Good Health for Farm Workers

By Tsun Hai Lee and Glenn Hildebrand

For many years now the United States Public Health Service and the California State Department of Public Health have been concerned with the health of farm labor families. Although limited by funds and personnel, they have made gallant attempts to stir up interest of local communities in the plight of these people. With more funds and personnel now being provided by recent state and federal legislation, we may expect to see a lot more progress in the years to come. This is providing the communities affected by farm labor families can arouse themselves to constructive action.

It is estimated by the Public Health Services that there are about 750,000 domestic seasonal farm workers in the United States today. These do not include any of the Mexican Nationals, composed mainly of single men whose health, housing, and other arrangements are provided for in an international treaty between the United States and Mexico. These domestic farm workers, usually with very large families (a recent survey in one farm labor community shows an average family of two adults and five children) represent several racial groups in our society today: Caucasian, Mexican, Negro, Puerto Rican, and Indian. These seasonal farm workers are used in almost every state in the union to harvest the crops which form our great agricultural economy. The majority of these families make less than $2000 annually because of their sporadic work, and are not able to adequately feed, cloth, house, and educate themselves. They have tremendous problems of housing, health, finances, education which prevent them from attaining the good life that the majority of the families in America enjoy.

In Kern County, which is at the southern end of the San Joaquin Valley in Central California, we have an agricultural economy worth two hundred million dollars annually. We depend heavily upon the full-time and seasonal farm workers during periods of harvest. Seasonal farm workers may number as many as twenty thousand at the peak of the harvest during the summer.

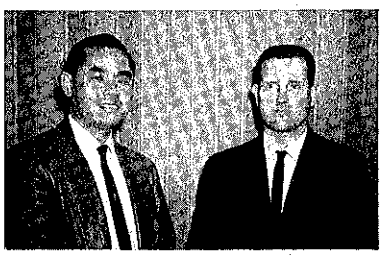
Let us now explain that seasonal farm workers are not necessarily migrant in the nomadic sense of the word. Many seasonal farm workers maintain homes in a community, and although they may spend the greater part of a year going to other counties and other states to work, they eventually come back to their home communities during the winter and other times when there are no crops to harvest. Such workers are to be distinguished from farm workers who have no roots and are constantly on the go from one locality to the other, although we understand that such nomadic migrants are rare.

The Kern County Health Department has known the health problems of the seasonal farm workers' families ever since its beginnings in the 1930's. As you may recall, John Steinbeck's book dealt with people who rushed into Kern County from Oklahoma and Arkansas during the days of the depression. Kern County has been host to great numbers of seasonal farm workers since the 1930's and all of our personnel have seen and dealth with the problems of these people at first hand.

HOW THE PROJECT ORIGINATED AND DEVELOPED

In the spring of 1961, the California legislature passed Senate Bill 282, sponsored by Senator Virgil O'Sullivan of Northern California, which authorized the California State Health Department to establish a program to help improve the health of migrant workers. This bill also provided for limited grants to local health departments for new projects or extension of present services to seasonal farm labor, and it was with the aid of one of these grants that the Kern County Health Department, in the summer of 1961, began a new health education program among seasonal farm workers.

The co-authors of this article, Tsun Hai (Sunny) Lee, left, and Glenn Hildebrand, are both alumni of the UC School of Public Health. Glenn received his MPH in health education in 1957, and Sunny in 1958. Glenn is Senior Health Educator for the Kern County Health Department in Bakersfield, California. Prior to that, he was a sanitarian for the Los Angeles City Health Department and Director of Health Education for Monterey County and St. Louis City Health Department. Sunny has been a staff health educator for Kern County since 1958.



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While our public health personnel have been engaged in health education activities among these people for many years, the novelty of this program was the hiring of "grass-roots people" from farm labor families to help us perform this task.

We started our project with a small $3000 grant and have since then received larger grants from the State Health Department and the United States Public Health Service to continue our work. The authors believe that without the funds provided by the state and federal government, we would not have been able to carry on this project.

In arriving at the philosophy of this project-which was to overcome the wall of cultural barriers hindering effective communication between our department and the farm labor community--we were confronted with the task of choosing between several alternatives. Other counties which received grants from the State Health Department hired more staff, added more child health conferences, many of them during the evening when farm workers could more conveniently attend them, and established more immunization clinics. In other words, they were simply extending their present services to cover the farm workers more adequately.

