & W. A. Vega, 2006; J. Hovey & C. Magana, 2000). Farmworkers experience elevated levels of anxiety and depression when faced with the stressors of work and life in the United States. There are stressors that farmworkers have in common with other immigrants – such as discrimination, language and literacy issues, lack of social and financial resources. However, farmworkers face the unique stress of isolation from both their own families and non-farmworkers, which challenges the acculturation stress paradigm. For example, Hovey (2000) describes protective factors that include primarily immediate and extended family networks, social support, and high levels of education, which serve as buffers against acculturative stress. The majority of these protective factors are unavailable to migrant farmworkers (J. Hovey, 2000). Women are particularly buffered by social and family support that is limited in the farmworker barracks in which they live (Pedraza, 1991).

Female migrant farmworkers typically lack several of the protective mechanisms that are useful in the transition to another culture and adaptation to a transient lifestyle. Social support is one of the protective mechanisms frequently discussed in acculturation theory as protective against acculturative stress. A study on stress in migrant and seasonal farmworkers in North Carolina found that lower levels of stress were associated with a stronger social support system, and that lack of a support system leads to increased stress and depression. This study also demonstrates that migrant farmworkers typically preserve traditional belief systems while in the United States, which may serve as a protective mechanism (Kim-Godwin & Bechtel, 2004).

Additional theories of migration and health exist apart from acculturation theory, yet – none addresses the unique situation of migrant farmworkers. The “Healthy Migrant

Effect” hypothesis explains why Latino health outcomes are better and disease burdens lower despite low socioeconomic status in the United States. The hypothesis is that the selection of healthy migrants accounts for the epidemiological paradox, as migrants are selected based on superior health traits, rather than random selection (Wingate & Alexander, 2006). The “salmon-bias” effect is the likelihood that immigrants will return to their home country if they are ill, which artificially lowers mortality rates (Palloni & Arias, 2004). Critiques of these theories abound (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999; Rubalcava, Teruel, Thomas, & Goldman, 2008), as many researchers note the complexity of the relationship between migration and health. Studies indicate both positive and negative outcomes associated with acculturation, or the acquisition of cultural elements of the dominant society (Lara, Gamboa, Kahramanian, Morales, & Hayes Bautista, 2005).

Another model generated to explain migration and health is that of segmented assimilation, where groups develop different relationships with mainstream American society depending on human capital of the immigrant group, attitudes and policies of both governmental institutions, and the structure and resources of immigrant families and communities (Lara et al., 2005). Portes and Rumbaut (2001) proposed a model of acculturation that included dissonant acculturation, where a child acquires cultural capital before a parent does, and consonant acculturation, where parent and child acquire cultural elements at the same speed (A Portes & RG Rumbaut, 2001). While aspects of each of these theories may help explain some elements of the health of migrant farmworkers, none take into account the isolation experienced by migrant farmworkers from their

community, family, and institutions, and the impact of isolation on the health of these individuals.

Finally, the theories reviewed above focus primarily upon stress, but farmworkers face a number of additional health challenges that result from their daily experience in the fields. Despite the significant health risks migrant farmworkers face, they lack reliable access to health care. Farmworkers suffer increased mortality rates from certain cancers and tuberculosis, as well as injuries. One study, entitled *Health Care Utilization among Farmworkers*, found being female, having legal status to work in the United States, moderately proficient English language skills, and health insurance as correlated with health care utilization (Hoerster et al 2011). Farmworkers are particularly vulnerable because they typically lack precisely these aforementioned attributes that would increase their utilization of healthcare.

The major threats to migrant farmworker health documented in the literature include occupational injuries, pesticide exposure, infectious disease, heat stroke, and dermatological conditions (Finch, Frank, & Vega, 2006). The working and living conditions of migrant farmworkers generate unique health hazards, due to both occupational challenges as well as injury and illness that stem from the conditions imposed by the culture of migrant farmwork, including dependency and poverty (Borre, Ertle, & Graff, 2010). While significant research has been conducted on occupational hazards of farmwork, such as pesticide exposure, injuries, and dermal conditions, there has been little focus on the differential health risks encountered by farmworkers resulting from their marginalization. Farmworkers differ from the general immigrant population in their relatively unhealthy and unacculturated status. They also experience elevated rates

of social and economic discrimination compared to the general immigrant population of the U.S. Additionally, the effect of increased time in the United States on farmworkers may not result in the same outcomes as it does for other, more integrated immigrant groups (Finch et al., 2006).

There are very few articles written about female migrant farmworkers, with the majority focusing on prenatal care and childbirth. Female migrant farmworkers, who comprise 21% (National Center for Farmworker Health, Inc., n.d.) of the migrant farmworker population, face unique health risks when they are pregnant. The transient nature of their work makes access to prenatal care challenging, as well as poverty, transportation difficulties, and geographic isolation (Bircher, 2009). One study by Harley and Eskenazi (2006) explored the association between social support and health behaviors during pregnancy among women of Mexican descent in an agricultural community. This study included 568 women enrolled in prenatal care in Salinas Valley, California, who were from farmworker families. Findings indicated that improved health behaviors were associated with increased social support, such as better quality of diet, increased likelihood of using prenatal vitamins, and decreased incidence of smoking during pregnancy (Harley & Eskenazi, 2006).

Drinking and alcoholism among male farmworkers has a significant impact on women, who may view alcohol consumption as problematic, including the quantity of alcohol consumed, the frequency, and the public nature of alcohol consumption. Women are particularly concerned with issues of safety and role modeling for children (Maria Luisa Alaniz, 2009). Intimate partner violence (IPV), a significant problem within the

Mexican migrant farmworker population, has been shown to be connected to alcohol use (Kim-Godwin & Fox, 2009).

Several investigators have looked into questions of gender inequality, sexuality, and migration, which inform discourse on gender and farmworker health. Castañeda utilizes Rayna Rapp's concept of "political economy of risk" to explore sexuality and risk among female Mexican migrant farmworkers in California. Migrant women face risks related to changing constructions of gender and sexuality in the United States. These constructions are contingent upon the women's placement in the local economy and shaped by political and social forces. The premise of Castañeda is that the "social body" of female Mexican farmworkers is shaped by local expressions of transnational processes. Castañeda explains the process through which farmworker women are gendered and racialized through "brown collar jobs." They experience health on par with many Third World countries, and this analysis of sexuality emerges through the constellation of poverty and poor health (Castañeda & Zavella, 2008).

Castañeda describes the tension between sexual expectations, norms in Mexico, and the desires of female farmworkers themselves. Women struggle to negotiate condom use with their husbands, as condom use is socially inappropriate and considered an admission of infidelity on the part of the man. Women experience frequent sexual harassment in the male dominated profession of farmwork, and existing laws against sexual harassment are unenforced. While Castañeda describes the challenging plight of women under these conditions, she also points out that women are social actors as well – they develop strategies to protect themselves and negotiate gendered expectations of sexuality. Women construct complex identities, inclusive expressing their own notions of

desire and transgressing boundaries. This article offers a useful framework for mapping political, social, and economic norms onto migrant women's sexuality and gendered experiences (Castañeda & Zavella, 2008).

Parrado and Flippen (2005) conducted a mixed methods analysis of gender among migrant Hispanic women 18-49 years old in Durham, North Carolina and in 4 sending communities in Mexico which yielded interesting results. The authors find that migration both mitigates and reinforces gender inequality. For example, women have far more employment opportunities in the United States; however, they tend to be low-skilled positions, and therefore, even though more women work outside of the home, it does not raise their power and status within the family to the extent that employment of women does in Mexico, where female employment is more selective. The authors posit that employment of migrant women reflects economic marginality rather than female autonomy. While men outnumber women 2.3 to 1 in Durham, this does not result in increased power for women, but rather makes women more dependent on men for transportation, information, and communication. The primary findings of this study indicate that Mexican migrants selectively assimilate. Parrado and Flippen conclude that it is not U.S. residence or exposure to a liberal climate that drives the evolution of gender, but rather the interaction between migrant characteristics and social environment (Parrado & Flippen, 2005).

The literature on migrant farmworker health is substantial, and addresses many critical aspects of both physical and mental health. Theories created to explain migration have been posited, although none truly captures the unique status and experience of transnational migrant farmworkers, whose lifestyle complicates traditional explanations

of migration and acculturation. The following manuscript, utilizing a case study approach, highlights the unique circumstances of migrant farmworkers in southern Georgia. It shows, through qualitative analysis of narratives and participant observation, the impact of isolation and invisibility on the health of farmworkers in this region.

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern
Georgia:
A Case Study

By

Kari M. Bail

B.S.N., University of Massachusetts, 2006
B.A., Mount Holyoke College, 2001

Contribution of student

I did not collect the data, but performed a secondary qualitative data analysis of 5 transcripts of interviews (180 pages) conducted by Emory School of Nursing faculty. I performed the entire analysis on my own, and wrote this manuscript independently based on my results.

Abstract

Isolation, Invisibility, and Health among Mexican Migrant Farmworkers in Southern Georgia:
A Case Study
By Kari M. Bail

There are currently more than 3.5 million Latino farmworkers in the United States. Farmworkers represent one of the most marginalized and underserved populations in the U.S. This thesis examines the determinants of health among Mexican migrant farmworkers in the Southeastern United States through a case study. Migrant farmworker health is shaped by poverty, occupational hazards, undocumented status, and insufficient access to health care. This thesis employs a case study approach, utilizing Clifford Geertz's concept of "thick description" to provide a narrative account of the setting and context through the relationship of a key informant and community member to the migrant farmworker community (Geertz, 1977). The key informant has worked and lived among farmworkers for more than twenty years. Through years of advocacy and membership in the Mexican farmworker community, she has earned the trust of the migrant farmworker community. Five in-depth interviews were conducted with the key informant, resulting in some 180 pages of transcripts. These transcripts were analyzed using MAXQDA software. Memos were created by the author, and from those memos, the data was coded and analyzed.

This thesis evaluates acculturation theory, a dominant paradigm used to explain the impact of migration on health. Acculturation theory cannot be easily mapped onto the transnational experience of migrant farmworkers, who navigate multiple physical and cultural spaces yearly, and may not have the opportunity or inclination to acculturate into the host society. In addition, acculturation theory does not take into account the impact of invisibility and isolation on the health of the Mexican migrant farmworker population. The main finding of this paper is that isolation from family and community, as well as lack of access to institutions, impact the health and well-being of migrant farmworkers. Migrant farmworkers have unique health problems that result from isolation from family and community, which leaves migrants without a support network and without the social capital that could improve their health status. Invisibility of farmworkers within institutions, such as the educational system, health care locations, social services, domestic violence facilities, and churches contribute to inequality and illness among farmworkers.

INTRODUCTION

Rural southern Georgia is an agricultural gem – with a 12 month growing season, it stands among the most productive agricultural areas in the United States. An annual agricultural machinery festival draws thousands to southern Georgia to learn about the most recent innovations in farming technology. However, if you travel to this event, you might not see any of the county's 7,549 migrant and seasonal farmworkers who make this agricultural economy possible (Larson, 2008). Indeed, the American agricultural industry relies heavily upon overwhelmingly Latino farmworkers to plant, grow, and harvest its crops. While public debate about immigration policy and the fate of the undocumented rages, farmworkers travel far from home and family in search of a better life, toil under the hot sun and struggle on a daily basis to maintain their health, families, and livelihood.

