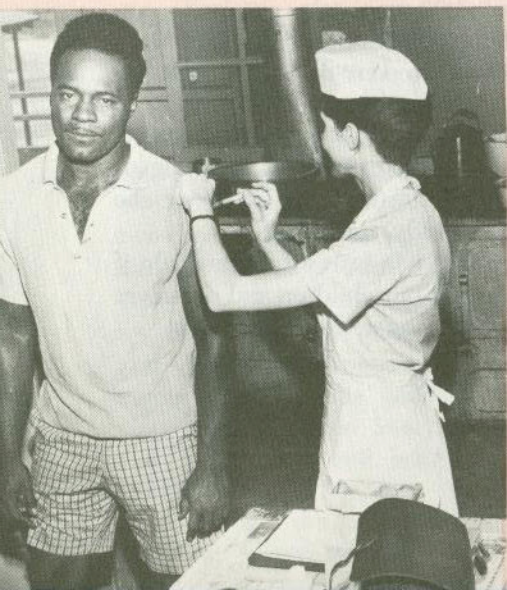




Advice on care of new born child

Innoculation



It's a Hard Life

HEALTH AMONG THE MIGRANTS

Each fall as the fruit and vegetable crops ripen, a horde of migrant workers swarms into Pennsylvania to harvest these crops.

They are part of an army of three million American men, women and children who live from harvest to harvest working their way from Florida through the Carolinas, Virginia and into Pennsylvania.

Last summer saw the influx of approximately 7,700 migrants into Pennsylvania—5,700 of them Negroes from Georgia and Florida plus 2,000 Puerto Ricans. A greater portion of these migrants come straight out of a rural background with no work experience other than farming.

Born of sharecropper parents, they have been forced out of their livings as sharecroppers, tenants or day laborers on farms because of the rapid increase in mechanization.

They have had little schooling, usually about five years. For most of them migrancy has become a way of life. Once in the migrant stream, it seems next to impossible to escape. They may have been following the crops from one to twenty years, sometimes longer.

Two of the concerns to the states which are hosts to this summer pop-

ulation are the health of the workers and the sanitary conditions of the camps in which they live during the three months of the harvesting season.

To determine the answers to these concerns, the Pennsylvania Department of Health applied for and received a grant from the U. S. Department of Health, Education and Welfare to conduct a pilot study of a method for providing health and medical services to a group of migrant workers and their families in a four-county area.

Selecting a total of 12 camps in four counties—Union, Snyder, Montour and Northumberland—with roughly a population of 750 migrants, two avenues of approach were taken to determine the health needs of these migrant workers.

A series of 18 clinics, starting August 8 and continuing until October 15, were set up at Geisinger Hospital in Danville. Held on Tuesday and Thursday evenings, the clinics were staffed by resident physicians and supervised by members of the hospital staff.

Through the efforts of the two public health nurses assigned to the project, five migrant workers or members of their families from each camp were chosen to attend the clinic where they received a complete check-up including x-rays and laboratory tests to determine the over-all health conditions of the patients.

In addition to these comprehensive check-ups, the clinic facilities were made available to nine or more migrants who needed care from the 12 camps. Transportation to and from the camps to the clinics was provided by busses supplied by the State.

Devoted to their tasks, the nurses work long, hard hours taking care of the health needs of their newly adopted families. Following the inspections at the camps for referral, they were also on hand at each of the clinics.

Follow-up visits to the camps were necessary to determine whether the recommendations made at the clinics were being followed. They also assumed the role



Hearing test

of counselors when requested by the migrants giving advice on nutrition, child care, adult health, communicable disease and maternal and child health care.

Recruitment of migrant workers is, by and large, done by a crew leader who lives in the same community as the migrants. Many of the crew leaders were once migrant workers themselves but because of a little more schooling, a little more drive and an extra amount of shrewdness, have risen to the status of "bossman."

The crew leader usually assumes the responsibility of transporting the migrants from their homes on the northward trek for the harvesting season. On their arrival, the crew leaders and their workers disperse to different labor camps throughout the state. This "floating population" poses many problems in the health and welfare field.

Although the housing facilities vary from camp to camp, a large percentage of the migrant workers live in barrack-like structures furnished with the barest necessities.

