LOCAL ATTITUDES AND OPINIONS REGARDING THE HEALTH PROBLEMS OF SEASONAL DOMESTIC FARM WORKERS

A PILOT SURVEY IN FIVE CALIFORNIA COUNTIES, JULY-AUGUST, 1962

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INTRODUCTION:

This study was undertaken while the authors were participating in the State of California Department of Public Health Epidemiology Trainee Program. The primary aims of the study were as follows:

1. To obtain for the Farm Workers Health Service of the State Health Department, a qualitative evaluation of local attitudes and opinions regarding the health problems and status of seasonal domestic farm workers in the California counties of Butte, Colusa, Sutter, Yuba, and Yolo, in the summer of 1962.
2. Following from the above, to obtain specific suggestions leading to:
   (a) recommendations for the improvement of existing health programs and of health status of this group.
   (b) feasible quantitative studies that could be done to aid in the formulation of methods for improvement of the health of domestic farm workers.

METHODOLOGY:

Before going into the field, five categories of questions were designed to uncover attitudes and opinions regarding various aspects of health. It must be made clear that these questions and the information derived through them concern the attitudes and opinions of the respondents, not necessarily the actual state of affairs. The questions were as follows:

1. What, if any, do you think are the health problems of seasonal farm workers? Why do they have these problems?
2. What is being done about these problems, particularly by your group? In what ways are these measures adequate or inadequate?
3. What else could or should be done about these health problems? How, and through what sources?

4. How does the present situation regarding the health of farm workers compare with the past? (i.e., ten and twenty years ago) Why?

5. What are your predictions for the future of these problems? Why?

Respondents were asked these open-ended questions in a loosely structured interview situation. A questionnaire was not used, and in some instances the questions themselves were not asked specifically, the information derived from the interview subsequently being fitted by the investigators into the proper categories. Even those instances where the questions per se were asked, the respondent was allowed to express himself broadly. It was felt that this methodology was well adapted to a study attempting to ascertain how individuals think and feel about a specific area. The interviews were conducted during a five-week period. The authors recognize biases introduced into the method (i.e., location of interviews, choice of respondents, time factors, cultural and linguistic problems).

Respondents to interviews can be divided into the following categories:

1. Seasonal domestic farm workers and their families.
2. County health department staff (health officer, nurses, sanitarians, health educators, social workers).
3. Growers and grower associations.
4. Local physicians and representatives of county medical societies.
5. Civic, church and charitable organizations.
6. County and public agencies (Welfare Department, State Division of Housing, State Department of Employment, Agriculture Extension Service, Agriculture Commission, etc.).
7. Educators.
8. Elected Officials.
9. Newspaper editors and/or reporters.

(See attached Table)

These categories were designed to provide exposure to not only farm workers and their families, but also to members of some of those groups in the community which have intimate and/or specialized knowledge relating to the health of farm workers, and who must be considered in any attempt to alter the health of these workers.

TABLE

Groups interviewed	Number of Respondents
1. Seasonal domestic farm workers and their families	66
2. County health department staff:	
a) health officers	5
b) sanitarians	6
c) public health nurses	10
d) health educators	2
3. Growers and grower associations:	
a) individual growers	20
b) representatives of grower associations	8
4. Local physicians and representatives of county medical societies	13
5. Civic, church, and charitable organizations:	
a) civic and charitable organizations	8
b) clergy	6
6. County and State Agencies:	
a) county hospital personnel	4
b) welfare department	6
c) agricultural commissioners	3
d) county housing authority	3
e) agricultural extension service	3
f) State Division of Housing	2
g) State Department of Employment	4
7. Educators	5
8. Elected officials	4
9. Newspaper editors and/or reporters	5
10. Others	
a) pharmacists	2
b) labor contractors	5
c) labor union spokesman (Head Organizer for the Agricultural Workers Organizing Committee)	1
TOTAL	191

Because of time factors, the large geographical area and population size involved, the project was not designed to obtain a random sample of respondents. Heavy reliance was placed on referral from individual to individual. Among the seasonal farm laborer population, another serious obstacle that precluded obtaining a representative sample was the inability of the investigators to speak Spanish.

A list of the categories of the various community "groups" was formulated by the investigators. This was submitted to each of the county health departments for addition and/or deletion. The health departments then suggested names which corresponded to these categories. As many people as possible were then interviewed. Each person interviewed was asked to name two people in his county to whom he would talk if he wanted to learn about the health problems of seasonal farm labor. This served the purpose of extending the study to those people who might have been omitted from the original list.

It was felt that in this type of survey, there is value in utilizing the personal attitudes and opinions of the investigators as were formed during the course of the study. Because all three investigators at the onset of this project were unfamiliar with, (a) structure and operation of California agriculture, (b) local experience tradition and prejudice, (c) pattern of public and private medical care as it exists in the area of study, there appeared an opportunity to present a fresh outlook on the problem. Aside from the educational experience involved, the attitudes and opinions formed by the investigators themselves were utilized as a basis for recommendations and suggestions that appear later in this report.

BACKGROUND SETTING:

The five adjoining counties surveyed in this project comprise an area of 3,261,770 acres in the Sacramento Valley, with an aggregate population of

over 252,000. The economy of each of these five counties is overwhelmingly based on agriculture. Reasons for the selection of these five counties were:

1. location
2. intensive agricultural setting with large farm labor populations
3. An invitation by the health departments of each of the counties that was indicative of a self-expressed interest in this type of study.

Each of these counties has an existing state-financed program in farm workers' health.

Within the area of these counties, there are individual differences with regard to types of agricultural activity, characteristics of the labor force, and orientation of local health departments to farm labor. To aid in both comparison and contrast there follows a brief description of each of the five counties.

BUTTE COUNTY:

Butte County is the northern-most of the five county area surveyed. The western valley of the county is flat, heavily irrigated, cultivated land bordered on the west by the Sacramento river and on the east by the Feather river. The foothill region of the east is primarily open livestock range. Of the 1,065,600 acres which comprise the county, 576,109 of these are devoted to agriculture, chiefly peaches, almonds, rice, prunes, olives, and grain crops.

