

Health Problems Among
Migratory Workers in Michigan

1952

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This report is based on a two month field survey among migratory workers in Berrien, Van Buren, Saginaw, Sanilac, Grand Traverse and Leelanau counties during the summer of 1952. The writer was serving a three month externship in Public Health Administration with the Michigan Department of Health at the time of the survey. Detailed descriptions of field work are included in three separate reports.

I. Why better health services should be provided for migratory workers.

A. Health conditions are poor among migrants.

1. Tuberculosis has been proven to have a high incidence among Spanish-speaking migrants from Texas. In Saginaw county, this incidence is about 15 times as great as among the resident population. These and other Texas-Mexicans are employed each summer in many areas throughout the state.
2. Venereal Disease incidence is closely correlated with poverty and the incidence among the migrants in Berrien and Saginaw counties has been shown to be well above that of the permanent population.
3. Dysentery and diarrhea have occurred in several outbreaks among migrants this summer. In a camp for Mexican nationals in Saginaw County there were 20 cases of bacillary dysentery. Minor outbreaks of diarrhea occurred in many camps for migrants.

Besides these cases which dramatize poor sanitary conditions, many camps were seen in which conditions were ideal for an epidemic of enteric disease. In investigating a possible typhoid fever case near Benton Harbor, it was found that the washing was done at an unprotected well and a child was seen dipping and drinking a cup of water from the washtub filled with dirty clothes. It is not surprising that various epidemics occur in migrant camps, but rather that there are not a great deal more of them.

4. Immunization. It is suspected that migrant children have a lower percentage of immunization than resident Michigan children. This plus the fact that these children make many contacts through their frequent moving make them more apt to contract diphtheria, pertussis, or even smallpox.
5. Housing. The filth and crowding often seen in migrant camp housing lends itself to the spread of many communicable diseases. Many labor camps lack the very minimum in sanitation, let alone any of the slightly more refined facilities such as good lighting and heating. Well after well was seen which lacked any sort of protection from surface contamination.
6. Travel. The frequent movings of migrants following the fruit, pickles and other crops brings them into contact with many other people thus increasing the spread of communicable disease. One three year old boy with pertussis was brought up from Arkansas in a truck with 21 other people including several other children.
7. Local Health Departments. In Berrien and Cass counties which have large numbers of migrants, there are no organized local health departments. In Grand Traverse and Leelanau counties there is a vacancy in the medical director's position.

B. Migrants threaten the health of residents.

The higher incidence among migrants of any communicable disease, especially tuberculosis and venereal disease, presents an increased threat to the health of residents with whom the migrants come in contact.

II. Possible lines of approach toward constructive solutions to health problems presented by migrants.

A. Local health department work should be expanded.

1. A full scale health department with a medical director and sufficient staff should be organized. This would seem particularly applicable to Berrien County with 30,000 or more migrants and a permanent population of around 125,000.
2. Increase staff in already existing health departments to permit considerable work on migrant health problems by sanitarians and nurses.

3. T.B. and V.D. surveys among migrants. In most cases the planning and execution of an intensive survey of this nature would presuppose an increase in staff. State health department mobile x-ray units might be used extensively in such a T.B. survey.
4. Day nurseries for migrants, of which a number already exist, offer possibilities for a health program among migrants. Minimum standards for operation should be met. The health department might conceivably aid in training the nursery personnel to some extent. Immunization programs might be carried out in these day nurseries.
5. Social workers assigned to migrant labor problems (a number of these positions are supported by the Council of Churches) might do a considerable service in public health work among migrants if the local health department worked closely with them, providing them with a little training and periodic advice and consultation. Reports from these social workers on camp conditions and communicable disease might be of real value to a health department program.

A number of these workers use moving pictures in working with migrants and some of the films from the State Department of Health film library could be shown by them.

6. Local physicians might be informed by the health department concerning migrant health conditions in the surrounding area and be encouraged to cooperate in any direct service programs.

B. Accident and medical insurance.

Some growers already carry liability insurance to cover accidents on their farms incurred by pickers and other workers. This practice should be encouraged.

The possibility of having hospital and/or medical insurance for migrants is quite a step beyond accident insurance, but is not inconceivable and should be investigated. Dr. Slee of Hastings is looking into the possibilities of Blue Cross and Blue Shield insurance for migrants but has had no findings at this writing.

C. Welfare Aid.

Some counties allow their welfare departments to meet certain emergency needs of non-residents in some instances. Perhaps it would be desirable that other counties have such a policy with reference to migrants. Those emergency needs provided for are usually accident cases, and the welfare department policy might be broadened in this respect.

