

A person wearing a white long-sleeved shirt and dark pants is kneeling in a field of green plants. They are holding a yellow plastic container. The background shows a field of similar plants under a bright sky.

# **AIDS and Migrants: Solutions and Recommendations**

*By the UNIDOS Network of Capacity Building Assistance  
Providers*

## **Abstract**

Migrant workers, who are now employed in a host of low-wage industries, are at increased risk for HIV/AIDS. Some estimate that 5 percent of farmworkers are infected with HIV/AIDS, which is nearly 10 times higher than the U.S. national average of 0.6 percent. Major risk factors include: cultural taboos about sexual matters, sharing needles to inject legal as well as illegal drugs, racism, and poverty. Mobility, language, illiteracy, traditional customs, and limited access to health care all present significant barriers to HIV prevention efforts. The UNIDOS capacity building assistance network is available to assist community-based organizations and health departments develop and implement effective HIV prevention programs targeting this population.

## **Background**

Migrant workers now comprise a significant segment of the workforce in a host of industries, including agriculture, landscaping, meatpacking, poultry processing and construction. While many of these workers come from Mexico, others come from Central and South America, the Caribbean, and Asia. Many foreign-born, migrant workers do not speak English, have limited formal education, and are not literate in any language. Access to health care is limited, because many work in industries where employers do not typically provide health insurance and, as recent immigrants, they are excluded from federal safety net programs such as Medicaid. Mobility, language, illiteracy, and traditional customs all present significant barriers to HIV prevention efforts and culturally and linguistically appropriate efforts are often in short supply.

This paper focuses primarily on migrant agricultural workers, the industry in which many, but not all, migrants are employed. Migrant farmworkers are often a hidden population that fears contact with government agencies due to immigration difficulties or past persecution, and are not well connected to the local communities to which they travel for work. An estimated 4.17 million farmworkers and their family members live and work in the United States (HHS 1990). Of the 2.5 million hired U.S. farmworkers (U.S. Commission on Agricultural Workers 1992), 80 % are male (NAWS 2000) and approximately 290,000 are youth under age 18 (GAO 1998). The majority (81%) are foreign-born, most (77%) are from Mexico or Latin America (2 %)(NAWS 2000). In the Midwest and west stream, the vast majority of hired farmworkers are Latino. In the eastern stream many are African-American, Jamaican, Haitian as well as Latino (NAWS 2000; Wilk 1986). Throughout the nation, there are an increasing number of indigenous people from Mexico and Guatemala that speak indigenous languages other than Spanish or English.

For foreign-born Latino farmworkers, less than 5 % report that they speak English well. Radio is a very popular medium among Latinos, both US and foreign-born. Ninety-one percent of Hispanics listen to the radio and, on average, those who are ages 16-32 listen to radio for 4.3 hours per day (Hispanic Radio Network 2004).

Farmworkers have limited access to health care. Only about 7 % receive employer-provided health insurance (NAWS 2000) and an estimated 15 % are treated at federal subsidized

community and migrant health centers (Duke 2004). According to a study of California farmworkers, conducted by the California Institute for Rural Studies, 32 % of male farmworkers have never been seen by a doctor in their lives (Villarejo 2000).

Poverty is also endemic to the life of a migrant worker. The median income among farmworkers is between \$7,500 and \$10,000 per year and 61 % live below the poverty line (NAWS 2000). By contrast, migrant agricultural workers contribute significantly to the U.S. economy. Migrants are employed to cultivate, harvest and pack fruits, vegetables, nuts and field crops, which yielded \$94.72 billion in sales in 2002 (USDA 2003).

### **Profile of the HIV Epidemic**

The Commission to Prevent Infant Mortality estimates that 5 % of farmworkers are infected with HIV/AIDS, which is nearly 10 times higher than the U.S. national average (0.6 %) (U.S. Commission to Prevent Infant Mortality 1993). While only a relative handful of small, local seroprevalence studies have been conducted in this population, their findings are a cause for concern. Studies in Florida, North Carolina, South Carolina, and California have shown seroprevalence rates ranging from nearly 2 % to 13.5 % (Castro 1988, CDC 1988, Jones 1991, Carrier 1991, CDC 1992). In 2002, in a pilot *promotores de salud* (lay health educator) project, conducted in Homestead, Florida by the Farmworker Justice Fund Inc. and Community Health Inc. of South Dade, 92 farmworkers were tested for HIV and 11 tested positive.

Surveys showing that farmworkers are confused about HIV transmission are reluctant to use condoms, and have elevated rates of sexually transmitted diseases, also suggest that this population is at increased risk for HIV/AIDS (Organista 1997). For example, Organista et al. (1996) surveyed 55 male and 32 female Mexican migrant farmworkers and found that while most recognized the chief modes of transmission, many believed that they could contract AIDS from a variety of unlikely sources such as mosquito bites (48%), public bathrooms (33%), and kissing on the mouth (29%). Of the 68 respondents who indicated sexual activity, 60% stated that they had used condoms at some point in time. Among male respondents, only 14% said that they always use condoms with regular sex partners and just under half (49%) said that they always use condoms with occasional sex partners. Few women (14%) said that they always use condoms with regular partners and only 22% confirmed use with occasional partners. In a study, Organista et al. (1997) noted that 44 % of Mexican migrants had sex with sex workers and that married men were less likely than single men, to use condoms in such situations, putting their wives at risk (Organista 1997).