There are over 3 million migrant farmworkers in the United States (National Center for Farmworker Health, Inc., 2009). Why should policy makers, government leaders, and the average American care about farmworker health? After all, Latino immigrants and others have chosen this precarious occupation – some entering the country legally through a guest worker program – while others traverse deserts and rivers to reach the United States, in violation of U.S. immigration laws. While many Americans disdain such undocumented immigrants, others realize that without them, portions of the agricultural industry would struggle, since American workers are unwilling to do their jobs. What is more, fruits and vegetables would likely increase in price if Americans took the place of immigrant farmworkers who can be hired without benefits such as health insurance. As I describe below, migrant farmworkers suffer from grave health challenges ranging from repetitive use injuries to alcoholism and domestic abuse. As these problems

increase, it has become increasingly clear that the health of America's agricultural economy depends critically upon the health of America's migrant farmworkers.

Although debates about migrant workers have emerged across the country, they are particularly volatile in Georgia. As of July 1st, 2011, Georgia House Bill 87, The Illegal Immigration Reform and Enforcement Act of 2011, was enacted with the goal of deterring the undocumented from entering the state, and creating more hostile conditions for those who reside in Georgia (House Bill 87). The law requires that businesses and government agencies check the immigration status of new workers through a federal system and impose fines of up to \$250,000 and 15 years in prison on those who use false identification. An additional provision, scheduled to go into effect in January 2012, will require people applying for food stamps and public housing to provide specific forms of identification (Severson, 2011). The state's sixty-nine billion dollar a year agricultural industry is at stake with the passage of this new immigration law (Edwards, 2011). The president of the Georgia Agribusiness Council, Bryan Tolar, said of the new immigration law: "What we have here is the equivalent of a giant scarecrow in the middle of a cornfield (Gray, 2011)." As elsewhere, health benefits for undocumented migrants have become a rallying cry of immigration opponents, despite the urgent need for public health services among Georgia's migrant farmworker population.

This article seeks to inform public debate by presenting empirical data about the scope of health challenges facing migrant farmworkers in the United States. Farmworker health is compelling on the basis of both human dignity and economic logic. However, migrant farmworkers are a uniquely challenging population to study, due to the transient nature of the population, language, and limited access resulting from long hours and

isolated living quarters. Additionally, farmworkers are often reticent to share experiences with authorities whose intentions may not be well understood.

Below, a case-study method is employed to study migrant farmworker health, drawing upon extended interviews conducted by the Emory University School of Nursing faculty with the director of a farmworker health facility, a middle aged Caucasian woman named Jackie⁴, who has lived amongst and worked with farmworkers for more than twenty years. A partnership between health professional students and faculty members from Emory University, as well as other institutions in Georgia, and Jackie's farmworker health clinic provides health care to migrant and seasonal farmworkers. This project, The Farmworker Family Health Program (FWFHP), brings students and faculty to the schools migrant children attend, as well as to the fields and barracks where farmworkers live and work to provide basic health care and screening services. The program was initially run by Georgia State University, but was taken over by Emory in the past decade (Connor, Rainer, Simcox, & Thomisee, 2007).

Jackie has intimate knowledge of the health issues facing migrant farmworkers, as she is the director of a rural clinic that receives federal funding to serve migrant and seasonal farmworkers. These interviews were conducted to illicit her perspective on critical health issues facing the migrant farmworker population. Transcripts of these interviews provide unique and valuable insight into the health concerns of migrant farmworkers. The experience of the author, who spent two weeks in June 2010 conducting farmworker clinics and providing health education, additionally informs this work.

⁴ Pseudonyms are used for all research participants in order to protect their anonymity.

Current theories of migration and health do not sufficiently explain the influence of isolation and invisibility on migrant health, as most of these theories were designed to explain permanent – and not temporary – migration (Antecol & Bedard, 2006; Donato, Gabaccia, Holdaway, Manalansan, & Pessar, 2006; Gorman, Read, & Kreuger, 2010; Kanaiaupuni, 2000). The circular migratory patterns of farmworkers create unique public health challenges that have been overlooked by previous studies of health among permanent migrants. More specifically, migrant farmworkers have unique health problems resulting from isolation from family and community, which leaves migrants without a support network and without the social capital that could improve their health status. Invisibility of farmworkers within institutions, such as the educational system, health care locations, social services, domestic violence facilities, and churches contribute to inequality and illness among farmworkers.

This article utilizes narrative analysis of a case study to illustrate, through the relationship of the narrator to migrant farmworkers, how isolation from family and community, as well as invisibility within institutions, impact the health and well-being of migrant farmworkers. As Margarete Sandelowski wrote, “Narrative analyses of texts force scholars to attend first to what is placed immediately before them – stories – before transforming them into descriptions and theories of the lives they represent (Sandelowski 2007 p. 2).” The stories of farmworkers come to life through their narration by Jackie, a woman who is uniquely positioned to understand the experience of a diverse group of farmworkers across more than a decade. Jackie’s position as a provider has enabled her to develop intimate relationships with the population that yield remarkable data for the purposes of this study. Jackie’s narration reveals not only the hardships of migrants she

has witnessed, but also the complexities of legal status and anti-immigrant sentiment in the United States. Her recollections describe farmworkers' intimate connection to the land and agricultural production, and the strategies they use to solve health problems without access to the services they need.

BACKGROUND

Migrant and Seasonal Farmworkers

A migrant farmworker is defined as an individual whose principal employment (at least 51%) is in agriculture on a seasonal basis and lives in temporary housing (US Code, Public Health Services Act, "Migrant Health"). The history of migrant and seasonal farmworkers in the United States begins in the 1850's, when farming production outpaced the supply of agricultural workers, and farmers brought immigrants into the country to meet the need. On the east coast, European immigrants worked in the fields alongside poor African Americans and Caucasians. In the south, slaves farmed the land, and after the Civil War, former slaves, Native Americans, and poor Caucasians. In 1917, when the United States entered World War I, there was an acute domestic labor shortage, and the Immigration and Nationality Act of 1917 provided grounds for the influx of 73,000 Mexican workers. During World War II, the US also had a labor shortage which led to the Bracero Agreement between the United States and Mexico, allowing for Mexicans to work in the US. This program ended in 1964, and the H-2 (now known as the H-2A program) program was created to meet agricultural production needs. The H-2A temporary agricultural program enables farmers who are unable to recruit sufficient domestic workers to bring foreign workers to the U.S. to perform agricultural labor or services of a temporary or seasonal nature. Legal protections that apply to these H-2A

workers are enforced through the Wage and Hour Division of the United States Department of Labor (United States Department of Labor, 2009).

Public awareness of the hardship and exploitation of migrant farmworkers developed in the 1960's, and in 1983, the Migrant and Seasonal Agricultural Workers Protection Act was passed, setting standards for ethical treatment of workers. 1996 was an important year for immigrant health legislation, as the Health Centers Consolidation Act was passed, which established a centralized funding source for Migrant/Seasonal Farmworker Health Centers, as well as health centers for other vulnerable populations. Today there are 154 migrant farmworker health centers in 42 states, which provide health care to over 807,000 farmworkers.⁵ Despite these health centers, access to health care remains a serious challenge to farmworkers. For example, just 42 percent of pregnant migrant and seasonal farmworker women reported accessing prenatal care within the first trimester, compared to 76% of women nationally (Rosenbaum et al, 2005). Pregnant farmworker women are less likely to have gained enough weight in pregnancy, with 52% gaining less than the Institute of Medicine's recommended weight gain for their body mass index. 32% of non-migrant women gain less than the recommended amount ("Pregnancy-Related Behaviors Among Migrant Farm Workers - Four States, 1989-1993," 1997).

Transnational Migration and Family Structure

A number of theoretical perspectives have been presented to explain health outcomes of Latin American immigrants in the United States.⁶ Among these, acculturation theory remains the most common point of reference. Acculturation theory –

⁵ (National Center for Farmworker Health Inc., n.d.)

⁶ For an overview, see Legacies (Portes & Rumbaut, 2001).

also known as “assimilation theory” – is based on the assumption that immigrants succeed by adopting cultural practices of their host country and relinquishing those from their homes (Alba & Nee, 2005; Massey, 1981). Among these adaptations is the way they think about health care, or adapt to the health behaviors of their new country.

Acculturation theory has been used to explain health outcomes among Mexican migrants in the United States by multiple scholars (Antecol & Bedard, 2006; Donato et al., 2006; Gorman et al., 2010; Kanaiaupuni, 2000). Historically, migration studies have focused on the experience of the single male migrant. Relatively few studies examine the experiences of Mexican migrant farmworkers, as opposed to seasonal or “settled out” farmworkers.⁷ This is an important gap in the literature, since there is little evidence to show if settled farmworkers and circular migrant farmworkers face different health challenges (Gorman et al., 2010, p. 442).

The transnational nature of migrant farmworkers challenges acculturation theory, the dominant paradigm used to explain the impact of migration on health. Although acculturation theory presumes immigrants gradually integrate or disassociate from receiving societies, migrant farmworkers navigate two physical and cultural spaces yearly, and therefore may not have the opportunity or inclination to acculturate into the host society. The burgeoning literature on transnationalism provides important insights into such circular migratory patterns (Levitt, 2001). Transnational social networks provide opportunities that facilitate farmworker migration, both legal and illegal. Levitt (2001) has shown that transnational migration disrupts traditional family patterns, since fathers and mothers are routinely abandon their children for long periods of time in order to migrate for work. While Mexican farmworkers are challenged by the new

⁷ Exceptions include (Hondagneu-Sotelo, 2001; Pedraza, 1991).

circumstances encountered in the American agricultural industry, migrants' social and economic lives are not bounded by national borders. They do not necessarily renounce loyalties and participation in their home country, and in fact, frequently remain very connected to the lives and countries they have left behind (Levitt, 2001, p. 5).

While acculturation does not always fit the experience of migrant farmworkers, several researchers have noted that farmworkers, in addition to permanent migrants, experience acculturative stress (Finch et al., 2006; J. Hovey & C. Magana, 2000). Farmworkers experience elevated levels of anxiety and depression when faced with the stressors of work and life in the United States. There are stressors that farmworkers have in common with other immigrants – such as discrimination, language and literacy issues, lack of social and financial resources. However, farmworkers face the unique stress of isolation from both their own families and non-farmworkers, which challenges the acculturation stress paradigm. For example, Hovey (2000) describes protective factors that include primarily immediate and extended family networks, social support, and high levels of education, which serve as buffers against acculturative stress. The majority of these protective factors are unavailable to migrant farmworkers (J. Hovey, 2000). Women are particularly buffered by social and family support that is limited in the farmworker barracks in which they live (Pedraza, 1991).

Female migrant farmworkers typically lack several of the protective mechanisms that are useful in the transition to another culture and adaptation to a transient lifestyle. Social support is one of the protective mechanisms frequently discussed in acculturation theory as protective against acculturative stress. A study on stress in migrant and seasonal farmworkers in North Carolina found that lower levels of stress were associated with a

stronger social support system, and that lack of a support system leads to increased stress and depression. This study also demonstrates that migrant farmworkers typically preserve traditional belief systems while in the United States, which may serve as a protective mechanism (Kim-Godwin & Bechtel, 2004).

Additional theories of migration and health exist apart from acculturation theory, yet – none addresses the unique situation of migrant farmworkers. The “Healthy Migrant Effect” hypothesis explains why Latino health outcomes are better and disease burdens lower despite low socioeconomic status in the United States. The hypothesis is that the selection of healthy migrants accounts for the epidemiological paradox, as migrants are selected based on superior health traits, rather than random selection (Wingate & Alexander, 2006). The “salmon-bias” effect is the likelihood that immigrants will return to their home country if they are ill, which artificially lowers mortality rates (Palloni & Arias, 2004). Critiques of these theories abound (Abraido-Lanza et al., 1999; Rubalcava et al., 2008), as many researchers note the complexity of the relationship between migration and health. Studies indicate both positive and negative outcomes associated with acculturation, or the acquisition of cultural elements of the dominant society (Lara et al., 2005).