D. Housing

1. Publicize the benefits to the grower who has good housing for his migrant labor. There is actually a strong and well founded argument that in most cases better facilities enable a grower to obtain better labor.
2. A housing code at either the state or local level to be applied by the local health department might be a valuable tool in improving migrant living and health conditions. It is assumed that such a code would be applied with restraint in an endeavor to gain cooperation from growers.

III. Problems in developing a health program among migrants.

A. Local health department

Several counties in the state have no way to meet the health needs of migrants since they have no health department to meet their own needs.

Where there are organized health departments in migrant areas, they usually have a heavy program and cannot carry a special migrant program. Such a program would require an increase in staff and appropriations, this usually being difficult to do even when the benefactors are legal residents, which the migrants are not.

B. Migrants

The migrant is a stranger in any community. Consequently he doesn't know to whom or where to look when he needs aid. Most health department's services are provided upon request, and there are few requests from migrants themselves. So any health department program must overcome ignorance and distrust on the part of the migrants in order to gain their cooperation in the program.

C. Local residents

The indifference and outright opposition on the part of many local residents is probably the biggest factor opposing a health program among migrants.

First of all, many growers, and almost all others in the community, have no feeling of responsibility toward the migrants. If they did there wouldn't be a problem.

Secondly, the county supervisor sees any increase in the size of the health department as requiring increased tax support, hence he is reluctant to authorize additional personnel.

Thirdly, the grower is afraid that any program would result in his having to make an outlay for improvements in his camp.

Probably this grower opposition is the most serious problem, and because of this, it appears that improvement in the health of migrants will come only as growers come to see the economy of providing good facilities.

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MIGRANT WORKER CONDITIONS IN SAGINAW AREA

The following is a report of a four day survey of migrant worker conditions in the counties of Bay, Saginaw, Gratiot, Tuscola, Huron and Sanilac. The survey was made by Gerald E. Church during the week of July 14-18, 1952. Mr. Church is serving a 3-month externship in Public Health Administration.

Information is listed according to source and constitutes the basis for the impressions and conclusions of Mr. Church.

Economic

Farm Placement Service of Michigan Employment Commission.

Mr. Albert Festerling - Crop Area Supervisor. The area under his supervision is outlined on the enclosed Farm Placement Map.

In studying various groups of migrant workers he emphasized the need for longitudinal case studies in which the seasonal and yearly life patterns of individual families may be determined. He felt that such studies would have greater validity concerning days of work, wages, etc., than a survey at any one time.

Mr. Festerling estimated the sugar beet crop at 60,000 acres but emphasized that the largest labor force is required in July and August, months of comparatively little activity in the beet fields. Snap beans and pickles require most of the labor during these two months. The peak season demand is 60,000 - 70,000 laborers in early August 10,000 - 15,000 of these are migrant workers.

The method of payment for work varies with the crop.

Thinning, blocking and hoeing of sugar beets is by the acre, about \$14 per acre. A worker is not paid until a whole field is finished.

Hoeing string beans is by the hour.

Pickle pickers are paid one-half the crop. Pickles make the hardest work, but the picker is paid at the end of each day. This is a big factor in getting pickles picked.

Although mechanization in sugar beets has reduced labor needs, some farmers still prefer to use migrant laborers because they have gotten along so well with them. Most

of the mechanization is in the harvest of the beets in the fall rather than in the spring work, but a few fields of sugar beets are being handled entirely by machine on an experimental basis.

In the recruitment of migrant labor, sometimes crew leaders are paid part of a bonus upon delivery of workers and the rest of the bonus when workers are no longer needed.

Mr. George Purdy - Saginaw Farm Placement Specialist.

Mr. Purdy stated that there were about 1,275 Mexican Nationals in the Saginaw Area. About 1,400 more were being flown in that week for pickle picking.

Mr. Norman Gardner - Michigan Sugar Company, Field Manager, Carrollton Plant.

Recruitment of sugar beet workers is carried out by the Consolidated Employment Agency in San Antonio, Texas. This agency tells the worker which sugar plant to report to. The migrants usually come up by car or truck, and a whole truckload may be a family group which want to stay together and work together. About one-half of the beet workers have been up previous years. Many migrants, particularly those coming for the first time, arrive in April and many have to wait a full month before work can begin in late May. The company pays \$15 per person for transportation from Texas. Most of the Texas Mexicans that have been up in the area previous years report directly to their field man who gives them the key to a company house, often the one the family had the year before.

Mr. Gardner stated that the beet workers are paid during the last two weeks of July as the beet hoeing is coming to an end. During the time previous to this, the families are given an advance on their wages of \$5-6 per week per adult and \$2.50 per week per child. Mr. Gardner also states that he often makes other advances at times, particularly to his "good labor" Beet hoes and knives are sold to workers at 10% above cost, coming to \$1.95 per hoe and 75¢ per knife.

