

AMERICAN ACADEMY OF GENERAL PRACTICE

COMMITTEE ON RURAL HEALTH

1957

Report

THE MIGRANT WORKER

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1¼ million people depend on migrant agricultural work for a living.

About ½ million are foreign workers, chiefly from Mexico. They are single men, given physical screening at the border. They have work contracts under an international agreement.

The rest are United States' citizens, or "domestic" workers. They include single workers and workers with families, some of whom travel with them each season.

Migrants work so far from home that they cannot return each night. Some move within a single State and some across several State lines during each crop season.

Domestic migrants work in nearly every State.

A periodic influx of migrants is a problem in local areas of 45 States. The demand for migrants is concentrated chiefly in about 800 counties.

Texas is the largest single supply area. It furnished workers to 31 States during 1956. Many other Southern and Western States also furnish workers to other parts of the country.

Migrants need the same health services other people need.

Diarrheal disease, tuberculosis, and venereal disease are among conditions commonly reported.

Few migrants are immunized against common communicable diseases.

Each time a migrant moves, he needs a place to live in. He also needs to have health services available in case he gets sick or injured.

The health problem he represents to communities over the country can be multiplied by the number of times he moves.

This movement is conducive to the spread of disease.

Migrants' health needs are difficult to meet.

Most community services are organized to serve people who stay in one place the year around. Continuity of health care is hard to provide for a group on the move.

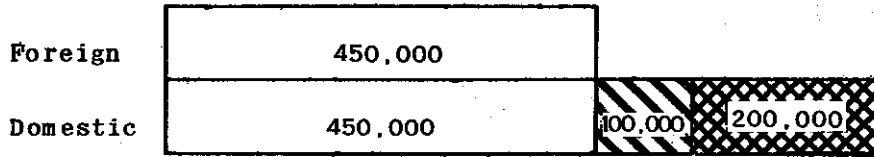
Migrants typically have little education. Some are Spanish-speaking and speak English with difficulty or not at all.




Their incomes are low, but local residence laws usually bar welfare aid. They are not protected by contracts as foreign workers are. Nor are they covered by minimum wage, unemployment compensation, and other laws that protect most workers in industry and business.

In many counties, the general practitioner is the only one to whom they can turn when they are sick or injured.

1¼ MILLION PERSONS DEPEND ON MIGRANT AGRICULTURAL WORK FOR A LIVING.

ESTIMATED NUMBER OF AGRICULTURAL MIGRANTS IN THE UNITED STATES, 1956



-  - Workers 14 years old or over (Foreign workers are single males; domestic workers often have families with them)
-  - Children under 14 who travel with workers
-  - Children under 18 and other family dependents who stay at home

THE ¼ MILLION UNITED STATES' CITIZENS DEPENDENT ON MIGRANT AGRICULTURAL WORK FOR A LIVING APPROXIMATES THE 1950 POPULATION OF ANY ONE OF 6 STATES. THEIR NUMBER IS GREATER THAN THE 1950 POPULATION OF 7 STATES.

Approximately the same as the 1950 population of the following:

Rhode Island - 791,896
 North Dakota - 619,636
 South Dakota - 652,740
 New Mexico - 681,187
 Arizona - 749,587
 Utah - 688,862

Greater than the population of the following:

New Hampshire- 533,242
 Vermont - 377,747
 Delaware - 318,085
 Montana - 591,024
 Idaho - 588,637
 Wyoming - 290,529
 Nevada - 160,083

MIGRANTS MOVE SO FAR FROM HOME THAT THEY CANNOT RETURN EACH NIGHT. SOME MOVE WITHIN A SINGLE STATE. SOME CROSS SEVERAL STATE LINES DURING A SINGLE CROP SEASON.

