

# **The Agricultural Worker Health Study**

## **Case Study No. 6: Napa County**

A baseline report of  
**The Agricultural Worker Health Initiative**

Sandra Nichols

Lillian M. Salcido

Marisol Ayala

Richard Mines

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In the course of this fieldwork, we met with people both noble and desperate. The dedication of social service providers, despite the immense obstacles they face, was inspirational. The generosity of farmworkers in telling us their stories of enduring unbearable hardships for the sake of their families was humbling. It is our sincere hope that their words and this report will pave the way for positive changes in the health and well-being of farmworkers and their families and for more fully integrating Latinos into the broader Napa Valley community.

## Table of Contents

<b>Summary of Main Findings</b> .....	1
<b>Introduction</b> .....	7
<b>Background</b> .....	8
The Environmental Setting .....	8
Napa’s Agricultural Industry .....	9
Demographic Characteristics of Napa Valley Farmworkers .....	10
<b>Analysis of Key Dimensions</b> .....	14
Living Conditions .....	14
Working Conditions .....	22
Principal Health Conditions .....	30
Health Care Delivery System .....	35
Inventory of Health Care and Social Service Providers .....	35
Collaboration among Providers .....	48
Patient Perspectives .....	52
Channels and Barriers to Care .....	55
Barriers to Care .....	56
Channels and Facilitators of Care .....	57
Community Relations in Napa Valley .....	61
<b>Summary of Community Assets and Liabilities</b> .....	67
Main Assets .....	67
Main Liabilities .....	69
Community-based Menu of Options .....	70
<b>Appendix</b> .....	73
<b>Bibliography</b> .....	77



## Summary of Main Findings

### Population and the Environment

- Napa’s agricultural production is devoted almost exclusively to ultra-premium wine grapes, which account for 98 percent of the county’s total agricultural value. The recent economic downturn and a statewide oversupply of grapes so far have not adversely impacted Napa’s agricultural industry, and the price of Napa grapes continues to rise.
- Napa County’s Latino population increased 340 percent between 1980 and 2000. Currently, there are approximately 30,000 Latinos in the region, accounting for nearly a quarter of the county’s overall population. This growth occurred primarily through immigration from Mexico and in response to labor demands from the area’s rapidly expanding wine industry and associated tourism business.
- Well-developed hometown networks facilitate ongoing Mexican immigration to Napa Valley. The older, larger, better established networks are from traditional migrant-sending states: Michoacan, Jalisco, and Zacatecas. Newer networks have developed in other Mexican states, including Guanajuato, Nayarit, Hidalgo, and Oaxaca.
- Two-thirds of all Latinos live in the city of Napa, the county’s largest urban settlement. The rest live in the valley’s smaller towns and on isolated farmsteads in unincorporated areas of the county.
- An estimated 3,000 to 4,000 farmworkers are employed in the region during winter months. Their numbers peak at about 6,000 during spring and early summer and for the harvest in September and October.

### Living and Working Conditions

- Housing is extremely expensive and in short supply in Napa County, leading to severe overcrowding for both solo males and families. Waiting lists for subsidized low-income housing are long—as much as three years for qualified individuals.
- County-run farmworker camps in the region accommodate up to 220 men; the majority of solo males share market-rate apartments, crowd together with relatives, or live in converted garages and outbuildings. During peak employment periods, some sleep in cars or camp out by streams. Others sleep on the porch of the Catholic Church in St. Helena.
- Tight border security and high smuggling fees have resulted in more workers spending the winter in Napa Valley instead of returning to Mexico. Since employment opportunities are scarce in the winter, many struggle to afford rent and groceries during this period.
- Transportation to work and to access services presents significant challenges. Undocumented workers cannot legally obtain driver licenses and often have difficulty gaining access to validly registered vehicles. As a consequence, many farmworkers do not own a vehicle and depend on others for rides to job sites. Farmworker families living in remote areas of the county are particularly restricted by lack of personal transportation. A couple fortunate enough to be able to afford



a car typically has only one, which the husband uses to get to work. Wives and children can be left stranded in areas far from public transportation routes.

- Grape cultivation practices that are particular to Napa Valley involve more manual labor than operations elsewhere in California and extend the labor season (and associated need for affordable housing) over more months of the year.
- Average hourly wages for farmworkers in Napa Valley are somewhat higher than they are elsewhere in California, but farmworker annual incomes remain low and the cost of living is high. The degree to which employees receive health benefits from their employers depends on workers' job categories, their seniority, and employer policies.
- Agricultural employment today is based largely on crew systems rather than on individual hiring as growers increasingly delegate responsibility for employees to farm labor contractors. Foremen or crew bosses known as *mayordomos* hire, train, supervise, and discipline most of the valley's agricultural workers. These *mayordomos* occupy a pivotal position as the sole link between undocumented workers who typically speak no English and owners who speak little or no Spanish.

### **Principal Health Conditions**

- Latinos nationwide and in the study region commonly suffer from diabetes, high cholesterol, high blood pressure, and obesity. Doctors also report high levels of stress and depression.
- Common work-related injuries include cuts, back and knee pain, and foot problems related to working in damp conditions.
- Farmworkers report skin and eye irritations and asthma that they attribute to pesticide and fungicide exposure, most notably sulfur dust, and to lax enforcement of pesticide safety procedures in some vineyards.
- Drug and alcohol use is on the rise among farmworkers, both as a means of bolstering on-the-job endurance and for coping with feelings of loneliness and depression. Domestic violence and youth involvement in gang activities are also problems.
- Poor dental hygiene and lack of preventive care are common among Napa Valley farmworkers.

### **Health Services for Low-income Residents**

- Clinic Ole is the sole primary community health care provider for low-income residents in Napa County. It operates a main facility in the city of Napa and several satellite clinics elsewhere in the county. Most staff members are bilingual. Clinic Ole offers numerous educational programs and an active outreach program geared to the Latino community, including farmworkers living in the larger camps.
- A one-stop health facility funded in large part by donations from the Napa Valley Vintners Association opened in late 2002 in the city of Napa. In addition to housing Clinic Ole's main facility, it includes Sister Ann's Community Dental Clinic, Healthy Moms and Babies (a perinatal program), and Napa Emergency Women's Services (NEWS) for victims of domestic violence.

- A survey conducted in 2001 found that a significant share of Latinos (40 percent) reported having used the emergency room to obtain health care. The county's largest hospital reported that 22 percent of its emergency room admissions in 2000 were for non-urgent care.
- Many agricultural employers offer no health insurance benefits. Of the employers who do offer benefits, some offer them to all of workers while others provide coverage to senior employees only. It is difficult to offer private health insurance in Napa County because several major plans have withdrawn from the area.
- Aside from pediatricians, few private providers in the region accept publicly insured and uninsured farmworkers and their families.
- Nuestra Esperanza is the only local facility devoted to providing bilingual and bicultural mental and behavioral health services for the Latino community. Demand for services far exceeds capacity, resulting in delays of three to eight weeks for an appointment.
- Many of the region's agencies and organizations that offer education and prevention services employ at least some bilingual staff members, including Planned Parenthood, Napa County Health and Human Services, and several organizations working to prevent domestic violence. Most of these programs include ongoing outreach.
- Many farmworker families postpone medical treatment until they have an opportunity to return to Mexico. They also rely on alternative forms of health care, such as self-medicating, herbal remedies, chiropractors, and traditional Mexican healers.

### **Barriers and Channels to Care**

- Field crew bosses, who are known as *mayordomos* and who are mostly Mexican-born immigrants, can block farmworkers' access to health care by withholding information and refusing to allow workers to seek medical attention.
- The fact that farmworkers frequently do not have reliable means of personal transportation prevents many from accessing medical, dental, and mental health services.
- Latinos are generally critical of the often impersonal and highly specialized nature of modern scientific medicine in this country; they prefer patient-centered, hands-on approaches to healing. As a consequence of their cultural expectations and of at times disrespectful treatment from staff members, farmworkers and their families sometimes give up on U.S. health care institutions.
- Limited education and language skills, lack of valid immigration status, high costs, and confusion over eligibility for programs all dissuade farmworkers and their families from seeking treatment.
- Hometown networks, cultural brokers, churches where Spanish is spoken, and Spanish-language radio programs provide the farmworker community in general and new arrivals in particular with information about available services and programs.
- Regular health fairs geared to the Latino community, family resource centers, and tenant organizations in low-income apartment complexes are emerging as impor-



tant vehicles for disseminating information, education, delivery of services, and referrals.

## Community Relations

- Napa’s Anglo and Latino populations are segregated linguistically, culturally, and economically, creating a two-tiered society that impedes Latinos’ access to care, civic participation, and incorporation into the life of the community.
- Self-styled “cultural activists” are seeking to bridge the Anglo-Latino divide in Napa County through innovative programs that celebrate Latino culture, improve service delivery, and create opportunities for Anglo-Latino interaction and collaboration.
- Internal divisions within the Latino community, combined with a deep-seated mistrust of politicians, hinder the development of Latino leaders and wider civic engagement.
- Often overlooked as a resource are the people involved in past efforts by farmworkers and Latino activists that succeeded in obtaining better conditions and services for farmworkers. Contemporary efforts by a new generation of activists, though still tenuous, are emerging in the region.
- Links to government officials and health professionals in migrants’ home states in Mexico offer opportunities for innovative cross-border collaborations.
- Napa’s wine industry has traditionally supported local health care and social service agencies through philanthropic efforts. Recently, the industry has been active in a campaign to build more housing for farmworkers.
- Committed Anglo activists are working with Latino colleagues to cultivate a cadre of future Latino leaders capable of advocating for their community’s needs on city councils and on the boards of local schools, nonprofit organizations, and other agencies.
- Napa’s provider community has a strong tradition of collaboration and joint project implementation. The Napa Valley Coalition of Nonprofit Agencies provides the infrastructure for many of these efforts with supplemental assistance from numerous special interest networks that facilitate communication among providers and activists. Napa’s manageable geographic size and concentration of activities further enhance the climate of collaboration.
- Many of the providers and agency leaders who serve Napa’s low-income community are highly motivated professionals who are open to innovation, committed to expanding outreach to the Latino community, and eager to improve their delivery of services. Their ability to continue to meet the needs of the farmworker population, let alone expand capacity and effectiveness, however, will be strained in the face of large-scale budget cuts anticipated in California and the ongoing shortage of qualified medical personnel.

## Menu of Community-based Options

- Encourage the wine industry to expand health insurance to all workers and to curb work place abuses that affect the health and well-being of agricultural workers. Much can be done to improve safety in the fields, facilitate access to health care, and curtail alcohol and drug use among farmworkers simply by rigorously enforcing work place rules and closely supervising crew leaders, supervisors, and farm labor contractors.
- Develop a “continuum of care” process to address gaps in mental health care and enhance collaboration among providers and within the Latino community in order to develop a coordinated approach to domestic violence, substance abuse, depression, at-risk youth, and prevention efforts.
- Increase support for programs that bridge the Anglo-Latino divide in the region and create a culture of respect and inclusion by cultivating Latino leaders, promoting Latino civic participation in all aspects of community life, and organizing and promoting public events that recognize and celebrate Mexico’s cultural heritage.
- Strengthen and expand outreach efforts through a program of *promotores* sponsored by various agencies and coordinated among them. Develop more diverse outreach staffs that include older men, older women, retired farmworkers, and traditional healers and herbalists.
- Support existing efforts to enhance coordination, including a current initiative seeking to network the valley’s family resource centers. Improve delivery of services and collaboration among agencies serving solo male migrant farmworkers by supporting a position in the county for a coordinator of migrant farmworker programs.
- Develop binational collaborations between Napa Valley providers and their counterparts in Mexico to improve cultural competency and address public health concerns that arise for farmworkers who regularly travel between the two countries.



## Introduction

The purpose of this assessment is to provide The California Endowment (TCE) with a profile of farmworkers in the Napa County subregion. The assessment focuses on several key dimensions and generates a menu of potential community-based approaches for improving farmworker health. This analysis is intended to assist TCE in developing a place-based strategy of intervention in this subregion as part of its Agricultural Worker Health Initiative.

This is the sixth in a series of Agricultural Workers Health Study reports profiling and assessing farmworker health care delivery in several agricultural subregions of California. Each subregion roughly encompasses a commuting area in which farmworkers travel to and from their residences, jobs, and health service providers. Within each subregion, there is a community of professional and volunteer health care and social service providers who know each other and the communities they serve and who share common goals. Furthermore, farmworkers in an area tend to come from a few common communities of origin in Mexico. Many farmworkers maintain contacts within their original communities and with their colleagues in other parts of California and the U.S., creating an information network that spans subregional boundaries. By working within a geographic area, we can define the farmworker community and health care delivery systems available to them in detail. This targeted analysis allows us to identify specific problems and design effective solutions. TCE has defined each subregion to comprise a relatively cohesive unit with unique health care and institutional problems.

The Agricultural Workers Health Study utilizes a case study approach. The main subject of the inquiry is barriers to and facilitators of health care delivery as utilized by this subregional population, both in and out of the immediate area. Documentary review, participant observation, and open-ended, in-person interviews were used to identify barriers and facilitators and ways to improve delivery, together with overall well-being. Those interviewed included representatives of providers, the communities, and, most importantly, farmworkers themselves, current as well as former, along with members of their families. Through these methods, many sources of information were marshaled to arrive at the full story. (See the Appendix for details on methods.)

# Background

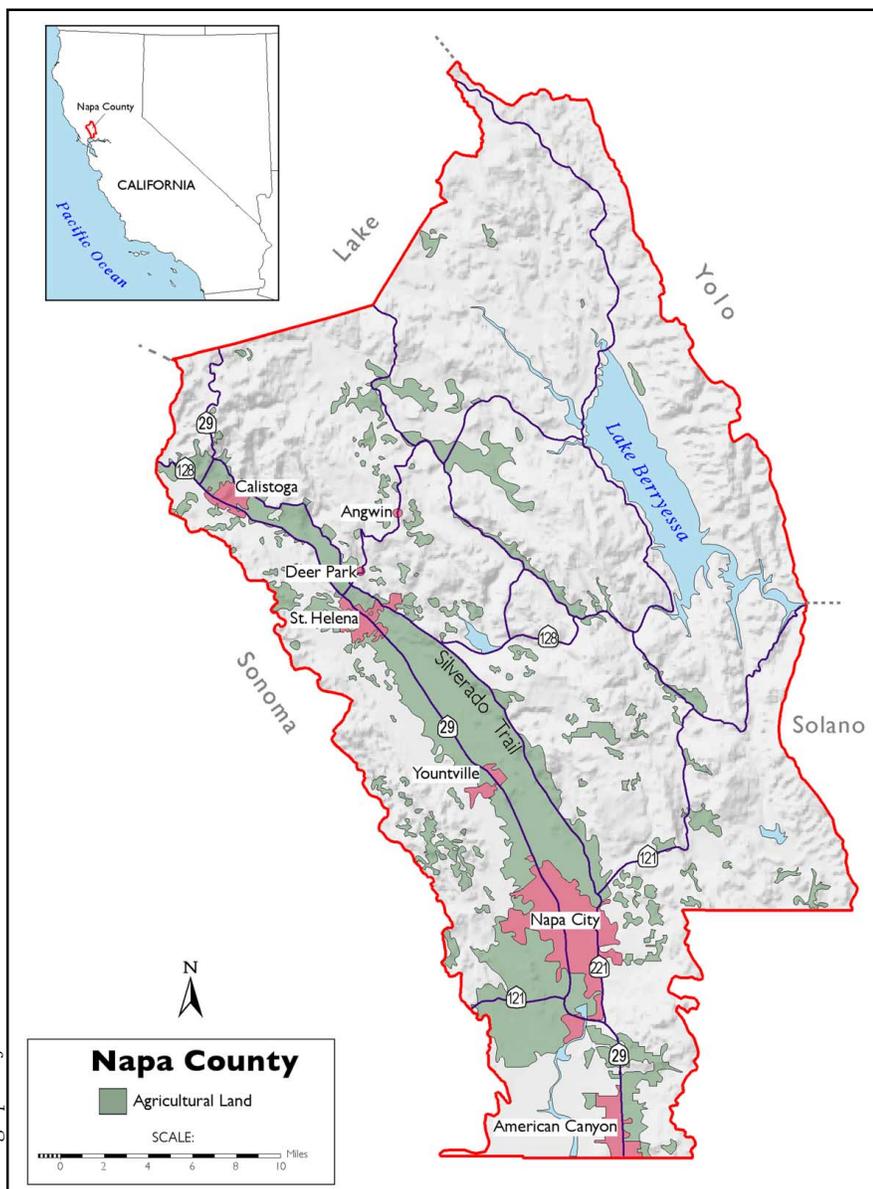
## The Environmental Setting

Napa County is among the northern tier of counties that surround San Francisco Bay, forming the greater San Francisco Bay Area. The bulk of the county lies east of Napa Valley in remote, sparsely populated hills that include the Howell Mountains, several smaller inland valleys, and Lake Berryessa, a large recreational reservoir. Napa Valley runs southeasterly from Calistoga as a thin strip of land closely surrounded by mountains of the California Coast Range, finally terminating in a broad floodplain where the

Napa River flows into San Francisco Bay. The Mayacamas Mountains on the west comprise the remainder of the county.

Despite accounting for only a small part the county’s overall land surface, Napa Valley is the county’s dominant feature. It is also home to the vast majority of the county’s residents and the primary source of the county’s agricultural and economic activity.

State Route 29 extends along the valley’s western flank, connecting most of the county’s cities and towns and serving as the major arterial highway into and out of the region. On a roughly parallel course along the other side of the valley is The Silverado Trail, which follows a more meandering route along the valley’s rural eastern side. Various secondary roads cross the valley to connect these two primary travel and tourism conduits.



Cartographer: Jesusa M. Romero

Figure 1. Napa County (Source: Napa County Planning Department)



The 2000 U.S. Census reported 124,279 residents in Napa County, more than half of whom (72,585) resided in the city of Napa, which is the county seat. North, along Highway 29, are several much smaller towns: Yountville (pop. 2,916), St. Helena (pop. 5,950), and Calistoga (pop. 5,190). To the south lies American Canyon, a recently incorporated city of 9,774 residents.

Napa Valley enjoys a typical Mediterranean climate, which, in combination with the quality of the soil, makes the area particularly well-suited to cultivating premium wine grapes. The valley's small size, however, restricts expansion, and growers have extended their vineyards into the hills and more remote inland valleys. By planting these new vineyards within county limits, they can retain the coveted Napa appellation and the higher prices that come with it. Unfortunately, as discussed later in this report, planting vineyards in isolated locations has created problems for producers and workers alike.

## Napa's Agricultural Industry

Prior to the 1970s, Napa's agricultural production was considerably more diverse than it is now. For much of the twentieth century, the county produced a variety of field, fruit, and nut crops, livestock, and poultry, with wine grape production concentrated around St. Helena. Beginning in the 1960s and gaining momentum in the 1970s and 1980s, the county's grazing lands and orchards were progressively converted to vineyards.

The turning point came in 1976, when Napa Valley wines won top prizes at a blind tasting in Paris, proving that the valley could produce premium wines rivaling the best in the world. The ensuing international acclaim drew investors and wine enthusiasts who were eager to establish vineyards and craft ultra-premium wines with price tags to match.

Today, Napa's agricultural industry is almost exclusively devoted to premium wine grape production. In 2002, the wine grape crop was valued at nearly \$380 million, a 7.2 percent increase in value over the 2001 crop, and close to 98 percent of the county's total agricultural value.<sup>1</sup> And though wine grape prices have been declining in other parts of California because of overproduction, prices for Napa's grapes have continued to rise thanks to an emphasis on quality, established grower contracts, and the premium Napa appellation. A geographic price comparison dramatically illustrates the difference. In 2002 the average price per ton for Napa Valley wine grapes was \$2,942, up 5 percent from the prior year; meanwhile in San Joaquin County, the average price per ton in 2002 was \$419, down \$5 from 2001. In Fresno and Kern counties, wine grapes sold for less than \$200 a ton.<sup>2</sup> Napa County's overall economy is closely associated with its unique agricultural base. Many of the county's permanent and temporary jobs derive directly from the wineries themselves and from the associated tourism industry, which generates employment

*Grape production began to take over Napa County's agricultural lands in the 1960s. Now, wine grapes generate close to 98 percent of the county's agricultural value.*

<sup>1</sup> Agricultural Commissioner, 2002 Crop Report, Napa County.

<sup>2</sup> 2001 and 2002 Crop Reports for Napa, San Joaquin, Fresno, and Kern counties.



*Napa Valley's immigrant workforce has undergone several transformations during its long history. Chinese workers tended the fields in the nineteenth century. They were replaced first by European immigrants and then by American migrant field hands early in the twentieth century. Mexican immigration to the vineyards began in the 1940s.*

in hotel and hospitality service, food service, construction, retail, transportation, warehousing, and wholesale trade.

## **Demographic Characteristics of Napa Valley Farmworkers**

### **Evolution of Napa's Mexican Immigrant Workforce**

Napa, along with the rest of California, has always relied heavily on a continuous supply of immigrant labor. In the nineteenth century, it was mostly Chinese workers who tended Napa's vines, picked the grapes, and excavated the hillsides for cellars. The Chinese Exclusion Act of 1882, however, ended Chinese immigration, and thereafter, impoverished European immigrants—especially from Italy, Portugal, and Germany—took up the county's agricultural chores.