Butte County ranked 24th in the state in 1961 in agricultural production especially natural gas, sand and gravel. The county seat of Oroville, in the south-eastern portion of the county is the location of the county hospital. Population increase in Butte County is estimated as a rise from 87,800 in 1961, to 92,800 in 1962. The peak farm labor force during the mid-August peach harvest is estimated by the Department of Employment in 1962 as 4,240 people. This

labor force is comprised primarily of family units, many of which are centrally located at the Gridley Labor Camp and the surrounding area in the southern part of the county, approximately 20 miles from Oroville. A total of 320 Braceros (Mexican National Contract Laborers) were reported in 1961. Thus, the farm labor force of this county is characterized by its concentration in one area in contrast to the other counties mentioned in this study.

COLUSA COUNTY:

Colusa County is situated in the western portion of the area studied. The topography of the county is well suited for agriculture, the chief economic resource of the county. 221,000 acres out of a total of 737,920 acres are devoted to agriculture. Colusa County ranks first in rice production, third in almond acreage, and sixth in prune acreage in the state. The city of Colusa, the County seat, is situated in the center of this agricultural region. The County's only hospital, a combined private and county facility, is located here. Population remained stable in Colusa County over the 1961-62 period at 12,400. Orchard crops, especially prunes, are picked by a peak labor force in late August, of 4,120. These are almost exclusively Mexican-American families who are housed in privately constructed facilities on the Grower's property. A bracero labor force, estimated by the Department of Labor at 420 men per year, is utilized in the sugar beet acreage.

SUTTER AND YUBA COUNTIES:

Sutter and Yuba Counties, in the southern portion of the Sacramento Valley, comprise a single health department jurisdiction. The combined population of the counties is 73,580 spread over an area of 796,480 acres. Sutter has approximately four times as much land devoted to agriculture as does Yuba. Agriculture is the most important source of income in these counties and accounted

for $54,312,000 per year. No major industry other than those associated in some way with agriculture (i.e., canneries, transportation, etc.) exists in these counties, except for the construction work at Beale Air Force Base.

During the time of year when this study was conducted (late July, 1962) the major crop harvested was peaches. One-third of all agricultural income is from fruit and nut crops; crops still dependent upon manual labor. The manual labor force used to pick these crops is estimated by the local farm labor office to be 6000 domestic seasonal farm laborers and 1300 braceros.

According to the bi-county health department, the domestic seasonal labor force is disseminated over the counties in approximately 275 camps, most of which are run privately by the growers. This dispersal of the workers makes it difficult for any health, housing, sanitation, or education program to reach them effectively.

Two of the four hospitals, both County Hospitals, are located (one in Yuba City - Sutter County, and one in Marysville - Yuba County) only two miles apart. They share a common medical staff. The other two, both in Yuba City, are privately operated facilities, Fremont and Rideout Hospitals.

YOLO COUNTY:

Yolo is the southernmost county included in this study. 1962 population is estimated at 74,000. Of 661,770 acres, 347,000 are cropland. 96.7 of the land is privately owned. Aside from the Kordite plant in Woodland (the largest city and county seat), the production and processing of food are the economic base of the county. The county's only two hospitals are also in Woodland, one a county facility, and one operated by a private clinic. A campus of the University of California is situated at Davis.

Major crops of Yolo County's rich allevial soil are tomatoes, sugar beets, barley, rice, melons, almonds, and apricots. The raising of cattle and sheep is also important. In 1961, Yolo County reached 28th in agricultural production among U.S. Counties. Because of the nature of the major crops, relatively little migrant domestic farm labor is utilized in the county. The stoop labor in beets, tomatoes, and melons is done largely by braceros (over 3,000 at seasonal peaks); mechanization in other crops leaves only the apricots among major crops that employ extensive hand labor of domestic families. Most of the farm workers in the county are permanent resident family groups, living in the fringe areas of the small towns, or on the farms and ranches. The labor camp still in existence (over 300, according to the State Division of Housing) house braceros and/or domestic single males. Most of the resident farm-working families are Mexican-American, and have had long residence in the county. Almost all are seasonally unemployed.- (3-6 months).

As an example of the make-up of the labor force, the State Department of Employment estimates that during late August, 1961 (at the peak of the tomatoes) there were 9,750 farm workers in the county. Of these, 3,950 were classified as farm family or permanently employed workers. Of those seasonally employed, 1,500 were local domestics, 940 were migrants, mostly single males. (The United States Public Health Service defines a migrant farm worker as one who travels so far for his employment that he cannot return to his "permanent legal residence each night." It bears emphasis that individuals who follow the crops the major part of the year have no "permanent legal residence." Because of this inability to fulfill residence requirements, many seasonal farm workers are unable to vote, or to receive county welfare and hospital services). The remaining 3,360 farm workers in Yolo County were foreign contract workers.

Because of the relatively small numbers of migrant families, the

nature of the crops, and the fact that most of the permanent resident farm working families live intermingled, and in-distinguishable from other low-income groups in the "fringe areas," the County Health Department does not deal with the farm workers as a distinct group. This would be difficult because of the absence of large family camps, and the dispersal of the farm working population.

DEL NORTE
SISKIYOU
MODOC
HUMBOLDT
TRINITY
SHASTA
LASSEN
TEHAMA
PLUMAS
MENDOCINO
GLENN
BUTTE
SIERRA
LAKE
COLUSA
NEVADA
PLACER
YOLO
EL DORADO
SONOMA
NAPA
ALPINE
AMADOR
SOLANO
CALAVERAS
CONTRA COSTA
TUOLUMNE
MONO
MARIPOSA
STANISLAUS
SANTA CLARA
MERCED
MADERA
FRESNO
INYO
SAN BENITO
TULARE
KINGS
MONTEREY
SAN LUIS OBISPO
KERN
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
RIVERSIDE
ORANGE
SAN DIEGO
IMPERIAL

