DOCUMENT RESUME

ED 119 926 RC 009 069

AUTHOR Weber, David O.
TITLE Health for the Harvesters: Decade of Hope 1960-1970.
INSTITUTION California State Dept. of Health, Sacramento.
PUB DATE Dec 70
NOTE 69p.

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage
DESCRIPTORS Agribusiness; *Agricultural Laborers; *Clinics; Farm Labor; Health Programs; History; Mexican Americans; *Migrant Health Services; *Migrant Workers; *Outreach Programs; Program Descriptions; Seasonal Laborers
IDENTIFIERS *California

ABSTRACT

In 1970, the Farm Workers Health Service, which was begun in 1961, included 33 decentralized medical clinics which served 24,000 seasonal farm workers and their families in 17 counties during the peak harvest months. Seventeen clinics offered year-round general medical services, and in 12 counties free medical and dental care was available to farm worker families under fee-for-service project arrangements. The 26 California migrant health projects also offered nursing clinics, public health nursing, aide and environmental health services, maternity service clinics, and health education. Of the $1.2 million from the U.S. Public Health Service, nearly $1 million directly supported medical and environmental services. The State provided another $100,000 for local project activities, and the counties subsidized about 50 percent of the services to migrants within their areas as a local contribution. Nearly 100,000 men, women, and children received medical care under the program during its 10 years of operation. Some 132 dedicated professional and paraprofessional health workers staffed the 26 projects. This report discusses the conditions which made the program necessary, the families who received its services, and the daily routine of the nurses, aides, sanitarians, and doctors. The 26 projects, their sponsor, location, services and operation seasons are listed. (NQ)

Health for the Harvesters

Decade of Hope 1960–1970

3

Health for

A Ten-Ye

Bureau of Ma
California S
Pu
Human R
Dec

Health for the Harvesters

A Ten-Year Report by the
Farm Workers Health Service
Bureau of Maternal & Child Health
California State Department of
Public Health
Human Resources Agency
December, 1970

The 1970 harvest season has marked the tenth year in the life of the Farm Workers Health Service of the California State Department of Public Health.

Since its rudimentary beginnings in 1961, when 11 of California's 42 major agricultural counties shared a scant $75,000 in state funds, the program has grown to include 33 decentralized medical clinics serving 24,000 seasonal farm workers and their families—some 66,600 patient visits in 1970—in 17 counties during the peak harvest months.

Seventeen clinics offer year-round general medical services, and in 12 counties free medical and dental care is available to farm worker families under fee-for-service project arrangements. Nursing clinics, public health nursing, aide and environmental health components augment most projects.

The program this year is financed by $1.2 million in federal funds from the U.S. Public Health Service—nearly $1 million directly supporting medical and environmental services. The state provides another $100,000 for local project activities, and the counties themselves subsidize about 50 percent of the services to migrants within their areas as a local contribution.

Of course, poor health is only one of the many interwoven problems which beset the seasonal agricultural worker and his family.

When the crops ripen, growers are in desperate need of workers for their fields and orchards. But in most farm counties, the peak harvest demand is followed by long months of in activity for all but a handful of farm laborers. The money—usually not very much—earned during the summer dwindles. Large families grow hungry, illnesses need attention. Rain and cold seep through thin walls—the anxieties and depressions of poverty build. But there is little or no industry to provide alternative jobs.

Thus many farm workers become migrants. They follow the crops from county to county across California, journey north to Oregon and Washington, return to winter at home bases in Southern California, Texas, Arizona and Mexico. About 160,000 migrants work on California farms during the peak harvest months of May through October.

In some important ways, migrancy incr
By definition they are on the move, hard t
when they need help, forced to accept wh
—is immediately available, ineligible bec
quirements for the health and welfare ben
poor.

In addition, most come from a different
traditions, speak a language incomprehensi
of Americans. Often they have little unders
concepts as vector control, disease transm
guards against the spread of germs, and th
Pulled out of school at an early age to he
come, their educational levels are low.

Doctors and hospitals are located in
from these workers' rural homes. An eme
can be an almost insurmountable proble
Spanish—provided one even has access

*Faustina Solis—Farm Workers Hea
Social Work Consultant, 196
Director, 1968–70*

marked the tenth year in the life
ervice of the California State De-

nings in 1961, when 11 of Cali-
counties shared a scant $75,000
as grown to include 33 decentral-
4,000 seasonal farm workers and
tient visits in 1970—in 17 counties

r-round general medical services,
al and dental care is available to
e-for-service project arrangements.
nursing, aide and environmental
st projects.

nanced by $1.2 million in federal
Health Service—nearly $1 million
d environmental services. The state
r local project activities, and the
bout 50 percent of the services to
a local contribution.

nly one of the many interwoven
sonal agricultural worker and his

owers are in desperate need of
chards. But in most farm counties,
followed by long months of in
l of farm laborers. The money—
ed during the summer dwindles.
illnesses need attention. Rain and
—the anxieties and depressions of
or no industry to provide alterna

ecome migrants. They follow the
across California journey north to
urn to winter at home bases in
izona and Mexico. About 160,000
farms during the peak harvest
r.

In some important ways, migrancy increases their problems. By definition they are on the move, hard to locate, hard to help when they need help, forced to accept whatever shelter—if any—is immediately available, ineligible because of residency requirements for the health and welfare benefits open to the local poor.

In addition, most come from a different culture, share different traditions, speak a language incomprehensible to the vast majority of Americans. Often they have little understanding of such subtle concepts as vector control, disease transmission, sanitary safeguards against the spread of germs, and the effects of pesticides. Pulled out of school at an early age to help with the family income, their educational levels are low.

Doctors and hospitals are located in population centers far from these workers' rural homes. An emergency telephone call can be an almost insurmountable problem if one speaks only Spanish—provided one even has access to a telephone. Food

Faustina Solis—Farm Workers Health Service,
Social Work Consultant, 1963–68
Director, 1968–70

and automobile repairs cost more for the stranger unfamiliar with local rates. And a proud man is reluctant to seek official assistance—especially when that reluctance is reinforced by intricate snarls of red tape and a history of harassment by governmental bureaucracies.

The fiercely self-reliant migrant, who ranges far in search of work, is the last to queue up for welfare.

Things are not much better for the resident farm worker. The nature of his occupation is seasonal, so—while he may be paid relatively well at harvest time—his entire yearly income is likely to depend on those few months' labor. Every able-bodied family member is pressed into service in the fields, leaving the youngest children, frequently, under the care of a brother or sister hardly older than they. How many accidents occur in these homes or in the fields due to lack of proper child supervision can only be guessed.

While the farm worker is earning money, of course, he cannot usually qualify for welfare or Medicaid benefits. Often, in fact, he is actually losing money by choosing to work. And the conditions under which he labors are only beginning to be brought toward the level accepted as basic by workers in every other American industry. Drinking water, toilet and hand-washing facilities are still lacking in many fields, though enforcement of regulations has reduced their number. But how can 80 women crewing five tomato harvesting machines be expected to use only two field toilets during a single 15-minute work-break?

