The Plight of the Migrant Workers Working on the Farms in the US

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Introduction

On Thanksgiving Day in 1960, the issue of seasonal farm workers was brought to the attention of the nation. Famous journalist, R. Murrow's documentary, depicted an accurate picture of the plight of the workers working on the farms. The miserable condition of these people associated with migrant work in agriculture unfolded at the dinner of Thanksgiving in families across the country.

A short look at the history reveals that around forty years later, MSFW members of the American community remain impoverished and among the underserved people in the country. The rates of mortality and morbidity in these people were higher than those in the whole US community. They were deprived of industrial facilities, prosperity, a standard living style, and language and cultural endorsement.

Research Methodology

It is difficult to estimate the numbers of these labor workforce because of their economic and social marginalization. However, current calculations have revealed that around 2.5 million laborers work in agriculture. According to the survey of the US Department of Labor's national workers, approximately 1.4 million of these laborers belong to the class of MSFWs. Studies also confirm that three to five million MSFWs and people dependent on them (children, wives, and related family members) reside in the United States. A seasonal Farmworker is defined as "a person whose basic service is in the agriculture sector on a seasonal basis and who has been in the job for the last twenty-four months." Similarly, a migrant agricultural employer comes under the same definition, but it establishes temporary employment for a common purpose like that of other farm workers (Hansen,2003). The majority of the MSFWs are regular migrants who move from their homes to their particular places for agricultural services. Meanwhile, other remaining workers follow crop for their profession. They move from one place to another, like Midwestern states and Texas, and predetermine migratory streams along the Atlantic seaboard.

Regarding the information on subgroups of these migrants, farm workers' evidence shows that there is quite a significant difference between hired farm laborers and family farmers. Appointed members of the crop comprise eighty percent of males with a median age of twenty-nine. Half of these members are married, and most of the couples migrated and worked together. Forty-five percent have their children, and eighty-one percent are families with children born in foreign states. Among

these, ninety-five percent of the workers are from Mexico, two percent from Central America, and one percent from the Asian region. Eighty-four percent of the workers speak Spanish, followed by twelve percent of English speakers. The remaining workers speak Creole, Tagalog, and Mixtec. The ordinary attainment of the educational level of these people is 6th grade.

In the native language, only twenty percent are illiterate, while thirty-eight percent are functionally literate. Twenty-seven percent of these people are marginally literate. The US Department of Agriculture's Institute of US Agriculture Industry has disclosed that net income on farms was 45.5 billion dollars annually during the year nineteen ninety. The agricultural and industrial workers produced Eighty-five percent of the fruit and vegetables. Less than one-half of all individual farm workers earn seventy-five hundred dollars annually. The family-receiving ratio of these farm workers is also the same in numbers. The Department of Labor restricted those employers that were providing labor camps to these MSFWs to enforce the standard of housing. Most of the labor could not pay for standard camp construction and maintenance. The private house was expensive and not suitable for these laborers in the agriculture sector. With the rare facilities in the camps, pesticide-polluted clothing is cleaned in the same sink where food is prepared. Children also bathed in a similar tub. The housing camp's location was too near to the pesticide-treated fields, which resulted in direct pesticide spray. Besides well-managed camps, many tents were overcrowded with poor ventilation and inadequate plumbing systems. In this environment and facilities provided to the labor class, diseases like tuberculosis and infections spread easily. Some fortunate MSFWs have no access to housing; they sleep in tents, vans, cars, and ditches, and even in open fields. For the public of government, it is not possible to find migrant camps, especially when they are privately owned. The labor class also faced difficulties in their professional services.

Farm labor is seasonal and intensive work. They work along with migrant workers in the rain, heat, intense bright sun, and all kinds of weather conditions. Overburdened work, which is the exploitation of force used in heavy machinery, causes chronic musculoskeletal problems and symptoms. In the case of tobacco farmers, direct contact with the plants causes green tobacco sickness and allergic rashes (Meister, 1991). In the US, the most hazardous occupation is agriculture. One-lac thirty thousand injuries and seven hundred eighty deaths were reported in the year 2000. The actual rate of occupational injuries in the agriculture sector is much higher than that of said ratios. Due to the limited number of health facilities, underreporting is essential. In compliance with the regulations of OSHA, poor facilities are there, and seventy percent of sanitation violations were reported during field inspection. Ninety-five percent of the farms are exempted from OHA rules and regulations. Labors drink water, which is contaminated with pesticides and human organic waste.

Key Challenges

Regardless of the issues and problems of health faced by the general population, these laborers have unique health problems that are not confronted by the public. Due to poverty, migration, substandard living language, and cultural barriers, they have increased the number of health hazards. The average

life expectancy is forty-nine percent compared with the national life expectancy of seventy-five percent. Various categories of disease faced by these MFSWs are discussed below.

Migrant workers are at increased risk of contracting fungal, bacterial, viral, and parasitic infections. These people have six times more tuberculosis than the general population. Forty-four percent of migrants face positive purification of the derivative tuberculin skin test protein. Parasitic infections are also higher than the prevalence in general people. The untreated parasitic condition could lead to malnutrition (Goldsmith, 1989). A high incidence of sexually transmitted diseases is also found in migrant camps. Girls feel isolated in the fields, which have fewer recreational facilities. The HIV seroprevalence rate is three to thirteen percent compared to two percent among the general public. Urinary tract infections are also high in the camps of migrants due to the absence of toilets and strict working conditions in the fields. Chronic urinary retention enhances bacterial growth and weakens the bladder wall, which in turn promotes chronic infections.