During the 1940s and 1950s, when European immigration to the U.S. was at a low point, Napa Valley growers turned to American migrant laborers. These were often families who moved from place to place, following the crops across the western U.S. But maintaining an adequate supply of hard working, reliable labor was difficult under this system, especially when harvests were unseasonably late and migrant pickers had already moved on. Newspaper accounts of the time reported the schemes to which growers resorted to find pickers: they tried recruiting unemployed alcoholics from Sacramento's streets and off-duty sailors from Mare Island; they arranged for high school students to be released from school for work; and once they even brought in a crew of men from the Caribbean who normally worked sugar cane fields and fruit orchards in the southeastern U.S. None of these efforts were successful. Growers complained that alcoholics tended to nap between the vines, that sailors were slow and tired quickly, that there were never enough high school students willing to work, and that the Jamaican workers were more interested in dancing and having a good time than picking grapes.<sup>3</sup>

The Mexican immigrant population that now dominates Napa County began to develop in the 1940s and 1950s, when growers began supplementing their workforces by way of the Bracero program, a series of official contract labor agreements negotiated between the U.S. and Mexican governments between 1942 and 1964. Though Napa Valley growers never relied on the Bracero program to the same extent as some other producers in California, they did occasionally turn to Mexican labor during the harvest, and a few offered the Bracero workers longer contracts, gradually training them in other vineyard tasks. In time, these men brought their relatives to join them, establishing small nuclei of families from the same hometown in Mexico. At that time, they came predominantly from the states of Michoacan, Jalisco, and Zacatecas.

<sup>3</sup> Source: Interviews and newspaper accounts cited in *Saints, Peaches and Wine* by Nichols. It is interesting to note that Jamaican workers were highly prized by Eastern growers of apples and sugar cane at the time.

As vineyard acreages expanded throughout the 1960s and 1970s, growers sought additional workers to plant and tend the vines. Established Mexican families acted as labor recruiters by inviting their relatives and neighbors north to meet the growing demand for farmworkers. This process established large groups of immigrants in the valley, all from just a few areas of Mexico. Today, some of those groups include more than a thousand individuals, and Napa’s agricultural workforce is composed almost entirely of Mexican immigrants.<sup>4</sup> All of the farmworkers interviewed for this study said they were of Mexican origin, and data from the 2000 Census suggests that 98 percent of Hispanic respondents were of Mexican origin.

In recent years, new sending networks have developed from towns in other Mexican states, including Guanajuato, Hidalgo, Oaxaca, and Nayarit. Together, these networks link Napa County with dozens of communities throughout Mexico, an important resource for improving service delivery in the future.

Recently arrived immigrants, particularly those from newer networks, are often solo males whose families remain in Mexico. They generally have little knowledge of the area, are not familiar with their rights, mostly lack legal documentation, and have few personal

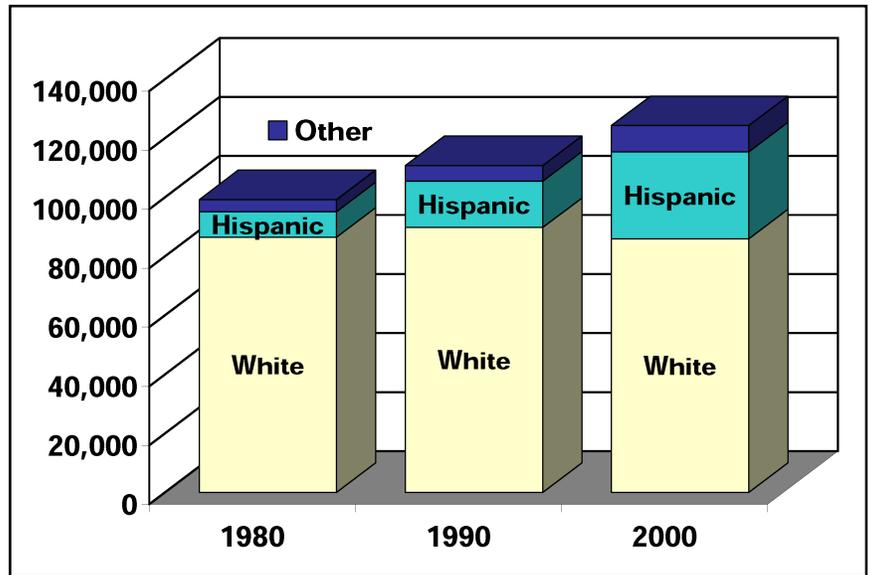


Figure 2. Population by Ethnicity in Napa County between 1980 and 2000 (Source: U.S. Census)

\* “Multirace” was not a category in the 1990 Census.

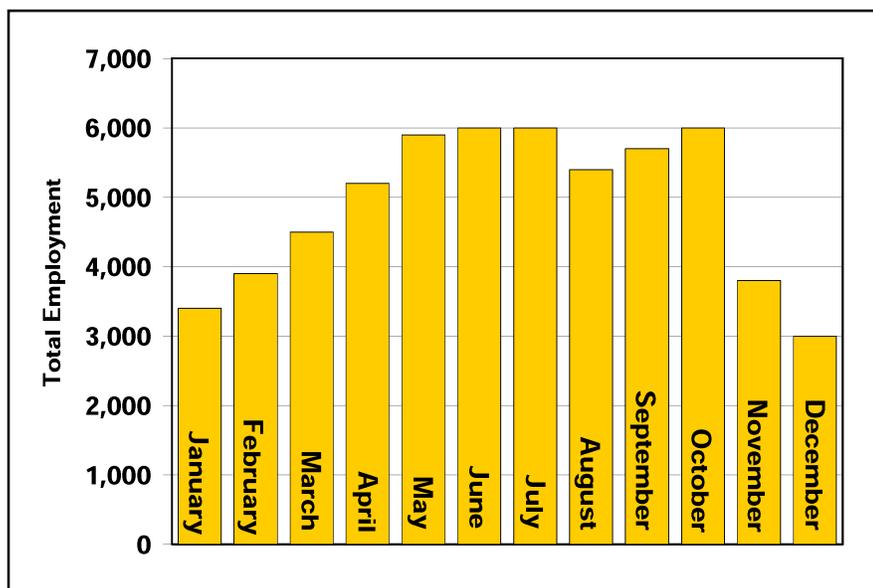


Figure 3. Mexican Sending States for Napa Valley Immigrants

<sup>4</sup> According to the National Agricultural Workers Survey (NAWS), 91 percent of California farmworkers were born in Mexico. Rosenberg, et al., Who Works on California Farms?



expenses. As a consequence, they generally are willing to work for lower wages and fewer benefits.



**Figure 4. Agricultural Workers Employed in the Napa Valley during 2001** (Source: California State Employment Development Department, 2001)

### Size of the Agricultural Workforce

Although it is always difficult to determine accurately the number of farmworkers in a region, state employment data suggest that between 3,000 and 4,000 people in Napa Valley work in agriculture during the slow winter months of November through February and that the number of workers peaks at about 6,000 during the industry’s labor-intensive periods—in spring and summer when the canopy requires extensive management and

from August through October for the harvest. These data imply that as many as half of the area’s agricultural job slots exist more or less year round (See Figure 4). More seasonal and temporary job slots are probably filled by a shifting group of workers who either come to the valley only during peak seasons or who stay in the valley and find employment in other sectors or experience long periods of unemployment. The number of people in the seasonal group undoubtedly outnumbers the job slots available, since at peak season many workers still find work only intermittently.

### Categories of Farmworkers

Farmworkers can generally be grouped into three categories that are important when designing effective delivery of health care services, outreach, and education.

#### Solo Males

In the Napa Valley study region, solo males are approximately evenly divided between generally young single men and relatively older married men whose wives and/or children are in Mexico.<sup>5</sup> More than half of these men are undocumented. Solo males are, on average, more likely to migrate from crop to crop during a relatively short work season. Some come only during the fall harvest; others come for periods of eight to ten months or even longer, working in a variety of vineyard and non-agricultural jobs. They generally send as much income as they can afford back to their families and return to Mexico after

<sup>5</sup> Some men come to Napa just for the harvest but have families who live elsewhere in California. Their families are better classified in the Settled Family category. However, these men may behave like solo males while in Napa County.



the harvest and for the Christmas holidays, although this has become increasingly difficult and expensive for undocumented workers due to tighter border controls and higher smuggling fees.

Solo males typically have little or no connection to the wider Latino community in Napa Valley. These men are often at transitional periods in their lives. Some are debating whether to bring their families to settle in the U.S. Others see their stay in the valley as purely temporary and yearn to return home once they have earned enough money. A large concentration of solo males from one hometown in Mexico can spawn a transnational network and, if family unification is possible, eventual development of an enclave of families.<sup>6</sup>

### Settled Families

Settled families in Napa Valley include recently reunited couples, multiple generations of families who have lived in the region since the 1950s, and variations in between. These farmworkers are more likely than solo males to have stable, better paying, longer term employment and some even have medical insurance and benefits. This group is comprised of citizens, legal immigrants, and undocumented individuals. Some continue to send money to relatives in Mexico and return to visit every year or two if they can afford it. Others travel to their hometowns infrequently.

More established families and those with children in school establish the greatest degree of connection to the Valley and are most familiar with available services. Recently arrived families rely on relatives and acquaintances from their hometowns for advice and assistance.

### Transnational Families

Transnational families are couples or entire families who regularly work in Napa Valley but consider their true home to be their community of origin in Mexico. They save the money they earn in the U.S. to spend in Mexico, working to improve their living conditions there and sometimes to invest in ventures designed to eventually free them from the need to migrate. Often these families find it difficult to feel at home in either U.S. or Mexican society, especially if they have immediate family members in both places.

Transnational families move frequently between Napa Valley and Mexico, where they may spend as much as six months of the year. This transitory participation in farmwork in Napa Valley prevents some farmworkers with good skills from qualifying for the higher paying jobs and benefits that some more settled farmworkers eventually achieve through seniority with a company. Also, though some access health care services in this country, many prefer to wait until they return to Mexico, where care is familiar and less expensive.

*Increased controls at the U.S.-Mexican border motivate farmworkers to remain in Napa Valley year round, creating housing problems for those living in camps that close for the winter and periods of unemployment for most immigrant workers who stay.*

<sup>6</sup> For a description of this process, see Massey, Goldring, and Durand, *Continuities in Transnational Migration*.



## Analysis of Key Dimensions

### Living Conditions

#### Where People Live

Napa County’s agricultural workers and their families live predominantly in the cities and towns in the valley. Others live in farmworker camps and on isolated farmsteads. An additional group commutes from adjoining counties.

The city of Napa (population 72,585) is home to 60 percent of the county’s total population and about two-thirds (20,000) of the Latinos in the region, making them more than a quarter of the city’s population. While there is no Latino neighborhood or barrio per se, there are areas with higher concentrations of Latino residents, including a neighborhood west of Highway 29 (in the vicinity of Kilburn and Pueblo Avenues), several east of Highway 29 and south of downtown near the Napa River, and two neighborhoods northwest

of downtown (between Highway 29 and Jefferson Street and between Pueblo Avenue and First Street).

Latinos also live in the valley’s smaller towns. St. Helena has close to 1,700 Latinos who account for 28 percent of the population. The number is declining, however, as the town’s emphasis on wine-country tourism drives up real estate prices. Calistoga has close to 2,000 Latinos, amounting to 38 percent of the population, but again the town’s popularity as a tourist destination and vacation retreat for

**Table 1. Distribution of the Population of Napa Valley Cities by Ethnicity**

	Hispanic	White	Other	Total
American Canyon	1,731	5,138	2,905	9,774
St. Helena	1,691	4,110	149	5,950
Calistoga	1,978	3,048	164	5,190
Angwin	404	2,168	576	3,148
Yountville	281	2,524	111	2,916
Deer Park	135	1,206	92	1,433
Unincorporated	3,721	18,202	1,360	23,283
City of Napa	19,475	49,536	3,574	72,585

*Source: U.S. Census Bureau, 2000 Census.*

wealthy urbanites is driving housing costs beyond the reach of most agricultural workers. American Canyon, incorporated just nine years ago, has been growing rapidly as a bedroom community for Bay Area commuters, and Latinos unable to find affordable housing in the heart of the valley have also begun to move there. According to the 2000 Census, they numbered more than 1,700, accounting for 18 percent of the population.

With almost 30,000 Latinos living in Napa County and peak employment of just 6,000, clearly a significant number are not employed as farmworkers, though most working



adults are probably either active or former farmworkers. The number of people in Napa County who do some farmwork during the year is estimated to be about 10,000 and associated dependents are estimated to be about 7,000, bringing farmworkers and their families to about 56 percent of the region's Latino population.<sup>7</sup>

## Housing Characteristics and Conditions

Napa Valley is one of California's most expensive housing regions and units are in short supply, leading to conditions of severe overcrowding. Rising prices have also driven many farmworkers to outlying areas, requiring them to commute to work, which is both expensive and time-consuming.

### Accommodations for Solo Males

Solo males live under a wide variety of conditions. They reside in farmworker camps, market-rate rental units such as apartments, and a host of informal arrangements that include crowding in with relatives and sharing space in one of the county's many illegal garage and shed conversions. Others are homeless and take shelter under bridges, in the vineyards, and in their cars.

Napa Valley Housing Authority owns or controls through lease four permanent farmworker camps that collectively house approximately 196 men in dormitory-style accommodations and provide most of their meals for \$80 per week. The complexes are managed under a contract to California Human Development Corporation.

Three of the camps have existed for many years. The best known is Calistoga Farmworker Center, located between St. Helena and Calistoga on Highway 29. It accommodates sixty men, three to a room. It is open ten months each year, and many of the men return year after year. Mondavi Camp is located east of Yountville near The Silverado Trail. It is open nine months and accommodates up to fifty-two men. A third camp, Beringer, lies at the southern end of the valley, near the junction of Highways 29 and 12. It can house twenty-four men and operates for about three months during the harvest.

On May 30, 2003, Napa Valley leaders celebrated the opening of the newest permanent complex, River Ranch Farmworker Housing Center near St. Helena. This modern facility is the first farmworker housing facility to be built in the valley in more than twenty years. Beginning in July, it will provide shelter for sixty workers and will be open about ten months each year.

Land for River Ranch was donated by vintner Joseph Phelps after voters approved a ballot measure in 2002 designed to foster donations of land for additional safe, affordable housing for farmworkers. The ballot measure followed media attention that highlighted the disturbing contrast between the luxurious lifestyle of Napa Valley's elite and the of-

*Napa County operates five farmworker housing centers (four permanent structures and a tent camp), including the newly opened River Ranch, the first new housing constructed for farmworkers in the valley in many years.*

<sup>7</sup> Larsen, Migrant and Seasonal Farmworker Enumeration Profiles Study—California.

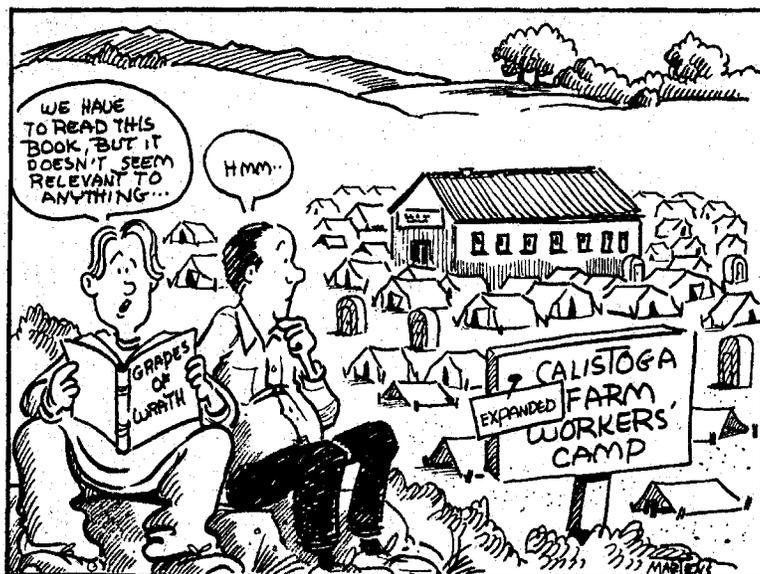


ten deplorable living conditions experienced by the region's farmworkers, including extreme crowding at the Calistoga camp and homelessness among many other farmworkers, particularly those who come only for the harvest.

In an effort to quickly provide relief to harvest workers, the county established a temporary camp of yurt-style tent-like structures, now known as Hennessey Camp, several years ago. This camp is set up in a public park east of Yountville for eight to ten weeks from

August into October and accommodates twenty-four men. Now that River Ranch has been completed, Hennessey Camp will operate only on an emergency basis when there is an especially large harvest.

In addition to county camps, there are a handful of privately owned and operated camps. These facilities currently provide approximately 130 beds, a fraction of the number that existed twenty years ago.<sup>8</sup> As land values in the area soared, owners either razed worker housing to plant vines or converted it to other uses, such as guest houses and personal gyms. At the same time, instead of reducing their need for labor



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by way of mechanization, growers steadily increased their labor demands as they expanded the number of acres planted in grapes, frequently replanted vines to curb disease, increased the density of vines planted per acre, and (in a drive to improve quality) introduced new practices that require additional manual labor. Since Napa Valley growers strive for premium quality grapes, hand-tended vineyards still predominate and mechanization of the harvest with large machinery has made only limited inroads. The subsequent demand for workers led to a severe shortage of farmworker housing and ultimately to negative publicity that helped catalyze the movement to expand the camps' capacity.

With a rental vacancy rate under 1 percent in Napa County, competition for available units has driven up area rents dramatically, pushing them far beyond the reach of most farmworkers, for whom average annual income is just \$10,000.<sup>9</sup> According to Napa Valley Community Housing (a nonprofit agency), market rate rents for two-bedroom apartments range from \$700 to \$1,200 per month (most informants for this study reported rent of \$1,200 for a two-bedroom apartment); three-bedroom units average \$1,800 a month.

<sup>8</sup> Martin, Napa Wine, Farmworkers and Housing.

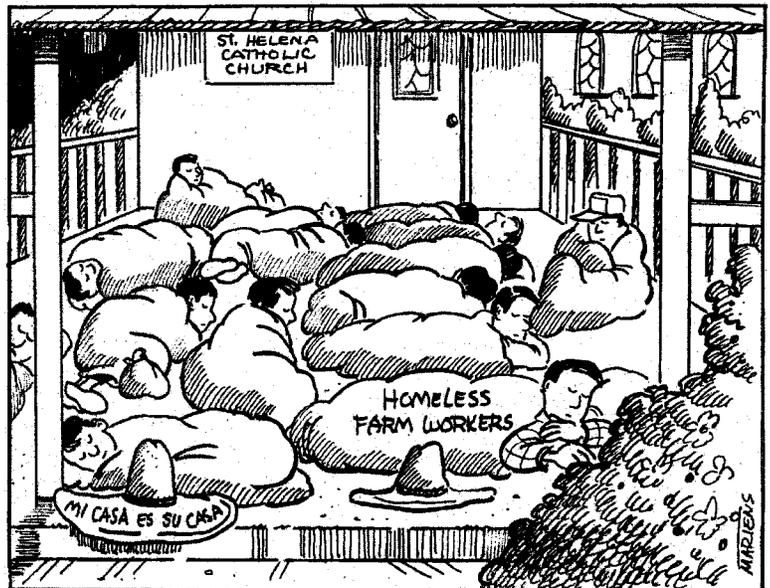
<sup>9</sup> Rosenberg, et al., Who Works on California Farms?

The predicament farmworkers face in terms of affordable housing is effectively illustrated by a forty-four-year-old farmworker informant who left his wife and three children in Mexico to come to the U.S. for the first time. Though he is a skilled bricklayer, he could not support his family on what he earned in Mexico, so he decided to try his luck in the U.S., where friends told him there was plenty of work and he could earn good money. He spent \$1,750 on transportation and smuggling fees to get to Napa. “But once you arrive here it’s another reality. It is a very expensive country,” he observed. He moved in with a cousin, her family, and several others; altogether, five adults and three children shared a three-bedroom apartment in Calistoga. Their rent was \$1,500 a month, of which his share was \$300, a considerable burden since he found only sporadic work.

Enterprising individuals who rent or own homes in residential neighborhoods sometimes convert garages and back sheds into dormitories for solo men. Often these landlords are agricultural workers who have managed to move up to the position of crew boss or labor contractor, and they provide these accommodations, for a price, to the men they bring from elsewhere in California or from Mexico, often from their former hometowns. Farmworkers living in these shelters are typically undocumented. The facilities are kept hidden from view and regulation and often are no more than four walls, a ceiling, and a floor, with no running water. Vineyard owners also operate such informal, substandard shelters for groups of undocumented workers, especially when their vineyards are in remote locations not subject to public view.

As an emergency measure, St. Helena Catholic Church has operated an informal camp on its church porch for the past four years. Father Brenkle, the parish priest who organized the camp effort, described the people who frequent this makeshift shelter.

Approximately 95 percent of the men who stay here are Catholic and about 90 percent are undocumented. For people who come here without any documentation, there isn’t too much available to them. That’s why we made our porch available.



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For about eight and a half months a year, up to fifty men spend nights on the porch in sleeping bags, and the church provides portable toilets and showers. The men are asked to pay \$25 a week. During the height of the season, a group of parishioners and volunteers from three other local churches take turns preparing and serving a hot meal each evening. Father Brenkle, who is active in numerous efforts to improve conditions for Napa Valley’s agricultural workers, sees the



*For almost nine months each year, as many as fifty solo male farmworkers spend their nights on St. Helena Catholic Church's front porch, a small step up from being completely homeless.*

camp as serving another purpose as well—reminding people of the need for decent, safe housing for immigrants regardless of their legal status. “If the employers are going to hire them, then they need a place to stay . . . I’m sure that there are some people who would prefer for the men not to be visible.” The camp also reminds Father Brenkle’s parishioners of their duty to “take care of God’s brothers and sisters.”

