

1989 MIGRANT HEALTH CONFERENCE  
INDIANAPOLIS, INDIANA  
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SPEECH PRESENTED  
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DIVIDENDS OF CARE

WORDS WHICH CAN DESCRIBE THE CARING ATTITUDES AND GENUINE CONCERN  
EXPRESSED BY THOSE PEOPLE WHO WORK IN MIGRANT HEALTH ARE HARD TO COME BY  
AND OFTEN SOUND SUPERFLOUS. PERHAPS USING THE WORDS OF EMILY DICKINSON  
CAN BEST EXPRESS WHAT I BELEIVE TO BE THE TRUE FEELINGS:

IF I CAN STOP ONE HEART FROM BREAKING,  
I SHALL NOT LIVE IN VAIN;  
IF I CAN EASE ONE LIFE THE ACHING,  
OR COOL ONE PAIN,  
OR HELP ONE FAINTING ROBIN  
UNTO HIS NEST AGAIN,  
I SHALL NOT LIVE IN VAIN.

DESCRIBING THE WORKS AND GOOD DEEDS OF THE MIGRANT HEALTH PROGRAMS AROUND  
THE COUNTRY IS ONE OF THE TRUE PLEASURES OF MY JOB. TODAY I HAVE THE  
PLEASANT TASK OF TELLING EACH AND EVERY ONE OF YOU THAT YOU HAVE MADE A  
DIFFERENCE IN THE LIFE OF AN INDIVIDUAL-SOMEONE WHO HAS BENEFITTED  
DIRECTLY OR INDIRECTLY FROM YOUR MEDICAL CARE OR HUMAN KINDNESS, FROM THE  
WELCOMING SMILE ON THE FACE OF THE RECEPTIONIST AT THE FRONT DESK TO THE  
MEDICAL PROVIDER WHO TOOK THE EXTRA TIME TO ARREST THE FEARS OF THE  
PATIENTS SEEN.

THE THINGS THAT HAVE BEEN ACCOMPLISHED BY THE PEOPLE WHO MAKE MIGRANT  
HEALTH CLINICS WORK MAY SEEM MINUTE WHEN VIEWED IN AN ISOLATED CONTEXT AND

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Dividends of care, speech presented by Sonia M.  
Leon Reig at 1989 Migrant Health Conference.

I AM SURE THAT AT THE TIMES THE OBSTACLES ARE PUT IN THE WAY OF CHANGE SEEM RIDICULOUS AND OBSCENE TO THOSE WHO ARE OUT THERE ON THE FRONT LINES MAKING THINGS WORK. VERY OFTEN WE ARE SO BUSY TRYING TO MAKE SURE THAT WE CONTINUE TO MAKE THINGS WORK OR MAKE THEM BETTER THAT WE DO NOT TAKE THE TIME TO LOOK BACK UPON WHERE WE HAVE BEEN AND HOW FAR WE HAVE COME. TODAY I WOULD LIKE TO TAKE THE TIME TO DO JUST THAT...TO LOOK AT SOME OF THE ACCOMPLISHMENTS OVER THE PAST FEW YEARS AND TO ENCOURAGE YOU TO CONTINUE IN THE DAY TO DAY BATTLES OF PROVIDING HEALTH CARE TO THE MIGRANT POPULATION.

THE REASONS FOR THE INCEPTION OF THE MIGRANT HEALTH PROGRAM ARE STILL WITH US, WE HAVE MADE A DIFFERENCE, BUT WE HAVE NOT ELIMINATED THE PROBLEMS THAT BROUGHT US HERE IN THE FIRST PLACE. FARM WORKERS LABOR IN VIRTUALLY EVERY STATE, YET THEY ARE SYSTEMATICALLY UNDERCOUNTED, UNDERPAID, AND UNDERPROTECTED BY THE LAW, AND UNDERSERVED OR UNSERVED BY THE SAFETY NET PROGRAMS AVAILABLE TO THE RESIDENT POOR POPULATIONS. IT IS IRONIC AND TRAGIC THAT DESPITE FEDERAL, STATE AND PRIVATE EFFORTS IN RECENT YEARS, POLICIES WHICH AFFECT FARMWORKERS HAVE OFTEN BEEN A BAND-AID APPROACH, NOT A RESOLUTION OF THE PROBLEMS. SUCH POLICIES ARE AT TIMES INSENSITIVE, ESPECIALLY WHEN ONE CONSIDERS THE LIFE OF THE MIGRANT FARM WORKER AND THEIR VITAL CONTRIBUTION TO THE LIFE OF THIS NATION AND ITS ECONOMY.

