



# western MIGRANT HEALTH

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WESTERN BRANCH  
AMERICAN PUBLIC HEALTH ASSOCIATION  
693 SUTTER ST - SAN FRANCISCO - 2 - CALIF

migrant  
health  
program

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## HISTORY OF WESTERN BRANCH MIGRANT HEALTH PROGRAM

THE MIGRATORY Labor Committee came into being because a number of members of Western Branch were concerned about the quality and extent of health services which migrant agricultural laborers in the Western Region received. Set up in 1955 on decision of the Regional Board, the Committee included representatives from each state of the Western Region and Texas, and from the regional offices of the Children's Bureau, the Public Health Service and the Indian Health Service. It was directed to explore the feasibility of holding a conference on migratory labor problems throughout the area of the Western Branch, this conference to be planned in connection with the 1956 annual meeting; and, further, if the Committee believed it desirable, to define the objectives, set up the machinery for organization, and make suggestions for the continuance and follow-up for such a conference on migratory labor problems.

Although the Committee was not ready for a regional conference by 1956,

it arranged a seminar at the annual meeting which was well attended and provoked much discussion. Committee members meanwhile realized the need for knowing more about their own states. A survey schedule was drawn up and the information collected was brought back to the Committee, which also at subsequent meetings familiarized itself with such matters as the continuous employment plan and arrangements for insurance. A proposal for a western regional conference on migrant labor was prepared and submitted to the Western Governor's Conference in 1959. With the cooperation of the Migratory Health Committee of the Western Branch, the Western Regional Office of Conference of State Governments held the conference in the Spring of 1960, bringing together not only representatives of various professional and lay groups concerned with migrant problems, but also representatives from the legislative and executive branches of state governments.

Although this conference made no specific recommendations, the Migratory Labor Committee could, on the basis of its experience, identify some specific lines of follow-up to pursue. The Committee meetings have provided an informal clearing house for information on problems and activities in the Western Region which was useful and stimulating to members. It appeared that this should be organized and expanded, and that a means should be found of collecting and disseminating information to facilitate communication and cooperation between persons, agencies and community groups engaged in activities bearing on migratory health. These ideas were embodied in a project

to which the Children's Bureau has given financial support, and which is being implemented through Mr. Robert G. Bull as Director of Migrant Health in the Western Branch office.

The Committee welcomes the opportunity provided in these pages to report to the readers of Western Public Health on what has been accomplished at this early date, and hopes that, supported by the Western Branch and its affiliated societies, this project can provide increasingly effective assistance in improving the health of migrant agricultural workers in the West.

Ruth Boring Howard, M.D., M.P.H.  
Chr. Committee on Migrant Health

## HEALTH BILL AUTHORIZES \$3,000,000 ANNUALLY

Five bills affecting migrant labor were passed by the U. S. Senate last August prior to adjournment. These bills pertained to improving local health services (S 1130), education of migrant children and adults (S 1124), crew leader registration (S 1126), extension of child labor laws to cover agriculture (S 1123), and the establishment of an advisory committee (S 1132).

Companion bills are currently under consideration in various committees of the House of Representatives. The companion bill to S 1130 is HR 8882 and is currently in the Committee on Interstate and Foreign Commerce under the chairmanship of Oren Harris.

The health bill authorizes up to \$3 million annually in federal grants to stimulate and support local health programs in areas seriously affected by the seasonal impact of migratory farm workers. The grants would be made by the Surgeon General of the Public Health Service to public or non-profit agencies, institutions and organizations for paying part of the cost of:

- 1) establishing and operating family health service clinics for domestic agricultural migratory workers and their families, including training persons to provide serv-

ices in the establishing and operation of such clinics, and

- 2) special projects to improve health services for and health conditions of domestic agricultural migratory farm workers and their families.

The Surgeon General is also authorized to encourage and cooperate in intrastate and interstate programs to improve the health conditions of migratory workers and their families.

## PUBLICATIONS OF INTEREST

**THIS IS HOW**—Twelve Camps for Migratory Workers in Agriculture are operated. U. S. Department of Labor Bureau of Employment Security, Farm Placement Service, BES No. F-171. Free

**SOCIETY AND HEALTH IN THE LOWER RIO GRANDE VALLEY** by William Madsen. Hogg Foundation for Mental Health, The University of Texas, Austin 12, Texas, 20 cents

**THE HARVESTERS** by Louisa Ros-siter Shotwell, Doubleday and Company, Inc. Garden City, New York, \$4.50

## REPORT OF PROGRAM ACTIVITIES

The first four months were traveling months with the twofold purpose of (1) to create awareness of the Western Branch's interest in the health problems of the migrant, and (2) to define the problems and services within each state. In all, 10 Western States and Texas were visited, in addition to trips to New York and Washington, D. C.

Prior and subsequent to the visits, meetings were held with the Executive Sub-Committee of the Western Branch meetings helped to place the total migrant health problem in clearer perspective.

The states visited were: Arizona, California, Colorado, Idaho, Nevada, New Mexico, Oregon, Texas, Utah, Washington and Wyoming.

Some of the programs of interest are:  
**Arizona**—Under the direction of the Migrant Ministry, a health clinic is operated at El Mirage outside of Phoenix.

**California**—California has a number of good programs such as the Kern County Program in which the Health Education Section of the County Health Department trains "community health aides" whose main purpose is to bridge the cultural gap and assist the worker to better understand the available services. (This will be written up at some length in the next issue.)

**Colorado**—Under a grant from the Children's Bureau, the Colorado Health Department is conducting a special program of health services for the Fort Lupten Labor Camp.

**Oregon**—The health program in this State is aimed at housing and sanitation and includes a program of education directed toward the workers.

**Texas**—Under the direction of the Texas State Department of Health, and with the cooperation of local officials, a program of home base housing improvement for citizens of Laredo, Texas is in operation. Laredo supplies a sizeable percentage of seasonal agricultural workers to the migrant stream.

**Utah**—Spearheaded by the Utah Health Department, a county has been selected each year for a TB and VD survey among the migrant workers.

**Washington**—In Skagit County, the growers hired a nurse to work with migrants under the direction of the local health department. In Puyallup, the community organized a recreation program and a clinic. The clinic is operated on a voluntary basis and includes doctors, dentists, pharmacists, and optometrists.

Robert G. Bull

### MIGRATORY LABOR COMMITTEE

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