Problems Surrounding Health Care Service Utilization for Mixtec Migrant Farmworker Families in Madera, California

by

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INTRODUCTION

Very limited information exists concerning the health status and health service utilization patterns of migrant farmworker families. Some factors characterizing migrant farmworker health problems and utilization of health services have been documented, such as a high use of emergency rooms and a high incidence of upper respiratory illness, infectious disease, nutritional problems, and parasitic diseases (cf Chavez *et al.* 1986; Dever 1991; Mines and Kearney 1981). There is, however, a lack of information available concerning the actual health-seeking behavior of economically disadvantaged ethnic migrant families in California. This evidences itself in the nature of the problems experienced by both the migrant population seeking services and the agencies and institutions providing these services. Problems surrounding service delivery and utilization involve external and internal barriers to the complex system in which health service seekers and health service providers must operate.

Barriers to adequate health care for migrant farmworker families from rural, indigenous Mexico manifest themselves in the form of transportation problems, profound language differences, illiteracy, differing cultural and medical concepts held by practitioners and patients, lack of documentation, extensive filling out of forms, and insensitive scheduling demands. All of these problems are enhanced and aggravated by economic scarcity, a predominant feature of the seasonal farm labor lifestyle (see Table 1, p.9). Given the medical care delivery system as it is currently organized and implemented, these problems will continue to impede efficient delivery of and access to health care and will confound local, state, and federally funded health programs, clinics, and hospitals.

MIXTEC MIGRANTS

The problems documented here emphasize the perspective of indigenous Mexican migrants, focusing primarily on undocumented women and children associated with migrant farm labor. In the last decade, indigenous migrants from the southern Mexican state of Oaxaca have increasingly supplied the farm labor market in California. These people refer to themselves as Mixtecs and come from a highly underdeveloped and poverty-stricken mountainous region of rural Oaxaca known as the Mixteca. Most Mixtec migrants are economic refugees whose rural, indigenous background is culturally, politically, and socially distinct from that of the mestizo Mexicans of north-central Mexico who have formed the main streams of Mexican migrant farm labor to California in the past. Differing from these older and more practiced migrants, the Mixtec present special challenges to California public agencies. Many are illiterate and speak little or no Spanish, much less English. They are a foreign ethnic minority of rural origin, similar in many ways to Southeast Asian indigenous peoples in California, such as Hmong and Khmer speakers. Unlike these other peoples making up "the new migration", the Mixtec remain anchored to their communities of origin by circular migration. The economics and distance involved in Mixtec migration necessitates the relocation of entire families and households to border shantytowns and rural agricultural ghettos in California.

The Mixteca homeland in Oaxaca is one of the most economically underdeveloped regions of Mexico (Zabin *et al.* 1993:39; Kearney 1986:75). The entire region suffers from severe ecological deterioration caused by a combination of overpopulation, deforestation, and erosion of productive land, made worse by the use of the Spanish-introduced oxen-drawn plow on steep slopes. Families feed themselves by farming corn, beans, and squash, however the available land produces only enough food to last four months out of the year (personal communication). As a consequence and means of survival, thousands of Mixtec families migrate north to the commercial agricultural fields of Northern Mexico, California, Oregon and Washington.

INDIGENOUS MEXICAN HEALTH BELIEFS AND PRACTICES

Mixtec migrants are heirs to both pre-Columbian and fifteenth century Spanish medicine, two truly distinctive world medical systems. A blending of these two pre-modern medical traditions, the syncretic medical ideas and practices that prevail in Mixtec communities today are quite distinct from the nosology, etiology, therapy, and concepts of prevention that are central to contemporary biomedicine as practiced by public and private health care providers in California. The sociologies of these two medical systems also contrast sharply, having differing roles, identities, and appropriate behaviors for patients and practitioners.

For the Mixtec, as with many other indigenous cultures, illness, health maintenance, religion, and social relations are intimately interwoven. Explanations for illness in Mixtec society, even for illnesses with obvious natural causes, such as a broken bone suffered in a fall, contain strong personalized elements. Many illnesses are attributed to evil spirits, the evil eye or other sorcery, or the violation of taboos. Accordingly, since many illnesses are attributed to supernatural causes, the role and function of the healer and the skills required to cure differ markedly from those of practitioners in California's institutionalized health care system. Mixtec medical specialists relate physical illness to spiritual or psychological conditions that may disturb the patient, who may be under various forms of stress due to economic scarcity and destitute living conditions. Curing ceremonies of strong religious nature are usually accompanied by treatments in the form of over-the-counter and prescription pharmaceuticals, herbs, massage, sweat baths, and diet recommendations.

Mixtec medical culture also encompasses a principle of equilibrium stemming from Spanish-introduced Greek humoral pathology: the belief that the healthy body maintains a balance between "hot" and "cold" qualities, and that illness results when an excess of either destroys this equilibrium. Illness or bodily conditions, such as pregnancy, are classified as "hot" or "cold", and to treat them, the opposite quality must be applied.

Herbal remedies, for example, may be applied to absorb or introduce hot or cold into the body, as well as contribute medicinal compounds and substances.

This report offers an intimate examination of health problems experienced by Mixtec women and their children in Madera, California. It describes their passage through the prescribed steps and processes within the institutionalized health care delivery system. Close monitoring and documentation of individual health cases as they develop and are resolved on a daily basis by Mixtec women reveals the nature and magnitude of problems faced by migrant farmworker women and their families. For comparison and a better understanding of the diagnostic and treatment processes practiced by Mixtec medical specialists, the first case study documents the healing ceremony of a young child in Oaxaca.

