

THE MIGRANT FARM WORKER

Fact Sheet

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Migrant Farm Worker Fact Sheet

"THE MIGRANT FARM WORKER HAS BECOME AN ABSOLUTE ECONOMIC NECESSITY TO THE GROWER IF AGRICULTURAL ENTERPRISE IS TO BE CONTINUED IN MANY CROPS AND LOCALITIES." (Louis Levine, U.S. Department of Labor)

Economic need

for migrant workers Mechanization and other technological developments in agriculture have:

1. Reduced the number of year-around jobs available in many farming areas;
2. Contributed to an increase in the size of farming operations;
3. Opened up new land to development, often in sparsely settled areas;
4. Been an important contributing factor to the outmigration of farm youth in older farming areas where opportunities for steady employment no longer exist for all the children growing up in those areas;
5. Resulted in a demand for temporary seasonal workers to meet local peaks in labor demand in many agricultural areas. In addition to the temporary workers who can be recruited locally, many areas require others from outside the county or State.

Machines reduce the total need for labor in some crops but may still leave certain operations to be done by hand. For example, harvesting machines lift carrots out of the earth, but picking up and bagging continue to be chiefly hand operations.

Increased acreages of high labor demand crops such as strawberries and cucumbers offset decreased demand for hand labor in such crops as snap beans which are being harvested by machines to an increasing extent. As long as the general economic level remains high and the population continues to increase, consumer demand for some of these specialty crops requiring stoop labor seems likely to continue at a high level.

The migrant workers displaced by machines in one crop or area are likely to be absorbed in other crops in the same or other areas. Those who graduate from stoop labor to work in mechanized operations, gain in income and in community esteem. However, their intermittent work may still mean a relatively low annual income.

THUS, THE DEMAND FOR MIGRANT AGRICULTURAL WORKERS SEEMS LIKELY TO CONTINUE FOR THE FORSEEABLE FUTURE.

Definition

An agricultural migrant moves each year to one or more work areas beyond normal daily commuting distance from his home. His migration follows a seasonal course, sometimes through several States. Customarily he returns to a home-base when seasonal work in agriculture is not available elsewhere.

Number

Approximately 1 million domestic agricultural migrants follow the crops in the United States each year. These are United States' citizens. They include single workers and workers with family dependents. Many dependents travel with workers and may work at times during the crop season; others remain behind in home-base locations.

The domestic migrant population is greater than the population of any one of 13 States. These include Alaska, Arizona, Delaware, Idaho, Montana, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Vermont, and Wyoming.

General characteristics

Domestic agricultural migrants belong mainly to the following low socio-economic groups of rural background:

- | | |
|---|-------------------|
| a. U.S. citizens of Spanish-speaking background | d. Puerto Ricans |
| b. Negroes | e. Anglo-American |
| c. Indians | |

They are chiefly persons lacking in education, occupational skills, or other requirements for obtaining regular employment readily. They share the health problems of other low-income groups and frequently live in poor housing and unsanitary conditions.

Employment conditions - Employment is intermittent, broken by travel between jobs, crop delays caused by bad weather, and other unforeseen circumstances. Annual earnings per worker average about \$1,000.

Typically, domestic farm workers are not legally covered by protective legislation which covers most other workers such as minimum wage, unemployment insurance, and workmen's compensation coverage.

Labor demand and supply areas - Domestic migrants work in nearly every State. Agricultural communities in about 900 counties face financial loss if migrant workers do not appear on schedule at the peak of each crop season.

Many labor supply areas are also heavy labor demand areas. Texas alone supplies migrant workers to more than 30 States each year and uses about 100,000 at its own peak season. Florida, California, New Mexico, and Arizona are among other important labor supply home-base areas which also use migratory workers.

