

# One Nation INDIVISIBLE

Stories From the Field

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## Lifelines in Tough Times

### *A Small Southern City's Health Care System Responds to a Demographic Transformation and Creates a Vital Community of Support*

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Inside the cramped living room of his trailer home in Dalton, Georgia, Juan Cabrera opens a plastic shopping bag holding an intimidating inventory of pills and liquid medicine doctors had prescribed for his failing liver, diabetes and aching back. A life-size image of Jesus Christ stares down at Cabrera, his wife Estela and three other women whom this 55-year-old former carpet mill worker has come to view as saviors of a sort.

Esther Familia-Cabrera, Cristina Valdovinos and Marisol Torres sit down with Juan and Estela. A small television plays on, at low volume. A fan whirs, providing little respite from Georgia's heat. Outside, Cabrera's five children sit and talk in the trailer's shade. It is nearly 100 degrees and too hot to play.

The three women, trained "*promotoras de salud*," take turns picking up each bottle, reading its label and

placing it down to form a neat row. Looking on nervously, Juan's wife, Estela, runs her hand over her sweaty forehead and through her hair. Once again, Familia-Cabrera (no relation to Juan Cabrera) and

her staff see something disturbing and familiar. Juan has not been taking his medication consistently. Many poorer immigrants like him, the *promotoras* say, commonly scrimp on their pills. They might take half doses or skip daily regimens altogether to make the supply last longer.



"You have to take them all, you have refills," Familia-Cabrera tells Juan Cabrera in Spanish. "We are here for you and you know that things will be alright but you have to follow the instructions and we'll go over them again with you."

"I was doing better...I will take them," he promises.

Familia-Cabrera, Valdovinos and Torres review the required dosages with Juan and Estela. Then they draw up a schedule for Cabrera's medication regimen. Valdovinos notices that Cabrera's right lower leg is discolored. There's a dark bruise on his shin. This could be a sign that Cabrera's liver problems are getting worse.

"You have to go see a doctor right away," Valdovinos tells Cabrera.

"I will," he assures her again.

The promotoras talk and then agree on an action plan. They will call Cabrera's doctor and get him in there as soon as possible. They will drive him if he needs a ride. Soon after that consultation, the promotoras will return to the trailer park to check in on Juan and Estela. For Juan Cabrera, a native of Guanajuato, Mexico, the promotoras, some of

whom are immigrants themselves, have become lifelines. The promotoras first met Cabrera after he'd been referred by health workers at a local free clinic. His stomach was bloated from a failing liver. He was pale. His illnesses had left him disabled. He was too exhausted and in too much pain to return to work at the recycling department in one of the once prosperous mills that earned Dalton the moniker, "Carpet Capital of the World."

The worn, unkempt trailer park where Cabrera lives among about 150 other families is known around

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Dalton as "Mexico Chiquito" or "Little Mexico." In the city's northeast corner, Mexico Chiquito is home mainly to Dalton's newest immigrants and to those who, for a variety of reasons, have not moved far from the bottom of the economic ladder. For some of Dalton's Latinos, the Little Mexico nickname is an insult. The nickname seems to imply that Mexico, a vibrant, diverse nation with a proud history and long traditions is somehow comparable to this collection of insubstantial trailers with broken

windows and chipping paint and discarded tires dotting the landscape. Alas, the name stuck. Perhaps more than any other place in this city of 33,000 people, Mexico Chiquito shows the corrosive effects of an eviscerating economic recession that slowed the formerly booming carpet industry. In one corner, a flimsy trailer doubles as a church and a scarcely open

doctor's office. A local doctor volunteers time once a month to help residents who cannot get to the hospital or who are afraid to go there. Before the promotoras came into Juan Cabrera's life, this sometime clinic was the only place he could go when he felt sick.

Cabrera has little hope of ever returning to do the low-wage work for which he originally left Mexico a decade ago. He and Estela are several months behind on rent. They keep a rising pile of medical bills in a shoebox.



“I really don’t know where we’d be without their help,” Cabrera says of the promotoras. Estela’s eyes well up with tears.



Translated literally, *promotoras de salud* means “promoters of health.” But over the years these women and the Promotoras de Salud program for which they

work have become far more than that. They are also vital promoters of optimism, hope, dignity and human connection. Started as a small health care advocacy project, these community-based lay health care workers provide a modicum of security for an immigrant community whose job opportunities have been dwindling in a tough economy and who’ve been pushed even further to the margins by Georgia’s immigration policies. Immigrants here talk about the growing number of fathers leaving their families behind in search of work beyond this working class city. In 2011, immigrants faced new challenges. That year, Georgia’s legislators passed a law known as HB57 that makes it a crime to “harbor or transport undocumented immigrants” and makes it more difficult for businesses to hire people who do not have proper immigration documents. The law also gives local law enforcement officers authority to run immigration

status checks on anyone arrested, detained or pulled over even for minor traffic infractions.

