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Health Conditions And Services For Domestic Seasonal Agricultural Workers And Their Families In California

REPORT AND RECOMMENDATIONS
TO
GOVERNOR EDMUND G. BROWN
FROM
MALCOLM H. MERRILL, M.D.
STATE DIRECTOR OF PUBLIC HEALTH

California State Department of Public Health
2151 Berkeley Way, Berkeley 4, California
October 1, 1960

OFFICE OF THE DIRECTOR

STATE OF CALIFORNIA
Department of Public Health
2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA

October 4, 1960

Honorable Edmund G. Brown
Governor of California
State Capitol
Sacramento 14, California

Dear Governor Brown:

I am transmitting with this letter my report and recommendations on the health conditions and services of domestic seasonal agricultural workers and their families, as requested in your letter of July 5.

Dr. R. Bruce Jessup found it possible to devote half-time during July-October heading up a special task force in this Department to prepare this report. The report summarizes past and present activities in this field, both nationally and in California, and the results of field interviews with community leaders and seasonal agricultural workers and their families. Specific recommendations for State action are included.

It is my conviction that a serious need for an extension of local health services for seasonal agricultural workers exists currently, that steps toward meeting this need can be taken now in various ways in those communities faced with the problem, and that an appropriation of State funds at this time would serve an excellent purpose.

Very sincerely yours,

Malcolm H. Merrill

Malcolm H. Merrill, M.D.
Director of Public Health

Enclosure

Contents

Introduction

The report represents the outspoken and increasing concern of Californians with the current serious health problems of domestic farm workers and their families. Such concern stems from the wide gap between the standard of medical care available to Californians living in rural fringe areas and isolated farm labor camps and the standard of care available to economic comparable groups in our cities.

In July 1960, Governor Brown requested the State Department of Public Health to study the current health conditions and services of seasonal agricultural workers and to propose specific solutions to him. Dr. Malcolm H. Merrill promptly appointed Dr. R. Bruce Jessup of the Department of Pediatrics, Stanford University School of Medicine, to direct a special Task Force on Health Services for Seasonal Agricultural Workers for this purpose during the summer.

The Task Force proceeded immediately to summarize what had been done and what had been repeatedly recommended but not done for these people nationally and state wide in recent years. They simultaneously adopted a plan for field interviews with community leaders and with several hundred workers' families in several counties. The health jurisdictions of Sutter-Yuba Counties, Fresno County and Imperial County were arbitrarily selected because of their expressed interest in the problem and because of their geographically representative positions throughout California.

Included in Task Force activities were Mrs. Gwendolyn Beckman, Willard Brown, M.D., Miss Arline Lewis, Mr. Jack Murray, Belle Dale Poole, M.D., and Dean Tirador, M.D. They were aided by a Departmental Advisory Committee composed of Lester Breslow, M.D., Leslie Corsa, Jr., M.D. (Chairman), John C. Dement, M.D., Wm. Allen Longshore, M.D., and Frank M. Stead.

Before field interviews were begun, discussions of objectives and plans were held with representative growers, labor, California Medical Association, County Supervisors Association of California and others. Support for the undertaking as outlined was expressed by all those contacted. During the seven weeks of field work, the interest, cooperation and assistance universally encountered evidenced the recognition of this health problem and the interest of all in taking steps toward a permanent and practical solution.

Thanks go to Californians all over the State - growers, doctors, nurses, sanitarians, teachers, social workers, legislators and others - who have all generously assisted. Particular thanks go also to the farm workers' families who were so gracious in accepting staff into their quarters for the health interviews.

The report begins with the Department's recommendations for State action based upon the Summary and Conclusions on page 47.

RECOMMENDATIONS

The following recommendations are limited to suggestions for action to meet the presently acute health needs of California's seasonal agricultural workers. This limitation on the scope of the recommendations should in no sense be interpreted as reflecting an opinion that health needs are the only, or even the major, problem of these California workers and their families. However, in contrast to the complexity of the underlying economic factors in improvement in housing, education, wages, etc., it was felt by representatives of all groups interviewed that the health problem can be met, and met now, by local communities if the state and federal governments provide them adequate support and subsidy. There is definitely both federal and state responsibility in dealing with health problems of this large group of citizens on whom so much of California's agricultural production depends.

In developing these recommendations, all groups and individuals consulted, at both state and local levels, agreed that the solution to this problem must be developed at the community level by extension of local services rather than at the state or federal level. This conviction is based on the strong opinion that health needs as well as agricultural patterns vary greatly from area to area in California. State subsidy is essential to make possible the urgently needed local health services. Since, in the past, the "crisis" approach to this problem has failed, any steps taken should be toward the development of a permanent solution. These steps can and should be taken now.

It is recommended:

1. That the State of California make funds available to those counties desiring to decentralize and extend local health and medical care services for seasonal agricultural workers and their families through such means as:

   a. Development of field clinics staffed by local personnel.

   b. Provision of prenatal care for mothers and treatment for sick children in existing child health conference clinics.

   c. Expansion of field nursing staffs for staffing of clinics, home nursing, health education, and liaison with existing treatment facilities.

   d. Use of unoccupied beds in rural private hospitals and district hospitals for county patients at county expense.

   e. Provision of transportation to central facilities for both in-patient and out-patient hospital care.

   f. Improvement of sanitation in housing and in the field.

2. That residency requirements be abolished in county hospitals for both in-patient and out-patient services for seasonal agricultural workers.

3. That consideration be given to the feasibility of prepayment health plans for domestic seasonal agricultural workers and their families similar to those plans now required by law for foreign contract workers.

Part I

REVIEW OF REPORTS OF HEALTH CONDITIONS AND SERVICES FOR AGRICULTURAL WORKERS IN THE UNITED STATES, 1930-1960

Introduction

Most studies of this general topic have been concerned with the "migrant" worker and family who actually move across county or state boundaries to follow the crops. Increasing attention in recent years has been directed to the large numbers of previously migratory agricultural workers who have settled down to spend all or a majority of their time in a given rural community. That important numbers still leave their homes for at least part of each year to meet the demand for hand labor during the harvest season in California and other states is clear and well documented. (See Table 1.)

The term, "seasonal agricultural worker," will be used throughout this report to include a person or family who derives the greater part of his annual income from seasonal agricultural labor, whether he be a resident of a community or an inter- or intra-state migrant for all or part of the year. This definition is intended to exclude part-time summer student workers, full-time, stable farm employees and foreign national contract workers.

Table 1

NUMBER OF PERSONS WHO DID ANY WORK AS MIGRATORY FARM WORKERS, BY SEX, UNITED STATES, SELECTED YEARS 1949-1957

Sex	1949	1950	1952	1954	1956	1957
Total	422,000	403,000	352,000	365,000	427,000	427,000
Male	291,000	285,000	234,000	273,000	314,000	306,000
Female	131,000	118,000	118,000	92,000	113,000	121,000

From: Hearing before the Subcommittee on Migratory Labor of the Committee on Labor and Public Welfare, United States Senate, 86th Congress, First Session. Testimony of James T. O'Connell, Undersecretary of Labor, page 33. U. S. Government Printing Office, 1960.

