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THE ECONOMIC AND SOCIAL SITUATION OF MIGRANT FARM FAMILIES IN THE WESTERN STATES*

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In the space of little more than one lifetime, our American standard of living has reached a level our grandparents scarcely dreamed of. Illiteracy has been almost abolished and graduation from high school is now considered a basic requirement for every young person. Our economy has built up many safeguards against depression and disaster for both workers and employers. We have nearly eliminated many diseases that plagued earlier generations, especially those caused by ignorance, poverty, and filth.

Our purpose today, however, is not to congratulate ourselves but to express concern for a sizable segment of our population that continues to lack many of these advantages that we take for granted. These are the seasonal farm workers who must move across county and state boundaries during each crop season. These migrant farm families are at a disadvantage partly because of residence restrictions limiting community services, such as medical care and social services, to permanent residents; partly also they are at a disadvantage because they are not covered by social security, unemployment insurance, and minimum wage laws, and only recently have had the benefits of workmen's compensation—all of which protective measures are usually available to other parts of the labor force. Their organizational weakness has also been a handicap. Some of their disadvantage stems from the apathetic or even antagonistic attitude most communities take toward the problems of these "outsiders"—and from the fact that community facilities such as schools, hospitals, churches, recreational areas, playgrounds, and homes, are set up for year-round residents and are difficult to adapt to mobile families.

The agricultural migrant population totals about 1¼ million. More than half of these are United States citizens; the rest are foreign nationals, imported for a temporary period to work in the crops. These "braceros" are men unaccompanied by families. These foreign nationals come in under the regulation and supervision of the Department of Labor and are governed by agreements with the foreign government. The needs and problems of this group are important but they are not our chief concern at this conference.

Our chief concern today is focused on the domestic farm worker. As a citizen he makes a significant contribution to our economy, and our society has obligations to him similar to those it shoulders for other citizens.

Among the western states, California is the greatest user of domestic farm migrants. California employs nearly 60,000 domestic farm workers at the peak of the crop season. Oregon, Washington, Arizona, Colorado, and Idaho employ substantial numbers of migrant workers. Because Texas is the source of much of the labor for our western agriculture, Texas must join with us in any realistic appraisal of our western migrant situation. One out of every four migrants interviewed in a 1958 survey in Oregon said they came from Texas.

In every western state, there are crop areas that must have outside workers when the crops are ready. In a few of these areas the local population is equalled or even exceeded by the influx of migrant families at the peak of the crop season.

Underlying the manifold uncertainties of seasonal farm labor there are some basic certainties.

We know the demand for seasonal farm workers will continue to exceed the supply of workers locally available in many of the important agricultural areas of the West, especially those of sparse population.

We know the farm work in many labor demand areas will continue to be of short-term nature and cannot justify or support a year-round full-time farm labor force.

We know that the availability of seasonal farm workers from outside the local area when and where they are needed will continue to spell the difference between economic well-being and disaster for many employers and many crop areas.

Furthermore we know that the need will continue for workers willing to move across county and state lines in response to seasonal demands for farm labor. This has important implications for local communities and their public and private agencies. Espe-

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cially as whole families move, their migration will continue to create local crises in housing, health, education, welfare, employment, and other community services.

Some migrants move across state lines, and some move only within a state. The distances they travel within a single state, however, may be several hundred miles, and the dislocation of family living may be as great as though state lines were crossed.

Economic Insecurity

The problems of domestic migrant workers stem in part from their precarious position in our economy. This is mainly due to the seasonal nature of their employment. During seasons when drought, floods, insect pests, or other natural hazards drastically reduce the crop work available, unemployment inevitably occurs. Even periods of employment are broken by periods of unemployment between crops in a single location and while en route between work locations, or caused by bad weather or by illness. For the Nation as a whole, migrant farm workers averaged 130 days of work during 1957 compared with about 250 days for a full-time industrial worker. Earnings for the year from both farm and nonfarm employment averaged $900 per migrant worker in 1957. Two or three family members may work at the peak of the season and yet the annual family income may average less than $2,000.

The farm wage rates are higher in the western states than elsewhere in the United States, but even in our own section of the Country, the annual earnings of hired farm workers average considerably less than those of industrial workers who are covered by a minimum wage law, and our higher living costs offset the higher earnings.