I. Educational attainment of adults on the Atlantic Coast, 1957

<u>Years of school completed</u>	<u>Age groups</u>					
	<u>16-19</u>	<u>20-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55 & over</u>
	<u>Percent</u>					
0-4	4.2	11.5	21.5	37.4	53.0	60.7
5-8	36.1	44.3	46.0	39.7	30.0	34.9
More than 8 yrs.	59.7	44.2	32.5	22.9	17.0	4.4
Median	9.5	8.6	7.6	6.6	4.8	3.8

Source: Sharp, Emmitt F. and Larson, Olaf F. Migratory Farm Workers in the Atlantic Coast Stream, 1953 and 1957. Bull. 1949. Cornell University, May, 1960.

II. Educational attainment of adults based in South Texas, 1957 ^{1/}

<u>Years of school completed</u>	<u>Age group</u>		
	<u>Under 25</u>	<u>25-44</u>	<u>45 & over</u>
	<u>Percent</u>		
None	20	46	69
1-4	29	30	22
5-8	45	22	9
More than 8 yrs.	6	2	--

Source: Metzler, William H. and Sargent, Frederic O. Migratory Farm Workers in the Midcontinent Streams. Prod. Res. Rept. No. 41 USDA in cooperation with Tex. Agr. Ext. Sta. 1960.

DOMESTIC MIGRANT WORKERS --

Have no minimum wage.

(Are paid by the piece or by the hour--so much per bag or per hamper of vegetables or fruit, per acre of crops worked on, or per hour of work done in hoeing, irrigation or other farm operations.)

(Have no contractual guarantees of work for a stipulated period or other working conditions.)

Have no unemployment compensation, sick leave, or holiday and vacation pay.

(Lose pay when they lose time from work, whether the cause is sickness of the worker himself or of a member of his family, time spent in travelling from job to job, lack of work resulting from weather or crop conditions, or other situations.)

Have no workmen's compensation coverage.

(Must meet the costs themselves when they require care or lose time from work-connected accidents or illness.)

Have no group health and accident insurance.

(Must pay the bills for off-the-job accidents or illness for themselves and other family members.)

Seldom qualify for welfare aid including emergency medical care on the same basis as permanent residents.

(Must shift for themselves to meet emergency needs, including needs for medical and hospital care, which would typically be met by welfare agencies for residents in similar economic circumstances.)

May qualify for social security.

(Qualify for social security if they work for a single employer for as long as 20 days in a single year, or earn as much as \$150 in cash wages from one employer. A growing number are being covered but some still do not qualify. Others fail to apply for a social security card through ignorance or lack of understanding.)

Are covered by child labor laws restricting the work of children during school hours.

(Often depend on the work of young children during school hours and at other times. A teen-ager or younger child may take the place of a man in the field or may care for younger children while the parents work. Often there is no safe place to leave young children while both parents work. Sometimes migrant children find it difficult to get to school because of community rejection; lack of space and teachers even for local resident children; costs of getting suitable clothing, books and other school equipment usually different in each new school; lack of a record of past school experience.)

Are usually furnished housing by their employers.

Are covered by Interstate Commerce Commission regulations.

(Typically live in overcrowded, run-down housing. Water supplies and waste disposal methods are likely to be unsafe even by minimum standards.

(Often travel in their own cars and trucks which do not need to be cleared by the Interstate Commerce Commission and which often fail to meet minimum standards for highway safety. Overnight rest stops are seldom available to enable them to meet ICC requirements on hours or distance travelled between rest stops.

THE NUMBER OF UNITED STATES' CITIZENS DEPENDENT ON MIGRANT
AGRICULTURAL WORK FOR A LIVING APPROXIMATES THE 1960
POPULATION OF ANY ONE OF 4 STATES. IT EXCEEDS THE 1960
POPULATION OF 11 STATES.

