



**MASSACHUSETTS LEAGUE OF
COMMUNITY HEALTH CENTERS**



**CONNECTICUT RIVER VALLEY
FARMWORKER HEALTH PROGRAM**

Stories from the Field

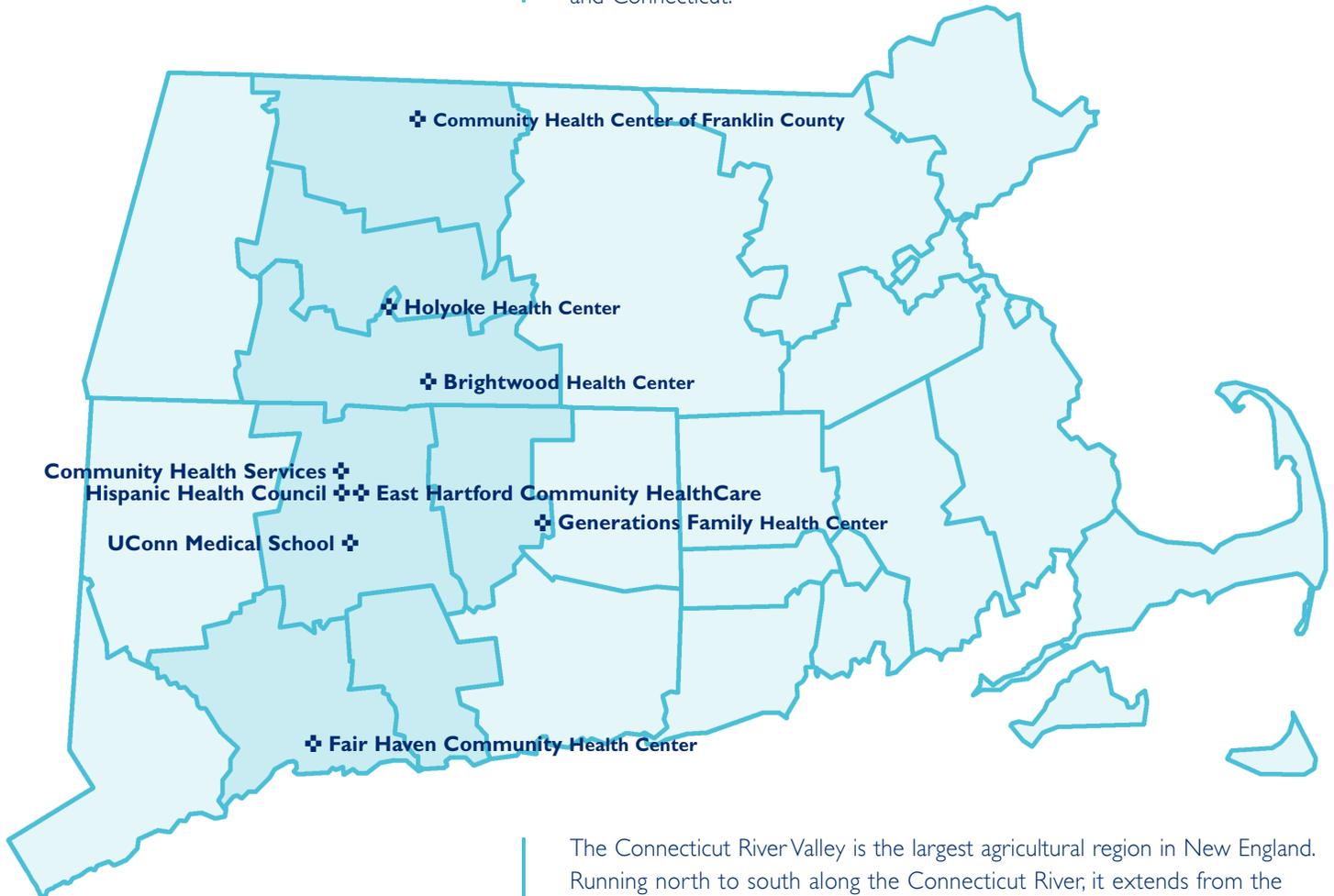
**A COMPILATION OF STORIES
OF FARMWORKERS IN THE
CONNECTICUT RIVER VALLEY**



**Written by
Connecticut River Valley
Farmworker Health Program
Outreach Workers
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INTRODUCTION