Another model generated to explain migration and health is that of segmented assimilation, where groups develop different relationships with mainstream American society depending on human capital of the immigrant group, attitudes and policies of both governmental institutions, and the structure and resources of immigrant families and communities (Lara et al., 2005). Portes and Rumbaut (2001) proposed a model of acculturation that included dissonant acculturation, where a child acquires cultural capital

before a parent does, and consonant acculturation, where parent and child acquire cultural elements at the same speed (Portes & Rumbaut, 2001). While aspects of each of these theories may help explain some elements of the health of migrant farmworkers, none take into account the isolation experienced by migrant farmworkers from their community, family, and institutions, and the impact of isolation on the health of these individuals.

Finally, the theories reviewed above focus primarily upon stress, but farmworkers face a number of additional health challenges that result from their daily experience in the fields. Despite the significant health risks migrant farmworkers face, they lack reliable access to health care. Farmworkers suffer increased mortality rates from certain cancers and tuberculosis, as well as injuries. One study, entitled *Health Care Utilization among Farmworkers*, found that being female, having legal status to work in the United States, moderately proficient English language skills, and health insurance were correlated with health care utilization (Hoerster et al 2011). Farmworkers are particularly vulnerable because they typically lack precisely these aforementioned attributes that would increase their utilization of healthcare.

The major threats to migrant farmworker health documented in the literature include occupational injuries, pesticide exposure, infectious disease, heat stroke, and dermatological conditions (Finch et al., 2006). The working and living conditions of migrant farmworkers generate unique health hazards, due to both occupational challenges as well as injury and illness that stem from the conditions imposed by the culture of migrant farmwork, including dependency and poverty (Borre et al., 2010). Additionally, food insecurity is prevalent among farmworkers in Georgia, with as many as 63% reporting inadequate food. Undocumented workers have an adjusted risk of food

insecurity 3 times higher than H-2A workers (Hill, Moloney, Mize, Himelick, & Guest, 2011). While significant research has been conducted on occupational hazards of farmwork, such as pesticide exposure, injuries, and dermal conditions, there has been little focus on the differential health risks encountered by farmworkers resulting from their marginalization. Farmworkers differ from the general immigrant population in their relatively unhealthy and unacculturated status. They also experience elevated rates of social and economic discrimination compared to the general immigrant population of the U.S. Additionally, the effect of increased time in the United States on farmworkers may not result in the same outcomes as it does for other, more integrated immigrant groups (Finch et al., 2006).

METHODS

Studying transient populations, such as migrant farmworkers in southern Georgia, presents numerous methodological obstacles. Frequent relocation challenges researchers to gain access to this population. In addition, there is understandable fear among farmworkers of exposure that may result in fines, incarceration, and deportation due to their legal status, even more accentuated since the passage of The Georgia Illegal Immigration Reform and Enforcement Act of 2011. This fear also inhibits the ability of researchers to form trust with farmworkers, which limits the types of disclosures and participation in research. Quantitative surveys of this group are challenging because of the language barrier, fear of disclosing identity and legal status, and access to farmworkers. Farmers may have incentive to keep farmworker barracks hidden and inaccessible, as their business could be penalized for employing undocumented workers.

Given the methodological challenges inherent in working with the migrant farmworker population, this work utilizes a case study approach, using Clifford Geertz's concept of "thick description" to provide a narrative account of the setting and context through the relationship of a principal informant and community member to the migrant farmworker community (Geertz, 1977). This methodology is particularly useful given the challenges of working with migrant farmworkers, such as language barrier, fear of disclosing identity, legal status, and access to farmworkers. Although no methodology can overcome all of the aforementioned obstacles, developing a case study based on a principle informant solves several of these issues. The principle source is a key informant who has worked within the population for two decades. The narratives presented by "Jackie" provide valuable insight into the lived experience of health of migrant farmworkers. The rich data provided by these interviews is particularly useful given the challenge of accessing the migrant farmworker population.

Through years of advocacy and membership in the Mexican community, Jackie has earned the trust of the migrant farmworker community of southern Georgia. Jackie was married to a Mexican, and has raised children in the Mexican community. She has personal and professional relationships with farmworkers, and is clearly devoted to their well-being. Jackie was on the advisory council for the migrant health clinic for 8 years before she was offered the clinic director position. While serving on the advisory council, she convinced the district health director to allocate \$18,000 and use prison labor to create a clinic with exam rooms in an old fire station. Of her dedication to her work as an advisory council member, Jackie said "I fed my soul by working here and fed my children by working my other job." An Atlanta hospital donated a medical van to the

farmworker health cause. “I always said God had a hand on it from the very beginning,” Jackie said of the development of a migrant farmworker clinic in southern Georgia. She has advocated on behalf of migrant farmworkers for two decades, and continues to provide outreach and support as well as managing the farmworker clinic. She is well-known and trusted within the migrant community in which she lives by both farmworkers and farmers alike, and is an invaluable resource for migrant health.

Jackie partnered with Georgia State University to begin the Migrant Farmworker Family Health Program over ten years ago, a program that has since been taken over by the Emory School of Nursing. This program sends Emory School of Nursing students, along with other health professional students from around Georgia, to southern Georgia for two weeks each summer to provide health care to migrant farmworkers and their families and learn about farmworker health. Many faculty members are deeply involved with and committed to this project, and the qualitative data for this paper resulted from this collaboration (Connor et al., 2007).

The data analyzed here consist of 5 in-depth, in-person interviews conducted with Jackie over several weeks in the summer of 2010, resulting in some 180 pages of transcribed text that reflect the twenty years of participant observation that Jackie has had with this population. Each interview was conducted by a different Emory School of Nursing faculty member who is involved with the Migrant Farmworker Family Health project, on a subject that Jackie had identified as a priority problem related to farmworker health. Interviews were conducted either at Jackie’s house or in her car, while driving around the area, visiting farm fields and packing areas, as well as farmworker housing. Permission was requested from the Institutional Review Board (IRB) of Emory

University. The IRB determined that it did not require IRB review because it did not meet the definition of “Research” or the definition of “Clinical Investigation” under applicable federal regulations. The purpose of collecting these data was to create a White Paper, with the intention to inform policy makers of key health issues affecting migrant farmworkers in Georgia. Each faculty member traveled four hours to southern Georgia in order to interview Jackie. The following priority problems were selected to explore: prenatal care, oral health, alcoholism, child health, and intimate partner violence. The resulting interviews were transcribed by a professional transcription service. Analysis of the transcripts of these interviews was done utilizing coding and making memos techniques possible with MAXQDA software. Memos were used to generate ideas and engage with the narratives. From these memos, codes were created, and ultimately several of the codes that were interrelated and most engaged with the themes developed in memos were selected for analysis.

The author spent two weeks participating in the Family Farmworker Health Program in the summer of 2010 as a Nurse Practitioner and Public Health student. During these two weeks, she interacted with farmworkers where they live, and provided preventive health services and health education. This experience helped the author contextualize the narratives of the key informant. She came to the project with extensive experience working with Latino health, both domestically and internationally, and her experience contributed to cross-validation of interviews with Jackie.

RESULTS

Invisibility and Isolation

While farmworkers provide the manual labor required to produce the fruits and vegetables Americans see every day in the supermarket, they are largely both figuratively and literally invisible. Driving along a rural route in Southern Georgia, a passerby cannot see the hundreds of men and women, stooped among the pepper plants, from the road. According to Jackie, even those who live in the same communities are not necessarily aware of the presence of thousands of farmworkers. While driving down a road near town during an interview, Jackie explained how farmworkers are invisible to members of the county in which they work. In the following passage from an interview conducted while driving through the fields, she explains:

...there is one church that we [Farmworker Family Migrant Health Project volunteers] go to for lunch and when we first started going there, the minister at that church... now...you see how far we came to come to the field. We didn't come very far to go to the field. He told the group of nurses that the first time we went to lunch there that he didn't know there were migrant farm workers here and see they are oblivious to them. They ride right by them. I guarantee if we stopped at any house up there and said, "I am looking for a farm labor camp close by here? Do you know where it is?" They wouldn't know this was here. They wouldn't know this was here.

The undocumented status of the majority of farmworkers contributes to their invisibility – while enumeration studies have been done to determine the number of undocumented workers in farm camps, this is challenging, as farmworkers live in remote barracks and migrate often. Farmworkers are invisible to the legal system, unreported by employers, yet they occupy much of mainstream discourse about farmworker migration.

Throughout these interviews, Jackie tells the story of the fragmentation of the farmworker family. The family is influenced by the experience of selective migration itself, and who comes to Georgia and who stays behind, as well as the experiences of farm workers once they arrive in Georgia. Jackie explains how migrant farmworker

children are impacted by invisibility, from their entry into the United States to their interactions with state institutions. Children of undocumented workers may cross the border with their parents and traverse the desert or rivers, while Mexicans with more social capital may pay others to pass them off as their own children and travel with them. Crossing children is more dangerous when the children can talk but don't understand why they are not allowed to talk. Once children arrive with their parents, they often fall through the cracks of the public school system, if they are even enrolled in school. While the parents do not need to show proof of legal residence to enroll their children in school, they must have a birth certificate, which the parents may not have brought or may have lost during the trip to the United States. Additionally, Jackie points to the lack of spaces available in Migrant Head Start – these spots are often taken up by “settled out” migrants in southern Georgia who are not actually eligible for the positions – so they are occupied year-round and unavailable for migrant children.

According to Jackie, if migrant farmworker parents are able to locate a daycare, there is a good chance that their child would not be able to enroll. Daycares would rather have children enrolled whose living situation is stable, so the daycare can have a guaranteed revenue stream. Additionally, there is often minimal bilingual staff.

You know, I don't think it's that they [daycares] don't want [migrant] children necessarily, but they don't have the... if it's a licensed daycare, they don't have the provisions in place and so you know they would be in violation and they don't know how to do that sort of thing. They don't have anybody to translate their paperwork or anything like that. They don't have anybody that can converse with their family. That sort of thing. So you know it's, it's a combination of things...

In the following passage, Jackie recounts the story of a man who moved his family to the United States; the marriage ended in divorce.

He said, ‘You helped my children going to school, you know, when they were little’ and he said, ‘But they’re all grown up now’ and I said, ‘Oh wow’ and I said, ‘So what are they doing?’ and he said, ‘Well, I’m not really sure’ and I said, ‘Oh’ and as he talked to me, what he revealed to me was that he and his wife came here with this dream and thought, you know, that by sending their children to school, that everything would be ok, but in fact, what had really happened was (and he didn’t say it this way, but this was what he was trying to convey to me) was that some of the values they acquired here, him and wife and his children, had led to he and his wife divorcing and him becoming a part of this world where he lives at a house with 20 men and not knowing what his children are doing; and so he felt really almost betrayed by what had occurred because that was not what his dream had been about, but it was almost like those things had, had just gone by the wayside...

This story illustrates the impact the dissolution of the family has on individual farmworkers. This man was disconnected from his family and living with many men who were strangers to him in barracks. According to Jackie, the man was severely depressed and isolated. Isolation takes a serious toll on mental health, and lack of transportation and marginalization preclude farmworker participation in communities from which they may derive support.