Whitfield County, of which Dalton is a part, is among the state’s leaders in triggering deportation removals under Georgia’s 287g program, which permits local police or sheriffs to use a controversial federal database to determine a detainee’s immigration status. In contrast, the Promotoras de Salud program creates a welcoming, supportive community circle for immi-

grants who make up a substantial share of the region’s workforce. It connects Spanish-speaking newcomers to a health care system that historically had not served them well and which, in many cases, immigrants simply did not trust.

Until the 1990s, Dalton, sitting in northwest Georgia near the Tennessee border, had not been a common destina-

tion for Latino immigrants. But they were lured here by relatively well-paying jobs in a then-booming carpet industry and also by work in chicken processing plants and seasonal agricultural jobs. In 1990, only 4 percent of Dalton’s residents were Latino. By 2000, that share had increased to 40 percent and by 2010, Latinos made up nearly half the city’s population. In 2010, about 66 percent of students in Dalton’s public schools were Latino and about 17 percent were still learning English. Immigrants make up 13 percent of Georgia’s workforce according to the Washington-based Immigration Policy Center. The Pew Hispanic



*In 1990, only 4 percent of Dalton’s residents were Latino. In 2010, Latinos made up more than half the city’s population.*

Center, meanwhile, estimates that unauthorized immigrants make up 7 percent of the state's workforce, which is one of the largest shares of any state. In 2010, Georgia's unauthorized immigrants contributed more than \$456 million in state and local taxes according to estimates from the Institute for Taxation and Economic Policy, based in Washington, DC.

Perhaps because immigrants settled in Dalton in such large numbers over such a short period of time, and in a place where people had little experience with Latino culture, the health care system had failed to adapt. Hospitals and clinics lacked Spanish-speaking interpreters. The notion of preventive health care, which would ideally include annual check-ups, prenatal visits and routine testing of symptoms as signals for underlying conditions, was unfamiliar to many newcomers who'd either rarely consulted with doctors or made appointments only when extremely sick. Women went without mammograms and pap smears. People who did not have proper immigration documents worried that merely going to a hospital might get them deported. Adults commonly turned over control of their health to their young children, who served as interpreters.

But as more and more immigrants settled in Dalton, health care officials and advocates realized they needed to rethink traditional health care delivery models in which hospitals and doctors tended to wait for people to come to them. And so they looked far beyond northwest Georgia, and far beyond their own habits and protocols, to promote health and well-being in their changing community.

The promotora program began not long after Nancy Kennedy, the executive director of the Northwest Georgia Healthcare Partnership, began to hear about successful promotora programs in Texas border communities. Health care providers, business leaders, educators and local government started the Partnership as an effort to improve community health. The nonprofit sits across the street from Dalton's one hospital and major clinics, making it convenient for promotoras who often accompany patients to doctors' visits.

*Immigrants make up 13 percent of Georgia's workforce.*



"We moved quickly to care management," Kennedy says. "We saw that once [patients] left the doctor's office there was a disconnect, and once we could go inside their homes we could understand the whys and hows and that was important."

The promotoras help the Cabrerias and other immigrant families in myriad ways, all of them aimed at improving physical and mental health in the community at large and integrating immigrants into the health care system. Promotoras will deliver food from local pantries, go to doctors' appointments and help people fill out medical paperwork. They are comforting, knowledgeable guides through an often terrifying and dehumanizing health care maze. In the

Dalton area, the program's five promotoras de salud have served dozens of families in the trailer park where Cabrera lives with his family. In all, promotoras have 357 families on their caseloads. The women track each person's entry into and exit from the health care system. Until recently, records had been handwritten and kept in cabinets, but then a local software company donated a filing program, allowing

the promotoras to enter the modern age and computerize their records. With limited funds and small staff, Kennedy says, the promotoras, no matter how hard they work, cannot possibly reach all the families who would benefit from access to health care. Foundation grants and local corporate support, including substantial dollars from the carpet mills that employ so many immigrants, allow the promotora program to survive. The promotoras are quick studies. They attend trainings, keep up their certifications and take advantage of health-related workshops at the hospital and other settings, so as to stay up on current knowledge.

At the program's inception in Dalton, Kennedy and others recall, a lot of doctors and nurses resisted seeing promotoras as collaborators and partners, tending to view them instead as well-informed interpreters. Some doctors and nurses did not seem to like the idea of having promotoras present at doctor's office visits. Now, Kennedy and others say, promotoras are increasingly the first professionals that doctors and nurses who work with immigrant patients will call.

