

The Anarchist Library (Mirror)

Anti-Copyright



# The History and Culture of California's Mixtec Migrant Agricultural Workers

Notes for a presentation delivered to the Migrant  
and Seasonal Head Start National Conference  
Washington DC, February 24, 2010

Sandy Young

Sandy Young

The History and Culture of California's Mixtec Migrant  
Agricultural Workers

Notes for a presentation delivered to the Migrant and  
Seasonal Head Start National Conference Washington DC,  
February 24, 2010  
September 18, 2010

Retrieved on 5<sup>th</sup> August 2021 from [utopianmag.com](http://utopianmag.com)  
Published in *The Utopian* Vol. 9.

[usa.anarchistlibraries.net](http://usa.anarchistlibraries.net)

September 18, 2010



3. Face-to-face interpretation using professional interpreters rather than family members or friends is most effective, and relay interpreting—even though it involves the extra step of English to Spanish—may still be more efficient because of being able to utilize experienced interpreters who have gained the trust of the community.

**Conclusion:**

Mixtecs and other indigenous immigrants are an integral part of the US economy. They are here because the US job market needs them. They bring rich and beautiful traditions and cultural vitality. They are also taxpayers, consumers and neighbors.

Increasing cultural and linguistic competency toward Mixtecospeaking clients can make a critical contribution to creating a healthier community.

The identification, training, and mentoring of self-identified community leaders who wish to work as a bridge between existing agencies and the indigenous community provides a powerful means of bettering the lives of indigenous migrant families.

## Contents

Mixtecs—People of the Clouds . . . . .	6
Farm labor is characterized by the 3 S’s: . . . . .	11
What is the status of Health Care for the indigenous community? . . . . .	12
Specific health care issues: . . . . .	14
Educational Status and Attitudes . . . . .	16
Ideas for consideration: . . . . .	17
Conclusion: . . . . .	18

1. Preschools do exist, but they are expensive and parents are required to purchase all materials. As a result, such preschools are not utilized by many families.
2. Young children do not have a great deal of interaction of any kind with adults. They are minimally supervised by whatever adults are in the household, frequently older people or women who have just given birth. Adults often have to travel considerable distances to reach farmable land, while a large percentage of children have one or frequently both parents in the United States.
3. The “primaria” (elementary school) was in poor condition and had few supplies. The teachers we spoke to seemed kind and motivated but overwhelmed by their working conditions.
4. Generally, young people were expected to start to work and to contribute to the family’s support at about age 11 or 12. There was not a “secundaria” in this town at the time of our visit.

### **Ideas for consideration:**

1. Effective communication between service providers and indigenous people may take increased time, but should pay off long-term with better client compliance and satisfaction.
2. It is helpful to learn a few phrases in Mixteco, mainly as a gesture of good will and respect. Given the tonal nature of the language, the lack of grammar and syntax guides, and regional variations in language, it is unlikely that many providers will become fluent in Mixteco (although that is no reason why the more ambitious among us shouldn’t try).

drinking and driving in Mexico. Depression is a huge understudied and unserved area, as there are virtually no culturally and linguistically appropriate services.

Ethnospecific illnesses: Traditional indigenous beliefs incorporate a worldview in which physical, natural, and spiritual elements are highly interconnected. The world can be classified into “hot” and “cold” elements, and health is achieved when these are in balance. For this reason, a woman in labor or post-partum may not want ice chips but would accept hot herbal tea. She may not think it appropriate to bathe for a period of time. Hot and cold do not necessarily refer to temperature. For example, mangos are hot and rice is cold. Some illnesses from which indigenous people suffer are not recognized or understood by Western medicine-susto (soul fright), nervios, corraje can all affect a patient’s health or that of an unborn child. In the Mixteca region, women engage in highly important sweat baths after giving birth, which are felt to be crucial in helping them to recover. The absence of this healing technique may increase the incidence of post-partum depression in the indigenous population.

There are many traditional healers buried within indigenous communities: sobadores, herbalistas, curanderos, parteras. In a few places, innovative programs that invite these traditional healers to collaborate with our medical providers have been initiated.

## **Educational Status and Attitudes**

In rural, southern Mexico, many communities have access only to very limited primary schooling of an inferior quality. When I visited rural Oaxaca several years ago, I witnessed the following:

Indigenous migrants from the Southern Mexico states of Oaxaca and Guerrero, Puebla, and Michoacan are a growing presence throughout the United States today. While their largest presence is in the California agricultural industry, there are indigenous communities in states throughout our country, and indigenous workers are engaged in agriculture, construction, meat-packing, restaurant, and many other industries.