For years the assumption has been made that the rural poor could improve the condition of their lives if only they would unite into a politically significant, cohesive group. The migrant, to be sure, is disenfranchised and powerless. But is the resident farm worker any better off? These families are scattered over wide areas, bludgeoned into apathy by malnutrition, chronic sickness and lifelong social and economic discrimination, forced to compete against one another for too few jobs, suspicious and resentful of their own neighbors—not to mention the migrant who arrives to skim off the economic "cream."

During the decade 1957–66, California—the nation's richest farm state—increased its annual agricultural cash receipts from $2.8 billion to $4.1 billion. Last year, the average annual income for the farm worker families living in California's 23 migrant housing centers was $3,019—and the a
three or more children!

Even though operating at the limits of
the Farm Workers Health Service project
treat only about 15 percent—15 percent
of California's migrant population. A grea
up to 80 percent, benefit at some time
services—field and camp inspections—pro
sanitation component. But these are h
placency.

What, then, do we consider the signific
ten years of operation?

First, the program has made people a
seasonal farm workers do have special n

Second, even though the services are n
are available. For the first time, people
ginning to receive the care they require.
Health Service program has proved tha
are provided to the rural poor in an ac
accessibility is geographical, cultural
will be utilized.

Third, in developing the program we
problems which would not otherwise be
new things about the people we serve,
old ways of doing things have failed.

Finally, the Farm Workers Health Servi
a real influence on the methods in which
be delivered to all Americans. The progr
use of auxiliary personnel—the clinic and
aides drawn from the recipient population
will rely more and more on these invalu
interpret good health practices, to trans
and idiom to another, and to perform
functions which detract from the full p
professionals.

The program has pointed up ways in
ices can be decentralized—brought to th
and at the times in which they are most
gram, increasing numbers of medical stu
been and will continue to be introduced

more for the stranger unfamiliar
d man is reluctant to seek official
at reluctance is reinforced by intri-
a history of harassment by govern

rant, who ranges far in search of
for welfare.

for the resident farm worker. The
asonal, so—while he may be paid
—his entire yearly income is likely
hs' labor. Every able-bodied family
in the fields, leaving the youngest
care of a brother or sister hardly
ccidents occur in these homes or in
per child supervision can only be

arning money, of course, he cannot
Medicaid benefits. Often, in fact,
choosing to work. And the condi
are only beginning to be brought
basic by workers in every other
ater, toilet and hand washing facili
fields, though enforcement of regu
ber. But how can 80 women crew
chines be expected to use only two
5-minute work-break?

as been made that the rural poor
their lives if only they would unite
ohesive group. The migrant, to be
powerless. But is the resident farm
families are scattered over wide
y by malnutrition, chronic sickness
mic discrimination, forced to com
too few jobs, suspicious and resent
-not to mention the migrant who
ic "cream."

66, California—the nation's richest
ual agricultural cash receipts from
st year, the average annual income
living in California's 23 migrant

housing centers was $3,019—and the average family included three or more children!

Even though operating at the limits of manpower and money, the Farm Workers Health Service projects estimate that they can treat only about 15 percent—15 percent!—of the medical needs of California's migrant population. A greater percentage, perhaps up to 80 percent, benefit at some time from the environmental services—field and camp inspections—provided in counties with a sanitation component. But these are hardly figures for complacency.

What, then, do we consider the significant achievements of our ten years of operation?

First, the program has made people aware that migrants and seasonal farm workers *do* have special needs.

Second, even though the services are meager and limited, they are available. For the first time, people—human beings—are beginning to receive the care they require. And the Farm Workers Health Service program has proved that if health care services are provided to the rural poor in an accessible way—when that accessibility is geographical, cultural and psychological—they *will* be utilized.

Third, in developing the program we have uncovered many problems which would not otherwise be known. We are learning new things about the people we serve, and discovering why the old ways of doing things have failed.

Finally, the Farm Workers Health Service program has exerted a real influence on the methods in which health care is and can be delivered to all Americans. The program has pioneered in the use of auxiliary personnel—the clinic and sanitation and nursing aides drawn from the recipient population. In the future, medicine will rely more and more on these invaluable liaison workers to interpret good health practices, to translate from one language and idiom to another, and to perform important non-medical functions which detract from the full productiveness of health professionals.

The program has pointed up ways in which health care services can be decentralized—brought to the people in the places and at the times in which they are most needed. Under the program, increasing numbers of medical students and internes have been and will continue to be introduced to that forgotten patient

pool, the isolated rural poor.

Moreover, the program has pioneered in forging a new relationship between the physician and the nurse. In the future, increasing responsibility will and must be delegated to the latter as a nurse-practitioner—leaving the doctor free to devote his precious skills to the acute illnesses and injuries of patients.

The decade 1961–70 has been a decade of progress, of achievement, of renewed hope for California's seasonal farm workers. Nevertheless, much remains to be accomplished. Farm worker families continue to make do in unsafe, ramshackle dwellings, to camp in automobiles and hastily improvised shelters, to suffer the state's highest occupational disease and infant mortality rates, to live with untreated chronic illness, malnutrition, painful dental problems, lack of hospitalization and inadequate prenatal care.

It must be remembered that ill health disables men for work—throws them onto the welfare rolls whether they wish it or not. Similarly, preventive care and early treatment of disease saves money. A child whose tuberculosis is properly cared for will not develop meningitis and become a cripple a lifelong ward of the county's taxpayers.

Each year since 1961, the Farm Workers Health Service has compiled an exhaustive annual report With data painstakingly assembled by the staffs of the individual projects, we have painted the plight of the migrant farm worker family and the efforts of our program.

But it is hard to convey a real feeling of what we are doing, and why, and for whom in a dense collection of statistical tables The problems recited above have been noted year after year Tables delineating numbers of clinic visits, hours of clinic sessions types of conditions treated, percentages of camps inspected have been published dutifully each fiscal year Do these columns and paragraphs still retain any impact?

Nearly 100,000 men, women and children have received medical care under the Farm Workers Health Service program during its ten years of existence. Some 132 dedicated professional and paraprofessional health workers staff the 26 projects in California —the oldest and most extensive migrant health program in the United States.

In this, our decade report, we will try to focus on some of those people. Through words and pictures, we hope to convey the flesh and blood of the migrant health program in tions which have made it necessary, the f services, the observations of those who have it grow, the daily routine of the nurses and and doctors who offer real care and concer

The opinions and the methods reported representative and at the same time not re fornia projects offer a spectrum of philos however, are made up of people—peopl limits of their resources and their humanity,

We hope that reality emerges in the wo follow.

ered in forging a new relation-
nurse. In the future, increasing
gated to the latter as a nurse-
e to devote his precious skills
patients.

decade of progress, of achieve-
rnia's seasonal farm workers.
complished. Farm worker fami-
ramshackle dwellings, to camp
ed shelters, to suffer the state's
ant mortality rates, to live with
ion, painful dental problems,
ate prenatal care.

ealth disables men for work—
whether they wish it or not
ly treatment of disease saves
is prop
cripple

n W
port W
dual
er fam

ling
lection
noted
hour
amp
these

d chi
Healt
32 ded
aff the
nigra

ill tr
s, we hope to convey the fresh

and blood of the migrant health program in California—the conditions which have made it necessary, the families who receive its services, the observations of those who have shaped it and watched it grow, the daily routine of the nurses and aides and sanitarians and doctors who offer real care and concern to real people.