Working to improve primary health care access for medically underserved populations, in 1998 the Massachusetts League of Community Health Centers helped develop and continues to manage the Connecticut River Valley Farmworker Health Program (CRVFHP). The CRVFHP is a unique two-state contracted services program that provides outreach and primary health services to migrant and seasonal farmworkers through a partnership of health centers and other community-based organizations in Massachusetts and Connecticut.



The Connecticut River Valley is the largest agricultural region in New England. Running north to south along the Connecticut River, it extends from the Vermont border of Massachusetts to the Long Island Sound. Farmworkers in the region pick shade tobacco (used to wrap cigars), apples, other fruits and vegetables. Farmworkers are also employed in nurseries and sod farms in both states. An estimated 12,000 migrant and seasonal farmworkers and their dependents live within the Valley.

CRVFHP Outreach Workers work with migrant and seasonal farmworkers on an array of issues: Eligibility Assistance, Outreach, Patient Health Education, Interpretation/Translation Services, Transportation, Case Management, and Environmental Health Risk Reduction.

The League would like to thank Denise Dean at Fair Haven Community Health Center, Byron Pareja at Community Health Center of Franklin County, Luz Peña-Till at Brightwood Health Center and José Santana at Holyoke Health Center for compiling these farmworker stories. The League would also like to thank the 10 migrant and seasonal farmworkers who were willing to share a heartfelt piece of their lives. Thank you.

TACKLING FINANCIAL BARRIERS



I met Maria*, a 24 year old woman from Mexico, in March of 2005. She was a new patient here at the Fair Haven Community Health Center (FHCHC), and was experiencing arthritis-like symptoms in her hands. Although she was beginning to miss work because of the pain, she was finding it hard to keep her medical appointments because she was very concerned about her rising balance. It was also difficult for her to purchase the medications she needed for the pain, and for recurring problems with her eyes. Amazingly, she was working full-time at a nursery, planting seedlings. I offered the CRVFHP, and she happily enrolled. Her visits at FHCHC were covered, and her medicines were also obtained through the CRVFHP.

Her clinician at FHCHC chose to send her to Yale Rheumatology for an evaluation. In order to cover the cost for these visits, I began the Free Care application process with Maria. In the meantime, as a result of her evaluation, it was determined that she had lupus. Thankfully, after a long paper trail littered with red tape, she was approved by the hospital, and her visits to rheumatology would be covered for 3 months.

I continued to work with Maria, accessing the CRVFHP funds when available, and working with the Free Care system to get a new approval every 3 months in order that her medical visits would be free. I also was able to speak with her clinician at Yale, and together we coordinated a care plan using the CRVFHP funding and/or clinic samples to ensure that Maria had adequate medication. Unfortunately, the pharmaceutical companies that offer the medicines she requires through their assistance programs have strict citizenship requirements, and therefore would not accept her applications.

Without the CRVFHP, I might not have been introduced to Maria. It is possible that because of the financial barriers for that initial evaluation, she might not even know that she was living with lupus. She therefore could have been without means to pay for her specialty care, and she might not have had access to her medications.

Despite the hardships of her current situation, Maria is a cheerful, humble woman, and a hard-worker who speaks with much gratitude about the benefits she has been able to receive through our program.

By Denise Dean

Outreach Worker

Fair Haven Community Health Center

COORDINATING CARE

This story is about a farmworker who couldn't work the way he wanted to, and how the CRVFHP helped him.

José* tried to work hard, but when he was performing his duties, his lower back started to hurt him. He had fallen from the rafters to the ground in one of the tobacco sheds while working. When he was working, he would have to stop because of the sharp pain. He was checked by the Family Nurse Practitioner who visited the farms every other week. He was told to rest for a couple of days, and she prescribed medications to soothe the pain. When he did not improve, he was sent to Holyoke Medical Center for x-rays.