The total number of American citizens engaged in seasonal agricultural work is not known with any precision. According to the United States Department of Labor,(91) there were in 1957 approximately 400,000 citizens at some time of the year engaged in migratory farm work. This figure excludes some 150,000 dependents who travel with the migrant workers, and a roughly equivalent number who remain in the home-base areas. It also excludes about 450,000 foreign agricultural workers. The United States Senate Subcommittee on Migratory Labor states that "today we have a domestic migrant working force of almost a half-million persons."(87)

A large number of specific studies of health needs and problems of migrant agricultural workers are available; three are cited below.

In 1951, a Colorado study of 262 migrant families showed that half of the families lived in one room; 13 percent had obviously unsafe water supplies; 60 percent had no bathing facilities; 86 percent had not seen a doctor for the preceding 12 months; only 42 percent had received smallpox vaccinations, 20 percent diphtheria and whooping cough immunizations, and only 10 percent had had tetanus immunization. Infant mortality was twice as high in this group as the general infant death rate for the state. One-third of the children born in the preceding five years had not had a doctor in attendance.(80)

The United States Public Health Service and the Idaho and Oregon State Health Departments sponsored a study in the lower Snake River Valley in 1955 which demonstrated that only 22 percent of the children in labor camps in the area had been immunized against smallpox and even fewer against diphtheria, whooping cough and tetanus. Over half of all persons examined had one or more acute or chronic disorders. The attack rate of tuberculosis and venereal disease was found to be from seven to 13 times that of the resident population.(21)

A tuberculin testing program in Minnesota in 1959 showed that 66.4 percent of migrants who were 15 years of age or older reacted positively while only 13 percent of the general population 30 years of age had positive reactions. Similarly, the reactor rate for migrants under 15 years of age was 10 percent compared to about three percent for the general population of comparable age.(28)

General Findings of National Studies

Extensive projects, such as the ones in progress in Florida,(29, 98) as well as project reports from Maryland,(98) New Jersey,(98) New York,(98) Texas,(97) Michigan,(97) and Colorado,(37) together with a review of available information on health problems and experience with health service programs for seasonal agricultural workers reveal the following findings over the past 30 to 40 years with a great consistency:

1. Seasonal agricultural workers, particularly those migrating from home communities where they are eligible for public medical services, have health problems similar to those of stable rural farm worker families but more severe. Their health needs are greater than those of any other socio-economic group in the United States. The studies and investigations have consistently shown: high infant mortality, high communicable disease rates, low prenatal care rates, high prematurity, high accident rates, low immunization levels, serious needs for dental care, and little realization of the need for early or preventive medical care.

2. Low economic and educational levels, mobility, lack of resident status, geographic isolation from medical facilities, plus cultural factors and language barriers contribute to their health problems.

Part II

REVIEW OF REPORTS OF HEALTH CONDITIONS AND SERVICES FOR AGRICULTURAL WORKERS IN CALIFORNIA

Note on California's Agricultural History

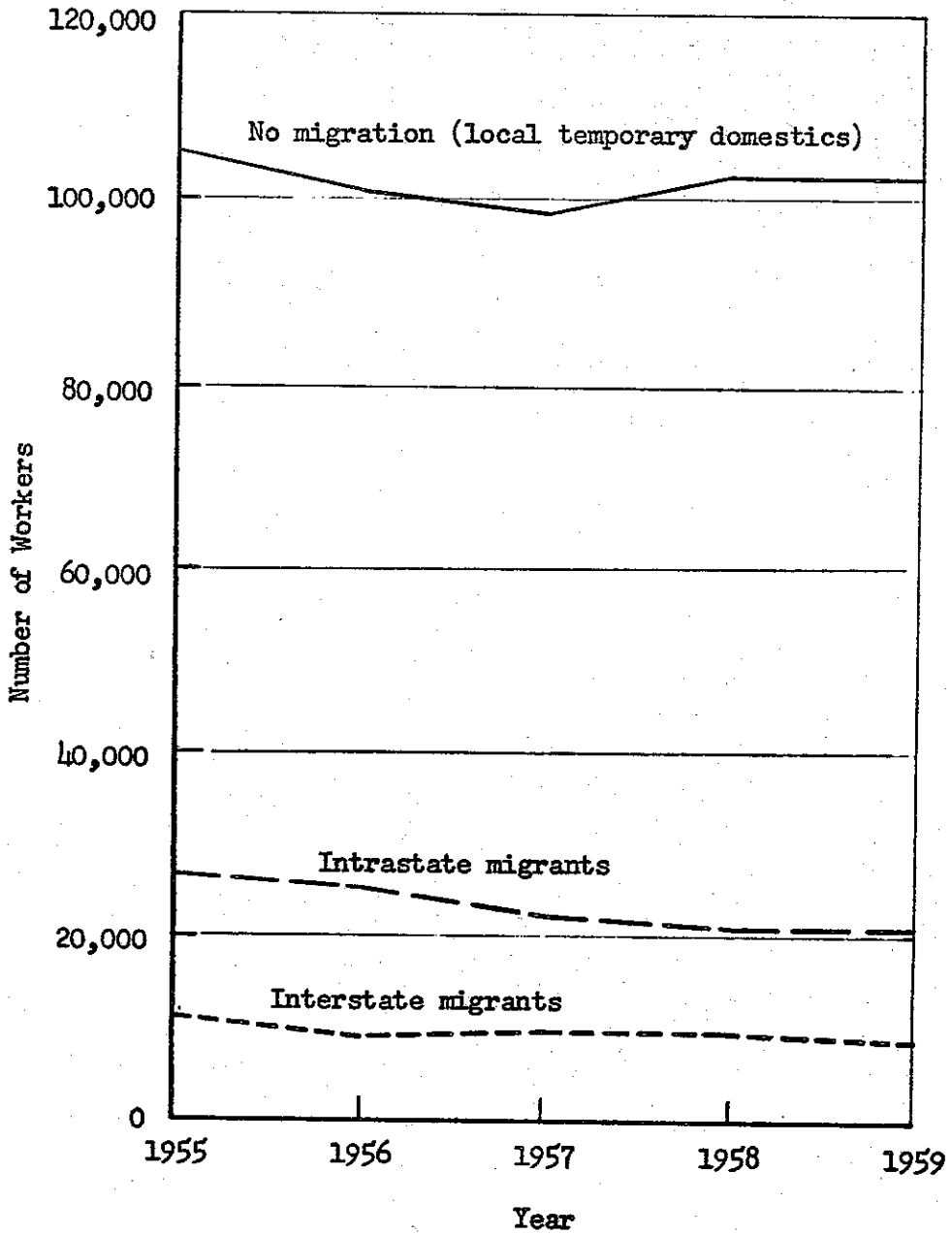
The great need for seasonal agricultural workers began when the development of irrigation in 1870 made possible the farming of the San Joaquin, Santa Clara, Sacramento and Russian River Valleys. This rich land soon produced a need for hand labor during the peak harvest seasons. Following the Chinese Exclusion Act in 1882, Japanese laborers were brought in and composed much of the State's farm labor until the first World War. Following the war, another surge of immigration occurred with many workers from Mexico and the Philippine Islands entering the State; by 1928, Mexicans constituted 56 percent of the farm laborers in California and 75 percent of those in Imperial County.(25,50,99)