Many of the uncertainties besetting agricultural production also affect the employer. He must commit himself to courses of action far ahead of the time when the action may be necessary. Weather and other crop hazards may change the situation between the time that commitments are made and the time when crops are ready for harvest. Rapid communication to make last-minute shifts in commitments is difficult as many seasonal farm workers have neitehr a fixed mailing address nor a telephone. Moreover, they may be "on the road" at the time that the need for a shift in plans for the season becomes known.

The outcome of the season's harvest determines income for both worker and employer. A grower must be prepared each year to face not only the possible loss of the value of his crop but also the loss of his expenditures for its production. Production costs are sizable, especially in our western areas where growers depend on irrigation. If the harvest is poor, most employers have a cushion of savings and credit; in some cases special farm programs may help them to survive a poor crop year. However, farm workers seldom have savings or credit resources to tide them over a poor season and generally lack any unemployment compensation enjoyed by most other workers.

A crewleader or labor contractor can perform a useful function for both worker and employer, acting as "go-between" to negotiate working and living arrangements. Most of these are honest businessmen, popular with their crew members and well-liked by employers. However, the general lack of regulation of this type of operation opens the door to nefarious practices by unscrupulous crewleaders or labor contractors. A crewleader or contractor, for example, may collect transportation costs from both employer and crew member, falsify records of an individual's work, or pay workers less than the price contracted for. Lack of organized spokesmen for the migrant workers make them especially vulnerable to exploitation.

Social Insecurity

For most migrant farm families migration to work in the crops means economic survival, since many adult family members are uneducated and unskilled for other employment. The seasonal farm work force has been referred to as "one of the * * * major areas where illiteracy is bred * * *." In spite of our accepted norm of a high school education for everyone, many adults in the farm labor force have never gone beyond the fifth grade.

For migrant children, the problem is not so much a lack of opportunity for school attendance as a lack of opportunity for an adequate education. The enforcement of child labor laws prohibiting the employment of children under 14 during school hours and the compulsory school attendance laws on the books in many localities, have brought about increasing school attendance by the children of migrant families. But school attendance is often interrupted. Many children attend several schools during the year and must adjust to the new texts, methods of teaching, and classroom situation in each school entered. Studies in Oregon, Colorado, California and other states indicate the consequence—the majority of migrant children are behind their proper grade level for their age by the time they are 10 years old. When they reach their teens their over-size in comparison with other pupils of the same grade is embarassing and school attendance becomes a painful experience to be avoided as quickly as the legal age for leaving school is reached.

We have already spoken of the precarious economic situation of migrant families and the fact that agricultural employment generally is excluded from coverage under unemployment insurance programs. The purpose of our various assistance programs is to prevent destitution when other sources of family income fail. These programs generally are designed to protect *residents;* in a number of states and localities a person living temporarily in a community is automatically disqualified by his *nonresident* status. Some nonresidents can return to a place where their status as residents is acknowledged, but many farm migrants move so frequently that even the place they claim as "home" accepts no responsibility for them as legal residents.

The Governors' Conference has already recognized this problem and has set up a committee to study means for its solution so that public assistance may be granted to "stateless" persons who are otherwise eligible. In a larger context, the mobility of our population is bringing the problem forcibly to state and local attention as many people, other than farm migrants, moving for greater economic opportunity or to fulfill demands for labor, occasionally become destitute—through no fault of their own—and are stranded without a home to return to. The domestic migrant family is likely to exist on the economic fringe and its movement may be so frequent as to make permanent residence anywhere difficult or impossible to prove.

Health and Safety Status

Aside from programs in which residence may be an eligibility requirement, we have ample proof from

various studies that farm migrant families fail to share equally with permanent residents in such protective health services as immunization against communicable disease. A report of the health status of migrants in Idaho during 1957 indicated that "practically none" of the children had immunizations. An Oregon report in 1958 showed a level of immunization well below that considered adequate to protect against an outbreak of disease. Only two years ago, two cases of smallpox were reported in one of our northern states among the Spanish-speaking people from Texas. Outbreaks of diphtheria and whooping cough have also occurred among migrant families.

