Pizcando Sueños/ Harvesting Dreams

The Voices of Mexican Migrant Women

by Fabiola del Castillo, Fran Ricardo and Robin Lewy of the Rural Women’s Health Project

Article Four in a Series of Five

“Working in the fields / La Labor”

“Aquí he aprendido pues a verme por mí misma, por que son muchas cosas que tiene que hacer uno sola.”

“Here I have learned to see myself for what I am, because there are so many things that you have to do alone.”

Key to understanding the migration of Mexicans to the United States is their entrance into the U.S. work force. Farmworker families leave their home communities to come North with the hope of finding their dreams in the fields of the United States. For the farmworking women of Pizcando Sueños, the act of integrating themselves into the paid workforce brings with it its own unique characteristics.

The majority of Pizcando Sueños participants had never worked in their home communities except for tasks that correspond with roles common to rural women in Mexico, i.e. food preparation, sewing, embroidery, childcare and helping in the fields during the harvest time. For these jobs, women rarely receive personal remuneration; instead any money generated by their work is simply included in the family income.

The immigrant women’s transition to the new role as “paid worker” brings with it diverse characteristics, some positive and others much more challenging. All of the women found the transition process to be the first blow that they experience.

“Lo más difícil cuando llegué fue aprender a trabajar, porque cuando uno llega, pues, va y se presenta a trabajar y varios trabajos

continued on page 2
Family life is turned upside down and the female farmworker is emotionally stretched by leaving her children to be raised by others while she works in the fields.

"Trabajando como hombres pues aquí perdemos ese crédito de ser femeninas, pues el trabajo en el campo es duro y llega el momento en el que a nuestros hombres se les olvidan que somos mujeres necesitadas de ser tratados como tal."

"Working like men, well we lose the credit of being feminine. The work in the fields is hard and the moment comes when our men forget that we are women who need to be treated as such."

With the demands of the work, free time is a luxury of which few enjoy. To fit something else into the week, aside from work is a dream. Church, parties and studies are easily forgotten.

"Me venía durmiendo como a la 1 de la mañana, y luego me levantaba a las 4 de la mañana para echarle el almuerzo de mi esposo, las charcas se iban a la escuela...metía 80 horas en una semana. ¿Tú crees que tenía tiempo para ir a la escuela, mi una hora tenía para la escuela? No pude estudiar, mi mente no pudo."

"I usually went to bed at 1:00am and then I get up at 4:00am to make my husband's lunch, get the kids ready for school...I racked up 80 hours in a week. Do you think that there is time to go to school? Not even an hour for school. My mind couldn't study, it couldn't."

The dangers found in the field are exacerbated by the other socio-emotional challenges faced by the female farmworker. Concerns about working while pregnant and exposure to pesticides were commonly cited.

"El trabajo es bien duro por que el spray por que es lo más que le cae a uno, y cuando uno se quiere levantar ya no se puede levantar la cubeta, hay veces que amanezco bien adolorida de aquí..."

"Working one feels bad because you show up for work and many of the jobs are difficult until you get used to them."

"Ya a medio día sientes que la espalda le hormiguea anda uno cansadísimo Cuando yo trabajaba embarazada ya cuando se terminaba yo me tiraba en el suelo sentía que se me estaba quebrando la cadera, la carga de la panza y la carga de la cubeta del chile sentía que ya no aguantaba."

"By the middle of the day you feel tingling in your back and you are tired. When I worked while I was pregnant, when it was the end of the day I would throw myself on the ground and I felt like my back was broken, carrying the belly and the big bucket of chilis I felt like I couldn't go on."

"When I worked while I was pregnant, when it was the end of the day I would throw myself on the ground and I felt like my back was broken, carrying the belly and the big bucket of chilis I felt like I couldn't go on."
¿verdad? Yo he tenido que agarrarme hasta de lo que no me gusta para salir adelante”.

“Hoy have learned to appreciate myself for what I am and to turn to myself to get ahead. I have learned to pull out of me all of this stuff that I think has been sleeping, right? I have had to do things I never thought I’d do, in order to get ahead.”

“En la labor es bonito, allá andan todos los troques que con la gente gote y gote, con su música que la traen la troca bien recia que hasta ganas de bailar le dan uno”.

“Working in the fields is nice, there you are with all the trucks and the people screaming and with the music blaring out of the trucks, it makes you want to dance.”

“Es un aliviane más para que sepa valorarte por ti misma, por que el día de mañana o pasado no sabes el futuro que te espera entre tú y él, si se llegan a separar, tu tienes dinero.”