The opinions and the methods reported are, of course, both representative and at the same time not representative. The California projects offer a spectrum of philosophy and service. All, however, are made up of people—people straining, within the limits of their resources and their humanity, to help people.

We hope that reality emerges in the words and images which follow.

A Century in California Farm Labor

1870 . . . . . *California agriculture assumes its modern pattern: large-scale land ownership (516 men own 9 million acres); crop speciolization (the San Jooquin Valley boosts the world's largest wheat farm, and new irrigation projects begin to give fruit orchards their increasing agricultural importance); and reliance on cheap seosonal labor, usually by non-European racial minorities (the Chinese, barred from the gold mines by a series of discriminatory laws and thrown out of work by completion of the transcontinental railroad, take up the dominate role in California farm labor).*[1]

1882 . . . . . *Under various pressures, including that of organized labor, Congress passes the first Chinese Exclusion Act. Chinese laborers are prohibited from entering the United States for 10 years. Re-enacted in 1892.*

1888 . . . . . *The first Japanese workers are imported into California's orchards and sugar-beet fields. By 1909, some 30,000 are employed as farm laborers during harvest season.*[2]

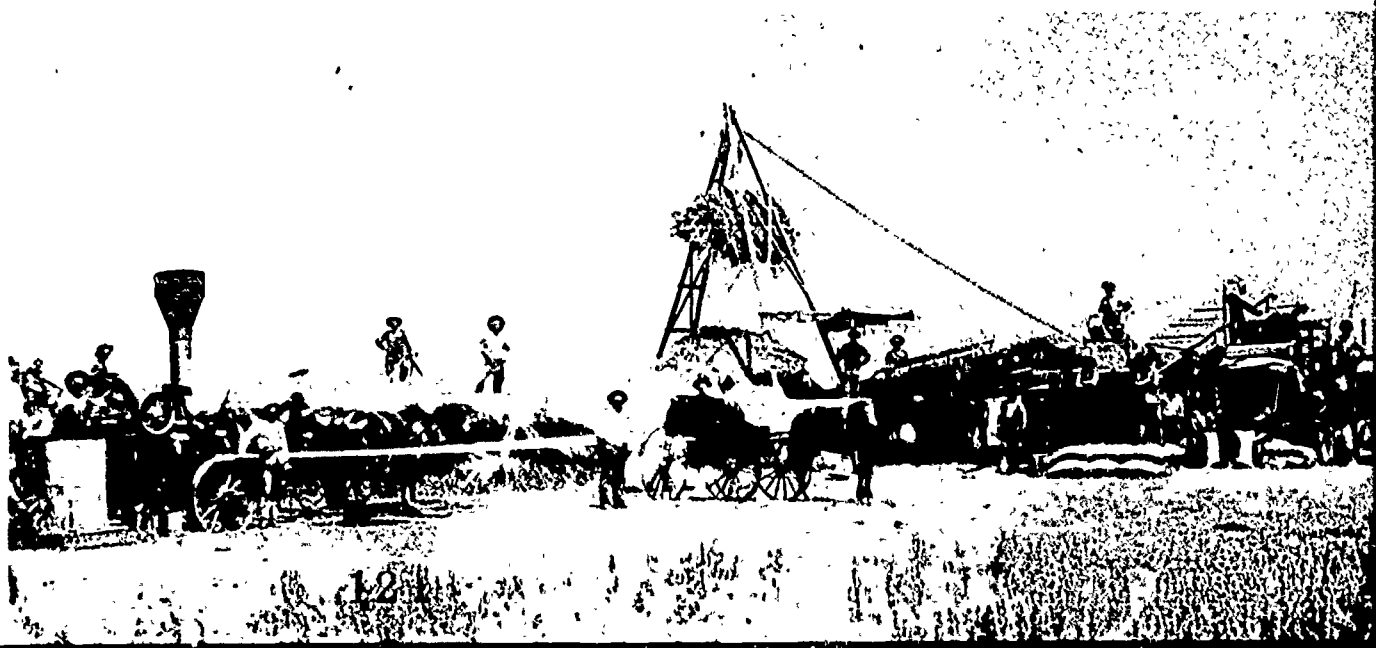
1890 . . . . . *Armenions, Portuguese, Itali small tenant farmers, they specialize in chokes, and grapes respectively.*[3]

1907 . . . . . *The first Hindus are importe and Imperial Valleys. By 1915, there ar Hindus working seasonally in vegetables*

1909 . . . . . *President Theodore Roosevel sion recommends that Congress pass leg housing, employment on an annual ba postal sovings banks to encourage thrif workers. No action.*[5]

1913 . . . . . *The Alien Land Act is passe farm ownership by Orientals. Re-enacted*

1915 . . . . . *The U.S. Commission on Ind regularization of employment, feasible pl*



A Century in California Farm Labor

assumes its modern pattern.
en own 9 million acres); crop
ley boasts the world's largest
projects begin to give fruit
l importance); and reliance on
non-European racial minorities
mines by a series of discrimi-
k by completion of the trans-
minate role in California farm

s, including that of organized
hinese Exclusion Act. Chinese
ing the United States for 10

kers are imported into Califor-
ds. By 1909, some 30,000 are
arvest season.[2]

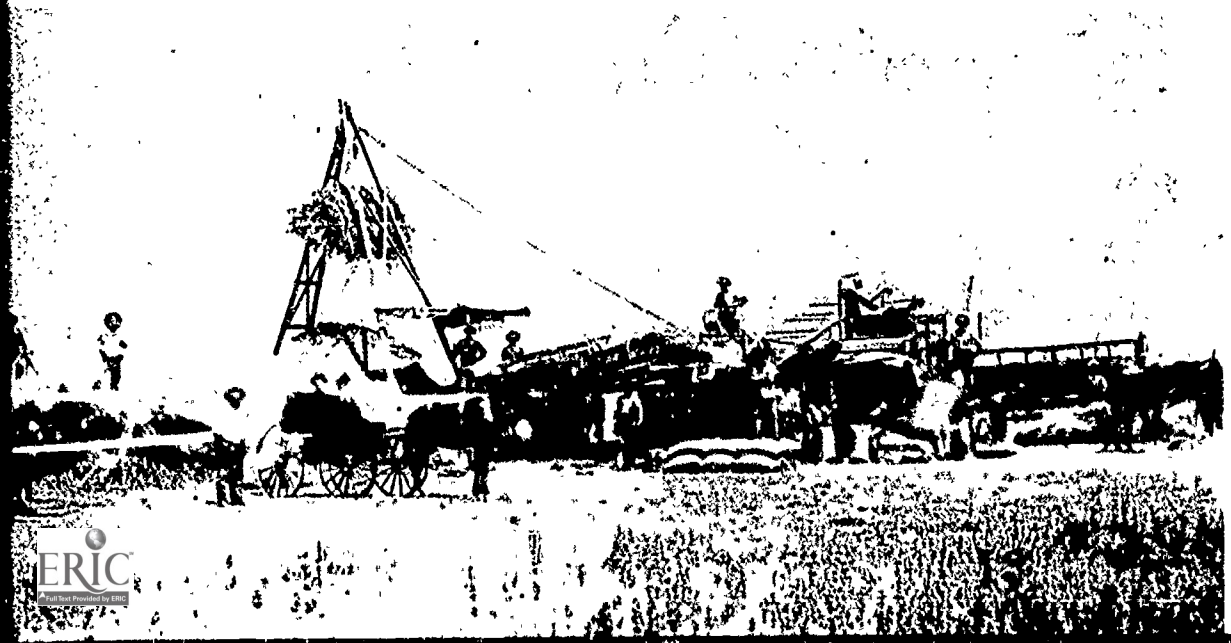
1890 . . . . . *Armenians, Portuguese, Italians begin to arrive. As . . . l tenant farmers, they specialize in raisins, dairy and artichokes, and grapes respectively.*[3]

