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**CASE STUDY ON
MIGRANT HEALTH PROBLEMS**

P.H. 501. Principles and Practice of Public Health

**For discussion on January 17, 18, 19,
and 20, 1967.**

The University of Michigan - School of Public Health
P.H. 501. Principles and Practice in Public Health

CASE STUDY ON MIGRANT HEALTH PROBLEMS

- I. The GENERAL OBJECTIVES of this case study are to assist students:
1. To appreciate and understand the magnitude of the disadvantaged segment of our population in the U.S. and the multiplicity and complexity of their health and related problems, and to recognize the domestic Mexican-American, Spanish-speaking agricultural migrants as an example of such a disadvantaged population group.
 2. To develop an understanding of the extent to which the agricultural migrant group, as an example of a seriously disadvantaged group, is handicapped by a lack of social security, unemployment compensation, minimum wage; problems of residency, etc.
 3. To recognize that this case study deals with multiple health problems and focuses on a population group rather than on a single health problem.
 4. To recognize that there are obvious gaps in health and related services available to and utilized by some groups in our population and that special attention has to be given to the organization of services to meet the needs of such groups.
 5. To gain an appreciation and understanding of the educational needs of the Spanish-speaking agricultural migrant and the complexity of meeting educational deficiencies in a population group who are of a different cultural background and living in an environment deficient in many ways.
- II. The following questions have been formulated to serve as a guide in the preparation, reading, and discussion of this case study:
1. What is the impact and what are the implications for this rural community faced with the multiple health problems (environmental, safety, communicable disease control) and related problems common to this migrant crew?
 2. What threats to environmental health, to safety, and to communicable disease control might develop in any community with the ingress of a large group of migrant workers?
 3. What are the principal current and potential health problems for each of the five migrant families?
 4. Which of the health problems in the five families would you classify as (1) acute - needing immediate care, (2) moderately acute - needing care or solution within a period of several days to a few weeks, (3) chronic - major, minor.
 5. What is there about the way migrant families live and work which has an impact on the way they deal with health and related problems?

6. What resources to meet the health and related problems are available (a) to this group of migrants and (b) to other migrants in the local community, the state, and the nations?
7. What barriers are there that stand in the way of migrant families receiving generally available health, welfare, and related services in the community?
8. What recommendations should be made for the solution of these migrant health and related problems?

III. References. Multiple copies of all references listed below are available for student use in the Public Health Practice Unit except (1) those marked "copy supplied" or (2) those designated with an asterisk (*) which will be found in the Public Health Library.

Required Reading

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- James, George. Planning and Evaluation of Health Programs. Administration of Community Health Services. Chicago: International City Managers' Association, 1961. pp. 120-124.
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- Lindsay, J. Robert, Thomas E. Roberson, and Helen L. Johnston. Some Guidelines to the Development of A Health Component for A Community Action Program in A Rural Community. (Mimeographed)
- Migrant Health Projects in the United States, September, 1966. Public Health Service, U.S. Department of Health, Education, and Welfare. (Copy supplied)
- The Migratory Farm Labor Problem in the U.S. 1966 Report of the Sub-Committee on Migratory Labor. Washington: U.S. Government Printing Office, 1966. 163 pp. (Copy supplied)
- Roberson, Thomas E. Special Health Education Problems for Migrants. (Mimeographed copy supplied)
- Rubel, Arthur J. Understanding the Domestic Agricultural Migrant of Mexican and Spanish Descent: His Cultural Heritage, Perceptions of Health Problems, and Means of Meeting Health Needs. In Working Conference on the Evaluation of Health Education Materials for Domestic Agricultural Workers of Mexican and Spanish Descent, March 15-17, 1965. Ann Arbor: School of Public Health, 1965. pp. 13-23.
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- Whitaker, Betty Jane. Understanding the Domestic Agricultural Migrant of Mexican and Spanish Descent: His History, His Perceptions of Health Problems and His Means of Meeting Health Needs. In Working Conference on the Evaluation of Health Education Materials for Domestic Agricultural Workers of Mexican and Spanish Descent, March 15-17, 1965. Ann Arbor: School of Public Health, 1965. pp. 24-30.