In the 1930's, a new group of agricultural workers appeared in California - refugees from the "dust bowl" of the Middle West. Our border plant control station counted more than 285,000 persons in need of manual employment who entered California by motor vehicle between July 1935 and September 1938.(42) The majority sought field work in Kern, Tulare and Fresno Counties in the San Joaquin Valley.(25)

During the years of World War II, the heavy demand for labor and high wages in defense industries created an acute labor shortage in the California agricultural labor market. It was during this time that official encouragement of immigration and importation of Mexican workers began.(99) From that time on, the utilization of braceros or Mexican nationals has proportionately increased up to the summer of 1960. In 1959, out of an estimated 205,600 seasonally employed domestic farm laborers, 65,500 were domestic migrants and 83,400 were foreign contract workers.(11) Since 1954, these foreign workers have been subject to federal regulation under Public Law 78, requiring entry medical examinations at the border, medical care and hospitalization insurance, and pre-occupancy inspection enforcing housing and sanitation standards.(63)

Certain characteristics peculiar to California are important as background. Because of weather and soil conditions, California's growing season in the valleys exceeds 240 days and extends over the entire year in Imperial County. The variety of climatic conditions, rich soil, and the long growing season are the principal reasons why California produces more than 200 different crops in commercially significant quantities at the present time. The total 1959 value of the products of California agriculture was over three billion dollars. This is the highest figure on record for this state and the largest ever recorded for a single state. Field crops account for some 25 percent, fruit and nut crops 20 percent, vegetable and melon production 13 percent, and livestock 37 percent of this income.(90) Annual production of California agriculture is now almost double the yearly average of the 1930's.

AVERAGE ANNUAL EMPLOYMENT
OF TEMPORARY DOMESTIC AGRICULTURAL WORKERS
BY TYPE OF MIGRATION, 1955-1959



	Local Temporary Domestics	Intrastate Migrants	Interstate Migrants
1955	105,200	27,700	10,800
1956	101,300	24,500	8,800
1957	99,100	22,500	9,700
1958	102,300	21,400	9,200
1959	102,400	20,700	8,800

From: State of California
Department of Employment
Farm Placement Service
April 6, 1960

The California Health Survey, conducted by the State Department of Public Health in 1956, showed that agricultural workers have low levels of hospital admissions and medically attended conditions, as well as higher levels of infective and parasitic diseases, circulatory diseases and accidents. Their stays in hospitals are long, both as a group and per admission. The unfavorable immunization status of farm workers' children in regard to smallpox, diphtheria, whooping cough, tetanus and poliomyelitis was also demonstrated.(13)

A migratory labor committee of the Western Branch of the American Public Health Association sent questionnaires in 1956 to 35 county health departments in California to gather information about the State's migrant farm workers. Replies from 15 jurisdictions indicated that few counties had any established program for these people, although they were not excluded from the standard programs of the departments. It was also pointed out that little data of any kind were collected about seasonal workers as a group and no systematic way of obtaining information about them was available. Among the health needs of the seasonal agricultural workers as seen by these California health officers were: medical care, health education, better means of communication, environmental sanitation, better housing, immunizations, acceptance of service, and preventive medicine.(46)

A study of lien laws and their enforcement in 1958, indicated that 53 of the 58 counties required a signed lien or a written agreement about payment before medical care could be obtained at county hospitals. Thirty-five of the 58 counties indicated that they did not accept non-residents for service except under emergencies or other conditions required by state law.(32, 69)

In 1959, renewed interest in the sanitary environment of the seasonal farm worker was shown when representatives of labor, agriculture, state and local government, the University of California, and community organizations met to discuss ways of obtaining food-crop sanitation in the fields.(14, 15) This interest has grown so that now 17 counties have organized committees to promote locally the provision of toilet, handwashing, and drinking water facilities to the workers in the field. A summary report on the statewide activities for field crop sanitation is being prepared by the State Department of Public Health and will be distributed in the latter part of 1960.

Two recent studies of agricultural workers living in rural fringe communities of Fresno County again show the need for health services and point out the problems associated with bringing help to this group.(8, 65) From the latest study, it was concluded that "The study team feels that it should be clearly evident at this time that farm labor in Fresno County comprises an underprivileged, underpaid, improperly fed, ill-housed, poorly clothed, inadequately socially protected (including such basic protection as fire, police, health and medical care, social insurances and so forth), poorly educated . . . but still a significantly large segment of the total community. As long as this group is kept in this status, it seems inevitable that they as well as the whole community will suffer . . . " (8)

The Rural Health Committee of the California Medical Association in 1959 recommended that the C.M.A. Council "adopt a statement of policy along the following lines:

requirements, that community-sponsored health programs have failed to materialize outside of Fresno County and that the most frequent source of care was private involuntary charity in the form of unpaid medical and hospital bills. The health insurance program required by law for the importation of Mexican contract workers was described and it was pointed out that no such program was available to our own workers.(19)

At the March 1959 Fresno Conference of the California Rural Health and Education Association, health conditions of seasonal agricultural workers received critical attention.

In interviews with 200 agricultural worker families selected by the California Migrant Ministry in December 1959, the serious lack of available health services was again emphasized. "In discussing their health needs, these families felt that they needed: better housing; better sanitation; cleaner surroundings; more knowledge of health and sanitation; more money for better food; free clinics; closer clinics; free hospitals and closer hospitals; better clothes; etc." (75)

In February 1960, the California State Department of Public Health selected the counties in the State with large populations of domestic seasonal agricultural laborers and sent questionnaires asking about health services for these workers. Twenty-three counties replied, and only four of these indicated that they gave any type of special attention to the seasonal workers. Two of these four maintained decentralized out-patient clinics specifically for seasonal agricultural workers. All the counties, however, stated out-patient care was available at the county hospital and that standard child health conferences and immunization clinics were open to all without residency restriction.(44)

San Joaquin, Kings, Tulare, Santa Clara, and Kern Counties held conferences early in 1960 on the problems of seasonally employed farm workers. They were attended by farmers, laborers, doctors, ministers, education and government officials. They repeatedly recommended that more attention be directed toward medical care, health education, and wider usage of existing community health resources for these people.(40, 59, 68)

In a statement before the U. S. Senate Subcommittee on Migratory Labor, in July 1960, Dr. Malcolm H. Merrill, Director of the State Department of Public Health said that: "California's record in health matters affecting migratory labor is essentially the same as for the other Western states. . . The major problem in California is the relative unavailability of medical care and inadequacy of preventive services available to the seasonal agricultural workers. Little has or is being done locally in California Counties or at the State level to meet these special health needs of the migrant group." (48) Dr. Merrill told the subcommittee that county hospitals and county health departments are the two major public-supported sources of direct medical assistance which could be better utilized to meet the medical needs of migratory labor.