1907 . . . . . *The first Hindus are imported into the San Joaquin and Imperial Valleys. By 1915, there are an estimated 10,000 Hindus working seasonally in vegetables and cotton.*[4]

1909 . . . . . *President Theodore Roosevelt's Country Life Commission recommends that Congress pass legislation to provide good housing, employment on an annual basis and establishment of postal savings banks to encourage thrift among migrant farm workers. No action.*[5]

1913 . . . . . *The Alien Land Act is passed to prevent increasing farm ownership by Orientals. Re-enacted in 1919.*

1915 . . . . . *The U.S. Commission on Industrial Relations calls for regularization of employment, feasible plans for providing trans-*



portation and establishment of sanitary working men's hotels with branch postal savings banks on behalf of migrant agricultural workers. No federal action.[6]

1917 . . . . . The Immigration Act of 1917 prohibits further entry of Hindus. Already they own or lease 45,000 acres of California rice lands.[7]

1918 . . . . . Labor shortages, war, the Mexican revolution and new immigration laws encourage importation of Mexican farm workers. By 1920, 50 percent of the state's migratory labor force is Mexican.[8]

1923 . . . . . Fears of restrictions on Mexican immigration cause first importation of Filipinos to work crops. During the 1930s some 35,000 Filipinos are employed in seasonal farm labor.[9]

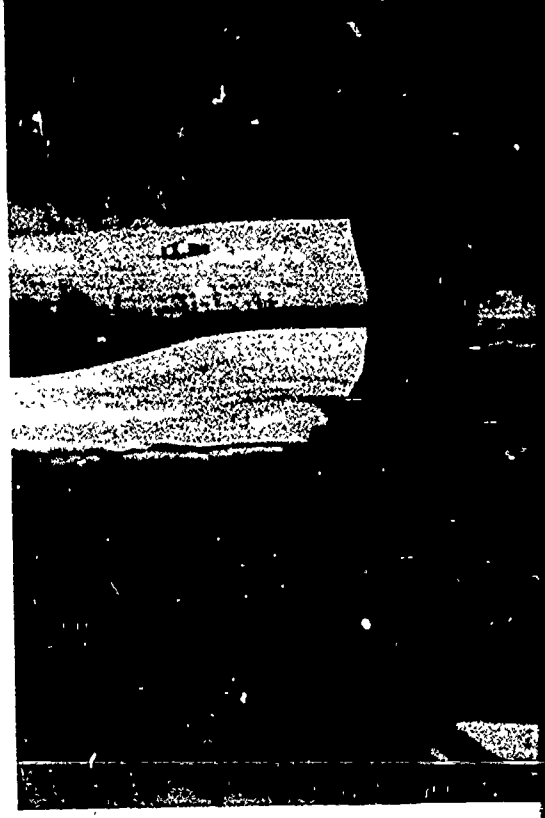
1931 . . . . . Federal laws drastically restrict immigration by Mexicans. Thousands, including U.S. citizens, are involuntarily "repatriated" because they are on relief.[10]

1933 . . . . . First of more than 350,000 Midwest "Dust Bowl" refugees—the Okies—begin to arrive in California. State-run labor camps house 15,000 unemployed men. Oversupply of workers severely depresses wages. Hunger, disease, social unrest are rampant.[11]

1935 . . . . . Congress passes measure offering free one-way transportation for Filipinos wishing to leave U.S. Return is barred.

1938 . . . . . Agricultural Workers Health and Medical Association (AWH&MA) is established cooperatively by U.S. Farm Security Administration, California Department of Public Health and California Medical Society. The AWH&MA provides free health and medical care to desperately poor migrant farm workers and families.

1939 . . . . . John Steinbeck's controversial novel The Grapes of Wrath focuses national attention on the problems of California farm workers. U.S. Farm Security Administration begins construction of 14 new migratory labor camps in state. Congressional committees open investigations into California agricultural conditions.



1942 . . . . . Braceros—temporary foreign
—begin to arrive in California fields from
gency executive order designed to meet t
age of domestic farm labor.[12]

1944 . . . . . Federal legislation restricts
AWH&MA to foreign contract workers. E
no longer have access to low-cost health

1947 . . . . . Congress, pleading economi
AWH&MA and turns over all federally-ope
to private growers' associations and lo
Braceros receive health coverage under st
sation plan—which will not apply, until
cultural workers.[14]

1949 . . . . . National concern again turns
rhea and pneumonia claim the lives of 2
in the San Joaquin Valley.[15]

y working men's hotels with
alf of migrant agricultural

17 prohibits further entry of
000 acres of Cali...

Mexican revolution and new
on of Mexican farm workers.
gratory labor force ... Mexi...

Mex...
ops ...
onal ...

...
ens ...
10

0 Midwe...
California. State-run labor
en. Oversupply of workers
disease, social unrest are

offering free one-way trans-
U.S. Return is barred.

alth and Medical Association
vely by U.S. Farm Security
t of Public Health and Cali-
A provides free health and
migrant farm workers and

versial novel The Grapes of
the problems of California
ministration begins construc-
mps in state. Congressional
California agricultural condi-

1942 *. . . . . Braceros—temporary foreign contract farm laborers —begin to arrive in California fields from Mexico under an emergency executive order designed to meet the acute wartime shortage of domestic farm labor.*[12]

1944 *. . . . . Federal legislation restricts services under the AWH&MA to foreign contract workers. Effect: domestic migrants no longer have access to low-cost health or medical coverage.*[13]

1947 *. . . . . Congress, pleading economic pinch, abolishes the AWH&MA and turns over all federally-operated farm labor camps to private growers' associations and local housing authorities. Braceros receive health coverage under state workmen's compensation plan—which will not apply, until 1959, to domestic agricultural workers.*[14]

1949 *. . . . . National concern again turns to California when diarrhea and pneumonia claim the lives of 28 farm workers' babies in the San Joaquin Valley.*[15]

1951 . . . . Aroused Fresno County grower, health and community groups join to establish Westside medical clinics in five locations for farm workers and families. County infant mortality rate drops 50 percent in first three years of clinic operations! [16]

1960 . . . . . At request of the governor, California State Department of Public Health launches investigation into "Health Conditions and Services for Domestic Seasonal Agricultural Workers and Their Families in California." Findings: They suffer more ill health, use medical services less, and have higher sickness and death rates than any other socio-economic group. Barriers to good health: hospitals and health facilities are far from their homes, services uncoordinated; residence requirements, transportation and medicine costs and hours of service exclude them, language, culture and pride often operate against preventive care and cloud understanding of good health practices.