When the program launched, the most pressing needs among immigrants included prenatal care and transportation, says America Gruner, the program's first promotora and first program director. Gruner left the program and founded the civic group, Coalicion de Lideres Latinos — Coalition of Latino Leaders, or CLILA.

"Pregnant women didn't know where to go, were not going to doctors' visits and immigrants were also affected by transportation since the law stated they couldn't drive," Gruner says. "So many people wanted to get services and they couldn't so we started to offer transportation." (As is true of most states, immigrants without authorization to be in the

country are prohibited from getting driver's licenses in Georgia.)

"It was difficult at the beginning," Gruner says. "The doctors had to understand we were not there just to translate materials. We understood the people and we could educate them about health. It was intertwined."

For a few decades promotoras de salud have been around in different incarnations in Mexico, other Latin American countries and in communities with large Latino populations. More generally, community health workers have been common in the United

States since the 1950s. Under the Migrant Health Act of 1962, and the Economic Opportunity Act of 1964, the federal government mandated outreach to migrant worker camps and neighborhoods where people earn low-incomes. Throughout the years, the roles of these lay health educators have remained largely the same—connecting people who historically do not have access to adequate health care. Keeping individuals healthy, of course, promotes and contributes to the health of the general population. Prevention and education reduces the number of costly visits to emergency rooms and the likelihood of emergency procedures. In that sense, the promotoras benefit not only their patients, but the entire community.



Some days bring emotional challenges for the promotoras, whose involvement and empathy for the local Latino community extends far beyond professional responsibilities. After a weekly wellness class on diabetes, the five promotoras learn that an 8-year-old girl they knew had just died of cancer. The tears flow. They console each other with hugs and gentle pats and then vow to keep it together for the rest of the

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day, which will include a visit to Juan Cabrera. The promotoras not only care for Dalton's burgeoning Latino population, but also reflect it. Four of the five promotoras are Mexican. Their connections are about more than just food and traditions, though that's strong too. They've faced some of the same struggles that their patients have. Promotora Marisol Torres, who moved here from the Mexican state of Michoacán six years ago, is dating a young Latino man who complains of being targeted by authorities while he's driving. Another promotora, Cristina Valdovinos, is a single mother trying to teach her children how to navigate two cultures. Liz Casillas and Teresa Patterson are Mexican-American. They both grew up in California facing their share of challenges fitting in and negotiating multicultural environments. Esther Familia-Cabrera, who is Puerto Rican, moved from the Bronx, NY, with her family to take the job as director of the Promotoras de Salud program. She's rarely behind her desk, though, and is busy in both her administrative role and in visiting her own clients and accompanying her workers to their visits.

"You look at the promotoras and they *are* the community," Familia-Cabrera says. "It's important to have that when you are going out there to deal with some serious issues with families with little to eat, little to live on."



In their book, *New Destinations: Mexican Immigration in the United States*, Víctor Zúñiga, of the University of Monterrey in Mexico, and Rubén Hernández-León, a professor of sociology at UCLA, explore the causes and implications of Dalton's demographic transformation. Their work shows that immigrants, primarily from Mexico, trickled into Dalton in the 1980s, and in much larger numbers in the 1990s as the carpet business kept growing.

"That was an important magnet for some time," Hernández-León says. "During the golden years there were not enough hours in the day for them to work. Some worked at two carpet factories making a wage and things were good." The Mexican immigration transformed Dalton, he says, and also produced a generation of Mexican Daltonians who have adopted this small city as their own and do not intend to leave.

During the carpet industry's boom years, the Mexico Chiquito trailer park and the nearby Underwood Street area were Dalton's entry ports. People tended to settle there first, and were able to save some money by working 60 or 70 hours a week. Then they moved out of the park and further up the road to a duplex. The workers and their families often integrated into the community, either through their jobs, through their church or through involvement with their children's local public schools. Some managed to keep saving and to buy homes a few more blocks up.

But then came the recession. The carpet industry's trouble was further compounded by unanticipated consumer trends. Not as many people wanted carpets in their homes and started choosing hardwood floors instead, Zúñiga explains. Men dominated in the back-breaking carpet industry that usually paid above minimum wage. The downturn forced them to either switch to lower paying service work or to leave their families behind and take seasonal agricultural jobs outside of Dalton and in some cases, outside of Georgia.

As in other new immigrant gateways, Zúñiga explains, it was the educators in Dalton's public schools, priests and ministers in faith communities and doctors, nurses and social workers in hospitals who were among the first to hear from immigrants about the cultural barriers newcomers faced. Zúñiga

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and Hernández-León see programs like Promotoras de Salud as particularly constructive and effective means for integrating immigrants into the health care system and, in time, connecting them to the community at large. With more immigrants in Dalton and harsh laws being enacted, Promotoras de Salud has evolved, too, into a kind of default human rights organization. America Gruner, the former Promotoras de Salud director, recalls a Latino man who had fallen from a tree and lapsed into a coma. Incorrectly assuming he was an undocumented immigrant, officials at a nearby hospital had wanted to pay his way to the Mexican border.