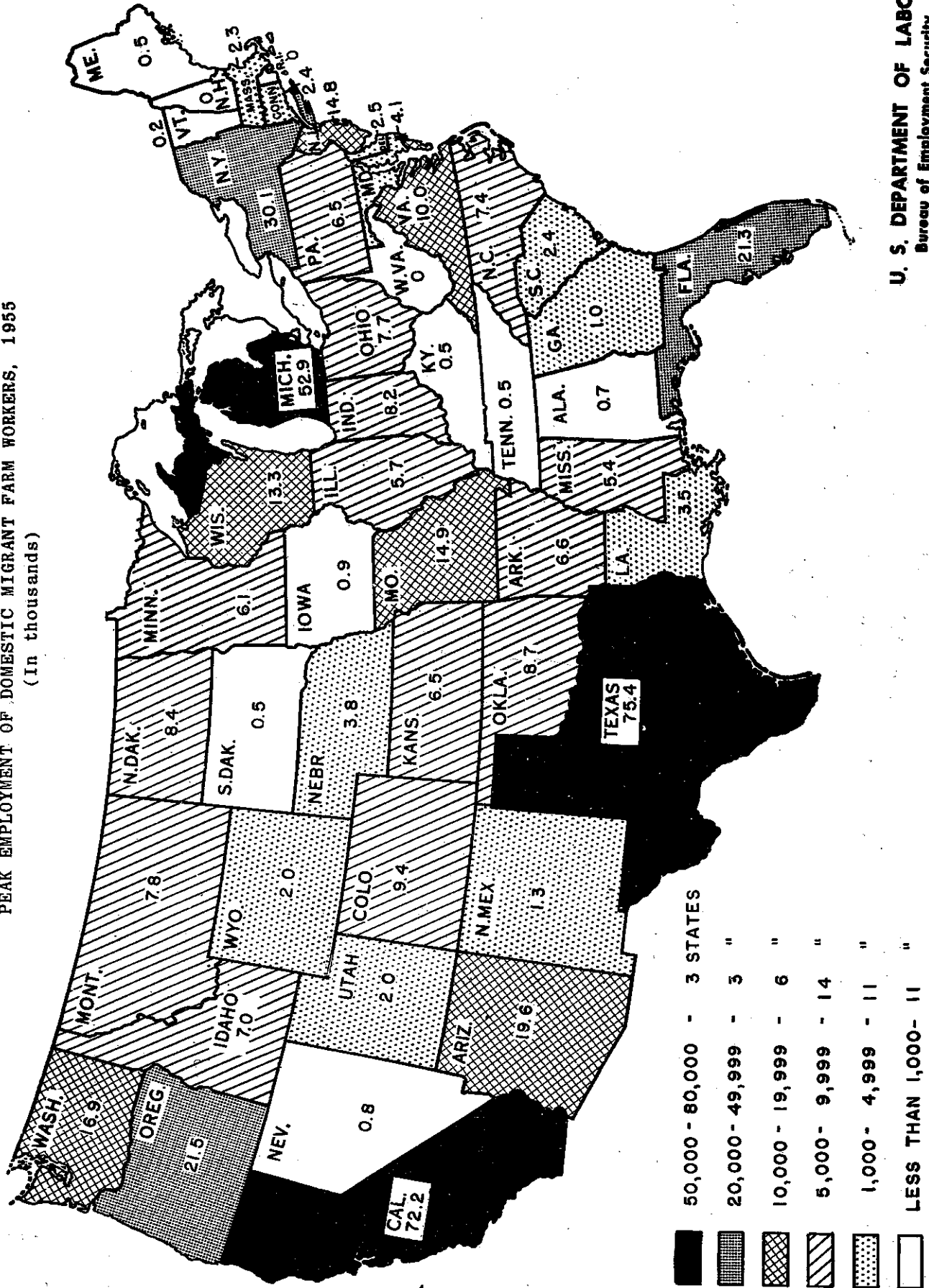


Roman numerals indicate major migratory routes in the agricultural labor market. Darkened areas indicate seasonal work locations.