"Home" areas logically have an important function in preparing workers and families for migration, since they are likely to be the places where migrant families spend most of their time during the off-season. However, even in these areas local services are customarily geared to the convenience of year-round residents. A family that moves may be away from the area when immunization programs are conducted in the local schools or in local clinics. Thus their children are missed in the home area, just as they are missed by local programs in other areas.

Case identification and treatment for venereal disease and tuberculosis are other procedures that might logically be considered a home-base responsibility. Certainly the problem of case-holding for tuberculosis would seem to be less difficult at home where a person has relatives and friends.

Of course, the responsibility of the "home-base," versus that of the work area can be debated from the point of view that families may reside as long or longer in some of the work locations than they spend "at home," and they may make their greatest contribution to the local economy in other areas. Moreover, aside from protective services that might appropriately be furnished at the home location, families on the move are like others in that their need for emergency medical care is unpredictable. Wherever they go, they need to have ready access to local physicians and hospitals.

The need for basic environmental sanitation services is present wherever families live. We take such services for granted, and we are shocked when we read about outbreaks of diarrheal disease among infants in migrant labor families. This disease was fairly common in the past when living conditions were more primitive. It now occurs with significant frequency chiefly where primitive living conditions continue to exist. In nearly every migrant housing survey, the facts reported are familiar—the water supplies, waste disposal methods, and other provisions for health and safety are inadequate or lacking.

Gross inadequacies appear in field sanitation as well as in migrant housing. This may involve a health risk for consumers of fresh fruits and vegetables as well as for the farm workers.

Where good facilities are provided, the failure of migrant families to use them properly is a common complaint. Realistically we have to face the fact that some farm worker families have never had the experience of living in adequate housing and do not know how to take care of such facilities. Health education is needed to provide assurance that employers and other community members know the basic necessities for a safe, healthful living environment and that migrant families know how to use and care for good housing facilities.

The transportation of workers from one work location to another and from labor housing to work is another source of health and safety hazard to persons engaged in migrant farm work. The Interstate Commerce Commission recently entered the field of regulation of interstate passenger transportation by other than public carrier. Its regulations, if widely applied, would greatly reduce the present hazards. Their application, however, is limited to *interstate* transportation and does not apply to family-owned vehicles. To the extent that migrants continue to travel or be transported on the highways in mechanically defective vehicles, the risk of serious highway accident continues to involve both migrants and residents alike.

I have only touched upon some of the more obvious problems of employment, education, health, and welfare associated with the large-scale migration of families who work in the crops. Many others exist, such as the language and other cultural barriers between the person in need and the person in a position to provide needed service. These barriers become increasingly apparent as the families of Indian, Mexican, or other ethnic backgrounds move from their places of origin to other work locations. Unless a professional health or social worker knows at firsthand the working and living situation of the migrant, an exchange between them may convey little or no practical meaning even though they speak the same language.

Need for Co-operation

I think we have the basic "know-how" to overcome many of the problems presented by domestic migrant farm families in our western states. If those same families lived in any one of our communities the year-round we could find ways of assuring them more adequate means of support, getting their children into school on a regular basis, providing safe water supplies, making improvements in their housing and sanitation, and building up our local services to enable these families to share the opportunities community life offers to year-round residents.

The mobile status of migrant families, however, means that no single community or state has the sole re-

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sponsibility and none alone can plan for the continuity essential for effective services. Many constructive efforts are under way, but with little or no relationship to other efforts being made elsewhere.

It has sometimes been suggested that family members be separated, with those unfit for heavy farm labor remaining at home, while others are mobile. Some localities have learned by experience that such separation may resolve some problems but create others. In any case the established pattern at the present time is for whole families to move together and to work together in the fields and packing sheds wherever enough work is available for all.

The manual worker plan of the Federal - State Employment Service gives promise of greater continuity of employment for migrant workers. I should like to raise the question: Are there ways of gaining wider acceptance of this plan and gearing in other services with employment, so that greater continuity of health, education, and welfare services can also be provided migrant families? I do not mean that employment agencies should take on the health, education, and welfare job, but rather that we might plan together more closely to our mutual advantage.

It seems to me that our greatest hope for the solution of the problems of migrant families in the future lies in the growing recognition of the need for interagency and interstate planning. We in the state and local public health agencies are deeply interested and want to do our part, but we have no way as individual agencies to assure continuity of the basic services that migrant families need wherever they live temporarily, nor as health agencies have we the mechanism of the employment service for scheduling workers and for predicting the number and characteristics of the migrant population for which plans need to be made at particular places and particular times. Many aspects of our state and local health task rely on the efforts of other states and localities and other groups, including the employment service, the employers, and the migrant families themselves.

