What is the situation of migrant agricultural workers with respect to health insurance? The present study reports the experience of a number of insurance companies with this group of workers and reviews some of the problems revealed.

THE MIGRATORY WORKER AND HEALTH INSURANCE

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In 1956, President Eisenhower appointed an Interdepartmental Committee on Migratory Labor. The purpose of the Committee is to attempt to find means of improving the lot of the migratory farm laborer. One of the matters of concern is medical and health care for these people and how to finance it. Inherent in such consideration is an exploration of the feasibility of providing health insurance for these workers. The purpose here is to explore this possibility.

Today there are an estimated 1.25 million migrants in the United States, of which 0.5 million come into the continental United States from other countries or commonwealths for certain periods each year. Most migrants in this latter group come from Mexico, although Canadians and British West Indians are also included. With respect to the Mexicans and West Indians, they are usually single men, reportedly physically screened, who come into the country on contract, with minimum housing, transportation, and wage requirements and with Workmen's Compensation and health insurance protection stipulated or provided. In the case of Mexicans, recruitment is through the U. S. Secretary of Labor working with the Mexican government. The employment period is stipulated, varying from six weeks minimum to six months maximum. The United States pays for basic transportation costs and guarantees that the employer will fulfill his contract.

More recently 100,000 Puerto Ricans have become available, of whom about 15,000 are currently employed in the United States. Employment is arranged through the various state employment services. The Puerto Rican Employment Service covers these workers under a group insurance contract for hospitalization, surgery, outpatient care, doctors' calls, loss of weekly income, and death; the employer being required to deduct $0.74 a week for remittance to the insurance carrier.

Since these workers, with the exception of the Canadians, are automatically insured, they present no further concern from the standpoint of this exploration.

The remaining 0.75 million migratory workers are United States citizens who seldom work under contract, are difficult to identify as such, often are in family units, and at times present a serious social problem as well as a health problem, not only on a national but also on a local community basis. They are presumed to be seldom protected by health insurance, although many are known to be covered by individually purchased insurance. These workers have been described in several publications. One study indicates their total to be 450,000 adults, 100,000 children under

Table 1

Atlantic Coast	Chiefly Negro families
Texas to the North Central and Mountain States	Spanish-American families
Texas to Montana, North Dakota, and Canada	Men alone
Texas to California and the Mississippi Delta	Spanish-American families
South Central to North Central States	Anglo-Saxon families
South Central States, Arizona, California, and other Western States	Spanish-American, Negro, Indian, Anglo-Saxon, Oriental, and Filipino families

the age of 14 traveling with the adult workers, and 200,000 dependents who stay at home. The diversity of populations which comprise the migratory workers is evident from the distribution by areas as shown in Table 1.

Generally, these workers possess a low degree of education, the median for all ages being 4.8 years of schooling.* Annual earnings are low, due in part to the highly seasonal nature and the short duration of the work (90 per cent average 101 days work). A large number of females are to be found in the group, and families are large, running five to seven persons. Travel facilities, housing, general living conditions, nutrition, sanitation, and health care are usually substandard. Hence, a high incidence of illness and accidents is found among the migratory workers. Few are immunized against the communicable diseases, and diarrheal, respiratory, and venereal diseases are common. Infant mortality is high. Residence laws usually bar them from welfare aid. Few of the workers actually qualify for OASDI benefits, few child labor laws are applicable to them, not all state Workmen's Compensation laws are applicable, very few minimum wage laws apply to them, and no unemployment compensation or temporary disability benefit laws are applicable. For the most part, the workers work through crew leaders and apparently do not stay in the migratory stream too long, one study showing the following:

31 per cent in the stream 1–2 years
22 " " " " " 3–4 "
15 " " " " " 5–6 "
12 " " " " " over 10 "

These migratory workers of both general types constitute a necessary part of our labor force, one estimate being that they contribute 7 per cent of our farm labor force. They make an important contribution to our national economy and perform valuable seasonal service to farmers and processors of farm products in certain parts of the country.

In an endeavor to accumulate as much useful information as possible about the coverage of these migrants by health insurance, 167 insurance companies writing health insurance and one Blue Shield plan known to have had broad experience with migratory workers were queried about their experiences with these workers. It was hoped that the investigation would not only shed some light on the degree to which these people are insured, but that it would furnish useful data and opinions of assistance to insurers and others concerned with the welfare of migrants.

