Health Services for Migrant Farm Workers

New York State

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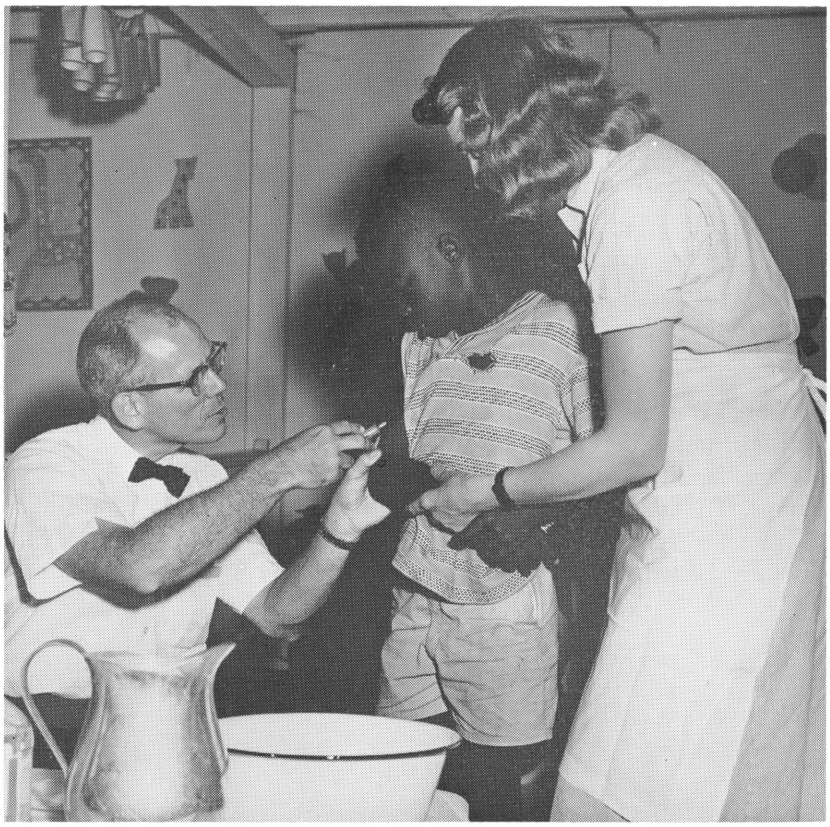
In this typical field scene, a migrant laborer is handed a receipt for a full basket of string beans.



Physician administers inoculation to son of migrant workers in clinic set up in migrant labor camp. Public health nurse assists.

EACH year 20,000 to 25,000 migrant workers enter New York State to help harvest the abundant crops of fruits and vegetables upon which the agricultural economy of this State so firmly rests. Most of these harvesters are residents of southern states. They begin a trek, after the crop harvest has been completed in Florida, to New York State with one or more work stops in Georgia, North and South Carolinas, Virginia, Maryland, Delaware, New Jersey and Pennsylvania. Many of these workers have been sharecroppers, displaced from their permanent homes, and they seek livelihood by following the crops as the ripening season advances northward through these states. They begin to arrive in New York State in May or June for the berry and early vegetable harvest. In late June, July, and August the number of arrivals increases rapidly as the snap beans, tomatoes, and sweet corn ripen. Their number reaches a peak in early September. Thereafter, the total declines rapidly. Substantial numbers of migrants are required for the harvest of the potato and apple crops. Relatively few stay on into November for work in processing plants and fewer still remain for the winter.

Responsibility for Services

The responsibility for providing and coordinating health services for migrant workers belongs to the State Health Department. The Health Department is represented on the State Interdepartmental Committee on Farm and Food Processing Labor. This Committee acts as a clearinghouse exchanging information among State agencies with responsibilities in this area. Other State agencies represented on the Interdepartmental Committee are: State Department of Agriculture and Markets; State Department of Education; Division of State Police; State Department of Labor and its Division of Employment; State Department of Motor Vehicles; and the State Department of Social Welfare.

