

Semillas de Salud
Case Study
Assessment/Policy Development

Two Countries/Two Names/Broken Policies

Introduction

The increasing diversity in many areas of the United States has posed both challenges and opportunities for healthcare providers. These challenges can be especially salient in rural areas that have been largely homogeneous until the last 5-8 years, and that may not have the dual language support materials, people and processes in place to respond to an influx of non-English speakers.

Maria Guadalupe Gomez, age 22 and married, was 5 months pregnant with her first baby in January 2006 when she walked into Clinica Medica, the Hispanic health clinic in a rural area of southern Indiana. She had been in the United States for five years, immigrating from near Puebla, Mexico. She and her husband were living with her sister's family which included her sister's husband and two children. While previously a patient at Clinica Medica, which only sees uninsured patients, she had not needed clinic services since she had become employed full time at a local factory that provided her with health insurance benefits. Catherine Z. Jones, the registered nurse who serves as the clinic coordinator at Clinica Medica, was surprised when Maria nervously signaled her in the crowded waiting room indicating a need to speak with her. Catherine could sense, upon seeing Maria's demeanor, that her former patient was especially agitated about something.

Inviting her into a quiet corner of the exceedingly busy clinic, she inquired, "Did you need to speak with me?"

"Si. I hope you can sign paper for me, yes?"

"Well, I am happy to help you if I can. What paper is it?"

"Just a paper for my employer so that I can have my job back after my baby is born." She presented Catherine with a Family Medical Leave Act (FMLA) form, nearly 10 pages long.

It took several minutes of conversation for Catherine to understand what Maria was asking. Maria's face and neck turned bright red and she lowered her voice as she explained. Since getting pregnant, Maria had been receiving prenatal services at a federally qualified health clinic (FQHC) in another county without telling clinic officials that she had insurance. She had chosen this route because her employer knew her by one name, the name on her purchased social security card. But she wanted her baby born with *her* name, not the false name known to her employer. She dared not tell her employer of her correct name. Nor did she want the clinic where she received prenatal care to know she was insured or she believed she would have been compelled to use the

false name. Not really understanding how the U.S. system worked, Maria had decided to tell her employer she would be going to Mexico to have her baby and would return following the birth. While she actually had no intention of going to Mexico for the birth, she thought that this falsehood would explain why she was not using her insurance, should her employer ever become curious about their pregnant employee. While not fully understanding the rules and expectations of her new home, Maria did know she wanted to keep her job at all costs following the birth of her child. She showed great anxiety and embarrassment in sharing all of this with Catherine, clearly uncomfortable with the position she was in yet not seeing any way out that did not involve additional deception.

Maria insisted that she simply needed a signature on the form. When she presented it to Catherine, Catherine saw it was an FMLA application and knew she would not be able to complete it. She encouraged Maria to take it to the physician at the FQHC that was providing her prenatal care. However, she knew from Maria's reaction that Maria was in a very difficult situation. Should she take the FMLA form to her physician, they would know she had misrepresented her insurance status. At the same time, failing to have it signed could mean the loss of a stable income, her reason for coming to the U.S. in the first place. She had approached Catherine as a trusted community professional whom, she hoped, would have a solution for this dilemma. Instead, needing to follow the law as well as the ethics of the nursing profession, Catherine could only encourage Maria to take the form to the prenatal clinic for completion. It tugged at Catherine's heart to see, once again, the stress on Mexican immigrants of our failed immigration and health policies and the knotty dilemmas often faced by people like Maria, who are existing as second-class citizens in a foreign country while displaced by their own because of the lack of opportunities. How many other Maria's were out there, struggling with similar issues that put them in no-win situations where a lie of one kind or another seemed to them to be the only way to cope? How many immigrants were forgoing healthcare so as to avoid interacting with a system they did not understand nor trust? The stress of living day to day under these circumstances seemed exhausting and, in fact, Catherine had seen many symptoms of post-traumatic stress syndrome in her immigrant patients.

Case

Catherine had no crisis of conscience regarding her refusal to sign Maria's FMLA form; it would only be ethical to sign such a form if Catherine's clinic had currently been providing care for Maria and her unborn child. But Catherine was nevertheless very unsettled by the circumstances that led Maria to make such a request. Numerous times this bi-cultural nurse, who was also born in Mexico, had seen her fellow countrymen arrive in this country not only for the chance to better their lives but also to meet a real economic need in her adopted country.