Texicans (Texans of Mexican extraction) are paid on an acre basis according to the enclosed schedule Mexican Nationals and Puerto Ricans are paid 70¢ per hour. The number of Puerto Ricans are estimated at only 180.

Mr. Gardner considered the average family to consist of four workers and four children. Small children are considered a liability and a family with very many is usually rejected at the recruiting station in Texas. However, at times such a family turns out to be an asset in the long run as the children become of working age. One family he knew finally had eight workers between the parents and their children.

A typical seasonal itinerary of a Texioan migrant family would be:

June: Beet thinning, blocking and hoeing

July: Beet and bean hoeing, pickle picking

August - September: Pickle picking

October - November: Beet harvesting

November - December: Cotton in Arkansas and Texas.

Mr. Gardner pointed out that there are many variations to this pattern, with considerable numbers going to cherries and tomatoes after beet hoeing ends.

Father Hickey - Office at the Chancery of the Saginaw Diocese

The Saginaw Decese has conducted a census of all migrants in the territory in an attempt to meet the religious needs of Catholic migrants. To do this they established nine areas, each having at least one church conducting Mass in Spanish. To carry out a survey of migrants, several priests and eleven seminary students, all Spanish speaking, conducted a farm to farm visitation throughout their respective areas. They were concerned primarily in religious matters but their reports include discussions of wages, working conditions, living conditions and comments and complaints made by migrants themselves. A copy of the report form used by each center is enclosed at the end of this report as well as a map delineating each center.

The following indicates the migrant population in each of the areas:

<u>Center</u>	<u>Adults</u>	<u>Children under 16 years</u>	<u>Total</u>	<u>Number of Families</u>
1. Alma - St. Louis	417	183	600	?
2. Hemlock - Merrill	211	125	336	50
3. Chesaning - St Charles	300	90	390	58
4. Saginaw	412	180	592	104
5. Bay City	544	263	807	133
6. Reese	422	367	789	107
7. Unionville	680	265	945	145
8. Pigeon	404	294	698	109
9. Crosswell	550	219	769	119
TOTALS	3940	1986	5926	825

Father Hickey stated that a compilation of the nine reports would be made available to the Commission.

Education and Religion

Mr. Howard W. Crawford - Saginaw County Superintendent of Schools.

Mr. Crawford took office on July 1, 1952, and had little information concerning attendance of migrant children in the county's schools. However, he suggested that little was done to get them into school during the first week or so in September.

Rev. Norman Hughes - Executive Secretary of the Bay County Council of Churches.

In the Munger Presbyterian Church just southeast of Bay City, the Council of Churches sponsors a Child Care Center for migrant children of primary grade age level. These are all Texican children. The Center is staffed by two salaried young women and two assistants. Early in the morning the children are picked up at their housing by two cars. The Center is open until 5 p.m.

During the summer several "Family Night" programs are held in the Munger Town Hall. These are for parents as well as the migrant children.

This program has been going for seven years now.

In strictly religious matters the Catholic Church has been quite active among the migrant as was pointed out earlier. In the census of migrants conducted by the Catholic Church all migrant families were visited but return visits were made only to Catholic families. The great majority of Texicans are Catholic but considerable numbers are not.

A type of education in reverse has taken place in this area. Rev. Raymond Tolosa, pastor of the First Mexican Baptist Church, Spanish speaking and a resident of Saginaw for 23 years, has conducted a course in Spanish for employers of migrants, grocers from migrant areas, etc. This has been a popular short course, held at the Bay City Junior College during the winter. The class had twelve 2-hour meetings and an enrollment of 38. Later, at popular request, five 2-hour classes were held specifically for grocers.

Health, Sanitation, and Housing

Dr. V. K. Volk, health officer of Saginaw County, states that the migrants and former migrants in the county present its most important public health problem. The tuberculosis, venereal disease and infant mortality rates are much higher among the Spanish-speaking population than the whites. This is of the order of 15-20 times as prevalent for T.B. and 3 times as prevalent for V.D.

Dr. Volk's first and most emphatic recommendation for improving the situation is that the program for x-raying Mexicans in Texas be reinstated. This program operated for several years previous to World War II. Briefly, it required fluorescopic examination of all those Texas Mexicans seeking work with Michigan sugar companies through their recruitment center in San Antonio. The program was highly successful, resulting in the rejection of 1200 tuberculous persons out of 40,000 examined. With the war and the labor shortage this program was abandoned, and has not yet been resumed. Consequently, the T.B. rate remains high and not only burdens the county and state with additional T.B. hospitalization for these cases but constitutes a constant source of infection to the rest of the population.