The number of domestic migrants is
approximately the same as the 1960
population of the following States:

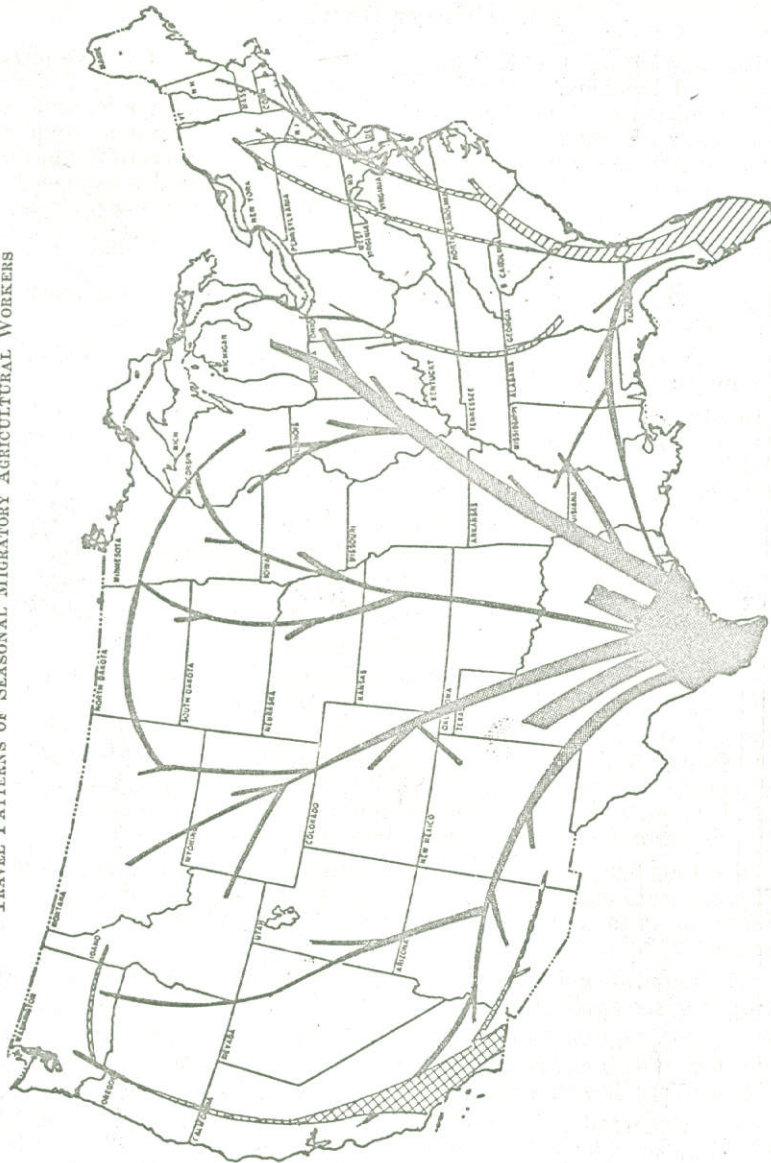
Maine
New Mexico
Utah
Rhode Island

It is greater than the population
of the following States:

South Dakota
Montana
Idaho
Hawaii
North Dakota
New Hampshire
Delaware
Vermont
Wyoming
Nevada
Alaska

