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MIGRANT HEALTH Newsline

News and Information from the *National Center for Farmworker Health* since 1984

Migrant and seasonal farmworkers are often a forgotten and misunderstood population in the United States. Most Americans take for granted visiting their local grocery stores whenever they desire to pick up fresh fruits and vegetables and very little thought goes into the time consuming, difficult, and often dangerous labor that is necessary to put such food on our tables. Often, people disregard the names and faces of the men and women who work in the fields and replace them with feelings of apathy. Most people do not realize how long migrant and seasonal farmworkers have lived and worked in the U.S., nor the role that events in U.S. history have played in shaping the current state of agriculture. In March, several states will celebrate the life of the great farmworker, labor leader, and civil rights activist Cesar Chavez. In honor of him, NCFH is dedicating this issue of the Migrant Health Newsline to the history of farmworkers.

The History of Farmworkers and Migrant Health

By Josh Shepherd, Resource Center Manager, NCFH

The history of farmworkers in the United States is almost as old as the country itself. Farmworkers have always lived in the shadows of communities, living and working under hazardous unsanitary conditions while surviving on meager wages with poor access to education, welfare, and health care. From our nation's creation, agriculture and the small family farmer were considered essential components of democracy. These small farmers, except in the slave-dependent South, relied on family, locally hired hands, or neighbors to meet the seasonal labor demands of agriculture.

Evolution of U.S. Agricultural Labor

As crop production grew larger and more specialized, labor was required on a more seasonal basis. By the 1850s, demand for farming production increased to a level that immigrants from several countries were brought in by

employment agencies to meet the demand. Along the East Coast, African Americans and poor Anglos joined newly arriving European immigrants as part of the seasonal labor force. While on the West Coast, farmers began hiring large numbers of immigrants from China, Japan, and Mexico. In the South, the seasonal need was met by slaves, and after the Civil War, by former slaves, Native Americans, and poor Anglos.

The growing demand for seasonal labor was a process that continued through the rest of the 20th century. As farming production grew larger, smaller farms that were once the economic backbone for rural communities were absorbed. Small rural communities died out, migration from rural to urban areas increased, and the labor supply needed for these large and specialized farming productions was no

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Contracting, medical examination and selection of Mexican laborers preparing to come into the United States in Chihuahua, Mexico, 1951.

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longer locally available.

In addition, the need for seasonal labor was aided by the introduction of new machinery, farming methods, and herbicides. These advances increased the cost of farming, which necessitated even larger productions, and, in turn, led to an increased dependence on seasonal and manual labor. Advancements in transportation exacerbated the situation. Better roads and refrigeration in transportation allowed farming productions to operate in even greater isolation from domestic labor supplies, which led to the increased demand for a temporary and migratory seasonal labor force. By 1900, U.S. cities grew and our industrial base expanded to a point where large-scale commercial agriculture became an economic necessity, and along with it grew a labor force that tailored to its needs.

War and the Importation of Foreign Labor

The demand for immigrant labor continued into 1917, when the U.S.

entered World War I (WWI). As the war raged, the U.S. government was faced with growing war time food demands and a shortage of agricultural laborers. In response, the U.S. turned to Mexico for assistance, and the two nations worked out an agreement. This led to the passing of the Immigration and Nationality Act of 1917, which established a legal basis for the importation of approximately 73,000 Mexican workers to fill labor shortages.

In the 1920s, as WWI came to an end, American agriculture production continued at wartime levels. However, absent of the wartime

demand, crop prices plummeted and the need for cheap labor intensified. In the meantime, supplies of domestic agricultural labor in the South dropped as African American and White sharecroppers began to migrate elsewhere. Mexican laborers were highly desirable, and immigration from Mexico increased.

However, in 1929 the U.S. stock market crashed and this began the economic downturn that came to be known as the Great Depression. Like all other industries at the time, the agricultural economy worsened as foreign demand for U.S. agricultural exports plummeted and prices dropped. In an effort to open up jobs to native-born citizens, the Immigration and Naturalization Service cooperated with local authorities to deport Mexican immigrants and Mexican-American citizens by the thousands. In all, more than 400,000 “repatriados” were deported.

Domestic agricultural workers were initially reluctant to fill the migratory labor positions; however, they were left with little choice following droughts in the mid 1930s. Over-farming and poor soil management, combined with the drought conditions, created the “Dust Bowl” or vast dust storms that devastated the lower Great Plains. Farmers in these areas were soon displaced, giving way to a poor economy, dusty conditions and land foreclosures. They became the new migrants, traveling to California and other regions in search of work and substance.

