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—Photo by The Times-Picayune.
PROMINENT PARTICIPANTS Saturday at the migrant health conference held in the Jung hotel by the committee on rural health; American Academy of General Practice, included (from left) Dr. Eugene H. Guthrie, of the department of health, education and welfare; Dr. Sarah Bishop, of the National Child Labor Committee, and Henry K. Arneson, executive secretary of the President's committee on migratory labor.

LA. IS AFFECTED BY MIGRANT ILLS

Workers Seldom Treated for Disease—Arneson

Louisiana is affected by the high rate of disease and sickness common in migratory laborers because it not only is a user of products handled by workers, but a supplier of these workers.

This statement was made by Henry K. Arneson, executive secretary of the President's committee on migratory labor, Saturday at the Jung hotel at a meeting of the migrant health conference of the committee on rural health of the American Academy of General Practice.

These workers, who have been known for many years as "second-class American citizens," usually have no "home base" from which they operate and never stay in one place long enough to take necessary medication for their ailments.

They become carriers of disease germs and affect not only the locals in which they work but also the states through which they travel, he said.

750,000 Afflicted

Many of these workers, who number about 750,000 in all, are afflicted with diseases and sicknesses which have been "eliminated" in persons with permanent residences and the so-called "higher social strata," according to Dr. Eugene H.L. Guthrie, medical program consultant, US Public Health Service, department of health, education and welfare.

Most seriously affected are the women and children of these poverty-stricken, poorly educated workers, who receive no minimum wages, workmen's compensation or old-age benefits.

Usually, a whole family will live in one room, regardless of age or sex, in the very rudimentary quarters provided them. This is a major factor which greatly hampers sanitation problems.

According to Dr. Sarah Bishop, Wilmington, Del., member of the national child labor committee, most state laws do not pertain to the agricultural or migrant child, thus many young children, even 4-year-olds, work in the fields to help make "ends meet" for their families.

Few See Doctor

"Few ever see a doctor, teacher, child welfare worker or a nurse," she said, "and toddlers often must stand around idly in the fields, being eaten by insects, while their parents are working."

Others participating in the conference were Dr. S. S. Kety, Picayune, Miss., national chairman of the committee on rural health, American Academy of General Practice; Dr. George W. Karelas, Newberry, Fla., a member of the rural health committee, and Helen Johnston, adviser, rural health and migrants, department of health, education and welfare.

All agreed that immediate action should be taken by all 48 states to insure proper medical care and treatment for the workers who either work in or pass through every state in the Union.

They advocated a type of "health log," which would show when immunizations, medications and other treatment were administered in one state so they could be continued in any other state, according to schedule.

Among the diseases most prevalent in the migrants, many of whom cannot even speak English or who have never received any form of immunization, are malnutrition, dysentery, diarrhea, venereal diseases, tuberculosis, typhoid and many others which can be controlled with proper care.

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