Additional State agencies concerned with migrant farm workers are the Joint Legislative Committee on Migrant Labor and the Governor's Advisory Council on Farm and Food Processing Labor.

Regulation and Inspection

With few exceptions, migrant laborers are recruited for work in New York State by crewleaders. A crewleader recruits workers both in family groups and as individuals. While in New York, most migratory workers live in group quarters commonly referred to as farm labor camps. Since 1956, the Public Health Law has

required that properties occupied by five or more migratory farm workers be operated under a permit in accordance with the State Sanitary Code regulations.

Significant steps have been taken to ensure healthful conditions in the 1,000 migrant camps in the State through regulations and inspections. In 1961, more than 8,000 inspections were made of camp health and housing facilities.

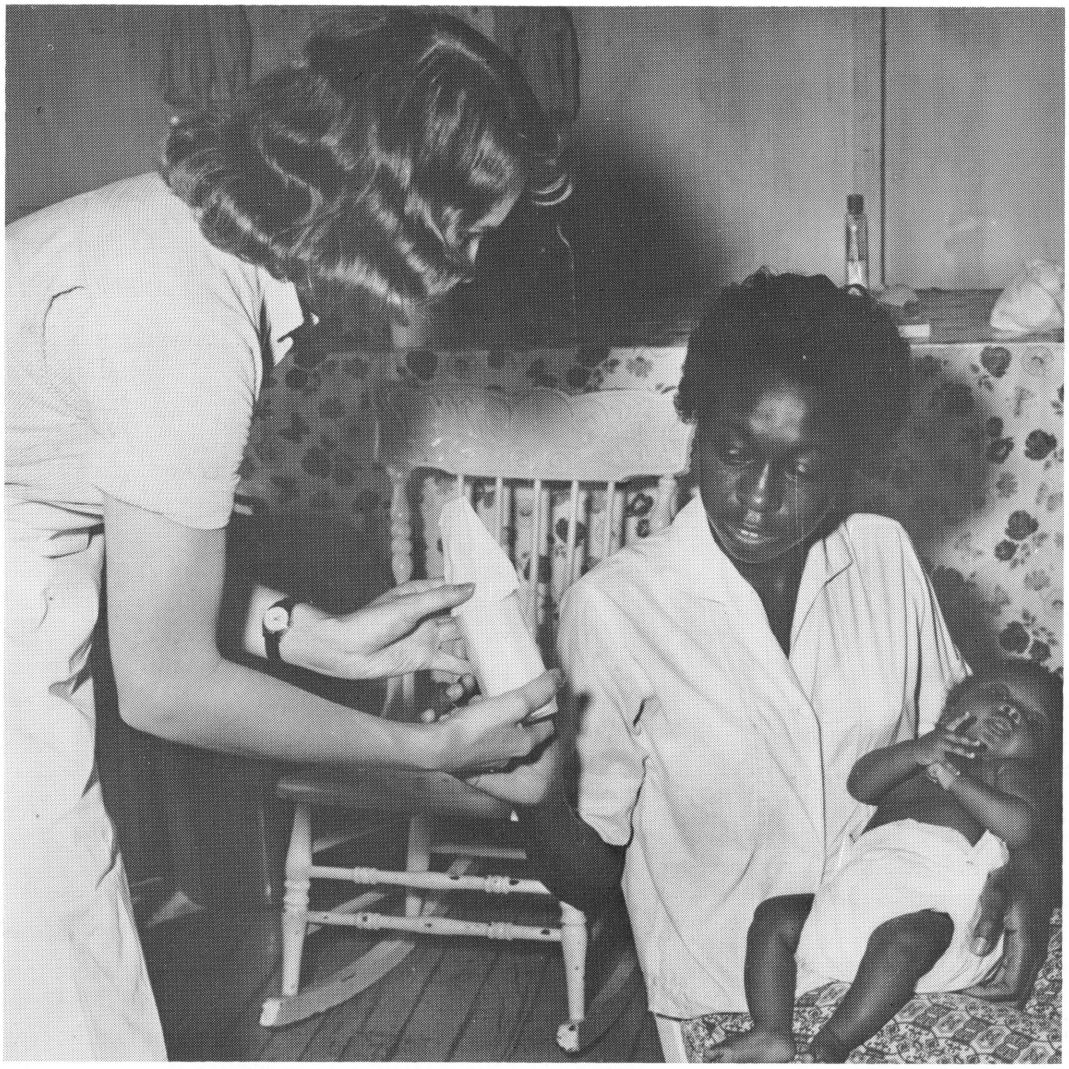
Housing and Sanitation

The State Sanitary Code establishes requirements on housing, construction and maintenance, fire hazards, bathing and toilet facilities, food handling and food storage facilities, water supply and sewage disposal in camps. To determine compliance with these code requirements, farm labor camps are inspected before permits are issued. Following occupancy, repeated inspections are made to ensure that the camp continues to meet sanitary code regulations.

Improvements in Housing

The Sanitary Code has recently been upgraded to require added improvements in housing facilities at farm labor camps. These requirements call for the provision of hot and cold running water for bathing facilities; heating facilities; fire resistant construction; a full-time caretaker at the larger camps; increased sleeping quarter space; prohibition of portable kerosene heaters and screening of living quarters.