1961 . . . . . On basis of report, the gove
tion. State Senator Virgil O'Sullivan intr
authorizing funds for creation of a speci
partment of Public Health to promote co
sonal agricultural workers—the birth of th
Service. Fourteen agricultural counties ex
grams to include services for migrants.

1962 . . . . . Federal Bill S-1130 provides
and coordinate a unified statewide he
workers. Public Law 87–692—the Migran
grants for family clinics for domestic agri

1963 . . . . . Report of the Governor's A
Housing reveals that 80 percent of farm
grossly substandard housing, if any at

unty grower, health and community
ide medical clinics in five locations
County infant mortality rate drops
of clinic operations! [16]

governor, California State Depart-
s investigation into "Health Condi-
tic Seasonal Agricultural Workers
nia." Findings: They suffer more ill
ss, and have higher sickness and
io-economic group. Barriers to good
acilities are far from their homes,
ce requirements, transportation and
rvice exclude them, language, cul-
against preventive care and cloud
practices.

1961 *. . . . . On basis of report, the governor seeks legislative action. State Senator Virgil O'Sullivan introduces Senate Bill 282, authorizing funds for creation of a special staff in the State Department of Public Health to promote care and services for seasonal agricultural workers—the birth of the Farm Workers Health Service. Fourteen agricultural counties expand local health programs to include services for migrants.*

1962 *. . . . . Federal Bill S-1130 provides budget funds to develop and coordinate a unified statewide health program for farm workers. Public Law 87–692—the Migrant Health Act—authorizes grants for family clinics for domestic agricultural migrants.*

1963 *. . . . . Report of the Governor's Advisory Commission on Housing reveals that 80 percent of farm worker families live in grossly substandard housing, if any at all—one-third with open*

privies, nearly one-third without bathing facilities, one-quarter lacking even a kitchen sink with running water. Median annual income $2,207—250 percent below statewide average.

1964 . . . . . Public Law 78—the latest of the statutes which had extended the "emergency" bracera program for 22 years—is terminated. At its height, the bracero program brought nearly half a million men inta the United States from Mexico each year during the harvest season.

1965 . . . . . The California Migrant Master Plan is designed under provisions of Title III-B of the Federal Economic Opportunity Act of 1964. First temporary seasonal "flash peak" migrant family housing center is erected in one week in the San Joaquin Valley. Twenty-four more centers to follow in five years. Centers provide adequate housing, child day care, education and health services at a cost of $1 a night per family while migrants are working in California but must turn away nearly twice as many needy families as they can accommodate.[17]

1966 . . . . . California Rural Legal Assistance is funded by the U S Office of Economic Opportunity Operating in 17 counties, CRLA offers free legal assistance to the rural poor, especially farm workers, including advice regarding schools, jobs, housing and government. Nearly 26,000 clients served directly in 10 351 cases handled during 1967–68.[18]

1968 . . . . . California State Department of Education, under Public Law 89 750, develops master plan for compensatory education interstate coordination, record transfer, teacher training and health services for children of migrant farm families Some 29,000 migrant children benefit from 38 cooperative projects organized by 176 school districts in 27 counties Farm Workers Health Service provides program design, consultation, in service training and evaluation of health component.[19]

1969 . . . . . The California Migrant Master Plan is transferred from the State Office of Economic Opportunity to the Department of Human Resources Development (formerly Department of Employment). More than 2,600 families 13,800 people find temporary shelter, health, sanitation, education and child care in 23 state migrant housing centers. Another 4,337 families, however, must be turned away.[20]

1970 . . . . . With Farm Workers Health
group day-care programs for children in t
housing centers are expanded on a demons
infants under the age of 2. Such pioneer
from before dawn until after nightfall—all
to work the freedom to do so, confident
whatever age, will receive skilled care an

1971 . . . . .

athing facilities, one-quarter
nning water. Median annual
tatewide average.

test of the statutes which had
program for 22 years—is termi-
rogram brought nearly half a
rom Mexico each year during

Master Plan is designed under
ral Economic Opportunity Act
"flash peak" migrant family
ek in the San Joaquin Valley.
in five years. Centers provide
edu
whi
rly tw

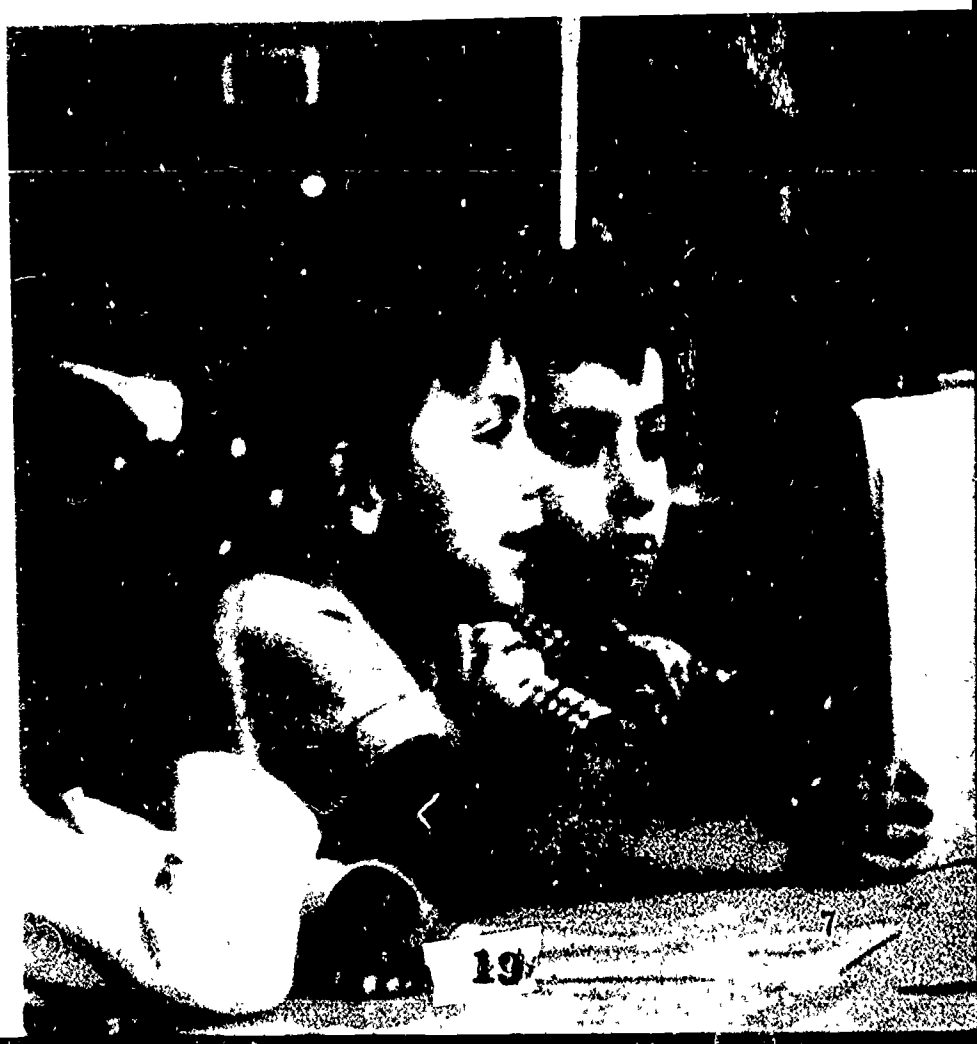
As
pera
g
ser

tmen
n fo
onst
nt fo
coo
s Fa
ta

M
ort
rme
13 8
o,
4,33

1970 . . . . . *With Farm Workers Health Service support, OEO group day-care programs for children in three California migrant housing centers are expanded on a demonstration basis to include infants under the age of 2. Such pioneering all-day care—often from before dawn until after nightfall—allows mothers who wish to work the freedom to do so, confident that their children, of whatever age, will receive skilled care and supervision.*