As security at the U.S.-Mexico border has increased, people without documents find it increasingly hazardous and expensive to cross. Solo males more frequently elect now to stay in the valley during the winter rather than risk returning to Mexico for the holidays. Since they are often unemployed during winter rainy periods, they cannot send money home or even cover their own living expenses, which compounds their feelings of loneliness with concerns about being homeless.

### **Accommodations for Settled Families**

A caseworker for expectant mothers summarized the housing market for farmworker families in Napa Valley.

Most families double up because they can’t afford housing. My clients’ husbands work and only get maybe \$10 an hour, when there is work. They have to double up. There is hardly any housing available anyway.

Most farmworker families rent houses and apartments, often sharing them with other families to make them affordable. A few fortunate ones live in subsidized rental units for low-income families, and a limited number reside in employer-provided housing, usually older farmsteads on vineyard properties. Some established families have managed to purchase homes, an option that is fading as real estate prices soar.

The demand for subsidized housing for low-income families in Napa Valley far exceeds the supply. Napa Valley Community Housing, the county’s only nonprofit developer, currently owns and manages fifteen properties that provide 338 units. About 80 percent of the agency’s tenants are Latino, and more than 60 percent of them are employed by the wine industry. To qualify, families must earn between 30 and 60 percent of the Area Median Income, which was \$67,800 in 2003 for a family of four. Only a small number of farmworker families manage to earn the \$20,000 to \$40,000 necessary to qualify, so in general the program benefits ex-farmworkers. Still, more units are needed, as the waiting list for available apartments grows longer each year. In late 2002, Napa Valley Community Housing had more than a thousand qualified applicants waiting for units that rarely turn over. It can take as long as three years for one to become available. As a result, families are forced to crowd together in tiny apartments. One family of five (husband, wife, nineteen-year-old son, and two teenage daughters), for example, shares a small one-bedroom apartment in Calistoga because it is all they can afford. They qualify for low-income housing but are a long way down the list.



Employer-provided houses are typically remnants of an earlier era of family farms, and their condition and upkeep vary significantly from place to place. Growers find it convenient to have employees living onsite to watch over the vineyards and address any problems that develop. For the families, however, this type of housing is often a mixed blessing. While they are usually grateful for the accommodations, the remote location of most of these dwellings makes it difficult for the families to do even simple chores such as grocery shopping. Wives who either do not drive or lack access to a vehicle are confined to these farmsteads during the day, isolating them from social contact and making it impossible for them to access services, conditions that can exacerbate family problems and lead to depression.

### **Accommodations for Transnational Families**

Transnational families try to maintain residences in both Napa Valley and Mexico. Their homes in the valley are typically rental units, either market-rate apartments, often shared with relatives, or subsidized low-income units. To keep these apartments while they are in Mexico, families must pay multiple months of rent in advance, so for some a binational existence makes poor economic sense. But they are caught between their deep attachments to their Mexican communities and the reality of having to earn livings in Napa Valley. As one woman put it, “We’re here because we’re crazy. We work but we have no savings.”

### **Transportation**

Access to an automobile is essential for living in Napa Valley. There is public transportation within the city of Napa and an intercity bus line that connects Napa, St. Helena, and Calistoga, but service is limited and extremely time-consuming to use. When farmworker families have automobiles, they typically devote them to getting breadwinners to work, leaving the rest of the household home-bound during the day.

Farmworkers who do not have personal transportation often rely on *raiteros*/drivers for rides to and from the fields. Informants reported paying about \$5 a day a day. *Raiteros* can be crew bosses or fellow farmworkers who have managed to acquire cars. Many of these drivers are undocumented immigrants who consequently have no driver licenses, valid registration, or insurance. Thus the task of simply getting to and from work is both expensive and anxiety-provoking for many of the valley’s agricultural workers, as recounted by one who used to rely on the *raitero* system.

They took a car away from us, but we hadn’t even been drinking. We were just coming back from work. In St. Helena, there was a kind of roadblock. A tree branch had fallen down. They were cutting it up and there was [a policeman] waving cars past, two, three at a time. We wound up having to stop while they cut the branch and that’s when he waved us over . . . He gave us a ticket for no drivers license and then another for no insurance. And they took the car away. And what were we to do? The ticket cost \$700 for not having a drivers license or insurance.

*Few farmworkers own automobiles. As a consequence, many rely on raiteros (drivers) for rides to work, paying about \$5 a day for this service.*



*Legislation that would allow illegal immigrants to legally obtain driver licenses is once again pending in the California legislature.*

A social worker who has listened to many similar accounts underscored the extraordinary financial burden this situation represents for men who are simply trying to get to work.

If you're not the pal or the buddy of somebody who has run the risk of buying a \$1,000 or \$500 car without a drivers license that tomorrow might get picked up, then you are not going to work. You don't know how many cars we've tried to save. It was impossible. Especially the ones that get picked up by the sheriff. That's it! They've got the thirty-day authority on them. You can't even go [re-cover it] before thirty days, and when you want to pick it up it costs \$1000!

As a longtime farmworker and vineyard overseer put it, "It's like cutting us off at the knees! These are hardworking and productive people!" He went on to ask what would happen to Napa Valley's economy if suddenly one day no undocumented person showed up for work. He estimated that out of the twenty-five men who regularly work for him, he would be left with only three or four. Larger vineyard management companies would be hit even harder, to say nothing of the impact on wineries, restaurants, and hotels. While some prominent employers have publicly acknowledged that undocumented Mexicans are an essential component of the valley's labor infrastructure, this man is convinced that infrastructure is a very shaky one. He and other farmworker advocates believe that this unfair situation could be alleviated somewhat simply by allowing workers to apply for California driver licenses regardless of their documentation status. He was particularly disappointed that Governor Davis chose to veto a bill in 2002 that would have allowed undocumented immigrants to apply for driver licenses.

### **Cultural Isolation/Fear of Immigration and Naturalization Service**

Isolation also comes from being in the country illegally and from simply living in an alien culture with an unfamiliar language. Arriving for the first time can be a daunting and frightening experience, even for someone who has relatives to help ease the transition, as one informant described.

Relatives helped us out; we first stayed with my wife's aunt. The biggest worry was finding work. You arrive without money, without anything, and you want to work, because that's why we came, and you feel bad when they're feeding you and giving you a place to stay and you're just sitting there without being able to work and you feel very bad . . . I borrowed the car to look for work. We didn't have a drivers license. We didn't have papers. We didn't have anything besides a license from God.

It took this newcomer two months to find a job. Eventually, he got work operating a tractor for a vineyard management company, but his pay was three-quarters of what others earned for the same kind of work because he had no papers. His anxiety engendered by living in the U.S. without documents persisted.

It's a fear you carry on your back. It's like a disease you're carrying there. That fear, especially when one is here with the family, worrying that any time they might grab the wife . . . When you're on your own and they grab you, well it's not so bad. It's easier to survive that. But when you're here with your family and

they grab your wife, it's a very hard thing. Very difficult. Thank God that's never happened to us.

This man's wife described how worrying about enforcement by the Immigration and Naturalization Service (INS), referred to as "*la migra*," affects their daily lives.

The stress is always there. Because in those times, when you hear that Immigration is coming around, then we're even afraid to go to the store. If we hear *la migra* is coming in the morning, then we don't go out in the morning. Some radio stations announce it, or the priest in the church announces that Immigration will be coming. If someone hears about it, they spread the word. For example, I remember [when] they were coming up to one and two times a week. We were always afraid and simply didn't go out. We'd only go out when we had to buy groceries, but not for anything else. And so that does affect you. As a woman, you think maybe it's not so risky, while the husband thinks it is, so sometimes you get into arguments and fights. "Why can't we go out? We never go anywhere!" And he says, "What if something happens?" Yes, it does affect you a lot. There are many people I know who live with that fear, that they might run into [the INS] there in the grocery store or the gas station.

The culture shock inherent in living in a foreign country where the language and way of life is so different from that of a Mexican village also creates stress. A woman who finally joined her husband after spending the better part of nineteen years apart while he migrated to Napa's vineyards finds her new life restrictive and lonely.

I just go from work to my house and church. I don't go out much. I work at a restaurant. I do the cleaning. I work there five days a week from 6:00 a.m. cleaning the restaurant, then until about 2:00 or 3:00 in the afternoon in the kitchen, until there is no more work.

Outreach workers regularly voiced concern for women who retreat from social contact.

We are aware of a lot of the cultural isolation. Particularly the women get into it when they move here from Mexico and they don't know anyone except their immediate relatives and the people who come from their town. They're often totally unfamiliar with American life . . . some of them literally don't want to go out of their apartments.

Another outreach worker described a common attitude. "Sometimes [they say] it's better to stay in my own little home and just close the curtain because Napa is not the most friendly place."

### **Indigenous-language Speakers**

Unlike the Oxnard and Salinas study regions, Napa Valley does not have a large number of indigenous-language Mexican farmworkers. There are some settled families from Oaxaca and social workers have worked with a number of solo males. These newer immigrants typically speak no English and little or no Spanish, raising a nearly insurmountable language barrier. In addition, they have a profoundly different culture from that of Spanish-speaking Mexicans, who discriminate against them at home and in the U.S. The son of a Mixtec speaker from Oaxaca recalled being taunted as a boy. "They'd call us *indio*; we

*INS enforcement is a constant concern that isolates undocumented farmworkers and their families because they are afraid to venture from their homes unnecessarily.*



were seen as ignorant and savages.” These factors combine to relegate indigenous-language workers to the lowest paying, most undesirable field jobs.

Their linguistic and cultural differences make it particularly challenging to deliver health care, social services, and education to this group. Services and information delivered in Spanish may be no more help to them than ones provided in English. If this population grows in any significant way in the region, Napa Valley providers will have to confront these challenges.

## Working Conditions

Vineyard expansion, disease-control practices, and variable market demands for different types of grapes have extended the process of planting vines in the valley. When old vineyards are to be replaced, the vines must be ripped out, the land prepared, trellising and irrigation systems installed, and new vines planted. In Napa Valley, as much as a fifth of the red wine grape vineyards are recent plantings that have not yet begun to bear fruit. During a vineyard’s first three years, the new vines must be grafted, pruned, and trained. Once the vines are established, maintenance includes pruning during the dormant season, cordon removal in the spring, and de-suckering, trellising, wire-moving, and de-leafing and other canopy management tasks during the growing season. The grapes are harvested in late summer and early fall. Both immature and producing vineyards must be regularly irrigated, fertilized, sprayed to control disease, and cultivated or mowed between rows.

*Some cultivation practices in Napa Valley have extended the growing season, a bonus for farmworker employment, but others have made the harvest months a less lucrative and consistent source of income, a detriment, particularly to migrant workers.*

## Effect of Grower Practices on Farmworker Employment

Changes in vineyard practices in recent years have made harvest work less reliable and profitable for farmworkers. Previously, the harvest provided a steady six to ten weeks of full-time picking. Now, growers maximize the quality of the grapes harvested by waiting until the grapes in each block of vines reach an optimal level of sugar and flavors. As a result, pickers may work for just a few hours or days followed by several days of no work. A Napa Valley worker who has picked during the last six harvests described how this practice affects him.

Until the sugar in the grapes is just right. That’s when we’ll pick one, two, or three days. There are different varieties of grapes. Some they pick in three days; other varieties they just decide to stop picking completely. And that’s what I don’t like. It’s not a steady job that is constant. It’s annoying, and we just sit around trying to decide whether we should go home or hang around. Just when we’re about to make up our minds, we’ll get another four days of work.

Another young picker who comes for the harvest and stays at the St. Helena church described similar experiences.



I've only picked grapes one day since I've been here . . . You don't have a stable job. You work two or three days, then you go three or four days without working [and] you eat what you just earned.

Work days, when they do come, can be long and arduous when harvest is in full swing. One worker spoke of starting to pick champagne grapes in the dark, as early as 1:00 a.m., working under bright lights, and continuing until 10:00 or 11:00 a.m. on a short day. On other days, they spent fourteen hours in the fields. In the rush to bring in the grapes, they often did not stop for meals or grabbed only a quick bite of food as they moved from one vineyard block to the next.

Now during harvest, we hardly have a chance to eat because we're dashing here and there trying to earn a living . . . People were really exhausted, without anything to eat, working all night and most of the day.

As noted earlier, some innovations in vineyard care have actually increased the length of the season in the valley because they involve more intensive hands-on care of the vines throughout the year, extending the season (and the need for permanent dwellings for farmworkers) to as long as ten months. In addition, efforts to incorporate organic practices (affecting about 3 percent of total valley grape acres) typically lead to increased labor requirements while simultaneously reducing workers' exposure to pesticides. These practices have increased the incomes of settled workers.

Some of Napa Valley's vineyards are managed directly by the wineries and individuals who own them. These operations typically conduct the harvest using their own crews and supplemental labor from an independent farm labor contractor or vineyard management company as needed.

Other vineyards in the region are managed in whole or in part under contract to vineyard management companies, which vary in both size and scope. Contracts can cover responsibility for the entire operation or specialized services such as installing drip irrigation systems and providing pest and disease management. At harvest time, picking crews are assembled from the workers already employed and additional temporary hires made by the vineyard managers and/or farm labor contractors. Many former farmworkers have become farm labor contractors and a handful have set up their own vineyard management companies.

Most temporary employees are solo males who arrive at harvest time from elsewhere in the U.S. and Mexico. In addition, some wives and other female relatives of year-round farmworkers join the harvest crews.

### **Wages and Benefits**

Harvest time is when many workers hope to earn enough extra income to see them through the rainy winter months when employment is scarce. However, labor demands during the harvest period are also the most vulnerable to external influences, including the size

*Vineyard management companies are commonly used by Napa Valley growers to provide labor for and undertake agricultural work in the fields, from specialized tasks such as irrigation projects to full-service contracts covering all aspects of vineyard maintenance.*



*Napa Valley agricultural workers earn somewhat higher wages than those in other parts of the state, but the cost of living in the valley is also higher.*

and quality of the year's crop, weather conditions, and the rate at which the grapes ripen. For example, Napa Valley's 2002 harvest, considered stellar in terms of quality, was a particularly meager one for workers. Many vineyard owners, concerned about a potential oversupply of grapes and aiming to improve quality, thinned their crops, leaving fewer grapes to be picked. One picker who earned \$2 per tub of grapes reported that, unlike most years when he picked an average of eighty to ninety tubs a day, in 2002 he picked only about half as many tubs per day, a significant blow to his income.

Farmworkers in Napa Valley generally receive somewhat higher hourly wages than farmworkers elsewhere in California. However, there is no fixed pay scale, and wages vary from company to company as well as by a worker's experience and immigration status. One worker who had been with a single vineyard management company for a number of years and was employed about ten months a year managed to raise his hourly rate to \$11 plus benefits. He recently obtained his truck driver license, qualifying him to haul grapes to the winery and making him eligible for a raise to \$12.10 an hour. An undocumented worker who had been in the valley for about a year reported earning \$8.25 and no benefits doing sporadic field work for another vineyard management company.<sup>10</sup>

Provision of benefits is entirely at the discretion of employers. More progressive growers now offer permanent employees a benefits package, but veteran farmworkers remember times prior to the 1970s when benefits, including Workers Compensation, did not exist. In their view, it was Cesar Chavez's United Farmworkers' Union, or the threat of it, that finally pushed growers and vineyard managers to offer benefits, as a Mexican vineyard supervisor noted.

The temporary vineyard workers are now covered by Workers Comp, though that didn't used to exist either. Prior to the union, the farmworkers had nothing . . . they worked from 7:00 a.m. till the work was done with no breaks. With the union, they started to get benefits, like breaks, bathrooms, facilities for women.

### **Levels of Employment, Job Security, and Mobility**

In vineyard work, there is something akin to a career ladder in the informal hierarchy of jobs that require different skill levels and offer different degrees of job security, wages, and benefits. At the lowest rungs are migrant workers, solo males, and transnational families who are generally willing to take whatever work they can find. Their transient presence in Napa Valley typically prevents them from advancing even when they have levels of experience that would qualify them for promotion. These immigrants work either just during the harvest or attempt to cobble together a living by supplementing their farmwork incomes with odd jobs in construction and landscaping and work in wineries

<sup>10</sup> Napa Valley farmworkers, when they work, average about \$8.50 per hour. But even successful ones only work about 1,200 hours per year, resulting in typical annual earnings of \$10,200. Sources: Employment Development Department, <http://www.calmis.cahwnet.gov/htmlfile/subject/agric.htm#BULLETIN>. and Rosenberg, et al., Who Works on California Farms?



during the grape crush. Since all of their employment is temporary, these farmworkers and their families rarely receive employer-paid private health insurance.

One step up the ladder are people who are employed for longer periods of time, anywhere from three to eleven months each year. Of these, solo males typically perform the most arduous tasks at this level—planting, pruning, trellising, thinning, and picking.

Ascending rungs of workers typically enjoy higher wages, longer contracts, and more responsible positions as grafters, sprayers, equipment operators, mechanics, irrigators, field crew bosses, and vineyard supervisors.<sup>11</sup> Settled farmworkers have more opportunities to advance in the vineyard hierarchy. A farmworker described what it takes to qualify for stable employment in his company.

The jobs there were very heavy, very hard. People worked really hard there the whole year to try and earn seniority. They'd push themselves. If they were supposed to do 100 vines an hour, some would do 150 or 160 an hour in order to impress the boss and be offered year-round work and qualify for benefits. So they compete against each other, each pressuring the other to increase the pace, and the people are killing themselves.

The same worker went on describe a perception many workers share regarding barriers to advancement.

The workers' needs don't count. The growers in Napa are united to make sure that the farmworkers can't succeed in requesting better conditions or higher pay. They're reminded that they're illegal and the growers have the money to hire expensive lawyers and there are always others willing to work if they threaten to strike.

One impediment to advancement is the inability to speak English. Some progressive employers offer English classes for workers who are interested in moving up the job ladder. However, many others do not encourage advancement.

Farmworker informants reported that some growers actively discourage people from gaining seniority in order to save money. Aging farmworkers are particularly vulnerable, as an experienced worker in his mid-thirties described.

When people have a lot of years on the job, [the employers] find one way or another to get rid of them and bring in younger people who work harder. . . . There used to be lots of older workers in that company and now they're all leaving because they're making them work harder and harder so they'll get stressed, and then they bring in young guys, fresh from Mexico, who are seventeen, eighteen, nineteen years old . . . In fact, the older man can actually do more work than the younger man. The younger man will work hard in sudden bursts and get tired, while the older man works slow and steady and stays with it longer and so does more work than the younger man. [But] once the older and more experienced workers train the younger ones, the company gets rid of the older ones.

*Farmworkers who manage to obtain better pay and some benefits are typically settled immigrants who have gained some seniority with a grower, management company, or contractor.*

<sup>11</sup> University of California Cooperative Extension, Sample Costs, Wine Grapes.



*The crew system dominates farmwork in Napa Valley. Individual crew bosses, known as mayordomos, typically oversee several work crews comprised of anywhere from eight to twenty-five workers.*

Non-Hispanics still dominate the highest positions on the job ladder, but gradually a number of highly experienced and sometimes university-educated Latinos have become vineyard managers and some have started their own companies.

### **The Role of Mexican *Mayordomos***

*Para que la cuña apriete, tiene que ser del mismo palo./For the wedge to take hold, it has to be made of the same wood.*

– An old Mexican expression used by farmworkers referring to exploitation by their own people.

Agricultural employment today is based largely on crew systems rather than on individual hiring as growers increasingly delegate responsibility for employees to farm labor contractors. Foremen or crew bosses known as *mayordomos* (nearly all are of Mexican origin) hire, train, supervise, and fire most of the valley's agricultural workers. Many *mayordomos* also arrange for housing, provide transportation to work and services, and offer general orientation and guidance to their workers. Some are small-scale farm labor contractors who work directly with their crews. Others are employees of a larger contractor, vineyard management company, or grower. In Napa Valley, a *mayordomo* usually oversees several work crews, each consisting of eight to twenty-five workers.

Research surveys and anecdotal reports indicate that *mayordomos* who work for farm labor contractors generally provide lower wages and less work and are more commonly guilty of treating workers poorly by overcharging for equipment, food, rides, and other services and by under-reporting hours and paying less than promised.<sup>12</sup> The report of a farmworker who holds a regular job with a large vineyard management company corroborated this view.

Companies will have their regular workers, but when they fall behind and need additional help, they bring in the contractors who come with their own workers. The vineyard owner may pay the contractor \$10 an hour for a worker, but the contractor turns around and pays his workers only \$8, even though the contractor is already getting a fee for his services . . . The boss might be more or less alright, but he brings in the contractor and he's the one who applies the pressure so they'll work harder.

*Mayordomos* occupy a pivotal position at the intersection between workers and management, often serving as the sole link between undocumented workers who speak no English and managers and owners who speak little or no Spanish. In this role, they wield considerable power and sometimes bias, as a farmworker noted.

Getting raises has a lot to do with getting along with the *mayordomo*. Even if a worker is lazy and slow, if the *mayordomo* likes him, because they're friends or whatever, he'll recommend that he be given a raise.

<sup>12</sup> Rosenberg, et al., Who Works on California Farms?



Company policies, the extent of oversight, and the character of individual *mayordomos* determine the work place culture. Lax oversight can result in unsafe and abusive conditions for workers. The same farmworker went on to draw a parallel between Napa Valley's *mayordomos* and the foremen of pre-revolutionary Mexico.