In our particular situation, we felt that we had to take a different approach. While additional staff and clinics could be very useful, we are handicapped by some problems. One of them is the prevailing community opinion that we have enough medical and public health services for these people, and that the big job remains simply that of helping them to make the best use of these services. Another problem is that we are a very big rural county, and are perennially handicapped by shortage of staff, especially in the fields of nursing and sanitation. We are not as able as other metropolitan counties to attract public health nurses and sanitarians, who are already in scarce supply.

We decided that the best thing to do was to work with the existing personnel, and to restrict the hiring of new personnel to "grass-roots" community health aides from the farm labor communities.

We also believed that health departments in general had not fully explored the possibility of using such sub-professional workers to help their professional people to do their jobs more effectively. In other words, we wanted this to be a demonstration program in the use of sub-professional workers.

With very little specific information to guide our actions, in the beginning we thought we would try to deal with all racial groups. However, it didn't take us long to decide to concentrate on the Spanish-speaking people, the largest of the minority groups in Kern County. We realized that there were enough cultural differences between the various racial groups to make an all-inclusive program a very difficult one to administer. Also, when one carries out a pilot program with the hope of securing more funds later on, one must always consider the axiom that "nothing succeeds like success". We felt that of all the minority groups, the Spanish-speaking culture gave the most promise of success. This belief has been borne out by our experience. However, as funds become available in greater quantity, we hope to work with all racial groups.

Throughout the entire project, we have received great cooperation from our own staff and from people in the community. Such groups as the following have been a great help to us: The Kern County Farm Labor Ministry, the Kern County Farm Bureau, the Kern County Medical Society, the Welfare Department, the University of California Agriculture Extension Service, the Kern County General Hospital, and many others.

We must mention the great encouragement and support we have received from the California State Health Department, especially Dr. Bruce Jessup, who was in charge of the state migrant health program until he left for an assignment in Iran, and the Health Education Bureau. Besides providing funds, the State Health Department has been very liberal in letting us develop our project at our own speed and in the directions most appropriate for our particular locality.

ORGANIZATION OF PROJECT

Throughout the project the project coordinators have received help from a central project steering committee composed mostly of health department members, and local advisory committees. These local advisory committees include people interested in problems of farm labor, and one of these committees has the current president of the local medical society as one of its members. Health department staff, ministers, school nurses, and labor camp managers also serve on these committees.

COMMUNITY AIDES RECEIVE BASIC TRAINING
Shirley Harrington, PHN, and Max Slitor, sanitarian, Kern County Health Department, teach community aides Olivia Ybarra and Alice Arreola at left some of the concepts of communicable disease and immunization. This was just part of the education in public health they received during their four-weeks' basic training period.

In the recruitment of community aides, we obtained referrals and recommendations from members of the project steering committee and local advisory committees on promising candidates. The people on these committees had first-hand knowledge of people in these farm labor communities who might be interested in working on such a project. After getting these recommendations, the project coordinators went out to interview these candidates in their own homes and then decided on the selection of the best candidates with the help of these committees.

Community aides were hired both on a full and half-time basis at the beginning of the project, but this produced many problems of administration and supervision. Therefore, all aides are now hired on a half-time basis. All community aides are paid at the lowest wage scale in the county system, which is about $250.00 per month for clerk I positions. Since they work half-time, they get $125.00 and $5.00 transportation per month. As extra help employees, they are hired for six-month half-time periods after which we can release them for two months and then re-hire them if we so decide.

In the training of these community aides, the first group of five aides who were hired in the summer of 1961 received a two-weeks' basic training, and a second group of four aides received four weeks' training. This training involved basic concepts in sanitation, nutrition, child care, community health resourses, and health education methods. It was done through group discussion, field trips, showing of films, and actual on-the-job experience by the aides who set up educational programs in their neighborhoods with our help. In the training, we involved to a great extent other community organizations such as the Welfare Department, Kern General Hospital, University of California Agricultural Extension Service and our own field staff.