The x-rays didn't show much and he was referred to have an MRI (magnetic resonance imaging) exam. The MRI is an expensive test and the CRVFHP



didn't have the money to cover that test. The CRVFHP Outreach Worker helped José apply for MassHealth. It took a couple of weeks to get an answer, but finally he was approved for Free Care at the health center and hospital, and he had the test done.

The MRI revealed a fracture on one of his lumbar vertebrae. With a fractured vertebra he should have seen a neurosurgeon specialist, but the wait was too long and he was in a lot of pain. He had not gotten relief from a couple of different pain relievers he had been given. Since he wasn't working, he wasn't earning any money and that worried him. In consultation with the health center's urgent care doctor, the Family Nurse Practitioner prescribed a steroid treatment to reduce the inflammation and pain. During this time, the CRVFHP Outreach Worker brought him for a bone scan to make sure the fracture was not due to a serious medical condition, such as cancer, which fortunately it wasn't.

As the swelling went down and the pain eased, José gradually returned to work. The Family Nurse Practitioner monitored his progress to be sure he didn't re-injure his back by doing too much too soon. By the end of the season, he had only mild discomfort and was working his full hours again. The CRVFHP provided him with medical evaluation, prescription medications, transportation, help in applying for Free Care to cover tests the CRVFHP couldn't afford, and support during his incapacity. He was very thankful.

By José Santana

*Outreach Worker
Holyoke Health Center*

PROMOTING HEALTHY BEHAVIORS

Pedro* had been a smoker for many years. He would get bronchitis a lot. After he saw the damage cigarettes can do to the lungs in a presentation the CRVFHP Outreach Worker made, he decided he wanted to stop smoking.

With the cooperation of the health center smoke cessation counselor, the Family Nurse Practitioner obtained nicotine patches and worked with Pedro through his detoxification. He struggled, but finally was successful.

It has been over 7 years since Pedro has had a cigarette. Healthier, happier, and with more of his hard-earned money in his pocket, he attributes his successful smoking cessation to the CRVFHP.

By José Santana

*Outreach Worker
Holyoke Health Center*

BUILDING TRUST & MAKING CONNECTIONS



David* had been a farm worker for many years. He was healthy, but noticed he could no longer recognize people when they were down the road from him. He didn't know how to pick the right doctor and was worried that it would cost a lot of money. Without a car, he didn't know how he would get to an appointment either.

This was the first year the CRVFHP was in operation. The Outreach Worker and Family Nurse Practitioner visited his farm several times, explained the CRVFHP and offered different services, and eventually he felt comfortable enough to ask about his eyes.

The Family Nurse Practitioner and Outreach Worker found an ophthalmologist who would accept the CRVFHP, made an appointment, provided transportation and helped David find a place to get his newly prescribed glasses at a reasonable price. It made a big difference to him. He said he hadn't realized how bad his vision had become, since it happened gradually.

David was so grateful; he became a big promoter of the CRVFHP to other farm workers, encouraging them to take advantage of the services. He no longer works in the Connecticut River Valley. When he found work on a farm in Maine, he called the health center to see if there was a program like ours where he was. The Outreach Worker able to give David a list of Migrant Health Clinics in his area.

By José Santana

*Outreach Worker
Holyoke Health Center*

COLLABORATING TO MANAGE A DIFFICULT CASE

This is an exceptional story, about an extraordinary situation, and how the CRVFHP, a grower and the West Indies Labour Council collaborated to help a farmworker in need.

It was the beginning of the growing season, about the fifth year of the CRVFHP. We had developed credibility with the growers in our area. Many of them were small farmers, who worked alongside the migrant workers, and they hired the same workers year after year. I got a call at the health center from one of them: "Will you be coming out to the farm soon? Henry* just arrived and his neck is swollen." I went out that night.

I fully expected that he'd have swollen glands from a throat infection or something like that, and had brought lozenges and acetaminophen. As I crossed the field to the farm, however, I could see the swelling on one side of Henry's neck. This was no strep throat! This was cancer until proven otherwise.

