




CLINICS FOR MIGRANTS

The free clinic for low income and migrant children in agricultural Treasure Valley, Idaho, has spawned a three-clinic health corporation with a \$270,000 grant from the Department of Health, Education, and Welfare. During the first 8 months of the project's existence, care was provided for 5,000 patients at a total cost of \$3,600.

The first venture, a store-front neighborhood clinic on the first floor of Terry Reilly's home in Nampa, was opened in May 1971 by Reilly, a former seminarian employed as a neighborhood worker through the Catholic Diocese of Idaho, and Dr. Clarence McIntyre, a pediatrician who volunteered 3 hours of his time each day.

Treasure Valley IDAHO



● Weiser
Ontario ●
Nyssa ● ● Parma
● Homedale
● Nampa

OREGON

The clinic was the direct response to the immediate needs of poor children in Canyon County and frustration with a 5-year plan worked out by a community group. It had no cash endowment, and its equipment consisted primarily of two old pediatric examining tables. Eventually, the clinic served entire families.

How the Clinic Expanded

News of the clinic apparently spread rapidly by word of mouth. After 2 months the clinic had nearly 600 patients. The rapid increase in the number of patients belied the prevalent assumption that many poor white or Chicano parents were not sufficiently concerned about their children to seek prompt medical care.

About 80 percent of the patients have colds, earaches, diarrhea, and other common illnesses of children. Many physicians complained that they were routinely expected to cope with serious illnesses during a crisis, often seeing the child for the first time in the hospital emergency room. According to Reilly, most parents delayed about 24 hours before consulting a physician because, being unable to pay for medical service or a prescription, they were reluctant even to enter a physician's office.

Community support enabled the clinic to function successfully. Ten of the community's approximately 30 physicians gladly accepted referrals. A Nampa drugstore supplied drugs and other supplies at cost and on credit—despite the clinic's lack of tangible assets.

Concurrently, the clinic attracted four persons who served full time without pay: Barbara Collum became nurse-supervisor; Mary Forman left a \$10,000 per year position to serve as pharmacist; Tim Daley, a microbiologist, became the laboratory technician; and former Army medical corpsman Jose Rodriguez, who had augmented his skills with 2,000 hours of supplementary training, began working for the project. In addition, several licensed practical nurses and registered nurses volunteered their time.

Dr. Lester Downer, an optometrist, set up equipment in the Nampa Clinic and volunteered 3 hours a week to examine eyes. Betsy Weil, a family nurse-practitioner graduated by Vanderbilt University, declined a job offering \$15,000 per year to join the staff at minimal pay.

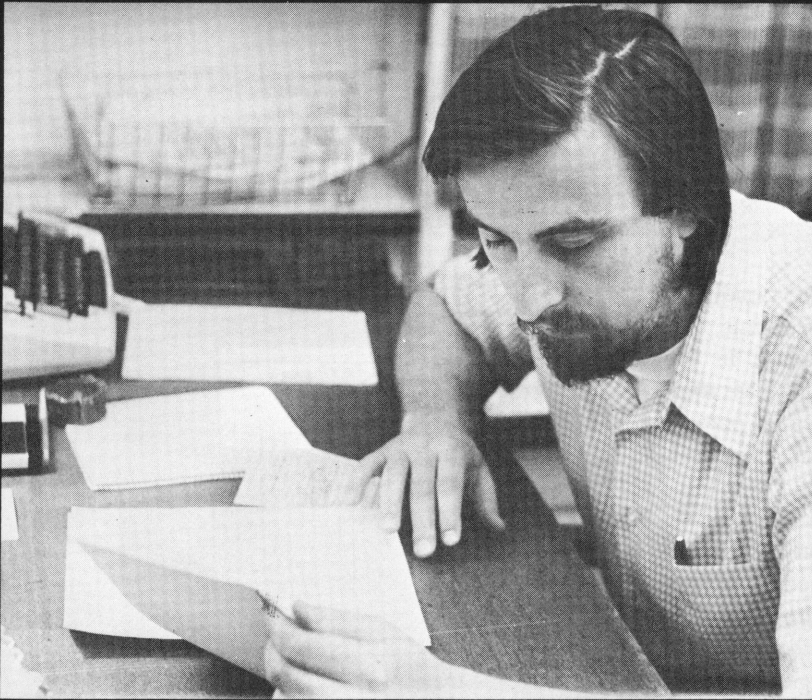
As the number of patients increased in the clinic at Nampa, organized groups from nearby Parma, also in Canyon County, and from Home-