BUTTE COUNTY

SACRAMENTO VALLEY AREA

Sacramento River

Feather River

99

32

24

RICHARDSON SPRINGS

NORD

CHICO

DURHAM

NELSON

RICHVALE

BIGGS

EAST BIGGS

GRIDLEY

MANZANITA

WYANDOTTE

County Hospital

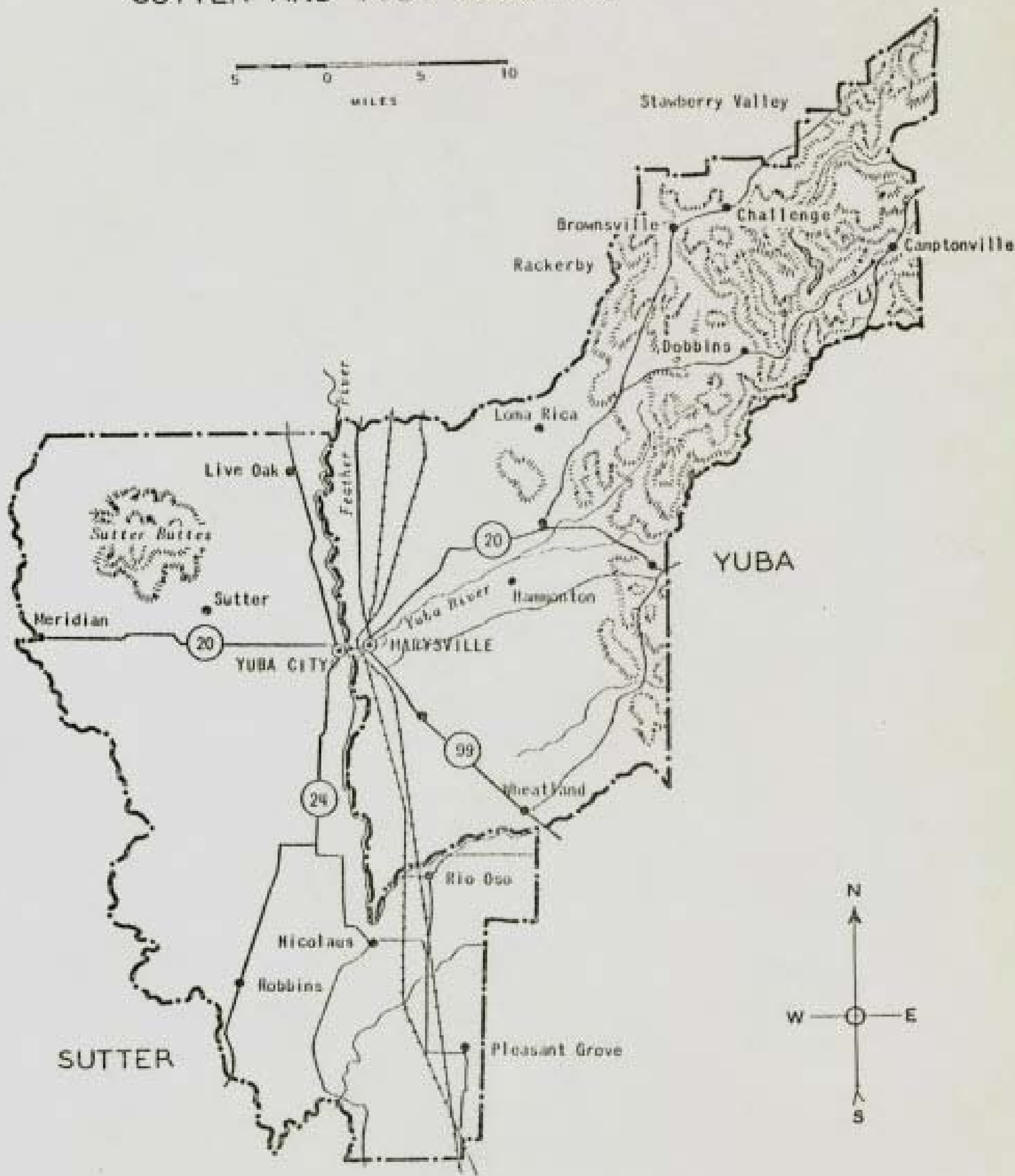
COLUSA - COUNTY

· · · · · · · · · RAILROAD LINES

——— HIGHWAYS

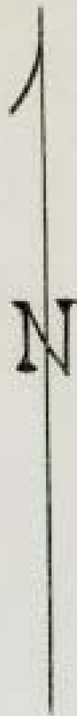
— County Hospital

SUTTER AND YUBA COUNTIES



• – County Hospital

RAILROAD
HIGHWAY
COUNTY HOSPITAL



YOLO COUNTY

ATTITUDES AND OPINIONS

This portion of the report is devoted to an analysis of the attitudes and opinions which were expressed by respondents during the course of our interviews. The problem here is one of selection and consolidation; an attempt has been made to select trends representative of the community or sub-groups within the community. For purposes of tabulation, the information has been recorded under the five general categories of questions mentioned above.

I. What, if any, do you think are the health problems of seasonal farm workers? Why do they have these problems?

It was interesting that rather than listing specific causes of morbidity (G.I. upset, dental caries, etc.) most respondents, including health workers, thought first of more general environmental conditions, such as sanitation, housing, low income, poor nutrition, and with greatest frequency, lack of education. This points up a trend which will be re-echoed throughout the report; health problems of the seasonal agricultural worker and the attitudes of the community about these problems, are but one small part of a much broader socio-economic condition. Especially prevalent among growers were ideas that the major "responsibility" for these poor environmental conditions lay with the apathy and/or ignorance of the workers ("We have to build them flush toilets and fancy showers, so they can s--- in the showers.") Usually the grower would express this opinion by citing a specific incident and then generalizing to the total situation; the most common theme was the relation of personal experiences of the workers' destruction of grower-provided facilities.

When possible, growers prefer to employ single men rather than families. This simplifies compliance with labor regulations, housing and health needs, etc. Of the single male group, braceros and "green carders" (foreign workers who are in the U.S. on visas. In contrast to the braceros, whose stay in the U.S. is explicitly defined under a work contract with one employer, the green carders can stay for an indefinite period and can work and travel as they desire). are preferred to "Anglos," (Caucasian American workers) who are considered to have an extremely high incidence of chronic alcoholism and to be an undependable labor force.