I brought him in to the health center the next day. One of the providers was able to get a surgeon to see him right away. We helped him apply for MassHealth (Medicaid) on an urgent basis. A biopsy was done quickly and showed it was definitely lymphoma.

At this point, a representative from the Labour Council became involved. He insisted that their insurance would cover the treatment. I don't think the representative realized that a single dose of one of the chemotherapy agents would cost over \$15,000!



The CRVFHP provided transportation to daily chemotherapy sessions, with the grower's wife sometimes helping out on weekends. As he became weaker, he was unable to work. His co-workers would get food for him, when he was able to eat. The Outreach Worker made him chicken soup, and we got him oral supplements (Ensure, Boost). The grower let him stay in the housing, and even paid him a small stipend. We'd monitor his condition at every-other-weekly visits. When Henry was hospitalized, we'd visit him. The health center collected school supplies for his children.

He responded well to the chemotherapy. The mass resolved and his tests were clear. He didn't develop any of the cardiac complications that the medications can cause. Henry's last chemotherapy session was shortly before the last of his co-workers finished the season. When his tests came back clean, he went home with his companions, just in time for Christmas.

Although he hasn't been back to work in the subsequent years, co-workers who live near him back home say Henry continues to do well.

By José Santana

*Outreach Worker
Holyoke Health Center*

MONITORING A SERIOUS ILLNESS

In July, on a routine visit to one of the farms, the medical team encountered Vincent*, a 49-year-old male from Jamaica, who has been coming to work at the same farm for the last 8 years. That particular night he was complaining of a lump in his neck. After examination the medical team determined that he needed to be seen at the clinic as soon as possible. An appointment was scheduled at the health center and a CT (computed tomography) scan was ordered. The results yielded that Vincent had a small thyroid cyst. Surgery was recommended and scheduled within the month at Baystate Medical Center. After surgery, the client developed a severe headache and vision problems. An MRI was done, and it was determined that he had a tumor in his pituitary gland. Emergency surgery was done right away.

The farmworker went back to work and was doing fine, but less than 2 months later, Vincent developed a severe headache and was taken to emergency room. It was determined that his pituitary tumor had re-developed and emergency surgery was performed once again.

During all his medical ordeal, the CRVFHP Outreach Worker provided the needed transportation and the social support needed while in the hospital. Vincent went back to Jamaica in December and we, at the health center hope to see him back and doing well next season.

By Luz Peña-Till

*Outreach Worker
Brightwood Health Center*

Please note: farmworkers and staff pictured are not the subjects of these stories.

*name changed

“ I don't want to leave without thanking this program and asking that it be continued to help support us. ”

“ This letter is to thank you and let you know how the Community Health Center of Franklin County has had helped me through many stages of my health.

I am originally from Mexico, and I have been working in the field since I arrived in Massachusetts in 1994. I used to work at Nourse Farms picking strawberries during the summer and packing plants during the winter. Being a farmworker means having long working days. There is a lot of physical work involved and sometimes you can barely pay attention to your health. That's why I consider it so important and significant that this health plan (CRVFHP) is offered to us.

The assistance I have always received at the Community Health Center has been very important to me. Being an agricultural worker gives me some limitations regarding health care, and finding places with assistance is crucial in our lives. I have had assistance through Byron, the CRVFHP Outreach Worker. Due to my limitations in speaking English, he has been able to make appointments for me, and he has helped me understand information and instructions about my health from the doctors. Even more important has been the assistance in buying medicines I need to stay healthy and be able to continue to work.

The transportation service was as crucial as everything else, because many of us do not have a car. I remember many times Byron has picked us up from the field in order to arrive on time to our appointments. He will bring us to the clinic for health problems that concern us and to just have a check up. Many of us have received many services including dental care, follow-ups, treatments for any illness and complete physical exams. Byron always looks after our needs, and if we needed urgent appointments, he was always able to book them. His personal assistance and bilingual ability help made the service great. It is so important to mention too, that his patience and human side made it possible for us to feel comfortable to ask for the service and care we needed. We have relied on him, and we were always sure that he would guide us through anything we would need.

