THE MIGRANT WORKER IN NORTH DAKOTA

A Report to

THE PRESIDENT'S COMMISSION OF THE HEALTH NEEDS OF THE NATION

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by

James A. Swomley, Executive Director North Dakota Tuberculosis and Health Association Bismarck, North Dakota

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I would like to take this opportunity to present a few facts and observations as they pertain to the problems of the migrant worker in North Dakota, but the needs which they portray are commonly shared by many of our 48 states.

Before I proceed, I should like to define more clearly the substance of my remarks. "Migrant worker" is a loose and rather all-inclusive term. In this discussion, I will ignore the term's broader implications and concern myself specifically with the Mexican-American Farm Laborer.

In recent decades, the one crop economy of the upper great plains region has been altered through the introduction of the sugar beet and the potato. These crops require an abundance of cheap labor. In recent years the resident population of North Dakota and her neighboring states has failed to fill the labor requirements of the beet and potato farmers. Consequently, these farmers have found it necessary to recruit Mexican-American laborers in Texas and transport them to the Northern Great Plains States.

You will note from the chart which I have prepared, the widespread areas affected by this recruitment and migration (This does not take into consideration similar migrations in other parts of the country). The areas shown in red are centers of sugar beet production. The areas illustrated by vertical green bars concentrate upon potato production. That portion of the map shown in blue reveals truck farming activity. The horizontal bars covering portions of Michigan and Wisconsin show fruit production. All areas are dependent in some degree on Mexican-American labor.

In the Red River Valley of North Dakota and Minnesota, the American Crystal Sugar Refining Company currently operates two plants. Sugar beet acreage in this Valley is allocated by contract from the Company. In its own interest, and in the interest of the respective farmers, this company maintains labor recruiting stations in approximately a dozen Texas cities. Likewise, the Holly Sugar Company recruits workers for the Yellowstone Valley of Montana and North Dakota.

In the current year approximately 5,000 workers were transported to the Red River Valley by the American Crystal Sugar Company. These workers were then disbursed to farms throughout the Valley where they were employed by individual farmers. The

majority of these workers were crowded into trucks, "like so many cattle", and hauled from Texas to the Red River Valley. The Holly Sugar Company has made some use of air transportation in its recruitment program.

In addition to those workers and their families who migrated under the auspices of the above mentioned companies, an unknown number of workers and their families come north at their own expense or at the expense of individual farmers.

For the most part these workers are American citizens, many are technically residents of Texas, although a considerable portion of their time is spent outside of Texas. Most of these workers spend two to four months in areas of beet production, afterwhich there are a number of smaller migrations. Some return to Texas, others move into the nearby potato fields, a few go on to the West Coast, and others go to Wisconsin, Michigan, Minnesota, and Iowa. Gradually the majority return to Texas, only to begin a new migration the following spring.

Realizing the dangers of generalization, I should like to emphasize that these workers are at best a pathetic lot. Their children receive little or no education; their living quarters are commonly called shacks, frequently overcrowded and usually lacking in sanitary facilities; their knowledge of good health practices is next to nothing; medical care is meager and sometimes non-existent; many cannot speak the English language. Few know permanent status in any community. It is indeed rare for a community to recognize any responsibility toward the health, education, or welfare of these workers.

Events of recent weeks in North Dakota have brought to light certain unpleasant realities. The migrant workers have communicable disease rates appreciably above those of the general population. Experience over a period of years gives us reason to believe that we may expect 7 to 10 active cases of tuberculosis in each 1,000 migrant workers. With an estimated 5,000 workers in the Red River Valley for 1952, we might assume the presence of between 35 to 50 undetected cases of active tuberculosis. These active cases of tuberculosis prove a source of infection to fellow workers, to employers, to children, to anyone with whom they may have contact, and yet this situation has been ignored. There has been no systematic effort to screen these workers. Occasionally, by chance, migrant workers have been found to have

tuberculosis. The accepted procedure in handling these cases has been to load the infected individuals, who, I might add, are gravely in need of hospital care, on a truck, haul them to Texas and dump them off. This situation was accurately reported in the Fargo Forum of July 27, 1952.

Most of us recognize that to deny diseased persons medical care is morally indefensible to permit them to spread their infection to others is criminal negligence. Who is responsible? That is the crux of the problem-- apparently no one is responsible. Now this isn't a problem pecular to North Dakota. It's a frequent occurence in other states as well. The farmer, the sugar company, the county, and the state all deny responsibility when a migrant worker is in need of medical care whether it be tuberculosis, injury, by accident, or some other disease. In most situations involving medical care for migrant workers, the worker lacks residency; consequently, units of government are unwilling to assume responsibility. For the most part, it would appear that these difficulties might be amended through state legislation.

In the field of communicable diseases, it is essential that the state, local units of government, sugar companies, farmers, and private health agencies work together to establish case-finding programs. It is also essential that steps be taken to provide for the immediate isolation and hospitalization of tuberculosis and other communicable disease cases in the state where first diagnosed. Where out-of-state residency is established, it may then prove feasible to transfer the patient when adequate medical care is assured. In North Dakota a number of agencies are working to achieve this goal.

Speaking as an individual, I believe that the Federal Government could materially aid these states by providing grant-in-aid funds for well defined projects in communicable disease case-finding among migrant workers, as well as, federal assistance through existing state agencies for their hospitalization and medical care.

It is quite apparent that federal labor legislation does not afford the same protection to the migrant farm laborer that currently applies to workers in other industries. It would appear that an extension of existing labor legislation to cover migrant farm workers would do much to alleviate the present problem.