Yet these situations changed as the United States entered World War II on December 8,

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Farmworkers packing sweet corn in the fields in Florida, 1956.



A bracero processing center where immigration documents are prepared, El Paso, TX, 1950.

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1941. In response, industrial and agricultural production increased and much of the nation's human resources were diverted to the military. Similar to their experiences in World War I, commercial farmers faced a high demand for their products, but growers were without sufficient labor to produce them.

The United States once again called upon Mexico to fill the labor void. The two countries signed the Bracero Agreement in 1943, which began the importation of laborers or "braceros" from Mexico to work in the United States.

Although originally devised to meet World War II shortages, the Bracero Program continued until 1964 under a variety of legislative authorities, ultimately employing 5 million Mexican laborers. Following the termination of the Bracero Program in 1964, farm employers turned to the H-2 program for their labor needs. This program, now known as the H-2A program, continues today.

Increased Public Awareness

As the initial phase of the Bracero Program ended in the early 1950s and the number of migrant workers grew larger, two Presidential Committees were established to investigate various aspects of domestic and foreign migratory labor. The committees' research revealed poor social, economic, health and educational conditions of farmworkers of the day.

While the President's Committees were indicative of an increased interest in migrant welfare, so were the activities of the Public Health Service (PHS). Traditionally, the Public Health Service provided services and preventative care on a community basis. In the early 1950s, the Public Health Service began to expand its migrant-specific services. This trend would eventually result in the creation of the Migrant Health Unit, the pre-cursor to today's Migrant Health Program.

Public awareness of migrant farmworkers and the conditions they lived in surged during the 1960s. One of the first steps in increasing public awareness for farmworkers was the Edward R. Murrow documentary titled



Trailer used as housing by two young migrant couples with a total of nine children, Kansas, 1964.



Man working the fields in Pennsylvania, 1963.

"Harvest of Shame", which aired on Thanksgiving Day, 1960. The program detailed the exploitation of migrant farmworkers by large agribusiness and highlighted their poor living and working conditions. In addition to the documentary, the farm labor movement of the 1960s had a great impact on the public and the lives of farmworkers.

Two organizations, the Agricultural Workers Organizing Committee (AWOC) and the National Farm Workers Association (NFWA), led a series of successful strikes against growers in California. Under the leadership of Cesar Chavez, the organizations asked for union recognition and to be paid a living wage. Eventually, the growers submitted, and the unions received official recognition from the largest growers in the area. Chavez became the public face of farmworkers, and he and his movement gained national attention and were spotlighted by various media outlets.

Creation of the Migrant Health Act

As a result of the growing farmworker awareness, a Senate Sub-Committee on Migratory Labor began working on a comprehensive bill to address a variety of migrant labor concerns. The bill emphasized the need for a simple and flexible program, adapted to the needs of migrant workers, and focused on the provision of health services. It was written so that the Public Health Service would be given authority to make grants available to health projects serving the domestic migrant population. The



The children's playground, Arizona, 1965.

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The Migrant Health Program's evening and holiday clinics, Puerto Rico, 1965.

bill passed both houses of Congress and was signed into law by President John F. Kennedy in September of 1962 as the Migrant Health Act.

Shortly after the bill's passage, the Migrant Health Unit became the Migrant Health Branch, and was charged with administering the new program. The program was designed to allocate funds, facilitate inter-agency cooperation, disseminate information, and monitor the health status of migrant farmworkers. The Migrant Health Program was reauthorized in 1963 and again in 1966, adding hospitalization to the scope of services provided by migrant clinics. By 1969, 118 projects were in operation, serving 317 counties in 36 states and Puerto Rico.

In 1975, reauthorization of the Migrant Health Act created the National Advisory Council on Migrant Health. The Council, which still exists today, is legislatively mandated to advise, consult with, and make recommendations to the Secretary of Health and Human Services on the health and well being of migrant farmworkers and their families. Fifteen members are appointed by the Secretary to serve four-year terms.

Also, in 1970, Congress added the phrase "other seasonal farmworkers" to the eligible recipients of migrant health grant-assisted services. This was done to include seasonal farmworkers who were often indistinguishable from migrant farmworkers in the major home base areas where migrants resided throughout the country. This wording increased the target population of the migrant health program from an estimated three-quarter million migrants and family members to 2.75 million.