CASE STUDIES

MIGUELITO

In the mountains of Oaxaca a woman grinds corn on her *metate,* preparing to make the three dozen tortillas her family will eat that day. She watches her husband's three oxen and six goats from the lean-to he built on the side of a hill for their summer residence. As she tends to the smoky fire made from the green pine, her daughter and two-year-old son Miguelito chase the chickens and make mud pies. Miguelito has had a fever for three days and his stools are black. Earlier, the woman's husband left for the town. The ten-mile hike will take him to Don Chano, the local *curandero,* or medical specialist, who sells herbs, antibiotics, aspirin, and painkillers in his small "convenience" store.

Don Chano has been a healer in his village for over thirty years. He has studied diverse medical systems, and his practices include acupuncture, massage, pharmacology, and herbology. He delivers babies, reads the *baraja* (fortune deck), and tends to the health care needs of hundreds of families in his and neighboring Mixtec villages. I was with him on the day that Miguelito's father came to request Don Chano's aid. Don Chano grabbed

his medicine bag and a few tortillas, and then we walked over mountains and rivers for two hours before reaching the shack.

Miguelito's mother was waiting for us. She had gone to the market in Juxtlahuaca two days before and bought all the items necessary for the healing ceremony: two candles, flowers, eggs, two packs of cigarettes, four beers, garlic, leaf yellow tobacco, aguardiente and a chicken. Don Chano introduced us and then sat down. Without speaking, the mother handed the crying Miguelito to Don Chano, who laid him over his knee and lifted up the child's shirt to examine his back. He spit on a hand and rubbed it over Miguelito's back, checking to see if the child had *espinilla* (a childhood illness characterized by fever, vomiting or diarrhea), which would be indicated if the fine back hairs of the child rolled into tiny clumps. Ruling out espinilla, Don Chano told the woman that he sensed that water had something to do with the child's illness and asked if Miguelito had been near any water. Apparently the woman had taken Miguelito to the river with her two days before while she washed clothes. Don Chano then asked her if the child had fallen or gotten scared while at the river (this second question would be the last question asked by Don Chano). The woman said that Miguelito had been playing with her older daughter when he fell and began to cry. The mother reprimanded the daughter and calmed her son until he stopped crying. At this point Don Chano stated that the child had *espanto*, and we would need to go to the same spot on the river in order to perform the cure.

Espanto, sometimes called *susto*, or fright, is an illness that mainly afflicts children. It is recognized in the Mixteca and other parts of Mexico, indigenous and non-indigenous Latin America, and in communities of Mexican or Latin American descent in the United States. Its symptoms vary and include fever, diarrhea, listlessness, and loss of appetite. Espanto can occur when a young child experiences a sudden fright, such as from a fall. It is believed that the soul of the child leaves or is scared out of the body by the incident or by other spirits that may be in the area. Without the soul, the body becomes sick and will eventually die.

Before going to the river, Don Chano carefully passed each of the eggs over Miguelito's body, praying softly in Mixtec. It is believed that the egg has absorbative qualities and that by passing it over the body of the victim, the *mal*, or bad, will enter into the egg. Don Chano sucked lightly on the shell of the last egg while he passed it over Miguelito's body. A curandero is believed to possess enough power to withstand the absorption or introduction of a bad spirit or illness without becoming ill himself. He then placed the four eggs in a basket and we headed off to the river.

At the river's edge Don Chano began to arrange the items the woman had collected for the healing ceremony. He divided the flowers into two bunches and separated them with some vegetation he had gathered in the ravine. On top of each bunch of flowers he placed two burning cigarettes. He then aligned the beer bottles along the edge of the flowers. He had instructed the woman to bring a pan full of glowing cinders, into which he threw pieces of *copal*, a tree resin that has been burned during sacred indigenous Mexican ceremonies for thousands of years. Don Chano lined up the four eggs he had passed over Miguelito's body in a row in front of the flowers and placed a piece of copal on top of each one. He sat down, placed Miguelito's soiled T-shirt between the flowers, and began to chant a prayer in Mixtec. The woman went back to her dwelling to make tortillas, carrying Miguelito on her back in a sling made from her shawl.

We remained there for over three hours, Don Chano reciting prayers in Mixtec and Spanish and reading aloud from the Bible. The woman returned occasionally to see if he needed anything. Every hour or so he would light a piece of copal on top of one of the eggs. According to him, the angle and color of the flame the copal produces tells him about the nature of Miguelito's illness and the likelihood for cure. If the flame burns yellow, the illness will pass, but if it burns a deep blue, then the child will most likely die of the illness.

Don Chano called for assistance from the gods, saints, and spirits, pouring aguardiente in each of the four directions as he spoke. He then sent the woman to bring the chicken. Together they cut off the head in one clean motion and moved away to see

which way the body would jump. It is believed that if the chicken jumps about vigorously, as in this case, then it is a sign that the child will recover from the illness. If the chicken passively lays there bleeding, however, then it is thought that the child will die. Blood from the neck was poured over the items that Don Chano had arranged by the river, including Miguelito's shirt. He then reached with two fingers into the chest cavity of the chicken and took out the heart, which he placed near the head, on herbs in front of the four eggs. He clipped off a toe from each foot and feathers from each wing, broke a corn tortilla in half, and put one of each item into two separate piles near the make-shift altar of flowers. He also took 35,000 pesos (about $10), the fee for his services, blessed them, and added them to the altar. Throughout this procedure he chanted in Mixtec and thanked the saints for their assistance.

At this point he instructed the woman to bury the chicken parts near the site of the healing (she had already plucked and cleaned the body and would prepare it for dinner). Meanwhile Don Chano broke long twigs from several nearby trees, handing one to each of us. He then gathered up some of the earth from the altar of flowers and herbs and told us to follow him back to the shack. We repeatedly hit the ground with the branches as we walked, calling for Miguelito to come with us. The belief is that the soul of the child, having been scared out of the body in this same spot, will realize that it is time to return to the child's body and thus will come when it is called.

