

Migrant Landscapers

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Introduction

Inhabitants of suburban Connecticut indirectly employ male migrant workers as landscapers. Such workers live in the surrounding cities of Bridgeport, Danbury, Norwalk and Stamford. Most are Hispanic and probably undocumented. This study focused on the health care needs of urban migrant workers serving one community (Wilton, CT) and the medical services available to them in an adjacent urban center (Norwalk, CT).

Landscapers face substantial occupational risks including the rise of Lyme disease and other tick-borne illnesses, found to be present in as many as 54% of households in the area.

Methods

This was an exploratory study. Semi-structured interviews were conducted with migrants (8), providers (7), employers (3), immigrant advocates (2), the Norwalk health department, and state and town representatives (2). Interview data was supplemented by area demographic, disease, and health services data.

Community Served by Migrants: Wilton, CT

- **Located in Fairfield County, CT**
- **Top ranked schools per *CT Magazine***
- **Well-developed commercial base**
- **16% of town's 27 square miles is vacant/underdeveloped**
- **In 2000 (US Census)**
 - ✓ **17,633 residents**
 - ✓ **95.5% are Caucasian**
 - ✓ **70.7 % have bachelor's degrees**
 - ✓ **95% have high school diplomas**
 - ✓ **Median household income is \$141,428**
- **In 2002, the average home sold for \$784,581**

Immigrants in US

(Kaiser Family Foundation, Center for Immigration Studies)

- **30 million foreign born in US (11% of population)**
- **30% without high school diploma**
- **33% without health insurance**
- **18% living in poverty**
- **28% of foreign born (8.5 million people) are undocumented**
- **500,000 illegal immigrants arrive each year**
- **Mexicans come for work (in Mexico, receive 1/10th the salary)**
- **The INS cannot keep track of immigrants well**
- **The US lacks systems to verify employee eligibility**
- **A vast underground industry supplies false documentation**

In CT, 5.7% of the population, or 188,140 people, are non-citizens

Occupational Risks Faced By Migrant Landscapers

(US Dept. of Labor/Bureau of Labor Statistics)

- **Physically demanding duties ("bending, lifting, shoveling")**
- **Exposure to high concentrations of hazardous chemicals (pesticides, germicides, fertilizers)**
- **Exposure to potentially dangerous equipment and tools (power lawnmowers, chain saws, power clippers)**
- **Higher rates of injury, illness and occupational fatalities than the rest of industry**
- **In 2000, CT landscapers experienced 13% of occupational deaths in the state**
- **Lyme disease and other tick-borne illnesses**

Lyme Disease and Tick-Borne Illness

US Incidence Rates

(CDC and CT Agricultural Experiment Station)

- **Lyme disease accounts for 95% of all vector-borne disease in US**
- **Other tick-borne illnesses, some potentially fatal, are emerging (ehrlichiosis, babesiosis, etc.); extent is unknown**
- **A single tick bite may result in more than one illness**
- **Reported incidence of Lyme nearly doubled from 1991-2000**
- **Reported cases in 2000 were 8% higher than in 1999**

Lyme Disease is Underreported

(CDC and CT Agricultural Experiment Station)

- **Case numbers reported are subject to limitation because:**
 - ✓ **Cases are reported through passive surveillance**
 - ✓ **Laboratory testing might not be accurate**
 - ✓ **Not all cases present with typical manifestations**
 - ✓ **Lyme is often confused with other illnesses**
- **The number of reported CT cases (105.6 cases per 100,000 people) represents 10 to 20% of actual cases due to underreporting**

Lyme Disease in Wilton, CT

Incidence (CT Agricultural Experiment Station; Millward Brown/Wilton Task Force on Lyme Disease, 2001 and Wilton Deer Committee, 2002 surveys, sample size 400)

- **33% of reported CT cases occur in Fairfield County**
- **79 deer per square mile roam undeveloped land in Wilton;**
tick populations increase with deer populations (DEP aerial surveys)
- **27% of Wilton ticks test positive for the Lyme bacterium**
- **In 2001, 44% of households in Wilton reported at least one case of Lyme**
 - ✓ **25% of diagnosed (5% of town's population) had lingering health problems**
- **In 2002, 54% of Wilton households reported Lyme**
 - ✓ **Over 33% reported multiple cases**
 - ✓ **Three out of ten had symptoms lasting 6 months or more**

Infection and chronic illness are thus major issues even in this well educated, affluent community. Wilton inhabitants likely contracted Lyme disease during recreational activities, not daily employment

Migrant Landscapers' Lifestyles

(Results of interviews with migrants, providers, advocates and employers)

Labor Characteristics

- **Most are Hispanic and probably undocumented**
- **Mean annual wage is \$20,880, if year-round work available (US DOL/BLS)**
- **Mean hourly wage is \$10 (US DOL/BLS); actual wages may be \$5 to \$8/hour.**
Employers may not pay as promised
- **5 or 6 workers may share 2 rooms; they rely on public transportation**
- **Workers are either single or supporting families in native countries**
- **When work is available, migrants may labor 7 days/week, earn \$150/week**

Health Status

- **Male migrant workers tend to be young and strong**
- **On the job injuries are a significant issue**
- **Providers noted the prevalence of diabetes, cardiovascular disorders, HIV, STDs, mental health and substance abuse issues among Hispanics in the community**
- **None of the migrants interviewed employed Lyme prevention methods such as daily tick-checks--even those with a history of Lyme disease**

Health Services in Norwalk for Migrant Landscapers

(Institutions below do not require documentation of legal status)