He summarized six important aspects of any adequate health services: availability, accessibility, comprehensiveness, utilization, education, and financing. In relation to these aspects, he informed the subcommittee that the location of county hospitals is generally at a great distance from the labor

MEMORANDUM

DATE: September 2, 1960

FROM: M. E. Larive, Manager, Firebaugh Farm Labor Camp
Housing Authorities, City and County of Fresno, California

SUBJECT: A report on West Side Agricultural Workers as Observed in the Firebaugh Area of Fresno County

Though most of our farm labor families, as observed in this area, have work the year round we still have a large number of part time workers whose living standards may be classified as sub-standard. There are many reasons for their plight, among them being:

1. Lack of education caused by lack of interest in school, following their parents footsteps, needed at home to help family, retardation, no school activities to their interest, malnutrition, poverty, and family difficulties.

2. Desertion by husband brought about in many cases by inability of the father to earn enough to support a family and health conditions.

3. Lack of knowledge as well as appreciation for health and moral standards.

4. Lack of a sound religious background.

5. Inability to hold a job often caused by trying to put a "square peg in a round hole".

6. Idleness during off-crop seasons.

7. Substandard dwellings as well as lack of interest to better themselves.

8. Low earnings.

It is the belief of the writer, having lived among these people for several years, that in our present day society most of these conditions could be abolished. Areas such as this need a competent understanding health counselor who may help these people to understand the importance and need for clean living and good moral standards in leading a healthy successful life. He would have to live among the people to learn to know them and their problems.

Some kind of work should be made available so that people will not be forced to accept charity in order to live during the off-season months. In California such work as clearing the sides of highways of debris is needed and if payment must be made in food why not give people a chance to earn their way. Many other worthwhile State, County and City projects could be inaugurated. The kind of people that must accept charity certainly need to have their pride as well as their integrity built up and it does not seem that a handout is the answer.

A health inspector with authority to require indifferent people to keep their dwellings, themselves, and children clean is needed for some people.

More standard housing is needed to replace blighted areas. Much of this housing is needed to accommodate people in the $700 to $1200 annual family income bracket.

The closest ambulance is 45 miles away.

Fresno County does operate a clinic, at intervals, in the area and is doing a fine job.

Various churches, the Salvation Army, some other groups and individuals give aid in various ways to indigent people.

Recent cases presented at the pediatric grand rounds at the Stanford Medical School emphasize that medical problems of the seasonal agricultural worker and his family are not unusual and that they are related to the conditions under which he lives.

PEDIATRIC DEPARTMENT GRAND ROUNDS -- Sept, 17, 1960

Stanford School of Medicine, Palo Alto, California

Two cases of Infant Diarrhea and Dehydration in Families of Migrant Farm Workers

I. Dr. Forrest

Case 1: E. C. a 12 mos. old Mexican-American male admitted Palo-Alto-Stanford Hospital on July 20, 1960 with the chief complaint of vomiting and diarrhea of 8 days duration. Family history: Mother, 33, is thirty-three weeks pregnant with her 9th child. Father living and well. Social history: Family are residents of Lindsay, California, in San Joaquin Valley; are farm laborers, moved into tent camp in apricot orchard in Mountain View several weeks ago to pick apricots.

Immunizations: None.

Physical examination: Thin, moderately dehydrated child with sunken eyes, poor turgor of skin, lethargy and deep breathing. Neck supple. Chest: Clear to auscultation and percussion. Abdomen: soft; liver down one fingerbreadth.

Laboratory: PCV 29, hemoglobin 6.1; WBC 12,450, marked hypochromia and microcytosis; Na 127; K 3.4; CO_2 4.3; Cl 98. Second hospital day: WBC 80,800; Na 129; K 4.4; CO_2 23; Cl 96. CSF culture; heavy growth of pneumococci, CSF glucose 58; protein 112; WBC 194. Stool culture on first hospital day grew out E.coli which agglutinated with polyvalent OB group A, #055. Urine culture on second hospital day revealed 40,000 colonies of Klebsiella aerobacter; 150,000 E.coli and 300,000 proteus.

Hospital course: Temperature slowly came down. Intravenous fluids; diarrheal stools diminished in frequency. On second hospital day temperature spiked; developed a high pitched cry, two minor convulsions. CSF loaded with pneumococci on direct staining smear. Treated with 10 million units of penicillin a day intravenously and chloromycetin 500 mg./day.

Discharged: August 2, 1960 on 0.6 cc Fer in Sol by mouth twice a day.

Diagnosis: Iron deficiency anemia
Pneumococcal meningitis
Diarrhea due to pathogenic E.coli (group A-#055)

Consensus of California Studies and Recommendations

Since 1935, there has been special interest in the health problems of the seasonal agricultural workers in California. From the migratory demonstration project of the State Department of Public Health in 1936 through the work of the Farm Security Administration in the 1940's, to the more recent studies by the State Department of Public Health in 1960, it has been repeatedly shown that these people have a greater number of medically uncorrected conditions than the rest of our population and that they are less able to take care of them than any other group.

Similarly, the recommendations made by various groups from 1935 to the present have undergone little change. Decentralized clinics, extension of local health services, relaxation of residency requirements, and development of coordinated plans for provision of medical care for the seasonal agricultural workers have all repeatedly been proposed.

Action in California has been lacking - only two counties have established decentralized clinics; residency requirements, liens and written agreements are still necessary to obtain medical care in most of the counties in California; and no satisfactory plan of medical care for these people has been developed.

Certainly any action taken to better the health conditions of these people could not be called precipitous for it would be backed by a solid history of studies and recommendations over the past 30 years.