Back at the lean-to Don Chano once again took the child up on his knee. Into a bowl he placed the yellow tobacco leaves, garlic, and chili peppers, and then poured aguardiente over them. He took a large quantity of the mixture into his mouth and then gently sprayed it out over Miguelito's face, hands, feet, and abdomen. This procedure is called *soplando*, and is believed, among other things, to remove the excess heat that has accumulated in the body of the ill person. Miguelito's mother then prepared for each of us a taco with egg and salsa, which we ate before embarking on the long hike back to Don Chano's house. Three days later we returned to check on Miguelito's progress. Don Chano brought along an antibiotic to give the boy if he was still ill, but the child had recovered.

SOLEDAD

Soledad is a Mixtec-speaking woman from the mountains of Oaxaca. She is thirty-eight years old and has long black hair, which she fixes in a thick braid down her back. Soledad has seven living children, six of whom share a one-room duplex with her and her husband Juan, who works in the fields picking seasonal crops. Tomatoes begin in April, and in May the majority of workers leave their families behind in Madera and go to Oregon for the strawberry harvest. Returning in late June, they pick tomatoes again, then table grapes in August. There are a few crops to be tended and gathered in the interim, such as onions and asparagus, but the work is sporadic and the family's income, around $11,539 annually, falls far below $23,470, the poverty level set by the 1992 Federal Register for a family of eight (Table 1).

Angela, Soledad's eldest daughter from her marriage with Juan, is twelve years old. Her salary from the strawberry and grape harvest has helped to pay the $4,000 debt the family incurred in their hometown of Nu Chucun, where wage labor is non-existent and local loan sharks charge 20% interest monthly. Angela's absence from school has not gone unnoticed by the local California school district, which has pursued legal action against the family, threatening imprisonment and large fines. Angela does not want to go to school; she says she would rather help her parents pay their debt. When she is not working, she stays home and helps her mother wash the family's clothes in the bathroom sink, since the kitchen sink does not drain. Angela also cares for her sixteen-month-old sister, changing diapers, filling her baby bottle with orange drink, or carrying her around on her small hip. She says she already knows everything that school can teach her. Learning how to make good corn tortillas and *mole* are at the top of Angela's list. She writes down the lyrics of popular love songs and wants to get married.

Soledad, is seven months into her tenth pregnancy. She was given a ride to the local health clinic to seek prenatal care, but they refused her their services under the policy that any woman beyond her first trimester who has not yet received care is a "high-

TABLE 1
JUAN'S INCOME 1992

Date	Crop	Task	Pay Rate	Pieces or Hours	Check Total	Place
12-07-91	grapes	pruning	$ .19/plant	842	$143.23	Madera
12-16-91	grapes	pruning	$ .19/plant	1750	$298.16	Madera
12-29-91	grapes	pruning	$ .19/plant	2740	$463.27	Madera
1-05-92	grapes	pruning	$ .19/plant	1110	$192.13	Madera
1-12-92	grapes	pruning	$ .19/plant	1472	$218.78/ $36 scissors	Madera
1-19-92	grapes	pruning	$ .19/plant	1662	$287.67	Madera
1-26-92	grapes	pruning	$ .19/plant	2011	$352.07	Madera
2-02-92	grapes	pruning	$ .19/plant	1584	$274.18	Madera
2-09-92	grapes	pruning	$ .19/plant	1764	$335.16	Madera
3-01-92	asparagus	harvest			$300 food	Stockton
3-15-92	asparagus	harvest			$300 food	Stockton
3-30-92	asparagus	harvest			$300 food	Stockton
4-15-92	asparagus	harvest			$300 food	Stockton
5-02-92	grapes	defoliage	$ 4.50/hour	26 hrs.	$117.00	Madera
5-09-92	grapes	defoliage	$ 4.50/hour	47.5 hrs.	$200.25	Madera
5-16-92	grapes	defoliage	$ 4.50/hour	44.5 hrs.	$191.25	Madera
5-22-92	strawberry	harvest	$ .10/lb		$ 73.54	Oregon
5-29-92	strawberry	harvest	$ .10/lb		$272.31	Oregon
6-05-92	strawberry	harvest	$ .10/lb		$219.45	Oregon
6-09-92	strawberry	harvest	$ .10/lb		$269.93	Oregon
6-27-92	tomato	harvest	$ .45/bucket		$ 99.90	Madera
7-11-92	tomato	harvest	$ .45/bucket		$204.95	Madera
7-18-92	tomato	harvest	$ .45/bucket		$335.00	Madera
7-25-92	tomato	harvest	$ .45/bucket		$420.50	Madera
8-04-92	wine grape	harvest	$ 40/crate	5 days	$153.00	Madera
8-10-92	wine grape	harvest	$ 40/crate	1 day	$ 31.88	Madera
8-16-92	table grape	harvest	$ 4.25/hour		$142.55	Madera
8-20-92	table grape	harvest	$ 4.25/hour		$132.21	Madera
9-01-92	raisin grape*	harvest	$ .14/flat		$220.00	Madera
9-07-92	raisin grape*	harvest	$ .14/flat		$240.00	Madera
9-16-92	raisin grape*	harvest	$ .14/flat		$235.00	Madera
10-15-92		unemployment			$124.00	Madera
10-30-92		unemployment			$124.00	Madera
11-15-92		unemployment			$124.00	Madera
11-30-92		unemployment			$124.00	Madera
				Year Subtotal	$ 7,819.37	
				Year-round AFDC $155/2 weeks/1 child	3,720.00	
				Year Total	11,539.37	

* Assisted by 12-year-old daughter

risk" individual, and must therefore seek prenatal care from either a private doctor or the county hospital in Fresno. Without transportation to these places, Soledad decided that prenatal care would be something she would have to do without, as she had with her previous pregnancies. Back in Nu Chucun, Soledad lost two children to *calentura y diarrea* (fever and diarrhea) before either reached a year old. In the strawberry fields of Oregon, she bled all day and all night and buried the eight-month-old fetus out behind the labor camp.