Major factors contributing to the risk of HIV/AIDS for migrant farmworkers include: cultural taboos against the frank discussion of sexual matters between partners or parents and children; widespread social acceptance of males having multiple sex partners; heavy use of alcohol during sexual encounters; use of syringes to inject antibiotics and vitamins (from Mexico) as well as illegal drugs; unprotected sex with sex workers; and men having unprotected sex with men (many of whom do not identify as gay).

Almost all migrant workers are either African-American or Latino, both of which are groups disproportionately affected by the HIV/AIDS epidemic. Hispanics, who comprise 14 % of the U.S. population (U.S. Census 2000), account for 19.8 % of all HIV/AIDS cases among adult males, 19.2 % of all cases among adult females and 21.6 % of all pediatric cases (CDC Surveillance Reports for 2002). Similarly, African-Americans/Blacks who constitute 12 % of the U.S. population (U.S. Census 2000), account for 37.2 % of all HIV/AIDS cases among adult males, 59.3 % of all cases among adult females and 62.8 % of all pediatric cases (CDC Surveillance Report for Year 2002). Moreover, the rate of HIV infection increased by 26.2% for Latinos from 1999 - 2002. (MMWR November 2003) while the rate of infection for Non-Hispanic whites increased by 8.1% and the rate for Non-Hispanic blacks remained steady.

Migrants are also at increased risk for HIV/AIDS due to poverty, racism, stigma, and low self-esteem. Extended separation from family and friends also creates stress, depression, and anxiety (Villarejo 2000), which can be detrimental to the functioning of the immune system (Jessop & Harbuz, 2003). A 2000 study, based on surveys of 246 Latino men who have sex with men, of whom 19 % were HIV positive, found that poverty, homophobia, and racism were highly correlated with risk taking behavior (Diaz 2001).

Geographic proximity to the HIV/AIDS epicenters is also a risk. Seven out of the ten jurisdictions with the highest concentrations of Latinos are also the areas with the largest number of HIV/AIDS cases.

States with the largest number of Latinos

<b>California</b>	10,966,556
<b>Texas</b>	6,669,666
<b>Puerto Rico</b>	3,700,000
<b>New York</b>	2,867,583
<b>Florida</b>	2,682,715
<b>Illinois</b>	1,530,262
Arizona	1,295,617
<b>New Jersey</b>	1,117,191
New Mexico	765,383
Colorado	735,601

Source: US Census 2000

States with the largest number of AIDS cases

<b>New York</b>	149,341
<b>California</b>	123,819
<b>Florida</b>	85,324
<b>Texas</b>	56,730
<b>New Jersey</b>	43,824
Pennsylvania	26,369
<b>Illinois</b>	26,319
<b>Puerto Rico</b>	26,119
Georgia	24,559
Maryland	23,537

Source: CDC HIV Surveillance Report 2003

### **Bi-national Character of the Disease Among Migrants**

Mexican health officials estimate that 30 % of Mexican HIV/AIDS cases are due to sexual contact with migrant workers returning from the U.S. (Mena, 2000). Heterosexual contact (38.3 %) now tops homosexual contact (31.2 %), as the leading route of transmission for HIV/AIDS among Mexican adults (CENSIDA 2003). Similarly, health officials in Zacatecas, a state that sends large numbers of migrant workers to the U.S., reported that the leading cause of death among women under 50 is cervical cancer, caused by the Human Papilloma Virus (i.e., a sexually transmitted disease) (FJF 2004). Mexican women in the rural areas are at significant risk for HIV/AIDS and other STDs, because they are often

unaware of their partner's sexual activities in the U.S. and ill equipped to insist on the use of condoms or other protective measures.

### **Need for Capacity Building Assistance**

Many health departments and community-based organizations want to provide HIV/AIDS prevention services to migrant workers and their families, but need help acquiring cultural competence, tailoring programs to meet the needs of the migrant community, training outreach staff etc. UNIDOS, the CDC-sponsored capacity building assistance network that specializes in work with migrants, can meet these and other needs. UNIDOS aims to improve prevention services targeting migrants by assisting and supporting the health departments and community-based organizations that serve this population.

