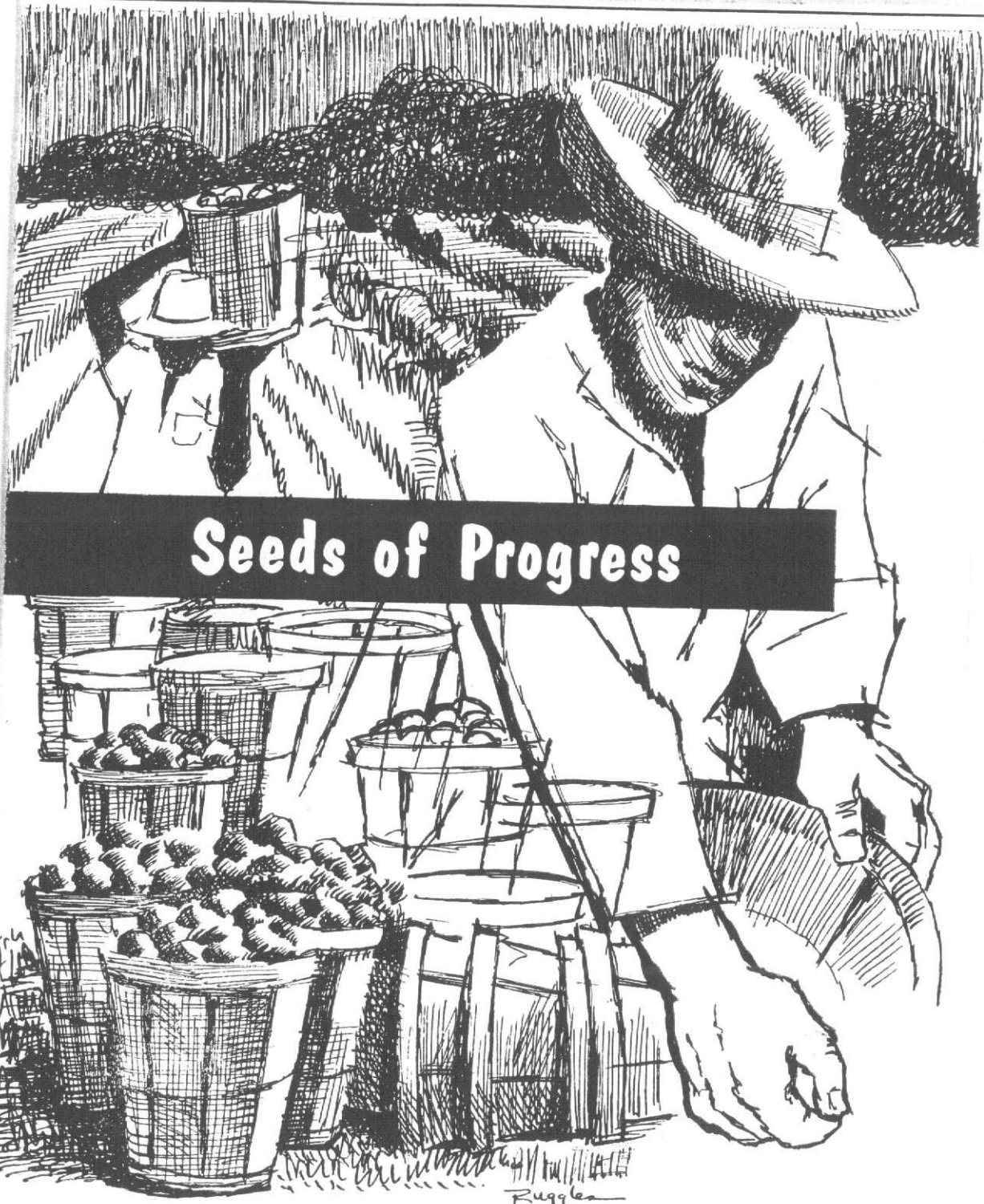


Public Health News

SEPTEMBER 1961

NEW JERSEY STATE DEPARTMENT OF HEALTH

Seeds of Progress



The New Jersey State Department of Health

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CONTENTS

	PAGE
Migrant Workers: People or Problems—Dr. Howard E. Thomas	259
The Economic Importance of Migrant Labor in New Jersey— Alvin W. String	263
Desirable Improvements Slowed by Economic Conditions— Phillip Alampi	266
The Need for Community Action—Ralph T. Fisher	267
Comments of Frederick R. Blackwell, Counsel to the United States Senate Subcommittee on Migratory Labor	269
Summary of Discussions, Seminar on "Seeds of Progress"	272
Summary of Seminar—Roscoe P. Kandle, M.D.	275
United States Public Health Service Revises Standards for Drinking Water	278
Mount Holly's Refuse Program—R. H. van Deusen and Jacob Greenwald	281
Reciprocity Program for Supervision of Caterers in New Jersey	285