Soledad has been in Madera for nearly three years and has finally reached the point where she has limited communication in Spanish. She speaks Mixtec, a pre-Columbian tongue of the Otomangue group whose linguistic relatives include the Chocho-Popolocas, Mazatecs, Chinantecs, Cuicatecs, Ichcatecs, Amusgos, and Triques (Paddock 1966: 200,226). When she gave birth to her first seven children, a village midwife massaged her abdomen during labor and gave her *yucu tachi* and *tuntu'u,* local herbs made into a tea and taken so that "the baby will come out faster", while Soledad squatted over some blankets and held onto a support rope slung over the crossbeam above. The midwife charged two chickens and some corn for her services. All of Soledad's Mexican-born babies were born healthy, with labor lasting about six hours. In 1991, she gave birth to Guadalupe in the Madera Community Hospital. She was not allowed to get up off the bed during labor, and she says that as a consequence the labor was extremely painful and prolonged. She adds that if it weren't for the documentation of the child for legal purposes, she would stay home to have this next baby because she's afraid to lie down during delivery.

Soledad and I were introduced to each other by a young Mixtec man who works for the school district as a campus and home visitation person. I told her I was working with women from Oaxaca in the area of health care and offered to help her fill out forms or deal with any other health matters. Two days later she called to tell me that Guadalupe's face was covered with *granos,* or red blotches, that covered the entire mouth area up to below the eyes. Soledad had already passed an egg over Guadalupe's body and then

broke it in a glass to see if the ailment was caused by the "evil eye". She had also sprinkled *Siete Macho*, a sweet-smelling Florida water sold in Mexican pharmacies, over Guadalupe's forehead, wrists, and feet. She regretted having taken Guadalupe to church the day before, where an old woman from Oaxaca had commented on how fat and healthy the baby looked. That night Guadalupe developed a fever and the next day the rash around her mouth appeared. Her husband had warned her not to take the child out of the house; Soledad was thankful he was in Oregon. Just in case her egg treatment and the administration of chamomile tea were not enough, Soledad wanted to take Guadalupe to a doctor. She said that in order to cure Guadalupe properly, she needed an herb, *yucu lota*, that grows in her home village and is not available here. We went to a local clinic run by a private doctor, one of the few in town that will accept MediCal patients. He prescribed an antibiotic ointment, the cost of which was covered by MediCal since Guadalupe was born in the United States.

Three-year-old Monica went with us, since the eldest sister, Angela, was at work with her father. Monica's front teeth have deteriorated to small black stubs, her bright smile the ironic messenger of poverty and poor nutrition. She sleeps with her mother, brother, and sisters on the flea-infested ragged carpet of their one-room duplex. At three hundred and twenty-five dollars a month rent, the family has little left over for food and clothing. They are relatively content, however, as they used to share the same amount of space with two other families. The lack of decent, affordable housing in Madera and other farm labor towns of the San Joaquin Valley takes its toll on the children, who have no proper place to study or sleep.

In a joint effort, Soledad and I managed to find an ob-gyn doctor in Madera who accepts a limited number of MediCal patients. Although Soledad remains undocumented, she qualifies for pregnancy-related medical care under MediCal. The receptionist handed her a three-page medical history form written in English. Since Soledad cannot read or write, I attempted to help her by translating the medical terms into Spanish. The first inquiry concerned a medical condition termed "heart/valve disease", followed by

"cancer, high blood pressure, and lung disease". When I asked Soledad in Spanish if she had ever had any troubles with her heart, she rubbed her right hand all over her abdomen area, from below her breasts down to her genitals, and replied, "yes, it always hurts me around here, especially when I am pregnant". I couldn't decide whether to check "yes" or "no". When I asked her about cancer, I realized that it would be very difficult to explain what is meant by the term, since the idea of a cell would be an entirely new concept to her. High blood pressure proved to be an equally perplexing category; I found myself describing arbitrary symptoms such as blackouts and dizziness, which only caused Soledad to recall illnesses that had nothing whatsoever to do with circulation, but from which she had personally suffered. We decided to leave the rest of the form blank.

When the nurse called her name, Soledad asked me if I would accompany her because she "can't talk to or understand these people". We went into an examination room, where the nurse told Soledad to take off all her clothes and put on a small robe. Soledad's face turned white with anticipation of extreme embarrassment, but she didn't say a word and proceeded to disrobe. I had my hands full tending to Monica and Guadalupe, who opened cupboards and cried. When the doctor came he took a hard look at Soledad's legs, which are covered with dark, ugly warts that she says she has had for years. Then he said in English that she could not be his patient if these were not "regular" warts. I promised in English to get a biopsy done on them as soon as possible, since he did not offer to do one himself. He greeted Soledad in English and then turned his back and began to prepare to do a vaginal exam. Soledad whispered to me that he is a man, and she will die of embarrassment. "In my village we do not do this," she cried, "a man will not look at me there." I proceeded to explain that this was his job, and that he looks at women's private parts all day long, and that hers were no more special than those of the other women. At this point the doctor asked her to lie back, put her feet in the stirrups, scoot down to the edge of the table, and open her legs. She did, covering tears of shame with her forearm.