Jackie’s narratives chronicle the fundamental instability of farmworker employment, as crop yields are highly dependent on unpredictable environmental factors; hence, there may be a flood, a tornado, or a freeze that affects the crop yield and forces farmworkers to relocate. Farmworkers are at the mercy of the harvest for their livelihood, as they do not receive unemployment benefits. Jackie describes below how timing is essential in the agricultural industry.

During peak season [is] when they’re picking squash, tomatoes, cucumbers, eggplant, those kinds of things. You can walk out in the field and see them. Let’s say, the cucumbers are here. And they thought they’re not quite ready to be picked, but tonight if the humidity is ideal, we better wake up in the morning and they be ready, they grow over night. Cucumber, zucchini, squash, can grow overnight, can be ready in the morning when you wake up. That’s why you need a labor force when you are a big grower like this. Every one of those plants is hand

planted. The plastic is laid by machine, but there are people following pushing dirt up on it to keep it from blowing up. Every one of those stakes, all that stringing is done. And talking of occupational health, when the stringing is going on, we have a lot of rotor cuff injuries because they're doing this all day long up and down these rows.

Not only is farmworker livelihood intimately connected to the weather and the seasons, Jackie explains that it is also inextricably connected to their health. The types of crops harvested determine the variety of pesticides used, which in turn may differentially impact their health. Certain repetitive movements illicit specific types of overuse injuries, such as the rotator cuff injuries described by Jackie above. While picking cucumbers, contact dermatitis is common among farmworkers. Cutting mustard greens with a butcher knife frequently results in laceration injuries.

According to Jackie, in the event of crop failure, farmworkers do not receive relocation money or disaster assistance from the federal government, while there is crop insurance for farmers. Farmworkers do not typically receive unemployment, so they must follow the crops to sustain their livelihood, frequently shuttled by contractors who they then must pay back for relocation. H-2A visas are the temporary work visas granted to foreign agricultural workers in order to provide additional agricultural labor for American farmers (United States Department of Labor, 2009). These visas do not require that the job start for up to 45 days after the farmworker arrives in the United States; farmworkers are typically unable to weather this length of unemployment, and so must seek work elsewhere. When Jackie was asked why H-2A rules do not take into account these types of issues, she replied: "I think... it's about people who don't understand how it works and people who also, I wouldn't call it malice. What I would call it is that same thing we

talked about yesterday, that they're invisible, that their problems are invisible, that their situations are invisible..."

This invisibility that Jackie references takes a toll on the health of farmworkers. Most farmworkers are male (80%), and many come to the United States on their own, without family (National Center for Farmworker Health, Inc., 2009). When they are sick, they do not have the traditional support network of family to care for them or make sure they take care of chronic health conditions. Jackie noted that cell phones have alleviated some of the isolation of farmworkers, as they are able to communicate with family and friends from home; however, in times of crisis and sickness, there is no one to turn to for assistance.

Jackie was notified when a farmworker, very ill with syphilis, meningitis, and AIDS was hospitalized and didn't have anyone to care for him, or serve as his health care proxy as he was intubated and therefore unable to communicate. When he recovered, a girl claiming to be his sister-in-law picked him up from the hospital. It turned out that he had given a false name at the hospital, and he did not have a sister-in-law. This type of confusion and misrepresentation speaks to both the underlying fear of disclosing one's true identity, as well as a lack of real social support. Many farmworkers use false names and identification – they do not exist as themselves legally. That farmworkers and their families do not use their own names emphasizes their invisibility.

Production and Economy

The Southside Clinic⁸ serves both migrant and seasonal farmworkers. Jackie is very familiar with the agricultural economy, which is summarized in the following passage. Migrant workers in Georgia move up and down the coast picking a crop they

⁸ Name of clinic changed to protect confidentiality.

specialize in, such as tomatoes or cucumbers. They may also pick several different crops as they come into season. Seasonal farmworkers, on the other hand, are settled and typically own or rent a trailer. They will do a wide variety of jobs in order to make a living, from removing plastic from the fields, pulling stakes, and cutting string, to laying plastic and planting. October and November are cotton picking months, and many seasonal workers find work in the cotton gin. While they make minimum wage in the cotton gin, they can work many more hours a week and can work despite inclement weather conditions. In February, seasonal farmworkers can go back to the fields, doing jobs like planting cabbage, cutting grains, trimming peach trees. This variety of employment opportunities means that southern Georgia has a unique year-round agricultural calendar.

While many consider agricultural work to be unskilled labor, Jackie's insider perspective contradicts this notion. "They have to learn how to pack those vegetables the right way, how to pick them the right way, if you pick them incorrectly they won't produce again. Tomatoes and cucumbers you can pick them two to six times if you pick correctly, if you pick incorrectly you destroy the plants." Despite constant technological innovation, harvesting produce cannot be mechanized, as plants are delicate and must be planted and harvested by hand in order to avoid bruising and injuring the plants. In addition, delicate work such as stringing must also be done by hand. The string goes through a hole in each stake, and farmworkers do this for 10 to 12 hours at a time.

Jackie describes two types of pay schedules that farmworkers work under – pay per hour, known as "adverse wage rate," which is slightly higher than minimum wage, or piece rate, where they are paid per amount harvested. "When they're working for piece,

you see them picking as fast as they can and just running, running, running to dump their [harvest], you know, their buckets and... get what they call their little 'fecha' and those 'fechas' at the end of the day represent how many buckets they've picked that day and so at the end of the day, they sit down about somewhere like here on the top of their bucket, and they wait their turn and the contractor or his group leader will sit there with a notebook and, you know, and call their name and they come up and he counts their 'fechas' and then he marks it down and that's how much they get for the day."

Farmworkers who are paid a piece rate are entirely dependent on the contractor's honesty with reporting the number of bushels or buckets picked in a day.

There are rules and guidelines for harvesting that differ depending on the destination of the produce. For example, Jackie explains, in order to have produce "Promise Approved," which it must be in order to sell in several major grocery chains, workers must wear hair nets, wash hands after using the bathroom, not wear jewelry, and not eat while working.

Access to Health Care

Jackie discussed at length stories of lack of access to health care among migrant farmworkers. An example given by Jackie was of a man living in his car, who appeared constantly intoxicated. People who lived in the surrounding area complained of his intoxicated behavior, and so Jackie went to investigate, and found that the man was not drinking at all. She found money to send him to a doctor, and it was discovered that he had a brain tumor that was exerting pressure on his brain so as to make him appear intoxicated constantly. The tumor was operable, and once it was removed, the man's mental status was completely restored. Late diagnosis of this brain tumor resulted from

lack of access to care. Delayed diagnosis of treatable conditions leads to an increased burden on the health care system, as well as unnecessary suffering by individuals and families.

Jackie recalls the story of an elderly Haitian farmworker, who left his family to work and alleviate their poverty.

He had won the lottery [to obtain a visa to come to the United States] and he really didn't want to leave his wife, but he had no choice and he needed to come because they were starving and he came to America and was working as a farm worker and sending his money back to them and he told me that he knew that he would never see them again. That he would die here. Can you be that strong to leave your family so you can feed them, knowing you will never see them again? Where was, what...I mean, what even drove him to get up and go to work every day, except that they were starving.

This man, isolated from his family and community, felt compelled to continue his work in order to support his family, hoping to give them a better chance at survival than they would have had if he had stayed.

Jackie explained how Georgia programs impact pregnant farmworker women. In the state of Georgia, pregnant farmworker women, whether documented or authorized to work, do not qualify for Medicaid until the moment of delivery, when Emergency Medicaid will cover the hospital bill, but not epidural anesthesia. Their only prenatal care option is was to enroll in the state program called Babies Born Healthy. This program is typically underfunded, leaving women without access to prenatal care during the last few months of the fiscal year when funds have been expended. After the money to fund this program runs out, the Southside clinic struggled to find affordable prenatal care for pregnant farmworker women. The clinic has not been able to provide prenatal care since June 2010, when Babies Born Healthy was cancelled at the state level. While a farmworker's baby will be an American citizen when born in the United States and thus

entitled to state-sponsored programs, his/her mother is not entitled to any benefits under federal law. Additionally, there is a limited access to abortion among farmworker women. They would be required to pay out of pocket, and also travel a long way to obtain an abortion.

Jackie told the story of a 21 year old young woman who brought her newborn baby to the clinic. “She came in and sat down in my office and I said, aww, your baby’s so pretty, can I hold her. And she handed me her baby, and she said, why is my baby’s head so big?... Does my baby have a brain?” Jackie took the young mother and child to the pediatrician, who referred her to a specialist at Children’s Medical in Atlanta. Finding a specialist who would accept this child as a patient was challenging, as the young woman’s Medicaid was still pending. The child was seen, and was determined to have no brainstem. While Jackie discovered that this diagnosis had been made at birth, the young woman did not understand the meaning of the diagnosis or the choices she would have to make as a result. The young woman had received no prenatal care during her pregnancy. The father of the baby left as soon as she became pregnant, and for the first 4 weeks after the child was delivered, she did not understand what was wrong with her baby. This young mother had come to Georgia on an H-2A visa, but overstayed it, making her current status undocumented. She had to move out of the barracks once she gave birth, and was living in a trailer with several other people, sleeping on a mattress on the floor.

This young mother did not receive prenatal care during her pregnancy, an all too common scenario created by the health care reality of limited funding for programs for undocumented workers. While telling this story, Jackie said: “Now, if she had had prenatal care, would the outcome have been different? Probably not. But we would have

known long before the situation, and even though she probably would have opted to have the baby anyway, she certainly would have had the choice.”

Jackie explained the complicated situation surrounding migrant pregnant women. There are no laws regarding pregnancy and the H-2A visa program – women are not screened for pregnancy upon entering the country, and there are no consequences if women get pregnant during their contract. In fact, they are protected, as are American women, from being laid off because of their pregnancy. This results in women working under very challenging conditions during pregnancy, and yet as long as they continue to do so, their hours cannot be limited by employers. In addition, under the conditions of the H-2A contract, the woman must work and be paid for at least 75% of the time, and so taking the time off to obtain prenatal care may be especially challenging.

Prenatal care for poor women in Georgia is provided through health centers that obtain grants from the program Babies Born Healthy. In order to qualify, women must have photo identification. According to Jackie, many undocumented women in Southern Georgia obtain false identification using a name that is not their own. This presents a problem at delivery, when the wrong name might go on the birth certificate of the child. If the woman wants to return to Mexico with her child, unfortunately the only recourse is to obtain a DNA test in order to change the child’s name, which is very expensive. Just as the woman might have had to be smuggled across the border to work in the United States, she may have to smuggle her own child back across the border. Jackie described the way that this can occur – the mother might pay another woman to use her baby’s birth certificate.

In addition to the challenges of providing prenatal care to farmworker women, there is also the challenge of getting women to utilize prenatal care. They still have to pay for a portion of it that is significant in their overall income – at the Southside Clinic, it is \$300 for prenatal care, charged at the first visit. Women have often seen their mothers and aunts go without prenatal care, and many wonder if it is a worthwhile expense.

Access to health care includes not only physical access, but also whether health care is culturally and linguistically accessible to farmworkers. The Women, Infants, and Children program (WIC) is available to women once they have delivered. This program offers education and food for infants and mothers. However, the nutrition messages from WIC frequently conflict with the messages women receive from their mothers, mothers-in-law, and grandmothers. While WIC nutritionists recommend exclusive breastfeeding for the first 4 to 6 months, mothers are often encouraged to give cereal very early to encourage babies to sleep through the night. “Who do you think you’re gonna listen to? Your grandma or the WIC worker? I have said repeatedly in WIC that we need to start having classes for mama and grandmamma. ‘Cause we’re not gonna get anywhere. They’ve got way more power than we do.” While this scenario may be a common experience of women in the United States of all backgrounds, Jackie draws attention to the particularly limited social networks of farmworker women, who have less recourse to challenge parental authority. Additionally, if the mother is breastfeeding and working in the fields or packing sheds, breastfeeding may be unrealistic, as pumping and breast milk storage under the conditions of farmwork are not feasible.