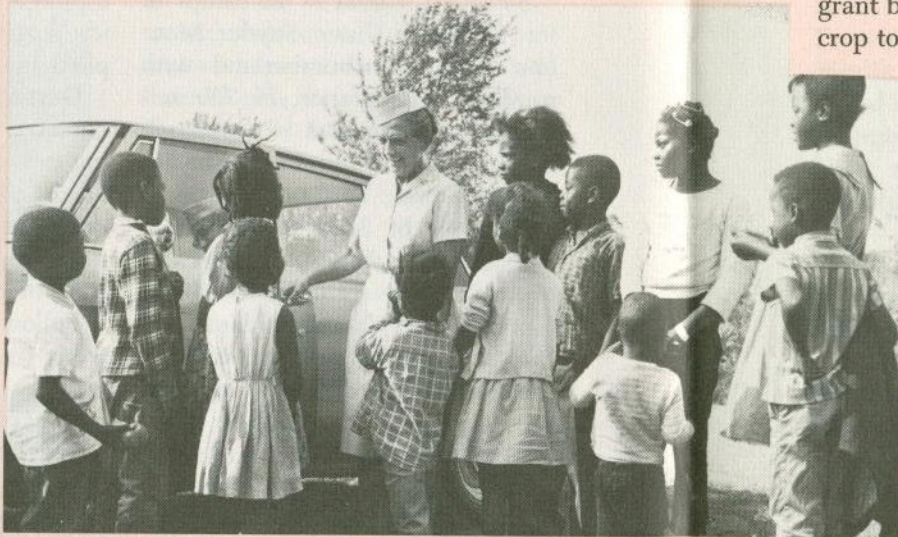
A family of five, six, or seven sometimes live in a room not exceeding eight by ten feet. Most of the housing in migrant camps is furnished rent free.

The life of migrant workers is not an easy one. During the harvesting season they are in the fields by 7 a.m. working through until 6 or 7 p.m. Whole families belong to this "stoop labor" force although some states now have labor laws which prohibit the younger children from going into the fields.

Wages, which are paid to the migrant by the crew leader, vary from crop to crop. On one farm in Penn-

sylvania where tomatoes are harvested the crew leader receives thirteen cents for a five-eighths bushel basket. Out of this he pays the migrant ten cents per basket. On an average day, a worker will pick 125 baskets making a total daily earning of \$12.50.

The appreciation of the workers for the services rendered by the Pennsylvania Department of Health was expressed by one woman migrant who exclaimed, "It's wonderful. We ain't got no money to pay for all this medical care."



Talking to crew leader

Getting the worker's views

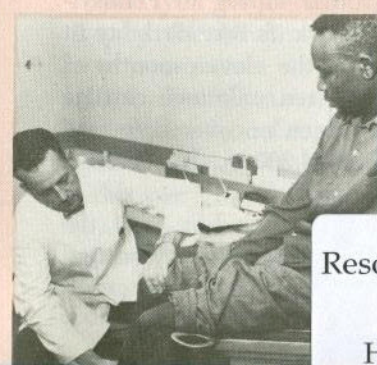
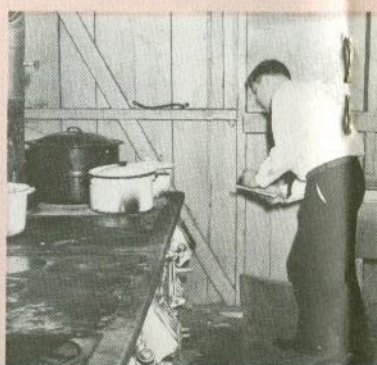
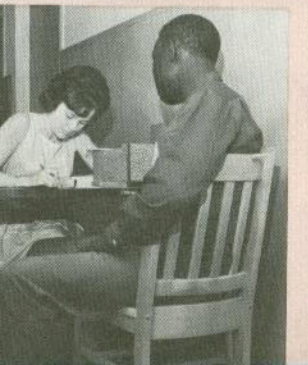
Warm welcome for Public Health Nurse

Medical history

Medical discussion

Kitchen inspection

Checking a bad leg



Resource ID 8051

Health Among the Migrants