



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

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## Promoting Health Care Access for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) Farmworkers

Farmworker Justice & National LGBTQIA+ Health Education Center | June 2022









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**There is a common misconception that few or no lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexually and gender diverse (LGBTQIA+) people exist within the farmworker community.<sup>1,2</sup> As a result, the health care needs of LGBTQIA+ farmworkers are often overlooked. It is important for health centers to recognize and address the unique challenges faced by LGBTQIA+ farmworkers in order to provide high-quality care to this marginalized population.**

<sup>1</sup> Hannan J. Trans, Immigrant Farmworkers Peel Back 'Layers of Invisibility.' NBC News 2016. Available at: <https://www.nbcnews.com/feature/nbc-out/trans-undocumented-immigrants-peel-back-layers-invisibility-rural-california-n603151>

<sup>2</sup> Jerke, B. W. (2011). Queer ruralism. Harvard Journal of Law & Gender, 34(1), 259-312.



## Farmworker Population Overview

There are an estimated 2.4 million farmworkers working on farms and ranches in the U.S.<sup>3</sup> When we include farmworkers' spouses and children, the number jumps to roughly 4.5 million. According to the 2017-18 National Agricultural Workers Survey (NAWS) conducted by the U.S. Department of Labor, 44% are between 25 and 44 years old.

Most farmworkers are foreign born. Approximately 64% of farmworkers were born in Mexico and 3% were born in Central America.<sup>4</sup> Twenty-one percent of farmworkers earn incomes below federal poverty guidelines.<sup>5</sup> While the majority of farmworkers and their families speak Spanish as their dominant language, there are a growing number of farmworker communities who speak an indigenous language as their primary language. Farmworkers from indigenous communities in Southern Mexico and Guatemala are the fastest growing farmworker population in the U.S. Farmworkers from these communities may have distinct cultural beliefs from other Latino populations.

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<sup>3</sup>. U.S. Department of Labor. National Agricultural Workers Survey 2017-2018, Available at: <https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS%20Research%20Report%2014.pdf>.

<sup>4</sup>. IBID

<sup>5</sup>. IBID

## General Challenges Facing LGBTQIA+ Farmworkers

There are no data regarding the number of LGBTQIA+ individuals in the farmworker community. However, outreach workers, clinicians, and researchers who provide health care and public health interventions to farmworkers know from experience that LGBTQIA+ people exist within the community, and that many face enormous challenges in accessing care, finding support, and feeling safe.<sup>6,7</sup> LGBTQIA+ “invisibility” within the farmworker community stems from strong cultural and religious taboos regarding sex in general, and sexual and gender minority identities specifically.<sup>8</sup> It is common for LGBTQIA+ persons to hide their identities in order to protect themselves from shaming, assault, and isolation from their families and communities.<sup>9</sup> The stress caused by hiding one’s identity and dealing with stigma has been associated with higher rates of depression, suicide attempts, drug and alcohol use disorder, and high-risk sexual behavior among LGBTQIA+ people.<sup>10,11</sup>

LGBTQIA+ farmworkers who are “out” to their employer may risk job termination or demotion, and harassment from co-workers. A 2009 story by the California Report, a public radio show, illustrated the challenges faced by openly LGBTQIA+ farmworkers. A trans woman farmworker related her experience in the fields during her gender affirmation process. Her boss started verbally harassing her; later her boyfriend, who also worked at the asparagus packing house where she worked, was attacked by other supervisors. Finally, she was demoted from supervisor to the assembly line.<sup>12</sup> Unfortunately, this story is not unusual for openly LGBTQIA+ farmworkers working in the fields.

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6. Wypler J, Hoffelmeyer M. LGBTQ+ farmer health in COVID-19. *J Agromedicine*. 2020 Oct;25(4):370-373. doi: 10.1080/1059924X.2020.1814923. Epub 2020 Sep 12. PMID: 32921293.
  7. Rhodes SD, Daniel J, Alonzo J, et al. A systematic community-based participatory approach to refining an evidence-based community-level intervention: the HOLA intervention for Latino men who have sex with men. *Health Promot Pract*. 2013;14(4):607-16.
  8. Lizarazo, T, Ocegüera E, Tenorio D, et al. 2017. Ethics, collaboration, and knowledge production: Digital storytelling with sexually diverse farmworkers in California. *Lateral* 6 (1) doi:10.25158/L6.1.5.
  9. Sue DW. Sexual orientation microaggressions and heterosexism. In: *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Hoboken, NJ: John Wiley & Sons, Inc.; 2010.
  10. Grant J, Mottet LA, Tanis J, et al. *Injustice at every turn: a report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.
  11. IOM (Institute of Medicine). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press; 2011.
  12. The full story from the California Report, “LGBT Farmworker Discrimination,” can be found at <https://www.kqed.org/news/11146/lgbt-farmworker-discrimination>



