TRANSLATIONAL MEDICINE

BY KRISTA LANGLOIS | PHOTO BY SLAVA FRIMERMAN

Krista Langlois is a staff writer for the Valley News, where this article was originally published. It is republished here with permission.
LIKE MANY OF THE MIGRANT WORKERS WHO SUPPORT VERMONT’S DAIRY INDUSTRY, 41-YEAR-OLD ROSALIA GARCIA-MORENO SPENDS MOST OF HER TIME WORKING: FEEDING CALVES, MILKING HEIFERS, AND CARING FOR HER FAMILY ON PAUL AND MARY KNOX’S 800-COW FARM ON ROUTE 5 IN BRADFORD.

She’s the only woman among a group of 10 Mexican workers at Knoxland Farm, and she juggles her full-time job with caring for her three children.

It’s not a glamorous life to begin with, but it’s made more challenging by Garcia-Moreno’s diabetes, which was diagnosed while she was pregnant in 2004.

For migrant farm workers, the challenges of managing chronic illness are compounded: many of Vermont’s estimated 1,200 to 1,500 migrant laborers lack regular access to health care. Even when workers are made aware of available clinics, scheduling the time off and arranging for transportation can be daunting.

Not only that, but health-care professionals in one of the nation’s least diverse and most rural states rarely speak Spanish, making interactions difficult. Also, workers are sometimes afraid to seek treatment: a farm worker suffering from arthritis in his hands may not want to reveal to his employer a condition that could affect his work.

The challenges standing between Vermont’s migrant workers and access to health care are what spurred Geisel medical students Holly Schroeder and Karl Dietrich to take action. Two years ago, Schroeder and Dietrich applied for a fellowship to bring health care to what Dietrich called a “relatively invisible” and “overlooked” population, and today, the program is starting to take off.

“We both came into med school with an interest in service,” said Schroeder, a Massachusetts native who speaks fluent Spanish and has worked in health clinics in Latin America. “That’s why we got into medicine in the first place.”

Schroeder and Dietrich, who grew up in Hanover and who also speaks Spanish, received a $2,000 Schweitzer Fellowship to work with year-round migrant dairy workers in Vermont. The two decided to focus their efforts in Orange County, identified as one of three counties in the state with a high concentration of such workers.

As Schroeder and Dietrich began researching the issue, they caught wind of a Wells River doctor with Little Rivers Health Care, a federally funded clinic for the medically underserved. The medical students had heard that Dr. Stephen Genereaux (Geisel ’87) was one of the few people in the area who had made an effort to work with migrant farm workers.
Genereaux, who had practiced public health with Yupik Eskimos in western Alaska, said in an interview that he liked the chance to get out of the office and bring health care to “folks that need it.”

“There’s parts of our community that are underserved,” he said. “Some are really obvious, you see them every day, and some aren’t so obvious. [Migrant farm workers] seemed like a not-so-obvious group that needed help, needed care.”

But reaching out to migrant populations in Vermont proved difficult because of Genereaux’s lack of Spanish skills. That is, until Schroeder and Dietrich contacted him out of the blue one day in 2010.

“We emailed him and said . . . ‘Do you do any work with them?’ And he wrote back, ‘We’ve always wanted to and we’ve laid the groundwork, but we didn’t have the manpower to make it happen,’” Schroeder said.

Schroeder and Dietrich provided the manpower, the language skills, and the grant money. On one of their first visits, they milked cows alongside migrant workers at Knoxland Farm, gauging workers’ reaction to the work they wanted to do. It seemed positive, so they continued.

Now, nearly two years later, the fellowship money has run out, but the program is still going strong. Schroeder and Dietrich (who expect to receive their degrees in 2013) are recruiting and training first- and second-year medical students, and they hope the program will continue after they move on.

The team now works with seven farms and more than 50 workers. They visit farms biannually to screen for diabetes, blood pressure, body mass index, vision, hearing, and cholesterol, and make workers aware of the clinics available to them. They administer flu shots and have arranged dental care. They act as interpreters when workers visit the clinic.

The primary goal, though, is to develop a relationship that allows farm workers to feel comfortable opening up about their health. Then the medical students can help workers find solutions for treatment.