In general, local physicians' attitudes regarded little intimate contact with farm workers health problems. This was not so in some instances in

Yolo and Colusa Counties, where the factors of workers located in permanent residence (Yolo) and of a recurring stable labor force (Colusa), combined with the interest and availability of certain individual physicians, led to the greater use of private medical facilities as compared to the other counties. There was no less a tendency among physicians than among other groups to label basic environmental factors as the major health problems rather than specific disease entities. However, when pressed for specifics, the following were most often mentioned:

1. Communicable disease with emphasis on:
   a) G.I. disturbance in children
   b) V.D. in single males
2. Dietary inadequacy
3. Poor family planning and inadequate prenatal care
4. On-job accidents (U.S. Department of Labor lists the three most hazardous occupations as mining, agriculture, and construction, in that order).

It was often felt that the farm worker health problems did not represent different types of pathology seen in the general population, but rather were an exaggeration due to poor environment and education of common diseases. Physicians repeatedly gave examples of families waiting to seek assistance until a relatively minor problem became so acute that it could not be easily handled.

The Health Departments in Yolo and Colusa Counties show this orientation towards farm workers' health problems; it is reflected in their integration of programs aimed at farm workers' health with their general program for the community. However, Sutter-Yuba Health Department, both in theory and practice, separates farm workers health programs from those of the general population. Butte County seems to hold a position intermediate between these two positions.

What health problems do the farm workers themselves feel they face? The difficulty in answering this question was not realized until it was posed to the workers. Cultural and linguistic barriers, lack of basis for trust, educational handicaps in verbalizing abstractions; these were only some of the difficulties in establishing effective communication. For example, during a home interview by medical personnel, a Mexican-American mother, when asked if her family had any "health problems," replied "no." At the end of the interview she was asked, "Is there anything with which you are not satisfied?" Because she did not understand the question, she was asked, "Is there something which you would like to see done, right now?" In response to this, she brought out a six-week old child who had a large hydrocele.

Farm workers themselves voiced their health problems in the same environmental terms as the community around them. Housing, garbage disposal, toilet facilities, water, work hazards, were among frequently mentioned items. But the farm worker does not pigeon-hole his problems into distinct categories; to him, health, economic and social problems are inextricably intertwined. Another important factor is possible differences in standards of normalcy. Does the man who has lived in substandard housing all his life, picture the middle class home as "average?"

II. What is being done about these problems, particularly by your group? In what ways are these measures adequate or inadequate?

Each of the four health department we observed has a different program for dealing with the health of farm workers under their grants from the Farm Workers Health Service. The different formats of these programs are contingent upon the individual situation within each county. Because the farm workers are localized in Gridley Labor Camp, the Butte County Health Department has established

a centralized seasonal clinic there. This clinic is under the supervision of the Butte County Health Department, and is staffed by a local physician a half day a week, with follow-up by the clinic nurse. On the other hand, Colusa County's workers are families not localized in any one area. Therefore, the official approach here is to make a concerted effort to work with the growers in matters of sanitation, and in providing a mobile immunization clinic. The Sutter-Yuba Health Department utilizes a special team of public health workers and (plans to) emphasizes immunization, health education, sanitary improvements and out-patient services. Yolo County has used its grant to hire an additional public health nurse, thereby intending to increast the proportion of time that each nurse spends with agricultural workers' families. An evaluation of these programs will be attempted in a later section of this report.

It must be emphasized here that this section is concerned not with measures themselves, but group opinions about them. In many instances, there was variance between the two. For example, the idea is widespread that county housing for low-income groups meet the shelter problem for farm workers. Actually, such factors as residence requirements diminish to the vanishing point the availability of adequate low-rent housing for seasonal farm laborers, especially migrants.

The consensus of opinion among medical personnel in the area studied would seem to be that the county hospitals, plus what private facilities are utilized, meet the demand for medical services adequately. This group is more inclined to view the problem as a failure to utilize available services, rather than a lack of these services. As one health officer puts it, "What is adequate or inadequate? What are they willing to accept? What do we think they should have? Until they are ready to receive it, little can be done."

Physicians express views that a major problem in medical care is in

"motivating" and "educating" the worker to use existing facilities wisely and thoroughly, and of the need for educating the worker to improve himself and his environment.

Growers and their organizations do not appear intimately involved with health programs aimed at farm workers; in many instances they display mis-information or ignorance of available services. Many growers express the opinion that the health problems of farm workers are not their (the growers) "responsibility" to solve--that they are rather a community issue, since the community-at-large reaps the financial rewards.

Growers' opinions regarding farm workers' health programs usually fall into two categories: (1) approval of preventive measures undertaken by local health departments, and (2) the necessity for upgrading of environmental conditions such as housing and sanitary facilities. Many growers claim to provide pre-paid medical care for their permanent, skilled employees, but see no way to apply such plans to the transient, unskilled worker.

Most workers interviewed had at one time or another made use of the county hospitals, even in Colusa, and from some communities in Yolo, where they are referred to county out-patient services by private physicians. All those interviewed, expressed satisfaction with services received there; often saying that medical care in California was better than in other states. The most frequent complaint was of long waiting periods for appointments at out-patient facilities.

Most workers expressed a preference for private medical care over county facilities--if they could afford it. (U.S. Department of Labor estimates yearly income for a farm laboring family at $1800). One extreme example of the difficulty for the farm laborers obtaining private medical care was the conspicuous sign in one physician's office - "All new patients must pay cash."

However, we do not feel that this attitude is representative, at least not overtly. Cultural barriers make it even more difficult to use private medical care, especially for Mexican-American families.

Farm laborers, as do other population groups, make more extensive use of medical facilities for their children than for themselves as adults. This is especially so of the men. Both economic and cultural factors are probably operative here.

Another attitude that would seem to influence the efficiency of programs that do operate for the farm workers is the worker's skepticism and misunderstanding of "official" operations. Repeated questionnaires and surveys, from which the worker sees (or expects) little tangible result, in terms that appeal to him, have contributed to this. Also important is the low level of education in this group. During an interview on a riverbank, a migrant woman was told that the health department would soon be installing a chemical toilet. She laughed, saying, "Sure, they can come down and build me a toilet. I don't care." Parenthetically, the toilet was not installed.