PROGRAM ACTIVITIES UNDER THE MIGRANT HEALTH ACT

TRAVEL PATTERNS OF SEASONAL MIGRATORY AGRICULTURAL WORKERS



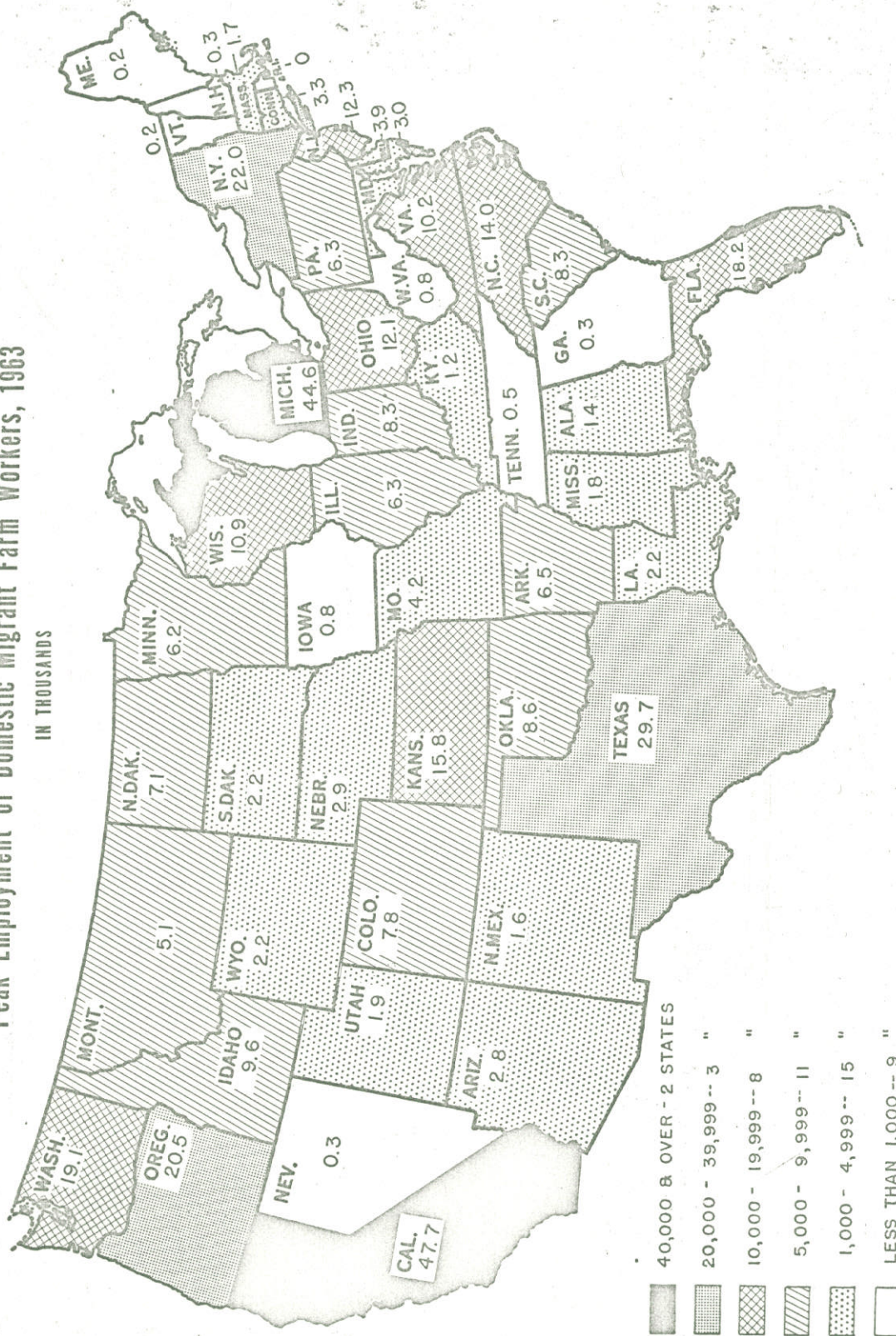
Map of major streams (from p. 3 of interim report)

Each spring the migrants move northward, returning in the fall to Florida, Texas, and the Southwest when no work can be found elsewhere.

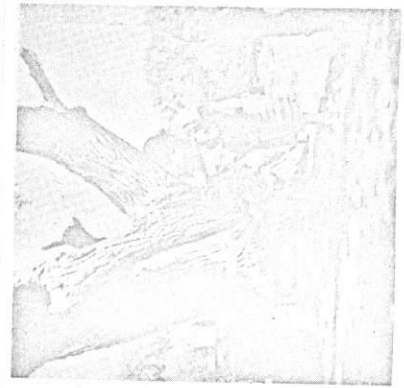
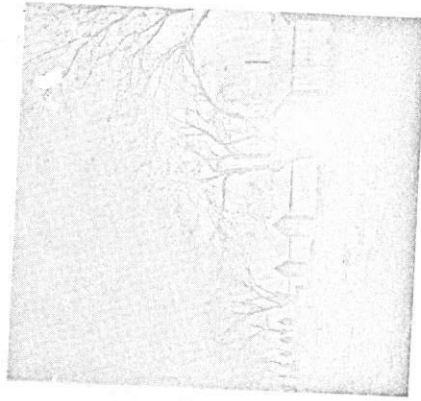
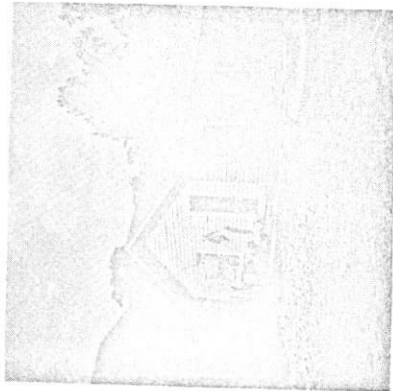
Source: U.S. Department of Labor, Bureau of Employment Security, 1961.