Conditions are getting to be like they were in Mexico years ago with the *haciendas*. They're headed in that same direction. Here, the owners will give the *mayordomos* a house, a truck, and that way they've bought them. So the *mayordomo* sides with the boss and oppresses the worker. The same thing happened in Mexico with the Spanish *hacienda* owners who had the workers in crews and the foremen overseeing them the whole day without letting them catch their breath or anything.

*Mayordomos* also play a key role with respect to farmworkers' health and well-being, as a Mexican vineyard supervisor described.

They don't take them to see a doctor when they're sick so as to save themselves the expense, to make more money for themselves. They don't care that much about the health of their workers. These *mayordomos* are often Mexican . . . they take advantage of the situation. It's wrong . . . They should be conscious of the fact that they were once in that situation themselves. We've all lived that situation . . . It's one of the things that really bothers me.

Another farmworker, now retired, summed up the attitudes of many *mayordomos* in the area. "Now that they are no longer living in that situation themselves, they don't care about the other. [They say] 'I already suffered; now let him suffer.'" This situation is also troubling to members of the Latino community who are involved in delivering services to farmworkers. A young outreach worker whose parents were farmworkers noted her disdain for such abuses.

The farmworkers are being exploited two times now . . . I was very disappointed when I first heard about this . . . it's like exploiting your own family. Latinos doing that to Latinos.

When pressed to explain why workers do not complain about abuses, an experienced farmworker attributed the silence to farmworkers' lack of job security.

People are afraid to report anything for fear of losing their jobs, knowing it might be hard to get another job, especially if they don't have papers. So that's why they just endure it, and that's why the people who know they don't have papers abuse them. Because they know they'll just remain silent. They won't say anything.

*Mayordomos have the opportunity to both positively and negatively influence the quality of working conditions for people they supervise.*

## **Work Hazards**

### **Pesticides**

The state Department of Pesticide Regulation (DPR) and individual county commissioners jointly regulate federally-mandated pesticide standards in California. Levels of compliance, however, are uneven. DPR has conducted more than a hundred field observations a year in California's fields and orchards and identified violations in about a third of



*Workers worry about how the pesticides to which they are regularly exposed affect their health, but few feel secure enough in their jobs to raise those concerns with their supervisors and employers.*

them.<sup>13</sup> In addition, medical providers generally have not been trained to diagnose and treat pesticide-related conditions. Without such training, they often attribute symptoms of exposure to allergies and send people home to take antihistamines.

Worker informants express concern about the potential dangers of the pesticides to which they are exposed, but often they have neither adequate information nor the luxury of voicing their concerns.

One sees on the television where they say that the chemicals, the pesticides, used in the fields, that with time those could have an effect . . . But since one doesn't know what kind of poison they're using to kill the pests, one doesn't know what effect it might have . . . Sometimes you look at the bottle and you start to think about it, but once you're at work, you just stop thinking and get to work.

In addition, companies' efforts to comply with required pesticide trainings for workers do not necessarily translate into genuine safety in the field.<sup>14</sup> For example, a worker in his mid-thirties with ten years of experience in Napa Valley vineyards questioned his company's motive for conducting pesticide safety training classes.

They conduct the classes just to show they've done it, but once back at work in the vineyards, they don't pay attention . . . You speak up and say, "But in the classes they told us such and such," but no, they don't pay attention.

For undocumented workers in particular, lodging a complaint can jeopardize one's livelihood, as a farmworker noted. "Most of the guys won't stand up for themselves. They're afraid they'll be fired. They just want to hold onto their jobs more than anything else."

According to DPR, vineyard workers in Napa County have reported about 100 cases of pesticide poisoning each year for the past ten years. The pesticide additive Adjuvant was the most frequently involved chemical, followed by sulfur, which, though approved for use by organic farmers, is noxious to workers.<sup>15</sup> Individuals who apply the sulfur (used to control mildew) generally wear protective gear and respirators. However, other field workers brush up against the vines as they perform other tasks and wind up covered in sulfur dust.

You're sweating and the sulfur dust ends up irritating your back here, and then with dirty hands you try to wipe off the sweat and here, where the sulfur sticks to you, your skin goes black . . . In the heat, the sulfur makes you go very dark, very ugly here under the eyes . . . and your eyes are watering a lot too . . . When you're doing the suckering and leaf removal, you're practically crying all the time. You get up at night, in the morning, and your eyes are watering. They tell us to wear glasses, but in the heat they mist up and the glasses get wet and you can't see anything, so everybody takes them off.

<sup>13</sup> Reeves, et al., Fields of Poison.

<sup>14</sup> The California Agricultural Workers Health Survey (CAWHS) found that only 57 percent of California farmworkers surveyed in 1999 had received pesticide training. The Binational Farmworker Health Study (BFHS) found that even among applicators only 76 percent had received mandated pesticide training.

<sup>15</sup> Reeves, et al., Fields of Poison.



Another longtime vineyard worker also reported suffering from exposure to sulfur.

I think my asthma problem came from the job, from the sulfur in powdered form. Because afterwards, I've been a supervisor and we've been using a sulfur that's dissolved in water . . . Powdered sulfur is much cheaper and faster to apply; the liquid can take up to a whole day to apply what you can do in an hour with the powder . . . A few times last year, to do the job quickly . . . we tried going back to the powdered sulfur and I could feel the asthma coming back on . . . So I've told my manager that the powdered sulfur is very bad for the workers because they're applying it every twelve days and the plants are covered with it. And when the workers go to work around the vines, they get covered with sulfur dust. Some even get skin burns on their backs with the sulfur dissolving with their sweat.

*Vineyard work poses many physical risks to farmworkers because it involves heavy machinery, sharp tools, and steep slopes on which grapes are sometimes grown.*

## Accidents

Workers report frequent injuries associated with the many kinds of farm machinery involved in grape-growing—caterpillar tractors used to prepare the ground for planting, tractors that haul the grape gondolas during harvest, and an array of equipment used to spray, weed, cultivate, and generally maintain the vines throughout the year. Informants were particularly concerned about work on hillside vineyards where the combination of large machinery and steep slopes creates numerous risks.

Repetitive tasks in vineyards leave workers suffering from a great deal of body pain. Back injuries are common because harvest and canopy management tasks require stooping over and carrying relatively heavy tubs of grapes. As one Spanish-speaking local doctor put it, “In the agricultural sector, it’s back pain. Back pain is number one. Then you have knee pain or trauma.” Older workers also complain of carpal tunnel syndrome from years of working with pruning shears.

## Uneven Enforcement of Work Place Standards

Companies vary considerably in the degree to which they manage their workers and enforce work place health and safety rules. The wife of a farmworker recounted an incident in which her husband and his crew were drinking on the job within sight of a well-known winery and tourist attraction. Only public embarrassment drove the company to finally discipline the workers.

Security caught the men bringing beer and eventually they chewed out the boss [of the vineyard management company] because he’s responsible. The boss tried to find out who was responsible for bringing the beer, but no one spoke, so he sent them all home. He fired them because they were drinking too much at work, during working hours. . . . The boss told them not to take their breaks out in the open at the end of the rows where they were visible to the tourists and possibly the owner, but to stay inside the rows of vines where they couldn’t be seen . . . Anyway, the owners complained and the boss fired the lot of them because they’d been seen drinking. They didn’t work for four or five days.



Other companies have a reputation for strict enforcement of work place standards. As one farmworker reported, “At work, they’ll fire you if they find you drinking on the job. It’s forbidden to drink or to take alcohol to work.” He went on to acknowledge how much he appreciated the way his company enforced safety rules and made sure that the *mayordomos* abide by them as well. He felt that the company appreciates its workers and noted that all the policies were laid out clearly when he was hired.

Another worker reported that his *mayordomo* looks after his crew’s health and well-being by restricting entry into a vineyard for the prescribed time after spraying and by instructing the men not to sit on ground where pesticides and herbicides have been applied. While this worker noted that liability concerns probably motivated the company, he still appreciated the adherence to the rules and the safety instruction they were given.

## Principal Health Conditions

### Occupational Injuries

Physicians report a variety of conditions resulting from farmwork: cuts, back pain, knee pain, and foot problems related to working in damp conditions. A significant number of farmworkers also experience skin, eye, and respiratory irritation.<sup>16</sup> However, there are differences of opinion as to the cause. Health providers tend to attribute the symptoms to allergies. Farmworkers claim that it is not allergies but the agrochemicals used in the vineyards, particularly sulfur dust.<sup>17</sup> In general, physicians have not been trained to recognize signs of pesticide poisonings.<sup>18</sup>

### Chronic Conditions

Physicians and other Latinos in Napa County report five major chronic conditions as commonly suffered by farmworkers (listed in descending order of frequency): arthritis or joint pain, high blood pressure, diabetes, asthma, and high cholesterol.<sup>19</sup> In addition, Latinas frequently mentioned women’s health problems.

The disproportionately high rate of diabetes among Latinos in general was confirmed by informants from Napa Valley. A physician described his experiences.

The most common diagnosis is actually diabetes. It’s very high in the Hispanic population. Women, men. I even see it in children. The youngest I’ve diagnosed

*The barriers that farmworkers face in accessing health care make it very difficult for them to receive adequate care for chronic life-threatening conditions such as diabetes and high cholesterol.*

<sup>16</sup> California Institute for Rural Studies, California Agricultural Workers Health Survey (CAWHS).

<sup>17</sup> As previously noted, sulfur is the second most cited substance for pesticide poisonings in California, and grapes lead all other crops in pesticide poisoning reports to DPR.

<sup>18</sup> The Commissioner of Agriculture of Ventura County, for example, asserted that physicians are not trained in this area. (Pathways to Health Care—Oxnard/Santa Clarita Valley Report, California Institute for Rural Studies).

<sup>19</sup> Queen of the Valley Hospital, Voices of the Vulnerable.

here is a little boy who was thirteen. Seriously. It was already insulin-dependent diabetes. That's bad.

Various physician informants and outreach workers also report high cholesterol levels, hypertension, and obesity as common problems among the farmworkers they serve.

According to Queen of the Valley Hospital's outreach director, one out of every two babies in the county is born to low-income, Latino families and 44 percent of all children are uninsured. Among the region's children, commonly identified serious health problems include tooth decay, asthma, malnutrition, and ear infections. These and other conditions often go untreated because families lack insurance coverage, are unfamiliar with services, or are afraid to access them due to their undocumented status.

## Mental and Behavioral Issues

### Stress

As a primary care physician put it, "Outside of the organic stuff like diabetes and hypertension, depression is probably the most common diagnosis. You know, people are pretty stressed out." Specialists in mental and behavioral health report that, in addition to depression, they see high rates of drug and alcohol abuse, domestic violence, and youth involvement in gangs, as noted by a local clinical social worker.

Lots of panic attacks, post-traumatic stress disorders. The trauma can be something that happened in childhood and crossing the border just made it worse. [There's] lots of physical abuse, lots of emotional abuse, and quite a bit of sexual abuse . . . domestic violence, we see all of that.

Some of these problems are attributed to crowded housing conditions, as a mental health worker who makes regular home visits described.

I think that housing could be a health problem for the entire family. There are so many families that are living in one or two bedrooms. There's like three or four families in there . . . it's very common, especially with undocumented families. It seems like they try their best to be as immaculate and clean as possible. Their children are well taken care of . . . [but] I can see where that's very stressful and probably promotes the use of alcohol and illicit drugs.

A counselor who works with victims of sexual abuse drew a connection between the crowded conditions and child abuse: "Latinos usually live with multiple families . . . [we] know that 80 percent of the molestations that happen to kids are committed by perpetrators that are known to them." A professional who deals with victims of domestic violence concluded that "When you talk about housing, it may just be our biggest problem in society across the board."

A marriage and family therapist described seeing Latino clients for conditions similar to those in the general population: for marital and parenting issues and sometimes for phobias and stress. However, this provider emphasized the added burdens placed on Latino parents who are raising children in an unfamiliar culture. A common complaint is that

*Depression is common among immigrants who have left home and family behind to live in a foreign culture. Poverty adds an additional layer of stress.*



*Solo males are especially susceptible to feelings of loneliness and isolation during their stays in the U.S.*

children do not obey and help them here. Influenced by peers in an environment that is completely different from that of rural Mexico, the children find it impossible to reconcile the two cultures in which they live. As one Spanish-speaking counselor pointed out, this leads to depression for parents and often delinquent behavior from children beginning in the fifth or sixth grade, especially boys.

Men who have left their families back in Mexico and spend months or even years at a time away from them must cope with a tangle of feelings that include anxiety, boredom, homesickness, and depression. Those without documents are often afraid to go out in public, deepening their sense of isolation and loneliness. For example, there are some organized sports leagues for soccer and baseball, but a group of farmworkers who thought about participating in this healthy activity decided against it for fear of having their car confiscated during a traffic stop. Instead, they hung around camp watching soap operas and taking turns using the public telephone to call home. The youngest member of the group, an eighteen-year-old, reported that it had been two years since he had been to Mexico. "I call my mother every week; it makes her feel good when I call because she worries about us a lot."

A resident of Calistoga Farmworker Center who left his family in Mexico nine months earlier described his struggles with the long separation.

I have a wife and kids. I have two daughters and two sons. They are with their mother . . . It's difficult to be here without them . . . I call them twice a month on Wednesdays or Saturdays. I called today, and my youngest daughter said, "Daddy, come home." I tell her that I will be home soon, but I plan on staying one more year. We have to hold on . . . We have to support them through good or bad.

The worker mentioned earlier who had spent \$1,750 in smuggler fees to get to Napa Valley three months prior and was having trouble getting steady work lamented on his situation.

When you get to feeling sad, you just want to fly back to Mexico and be at home. When you start feeling nostalgic, that's the first thing you want. To go home. But then you have to tell yourself no. You have to carry on and show you can cope . . . [But] you get to thinking and, why not admit it, sometimes you even cry, because the tears just come.

Bringing one's family to the valley is not without risks, however, as a young farmworker noted when explaining why he has not brought his wife here. "The smugglers are bastards. A friend brought his wife across and she was raped. I don't want to take that kind of risk."

### **Alcohol and Drug Use**

Both social workers and farmworkers report widespread alcohol and drug use, both on and off the job. While some companies and vineyard supervisors strive to create an alcohol- and drug-free work place, others tolerate the abuses and may even promote them in



order to increase productivity, especially at harvest time. One farmworker described an often-repeated situation.

Supposedly, you're not allowed to drink while working, but with some companies, during the harvest, when the wineries are pressuring them to pick additional blocks, the owner tells the crew boss to give the pickers beer so they can keep working beyond the quitting time. The *mayordomo* brings them beer . . . and then, after they've been drinking all day, at four or five in the afternoon when they get off work everyone's pretty drunk . . . it's when lots of accidents happen during the harvest because everyone is inebriated.

A health outreach worker described the implications of these practices for farmworkers.

I think that alcohol abuse among farmworkers is an epidemic . . . people lose their jobs because of it. You can sometimes see people drinking at 7:30 in the morning. Latinos have the highest number of alcohol abuse and DUIs [arrests for driving under the influence] in the valley.

A longtime vineyard supervisor who arrived from Mexico more than thirty years ago gave his account of why so many farmworkers abuse alcohol.

I believe alcoholism is a problem because it's a way for them to escape for awhile from their tensions, their worries, and their feelings of insecurity at being in this country. Why? Because of the language, not knowing their way around, away from their families . . . They leave their families back there. They go into debt to come here, illegally, and sometimes there's no work. Sometimes they pawn what they have back there. Land, some horses, wagons, a corn harvest. They pawn them so they have the money to come here. But when they get here, they don't find what they hoped for. There's no work. Or maybe there is, but they can't get settled and only work two or three days . . . So I've seen them turn to drinking.

Farmworker informants, including the young man who often called his mother in Mexico, reported that drugs are frequently used by some as a way to endure arduous work and long days.

I have seen men who have been on drugs. Some take powders; others smoke. But you can't say anything to that person . . . sometimes they become very aggressive and they don't work very well. There are men who need drugs to be able to work. There was a guy who was doing it for awhile so he could work faster, and now he has to take double to keep up . . . They say they do drugs just to make the work bearable.

And drugs are readily available to work crews, as another farmworker attested.

Even in the vineyards . . . the Mexican guys sell to their friends . . . cocaine, speed . . . they either smoke it or snort it . . . there's lots of use now, in the crews during harvest. They also consume it at fiestas . . . There are lots of contractors who make it available to their workers . . . on long days, there's always someone there to sell it to them . . . they even find dealers to come in and sell it to the workers.

This farmworker has noticed an increase in the availability of drugs in Napa Valley since 1994. "It was hard finding anything then. Now I realize you can find drugs everywhere."

*Drug and alcohol abuse is increasingly a problem for the farmworker community. Workers reported that some foremen tolerate and even encourage drug and alcohol use in the fields.*



He described how those who make a habit of drinking or doing drugs on the job seek out settings where they are tolerated.

It's like everything. The biggest drinkers try to find those crews. They say "Let's go work with so-and-so. It's really nice with him because you can drink, use this or that, and nobody says anything. No one sees anything.

A member of another crew described the drugs in use as well as excessive use of an over-the-counter medication.

The *mayordomos* make marijuana and cocaine available so they'll work harder. Piedra [methamphetamine] is the cheapest. Cocaine is more expensive; \$25 to \$30 for one nose, and then a little later they need to go back and buy another. The work is very hard, very demanding . . . One man would take two or three Anacin before work. Later, he was taking a whole bottle. Eating it like candy and saying it made him feel good. But when he ran out of pills, then he'd fall behind.

*Arrests for driving under the influence are increasing in Napa Valley, and a disproportionate share of those arrested are Latino.*

There is corroborating evidence from official sources that drug use in the Latino community is increasing, resulting in mushrooming rates of arrests for driving under the influence (DUI). Between 1992 and 2000, arrests in Napa County for marijuana and other drug infractions among adults increased nearly threefold (from 130 to 354). Meanwhile, the rate of DUIs per 100,000 in Napa County is much higher than the state average (711 versus 471), and a disproportionate share of Napa County's DUI offenders are Latino. Despite comprising only 24 percent of the population, they represent 38 percent of DUI offenders.<sup>20</sup>

### **Dental Disease**

The lack of preventive care and need for oral health education in the farmworker community were clearly demonstrated by the California Agricultural Workers Health Study (CAWHS).<sup>21</sup> In addition, the Binational Farmworker Health Survey (BFHS) documented the unique difficulty farmworkers have meeting the high expenses associated with U.S. dental care. These findings were reinforced by the information collected for Napa Valley.

Provider informants reported encountering a number of cases of "baby bottle tooth decay," a condition that develops when infants are allowed to go to sleep while sucking on a bottle containing milk, fruit juice, or sugary liquids. A dental health provider described the complications associated with this condition.

We see little two- to three-year-old children with all of their front teeth rotted out. We simply cannot see these patients, because the kids are scared and won't sit still. We have to refer these patients to Queen of the Valley Hospital, where they put these kids [under anesthesia]. The procedure is expensive, and any time you put someone under, it's risky.

<sup>20</sup> Data from the California State Attorney General's Office for Total Misdemeanor Arrests, [http://justice.hcdcojnet.state.ca.us/cjsc\\_stats/profo1/28/22.htm](http://justice.hcdcojnet.state.ca.us/cjsc_stats/profo1/28/22.htm).

<sup>21</sup> The CAWHS survey (1999) found extremely high rates of tooth decay, missing teeth, and gingivitis.



Lack of examinations and preventive dentistry is also common among adult farmworkers, as the same provider went on to note.

The problem is that these men wait until they have a really bad toothache or their jaws are swollen to come in. We'd like to see them before any of this happens and before we can't save their tooth anymore.

### **Ethnospecific/Folk Illnesses**

Many in the farmworker population suffer from conditions that are not recognized by conventional U.S. medicine. These include *susto* (fright), *aires* (conditions associated with temperature changes), *empacho* (digestive conditions), *nervios* (anxiety), and *mollera caída* (sunken fontanel). These ailments each have particular symptoms, causes, and cures according to traditional Mexican beliefs. Farmworker patients often express frustration that North American doctors do not recognize or treat these problems, as a Spanish-speaking physician who serves farmworkers in the region reported.

It's more common than you realize. You tend to think it's the less educated, but not necessarily. It's also the more educated people. Sometimes they believe it, and that part of them sort of takes over and they get nervous . . . The key is why does that person believe that? Because if that's what they really believe, you've got to deal with it. You can't tell them "Oh, you're dumb and it's going to go away" because they're not getting better.

As will be discussed in greater detail in *Use of Alternatives* later in this report, most U.S.-trained doctors are not equipped to recognize or deal effectively with such conditions. However, when symptoms persist, physicians and their patients may embark on a long and expensive series of referrals and diagnostic tests that can cost hundreds to thousands of dollars and not do anything to alleviate patients' suffering.

*Farmworkers and their families often feel frustrated by U.S. doctors who do not recognize or treat ethnospecific conditions.*

## **Health Care Delivery System**

### **Inventory of Health Care and Social Service Providers**

Napa County is fortunate to have some resources that are not available to other agricultural counties in the state. Active philanthropy by the vintner community raises millions of dollars every year through the world-famous Napa Valley Wine Auction, the proceeds of which are destined for health care and other services for the poor in the county. Additionally, there is a small but dedicated group of providers in both the nonprofit and for-profit sectors who continuously strive to expand and improve services.

These admirable efforts notwithstanding, significant barriers and shortcomings remain. For example, though many doctors and specialists serve the general population, most do not accept uninsured or publicly insured patients and rarely see farmworkers. This is particularly true of specialists.



