

UNNATURAL CAUSES...is inequality making us sick?

A four-hour series airing on PBS and a national public impact campaign

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BECOMING AMERICAN

TRT 29 min

DVD Chapter 1: Arriving Healthy

NARRATOR: “Give me your poor, your tired, your huddled masses...,” the poem goes. Today, many new immigrants to the U.S. are still poor, and tired. But they’re certainly not sick. In fact, they may be healthier than the rest of us.

TONY ITON (Director, Alameda County Public Health Dept.): They’re doing something right. We have to understand what it is, and try to spread that benefit to a larger segment of society. That’s the lesson that immigrants teach us in public health.

NARRATOR: But the good health many immigrants arrive with comes with an expiration date. Instead of improving their health, life in the U.S. often has the opposite effect. Within a generation, they see their health advantages undermined by the same social forces that erode the health of all of us.

ITON: As these new Americans become more like “old” Americans, they get unhealthy.

NARRATOR: Amador Bernal arrived in Kennett Square, Pennsylvania from his native Mexico, to work in the mushroom farms. He was 21 years old. 40 miles south of Philadelphia, Kennett Square claims the title “mushroom capital of the world.” Mexicans have been migrating here to work since the 1970s. They make up almost one fourth of the town’s population. Amador Bernal works at Kaolin Mushroom Farms, one of the biggest.

AMADOR BERNAL (speaking in Spanish): I water the mushrooms with a hose and watering can, by myself. If I finish early I water where it’s needed. I earn \$9.03 an hour. I work 8 hours a day, 7 days a week. In almost 25 years in the U.S., Amador Bernal has never once been to a doctor – and he’s not the exception.

STEVE LARSON (Assoc. Professor of Emergency Medicine, Univ. of Pennsylvania School of Medicine): I sat in on this meeting, and I remember the generalizations. You know, ‘they’re always late for their appointments, they’re always dirty, and they all have infectious diseases.’ And I thought to myself, having worked now for several years with the Mexican population: Boy, where were they getting these generalizations from?

NARRATOR: In the early 1990s, Steve Larson worked as a doctor with the Kennett Square Mexican community.

LARSON: And I had several thousand patients I would see. So I had the data crunched, and I pulled it out in this meeting and I said, “Well, you’re actually quite wrong. These are young, healthy people, for the most part. They’re not here to drain the system. So, that’s a myth.”

DVD Chapter 2: “Latino Paradox”

NARRATOR: Health data gathered by researchers going door-to-door in Alameda County, California mirror what Larson saw in Kennett Square.

ITON: One of the things that the data told us, in our health department, was that immigrant Latinos had the best health of anybody in the county, by far. They had the lowest rates of death, lowest rates of heart disease, lowest rates of all the major killers. And that was a startling finding to us. We couldn't understand why the poorest, most socially marginalized population actually had the best health. Better health, not just than other poor people, but better health than the wealthiest segments of our societies. And that's profound.

NARRATOR: On the other side of the country in Cambridge, Massachusetts, Dr. Margarita Alegría leads a team looking at a similar phenomenon through the lens of mental health.

In the 1960s, researchers identified what they called the “Latino paradox.”

MARGARITA ALEGRÍA (Psychologist, Harvard Medical School, Cambridge Health Alliance): They were surprised to find that Latinos that were immigrant, who had lower education, lower income, were under very stressful conditions of adaptation to the US, had actually lower rates of psychiatric illness than whites who were higher income, higher education. And this has also been shown in cardiovascular disease and cancer and other illnesses. So it's quite a paradox.

NARRATOR: One explanation is that Latino immigrants who come here have better health on average than those who stay behind. But researchers are also circling in on a second hypothesis.

ALEGRÍA: I think the other explanation has been more about the role of very strong, cohesive family ties that hold Latino families together, even under hardship; and these very strong family ties facilitate people struggling through, you know, disadvantageous conditions.

NARRATOR: For 20 years Amador Bernal traveled back and forth between Mexico and Kennett Square.

AMADOR BERNAL (in Spanish): I'd work 4,5,6 months and I'd go home because I missed them so much... all of them, but especially Maritza.... I used to dream about her.