WHILE THE MIGRANT HEALTH PROGRAM HAS GROWN IN APPROPRIATIONS SINCE THE INCEPTION IN 1962, IT STILL FAILS TO KEEP PACE WITH ESCALATING HEALTH CARE COSTS. THE PROGRAM CONTINUES TO BE ONE OF GRANT ASSISTANCE, RATHER THAN FULL GRANT SUPPORT. UNDERLYING CONDITIONS THAT CONTRIBUTE TO THE POOR PHYSICAL AND MENTAL HEALTH OF MIGRANTS AND SEASONAL FARMWORKERS HAVE

CHANGED LITTLE OVER THE YEARS. HOUSING CONTINUES TO BE DILAPIDATED AND OVERCROWDED. WATER SUPPLIES CONTINUE TO BE INADEQUATE AND SUBJECT TO CONTAMINATION IN MANY PLACES. HOLES IN WALLS AND FLOORS CONTINUE TO BE STUFFED WITH BAGS OR COVERED WITH CARDBOARD TO KEEP OUT THE COLD. NOURISHING FOOD CONTINUES TO BE LACKING BECAUSE OF INADEQUATE FOOD STORAGE AND POOR COOKING FACILITIES, DISTANCE TO THE NEAREST STORE, LACK OF TRANSPORTATION, LOW FAMILY INCOME, SURVIVAL LIFESTYLE AND PLAIN IGNORANCE.

THE AVAILABILITY OF SEASONAL WORK CONTINUES TO BE THE MOST INFLUENTIAL UNKNOWN IN THE LIFE OF THE FARMWORKER. WHILE THE INCOME FOR MOST SEASONAL EMPLOYMENT PROVIDES ONLY A BARE SUBSTENANCE LIVING. WORK SITES CONTINUE TO LACK SUCH BASICS AS TOILETS AND HANDWASHING FACILITIES FOR WORKERS IN FIELDS WHERE TOXIC SUBSTANCES ARE OFTEN USED AND PREVALENT ON THE CROPS HARVESTED. MANY EMPLOYERS CONTINUE TO IGNORE RESPONSIBILITY FOR ASSURING THE SAFETY OF THE WORK SITE AND OF TRANSPORTATION TO AND FROM THE FIELDS. THEY ALSO ESCAPE MANY OTHER RESPONSIBILITIES ACCEPTED BY MOST INDUSTRIAL EMPLOYERS LIKE PAYMENT FOR HOURS WHEN WORKERS ARE READY TO WORK AND WAIT IN THE FIELDS BUT MECHANICAL PROBLEMS LEAD TO A WORK STOPPAGE, OR CONTRIBUTIONS TO FRINGE BENEFIT PROGRAMS INCLUDING HEALTH INSURANCE, OR PAYMENT FOR OVERTIME WORKED. SOME OF THE MAJOR HEALTH PROBLEMS IDENTIFIED YEARS AGO THAT RESULTED IN THE CREATION OF THE MIGRANT HEALTH PROGRAM STILL EXIST AND ARE STILL SEEN EVERY DAY IN CLINICS ACROSS THE COUNTRY BY HEALTH PROVIDERS IN THIS ROOM.

WITH THIS DISCUSSION OF ALL THE PROBLEMS WE FACE AND ALL THE THINGS THAT WE HAVEN'T BEEN ABLE TO CHANGE, YOU MIGHT THINK THAT I AM LOOKING AT THINGS IN A VERY NEGATIVE WAY. BUT AS I SAID WHEN QUOTING EMILY DICKINSON, WE HAVE NOT LIVED IN VAIN.