## Greatest Health Care Challenges Facing LGBTQIA+ Farmworkers

Farmworkers generally face numerous challenges when accessing health care. These challenges include lack of transportation, cost of services, and fear of employer retaliation due to lack of sick leave, among others. For LGBTQIA+ farmworkers, these challenges are just the tip of the iceberg. As mentioned previously, there is a pervasive fear among LGBTQIA+ farmworkers of being “outed;” patients therefore may not disclose their sexual behavior to their providers, resulting in missed opportunities to receive individualized care, including but not limited to gender-affirming care, and PrEP care. This reluctance to disclose may be especially true for men who have sex with men (MSM) farmworkers who are married to women, as family members are often heavily involved in each other’s health care decisions. A married MSM farmworker may fear that the provider will reveal his sexual history to his spouse. In addition, MSM may not label themselves as gay or bisexual, and may not think they are at risk for HIV/AIDS, believing that only those who identify as part of the “gay” community are vulnerable to infection.<sup>13</sup>

Providing sexual health education to farmworkers in group settings, such as at a labor camp, also poses challenges. Health outreach workers may find it difficult to include same-sex relationships as part of the discussion, given potential patient reactions, bias, or discomfort. In addition, LGBTQIA+ farmworkers in a group setting may completely shy away from taking or discussing the use of condoms, or other approaches for preventing STIs.

Transgender farmworkers encounter additional, unique health care challenges. Most do not have the financial means to access necessary gender-affirming medical care (such as hormone therapy and/or surgeries). Some may turn to the black market to purchase hormones and/or silicone. These are often self-injected with shared needles, few instructions, and no medical oversight, leading to multiple health risks.<sup>14</sup>

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<sup>13</sup>. Stueve A, O'Donnell LN, Duran R, San Doval A, Blome J. Time-space sampling in minority communities: results with young Latino men who have sex with men. *Am J Public Health*. 2001 Jun;91(6):922-6. doi: 10.2105/ajph.91.6.922. PMID: 11392935; PMCID: PMC1446469.

<sup>14</sup>. Wallace P. Finding self: A qualitative study of transgender, transitioning, and adulterated silicone. *Health Education Journal*. 2010; 69: 439-46.

# Best Practices for Health Centers to Build Trust with LGBTQIA+ Farmworkers

Due to the stigma and fear faced by LGBTQIA+ farmworkers, it is essential that health centers create a welcoming and affirming environment. Health centers should incorporate the following best practices to ensure that they provide the highest quality of care to LGBTQIA+ farmworkers (note: some of these best practices are adapted from tips for Legal Advocates Working with Lesbian, Gay, Bisexual, & Transgender Clients developed by the National Center for Lesbian Rights, California Rural Legal Assistance, and Legal Services Corporation).<sup>15</sup>