- **Federally Qualified Health Center (FQHC)** offers comprehensive primary care services; translators available; sliding scale payment; some cannot pay but are still served
- **Dept. of Health** offers preventive--and some treatment—programs; free or nominal fee
 - ✓ HIV/AIDS counseling and testing
 - ✓ STD Control Program
 - ✓ Tuberculosis and Communicable Disease Control Program
 - ✓ Would have offered Lymerix vaccine but taken off market
- **Behavioral Health Center** offers medical management of mental illness once a week
- **Private clinic** offers free primary care to uninsured patients, 200%-300% of federal poverty level; continuity clinic available for the chronically ill
 - ✓ Can only serve 15 hours/week due to limited funding
 - ✓ Focuses on episodic illness. Screening is limited
 - ✓ Difficult to obtain prescription drugs for the undocumented
- **Community Hospital** receives complex cases from FQHC and Behavioral Health Center; provides X-ray & lab work for FQHC; sees migrants in ER. Sliding scale for payment, patients may pay over time

Financial Barriers to Care for Migrant Landscapers

(Results of interviews with migrants, providers, advocates and employers)

- **Medicaid limited for legal aliens/unavailable for illegal** (Center for Immigration Studies)
- **Services vary by town; new state budget cuts limit access to care**
- **Payment for migrants' health care is heavily dependent on goodwill of employers, especially undocumented**
 - ✓ Some employers will pay for a portion of premiums
 - ✓ Most workers refuse due to expense (migrants interviewed did not have insurance)
 - ✓ Some employers help migrants with health care needs; others abandon them
- **Illegal immigrants**
 - ✓ Seek care only if symptoms prevent them from working
 - ✓ May not pay medical bills since credit not an issue
 - ✓ May borrow money from each other to pay for medical bills
 - ✓ May use illegal green cards to access care
 - ✓ Are likely unaware that CT worker's comp will cover on-the-job injuries
 - ✓ Migrants interviewed unaware of free services available in Norwalk
- **Economic and security concerns since 9/11 will surely affect funding for programs that assist this population. Providers have limited time to search for other funding**

Other Barriers to Care for Migrant Landscapers

Legal Status

- **Fear of deportation; lack of legal protections**
- **Migrants unaware of facilities available to the undocumented**
- **Employers felt migrants would avoid public facilities due to illegal status**
- **Fear that requesting welfare or other assistance would jeopardize citizenship applications**

Language barriers

- **Migrants interviewed bring friends to translate**
- **Translators' abilities vary--some may translate 5 minutes into 3 words**
- **Patients might not understand instructions or call for clarification (providers avoid prescribing pills of the same color for this reason)**
- **Mental health services (and support groups) greatly limited due to severe shortage of bilingual therapists/translators**

Other Barriers to Care for Migrant Landscapers

Literacy and Education

- **Migrants dependent on non-print media for health education**
- **Spanish brochures on Lyme are limited, reach few workers**
- **Spanish brochures may be written above migrants' grade level**
- **Migrant landscapers are not likely to question or challenge doctors**
- **Poor awareness of health risks, available resources and medical controversies (e.g., Lymerix)**
- **Migrants might not recognize early warning signs of disease; even those with a history of Lyme were unfamiliar with neurological, cognitive and psychiatric symptoms**

Other Barriers to Care for Migrant Landscapers

Transportation

- **Migrants interviewed do not own cars**
- **Can only access health care situated on public transportation lines**
- **Norwalk DSS recently closed due to state budget cuts. Migrant landscapers must find the time and transportation to travel to Stamford**

Scheduling

- **Migrants and providers stated workers cannot afford to miss work**
- **By the time they reach providers, symptoms have been present a long time**
- **Delay may mean difference between cure and chronic illness**
- **Doctors may practice "guerilla medicine" (since the patient may only come once) using "extreme, unorthodox strategies." They must come to "quick conclusions." They cannot wait to "see what develops."**

Results

Workers avoid medical treatment unless illness interferes with work. Of the eight migrants interviewed, most were unaware of Lyme disease symptoms, none employed prevention methods, and all were unfamiliar with many free services available. Two had a history of Lyme disease.

Implications and recommendations

- This urban population, while generally young and healthy, is at particular risk for occupational injury and Lyme disease (also, other emerging tick-borne illnesses).
- Lack of knowledge, low literacy and delay in seeking treatment puts them at high risk for chronic Lyme disease, since cure depends on prompt diagnosis.
- Inadequate funding of health care facilities further complicates outreach and diagnosis.
- Education, prevention, diagnosis and treatment are needed.
- A larger study of migrant workers is warranted to determine the best ways to improve outreach, diagnosis and treatment of this at-risk population.

Migrants' Experiences

- **Worker A came to the ER with dizziness, blurry vision and an inability to retain food. A tick was discovered on his eardrum. He was diagnosed with Lyme and given 3 months of antibiotics. He was sick for eight months. His boss helped pay for medical care, but the main burden fell to him, including the cost of an MRI**
- **Worker B developed an eye infection. The hospital charged \$400. He's paying the bill over time**
- **Worker C had his finger "explode" while working, requiring a \$5000 operation. His boss paid some, but he is "responsible" for the bulk of bill and has been paying over time**
- **Worker D developed debilitating Lyme disease. His boss identified Lyme and brought him to the ER. The boss promised to pay, but months later, bills were still coming**
- **Worker E was taken by his employer to a NY specialist for a problem with his arm; his boss paid all expenses**
- **Worker F reports seeing many falls from excessive drinking. Coworkers drink as though ill; being far from home may be a factor**