THE CHANGES FOR WHICH WE CAN TAKE FULL CREDIT MAY SEEM SMALL IN COMPARISON TO THE OVERALL PROBLEMS THAT WE MUST OVERCOME. BUT THEY ARE SIGNIFICANT IN THE LIVES THAT WE ARE DEDICATED TO SERVING, THE PEOPLE FOR WHOM THE CLINICS EXIST. THE FARMWORKER WHO ALLOWS THIS COUNTRY TO BE THE BEST FED NATION IN THE WORLD.

THE ACCOMPLISHMENTS THAT COME TO MIND AS OUTSTANDING OVER THE PAST FEW YEARS CAN BE GENERALLY CLASSIFIED IN THREE CATEGORIES: STATE SPECIFIC ACCOMPLISHMENTS, MIGRANT HEALTH CENTER SPECIFIC ACCOMPLISHMENTS, AND ORGANIZATIONS OTHER THAN MIGRANT HEALTH SPECIFIC ACCOMPLISHMENTS.

STATE SPECIFIC ACCOMPLISHMENTS ARE OFTEN THE MOST DIFFICULT. THE BUREAUCRATIC RED TAPE OF COORDINATION AND COOPERATION CAN OFTEN SEEM BAFFLING TO THE MOST DILIGENT OF US. BUT SEVERAL TIMES OVER THE PAST FEW YEARS, STAFF OF MIGRANT HEALTH CLINICS AND STATE AGENCIES HAVE ATTACKED THE BARRIERS (EITHER REAL OR PERCEIVED), OVERCOME THEM, AND CREATED NEW PARTNERSHIPS WITH OTHER SERVICE PROVIDERS THAT HAVE RESULTED IN IMPROVED

SERVICES TO THE FARMWORKER POPULATION. THIS HAS TAKEN MANY FORMS FROM SHARING OF INFORMATION AND NEW IDEAS, SUCH AS OCCURED AT SOME OF THE STRATEGY MEETINGS WHICH HAVE BEEN HELD IN VARIOUS STATES AROUND THE COUNTRY TO THE COORDINATION AMONG PROVIDERS IN MEETINGS WHICH HAVE BEEN LEVEREDGED BY THE OFFICE OF MIGRANT HEALTH AND THEN SPEARHEADED BY THE MIGRANT HEALTH CENTERS AND/OR THE STATE PCA. SOME OF THESE STRATEGY MEETINGS HAVE RESULTED IN NEW LEGISLATION BEING DEVELOPED IN THE STATES WHICH WILL FACILITATE BETTER ACCESS TO HEALTH CARE FOR MIGRANT FARMWORKERS AND REDUCE DUPLICATION OF EFFORT AND INFORMATION COLLECTION. AT OTHER MEETINGS JUST THE SHARING OF INFORMATION AND THE PROBLEMS ENCOUNTERED AND TO BE OVERCOME HAS BEEN OF GREAT ASSISTANCE TO OTHER STATES. THESE EFFORTS ARE IN KEEPING WITH THE PLANNING RECOMMENDED BY THE OFFICE OF MIGRANT HEALTH IN THE STRATEGIC PLAN. BY SHARING INFORMATION AND PROBLEM SOLVING TECHNIQUES WITH OTHERS, BARRIERS CAN BE ELIMINATED MORE EASILY BY INVOLVING STATE AGENCIES AND OTHERS SUCH AS PRIMARY CARE ASSOCIATIONS, AGRICULTURAL REPRESENTATIVES, EDUCATION PROGRAMS, COUNTY PUBLIC HEALTH OFFICIALS, OTHER FEDERAL PROGRAMS AND INTERESTED INDIVIDUALS IN THE LOCAL GOVERNMENT TO SIT DOWN AND LOOK AT THE PROBLEM THAT EVERYONE OF THEM FACE IN PROVIDING SERVICES TO THE FARMWORKER POPULATION, A COMMON BOND IS CREATED AND AN AWARENESS THAT THERE ARE OTHERS OUT THERE WHO SHARE OUR CONCERNS AND OUR DEDICATION. THE OFFICE OF MIGRANT HEALTH IS WILLING TO HELP IN ANY WAY POSSIBLE TO FACILITATE THESE PARTNERSHIPS AT ANY TIME.