Voluntary community agencies and civic groups such as social welfare and church-supported organizations, exhibited little contact with farm workers health problems per se. The Community Service Organization and the Migrant Ministry do not operate in the area of this study; the National Tuberculosis Association, American Heart Association, and Community Chest have no programs concerned specifically with farm workers. Although most clergymen interviewed expressed concern about farm workers' health problems, they did not feel that they could make any direct contribution to practical improvement. Therefore, there was a lack of church-sponsored programs aimed specifically at the farm worker. This indifference, and mis-information that became apparent during interviews, on the part of organized groups seems indicative of the spirit

in the community as a whole. The lack of community concern is reflected by the policies of the local newspapers who seem reluctant to become involved in issues concerning farm labor, except to express the grower's point of view.

III. What else could or should be done about these health problems and how? From what sources?

Despite the medical nature of this question, respondents in all groups tended to relate health problems to the workers' more general life situation. While the greatest needs were seen in bettering education, housing and income, few respondents suggested more medical services, or the extension of existing ones. As an example, though previous studies have stressed the need for night clinics and decentralization of medical services, only a few respondents suggested these measures. This small group comprised individuals involved in education and social welfare, rather than management, labor, or health personnel. In these instances where specific medical needs were mentioned, sanitation, health education and increased accessibility of existing medical services were most often called for. Growers, farm laborers and health workers alike, shared these views.

Farm workers did not mention health insurance or pre-paid medical care. When this possibility was discussed with them, they usually felt it to be a "good idea" but did not see how they could pay for it. Growers, however, through both private and official channels, expressed strong interest in health insurance for the permanent worker. They do not see the feasibility of financing such insurance for their transient help. In fact, a commonly expressed viewpoint of individual growers was that transient labor has no plan in the future of agriculture, and that efforts to increase mechanization will not only remove the health problems, but will save the grower from unionization of his labor force.

Returning to the emphasis relating health to more basic needs, the following views were frequently expressed. Many growers and other community figures had strong opinions concerning abuses of the welfare system. Rather than as a necessary program of assistance during unemployment, they see it as fostering loss of initiative and self-respect and leading to a decreased desire on the part of the transient to provide for himself. As one agriculture comissioner said, "We shouldn't subsidize people who won't take care of themselves. They make their own bed and lie in it. The problem is that many like that way of life. Education might help."

A view often expressed by community agencies (either voluntary or governmental) was that poor communication, inadequate program coordination and interdepartmental rivalry are stumbling blocks to the effectiveness of any programs that do exist. This situation can be illustrated by the predicament of a worker who may be involved with the local health department, county hospital, and the welfare department simultaneously.

While the workers themselves view their main needs in terms of housing and wages, the community around them saw the major problem as one of education. The term, "education" was most often used to mean a way towards self-improvement and increased social responsibility of the workers. (A health educator said, "Workers must be educated as to what their problems are, and what to do about them . . . . . let them know what society expects of them.)" Other community groups, including educators and professional people, viewed the educational process as extending to the community-at-large. As one health officer put it, "A communication must be set up between those who lack self esteem, the workers, and those who have it, the farmers. How does one set up this communication?"

Most community groups interviewed agreed on the great barriers to

effective education of the farm laborers: linguistic, cultural, migrant status, impoverished environment, lack of motivation, economic necessity--however, few offer specific suggestions beyond the statement, "You have to educate them." One example of how these obstacles can be faced was seen in the children's summer school at the Gridley Labor Camp. Here, through the determined efforts of one individual, the time offered by volunteers from the surrounding community was coordinated to provide a varied program for pre-school and school-age children. Included were group activities, development of reading skills and the establishment of a branch of the county library at the camp.

When the workers were asked what could be done, their answers were almost always in terms of better housing or higher wages. This attitude points up once again the low priority given strictly medical problems by this group. It would seem that the workers feel that if improvements in these two areas could be made, that other benefits (health status, educational opportunities, etc.) would naturally follow.

With regard to the source of funds and the administration of programs, various groups have different opinions. For example, most growers said that State and Federal operated programs would not have a realistic appreciation of the grower's local situation. On the other hand, representatives of service organizations often feel that local prejudice and interests would prevent effective programming on a local level.

IV. <u>How does the present situation regarding the health of farm workers compare with the past, i.e. 10 or 20 years ago?</u> <u>Why?</u>

As with all the previous questions, the things which people considered significant with regard to health were only viewed as part of a larger scope. Health was seen as only one of many determinants in the standard of living.

Few, if any, respondents felt that the present situation was unchanged from that of past decades. Often mentioned factors which have influenced the situation (in either a positive or negative fashion depending upon the individual point of view) are the following:

1. Changing demands for type and amount of farm labor.
2. Activities of agencies, both public and private (this includes governmental action at all levels).
3. General increase in the standard of living of the total community.
4. Social and economic changes within the farm worker group.

It is agreed by all that mechanization on the farm and foreign labor importation programs have had a profound effect upon domestic farm labor and indirectly, upon their health problems. Respondents, notably the growers, who argue that the farm worker's position has been bettered cite an increase in skilled jobs via mechanization (and thus, increased wages). In the same vein, they assert that the bracero (Mexican contract workers) program provides a farm labor supply to do work that domestics allegedly are unwilling and/or unable to do (i.e., stoop labor) and that it does so without diminishing work opportunities for domestics. On the other hand, domestic farm workers and labor organizations feel that these factors have weakened the position of the domestic farm worker. They claim that mechanization and foreign workers decrease work opportunities and depress wages.

With respect to the activities of organizations and agencies, the growers' viewpoints may well illustrate the complexity of the issue. They readily point out advances made in housing, health, education and income by organizations both private and governmental which are grower-supported. At the same time, they are quite vocal about the "dangers" of federal intervention and of "outside groups" (Migrant Ministry, Agricultural Workers Organizing Committee, and individual "do-gooders.)"

It was especially impressive to find how little awareness of progress through legislative or organizational activity was held by the farm workers, except where they could see tangible, immediate results. For example, workers would often see no benefit to them in required payroll deductions for disability insurance or work restrictions relating to women and minors; they viewed these rather as economic losses in the present and did not assess possible long range benefits.

A view that is heard from many different sources including interested agencies themselves is that while today there are many different government agencies working in the area of farm labor, there is a lack of centralized concerted effort such as was provided in the 1930's by the federally administered Farm Security Administration.