dale, a town in Owyhee County, sought help in establishing a clinic in their communities. Consequently, Dr. McIntyre began traveling 60 miles per day, spending 2 hours daily in each of the three clinics.

Perspectives

From their inception the clinics belonged to the people they served, and a clinic advisory committee was formed in each community. On September 16, 1971, with Esperanza Flores as president of the corporation and Dolores Rodriguez as its secretary, articles of incorporation were filed. The 15-member board of directors included two representatives from the Parma Farm Workers Health Committee, the Owyhee County Community Action Committee, and the Mothers of Nyssa for Better Health. The other seven members were two



Terry Reilly



Dr. Clarence McIntyre, pediatrician



Mary Forman, pharmacist



Dolores Rodriguez, secretary



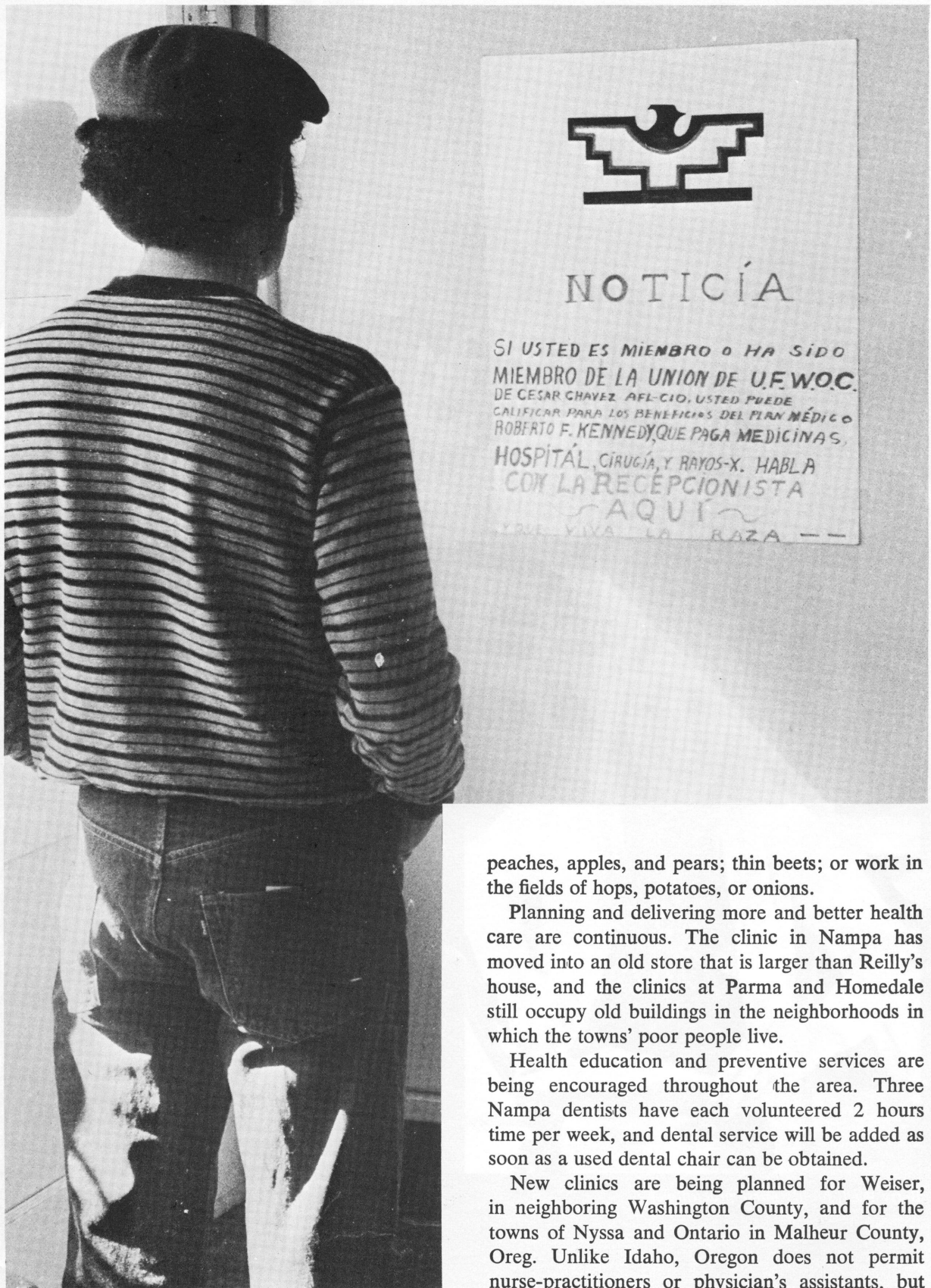
Betsy Weil, family nurse practitioner

persons from Nampa and five members-at-large (consumers and providers).

Part of the operating funds were raised by taco dinners and dances. Small donations—25 or 50 cents—or whatever the patients could afford to donate also helped maintain the clinics. The patients could afford to donate very little because the average farmworker family in Treasure Valley has 6.5 members to support with an annual family income of \$3,000 or less.

Although the \$270,000 grant seems huge, it amounts to only \$10 per person per year for the migrants and low income farmworkers. The big change has been in additional staff—health aides, outreach workers, and two additional physicians.

Arrival of the migrants in the spring boosts the laboring population to about 25,000. A few of these workers own substandard homes; others obtain housing on farms, in labor camps, or in scarce rental quarters. They pick cherries



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SI USTED ES MIEMBRO O HA SIDO
MIEMBRO DE LA UNION DE U.F.W.O.C.
