

# **Pesticide-Poisoned Idaho Farmworkers Fight for Health Equity**

## ***A Case Study in Racial Justice Organizing***

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### ***Northwest Federation of Community Organizations***

Racial disparities in health persist in the United States and cannot be eliminated simply by removing financial barriers to health care. Structural racism in the health care system must also be addressed if we are to achieve a universal health care system that truly does meet everyone's needs. This case study highlights how farmworkers exposed to pesticides had to confront both environmental racism and systemic racism in the health care system. The Northwest Federation of Community Organizations (NWFCO) and the Idaho Community Action Network (ICAN), a NWFCO affiliate, helped farmworkers win record penalties against those who caused the exposure and new language access at a local hospital. The organizations continue to press for long-term changes in the regulations regarding pesticide use.

#### ***Introduction***

In July 2005, twenty-nine workers were poisoned in an onion field in Caldwell, Idaho. The night before, a pilot had applied three pesticides to the field but had not notified the farm owner. The crew boss was late for work that day and did not call the farmer before sending the workers into the field, which had not been posted with warning signs. At 6:30 a.m., the crew began working. The workers did not smell or see any pesticide residues. Many of them were new and had not received pesticide safety training from their employer, which federal law requires. As the workers moved through the field, they noticed that their clothes became soaked, but they believed the liquid was just dew.

After a few hours, Leticia Silva began to feel sick. Her heart was beating very fast, and she felt dizzy and nauseated. A friend took her to the hospital. As the other workers continued to weed the field, pesticides brushed onto their skin. Some felt ill as they worked, but they did not know enough about the symptoms of pesticide exposure to identify the reason for their illness. When they finished weeding, they moved to another field.

Workers began vomiting and some became too weak to stand. The crew boss gave them lemons to reduce the effects. Finally, everyone stopped working and left the field. Someone made an emergency call and an ambulance arrived. The firefighters ordered the sickest people to strip naked in the field so they could be showered immediately. Of being told to strip, Ramiro Lopez, one of the sickest workers, says, "I didn't care because I felt like I was dying." Yet others said that they did not want to be naked in the middle of the field. They did because they had no other choice.

The workers were taken to West Valley Medical Center, which the Idaho Community Action Network (ICAN) had already begun to investigate, documenting language access and charity care access problems there. For years, Latino residents of Canyon County had called the hospital

“Death Valley”; it was notorious for failing to provide interpretation services to non-English speakers and for treating Latino patients with disrespect and substandard care.

At the hospital, the workers experienced all the problems that ICAN had been hearing about. Maria Aguirre, who had begun vomiting blood in the ambulance, and another sick worker were asked to interpret for the others, because West Valley did not have any interpreters. Other workers reported being treated badly – and even being yelled at – by West Valley staff. In all, twenty-two workers were hospitalized and two were admitted for critical care.

### ***Idaho’s willful ignorance of pesticide poisonings***

There are almost 30,000 migrant and seasonal farmworkers in the state, which is a major producer of potatoes, sugar beets, onions, and many other crops. In 2005, over 1.8 million pounds of herbicide, insecticide, and fungicide were applied for the potato harvest alone. Many of these chemicals are highly toxic. A number of have been linked to, or are suspected in, neurological problems, cancer, endocrine disruption, and other health problems.

There is every reason to believe that the farmworkers who cultivate the state’s crops are routinely exposed to these dangerous pesticides. Yet very few exposures are reported to the Idaho Department of Agriculture each year. By contrast, 1,500 exposures are reported in California annually. This vast difference is largely attributable to California’s superior reporting system, rather than its greater population.

Idaho does very little to ensure full information about the use of pesticides in the state and the impact of that use. The state allows growers to apply pesticides without reporting such use to state agencies. There is no system in place to monitor pesticide drift. And growers may spray without providing notice to neighbors. When it comes to pesticides, Idaho has chosen to remain willfully ignorant.

### ***Fighting for change in the fields***

A few days later, ICAN met with the outraged workers. As they discussed what had occurred, they decided that three different issues needed to be addressed. First, they wanted the farmer, labor contractor, and pesticide applicator to be held accountable for the exposure – and they also wanted answers about the pesticides they had been exposed to and their possible long-term health effects, as well as new protections to prevent future exposures. Second, they felt that West Valley Hospital should be open to all residents, and that meant improving its language access program. Finally, they wanted resolution of systemic problems that prevent immigrant workers from accessing the health care system, like immigrant eligibility bars to public health programs like Medicaid.

Soon afterward, ICAN organized a heated public meeting with the Department of Agriculture and the Department of Labor and Commerce, in which workers told their stories and called on regulators to investigate the incident and punish those responsible. ICAN also sent letters to both agencies demanding that they enforce the

existing laws protecting workers and launch public information campaigns to prevent future incidents. And, to draw attention to the ongoing investigation, ICAN worked with local media, securing newspaper and television news coverage of the story over two dozen times in the months following the exposure.

Two weeks after the exposure, the Department of Agriculture reported the names of the pesticides used: methomyl, cypermethrin, and mancozeb. Methomyl and cypermethrin are pesticides in toxicity categories 1 and 2, respectively, and both are potentially deadly.