The community as a whole was in general agreement that there had been a rise in the absolute standard of living for the total population, and that the farm workers must have shared this absolute increase. For contrast there was the group, composed mainly of the workers themselves, who asserted that the relative benefit derived by the farm workers was so small as to place him in a position actually worse than in the past.

With regard to the evolution of the farm workers as a group, a common point of view held by growers and their spokesmen is the "bottom of the barrel concept;" i.e. those workers who have made use of the increased opportunities available have been able to improve their position in society. According to his own opinion, the grower is left with an irreducible minimum of society's lowest stratum which constitutes the bulk of his domestic labor supply: misfits, chronic alcoholics, ne'er-do-wells. An often echoed phrase is, "agriculture employs the unemployables." Many growers complained about their inability to obtain dependable, stable workers to do unskilled

labor. Most of the community groups share the traditional orientation, if not the viewpoint, of the grower. It is worth mentioning at this point that it is extremely difficult to assay the viewpoint of the farm worker on abstract questions (whether this is because of the inability of the worker to express himself or of the investigator's inability to understand his expression is a moot point). Trying to understand the farm worker's attitude towards his own group's social evolution points up to this very problem.

V. <u>What are your predictions for the future of these problems</u>? <u>Why</u>?

Aside from the farm labor population, all segments of the community predict an improved health status for the farm worker. Four trends form the basis of this improvement:

1. <u>Mechanization and upgrading of job skills</u>

   The agricultural community feels that the health problems of the future will be of lesser magnitude because mechanization will reduce the number of farm laborers. The feeling is that the farm worker of the future will be a semi-skilled employee, enjoying a higher standard of living than the present farm laborer. The hand work remaining will be done by the "bottom of the barrel" but by a smaller barrel. It is interesting to note that on this question whether the lowest stratum of society is dependent on the rest of society to maintain it, groups with differing traditional orientations (e.g. growers, welfare officials, and physicians) share similar opinions. As one welfare official commented, "There will always be a dependent, non-competitive group in society, which must be taken care of." Compare the above statement with the opinion of one large grower, "The problem is what to do with these people." A local physician had this to say, "Is it a matter of education, or just a segment of the population which will

always be that way."

2. Education

The community views education as the greatest single tool for the farm worker to improve his lot. This takes two forms. In some cases, education is viewed as the means whereby the farm worker can integrate himself into the community as an unskilled laborer. But more often, education is viewed as the means by which the farm laborer will "lift himself out of farm labor" into another segment of society. Often children are considered the keystone of this process, with progress occurring over several generations. Because of this, most members of the community feel of necessity that future improvements will be a slow and gradual process.

3. Community concern for farm workers as expressed through legislation and action by public and private organizations

Certain individuals from diverse segments of society, feel that the gradual process mentioned above might be accelerated by legislative action.

4. Organization

Somewhat similar to the preceding group, are those individuals, few in number, who feel that labor organization represent the effective way for the farm worker to obtain power and better his position. Not more than ten respondents out of nearly 200 interviewed, volunteered this opinion. It should be pointed out that these ten were members of any diverse groups: 1 grower, several county employees, 1 clergyman, and several farm workers. Because of the intensity of feelings concerning unionization of agricultural workers, responses to questions about this area must be interpreted with great caution.

How did farm workers themselves view the future of their health problems? It would seem that the tradition, education, and experience of the farm laborer would make it necessary for him to deal with his problem in the present tense and make it difficult for him to believe that it is to his practical advantage to set goals for the future.

DISCUSSION:

An attempt will now be made to demonstrate relationships between attitudes and opinions discussed above and their effect upon the interaction between the worker and community, especially with regard to health. Constellations of such attitudes include general community attitudes (and realities); attitudes of the community towards the farm worker; cultural barriers to realistic communication; attitudes of the farm worker towards the community.

The two community groups which probably have the most direct influence upon farm workers' health are the physicians and growers (and the organizations which represent them). The farmers, because they formulate medical policy and dispense medical service, the latter, because they control the bulk of economic and political power in these agricultural communities. Within such a structure, it would seem difficult to implement costly and controversial changes, when the very group who would have to approach such changes would seem, on the surface, to have the most to lose from them. For example, while no group would oppose the improvement of the farm worker's health status, there is difficulty in agreeing upon the construction and financing of specific programs.

Many of these influential people in the community have attained their present position through personal effort and sacrifice; their heritage is one of "rugged individualism." They have great faith in the ability of

the individual who has proper motivation to overcome environmental obstacles. (This point will be amplified in the discussion of community attitudes toward the farm worker). This tradition determines many of the basic views of the agricultural community, whether one looks at the relationships of grower and grower, grower and government, or grower and farm worker. Therefore, the agricultural community feels that it understands its own problems best and that outsiders bring more mis-understanding than solutions to these problems. Any Federal or State programs aimed at farm worker's health must take this point into consideration. Both tradition and past experience have made the agricultural community very wary of outside "do-gooder-ism."

What then, are some of the community attitudes that directly affect farm worker health? An exceedingly important one is the generally prevalent opinion that the extent of medical services now offered is adequate to meet the need, especially in these areas where farm workers' health problems are evident only during a short crop peak. This community attitude of little need for further extension of medical services is especially important with regard to programs which offer little tangible result to those who pay for them. For example, it is relatively easy to mobilize community support for immunization programs for farm workers; this is not only an area where most people have some understanding, but also has direct appeal to the entire community in the form of self-protection. However, it is much more difficult to enlist community support for dental care for medical indigents, or any area which does not seem to offer advantages to the community at large. An underlying factor is the relatively low priority health issues have on the scale of community concern.

There is a two-way failure of realistic communication between the farm workers and the surrounding community. Whether one considers the Mexican-

American or the descendant of the dust-bowl immigrants, the farm worker, especially the migrant, is looked upon as a cultural alien by the surrounding community. Profound differences in acceptable living patterns, speech, goals and values are attributed to the worker by the community. These alleged differences are exaggerated by this two-way failure of communication. This failure is made more acute by the fact that the farm worker, having little education and small voice in community policy, has no effective way to present his position. Furthermore, this fragmented situation makes it equally difficult for the community to present itself to the worker. Community attempts to deal with this two-way failure are suggested by the emphasis our respondents put on the necessity for education.