Recent Farmworker Legislation

As the 1980s and 1990s passed, the migrant health program would enter its fourth decade. During these decades, several major legislative acts would be passed that would shape the future of farm labor in the U.S. and the migrant health movement. First, in 1983, The Migrant and Seasonal Agricultural Workers Protection Act was passed. This act required farm labor contractors, agricultural employers, agricultural associations, and providers of migrant housing to meet certain minimum requirements in their dealings with migrant and seasonal agricultural workers.

Secondly, Congress would pass the Immigration Reform and Control Act in 1986. This act made it illegal to knowingly hire or recruit illegal immigrants (immigrants who do not possess lawful work authorization), required employers to attest to their employees' immigration status, and it granted a path towards legalization to certain agricultural workers who had worked at least 90 days in each of the previous 3 years.

Finally, the Health Centers Consolidation Act of 1996 was one of the most important acts passed in the last 30 years regarding migrant health. This act brought together under one grant structure Community Health Centers, Migrant/Seasonal Farmworker Health Centers, Health Care for the Homeless Health Centers and Health Centers for Residents of Public Housing. Today there are 156 migrant health centers operating in 42 states, who served 834,000 migrant and seasonal farmworker patients in 2008.

As we enter the second decade of the 21st century there are an estimated 3 to 5 million farmworkers who labor in the fields of the U.S. every year. These individuals lead difficult but honorable lives. While many of us take them and their labor for granted, it is important to remember that they have been providing food for millions of Americans for over two hundred years. Without the efforts of farmworkers, it would not be possible to support the multi-billion dollar fruit and vegetable industry in this nation. Understanding the history of farmworkers in the U.S. allows us to better appreciate the contributions they have made to our country and the struggles they have undergone. Farmworkers are often forgotten, but many people and organizations remain committed to helping them overcome poverty and powerlessness. As we celebrate Cesar Chavez Day, let us also celebrate the men and women he marched for: those who put food on our tables daily, and those who truly deserve our respect.

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The following is a list of recommend materials of the history of farmworkers including some of the resources mentioned in this article. All can be found online or borrowed from the NCFH Library and Resource Center located at <http://www.ncfh.org/?pid=30>. For questions on the article or other NCFH Library material, please contact Josh Shepherd at 512 312-5463 or via email at shepherd@ncfh.org



Home visit by nurse in California, 1968.

of this population and the history of the Migrant Health Program.

Keep Hope Alive – 30 Years of Migrant Health created by *The National Center for Farmworker Health, Inc.*, published in 1992.

This video was created to celebrate thirty years of migrant health, and explains the back-

ground of the Migrant Health Program. The video includes photos taken by numerous photographers depicting the lives, struggles and experiences of farmworkers and farmworker families. Available in VHS & DVD.

The Bracero History Archive

A project of the Center for History and New Media, George Mason University, the Smithsonian National Museum of American History, Brown University, and The Institute of Oral History at the University of Texas at El Paso, this is a website that collects and makes available the oral histories and artifacts pertaining to the Bracero program. It contains pictures, documents, teaching tools, and more. This website is located at <http://braceroarchive.org/>

The Bracero Project

A website, available in both English and Spanish, that presents the history of the Bracero including newspaper articles, Bracero testimony, a description of the original Bracero agreement, statistics, etc. This website is located at <http://www.farmworkers.org/benglish.html>.

The Fight in the Fields: Cesar Chavez and the Farmworkers' Struggle created by *Ray Telles and Rick Tejada-Flores*, published in 1996.

Video that is a personal and professional biographical account of the struggles and accomplishments of Cesar Chavez in the organizing and unionizing of agricultural workers. Available in VHS & DVD.

Harvest of Shame created by *the CBS Television Network* and published in 1961.

This is the classic video of Edward R. Murrow's televised report on the plight and exploitation of migrant workers, their traveling, living and working conditions. Available in VHS & DVD.

Health for the Nation's Harvesters: A History of the Migrant Health Program written by *Helen L. Johnston*, published in 1985.

This book is rich with demographic information on the migrant farmworker, and gives a historical and social perspective on the health

Los Braceros created in 1994.

This Spanish video tells the story of the Bracero agreement and the Bracero program in the United States. It tells the story from the Mexican point of view and contains interviews with actual Braceros and their families. Available in both VHS and DVD format.

Migratory Labor In American Agriculture: Report Of The President's Commission on Migratory Labor published in 1951.