PERSONAL SKETCHES OF COMMUNITY AIDES

We think the reader would be interested in seeing what kind of people we hired to work for us as community aides. In general, all of them had at one time or another worked in the fields and were familiar with the problems of seasonal farm workers. Several of them were actually doing farm work at the time we asked them to work for us. All but one of the aides, an Anglo-American, were from the Spanish-speaking culture. All were women except one Spanish-speaking man. Three of the women were on partial or full welfare at the time we hired them. Most of them never even got to high school. However, they were all proficient in both English and Spanish. Here are sketches of them:

1. F.G.--A Spanish-speaking woman with eight children, in her early 30's. She was on welfare (Aid to Needy Children) and was highly recommended by her welfare worker as a fine, hard working person. Her husband was a seasonal agricultural worker. Although poor, she enjoyed a certain degree of prestige in her own community. She was an aggressive, knowledgeable woman and knew much of the procedures and red tape involved in hospitals, public health clinics, and private physicians' offices. She therefore was called upon to help many people with poor command of the English language to obtain services from both public and private sources. She was quite overweight at the time she started working for us, but by the time she left us she had lost about seventy pounds, from 250 to about 180, due to the guidance and encouragement of our nutritionist.

COMMUNITY AIDE ACTS AS INTERPRETER
Carole Rugnao, right, interprets prenatal advice of PHN Lucille Sandberg into Spanish for expectant mother. Community aides perform such translation services at CHC's and on home visits with public health nurses and sanitarians.

2. C.R.--An attractive Spanish-speaking woman of 32 with five children, of Mexican-Filipino ancestry. Her husband was a labor contractor. She had once traveled from Arizona to California as a migrant. She had a high degree of community status, even among the dominant Caucasian society, and was active in P.T.A. and recreation council activities. In spite of her status and good social poise, she was very effective with farm labor families. A local physician hired her as a receptionist, after she had worked for us about 8 months.

3. V.R.--A young, unmarried Spanish-speaking woman in her early 20's. She was working in the grape packing sheds when hired and had a great deal of experience in seasonal agricultural work. Like C.R., she was greatly "westernized," and had gone as far as the 11th grade in high school. She had also served as a translator for census takers during the 1960 Census.

4. A.C.--An Anglo-American woman in her early 20's residing in Weedpatch, an Anglo-American community. She was on welfare (ANC) when hired and had been a long time resident of the area. She was originally from Arkansas and had been a high school classmate of V.R.

5. D.G.--A Spanish-speaking man living in Sunset labor camp, a sister camp of the one John Steinbeck described in Grapes of Wrath. He had a wife and nine children and was a migrant from Texas. He was a

welder by trade, but at the time we hired him he was looking for agricultural work.

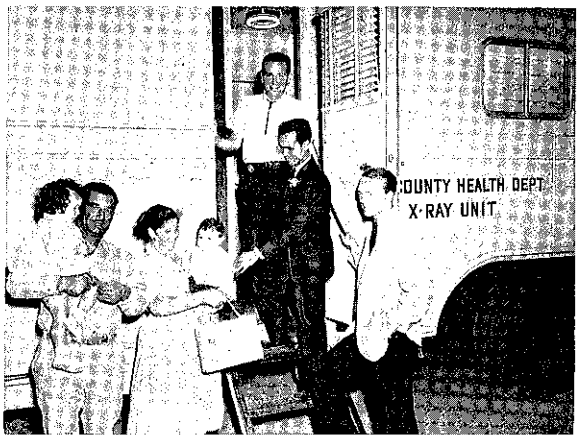
6. A.A.--A middle-aged Spanish-speaking woman who lived in the Mexican colony in Shafter, a northern city in the county. She had been a long time resident of the valley and had successfully raised seven children who are now providing her with grandchildren. She occupied some degree of status in her colony. Her husband was a farm worker, and she had some contact with public health nurses and child health conferences before working for us.

7. A.A.'--A thirtyish Spanish-speaking woman with five children living in Wasco, in North Kern. She was on partial Aid to Needy Children when hired by us and came highly recommended by her social worker. She, along with C.R. and A.A., have gone to farm labor conferences in Visalia and Sacramento, where they performed well in presenting our program to medical, public health, welfare, education, and other professional groups.

8. C.G.--A Spanish-speaking woman in her 40's with eight children, originally from Colorado. She is a very intelligent and perceptive woman who has done a fine job of raising her children. She stands out in the entire group with her broad knowledge of public health services and concepts.

9. O.Y.--A Spanish-speaking woman of about 40 living in a Shafter labor camp with her husband and four children. She has done good work for us in the camp and has set a good example for other tenants in the camp to follow regarding clean cabins and other recommended health practices.