1971 . . . . .



Really Nice People

Gary McNamara is a tall, cheerful pre-medical graduate with a ruddily youthful face and prematurely greying hair. For the past six years he has been a sanitarian for the Merced County Health Department. During the summer months he is responsible for migrant health sanitation in all the 700 square miles of Merced County lying west of the San Joaquin River.

June 10, 1970 is an unseasonably temperate day for California's Central Valley—low 80's, light breeze, bright sunshine. Cool weather has delayed tomato ripening locally, but now the harvest season is getting underway. Later in the summer McNamara will have to inspect canneries, packing sheds and the fields themselves for compliance with toilet and hand-washing regulations of the Food Crop Growing and Harvesting Law—but right now, on this day, his main concern is the 25-odd farm labor camps in his territory, into which the migrants are beginning to move.

About 10 a.m., McNamara—in the company of a visitor—sets out from the county health department office in Merced to visit the Los Banos Migrant Housing Center, 37 miles away. First, however, he calls at the county Planning Department in Merced.

"Has a trailer permit been issued in the name of Rodriguez?" he inquires.

The clerk checks, says no.

"I was afraid of that," nods McNamara. He confers with the clerk about the procedures for obtaining a permit to install a house trailer. The clerk hands McNamara an instruction form and explains that the permit cost is 10 cents per square foot of trailer space. The instruction form, in English, looks fairly complicated.

"Does anyone here speak Spanish?"McNamara asks.

"Nah. Wish I did, though," the clerk smiles. "It sure would come in handy sometimes."

"Yeah. I can't either," McNamara agrees. He returns with his visitor to the car.

"The Rodriguezes are a local family, Mexicans," he amplifies as they drive west. "They're really nice people. Mother and father and eight children. This winter the family's been on welfare, but now that the season's starting he'll go back to farm work. He'll make less money that way than he would if they stayed on welfare. But these people are proud. They're not lazy. He'll migrate later on, too. This is their home base. Righ the county housing project at South Dos P unusual in the sense that most migrants place long enough to qualify for public bought a house trailer and they're planning way he tells it, he's buying 11 acres from pay it off at his convenience. I don't know "The trailer's about 35-by-10. Ten peop plained to him he had to get a permit, but English—except for the kids. At 10 cents $35.00. I don't think they've got that kin lapses into silence.

At the Los Banos Camp, McNamara thorough inspection. He exclaims at the child day-care center. He makes a note t the outside privies need replacement, an He recommends that springs be installed insure that they will close. He checks the make sure weeds have been removed—c previous inspection. He knocks at the doo wood houses and politely asks whether ev

In the second unit, a very pretty young inside. She apologizes shyly for the mess. tioned side rooms are made, the clothing scrubbed, clean eating utensils stacked central table in the kitchen-living room c thing is fine, but a screendoor would be ni that she is pregnant and asks if she know grant health project maternity clinic in So she does and plans to attend next Tuesd well, says she is from Holtville, near El Ce first time she has come with her husband thinks the camp is very nice. McNamar friendliness and intelligence.

Observing the "5 Millas Despacio" sign the main gate. He comments wryly on after heated community debate, was loc road from the county dump. He drives sev

Really Nice People

heerful pre-medical graduate with
maturely greying hair. For the past
rian for the Merced County Health
mer months he is responsible for
l the 700 square miles of Merced
oaquin River.
asonably temperate day for Cali-
80's, light breeze, bright sunshine.
nato ripening locally, but now the
rway. Later in the summer McNa-
eries, packing sheds and the fields
h toilet and hand-washing regula-
ing and Harvesting Law—but right
cern is the 25-odd farm labor camps
migrants are beginning to move.
—in the company of a visitor—sets
partment office in Merced to visit
Center, 37 miles away. First, how-
nning Department in Merced.
issued in the name of Rodriguez?"

ds McNamara. He confers with the
or obtaining a permit to install a
McNamara an instruction form and
s 10 cents per square foot of trailer
English, looks fairly complicated.
Spanish?"McNamara asks.
the clerk smiles. "It sure would come

Namara agrees. He returns with his

al family, Mexicans," he amplifies as
lly nice people. Mother and father
r the family's been on welfare, but
g he'll go back to farm work. He'll
an he would if they stayed on wel-
oud. They're not lazy. He'll migrate later on, too. This is their home base. Right now they're living in the county housing project at South Dos Palos, which is of course unusual in the sense that most migrants don't stay at any one place long enough to qualify for public housing. But they just bought a house trailer and they're planning to move into that. The way he tells it, he's buying 11 acres from a man who says he can pay it off at his convenience. I don't know." He shakes his head. "The trailer's about 35-by-10. Ten people in two rooms. I explained to him he had to get a permit, but they hardly speak any English—except for the kids. At 10 cents a square foot, that's $35.00. I don't think they've got that kind of money. . . ." He lapses into silence.

At the Los Banos Camp, McNamara conducts a quick but thorough inspection. He exclaims at the spotless kitchen in the child day-care center. He makes a note that worn toilet seats in the outside privies need replacement, and detects several leaks. He recommends that springs be installed on the toilet doors to insure that they will close. He checks the camp sewage pond to make sure weeds have been removed—a problem noted in the previous inspection. He knocks at the doors of two occupied plywood houses and politely asks whether everything seems all right.

In the second unit, a very pretty young girl invites McNamara inside. She apologizes shyly for the mess. The beds in both partitioned side rooms are made, the clothing hung, the cement floor scrubbed, clean eating utensils stacked neatly by the sink, the central table in the kitchen-living room cleared. She says everything is fine, but a screendoor would be nice. McNamara observes that she is pregnant and asks if she knows about the weekly migrant health project maternity clinic in South Dos Palos. She says she does and plans to attend next Tuesday. She speaks English well, says she is from Holtville, near El Centro, and that this is the first time she has come with her husband to Merced County. She thinks the camp is very nice. McNamara is impressed by her friendliness and intelligence.