A town of 35,000, Catherine's adopted home had changed dramatically in the last 6 years. She had been among a handful of Latin American immigrants who had married United States' citizens and had become naturalized themselves twenty years ago or so. This small, closely knit bi-cultural community ballooned in the late 1990's as economic circumstances led to labor shortages in the manufacturing and service sectors of her town.

(See chart A, below). In fact, Catherine had heard the human resource director not only at Maria's factory but also at other local factories say that if it had not been for the Mexican laborers who came to fill jobs at the factory, they would have had to move the entire operation off-shore or else close down. Undocumented immigrant labor had provided important support for economic development in the community in recent years. Employers and community leaders seemed all too willing to keep their collective heads in the sand regarding the true legal status of their workforce. As long as prospective employees presented the required social security card, employers appeared to have little interest in discovering the vast underground economy that has sprung up to provide false cards to willing Mexican laborers who come to this country without documents, or to understand the compounding problems that these laborers experience outside of their work environment.

As Emily Friedman recently wrote, "projected patterns of demographic change [in the United States] are more complex than they were historically, and the implications for the health care system are profound... Furthermore, the presence of minorities is being felt more in communities that historically have not been very diverse. Both native-born and immigrant minority Americans are moving to areas in New England and the Midwest, which traditionally were far less diverse than the South, the West and the industrial Northeast." (Friedman, 2006).

Maria's story was truly remarkable for the persistence she had demonstrated and the strength of character she had needed to navigate from her home country to the United States. Maria was the oldest child and lived with her parents, 4 brothers, and 3 sisters in a two room house. They had no electricity and no running water. When Maria was little both her mother and father had to work to survive. They would leave the young children alone all day. Maria, being the oldest (8 years old at this point in time), cared for her brothers and sisters while they worked. On good days her mother and father would earn \$10.00. (Dad made belts and Mom cleaned in various places.) Some days there was very little food. Maria and her brother often sold gum on the street corners to earn extra money. Other times, they would wash car windows for people stopping on the streets. Maria went to school until 6th grade. She loved school and wanted to continue but her parents could not afford to buy the uniforms and supplies that were needed to go to school. Maria had to quit to allow the rest of her brothers and sisters to go.

When Maria was 17, her Dad was suffering with diabetes and needed medical care. Her mother also had various medical problems. Maria had heard that if she went "North" she would be able to earn money and send enough back to help her parents and brothers and sisters. She had a cousin Luis who was anxious to go, too.

Maria and Luis made plans to go to the United States. They needed a lot of money, \$1500.00 each for a "Coyote" who would take them across the border. They were able to collect money from many different family members and were ready to go. The Coyote lead them through the desert. During the day it was very, very hot. They had nothing to eat or drink. They had not been told to bring anything with them and nothing was provided. At night they would walk through the desert not being able to see where they

were going and hearing all kinds of animals. One night they were left with a group of people in a shack. It was filthy. It was evident that this place was used often. There was no place to go to the bathroom, no food or water. In the desert it can get very cold at night. After sweating all day in the heat, they froze at night. The five people that were left in the shack had to huddle together to keep warm. They could hear the coyotes howling just outside. The Coyote (person bringing them to the border) left them there for 3 days. They were very frightened and felt if they left the shack they would be caught by immigration. They didn't know what to do. Finally on the third night the Coyote returned to take them on their way. They finally made their way to the Frontera (border). The scariest part of the trip was at the border. In Mexico there are many dangerous people preying on the people leaving. It is almost like the Mafia on the Border. Maria and Luis were robbed 3 times and beaten. There were areas that had electrical fencing to prevent people from crossing. Tunnels had been dug in the ground. They had to crawl down in the ground to get through. The holes were very small and it was very dark and scary. After 6 days, 3 days walking with blisters and swollen feet and 3 days spent in the shack, they crossed the border. They were terrified not knowing what would happen next. Someone was waiting with a large van filled with other people to take them to where they were going – Indiana - where someone they knew from Mexico lived. Maria was scared but knew there was no hope for her or her family in Mexico. She was very sad and depressed to leave all those she loved, but she had a responsibility to help and this was the only way.