Despite the lack of actual contact and communication, the members of the community have strong opinions about <u>who</u> the seasonal farm worker is. He is stereotyped as coming from the "bottom of the barrel," lacking initiative and aspiration, and depending upon others to provide for him. Often, tradition and present experience serve to reinforce the stereotype. For example, the realities of seasonal unskilled farm labor make possible (necessary?) the employment of alcoholic itinerants. Their presence in the farm working population fortifies the equation of farm workers with "wino's." The sum of all these attitudes, combined with the community's traditional orientation, leads to the conclusion by the community that the farm worker himself has had the largest share in determining his present situation; this view often is colored by a strong moral judgment.

How do attitudes of the worker towards the community determine how he regards health? Experience, conditioned by the community attitudes discussed above, tends to develop attitudes among the farm workers of frustration and apathy, suspicion and resistance to programs developed by the community.

Medical programs developed and administered according to the values and standards of the community from which he is isolated, can have little appeal to the farm worker.

In the preceding two paragraphs the attitudes of the community towards the farm worker and of the farm worker towards the community have been discussed. For practical purposes, it is unimportant to determine which brought about the other; both are constantly interacting and reinforcing each other.

CONCLUSIONS AND SUGGESTIONS

This final section of the paper is the direct result of the authors' consideration. The material gathered via interviews, plus the personal experience gained through exposure to the problem will serve as a basis for evaluation of programs to meet the health needs of seasonal farm workers, and suggestions regarding additional methods of meeting these needs. Further, recommendations concerning feasible research studies to clarify these problems will be discussed.

Throughout the study, it was apparent that attempting to describe health as an isolated concept was inadequate. It became clear that realistic description of health problems, and attempts to deal with these problems, is only feasible within a larger socio-economic context. The authors believe that the health needs of the seasonal farm worker cannot effectively be met by purely medical services. For the farm laborer, the needs for improvements in income, housing, educational opportunities, cultural integration, and a voice in determining his course in society are of higher priority. These basic concepts will stand behind and shape the practical suggestions to be discussed below.

This study has uncovered many more questions than it has answered. Perhaps its only value lies in the statement of the fact that these questions, far from being theoretical platitudes, in reality contain solutions to prac-

tical problems. Unfortunately, in our present state of ignorance, we cannot interpret, much less answer, the questions.

The area studied contains 252,000 people. For short periods of the year, the past, present, and future of these quarter-million people depends upon the availability and activity of 10-20 thousand others. After 30 years of reports, programs, and financial expenditure reaching millions of dollars, why is the relationship between these two groups (in terms of attitudes, differential living standards, and economic and political power) not appreciably changed? Have others, especially those from outside this community, any "right" to try and effect changes?

It is relatively easy to spend time and money "doing things." It is much more difficult to try and understand why you are doing them.

One important factor that must be considered in designing local health department programs is the heterogeneity of the farm workers. A cross-section of the farm worker population includes single men and families of diverse ethnic groups. Some are true migrants, some migrate only during peak seasons, some are year-round home dwellers. As an only partially successful example of how a local health department must analyze the characteristics of the group with which it deals; Butte County may be cited. Here, with a well centralized large farm worker population, a medical clinic held within the Gridley Camp is a practical measure that has been of great benefit. However, the availability of a physician only one-half day a week, the absence of a health education program, and the holding of the clinic during hours when people must work, constitute areas where improvement is needed. In contrast, the Yolo County Health Department's situation of relatively few migrant families and many permanent resident farm working families scattered throughout the county would make a central clinic program less effective. Because of this, it is felt that Yolo

County should continue to explore ways of providing decentralized medical service through the Health Department, especially with regard to health education, and improve the efficiency and availability to farm workers of the County Hospital facilities.

It is felt that the Colusa County Health Department has, in general, met the farm workers' needs for specific medical services adequately. Their provision for outpatient care via private physicians, migrant family registration and health education, and an immunization program carried to the farm workers, form a well-organized and efficiently administered program. Its success is facilitated by the small size of the county, the limited migrant population, short crop season, and the close cooperation between the health officer and the private physicians in the area.

The situation in Sutter-Yuba Health Department is one of many complexities. Because of the dispersed labor force, a special team of health workers has been utilized. This method has encountered many difficulties. New personnel had to be obtained, certain members of which were unfamiliar both with departmental activities and general public health practices. This has led to an apparent reduplication of services and some intra-departmental frictions. The aim has been for preventive measures, rather than for the provision of medical services. On the whole, the program has not proven as effective as it might have.

In general, facilities for housing and sanitation for domestic farm workers in all five counties are substandard. Housing for single men is uniformly better than that provided for families (though not as adequate as the federally certified bracero housing). The following is a list of the most commonly observed defects throughout the area of study:

Housing:

1. Fire hazards (wooden and canvas structures)
2. Inadequate space for number of occupants without regard to difference in family size, and without provision for privacy among family members. An interesting comparison is one between the Federal regulation for bracero camps which demands a minimum of 30" between single beds, and the situation in the Gridley Labor Camp, where in one instance a family of nine, with two beds, occupied a cabin 12 x 20 feet in area.
3. Poor ventilation
4. Poor insulation from heat (tin shelters).

Sanitation:

1. Lack of running water inside dwellings; inadequate supply of hot water.
2. Poor protection against insects and vermin.
3. Unsafe and inadequate garbage and sewage disposal facilities.
4. Inadequate toilet facilities according to distance from dwelling, type, maintenance of units, and ratio of toilets to people.
5. Unacceptable drinking water supply and poor drainage
6. Inadequate bathing facilities
7. Lack of safe play areas for children

An important underlying factor is that although much of the camp housing is constructed for temporary seasonal use, many of these dwellings are occupied the year round. Many facilities which may be adequate for temporary use are completely unsuitable for permanent occupancy. Another aspect of housing inadequacy is that many of these dwellings were built 30 years ago for short term use (ten to fifteen years) without subsequent significant improvements in design or maintenance.

It is extremely difficult for sanitarians, and housing inspectors, who lack adequate staff and adequate power of enforcement, to effectively correct these conditions (especially since there is little or no community awareness or interest to back them up).