Workers related to agriculture have a higher rate of skin disorders, which are not available in other industries. In this regard, dermatitis is considered the most common disease among MSFWs. Exposure to pesticides, fertilizers, allergenic crops, and other chemicals leads to skin problems. Lack of protective clothing, sun heat, chaps, and the absence of hand washing facilities all created health problems. Occupational dermatitis that occurs on the hands of workers may also decrease work capability. Organic and inorganic dust also contribute to building diseases for the migrants (Arcury, 2007). These include fuels, solvents, and welding fumes. The result of these elements develops a risk of allergies, asthma, hypersensitivity, and pulmonary edema (Magaña, 2008). The workers in the agriculture sector also have problems with reproductive health. They have prolonged standing, bending, and dehydration, and chemical exposure leads to an increased risk of abortion. Growth retardation, premature birth, and abnormal postnatal development are all the issues related to the health of migrant agriculture workers. The infant mortality rate is estimated to be twice the average of the nations. One miscarriage or the stillbirth women are there in the migrants as research conducted by the California state.

Restricting children from work, the US government has set the age limit as sixteen for children working in industries and twelve for those working in the agriculture sector. However, children are most vulnerable to posing that is pesticides and possess respiratory and communicable diseases. In fact, children are more affected by pesticides than that of adults. During the child's development stage, changes also occur in the enzymes that can enhance the toxicity of the chemicals operating in the environment. A number of children have below-average height because they face more respiratory parasites, infections in the skin, deficiencies in vitamins, and problems related to dental health. Regular moves from place to place, homelessness, frequent moves, poverty, and interruptions in friendships and schooling poorly affected the children's lives both psychologically and physically.

Migrant laborers face a variety of stress levels, including poverty, uncertainty in their jobs, and isolation in society and geography. The poor condition of their house, extreme pressure of time, separation from their family, generational conflicts and issues, lack of recreation, health, and

concerns related to the safety and security of their life (Farmer,1992). They also have problems like stress, violence at the domestic level, and psychiatric illness. Mistreatment of their children also has a profound impact on their personality and affects the psychology of their children (Mirabelli, 2010). The mental disorders more frequently appear in the families of these migrants due to the non-availability of strong social support, family ties, and language group identity. Over the passage of time, those healthy migrants coming from other states became weak and psychologically ill.

Benefits and Advantages

Health barriers are frequent for the people working in the agriculture industry. Those people working as laborers lack access to medical care, insurance, sick leave, and all those medical facilities that are usually given to people across the United States. Illiteracy further aggravated the situation wherein an understanding of communication issues occurred among migrants and the medical staff. Treatment for these migrants also sought for acute problems rather than chronic conditions or preventive services are mostly due, in part, to this illiteracy. That is why migrant workers have increased hospitalization ratios and mortality rates than conventional people in American society. The prevalence of severe diseases like anemia, obesity, and hypertension is high. Those chronic diseases that require serious monitoring, such as HIV, diabetes, tuberculosis, and particular problems to the MSFWs, often lack regular contact or long relationship with the care provider.

The system for migrant health consisted of around four hundred sites hardly approached by ten to fifteen patients. This shows the attention and care provided by the federal states to these poor people in the American community. Many migrants qualify for the assistance program, but few of them get the actual benefits (Anthony 2008). The migrant worker is mostly disqualified as they do not meet the forty-five-day residency requirements criteria. Fear of the immigration penalties and the lack of eligibility knowledge also hinder their enrollment. Most of the employees do not report wages as MSFWs, and they mostly fail to prove social security claims, workers' compensations, and occupational rehabilitation and disability benefits from their organization. The migrant worker is also facing a variety of carcinogens, including pesticides, fumes, ultraviolet radiation, sun exposure, and biological agents such as animal and human viruses. The laborers at the farm have an increased rate of mortality, like stomach cancer, including lip and skin. Recent research concluded that members of the United Farm Workers of America had developed more diseases of leukemia and cervix cancer than those of the California Hispanic population. The exposure of children to pesticides seems to reveal a higher risk of the development of the disease than that of adults. Farmworkers have decreased the mortality rates from cancer of the bladder and lungs, which might be due to the lesser prevalence of smoking. Very little research has focused on the hired farm workers, so data must be cautiously interpreted. The challenges for the methodological studies include the difficulty of follow-up due to the migrant, estimated exposure complexities, and correction in occupational codes on the certificates of death.

Summary

To be brief, it is worth mentioning that migrants play an important role in the progress of the economy of the United States of America. However, they establish a deprecate and unfair population with numerous health and social care needs. Problems like the hindrances in industrial facilities, poverty, language, and cultural barriers contribute to MSFWs and create obstacles and barriers to health care. The provocation for the policymakers, socially conscious Americans, is to provide a healthy public health infrastructure. They also have to collect, systematize, and organize the data related to this unfortunate class of society. Reformations in the educational sector can also pave the way for the progress of MSFWs. Increasing awareness regarding the plight of farmworkers would also increase the development of the entire community. Last but not least, those people who harvest our fields must deserve better than they are getting now.

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