These requirements are enforced by city, county and district health officers. As a result of efforts to date, housing and sanitation at farm labor camps in New York State are generally recognized as being superior to those of most other States. The Empire State is con-



Public health nurse gives feeding instructions to a mother in migrant labor camp.

sidered among the leaders in improving living conditions at farm labor camps.

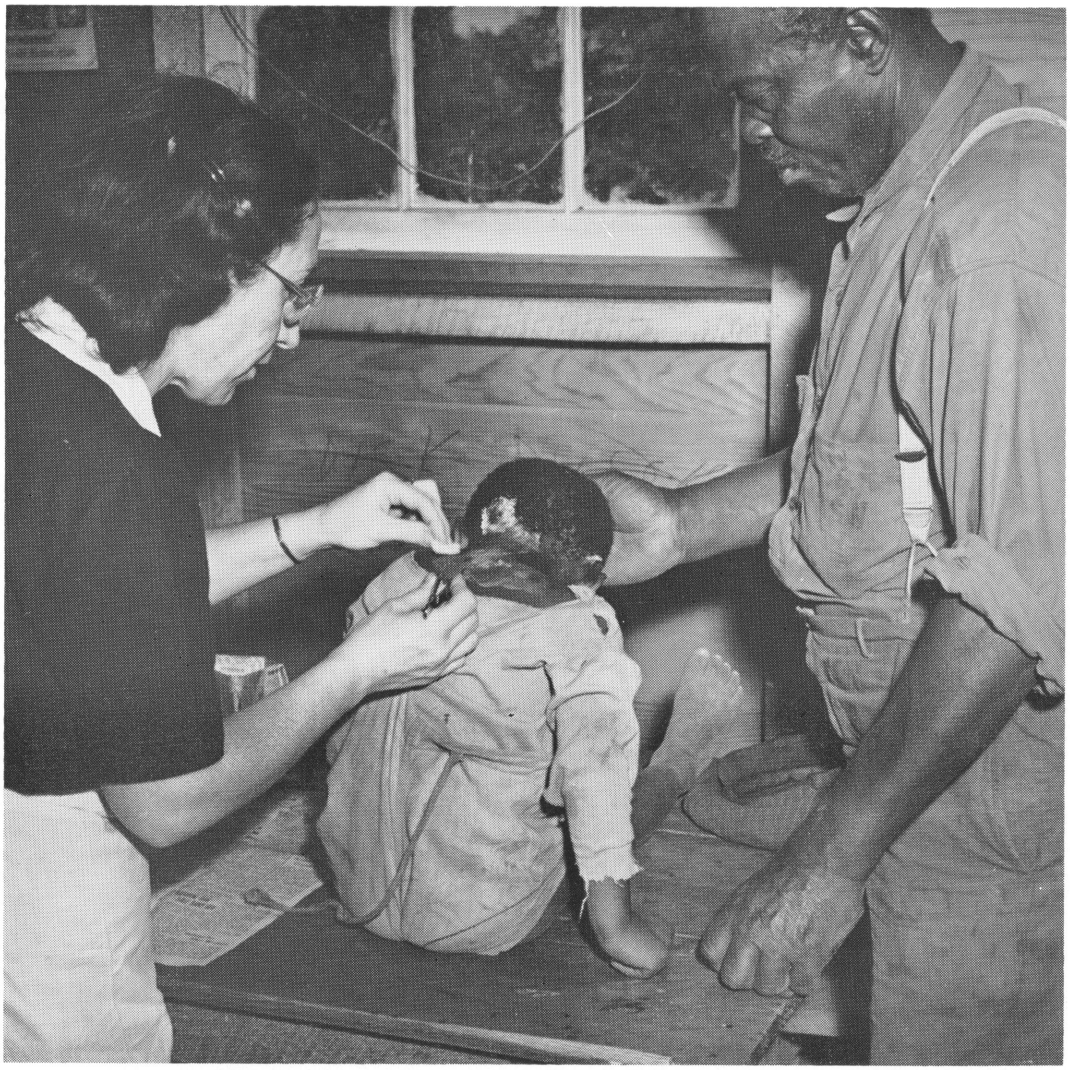
Most camps are brought into compliance through normal administrative procedures. A few hard-core cases require hearing and other legal actions each year. The State Police have been helpful in gaining compliance through legal actions in local justice courts. The major problem at farm labor camps continues to be that of continuing maintenance of the property and damage to facilities by the occupants.