“It is a relief because I know how to value myself because tomorrow, you don’t know the future that waits between you and he [husband]. If he up and leaves, you have money.”

“Yo creo que todas las mujeres decimos que es algo bien lindo (ganar dinero) y más cuando le pagan a uno por semana, es bien bonito cada viernes recibí uno lo que uno se gana con su sudor ... Es un aliviane por que 4 semanas te trae el mes por que 2 semanas de billes y dos de su dinero. Es algo para mi trabajar, es estar mejor para mi y para los niños.”

“I think that all of the women say that it is something great (to earn money) and more so when they pay you weekly. Its something to receive your pay every Friday, its what you have won with your sweat... It is a relief because every month has four weeks, two for bills and two for your money. It is good for me to work, its better for me and my children.”

“Cuando uno ve que la gente malgasta que es que no saben lo que cuesta. Yo así era, me compraba que esto caro, que lo otro caro, ahora ya no, ya sé como se gana el dinero.”

“When one sees how people waste, they have no idea what it costs to get things. I was like that, I bought this that was expensive, and that which was expensive, but now, no. I now know what it is to earn money.”

“Uuuu, yo siento que este trabajo que es casi como dicen la mitad de mi vida porque sin el dinero no sale uno adelante”.

“Ugh, I feel like this work is like as they say, half of my life, because without the money, you can’t get ahead.”

“Es bonito por que así me alcanza mandarles dinero a mis papás, pues es bonito por que así le podía comprar a mis hijos lo que ellos querían... yo sentía muy bonito poderles ayudar”.

“Its nice because this way I have enough to send money to my parents, and its good that I can buy for my children the things that they want...I feel wonderful to be able to help them.”

“Me gusta tener mi propio dinero, sin depender del marido y decir este dinero es mío y si me lo quiero gastar me lo gasto y si no lo tengo guardado. Pero aprendí uno a cuidar el dinero que se sudó.”

“I like to have my own money, without having to depend on my husband and to say that this money is mine and if I want to spend it I spend it, and if not I can save it. But one learns to appreciate the money that has been sweated for.

To come to the U.S. implies that parents are searching for a better future for their children, a future not always easy to see within in their communities of origin. The parents work hard so that their children study and can aspire for better work. There exists a real concern that their children don’t have to suffer the same problems that they have faced.

“Mi hija dijo, ‘Mami yo cuando este grande yo no voy a trabajar en la labor yo voy a estudiar pa’ yo agarrar una carrera y yo trabajar en un trabajo que no sea la labor dice porque en el trabajo de la labor te matas bien mucho. No mami no creas que yo voy a trabajar en esos trabajos, yo voy a estudiar pa’ sacar adelante.”

My daughter said, “Mommy, when I am older I don’t want to work in the fields. I am going to study to get a career and I am going to work in a job that isn’t the fields because it kills you. No mommy, don’t you think that I am going to work in those jobs. I am going to study to get ahead.

The massive agricultural complex in the U.S. doesn’t offer the opportunity to this population to have a relationship between the land and its fruits. The relationship in which the land is conceived as the mother and the fruits as gifts from her has been destroyed by the system in which farm-workers work. As immigrant women lose their relationship with the mother-land they also have to reconstruct their role as mother, wife, and breadwinner. The women of Pizcando Sueños work constantly to recapture their old relationship in which they can enjoy the fruits of their labor as they move forward in harvesting their dreams.

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

Are you planning research?
Remember that MCN has an Institutional Review Board that can help you review your project to be sure that it meets human subject protection standards specifically relating to the migrant population.

For more information, please see our web site,
http://www.migrantclinician.org/programs/research/irb_home.html
**Family Violence Prevention Program Expands!**

MCN is excited to continue an innovative family violence prevention program for migrant families. The program, funded by the Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Family Violence Prevention and Services Program, enables migrant men and women to become advocates on family violence issues while focusing on the primary prevention of family violence. Advocates lead a series of workshops for couples developed by Women’s Crisis Support-Defensa de Mujeres, a family violence crisis agency in Watsonville, California, entitled Healthy Families/Familias Saludables. The workshops address topics such as cultural knowledge and pride, communication within the family, family well being, preventing teen dating violence, and preventing domestic violence in the family. During the first year of the program, participants in the Advocate’s workshops showed a significant increase in knowledge of family violence, knowledge of resources in the community for family violence, and knowledge of ways of preventing family violence after attending the workshops. Workshops are planned for communities in Ohio and Texas this spring. For information on MCN’s Family Violence Program, contact Stephanie Freedman at sfreedman@migrantclinician.org or Cesar Alvarado at calvarado@migrantclinician.org.