Catherine knew Maria's story and dozens of others, too. Her concerns and commitment to this growing population had led her to exert leadership in the community to create a more welcoming environment for Hispanic workers. She was proud of the Hispanic clinic she had helped to form and for which she was responsible for recruiting volunteer physicians, nurses, and interpreters. No other community in southern Indiana had been as proactive in responding to and welcoming the workers who were keeping local services going. Thank goodness the faith community had also joined in these efforts, allowing Maria to get free prenatal vitamins through Mary's Chapel, a local, ecumenical sponsored food pantry with aid for prescriptions.

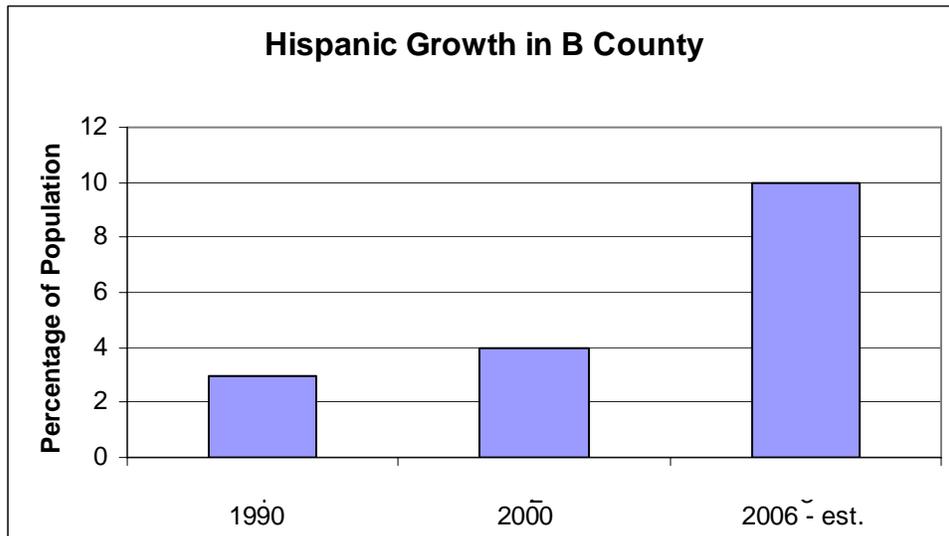
Closing

It is clear to Catherine and to other leaders in her community that there is a growing number of people with challenging emotional problems due to the situations they face where their behavior is at odds with their values. The anxiety, depression and stress-related illnesses seen at Clinica Medica are seen at many other sites serving the undocumented workers who are keeping many Midwestern communities alive. It seems inhumane yet there is no solution in sight. Interested, concerned people feel unable to help as our state and country's laws become more and more strict. Growing numbers of immigrants driving without licenses or insurance, having to live with the fear of being sent back to extreme poverty in their home countries, living without loved family members whom they are supporting with checks sent home, and so on. The history of first generation immigrants in the United States is fraught with challenges and continues unabated to this day.

Study Guide

1. Who is/are responsible for ensuring that immigrants have access to health care?
2. What is the role that undocumented workers play in our social, economic and political lives?
3. Many who are concerned about the influx of undocumented workers claim that they are taking advantage of tax-supported programs without helping to pay for such programs. Is this an accurate claim?
4. What are the potential public health problems when a segment of a community's population goes without preventive health care?
5. How can communities help immigrants to integrate into the local health system?
6. What possible solution is there to this convoluted mutual survival cycle where laborers have to exist in the underground of the same economy they keep alive?

Chart A: Hispanic Growth in B County, Indiana from 1990 through 2006 (estimated)



References

Friedman, E. (2006). Tapestry. *Hospitals and Health Networks Online*, February 9, 2006. Accessed February 27, 2006 at <http://members.aol.com/emilyafriedman/columns/2006-02-tapestry.html>.

Tienda, M. & Mitchell, F., Eds. (2006). *Multiple origins, uncertain destinies: Hispanics and the American future*. Washington, D.C.: The National Academies Press.

United States Census Bureau (2005). Accessed February 8, 2006 at <http://quickfacts.census.gov/qfd/states/18/18005.html>.