Nursing Services

Since 1945, public health nursing service has been provided by the State and by local health departments for migrants. Many local units feel that more nursing time should be spent among migrants than among the resident population. Nurses who visit camps are usually school nurse-teachers. Recruitment is fairly satisfactory in areas where migrants leave the State by early September. The school nurse-teacher group, of course, is not available for camps occupied during the potato and apple harvest after September.

In many county health departments, the public health nurse working regularly in the geographical area where camps are situated, is responsible for the camp nursing. In such counties, the migrant can be served more often in regularly scheduled local clinics such as tuberculosis, orthopedic and child health conferences. This reduces the need to set up special clinics for them.

In many areas the same nurse has been employed to visit migrants for several years. This gives her the advantage of knowing the owners or growers and many crewleaders. Many migrants return with the same crewleader to the same area each year. Thus the nurse has had previous personal contact with the migrant families.



Public health nurse carries out physician's orders in treating child of migrant laborer.

This has two advantages: the migrants are more at ease asking for guidance from someone they know and the nurse gains satisfaction since she can often see progress over the years.

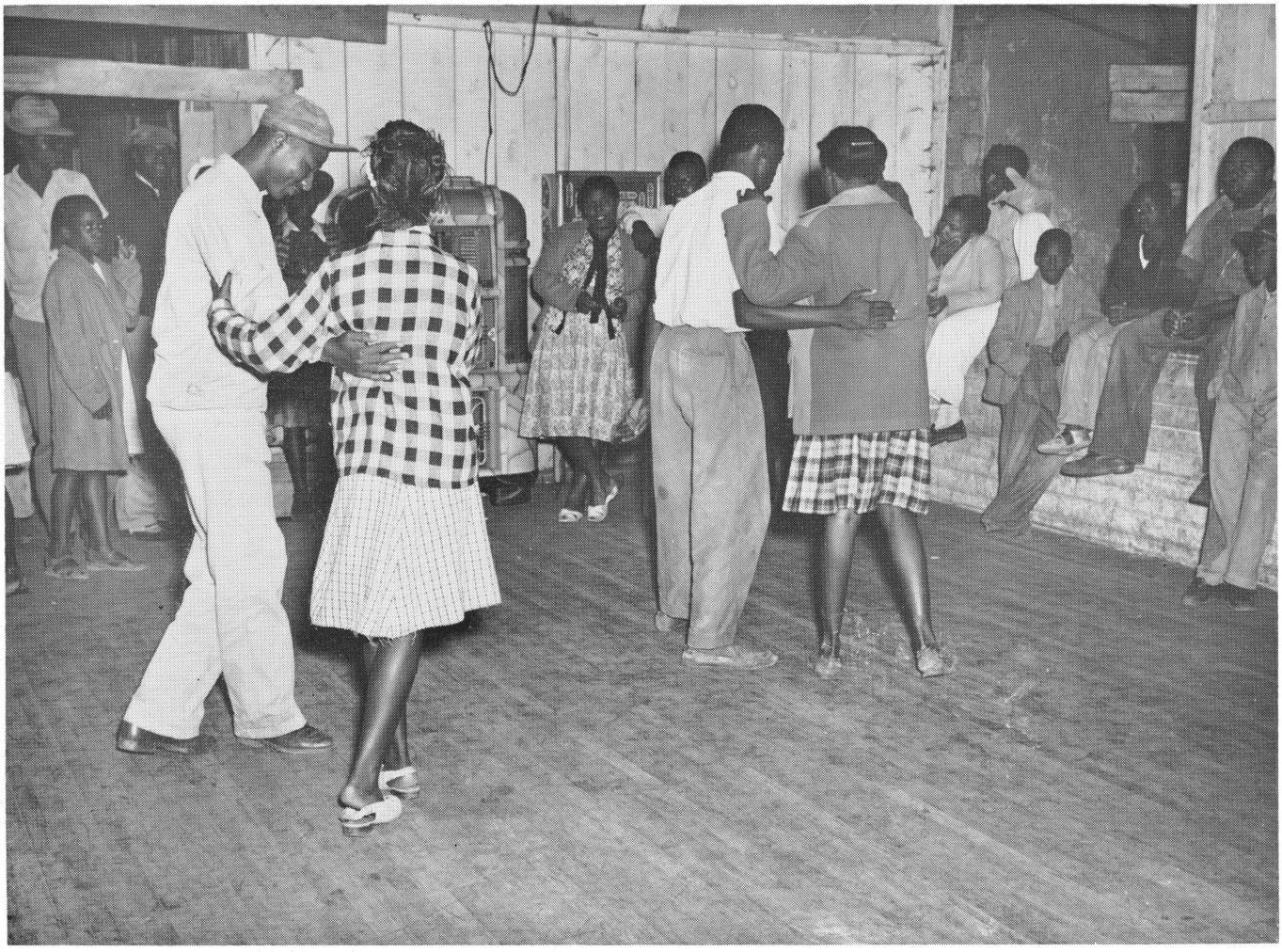
Maternal and Child Health

Much emphasis is put on maternal and child health, although visits cover the same disease categories of other staff nurses, including bedside care. Nurses working with migrants must spend a great deal of time with public welfare agencies, the clergy and other community social agencies to obtain desired medical and hospital care.

Crewleaders and farmers may differ in responsibility they assume for injuries and illnesses among migrants. The nurse arranges for first aid equipment and for a responsible adult in each camp to treat minor abrasions or call the nurse. One public health nurse taught a first aid course to migrant ministers; this service is worth repeating.