DE CESAR CHAVEZ AFL-CIO, USTED PUEDE
CALIFICAR PARA LOS BENEFICIOS DEL PLAN MEDICO
ROBERTO F. KENNEDY, QUE PAGA MEDICINAS,
HOSPITAL, CIRUGIA, Y RAYOS-X. HABLA
CON LA RECEPCIONISTA
AQUI
YRE YVA LA BAZA --

peaches, apples, and pears; thin beets; or work in the fields of hops, potatoes, or onions.

Planning and delivering more and better health care are continuous. The clinic in Nampa has moved into an old store that is larger than Reilly's house, and the clinics at Parma and Homedale still occupy old buildings in the neighborhoods in which the towns' poor people live.

Health education and preventive services are being encouraged throughout the area. Three Nampa dentists have each volunteered 2 hours time per week, and dental service will be added as soon as a used dental chair can be obtained.

New clinics are being planned for Weiser, in neighboring Washington County, and for the towns of Nyssa and Ontario in Malheur County, Oreg. Unlike Idaho, Oregon does not permit nurse-practitioners or physician's assistants, but



this restriction has been only one of the problems of expanding to an interstate venture.

Reilly perceives that economic factors may be detrimental to children's health. Therefore, primary health care, social and other supportive assistance, and perhaps before long even counseling services will be furnished through the clinics in an effort to make total health care available to low income and migrant farmworkers' families.

Dr. Robert LeBow, a graduate of the Johns Hopkins schools of medicine and public health—

as well as a veteran of the Peace Corps—and Dr. Tom McMeekin of the National Health Service Corps have proved invaluable assets to the clinics. Also, another physician is expected from the National Health Service Corps. Dr. McIntyre, it is hoped, will remain as the salaried, acting clinical director and staff physician.

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