At the time of the writing of this article, we are planning to hire two more workers. Also, by this summer we may be able to hire several more workers representing other racial groups, if our request for federal funds is approved.



X-RAYS FOR LABOR CAMP ADULTS
Dr. Abdul Mannan(MPH,UC,1962) of Pakistan in the center and Ron Olson(MPH,UC,1963),right, receive labor camp adults who have just had their children skin-tested and now want chest x-rays for themselves. Standing in the mobile x-ray unit is Ted Harruff, operator of the unit.

COMMUNITY AIDES ORGANIZE TUBERCULOSIS SKIN TEST AND X-RAY PROGRAM FOR LABOR CAMPS
During the summer of 1962,the community aides played a leading role in persuading labor camp parents to have their young children tested for TB and in urging adults to get chest x-rays from the Kern County Health Department,which set up special clinics in the camps. Here,Dr. Owen Kearns(MPH,UC,1958) "reads"tuberculin skin reactions, while Dr. Abdul Mannan(MPH,UC,1962) of Pakistan,to Dr. Kearns's left,helps in the recording of the readings.

ACTIVITIES OF COMMUNITY AIDES

In all of their work for our department as information gatherers, interpreters, health hostesses, organizers of educational programs, and in other activities designed to help our staff, the community aides receive constant supervision from project coordinators and the field staff. At least once a week the aides are called into the main office in Bakersfield for briefing and additional training. At least once a week or every two weeks, the project coordinators meet with the aides and field staff in their localities to discuss their activities and problems. In general, the aides have shown great progress from the beginning of their work, when they needed constant supervision, to a more advanced stage where they are now working with a great deal more self-confidence and initiative and much less supervision.

A project like this is not without its problems. The project coordinators and field staff members have spent a great deal of their time in supervising and coordinating the activities of the aides, sometimes to the exclusion of equally important health department functions. When the project is expanded, we hope to find a full-time director who can work on the project full-time and free the coordinators from many of the specific details which have to be handled.

There were also some initial problems of communication with our field staff, especially our public health nurses who did not exactly trust these community aides to go out and give advice to mothers and adults. This initial mistrust was justi-

fied when one of our aides misinterpreted one of our policies and told people at a labor camp that the health department was planning to set up a child health conference in the camp so that they would not have to travel three miles to the nearest one. This was, of course, not true and it took us quite a while to calm down the fears of our nurses. As time went on, the aides and nurses got to know each other better, and the initial problems of communication were gradually resolved.

Some of our aides at the beginning of the project also had great financial problems, and on several occasions the project coordinators had to reach into their own pockets to make small loans. This is a realistic problem that must be solved. Perhaps it can best be solved if community aides receive good training in budget management along with the other subjects, and some provision could be made to pay them more often than once a month.

There is also the problem of what to do with them once you have raised their level of aspirations. We think that you must not merely forget them after their period of employment is over. Many of the community aides gain great social status through their connection with us, and when they are released, they could suffer a loss of status. A valuable thing to do would be to keep them involved in community health projects as volunteers, and to help them tap local community resources for the kind of education and training needed for permanent jobs that they would like. As an example, one of our community aides, after a few months of working for us, wanted to go to our local junior college for a degree. She was hired by one of the physicians in her community as a receptionist and is now taking a course in medical terminology at the local college. Another of our aides has shown some interest in becoming a vocational nurse, and one of the project coordinators has been trying to encourage her to follow through on this possibility.

EVALUATION OF PROJECT

One of the ways in which we wanted to evaluate this project was to measure the extent of change in the aides themselves. When we first hired them, some of them left much to be desired in the way of their health practices. Of course, this is true even among public health workers, so we shouldn't be too hard on them. After working for us for several weeks and being introduced to many of our public health concepts, it was surprising to see how all the aides became much more conscious of their appearance, personal hygiene, household and yard sanitation, etc. So, from this standpoint, we feel that the project has been very successful.

Another measure of accomplishment has been provided by the comments of our own staff members, camp managers, community leaders, and others on the value of this project. All of these people have been more than generous in their genuine expressions of enthusiasm and approval toward the project. Our Sanitation Director, for instance, swears by these aides because in a housing survey, his use of them beforehand to tell the residents what the survey was all about, achieved a greater cooperation for the sanitarians than would have been expected.