Supplementary Reading

- Chapman, A.L. Migrant Health Project in Pennsylvania, 1963. Reprinted from Public Health Reports, 79:561-566. July, 1964.
- Children and Youth of Domestic Agricultural Migrant Families. Reprinted from Children and Youth in the 1960's, pp. 205-218. Reprinted by the Public Health Service, July, 1965.
- Chladek, Marian. Nursing Service for Migrant Workers. Reprinted from The American Journal of Nursing, 65: no. 6. June, 1965.
- Crocker, Eleanor Cartwright. A Child Welfare Worker in A Program for Migrants. Reprinted from Children, 10:87-92. May-June, 1963.
- Domestic Agricultural Migrant Situation in Michigan, 1966. Michigan Department of Public Health.
- *Ehlers, Victor M. and Ernest W. Steel. Municipal and Rural Sanitation. New York: McGraw-Hill, 1965.
- *Freeman, Ruth B. Public Health Nursing Practice. Philadelphia: Saunders, 1963. pp. 273-275.
- Gorham, William. Allocating Federal Resources Among Competing Social Needs. Health Education, and Welfare Indicators, August, 1966. pp. 1-11.
- Hayes, W.I. Occurrence of Poisoning by Pesticides. Archives of Environmental Health, 9:621-25. November, 1964.
- Johnston, Helen L. "A Smoother Road for Migrants" in The Syndrome of Poverty. Reprinted from The American Journal of Nursing, 66: no. 8. August, 1966.
- Madsen, William. Society and Health in the Lower Rio Grande Valley. Austin: The Hogg Foundation for Mental Health, The University of Texas, 1961. 36 pp.
- Migrant Health Projects. Ohio's Health, 17:5. May, 1965.
- Siegel, Earl. Health and Day Care for Children of Migrant Workers. Reprinted from Public Health Reports, 79:847-852. October, 1964.
- Yankee, Mildred. "Migrant Day Care Center" in the Syndrome of Poverty. Reprinted from The American Journal of Nursing, 66: no. 8. August, 1966.

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CASE PRESENTATION - MIGRANT HEALTH PROBLEMS

I. The Setting

Attention is focused in this presentation on five domestic agricultural migrant families, those of the "crew leader" and four families who comprise the total crew. Conditions described were observed on July 1 by a group of School of Public Health students.

It is the usual practice for groups of migrants to seek work through a crew leader who serves as the intermediary between the farmer employers and the migrant employee. He assumes responsibility for finding housing, obtaining jobs, and paying the migrants for their labor. For this service, the crew leader is paid a percentage of the migrants' earnings. In the Mexican-American culture he often is a member of the extended family.

The families in this situation are part of a large mid-continent stream of spanish-speaking migrants who leave their homes in Texas each spring to plant and harvest a variety of crops as far north as the Dakotas, east to Ohio, west to the Pacific Northwest. In their homes, Spanish is the predominant language and some have little facility with spoken English. They have enjoyed little formal education because they are constantly on the move, and frequently their children have not been welcomed by the schools in the states they visit. Thus most of these migrants are functionally illiterate, and language becomes a barrier in their acceptance by many citizens in the community in which they live. In addition to the barrier of language, there is the barrier of cultural differences. While some differences are related to their Spanish heritage, others are simply the result of their deprived social-economic-education status.

The community in which these migrants now reside while they work is located in a rural county of a midwestern state. It includes a small village of approximately 2000 population which serves a trade area of several miles. The nearest city is 25 miles away and has a population of 5000. Housing units for the migrant families described are located a mile or so from the village. Agriculture is the main industry. About 20% of the farmers require seasonal labor in their operations which involve production of apples, asparagus, blueberries, cherries, grapes, peaches, strawberries, tomatoes and other truck crops. The remaining 80% of the farmers produce milk, beef, poultry and eggs and field grains. Needs for seasonal labor vary over the growing season which extends from early May until early November.

The village has the usual organizations found in the typical rural village, i.e. several church groups, youth organizations, civic clubs, and two fraternal organizations. In addition, there are farm associations in the county. There also are rural extension workers who serve the county. There is no local health department, but services to the area are provided through a 5-county regional office of the State Department of Health, 50

miles distant, in the following areas: general public health, maternal and child health, public health nursing, sanitation, and health education. Other services are available on a consultant basis from the State Department of Health. There is one nurse, employed by the county, who serves the entire county. The county is served by a county welfare department.