This historical document is a detailed report from President Truman's Commission on Migratory Labor. The chapters discuss topics including: migratory farm labor during economic emergencies, alien contract labor in American agriculture, "the wetback invasion," employment, labor relations, wages, incomes, housing, welfare, safety, child labor, education, and policy.

Report to the President on Domestic Migratory Labor published in 1956.

This legislative document is the first progress report of President Eisenhower's Committee on Migratory Labor. Topics included are housing, transportation, tax deductions, voluntary organizations, health, education, employment stabilization and more. ■



A nurse visits a woman with a 10-day-old infant in California, 1969.



“*Seguimos Adelante: Moving Forward in a Time of Change*” 19th Annual Midwest Stream Farmworker Health Forum

By Monica Saavedra, MPH, CHES-Migrant Health Education Coordinator

The 19th Annual Midwest Stream Farmworker Health Forum, “*Seguimos Adelante: Moving Forward in a Time of Change*”, was hosted by the National Center for Farmworker Health (NCFH), November 18-21, 2009 in the beautiful beach town of South Padre Island, TX. This year’s conference was a great success, bringing together a total of 232 participants, primarily representing many health centers from the Midwest States such as Illinois, New Mexico, Ohio, and Texas, but also including others such as Alabama, Arizona, California, DC, Georgia, New York, and Washington.

This year we had one of the largest turnouts of board members and lay health workers the Forum has ever seen. A total of 20 board members, predominantly from migrant health centers located in South Texas and 60 lay health workers spanning all Midwest states and also including a large group from South East Georgia, were in attendance. The large presence of lay health workers would not have been possible without the generosity of our partners, The Lance Armstrong Foundation in collaboration with Migrant Clinicians Network and The Southwest Center for Pediatric and Environmental Agriculture at UT Tyler whom provided scholarships for the lay health workers and hosted two popular pre-conference intensives on cancer survivorship and pesticides. Other disciplines with high representation included 30 Program Directors/ Coordinators, 24 Clinicians, 17 Executive Directors/CEOs and 14 Front Line staff.

Bobbi Ryder, NCFH CEO officially kicked off the conference during the Opening Plenary. Opening Plenary highlights included keynote speaker Dr. Eduardo Sanchez, former Commissioner of Texas Health and Human Services and current Chief Medical Officer for Blue Cross Blue Shield of Texas. Dr. Sanchez shared how his upbringing in South Texas helped shape his health care beliefs and contributed to his successes in his career. Dr. Sanchez focused his speech on the importance of equitable access to healthy foods, and the importance of eradicating childhood obesity. Dr. Sanchez was followed by guest speakers, Capt. Henry Lopez, Director, Office of Minority and Special Populations, HRSA’s Bureau of Primary Health Care and John Ruiz, Assistant Director of Systems Development and Policy Administration, NACHC, with policy updates from their respective agencies.

Aside from these unique offerings, the forum continued with its tradition of providing sensational educational opportunities for

those in attendance spanning all 4 educational tracks: lay health/outreach, clinical, research and leadership. Some of the most popular sessions included: *Deeper than the Skin: Clinical Management of Lower Extremity Wounds* and *The ABC’s of Telemedicine*, an innovative session which focused on the incorporation of distance technology for diagnoses and treatment of wounds. For many participants this was the first they heard of the topic and thought “it would be very effective in providing services to farmworkers”. Another popular session was *How History Repeats Itself: H1N1 Influenza and Lessons Learned*, which was very timely for the clinicians in attendance. *Preparing for a Successful 2010 Census* brought awareness to the importance of the census and its data accessing capacity, participants said that “it was very informative and would be useful information for future funding opportunities”. *From Program Requirements to Performance Improvement: Connecting the Dots and Documenting your Outcomes* was another very well received session, participants said that “it was an excellent presentation and it provided them with a better understanding of the core program requirements”, and finally *The Intersection Between Human Trafficking and Public Health*, introduced a very poignant and a very important issue to the migrant health community.

A topic that is never far from the migrant health forefront is immigration. This year this was presented in both a movie format and a presentation by conference favorite Roger Rosenthal. A private screening of “The Other Side of Immigration” offered the participants a unique insight into the immigration issue. Based on over 700 interviews in Mexican towns where about half the population left to work in the United States, *The Other Side of Immigration* asks why so many Mexicans come to the U.S. and what happens to the families and communities they leave behind. Viewing of the film was a unique opportunity for conference attendants because the film has not been released publicly. Mr. Rosenthal continued the discussion of immigration by providing conference participants with an overview of the immigration issue via a general plenary session, which was accompanied by a question and answer period.