As a result of ICAN's work, the Department of Agriculture fined the field owner, the labor contractor, the pilot, and the air service an unprecedented total of \$40,000. In the 14 pesticide exposure cases involving these same violators over the five preceding years, the only fines the Department had imposed included a \$500 fine and a \$2,500 fine, and the agencies had allowed the offenders to pay just half.

Following this success, grassroots leaders decided to take the fight to the Legislature and press for changes to the farmworker pesticide safety regulations to ensure that workers not be exposed to pesticides in the future. NWFCO drafted legislation that would require farmers to post warning signs and pesticide safety information in the fields, where workers would actually see them. The bill was sponsored and introduced, and grassroots leaders will continue to push for its passage, along with fighting for stronger state and federal regulations.

### ***Fighting for change in the hospital***

While fighting for change in the fields, ICAN proceeded with its documentation project at West Valley, an affiliate of the national, for-profit hospital chain Columbia/HCA. Although Canyon County has the highest concentration of Latino residents in Idaho (21 percent of the population), West Valley did not provide language services to patients – effectively refusing to serve one fifth of the population based on their national origin. Latino residents of Canyon County understood the racist message West Valley was sending: Latino patients not welcome here.

ICAN recruited and trained a team of community monitors who followed a testing protocol and collected data to document the hospital's failings. These community monitors, including both primary English-speakers and primary Spanish-speakers, made telephone inquiries and personal visits to West Valley's hospitals and clinics. Based on this testing, NWFCO prepared a report that presented the documentation of the problems and proposed recommendations.

Soon afterward, a grassroots leadership team, joined by many of the poisoned farmworkers, met with hospital management. Armed with the NWFCO report and accompanied by a NWFCO policy analyst, the grassroots leaders presented the report and recommendations to the West Valley's CEO and other managers – and the hospital agreed to all of them.

Now, the hospital is establishing a medical interpretation certification program for all interpreters and bilingual staff, implementing cultural competency training, revising its charity care information, and translating signs, brochures, and financial assistance forms into Spanish. The hospital is also implementing a recruitment, training, scholarship, and loan repayment program

**West Valley Medical Center** is an affiliate of the national, for-profit hospital chain Columbia/HCA. The 150-bed hospital is located in Canyon County, Idaho, with satellites in nearby towns.

With a population of 162,000, Canyon County is considered part of the Boise metropolitan region, but its demographics are very different.

Agriculture is the top industry in Canyon County. Twenty-one percent of Canyon County's population is Latino, including many immigrant farmworkers, and one in five of the county's residents speak a language other than English at home. In 2005, the per capita income was \$18,448 a year.

The programs and policies proposed by ICAN and NWFCO to West Valley will benefit these members of the Canyon County community.

to hire bilingual and bicultural staff from the community. ICAN, NWFCO, and the hospital continue to monitor progress toward these goals, meeting regularly.

The grassroots leaders are considering options for eliminating the exclusion of immigrant children from Medicaid and the Children's Health Insurance Program.

### ***Lessons learned***

**Look at every campaign through the racial justice lens.** The uniting factor in these campaigns was the structural racism that exposes immigrant workers to workplace dangers and excludes immigrants from access to health care. Structural racism leaves immigrants uninsured, and institutional racism at the hospital led to failure to provide language access and culturally competent care. Without a racial justice analysis, ICAN would not have been able to address the multiple critical issues that converged for the farmworkers on the day they were poisoned.

**Documentation is the key to success – to raise an issue you have to document it.** ICAN and NWFCO's documentation project showed clearly that the hospital was failing to meet any standard of access to language services and charity care. Because the organizations had clearly and persuasively documented the failures, hospital administrators agreed without argument that there was a problem and committed themselves to finding a solution quickly.

**A multiracial base allows an organization to see many facets of a larger problem.** If ICAN's base had not included Latino farmworkers, the organization would not have been called into the pesticide exposure fight and would not have had information about the lack of language services at West Valley. Working with Latino leaders allowed ICAN to identify the two fights and the connections between them, bringing all members together to work on these issues as part of ICAN's larger fight for universal access to health care.

**Media coverage of the exposure was extremely effective.** It is unknown how many workers have been exposed to pesticides in Idaho – or how many had no redress because they did not know how report the problem or because the Department did not impose serious penalties. In this case, ICAN organizers took the story to the media early and got coverage of the initial incident, keeping the reporters on the story as the Department's investigation proceeded and the hospital campaign began. Keeping the public eye on the incident forced the Department to impose high fines. It also created cross-constituency awareness of the problem, prompting a strong feeling of outrage on behalf of the workers in the general public and ICAN's non-farmworker leadership.

### ***How NWFCO made this health equity campaign possible***

This effort would not have been possible without NWFCO's inputs. In all, NWFCO:

- Helped ICAN build its leadership among farmworkers by training organizers and tracking organizers' progress as they recruited members from this community.
- Following the pesticide poisoning, wrote community education fact sheets distributed to community members and public service announcements aired on Spanish-language radio.
- Analyzed state and federal pesticide safety regulations, researched policy options, gathered data on pesticide exposures and agency action in Idaho, and drafted legislation.
- Consulted with ICAN on all levels of campaign strategy and tactics.
- Provided the hospital testing protocol and trained community members.
- Researched and drafted the policy recommendations presented to West Valley and ensured that ICAN and the hospital establish a joint structure for monitoring agreed-upon goals.