OFTEN WE CAN FUNCTION AS THE OUTSIDER WHO SEES THINGS AS THEY ARE IN SOME AREAS, FRAGMENTED AND REPETITIVE. A SIMPLE REQUEST FOR ASSISTANCE WOULD BE WELCOMED BY US. ONE OF THE BEST EFFECTS OF SUCH MEETINGS THAT WE HAVE HEARD ABOUT IS THE DEVELOPMENT OF A STATE PLAN FOR PROVISION OF SERVICES TO MIGRANT FARMWORKERS THAT INCLUDES ALL OF THE SERVICE DELIVERERS AND ENTITIES INVOLVED, INCLUDING MIGRANT HEALTH. SUCH COOPERATION AND COORDINATION OF EFFORT CAN ONLY IMPROVE SERVICES FOR OUR PEOPLE, OUR MAIN OBJECTIVE.

ANOTHER MAJOR ACCOMPLISHMENT OF SOME OF THE STATES HAS BEEN THE DEVELOPMENT AND IMPLEMENTATION OF THE STATE PROFILES OF THE MIGRANT POPULATION. VERY OFTEN, BECAUSE WE ARE THE ONES WHO DEAL WITH THE POPULATION ON A ROUTINE BASIS WE FORGET THAT OTHERS MAY NOT KNOW AS MUCH ABOUT THEIR PRESENCE AS WE DO. IT IS NOT SO OFTEN A LACK OF CONCERN AS IT IS A LACK OF AWARENESS. IN SOME STATES, THE MIGRANT HEALTH STATE PROFILE IS THE ONLY DOCUMENT WHICH PROVIDES INFORMATION AS TO WHERE AND WHEN MIGRANTS ARE IN THE STATE AND SHARING THAT INFORMATION HAS BROUGHT VERY POSITIVE RESPONSES FROM OTHERS. THESE STATES HAVE TAKEN THE STATE PROFILES AND CLAIMED OWNERSHIP AND INVESTED IN THE PROFILE. THEY SEE ITS VALUE AND ACKNOWLEDGE ITS WORTH. ORIGINALLY, I KNOW THAT SOME OF YOU WERE CONCERNED THAT THE OFFICE OF MIGRANT HEALTH MIGHT USE THAT DATA AGAINST THE STATE OR AS SOME MEASURE OF COMPARING ONE STATE TO ANOTHER. EVERY

STATE THAT HAS A MIGRANT HEALTH PROGRAM IS UNIQUE AND TO COMPARE ONE TO THE OTHER ON SUCH A SUPERFICIAL BASIS IS NOT OUR OBJECTIVE. COMPARISON SHOPPING BETWEEN STATES TO SEE IF OUR DOLLARS CAN BE BETTER SPENT ELSEWHERE IS NOT PRODUCTIVE. WE ARE VERY SERIOUS ABOUT COMPARING EACH STATE TO ITSELF. TO ENCOURAGE STATES TO RECOGNIZE THEIR OWN IDEAS OF ACCOMPLISHMENT AND NOT AGAINST OTHER STATES.

ANOTHER MAJOR ACCOMPLISHMENT OF THE STATE PLAN THIS YEAR WAS THE ESTABLISHMENT OF AN OMSBUDMAN POSITION FOR MIGRANT HEALTH IN TWO PRIMARY CARE ASSOCIATIONS, THE PRIMARY CARE ASSOCIATION IN NORTH CAROLINA AND THE NORTHWEST REGIONAL PRIMARY CARE ASSOCIATION. IT MAY SEEM LIKE A SMALL THING TO THINK THAT ONE WHOLE POSITION OUT OF MANY IS DEVOTED SPECIFICALLY TO FURTHERING THE GOALS OF MIGRANT HEALTH, BUT WHEN YOU STOP TO THINK THAT NOT LONG AGO WE WERE TRYING TO CONVINCING SOME PEOPLE THAT THE HEALTH NEEDS OF THE MIGRANT FARMWORKER POPULATION AS A WHOLE NEEDED ATTENTION. THINK HOW FAR WE HAVE COME.