Another of Jackie’s stories illustrates the cultural divide between migrant farmworkers and the American social welfare program. A Department of Family and

Children's Services (DFCS) worker made a home visit to a young Guatemalan woman's home. The DFCS worker was getting very frustrated with the young mother, and asked the woman what the baby had eaten that day. Jackie saw the pot of *caldo*, a traditional broth made from the meat of bones and fed to children, on the stove, and already knew the answer. She opened her cabinet and found that it was full to the brim with baby cereal, which she had never opened because she never understood what to do with it. The DFCS worker also insisted that the young woman obtain a crib for the safety of her child.

Well, when we came the next time, she very excitedly met us at the door and told me to tell her, "I have a crib." Well, I was excited too. I said, "Oh, she has a crib" and so she's telling us to come, come with her, come with her, so we're following her to the back of the trailer and we get back there and what again, it's about paradigms, what you and I would see as a closet, this young girl saw as her room and she was very excited because she had been able to recall how her mother had created *cunas* [cradle] by creating this sling-type thing that the baby slept in. Almost like a hammock... And so to her, she had done exactly as she was taught. She had got a *cuna*, and the DFCS worker, before I could do anything, began ripping it out and just screaming at the top of her lungs about the baby being in a closet and the girl had absolutely no connotation of closet. Her home didn't have closets in Guatemala, you know, just like 100 years ago our houses didn't have closets and so she was devastated. She was crying. The baby was crying. The DFCS worker was yelling.

While the young mother was proud of herself for fulfilling the requirements of the DFAS worker and providing for her child, her concept of the *cuna*, or cradle, did not align with the American crib envisioned by the DFCS worker. Rather than supporting this mother's attempts to be a loving and attentive parent, the DFCS worker, representing the role of the state, shames this young woman and makes her feel like she is a poor parent and provider for her child. This type of degradation and humiliation is unfortunately commonplace for migrant farmworkers. It contributes to their isolation and alienation from institutions.

Farmworkers in southern Georgia typically described their motivation for uprooting their families and moving from Mexico to the United States as seeking a better life – which they describe as a combination of increased economic opportunity as well as educational opportunities for their children. However, over time, the aspirations of the second generation of immigrants shift to status markers such as owning a car that “jumps up and down” – rather than a high school diploma, attending college, or owning property. While owning a car may be a logical solution to problems of isolation and access to care, focus on this goal can result in a disconnection between the original goals and purpose of migration, and the demands and values of the second generation that is raised in Southern Georgia, causing anxiety and depression among the first generation of migrant farmworker parents.

Mexican farmworkers in southern Georgia are typically undocumented (according to Jackie, just 3 of 640 farms in Riverside⁹ County are H-2A farms) and so farmers rely on smugglers, known as coyotes, to shuttle them back and forth from Mexico to Georgia. Farmworkers come to Georgia looking for economic opportunities, but frequently undocumented workers’ ability to be financially independent is untenable given the debts owed by farmworkers to a contractor. The contractor typically finances the farmworker’s travels and living expenses, while expecting full reimbursement plus interest before the farmworker leaves his/her job (Rothenberg, 1998). Jackie describes the circumstances of their arrival: once in Georgia, migrant farmworkers interact with seasonal farmworkers who live in rental housing and trailers, and often have acquired American standards of status and wealth, which include ownership of a car. However, as the passage above indicates, farmworkers are often conflicted when the values they arrived with regarding

⁹ Name of county changed to protect identity of informant.

the benefits of migrating come into conflict with the those status markers they encounter upon living in Southern Georgia.

The following story illustrates the challenges of adjusting to farmworker life and the painful isolation that often comes with solo migration. A 15 year old boy was brought across the Mexican border in order to work on a farm in Florida, and a contractor brought him to South Georgia from Florida. He was all alone without family or friends. Several months after arriving in Georgia, the boy began to have panic attacks. One night, he had a panic attack so severe, he thought it was a heart attack, and he called 911 at the barracks where he lived and an ambulance transported him to the hospital. Jackie was called by the Department of Family and Children's Services (DFCS) when the hospital realized that he didn't have any relatives or guardians. She was asked to take him in, as DFCS had no foster families who would take him, and nowhere else to bring him. She decided to take him, and found out that he wasn't free to go home to Mexico until he paid all of the money back to the contractor who had paid the coyote that crossed him (smuggled him across the border). The boy was concerned that he or his family would be hurt if he didn't pay back the money he owed before returning to Mexico. Jackie used her connections to demand that one of the farm contractors pay the bus fare to return the boy to his home and promise not to hurt him or his family.

Once farmworkers arrive in Southern Georgia, rather than starting with a clean slate and earning money to send back to their families in Mexico or support their families in the United States, many start with the burdens described in this case. This young man traveled alone, without family or friends, to Georgia, leaving behind his support network. While the living quarters are close, Jackie notes a lack of human connection among the

male farmworkers, whose primary socialization revolves around alcohol once the work day is over. Alcoholism is a part of daily life of farmworkers, and it is available even when food is not readily available, as alcohol vendors come around the barracks in trucks. As most farmworkers do not have access to their own transportation, they are unable to reliably go out to purchase food or do laundry; however, alcohol is readily available to farmworkers and children of any age.

Documentation status has a significant impact on the mental health of farmworkers. Throughout the interviews, Jackie frequently references immigration laws and standards associated with these laws. Currently, of the over 600 farms in Riverside County, just 3 are H-2A farms, meaning the farmworkers have the government's permission to work for the farmers on a temporary contract. That means that the vast majority of farms are staffed by undocumented migrant farmworkers. Up until 10 years ago, there was just 1 H-2A grower in the state of Georgia. The rights of farmworkers and responsibilities of farmers are delineated in the Migrant and Seasonal Agricultural Worker Protection Act (MSPA), which applies to both H-2A workers as well as undocumented workers. The MSPA requires housing inspection and compliance with federal and state safety and health standards, provide itemized statements of earnings and deductions, ensure that vehicles for worker transportation meet federal and state safety standards and insurance requirements, and that each driver is properly licensed. The goal of these regulations is to protect all farmworkers from substandard and dangerous conditions.

Jackie commented that if a woman ends up in a domestic violence shelter, the goal of the shelter is to assist women in becoming self-sufficient, which requires

employment. If the woman is undocumented, she cannot become employed, which creates a grave problem for undocumented women who are abused. Jackie also speculated that sometimes men would prefer that their female partners remain undocumented as a way of maintaining power over the household.

Traditional Latino gender norms intersect with the isolation of farmwork to make for a very lonely life for many of the male farmworkers in Southern Georgia. Jackie describes explaining to the Family Farmworker Health Project students that male farmworkers might present to the students with what seems like a minor injury – and they are looking for caring and emotional support that they do not often get in their daily lives, as many are separated from their mothers, wives, and children. In addition, traditional gender norms adversely impact women, who are often expected to prepare food for men in the adjacent barracks, while also working in the fields or packing sheds for 10 to 12 hours per day.

DISCUSSION

Jackie's narration provides an insider perspective on institutions, mental health, and economy. The stories narrated by Jackie constitute an important challenge to acculturation theory on several levels of analysis. Acculturation theory assumes access to key support networks and institutions within the host country which are more likely to be gained through permanent, rather than temporary, migration (Antecol & Bedard, 2006; Gorman, Read, & Kreuger, 2010; Kanaiaupuni, 2000). Acculturation theory rests upon three assumptions that are not met by the experience of migrant farmworkers. First, acculturation theory is based on the notion that immigrants have agency in deciding

whether or how much to integrate themselves into the health paradigms of their host countries. Yet, as illustrated by many of Jackie's stories, migrant farmworkers have little to no capacity to make such choices. As the story of the young woman who did not have access to prenatal care shows, the young woman had little agency in deciding whether or not to participate in prenatal care – she had no access to it. Second, acculturation theory does not recognize that migrant farmworkers are *transnational* migrants, who may forego integration simply because they do not plan to remain in the U.S. for an extended period of time. Finally, this temporary status also means that migrant farmworkers do not have access to the health care institutions needed to address their unique needs.

My first central finding pertains to institutions. In order to adopt American beliefs and behaviors, farmworkers would need access to institutions utilized by Americans, such as churches, health care facilities, the judicial system, and domestic violence shelters. Due to fears of deportation, lack of English skills and transportation, farmworkers are unable to access these resources. The isolation experienced by farmworkers is exacerbated by their lack of access to health care. Despite significant disease burden and excess mortality rates from certain diseases and injuries, farmworkers utilize health care less frequently than others (Hoerster et al., 2011). Without sufficient access to health care, farmworkers suffer from the late stages of preventable and treatable illness. The young man referred to by Jackie sought care only once syphilis and HIV had advanced to be grossly symptomatic. This man's sickness was compounded by a lack of access to preventive health care, as well as a total lack of family and social support system – there was no one available to be his health care proxy or help

coordinate care once he left the hospital. The inability to access healthcare and other institutions effectively maintains migrant farmworkers as outsiders.

Lack of access to health care also means that farmworkers don't receive preventive care for conditions such as diabetes and hypertension that can result in severe health consequences at a young age. In fact, even for the H-2A legally documented farmworkers, there is no physical examination requirement or criminal background check. There is no screening for infectious or chronic disease. According to Jackie, many migrants in Southern Georgia who come to the Southside¹⁰ clinic don't want to go to the Emergency Room (ER) for care, which is often their only option. In the ER, there are often no translators, and additionally, migrants often know that there will be a large bill associated with the visit that they would struggle to pay.

My second central finding pertains to mental health. Access to mental healthcare is a challenge for all Americans, but it is particularly challenging for those who lack insurance, a language in common with most practitioners, and transportation and availability to access services. Unique mental health challenges arise from the circumstances of migrant farmworkers and the conditions under which they work and live. Typically, they live with other men in barracks, separated from their wives, children, and extended family. This lack of social support can create situations of extreme anxiety and depression for farmworkers, compounded by their isolation and poverty. This lack of support is exacerbated by the challenges of identity that spans two cultures. The story of the young mother who created a "crib" in a closet demonstrates this tension. She wanted to conform to American standards and expectations, and yet her own culture's practice of making a *cuna* was incongruous with American ideals.

¹⁰ Name of clinic change to protect privacy.

Fear of violence and retribution causes unique stress on migrant farmworkers that may not be experienced by other immigrants. Farmworkers' lives are often tightly controlled by contractors, the middle men between the growers and the farmworkers, who determine when they are paid, how much, when they arrive and leave the workplace, the type of housing and transportation they have access to, along with other basic services. Contractors are associated with some of the most severe abuses in agriculture, as they control every aspect of daily life of the farmworker (Rothenberg, 1998, p. 92). Once farmworkers arrive in Southern Georgia, rather than starting with a clean slate and earning money to send back to their families in Mexico or support their families in the United States, many begin with the burden of repayment of the debt of passage to the United States.