Dr. Volk's second major recommendation for improving health conditions in Saginaw County is that better housing should be provided for the migrants.

At the end of this report are enclosed copies of two talks given by Dr. Volk concerning this problem.

From James D. Dickson, Saginaw County Sanitary Engineer and Miss Campbell, Public Health Nurse, I learned that the health department had been consulted this

spring by Michigan Sugar Company prior to building a camp for about 100 Mexican Nationals on the Prairie Farms south of Saginaw. However, the Mr. Dickson had not been called in to inspect the finished camp. It was not until a serious case of bacillary dysentery of the Shigella sonnei type occurred in the camp. An inspection was then made resulting in the following recommendations:

1. Better dishwashing and rinsing
2. Metal top food counters
3. Better storage facilities, including a walk-in refrigerator
4. A trap in the septic tank line
5. Better garbage disposal.

At the time of my interview some of the recommendations had been compiled with although a walk-in refrigerator was not planned before next year.

Since that time and just previous to the writing of this report, I have learned from DR. F.S. leader of the State Health Department that 20 additional cases of bacillary dysentery have occurred in that same camp.

Dr. R. L. Loftin, the Bay County Health Officer, stated that a program of smallpox, diphtheria, whooping cough, and tetanus immunization had been conducted among Texas Mexicans during the summer of 1946-48, 1950 and 1952. X-rays and blood tests for those over 15 years were also carried out during these same summers. This program indicated that the T.B. rate among Bay County Spanish-speaking migrants was 15 times as high as among whites. Of 1091 Kahn tests for syphilis, 62 were positive and these were treated at a rapid treatment center.

In the First Ward of the city of Saginaw, the Catholic Church maintains the Guadalupe Center, a clinic primarily involved in prenatal examinations, pediatric and immunization work. The Center has a permanent staff of two registered nurses, Sisters Pauline and Marie. In the fall of 1946, the clinic had a one bed beginning. In the fall and winter of 1947, Sister Pauline left to take training in midwifery. From May 1948 until January 1952, the center operated as a maternity clinic and

and 554 babies were born during the period, most of them being delivered by Sister Pauline. During this time the clinic had 4 permanent beds, although rarely as many as 8 mothers were in the clinic at one time, requiring 3 cots and the use of the delivery table. Sister Pauline states that the mothers preferred the clinic to a hospital because they felt "more at home" in the clinic. Sister Pauline referred all cases with any complications to a resident physician at one of the Saginaw hospitals. In the few rare emergencies, a resident physician of the hospital came immediately to the clinic.

Sister Pauline states that the obstetrics work was terminated this year because the Saginaw hospitals and physicians objected to the clinic taking in legal residents of Saginaw, although these were Spanish-speaking former migrants. Without the resident patients, the clinic did not have enough money to meet the expenses of the non-paying non-residents.

At the present time, Dr. Johnson, a resident gynecologist and obstetrician at Saginaw General Hospital, and an intern from St. Mary's Hospital, conduct the clinics on Tuesdays and Thursday afternoons. These clinics are primarily prenatal examinations but some pediatric work is done at the same time 15 to 20 women make up an average clinic. Referrals to a hospital are made on a sealed form indicating the condition and ability of the patient to meet expenses.

Legal residents of Saginaw that can pay medical expenses are usually referred to an M.D. Those served by the clinic are not charged for either the services of the clinic or the physician. When maternity cases are referred to a hospital, a sliding scale is used in charging these persons for their hospital expenses and the difference is paid by the Catholic Charities.

On Saturday morning an immunization clinic is held in which Smallpox, diphtheria, whooping cough and tetanus shots are given.

Frequently, babies are brought in because of diarrhea incurred during the long trip north from Texas.

Concerning housing, Mr. Festerling of the Farm Placement Service, emphasized that numerous other factors also influence the desirability of any particular housing unit. Among these factors are proximity to store, nearness of other migrants, shade, garden space, relations with field man and grower, miles from work, attitude toward piece work, etc.

Many of these factors could not be determined in relation to my observations of housings. This should be kept in mind in considering the following photographs and descriptions of various labor camps. Another important factor that could not always be determined was the number occupying a cabin.

In locating areas in which migrants were relatively numerous, I was greatly aided by the maps used by the Catholic Clergy in surveying these areas, since they marked the location of each family or camp.

The first eleven camps described are in an area several miles northeast of Saginaw, close to the county line.

MIGRANT WORKER CONDITIONS IN TRAVERSE BAY AREA

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The following is a report of a six day survey of migratory worker conditions in Grand Traverse and Leelanau counties. The survey was made during the period July 30 to August 7, 1952 by Gerald E. Church, a medical student serving a 3-month externship in Public Health Administration.