Observing the "5 Millas Despacio" sign, he wheels out through the main gate. He comments wryly on the fact that the camp, after heated community debate, was located directly across the road from the county dump. He drives several miles east and pulls

over beside a weed grown cluster of stucco buildings—a former bracero camp. The buildings are deserted. "Gee, it doesn't look like they're going to open at all this year," he exclaims in surprise. "If they are, they've sure got an awful lot of work to do."

The next stop on his itinerary is the county office in Los Banos, where he usually spends a half-day each week. But first he detours into the local county housing project. Pretty pastel houses sit on trim lawns. He walks into the manager's office.

"You know the Rodriguezes?" he asks after some friendly banter. "They've bought a trailer and they're going to be moving out of the South Dos Palos project."

"That's what they told me," the manager nods. She is a gregarious white-haired woman. "I'm going to hate to lose them. They're among our best tenants."

"I don't see how they're going to manage, with all those children in only two rooms. I don't think they can afford the permit fee, either. Could they stay on in the project?"

"Sure, I wish they would."

"So do I," McNamara mutters. "I'm going to go out there and talk to them this afternoon."

McNamara and his visitor eat lunch. Afterwards they drive south, paralleling irrigation canals which wind along the base of parched brown mountains. A few miles outside Los Banos they turn off the highway and thread a dirt track—an orchard of ripening apricots on one side, an open field of sprouting cotton on the other. At the end of the drive is a labor contractor's camp - capacity 125 single men. The camp has only been open for three days, and there are just 26 men staying there now. McNamara takes a cursory look at the cookhouse kitchen, assures that food is procured from sources under inspection, tells the woman in charge to keep the lid on a galvanized garbage pail filled with flour. He says he'll come back later, when the camp is full. Before leaving he glances in at the dormitory. A few young men lounge impassively on musty mattresses.

"Our big problem in this county is that most of the camps were designed for braceros—single men," he says. "There just isn't very much housing for migrant families. The camps aren't suitable. And the housing situation this year is really serious."

As if to illustrate, he pulls over at a compound of abandoned wooden buildings. "Hm. Doesn't look like this one's going to open either," he muses. The buildings, constructed in dormitory style, have makeshift doors clumsily cut into the partition these off for families," he expla too well. The partitions only went eight hear everybody else in the whole place snoring and crying. . ."

He bounces over the rutted driveway verdant field, a low rambling house is s "That house was designed by Frank Lloy his visitor.

The highway to South Dos Palos winds t Here and there a stately heron perches o McNamara recalls that most of this rice a from its Japanese-American owner durin acquired cheaply by his non-Japanese gr

The unincorporated community of Sout a post office, a couple of stores and a frame houses. It is inhabited primarily in the 30's to work the cotton, but c mechanized operation.

"The people here are poor as church- ments, "but they're real community-minded community organization the residents have first potable water system, are conductin to keep school children busy during the tiated several self-help housing projects. four incredibly dilapidated wooden shacks

"Those are owned by one of our top c "I almost lost my job when I condemned people back in. They're occupied now." H

The South Dos Palos project resembles McNamara approaches the detached unit i live, he begins to fret. "I hope the oldest speaks English. The mother can't underst into the driveway. "I hope Mrs. Rodriguez

At the door he is met by the 12-year-ol is cradling a toddler with a bottle. Five sisters peer at the strangers curiously. Let's from the television set ("You just passed u gleefully taunts a contestant). Mrs. Rodrig says—she is working in the fields with McNamara makes a brief attempt to ex

of stucco buildings—a former
deserted. "Gee, it doesn't look
s year," he exclaims in surprise.
wful lot of work to do"
the county office in Los Banos,
each week. But first he detours
ect. Pretty pastel houses sit on
ager's office.
he asks after some friendly
nd they're going to be moving
"
manager nods She is a gre
going to hate to lose them.

o manage, with all those chil-
nk they can afford the permit
he project?"

I'm going to go out there and

lunch. Afterwards they drive
which wind along the base of
miles outside Los Banos they
dirt track—an orchard of ripen
ield of sprouting cotton on the
s a labor contractor's camp—
has only been open for three
staying there now. McNamara
ouse kitchen, assures that food
nspection, tells the woman in
nized garbage pail filled with
, when the camp is full. Before
ory. A few young men lounge

is that most of the camps were
" he says. "There just isn't very
The camps aren't suitable. And
ally serious."
at a compound of abandoned
k like this one's going to open
constructed in dormitory style,

have makeshift doors clumsily cut into their sides. "They tried to partition these off for families," he explains, "but it didn't work too well. The partitions only went eight feet up, so you could hear everybody else in the whole place talking and eating and snoring and crying. . ."

He bounces over the rutted driveway to the road. Across a verdant field, a low rambling house is set in a clump of trees. "That house was designed by Frank Lloyd Wright," he informs his visitor.

The highway to South Dos Palos winds through green rice fields. Here and there a stately heron perches on one leg in the water. McNamara recalls that most of this rice acreage was confiscated from its Japanese-American owner during World War II, and acquired cheaply by his non-Japanese grower-neighbors.

The unincorporated community of South Dos Palos consists of a post office, a couple of stores and a collection of crumbling frame houses. It is inhabited primarily by blacks. They came in the 30's to work the cotton, but cotton-picking is now a mechanized operation.

"The people here are poor as church-mice," McNamara comments, "but they're real community-minded." He notes that through community organization the residents have recently acquired their first potable water system, are conducting a clean-up campaign to keep school children busy during the summer, and have initiated several self-help housing projects. He drives slowly past four incredibly dilapidated wooden shacks.

"Those are owned by one of our top county officials," he says. "I almost lost my job when I condemned them. But he's moved people back in. They're occupied now." He shakes his head.

The South Dos Palos project resembles that in Los Banos. As McNamara approaches the detached unit in which the Rodriguezes live, he begins to fret. "I hope the oldest daughter is home. She speaks English. The mother can't understand a word." He turns into the driveway. "I hope Mrs. Rodriguez doesn't cry!"

At the door he is met by the 12-year-old daughter, Elena, who is cradling a toddler with a bottle. Five younger brothers and sisters peer at the strangers curiously. *Let's Make a Deal* is blaring from the television set ("You just passed up $400!" the announcer gleefully taunts a contestant). Mrs. Rodriguez is not home, Elena says—she is working in the fields with her husband today. McNamara makes a brief attempt to explain the need for and

cost of a trailer permit to Elena. She nods and seems to under stand, but McNamara is doubtful as he leaves.

"I'm just going to have to come back out here on Tuesday night when the clinic's in session," he mourns. "They're never going to figure all this out." He turns on the ignition. "I'll tell you one law I'd like to pass. They shouldn't let anyone come into this country to work without knowing English. At least some rudimentary, elementary English."

He heads down the road a mile and turns off into a muddy clearing. Used lumber is piled about, and rusty tin cans have been collected into heaps. At the rear of the lot a long white house trailer sits on concrete blocks A plowed field stretches away behind the trailer.

This is it, he says. He begins to prowl around "They hauled it up from Fresno over the weekend." He finds a deep hole covered by a tarpaulin. "They've got their cesspool in, I see Made out of wood. He shakes his head and chuckles sadly "Illegal as hell! He paces about. "You tell me," he suddenly challenges his visitor, should I approve that cesspool or should I condemn it and make them put in a septic tank?"