Jackie's story of the 15 year old boy who suffered from a panic attack illuminates the complex and troubled relationship between contractors and farmworkers. She explains that contractors wield power over farmworkers through what amounts to indentured servitude. If an individual owes money to a contractor and doesn't pay, not only does he jeopardize his family's safety, he also jeopardizes the chances of other family members being smuggled by the coyote that smuggled him – in essence, being blacklisted and closing off an opportunity for future employment for his family. Coyotes are paid by contractors to transport farmworkers, who in turn owe contractors for their passage. The vulnerable situation that farmworkers encounter as a result of indebtedness to contractors contributes to the risk of anxiety and depression. Farmworkers struggle to get ahead financially to be able to meet their own needs and send money back to their families in Mexico.

While the majority of farmworkers in southern Georgia are undocumented, women are even more likely to be undocumented than men, as they may have joined their spouses in Georgia who are on H2A visas illegally (Hightower, Gorton, & DeMoss, 2000). Women who migrate with their partners bear unique vulnerability to mental illness and violence due to the gendered power difference within the family (Cerrutti & Massey, 2001). In addition, the fear of deportation often creates anxiety and depression. Jackie reported a very high level of domestic violence within farmworker families. If the couple has differing legal status, this may prevent women who are abused from seeking help due to many barriers, including a language barrier, lack of autonomy, and fear of deportation. While there is a way of receiving temporary documentation if a woman is being abused (a U visa), substantial paper work and legal representation are required (US Immigration Support, n.d.).

My third central finding pertains to the economic contributions of farmworkers. Acculturation theory assumes economic integration facilitates cultural integration. While farmworkers certainly have skills that are necessary for a successful harvest – like correctly picking a tomato plant so that it continues to flower – their skills are not transferable. Paradoxically, acquiring skills limits the economic possibilities of farmworkers, as successfully integrated migrants fill niche positions within labor markets, whereas farmworkers' skills are tied to a unique market where self-sufficiency is difficult (Portes & Rumbaut, 2001).

Jackie's narration provides an insider perspective on migrant farmworker health that illuminates critical issues that impact their health. Farmworkers are invisible before the law – they lack the protections afforded to workers in every other sector. While H-2A

workers are entitled to some benefits, such as workers' compensation, at least 75% of farmworkers and up to 90% of children of farmworkers do not have health insurance (Arcury & Quandt, 2007). Furthermore, discourse surrounding immigration policy frequently addresses the strain immigrants put on our social systems, educational system, and health care system, without acknowledging the critical role that farmworkers have in agriculture. Migrant farmworkers occupy a liminal space that challenges traditional definitions of group membership. Acculturation theory is based on the assumption that immigrants participate in a process of adoption and rejection of cultural practices. Migrant farmworkers often do not have the opportunity to acquire cultural practices, values, and beliefs, given their physical and social isolation.

CONCLUSION

The health of migrant farmworkers in southern Georgia is influenced by many factors. The United States Department of Labor has captured the risk of death from farmwork, as it is one of the top three most dangerous occupations in the United States (Bureau of Labor Statistics 2010). However, the risks of agricultural work for Mexican migrant farmworkers go beyond the physical dangers of the job; the isolation from community, family, and institutions experienced by migrant farmworkers places both their physical and mental health at increased risk. Multiple theories have been proposed to understand the health of migrant workers, with several focusing on the health of migrant farmworkers in particular (J. Hovey, 2000). While certain aspects of these theories capture elements of the health concerns voiced in this case study, they all fail to capture the impact of *isolation* from family and community, as well as the *invisibility* of

farmworkers before institutions. Hovey and colleagues have written extensively about acculturative stress, and have identified factors that may explain levels of distress among individuals who are acculturating, including the following: family support, social support in the new community, socioeconomic status, control and choice in the decision to immigrate, hopefulness about the future, religiosity, and the level of tolerance of diversity of their surrounding region (J. Hovey, 2000, p. 276). Hovey's work recognizes the significance of family and community support in the adoption of effective coping mechanisms by farmworkers; however, he does not address the impact of invisibility and isolation from institutions as a source of stress.

Traditional acculturation theory does not sufficiently explain the influence of migration on health outcomes of migrant farmworkers because it was developed to explain permanent – and not temporary – migration. Acculturation theory rests on three assumptions that are not met by the experience of migrant farmworkers. First, acculturation theory is based on the notion that immigrants have agency in deciding whether or how much to integrate themselves into the health paradigms of their host countries. Yet migrant farmworkers have little to no capacity to make such choices. Second, acculturation theory does not recognize that migrant farmworkers are *transnational* migrants, who may forgo integration simply because they do not plan to remain in the United States for an extended period of time. Finally, this temporary status also means that migrant farmworkers do not have access to the health care institutions needed to address their unique needs. Migrant farmworker health requires a new theory that captures the statelessness of migrant farmworkers and the resultant isolation and invisibility they experience.

Jackie's years of participant observation underscore the lack of choices farmworkers have, lack of access to institutions that could support them, and loss of control over their lives. The 15-year-old boy suffering from a panic attack was bereft of choices, dependent on Jackie to save him from his tragic circumstances. The isolation he experienced as a new farmworker underscores the migrant farmworker experience. The young mother whose child was born without a brain stem did not have access to prenatal care that could have alleviated some of the pain of not knowing what was wrong with her baby, as well as improved care and education for both mother and child. This woman, like other undocumented farmworker women, was invisible to the health care system both during her pregnancy, and after the birth of her child. The advocacy of Jackie and the health center ultimately attained the services she needed, but alone, she was invisible. This invisibility takes a toll on both the mental and physical health of migrant farmworkers, who play an essential and irreplaceable role in American food production, and deserve to be seen and heard.

REFERENCES

A hard row to hoe. (2011, June 16). *The Economist*. Retrieved from

<http://www.economist.com/node/18836420>

- Abraido-Lanza, A. F., Dohrenwend, B. P., Ng-Mak, D. S., & Turner, J. B. (1999). The Latino mortality paradox: a test of the “salmon bias” and healthy migrant hypotheses. *Am J Public Health, 89*(10), 1543-1548.
doi:<p>10.2105/AJPH.89.10.1543</p>
- Alba, R., & Nee, V. (2005). *Remaking the American mainstream: assimilation and contemporary immigration*. Cambridge, MA: Harvard University Press.
- Alderete, E., Vega, W., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *Am J Public Health, 90*(4), 608-614.
doi:<p>10.2105/AJPH.90.4.608</p>
- Antecol, H., & Bedard, K. (2006). Unhealthy Assimilation: Why Do Immigrants Converge to American Health Status Levels? *Demography, 43*(2), 337-360.
doi:http://muse.jhu.edu/journals/demography/
- Arcury, T. A., & Quandt, S. A. (2007). Delivery of Health Services to Migrant and Seasonal Farmworkers. *Annual Review of Public Health, 28*(1), 345-363.
doi:10.1146/annurev.publhealth.27.021405.102106
- Bircher, H. (2009). Prenatal care disparities and the migrant farm worker community. *MCN. The American Journal of Maternal Child Nursing, 34*(5), 303-307.
doi:10.1097/01.NMC.0000360423.14110.96
- Borre, K., Ertle, L., & Graff, M. (2010). Working to eat: Vulnerability, food insecurity, and obesity among migrant and seasonal farmworker families. *American Journal of Industrial Medicine, 53*(4), 443-462. doi:10.1002/ajim.20836

- Castañeda, X., & Zavella, P. (2008). Changing Constructions of Sexuality and Risk: Migrant Mexican Women Farmworkers in California. *Journal of Latin American Anthropology*, 8(2), 126-150. doi:10.1525/jlca.2003.8.2.126
- Cerrutti, M., & Massey, D. S. (2001). On the Auspices of Female Migration from Mexico to the United States. *Demography*, 38(2), 187-200.
doi:http://muse.jhu.edu/journals/demography/
- Connor, A., Rainer, L., Simcox, J., & Thomisee, K. (2007). Increasing the Delivery of Health Care Services to Migrant Farm Worker Families Through a Community Partnership Model. *Public Health Nursing*, 24(4), 355-360.
- Donato, K. M., Gabaccia, D., Holdaway, J., Manalansan, M., & Pessar, P. R. (2006). A Glass Half Full? Gender in Migration Studies¹. *International Migration Review*, 40(1), 3-26. doi:10.1111/j.1747-7379.2006.00001.x
- Donlan, W., & Lee, J. (2010). Screening for depression among indigenous Mexican migrant farmworkers using the Patient Health Questionnaire-9. *Psychological Reports*, 106(2), 419-432.
- Edwards, C. (2011). *Judge Blocks 2 Provisions of Georgia Immigration Law*. National Public Radio.
- Finch, B. K., Frank, R., & Vega, W. A. (2006). Acculturation and Acculturation Stress: A Social-Epidemiological Approach to Mexican Migrant Farmworkers' Health¹. *International Migration Review*, 38(1), 236-262. doi:10.1111/j.1747-7379.2004.tb00195.x
- Garcia, V., & Gondolf, E. (2004). Transnational Mexican Farmworkers and Problem Drinking: A Review of the Literature. *Contemporary Drug Problems*, 31, 129.

- Geertz, C. (1977). *The Interpretation Of Cultures*. Basic Books.
- Gorman, B., Read, J., & Kreuger, P. (2010). Gender, Acculturation, and Health among Mexican Americans. *Journal of Health and Social Behavior*, 51, 440.
- Gray, S. (2011, undefined). Convicts or Illegals: Georgia Hunts for Farmworkers As Tough Immigration Law Takes Hold. *Time*. Retrieved from <http://www.time.com/time/nation/article/0,8599,2079542,00.html>
- Grzywacz, J. G. (2009). Mental Health Among Farmworkers in the Eastern United States. *Latino Farmworkers in the Eastern United States* (pp. 1-20). New York, NY: Springer New York. Retrieved from <http://www.springerlink.com.proxy.library.emory.edu/content/h0758u4389327282/>
- Harley, K., & Eskenazi, B. (2006). Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. *Social Science & Medicine*, 62(12), 3048-3061. doi:16/j.socscimed.2005.11.036
- Hightower, N., Gorton, J., & DeMoss, C. (2000). Predictive Models of Domestic Violence and Fear of Intimate Partners Among Migrant and Seasonal Farm Worker Women. *Journal of Family Violence*, 15(2), 137-154.
- Hill, B. G., Moloney, A. G., Mize, T., Himelick, T., & Guest, J. L. (2011). Prevalence and Predictors of Food Insecurity in Migrant Farmworkers in Georgia. *Am J Public Health*, 101(5), 831-833. doi:<p>10.2105/AJPH.2010.199703</p>
- Hoerster, K. D., Mayer, J. A., Gabbard, S., Kronick, R. G., Roesch, S. C., Malcarne, V. L., & Zuniga, M. L. (2011). Impact of Individual-, Environmental-, and Policy-

- Level Factors on Health Care Utilization Among US Farmworkers. *American Journal of Public Health*, 101(4), 685-692. doi:10.2105/AJPH.2009.190892
- Hondagneu-Sotelo, P. (2001). *Domestica*. Berkeley: University of California Press.
- Hovey, J. (2000). Psychosocial Predictors of Acculturative Stress in Mexican Immigrants. *The Journal of Psychology*, 134(5).
- Hovey, J. D., & Magana, C. G. (2003). Suicide Risk Factors Among Mexican Migrant Farmworker Women in the Midwest United States. *Archives of Suicide Research*, 7(2), 107-121.
- Hovey, J. D., & Magaña, C. G. (2002). Psychosocial predictors of anxiety among immigrant Mexican migrant farmworkers: Implications for prevention and treatment. *Cultural Diversity and Ethnic Minority Psychology*, 8(3), 274-289. doi:10.1037/1099-9809.8.3.274
- Hovey, J., & Magana, C. (2000). Acculturative Stress, Anxiety, and Depression among Mexican Immigrant Farmworkers in the Midwest United States. *Journal of Immigrant and Minority Health*, 2(3), 119-131.
- Kanaiaupuni, S. M. (2000). Reframing the Migration Question: An Analysis of Men, Women, and Gender in Mexico. *Social Forces*, 78(4), 1311-1347.
- Kim-Godwin, Y. S., & Bechtel, G. A. (2004). Stress Among Migrant and Seasonal Farmworkers in Rural Southeast North Carolina. *The Journal of Rural Health*, 20(3), 271-278. doi:10.1111/j.1748-0361.2004.tb00039.x
- Kim-Godwin, Y. S., & Fox, J. A. (2009). Gender differences in intimate partner violence and alcohol use among Latino-migrant and seasonal farmworkers in rural

southeastern North Carolina. *Journal of Community Health Nursing*, 26(3), 131-142. doi:10.1080/07370010903034474

Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Hayes Bautista, D. E.