Economic

1. Mr. Ray L. Olney of the Farm Placement Service estimated that in a normal year like last year a peak of 30-35,000 pickers is required to harvest the 14,000 acres of cherries, most of which are in Grand Traverse and Leelanau counties. Normally about one-half of the number are processed through the Farm Placement Service. Mr. Olney estimates that of this 30,000 about 50% are Texas-Mexicans, 30% Southern white and 20% negroes.

This year was a very abnormal year due to a series of storms which struck the area just a few days before sour cherry picking began. The high winds caused the cherries to knock together resulting in bruized fruit ("wind-ship") unfit for marketing. The severity of damage varied with terrain, protection by woods and locale. The northern part of the Leelanau peninsula was most severely affected as the winds were strongest there and it also hailed in this area. Some growers in this area had to leave their entire crop on the trees since it wouldn't pay to pick and sort the small percentage of good cherries left. Because of this extensive damage the number of pickers never reached a normal peak. A great many pickers left early because picking was so poor, requiring much sorting of the bad cherries from the good which cuts down a days earnings considerably. Actually a mild labor shortage existed because many pickers had left, and many growers were forced to raise picking wages from the normal 50¢ per lug to anywhere between 60 to 75¢.

Mr. Olney stated that an additional factor in the labor shortage was the border crackdown on "wetbacks" in Texas demanded by the Mexican government. This had resulted in fewer Texas-Mexicans coming to Michigan.

In placing an order for pickers with the Farm Placement Service, the grower usually states what kind of labor he wants, whether white, colored or Mexican (Texas-Mexican). Mr. Olney said many growers prefer Texas-Mexicans because they come in a group and usually stay put on a farm until the picking is finished, whereas the white and colored are somewhat more prone to leave a farm during picking. The other main reason for stating a preference is to maintain all the same kind of labor on any one farm. A farmer may already have 50 white pickers and need 15 more pickers so he will ask that these 15 also be white. Some mixing of white and colored, and of white and Mexicans but little of colored and Mexican as more trouble seems to occur in this case. However, few colored go through the Farm Placement Office since most of them are employed in the Sutton's Bay and Northport vicinity.

A maximum of 650 Mexican Nationals were used in cherries in this area this year. Most of these were under contract with various Michigan Pickle Companies. They had been contracted from other parts of the United States as they became available. To keep them working between the time they were contracted until they would be needed in pickles, the pickle companies sent them into the cherry areas.

The length of the sour cherry season is about 3 weeks in any one place but is spread over 5-6 weeks for the whole Traverse Bay area, beginning about July 20 and running through August with a peak normally about August 1.

As for other crops in this area which require seasonal labor, 100-200 pickers

are needed in strawberries, and after cherries about 1500-1800 are required for beans and pickles. About 200 migrants are needed for the apple harvest.

2. In inquiring about cherry production at Cherry Growers, Inc., in Traverse City, I was told that their processing was off 50% and that all the other 15 processing plants in the area would have an output of 40-60% of normal.

Education and Religion

In the Northport vicinity the Council of Churches had two college students, Miss Ruth Mastin and Mr. Richard Niebank, working this summer among the migrants there. They visited most of the farms for several miles around where migrants lived. They held a number of church services for the pickers and also showed numerous educational movies, some of which were obtained from the Michigan Department of Health. Most of the migrants in this area were colored and Texas-Mexicans. Since Miss Mastin spoke Spanish well, this was no language barrier with the Texas-Mexicans.

Health

1. The Central Michigan Children's Clinic is located in Traverse City as a wing of Munsen Hospital. It is financed by the Children's Fund of Michigan. Its director is Miss Walmark and Dr. Osterland is the medical director and there are two resident physicians. The clinic's services are available to all needy children up to 21 years old. A number of the Texas-Mexican families in the Grand Traverse area during cherry season have learned of the clinic and their children are gladly given medical service there without charge. During July Texas-Mexican children frequently constituted $1/3$ to $1/2$ the outpatients seen in a day. They number of different individual migrant children treated by the clinic in July 1952 was 55. Many of these children were seen on 3 or 4 occasions. Six migrant children were admitted as in-patients during July. One of these was a 2-month infant with severe diarrhea. The child was so gravely ill that it died the next day in spite of all emergency treatment.

Most of the out-patients migrant children were affected with measles and tonsillitis. Several infants with diarrhea were also seen. Miss Walmark said that whooping cough was common last year.

The Clinic is lenient in its decision whether to charge an individual or not, and none of the migrant families were asked to pay any fees. However, the Clinic is very careful not to take patients of physicians in the area unless they are referred to it by that physician.