Peak Employment of Domestic Migrant Farm Workers, 1963

IN THOUSANDS



EACH TIME A MIGRANT MOVES, HE NEEDS A PLACE TO LIVE.
Single worker and family housing ranges from reasonably adequate single units to a camping spot under the trees near a dump.



He also needs care to maintain health and to treat illness or injury.

Use pix depicting:
Medical care
Dental care
Nursing services in camps
Health education

Plus continuity of care through inter-area communication.

Form Approved Budget Bureau No. 68-R732	
PERSONAL HEALTH RECORD OF	
NAME	
HOME ADDRESS	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
BIRTHDATE OR AGE _____	
BE SURE TO SHOW THIS RECORD WHENEVER YOU GO TO A DOCTOR OR NURSE. FAYOR DE PRESENTAR ESTE DOCUMENTO CUANDO USTED VEA A SU DOCTOR O ENFERMERA.	
TO PHYSICIAN OR NURSE TO WHOM THIS RECORD IS PRESENTED; PLEASE ENTER PERTINENT INFORMATION AND RETURN RECORD TO BEARER.	
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MIGRANTS ARE ON THE MOVE



SOME NEVER GO TWICE TO THE SAME PHYSICIAN

Form Approved
Budget Bureau No. 68-R732

PERSONAL HEALTH RECORD

OF

IMMUNIZATION RECORD				X-RAYS AND LABORATORY TESTS		
TYPE	BASIC SERIES		BOOSTER SHOTS		TYPE	DATE AND RESULTS
	DATE	DATE	DATE	DATE		
DPT-COMBINED					CHEST X-RAY	
DPT-POLIO					CHEST X-RAY	
POLIO					TUBERCULIN TEST	
TETANUS					S.T.S.	
DT-COMBINED					S.T.S.	
SMALL POX					BLOOD TYPE AND RH FACTOR	
TYPHOID FEVER					ALLERGIES AND SENSITIVITIES	
OTHER (Specify)					OTHER (Specify)	

NAME _____

HOME ADDRESS _____

MALE FEMALE

BIRTHDATE OR AGE _____

BE SURE TO SHOW THIS RECORD WHENEVER YOU GO TO A DOCTOR OR NURSE.
FAVOR DE PRESENTAR ESTE DOCUMENTO CUANDO USTED VEA A SU DOCTOR O ENFERMERA.

TO PHYSICIAN OR NURSE TO WHOM THIS RECORD IS PRESENTED: PLEASE ENTER PERTINENT INFORMATION AND RETURN RECORD TO BEARER.