Personally, there were many times I needed assistance but there has been one that has marked my life forever, and I want to talk about it. At the end of May, I was having health problems with my lungs. Many appointments were made from that point on to figure out what was wrong. Finally, doctors found out that I had cancer, and my treatments were started. The assistance I have received from Byron has been my greatest support. I can't imagine what it would have been like without him. Now, unfortunately, despite everything the doctors have done, I am on my final stage of cancer. There is nothing else they can do.

I don't want to leave without thanking this program and asking that it be continued to help support us. It is my point of view that this program is so important to the group of people it helps. We are people who work hard to earn our livings, but we do not count on health services. It is just through your compassion that "we" can survive. Please do not stop the funding or the program. Thank you so much once again. You guys have made my last days worth it. I feel full of peace and valuable as a person. ”

The local hospital, oncology department and social services worked with Byron, the CRVFHP Outreach Worker, to enable this farmworker to fly back to his home in

Mexico with his daughter in mid-November. Byron was informed by his daughter that he died peacefully with his family the day before Thanksgiving 2006.

Compiled by Byron Pareja

Outreach Worker

Community Health Center of Franklin County

“I have been coming to the United States for many years now, specifically to Connecticut, but last year I came to Massachusetts. I have always worked doing farming, and it is so difficult to get health care access especially when you don't have health insurance.

I learned about the Health Center and the CRVFHP when Byron came to the camp to talk to my co-workers. I thought he was selling something at first, but after a while, I understood why he was there. Since then, I have always come to the Health Center for any health problem no matter how small it may seem because ignoring problems, like in the past, leads to worse problems.

The way the doctors have treated me is something that has given me much satisfaction and for that reason, I am very thankful. I have realized that for you, nothing is difficult in all the senses of the word.

I would like to start by telling you the story about my vision problem. I was diagnosed with keratosis which does not allow me to see well. Thanks to all the people in the Health Center and the CRVFHP who made it possible for me to have eye glasses. You do not know how much I really appreciated everything you have done for me from the beginning.

I am from Jamaica, and in my country the medical attention is very bad. There is no access to health care if you do not have money. That is the reason why I take advantage of this wonderful program at the Health Center. It helps me when I am in the Valley these few months to be healthy and able to work and take a little money back to my family.

I notice that the clinic is very well organized since they cover each detail related to the health care of its patients including transportation, medication, interpreter services, and education on health care by the doctors and Byron. Once again, I would like to thank you from the bottom of my heart for being there for us, and please continue with the program in the future years.”

Compiled by Byron Pareja

Outreach Worker

Community Health Center of Franklin County

“I am a patient who, thanks to the existence of the Health Center and the Farm Worker Program, has been able to maintain my health very well. I am very thankful for all the help they have given me, not only physical but emotional. I was especially grateful when the doctors diagnosed me with kidney stones. If it wasn't for the CRVFHP, I don't know what I would have done because I didn't know where to turn, and I was in a lot of pain.

One thing I can say that I see and feel is that behind each one of you is not only a professional, but also a human being with compassion, love and respect

“ **It helps me ... to be healthy and able to work and take a little money back to my family.** ”

“**You make the difference ...
because you do the impossible to take
care of your patients.**”

for others regardless of race, skin color or language. This is what has impacted me the most.

Thanks to you, I feel better now because I do not have that horrible, annoying pain caused by the kidney stones that were removed. Last year I had the stones in the right kidney, and this year the left kidney. The truth is you make the difference in the community in general because you do the impossible to take care of your patients.”

Compiled by Byron Pareja

Outreach Worker

Community Health Center of Franklin County

En Español:

“Mi esposo y yo trabajamos en una finca, donde no nos ofrecieron seguro medico. Gracias a Dios que existen los Centros Médicos, con excelente personal, que ofrecen servicios médicos a menor costa.

Durante mis nueve meses de embarazo me ayudaron obtener las tarjetas de salud, Mass Health y HealthNet, cuál en cambio cubrieron todo o parte de mis gastos, permitiéndome tener un embarazo sano (parto, pediatría, hospitalización, etc.) También ayudaron mi esposo con su operación y chequeos.