“He had a visa. He was legally here but the [hospital’s] social worker had no idea what a valid green card looked like,” Gruner recalls. “We had to defend him and that’s why the promotoras are not only about health...it surrounds everything.”

Gruner estimates that it took two years for trust to develop between the promotoras and other professionals in the medical field. She knew things had changed when an oncologist called the promotoras for help with a 50-year-old man from Honduras with HIV and cancer who had not gone to his medical appointments in several months.

“That’s when we knew that the doctors, community, hospitals understood the benefit,” Gruner says.

Fidencio Vergara fully understands the benefit. “They are my family,” he says in Spanish in the corridor at the Northwest Georgia Healthcare Partnership office. “They do so much. They speak up for me but they always listen to me.”

Vergara, who is 63 years old and diabetic, is receiving chemotherapy treatments for colon cancer. His gait is labored and slow. Vergara arrived in Dalton 18 years ago from Guanajuato, Mexico. He’d been a machin-

ist at nearby Beaulieu Carpet, but several years ago he lost that job and left the region in search of work. His declining health brought him back to Dalton and to the promotoras.

Vergara says his doctor often tells him he can’t be released until a promotora de salud is there to pick him up and take him home. The promotoras see the doctor’s insistence as an endorsement of their pro-

gram and a sign of the growing trust people have in them. They also love to see Vergara participating in a diabetes education workshop held in a tidy conference room in the Northwest Georgia Health Partnership offices.

Before the workshop starts, someone calls from their cell phone on their way to the promotoras’ office. They alert the promotoras that police have set up roadblocks at several intersections. Some of the officers, the caller reports, are stopping vehicles and asking for identification. The promotoras now know that if attendance is light tonight it means that people were probably scared away.

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– America Gruner,  
former Promotoras de  
Salud director.

About a dozen people sit around an oval table. The Latino community experiences high rates of obesity and diabetes and, the promotoras say, the nonprofit offers these educational workshops to try to reverse those trends. A plastic model of the human digestive system sits on the table. A healthy foods chart and some nutritious recipes get passed around.

“Together we can have a good life, with or without diabetes,” Familia-Cabrera tells the group. “We’ll help you get your medication. Don’t cut the pills.”

At the end of the educational lecture, a guest, Dr. Pablo Perez, finishes with a question that might seem off the subject. But it reveals a deep understanding of the priorities and concerns of Dalton’s Latino immigrant community.

“Now who is happy with President Obama’s move?” Perez was referring to the president’s recent executive order, which ended the threat of immediate deportation of younger undocumented immigrants who’d been brought to the country by their parents. The whole room seems to be smiling back at Perez.

On their way out the door, several attendees stop to talk individually with the promotoras. The promotoras remind people to take their diabetes medication, not to miss appointments, not to “cut” their pills and to take full doses. Their message is that health matters and that the quality of a person’s health will help determine the quality of a person’s life. As importantly, though, the promotoras’ mere presence sends the message that the immigrants who’ve settled in Dalton and helped it prosper are deserving and valued members of a community that cares for them during hard times.

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**Chris Echegaray** is a freelance journalist based in Nashville. A former staff writer for several daily newspapers, Echegaray has talked his way into the midst of youth street gangs and on buses filled with laborers rolling across the U.S. border. He has chronicled the devastation that followed the Tennessee floods of May 2010. Specializing in stories about migration, he rode with immigrant laborers from Florida traveling by bus to visit their families in Mexico. During the journey, the bus driver screened the film, *A Day without a Mexican*. Chris’ writing has appeared in numerous publications including the *Tennessean*, *The New York Daily News*, *The Boston Globe*, *US Weekly* and *Latina Magazine*, for which he wrote a cover story on the international superstar, Shakira.

**John Partipilo** is a photojournalist at the *Tennessean* newspaper in Nashville. He has also been a staff photographer for the *Baxter Bulletin* in Mountain Home, Arkansas and for the *Arkansas Gazette* in Little Rock. He also worked as a freelance photographer in Los Angeles for *Newsweek* and several other magazines. Partipilo has been an official photographer and a sound engineer for the band, Crosby, Stills & Nash. He has won 13 National Press Photographers Association awards and numerous awards from the Associated Press for his work at the *Tennessean*. In 2011, John won Best of Photojournalism for his work on youth gangs in middle Tennessee. John’s work covers a wide variety of subject areas. He has chronicled the working lives of Mennonites and the Amish people and the invasion of Iraq while embedded with the 101st Airborne Division.

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