



FROM 301 WEST PRESTON STREET BALTIMORE 1, MARYLAND

743A

MARYLAND'S MIGRANT WORKER HOUSING PROBLEM

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The housing of migrant workers in Maryland is an important social, economic, and health problem. The truck crop and fruit growers of this State are able to bring to maturity large acreages of fruit and vegetables using on-the-farm labor and nearby local labor. However, the harvest of these crops is dependent on migrant labor.



Water supply and cooking facilities at a migrant camp site. To conform with the new regulations, water supply must be protected, pitcher pumps replaced with approved type. Public food preparation areas should be screened against flies.

Each year an estimated seven to eight thousand such workers come from Florida and the West Indies to harvest the crops and pick the fruits grown in the Free State.

Early in 1957 a study was made of the housing facilities used by these workers in Maryland. The study was made by the Bureau of Environmental Hygiene of the Maryland State Department of Health. A total of 134 camps were inspected with the help of the local Health Officers and Sanitarians.

These 134 camps were found to contain 2,803 dwelling units which were occupied by 7,930 migrants.

Inspections were made of water supplies, sewage disposal, toilets, washrooms, bathrooms, laundries, shelters, cooking and eating facilities, garbage and trash disposal, camp areas, beds and bedding, insect and rodent control, and safety and fire prevention.

Inspection Results

In analyzing the results of the study 66% of the water supplies were found to be unprotected and unapproved, and 72%

of the sewage disposal systems were unapproved. Water supply was inadequate in 45% of the camps inspected.

Fifty-one per cent of the camps contained shelters of unsound construction and 44% had structures with insufficient window areas. Dual egress was lacking in rooms of 51% of the camps. Ineffective screening was noted in 81%, and unsafe electrical wiring was found in 31%.

In 74% of the camps, toilets were in poor operating condition, while 81% of the camps had unsanitary toilet facilities. Fifty per cent had an insufficient number of wash basins, 72% had improperly drained floors in the washrooms and baths, and 78% had inadequate laundry facilities. There was no segregation of sexes for bathing facilities in 80%.

Sixty-two per cent had unsafe food storage, and 81% had inadequate facilities for collection and storage of garbage and trash. Seventy-two per cent had ineffective insect and rodent control and 69% of the camp areas were unsafe and unsanitary.

No first aid equipment was available in 85% of the camps and 86% had no fire extinguishers. Forty per cent had inadequate sleeping facilities, and bedding was not sanitized between camp uses in 49%.

Regulations

The above facts were used for the development of proposed regulations of migrant labor camps. These proposals were discussed in meetings with health officials of the counties involved, and with representatives of farmers' and packers' groups.

From these meetings came many helpful suggestions which were incorporated in the regulations. It was our desire to develop regulations that were both workable and enforceable, based on facts obtained during the study and on sound public health principles.

In 1959 the program received a new impetus when Governor Tawes appointed a commission to study the migrant labor problem in Maryland. Dr. Paul Nystrom of the University of Maryland was appointed chairman of this commission, and under his able leadership, hearings were held throughout the areas of the state which would be affected by the regulations.

Changes, based on suggestions resulting from these hearings, were made in the proposed regulations. The revised regulations were submitted to the Attorney General to check their legal sufficiency and correctness. They were then adopted by the State Board of Health, and became effective February 1, 1960.

Enforcement

To date, over 1,200 copies of these regulations have been distributed throughout Maryland, and a program of inspection and enforcement is well under way. It is hoped that all of the camps in the state will have been inspected before the beginning of the 1960 season.

The enforcement and administration of the regulations are delegated to the Local Health Officers and their Sanitarians. It is understood that laborers cannot be placed in camps through the services of Employment Security until such camps have received a permit from the approving authority. This procedure is also to be followed for those camps securing laborers from private sources.



Health Department Meeting

The annual meeting of the Maryland State Department of Health will be held May 12 and 13 in Baltimore.

The public is invited to attend the general session on May 12 from 10:00 A.M. to 4:00 P.M. in the auditorium of the Employment Security Building, Dolphin and Eutaw Place. A program of currently important public health issues will be presented, with special attention to the complex problems of alcoholism, water resources, nursing education in relation to health services, and a report of the 1960 White House Conference on children and youth.

Report on TB—VD Health Program Among Maryland Migrants

By C. REED CORBIN, *Project Director*

(Mr. Corbin is Field Consultant with the Maryland Tuberculosis Association)

In a series of meetings which began in the summer of 1958, representatives from Maryland, Virginia, Delaware, and the United States Public Health Service developed a plan to find and treat tuberculosis and syphilis among the agricultural migrants working in the Tri-State area.* The Maryland program, which was put into effect May 15—September 15, 1959, on the Eastern Shore, was financed by the Maryland Tuberculosis Association, the State Health Department, and the United States Public Health Service.

Gaining Program Acceptance

Most of the agricultural laborers coming up the Eastern Seaboard each year work under crew leaders or bosses who are responsible for their transportation, getting them work, and paying them wages based on piecework.

The success of the program hinged on getting the acceptance and cooperation of the people involved. Crew leaders were given a letter explaining the program when they were interviewed by Maryland's Department of Employment Security representative in Florida. Maryland farmers who employ migrant labor were sent a letter with similar program information.

Copies of the Health Department's bulletin describing the project were distributed to key people on the Eastern Shore, and newspapers ran articles covering the subject, including pictures taken by the Maryland Tuberculosis Association.