Insurance Company Experience

Of the insurance companies queried, 150 replied that they have not to their knowledge insured any migratory workers. Seventeen of them stated that because of their method of operation, the questionnaire was inapplicable to them. The reasons for this varied: some write

* Exceptions are the students and teachers who each summer join the migratory worker pool.

considered writing protection on migrant workers. Six of these attempts concerned American workers. Five of the companies stated that they made proposals for insuring migrants on a group insurance basis but that the proposals were not accepted. One company, at the request of a hospital in one Eastern rural area, has been striving to conduct an experiment which would provide hospital insurance for migrants. To date, however, it has been unable to culminate the experiment due to an inability to overcome the administrative problems previously mentioned.

The following is the result of the investigation with respect to the 17 insurance companies that are presently insuring some migratory workers. Unfortunately, it was not possible to obtain sufficiently secure estimates of the numbers of these insured workers to relate any totals to the total estimated number of migrants in the United States. However, the responses as well as the varied experiences and approaches of these companies furnish some useful information. In certain instances their experiences appear to differ in some degree from the unfavorable experiences previously noted. Unfortunately, it was not possible to apply any common test to either the positives or the negatives. It is assumed that the existence of many variables makes the experiences to a certain extent noncomparable. These might include a difference between an individual policy approach and a group insurance approach, a difference in the nature of the insurance coverage, a difference between indoor workers and outdoor workers, and differences between those employed and added temporarily to a permanently insured group of workers and those insured separately.

Eight of the 17 companies are insuring American migratory workers. The circumstances are so varied that it is deemed of value to report the findings separately. One company insures American migrants in an Eastern Seaboard state. The insurance is on a weekly-premium industrial policy basis for which no special records are maintained. However, the company notes no unusual circumstances or experiences surrounding these persons. Another company also insures these workers on a weekly-premium basis. About 2,000 persons in the Southeast are insured for loss of income, the amount of benefit being $15 weekly for men, $5 for women, and $3 for children for a maximum of 20 weeks in any 12-month period or for any one disease or accident. There is also a hospital benefit equivalent to twice the loss of income benefit and there are accident benefits for death and dismemberment. The insurance is written on a noncancellable basis and the experience has been commensurate with that of other risks insured. The problem of persistency, to which reference has been made, has been marked, however, by a very high lapse rate.

A third company reports insuring American migratory workers on an individual policy basis. The coverage extends to dependents of the workers and includes any of the customary health insurance benefits which the company offers, provided the worker can qualify under the usual underwriting standards of the company. No unusual experience with this insurance is noted. Another company, which reports insuring American migrants on an individual annual policy basis for loss of time and hospitalization resulting from either sickness or accident, states that the experience is very poor, claims in relation to premiums running 36 per cent higher than the company average. The company states that it has found a great many instances of malingering among these people, and it is of the opinion that migrants cannot be underwritten without severe underwriter loss. Finally, one company reports insuring migrants on a monthly, quarterly, semiannual, or

this. While the cooperation of the growers' association was necessary to stimulate interest among its members and to supervise enrollment and collections, the association did not have the necessary personnel to perform these functions. Personnel of the plan then tried to work with the growers directly. However, when the migrants arrive, the grower is at his busiest and cannot afford the time for these tasks. Attempts were then made to function through the processor. However, such occurrences as a late frost made it impossible to carry out the project.

The plan concluded after this experiment that lack of time on the part of the farmer-employer to tend to enrollment and servicing during his busiest season, together with the hiring and payment methods used, make insuring this type of migratory worker impossible. It concluded that the answer to the question of insuring migratory workers would have to be a strong central organization which could handle the enrollment and servicing of the migrant workers employed by its grower patrons.

Summary

The experiences reported here, in providing or attempting to provide health insurance for migratory workers, the successes and the failures, are so lacking in comparability as to be inconclusive. However, one conclusion is inescapable. The migratory worker presents a unique problem to an insuring mechanism. This problem has to be segmented by the different types of migratory workers and the types of work they perform. Insurance appears more feasible in some instances than in others. For example, those employed in canning or processing plants at the peak of the picking season, becoming part of a permanently employed group and probably working fixed hours for fixed wages, would seem to present a different problem from that presented by those working for a farmer on a piecework basis.

In any instance, the small degree of demand for health insurance by or for migrants, either on a group or individual policy basis, indicates the existence of a much more basic problem. The experiences mentioned shed some light on various facets of the subject which might merit further consideration by those concerned with the over-all welfare of the migrant worker. It appears that the provision of medical care and the payment for such care is only one segment of the problem of the migrant and certainly not the basic problem.

It can be concluded that private insurance can and does furnish a mechanism by which migrant workers of various types might be protected against the financial hazards resulting from accidents and sickness. However, there are many underlying factors in the existence of the migratory worker which are social and economic as well as physical and which, in turn, are in their nature beyond the proper sphere of a health insurance mechanism.

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