At Soledad's next appointment the doctor informed her that her Pap smear had

come out "Class 3". This meant absolutely nothing to Soledad, but she was afraid to ask what it meant, and the doctor offered her no explanation. I found myself explaining that something was not quite right inside, while the doctor prepared to do a colposcopy. It turned out later that the procedure is not covered by MediCal; Soledad received a bill for $135 and was unclear why.

In July, a good month for work since tomatoes are ripe, her husband Juan made over six hundred dollars filling five-gallon buckets on his knees for thirty-four cents a bucket. He is 48 years old and can sometimes fill up to 180 buckets a day, each weighing around 25 pounds. He carries them two at a time to the truck, and then lifts them over his head to be emptied by another worker. On a day like that, he earns sixty-one dollars before taxes. But seasonal farm labor is sporadic, and he is never sure if there will be work the next day. Often on Sundays or days when there is no work, he gets together with some friends and begins to drink. During these times, Soledad says he spends all their money, even the money saved for rent. When she complains to him about it he beats her, usually in places where the marks will not be seen since she has called the police on him in the past. But she is in a tight spot. Without his wages she has no income because she cannot work, being eight months pregnant and having two pre-school children. So she tolerates, saying that women are made to suffer.

In August Soledad complained of severe pains in her *corazon*, or heart. I already knew from past experience that this meant her stomach or intestines. She wanted to go to the hospital because she was scared, and the pain was something that she had never before experienced. She said that she knew what was wrong with her but that it would be hard to communicate it in Spanish, since she does not know the Spanish names for many of the parts of the body. She attributed the illness to the fact that when she washes the family's clothes her belly gets wet from the water. The wet spot then turns cold and a *mal aire*, or bad air, enters into her and causes her abdomen to cramp with pain. At the hospital the doctor, who spoke only English, diagnosed her problem as gastritis, and wrote her a prescription for Maalox. When we left she said that it never helps to go to the

doctor, he just looks at you and then wants you to spend money. The Maalox is not covered by MediCal, so Soledad decided to tolerate the pain.

Soledad went into labor on a school day while her husband and Angela were out picking raisin grapes. She knew I would be coming to get her, because she had an appointment at the Women and Infant Children (WIC) office. She asked me to go and get her ten-year-old daughter Diana out of school because Guadalupe would not tolerate staying with anyone she didn't know. Her contractions were six minutes apart. After speaking to Soledad on the phone, the school released Diana to me and we raced back to the house. Diana would take care of Monica and Guadalupe while I took Soledad to the hospital. Just as we were about to leave, a person from the Migrant Education Program showed up to find out whether Soledad's son Tomas had had his physical. She proceeded to explain that it was illegal for Soledad's son to attend school without a physical exam. Soledad was too polite to interrupt, but when another contraction came I told the woman that Soledad had to get to the hospital. At that point another person from Diana's school showed up and told Soledad that it was illegal for Diana to stay home and take care of a three-year-old and one-and-a-half-year-old because Diana was too young. Soledad, between contractions and teeth clenched in pain, lied to the woman and said that all three children would stay with the next-door neighbor. The woman looked at me and said in English that she knew the neighbors did not get along with Soledad and her family. Soledad had another contraction, and I said she needed to get to the hospital immediately. "Just make sure your husband stays home from work tomorrow, Señora, because this is illegal," the woman insisted as we left. Soledad's tenth child was born an hour later. She wants to get "*una operacion*" (bi-tubal ligation) so that it is her last.

MAGDALENA

Magdalena, her very name bespeaks her fate. She is twenty-two years old and has beautiful dark eyes filled with guarded, humble acceptance. When we met, she was six months pregnant. Her first child, Jesus, is two years old and cannot walk, talk, sit up, or

hold his own bottle. He was born in Oregon while Magdalena was harvesting strawberries with her husband. She worked up to the onset of labor, but did not tell her husband about the pains because she feared he would react negatively — he drank a lot and frequently beat her. She had been in labor for twelve hours when she finally told her mother-in-law, who also treated her badly, that she needed to go to the hospital. They hitched a ride from the labor camp to the hospital. Finding that her cervix had only dilated to three centimeters and detecting fetal distress, the doctors decided to perform a Caesarian section. Jesus was born with severe mental retardation; the dark eyes he inherited from his mother are void of curiosity.

Magdalena's husband eventually "left her", as she puts it, and she came to Madera where others from her home village of Nu Chucun live and work. She does not read or write, but can carefully print her name on the bottom of each of the food coupons she receives from the Women and Infant Children Program (WIC). The coupons allow her to buy milk, beans, cereal, eggs, juice, and cheese for Jesus. Two years ago, her mother died during childbirth in Oaxaca, so Magdalena also cares for her two youngest sisters, nine and six years old. The food she receives from WIC essentially feeds the whole family, since Jesus takes only liquids such as formula, rice milk, and chicken soup, which he drinks from a baby bottle. Magdalena lives in a two-bedroom duplex that she shares with two other families. Twelve people live there, six adults and six children. They pay five hundred and seventy-five dollars a month plus utilities. The floors and walls are deteriorating and cockroaches proliferate. As many as eight single men sleep outside on old car seats and mattresses. Beer bottles and trash pile up in front of the door.

Magdalena found herself with another man from her hometown in Oaxaca not long after arriving in Madera. He has not married her, but she carries his baby. She had been receiving prenatal care at the local family clinic, but a sonogram done in the eighth month revealed abnormal growth based on the femur-to-head ratio. The clinic referred her to the county hospital in Fresno, Valley Medical Center, which has a special department known as the Perinatal Diagnostic Center (PDC) that deals specifically with "high

risk" pregnancies. Magdalena was required to visit the PDC twice a week until delivery, which meant she would have to find a ride to Fresno as well as someone to take care of Jesus while she was gone. Since school was out of session, Magdalena's nine-year-old sister, Juanita, took care of Jesus while I drove Magdalena the thirty miles to her appointment.