(2005). ACCULTURATION AND LATINO HEALTH IN THE UNITED STATES: A Review of the Literature and its Sociopolitical Context. *Annual Review of Public Health*, 26(1), 367-397.

doi:10.1146/annurev.publhealth.26.021304.144615

Larson, A. (2008, January). Georgia Farmworker Health Program: Migrant and Seasonal Farmworker Enumeration Profiles Study. Georgia State Office of Rural Health.

Retrieved from www.georgia.gov/.../125431938GeorgiaEnumerationStudy.pdf

Levitt, P. (2001). *The Transnational Villagers*. Berkeley: University of California Press.

Magana, C., & Hovey, J. (2003). Psychosocial Stressors Associated with Mexican

Migrant Farmworkers in the Midwest United States. *Journal of Immigrant Health*, 5(2), 75-86.

Maria Luisa Alaniz. (2009, July 3). Mexican Farmworker Women's Perspectives on

Drinking in a Migrant Community. research-article, . Retrieved March 3, 2011, from

<http://informahealthcare.com.proxy.library.emory.edu/doi/abs/10.3109/10826089409047935>

Massey, D. S. (1981). Dimensions of the New Immigration to the United States and the Prospects for Assimilation. *Annual Review of Sociology*, 7, 57-85.

National Center for Farmworker Health, Inc. (2009). Migrant and Seasonal Farmworker Demographics. National Center for Farmworker Health.

- National Center for Farmworker Health, Inc. (n.d.). Facts about Farmworkers. Retrieved from <http://www.ncfh.org/?pid=5>
- Palloni, A., & Arias, E. (2004). Paradox Lost: Explaining the Hispanic Adult Mortality Advantage. *Demography*, *41*(3), 385-415.
doi:<http://muse.jhu.edu/journals/demography/>
- Parrado, E., & Flippen, C. (2005). Migration and Gender among Mexican Women. *American Sociological Review*, *70*(4), 606-632.
- Pedraza, S. (1991). Women and Migration: The Social Consequences of Gender. *Annual Review of Sociology*, *17*(1), 303-325. doi:10.1146/annurev.so.17.080191.001511
- Portes, A., & Rumbaut, R. (2001). *Legacies: The Story of the Immigrant Second Generation*. Berkeley: University of California Press.
- Pregnancy-Related Behaviors Among Migrant Farm Workers - Four States, 1989-1993. (1997). *MMWR*, *46*(13), 283-286.
- Rothenberg, D. (1998). *With These Hands: The Hidden World of Migrant Farmworkers Today*. New York: Harcourt Brace & Company.
- Rubalcava, L. N., Teruel, G. M., Thomas, D., & Goldman, N. (2008). The Healthy Migrant Effect: New Findings From the Mexican Family Life Survey. *Am J Public Health*, *98*(1), 78-84. doi:<p>10.2105/AJPH.2006.098418</p>
- Severson, K. (2011, June 27). Parts of Georgia Immigration Law Blocked. *The New York Times*. Retrieved from <http://www.nytimes.com/2011/06/28/us/28georgia.html>
- Sullivan, M. M., & Rehm, R. (2005). Mental health of undocumented Mexican immigrants: a review of the literature. *ANS. Advances in Nursing Science*, *28*(3), 240-251.

United States Department of Labor. (2009, September). Work Authorization for Non-U.S. Citizens: Temporary Agricultural Workers (H-2A Visas). Retrieved from <http://www.dol.gov/compliance/guide/taw.htm#BasicPro>

US Immigration Support. (n.d.). U Visa for Immigrants who are Victims of Crimes. Retrieved from <http://www.usimmigrationsupport.org/visa-u.html>

Wingate, M. S., & Alexander, G. R. (2006). The healthy migrant theory: Variations in pregnancy outcomes among US-born migrants. *Social Science & Medicine*, 62(2), 491-498. doi:16/j.socscimed.2005.06.015

Chapter 4: Conclusion

The health of migrant farmworkers in southern Georgia is influenced by many factors. The narratives utilized in this thesis show an important, and undeveloped theme in the health of migrant farmworkers – that of isolation from family and community, as well as invisibility before institutions. The United States Department of Labor has captured the risk of death from farmwork, as it is one of the top three most dangerous occupations in the United States (Bureau of Labor Statistics 2010). However, the risks of agricultural work for Mexican migrant farmworkers go beyond the physical dangers of the job; the isolation from community, family, and institutions experienced by migrant farmworkers places both their physical and mental health at grave risk. Multiple theories have been proposed to understand the health of migrant workers, with several focusing on the health of migrant farmworkers in particular (J. Hovey, 2000). While certain aspects of these theories capture elements of the health concerns voiced in this case study, they all fail to capture the impact of *isolation* from family and community, as well as the *invisibility* of farmworkers before institutions. Hovey and colleagues have written extensively about acculturative stress, and have identified factors that may explain levels of distress among individuals who are acculturating, including the following: family support, social support in the new community, socioeconomic status, control and choice in the decision to immigrate, hopefulness about the future, religiosity, and the level of tolerance of diversity of their surrounding region (J. Hovey, 2000, p. 276). Hovey's work recognizes the significance of family and community support in the adoption of effective

coping mechanisms by farmworkers; however, he does not address the impact of invisibility and isolation from institutions as a source of stress.

Traditional acculturation theory does not sufficiently explain the influence of migration on health outcomes of migrant farmworkers because it was designed to explain permanent – and not temporary – migration. Acculturation theory rests on three assumptions that are not met by the experience of migrant farmworkers. First, acculturation theory is based on the notion that immigrants have agency in deciding whether or how much to integrate themselves into the health paradigms of their host countries. Yet migrant farmworkers have little to no capacity to make such choices. Second, acculturation theory does not recognize that migrant farmworkers are *transnational* migrants, who may forgo integration simply because they do not plan to remain in the United States for an extended period of time. Finally, this temporary status also means that migrant farmworkers do not have access to the health care institutions needed to address their unique needs. Migrant farmworker health requires a new theory that captures the statelessness of migrant farmworkers and the resultant isolation and invisibility they experience.

Jackie's observations underscore the lack of choices farmworkers have, lack of access to institutions that could support them, and loss of control over their lives. The 15-year-old boy suffering from a panic attack was bereft of choices, dependent on Jackie to save him from his tragic circumstances. The isolation he experienced as a new farmworker underscores the migrant farmworker experience. The young mother whose child was born without a brain stem did not have access to prenatal care that could have alleviated some of the pain of not knowing what was wrong with her baby, as well as

improved care and education for both mother and child. This woman, like other undocumented farmworker women, was invisible to the health care system both during her pregnancy, and after the birth of her child. The advocacy of Jackie and the health center ultimately attained the services she needed, but alone, she was invisible. This invisibility takes a toll on both the mental and physical health of migrant farmworkers, who play an essential and irreplaceable role in American food production, and deserve to be seen and heard.

The implications of these findings are significant to both the public health literature and public health practice. Invisibility of farmworkers within institutions, such as the educational system, health care locations, social services, domestic violence facilities, and churches contribute to inequality and illness among farmworkers. Public health interventions must address invisibility and isolation in order to be effective. While services may be theoretically available to assist migrant farmworkers, if they do not have access to these aforementioned, they will not stand to benefit from them. The invisibility of farmworkers, both figuratively and literally, means that local groups and health care facilities may be unaware of their existence, let alone their unique needs. Additional barriers arising from the nature of farmwork, including poverty, lack of transportation, and cultural differences contribute to challenges farmworkers often have when negotiating with institutions such as the Department of Family and Child Services (DFCS).

The findings of this research point to the need for policies that include migrant farmworkers, rather than marginalizing them. A critical component of inclusion is providing temporary legal status to all farmworkers who come from other countries and

harvest the crops of this country. With legalization, farmworkers would gain workplace protections as well as rights to adequate and decent housing and transportation. Legal status would also give migrant farmworkers the security to appeal unfair practices, such as the garnishing of their wages by contractors (Rothenberg, 1998). Additionally, the laws imposed by the H2A visa temporary workers' program to protect workers would apply to the majority of workers, rather than the tiny minority that currently have the benefit of housing and transportation that is inspected and required to meet a certain standard. Undocumented status negatively impacts the health of migrant farmworkers, and, therefore, the health of the agricultural system as a whole. Given the recent passage of *The Illegal Immigration Reform and Enforcement Act of 2011*, Georgia's agricultural system is in imminent danger of floundering because farmworkers would prefer to work in neighboring states, given the potential harsh consequences of remaining in Georgia. The new law jeopardizes their livelihood and threatens their presence in the United States. It is truly incompatible with the agricultural economy of Georgia, an \$11 billion a year industry at the farm level, and a \$69 billion industry overall. The director of Georgia's Fruit and Vegetable Growers' Association, Charles Hall, predicted as much as a \$300 million loss in 2011 resulting from this bill ("A hard row to hoe," 2011). In order for the Georgia agricultural economy to be sustainable, farmworkers must be incorporated into the system in a way that preserves their health and well-being, thereby maximizing the benefit to both farmer and farmworker.

A review of the literature on mental health and undocumented status found that undocumented Mexican migrants were vulnerable to multiple hardships. Fear of deportation often negatively affected their likelihood of seeking health care, and this fear

was not affected by the length of time in the United States (Sullivan & Rehm, 2005). A common response to this fear among farmworkers is to remain isolated and avoid integration into American society, as it might lead to detection and deportation. In light of the recent law, these issues are likely to worsen, increasing undocumented farmworkers isolation, and further compromising their health.

This law is a call to action for public health practitioners and advocates who recognize the social and political determinants of health, and appreciate the detriment to health that will result from this bill.

In addition to an expanded temporary worker program, public health practitioners must use creative strategies to improve the health of migrant farmworkers. Given the unique challenges of providing services to a transient, inaccessible population, expanded programs such as those mentioned in this case study could effectively improve health by providing access to healthcare. Jackie's Southside clinic has an outreach worker that provides transportation to farmworkers from the fields to the clinic. This can only happen as a result of a mutual understanding and respect between the farmers, contractors, and Jackie, as farmworkers typically do not have sick leave. The unique trust that Jackie has established with farmers and contractors is critical to the successes of her clinic and outreach programs, and is essential to the success of any farmworker health programming. Mobile medical clinics, such as the one operated by Southside clinic, that travel to the barracks and trailer parks where farmworkers typically live could meet certain acute health needs; however, management of chronic conditions and more serious health concerns may not be possible with this strategy. Organizing Alcoholics

Anonymous meetings at barracks sites could both improve the health of farmworkers, as well as provide support and community.