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COMMENTS OF FREDERICK R. BLACKWELL COUNSEL TO THE UNITED STATES SENATE SUBCOMMITTEE ON MIGRATORY LABOR

Fundamental in my message to you today is the fact that we at the Subcommittee on Migratory Labor are also sowing seeds of progress. Like you, we hope to see these seeds grow to create a better day for our migratory workers.

I would like now to pick up a few of the threads that we have heard here from the reports of the individual groups and point out once more how the very problems, the needs, that you have recognized here today are related in a direct way to the legislative program under consideration at the federal level of government.

Let us look at some of the areas covered by the federal legislation. The need to train workers for our future farm labor needs, to meet increasing mechanization, was mentioned in one of today's reports. There is abundant and growing evidence that we will have more mechanization in agriculture. This will obviously demand greater skills and more reliable workers than are found generally among the present farm labor force.

Senator Harrison A. Williams* has a legislative program to meet this long range need. This legislation, Senate bill 1129, has as one of its aims more coordination in the migrant stream. For example, the worker from the southern state and the employer in New Jersey would be provided better means of getting together. This need, that was considered so important in one of your forums this morning, is recognized in the legislative program.

Health and education were mentioned time and again today. I might connect the comments made here on health and day care facilities to the constructive attitudes of growers in many parts of

the country, and particularly here in New Jersey. We know about Mr. String's fine operation in Glassboro. Unfortunately, we must state that the happy picture of New Jersey which you report is not typical of conditions throughout the country. New Jersey and several other states are running neck and neck in the lead. But the majority of our migrant user states still lack effective programs concerning this problem.

When we look at health problems and day care facilities, we must take cognizance of the employer's economic problems. It is not frequently recognized, but we know from our work around the nation that many employers have to take money from their own pockets to provide day care facilities—a service that is not provided by an employer of other citizens doing other types of work.

We have visited a farm where the employer has provided a day-care facility for the children of his migratory farm workers. With large trucks entering and leaving the farm, the risk of serious accidents involving children living in the camp could not be accepted. This grower, like many of the intelligent growers in the State of New Jersey, took a long look. He knew one serious accident would hit the front pages of newspapers in his locality and arouse emotion, bringing upon him condemnation for an accident which perhaps was completely beyond his control. To avoid this he had to take money from his own pocket to provide a public service ordinarily financed by all of the taxpayers.

The responsibility for day care of these children must be removed from their parents' employers. It is to this end Senator Williams has included in his legislative proposals a bill which would aid states in financing day-care where there are heavy seasonal concentrations of migratory workers with children.

* Senator Williams of New Jersey is chairman of the U. S. Senate Subcommittee on Migratory Labor, a subcommittee of the committee on Labor and Public Welfare.

The health grants that are proposed by our legislative program again relate directly to many of the matters mentioned here today. You have spoken about hospital bills being paid here, there, and the other place. The health grants from the federal level proposes to provide preventive care to head-off illness before it involves expensive hospitalization which you and your local communities must pay for. We found in one hospital, where two percent of the total admissions were migrant workers, that 21 percent of the debts written off by that hospital involved migrant workers. If there had been preventive care in effect, this hospital might have saved itself this deficit.

We can begin to save money for such hospitals if, through the United States Public Health Service, funds are available to practice the fundamental methods of preventive medicine.

The need to educate migratory children also falls heavily on farm communities using migrant workers. Again, New Jersey is a forerunner among states in providing education for the children of migratory workers. The schools at Cranbury and Freehold are among the finest in the country, but you know how hard it is to get enough funds to keep them going, much less to open others. Most other states don't offer as much in the way of education, and what they do offer usually bears no relation to the school program the child finds at the next stop. So the total education of these migratory children is a patchwork of different programs with large gaps in coverage of various subjects. To deal with this area, Senator Williams' education bill calls for reimbursement to states for educating migratory children during the regular school session, for grants for summer schools, such as those you have here, and for interstate planning.