IN STATES AROUND THE COUNTRY THE PRIMARY CARE ASSOCIATIONS HAVE BECOME A KEY COMPONENT IN MIGRANT HEALTH ISSUES BOTH AT THE STATE AND FEDERAL LEVELS. THEY HAVE BEEN WORKING AS PROFESSIONALS DEDICATED TO INCREASING AN AWARENESS OF THE NEED FOR PRIMARY CARE SERVICES AND FOR INCREASING ACCESS TO HEALTH CARE FOR INDIGENT POPULATIONS, AND IN SOME INSTANCES

SPECIFICALLY FOR MIGRANT FARMWORKERS. THEY HAVE BECOME A POLITICAL POWER IN SOME STATES WHERE LEGISLATORS AND OTHER SERVICE PROVIDERS CAN TURN FOR ACCURATE AND TIMELY DATA AND ASSISTANCE. OVER AND OVER THEY REAFFIRM THEIR VALUE TO US AS A NON-GOVERNMENTAL FORCE WHICH CAN SPEAK FOR US ON MANY ISSUES.

THE SECOND AREA OF ACCOMPLISHMENTS I WOULD LIKE TO DISCUSS ARE MIGRANT HEALTH CENTER SPECIFIC. SEVERAL CENTERS AROUND THE COUNTRY HAVE IMPLEMENTED IMAGINATIVE AND INNOVATIVE PROGRAMS THAT HAVE BROUGHT THEM LOCAL, STATE AND EVEN NATIONAL RECOGNITION. FROM 'BABY LOVE' IN NORTH CAROLINA, EMPLOYEE HEALTH PROMOTION PROGRAMS IN TEXAS AND NORTH CAROLINA, WEST VIRGINIA'S GRANT FOR THE DEVELOPMENT OF A UNIFIED SERVICE DELIVERY SYSTEM, HEALTH CENTERS ARE SHOWING IMAGINATION, DETERMINATION AND DEDICATION TO MAKE THINGS BETTER AND DO WHATEVER IT TAKES TO MAKE THINGS WORK, THAT MAKES MIGRANT HEALTH SPECIAL. MIGRANT HEALTH CENTERS AROUND THE COUNTRY ARE SHOWING THAT THEY ARE CONSTANTLY CHECKING ON THEMSELVES TO ENSURE THAT THEY ARE PROVIDING QUALITY SERVICES TO OUR TARGET POPULATION, THE FARMWORKER. THEY ARE AWARE THAT GOING AGAINST THE CURRENT TIDE OF DEVELOPING A MEDICAL MODEL FOR THE PRIVATE SECTOR IS NOT EASY. TO REMEMBER THAT WE SERVE PEOPLE AND NOT JUST PATIENTS IS NOT ALWAYS EASY



WHEN EVERY OTHER PROVIDER SPEAKS IN TERMS OF THE NUMBER SEEN OR THE NUMBER OF SERVICES PROVIDED. IT TAKES AN EXTRA SOMETHING TO REMEMBER THAT PEOPLE CANNOT BE EASILY CLUMPED TOGETHER AND TREATED THE SAME. THE PERSONAL TOUCH IS NOT CONDUCTIVE TO TIME SAVING SOMETIMES, BUT MIGRANT HEALTH CENTERS HAVE ALWAYS PUT PEOPLE ABOVE PROCEDURES, AND FOR THAT I AM EXTREMELY PROUD OF YOU.

THE LAST DECADE HAS NOT BEEN CONDUCTIVE TO ENCOURAGING BROADENING OUR BASES OF SUPPORT OR OF TAKING RISKS TO DO SOMETHING DIFFERENT AND UNIQUE. THE LIMITATIONS PLACED ON ECONOMIC AND SOCIAL RESOURCES HAVE BEEN DRAINING AT TIMES AND FRUSTRATING AT OTHERS. IN THE PAST IT MAY HAVE BEEN ADVANTAGEOUS TO REMAIN APART FROM OTHER SERVICE PROVIDERS AND TO KEEP OUR NOSES OUT OF OTHER PEOPLES BUSINESS. BUT WITH DWINDLING RESOURCES AND GROWING NEEDS, WE MUST ENCOURAGE FACING OBSTACLES TOGETHER WITH A UNITED FRONT, WITHOUT SACRIFICING THE UNIQUENESS OF THE NEEDS OF THE MIGRANT AND SEASONAL FARMWORKER. WE MAY CONSIDER THEM AS PART OF THE INDIGENT CARE HEALTH PROBLEM AS A WHOLE, BUT WE MUST NEVER LET OTHERS FORGET THAT THEY ARE AN ENTITY UNTO THEMSELVES AND EFFORTS MUST BE DIRECTED TO BRING THEM INTO THE MAINSTREAM OF HEALTH CARE. MANY PROGRAMS HAVE TAKEN STEPS IN THIS DIRECTION. THEIR PLANNING AND FORESIGHT IS TO BE COMMENDED. THEIR COURAGE AND DEDICATION IS TO BE REPLICATED IN OTHER PROGRAMS. USE THEIR EXPERIENCE AND THEIR KNOWLEDGE TO BROADEN YOUR OWN.