As the founder and CEO of the Mixteco/Indigena Community Organizing Project (MICOP), I have been devoted to understanding and working with this indigenous community for the past 10 years. In this brief talk, I would like to share some of what we have learned in the past 10 years. There are 3 things I hope you walk away with today:

1. An increased understanding of the history and culture of the Mixteco and other southern Mexican indigenous immigrant communities;
2. Greater knowledge of the health status of the indigenous population;
3. Some examples of the best practice models of cultural competency (the ability to understand and communicate with our clients) we have instituted to help this community succeed and thrive as full participants in our society.

Cultural competency is important because it is the right thing to do. All human beings deserve to be treated with dignity and respect. Without some knowledge of people’s cultural traditions and beliefs, we as service agency providers cannot treat people with the respect that they deserve. Cultural competency turns out to be good business as well. The ability to effectively communicate with our clients is critical to supporting early education and positive parenting. To do

so, we need a language and an atmosphere which maximizes 2-way communication.

Much of the factual information in this presentation comes from a just-completed 3 year study of California's indigenous farmworkers by Rick Mines, Sandra Nichols, and David Runsten, funded by the California Endowment. (Their website—[www.indigenousfarmworkers.org](http://www.indigenousfarmworkers.org)—is now functioning and will give us the basis to add to our collective knowledge of the indigenous population.) This study builds on earlier work by the National Agricultural Workers Survey (NAWS), the US Census bureau, and pioneering researchers such as Bonnie Bade and Michael Kearney.

## Mixtecs—People of the Clouds

Indigenous farmworkers from Southern Mexico are the latest group to populate the lowest rung of the farm labor market in the United States. Immigration began with the Bracero program (1942–65), which was initiated because the US did not have enough workers to manage its fields. These first indigenous immigrants settled in various parts of California and elsewhere in the United States, and succeeding groups of immigrants from the same sending villages have come to these same towns. In the 1960s and '70s, large numbers of indigenous immigrants were recruited for the northern Mexican vegetable industry. Many moved to the United States in the 1980s and were able to regularize their status with the immigration reform act of 1986. Later waves of migration in the 1990s and early 2000s have vastly increased the number of indigenous farmworkers in the US.

Of the estimated 200,000 indigenous farmworkers and their families in California, 53% are Mixtec, 26% are Zapotec, and 10% are Triqui. Speakers of twenty other southern Mexican indigenous languages account for the remaining 11%. The Na-

children are common and result in significant morbidity and cost.

**Family Planning:** In our Mixteco-speaking community in Ventura County, I have found a very broad range of acceptance of the use of contraceptives. Religion does not appear to be a major barrier. Insofar as barriers exist, they revolve around:

1. People want to have large families. This is a cultural tradition and norm, and will probably not change until the second or third generation of immigrants.
2. All of the access problems people encounter in general become even more important when medical care is time-dependent. If a contraceptive injection is due at a time when fieldworkers are employed 12 hours a day, it's probably not going to get done. If birth control pills need to be refilled in Salinas but the prescription is in Oxnard, the pills will probably not be taken. For this reason, many Mixteco clients are opting for longer term methods, when they are covered by state-supported programs.
3. Male dominance is very strong in the indigenous cultures, and men generally have less contact with and confidence in the US medical system. Men are often the decision-makers regarding birth control, but lack adequate information.
4. Many people have had bad experiences with birth control in Mexico.

Alcohol, mental illness, and domestic violence are important issues to be addressed by the community. It is not clear whether these problems are any more common in indigenous than in mestizo populations. We know that there are different standards towards male dominance, public drunkenness, and

## Specific health care issues:

**Pregnancy:** indigenous people view pregnancy as a normal part of life, not requiring medical intervention. They often do not understand or agree with our laboratory analysis, the need for frequent visits, the need to take vitamins, and monitoring of the pregnancy. They are also accustomed to delivery at home with only a midwife in attendance. There is a steep price for this “natural childbirth.” Indigenous women in Mexico are 10 times more likely to die in childbirth than in the US. But while we think our system is demonstrably better, we have to recognize the legitimacy of people’s traditions and experience.

**Teenage pregnancy:** As in many other parts of the world, teenage pregnancy is culturally accepted in indigenous Mexico. In general, youth are considered ready to go into the world and work, marry, and have children by age 14 or 15. In most cases, the partners of these teenage mothers are also teens, although they may be over 18 and therefore legally adults. It is not the norm for the male partner to be much older, although there are examples where this has been the case. A hopeful trend is that Mixtec children who were born here or arrived at a young age and are attending school here are much more likely to delay marriage and pregnancy. When I asked a group of Mixtec teenagers when they wanted to have their first child, the most common answer was “25”.

**Immunizations:** In general, Mixteco-speaking clients are very accepting and compliant about immunizing their children and themselves. Generally, the only problems in this regard are gaps when migrants travel to other areas where they don’t know how to access services.