When surplus foods are available, the nurse helps mothers prepare them. Other activities she teaches include simple sewing, first aid and health habits. Group activities must be conducted at night since most mothers work in the fields. The nurse's activities are not an 8:30 to 5 assignment. To see the owner, crewleaders, or the workers, she must be at camp by 7 a.m. or in the late afternoon and evening.

The public health nurse works closely with day-care centers, usually staffed by teachers from the south. At the beginning of the season, a one-day institute is given to staff members on formula preparation, simple isolation techniques and review of indications of illnesses in children. The nurse visits the day-care centers regularly, and arranges for physical examinations and immunization of children admitted. The workers call her if an emergency arises.



Migrant workers relax and dance to juke box music following day's work.

Clinic Services

During 1961 and 1962, Dr. William H. Bergstrom, Department of Pediatrics, Upstate Medical Center, conducted a pediatric clinic for migratory farm workers in two counties with large seasonal agricultural migrant populations. Clinics were held twice weekly during the summer. Well-baby care, immunization and routine physical examinations with tuberculin tests were given and children with ambulatory illnesses received diagnosis and treatment. The clinics were part of the Upstate Medical Center's clinical teaching program. Nursing services were provided by local health departments. Supplies and drugs were furnished by the State Health Department, and Department reports were used.

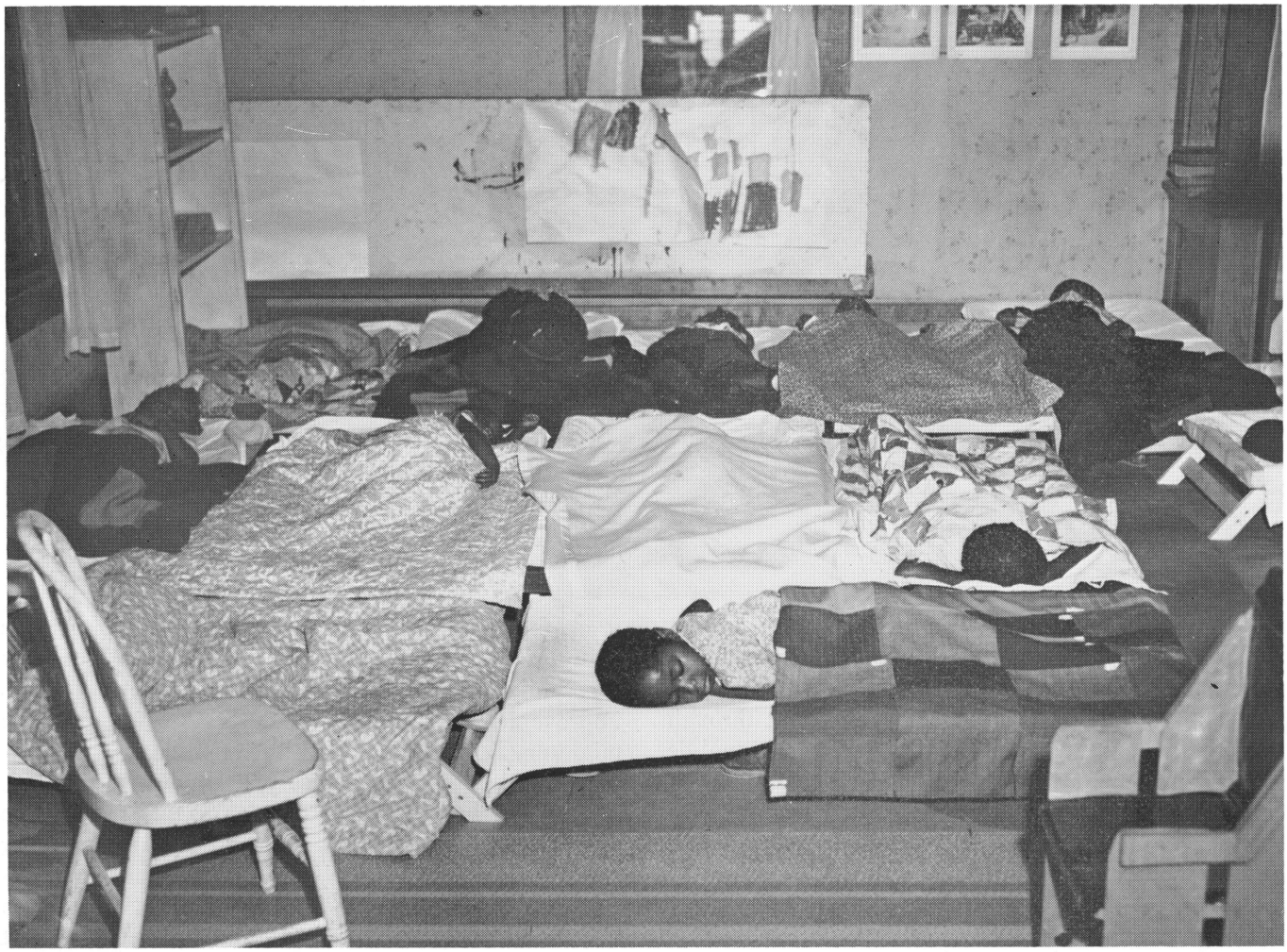
The Venereal Disease Section of the Department's Bureau of Adult Health and Geriatrics has conducted blood serology surveys in farm labor camps. Migrants found to have positive serology are treated promptly unless there is evidence they have been adequately treated before.