NARRATOR: After he got his green card, Amador filed papers for his family to join him. It took nine years to get approval. They finally arrived in the U.S. a year ago.

AMADOR BERNAL (in Spanish): It's much better for me because I'm not apart from them...I see them everyday.

NARRATOR: Amador and his wife Bernardita have lots of family in Kennett Square. They help ease the stress of settling in a new country.

BERNARDITA BERNAL (in Spanish): His father helped us buy the table. My father gave us money to buy the TV and microwave.

AMADOR BERNAL (in Spanish): Her brothers don't have a car. So they say, “Take me to Walmart,” and I take them. Like that. We help each other. That's how we solve our problems.

ITON: Immigrants bring to this country aspects of culture, of tradition, of tight family social networks and community social networks that essentially form a shield around them and allow them to withstand the deleterious, the negative impacts of American culture.

NARRATOR: But maintaining the support networks of close family and community is becoming increasingly difficult--for all Americans.

DVD Chapter 3: Social Inclusion

NARRATOR: We now work longer hours than any other industrialized nation, even Japan. The average American now spends fifty minutes a day commuting. Ten million of us take two hours or more. One in four Americans say there is no one with whom they discuss important matters. That number nearly tripled in the

last twenty years. Social isolation is on the rise in the United States. And isolation can kill. That was the finding of a seminal study conducted in California in the 1970s.

LISA BERKMAN (Epidemiologist, Harvard School of Public Health): It was astounding. Overall, people who are really isolated are at increased risk not only for cardiovascular disease, but for infectious diseases, for diabetes, for strokes, for cancer. They were at increased risk from almost every cause of death. Social isolation kind of metaphorically accelerates the rate of aging. The fact that you got something when you were 50 instead of 80, or 30 instead of 60, is because being socially isolated is a chronically stressful situation, which just kind of leans on the body.

NARRATOR: But staying socially connected in a way that protects health takes more than close family ties.

ITON: That's one of the lessons of America, that your family isn't enough ultimately to protect you against some of the influences of America. It really is a challenge to try to make sure that before the inevitable breakdown of these close family units occurs, that the communities are organized in ways to essentially keep that sort of protective shield alive.

DVD Chapter 4: Community Resources

NARRATOR: And the Bernals may have found some of that community support in Kennett Square itself. It's a Pennsylvania town with a Quaker sense of mission, and it does more than many communities to invest in its future with good schools, social services, and many other resources to support all its families.

VICTOR GARCIA (Cultural Anthropologist, Indiana Univ. of Pennsylvania): I think what makes Kennett Square so unique in that regard are the different organizations that are trying to not just bridge and create a link with the immigrant population, but is also I think helping this population not fall into the category of being underclass.

NARRATOR: Everyone benefits if no one is left behind. That was the idea behind "Bridging the Community" meetings begun by Joan Holliday in 1997.

JOAN HOLLIDAY (Public Health Nurse, Bridging the Community): I, as a public health nurse, felt this community had so many resources for being such a small town, but we weren't talking to each other.

NARRATOR: The meetings are an opportunity for residents to find out about resources available in the area and exchange services.

LINDA ECKMAN: Linda Eckman and I've been in this community 23 years, and I'm starting a twelve-step group for kids with addiction issues.

FIDEL VASQUEZ: Mi nombre es Fidel Vazquez.

TRANSLATOR: My name is Fidel Vasquez.

FIDEL VASQUEZ: Trabajo de Kaolin, de pick de hongo.

TRANSLATOR: I work at Kaolin Mushroom and I pick mushrooms.

WOMAN: If you know of anyone who wants part-time or full-time or anything – we just really have a great need for a bilingual receptionist.

GARCIA: There are people in poverty here. There are people here with need. But I don't think it's a large population that find themselves in dire straits. Not like you would find in similar communities in other areas of the United States.

NARRATOR: Another resource for families is The Garage, the town's youth center. After school, students come here to work with volunteers, use the computer lab, or just hang out. Alfredo Bernal often comes here to do his homework. His brother Israel practices his English with a retired executive.