The Children's Fund will cease to support the Clinic after 1954 and there is no other foreseeable means of support. With the medical needs of migrants already poorly met, the closing of this Children's Clinic will be a distinct setback.

2. The Grand Traverse-Leelanau County Health Department is without a medical director. And as is the case in other counties, the sanitarians are so busy with their routine work that they have little to do with migrant camps. In former years they inspected the camps of Mexican Nationals and Jamaicans who came under international contract but even this was not done this year.

3. Mr. F. J. Ruenuver, director of the Grand Traverse county welfare department stated that a number of migrants use the facilities of the county hospital in addition to private patients and indigent residents. Up through July there had been 8 Texas-Mexicans use the hospital. All of these were maternity cases and all paid their bill in full. In fact, Mr. Ruenuver asks them to deposit \$80. with the Welfare Department before going to the hospital. Usually the mothers stay only 3

days and the bill runs about \$75. Any difference between deposit and fee is returned. The fees are \$50. to physician delivering the baby and \$6.50 per day for the hospital bed.

Over the three previous years, the Welfare Department had a \$1600. loss on hospitalization of 30 migrants. Most of the loss came on just a few patients.

4. Dr. Edward F. Sladek of Traverse City estimated that 4 or 5 cases of TB were found among the migrant patients at Munsen Hospital each summer. This probably does not represent all tuberculous migrants in the hospital since x-rays are not taken on all patients.

Dr. Sladek was concerned about the financial loss on migrant patients sustained by the hospitals and the physicians in the area. He stated that Munsen Hospital lost \$2,000. out of \$6,000. in hospital bills for migrants last year. He further estimated that local physicians had a 35-40% loss on migrants. He felt that much of it was due to yearly childbearing, and no prenatal care. He also mentioned that the Texas-Mexicans suffer greatly from dental caries.

Dr. Christie had seen three cases of venereal disease among migrants this summer and more last year.

3. This photo shows some of the housing on the Oswald Herkner Jr. cherry farm located on the Peninsula. Mr. Herkner employs 100-125 pickers, most of whom have picked for him previous years. His labor is brought up by the same truckers each year. All of his labor is Texas-Mexican.

Most of the families are housed in the log cinder block building shown above. This building is 14' and divided into five 12' x 14' rooms, six 10' x 14' and ten 9' x 14' rooms. It has a concrete floor and cinder block partitions. Mr. Herkner stated that the original cost when he built it in 1948 came to \$244. per unit complete with bed frames, springs, straw ticks, kerosene stove, icebox, stools of table surface. Kerosene and electricity are also furnished free. Each family is required to pay a \$5. deposit at the beginning of the summer. This is returned if the room and grounds are left in proper order at the end of the summer. Mr. Herkner said that he hadn't had to keep a deposit yet. Many families return to the same room each year and leave some of their belongings in the room over the winter. Mr. Herkner has only to unlock the rooms as the pickers arrive and lock the rooms as they leave. He estimates that this building paid for itself in three years since he no longer had to hire two men to put up the tents each spring and take them down and clean the grounds after cherry season. He built this building in 1948 because it was a prosperous year and the capital investment put him in a lower income bracket. He also has several log cabins but said these cost more in spite of the fact that he got the material from his own land. There were several tents still being used.

Water is obtained from two taps in front of the building. There is a central plumbing building with men's and women's toilets plus a laundry room. Mr. Herkner pays a boy \$10. for the summer to clean the toilets 3 times a week. There is a large pit for garbage disposal and a regular collection of rubbish is made.

At the beginning of the cherry picking Mr. Herkner called his pickers together and told them he would pay 60¢ per lug which was 10¢ over the prevailing rate because he knew there would be considerable sorting required later in the season. Before the storms they were picking 1500 lugs per day and earnings were very good. After the storms the picking dropped to 900 lugs per day. Neighboring growers raised their wages to as high as 75¢ per lug after the storm in order to hold their labor, but Mr. Herkner still paid 60¢ and lost none of his labor.

MIGRANT WORKER CONDITIONS IN BERRIEN AND VAN BUREN COUNTIES

The following is a report of a seven day survey of conditions among migratory workers in Berrien and Van Buren counties. The survey was made during the weeks of July 7-11, 1952 and July 21-25, 1952, by Gerald E. Church. Mr. Church was serving a 3-month externship in Public Health Administration.

Information is listed according to source and it is upon this information that Mr. Church's impressions and conclusions are based.

Economic

Farm Placement Service of Michigan Employment Commission.