*Clinic Ole is the largest provider of primary care for farmworkers and their families in Napa Valley.*

The County of Napa does not operate a primary care clinic serving the poor. Primary care for farmworkers is delivered mainly by a single system—Clinic Ole. In response, farmworkers obtain some primary care by resorting to emergency rooms, especially at Queen of the Valley Hospital in Napa. Others, particularly those with insurance, also access private for-profit clinics for adult and pediatric primary care.

### **Community Health Clinic Ole**

Community Health Clinic Ole is the most important Napa Valley primary care provider serving the farmworker population and the only full-service nonprofit clinic in the study region. Three of Clinic Ole’s four clinics are located in the valley—the main facility in the city of Napa, a branch clinic in St. Helena, and services offered two evenings each week in Calistoga.<sup>22</sup> The clinics employ the equivalent of four physicians (three full-time and one part-time), three registered nurses, three nurse practitioners, and one physician assistant. All are bilingual and some approach native fluency. Clinic Ole’s patient load currently stands at about 22,000 visits each year by 14,500 individual patients. This represents a doubling of patient visits in less than five years. Seventy percent of these are Spanish-speakers, many of whom are farmworkers.

The clinic offers many educational services and support programs that focus on diabetes, diet and nutrition, early detection for breast and cervical cancer, HIV/AIDS, child immunizations, and other common health concerns. In 2002, a bilingual patient services coordinator was hired to be, in essence, a “medical concierge” who assists patients with navigation, referrals, and follow-up. This social worker, paid for by a grant from TCE, makes referrals and even personally takes people to appointments or connects them with public transportation when necessary.

Clinic Ole also employs four full-time bilingual outreach workers. Among their activities are summer health fairs for solo males conducted at migrant worker camps. The fairs offer health screenings, referrals when needed, an educational program, and gift kits that include protective gear (sunglasses, sunblock, caps) and free samples of hygiene products and over-the-counter medications. A Clinic Ole administrator reported that the fairs are an outgrowth of *Suffering in Silence*, a report on the health of California’s farmworkers prepared by California Institute for Rural Studies and TCE. The conditions for which they screen are among those the report identified as particularly prevalent in the farmworker population—high blood pressure, high cholesterol levels, diabetes, dental problems, anemia, and obesity—and Clinic Ole added a screening for tuberculosis. In early 2003, they expanded their outreach services to include an educational program consisting of fifteen to twenty minute talks to farmworkers in the fields. This effort depends on finding field supervisors willing to cooperate by granting access to their sites and work crews.

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<sup>22</sup> The fourth clinic operates twice a week at Lake Berryessa.



About two-thirds of Clinic Ole's \$3.6 million annual budget comes from grants from private philanthropic and government sources. The remainder is reimbursements from public programs, including Medi-Cal, Breast Cancer Early Detection, Office of Family Planning, and Child Health and Disability Prevention, and from private insurance and cash payments from the clinic's sliding fee scale. Approximately 77 percent of Ole's clients are uninsured, 14 percent have Medi-Cal coverage, and a small number are insured by private programs.

Despite strong philanthropic and government support, Clinic Ole faces serious problems. The area's high cost of living makes it extremely difficult to attract and retain practitioners and other staff, especially Spanish speakers, given the salaries Clinic Ole can offer. Clinic administrators consider the financial situation tenuous.

### **Napa Valley Vintners Health Center**

Clinic Ole joined three other service providers—Sister Ann's Community Dental Clinic, Healthy Moms and Babies, and Napa Emergency Women's Services (NEWS)—in a newly constructed one-stop center in the city of Napa last year. Within weeks, providers recognized that the close proximity provided by the new Napa Valley Vintners Health Center was already improving the referral process. Contributions from the Vintners Association, TCE, and individual and foundation grants from within and beyond Napa Valley paid for the facility, allowing tenants to secure space at below-market rates.

*Napa Valley Vintners Health Center brings together four of the area's most important providers under one roof, greatly facilitating collaboration, communication, and referrals among them.*

### **Sister Ann's Community Dental Clinic**

Sister Ann's Community Dental Clinic was established more than ten years ago with a \$300,000 grant from tobacco-tax Proposition 99 funds. Before Vintners Health Center opened, Sister Ann's offered five dental chairs and saw around 10,000 patients a year, two-thirds of them children and approximately 85 percent Latino. The new facility has allowed the clinic to expand to nine chairs, which will undoubtedly increase the number of patient visits. The staff includes three full-time dentists and a number of hygienists. The demand is great and growing; the typical wait for a first-time non-urgent appointment is as much as eight to ten weeks. Emergencies can often be treated in a day or two.

A large share of the clinic's services is paid for by Medi-Cal, Healthy Families, and Child Health and Disability Prevention. The clinic also has a sliding scale for uninsured patients.

Sister Ann's does not provide specialized care. Uninsured patients in need of such services must travel to another county. As a consequence, many farmworkers and their families who need more advanced dental care either wait until they return to Mexico, where costs are much lower, or forego treatment.<sup>23</sup>

<sup>23</sup> Voices of the Vulnerable, p. 15.



*Healthy Moms and Babies offers comprehensive case management services to low-income pregnant women. Nearly three quarters of its clients in 2002 were Latina.*

The dentists and hygienists who staff Sister Ann's are not bilingual, further evidence of the limited the supply of Spanish-speaking dental professionals. However, all support staff members—four dental assistants, two receptionists, a supervisor, a case manager, and an outreach worker whose position is funded by TCE—are bilingual and bicultural.

Although Sister Ann's offers free services to uninsured farmworkers, serving this population has proved difficult for a variety of reasons, including people's reluctance to seek care other than in an emergency, transportation issues, and the clinic's inability to offer evening appointments. In response, Sister Ann's has begun offering care once a month on a Saturday at Clinic Ole's facility in St. Helena.

### **Healthy Moms and Babies**

Healthy Moms and Babies is a nonprofit agency that serves low-income pregnant women in an effort to enhance maternal and child health. The program opened in 1988 with a \$150,000 grant from The Irvine Foundation. Prior to that time, many of Napa's obstetricians did not see Medi-Cal patients and women either had to travel outside the valley or forego prenatal care. In 2002, the organization served approximately 600 women, 73 percent of whom were Latina. Most of the women were undocumented wives of farmworkers. Prenatal care for uninsured mothers includes breastfeeding classes, health and nutrition education, counseling, and childbirth classes. Healthy Moms and Babies is staffed by four case managers who are bilingual and bicultural and by a licensed nurse and a registered dietician. Case managers assist women with a multitude of issues, including landlord problems, agency paperwork, emergency food, enrollment in public assistance programs for children, and dental care through Sister Ann's. Referrals to the program come mostly by word of mouth, as well as from Clinic Ole and Planned Parenthood.

### **Napa Emergency Women's Services**

Napa Emergency Women's Services (NEWS) is a nonprofit organization serving female victims of domestic violence. In addition to a twenty-four-hour crisis line, NEWS provides assistance with requests for restraining orders and emergency shelter. The organization's outreach efforts consist primarily of informing other agencies about their services. They do occasionally conduct workshops to reach isolated women living in low-income housing complexes. Five of the organization's seventeen staff members, representing half of the direct service staff, are bilingual.

NEWS's referrals come from the police department, from walk-ins, and from the Clinic Ole office now housed in the same building. In a recent twelve-month period, they served 527 women, 37 percent of whom were Latina. Latina women often learn of the service from other women who are more acculturated to U.S. society.



## Queen of the Valley Hospital

Queen of the Valley Hospital (QVH), the larger of Napa's two hospitals, is a Catholic facility located in the northern part of the city of Napa. QVH has 171 beds and thirty-three primary care doctors (internal medicine, family practice, pediatrics, and obstetrics/gynecology) and is the largest provider of emergency service in the area, with more than 21,000 emergency room admissions in 2000. About 4,600 of those (22 percent) were for non-urgent care.<sup>24</sup>

Napa County has no public hospital, so QVH provides care to most of the region's poor. In 2000, 72 percent of Medi-Cal discharges in Napa County were from QVH. In 2001, the hospital surveyed approximately 250 poor Napa Valley Latinos and found that the largest proportion (40 percent) said they had gone to the emergency room to obtain health care for someone in their family in the past year. Clinic Ole followed with 18 percent.

QVH operates a community outreach department that aims to improve health care for the poor and promote general health and well-being in the community. The outreach staff's twenty-four members include professional and semi-professional social workers and case managers. Services include a health library with some resources in Spanish, programs on health promotion and preventive practices and care, health screenings, support groups, referrals, and case management for chronically ill patients (with an emphasis on HIV/AIDs, cancer, and congestive heart failure.) In addition, outreach goes to the provider community to promote improved services. A particular concern is educating the provider community about the acute need for better health care for children in the valley, who often suffer from tooth decay, asthma, malnutrition, ear infections, and other serious chronic conditions that go untreated because their parents lack the resources necessary to access medical care.

QVH sets aside 10 percent of its profits for services to the poor. In addition, the hospital partners with other agencies to develop programs related to housing, food security, low-income neighborhood revitalization, and youth services.

## St. Helena Hospital

St. Helena Hospital (SHH) is an Adventist facility located in Deer Park on the outskirts of St. Helena. Although no visits to SHH were reported by QVH's *Voices of the Vulnerable* report, farmworker informants for this study reported seeking acute care there. In addition to the hospital, SHH operates The Women's Center in downtown St. Helena, which provides screenings for breast cancer and osteoporosis (free for those without health insurance) and a health library. With the help of the Latina Advisory Board, the center conducts outreach programs, including an annual Latino family health fair in St. Helena and health lectures, support groups, and classes in Spanish.

*Queen of the Valley Hospital in Napa is the larger of the county's two hospitals. There is no public hospital in Napa County.*

<sup>24</sup> Data about Napa Valley hospitals comes from *Voices of the Vulnerable*.



## Private Providers

*Pediatricians are more likely to serve publicly insured and uninsured patients because many of their services can be billed to various state health programs.*

One clinic administrator reported that the vast majority of private physicians in the region are reluctant to serve poor clients and that exceptions to this rule do so “out of the kindness of their hearts.” Pediatricians in general are more willing to see farmworker families, even those who are uninsured and publicly insured, because in pediatrics much of the work is preventive care that is billable to Child Health and Disability Prevention (CHDP) at least to some degree. Still, care for low-income farmworker families often boils down to a personal commitment, as one pediatrician explained.

I also grew up in a family that didn’t have much money. We were six kids . . . I remember having our lights turned off on occasion because we couldn’t afford to pay our bills. My mother was also very giving. I love working with the Latino community because they’re very thankful and appreciative of what you do. I’ve worked with Latino families for thirty-five years.

One private practice serving Latino patients is Harvest Pediatrics, a partnership with offices in Napa and St. Helena and a third opening soon (mid-2003) in American Canyon. About half of Harvest’s patients are Latinos, and of Harvest’s five physicians, two speak Spanish and all are regarded as culturally competent. Other staff members include a family nurse practitioner, two medical assistants, a bilingual receptionist, and a bilingual medical social worker (a very valuable asset according to doctors and the staff). The practice’s stated mission is to see as many low-income children as possible, as one of the physician-partners stated.

Most people believe that, because we’re a private practice clinic, we don’t like seeing them. In fact, 25 to 30 percent of kids we treat are low-income and are on CHDP, Medi-Cal, or Partnership<sup>25</sup> . . . Most of our CHDP patients come in for their well-child visits . . . The rest have health insurance, like Growers Insurance. Especially the families that work in the vineyards . . . Approximately 70 to 75 percent of the Latinos we serve work in the vineyards.

Harvest sees about 2,200 patients a year. They are available twenty-four hours a day and, by all accounts, provide a respectful and culturally sensitive environment for Latino families.

Other private providers able and willing to provide culturally sensitive care to the Latino community find that their practices are growing rapidly. A local heart specialist, for example, found himself inadvertently developing a primary care practice on the side. He now sees between four and eight patients per evening four evenings a week, though at times he has had considerably more than that.

At first, I was only going to see a couple of people . . . I’ve never advertised. It’s all been by word of mouth. My referral base within the Mexican community is huge . . . But I’m not taking any new patients because I’m so overwhelmed . . . Other doctors are not interested in serving this population. It’s like they’re saying, “We don’t want all those poor people.” I was over at the hospital recently and one doctor was surprised that I was interested in working with Mexicans. I

<sup>25</sup> A state reproductive health program through Office of Family Planning.

leaned over and told him I'd let him in on a secret. I told him farmworkers have the best insurance, and those that don't have insurance pay cash up front. And they're good patients. They do what the doctor tells them to do and they're very appreciative.

While other physician informants reported reluctance among farmworkers to pay for medical services, this particular doctor encounters no such resistance. He charges uninsured patients a fee of \$25 to \$50 per visit on a sliding scale. He also refers patients to local specialists and has the patients return to see him after their visits to specialists.

One private practice dentist known in the Latino community counts farmworkers among his patients, though they mostly come to him for emergencies based on a referral from their friends or foremen.

I get people who come in who have tooth pain. Most of them have extensive decay. I'd say most have had minimal dental care or none at all . . . Most prefer a tooth extraction over a root canal, mostly because of cost. It only costs \$100 to extract a tooth; for a root canal, it costs close to \$1000 for a molar and \$700 for a tooth.

Most farmworkers do not have dental insurance. This dentist does not use a sliding fee scale, but he does offer a payment plan.

## **Other Health Services**

### *Kaiser*

Kaiser operates a clinic in Napa and a minority of farmworkers with employer-provided insurance can receive care at that facility. However, patients with any serious conditions must travel to a Kaiser hospital outside Napa Valley (in Vallejo and elsewhere).

### *Napa County Health and Human Services*

Napa County Health and Human Services offers no primary health care services. It does provide immunization clinics, assistance with food stamps, Medi-Cal, screening for AIDS/HIV and sexually transmitted diseases, maternal-child health programs, Women Infant and Children's (WIC) assistance, some mental health counseling and referrals, and substance abuse and prevention services. Overall, the county workers providing these services have only limited Spanish-language abilities.

### *Planned Parenthood*

Planned Parenthood provides both clinical and educational services, and about 75 percent of its clients are Latino. The clinic offers pregnancy testing, birth control services, and prevention information and treatment for sexually transmitted diseases. Four members of the clinic staff are bilingual.

*The County of Napa offers no primary health or dental care and very limited mental health services.*



*Even some people who have health insurance rely on the affordable services provided by Planned Parenthood.*

Mostly women seek Planned Parenthood's services, including for primary care conditions, for which they are referred to Clinic Ole. Planned Parenthood serves both insured and uninsured individuals and charges uninsured clients on a sliding scale. Despite the fact that people who have insurance can get the same services through regular providers, the staff reported that many still prefer to come to Planned Parenthood because it is more affordable. For example, a pack of birth control pills that costs \$40 through a private provider can be purchased from Planned Parenthood for \$13. Referrals come mostly by word of mouth and from Clinic Ole and Healthy Moms and Babies.

In terms of health education, two bilingual workers lead classes, conduct outreach at health fairs and at farmworker camps, and carry a caseload. Planned Parenthood also has an adolescent family life program and a bilingual caseworker assigned to pregnant and parenting teens, who are often high-risk cases, especially when they are young, recently arrived, living in isolated conditions, speak no English, and/or have few resources of their own.

Lately, Planned Parenthood has begun to see more men, particularly solo males at the end of the harvest who request screening for sexually transmitted diseases before they return to their wives. This increased utilization by men is attributed to several factors: recent outreach programs at farmworker camps, word of mouth, assurances of confidentiality, and the availability of a male outreach worker.

#### *Napa Solano Health Project*

Napa Solano Health Project is an energetic outreach program that provides health education to workers at wineries, fields, labor camps, churches, and apartments and anywhere else where farmworkers in the valley congregate. The project began as an HIV/AIDS program funded by the federal Centers for Disease Control about five years ago, but it has since expanded to address farmworker health and well-being more broadly. Besides screening for HIV (using a saliva test), providers refer people in need to Clinic Ole and are rigorous about following up. As a result, they have been able to identify many infectious and chronic illnesses among farmworkers and arrange for treatment. Recently, they received funding from TCE to incorporate alcohol awareness into their efforts.

#### **Community Action of Napa Valley**

Community Action of Napa Valley (CANV) is a private nonprofit agency founded in 1965 as part a network of community action agencies nationwide that now exceed 11,000 in number. Community Action was created by the Johnson administration as part of its War on Poverty program, and all of CANV's efforts focus on assisting low-income populations. CANV relies on a wide variety of funding sources, from federal dollars to private donations and grants, to support its many services, which include a homeless shelter in Napa, Napa Food Bank, Meals on Wheels, drug rehabilitation programs, senior nutrition



efforts, and mental and behavioral health services through Nuestra Esperanza, described later in this report.

## Mental and Behavioral Health Services

Although it is widely assumed and frequently reported that Latinos associate considerable stigma with mental health services, providers in Napa Valley are quick to disagree. They argue that the problem instead is the severe shortage of bilingual and culturally competent counselors. One provider cited conditions some twenty years ago when there was a rapid push to bring Spanish speakers into the profession. Those initial recruits were not properly trained, the provider argued. Their Spanish was questionable, and the Anglos who hired them did not know how to evaluate their linguistic or cultural competency. However, that situation is changing.

They always try to make the case that we don't have a need . . . that this population doesn't access services. This population goes to their priest or goes to their family elders or what have you. But the reality is that this population has never been informed of the services; nor have they been able to work with people they can relate to. So now all of a sudden, word of mouth gets out that there are people that can relate to your culture, that speak your language, understand your condition. And they're just coming in droves, and we just can't keep up with the need.

A marriage and family therapist in private practice concurs and believes that the media and popular culture have played a role in people's openness to services.

Now there are so many talk shows on radio and TV, "Cristina" and "Doctora Isabel," which popularize self awareness. So when clients come, it's like they've already been prepped for therapy . . . And it's not unusual to see patients who have only been in the U.S. a couple of years, and when they come in, it's not a traumatic event for them . . . they're happy to be able to come see me and tell me what's going on, and they often feel relieved and thank me afterwards. It absolutely applies to men as well.

### *Nuestra Esperanza*

Nuestra Esperanza ("Our Hope") is Napa Valley's sole provider of mental and behavioral health services specifically tailored for the Latino community. Six years ago, when no such services were available, a group of Latino professionals spearheaded its creation. Located in downtown Napa, Nuestra Esperanza operates as a nonprofit, multi-service agency offering bilingual and bicultural mental health and drug and alcohol treatment services, youth programs, and parent support. As set forth in its mission statement, Nuestra Esperanza aims "to serve the cultural and spiritual needs of the Latino community."

The staff includes a full-time director and four full-time counselors, plus four interns and seven part-time counselors. Besides one-on-one counseling, services include a gang violence suppression program, youth mentoring in the high schools, support groups for

*In general, providers in Napa Valley disagree with reports elsewhere in the state that farmworkers and their families are unwilling to avail themselves of mental and behavioral health services because of cultural stigma associated with mental illness.*



parents, juvenile and adult drug court programs, substance abuse treatment and counseling, and information and referrals.

The staff collaborates with other agencies to provide outreach at farmworker camps and low-income housing complexes throughout the valley. Staff members are reluctant, however, to conduct much outreach or otherwise advertise since demand already far exceeds capacity. In late 2002, they held 127 active files. Another fifty-eight people were on a waiting list, and it can take anywhere from three to eight weeks to receive services. Referrals come from a wide variety of sources: the courts, adult and juvenile probation departments, teachers, word of mouth, and other providers.

Aside from the two bilingual counselors who work for Napa County and one or two private providers, Nuestra Esperanza is the only option in the valley for Spanish-language mental and behavioral health services.

Nuestra Esperanza attempts to keep fees as affordable as possible and offers a sliding scale. The lowest rate is \$28 for an hour, compared to the \$75 to \$90 typical for a private session. Most uninsured clients can be enrolled in some form of public program to assist with payment.

The agency feels especially proud of its work with Latino youth through its mentoring programs in the middle and high schools, the Claro program for boys and Clara for girls, as the director reported.

We were able to make a quick impact on the kids. The kids were hungry for it and it really filled a need. They had a void. In two to three years, we had schools giving us wonderful feedback that gang issues have decreased at schools, that kids are better behaved. We've had parents coming in asking us to keep an eye on their kids because they know we're working with them . . . We've had kids coming up to us and saying, "I've changed the way I relate to my parents, to my brothers and sisters. I feel better about being Latino."

The agency's funds come from contractual arrangements, from Proposition 10 and 36 funds, from the Napa Valley Wine Auction, and from an array of foundation sources, including TCE. Nevertheless, Nuestra Esperanza considers its future precarious in these economically uncertain times and worries about maintaining its current level of services, let alone expanding to meet the demand.

*Napa County Health and Human Services*

Napa County provides two bilingual mental health counselors who take referrals from schools, collaborate with other agencies, and conduct outreach at Calistoga Family Center. One is bicultural and works primarily with school children and their families, mostly monolingual Spanish speakers.

*Despite a diverse funding base, Nuestra Esperanza's financial future is considered precarious given the current condition of California's economy and budget.*



### *Volunteer Center of Napa Valley*

Volunteer Center of Napa Valley, a small nonprofit organization based near downtown Napa, offers crisis counseling and assistance for victims of domestic abuse and sexual assault. Only two of the seven counselors speak Spanish, and, according to one of them, virtually all of their Spanish-speaking clients come from either farmworker or ex-farmworker families. The systemwide shortage of bilingual speakers means that many of the victims of these emotionally-charged crimes are left without adequate care, as noted by a counselor.

Even with teenagers that were born here . . . Spanish is their comfort zone. I've seen teenagers that . . . when it comes to talking about their feelings and these types of issues, they want to speak Spanish . . . We're desperate for more Spanish-speaking counselors. There are not enough.

The center refers clients to Nuestra Esperanza, but often finds it a frustrating exercise.