Special maternal and child health clinic services are provided by local health departments with State financial support. Prenatal consultation services may also be furnished as well as individual pediatric consultations.

Migrant farm workers are eligible for any health department supported clinic services, including tuberculosis, orthopedic, venereal disease, and maternity and child health.

Public Health Education

For several years, the State Health Department has employed two senior public health educators to conduct a health education program among the migratory farm workers in farm labor camps in the Geneva and Utica districts. The educators visit the farm labor camps to acquaint themselves with camp conditions and meet



Children of workers sleep during a rest period at a camp day-care center.

Workers patronize a camp store for food and other necessities.

crewleaders. They also meet with local citizen groups, church and civic workers, and others concerned with migrants.

Health education activities are carried out through individual counseling and group activities. The public health educators stimulate and advise local migrant committees and help them with special educational materials. They also report to other health department staff members on sanitation and medical problems at the camps.

Congress enacted the Migrant Health Act of 1962 (Public Law 87-692) to stimulate State and local health agencies to extend health and medical services for migrant farm workers. Under this law, $3 million will be appropriated each year for the next three years to pay for family health services clinics and other projects to improve health conditions and services for domestic migratory farm workers and their families.

The Public Health Service will administer this law. Money will be authorized only as grants for specific projects. All State and local health departments or other public or non-profit agencies, institutions and organizations are eligible to apply for a grant. The State Health Department will review applications before the expert advisory committee makes its recommendation to the Surgeon General of the Public Health Service. Federal

Phenylketonuria - Public Health Application of Present Knowledge

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acceptable number of false positives could be attained without introducing the risk of falsely negative reactions. However, many infants do not remain in the hospital long enough to accumulate a serum level above that of normal infants (1-3 milligram %). It would be difficult to justify retaining a child and mother in the hospital several additional days simply to apply a test which has, to our present knowledge, one chance in 20,000 of being positive. Nevertheless, the State of Massachusetts uncovered three new cases of PKU, unrelated to known cases, by applying The Guthrie Technique to the blood of 8,000 newborn infants at time of discharge.[16]

It is conceivable too that if a mass screening method is implemented, the genetic reservoir for this condition would be rapidly identified, thus permitting a return to a selective application to families of high risk.

