Immigrant Farmworker Immobility & Health: The Need for Driver Licenses for All
Findings from a SUNY Geneseo Qualitative Research Study

The Crisis of Immigrant Farmworker Immobility

Immigrant farmworkers form the backbone of New York State’s agricultural industry but face significant challenges to their health and well-being due to several converging obstacles to basic mobility.

Geographic Isolation. The immobility of immigrant farmworkers and their family members is a multidimensional issue. For one, most immigrant farmworkers live on the farms where they work, which are located far from town centers where grocery stores, pharmacies, libraries, and doctors’ offices are found.

Lack of Public Transportation. Public transportation in the rural areas where farms are located is limited and infrequent, often running only between town centers and more urban areas. These challenges, combined with farmworkers’ long working hours and limited time off, make public transportation an unviable option for farmworkers. Driving is currently the only reliable and cost-efficient way to get around in rural New York.

Climate of Fear. Many farms in Western and Central New York are located less than 100 miles from the U.S.-Canada border, where Border Patrol has the authority to detain anyone suspected of being undocumented. Border Patrol and Immigration & Customs Enforcement (ICE) activity in the area, combined with the collaboration of local law enforcement with these federal entities, contributes to a pervasive climate of fear among immigrants. In the effort to avoid detention, many farmworkers rarely leave the farms where they live and work, creating a situation of extreme isolation. Undocumented immigrants who do drive out of necessity— for example to acquire food or needed medical care—risk being detained by immigration authorities due to their lack of a driver’s license or other state-issued form of identification.

The Impacts of Immobility on Health & Well-being

Barriers to Basic Needs. It is complicated and expensive for farmworkers’ to fulfill even their most basic needs for survival, such as buying potable water and fresh food. Because of the distance to town centers, limited public transportation, and extended work schedules, workers must rely on employer-provided rides or raiteros (i.e. informal economy drivers) to get around. Raitero rates vary greatly but can easily cost $50 for a trip to the grocery store and $100+ to get to a medical clinic. Farmworkers reported that a confluence of factors, including time constraints, cost, and fear posed significant obstacles to even infrequent trips to town. As one worker described:

“People are afraid to go out. Even the ones that used to go to the store are afraid to now.”

In order to minimize the risk of going out in public, some farmworkers opt to pay raiteros to deliver basic supplies of food and water to their residences, a strategy that greatly exacerbates isolation and can destabilize mental health.

Effects of Isolation. A major impact of immobility is social isolation for farmworkers. Respondents report that it is difficult to maintain even a rudimentary social life. It is prohibitively expensive to pay for rides to attend church or visit friends/family in the region. Respondents who were parents lament that their immobility hinders their children’s friendships and ability to participate in after-school activities. Continuous isolation deeply affects the mental health of farmworkers, many of whom report symptoms associated with anxiety and depression. One worker described this isolation aptly:

“Solitude kills...In the trailer [where I live] there are four of us...The three of us that work during the day get home at different times. It’s rare for us to coincide when we’re cooking or eating. For the most part everyone just locks themselves in their room.”

Health Care Access The vision of the New York State Department of Health is that “New Yorkers will be the healthiest people in the world - living in communities that promote health, protected from health threats, and having access to quality, evidence-based, cost-effective health services.” Yet, a vital part of the state’s population—immigrant farmworkers—face obstacles to accessing primary health care.

Health care, among the most basic of human needs, is largely inaccessible to immigrant farmworkers with limited mobility. Mobile clinics make rounds to provide care on some farms but, as one rural health service provider
noted, overall there is “demand [for health care] but not enough transportation.” Farmworker respondents report sometimes paying raieros for transportation to medical care and sometimes foregoing medical treatment altogether. Some reported occasions of acute illness when they or others were unable or afraid to seek care:

“I couldn’t go to the doctor. No one wanted to take me...And so I had to wait at home. One day I even took pills that we give the cows to take away my pain.”

“Many people don’t want to go out [to seek care], they would rather die.”

Furthermore, while some respondents reported symptoms associated with anxiety or depression, none reported having seen a mental health professional in the region. Immobility both negatively influences immigrant farmworker mental health and impacts their ability to access treatment for mental health issues.

Green Light: New York & The Importance of Local and State-level Action

Driver’s License Policy. Until 2002, when Governor George Pataki issued an executive order requiring DMV applicants to provide a social security number, any New York resident was eligible to obtain a driver’s license. This policy remains in place today and precludes undocumented immigrants from obtaining a driver license. This policy is the foremost contributor to the mobility crisis in New York’s immigrant farmworker community.

A State Policy with Major Effects. To address immobility and its dire consequences for the immigrant community, the “Green Light: Driving Together” campaign is working for policy change that would authorize limited-purpose driver’s licenses for all New York residents, irrespective of immigration status. If achieved, the proposed policy change would ensure the safety of New York state roads by ensuring that all driver’s have passed the driving tests and purchased insurance. Able to register their vehicles, immigrants would contribute to the New York economy through insurance and vehicle purchases and through license and registration fees.

Following the Trend. Twelve states, Washington D.C, and Puerto Rico already provide access to driver’s licenses without requiring evidence of authorized United States residency. Access to driver’s licenses does not impact immigration status but would afford immigrant farmworkers a way to meet basic needs, drive safely, and verify their identity to authorities when necessary. Studies in the aforementioned states indicate that driver’s license access increases financial stability in the immigrant community, lowers insurance rates for everyone, and decreases the incidence of hit-and-run accidents.

Investing in New York. Providing access to immigrants in the State of New York is projected to result in significant financial benefits. State and county governments would collect roughly $57 million in combined annual revenue, and a one time gain of $26 million.1 Considering that immobility poses a major concern for the health and well-being of immigrant farmworkers and their families, reinstating access to driver’s licenses poses a rare opportunity to improve public health while also bringing revenue into the state. Passing legislation to ensure driver’s license access for all is a clear choice when it comes to the health, safety, and economy of New York State.

For general information or to be connected with an organization leading the campaign in your region, contact: New York Immigration Coalition at (212) 627-2227 x230 or ajoshi@nyic.org. Follow the campaign on Facebook & Twitter using #GreenLightNY #LuzVerdeNY or visit https://greenlightnewyork.org

For more information on the Latino Immigrant Farmworker Access to Health Care study, contact the principal investigators Dr. Melanie A. Medeiros (medeiros@geneseo.edu) and Dr. Jennifer R. Guzmán (guzman@geneseo.edu).

---