Migrant farmworker health presents myriad challenges, as illustrated by the stories told within this manuscript, particularly due to the isolation and invisibility of this population. Farmworkers represent one of the most vulnerable and underserved groups in American society, and are under-represented in the public health literature. This thesis contributes to the knowledge and understanding of factors influencing farmworker health, and points towards interventions in both political and public health domains. Through immigration law reform expanding temporary legal status and increased inclusion in institutions designed to provide services to marginalized populations, the health of farmworkers is likely to improve. Farmworkers provide a vital service to American agriculture, and deserve to be protected by laws afforded to other American workers, as well as have access to essential health services.

REFERENCES

- A hard row to hoe. (2011, June 16). *The Economist*. Retrieved from
<http://www.economist.com/node/18836420>
- Abraido-Lanza, A. F., Dohrenwend, B. P., Ng-Mak, D. S., & Turner, J. B. (1999). The Latino mortality paradox: a test of the “salmon bias” and healthy migrant hypotheses. *Am J Public Health, 89*(10), 1543-1548.
 doi:<p>10.2105/AJPH.89.10.1543</p>
- Alba, R., & Nee, V. (2005). *Remaking the American mainstream: assimilation and contemporary immigration*. Cambridge, MA: Harvard University Press.
- Alderete, E., Vega, W., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *Am J Public Health, 90*(4), 608-614.
 doi:<p>10.2105/AJPH.90.4.608</p>
- Antecol, H., & Bedard, K. (2006). Unhealthy Assimilation: Why Do Immigrants Converge to American Health Status Levels? *Demography, 43*(2), 337-360.
 doi:http://muse.jhu.edu/journals/demography/
- Arcury, T. A., & Quandt, S. A. (2007). Delivery of Health Services to Migrant and Seasonal Farmworkers. *Annual Review of Public Health, 28*(1), 345-363.
 doi:10.1146/annurev.publhealth.27.021405.102106
- Bircher, H. (2009). Prenatal care disparities and the migrant farm worker community. *MCN. The American Journal of Maternal Child Nursing, 34*(5), 303-307.
 doi:10.1097/01.NMC.0000360423.14110.96

- Borre, K., Ertle, L., & Graff, M. (2010). Working to eat: Vulnerability, food insecurity, and obesity among migrant and seasonal farmworker families. *American Journal of Industrial Medicine*, 53(4), 443-462. doi:10.1002/ajim.20836
- Castañeda, X., & Zavella, P. (2008). Changing Constructions of Sexuality and Risk: Migrant Mexican Women Farmworkers in California. *Journal of Latin American Anthropology*, 8(2), 126-150. doi:10.1525/jlca.2003.8.2.126
- Cerrutti, M., & Massey, D. S. (2001). On the Auspices of Female Migration from Mexico to the United States. *Demography*, 38(2), 187-200.
doi:<http://muse.jhu.edu/journals/demography/>
- Connor, A., Rainer, L., Simcox, J., & Thomisee, K. (2007). Increasing the Delivery of Health Care Services to Migrant Farm Worker Families Through a Community Partnership Model. *Public Health Nursing*, 24(4), 355-360.
- Donato, K. M., Gabaccia, D., Holdaway, J., Manalansan, M., & Pessar, P. R. (2006). A Glass Half Full? Gender in Migration Studies1. *International Migration Review*, 40(1), 3-26. doi:10.1111/j.1747-7379.2006.00001.x
- Donlan, W., & Lee, J. (2010). Screening for depression among indigenous Mexican migrant farmworkers using the Patient Health Questionnaire-9. *Psychological Reports*, 106(2), 419-432.
- Edwards, C. (2011). *Judge Blocks 2 Provisions of Georgia Immigration Law*. National Public Radio.
- Finch, B. K., Frank, R., & Vega, W. A. (2006). Acculturation and Acculturation Stress: A Social-Epidemiological Approach to Mexican Migrant Farmworkers' Health1.

International Migration Review, 38(1), 236-262. doi:10.1111/j.1747-7379.2004.tb00195.x

- Garcia, V., & Gondolf, E. (2004). Transnational Mexican Farmworkers and Problem Drinking: A Review of the Literature. *Contemporary Drug Problems*, 31, 129.
- Geertz, C. (1977). *The Interpretation Of Cultures*. Basic Books.
- Gorman, B., Read, J., & Kreuger, P. (2010). Gender, Acculturation, and Health among Mexican Americans. *Journal of Health and Social Behavior*, 51, 440.
- Gray, S. (2011, undefined). Convicts or Illegals: Georgia Hunts for Farmworkers As Tough Immigration Law Takes Hold. *Time*. Retrieved from <http://www.time.com/time/nation/article/0,8599,2079542,00.html>
- Grzywacz, J. G. (2009). Mental Health Among Farmworkers in the Eastern United States. *Latino Farmworkers in the Eastern United States* (pp. 1-20). New York, NY: Springer New York. Retrieved from <http://www.springerlink.com.proxy.library.emory.edu/content/h0758u4389327282/>
- Harley, K., & Eskenazi, B. (2006). Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. *Social Science & Medicine*, 62(12), 3048-3061. doi:16/j.socscimed.2005.11.036
- Hightower, N., Gorton, J., & DeMoss, C. (2000). Predictive Models of Domestic Violence and Fear of Intimate Partners Among Migrant and Seasonal Farm Worker Women. *Journal of Family Violence*, 15(2), 137-154.

- Hill, B. G., Moloney, A. G., Mize, T., Himelick, T., & Guest, J. L. (2011). Prevalence and Predictors of Food Insecurity in Migrant Farmworkers in Georgia. *Am J Public Health, 101*(5), 831-833. doi:<p>10.2105/AJPH.2010.199703</p>
- Hoerster, K. D., Mayer, J. A., Gabbard, S., Kronick, R. G., Roesch, S. C., Malcarne, V. L., & Zuniga, M. L. (2011). Impact of Individual-, Environmental-, and Policy-Level Factors on Health Care Utilization Among US Farmworkers. *American Journal of Public Health, 101*(4), 685-692. doi:10.2105/AJPH.2009.190892
- Hondagneu-Sotelo, P. (2001). *Domestica*. Berkeley: University of California Press.
- Hovey, J. (2000). Psychosocial Predictors of Acculturative Stress in Mexican Immigrants. *The Journal of Psychology, 134*(5).
- Hovey, J. D., & Magana, C. G. (2003). Suicide Risk Factors Among Mexican Migrant Farmworker Women in the Midwest United States. *Archives of Suicide Research, 7*(2), 107-121.
- Hovey, J. D., & Magaña, C. G. (2002). Psychosocial predictors of anxiety among immigrant Mexican migrant farmworkers: Implications for prevention and treatment. *Cultural Diversity and Ethnic Minority Psychology, 8*(3), 274-289. doi:10.1037/1099-9809.8.3.274
- Hovey, J., & Magana, C. (2000). Acculturative Stress, Anxiety, and Depression among Mexican Immigrant Farmworkers in the Midwest United States. *Journal of Immigrant and Minority Health, 2*(3), 119-131.
- Kanaiaupuni, S. M. (2000). Reframing the Migration Question: An Analysis of Men, Women, and Gender in Mexico. *Social Forces, 78*(4), 1311-1347.

- Kim-Godwin, Y. S., & Bechtel, G. A. (2004). Stress Among Migrant and Seasonal Farmworkers in Rural Southeast North Carolina. *The Journal of Rural Health*, 20(3), 271-278. doi:10.1111/j.1748-0361.2004.tb00039.x
- Kim-Godwin, Y. S., & Fox, J. A. (2009). Gender differences in intimate partner violence and alcohol use among Latino-migrant and seasonal farmworkers in rural southeastern North Carolina. *Journal of Community Health Nursing*, 26(3), 131-142. doi:10.1080/07370010903034474
- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Hayes Bautista, D. E. (2005). ACCULTURATION AND LATINO HEALTH IN THE UNITED STATES: A Review of the Literature and its Sociopolitical Context. *Annual Review of Public Health*, 26(1), 367-397. doi:10.1146/annurev.publhealth.26.021304.144615
- Larson, A. (2008, January). Georgia Farmworker Health Program: Migrant and Seasonal Farmworker Enumeration Profiles Study. Georgia State Office of Rural Health. Retrieved from www.georgia.gov/.../125431938GeorgiaEnumerationStudy.pdf
- Levitt, P. (2001). *The Transnational Villagers*. Berkeley: University of California Press.
- Magana, C., & Hovey, J. (2003). Psychosocial Stressors Associated with Mexican Migrant Farmworkers in the Midwest United States. *Journal of Immigrant Health*, 5(2), 75-86.
- Maria Luisa Alaniz. (2009, July 3). Mexican Farmworker Women's Perspectives on Drinking in a Migrant Community. research-article, . Retrieved March 3, 2011, from

<http://informahealthcare.com.proxy.library.emory.edu/doi/abs/10.3109/10826089409047935>

- Massey, D. S. (1981). Dimensions of the New Immigration to the United States and the Prospects for Assimilation. *Annual Review of Sociology*, 7, 57-85.
- National Center for Farmworker Health, Inc. (2009). Migrant and Seasonal Farmworker Demographics. National Center for Farmworker Health.
- National Center for Farmworker Health, Inc. (n.d.). Facts about Farmworkers. Retrieved from <http://www.ncfh.org/?pid=5>
- Palloni, A., & Arias, E. (2004). Paradox Lost: Explaining the Hispanic Adult Mortality Advantage. *Demography*, 41(3), 385-415.
doi:<http://muse.jhu.edu/journals/demography/>
- Parrado, E., & Flippen, C. (2005). Migration and Gender among Mexican Women. *American Sociological Review*, 70(4), 606-632.
- Pedraza, S. (1991). Women and Migration: The Social Consequences of Gender. *Annual Review of Sociology*, 17(1), 303-325. doi:10.1146/annurev.so.17.080191.001511
- Portes, A., & Rumbaut, R. (2001). *Legacies: The Story of the Immigrant Second Generation*. Berkeley: University of California Press.
- Pregnancy-Related Behaviors Among Migrant Farm Workers - Four States, 1989-1993. (1997). *MMWR*, 46(13), 283-286.
- Rothenberg, D. (1998). *With These Hands: The Hidden World of Migrant Farmworkers Today*. New York: Harcourt Brace & Company.

- Rubalcava, L. N., Teruel, G. M., Thomas, D., & Goldman, N. (2008). The Healthy Migrant Effect: New Findings From the Mexican Family Life Survey. *Am J Public Health, 98*(1), 78-84. doi:10.2105/AJPH.2006.098418
- Severson, K. (2011, June 27). Parts of Georgia Immigration Law Blocked. *The New York Times*. Retrieved from <http://www.nytimes.com/2011/06/28/us/28georgia.html>
- Sullivan, M. M., & Rehm, R. (2005). Mental health of undocumented Mexican immigrants: a review of the literature. *ANS. Advances in Nursing Science, 28*(3), 240-251.
- United States Department of Labor. (2009, September). Work Authorization for Non-U.S. Citizens: Temporary Agricultural Workers (H-2A Visas). Retrieved from <http://www.dol.gov/compliance/guide/taw.htm#BasicPro>
- US Immigration Support. (n.d.). U Visa for Immigrants who are Victims of Crimes. Retrieved from <http://www.usimmigrationsupport.org/visa-u.html>
- Wingate, M. S., & Alexander, G. R. (2006). The healthy migrant theory: Variations in pregnancy outcomes among US-born migrants. *Social Science & Medicine, 62*(2), 491-498. doi:16/j.socscimed.2005.06.015