All three states made up health cards for distribution to the migrants. Cards for each state were identical in content, but different in color. Other states were contacted, and a working agreement regarding the cards was established. Migrants were anxious to take the test and obtain the card when they realized possession of it meant they need not take additional tests in other states. Our rec-

* A detailed description of this plan was published in the May 1959 issue of this publication.

ognition of valid cards from other states helped the migrants see how this would work.

Method of Operation

Schedules were set up, and crew leaders brought workers from a radius of several miles in order to help centralize the work of x-raying. The mobile x-ray unit was set up at camp sites, on roads, beside fields, and even in fields where migrants were working. X-rays were taken inside the trailer, and blood tests were taken outside.

The unit worked on sixty days and made eighty-seven different stops. The 70 mm film was cut and developed, and the films interpreted by a tuberculosis specialist within twenty-four hours. The follow-up of TB suspects from the 70 mm films was a responsibility of each local health department. When large chest films were needed the local health departments usually provided these within forty-eight hours, although sometimes a longer period of time elapsed. The information sheet in a sputum box was marked "migrant" and the laboratory gave it priority for a quick microscopic analysis. Speed was essential because migrants move frequently. When a migrant suspect had left the local camp, an attempt was made to trace him and to notify health authorities at his new location.

Tuberculosis Cases Found

The 4,372 X-ray pictures taken produced important results. Over 3,000 of these films represented agricultural migrants. Six active cases of Tuberculosis were found. One is hospitalized in Maryland, one in Virginia, and one in New York State. Final disposition has not been reported on the other three cases.

When the project was set up, it was decided to test local persons working with migrant crews and any others requesting the service. Nearly 1,300 local residents of the Eastern Shore received chest X-rays. Six had active cases of Tuberculosis. Five of these six were

picked up in poultry processing or tomato canning plants.

One migrant case was found in a cannery, making six out of twelve active cases found working in the food processing industry.

One county, where less than 15% of the total X-rays were taken, produced six of the twelve active cases. The three southern counties of the Eastern Shore had very few local workers in the migrant crews and no active Tuberculosis was found. All the cases were found in the upper five counties where local workers made up as much as 20% of the crews.

Six former Tuberculosis patients were found and sputum tests requested. Of the four who complied, all were found to be negative.

The combined cost figures from the State Health Department and the Maryland Tuberculosis Association amounted to \$1.93 per person X-rayed. The cost per TB case located was \$701.00. One thousand dollars per case is considered average.

Results on Blood Tests

The VD representative from the Health Department reported results on the 3,170 blood tests for syphilis as follows: 10% reactive, 5.4% brought to treatment, 3.1% had been previously adequately treated. One hundred eighty-three new cases were found and treated; 4 were primary or secondary, 49 were early latent, and 130 were classified "other syphilis."

Summary

A large measure of the success of the project was due to interstate cooperation in preliminary planning, the enthusiastic support of key groups and individuals within the state, and an active health education program. Acceptance of the program by the community, farmer-employers, and crew leaders was most gratifying. Careful planning plus speed of execution accounted for the success in follow-up of this mobile, difficult-to-trace population group.

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COMMUNICABLE DISEASE REPORT

Case Reports Received during 13 Week Period
January 1 - March 31, 1960, State of Maryland

Reportable Diseases By Mode of Spread	State of Maryland			Total	Total
	13 Weeks 1960	Same Period 1959	5-year Median	Counties 13 Weeks 1960	Balto.City 13 Weeks 1960
Animal to man					
Brucellosis, (Undulant fever).....	1	0	--	0	1
Leptospirosis, (Weil's disease).....	0	0	--	0	0
Psittacosis.....	0	0	--	0	0
Rabies in humans.....	0	0	--	0	0
Trichinosis.....	0	1	--	0	0
Tularemia.....	1	1	--	1	0
Fecal-oral					
Dysentery, amoebic.....	0	1	--	0	0
Dysentery, bacillary.....	12	9	--	2	10
Dysentery, unspecified.....	0	0	--	0	0
Salmonellosis					
Typhoid fever.....	0	0	2	0	0
Paratyphoid fever.....	0	0	--	0	0
All other.....	12	5	--	6	6
Insect-borne					
Malaria, origin, U. S. A.....	0	0	--	0	0
Malaria, origin, outside U. S. A.....	1	1	--	0	1
Rocky Mt. spotted fever.....	0	0	0	0	0
Typhus fever.....	0	0	--	0	0
Respiratory route					
Chickenpox.....	680	776	1072	414	266
Diphtheria.....	0	0	4	0	0
German measles.....	70	102	162	44	26
Measles.....	1388	914	2012	291	1097
Meningococcal infections.....	12	14	13	5	7
Meningitis, other forms.....	25	19	--	13	12
Mumps.....	967	225	603	490	477
Streptococcal infections, including					
Strep. sore throat, scarlet fever.....	436	585	408	367	69
Whooping cough.....	22	24	47	11	11
Tuberculosis, respiratory.....	372	409	482	153	219
Tuberculosis, other forms.....	15	38	--	8	7
Venereal spread					
Syphilis, congenital under 1 year.....	1	0	--	0	1
Syphilis, primary and secondary.....	62	43	58	11	51
Syphilis, other forms.....	603	1044	--	266	337
Gonorrhoea.....	1424	1694	1657	140	1284
Other and unknown modes of spread					
Encephalitis, infectious.....	5	11	--	4	1
Hepatitis, infectious.....	119	176	78	56	63
Poliomyelitis, paralytic.....	0	0	4	0	0
Poliomyelitis, non-paralytic.....	1	0	--	1	0
Tetanus.....	2	3	--	1	1

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