U. S. Department of Labor, U. S. Employment Service and affiliated State Agencies, Farm Placement Service.

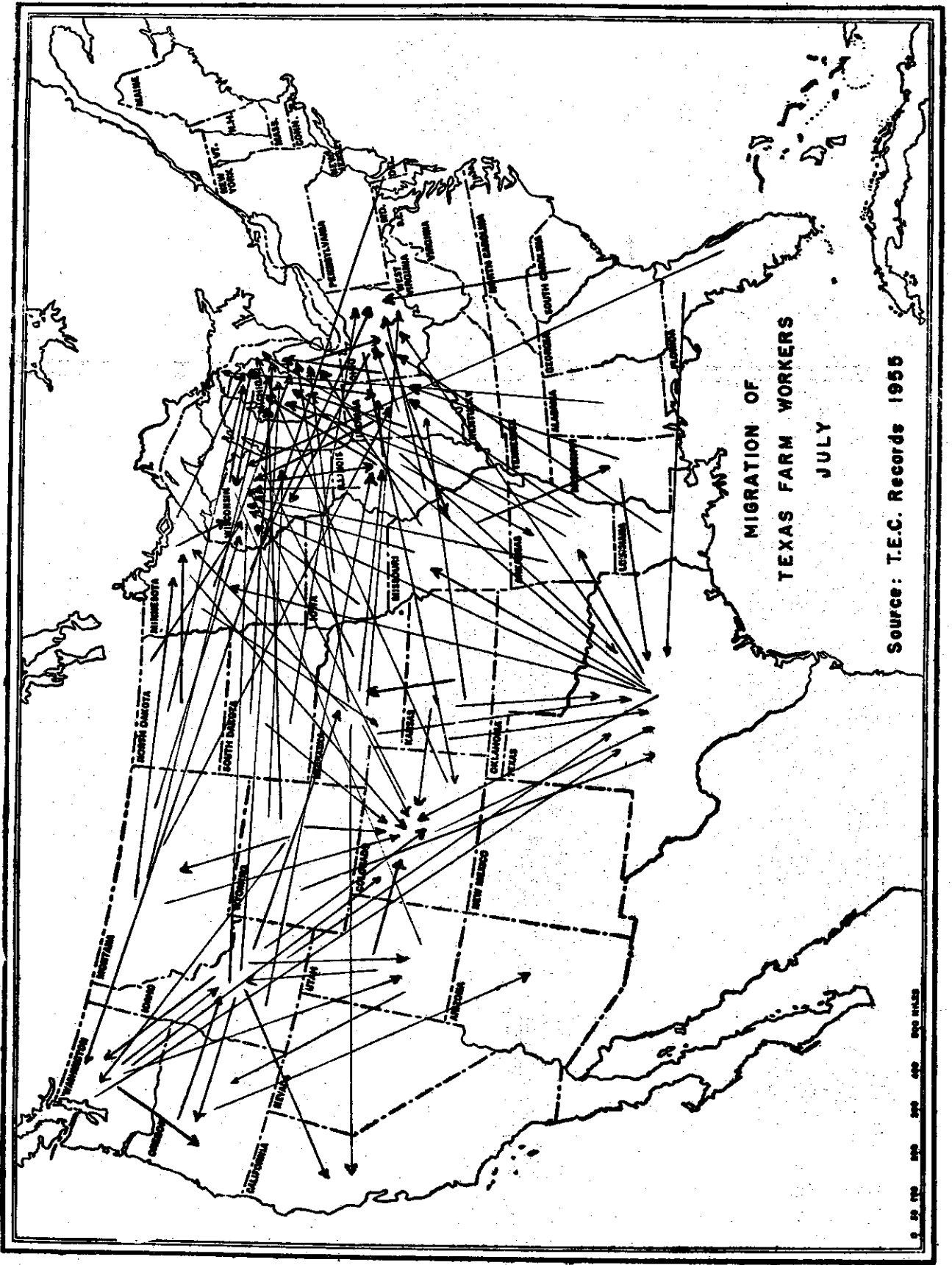
DOMESTIC MIGRANTS WORK IN NEARLY EVERY STATE.