We look forward to seeing you this year in the music capital of the world, Austin, TX, for the 20th Annual Midwest Stream Farmworker Health Forum, November 17-20, 2010. Be sure to visit our website for more details, including abstract announcements. ■

Observed Days

March 23, 2010
National Diabetes Alert Day
American Diabetes Association
1701 North Beauregard St.
Alexandria, VA 22311
www.diabetes.org

March 31, 2010
Cesar Chavez Day –
California, Colorado, Texas
www.chavezfoundation.org/

March 29 – April 3, 2010
Farmworker Awareness Week
Student Action with Farmworkers
1317 W Pettigrew St.
Durham, NC 27705
www.saf-unite.org

April 5-9, 2010
National Public Health Week
American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
www.nphw.org

April 21-May 1, 2010
National Infant Immunization Week
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
www.cdc.gov/vaccines/events/niiw/

“Best of Partners”

by Philip Kellerman, President, Harvest of Hope Foundation

For over nine years, the National Center for Farmworker Health’s Call for Health Program (CFH), based in Buda, Texas, and the Harvest of Hope Foundation (HHF), based in Gainesville, Florida, have jointly helped hundreds of migrant farmworkers in need of emergency aid.

To better sort through the multitude of requests for aid received, each organization has a very thorough knowledge of what each other does, its eligibility requirements and procedures. The Harvest of Hope Foundation distributes privately-raised funds for a variety of emergency requests and its president, Philip Kellerman, will refer most health-related calls that come into his foundation to the Call for Health Program. In turn, the CFH Program will do a full evaluation of the request and contact Mr. Kellerman if there is a need for funds from the Harvest of Hope Foundation. Sometimes, Call for Health can pay for part of a medical request and the Foundation can help take care of another part of that request. In turn, Call for Health will refer its non-medical calls to the Harvest of Hope Foundation. These usually involve requests for rental assistance, transportation repairs, utility payments or help with funeral costs.

In all cases, via phone or email, both organizations keep in touch with each other about referred calls for follow-up and closure. Both organizations speak frequently about updates in federal, state, and local laws and legislation which may affect the availability of health services for migrant farmworkers and families.

At migrant education and health conferences, it is common for both organizations to conduct joint presentations to share their expertise with other migrant advocates and educators on coordinating services for migrant farmworkers and families. They will then share an exhibit table to distribute materials publicizing the work of both entities.

All this work to help migrant farmworkers and families cannot be achieved without a deep commitment of staff from both organizations to go the extra mile. Some of the medical problems brought to their attention require a lot of time and energy to sort through and resolve. Doctors and hospitals may need to be contacted and the amount of coordination warranted may be quite extensive due to both organizations having to negotiate for reduced rates in order to lessen the financial burden of healthcare costs. Being the “Best of Partners” has helped Call for Health and the Harvest of Hope Foundation bring out the best in each other, and as a result, many migrant farmworkers and families have received needed referrals, medical attention, and funds to pay for these and other social services.

Both organizations depend in part on monetary donations which are tax-deductible by law.

For more information; contact: National Center for Farmworker Health’s Call for Health Program at 800.377.9968, or visit www.ncfh.org or the Harvest of Hope Foundation at 352.372.1312 or through email at Kellerhope@cox.net or visit www.harvestofhope.net. ■

Calendar

March 25 – 28, 2010

The National Hispanic Medical Association will be hosting The 14th Annual Conference, Health Care Transformation to Expand Prevention and Health Promotion for Hispanic Communities, in Washington, DC. For more information, visit www.nhmamd.org.

April 26- 28, 2010

The Association of State and Territorial Dental Directors will be hosting its 2010 National Oral Health Conference in St. Louis, MO. Please visit www.nationaloralhealthconference.com for more information.

May 3-4, 2010

The National Advisory Council on Migrant Health meeting, May 3-4, 2010 preceding the National Farmworker Conference in San Diego, CA.



CALL FOR HEALTH

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Information on Health Services for Farmworkers

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Did You Know?

Migrant Health History

1. *What year was the Migrant Health Act passed and signed?*
2. *Why is the Health Centers Consolidation Act of 1996 significant for public health services today?*
3. *The Bracero Agreement allowed the importation of laborers from Mexico. What year was it signed?*
4. *What is the H-2A program?*

For answers, please visit our News Spotlight at www.ncfh.org. ■