- **Become comfortable with providing care to LGBTQIA+ people.** This can involve training all health center staff in general LGBTQIA+ concepts, terminology, and health needs. The National LGBTQIA+ Health Education Center provides training, technical assistance, and resources for health care organizations: ([www.lgbtqihealtheducation.org](http://www.lgbtqihealtheducation.org)).
- **Include sexual orientation, gender identity, and gender expression in your non-discrimination policy** and post the policy in high-profile locations, such as on the walls and on your website. In addition, establish a well-defined process for reporting and responding to any discrimination that may occur.
- **Revise patient intake forms** to include a question on sexual orientation and questions about gender identity and sex at birth. Recommended questions can be found on the website of the Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu> and at [www.lgbtqihealtheducation.org](http://www.lgbtqihealtheducation.org).
- **At all levels of the health center, from the front desk to the clinicians and administration, use inclusive language for all patients.** An example of inclusive language is “are you in a relationship?” instead of “do you have a wife or girlfriend?” Another example is “how may I help you?” instead of “how may I help you sir/ma’am?”
- **Build trust** by emphasizing the confidentiality of the information.
- **Explain that questions related to sexual history and sexual orientation are asked of all patients.** Also, clarify that these questions are used to create an accurate health assessment and that the information is confidential. It is important that patients feel they will not be judged, singled-out, or shamed for their answers.
- **Conduct medical appointments in complete privacy,** apart from spouses and family members. Providers must make sure that they respect family members’ need for involvement while ensuring that the patient’s privacy is protected. They should seek explicit consent from a patient to disclose medical information since medical information may accidentally expose the patient’s sexual orientation or gender identity to family members. The provider should let the patient know that the patient has the right to confidentiality of medical information and ask the patient whether it is permissible to discuss medical issues with their family members.
- **Conduct medical appointments in the language that is most comfortable for the patient.** Make professional interpreters available so patients do not have to rely on family members for interpretation. Some nonprofit organizations that work regularly with indigenous farmworkers, such as Mixteco Indígena Community Organizing Project (MICOP) and Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO), offer indigenous language interpretation services.<sup>16,17</sup>
- **Ensure all medical staff, including medical assistants, interpreters, clinicians, and any personnel with access to the patient’s health records respect the patient’s confidentiality** and do not use any verbal or non-verbal cues that may indicate discomfort with the patient’s disclosures.
- **Provide behavioral health referrals,** if necessary, and/or community support services for LGBTQIA+ patients.
- **Provide education on sexual health,** including the proper use of prophylaxis, to mitigate high-risk sexual behavior.
- **Implement universal HIV screening** for all patients and a program that engages patients into HIV care.
- **Reach out to LGBTQIA+ organizations.** This may include legal services, community organizations, or national organizations that can provide resources and support to health centers and LGBTQIA+ patients.

<sup>15</sup> National Center for Lesbian Rights, California Rural Legal Assistance, and Legal Services Corporation, “Tips for Legal Advocates Working with Lesbian, Gay, Bisexual, and Transgender Clients,” Available at [http://www.nclrights.org/wp-content/uploads/2013/07/Proyecto Poderoso Flyer cd.pdf](http://www.nclrights.org/wp-content/uploads/2013/07/Proyecto_Poderoso_Flyer_cd.pdf)

<sup>16</sup> MICOP. Indigenous Language Services. Available at: <https://mixteco.org/indigenous-interpreter-services/#>.

<sup>17</sup> CBDIO. Our Services. Available at: <https://www.centrobinacional.org/services>.



## Available Support Systems for LGBTQIA+ Farmworkers

Because farmworkers tend to live in more isolated rural communities, there may be fewer LGBTQIA+ support services available. LGBTQIA+ farmworkers who live near an urban center may be able to more easily access LGBTQIA+ community organizations and support services. Health centers should be familiar with the LGBTQIA+ resources in their communities to refer patients. Health centers may also function as a limited support system. It is possible that the health center provider is the only person with whom the farmworker can talk openly and seek assistance. Informal networks of support may also be in place; health centers should work with members of local LGBTQIA+ communities to determine if these networks exist and how to put patients in touch with those.

State-specific resources exist in some areas. For example, local assistance in California is available through California Rural Legal Assistance (CRLA), which provides support to LGBTQIA+ individuals in rural areas of the state, particularly LGBTQIA+ farmworkers, on matters such as immigration, employment discrimination, and legal name changes. More information about their programs can be found on [CRLA's website](#).



## Resources

For more information about how you can promote health care access for LGBTQIA+ farmworkers nationwide, you can contact:

- Farmworker Justice  
[www.farmworkerjustice.org](http://www.farmworkerjustice.org)
- The National LGBTQIA+ Health Education Center at the Fenway Institute, Fenway Health  
[www.lgbtqihealtheducation.org](http://www.lgbtqihealtheducation.org)
- NCFH Call for Health hotline  
800.377.9968 • [www.ncfh.org/call-for-health.html](http://www.ncfh.org/call-for-health.html)
- Migrant Clinician Network's Health Network  
[www.migrantclinician.org/services/network.html](http://www.migrantclinician.org/services/network.html)
- California Rural Legal Assistance  
[www.crla.org](http://www.crla.org)
- Center of Excellence for Transgender Health  
<http://transhealth.ucsf.edu>
- National Center for Lesbian Rights  
[www.nclrights.org](http://www.nclrights.org)
- HRSA  
[www.hrsa.gov/lgbt](http://www.hrsa.gov/lgbt)

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