PEAK EMPLOYMENT OF DOMESTIC MIGRANT FARM WORKERS, 1955
(In thousands)



U. S. DEPARTMENT OF LABOR
Bureau of Employment Security
Office of Program Review and Analysis

TEXAS IS THE LARGEST SINGLE SUPPLY STATE. IT FURNISHED WORKERS TO 31 STATES DURING 1956. MANY OTHER SOUTHERN AND WESTERN STATES ALSO FURNISH WORKERS TO OTHER STATES.



MIGRANTS NEED THE SAME HEALTH SERVICES THAT OTHER PEOPLE NEED.

Diarrheal disease and venereal disease are among conditions commonly reported.

Prevalence rates for Genus Shigella in four population groups, Fresno County, Calif., July-December 1950

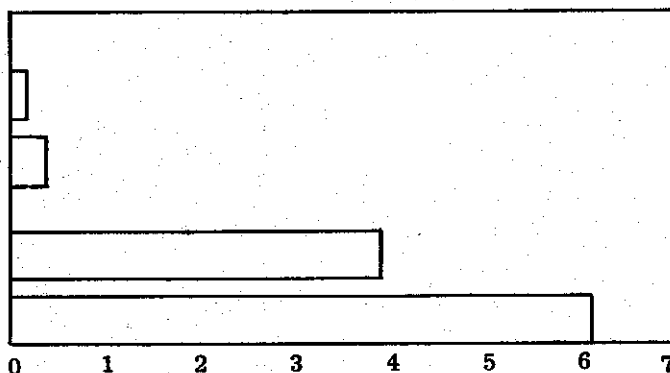
Chiefly permanent residents

Child health conferences.....

Housing projects.....

Town fringe area residents, including agricultural migrants.....

Farm labor camp residents.....



Percent of cultures positive for Shigella

[Data are based on 7,065 cultures, principally from children under 10, of which 3,624 were taken in farm labor camps. Source: James Watt et al. Diarrheal Diseases in Fresno County, California. Am.Jour.Pub.Health 43: 728-741. June 1953.]

Results of serologic tests for syphilis in migrant agricultural workers, by age group, New Jersey, 1954

Age group

Under 15

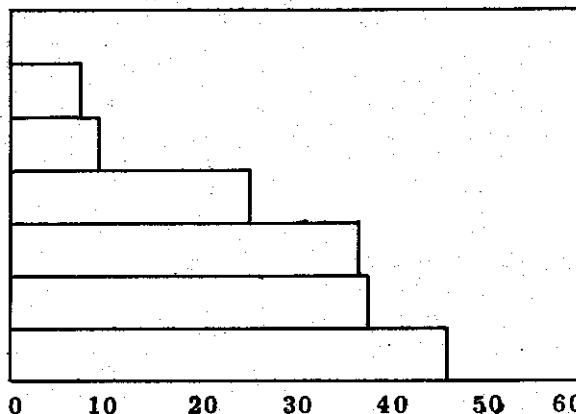
15-24

25-34

35-44

45-54

55-64



Percent of tests positive and doubtful

[Data are based on 3,288 tests of persons over 12 years of age. Persons over 65 were excluded from above chart since their number was so small. A presumptive diagnosis of venereal disease was permitted on the basis of objective clinical findings or one positive or doubtful result of the STS. Source: Adele C. Shepard, M.D., M.P.H., and William J. Page, Jr., B.A. Venereal Disease in Migrant Workers, New Jersey, 1954. Pub. Health Reports 70:986-990. Oct. 1955.]

OUTBREAKS OF COMMUNICABLE DISEASE ARE REPORTED AMONG MIGRANTS

DIPHTHERIA

Week of January 28, 1956 -
14 cases are known to have occurred in and around a farm labor camp. There is a large family turnover during the latter part of the year, when diphtheria cases were occurring.

