



MIGRANT FARM WORKERS AND FAMILIES IN THE UNITED STATES

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Definition - A migrant farm worker is a seasonal worker in agricultural or related seasonal industry who finds jobs by moving each year to one or more work locations beyond normal commuting distance from a place he calls "home". Customarily he returns to his home when the crop season is over elsewhere. Even in this so-called "home" community, he may be disqualified for certain community benefits and services afforded other citizens because of his seasonal migration to other parts of the country.

The migrant farm worker population includes family dependents, some or all of whom may move with the worker for at least part of the season and may also work in agriculture and related seasonal industry.

The Migrant Health Program is concerned with the "domestic" as opposed to the "foreign" migrant farm worker. Prior to 1965, foreign workers entered the United States in large numbers for temporary seasonal work in agriculture. They originated chiefly in Mexico and the British West Indies. The law authorizing the special program for importation of foreign agricultural workers (P.L. 78) was terminated in December 1964.

Number of migrants and distribution

An estimated 750,000 to 1,000,000 domestic farmworkers and family members migrate each season. They come from home-base labor supply areas where up to twice that number of potential migrants may reside. The potential migrants include many persons who have moved one or more times in the last 5 or 6 years.

Florida, Texas, California, New Mexico, and Arizona are among the important home-base States. They are also important labor demand areas at certain times of the year. In addition, Michigan, Wisconsin, New York, Oregon, Washington, and other northern States require thousands of workers from outside the local area to meet peak farm labor demands. At least a few of the counties in nearly all States require migrant farm labor for periods ranging from several weeks to several months. A Department of Labor official recently stated: "The migrant farm worker has become an absolute economic necessity to the grower if agricultural enterprise is to be continued in many crops and localities."

Population characteristics - Migrant farm workers generally are drawn from minority groups -- Spanish-speaking people from Puerto Rico and the Southwest,

Southern Negroes, Indians, and low-income "Anglos". They are chiefly persons lacking in education, and in special skills for work outside of agriculture. Some speak English with difficulty or not at all.

Employment conditions - Annual earnings are low, averaging about \$1,000 per worker. Wages are usually paid on a piece-rate basis, and employment is intermittent, broken by travel between jobs, crop delays caused by bad weather, and many other circumstances that can be foreseen by neither the worker nor his employer. Lack of unemployment insurance coverage and, typically, lack of residence status to qualify for financial aid from welfare, leave the farm worker to rely on his own resources during periods of enforced unemployment.

Housing, travel and work conditions - Migrant housing is typically substandard and overcrowded. The people often travel by unsafe family vehicles and frequently drive for long distances without stopping. Facilities for human waste disposal are usually lacking in the fields where they work, and often substandard at the places where they live. Water supplies for drinking and other family use may be inadequate.

Health situation - Migrants share the health problems of other deprived groups who have little knowledge of good health practices, lack a home or work environment conducive to good health or to following acceptable health practices, and lack funds to pay for health care, even when health needs are understood. A further problem, especially for the Spanish-speaking migrant, is the fact that few professional health workers in the north speak his language.

Local health services are meager even for permanent residents in many of the rural areas where migrants live and work for a short time. Moreover, the places where services can be obtained are typically located far from the places where migrants concentrate, and are scheduled at hours when migrants must be in the fields.



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MIGRANT HEALTH PROJECTS in the UNITED STATES, SEPTEMBER, 1966

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- The Migrant Health Act -- Public Law 87-692 as amended in 1965 by Public Law 89-109 -- authorizes the Public Health Service to make grants to pay part of the cost of (a) family health service clinics, and (b) other activities to improve health services and conditions for migratory farm workers and their families, including necessary care in short-term general hospitals.

The domestic seasonal farm migrant is the beneficiary under the Act rather than the foreign national. Prior to 1965, foreign workers came to the United States in large numbers for temporary work in agriculture chiefly from Mexico and the British West Indies. The program for their organized recruitment under Public Law 78 was terminated in 1964.

- As of March 31, 1964, less than a year after the first migrant health grant appropriation was made, 42 projects had been awarded grants. The number more than doubled by September 1966, when 91 projects were operating with grant assistance.
- Two-thirds of the grants have been made to State or local health departments. The other third have been made to local migrant councils, local governing bodies, hospitals, county medical societies and schools of medicine.
- Projects extend services to migrants in from one to fifteen or more counties. With few exceptions, the projects offer the following services:
 - Medical diagnosis and treatment, as well as immunizations and other preventive services, for workers and family members at a place that can be easily reached and at a time that does not conflict with migrants' work schedules.
 - Nursing services in clinics, in the camps, and in day-care centers and schools serving migrant children.
 - Sanitation services to help make camps and fields safer, healthier places to live and work.
 - Dental care, generally limited at the present time to service for children and emergency relief of pain for adults.

--Health education as part of medical, dental, nursing and sanitation services and also as a separately identified and supported component of project services.

- As of January 1, 1967, grant assistance will be allowed for in-hospital patient care through projects which have adequate general medical care programs.
- More than half of the Nation's counties with a peak of 3,000 or more migrants during the season are now included in projects offering personal health care through family health service clinics or other arrangements for early casefinding, diagnosis, and treatment.
- Services in home-base areas have been emphasized. As of June 1966, about 40 home-base counties reporting an estimated outmigration of 200,000 persons were included in migrant health project areas in southern Florida, Texas, New Mexico, Arizona, southern California and the bootheel of Missouri.
- During the 12-month period ending December 31, 1965, patient visits (or services) provided by migrant health projects were as follows:

Medical and/or dental diagnosis and treatment provided through family health service clinics or other systematic arrangements	-200,000
Nursing services in clinics and in the field	-140,000
Sanitary inspections and follow-up visits	- 25,000

- At present grant-assisted health services are estimated to be accessible to about one-fourth of the Nation's migrants for 3 to 6 months of the year.
- Continuity of care becomes more possible as projects are formed at strategic points along major migration routes. Personal health records carried by the migrants facilitate continuity and help to avoid duplication of gaps in services. Project reports indicate that from 10 to 90 percent of the migrants contacted present a personal health record upon request. Project reports are also showing better results from the use of inter-area referral forms.