You have this family who's in crisis and you want to refer them to counseling, but most of the counselors have a long waiting list. We are crisis counselors, but we can't provide long-term therapy and the families we help need that. You see a lot of dynamics going on. Like sometimes it was the husband's brother that molested the child. So you're not only dealing with the victim, but the father feels like he's being betrayed and he can't trust people. Then the mom is kind of blaming the father and is angry with him. The whole family really needs to go into counseling.

Failing to receive such help can have negative repercussions, as the same counselor emphasized.

I worry about this because of the teenagers. They really need services. Often, if they don't get help, they'll act out too . . . They'll get into drugs and be really angry. Some will turn around and perform the same sexual practices on other children.

### **Migrant Education**

Approximately 2,500 children in Napa County qualify for services from Migrant Education. This federally funded program serves children between three and twenty-one years of age whose parents qualify under the definition of "migrant agricultural worker." Immigration status is not a consideration. In Napa Valley, the Migrant Education office is located at Napa High School and serves all schools in the county. The bilingual staff includes one recruiter, two secondary school counselors, an outreach specialist who works with youth age sixteen to twenty-one who do not attend school, a paraprofessional who helps with medical and dental referrals, three early childhood education specialists, and the program coordinator.

The coordinator estimates that about 70 percent of the region's migrant parents have less than three years of education, which makes it extremely difficult for them to actively

*The Napa Valley study region is similar to other regions in the state in the chronic difficulty providers have recruiting and retaining Spanish-speaking mental health professionals.*



supervise their children’s educations. Migrant Education counselors therefore act as translators during parent-teacher meetings and function as a support system for the school.

The program is also an important means by which children and their families obtain medical, dental, and social services. During the summer, Migrant Education provides dental screenings conducted by a dentist from Mexico. The office also offers vision screenings and makes referrals to other providers in the community. Migrant Education has some limited funds to cover emergency treatment. Workers also help identify other funding mechanisms and pro bono services through the network of relationships they have established with willing providers in Napa and in Sacramento.

The Migrant Education program coordinates and collaborates with all health and service providers in the county. They maintain a particularly close working relationship with the two family resource centers that serve children of migrant farmworkers, Cope Family Center in Napa and Calistoga Family Center (see following section).

Working as they do with some of the county’s most vulnerable families, program staff members have personally witnessed how severe housing problems are in the region. According to the coordinator:

Our biggest challenge is that Napa is a very expensive county, and what do you do when you have three families living in one garage? It’s a dilemma. Do you turn the landlords in because they’re being negligent and wind up throwing the families out on the street? Or do you work with them and try to improve the conditions?

*Napa Valley residents benefit from several family resource centers designed specifically as community-based one-stop centers for services, education, and referrals.*

**Family Resource Centers**

*Calistoga Family Center*

With more than half of Calistoga’s school children qualifying for free or reduced cost meals, local school administrators and community activists in the late 1990s began seeking ways to address the many unmet health and social service needs of this population. As a result, Calistoga Family Center was opened in 2000. The center is housed at Calistoga Elementary School and relies on a grant from the California Department of Education’s Healthy Start program.

The center is designed as a one-stop facility that brings together the resources of some forty agencies and organizations in order to provide a wide array of affordable health and social services to the low-income, predominantly Latino community living at the northern end of Napa Valley. The center offers both crisis intervention and direct support services. One of the most important of these is the center’s primary health care clinic, which is provided by Clinic Ole two evenings each week. Other services include an immunization program, drop-in child care, women’s support groups, prenatal care, parent education classes, leadership training, migrant education, counseling services, and health fairs that



provide information, screenings, and referrals. The center hosts guest speakers who address topics that include women's health care, affordable housing, domestic violence, drug and alcohol abuse, and juvenile crime.

Locating the center at the school was considered essential in order to reassure parents who might otherwise be reluctant to seek help because of their undocumented status or simply their lack of familiarity with U.S. services. Community activists have found other benefits from the school-based location as well.

I know here in Calistoga the family center has helped a lot of the children because it's here on campus . . . [with] a lot of students we interviewed, there was neglect or there was abuse . . . and so when a child has a problem, whether it's a health problem, an emotional problem— they can't see, they can't hear—the teacher can take them by the hand and walk over to the family center and get an immediate referral . . . A child doesn't have a bed? The family center finds a bed for them . . . You can't expect them to do well in school if they're sleeping on the floor and cold all night . . . I know it's had an immediate impact on our students, which is the purpose of the Healthy Start grant. To treat the whole child.

In 2001, the center reported serving between 300 and 400 families. The staff strives to provide a safe, friendly, and inviting environment. And as awareness of the center and its services has grown, administrators report that Latino families are developing more trust and are willing to seek help and to volunteer their time at the center. Staff and volunteers from the Anglo community also find it a rewarding place to serve. One staff person said that it went beyond being simply a one-stop facility; rather, the integration and collaboration of many agencies was creating a synergy that was energizing to them all.

Behind the scenes, it builds an incredible team spirit. Because if you've been in health and social services long enough, you know about the burnout factor. It's huge. . . . [This] is a wonderful strengthening of the providers to feel that we're truly in this together. And again, that has a positive effect on the service delivery and the consistency of the service delivery over a long period of time.

The center's success has prompted other activists to view it as a model for replication throughout the county, in city neighborhoods, and at low-income housing complexes, creating doorways to services for frequently isolated members of the farmworker and Latino community. Future plans include linking all the centers together into a network of family service centers to improve coordination, quality, and efficiency.

#### *Von Brandt Family Resource Center*

Von Brandt Family Resource Center, located in the City of Napa, served sixty-four families last year, about three-quarters of whom were Latinos. The center opened in 2002 after two run-down housing complexes were acquired by Napa Valley Community Housing and renovated by Christmas-in-April volunteers from Napa's Kiwanis Club and Queen of the Valley Hospital. Von Brandt is a partnership involving Napa Valley Community Housing, Queen of the Valley Hospital, Leadership Napa Valley, Catholic Charities, Clinic

*Providers involved with Calistoga Family Center find the spirit of teamwork and collaboration invigorating.*



Ole, Napa County Rental Information and Mediation Services, Nuestra Esperanza, and FUERTE. The goal of the center is to help bring order and renewed vitality to a neighborhood that has been plagued by drugs and violence. It is staffed by a paid coordinator and offers an array of programs and services that include leadership and computer skills training, health assessments and education, after-school tutoring, and referrals to other services and providers. The innovative leadership training program is part of an effort to empower residents to become actively involved in tenant associations and community affairs, growing into future Latino leaders.

### *Cope Family Center*

Cope Family Center was established nearly thirty years ago as a family resource center in the city of Napa that works to prevent child abuse and build healthy families. Currently, nearly half its clients are Latino, and eight of the organization's eighteen staff members are bilingual. The agency focuses mostly on prevention, along with some intervention as well, through three primary programs—parent education (classes, workshops, and individual assessments for families about child development), a home-visit program for high-risk families, and emergency services (a hotline, crisis intervention, and emergency drop-ins). They provide referrals for counseling, along with emergency financial assistance and food vouchers. Cope conducts outreach in the community and finds that undocumented immigrants are the most difficult to contact and serve.

*Bolstered by the narrow geographic territory within which they operate, Napa Valley health and social service providers have established strong collaborative bodies that are working to improve delivery of services to farmworkers and other low-income segments of the population.*

As with most service agencies in Napa, Cope actively collaborates with other organizations, including Nuestra Esperanza, Calistoga Family Center, and Von Brandt Family Resource Center. Cope took the lead in creating the Family Resource Network of Napa County to improve collaboration and coordination among the area's family centers. Collectively, they are promoting development of additional family resource centers in St. Helena and American Canyon as a way to reach a larger share of Napa Valley's low-income community, especially Latinos. Another important goal is to establish a paid coordinator position for the Family Resource Network.

### **Collaboration among Providers**

In an area characterized by extremes in wealth and wide disparities in access to care, those in the provider community who serve low-income populations have sought to enhance their effectiveness through various collaborative efforts. Indeed, many see Napa Valley's spirit of collaboration as one of the community's most important assets, as a physician whose practice includes a large proportion of Latinos noted.

People do come in and say that this is a pretty wealthy place, so therefore [we] are sort of taking care of everything. I respond by saying that what wealth means to us is that there are a lot of providers collaborating, which means they are ready for programs. Other places have no collaboration and are not as ready to implement programs. If people think that people in Napa are taken care of,



then there wouldn't be these issues. We know that one out of three children is born in poverty.

The valley's manageably small size helps foster the region's collaborative climate. Current efforts include team approaches by front line provider personnel, informal and formal networking among agency personnel, and jointly-executed programs.

## Primary Collaborative Efforts

### *Community Health Fairs*

Providers collaborate to offer community health fairs at various sites in the valley, including farmworker camps, churches, the community college, and city downtowns. Among the providers that regularly participate are Clinic Ole, Sister Ann's Community Dental Clinic, Planned Parenthood, Healthy Moms and Babies, Napa-Solano Health Project, NEWS, Napa County Health and Human Services, and Nuestra Esperanza. These fairs disseminate information and provide on-the-spot health screenings. Besides creating a more coordinated approach to outreach, the fairs reduce inter-agency rivalry, improve awareness of each other's programs, and build an environment of mutual support. An outreach worker described the positive connections and accomplishments the fairs create.

Going out and working together, we just created a bond . . . Actually, we look forward to going and seeing the other agencies and working with them . . . If we found somebody to be really sad or depressed, then we could refer them right then and there to the right agency . . . It's the end of the harvest season, it's the end of the fairs, and I feel a very strong connection with everyone that's been a part of it . . . We can [now] work with other issues and still feel that same support.

### *Networking Groups*

Longtime agency personnel describe a networking process that began in the 1980s, when executive directors from various nonprofits started getting together informally to discuss problems and share strategies. This informal network led to development of several formal collaboratives in the valley that have greatly improved communication and collaboration among agencies.

### *Napa Valley Coalition of Non Profit Agencies*

One of the most notable outcomes of the informal networking process in the valley was creation of the Napa Valley Coalition of Non Profit Agencies in 1995. The coalition's fifty-four member agencies, twenty-three affiliate organizations, and executive director comprise this umbrella organization designed to accelerate collaboration and coordination among the valley's health and human service nonprofits.<sup>26</sup> Committees currently address health

*Community health fairs are fun and effective ways to reach large numbers of farmworkers and their families.*

*The Napa Valley Coalition of Non Profit Agencies brings together dozens of health and social service providers.*

<sup>26</sup> For a list of participating agencies, see the coalition's website at [www.napanonprofitcoalition.org](http://www.napanonprofitcoalition.org).



*Housing agencies and providers in Napa Valley have formed a unique and highly effective collaborative effort by which they jointly prioritize and request funding for housing programs.*

care access, behavioral health, alcohol and tobacco, and housing. A coalition member noted the considerable value derived from their efforts.

Prior to the Nonprofit Coalition being formed, you had fifty separate agencies who each went their own ways and did what they thought was best. They only talked if they had a reason to talk and they didn't think in terms of how can we best maximize our resources and not duplicate? . . . Once we had a staff person who brought everything together, called meetings, kept minutes, things started getting better . . . Sometimes it looks like mundane stuff, but that's the glue that holds people together. When you have regular meetings, you've got minutes, you've got some kind of a history, and you force people to build relationships.

#### Napa County Continuum of Care Plan for Housing

A Continuum of Care Plan is required by the federal government to obtain funding for special needs housing. Developing the plan involves assessing existing services and housing, identifying gaps in services, and prioritizing proposals for funding. The well-established informal network among housing providers in Napa Valley provided an infrastructure on which the region's agencies created an annual collaborative planning process to address housing needs. Instead of competing against each other for government funds, Napa Valley housing agencies and nonprofits now meet once a month throughout the year to develop and agree upon a prioritized list of projects for which they will seek funding. As a consequence, they have been unusually successful in obtaining Community Development Block Grants from the U.S. Housing and Urban Development Department for both the city and the county. The group plans to use the same process to apply for other kinds of funds and for the first time is considering including farmworker housing in their HUD application.

As a member of the housing alliance noted, the valley's housing agencies were forced to work together by the very limited resources available to them. She suggests that health care providers will likely soon face the same problem of rapidly diminishing resources, and she believes that they too can benefit from the continuum of care approach.

#### Other Networks

**FUERTE** – FUERTE's name is an acronym for its mission—Fostering Unity, Empowerment, Resiliency, Tolerance and Education—and means “strong” in Spanish. The network is open to all and functions as an information-sharing structure for activists, agency personnel, and community volunteers. Monthly meetings give participants updates on activities, allow them to get to know each other, and facilitate development of new initiatives. Members are also informed of events and opportunities through an e-mail list. In October, 2002, FUERTE organized the Latino Men's Health Symposium, a day-long workshop for Napa County providers and activists aimed at raising awareness about the particular needs of this population.



**The Latino Connection** – The Latino Connection, which holds monthly brown bag meetings at Nuestra Esperanza’s offices, provides a regular opportunity for people working with the Latino population, particularly in areas related to behavioral health, to learn about new programs, meet colleagues, and generally strengthen bonds. It is sponsored by Community Action of Napa Valley.

**The Latina Advisory Board** – The Latina Advisory Board, sponsored by St. Helena Hospital, meets monthly at the Women’s Center in St. Helena and functions as a northern valley networking opportunity for providers and outreach workers, particularly those concerned with Latina women’s health.

**Napa County Hispanic Network** – Napa County Hispanic Network is a service organization that raises scholarship funds for Latino youth and provides networking opportunities for Latino professionals in the region through its meetings, scholarship fundraising activities, speaker programs, and annual awards banquet.

### Challenges Associated with Collaborative Efforts

As collaborations develop, they shed light on how difficult it can be to effectively coordinate various agencies’ efforts. For example, an active member of the Non Profit Coalition found the region’s growing focus on the needs of farmworkers reassuring but also recognized that coordination of those efforts was not yet streamlined. In her view, various groups, some members of the coalition and some not, continue to go their own ways, resulting in duplication and miscommunication.

You’ve got different factions of people doing things for the farmworkers, [but] rarely talking to the farmworkers . . . People aren’t talking and they end up kind of sabotaging each other’s efforts.

Providers also reported that collaboration around mental and behavioral health services remains weak. The limited funds for these programs tend to provoke covert competition among provider agencies.

I think it’s a little less politically correct now to say that you’re in competition because of this emphasis on collaboration. But at the same time, I think the reality is, especially in [these] economic times, you have this grant available and you have two agencies that do similar work and can potentially apply and how do you negotiate that?

Professionals in the field readily admit that the continuum of care process that has resolved competing interests among housing providers has yet to be fully developed among mental and behavioral health providers.

### Unexplored Opportunities

Potential collaborations still to be explored are those with providers on the Mexican side of the border. Given the severe shortage of culturally-appropriate resources written and recorded in Spanish, one agency is using video and print materials acquired by a staff

*No collaborative effort is without its challenges. It takes patience and time for collaborative groups to effectively organize members, sort out turf issues, and begin reducing duplication of services.*

*Cross-border collaboration has the potential to provide Napa Valley providers with a wealth of cultural information and expertise.*



*Farmworkers and their families experience discrimination and poor treatment from some clinics, and in general they dislike medicine as it is practiced in the U.S.*

member on a recent visit to Mexico. The director of another Napa Valley agency was particularly enthusiastic about the possibility of cross-border collaborations: “Professional resources from Mexico would be wonderful; if we could set up some sort of exchange program, that would be great.” (See the description of exchanges already occurring within the Latino community under *Channels and Facilitators of Care*.)

## **Patient Perspectives**

### **Experiences with U.S. Health Care Institutions**

While providers worry about the lack of sufficient resources and the failure of many in the Latino community to access care in a timely fashion, Latino patients themselves are apt to voice complaints about the way they are treated by the health care system, as one young man who has received care in both Mexico and the U.S. lamented.

There’s no opportunity to build a relationship with the doctor, nor the doctor to build a relationship with the whole family . . . In Mexico, you have your doctor and it’s actually the doctor for the whole family. Sometimes even for [several] generations . . . Here it’s different . . . Medicine has become too much of a business . . . I’ve gone to doctors myself and it seems like they’re thinking of the next patient.

A woman who arrived in the valley more than twenty years ago and who used to pick grapes, plums, and walnuts for a living now supports herself as a beautician. Recently, she was informed that she needed a bladder operation, but her attempts to get it convinced her that the medical system was not really interested in her well-being.

I think there is a lot of discrimination against Mexicans. They don’t want to take very good care of you. I see lots of discrimination. For example, in my case, I was feeling really badly and they didn’t want to do anything for me until I had insurance. You see, sometimes those things can be really dangerous. You’re in pain, it ruptures, and you can die. I said I’d pay for it myself, that I would make the payments myself until I could find insurance, but the secretary kept telling me I needed insurance for them to operate . . . I went to the emergency room because I couldn’t stand it. It hurt so bad . . . and that’s when they finally operated on me . . . another doctor did the operation.

Nor did her experiences seeking care for her child inspire trust.

My youngest daughter, when she was about two months, she had whooping cough . . . I lived four blocks from the hospital. My daughter would cough a lot and would turn white. This would scare me very much because she also cried a lot. I took her to the emergency room at the hospital, and they would say nothing was wrong with her. And that happened about four more times, and they didn’t want to treat her because they said nothing was wrong with her . . . I wasn’t sleeping since I was taking care of her . . . The last time when she started to cough a lot. That’s when she got white. They finally saw that what I was telling them was really happening. She stayed in the hospital almost three weeks . . . That’s what I would want to change. That when someone says they are sick that they would believe them. I imagine that they thought I was just inventing things.



Failing to treat patients in a caring and respectful manner can create resentment toward and a lack of trust in medicine as it is practiced in the U.S. A young girl who injured her knee while playing soccer by all accounts received immediate and appropriate attention. Her worried mother, however, was not at all reassured by the doctor who cared for her.

The doctor who treated my daughter, he dealt with her in a rough manner . . . He lifted her leg and it hurt her and he said that it didn't matter to him. He behaved very rudely and that's not good . . . Whether they're Hispanic or white, they should treat the patient with kindness, with respect. Presumably, that's what they're there for. That's what they studied for.

These accounts reflect a desire for a kind of medicine that recalls the tradition of the family doctor, a physician whose soothing bedside manner was an important adjunct to the healing process. Many North Americans have been willing to forego that type of care, accepting the decline in service as the price to be paid for modern, scientifically-sophisticated medicine. The Mexican immigrant population, however, is less willing to accept this tradeoff. Thus, what some physicians perceive as an unwillingness to seek care until there is an emergency, or as noncompliance with doctors' instructions, may in part be active avoidance of a system Mexicans find disrespectful, alienating, and even corrupt, as one farmworker who had insurance through his company explained.

Sometimes you just don't go [to the clinic] because . . . they don't examine you well . . . If you feel bad, they just tell you, "No, go back to work." . . . They have an agreement with the clinic, because I noticed when lots of fellow workers were feeling really bad. Many had injured their backs, and they'd just be sent back to work that way . . . When you go to the doctor, you're told nothing's wrong. Everything is always fine . . . they're aloof and they never tell you what's wrong with you.

This same worker admitted that the clinic did conduct tests, including an expensive full body scan at one time. But since he felt the doctors never really listened to him, and because his condition didn't improve, all he could conclude was that there must be some behind-the-scenes financial agreement between those conducting the tests and those paying the bills.

And then there is simply resistance to seeing a doctor out of fear of what an examination might reveal.

We can be feeling really bad, but then hear about someone who got checked and they found cancer or high cholesterol . . . Automatically you start thinking they're going to tell me I have something and then I won't even be able to sleep at night. Better just to ignore it. As the saying goes, what the eyes don't see, the heart doesn't feel.

Yet a physician who successfully combines the art of healing with the science of medicine strikes an entirely different chord with his Mexican patients.

That doctor is very good . . . he helps Mexicans a lot. He speaks Spanish. The women that work in his office speak Spanish . . . What I like about him is that he is one of those doctors who cares and has the patience to listen and find out what's troubling you. He's not like one of those doctors that asks what's wrong

*Linguistic competency reduces errors and improves the quality of health care; cultural competency gives patients confidence in their doctors and encourages them to access services.*



Traditional healers are common and popular in Napa Valley as alternatives to formal U.S. health care services.

and then leaves. He asks what hurts and gives you advice about whether you need to rest more or do something else . . . and then he sends a woman in to give you a massage . . . They always give you tea and a massage . . . I've recommended him to a lot of people.

### Use of Alternatives

Dissatisfaction with mainstream American medicine contributes to widespread reliance on traditional Mexican healers, including *curanderos* (folk healers) and *sobadores* (masseuses), by farmworkers in the Napa Valley and elsewhere in California. The approaches used by these healers are familiar and reassuring to rural Mexicans and are, of course, much cheaper, as one vineyard supervisor explained.

Sometimes we turn to that kind of medicine because we don't have insurance, we don't want to go to a clinic, and because it's our custom in Mexico. The majority of people here come from the provinces, remote areas . . . there the *sobador* is often the only doctor available to us.

A physician with a practice in the city of Napa who is familiar with these practitioners described his experience.

Practically every town in California has a *curandero*. It's a fascinating practice. *Curanderos* probably see around a million people a year, and they probably help most of them. I've learned techniques from *curanderos*.

These healers take more time, give patients herbal infusions to drink, and often employ massage and body adjustment techniques, working with their hands on patients' bodies. It is an approach that patients find relaxing and effective at relieving stress and tension. "You come out feeling like new," reported a farmworker who regularly visits a *sobador* in nearby Santa Rosa. Their emphasis on physical touch and massage may also help explain why many farmworkers choose chiropractors over medical physicians.