For information on how to order the Healthy Families curriculum, contact Toucan Ed at 1 (888) 386-8226.

---

**TBNet**

**Ensuring Continuity of Care for Mobile Populations**

TBNet is a comprehensive tracking and referral network that helps provide continuity of care for mobile populations with active tuberculosis or latent TB infection. We specialize in assisting patients who, during the course of their treatment, move within and outside Texas. Although designed with migrant farmworkers in mind, TBNet can be a useful tool in the treatment of other migrant populations such as prison parolees, homeless persons, and recent immigrants. And the service is provided at no cost to clinicians or patients.

How does TBNet work? We provide a central storehouse of patient medical information that is kept confidential. Our toll-free phone number is operated by expert, bilingual, culturally-competent staff who offer resource and referral information for patients and clinicians. An innovative component of the TBNet system is the portable record that is supplied to patients. About the size of a credit card, this bilingual record contains tuberculosis treatment information including clinics and caregivers patients have seen, smear and culture results, and a weekly drug-o-gram.

**Who does TBNet benefit?**

TBNet helps clinicians by letting them know the treatment outcomes of mobile patients after they have left their care, and helping to ensure that patients continue/complete care. TBNet helps patients by empowering them to take an active role in treatment and providing information and referrals to patients who do not know of resources in a new area.

If you work with a mobile population and think TBNet could be useful to you or your clinic, contact Jeanne Laswell or Lindsey Stuart. We provide many resources and technical assistance as well as a free systems manual detailing how to implement TBNet.

**Migrant Clinicians Network-TBNet Staff**

Jeanne Laswell, R.N., B.S.N.
TBNet Program Manager
jlaswell@migrantclinician.org

Lindsey Stuart
TBNet Program Assistant
lstuart@migrantclinician.org

phone: 512-327-2017
confidential phone: 800-825-8205

---

**ONLINE PESTICIDE DIAGNOSIS:**

**SOON TO BE JUST A CLICK AWAY**

Clinicians face many obstacles and uncertainties when dealing with the recognition and management of pesticide poisonings. They typically have limited access to information that can help identify which pesticides the patient may have been exposed to and what the treatment protocols are. Adding to the diagnosis complexity, pesticide poisoning symptoms often mimic other illnesses.

The Pesticide Action Network North America has developed a new online database designed to illuminate and expedite the diagnosis and reporting process for pesticide-related illness. In using this tool, healthcare professionals can search by symptoms, crops, geographical location, and pesticide (including insecticides, rodenticides, and herbicides). The database also provides first aid and treatment related information and directly links users to pesticide reporting contact numbers within each state.

To learn more about this new tool and participate in a pilot testing workshop, attend the “Technology and Diagnosis: A Pesticide Database Intensive,” Wednesday, May 14, 2003 in Spokane, WA from 2:00 – 5:00 p.m. This session is part of the Northwest Regional Primary Care Association’s Spring Primary Care Conference, May 14-18, 2003. Session cost is only $90. Pre-registration is required. For additional conference details visit www.nwrpca.org, or call 206-783-3004.
News Briefs...

New Research on Errors in Medical Interpretation and their Clinical Consequences. The January, 2003 issue of the journal Pediatrics (Vol. 111 No. 1), includes a study by Glenn Flores, MD, et al which examines pediatric encounters in a hospital outpatient clinic in which a Spanish interpreter was used. The researchers audiotaped and transcribed the encounters and then categorized any errors in medical interpretation as well as whether or not the errors had any clinical implications. They found that each medical encounter observed had an average of 31 errors in medical interpretation. The most common error was omission of the age of 31 errors in medical interpretation. They further concluded that whether or not the errors had any clinical implications. They found that each medical encounter observed had an average of 31 errors in medical interpretation. The most common error was omission of information. They further concluded that most of the errors had clinical consequences and that omissions by ad hoc interpreters were most likely to have significant clinical consequences.

Report Highlights Trends in Environmental Factors Related to Children’s Health. America’s Children and the Environment: Measures of Contaminants, Body Burdens, and Illnesses is the Environmental Protection Agency’s second report on trends in environmental factors related to the health and well-being of children in the United States. Drawing on information from various sources, the report shows trends in environmental contaminant levels in air, water, food, and soil; concentrations of contaminants measured in the bodies of children and women; and childhood illnesses that may be influenced by exposure to environmental contaminants. The report can guide efforts to minimize the impact of environmental contaminants on children and to inform discussions among policymakers and the public about how to improve federal data. The full report is available at http://www.epa.gov/envirohealth/children.