ISRAEL BERNAL (in Spanish): New doors have opened for me here. I'd like to study engineering, go to Penn State for example. Here, if they see you're intelligent and really work hard, they support you.

ALFREDO BERNAL (in Spanish): My hopes are to study social work, so that I can help people who come from Mexico or really, anyone who needs help.

NARRATOR: Community support in Kennett Square gives Alfredo and Israel reason to be hopeful as they look ahead. And if they can climb the economic ladder they stand a better chance of a healthy future.

DVD Chapter 5: Wealth Equals Health

ANTHONY ITON: In America, wealth pretty much equals health. And that's true for me as it is true for, you know, the poorest person in, in the quote, unquote inner city. There's a gradient. And all the way along the way, you can find yourself somewhere along that gradient. It's not like you're poor and you have bad health, and then you're not poor and you have good health. For each step along that wealth gradient, you have a corresponding step of health. When you're a new immigrant, the relationship between wealth and health is relatively loose. As you become more American, that relationship becomes tighter and tighter and tighter.

NARRATOR: **After only 5 years in the U.S., Latino immigrants are one and a half times more likely to have high blood pressure than when they first arrived – and to be obese. Rates of heart disease and diabetes also increase. More than 20% of Latino households are poor. The longer they're here, the more immigrant families struggle with discrimination, low-paying jobs, bad schools, and bad housing.**

ITON: And if that environment is giving you cues that you're not valuable, that you have very little prospect for a good future, that starts to build up and you internalize that devaluation.

NARRATOR: **One in four Latino children drop out of high school. Shockingly, one in seven teenaged Latina girls attempt suicide.**

ITON: Immigrant Latinos, as they acculturate, as the stress levels accumulate, their children start to lose that sense of why it is that they were here, they lose that connection to their parent's hopefulness. They become more American, they acquire American habits, American diets, American sensibilities. They're gaining traction in the American way of life, but they're losing that hopefulness that their immigrant parents brought with them that might actually be health-protective.

NARRATOR: **Today the Bernals are still healthy. But they're facing the same kinds of pressures and stresses many of us live with day in and day out.**

DVD Chapter 6: Making Ends Meet

NARRATOR: **Bernardita Bernal packs mushrooms.**

BERNARDITA BERNAL (in Spanish): We put on the lids, the labels... We weigh the boxes... They come out fast, 12 or 15 boxes a minute. I work 9 or 10 hours a day. If there are a lot of mushrooms we work six days a week.

NARRATOR: Bernardita earns \$6.50 an hour. Like many American families, the Bernals need as many incomes as they can generate.

ALFREDO BERNAL (in Spanish): My brother and I work in a restaurant, Longwood Garden, as dishwashers. Before working here, I worked afternoons from 4 o'clock and sometimes I didn't leave until late... and I'd be so tired when I got home I'd just fall asleep, so I wouldn't do my homework and then my grades went down. That's why I prefer to only work weekends.

ALFREDO BERNAL (in Spanish, to parents): Did anyone call?

BERNARDITA BERNAL (in Spanish): Yes, someone called.

ALFREDO BERNAL (in Spanish): Who was it?

BERNARDITA BERNAL (in Spanish): Some girl.

ALFREDO BERNAL (in Spanish): I wonder which of the two. (Laughs) No, no, just kidding.

NARRATOR: Like half of American households, the Bernals live on about \$46,000 a year. And they're trying to make ends meet in one of the most upscale counties in Pennsylvania. Even renting a small house by the train tracks is expensive. Three fourths of their income goes to basic expenses, like rent, food, utilities and transportation—for a family of six.

AMADOR BERNAL (in Spanish): Turkey. Turkey's on special.

NARRATOR: Three out of four of Americans who started out at the bottom of the income ladder in the late 1980s were still there a decade later.

ITON: There's this mythology of the American dream that (you know) anybody can move up that ladder with the right amount of gumption. And there're certainly anecdotal stories of that, and people have good luck, and good fortune. But for the most part, the overwhelming majority of people don't move up that ladder.

NARRATOR: These economic insecurities erode the social and family ties that support our health.

OLGA BERNAL (in Spanish): We can't have our parents all the time... like in Mexico, my mom would be there when I got home from school. Here, when I get home I'm alone until my sister comes home, and my Dad. Then he goes to pick up my Mom.

