Brower (2009) Injury and Treatment of Migrant Farmworkers

Throughout the New York area, migrant farmworkers have systematically acquired work related injuries and have not received the proper care they need. Migrant farmworkers are at an increased risk due to the nature of their jobs and the “language and cultural differences” they experience when they enter the U.S. job force (Brower et al. 2009:173). In the this article Occupational Injury and Treatment Patterns of Migrant and Seasonal Farmworkers, the authors conducted a survey containing which revealed information regarding how many immigrants use the minimal health centers and how serious their injuries truly were.

In the past, researchers have experienced difficulty in regards to collecting information on how many workers actually use the provided health care centers. This is because a large amount of the workers are either undocumented or cannot afford medical treatment (Brower et al. 2009:173). "The purpose of the…study was to determine the proportion of workers using MHCs [migrant health centers] verses other sources of occupational health care, and to use these data to correct previous occupational injury and illness rate estimates” (Brower et al. 2009:172). The study was conducted in "the Finger Lakes Region of New York and the apple, broccoli, and blueberry regions of Maine" (Brower et al. 2009:172). However, I will only focus on the study conducted in the New York area.

There were two primary methods the authors used to conduct their studies to identify how many workers used the migrant health care system provided versus the emergency room at the hospital. The first method was conducted using a survey. In 2005, interviewers visited seventy-five housing camps in the Ontario, Steuben, Wayne, and Yates counties over a twelve-week period and asked people to respond to survey questions (Brower et al. 2009:173). The statistics found that fifty-four percent of the surveyed workers went to Migrant Health Centers and around twenty-one percent sought medical treatment at the ER (Brower et al. 2009:175).

The second method was conducted using a chart system. This consisted of the authors collecting medical charts from both the Migrant Health Centers and the emergency rooms in the Finger Lakes Region (Brower et al. 2009:174). In regards to the MHCs, researchers reviewed a random selection of medical charts from different clinics. “For each chart, researchers confirmed farmworker status and assessed the presence of occupational illness or injury using registration forms and the physician or nurse’s progress notes” (Brower et al. 2009:174). To find statistics regarding the amount of workers admitted to the emergency room, the authors worked with six regional hospital departments to gather and review data. The authors found that “muscular strain/sprain was the leading” injury in workers (Brower et al. 2009:176).

Before I read the article, I had no idea how serious the working conditions for migrant farmworkers were. I was surprised by the amount of injuries these workers incurred and how they were not properly cared for afterward. Many of these workers cannot afford health care and have a minimal educational background (Brower et al. 2009:173). However, I found it very interesting that people have been trying to find ways to help these farmworkers receive the care they need. For example, the National Migrant Health Program was set up to aid those people who do not have the resources to receive medical care at a hospital (Brower et al. 2009:173). This article was very informative in regards to how migrant farmworkers receive care and how dangerous their profession really is.

References:


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