For this reason, the state and local public health workers of the western states earnestly hope that this conference will consider favorably the proposal that a regional, interagency conference on agricultural migrants be held in the near future. Such a conference should include representatives of agricultural, religious, welfare and other voluntary and community groups in addition to official agencies. Such a conference should, in our opinion, invite the participation of Texas, since Texas is such an important labor supply area for the West. Representation from some of the Canadian provinces might also be invited. We believe that the recommendations of an interagency, voluntary as well as official, interstate conference could lay a firm basis for sound long-term planning and action to give migrant families the opportunity to share the standard of living that the rest of us enjoy.

California Radiological Health Program Established

A five-point radiological health program incorporating registration of all sources of ionizing radiation and total environmental surveillance of exposure of the population to radiation in air, water, and food is being established in the State Department of Public Health. The program went into effect on September 19th when the California Atomic Energy Development and Radiation Protection Law became effective.

The program will cover these five major points:

Registration

All sources of ionizing radiation will be registered with the State Department of Public Health. This registration will provide to all state agencies information as to location, nature, and quantity of sources of radiation, including X-ray machines, and other information to assist in assessing the present potential exposure of the population to sources of radiation at points of use.

Environmental Surveillance

Environmental surveillance will include a continuous program of assessing the levels of radiation in air, water, food and other environmental media. The program, in co-operation with many state and local agencies, encompasses the routine collection and measurement of some 5,000 samples annually of air, rain, snow, water and the various elements of the human food chain on land and in the ocean. Routine samples containing gross amounts of radioactive materials which exceed the recommended maximum permissible concentration will be further examined to determine their specific isotopic or radionuclide content. All measurement will be done in the department's Sanitation Laboratory. Information obtained will be made available to all official agencies.

Medical Use of X-ray

The department will study and attempt to minimize the problem of genetic radiation dose to the population from the use of medical X-ray equipment. Use of X-ray in the medical and dental fields is currently conceded to be one of the major sources of X-ray exposure to the population. This assumption, however, is not as yet based upon precise information.

First emphasis will be placed upon proper calibration and use of equipment to minimize the exposure. Later efforts will include sampling of a representative number of X-ray installations. This sampling will take into account the design, condition and performance of the physical facilities, and examination of records of total use of X-ray equipment of each type, so that patient dose and the incidental dose to other exposed persons can be estimated.

Radioactive Waste Disposal

In the spring of 1958 the State Department of Public Health, in conjunction with the State Departments of Industrial Relations and of Fish and Game, entered into voluntary agreement with waste disposal firms to dispose of radioactive wastes in the Pacific Ocean at depths of at least 2,000 fathoms (12,000 feet) as a means of protecting the ocean food chain from contamination. This is a higher factor of safety than is required by the Atomic Energy Commission.

The policy on ocean disposal is now being reviewed with the AEC under the leadership of the new Coordinator of Atomic Energy Development and Radiation Protection. The department will assign inspectors to each ocean disposal trip. Disposal of such wastes by land-fill methods is also under active consideration, and all such operations will be closely supervised by the department.

Tracer Studies

All studies using radioactive tracers will be reviewed by the State Department of Public Health. The

Atomic Energy Commission currently is withholding license for tracer studies until clearance is obtained from this department.

Three large scale tracer studies involving many curies of radioactivity have already been carried out in California, and other large scale studies are being proposed.

History

Some aspects of the radiological health program are not new in the department. For many years the department has carried out measures to insure the safety of domestic water supplies, to control air pollution, to keep the food supply free from adulteration and contamination, and to maintain occupational safety.

Each of these programs has handled radiological problems as they have been encountered. In the past few years the radiological aspects of these programs have assumed increased importance.

Administration

In order to carry out the new program, a total of 31 full-time positions have been included in the department budget of the current fiscal year. The director has authorized the immediate filling of 14 of these positions to form a core staff for the radiation program and its supporting laboratory. While the core staff may eventually operate at the bureau level, it is at present attached to the director's office. The laboratory will operate as a branch of the Sanitation Laboratory.