In terms of the extensive steps and processes prescribed by a county hospital contracted to serve prenatal MediCal patients, Magdalena was lucky to have been referred to the PDC. The waiting and visitation time at the PDC totals an average of an hour and a half, compared to five hours at the regular ob-gyn clinic downstairs. More importantly, the PDC is run by one primary doctor and four nurses, all of whom work only in the PDC, monitoring heart rates and uterine contractions. The patient usually sees the same doctor every visit and is attended to by the same nurses as before. This contrasts sharply with the regular prenatal clinic where a woman sees the next available doctor, who is usually not the same one she saw last time. At the PDC, the relationship between doctor and patient may begin to develop elements of genuine trust. Magdalena, as with all of the other women I have ever worked with, prefers a woman obstetrician.

Visits from health and school officials, combined with never-ending appointments at the Department of Health, Valley Medical Center, local pediatrician, WIC Center, Welfare Department, and Family Health Center (to name only a few), render Magdalena's life busy and complicated. The bulk of the appointments and visits concern her developmentally disabled child Jesus. Although she has received much attention and support, the stress of complying with demands made by outside parties, such as appointment times and qualification requirements, combines with Magdalena's inability to read, write, or drive, and results in a constant emotional state of frustration, defeat, and vulnerability. She is often reprimanded for not having filled out a form on time, or not showing up for an important appointment. Individuals from health or support institutions frequently mistake her limitations for indifference. The situation is further complicated by the fact that Magdalena is still learning to speak and understand Spanish. The bureaucratically

oriented social support system of California, with its strict procedures and concepts, contrasts sharply with the slow-paced, rural, subsistence farming lifestyle in which she was raised. Most villages in the Mixteca region of Oaxaca, including Nu Chucun, lack or have very rudimentary forms of basic services such as roads, telecommunications, potable water, and health services. Those services that do exist, such as the government-supported health clinic in Nu Chucun, operate on a much smaller scale than health and support services in the United States. From Magdalena's perspective, the difficulties encountered in following the prescribed chain of events into which she has been drawn often outweigh the benefits. But she knows she needs support, so she does all she can to keep it.

ISABEL

Isabel and I have known each other for four years. Last August she had her third child. The first two were born in Baja California, where she worked with her husband in the tomato fields of San Quintin for five dollars a day. All three births have been Caesarian sections, the last performed at the Fresno Valley Medical Center. She has breast-fed all of her babies.

Six months after giving birth to Joaquin, Isabel began to bleed heavily. She made an appointment at the local health clinic in Livingston, where she and her family live. She saw the same doctor who had diagnosed her with gestational diabetes — which she refers to as "weak blood" — while she was pregnant. At the clinic, the doctor "took some of my blood, and told me to make another appointment," she said. Each visit to the clinic costs her fifty dollars. She skipped the next appointment because the family did not have the money. Her husband, Bernardino, works at a chicken ranch six days a week, nine hours a day, and brings home less than $800 a month after taxes and other exemptions. A total of six weeks went by while Isabel kept bleeding. The blood was coming out in *bolas*, or clumps, the size of a fist.

Isabel eventually stopped bleeding but soon ended up in the hospital. The doctors

diagnosed her as extremely anemic, but had no explanation for the severe pains she experienced in her side and abdomen. They kept her there for five days, testing for appendicitis, but eventually released her with a prescription for ibuprofen. Since the care was not classified as "pregnancy related" and thus covered by MediCal, Isabel received a bill for $3,865. She has been negotiating for a month with her *trabajadora*, or welfare worker, to have MediCal cover the costs, since she had gone in for emergency care. When I asked her what the doctors at the hospital finally had said was wrong with her, she replied that they didn't tell her anything, they just kept taking her blood out of her arm. She felt weak and had strong "stomachaches".

Two months later Isabel began to bleed again. I spent the night at her house and the next morning she awoke and announced that she had had a dream. She dreamt that she was washing *nixtamal*, or boiled corn for tortillas, in the river of her home village in Oaxaca. On the other side of the river an old woman was also washing nixtamal. The water flowing out of the old woman's bucket of corn was white and clean. Isabel looked down at her own bucket and the water flowed out dark red, and the corn was all dark red. I told her I believed that the dream had to do with her bleeding. She replied that the dream meant that she had to go home to Oaxaca, go to that same spot on the river, and have a healer cure her. The healer would kill a chicken, recite orations from the Bible, and give her the proper herbs for a cure. I asked when she would go, but she replied that the family could not afford it, and there would be no one to care for her children.

Several more visits to the local clinic had not stopped Isabel's bleeding, so she decided to go to Clovis where she would see a woman healer from her home village of Nu Yucu. The woman performed a healing ritual in which she vigorously massaged Isabel and brushed her with special herbs (*hizo una limpia)* while Isabel lay down on a table. The room was dark and quiet and there were candles lit all around. The woman read a passage from the Bible and gave Isabel some tea that she had made from specially collected herbs. The healer chewed up some garlic and green chilies, drank some *aquardiente* (distilled spirits) into her mouth, and sprayed the entire mixture over Isabel's abdomen,

hands, neck, and face. She again massaged Isabel's body vigorously and then gave her some more tea. The next day Isabel stopped bleeding.

