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Care of Migrants Is Held Still Poor Despite Efforts

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MIAMI BEACH, FLA.—The problem of medical care for migrant workers has been partly solved in some parts of the country but much yet remains to be done according to panelists who spoke here at the 18th National Conference on Rural Health.

For instance:

The 1962 Migrant Health Act has given impetus to some communities to initiate or expand health and health-related services, but this act expires June 30, 1965. Bills have been introduced in both Houses of Congress to extend it for five years.

Though medical and dental clinics for migrant workers have been established in some areas, provisions for hospitalization are generally lacking and costs are generally borne by the hospitals themselves. Expansion of the act to include hospital care is "under consideration."

Even though some host communities are stepping up the amount of medical care to the migrant workers, long-term care and follow-up is virtually impossible because of the itinerant life of the worker. A system of interarea referrals has been proposed but would not be workable until uniformly good services were available in all communities in which these workers live.

Panelists Review Problems

These and other problems were discussed by Dr. J. Robert Lindsay of Washington, D.C., chief of the Migrant Health Branch of the U.S. Public Health Service; Dr. Charles J. H. Kraft of Meshoppen, Pa., a member of the American Medical Association Council on Rural Health; and Dr. Lorenzo L. Parks of Jacksonville, Fla., of the Florida State Board of Health.

Dr. Lindsay, whose paper was coauthored by Helen Johnston, said that response by communities to the 1962 act has been "good" and that as of the first of this year 60 applicants from voluntary or public agencies had been granted assistance to operate migrant health service projects. Some of these projects, he noted, covered one county and others covered from two to a dozen counties.

"At present a good beginning has been made," Dr. Lindsay said, "but we still have many parts of the country where little or nothing is being done to provide organized services, geared to migrants' needs. Interarea referrals are encouraged in order to provide some chance of continuity of care for migrants as they move, but the chances of success in completion of referrals is still pretty slim, simply because services for migrants are lacking in so many places."

Most Common Disorders Listed

He said that the disorders most often found and treated by the family clinics operating in scattered communities throughout the United States include upper respiratory infections, severe ear infections, impetigo, roundworm, diarrheal disease, accidental injuries, head lice and ringworm, tooth decay, "back troubles," and "stomach upsets."

Dr. Kraft described a four-county pilot project in central Pennsylvania, set up under the migrant health grant, that was designed to help establish future state programs. This project included evening clinics, sanitation inspections, child care clinics, health instruction, and emergency medical care. Results of this project, he said, were "a more effective and complete series of health services" for the migrants and an underscoring of the type of health services most needed.

Dr. Parks said that "we have been able to do much more for the migrant in the past two years because more funds have been appropriated for this purpose and we have had more health workers to participate in this program."