

# Migrant labor health conditions imperil population in Virginia

by Debra Hanania Freeman

A full-scale health emergency exists among the 4,000 migrants who come to the Virginia Eastern Shore each year to harvest 80% of the vegetables grown in the state. This was the finding of about 30 officials from 15 local, state, and federal agencies, who toured migrant labor camps, farms, packing houses, and clinics on Virginia's Eastern Shore on July 23-24.

But bad as conditions are in the Eastern Shore counties of Accomack and Northampton, Greg Schell, a migrant advocate for the Legal Aid Society, said conditions there are considerably better than for the 5,000-6,000 other migrants who work in scattered pockets around the rest of the state.

For instance, there is no housing provided for watermelon pickers in Southampton. Therefore, migrants and their families sleep in the fields or in abandoned cars and buses without toilet or shower facilities. Tobacco workers in the Southside, who are paid less than \$1 per hour, fare even worse.

Migrants around Charlottesville, Roanoke, Galax, and the Northern Neck have no access to clinics or other services. Further, any camp with fewer than 11 workers is exempt from any state regulations on housing and sanitation. As a result, employers are increasingly decentralizing their operations in order to bypass whatever regulations do exist.

## Civil Rights Commission Report

Conditions are so bad that last fall, the U.S. Civil Rights Commission reported that living conditions for migrants in Virginia were the worst in the nation. They mandated the formation of the Virginia Interagency Migrant Worker Policy Committee to address this crisis.

Despite this, the migrants' plight has continued to worsen. In the past five years, federal programs for migrants have been cut by more than 50%. And, it is impossible to address the living conditions of migrant workers without addressing the economic realities faced by the state's farmers.

At the July 23-24 meeting, local farmers said it was impossible for them to harvest their crops without the cheap migrant labor and, they said, the regulations aimed at improving conditions for the migrants come without any funding provisions attached, forcing most small growers out of

business. In many cases, the new requirements that portable toilets and handwashing facilities be provided in the field, are simply ignored as farmers face tight credit, spiraling overhead, and falling prices.

The resulting crisis has created the kind of health problems in Virginia that normally are seen in Third World countries. The Eastern Shore migrant communities are exhibiting an "explosion," according to one public health official, of drug-resistant strains of tuberculosis, particularly virulent influenza, as well as various venereal and skin diseases. The problem is compounded by high rates of alcoholism and drug abuse, traditionally associated with migrant communities. One clinic in Accomack reports 7-8 new cases of tuberculosis per week.

Dr. Thomas Simpson, the Director of the Eastern Shore Health Department, admitted in a recent interview that the migrants are showing "epidemic proportions" of diseases that develop from "overcrowded conditions, poor quality water, inadequate sewage, disease-carrying insects, and children who are not immunized against communicable diseases."

## The AIDS threat

What Dr. Simpson was unwilling to discuss, however, was the implication of these "epidemic proportions" on Virginia's AIDS explosion.

The fact is that the number of AIDS cases, particularly on the Peninsula, is growing far more rapidly than health officials expected, causing alarm and concern about how the spread of the disease can be slowed. In 1983, Virginia reported five AIDS cases. In 1985 the number jumped to 104. The most dramatic increase was yet to follow. In all of 1986, 169 new cases were reported. However, in the first six months of this year, Virginia experienced a literal explosion of the deadly disease, with 440 cases reported as of June 8!

Additionally, random testing of the population across the state is showing high rates of positivity. State Health Department testing of 4,702 people in the eastern region (the Northern Neck and Hampton Roads) resulted in 264 individuals testing positive, a rate of 5.6%. Of 1,963 people tested on the Peninsula, 66 were positive, a 3.3% rate. Of the 2,070

people tested in Norfolk, Portsmouth, Virginia Beach, and Chesapeake, 187 were positive, a 9% rate.

Although Virginia state health officials are publicly attempting to quell the population's panic over the rapid spread of the AIDS virus, attributing the massive increase in cases to increased testing, they are privately conceding that the situation is out of control.