But last month Isabel began to bleed so much that during an hour-long nap she left the Kotex, her underwear, and the sheets of her bed soaked with blood. She had a neighbor drive her to the emergency room, where they concluded that she needed "una operacion", which turned out to be a D&C (dilation and curettage). She left her seven- and six-year-old sons at home to wait for their father and took the infant to her *comadre's* (coparent) house. The bleeding stopped for three weeks. When I spoke to her husband on the phone the other night, Isabel had already returned for a fifty-dollar visit to the clinic because the bleeding had once again commenced. "They charge her fifty dollars each time and all they do is take her blood. That's more money than I earn in one day's work," he said. At this point the clinic has recommended a hysterectomy. Isabel fears that she will lose her womanhood along with her womb, and has not shown up for her scheduled appointments. A nurse called and told her that it would go down on her record as "willful non-compliance". MediCal is not obligated to pay for cases in which the patient's behavior is recorded as non-compliance.

ROSA

Rosa is a thirty-year-old mother of six. She arrived in Madera with her husband and children in May of this year and moved into a house rented by her sister's family of six, another family of eight, and two unmarried younger sisters. Seventeen children and seven adults share a three-bedroom, one-bath house that rents for seven hundred and fifty dollars a month plus utilities. The carpets are torn and dirty, the oven does not work, and the plumbing leaks constantly. Rosa's family sleeps in a corner of the living room.

Rosa and her husband left their corn fields, home, and parents behind in Nu Chucun, Oaxaca. Rural Mixtec villages generally have one or more small stores where necessities such as toiletries, sugar, coffee, and powdered milk are sold. The store owners and their families are, comparatively, the richest people in town. Most supplement their

incomes by loaning money out to desperate families at an interest rate of 20% a month. Families like Rosa's incur debts because there is no local employment from which to earn cash. Food, medicine, tools, clothing and many other of life's necessities must be bought. Like many Mixtec children, Rosa never had time to go to school. She stayed home to help her mother wash, grind corn, and tend her brothers and sisters. Her husband Epifanio tended the *junta*, or oxen team, and likewise never learned to read or write.

After incurring a debt of $4,000 with the village merchant, the family decided to come to Madera. Epifanio, through contacts with his brother-in-law, obtained work in June in the tomato fields. Neither Rosa nor her husband know how to drive, nor do they have a car.

Rosa was seven months pregnant when we met. The local clinic had categorized her as a "high risk" patient because she had already entered her third trimester without any prenatal care, and therefore referred her to the Fresno County Hospital. The first visit took eight hours. Rosa waited in line after line to complete the registration and qualification process, before finally finding herself in the ob-gyn waiting room. She insisted I accompany her throughout the process because her Spanish is poor and she fears the hospital and its doctors. Due to her anemic condition, she was sent to the Perinatal Diagnostic Clinic for closer observation. This meant that she would have to find a ride to Fresno twice a week. A neighbor offered to give her a ride for five dollars, but Rosa said she could not afford ten dollars a week. For three weeks, we went to the PDC to have the baby's heart rate monitored, and in August Rosa gave birth to a little girl. The delivery went smoothly and labor lasted only four hours. She was Rosa's ninth child; two had died in Oaxaca before reaching two years of age.

Two weeks after delivering, Rosa asked me if I had any firewood that I could give her. She had been having headaches since the birth and told me that she needed to do the *ni'i*, or sweatbath. I brought her a trunkload of wood and her husband took it out to the backyard where he had built the ni'i. The ni'i is a small structure built from wood branches that are tied together with rope. It has the shape of a two-person tent, being

about seven feet long and three feet wide. Three branches form arches spaced about two feet apart and to which support branches are tied lengthwise. At one end of the structure a hole is dug and a fire built in it. The fire burns down to hot coals and then is covered with a metal trash can lid on which rocks are piled. The frame of the structure is then covered with disassembled cardboard boxes, blankets, and old carpet scraps. Rosa had asked an elderly woman who knows how to cure (*sabe curar*) to accompany us in the ni'i. We then went out and gathered small branches from an ash tree. The women had wanted a special kind of herb that grows in Oaxaca, *yucu ni*, but settled for the ash due to the moist quality of its new leaves. We bundled up the leafy branches into small brooms to be held in our hands and slapped upon our bare skin while in the ni'i. We took off all our clothes and wrapped ourselves in towels. The old woman wrapped her right arm tightly in a towel and then tied it with small strips of cloth. She would use this to vigorously rub Rosa's body all over while we were in the steambath. The three of us then climbed into the ni'i and lay down side by side. In the corner of the structure Rosa had put a bucket full of water that had *ruda* (*Ruta graveolaus*) floating in it. I was instructed to toss a bowl full of water onto the coals, from which rose extremely hot steam, forcing us to cover our mouths with a towel in order to breath. We stayed in the ni'i for about twenty minutes, then uncovered the opening and rested. Six such episodes took about four hours. The old woman rubbed Rosa and slapped her with the ash leaves. It was a very refreshing and exhilarating experience. Rosa repeated the ni'i four more times over a period of two weeks. Her headaches stopped and she decided that the treatment had worked.

During this time all of Rosa's six children came down with chicken pox. All but the newborn had been vaccinated in May for mumps, measles and rubella. When Rosa took her new daughter in for the baby's two-week checkup, the doctor found that the child had a fever of 99.6 degrees. The doctor became concerned and decided that Rosa needed to take the child over to the hospital for some blood tests, go to the pharmacy to fill a prescription, and then return in three days for another appointment. These three seemingly simple acts requested by the doctor forced Rosa to abandon three children at home

without adult supervision, and fail to show up for two other appointments she had scheduled for later in the day with the Welfare Department and Housing Authority. Rosa attributed the child's fever to the fact that she had been sleeping in a blanket. "There is nothing wrong with her blood," she insisted. We spent the rest of the day running around complying with the doctor's requests. At the next appointment, following the results of the blood tests, the doctor told Rosa to cease administering the child's medication; the baby had simply had a fever.