Two dentists and three physicians serve the area in which the migrant camp is located. One physician and one dentist expressed the opinion that they had plenty to do without "taking on" the migrants. The nearby city (25 miles away) has a 50-bed hospital.

A Migrant Ministry, which is a voluntary agency of the National Council of Churches, has long been active in the state in trying to improve housing, in stimulating schools to provide remedial teaching for school age children of migrants and in providing day care centers for the young children. Up to the present time, the efforts of the Migrant Ministry have not touched this community. In the city 25 miles away the schools have approved the use of one or two rooms in their oldest school building for the use of the Migrant Ministry, but have not provided teaching personnel or equipment, and thus no active program has been developed.

II. The Five Families

Except for the Ruiz family, this crew left their home in Mercedes, Texas in late April and harvested strawberries in Arkansas until the end of April. They arrived here on June 1 to harvest asparagus and thin peaches. They are scheduled to leave on July 15 and travel to the northern part of the state where they will harvest pickles until September 1 before returning to their home. In each family in the crew there are two adults who work in the fields and numerous children who sometimes work in the fields.

In their present location the crew leader and his family live in a small farm house. The other four families live in "apartments" located in a stucco housing unit about 500 feet away. This unit is in poor condition in need of paint, plastering and some roof repairs. There is no indoor water and water must be obtained from one outside tap. The source of water is from the nearby village and is safe. Sewage disposal is a privy which serves the entire camp. There are no bathing facilities yet all these families manage to be surprisingly clean. Garbage and refuse is stored in fifty-gallon barrels. There is electricity and gas for lighting, refrigeration and cooking.

This stucco unit is adjacent to the farm equipment sheds. Herbicide and pesticide spray tanks are filled in this area which is also the favorite playground for the children and their pets.

1. The Garcia family. Juan (the crew leader), his wife and 6 children share the old one-story three-room farm house of rather modest design. It has an entrance into the kitchen; a large room which is used as a combination living room, dining room, T.V. room and bedroom; and one additional bedroom. There is a sink with running water in the kitchen but there are no bathing

facilities. The Garcias also have a large huskie dog and a New German police puppy which they recently purchased.

Prior to arrival in this community, Mr. Garcia suffered an acute peptic ulcer attack and had surgery. The doctor put Mr. Garcia on a bland diet which he found very distasteful. It was especially difficult for him to avoid fried foods since this is the customary pattern of cooking with the Spanish-American families in the southwest. Also, the stoves in the housing units have no ovens or broilers. Mr. Garcia ascribes his recurring "stomach upsets" largely to pesticide exposures while working in the fields.

Mrs. Garcia, soon after their arrival, became seriously ill and was hospitalized with a gall bladder condition which required an operation. It was necessary for the family to hire someone to stay with the children and to do the housework for two weeks following Mrs. Garcia's operation.

Mr. Garcia speaks excellent English but does not read either English or Spanish. His wife has never attended school but learned to read and write Spanish from her father. She is teaching herself English, using a child's workbook as an instructional aid.

2. The Lopez family of four live in one room, 8 x 14 feet, containing a stove, a refrigerator, and one bed with a dirty mattress. There is one window which can be opened and one screened exit. The condition of the screens is fair.

The mother, Cecelia, age 28 years is in her third pregnancy and is due to deliver early in January. She had not been to a physician and was encouraged by the nurse to attend the State Department Clinic for migrants fifty miles away. Her greatest concern was for their 20-month old child who was born with a cleft palate. Their child also was suffering from an upper respiratory infection at the time of the survey. Both mother and father speak English; the father is the only crew member who can read and write English.

3. The Jiminez family of seven occupy the next apartment. It consists of two rooms, 8 x 14 feet. One contains a four-burner gas range, a refrigerator and one bed. The other has two beds with dirty mattresses and cardboard boxes for the belongings of the family. There are no tables or chairs.

Mrs. Jiminez, age 35, is in her twelfth pregnancy and due to deliver, she says, "before Christmas." While Mrs. Jiminez can speak English, she is not literate. Mrs. Jiminez has only five children living from her twelve pregnancies. The first, second, sixth, eighth and tenth child died within 24 hours although they were full term. The tenth child was malformed. The eleventh child, Rosa was full term and was born in a truck enroute from Texas.