It must be remembered that condemnation and destruction of substandard housing without thought or provision for improved replacements is no solution. For example, a family of ten was living in a one-room shack without windows, and with most of the defects listed above. They continued to occupy the premises for approximately one year after the State Division of Housing had condemned the site. After a fire in which one of the children was burned to death, the house was finally torn down. When the landlord was asked where the family had moved, he shrugged his shoulders, unable or unwilling to say.

All the counties in this study have extensive low income housing projects (with county residence required of usually one year). Often these construction programs are partially intended to solve "farm worker housing problems" and may be used as an excuse to demolish existing camp facilities and not construct new housing to meet the specific demands of seasonal farm labor. Few, if any, unskilled farm laborers, even those with permanent county residence live in these projects for reasons more complex than the simple financial one. The community at large has the mistaken impression that the construction of low income housing has helped to solve the housing problem for farm labor.

Without going into a technical description, farm labor housing programs, whether financed through public or private sources, must meet the following requirements:

1. House <u>farm workers</u>, rather than other low income groups.

2. Provide requirements to meet standards of adequate construction and sanitation.
3. Meet either seasonal or permanent demands, but not both.
4. Take into consideration at least minimal esthetic needs.
5. Provide for effective enforcement of housing codes, despite local pressures.

The county hospital system provides the chief facilities for in and out patient care for the farm laborer. Other existing sources include in-patient care at Veteran's Administration Hospitals, and for those who can afford it, the use of private facilities. Several doctors interviewed stated that they provided charity medical care as needed. The bulk of farm workers use the county hospitals. In some sense, it seems that the county hospitals are providing adequate services for farm workers. For example, in practice, county hospitals in the area studied, have waived residence requirements for out-patient services, and acute medical treatment. There are no residence requirements for emergency service. Further, there are areas of cooperation between county hospital and local health department, i.e. cross-referral by public health nurses. An example of close cooperation between private physicians and county hospitals is the situation in Colusa County. In some of the other counties, where local physicians maintain private facilities, cooperation is not so close. There are other weaknesses in the county hospital programs. Outpatient clinics provide serious difficulties for farm workers in regard to such matters as long waiting periods, difficulty of transportation, and inopportune scheduling of clinic hours. Cultural and linguistic differences enhance these difficulties. Varying standards of medical care and lack of communication between county hospitals make effective follow-up or continuing treatment difficult. Dis-satisfaction with the services rendered

by one county hospital may act as a deterrent to the exploration by the farm worker of the services offered by another county hospital. For example, one migrant woman when questioned concerning the local county hospital, complained of dis-satisfaction with services provided at an out-of-state county facility. One concrete suggestion for improvement of some of these problems would be to lay stress through health education programs, on the use of health history cards by migrating families.

One of the most conspicuous health defects among farm workers interviewed was poor dental care. Although undoubtedly better nutritional status (occasioned in part by increased income and better education) could improve the dental status, it is certainly a glaring defect in county hospital practice that dental services are not provided. It must be kept in mind that the health problems of the farm worker are just conspicuous symptoms of much larger problems of rural health that face the doctor, the county hospitals, the county health department, and the community. Conversely, difficulties such as shortages of money and personnel, which affect the entire population, have an especially sharp impact on the farm worker.

The lack of medical personnel is most acute during the peak crop seasons. Not only is the patient load at its heaviest, but many of the health workers are on vacation. A relatively untapped source for supplementing personnel shortages is to be found among medical students. Here are people with 1) potential interest, 2) some technical knowledge, 3) availability during the summer, 4) skills that can be obtained at a relatively low cost. Programs in rural and farm workers' health could not only be formulated to appeal to students' theoretical and professional interests, but would be extremely valuable to incorporate into medical school curricula as electives or subjects for thesis. There is a great need to awaken general interest in areas such as those that this study has uncovered; physicians who are aware of broad and

clinical experience with an exposure to situations where the student sees patients as humans who must function _within_ the social environment is an especially fruitful one. As a workable example, the student assisting in a decentralized clinic for farm workers would provide staff supplementation for the local health department, develop his medical skills, and gain awareness of medical setting not seen in the urban university hospital. Areas within the traditional scope of public health in which medical students can make a direct contribution to farm worker health programs lie in the fields of health education, immunization programs, well-child conferences, and research studies. It bears emphasizing that medical student interest can be most stimulated by the opportunity for gaining clinical experience; this lack in the present study was a recurrent frustration to the investigators.

Below are several specific suggestions for projects involving medical students and combining clinical experience and research opportunities.

1. One or two medical students could provide valuable assistance in the currently operating Merced County Night Clinics in South Dos Palos and Planada. Further, they could correlate valuable research material from this unique on-going program, both from case histories from the clinic, and by making follow-up visits with the public health nurse.
2. The possibilities for similar programs should be explored in large labor camps such as Gridley, Wasco, etc.
3. A project could be designed to use a team of medical student and social scientist, _residing_ in an area (either labor camp, or rural

slum) diversely populated by farm workers. Besides research activities, valuable service in health education could be rendered. Relationships of health and social environment could be effectively studies by this inter-disciplinary approach.

4. A study to determine actual immunization levels among the farm working population, especially the adults, would be valuable. A medical student would fit into this easily, especially if a mobile program of offering immunizations on the spot were combined.
5. A valuable approach to any projects such as the above, would be to combine the efforts of an American and a Mexican medical student. Much more reliable information from Mexican-Americans as well as Anglo families could thus be obtained. The investigators had the privilege of observing interviews of Mexican-American families by physicians from Mexico and El Salvador, who were acting as Consultants to the Farm Workers Health Service. Seeing the rapport which they were able to establish with these farm workers, leads to the strongest recommendation for this type of program.

An important asset for the personnel involved in any of these projects is the ability to speak Spanish. The above suggestions represent only a few of the many valuable areas in which medical students can be utilized.

ADDENDUM:

Throughout this paper, we have repeatedly stressed our conviction that because health problems of the farm workers are only symptoms of underlying cultural and economic need, they cannot be best met (or even effectively approached) by strictly medical programs.

When farm workers have the financial and political leverage to chart their own course; when Agriculture decides to join the rest of America in the

twentieth century; most of all when the agricultural community <u>and</u> the farm worker desire to appraise <u>each other</u> in terms of human values, then there will be no "farm workers' health problem."

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