The core will co-ordinate the entire departmental radiological health program, and each department bureau will carry out that portion of the program which would normally fall into its field of activity.

Co-ordination With Other Agencies

The comprehensive fact-finding program envisioned by the department will require far more resources than those of this department. The co-operation of state and local agencies will be needed for carrying out the program. Since local health departments share public health responsibilities with the State Department of Public Health, the department will offer technical training and assistance to enable them to participate in many aspects of the radiological health program.

In order to insure co-ordination in this field of the activities of the various state and local agencies in California, a new position has been established in the Governor's office. This is the position of Co-ordinator of Atomic Energy Development and Radiation Protection, to which Colonel Alexander Grendon has been appointed.

Behavioral Scientists Joint Drinking Habits Study

Two nationally known behavioral scientists have been appointed by the State Department of Public Health to design and carry out a three-year, $200,000 study of the drinking habits of Californians. The project, financed by the National Institutes of Mental Health, will be located in the Division of Alcoholic Rehabilitation.

Dr. Ira H. Cisin, study director, comes to the department from the Human Resources Research Office of George Washington University, where he has been engaged since 1952 in scientific studies in training, motivation, morale and leadership for the U. S. Army. He graduated from New York University in 1939, where he received a bachelor of science degree in journalism; received his masters' degree in statistics in 1951 from American University, and a doctorate in statistics from the university in 1957.

Dr. Genevieve Knupfer, part-time associate study director, is a psychiatrist and sociologist. She has practiced psychiatry in Redwood City since 1956, after a three-year residency at Veterans Administration Hospital, Palo Alto.

She was trained as a sociolgist at the University of Brussels and Columbia University, and was granted a doctorate in that field from Columbia in 1946. She became a doctor of medicine in 1951 at the University of Rochester. She was a 1935 graduate of Wellesley College.

Dr. Knupfer currently is a clinical assistant at the Palo Alto Veterans Hospital and a clinical instructor at Stanford University.

Drs. Cisin and Knupfer will be joined in the study by three other research persons. The types of information sought in the study will include: kinds, amounts, frequency and regularity of alcoholic beverage usage; where, with whom, and how the beverages are used; reasons for, and attitudes about drinking, and the individual and group consequences of drinking.

Paralytic Polio Cases Double Last Year

Paralytic polio in California this year more than doubled the incidence recorded in 1958. There have been 247 paralytic cases of polio in the State since January 1st, compared to 123 reported through September of last year.

Paralytic polio made steady inroads among the unvaccinated population this summer and fall, although not reaching epidemic proportions in any one area.

Age and vaccination information analyzed from 209 of the cases disclosed that 61 percent of those crippled had never been vaccinated. The cases continue to be concentrated in youngsters under the age of five, where 44 percent of all cases were recorded. Adults over 20 years of age account for about one-fourth of the paralytic cases, predominantly among the unvaccinated.

It is estimated that about 30 percent of California's population still is unprotected against paralytic polio. The present school age population is probably the most thoroughly immunized, and the lower socio-economic groups the least immunized.

Cancer Quack Exhibit Wins Blue Ribbon at Fair

The "Cancer Quack" exhibit, jointly sponsored by the California Division of the American Cancer Society, the Cancer Commission of the California Medical Association, and the California State Department of Public Health, was awarded the blue ribbon for educational exhibits at the San Benito County Fair during the first week in October. This popular exhibit features phony cancer "cures" and diagnostic devices including salves and ointments, fake "electronic" and "radiation" devices, and similar gadgets. All of the items shown have been confiscated in court actions against cancer quacks.

An act passed by the 1959 Session of the State Legislature, Senate Bill No. 194, strengthens the fight against cancer quacks in California by prohibiting unlicensed persons from treating cancer with drugs, surgery, or radiation, and creates a Cancer Advisory Council in the Department of Public Health.

Food Crop Sanitation Parley Held By State Agencies

A task force representing state agencies engaged in the solution of the problems of food crop harvesting sanitation reported its progress in organizing a statewide program at a recent meeting in Berkeley.

The four-member force, representing the State Departments of Agriculture, Employment, Industrial Relations, and Public Health, reported its progress in the development of designs for three types of toilet and handwashing facilities for use by workers engaged in the harvesting of field crops. The group agreed that local committees working on the problem should be headed by local health officers and supported by the state agencies.