Part III

REPORT OF OBSERVATIONS OF CURRENT CONDITIONS AMONG CALIFORNIA'S SEASONAL AGRICULTURAL WORKERS

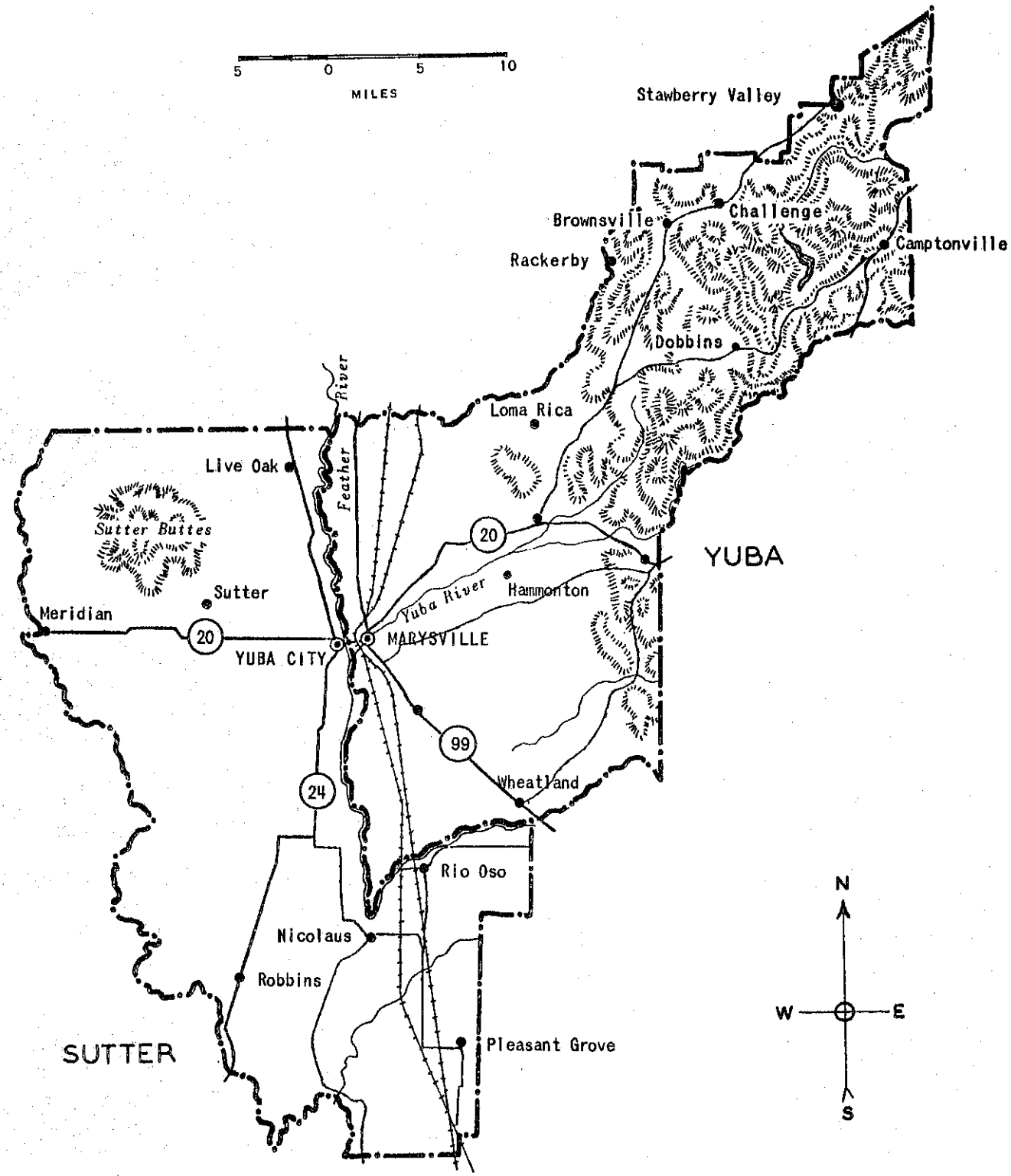
In order to obtain current information on the health status and needs of the seasonal agricultural worker in California, a limited number of field interviews were conducted in August, 1960, by staff of the State Department of Public Health. Sutter, Yuba, Fresno and Imperial Counties were selected for the interviews on the basis of location and local interest in providing special services for seasonal agricultural workers.

Limitations of time and staff restricted the interviewing to two days in each of these areas. The interviewing team was composed of three physicians, a senior medical student, and a medical social worker; in each of the counties visited. Staff of the local public health department joined the team. One large farm labor camp in Sutter County, five areas of Fresno County (including a farm labor camp) and five locations in Imperial County were visited, these areas having been selected by the local health department staffs.

Interviews were conducted at every other house in large areas; in smaller settlements or where many houses were vacant because of crop demands elsewhere, every house was selected for interview. Questions used in the interviews related to health problems and health needs. Interviews were conducted in Spanish or English as the situation warranted.

The definition of "agricultural family" used in the interview data was a family in which at least one member of the family was employed in farm labor during the preceding 12 months.

SUTTER AND YUBA COUNTIES



home. In about one-fifth of the households interviewed, one member was a non-citizen. In almost one-half of the families, children under 18 years of age were employed. Half the families reported working only three to nine months during the previous year. Fifty-nine percent of the families had lived in the State three years or longer; but 30 percent had lived in the State less than a year. The average number of moves in one year was three. Seventy-two of the 75 families had moved once, or more, during the preceding year in order to find farm work.

Health and Health Services

Direct observations of the health of these families supported strongly the judgment of community leaders that more health services need to be made available and that many families need help to use them better. More than two-thirds of the families reported having no family physician anywhere and almost 90 percent reported no health insurance of any kind.

They had received little preventive medical services. About two-thirds of the children under three years of age had not been immunized against diphtheria, whooping cough, lockjaw or smallpox. About two-thirds of the children under 18 years of age had not received any poliomyelitis immunization.

These families, who were moving with the crops, appeared to have the vigor needed for long, hot, hard days of work. The demands of the job required that they be free of incapacitating disease. Even so, there were many indications of ill health. A severe epidemic of infectious diarrhea was in full swing during the interviews. Almost every family seen had diarrheal disease at the time of interview or had had symptoms during the preceding weeks. Eight infants had been hospitalized for epidemic diarrhea at the County Hospital in July. If a family worked for even a few hours, they considered themselves well. If immobilized by symptoms, they then admitted illness and began to look for help from the County Hospital, private physicians, druggists or their neighbors. Often they looked for this help too late to prevent serious consequences of illness.

One "Richland" baby had been taken to the County Hospital with high fever and diarrhea the day before the interview. Another was referred to the County Hospital during the visit. The primitive refuse disposal, antiquated community plumbing, as well as crowded, one-room living quarters without running water, and with as many as five children sleeping in a single bed, were felt to be contributing factors in this epidemic.

Untreated contagious skin infections, acute febrile tonsillitis, lymphadenopathy, asthma, pregnancy without any prenatal care, iron deficiency anemia in children, important disabling physical handicaps that were receiving no medical attention, chronic disorders in adults ranging from hemophilia to pulmonary disorders, congenital heart disease, dental caries and arthritis were encountered which were not receiving suitable follow-up. These deficiencies were often due to the family's lack of knowledge of existing services; lack of transportation; and their failure to recognize need for medical assistance, and follow-up for more than emergency care.

their families are needed, particularly during the peak season of peach and apricot picking in July, August and September. The problem of increased load during these months on the County Hospitals which are already operating at 90 percent of capacity with minimal staff was pointed out. In Yuba County, for example, one physician runs an 82-bed County Hospital, including the emergency service, and an out-patient clinic handling 9,000 patient visits during a year. Prenatal and well-child clinics of the Bi-county Health Department were particularly indicated as a program which should be extended to these agricultural workers. It was felt that these clinics could also be used to give these workers limited out-patient treatment through close cooperation with the County Medical Society.