SALMONELLOSIS

Week of June 16, 1956 -
An outbreak of salmonellosis was reported among migrant farm laborers. One death occurred in a 6-month old infant.

DIPHTHERIA

Week of July 14, 1956 -
The Department of Public Health reported an outbreak of diphtheria in a labor colony. The entire camp has been isolated, as completely as possible, from contact with local residents.

SHIGELLOSIS

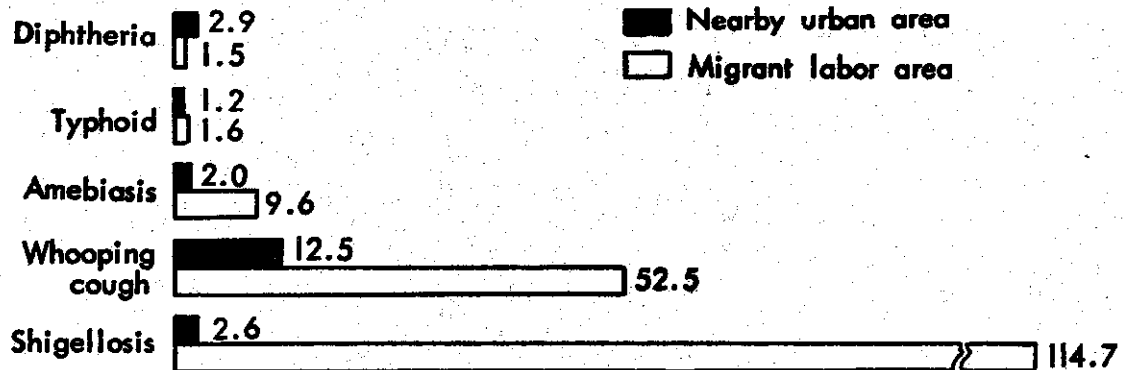
Week of July 14, 1956 -
36 persons among 79 living in a farm labor camp gave histories of being ill with diarrhea, cramps, low fever, nausea, and weakness... Generally poor environmental conditions were considered ideal for person-to-person spread of the disease. Also, there was inadequate water supply in the cabins, many flies, no screens, and open pit privies.

SUSPECT SMALLPOX

Week of December 1, 1956 -
A suspect case of smallpox was found in a female agricultural worker.

**HEALTH CONDITIONS IN MIGRANT LABOR AREAS
AND IN NEARBY URBAN AREAS**

Selected diseases, (cases per 100,000 population)



Infant mortality (deaths under 1 yr. per 1,000 live births)



Eight counties that are major migrant labor supply areas were selected in order to compare health data for these counties with similar data for three urban areas in the same geographic regions. Two criteria were used in selecting the counties: (1) the size of the agricultural migrant population and the duration of their residence in the area; (2) the apparent adequacy of morbidity and mortality reporting.

Morbidity rates for amebiasis, diphtheria, whooping cough, shigellosis and typhoid were based on NOVS reports of cases reported by county of usual residence for the years 1951-54 in the case of all States except Florida. The data for Florida were taken from Florida Morbidity Statistics, Annual Report, Supplement No. 2, for the years 1950-52 and 1954.

Infant mortality rates are based on NOVS reports of live births and infant deaths by place of residence for the years 1950-53.

Population data are from the 1950 census of population.

State	Migrant Labor Areas	Urban Areas
Arizona	Maricopa County Pinal County	—
California	Fresno County Imperial County Tulare County	San Francisco
Florida	Palm Beach County	Miami
Texas	Cameron County Hidalgo County	Dallas (city and county)

CHIEF STATE SCHOOL OFFICERS IDENTIFY HEALTH PROBLEMS AFFECTING SCHOOL ATTENDANCE OF MIGRANT CHILDREN:

1. Needs for pre-entrance to school medical inspections.
2. Financing medical services for migrant children.
3. Some of the children represent health problems. These conditions will have to be improved before children can be encouraged to attend school.
4. Mexican children are not neat and clean. They are a health threat to local children.
5. They bring disease into the State....
6. Health conditions in migrant families create attitudes among natives of this State which discourage school attendance by migrant children.
7. Need for teacher education for migrant workers, physical and health facilities for children of migrant workers, and health education for adults.
8. Lack of cooperative programs among agencies in providing...school lunches and health services for migrant children. They need help on what and how to eat.
9. ...Adequate standards of housing, health, nutrition, sanitation....
10. A nutritional program related to health education, detection and treatment clinics for children of migrant workers.
11. VD, TB and dental clinics for parents as well as one designed for children to treat as well as detect need.