DVD Chapter 7: When Ties Fray

ITON: One of the things that we know that immigrant parents do is that they work, and they work a lot. And so as a consequence, their children have less time with them, they have less exposure to them, to those cultural aspects of family, of community that – that parents inculcate in their children.

NARRATOR: Olga and Martiza were 11 and 8 when they came to the U.S. When social and family ties begin to fray, it's the mental health of the youngest arrivals that's the most vulnerable. The risk of psychiatric disorders for Latino immigrant children depends on their age when they arrive here.

MARGARITA ALEGRÍA: The longer you stay in your country of origin, for especially the times where you have a higher risk of developing illnesses like psychiatric disorders, like anxiety, or like depression – the longer you stay in your country of origin, the lower the risk you're going to have of developing those disorders. What is it in this country that suddenly increases your risk for psychiatric illness? What are we doing here?

NARRATOR: William Vega has studied the psychological health of Mexican immigrants in California.

WILLIAM VEGA (Psychiatric Epidemiologist, David Geffen School of Medicine – UCLA): If nothing else, the paradox is putting the spotlight on the fact that the United States has very high levels of depression. And we found when we looked at the population that came as immigrants and had about 13 years or less in the country, they had very, very low levels of major depression. Only about 8%. The general population in the United States, that would be about 18-20% in a lifetime. But those levels increased when we looked at people who had been in the country over 13 years.

See these protective factors begin to wear down. And then subsequently over multiple generations we can anticipate that they'll look increasingly just like the American people as a population, because they live here. They've become Americans.

NARRATOR: For immigrant mushroom workers, becoming an American is a journey filled with opportunity, challenges and risks. A number of workers are beginning to feel the affects of newly diagnosed chronic diseases.

MARGUERITE HARRIS (in Spanish): Does anyone in your family have diabetes?

PATIENT (in Spanish): I have it.

MARGUERITE HARRIS: You have it? When was it diagnosed?

PATIENT: Oh, about nine months ago.

NARRATOR: Like almost half of America's workforce, mushroom workers get no paid sick days. Recently, three mushroom farms allowed La Comunidad Hispana, a social service agency in Kennett Square, to open clinics on-site.

MARGUERITE HARRIS (Clinical Health Director, Project Salud): Workers don't like to take time off from work. It's money not being earned and they really do need to earn money. So that they would not necessarily go to see anybody until symptoms are pretty bad. Obesity probably is the leading issue here and along with that comes all the other problems of diabetes and hypertension, hypercholesterolemia. And of course with all of that you have strokes coming down the pike, congestive heart failure. So we do a screening of all of those for whatever reason a patient comes in. That's the protocol.

NARRATOR: By the year 2050, one in four Americans will be Latino.

STEVE LARSON: If we acknowledge that this is the population that's growing, then you know, we have to plan for 20 years from now, 30 years from now. If wellbeing isn't prioritized now, then what's the landscape of our country going to look like twenty, thirty years from now?

DVD Chapter 8: Lessons for Us

AMADOR BERNAL (in Spanish): If I had credit, I would like to buy a house. But right now we have nothing saved. When you have a little money then you can get more credit for a house, and pay for it little by little.

NARRATOR: The Bernals are hopeful about the future. But can they maintain their hope—and their health—as they become more American, and as America becomes more a part of them?

WILLIAM VEGA: When we talk about acculturation and the process of becoming more Americanized, it's not a process of changing cultures A to Z. It's a process of selectively taking on elements of American culture. And I think if we can bring that selection process into clearer focus, of which processes are selected and which are not selected, and which are retained from the old culture, you have a better mix.

NARRATOR: And this may have lessons for all of us.

ANTHONY ITON: As a society, we can build hope. And we do that by giving people access to those things that give them the potential for success: that's good education, that's access to good jobs, decent housing, and then a sense of belonging to a community, belonging to something larger than yourself, larger than your family. The potential right now is to try to take what we can see obviously in new immigrant communities—the health protective benefits of being a new immigrant—and understand and translate that into public health interventions now that affect the broader community.

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