Mr. Don Hamilton - Crop Area Supervisor

The area under his supervision includes Berrien and Van Buren counties plus part of Cass and Allegan Counties.

This area has one of the highest concentrations of migrants in the state. Mr. Hamilton estimated that in May about 4,000 migrants were in the area. Asparagus is harvested in May. In June the migrant population reaches 18,000 most of these picking strawberries. In July raspberries and cherries are the main crops. From July 30 to August 10, approximately, there is very little picking done since this falls between cherries and peaches.

Mr. Hamilton stated that until July 30, most of the pickers were in family groups, with a good number of children. From August on, however, he claimed that adult groups of pickers predominate with far fewer children. The reason for this turnover of labor appears to be due to the fact that the children can easily help in picking strawberries and raspberries, but that the later crops are less suited to child labor. He thought that some of the families went to tomatoes in August and others returned to the South.

In August a peak of 22,000 migrant pickers is reached. However, since most of the migrant pickers do not go through the Farm Placement Office but go to the farms directly, and since many of these families have small non-picking children, this estimates of 22,000 would appear to be well below the actual migrant population. Most of these people are Southern whites, some are colored, and almost no Texas-Mexicans.

The main crops in this area are strawberries (13,000 acres), apples (18,000 A), peaches (20,000 A), cherries (6,000 A), bush berries (9,000 A), tomatoes (12,000 A) and grapes (13,000 A).

Mr. John Portschy - Keeler Farm Labor Office.

Mr. Portschy explained that the Keeler area is predominantly a strawberry area, and this crop demands considerable migrant labor. Again, just how many is uncertain since only a small proportion of pickers find their jobs through the labor office.

Mr. Stanley Johnson - Agricultural Experiment Station in South Haven.

This area around South Haven and Grand Junction is the center of the blueberry industry in Michigan. The number of growers belonging to the Michigan Blueberry Growers Association has increased phenomenally in the last 10 years, from 39 to 368. Mr. Johnson further estimates that blueberry production will double in the next 4 years. He states that there are more migrants in this area this year than ever before and feels it is due to the drought in the South which ruined many crops, causing some Southern farmers to come North seeking work. Over 90% of the migrant pickers in this area are Southern white according to Mr. Johnson.

Mr. Bill Reamer - Manager of Keefe Blueberry Plantation, Grand Junction

This blueberry farm is probably the largest in the state, having 73 acres under cultivation. 500 pickers are used on this farm alone. Mr. Reamer stated that the blueberry season ran for 12-13 weeks from the middle of July through August is the peak season, with most families going to grapes about the end of August since they can do better picking grapes.

Pickers are paid 7¢ per pint of blueberries on the Keefe farm but this includes transfer of berries into pint boxes. Earnings vary greatly between pickers since experience is a big factor. Mr. Reamer judged that a majority of pickers earn less than \$5 per day.

Mrs. John Handy - Grower's wife.

Mrs. Handy was asked about the possibility of greater diversification of fruit crops so as to reduce peaks and gaps in the labor requirements. At the present time, a labor peak is needed for strawberries in June, then another peak in late July for cherries, followed by a very low labor requirement during early August until peaches come in. Mrs. Handy felt that more diversification could and should be accomplished but that there would still exist some gaps between the harvest of the various fruits, particularly between cherries and peaches. She said, also, that terrain prevents some farmers from growing certain fruit.

Education, Day Nurseries and Religion

Mr. Dominy, Commissioner of Berrien County Schools.

The school year is approximately from Sept. 1 to May 15. Therefore, there are not very many migrant children in the area before schools close for the summer. However, considerable numbers of migrant children are still around when school opens in September. Some difficulty arises at this time since it is during grape harvest and children make good grape pickers. However, Mr. Dominy stated that an active program was carried out in getting these children into school. Some reports of such children are obtained in September from children in school when asked by the teacher if they know of any children in their neighborhood who are not in school. Any such reports are followed up by the attendance officer.

Rev. Ellis Marshburn - Congregational Church, Benton Harbor.

Rev. Marshburn is a member of the Governor's Study Commission on Migratory Labor.

Rev. Marshburn showed me through some of the migrant areas in Berrien County and explained the general distribution of white and colored migrants, the colored being more concentrated in the central region of the county around Sodus. The white migrants are predominantly farther north in the county. It should be understood however, that there is a good deal of overlapping.

Rev. Marshburn explained the program which the National Council of Churches is carrying out among the migrants in this area. In this area of the state, the Council maintains three day nurseries for migrant families throughout Berrien County.