REPORTS INDICATE THAT FEW MIGRANTS ARE IMMUNIZED.

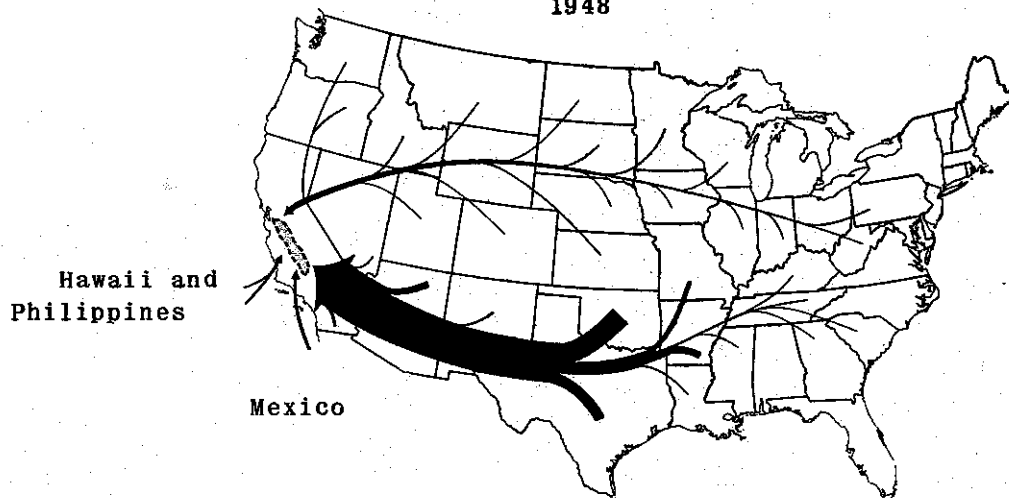
Lee County, Illinois (1955) - "A minority of the entire personnel showed evidence of previous smallpox vaccination and only a few of the children had ever received immunization against diphtheria, pertussis, or tetanus."

Colorado (1950) - Study based on interviews of 260 migrant families during 1950 showed that only 42 percent had had smallpox vaccination and probably only one out of five or less were immunized against diphtheria, whooping cough, or tetanus.

Ohio (1954) - Preliminary survey of health problems of migrant farm laborers, based on interviews of 850 individuals, showed that "... 70.4 percent of the study group (had been) vaccinated... However, under the age of 5 years, less than 10 percent had been vaccinated."

**MIGRANTS' MOVEMENT IS CONDUCTIVE TO THE SPREAD
OF DISEASE.**

**Places of origin for farm labor force,
San Joaquin Valley, California
1948**



[Map adapted from report prepared by William H. Metzler and Afife F. Sayin, "The Agricultural Labor Force in the San Joaquin Valley, California: Characteristics, Employment, Mobility, 1948." Published by U. S. Dept. of Agr., Bureau of Agr. Econ., cooperating with University of California, Institute of Industrial Relations. 1950.]

The pattern of movement may vary somewhat from year to year. Nevertheless, this diagram illustrates the possibilities for spread of disease from one area of the country to another as the result of migrants' movement.

Other farm labor demand areas, like the San Joaquin Valley of California, draw workers from many States.

A HEALTH RECORD TO BE CARRIED BY THE MIGRANT MAY HELP TO PROVIDE CONTINUITY OF CARE. This is one proposed record to be printed on stiff paper and folded to wallet size in four equal sections along solid and dotted lines.