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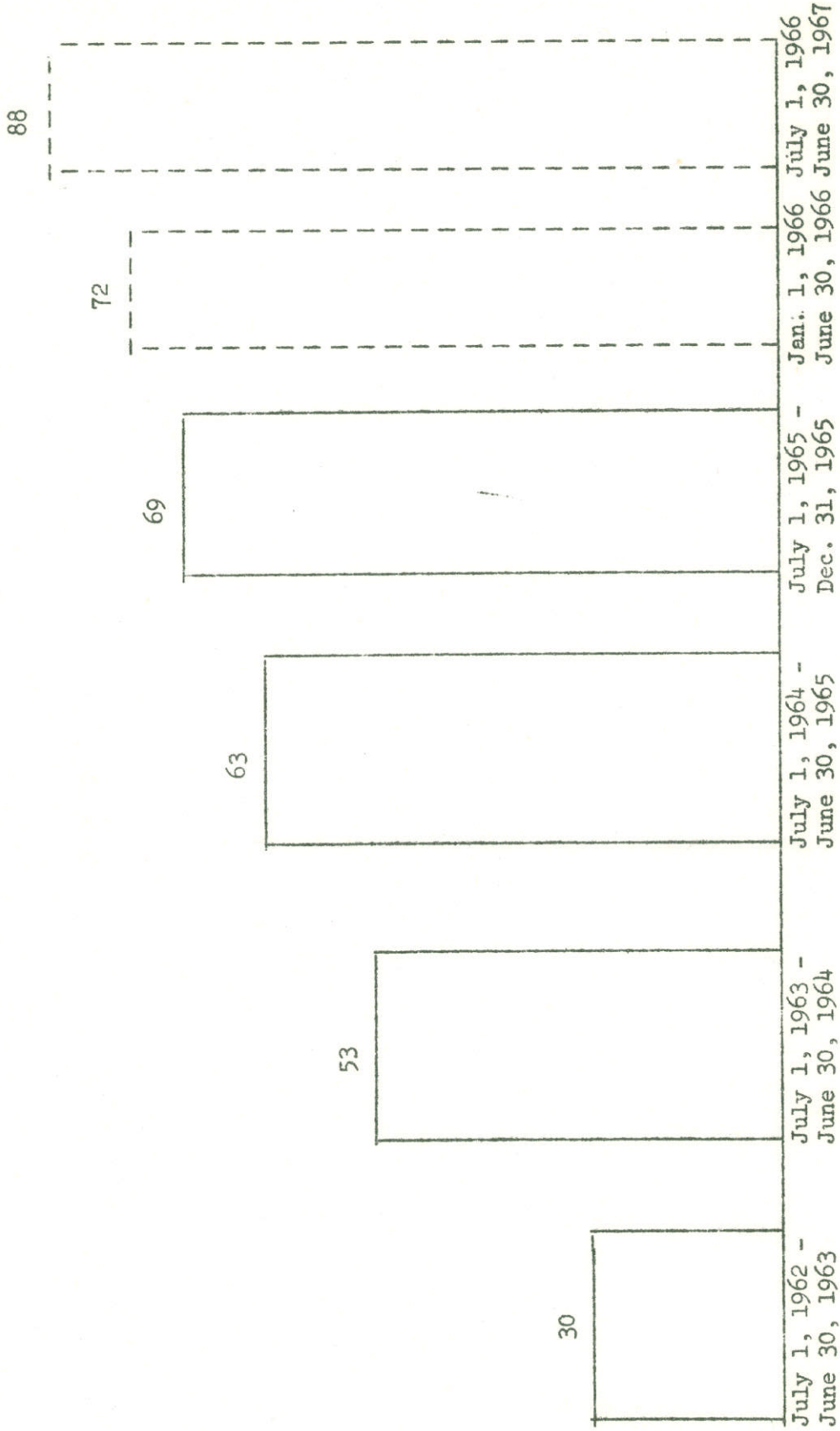
This specially designed form--for use by public and private agencies--has spaces for entering diagnosis, lab tests, X-ray and other information pertinent to future care.

Folding to wallet size, the form carries a note in Spanish and English advising the migrant to show his record whenever he goes to a doctor or nurse.

- Insures continuity of care
- Gives at a glance the worker's health record
- Helps prevent duplication in care
- Saves time in emergency
- Aids the physician, nurse or other health worker

Get a supply now from your health department

Number of projects assisted by migrant health grants, July 1, 1962 to December 31, 1965 and projection to June 30, 1967.