The opinion was expressed that the out-of-state migrants seemed to be increasing in number this summer (1960). They are coming from Washington, Oregon, Oklahoma, Arkansas and from the upper San Joaquin Valley to pick peaches.

Suggested methods of meeting the needs of the seasonal agricultural workers in Sutter and Yuba Counties are included in the following letter from the Health Officer of the Sutter-Yuba Health Department.

Following your visit, our staff did rectal swabs on about 100 cases giving a history of dysentery in the labor housing area. Our laboratory will be reporting these out late today.

If and when an application for funds for the above mentioned services is in order, I would appreciate being given favorable consideration.

Cordially,

/s/ Leon M. Swift, M.D.

Leon M. Swift, M.D.
Health Officer

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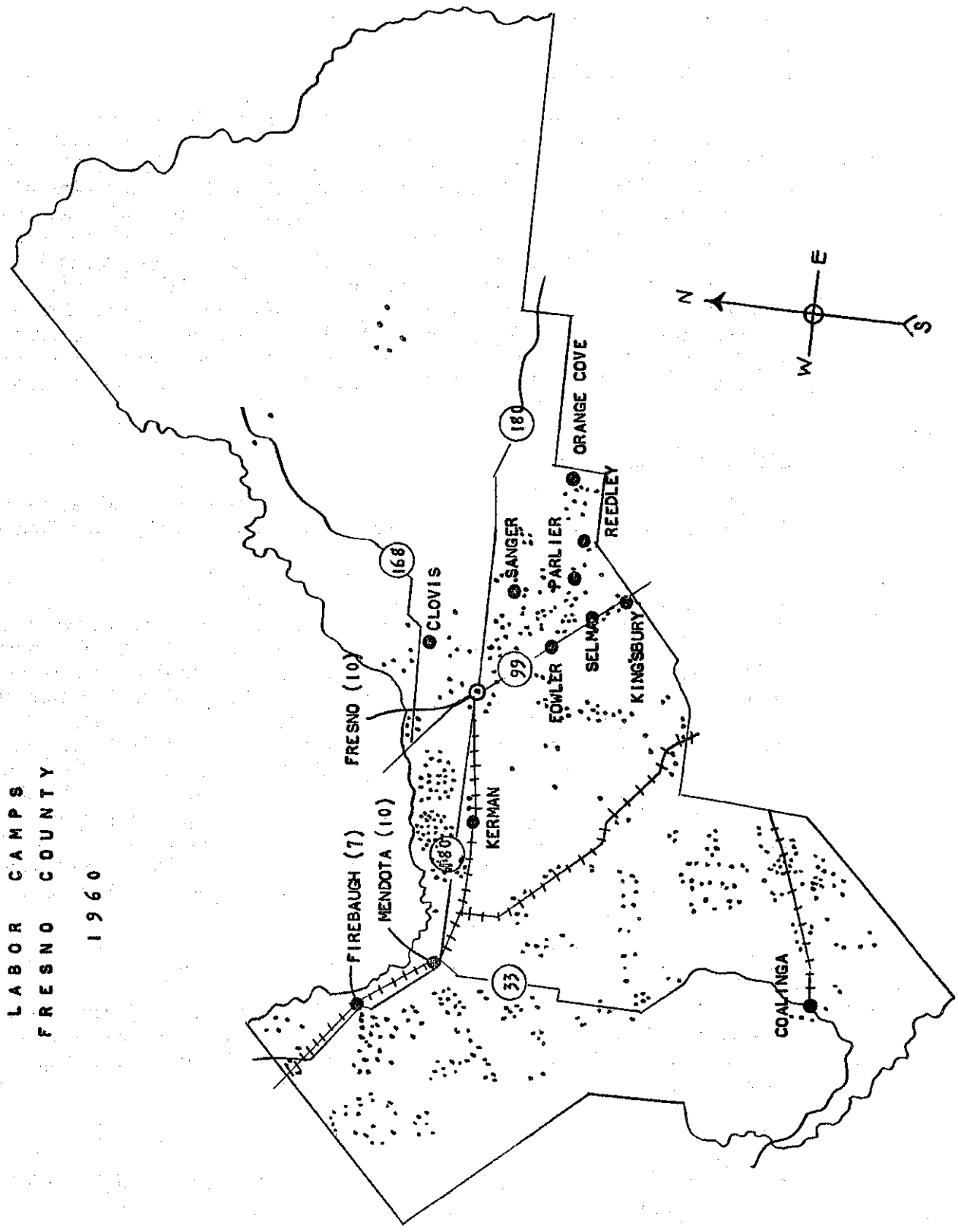


Source: State of California Department of Industrial Relations, Division of Housing (September 1960)

They had received little preventive medical services. Fifty-nine percent of the children under three years had not received immunizations against diphtheria, whooping cough, lockjaw or smallpox. Fifty-eight percent of those under 18 had not had poliomyelitis immunization. Fifty-eight percent of the adults had not had a chest x-ray in the past year.

The need for chronic disease follow-up was repeatedly documented; for example, in children with nutritional anemia and persistent respiratory infections and in adults with incapacitating Parkinson's disease, congestive heart failure, crippling rheumatoid arthritis. Severe dental disease was almost universally observed. Ill mental health was reflected in many instances of family breakdown. In one family, for example, one of the two children was reported in a federal penitentiary for murder; the other had departed two weeks before the interview to the California Youth Authority. There were frequent examples of medical neglect by families who lacked knowledge of eligibility for available services or the transportation to reach them.

The "P's" are one such family. They live 40 miles from the County Hospital. Mrs. P. was interviewed in Spanish. She had been born in Texas. She was 35 years old and had never attended school. Her husband, who worked in the fields, was 55; he was not a citizen of the United States. There were, in addition in the family, a four-months old baby and four other children, 16, 10, seven and two years old.

The P's have lived in California since 1956, and at their present address since 1957. The family had had several health problems during the preceding year, including the mother's pregnancy, the father's anemia and chronic asthma in the seven-year old girl. The baby had a fever and was sick with an upper respiratory illness at the time of the interview. Although the family used the County Hospital for major illnesses, they lived too far away to allow any consistent plan of treatment, particularly for the seven-year old asthmatic.

Sanitation

Less than half of the agricultural families interviewed had a water tap in their homes. Seven families had to haul water and the remainder used community taps located outside the dwellings.

About two-thirds of the families had no private flush toilets; less than one-third had community flush toilets. About one-fourth of the families interviewed had private privies and six families used community privies.

One-fourth of the families interviewed had no means of refrigerating their food.

More than half of the families had two or three persons to a room and 22 families had four or more persons per room.