WORKING WITH OTHER ORGANIZATIONS OUTSIDE THE HEALTH CARE MAINSTREAM CAN BE DIFFICULT FOR THOSE OF US WHO HAVE BEEN WAGING THE BATTLES FOR SOME TIME. REMEMBERING THE PAST WHEN SELF-PROTECTION MEANT SURVIVAL IS NOT PRODUCTIVE NOW, WE MUST CREATE A PUBLIC AWARENESS OF OUR POPULATION TO BE SERVED. WE MUST LET OTHERS KNOW THAT THE NEEDS ARE UNIQUE AND OFTEN OVERWHELMING FOR ONE DELIVERY SYSTEM TO FACE. WE MUST NOT ASSUME THAT THEY DON'T CARE, RATHER LET US ASSUME THAT THEY DON'T KNOW. LET US EDUCATE THEM TO THE NEEDS OF THE FARMWORKER THAT CONTRIBUTE BOTH ECONOMICALLY AND SOCIALLY TO THEIR COMMUNITIES. PUBLIC AWARENESS SHOULD MEAN MORE THAN JUST SHARING THE HORROR STORIES THAT CAN BE SO EMOTIONALLY ENTANGLING. LET US SHARE THE GOOD TIMES AS WELL. IN THE PAST WE HAVE OFTEN BEEN THE ONLY ONES TO BENEFIT FROM EXPOSURE TO THE FARMWORKER POPULATION. WE ARE THE ONES WHO HAVE TASTED THE NEW DISHES AND SHARED IN THE BIRTHS, DEATHS, MARRIAGES, AND SUCCESSES. WE HAVE BEEN SELFISH WITH OUR WEALTH. THE TIME HAS COME TO LET OTHERS REAP SOME OF THE DIVIDENDS OF CARE FROM THE POPULATION THAT WE SERVE. BUT TO DO THAT WE MUST TAKE CHANCES AND BE RISK TAKERS. WE MUST WELCOME THE QUESTIONS OF OTHERS AND LET THEM SEE WHAT WE DO. IN SOME STATES THIS COOPERATIVE EFFORT IS ALREADY IN PLACE. OTHER PROFESSIONAL ASSOCIATIONS, BOTH ON THE NATIONAL AND STATE LEVEL HAVE EXPRESSED AN INTEREST IN WORKING WITH THE FARMWORKER POPULATION. THEY ARE WILLING TO SHARE THEIR KNOWLEDGE AND THEIR TIME. VERY OFTEN THEY HAVE

OFFERED TO MAKE AN INVESTMENT WITH US, WHICH HAS INVOLVED LONG TERM COMMITMENTS. THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS, THE WIC PROGRAM, THE HISPANIC WOMEN'S CAUCUSES, THE AMERICAN NURSING ASSOCIATION, THE SCHOOLS OF PUBLIC HEALTH AT IVY LEAGUE SCHOOLS SUCH AS HARVARD- THEY HAVE BECOME INTERESTED IN OUR CENTERS AND IN OUR NEEDS. THEY ARE WILLING TO HELP US AND WE NEED TO WELCOME THEM INTO THE FOLD.

