

*Case 1: Lonita and Tano,
Pregnancy and Health Care*

At age 29, Lonita and her husband, Tano, immigrated to the U. S. from the Philippines. Both have high school degrees. Tano came to the U.S. on a student visa to become college educated. Since moving to the U. S., they officially started the process to become citizens.

Tano spoke little English when he came to the U.S., but he improved while attending college for the past two years. He stopped attending college when tuition bills became too high. Currently Tano works two jobs. Only one of the jobs is reported to the Internal Revenue Service. The second job, where Tano is a maintenance worker at a chemical plant, pays him "in cash" at the end of each week.

Lonita still speaks very little English. It has been difficult for her to attain gainful employment. With her love of children, she attempted to become a child care provider and nanny for a few families, but none of these positions were long lasting. They are barely covering the bills. Tano's income places them just above the poverty line.

Now at the age of 32, Lonita and Tano recently learned that they are about to have their first child. Both are excited but nervous. They want to start a family and know the importance of health care and prenatal nutrition for their unborn child. However Tano's job does not provide health insurance and they cannot afford to pay cash for the many doctor's appointments and medical examinations needed. It seems as if it will be the start of a stressful nine months.

In the second trimester, Lonita is experiencing cold and flu symptoms. Without medical care, she goes to the local pharmacy. She starts to take various cold remedies over the counter, such as ibuprofen, cold and flu medications, and various cough suppressants. Her conditions worsen so she starts to increase the dosage of the various over-the-counter medications rationalizing that she needs to take "for two."