The general lack of toilet and handwashing facilities for field crop workers has been of concern to state agencies for several years. Agricultural groups in the Salinas Valley four years ago met this problem in a number of lettuce fields by the construction and use of mobile toilet and handwashing facilities.

This local effort did not spread generally throughout the State, and in the spring of this year the problem was again brought into focus by representatives of labor organizations concerned with the harvesting of field crops.

At the request of the Governor, the four state agencies are giving serious study toward the solution of the problem. As a result of two general meetings it has been agreed that a successful solution to the problem must include the following points:

1. Any program requiring toilet and handwashing facilities in agricultural operations must be statewide.

2. The program must encompass at the outset all food crops.

3. Community organization will be needed in each county or area to maintain a sustained attack on the problem.

4. Development of designs for toilet and handwashing facilities which are practical and suited to the varying situations in California agriculture.

5. Enactment of an enforceable state statute at the 1961 Session of the Legislature.

6. Full use of the present limited statutes until new legislation is passed.

It was stressed at the meeting that it would be desirable for leadership in developing local programs to come from the communities, but if that approach fails it will be necessary for official agencies to take the initiative in planning a program that will lead to early solution of the problem.

Thirty-six Medical Students Complete Training Course

The department has completed a summer training program for 36 medical students from 22 medical schools located in various parts of the country. Each student was assigned to a specifically planned project under supervision. In this experience the student acquired some skill in the delineation of a problem, the definition of objectives, the development of protocol, the collection and analysis of data, and the preparation of a final report.

Projects included the study of occupational hazards in the explosives industry, the association of respiratory disease mortality with air pollution, social problems in the operation of nursing homes, determination of vitamin C levels and needs in older persons, the study of neurotropic virus diseases, investigation of an outbreak of Q fever, the relationship of suicide and homicide, studies of chronic alcoholism and the evaluation of case-finding of congenital anomalies.

Students were selected on the basis of scholarship, interest in the program and recommendations from medical school faculty. The 36 were selected from 614 applicants from 75 of the 78 approved four-year medical schools in the Country.

The training program was designed to provide an orientation to public health and an acquaintance with professional workers in the field, and to stimulate an interest in and provide knowledge of epidemologic methods by participation in public health investigative activities.

By providing summer training programs the department has hoped to develop an understanding of public health and some of the methods used for studying public health problems, and to stimulate interest through knowledge and experience which might lead eventually to recruitment in the field of public health.

Although the program was designed primarily for training experience, the student also contributed to the work of the department. Twenty-nine of the students indicated a desire to return next year and 23 said they would be interested in a similar program in the health department of their own state.

The program was financed largely through a training grant from the National Institutes of Health for training in epidemiology.

Crippled Children Services Will Help Polio Victims

The Bureau of Crippled Children Services of the State Department of Public Health is now providing medical care to children with orthopedic handicaps resulting from polio.

Children with polio whose condition is in the acute state, however, are not eligible for care through the program. This is the contagious period of the disease, and the victims usually are taken care of in the isolation wards of county hospitals. At this stage of the disease they are also eligible for the National Foundation's 30-day care program.

Children with orthopedic defects resulting from polio have always been eligible for care under the services, but during the past 10 or 12 years, as a result of an agreement between the department and the National Foundation, families who were unable to finance the necessary medical care were assisted by the foundation with voluntary funds solicited during the annual March of Dimes campaign.

This year, following the advent of a successful vaccine against polio, funds from voluntary sources are insufficient for the foundation to continue the medical care program. There is evidence that a number of children are in need of medical care whose families are unable to provide it. Because Crippled Children Services is tightly budgeted this year, only severe hardship cases can be given care. Next year, and in future years, the bureau will budget for the care of children with orthopedic handicaps resulting from polio, as it has for similar handicaps suffered from other causes.

Public Hearing on Air Standards Scheduled for November 10th

The proposed standards being developed for air quality and motor vehicle exhaust were described by Department staff to the State Board of Public Health at its meting in Los Angeles October 9th. These standards will be the subject of a public hearing in Los Angeles November 10th and will be submitted to the State Board of Public Health for approval at its December 4th meeting in Berkeley.