However, when a traditional healer is poorly trained, conditions that require more aggressive interventions may go undiagnosed and even endanger lives. The vineyard supervisor quoted above worries about the consequences of avoiding a visit to the doctor.

If someone isn't feeling well—for example he has a pain in his side—a friend might tell him, "Why bother going to a doctor? Look, so-and-so prepares beverages. You go see her and she'll massage you . . . I once had a little problem and she took care of it . . . You'll see. You'll be fine!" Well, he goes to see her, he's given a beverage, and pretty soon . . . No, it turns out it was appendicitis! And by then the guy is in really bad shape. They take him [to the emergency room], open him up, and it bursts. That's what happens.

There is also a tendency among the Mexican immigrant population to self-medicate using remedies purchased without prescriptions either in Mexico or from local Mexican markets in the U.S. Sometimes these substances can be outright toxic, as in the case of remedies known as *azarcón* and *greta*, which contain high concentrations of lead that can result in poisonings when given to children.<sup>27</sup> Other medications brought from Mexico

<sup>27</sup> See "State Department of Health Warns about Dangerous Mexican Folk Remedies," Washington State Dept. of Health News Release, June 15, 2000, [http://www.doh.wa.gov/Publicat/2000\\_News/00-59.html](http://www.doh.wa.gov/Publicat/2000_News/00-59.html).

may not be harmful per se, but people taking them do not necessarily report it to their physicians, raising concerns about excessive medicating and harmful drug interactions.

Other farmworkers and their families who avoid accessing U.S. systems of care postpone treatment altogether, waiting until they return to Mexico, where they seek treatment either from government clinics or private physicians. Care in Mexico is considerably cheaper, is culturally more comforting, and involves less bureaucratic red tape, and some are convinced it is more effective.

## Channels and Barriers to Care

Meeting the health and medical needs of Napa's Latino farmworkers and their families requires tailoring an approach quite different from that of mainstream medicine as it has evolved in the U.S. It involves recognition of the unique occupational conditions of this population, as well as factors that include linguistic and cultural differences, immigration status, levels of income, and levels of education. As a physician described it:

There are a number of barriers to reaching the farmworker population, the toughest being language and immigration status. People are fearful of utilizing services . . . Also, a lot of them are transient, so if they're only here for three or six months, they don't get to know the community and what's available.

Barriers can have serious implications for farmworkers. The same physician went on to say:

The biggest concern I have about the farmworker population is that they tend to seek health care only when they are sick or when there's a crisis. Especially the men. But if you have high blood pressure, you have to be on medicine every day. If you've got diabetes, it's got to be taken care of all the time. If you have asthma, you've got to be on top of that all the time.

Efforts to bridge cultural and class divides between doctors and their patients are fraught with the potential for misunderstandings that diminish care. What a physician may perceive as patient noncompliance may in reality involve the patient's apprehension about U.S. institutions and an inability to pay. Without language skills to effectively communicate with patients, and under constant pressure to see more patients in a shorter period of time, many physicians prefer to avoid dealing with this population altogether. Additionally, the professional training of most North American physicians has done little to prepare them for the cultural challenges associated with working with Latino immigrants, or for managing the additional logistics and costs involved in serving this population. A doctor in private practice elsewhere in California described some of the challenges.

They can't fill out the papers so that 30 to 40 percent more employees are necessary to fill out forms for them . . . You have to have people ahead and behind the provider making sure people know that he is coming and making sure that people comply with prescribed treatment. It requires coordination to keep longitudinal care going . . . By the time I get them through the system, it takes 30 to

*Barriers that prevent farmworkers and their families from seeking health care are numerous and varied—factors that affect access can be cultural, linguistic, financial, and occupational.*



40 percent more cost . . . There is a clash of cultures which makes the Mexican immigrant expensive to serve, and you have an impoverished population that can't pay so you have a deficit of finances.

Serving the farmworker population is also costly to the region as a whole given the tendency for low-income Latinos to rely on the emergency room for primary care. A countywide survey conducted in 2000 revealed that Latinos in Napa County use the emergency room as a first resort more than any other single setting.<sup>28</sup>

### Barriers to Care

From the discussion so far, it is obvious that an array of institutional, cultural, and financial barriers stand in the way of agricultural workers and their families obtaining the health services they need. Most of these barriers are well known to providers: patients' lack of awareness of services; the high cost of services and medications, even when subsidized; lack of sufficient insurance coverage and confusion over eligibility; the difficulty of finding specialists willing to treat low-income and uninsured patients; patients' fears about accessing services because of undocumented immigration status; language barriers due to the lack of bilingual and bicultural providers and staff; and inconvenient clinic hours that conflict with work schedules. While none of these barriers is easily surmounted, in Napa Valley many in the provider community are striving to address them through existing programs and new initiatives. In the remainder of this section, however, we turn to some of the structural and cultural barriers (some already touched on) that tend to receive less attention.

*Mayordomos in particular have the potential to be either a barrier or a facilitator to a farmworker's access to health care.*

### External/Environmental Barriers

**Role of *Mayordomos*:** Foremen, labor contractors, and *mayordomos* are in positions to offer guidance, advice, and referrals but sometimes instead perpetuate abusive labor practices and effectively block access to information and care. As one worker described it, their attitude is "I had to struggle, so now it's your turn."

**Transportation Problems:** These are especially acute for undocumented workers who have no driver licenses and are anxious about driving anywhere except to work and back. For women, lack of transportation often means days spent on farmsteads in isolated parts of the county with no way to travel to clinics for health care for themselves and their children.

### Internal/Cultural Barriers

**Disparity in Mexican and U.S. Health Care Systems:** Many farmworkers and their families prefer the quick results without tests, cash payment arrangements, and minimal paperwork offered by Mexican health care systems. U.S. systems by contrast seem tedious, expensive, and endlessly bureaucratic. Farmworkers and their families dislike and find it

<sup>28</sup> Queen of the Valley Hospital, Voices of the Vulnerable.



difficult to trust U.S. practitioners who are aloof, hurried, and do not take time to listen to patients' complaints. In order to address these barriers, doctors must incorporate into their practices sensitivity to traditional Mexican notions of disease and healing. Advocates of what is called Complementary and Alternative Medicine (CAM), in fact, call for combining the best of modern medicine with an appreciation for the approach of traditional healers when dealing with immigrant communities.<sup>29</sup> The resulting synthesis could generate a more empathetic, patient-centered approach to healing that many critics contend has been lost in modern medicine as it has moved further into science and away from art.

**Reliance on Traditional Remedies:** Many farmworkers tend initially to self-diagnose and self-medicate their symptoms, relying on home remedies, medications from Mexico, and traditional healers. They turn to formal health care systems only after these efforts fail.

**Machismo:** Many Latino men are often willing to tolerate a high level of discomfort and pain in lieu of seeking help. They may also avoid seeing a doctor because they fear discovery of a serious condition.

**Poor Treatment from Clinic Staffs:** Many immigrants give up seeking treatment because of providers' lack of cultural and linguistic competency and condescending and otherwise disrespectful treatment received from receptionists at clinics. This treatment can occur even when a clinic is staffed by Latinos—a health administrator expressed her frustration with the way her bilingual employees who are second-generation Mexicans treat more recently arrived immigrants who speak no English.

They're sometimes anxious to communicate their superior position over the clients . . . [We] get complaints from clients about rude behavior. They talk down to them; they have an attitude.

## Channels and Facilitators of Care

### Within the Latino Community

#### *Mayordomos and Supervisors*

Crew leaders and field supervisors wield considerable control over whether farmworkers access needed health care services while on the job. Rather than obstructing people's access to care, they can play an essential role as information providers and facilitators. Sympathetic *mayordomos* sometimes assume a paternal interest in their crews, and crew members in turn rely on them for advice about obtaining medical and social services. Conscientious supervisors, particularly those in companies that are scrupulous about enforcing good work practices, can insist that labor contractors attend to their workers'

*Combining the best of Mexican and U.S. health care delivery systems could result in highly effective and compassionate care.*

<sup>29</sup> Micozzi, Culture, Anthropology, and the Return of "Complementary Medicine."



medical needs. The following example demonstrates the positive role field supervisors can play in the lives of farmworkers.

I told my [vineyard manager] that this contractor was sending us people who were in bad shape, because they showed me their bodies covered in poison oak and they had been using chlorine, in desperation, to get rid of it. So my manager spoke with the contractor's office and told them there were some men here in bad shape, not being taken care of. . . . So they told the [*mayordomo*] to take them to the doctor.

#### *Hometown Networks*

As discussed earlier, most agricultural workers and their families first come to the region through connections already established between their hometowns in Mexico and the job market in the valley. As people gather for family and community events—baptisms, birthdays, weddings, funerals, festivals—these hometown networks continue to connect people, providing channels by which they share information, including advice and recommendations on accessing health services.

*Anglos in Napa Valley generally are not aware of the cultural exchanges that are already occurring between valley farmworkers and their originating communities in Mexico.*

Anglo residents of Napa Valley often are not aware of these networks and the extent to which hometown associations host visits from Mexican state governors, delegations of politicians, businessmen, government officials, and other professionals. One visit, by a team of Mexican health professionals, for example, was arranged by the president of a hometown club. The visitors, including two physicians from the state of Guanajuato, spent an evening at Calistoga Farmworker Center. They conducted on-the-spot health screenings for thirty to forty men and offered presentations on sexuality, HIV-AIDS, high blood pressure, and prostate disease. These Mexican professionals, because they had the same cultural referents and could offer the kinds of specific health care information required by workers, achieved an extraordinary rapport with the labor camp residents. In addition, they distributed culturally appropriate brochures in Spanish as well as information on accessing services in Mexico. This exchange program is not a regular event in Napa Valley, but its success demonstrates the comparative advantage of Mexican professionals in communicating with and stimulating the interest of Mexican immigrants in health education topics. Clearly there is a wealth of untapped potential in developing binational collaborations between health providers in the two countries.

In addition, Mexican officials at all levels of government are undertaking political, economic, cultural, and social outreach activities to Mexican immigrants in the U.S., who now number about eight million.

#### *Cultural Brokers*

Cultural brokers are generally better established immigrants and other culturally sensitive individuals who act as a bridge between the Latino community and resources avail-



able in Napa Valley. These brokers include hairdressers; owners and managers of Mexican markets, restaurants, and gift shops; travel agents who cater to the Latino community; and lay church workers. Of particular note are immigration specialists. Beyond their prescribed role of advising and assisting people with immigration matters, they are also called upon to help immigrants get past language and education barriers to effectively complete paperwork and navigate U.S. society. Many of these specialists provide clients with valuable information about available services and how to access them through their conversations and by way of posters and brochures available in their offices.

### **Anglo Providers**

Latinos have yet to occupy leadership positions commensurate with their presence in Napa. Instead, leadership in the provider community rests primarily with Anglo professionals. Nevertheless, the valley's current leaders are a highly motivated group with a strong spirit of innovation and commitment to improving outreach and care for the Latino community. The medical director at Clinic Ole, for example, has instituted a process of "continuous quality improvement," convinced of the need to fine tune his clinic's approach.

The process of "rapid cycle improvements" is a never-ending process. We can't just put together one program and say, "Hey, this is it for the whole state, or this is it even for our region." . . . You want to be able to show that we're making improvements, and that's where the continuous quality improvement comes in. If we can't show we're making improvements, we should try to change it. Make the changes until we do make an improvement.

### **Provider Outreach and Education**

#### *Direct Service Delivery*

In an effort to promote prevention, early detection, and treatment, Clinic Ole and other providers have established education and outreach programs. Bilingual health outreach workers regularly offer presentations at schools, work places, and low-income apartment complexes where they describe services, explain eligibility requirements, and offer help and guidance in filling out forms. As noted earlier, Napa Solano Health Project, through its program of HIV/AIDS education and prevention, pioneered outreach to farmworkers by going directly to fields and work places. More recently, Clinic Ole has begun a similar outreach effort aimed at improving awareness and encouraging greater utilization of its services by farmworkers.

#### *Community Health Fairs*

Throughout the year, providers come together at the community health fairs previously described under Collaboration. Providers report that these events have been successful in several ways: they have increased general awareness of services, helped providers iden-

*Many Napa Valley providers are committed to delivering the best services they can through collaboration and continuous improvement efforts.*



tify individuals with undiagnosed conditions and bring them into the health care system, and increased and improved the level of collaboration and cooperation within the provider community.

#### *Family Centers and the Migrant Education Program*

Calistoga Family Center, Von Brandt Center, Cope Family Center, and tenant organizations at housing complexes are all important vehicles for dissemination of information about services, and they often serve as gateways into the health system for farmworker families. Resources offered at these locations include presentations by outreach workers, health fairs, and onsite staff members who assist residents in gaining access to care. The Migrant Education program, based in the schools, assists some of the region's most needy transnational farmworker families in learning about and accessing medical, dental, and social services. Children can qualify for the program regardless of their families' immigration status.

#### *School-based Resources*

Through school counselors, teachers, and Migrant Education workers, families obtain information and referrals to bilingual services available through Napa County Health and Human Services, Nuestra Esperanza, and other organizations.

### **Other Channels within the Community**

#### *Churches*

Spanish-speaking Catholic clergy in St. Helena and Napa serve both as spiritual advisors and as links to health care. For example, the St. Helena Catholic Church, which operates a makeshift camp for homeless farmworkers, regularly refers men in need of medical attention to the town's Clinic Ole facility, and church workers and lay volunteers take urgent cases to the emergency room at St. Helena Hospital in nearby Deer Park.

#### *Radio*

There is a Spanish language program on Sunday mornings on Napa's local radio station, KVYN/KVON. The program highlights resources available to the Latino community and once a month features a representative from Clinic Ole who discusses health matters, shares information on eligibility for programs such as Healthy Families and Medi-Cal, and describes the services available at Clinic Ole. Workers at the clinic view this as an effective means of outreach as measured by the number of people who call the clinic for the first time after hearing the program.

*Spanish-speaking clergy provide an important source of assistance and support for local farmworkers, particularly solo males who are the least connected to the community at large during their often brief stays in the valley.*

## Community Relations in Napa Valley

### The Anglo-Latino Divide

Napa Valley society is sharply divided into two major classes—the mostly European-American majority, composed of middle to upper-middle class professionals, retirees, and often quite wealthy vineyard owners, and a smaller but rapidly growing working-class Latino population. This starkly polarized community, divided along lines of class, ethnicity, and language, generates particular challenges to efforts to improve the health and well-being of the farmworker community. Links and communication between the two groups are few, which can lead to resentment and mistrust.

It's that way all over the Napa Valley . . . things are against us, the growers are united to make sure the farmworkers can't succeed in requesting better conditions or higher pay . . . the owner keeps getting richer and the people poorer.

I have also seen that there is a lot of racism . . . I think whether you're Hispanic or Anglo, doctors should treat their patients with kindness and respect.

Three educated Latinos in professional positions echoed these feelings.

When I first started, they didn't know what to think of me. They weren't used to seeing Mexicans in higher positions. They always confused me with housekeeping.

The hardest thing is being Mexican. I'm involved in this community and in this industry where most of the Latinos are in the cellar, and when I come to represent the winery, they question me. They ask me where my accent is from. They ask me if I'm Italian. I tell them that I'm Mexican and they look at me like, "What's a Mexican doing here?" Others will ask me if I'm Spanish, but they never think that I'm Mexican. They want to make me European . . . Someone told me once that a Mexican doesn't have to prove his ability once; he has to prove it twice.

Latino leadership isn't very present in the community at the higher decision-making levels. Napa is a very conservative community. There's a lot of real subtle racism and discrimination that goes on here. . . . Napa isn't really ready to elect a Latino or Hispanic leader. We had one district attorney who was Latino, but that's been the only elected Latino leader that I've been aware of. It's really tough for Latinos to succeed in this community.

### Resources Built by the Latino Community

Latinos have created several organizations that serve the greater good of their community. Examples of Latino-initiated efforts in Napa Valley include Clinic Ole, Nuestra Esperanza, and the Hispanic Network.

#### *Clinic Ole*

Clinic Ole, which opened more than thirty years ago, is without a doubt the most salient and successful product of Latino efforts to date. In the early 1970s, bilingual health care providers did not exist despite large numbers of Mexican farmworkers already living and

*Perhaps few other places in California have as sharp a class divide as exists in Napa Valley, where many of the county's relatively few residents are extremely wealthy.*



*Clinic Ole withstood the lean years to become the valley's most important health care facility for low-income residents.*

working in the valley. In the late 1960s, an alliance of farmworkers and longtime Latino residents joined with educated young Chicano activists to create an organization they named OLLE (Organización Latino Americana de Liberación Económica or Organization for Latin American Economic Liberation).<sup>30</sup> Their aim was to identify needs in the Spanish-speaking population and create programs to improve conditions for impoverished farmworkers. By combining local donations with federal War-On-Poverty/Community-Action funds, they created a Spanish-language information and service center in Yountville. From there, they set up an emergency food program for farmworkers, a job training program, and English classes—all long before current English as a Second Language programs came into being. They also created youth clubs tied to the Catholic Church, scholarship funds, and one of the first credit unions in the U.S. for Mexican farmworkers. Plácido García, a farmworker and founding member of this group, raised the issue of the lack of health care for farmworkers at a meeting in 1972. He recently recalled the conditions that led him to speak up.

Poor guys. They were just about dying. But they wouldn't go to the doctor because there was no one who could understand them. We're talking about the 1960s. You'd go to a doctor but nobody could speak Spanish. Not the receptionist, no one . . . You'd make gestures and hand signs, and the doctor, so as not to ignore you, just prescribed anything . . . you'd go to the pharmacy and then you had to find someone to translate the prescription. It was a problem.

In 1972, OLLE managed to open a part-time clinic in the front room of a small house in Rutherford. It remained a precarious undertaking for years to come, relying on contributions from local hospitals and many dedicated volunteers, according to García.

All those people believed in it . . . Aurelio Hurtado, Tala de Wynter, and others . . . it was a very special group of people, and later they worked at the clinic and were involved. It began in a tiny little room, and we had to find doctors to volunteer their services. It was something new. Many doctors didn't believe in it, and many saw us as a kind of competition, afraid it would take patients away from them . . . So I'm grateful to that group of people at that time. They pushed, and the idea didn't just die in a meeting.

In spite of numerous setbacks, OLLE's perseverance paid off and in 1984 they began receiving important financial support from the Napa Valley Wine Auction. Thanks to increased involvement by the Vintners Association and support from other sectors of Napa Valley society, Clinic Ole was able to expand and become the fully professional primary health care provider it is today.

### *Nuestra Esperanza*

Nuestra Esperanza is another example of an important service that would not exist in the valley had it not been for Latino leadership. Before Nuestra opened in 1997, there was no agency equipped to provide culturally appropriate mental and behavioral health services

<sup>30</sup> Description of OLLE and the history of Clinic Ole drawn from Chapter 4 of *Saints, Peaches and Wine* by Sandra Nichols and from *My name is Clinic OLE . . . A History of Clinic OLE 1972-1997*.



for the Latino community. Now the demand for Nuestra Esperanza's services outstrips the agency's capacity, and it took just a small group of bilingual-bicultural clinical social workers to spearhead its creation.

### *Napa County Hispanic Network*

Napa County Hispanic Network is a service organization established in 1983. Over the years, the network has raised and awarded more than \$130,000 in scholarships for Napa County's Latino youth. The network strives to raise the visibility of Latinos in the community and draw attention to issues that affect them. Through its programs, it affords the valley's Latino professionals a formal presence in Napa, an opportunity to meet, and public recognition for those who have served the community.

### *Latino Cultural Center*

Currently, a group of younger, mostly second generation Latinos in Napa Valley is striving to create a center for the community. A place for events and gatherings and a means of instilling a sense of pride in their history and culture, especially for children and youth. "We need to demonstrate to other Mexicans that we are more than hand labor," explained one of those leading the effort. However, finding a location has proven difficult, and not simply because of the valley's inflated real estate values. A member of the group described the hostile reaction of neighbors bordering a site they were considering and the sense of humiliation upon hearing the reason one man was opposed to their center: "Because Mexicans bring down the value of the land."

### *Individual Activists*

Finally, it should be pointed out that the extent to which working conditions have improved is due in large measure to the actions of individual Latinos, including those associated with efforts to unionize, as a veteran farmworker recalled.

Before Cesar Chavez's union, when the United Farmworkers Union was just getting started, there was zero insurance. Zero. Once the union started talking with the workers and offering the Kennedy medical plan, then the growers started offering benefits. Also insurance, a medical plan, a savings plan. But that was to keep the workers from going with the union.

### **Bridging the Divide**

Both Anglo and Latino activists have begun to express cautious optimism about the possibility of building bridges across Napa's Anglo-Latino divide. Considering the recent success of Measure L, which provided for new farmworker housing in the valley, one Anglo medical professional offered this assessment.

You hear a lot of things about Napa being racist and they don't like Mexicans, but they voted for this measure . . . So overall, I think Napa is open to positive change, and to further integrating the Latino population.

*The political environment in Napa Valley seems to have shifted in the past six years, becoming more accepting and supportive of immigrant farmworkers' contributions and needs.*



*Calistoga's Cinco de Mayo celebration is a cross-cultural effort to celebrate the heritage of the area's many farmworkers.*

In an effort to build on this sentiment, a group of Anglos and Latinos in Calistoga have come together in recent years to organize a family-oriented *Cinco de Mayo* parade and festival, an event that now draws thousands of people. Their goal is to overcome cultural divisions and to instill pride and respect for Latino culture. One of the early organizers, an Anglo, spoke of her motivation.