Summary

After 30 years of persistent pursuit by many competent investigators, the disease, phenylketonuria, still defies the best efforts to identify it in populations other than those known to be at high risk. Some promising tests are being evaluated for mass application. In the meantime, a high index of suspicion on the part of physicians caring for progeny of families with a history of mental retardation and proper counselling of these families continue to be the mainstay in the preventive aspects of this disease. Confirmatory diagnostic procedures, careful evaluation and dietary management are available from Dr. George A. Jervis, Letchworth Village, Thiells, Rockland County, New York at no direct cost to New York State residents.

References

1. Centerwall, W. R., and Centerwall, S. A.: Phenylketonuria, Children's Bureau Publication No. 388, 1961.
2. Meister, Alton: Phenylpyruvic Oligophrenia. Pediatrics *21*:1021-1061 (June) 1958.
3. Sutherland, B. K., Berry, H. K., and Shirkey, H. C.: A Syndrome of Phenylketonuria with Normal Intelligence and Behavior Disturbances, J.Pediat., *57*:521-525 (Oct.) 1960.
4. Centerwall, W. R., Centerwall, S. A., Acosta, P. B., Chinnock, R. F., Armon, Virginia, and Mann, L. B.: Phenylketonuria I Dietary Management of Infants and Young Children, II Results of Treatment of Infants and Young Children. J.Pediat. *59*:93-101, 102-118 (July) 1961.
5. Knox, W. E.: An Evaluation of the Treatment of Phenylketonuria with Diets Low in Phenylalanine. Pediatrics *26*:1-11 (July) 1960.
6. Lyman, F. L., and Lyman, J. K.: Dietary Management of Phenylketonuria with Lofenalac®. Arch.Pediat. *77*:212-220 (May) 1960.
7. Wright, S. W.: Phenylketonuria, J.A.M.A. *165*:2079-2083 (Dec. 21) 1957.
8. Centerwall, W. R., Chinnock, R. F. and Pusavat, A.: Phenylketonuria: Screening Programs and Testing Methods, Am.J.Pub. Health *50*:1667-1677 (Nov.) 1960.
9. Phenylketonuria, Pfizer Spectrum *7*:170-171 (Aug.) 1959.
10. Baird, H. W., III: A Reliable Paper-Strip Method for the Detection of Phenylketonuria, J.Pediat. *52*:715-717 (June) 1958.
11. Nellhaus, Gerhard: Clinical Use of Phenistix Reagent Strip Method of Testing Urine Samples, J.A.M.A. *108*: 1052 (June 27) 1959.
12. Mabry, C. C., Nelson, T. L., and Horner, F A.: Occult Phenylketonuria, Clinical Pediatrics, *1*:82-86 (Nov.) 1962.
13. Guthrie, Robert: Early PKU Detection in the Hospital, University of Buffalo, Children's Hospital, 1962.
14. Scheel, Carolyn, and Berry, H. K.: Comparison of Serum Phenylalanine Levels with Growth in Guthrie's Inhibition Assay in Newborn Infants. J.Pediat., *61*:610-616 (Oct.) 1962.
15. Jervis, George A.: Detection of Heterozygotes for Phenylketonuria, Clin. Chim. Acta, *5*:471-476 1960.
16. MacCready, R. A.: Letter to Editor-in-Chief of *The Journal of Pediatrics*, dated November 21, 1962.

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funds have not yet been appropriated, but appropriation is expected early in the 1963 congressional session. Health officials have been urged to develop projects and submit applications.

References

1. By the Editors: Migrant Labor in New York, Health News (New York State Health Department) *25*:10 (Oct. 1948).
2. Thomas, Howard E.: Migrant Workers—People or Problems, Health News, (New York State Health Department) *36*:5 (April) 1949.
3. Health Services in Major Migrant Work Areas—East Coast Guide, 1956. U.S. Dept. of Health, Education and Welfare, Public Health Service and Children's Bureau.
4. Migrant Farm Labor in New York State—Report of New York State Interdepartmental Committee on Farm and Food Processing Labor, 1961.
5. Annual Reports of Interdepartmental Committee on Farm and Food Processing Labor.