In compliance with a mandate to the State Department of Public Health from the State Legislature, the standards will be submitted to the Governor by February 1, 1960.

The air quality standards will reflect the relationship between the intensity and composition of air pollution and health, as well as damage to vegetation and interference with visibility.

In order to reflect this relationship the department is proposing to establish three levels to cover the broad conditions defined in the law. The levels are not to be considered as smog alerts, but rather as guides for community control activities. The levels are:

1. Level at which there would be beginning interference with comfort, damage to vegetation, and reduction in visibility.

2. Level at which concentrations of pollutants are likely to lead to insidious or chronic disease or to alteration of bodily function.

3. Level at which concentration of pollutants is likely to lead to acute sickness or death.

Acute sickness and death have not so far been demonstrated to have resulted from air pollution in California. However, since such concentrations have been reached elsewhere, it is necessary that levels covering this range of air pollution be established.

The various pollutants in the air would be listed in one, two, or all of the levels in the concentrations which would create the conditions described in each of the categories. For example, sulfur dioxide could appear at all levels, since it is capable of causing crop damage at the first level, in higher concentrations it would become of concern from the standpoint of human exposure, and in extremely high concentration could cause illness or death.

The standards established for air quality will to a large extent determine the standards established for contamination from motor vehicle exhaust. The exhaust standards are still under consideration.

Reported Cases of Selected Notifiable Diseases California, Month of September, 1959

Disease[1]	Cases reported this month			Total cases reported to date		
	1959	1958	1957	1959	1958	1957
Series A						
Amebiasis	64	24	212	487	863	1,527
Coccidioidomycosis	21	12	11	194	148	145
Measles	307	312	221	39,257	33,276	52,101
Meningococcal infections	13	18	6	159	148	125
Mumps	531	397	534	9,940	14,419	16,577
Pertussis	283	319	357	1,983	3,093	2,081
Rheumatic fever	13	10	17	113	109	109
Salmonellosis	112	104	141	874	763	1,143
Shigellosis	360	234	168	1,507	1,291	1,229
Streptococcal infections, respiratory	1,525	618	213	16,739	10,177	6,355
Trachoma	2	—	—	23	2	81
Series B						
Chancroid	10	6	5	57	68	45
Conjunctivitis, acute newborn	1	2	—	5	14	3
Gonococcal infections	1,740	1,422	1,233	12,798	12,750	12,028
Granuloma inguinale	—	2	—	1	8	5
Lymphogranuloma venereum	—	1	1	15	24	15
Syphilis, total	598[a]	434	409	5,206[b]	4,600	4,503
Primary and secondary	99	70	33	802	418	335
Series C						
Anthrax	—	—	—	—	—	—
Brucellosis	1	4	2	10	28	39
Diarrhea of the newborn	14	1	—	54	17	19
Diphtheria	1	—	1	5	5	9
Encephalitis	36	74	53	303	445	432
Food poisoning (exclude botulism)	268	78	46	1,268	842	831
Hepatitis, infectious	246	149	108	1,936	1,468	1,465
Hepatitis, serum	5	12	2	66	89	70
Leprosy	3	1	—	14	10	13
Leptospirosis	1	—	1	3	2	1
Malaria	3	2	3	23	15	27
Meningitis, viral or aseptic	196	259	NA	668	594	NA
Poliomyelitis, total	97	48	87	323	192	532
Paralytic	85	40	30	273	130	196
Nonparalytic	12	8	57	50	62	336
Psittacosis	1	—	1	14	15	24
Q fever	6	3	3	53	32	38
Rabies, animal	12	9	18	100	139	138
Rabies, human	—	—	—	1	—	1
Rocky Mountain spotted fever	1	—	—	3	—	—
Tetanus	2	3	5	32	36	22
Trichinosis	1	—	—	5	4	7
Tularemia	—	—	1	4	3	2
Typhoid fever	7	4	10	58	42	47
Typhus fever (endemic)	—	1	3	3	3	6
Other[2]—Botulism	—	—	—	2	1	2
Relapsing fever	3	—	1	3	—	3
Plague	—	—	—	2	—	—
Series D						
Epilepsy	369	299	135	3,155	3,051	2,375
Tuberculosis[3]	—	—	—	3,990	4,548	4,793

[1] Diseases are grouped in Series A, B, C and D to simplify processing in the local health departments. The details of this classification are given in the "Handbook of Morbidity Reporting Procedures and Epidemiologic Followup for Local Health Departments—1958 Revision."