In line with all three of these last bills—education, day-care and health, is the proposal to set a minimum age at which children can work in agriculture. Farm work not only keeps many children away from the education they are going to need to get jobs in the future, it has also become so extensively mechanized

that it is physically dangerous to have children doing many kinds of farm work.

And we hope we can make it less necessary for parents to depend on their children's earnings, by establishing a minimum wage for agriculture. Ask the man who pays a good wage to his workers, and you find he has usually good men working for him, and often they come back year after year.

At this point I would like to go back to education for a moment—this time education of adult migrants. One of the biggest gaps which lies between the good and reliable worker and the other is the need for fundamental education. With little education in their backgrounds, many migrants lack the most rudimentary knowledge of how to get along in this world—knowledge of how to shop wisely, how to foster health and cleanliness, and how to use modern facilities. The legislation to be introduced includes a measure to make federal grants available for adult migrant education programs.

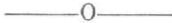
Another program would also influence the general welfare of migratory workers. Good housing promotes good health, yet with the years of experience you have in enforcing the state's housing codes, you know how expensive it can be to provide good housing for farm workers. The housing bill to be introduced would authorize low-interest and insured loans for farm labor housing, and would also help the worker himself if he wants to own a home.

Practically all of the actions in the welfare area provide a benefit at the local level. We have seen cases in which the worker does not have the money for medical care and the grower has taken money from his own pocket to provide for hospitalization. Welfare assistance provides a benefit to the grower, to the worker, and to the community.

In addition to these proposals, two other bills will be introduced affecting migratory workers. One would apply collective bargaining rights to agriculture, the other would establish a National Citizens Council on Migratory Labor.

I would conclude by saying that the

amounts of money involved in the federal proposals for migrant labor are modest in relation to the overall problems. No massive expenditure is contemplated or needed but a reasonable investment in money from the federal level is needed if the seeds of progress which you are sowing here in New Jersey are to reap the harvest they so richly deserve.



460 Poison Control Centers in 48 States of the Union

The number of poison-control centers affiliated with the National Clearinghouse for Poison Control Centers rose to a new high of 460 as of July 1, Surgeon General Luther L. Terry of the Public Health Service announced in August.

"That the poison-control center fills an urgent and widespread need is evident from the rapid growth of the movement since the first one was established in Chicago in 1953," Dr. Terry said. "It is also interesting to note that the movement was started by practicing physicians, in this case pediatricians, rather than by public health agencies. It was centered and coordinated in the Public Health Service in 1957 on the recommendation of the physicians operating the individual facilities."

The National Clearinghouse for Poison Control Centers serves local centers by providing information on new products which it obtains through a voluntary arrangement with manufacturers. Over 200 major producers of drugs and household products inform the clearinghouse of the ingredients their products contain and the antidotes for them. The National Clearinghouse is directed by the Public Health Service Division of Accident Prevention, headed by Assistant Surgeon General A. L. Chapman.

"Because many parents do not recognize the poisonous qualities of many common products, they sometimes delay too long before calling a physician," Dr. Chapman said. "Many serious consequen-

ces of poisoning could be prevented if parents called physicians promptly without waiting for symptoms to appear," he added.

Aspirin tops the accident list for fatalities to small children. About 50 percent of substances swallowed are medications. Some other common harmful products that are swallowed are kerosene, bleaches, detergents, soaps, waxes, polishes, lighter fluids, cosmetics, insecticides, and herbicides.

The centers maintain records of ingredients of trade-name products plus antidotes. This information is available to physicians by telephone day or night. Parents who call the centers are given first-aid instructions and are advised to call their doctor. Poison-control centers are now spread throughout 48 States (all except Vermont and Montana), the District of Columbia, Panama Canal Zone, Virgin Islands, and Guam.

The Hazardous Substances Labeling Act, when in full operation, should facilitate the work of the poison-control centers. The new law, enacted by Congress last year and administered by the Food and Drug Administration, requires that safety information be given on labels of household chemical products, including the identity of hazardous ingredients, antidotes for toxic substances, and warnings and precautions needed for safe use. The law is now fully enforceable with regard to highly toxic and flammable substances. Requirements for labeling other hazardous articles are scheduled to go into effect February 1, 1962.

Under the new law some of the information now available only through the poison-control centers will be required on labels. This, however, will not reduce the need for the medical consulting services supplied by the centers. Many accidental poisonings are caused by consumers' disregard of label information, or by unlabeled substances and, most frequently, by leaving hazardous articles within the reach of small children. It has been estimated that annually 600,000 children swallow household aids left within their reach and that about 500 die as a result.