DISCUSSION

The limitations poverty imposes on living conditions aggravate all of the problems illustrated here. Many findings, such as transportation problems, compliance problems, and excessive bureaucratic hang-ups, apply to most poor in California who depend on governmental support programs, regardless of their origin or nationality. The extent of one's dependence on these programs is naturally connected to the nature of one's employment. Farm work does not offer sufficient pay, job security, or benefits to support its laborers throughout the year. During peak harvest times in the Central Valley, such as the tomato harvest in July and August, farm labor contractors employ hundreds of workers to pick the fields. By late September and early October, those who were unable to get jobs with the olive harvest find themselves unemployed and must wait for the pruning of the grapes, which doesn't begin until December (see Table 1, p.9).

In Madera the lack of decent, affordable housing and transportation confounds the interface between the Mixtec population and support service institutions, such as health and educational facilities. Rents of four hundred and fifty dollars a month or more force families to share the financial responsibility with others, resulting in unhealthy overcrowding. There is no satisfactory public transportation system available. Taxis exist but are too expensive. There is a Dial-a-Ride service, but the dispatcher does not speak Spanish and children under school age are charged as adults.

Examining the delivery and consumption of health care services in California, we

see the interface of medical cultures with differing illness etiologies, modes of diagnosis, and preventive and therapeutic practices. Many problems, such as Isabel's "noncompliance", result from a lack of communication between the health service provider and the patient due to differing vocabularies and illness explanations. Others result from economic scarcity and the limitations it imposes. Diabetes and anemia, for example, occur in high frequencies among Mixtec women. Out of fifteen case studies followed, all had suffered from one or both of these illnesses. The women describe their illness as having "weak blood", and are often unable to conform to diet restrictions due to the sharing of food and food preparation responsibilities with many other individuals. Furthermore, treatment for chronic illnesses such as diabetes and anemia is not covered by the MediCal card issued to undocumented migrants. MediCal covers only pregnancy-related or emergency health problems, which explains the observed overuse of emergency rooms by migrant farmworkers and their families.

A part of this research in progress involves interviewing social and health service providers so that informed recommendations for resolution and policy changes may be made. The individuals interviewed thus far have expressed concern over language differences and, particularly, over differing medical concepts. Many have experienced frustration in explaining diagnoses or possible treatments. Part of the problem does lie in language differences, but confusion resulting from the use of specialized medical terms, such as ovum, pap smear, gestation, etc., could be avoided by employing simple terms to explain the concepts to patients. Doctors at both the Fresno Valley Medical Center and the local Madera Family Health Center agree that classes or lectures concerning Mixtec social, economic, and medical backgrounds would be useful.

As we have seen with the examples of Soledad, Magdalena, Isabel and Rosa, one major problem faced by migrant Mixtec women is the lack of access to their own medical culture. It is not the object of this report to compare the attributes of Mixtec medical culture with those of the health system practiced in California, but it is important to note that Mixtecs do have an existing medical system complete with illness concepts, treat-

ments, practitioners and preventive practices. Therefore, questions of "integration" or "insertion" of Mixtecs into the health system of California are complex and should involve considerations of alternative forms of health care ranging, for example, from the use of Mixtec medicinal herbs to the promotion of Mixtec health practitioners.

By far, the greatest problems observed result directly from the bureaucracy-laden system in which many processes and procedures are repeated again and again. This is not only time-consuming for the patients and the health service providers, but more importantly, it is expensive. Since most of this health care is paid for by the state, it would be in the state's interest to fund further research to streamline some of the prescribed procedures and make the system operate more economically.

With the implementation of the North American Free Trade Agreement, we should expect more migrant farmworkers and their families to enter the United States. It is predicted that the restructuring of the Mexican economy will displace thousands of Mexican farmworkers from their rural plots and force them to look elsewhere for jobs. Raoul Hinojosa-Ojeda of UCLA estimates that as many as 839,000 rural Mexicans, unable to compete against U.S. farmers, will be forced from communal farm lands, and that about 80 percent will head to the United States (Hinojosa-Ojeda and Robinson 1992). Currently it is estimated that up to 2,000 undocumented workers cross the California border each day.

Regarding the Mixtec, the 1991 census conducted by the California Institute for Rural Studies indicates that as many as 165 different villages from the Mixteca have members working and living in agricultural towns across California (Zabin *et al.* 1993). It is estimated by this same study that there are between fifteen and thirty thousand Mixtecs in California at least part of the year, and that families are increasingly settling in the state. It is clear that the problems illustrated in this report will therefore only increase in magnitude, and will continue to impede efficient delivery of and access to health care, as well as confound the existing health programs, clinics, and hospitals.

REFERENCES

Chavez, Leo R., Wayne A. Cornelius, and Oliver William Jones 1986. "Utilization of Health Services by Mexican Immigrant Women in San Diego." *Women and Health* Vol. 11(2), Summer, Hawthorn Press.

Dever, G.E. Alan 1991. "Profile of a Population with Complex Health Problems." *Migrant Clinicians Network, Monograph Series*. National Migrant Resource Program, Inc. Austin, Texas.

Kearney, Michael 1986. "Integration of the Mixteca and the Western U.S.-Mexico Region via Migratory Wage Labor." *Monograph Series, 16*, Center for U.S.-Mexican Studies, University of California, San Diego, California.

Kearney, Michael and Richard Mines 1981. *The Health of Tulare County Farmworkers: A Report of 1981 Survey and Ethnographic Research for the Tulare County Department of Health.*

Paddock, John 1966.*Ancient Oaxaca*. Stanford University Press, Stanford, California.

Zabin, Carol, Michael Kearney, Anna Garcia, David Runsten, and Carole Nagengast 1993. *A New Cycle of Poverty: Mixtec Migrants in California Agriculture.* California Institute for Rural Studies, Davis, California.