[2] These spaces will be used for any of the following rare diseases if reported: botulism, cholera, dengue, plague, relapsing fever, smallpox, typhus epidemic, yellow fever.

[3] Tuberculosis cases are corrected to exclude out-of-state residents and changes in diagnosis.

[a] Excludes 655 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

[b] Excludes 4,081 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

Americans now spend as much for tobacco and alcoholic beverages as for all medical care—5.3 cents out of each consumer-expenditure dollar. In 1947 the figures were: 7.5 cents for tobacco-alcoholic beverages, 4.1 cents for medical care.—*A. M. A. News, January 12, 1959.*

Public Health Positions

Fresno County

Public Health Microbiologist: Salary range, $4,572 to $5,712 yearly. California PHM certificate required. Apply immediately to Edward W. Firby, Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno, California.

Placer County

Public Health Nurse: Salary range $415 to $505. Generalized program plus participation in health services for 1960 Winter Olympic Games. Retirement and Social Security. Requires a California PHN registration or eligibility. Contact: Richard F. White, M.D., Director, Placer County Health Department, 360 Elm Avenue, Auburn, California.

San Benito County

Public Health Microbiologist: Beginning salary, $451. Ideal climate, central coastal area. California PHM certificate, Clinical Laboratory License, and two years experience required. Contact R. L. Hull, M.D., Health Officer, Health Center Building, Hollister, California.

San Bernardino City

Health Officer: Salary to be determined by qualifications. City has population of 100,000. California license required and public health training or experience is preferred. Write to E. W. Minard, M.D., Health Officer, 477 Arrowhead Avenue, San Bernardino, California.

Sonoma County

Health Officer: Salary range, $977 to $1,173. County of 140,000 combining urban, rural and resort atmosphere. 55 miles north of San Francisco. M.P.H. and M.D. plus two years experience in public health required. Filing date: November 10, 1959.

Sanitarian: Salary range, $410 to $492. California registration required.

Physical Therapist: Salary range, $449 to $539. To work with physically handicapped children. California registration or license plus one year experience required. One vacancy on a staff of two P.T.'s and one O.T.

Foundation Grant Extends Diagnostic Tests Work

Work on several new diagnostic tests for polio and other virus infections will be continued by the State Department of Public Health with a $26,952 grant from the National Foundation.

The grant will support research under the direction of Dr. Edwin H. Lennette, chief of the Viral and Rickettsial Disease Laboratory. For the past several years the laboratory has been conducting detailed studies on various blood tests, particularly complement fixation, for the diagnosis of polio. The test devised by Dr. Lennette's group has been given extensive trial and appears to be well suited for certain kinds of work in polio.

The laboratory is now engaged in trying to devise, or improve, blood tests, including complement fixation tests for the diagnosis of virus infections related to polio, such as Coxsackie and ECHO virus infections.

Foreign Visitors

During the last fiscal year a total of 76 visitors from five continents participated in public health observation training programs arranged by the State Department of Public Health. Among the countries represented were China, Indonesia, Iran, Japan, Korea, Lebanon, Pakistan, Philippines, Viet Nam, Australia, Guatemala, Panama, Germany, Greece, Switzerland, Yugoslavia, Argentina, Ecuador, and Colombia.

Since the present fiscal year began in July the department has arranged such programs for 17 public health specialists from 14 countries.

Unusual Type of Food Poisoning Reported in Berkeley

The Berkeley City Health Department has reported a food poisoning outbreak due to *Clostridium perfringens*, the first time this organism has been known to be associated with food poisoning in California.

The epidemic occurred in Berkeley where 40 people attended a reunion dinner in a private home. Guests came from eight counties, and of the 40 persons present, 32 have been contacted. Of the 32 interviewed, 21 have reported being ill. Symptoms have been mild, usually stomach cramps and diarrhea, no vomiting or fever.

The food served was purchased from a commercial caterer, taken to the home and eaten without refrigeration or adequate reheating. Samples of the food were examined in the Division of Laboratories and the organism was isolated from roast beef. All of those who became ill had eaten the meat.

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