“People are really starting to open up,” Schroeder said. “I think they like us and think we’re kind of funny.” She added that after the first few visits, workers began disclosing health problems they’d previously kept to themselves. Both students agree that their association with Genereaux has been vital.

“He has an incredible relationship with the community,” Schroeder said. “He goes to people’s houses. He’s one of those amazing, old community rural doctors... We believe we need to get along with the farmers as well as the farm workers to have a good relationship with both, and Steve is invaluable. They all trust him.”

“Establishing that degree of trust has really helped in terms of not making people skittish,” Dietrich added.

Schroeder and Dietrich don’t ask about workers’ immigration status. They say they don’t want to know, don’t want to get involved. They want to focus only on health care. Officials from the University of Vermont Extension program and the Vermont Farmworkers Solidarity Project say the approach is legal.

Though the issue of illegal immigrants has lately been making headlines in Vermont—undocumented farm workers were deported from a dairy farm in Franklin in January, and two others were arrested during a routine traffic stop in September, prompting a public outcry that led Governor Peter Shumlin to update the state’s bias-free policing laws—Schroeder and Dietrich said they haven’t gotten any backlash from anyone concerned that they’re aiding illegal immigrants.

“The community already knows they’re there,” Schroeder said.

Lifelong dairy farmer Paul Knox, owner of Knoxland Farm, said that the prevalence of Hispanic labor has been the biggest change
he's seen in the dairy industry since the 1950s. “Initially it was because we were having trouble filling positions,” said Knox, who employs four local workers and 10 migrant workers on his farm in Bradford. “But now it’s because I’ve just never found anybody that will do the job as well as they can. They’re just unbelievably good at observing things and being good with animals. I think it’s part of their heritage.”

The attitude toward such workers differs across the state, Schroeder said. “I think of Vermont as three different regions. The Burlington area definitely has the bulk of the migrant farm workers population. Between Burlington and Middlebury, there are a lot of resources . . . and a very proactive community supporting them with lots of services,” she said. “Then up by the border, it’s very dangerous to be a migrant farm worker. People will see someone who looks Mexican in Walmart and pick up the phone [to call Border Patrol].

“Our region is between that. There’s not community-wide support, but there’s acceptance that they’re there and without them these farms wouldn’t exist.”

One dark evening, in between milking shifts, Schroeder and Dietrich met in a brightly lit, concrete-floored room adjacent to the milking parlor at Knoxland Farm.

One of the workers, Leon Gomez—all smiles under his thick black moustache—had consistently tested for high blood pressure in their previous visits, and Schroeder and Dietrich were showing him how to use an automatic blood-pressure cuff to monitor his condition. Gomez was quick to laugh off the potential gravity of his health issues, but Rosalia Garcia-Moreno—who knows too well the repercussions of ignoring an illness—just as quickly intervened.

In Spanish, she told her friend that just because he didn’t feel the effects of his condition every day didn’t mean it wasn’t serious. “If you don’t take your medicine, you could die!” she exclaimed. (Schroeder translated.)

“She’s a huge resource for us,” Schroeder said of Garcia-Moreno. “She says the things I don’t always feel comfortable saying.”

After Gomez mastered taking his own blood pressure, he began showing other workers who were trickling in after their milking shift how to use the cuff.

“It’s funny how it’s changed things here,” commented Wendy Longmore, a Newbury resident who works at Knoxland farm. “It used to be all about cows. Now it’s about health care.”

“What Holly and Karl give us is the ability to . . . eliminate the language barrier plus medical skills,” said Paul Knox. “I can communicate about the cows but I can’t communicate technical things about their health.”

Schroeder and Dietrich hope that as more medical students get on board with their project, they can expand into the Northeast Kingdom and possibly New Hampshire. They hope to figure out how to get federal funding specifically designated for seasonal laborers—money that drives a similar, more robust program for migrant workers in Maine, but which seems to be unavailable for dairy workers in Vermont. They dream of finding funding to create a mobile clinic out of an RV.

“It gives me renewed confidence in the world that young, energetic, bright folks like them are going to be doctors some day,” Genereaux said.

Driving home along dark, empty roads after their visit to Knoxland Farm, Schroeder and Dietrich commented on the nature of their work. They’re usually the only medical students who walk into class smelling like a barnyard.