HEALTH RECORD
of

NAME _____

HOME ADDRESS _____

BE SURE TO GIVE THIS
RECORD TO THE DOCTOR
OR NURSE WHENEVER YOU
GO TO SEE THEM.

OTHER CLINICAL CONDITIONS IMPORTANT IN FUTURE CARE (For example, infections, injuries, operations, allergies, sensitivities, etc.)

Date Name and address of person making record

Clinical condition noted

IMMUNIZATION RECORD

Type	Date	Date	Date	Other immunizations (specify type and date)
Diphtheria				
Pertussis				
Tetanus				
Booster shots				
Smallpox				
Typhoid fever				
Booster shots				
Polio				

LABORATORY TESTS

Type	Date	Findings
Tuberculosis X-ray		
Blood test		
Blood type		
RH factor		
Other (Specify)		

OBSTETRICAL RECORD

MIGRANTS COME CHIEFLY FROM NATIONAL, RACIAL, OR ECONOMIC MINORITIES.
Some of the Spanish-American parents can speak English with difficulty or not at all even though the family has lived in the United States for several generations.



MIGRANTS OFTEN HAVE LITTLE EDUCATION.

Migratory Farm Workers on the Atlantic Coast

Age group	Years of school completed				Median
	0 - 4	5 - 7	8	More than 8 years	
	(percent)				(years)
Under 14	52	44	4	0	3.9
14 - 19	20	43	8	29	6.5
20 - 24	29	46	10	15	5.1
25 - 44	44	38	11	7	4.5
45 and over	70	22	3	5	3.5
All ages	43	37	9	11	4.8

(Educational attainment of migrants in households sampled in Belle Glade area, March 1953.)

THEIR INCOMES ARE LOW.

Average cash earnings at farm and nonfarm work by migratory farm workers in the United States, 1949, 1952, and 1954, compared with similar data for unskilled and service workers (Includes only persons 14 years of age and over)

	<u>1949</u>	<u>1952</u>	<u>1954</u>
Migratory farm workers.....	\$514	\$884	\$1,033
Unskilled and service workers.	2,200	2,620	2,990

RESIDENCE REQUIREMENTS USUALLY BAR THEM FROM LOCAL WELFARE AID.

Some States and counties make special provision for granting emergency aid, including medical care, to needy persons lacking residence in the locality. Generally the length of residence required to obtain general assistance on the same basis as other local citizens is from 6 months to at least a year. In many States the requirement varies from county to county. Thus a person may lose residence status by crossing a county line.

DOMESTIC AGRICULTURAL MIGRANTS DO NOT HAVE THE CONTRACTUAL PROTECTIONS PROVIDED THE FOREIGN WORKER. NOR DO THEY HAVE THE PROTECTION UNDER LAW AND PERQUISITES PROVIDED MOST WORKERS IN BUSINESS AND INDUSTRY.

Contractual protection for Mexican national

Legal protection for most United States' workers

At the employer's expense:

- Housing that meets minimum standards
- Transportation to and from job location
- Workmen's compensation coverage or its equivalent for job-connected illness and accidents
- Health insurance for off-the-job illness and accidents with amount of premium deducted from worker's pay
- Prevailing wage for type of work or rate shown in contract
- Employment for a definite period

Minimum wage

- Unemployment insurance
- Workmen's compensation coverage
- Perquisites provided many workers with part or all of cost paid by employer:
- Retirement benefits
- Group health and accident insurance
- Holiday and vacation pay

UNDER STIPULATED CONDITIONS, DOMESTIC AGRICULTURAL MIGRANTS ARE NOW COVERED BY OLD AGE AND SURVIVORS INSURANCE. MANY DO NOT MEET THE REQUIREMENTS FOR COVERAGE.

EACH TIME A MIGRANT MOVES, HE NEEDS A PLACE TO LIVE.
Single worker and family housing ranges from reasonably
adequate single units to a camping spot under the trees
near a dump.

