

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Bureau of State Services

To: REGIONAL AND OTHER OFFICIALS

10/19/62

From: *Harry Anderson*
Assistant Surgeon General
Chief, Bureau of State Services

Subject: EXECUTIVE MEMORANDUM

No. 11 of '62

MIGRANT HEALTH ACT OF 1962

Authorizing Grants for Family Health Service Clinics
for
Domestic Agricultural Migratory Workers,
and for Other Purposes

Domestic agricultural migrant workers and their families, numbering nearly 1 million persons, live and work only for brief periods in about 1,000 counties, chiefly in 31 States which comprise the several agricultural areas of the Nation. Ordinarily, communities in these areas have only facilities and personnel designed to meet the health needs of their own local residents. These facilities and personnel are not capable of meeting the health needs of large numbers of persons who work temporarily in these areas.

Local laws and ordinances establishing residence requirements for health care frequently bar migrant workers from health services which otherwise might be available to them. Even in those cases where local facilities are available to migrant workers, they often are available at times, places and under conditions which result in the workers being unable to avail themselves of the services.

Migrant workers and their families are in the lowest economic strata of our population. Their health needs are great; however, they have little opportunity and even less financial ability to meet these needs.

Many ..., while American citizens, do not speak English. The language barrier, and frequently an inadequate appreciation of health and sanitation problems, aggravate the difficulties which must be faced in attempting to meet the health needs of migrant agricultural workers and their families...

For all of these reasons, and because States, local communities, and private organizations cannot by themselves provide adequate health services to meet the needs of these workers and their dependents, it is imperative that the Federal Government assume some degree of responsibility for providing a measure of basic health care to migrant agricultural workers and their families.

Representative Paul G. Rogers, Florida
House Committee on Interstate and Foreign Commerce
Report No. 2253, 87th Congress, 2d session

On September 25 President Kennedy signed into Public Law (PL 87-692) the Bill which provides for Federal assumption of part of the responsibility for meeting the health needs of migrant farm workers and their families. This migrant health Act carries out one of the recommendations of the President's 1962 Health Message to Congress -- the enactment of legislation to encourage the States to provide facilities and services for migrant workers.

This migrant health Act is the first enactment for a package of eleven bills pertaining to agricultural migratory workers, introduced early in the 87th Congress by New Jersey's Senator Harrison A. Williams, Jr. The health proposal of the package passed both Houses of Congress without opposition, and with wide support of community groups.

● With the Law on the books, the PHS has plans ready for action when Congress appropriates funds to carry out their legislation. The Law authorizes the Public Health Service to make project grants to pay part of the cost of 1) family health service clinics, and 2) other projects to improve health conditions and services for domestic agricultural migratory farm workers and their families.

State and local health departments would be among the groups eligible to apply for migrant health project grants as soon as funds are appropriated. Under the terms of the Act eligible applicants would also include growers' associations, welfare departments, health and welfare councils, medical societies, educational institutions, and other public and voluntary nonprofit organizations.

The Act provides no formula for the matching of Federal grants by project sponsors. However, every project applicant would be required to show the contribution made to the project from State or local sources. This contribution could be in funds, clinic or other facilities made available for the use of the project, equipment or supplies, personal services including those of volunteers, or other items essential to project operation.

The major objective of the new Law is to upgrade the health services and conditions of domestic migrants by increasing the availability, scope, and continuity of community health services to these families. This applies both to their home-base and other seasonal work locations.

The primary emphasis of this project grant program is on the establishment of family health-service clinics to prevent and treat illness, scheduled at times and places accessible to migrants, and without a residence requirement. This focus is the result of observations of Senator Williams and others that pilot clinics of this type have been highly successful in serving and improving the health status of men, women, and children among seasonal farm worker families in such localities as Fresno County, California, and Palm Beach County, Florida. The workers' initial reluctance to intrude upon the community, and their lack of understanding of the value of health care sometimes stood in the way of full utilization of services in the early days of a project. These barriers to appropriate use of services diminished, however, as people became familiar with the courteous, friendly treatment of the physicians and nurses.

In addition to family health service clinics, other types of projects that would be eligible for grant assistance under the Act include:

Nursing services on a regular schedule to advise migrant families, provide first aid, arrange referrals, and offer other health assistance.

Health service and education projects to help workers and families prepare for migration before they leave their homes.

Consultation with growers regarding environmental hazards and their control.

Programs to inform and stimulate workers and families to improve their own health practices.

Coordination of services between areas and States along the same migrant stream.

Training of selected migrants to be health aides.

Points which would be considered in the review of migrant health project applications include:

Estimated number of migrants to be served.

Health needs of migrants in the area.

Degree to which project plan is adapted to migrants' circumstances and background.

Extent of planned coordination within the project area and with other migrant home-base and work areas.

Participation by appropriate community groups: growers, migrants, medical societies, hospitals, public agencies, church groups and others.

Adequacy of personnel, facilities, and other resources of applicant to carry out project.

Extent to which persons working with the project will be oriented to unique factors in migrant situation.

Evidence that project may yield results which will be useful regionally or nationally.

Willingness of applicant to have project used as training site or facility.

Degree to which project objectives are clear and attainable.

Proportion of cost assumed by applicant and evidence that project will continue beyond the grant period.

Under the Act, Federal grant funds could be used for salaries, equipment, supplies, services, travel expenses, and the purchase of medical and dental care under specified conditions. The applicant's share of project costs could be in similar items or others essential to project operation. The House Committee's report on its consideration of this legislation, specifically prohibits the use of Federal grant funds "for the construction of hospitals, clinics, or health facilities... (or) for the payment of hospital bills".

The legislation as proposed originally by Senator Williams had no termination date; however, a 3-year limitation was incorporated in the Act to provide for an early review of the adequacy of the program.

Of the \$3 million the Act authorizes for each year, \$2.5 million could be expected to go into grants to State and local health departments and other public and voluntary nonprofit organizations. All grant applications will be channelled through the State health departments.

Under the Bureau's previously expanded activities of the Migrant Health Section-DCHS, made possible by current FY '63 appropriations, additional staff is being recruited -- drawn from the various health disciplines that are needed in the development of a migrant health program: physician, health educator, nurse, sanitary engineer, and others. The new staff members are joining a staff already knowledgeable about the agricultural migrant situation throughout the Nation, and about inter-group relationships essential to the sound development of a migrant health program. As need is demonstrated for further expansion of professional consultation specifically on migrant health, additional health workers may be assigned along the major streams of migration.

● An external review committee is anticipated to advise the Public Health Service on grant applications -- membership including persons having knowledge of migrant health, from the field of public health, private medical practice, agriculture, employment, and other fields.

Further information about the status of the legislation or ongoing PHS activities in migrant health can be obtained from a Public Health Service Regional Office, or the Migrant Health Section, Division of Community Health Services, Bureau of State Services.

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