**Communicable disease,** particularly RSV. Given the crowded conditions in which people live, it is not surprising that illnesses such as Respiratory Syncytial Virus are particularly common. Similarly, preventable diarrheal illnesses in

tional Agricultural Worker Study of 2006 estimated that one in three new farmworkers in California are indigenous.

Mixtecs are indigenous inhabitants of southern Mexico whose language and culture predate the Spanish conquest by a thousand years. There are an estimated 500,000 Mixteco speakers today, almost one-fifth living in the United States at least part of their lives. The Mixteca region includes much of the modern state of Oaxaca as well as parts of Guerrero and Puebla. Mixtecs (as well as other indigenous peoples, such as the Zapotecs) ruled wide areas of highly developed societies in the pre-colonial period. If you grew up in California as I did, you only learned about the Aztec and Maya. But the Aztecs were actually very late conquerors of the Mixteca region, arriving shortly before the Europeans. The Mixtec, Zapotec, and others are the original indigenous inhabitants of this area. Europeans conquered and destroyed much of the indigenous Mexican empires through superior weapons, disease, and the introduction of hooved animals and the plow, which disrupted the delicate environmental balance of the area. Today, soil erosion has left the Mixteca region one of the most environmentally devastated in the world.

Oaxaca is considered by many, including Jared Diamond, to be the birthplace of civilization in the western hemisphere. It has rich and beautiful cultural tradition, including:

- Cuisine: Land of the Seven Moles, Oaxaca cheese (quesillo), tlayudas, chocolate, chiles, chapulines, or roasted grasshoppers, etc.
- Crafts: Oaxaca has a number of native crafts, like alebrijes, weaving and black clay objects, carved wooden animals, and fine metal jewelry-making.
- Festivals: Day of the Dead, night of the radishes, Guelaguetza, etc.

While there is a lot of regional variation within the Mixteca region in terms of level of economic stability, education, and degree of Spanish penetration, there are important common characteristics:

- Isolation from the rest of Mexican society. o Communal ownership of land and a governance system based on obligatory community service called “Tequio.”
- Primary loyalty to hometown, not the region, country or race. o Devastated land which can no longer sustain the population.
- Extreme poverty and low levels of education. o Five hundred years of discrimination and marginalization of the indigenous in Mexico has led to a distrust of “outsiders.”

Until about the 1970s, the people of the Mixteca region were able to eke out a living in a fairly self-reliant way. They grew corn, beans, squash, and maybe a little coffee to sell in the district market and made most of the things they needed. But the combination of the extensive erosion of the soil, collapse of the Mexican corn export industry, and the introduction of western products has resulted in the loss of sustainability of the traditional economy, making out-migration the only alternative for supporting one’s family in the Mixteca region. Money sent home from this out-migration sustains remaining Mixtec communities, including the older adults and many children.

The biggest sending village to Oxnard, California, where Mixteco Project is based, is San Martin Peras, in the district of Juxtlahuaca, Oaxaca. It is a good example of life in this area. San Martin Peras is a 1½ hour drive over gravel from the district center of Juxtlahuaca, which is a 4-hour drive over extremely mountainous roads from Oaxaca City. The people have only an average of 4 years of education, and this is of a very inferior quality. At its height, San Martin Peras included

Primary care clinics often have a one-month or longer waiting period for new patients.

3. Rude or insensitive treatment, especially by front office staff.
4. Language barriers, including a lack of interpreters and the absence of a medical vocabulary in the indigenous languages.
5. Cultural disconnect in concepts of health (elaborated below).
6. Cost, both the price of health care service and the lost wages necessary to receive it.

There are additional barriers to care from a provider standpoint.

1. Very few indigenous interpreters speak English, so relay interpreting (interpretation through a third language, such as Spanish) may be needed.
2. Lack of literacy skills in any language of the indigenous population.
3. Cultural reticence of clients to indicate when they do not understand. The indigenous community survey identified 55% of respondents as having had trouble understanding what was being said to them during a medical encounter. That is probably a low figure, based on my experience.
4. Lack of suitable educational materials. Almost all medical education must be done orally, although we are beginning to make use of video technology.
5. Time, staffing, and budget constraints.
6. Lack of medical histories and records.



their lives and those of their children. Typical is Gonzalo, a Mixtec farmworker with a wife and young child. He has been attending classes several nights a week at the MICOP office, and was recently awarded his official primary school completion certificate by the Mexican consulate.

## **What is the status of Health Care for the indigenous community?**

1. Indigenous farmworkers access medical care at far lower rates than the general population, and less often than other Mexican-born farmworkers. Very few indigenous adults have medical insurance other than limited Medicaid assistance. While children do somewhat better because of CHDP wellchild programs, there are still a large number of children without any health care coverage for illness.
2. Indigenous women access health care twice as often as men. This is not surprising, since the vast majority of medical visits by indigenous people are for pregnancy, family planning, and well-child care.
3. When ill, indigenous people will usually seek care first from traditional healers, secondarily by going to Mexico for treatment, and generally will utilize our system only as a last resort.