PART OF OUR EFFORTS IN THIS AREA ARE A DIRECT RESULT OF RECOMMENDATIONS OF THE NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH. THIS COUNCIL SERVES AS THE DIRECT LINK FOR MIGRANT AND SEASONAL FARMWORKERS TO THE OFFICE OF MIGRANT HEALTH. IN THE PAST AND OFTEN STILL, WE HAVE BEEN CRITICIZED AS NOT LETTING THE FARMWORKERS HAVE A VOICE. WE MUST LISTEN TO THEM. WE MUST RECOGNIZE THAT WE CANNOT RELY SOLELY ON OUR OWN OBSERVATIONS AND EXPERIENCES TO ANTICIPATE THEIR NEEDS AND THEIR WANTS. THEY CAN SPEAK FOR THEMSELVES AND OFTEN WE MUST BUT ACT AS THEIR CARRIER, TO ENSURE THAT THAT VOICE IS HEARD BY OTHERS. WE SHOULD NOT ASSUME THAT WE KNOW MORE THAN THE FARMWORKER WHO TOILS IN THE FIELDS EACH DAY ABOUT WHAT IS NEEDED. WE MUST KEEP OUR EARS OPEN TO THEM, FOR THINGS HAVE CHANGED IN AGRICULTURAL LABOR OVER THE YEARS AND THEY WILL KEEP CHANGING. WE MUST ALLOW THE FARMWORKERS TO EDUCATE US AND PROVIDE US WITH INFORMATION TO USE AT THE LOCAL, STATE AND FEDERAL LEVELS.

ORGANIZATIONS SUCH AS NACHC & MCN HAVE MADE VALUABLE CONTRIBUTIONS TO MIGRANT HEALTH. FROM THEM WE HAVE BEEN THE RECIPIENTS OF SO MUCH VALUABLE INFORMATION THAT HAS BEEN APPLIED BOTH PROFESSIONALLY AND PERSONALLY IN OUR OPERATIONS. FROM THE MIGRANT HEALTH TASK FORCE, ENVIRONMENTAL PAPERS, NUTRITION STRATEGY DOCUMENTS, OUTREACH MODELS, SELF HELP CONCEPTS. UNIFORM FORMULARY, THE CLEEFING OF PROTOCOLS, THE ORIENTATION, THE OB RECORDS, AND MANY OTHERS. THESE ORGANIZATIONS HAVE BEEN OUR ALLIES AND OUR FRIENDS. WE WELCOME THEIR ASSISTANCE AND PARTICIPATION IN HELPING US REACH OUR GOALS.

IN CLOSING, I MUST TELL YOU THAT WE HAVE BEEN IMPRESSIVE OVER THE YEARS. WHEN YOU LOOK BACK AT WHAT WE HAVE DONE AND HOW MANY LIVES WE HAVE TOUCHED, IT IS TRULY A TESTIMONIAL TO THE DEDICATION OF THOUSANDS OF INDIVIDUALS WHO HAVE GONE THE EXTRA MILE TO ENSURE THAT WE HAVE DONE THE BEST THAT WE CAN. OFTEN WE HAVE BEEN ALONE IN OUR FIGHT AND STOOD AGAINST STRONG VOICES. BUT WE CAN NOW LET DOWN OUR PROTECTIVE ARMOUR SOMEWHAT. IN THE PAST IT SERVED US WELL AS WE FOUGHT OFF IGNORANCE, PREJUDICE AND MISUNDERSTANDING. THE TIME HAS COME TO ALLOW OTHERS TO JOIN US IN THE BATTLE. WE MUST SHARE OUR EXPERIENCE AND LISTEN TO THEIRS. WE MUST ACKNOWLEDGE THAT OTHERS MAY BE ABLE TO HELP US AND BE WILLING TO ALLOW

THEM TO DO THAT. IN THE PAST WE HAD THE WEAPONS OF RIGHTEOUSNESS ON OUR SIDE, BUT THOSE DAYS HAVE GONE AND TOUGHER OPPONENTS ARE NOW OPPOSING US. THE AWARENESS OF OUR STRUGGLE HAS BEEN HEIGHTENED IN MANY AREAS. THE REWARDS OR DIVIDENDS OF CARE WE STAND TO GAIN BY LETTING OTHERS HELP US ARE ENORMOUS. WHAT OTHERS STAND TO RECEIVE BY JOINING IN OUR EFFORTS WE ALREADY KNOW. LET US NOT BE SELFISH WITH OUR DIVIDENDS, LET US SHARE THE REWARDS OF WHAT WE DO WITH OTHERS.