I visited the Sodus Nursery with Rev. Marshburn. The nursery was held in the redecorated and refinished basement of the United Evangelical Brethren Church just outside of Sodus. A staff of three colored ladies plus some part time help carry out the nursery program. The nursery was maintained from June 9 to July 18 this year. The nursery is open from 6:30 a.m. to 2 p.m. Most of the children are transported by bus. The number of children each day varies from 25 to 50 with an average in the 30s. This number includes as many as 12 infants in bassinets, and the ages run up to 9 years. There is one meal provided for the children each day. The salaries of the staff are met by the Council of Churches while a number of the nearby fruit growers contribute to provide the bus driver and a \$50/month meal fund.

Another day nursery is maintained at Locota in Van Buren County. Some of the Commission members have visited this nursery. It is located in a two story school building. It is licensed for 45 children but has never reached that number. It has a staff of six college girls plus a director. Due to a combination of factors, including Health Department reluctance to approve the nursery in the present building and some local opposition to the use of the school, the school will not be used next year. However, the American Friends Service Committee sponsored a work camp to build a new nursery across the road from the school and this will be advisable next year.

This Locota nursery has been particularly interesting to me because there appear to be a number of factors and interests involved, some of which probably apply to any program carried out among migrants, these are:

1. The Council of Churches is interested in providing a needed nursery service and also a weekly church service to migrants in the area.
2. The migrants themselves are interested in the nursery so that they can leave their little children who would otherwise keep the mother from picking fruit.
3. The growers also appear to be interested in it from the same standpoint as the migrants, that is, it leaves the mother free to pick. It is my understanding that this is the main reason infants of only a few months are accepted by the nursery.
4. The county health department does not favor the present set-up because sanitary conditions, and size and experience of the nursery staff are below recommended levels.
5. Among the local residents both prejudice and support are found. Some don't want "migrant kids" using their schools. Others have supported the present set-up.
6. The young people working on the new nursery under Quaker sponsorship have done so in a desire to provide a lasting constructive step in solving the migrant problem.

In Berrien County, the Council of Churches provided for the full time service among migrants of two college graduates, Mr. William Marton and Miss E. C. Speers, and their program include visiting a great many migrant families, and counseling

with them concerning personal or health problems. They also organized a considerable number of "Family Nights" on various growers farms in which nearby migrant families would attend. These programs consisted of singing, a short worship service, games for the children and both educational recreational movies. At times they had Red Cross personnel come to these programs to discuss various health problems and procedures with the parents.

Health

In Berrien County there is no full scale health department with medical director, corps of nurses and sanitarians. At present the county maintains a health office, Mr. August Piehl being in charge. Much of his time is taken up by venereal disease work and a broad public health program does not exist. This surely has an adverse effect upon the general health of the county, both of residents and migrants. By way of contrast, Allegan County with less than one-half the population of Berrien County has a health department with 8 field workers including a medical director, public health nurses and sanitarians.

Mr. Dominy, County School Commissioner, mentioned several health programs carried out in the county. But each of these in most part misses the migratory workers. The school nurse program has little to do with migrants since only relatively few migrant children are in the county during the school year. The immunization program in the schools is carried out during the winter for medical reasons and thus misses even the migrant children who are in the county schools part of the year. About one-half the children of the dozen or so families interviewed had not been vaccinated.

The TB surveys conducted reach few migrants as they often are reluctant to come in for x-ray and many farmers do not report suspected cases because he does not want to lose any of his labor. One farmer rationalized this practice by claiming that the suspected migrant will move on rather than have an x-ray taken or submit to hospitalization. And this would undoubtedly be true in many cases.

The day nurseries for migrant children mentioned earlier sometimes present problems in communicable disease control. These are essentially the same problems threatening any group of children but the lack of facilities and adequate staff makes the nurseries for migrant children more susceptible. However, at the same time, these nurseries provide an opportunity to teach these children better health habits.

On a number of occasions Miss Speers and Mr. Martin of the Council of Churches showed educational health movies to groups of migrant parents. They also arranged for the Red Cross to give several talks and demonstrations for migrants. Frequently they found a migrant worker quite ill and referred him to a physician. However, the person usually did not go to the physician, either because of distrust or lack of money.

Mr. Leslie Speese, director of the Berrien County Social Welfare Board, stated that he could only meet emergency aid for needy but non-resident migrants. In an accident, for example, the Welfare sometimes meets the hospital bills and provides transportation to the migrants home state as soon as he is able to travel.

Most of these emergency cases are handled at the County Hospital at Berrien Center. A number of welfare charges who used to be migrants but now have legal residency are also taken at the county hospital.

For migrant children's hospital needs there is some money available from outside the Welfare Department but Mr. Speese had been asked to keep track of these expenditures, so he was able to cite them to me. In May and June of 1952, \$3,600 had been spent for migrant children medical needs in Berrien County.