Sin la ayuda del Centro Médico, la paga pequeña que recibimos no habría sido suficiente en cubrir nuestros gastos costosos. Por lo tanto, mi esposo y yo les estamos dando las gracias, tanto al personal como a los doctores, por la distinguida amabilidad, atención y seguridad que nos dieron y continúan darnos. Gracias un millón.”

In English:

“My husband and I work on a farm, where medical insurance is not provided. Thank God there exist Health Centers, with excellent personnel, which offer medical services at lower cost.

During my nine months of pregnancy they helped me obtain MassHealth and HealthNet, which covered all or part of my expenses, allowing me to have a healthy pregnancy (labor, pediatrics, hospitalization, etc). They also helped my husband with his operation and checkups.

Without the help of the Health Center, the little pay that we receive would not have been enough to cover our expensive expenses. Therefore, my husband and I would love to say thank you, to the personnel as well as the doctors, for the distinguished kindness, attention, and security they gave us and continue to give us. Thanks a million.”

Compiled by Byron Pareja

Outreach Worker

Community Health Center of Franklin County

ABOUT THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Established in 1972, the Massachusetts League of Community Health Centers (the League) provides a wide range of assistance to community health centers and serves as an information source on community-based health care to policymakers, opinion leaders and the media. In addition to the Connecticut River Valley Farmworker Health Program, the League works to strengthen the Massachusetts community health center network through:

Comprehensive Technical Assistance

The League provides technical assistance leadership to health center administrators, clinicians and board members, and to other agencies that support or work in community-based health care. League staff render support to health centers on both an individual and group basis, focusing on state and federal health regulatory and policy issues. Technical assistance is provided in a range of administrative areas that include financial and personnel management, capital development, grant writing and managed care systems. In addition, the League collects demographic information by community to build the case for federal funding for communities that have limited access to health services and to primary care providers.

Workforce Development

As part of its Training and Education program, the League develops seminars, workshops, and conferences designed to provide useful and timely information on health care operations, management, and clinical issues to senior managers, board members, physicians, mid-level providers, administrators, and support staff. In addition, the League is working to expand its range of recruitment and retention programs for both clinical and non-clinical health center staff, including a \$5 million loan repayment program for existing and prospective community health center physicians; certificate program to advance the skills of health center middle managers; and development of the Community Health Institute for Leadership Development (CHILD), a comprehensive career training and education initiative for current health center employees seeking skills enhancement, and for local residents seeking entry-level positions at health centers.

Information Dissemination

The League works to keep health center staff and patients up-to-date on the economic and political changes within the primary health care system through newsletters, bulletins and general information notices. Information on the issues affecting community health centers also is provided to policymakers, the media, potential clinical staff, and the public. The League has developed a series of technical publications that address issues such as the roles and responsibilities of boards of directors, credit and collection policies and wage and compensation levels for health center employees.

Community Development

Focused on expanding health access to new communities and new patient populations, the League participates in statewide health planning activities. In addition, the League renders assistance to locally based health committees and organizations seeking to open health centers in their communities.

Advocacy

The League works to promote the improvement and expansion of primary health care access by providing information to policy makers, public and private agencies, and the media on the key issues that affect uninsured and

underinsured populations across the state. League activities that focus on the promotion of health access include community health center education days at the Massachusetts State House; participation on commissions and committees charged with developing effective health policy strategies; and the annual distribution of a facts and issues paper on the role community health centers play in the Massachusetts health care system.

Affiliations

The League has several affiliate organizations that include the health-center based HMO, Neighborhood Health Plan, founded by the League, health centers and the Boston business community in 1986. The League also is a founder and corporate partner of the Community Health Center Capital Fund, established in 1994 to assist Massachusetts health centers in developing and funding capital projects, and Capital Link, established in 1998 to provide similar assistance to health centers nationally. Also in 1998, the League helped to create what is now known as Commonwealth Purchasing Group, a wholly owned subsidiary that provides group purchasing, shared services and strategic sourcing solutions for more than 100 community health centers and related non-profit organizations in Massachusetts and across the country.



**Massachusetts League of
Community Health Centers**
Good health. Right around the corner.

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