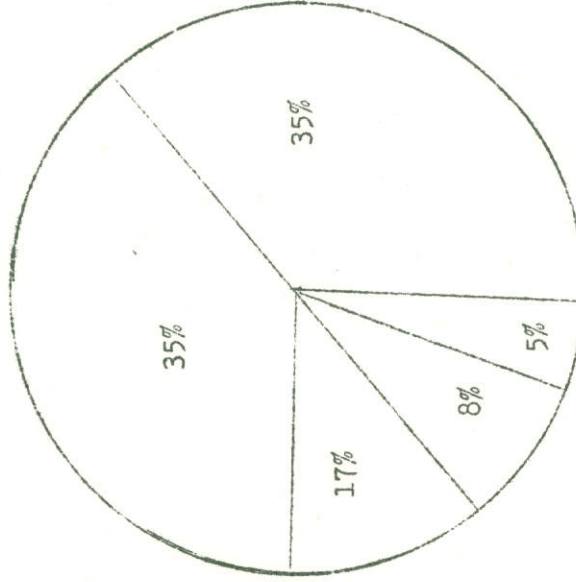
PROGRAM ACTIVITIES UNDER THE MIGRANT HEALTH ACT



The majority of project grants are for less than 50,000

<u>Amount of grant</u>	<u>No.</u>	<u>Percent</u>
Less than 5,000	3	5
5,000 - 19,000	22	35
20,000 - 49,000	22	35
50,000 - 99,000	11	17
100,000 or more	<u>5</u>	<u>8</u>
Total	63 Projects	100%

To show that relatively small amounts of Fed. funds stimulate planning and development of projects/



RECOMMENDATIONS ON RURAL HEALTH

Rural people have needs for health care and health protection similar to those of people living in urban areas. However, the scope of health services at their ready command is more limited, in part because of personnel and facility shortage and in part because of distances or the fact that some of the ordinary channels of health information are effective in reaching people in the rural hinterland. The limitations of rural health services are most severe for the very young, the elderly, and the physically or mentally handicapped. They are most obvious for geographic areas which are sparsely settled or low in economic resources.

Based on these findings, the Rural Health Task Force believes that significant additional resources need to be allocated to rural health. It also believes that some of the present limitations can be overcome by forging new links between currently available but fragmented public and private health resources, by creating special adaptations in Services, and by developing systems to bring a continuum of services to people or people to services. With this service effort, a means of sharing experience should be developed so that all those interested may be able to profit by new knowledge that can be applied in rural health plans and programs.

The members of the Rural Development Committee commend the Task Force report to the agencies represented and urge that it be used as a basic working document and guide for action. They propose that the following linked actions be taken immediately in order to begin to implement the Task Force findings and recommendations:

1. Develop and test new systems for providing health services geared to the health needs and the local situation in selected rural communities. For this purpose an interagency task force should be established to commit agency resources and to launch cooperative programs in three to five geographic areas which demonstrate ethnic and geographic variation.

- a. Possible project elements to be built into action packages would include:

Patient or service transportation to make specialists' services more accessible to rural residents.

Information, casefindings, counselling, referral and follow-up systems to improve rural people's access to services for crippled children, vocational rehabilitation, mental health, etc.

Recruitment, training, and use of health aides to improve communication of health knowledge, supplement professional health workers, etc.

b. Some criteria for area selection and project operation would include:

- (1) Sparse population.
- (2) Low levels of health resources in proportion to population.
- (3) Maximum participation of local people in planning and decision-making.

2. Establish a clearinghouse to obtain and disseminate information about rural health and programs applicable to rural areas, including materials developed by the Rural Health Task Force and by the proposed interagency cooperative pilot efforts.

As the above recommendations are implemented, the Rural Development Committee members ask their Interdepartmental Staff Group (1) to explore further the need and feasibility of establishing a continuing rural health focal unit as recommended in the Rural Health Task Force report; and (2) to evaluate the methods of concerted action employed in the development of new health service systems, and in the clearinghouse operation. The exploration and evaluation should focus on the relative merits of different approaches in the improvement of rural health services and in facilitating cooperative Government-wide communication and resource commitment in rural health.