There are many barriers to health care access for the indigenous population. These include:

1. Transportation. Only half of indigenous families own cars.
2. Delays in treatment. People are accustomed to the Mexican system, where care is generally on a walk-in basis.

some 12,000 inhabitants, but people there today estimate that only about 5,000 remain. When one travels there, it is immediately noticeable that the population seems to consist primarily of elderly people and young children. It has only had electricity and potable water since 1970, and these are still quite sporadic. Street paving only began four years ago. There is one government-run clinic, with one doctor and one nurse. People arrive at the clinic in the early morning to collect a token to be seen that day. The nearest hospital is in Juxtla-hauca, and it does not have Mixteco-interpreters. From what I have been able to discern, people only go there in extreme situations, such as birth emergencies. Migration out of San Martin Peras began in earnest in the mid-1990s and continues today. While taking a closer look at San Martin Peras helps us understand the lives of indigenous migrants, it is important to understand that there are many differences among the sending communities. One of the most important steps a person who is interested in working with an indigenous community can do is to find out what the predominant sending village is and to learn as much as possible about its unique character.

US Agribusiness has become increasingly dependent on indigenous immigrants. At least 120,000 indigenous farmworkers are currently employed in California. Accounting for their children and those adults not currently working for whatever reason, the IFS estimates that 165,000 indigenous Mexican farmworkers and their children live in California today. NAWS estimates their numbers at over 200,000. This number represents farm worker families only. In a number of large cities, such as Los Angeles and Oakland, there are large indigenous communities, mostly Zapotec, with many people involved in the restaurant industry, construction, landscaping and other occupations. No one knows exactly how many indigenous Mexican immigrants there are in the US today. The 2000 US Census counted 407,000. We use California data because of its greater availability.

In California, indigenous migrants are concentrated in the Central Coast region of Ventura, Santa Maria and Watsonville/Salinas. There are more indigenous farmworkers in the Central Coast region than in the Central Valley, even though the Central Valley has many times more farmworkers overall. The new IFS estimates the number of indigenous people in Ventura County at 17,000. We believe that is a significant underestimate, since the study uses an average of only 1.326 children per couple, and it admittedly does not count any adults who are not in the farm labor market (such as the disabled or those employed in other occupations). Some areas of the state, such as San Diego county, have a high proportion of “solo males” (unmarried or with partners living in Mexico).The statewide estimate of these solo males is 40%, but it appears that their numbers are much lower in Ventura County, where the norm is both parents and at least some of the children. One factor that has made it difficult to get an accurate count of the indigenous population is the fact that many agencies have not recognized indigenous people as a distinct language or ethnic group until very recently. As recently as three years ago, no data I could find from school districts in Ventura County categorized the Mixtec population as anything other than “Hispanic.” Fortunately, this is changing in our county, although many other parts of the state are still way behind in recognizing the indigenous population as a distinct group with distinct needs and challenges. Counting the indigenous will continue to be confounded by many factors, including their fear of authorities, their frequent changes of address, etc. Additionally, some indigenous groups have chosen to group themselves with the native American population, and so may be included in those census categories.

## Farm labor is characterized by the 3 S’s:

- **Strenuous:** Farm labor is back-breaking. At certain times of year, workers literally run while picking fruit to keep up with the moving truck. Other times, they carry heavy baskets.
- **Stressful:** Farmworkers are extensively exposed to the elements. When fruit is ripe, it must be picked, whether it is 110 degrees out or there is a downpour of rain and mud. Pesticide exposure and job injuries related to cutting tools are frequent among the workers. Farmworkers frequently report being yelled at by foremen or contractors.
- **Sporadic:** An \$8/hour wage would be bad enough if the worker were guaranteed full-time work. But most people are unemployed for a significant part of the year, between planting and picking seasons.

Much of the work of farmworkers is “stoop labor.” People have to remain bent at the waist in order to pick the fruit. Americanborn workers do not want to do this work, a fact that has been demonstrated for decades. Even in our current economy with more than 10% unemployment, there are no lines of anglo and meztizo workers at job sites looking for jobs picking strawberries.

As for housing conditions, both rent and crowdedness are extremely high among indigenous workers. The federal standard for overcrowding is more than 1 person per room. Severe overcrowding is defined as more than 1.5 people per room. The people of San Martin Peras (concentrated in Ventura County and Watsonville) have the highest rate of overcrowding even for indigenous communities: an incredible 2.5 people per room.

Despite the bleakness of the picture of poverty I have presented, the Mixtec people have a tremendous drive to better