### **Solutions**

Since 2001, the Centers for Disease Control and Prevention has funded a network of national capacity building assistance (CBA) providers to assist health departments and community-based organizations and others, improve HIV prevention services to migrant workers. The CBA provider network, UNIDOS, is composed of:

Farmworker Justice Fund, Inc in Washington, DC  
Rural Opportunities, Inc. in Rochester, NY  
United Migrant Opportunities Services in Milwaukee, WI

This network focuses on program development and community mobilization. Services available include:

- Cultural competency trainings
- Adaptation of peer educator interventions, such as Promotores de Salud (lay health promoters) or the Popular Opinion Leader (POL) model
- Asset and needs assessment development
- Evaluation models and methodologies
- Data collection and analysis
- Basic HIV prevention information training in Spanish and English
- Development of materials for low-literacy populations
- Sexuality and gender orientation workshops

Each organization has years of experience working in migrant communities. Assistance is available free of charge. To request assistance, a health department, or CBO should contact its CDC Program Consultant (if it receives CDC funds) or the CBA provider directly (see below for contact information).

## **Meet the Groups in the UNIDOS Network**

**The Farmworker Justice Fund, Inc. (FJF)** is a private, nonprofit education and advocacy organization, based in Washington D.C. Founded in 1981, its purpose is to empower migrant and seasonal farmworkers to improve their wages, working conditions, occupational safety, health, immigration status, and access to justice through litigation, advocacy, public awareness, capacity building, coalition building, and support for union organizing. Since its inception, FJF has collaborated with farmworker organizations throughout the nation to ensure that farmworkers themselves play a role in shaping the health policies that affect them.

### **FJF's capacity building services include, but are not limited to:**

- Incorporating lay health educators (promotores de salud) into HIV prevention programs
- Increasing cultural competency and raising awareness of the migrant culture and the risks they face
- Creating low literacy educational materials
- Tailoring and adapting HIV prevention interventions to meet the needs of migrant adults, youth or men who have sex with men
- Developing needs and asset assessment tools
- Designing social marketing campaigns
- Crafting evaluation plans

**Rural Opportunities Inc. – ROI** is a private, non-profit regional community development and human services organization, founded in 1969 to provide services to farmworkers, low-income families and economically depressed communities throughout New Jersey, New York, Ohio, Pennsylvania, Indiana and Puerto Rico.

ROI is a large multi-service organization serving over 20,000 people each year. Its programs are divided into the following broad categories: Adult Training; Property Management; Housing Services; Real Estate Development; Economic Development; Resident Services; Child Development; Programs; Volunteer Initiatives; Health & Safety (including HIV Prevention); Youth Education & Training; Emergency & Supportive Services.

### **ROI's capacity building services include, but are not limited to:**

- Developing and implementing an HIV/AIDS Peer Outreach Worker (POW) program
- Adapting existing prevention curricula for HIV prevention, such as Being A Responsible Teen (BART) for use with migrant populations
- Incorporating cultural competency and linguistic appropriateness into prevention materials
- Incorporating behavioral science into the design of materials and trainings to improve intervention effectiveness
- Developing and administering needs assessment and other questionnaires
- Conducting organizational needs assessments
- Collaborating with state and local health departments and a wide range of other partners in the delivery of trainings

- Education to the general prevention community about the unique cultural, social and other factors placing migrant workers at high risk for HIV

**United Migrant Opportunities Services, Inc.** – UMOS, Inc. has served the migrant, seasonal, and settled out farmworker community on a national level for thirty-nine years, providing a broad range of services from education, childcare, housing, employment and training, health promotion, advocacy and family and social service.

As a Capacity Building Assistance provider, it has assisted CBOs and health departments to build and integrate the infrastructure to better understand and serve the migrant, communities. It has provided these organizations with workshops, training and technical assistance on the development of culturally and linguistically appropriate interventions, prevention case management, curriculum development and/or adaptation, behavior change and the implementation of effective interventions, among others.

Some examples of how UMOS has made a significant impact on migrant serving agencies, health departments, clinics, and policy-making bodies are:

- CBA training on Cultural Competency for state and local health departments that has influenced their efforts in making HIV prevention, care, and treatment more accessible to Hispanics and migrants in Wisconsin, Minnesota, South Dakota, and South Carolina.
- CBA training for a migrant clinic and hospital-serving migrants in Colorado that resulted in greater access to services for migrant workers.

### Contact UNIDOS

By providing capacity building assistance, the UNIDOS network can help CBOs and health departments stem the tide of HIV infection in migrant communities. These CBA providers can be reached as follows:

<b>Farmworker Justice Fund, Inc.</b>	<b>Rural Opportunities Inc.</b>	<b>United Migrant Opportunity Services</b>
1010 Vermont Avenue, NW	400 East Avenue	802 W. Mitchell Street
Suite 915	Rochester, NY 14607	Milwaukee, WI 53204
Washington, DC 20005	(585) 340-3713	(414) 389-6511
(202) 783-2628	(585) 340-3337 (fax)	(404) 389-4517 (fax)
(202) 783-2561 (fax)		

You may also contact the Centers for Disease Control and Prevention directly at (404) 639-2918 or through a CDC Project Officer or a local state Health Department representative for assistance.

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