Local Assessment of the Problem

COPY

Bruce Jessup, M.D., Director
Rural Health Project
California State Department of Public Health
2151 Berkeley Way
Berkeley, California

September 9, 1960

Dear Dr. Jessup:

Among the agricultural workers in Fresno County, attitudes toward health and willingness to seek or follow medical advice vary as they do in other segments of our population. The health and hygiene problems are those which are found in any group with low average income, large families, and limited educational backgrounds. A large proportion of the farm workers have settled and remain in Fresno County, often in blighted areas. For the migrants, travelling and living conditions are conducive to the spread of infection and disease. There is little or no health insurance coverage. These and other health problems indicate a need for action along preventative and remedial medical lines for agricultural workers.

As we understand your request, Dr. Jessup, you wish us to define our local health problems and to suggest specific action programs for their alleviation. As you know, numerous exploratory meetings of concerned citizens' groups have met; these have included representatives from farmer organizations, governmental units, private agencies, and other civic groups. In Fresno County we feel that community wide expression of opinions and feelings is imperative to assure intelligent study of any problems which concern our people. Basic to any recommendations, we wish to stress the need for using existing agencies and services to implement a state-local program.

The following material is a compilation of many points of view; we do not presume to represent or to commit any particular group. We recognize that the short period of time for study that we were necessarily allotted did not permit us to undertake any exhaustive analysis. However, most of the people we have involved in the project brought breadth and depth of understanding as a result of their long familiarity with farm workers.

The following five problems were defined as rating high priority, but it is recognized that there are others:

(1) Failure to use medical services

Many agricultural workers need but do not use existing medical services. For example, a measurable medical care problem is the lack of pre-natal care in Fresno County. At the Fresno County General Hospital two-thirds of the women delivering babies have had no or inadequate pre-natal care under the advice of a physician; one-third of the number of women who deliver in private hospitals fall within this category.

(2) Broad coverage for medical and hospital insurance for agricultural workers

The main stream of medical care in Fresno County is provided through the private practitioner. Whenever possible, agricultural workers should have the opportunity to use the services of private physicians. Through a multiple sponsored insurance program, farm workers might be able to better realize this possibility. Exploration in this regard should be made with the Fresno County Medical Society's Foundation insurance program.

(3) More field work personnel

In relation to the unmet medical needs, there is a shortage of trained personnel to provide services. More public health nurses, sanitarians, social workers, nutritionists, dental hygienists, home advisors, and others should be employed.

(4) Integration of social services related to multi-problem families

There is need in Fresno County for a plan to have our social services integrate their programs to provide intensive assistance to the multi-problem families in specific high-problem core areas where these families are usually concentrated. Under the plan, the agencies might join in providing intensive services to these multi-problem families in two or three fringe neighborhoods in a war against economic dependency, medical indigency, and disordered behavior.

The plan should include placing in each of the selected neighborhoods a task force made up of staff members of the various agencies, social workers, health personnel, school counselors, probation leaders, group work leaders, and others. Each task force might be related to a council of neighborhood leaders. This type of approach would help these people to help the professional services on the tough road to self-reliance and inner strength. Could this type of project be financed by the state as a pilot project?

Thus, a major solution to assisting the agricultural worker, the grower, and the community is a coordination of leadership and of services.

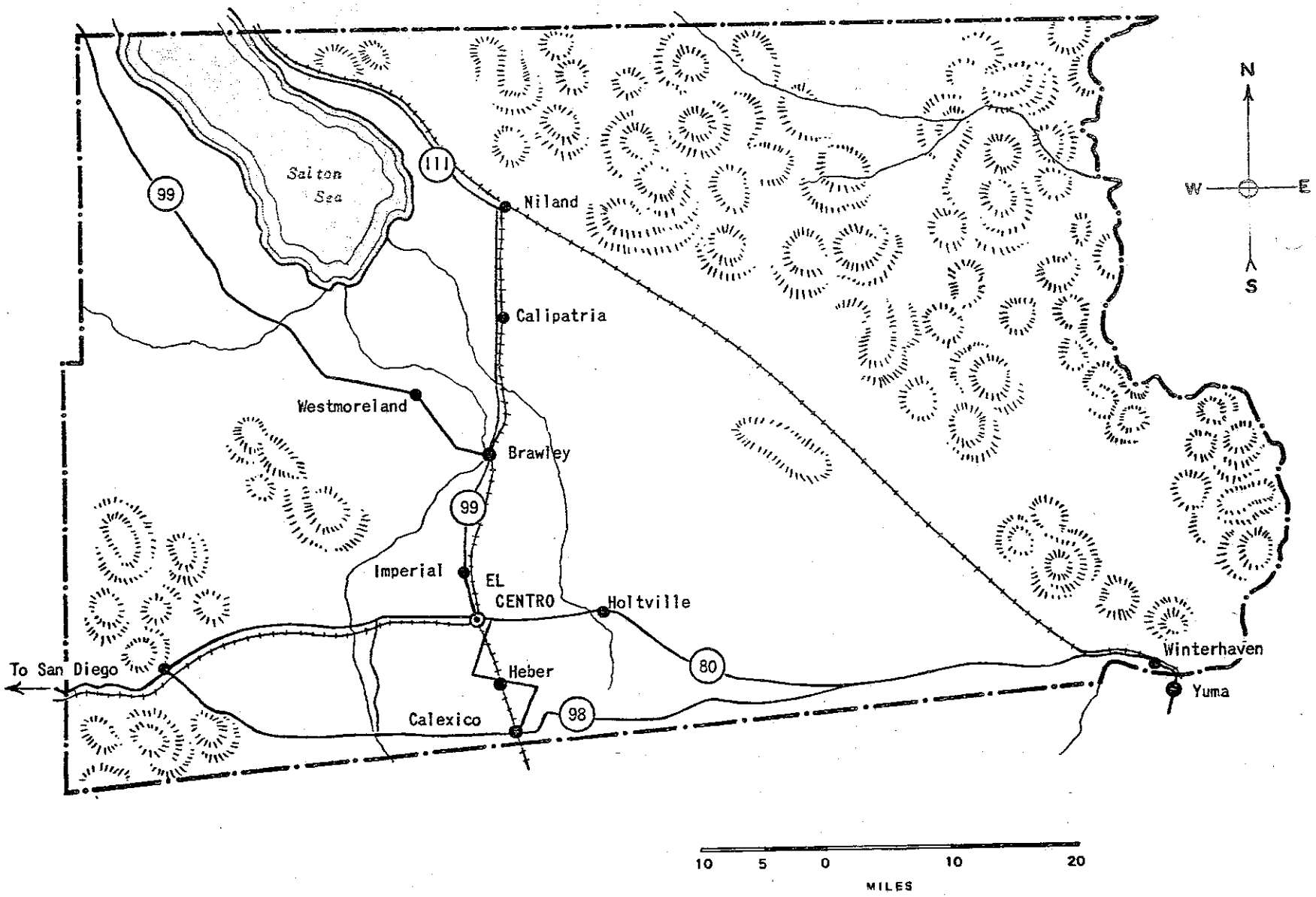
(5) Provide a pre-natal care program in the existing well baby clinics

The Fresno Night Clinics presently provide a pre-natal care program. This program could easily be expanded at the existing thirty well baby clinics. In addition, the use of social workers, health educators and nutritionists in well baby clinics might be explored.