Our nurses can cite many specific instances where the use of aides has greatly helped them. One nurse mentioned how she used to have trouble in getting a Spanish-speaking woman to answer the door whenever the nurse came to call on her. One day she went to the house with one of our community aides and there was an immediate response from the woman who invited them into her home. The aides have also discovered many families where the children were sorely in need of child health conference and also crippled children's services, and the aides have referred them to the public health nurses. As interpreters for our nurses at the child health conferences and on home visits, the aides have made praiseworthy contributions. A sanitarian who has used them to help explain waste disposal problems to Spanish-speaking householders has also praised their work.

Labor camp managers have expressed their appreciation for the aides because the aides have helped on such problems as more orderly use of bathhouses, litterbugging, and better care of apartments. One of them even felt that our project should be a pattern for the domestic peace corps (National Voluntary Service Corps) now being advocated by the Federal government.

At the risk of oversimplification, one could say that the community aides have opened wide breaches in the cultural barriers separating public health workers from agricultural communities and are serving as effective intermediaries between them.

COMMUNITY AIDES AS PROGRAM ORGANIZERS
Health-conscious mothers discuss child care problems with Mrs. Thelma Whitehead, PHN, 8th from left. Mrs. Carole Rugnao, 4th from left in foreground, was one of the several community aides who publicized and promoted the program. In addition, Mrs. Rugnao chaired the meeting.

COMMUNITY AIDES AS PLAYGROUND SUPERVISORS
One of the big problems involved in trying to get mothers to attend educational meetings is the baby-sitting services needed for their many children. Here, Don Galindo and Vicki Ruiz entertain children in the park while the mothers meet with PHN's elsewhere.

Another possible means of evaluation we would like to explore is to measure any reduction in the morbidity statistics among farm labor workers as a result of our project. However, there are many obvious difficulties in the collecting of such data and we are hoping that a full-time director with outside help can work out some scheme for collecting such statistics. We do not anticipate any impressive changes in the health conditions of these people unless we work at least five to ten years with them.

FUTURE OUTLOOK OF THE PROJECT

Where do we go from here? We have recently applied to the Federal government for a $55,000 grant from funds made possible by the passage of the Federal Migrant Health Bill (S 1130) last year. This would allow us to expand the community aid project to all ethnic groups in the county, and to hire additional personnel to coordinate the whole project. We hope that this money will become available by this summer.

Besides assigning the responsibilities already mentioned to our aides, we are going to experiment with the idea of placing one each of our most qualified aides in the Welfare Department and in the County Hospital so that they may achieve for these organizations the same results that they have achieved for us. The directors of these agencies have shown great interest in the use of these aides for their own programs.

One of the activities we are going to stress is the aides' role as health hostesses; that is, we want them to call upon recent arrivals in their communities, inform them about community health resources, and encourage them to use these resources in the best way possible.

We are also seriously considering the broadening of the aides' functions beyond public health. We think that if these aides are properly trained in household and family budgeting (which the University of California Agricultural Extension people can help us with), they could perform a great service to many of the farm families who often waste what little money they do have because of ignorance and poor buying habits. Juvenile delinquency and other forms of family instability are also serious problems among these economically-depressed farm labor families. With proper training our aides could make a great contribution to the solving of some of these problems in their communities.

COMMUNITY AIDES AS HEALTH HOSTESS
Frances Gonzales, right, talks to a family about good health practices after her basic training from staff members of the Kern County Health Department. They are reviewing the pamphlet, "Good Health", or "Buena Salud", which was published by the California Farm Bureau Federation with the assistance of the California State Health Department.

Coming back to the health area, we can see great value in training our aides in sex education, venereal disease control and planned parenthood. With proper training, these aides could help counsel many interested families on these facts of life and enable them to avoid many of the pitfalls resulting from ignorance of this important knowledge.

There are many other possible uses of these aides that we could devise if we had enough time and money to have them work for us for a long time.

CONCLUSION

We have tried to describe in this article, the health education farm labor project of the Kern County Health Department. We would welcome any inquiries and suggestions from our readers. Simply write to us at the Kern County Health Department, P.O. Box 997, Bakersfield, California. We would like to suggest to any local health department, that if they have not seriously considered this possibility, to get in touch with us and find out some of the ways and means by which it can be carried out. The project coordinators have found the entire project an endless source of inspiration in their work.