I could see that there were two separate worlds here in Calistoga. There's the Hispanic world and the Anglo world. I didn't see them coming together. When you go to the restaurants and the stores, you don't see anybody coming together. The only place you see them coming together is at school . . . So it seemed like a good idea to have an event to bring the two communities together and work together [so it's] not just the Anglos will do it for the Hispanic, or the Hispanics will do it for the Anglos. I do believe we are unique in the valley. I don't know of any other organization that is a team of both Hispanics and Anglos that produces a huge event with ten or fifteen thousand people. If you look at the big events in the valley, like the Wine Auction or the Mustard Festival or the Napa Valley Classic or the Fourth of July Parade, there's no Hispanic involvement. Maybe doing some of the dirty work, but certainly not in the planning and producing. So *Cinco de Mayo* is special now.

Building on its success, the same group developed a scholarship fund as part of the event and is now planning a new celebration for September 16 to honor Mexico's Independence Day. According to one of the organizers, enthusiasm and the desire to join in this "cultural activism" is spreading, notably among those who judge the student scholarship applications.

It's almost a process. It's more than just a day . . . I've had some of the judges ask "Can I be a judge again next year?" . . . Two of the judges wrote personal checks to contribute to the scholarship fund after they read [the applications]. . . . This process just brought out the goodness in people . . . A lot of people are getting involved, and they see *Cinco de Mayo* in a different way. Not just as a fiesta. We're trying to make it valleywide, with a lot of changes. People are coming up to me and saying, "I'd like to be on a committee this year. I'd like to help."

Others strive to bridge the cultural schism in smaller, quieter ways, such as a group of elderly women who sew quilts for newborns at the St. Helena branch of Clinic Ole.

### **Growing Latino Leadership**

Several issues work against the emergence of leaders within the Latino community. Some second generation Latinos raised in the U.S. look down on those who have more recently immigrated. And the professional who lamented the lack of Latino leaders in Napa Valley acknowledged another trait working against them: "There's a lot of cultural resistance to assuming leadership positions . . . there's a resistance to one person or one family succeeding."

By way of illustration, he told the often-repeated story *The Mexican Crabs*: Two Americans went fishing for crabs but found it slow work because as fast as they could catch them and put them in their bucket the crabs would crawl out. The Americans looked over to



see some Mexican crab fishermen who were much more successful at filling their buckets, so they went over to find out how they did it. The Mexican fishermen explained that it was because they were catching Mexican crabs. When one tried to crawl out, the others pulled him back down. He elaborated that:

It's an ugly side of the culture where people try to pull people back, or there's a lot of suspicion. Historically speaking, it was dangerous after the conquest to get away from the community, because you wouldn't have anyone to protect you. Your patron. So there were survival reasons for it. It doesn't function anymore, but it's still part of the culture.

He went on to describe the need to cultivate resources from within.

I think it's incumbent on the Latino community to force the issue. To grow our own leadership and really carve a place for ourselves, because it's not going to be something that's going to be given to us. As long as we leave those decisions to other people, we'll always be unsatisfied. We may be unsatisfied with the leaders that we elect, but at least they're Latino leaders, making decisions and taking into account the community.

Developing future Latino leaders is the goal of leadership programs sponsored by Napa Valley Community Housing at several of their low-income complexes. A program conducted at Von Brandt Family Resource Center, in collaboration with Napa Chamber of Commerce's Leadership Napa Valley and Nuestra Esperanza, provides a series of classes that trains residents in local self-governance and participatory democracy. Residents begin with their immediate setting—they learn to plan and develop programs for their own housing complexes and neighborhoods. The hope is that in time they will develop sufficient skill and self-confidence to become involved with parent-teacher associations, school boards, local nonprofits, and, eventually, politics. An executive spearheading the effort described its mission.

We hope to get them even more involved. It would be wonderful to have a candidate at some point in time from that neighborhood for city council. We want to broaden their world so that they can see that once they feel comfortable with the system, understand the system, feel comfortable talking with a diverse number of people and kinds of people, that their voices will be heard if they speak collectively in a reasonable and passionate manner. Then they'll participate more fully. So that's where we see this program evolving.

Advocates are convinced that these kinds of empowerment programs can make a difference, and they point to the achievements of a group of Latina mothers who spearheaded a drive to obtain much-needed bus service for their housing complex near St. Helena in 1998. One supporter recalled the effort.

It was really wonderful what they did . . . they did a survey on how many school kids were in the area and needed transportation . . . they went to every house and they got all of the children and every single person in the household . . . They took the survey results to City Hall and to the Unified School District, where the response was that they couldn't afford it. A bus would cost \$300,000, it was impossible, etc. That they eventually succeeded amazed them all, espe-

*Efforts are under way to help develop a new generation of leaders among the Latino community in Napa Valley through formal training and empowerment programs.*



cially the fact that people spoke out and showed leadership abilities . . . I get goosebumps every time I think of all these people, all they've done.

### Vintner and Grower Resources

Napa Valley's wealth and prestige have been translated into philanthropic activities in support of local charities. The most prominent fundraising event is the annual Napa Valley Wine Auction, sponsored by the Napa Valley Vintners Association. Billed as the largest wine charity event in the world, the auction has in recent years raised an average of more than \$7 million a year, the majority of which is distributed to area hospitals, clinics, and other nonprofit service agencies.

Besides providing much-needed financial support for these agencies, the Vintners Association has become an important mechanism for the valley's successful wine producers to be actively engaged in addressing needs of low-income segments of the population. One prominent vintner, who served on the board of Clinic Ole, took it upon himself to spearhead the effort to build the Vintners Health Center. The contributions he assembled allowed the association to complete the \$2.9 million center with no burden of debt, putting them in a position to provide tenants with a secure facility while charging only about half the area's market lease rate. Speaking at the inauguration of the center in October, 2002, he underscored the importance of vintner involvement, noting that "a community is only as healthy as its neediest members."

Vintner activism also played an important role in the campaign to win voter approval for Measure L in March, 2002, providing for construction of new farmworker housing. The measure's success in garnering 71 percent of the vote<sup>31</sup> stood in vivid contrast to Napa County residents' 57 percent approval for statewide Proposition 187 in 1994,<sup>32</sup> which sought to deny services to undocumented immigrants, a measure that many Latinos in the valley took as a racist attack on their presence in California.

*Vintners' activism for the benefit of farmworkers and their families has been increasing in the past decade and has resulted in significant contributions to health care and housing in the region.*

<sup>31</sup> "Farmworkers Win Big in County Vote," Nathan Crabbe, Napa Valley Register, March 6, 2002.

<sup>32</sup> California's Proposition 187, the so-called "Save Our State" initiative, was aimed at denying undocumented immigrants access to various public services, including health and education.

## Summary of Community Assets and Liabilities

There is at present a unique moment of opportunity for improving the health and well-being of Napa Valley farmworkers and their families. Traditionally, a wide gulf has separated the predominantly middle-and upper-income Anglo population from the low-income Latino population, whose members supply the labor for Napa's acclaimed wine and tourist industries. During the past five to six years, important structural components have emerged that can potentially bridge that gulf: growing recognition within the wine industry that it must address the needs of its workforce; an emerging though still weak Latino capacity to advocate on its own behalf; an existing network of hardworking and effective housing and health care providers; and an electorate willing to support initiatives to improve conditions for farmworkers. Given the proven ability of the valley's institutions to design and implement social programs, and assuming the Anglo-Latino gap can be bridged, Napa Valley could potentially become a pioneer in addressing the social needs of a workforce that plays such a vital role in California's agricultural prosperity.

### Main Assets

**Consensus and Commitment in the Community** – There is emerging consensus about the need to address farmworkers' health and well-being and growing political commitment to the effort, as evidenced by:

- Approval of Measure L in 2002 by a large majority, paving the way for construction of additional farmworker housing—Vintners took an active leadership role in the campaign for Measure L, and a prominent vintner donated the land for the farmworker center.
- Growers' agreement to assess themselves as much as \$10 per acre to help cover the costs of providing farmworker housing.<sup>33</sup>
- Financial support from vintners through the annual wine auction and financial and leadership contributions to Vintners Health Center.
- Reduced opposition to construction of low-income housing (in marked contrast to strong, well-organized public opposition in 1996<sup>34</sup>) and growing public acknowledgment of the contribution of farmworkers and the Latino community to Napa Valley's prosperity.
- Effective Anglo volunteer activists devoted to improving conditions for farmworkers and promoting Latino civic participation – These community members have demonstrated their ability to mobilize financial and political support for new initiatives.

<sup>33</sup> "Grape Growers Vote to Tax Themselves for Worker Housing," Nathan Crabbe, Napa Valley Register, July 17, 2002.

<sup>34</sup> As reported by Imran Ghori in "Neighbors Wary of Affordable Housing Project," Napa Valley Register, November 19, 1996.



**Dedication to Improved Services through One-stop Centers** – The newly completed Napa Valley Vintners Health Center houses four of the region’s primary health care programs under one roof, a significant step toward enhancing collaboration among providers and improved access for farmworkers. The one-stop Calistoga Family Center will soon become an independent nonprofit agency, and plans are under way to open new family resource centers in St. Helena and American Canyon. In addition, support services are currently being provided at affordable housing complexes. These include providing paid resident services coordinators at larger developments, organizing tenant associations, and establishing family empowerment programs that enhance residents’ leadership skills, disseminate information, and promote civic engagement.

**Extensive well-established networking and collaborative groups** – Informal networking in the Napa Valley began more than twenty years ago, thanks in part to the valley’s small geographic size, which made it relatively easy for area representatives to get together. Napa Valley Coalition of Non Profit Agencies now brings together senior-level representatives from dozens of agencies and providers throughout the county, and additional networks include FUERTE, the Latino Connection, and the Latina Advisory Board. Housing agencies in the region have formed a unique, highly successful joint effort by which they agree on a prioritized list of housing projects for which they seek funding.

**Napa Valley’s Small Geographic Area** – The narrow strip of land that comprises Napa Valley concentrates agencies and organizations and thereby fosters and facilitates collaborative efforts between them.

**Latino Community Resources** – Napa Valley benefits from a small but committed nucleus of bilingual/bicultural providers in the area, and Latinos were responsible for initiating several of the region’s health care and service programs, including Clinic Ole and Nuestra Esperanza. In addition, the community offers many willing cultural brokers: hairdressers, retail clerks, active and retired farmworkers, winery employees, professionals, church volunteers, and traditional healers. Efforts are under way to develop and promote leaders from within the Latino community who can capably advocate for their community in political and educational arenas. Already hometown networks maintain links with leaders and providers in their communities of origin in Mexico and are actively involved in exchanges with Mexican providers, politicians, and religious leaders.

**Dedicated, Effective Housing and Health Care Professionals** – Many of the region’s providers have earned respect within the broader community, and their networks and leadership abilities have allowed them to expand services for farmworkers by initiating new programs. A number of physicians and other local providers have incorporated linguistic competency and important cultural nuances into their practices, which creates more effective and satisfying care for their Mexican patients. In addition, several programs have established or are planning mobile units that can deliver care and information directly to farmworkers in their communities and workplaces.

## Main Liabilities

**Cultural, Linguistic, and Class Divides** – Mexican farmworkers and their families often experience degrees of culture shock and cultural and linguistic isolation living in a predominantly Anglo community that generally knows little about life in Mexico. This stress on the family system increases risks of succumbing to drug and alcohol abuse, domestic violence, inter-generational conflict, poor educational performance, and youth involvement in gangs. The Anglo community is not generally aware of immigrant workers' sense of affection and connection for their homeland or of the formal and informal cultural exchanges occurring in their community. Many Latinos also believe that they are not valued or adequately compensated for their contributions to the valley's success. In terms of health care, the highly specialized and impersonal nature of U.S. health care tends to discourage farmworker families from using it. Rude and disrespectful treatment by receptionists and staff members further dissuade patients from seeking care.

**Limited Latino Leadership Development** – Latinos are nearly invisible in Napa Valley's political structure. There is very limited, perhaps only token representation on some boards and no representation on others. In addition, Latinos do not readily trust members of their own community who seek to rise to positions of leadership.

**Predominance of Vineyard Management Companies and Farm Labor Contractors** – Increasing reliance on vineyard management companies and farm labor contractors can result in disregard for health and safety regulations when foremen abuse their authority or attempt to save money by ignoring problems and denying access to medical care. The push for profits and the difficult working conditions inherent to agricultural work also drive supervisors to tolerate and sometimes even encourage alcohol and drug consumption on the job.

**Preponderance of Undocumented Immigrants** – Undocumented immigrants tend to be more isolated from society than their documented counterparts. They avoid venturing out into the community for any reason, including to access medical care; are more vulnerable to abuses and less likely to receive promotions at work; and are prohibited by their immigration status from participating in activities and programs that others take for granted—including driving a car, for which they cannot obtain a legal license. These conditions further aggravate isolation, anxiety, and depression.

**Shortage of Providers and Facilities** – Dental and mental health care for low-income patients is in very short supply. Sister Ann's Community Dental Clinic, the primary provider for farmworkers, recently nearly doubled its capacity and still has a long list of people waiting for appointments. It takes an average of six to eight weeks to get an appointment for mental health services. Across the board, providers have difficulty recruiting and retaining bilingual, culturally competent professionals and support staff.



## Community-based Menu of Options

Following are suggestions and proposals put forth by the people interviewed for this report: professionals, activists, community leaders, and farmworkers—active and retired and members of their families—filtered through our observations.

### Recommended Initiatives for the Wine Industry

- Expand employer-based health insurance to cover more agricultural workers
- Establish a countywide toll-free number for anonymous, confidential reports of abuses by labor contractors, field supervisors, and employers.
- Adopt a countywide pledge by wine industry members to end the abusive practices that occur on poorly supervised properties and develop work place standards and best practices to improve working conditions that impact farmworker health and safety. These standards would extend existing regulations to include issues associated with management practices and the responsibilities of *mayordomos*, vineyard supervisors, and labor contractors.

### Initiatives to Bridge the Anglo-Latino Divide

- Develop programs and expand activities that break down the cultural divide in Napa Valley and create an atmosphere of mutual appreciation and respect. These efforts could include school and work place recognition of Mexican cultural and religious traditions and communitywide celebrations of Mexican holidays.
- Provide additional support for programs that develop Latino leadership skills and increase Latino participation in the community and politics.

### Health Care Initiatives

- Support implementation of a mobile clinic to deliver primary health care to farmworker camps and worksites.
- Support development of a child and youth center that gathers various agencies and services under one roof. Some issues to be addressed by such a center include public assistance programs, preventive health (particularly services associated with dental health, prevention of childhood obesity, and teen health and sexuality), sexually transmitted disease, and drug and alcohol abuse.
- Establish programs that train receptionists and other intake personnel to provide respectful, culturally competent service to farmworkers and their families and that give supervisors tools for overseeing their reception staffs to ensure appropriate treatment.
- Support development by nutrition specialists of healthy, culturally appealing menus for meals at farmworker camps. The menus would be geared toward reducing farmworkers' risk of diabetes, heart disease, and obesity.
- Develop links and exchanges between traditional folk healers and mainstream medical providers.

## Mental and Behavioral Health Initiatives

- Expand and improve linguistically and culturally competent mental and behavioral health treatment and prevention programs.
- Strengthen outreach and education efforts that aim at reducing and preventing domestic violence.
- Facilitate development of a continuum of care process among Napa Valley mental and behavioral health providers that is established as an institutional mechanism by which the group identifies gaps and prioritizes needs in order to present a coherent and united front when applying for funding.

## Outreach Initiatives

- Establish a shared inter-agency outreach position or *promotora* program to improve health education and patient navigation where outreach workers are trained and certified by the Nursing Department at Napa Valley Community College. *Promotoras* in such a program would be generalists, capable of providing a wide range of useful advice and appropriate referrals, as opposed to serving only the interests of a particular agency. Funding could be provided by sponsorship from participating agencies, thereby ensuring that their respective programs and services are included in the *promotora*'s repertoire.
- Recruit mature, respected Latina women to reach out to recently arrived and otherwise isolated immigrant women in the farmworker community.
- Develop a cadre of trained male *promotores*, perhaps from among older or retired farmworkers, to provide gender-appropriate outreach at camps, low-income apartment complexes, and other farmworker gathering spots.
- Identify and train cultural brokers regarding available services and referral options.

## Support for Community Centers

- Support the Latino community's efforts to create a Latino Cultural Center.
- Establish a Latino senior center and youth center.
- Create an integrated information and resource center to offer guidance and referrals for a range of services, including immigration matters, housing, health care, dental care, and behavioral health. (Locating this resource center in the proposed Latino Cultural Center would help ensure its rapid acceptance.)

## Support for Collaboration and Coordination

- Strengthen the developing network of family resource centers by funding a coordinator position.
- Fund a coordinator of migrant farmworker programs to promote improved services and collaboration among the various agencies that address the needs of solo male farmworkers.
- Develop binational collaborations between providers and others in Napa County and Mexico and with government health officials in migrants' home states, thereby providing opportunities for exchanges, access to culturally and linguistically appropriate educational materials, and training to enhance cultural competency and coordination of care.



# Appendix

## Methods Used for the Napa Valley Report

### Community-based Content

The report summarizes opinions and facts given by the community of farmworkers, the community of people in charge of delivering services to them, and other observers concerned with farmworker problems. The purpose is to describe the study region through the eyes of community members. The recommendations and observations reflect a consensus in the community as mediated by the researchers.

### Methodological Steps

The approach of this study was open-ended questioning of interviewees with an emphasis on collecting details on particular problems and issues important to respondents balanced by systematic collection of information across sites.

The first step was to organize a telephone survey of the provider and service community. Separate protocols were designed for medical providers, social workers, and outreach workers. This survey was conducted in August and September of 2001. It allowed us to identify the main programs that provide services to farmworkers and their families. The telephone inquiry, which involved conversations with some twenty-five people, did not allow for an understanding of the strengths and weaknesses of the service resources available to farmworkers. And, of course, it did not allow for input from farmworkers identifying their major health concerns and describing the primary barriers they face in obtaining services.

Next, the team implemented one protocol for farmworkers, another for providers and a third for others in the community—a group that included community activists, priests, cultural brokers, and others knowledgeable about issues in Napa County’s farmworker community. Three bilingual interviewers—Marisol Ayala, Lillian Salcido, and Sandra Nichols—conducted more than seventy interviews and attended a series of community meetings and events under the guidance of Rick Mines from August through December of 2002. The farmworker sampling process endeavored to capture major immigrant sending networks. This was possible with one network, but proved difficult with others given the workers’ busy schedules during harvest, the impermanence of their housing arrangements, and the departure of many after the harvest. As a result, the sampling of individual farmworkers focused only partially on network sampling; greater emphasis was placed on obtaining interviews with people of different ages, different lengths of time spent in Napa County, men and women, and people separated from and with their families. Though the team was aware of the presence of indigenous-language speakers, particularly from Oaxaca, they did not examine an Oaxacan network.



Interviewers intentionally followed up on issues that the community (from all sectors) identified as crucial to farmworker health and well-being. They spoke to various community organizers, educators, community leaders, and outreach workers. In addition, they were careful to take a sample of all types of health care providers, including nurses, mental health professionals, intake workers, administrators, doctors, and patient care associates. The interviewers were successful in obtaining interviews with one or more individuals in all the organizations that are considered to be front line groups delivering services to farmworkers.

The next step was to import the field notes (in Microsoft Word) to a qualitative text analysis software package (Atlas.ti). This process required revision and editing of the notes, which may not be edited once they are in Atlas. This task also created the opportunity to review notes and extract contacts and leads for subsequent field work in the subregion. Standards on the format of written notes were established.

The Agricultural Worker Health Study team revised the codes used for previous community-based studies to make them more relevant to Napa. This helped in systematic analysis of field notes (by means of the Atlas software). Codes are concepts that are represented in the interview data. Each code was defined to ensure inter-coder reliability. The code list in its categorized form is also useful for conceptualization of the model to be used to explain how to improve outreach to farmworkers. The code lists were further refined by piloting the coding, as described below. The creation of new codes arising from the data was not inhibited, but procedures were set up to guide their creation. In other words, codes were added during the coding process.

The team held a two-day training program for field workers before returning to the field. Protocols were re-examined and possible coding schemes were reviewed. The examination of the field notes is serving to facilitate the iterative refinement of the protocols and the research design.

### **Coding**

The interview data were placed in “text with carriage returns” format. These are called primary documents (each interview=primary document) and are considered the data source. A set of primary documents comprises a hermeneutic unit. Within a hermeneutic unit, subsets of primary documents can be grouped into families. The families in the farmworker subset include sex, age, farmworker insurance status, documentation status, health condition diabetes, place of origin, and household composition (family versus solo male). Families for health providers and others include sex, age, bilingual, organizational type (public versus private), administrator, health care personnel, and outreach worker.



Three hermeneutic (analysis) units were created—one for farmworkers, one for health care providers/outreach workers, and one for all other respondents. The primary documents were coded using the code lists. Coding consisted of selecting a phrase, sentence, paragraph, or group of paragraphs that represented a concept. The selected texts are called quotes. Multiple coding was allowed and has served to facilitate analysis of the data.

### **Analysis**

After coding was completed, data queries of codes were generated showing the quoted text for each corresponding code. Quotes associated with the codes were printed to identify themes, patterns/relationships, and dimensions of phenomena (valence) and to provide contextual understanding. Analysis of families allowed for a richer comparison of concepts by varying categories of respondents, such as public versus private health service providers and insured versus uninsured farmworkers. These data queries on codes and their corresponding quotes were used to structure the report. Feedback on these analyses was given to current field researchers so they could further revise protocols and sampling.



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