(6) Home care from nursing and auxiliary personnel

The use of a multi-discipline team as an extension of medical services into the home would help to provide the needed continuity of care. Fresno County has no Visiting Nurse or Homemaker services. If these were established, they should give special attention to the agricultural workers.

IMPERIAL COUNTY



Health and Health Services

These families, like those in the fringe areas of Fresno, lacked real vigor and reported considerable chronic disease, the very nature of which made distance to medical care, usually the County Hospital, an insurmountable problem. Many had seen a physician at least once in the past year but most medical contacts were on a one-shot crisis basis. Dental disease was prevalent. Forty-three percent indicated that they had no family physician. Over 90 percent had no health insurance of any kind.

They reported little use of preventive medical services. Forty-five percent of the children under three years of age had not received immunizations for diphtheria, whooping cough and lockjaw, and sixty-two percent had not been vaccinated for smallpox. Forty percent of those under 18 years of age had not received a single poliomyelitis immunization. Sixty percent of the adults had not had a chest x-ray in the preceding year.

A typical situation was that of the L family, consisting of Mr. L. born in Mexico, his wife, born in Colorado, and their six children, born in Washington. They've lived here 16 months and consider themselves residents of California, although they still go up to Washington every year. Mr. L. is a farm laborer with fifth grade education.

The six children are all under nine years of age and none have had vaccinations for smallpox or immunizations against diphtheria, tetanus or whooping cough.

The father had recently gone to the County Hospital because of pains on urination; the mother didn't know the outcome of the examination. The seven- and eight-year old children had suffered from tonsillitis the previous month and had also gone to the County Hospital clinic where "shots" and medication had been given. The two-year old girl had been found earlier at the County Hospital to have infected lymph glands in the neck and was described by her mother as "real nervous."

Sanitation

Twenty-five percent of the families lived in houses with no inside running water. About one-third of the families had private privies, almost one-fifth used community privies and only one-third had private flush toilets. The rest had access to community flush toilets. Eighty-seven percent of the families had some means of refrigerating their food. Thirteen families, almost one-fourth, had four or more persons per room.

Interviews with Community Groups

Information on health needs of domestic workers was obtained from interviews and discussions with growers and with medical personnel on visits in July, 1960. Among the foremost problems in providing services for Imperial County's seasonal agricultural workers and their families were understaffing in the County Health Department and the County Hospital, distance of these facilities

Local Assessment of the Problem

COPY

IMPERIAL COUNTY HEALTH DEPARTMENT
935 Broadway
El Centro, California

Bruce Jessup, M.D.
Department of Pediatrics
Stanford School of Medicine
Stanford, California

September 14, 1960

Dear Dr. Jessup:

I am submitting this letter to your committee in response to your request for a summary of the health problems of domestic agricultural workers in the Imperial Valley. A brief synopsis of the local economic situation would serve as an appropriate introduction to this report.

The annual income in Imperial Valley from agricultural production is estimated at $137,000,000 for the year 1959. Over half of this production is in field crops, fruits, and vegetables. Livestock feeding, seed production and other specialty crops make up the rest of this production. Harvesting and farm operations tend to be seasonal with a peak season beginning about the first of October, lasting until the end of June. Nearly all industrial production is related to and depends upon agriculture. Such industries are sugar beet refining plants, meat packing, vacuum cooling and packing for vegetables, fertilizer manufacture, farm implements, etc. In a word, then, the economy of Imperial Valley is almost purely agricultural.

Although Imperial County utilizes a large Mexican national labor program, this area still supports a domestic agricultural workforce of considerable size. These domestic workers spend varying amounts of time following crops in northern counties while maintaining legal residence in the Valley. The families of these workers subsist on a marginal income which limits their ability to purchase medical services. They usually do not carry medical insurance. Even though most of these families manage to stay off welfare rolls, they are indigent for medical care and seldom seek such care unless they are seriously ill. When they do come to the attention of County Hospital clinics or Health Department programs, a very liberal eligibility policy is employed with the result that all present services in Imperial County are taxed to capacity. Caseloads in all programs, run under a new administrative setup for health services, have shown increases. As Director of Health Services in the county, I am administratively responsible for medical services rendered in the Welfare Department, Health Department, County Hospital, Tuberculosis Sanatorium and other county financed programs. The purpose of this overall administration is to coordinate and integrate health services rendered to the public.

Imperial County has long carried a heavy indigent caseload in both their Welfare Department and public health services. It continues to report the highest rates in the State of California for neonatal mortality, infant mortality, tuberculosis, and venereal disease. There is little doubt that these high rates are coming predominantly from the lower income brackets, the majority of whom list their occupation as seasonal agricultural workers.

Yours sincerely,

PAUL F. O'ROURKE, M.D., M.P.H.
Director of Health Services for the
County of Imperial

PFO:kt

3. Lack of Coordination of Existing Public Services: Many of these families are known to several health and welfare agencies. There is a conspicuous absence of consistent, coordinated planning by these public and private agencies for these multi-problem families.

4. Cost of Medical Care: Agricultural workers rarely carry health insurance. They must meet the entire expense of each separate medical treatment, together with the cost of transportation and medicine. This is usually a financial hardship for they have a difficult time saving money for the basic necessities of life during seasonal unemployment and medical care rates low priority in their budgets.

5. Cultural Factors: Lack of knowledge of the nature of health and disease due to the cultural background and limited education of many agricultural workers present a problem to those who are responsible for medical service programs. Other cultural factors also affect their use of health and medical resources: the influence of older people in the extended family group who hold strong cultural beliefs about health and disease; the barrier of language; and reluctance to ask for medical aid from public sources. While much is known about these cultural factors, much more must be learned in order to do an effective job of handling the problems they present.

Interviews with interested community groups, growers, physicians, health and welfare department officials, and employment personnel have shown a widespread and genuine interest in doing something constructive for the health of the seasonal agricultural worker. That this should be a locally determined program, extending existing health services to these people and subsidized by state funds, was repeatedly pointed out by members of the various groups. The interviews with seasonal agricultural labor families this summer again documented many difficulties in meeting their health needs.

The essence of this report will have a familiar ring to most readers with an interest in the health problems of seasonal farm workers. Similar conclusions have been reached many times before. In the face of such agreement, it is paradoxical that to date no systematic program has evolved to meet the medical needs of domestic agricultural workers. By implementing the present recommendations for state financial support of locally administered services geared to the variety of local situations, California will lead the Nation toward its goal of equal opportunities for good health for these disadvantaged families.

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