Occupational and Environmental Medicine Opportunity. Duke University Medical Center announces its fourth annual certificate program in Occupational and Environmental Medicine for PAs, NPs, and physicians, to be held October 5-10, 2003. This on-campus program offers CME and graduate credit. Total costs are $2750, which includes tuition, private accommodations at the R. David Thomas Executive Conference Center, and all meals. Complete information and a registration form are available on the web at: http://pa.mc.duke.edu/oem.asp

Su Familia, National Hispanic Health Helpline. HHS Secretary Tommy G. Thompson has announced the creation of the “Su Familia” National Hispanic Family Health Helpline (866-783-2645 /866-SU-FAMILIA). Su Familia will help Hispanic families get basic health information to help them prevent and manage chronic conditions, and refer them to local health providers and federally supported programs including the State Children’s Health Insurance Program (SCHIP). Su Familia bilingual information specialists refer callers to one of over 16,000 local health providers, including community and migrant health centers, just by providing the callers’ zip code. The toll-free helpline is open Monday through Friday, 9 a.m. to 6 p.m. Eastern Time.

Pesticide and Lead Resource for Clinicians. U.S. EPA, Region 5 has recently developed a template “newsletter” on pesticide exposure and lead poisoning for migrant clinicians. This resource serves as a “prompter” for clinicians to integrate assessment and prevention of these exposures into clinical practice. The “newsletter” is a template that can be downloaded and edited for use by any migrant health organization interested in tailoring their own newsletter or clinical bulletin. Organizations should feel free to add pertinent local information and their own clinic contact information. As this is only a template, organizations need not request any additional permission from U.S. EPA to use the information in their own publications. You may download the template from MCN’s website (http://www.migrantclinician.org/programs/environment/envtools.html). If you choose to use the template, U.S EPA would greatly appreciate any feedback on how it worked. Please contact: Edward Master, RN, MPH Environmental Protection Specialist Pesticides and Toxics Branch (DT-8J) U.S. EPA, Region 5 77 West Jackson Boulevard Chicago, Illinois 60604 email: master.edward@epa.gov

Calendar


2003 NWRPCA Spring Primary Care Conference May 16-18, 2003 Spokane, WA Northwest Regional Primary Care Association 206-783-3004 www.nwrpca.org


National Health Care for the Homeless Conference May 29-31, 2003 Washington, DC 1-888-439-3300 hch@prainc.com


17th Annual California Conference on Childhood Injury Control September 22-24, 2003 Los Angeles, CA Center for Injury Prevention, Policy and Practice 619-594-3691 www.cipp.org

16th Annual East Coast Migrant Stream Forum October 23-26, 2003 Tarrytown, NY North Carolina Primary Care Association 919-469-5701 www.ncphca.org
Distance Learning Corner

It seems that every day there are more and more distance learning opportunities available for clinicians. The sheer number of offerings can be overwhelming at times. In an effort to minimize the confusion, MCN has begun to review and evaluate distance learning opportunities for their quality and relevance for clinicians working with migrant farmworkers. Our website will soon begin to feature certain distance learning opportunities and every month in Streamline we will include a few offerings that seem particularly pertinent.

New Web-Based Medical Journal with Patient Safety Case Studies

The Agency for Healthcare Research and Quality has launched a monthly peer-reviewed, Web-based medical journal that showcases patient safety lessons drawn from actual cases of medical errors. Called AHRQ WebM&M, the Web-based journal (http://webmm.ahrq.gov) was developed to educate health care providers about medical errors in a blame-free environment.

Every month, five interesting cases of medical errors and patient safety problems will be posted along with commentaries from experts and a forum for readers’ comments. Each month, one of these five cases will be expanded into an interactive learning module featuring readers’ polls, quizzes, and other multimedia elements and offering continuing medical education credits.

On-Line Grant Writing Tutorial

A grant-writing tutorial, geared primarily toward beginner proposal writers, is now available on the National Minority AIDS Council web site. The tutorial, which was developed as part of NMAC’s cooperative agreement with the Health Resources and Services Administration HIV/AIDS Bureau contains information for responding to requests for grant proposals for HIV-related services. It includes information on prevention, early intervention, primary care and related support services such as case management, substance-abuse treatment and counseling, and mental health services. Though the tutorial is geared toward beginners, experienced proposal writers will also find it of value. For example, the case studies and self-assessment tool are helpful for anyone charged with the task of preparing grant proposals, regardless of his or her experience. To register for access to the tutorial, go to http://www.nmac.org/tech_assistance/Grant_Modules/grant_welcome.asp. Registration is free.

New CME in Adult Immunizations