Mrs. Jiminez has asthma and is taking a prescription given her in Texas. She has varicose veins, is extremely tense, apprehensive and worn

out. She expressed considerable bitterness and doubt about medical care even after going for prenatal care. She is sure that if labor starts at night, the doctor won't come. Her fears include more lost babies, and of her living children, possible young marriages of her daughters followed by the same type of life she has. She also fears for her own life.

Mr. Jiminez has difficulty in walking due to a leg injury sustained while picking apples last year.

4. The Ruiz family occupies apartment 3 which consists of one room, 8 x 14 feet, with a refrigerator, four-burner gas range and one bed with a dirty mattress. There is only one window that opens and is screened. The screen on the only door is broken and the apartment is filled with flies.

Pedro Ruiz, the father, is 26 years old and is mentally disturbed. There are three children; the youngest is six months and the eldest, four years. The Ruiz family joined the crew on June 1 and had been with the crew only a short time when he started to drink. He became attracted to the 14-year old girl living next door, and pleading sick, stayed home during the day so that he could see her. The girl became frightened and told her father who then took the girl with the family to the fields to keep her away from Ruiz. The father stated he would have killed Ruiz but he knew he was "loco" (crazy).

On Friday night of the second week, Ruiz began to drink and went berserk trying to kill his wife and the children with a butcher knife. He claimed that his two older children were "children of his father" and that the baby "was the child of the devil." He wanted to kill all of his family so that he could marry the 14 year old neighbor girl.

The neighbors finally called the sheriff and Ruiz was jailed that evening. He practically tore the jail apart and since there were no facilities for psychotic inmates, the sheriff tried to get him admitted to the State Mental Hospital. He was told that Ruiz was not admissible due to lack of residency. In desperation, the sheriff called the county nurse.

The Ruiz family had migrated from "X", a small town in an adjoining state. So the nurse called the health officer and later the County Judge about accepting Ruiz in "X". Both refused to have anything to do with the case. Finally, Ruiz was given sedation. The nurse, the sheriff and his deputy drove him to the "X" jail in the neighboring state. They learned that Ruiz had two other jail sentences in "X" which established his residency there. He finally was admitted to the State Mental Hospital in this neighboring state which was recognized as his home state.

5. The Martinez family occupies the last apartment which consists of two rooms; one 8 x 12 feet kitchen with a refrigerator, four-burner gas range, table and a few chairs; and a 10 x 12 feet bedroom with two beds with dirty mattresses and assorted boxes with belongings of the family. There is one screened window that opens and two screened doors.

In addition to the mother and father, there are four children; three teenagers, two boys and one girl (the object of Mr. Ruiz's interests), and an 11 year old boy. Except for the father, all of the family are U.S. citizens yet none speak English. The father is a citizen of Mexico with a U.S. residency permit.

The county nurse was called in because the 11 year old boy had been vomiting and had diarrhea. The child was sent to the migrant clinic after the father finally agreed that he was sick. This was the first time that this child had ever been seen by an American doctor. The family had once taken him to a "curandero" (a general specialist in folk medicine) in Mexico. While the boy was at the clinic it was found that he has a grade three systolic heart murmur and is a mongoloid.

III. Additional Information

Most of the children in these families have never seen a dentist and the adults have a number of decayed and missing teeth. The county nurse has observed that the family diets left much to be desired. She and the home extension worker recently discussed the nutrition problems of these families.

The county nurse, with the assistance from the district sanitarian, made a cursory survey of health conditions of the migrants in the county including those in the two units housing this particular crew. They also talked with some of the agencies and groups within the community who might have an interest in, or some contact with migrants and their problems.

The county nurse has begun to establish rapport with the migrant families and with some of the agencies especially involved with migrant agricultural workers. She has good working relationships with school personnel and members of the health professions.

During the survey, the crew leader expressed an interest in obtaining services for the young children in his crew, particularly day care and summer school classes so that all of the adults and the older children would be free to work in the fields. Some of the migrant parents appeared to be interested in such a service also as were some of the church groups. No interest in providing such services was evidenced by the school authorities or by the welfare department.