Sources close to Governor Gerald Baliles indicate that he plans to make AIDS policy the centerpiece of his administration, but as yet, no bold moves to stop the spread of the infection seem to be on the governor's agenda.

And, despite the refusal of Virginia state officials to discuss it in public, the real issue in the migrant camps is AIDS.

### The Florida problem

While Virginia's migrant workforce comes from all over, the majority of them start the season in Florida. A good number are Haitians, and even more spend a considerable portion of their time in Belle Glade.

The Belle Glade case is worth reviewing. Drs. Mark Whiteside and Caroline MacLeod, of the Institute of Tropical Medicine, have produced indisputable evidence of the connection between the environmental factors resulting from economic squalor and the outbreak of AIDS.

Belle Glade not only exhibits the highest incidence of AIDS in any city in the United States, but also a remarkably high incidence of AIDS (about 50%) among "non-risk" groups (people who have not contracted the disease either through sexual contact, dirty needles, or blood transfusion), in a pattern similar to regions of Africa where the AIDS epidemic rages.

But Belle Glade is unique only because it is the only place where we have thorough data. The fact is that there are hundreds of Belle Glades in America today, and the unfolding picture in Virginia's migrant population, with its tuberculosis resurgence and general economic squalor, unfortunately, bears a striking similarity to Belle Glade.

Today, even the Centers for Disease Control, accused of orchestrating a massive cover-up of the AIDS epidemic, admits that outbreaks of tuberculosis, as we are seeing on the Eastern Shore, are usually a "marker" for actual immune suppression, and that "infection with *M tuberculosis hominus* [the bacillus which causes TB in humans] should be included as a manifestation of lesser AIDS or AIDS-related complex (ARC)," according to the medical journal *Lancet*.

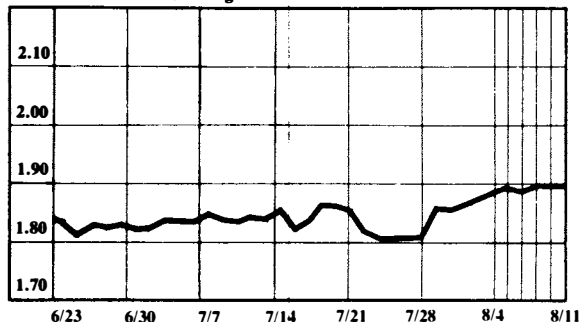
Additionally, public health officials in both Miami, Florida, and New York City have done block-by-block studies which demonstrate that there is a direct correspondence to the outbreak of tuberculosis and AIDS in the poorest, most overcrowded, and most unsanitary sections of their cities.

There is no question that the state of Virginia faces a major health crisis. But that crisis, as the statewide AIDS statistics show, is in no way limited to the migrant community.

## Currency Rates

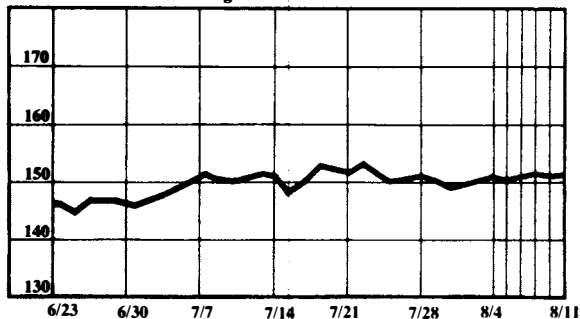
### The dollar in deutschemarks

New York late afternoon fixing



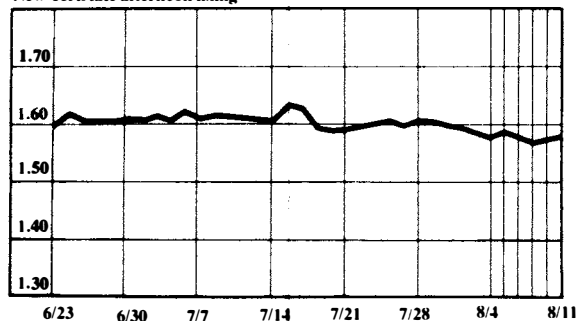
### The dollar in yen

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing