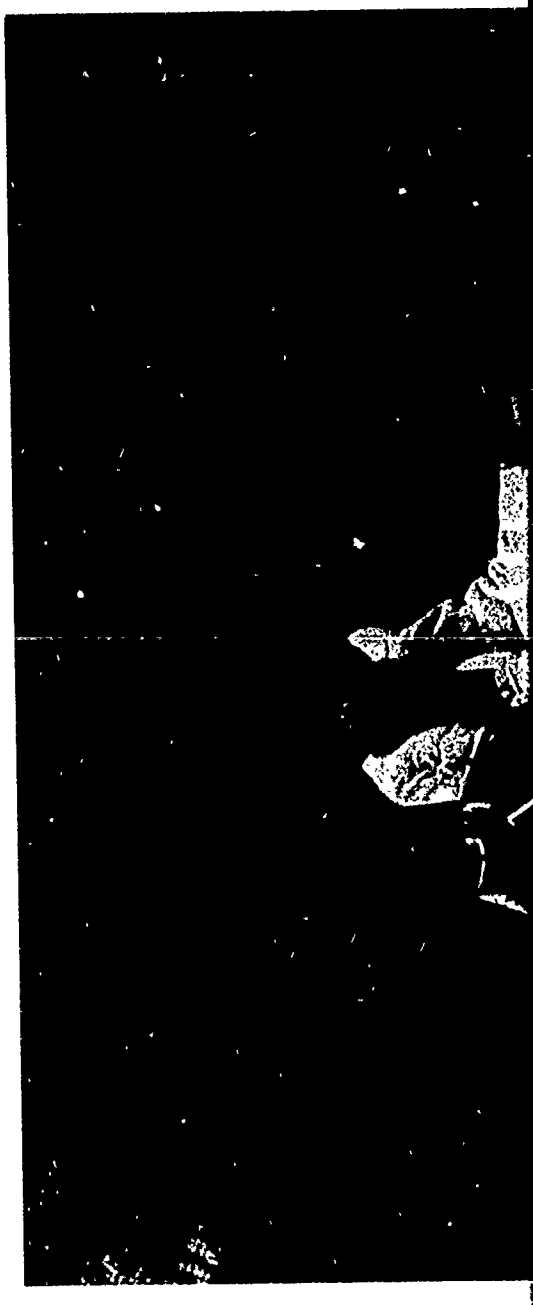
How much would it cost for a cheap septic tank?"

Three hundred dollars. Minimum They're just never going to get their hands on that kind of money!"

He walks around in silence for a few moments, then begins to mumble. See? All they want is a little independence You saw how nice that housing project was. But they don't like taking welfare. They want to be on their own " He squints across the field I don t know, can they make a living on 11 acres? Rodriguez says the guy who owns the land i going to let him pay it off whenever he s got a little cash to spare But I know that guy and he just isn t that good-hearted He's making some money in there somewhere. I haven't figured it out yet "

McNamara climbs back into his car and drives to Dos Palos He points out the single local industry, a textile mill which produces auto floor mats. It employs 75 people A few self help houses are going up on back streets once again opposite the garbage dump. You see what a great job government does in picking sites!" he grimaces.

Outside town he stops at a white frame farm house. Beside it sags a row of unpainted cabins, ancient, which are rented to farm workers. He finds the young woman who owns the place out back

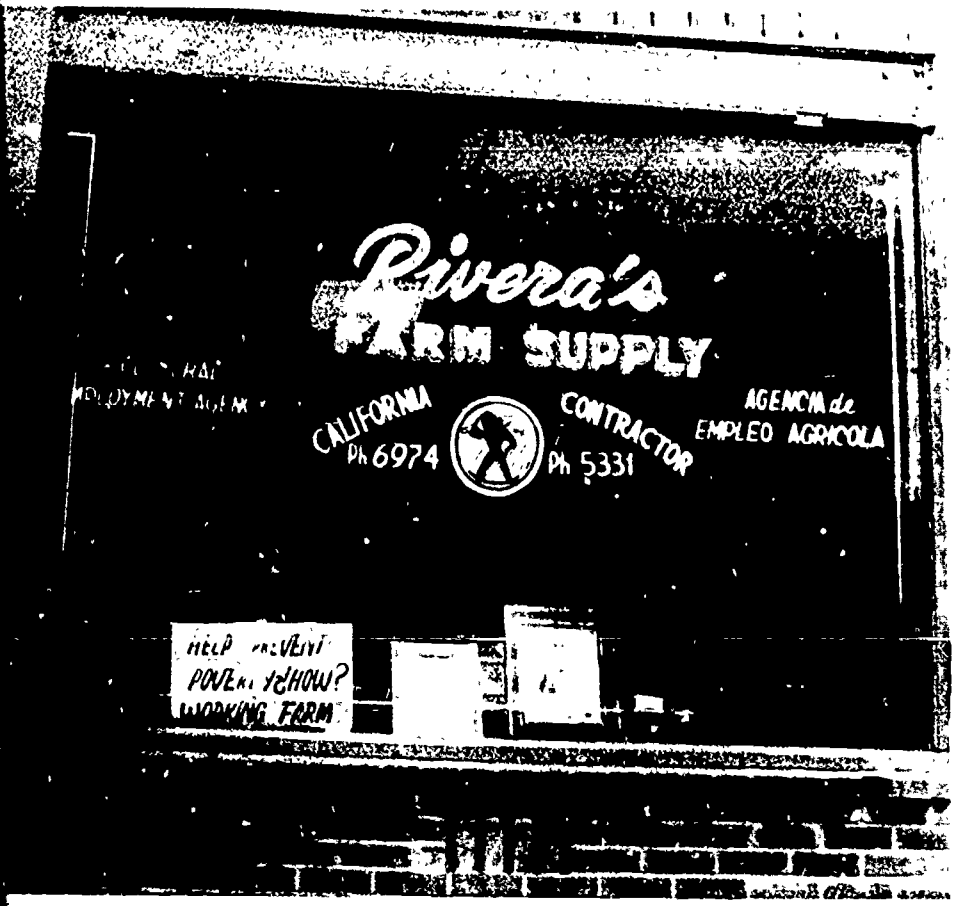


She nods [illegible]
as he leaves
back out here on Tuesday night
nourns. "They're never going to
e ignition. I'll tell you one low
anyone come into this country
At least some rudimentary, ele

ile and turns off into a muddy
bout, and rusty tin cans have
e rear of the lot a long white
s A [illegible]

to [illegible]
eken [illegible]
got the [illegible]
d and [illegible]
me. [illegible]
essp [illegible]
ank
che [illegible]
nun [illegible]
one
[illegible]
a [illegible]
s B [illegible]
wn [illegible]
a liv [illegible]
d [illegible]
spar [illegible]
e's [illegible]
ut [illegible]
is [illegible]
dust [illegible]
ys [illegible]
stree [illegible]
a

hite frame farm house. Beside it
ancient, which are rented to farm
nan who owns the place out back



gardening. He introduces himself and explains that a water sample taken the previous week showed contamination. A complaint about the water had been relayed from the county welfare department.

"We all use the same well," the woman shrugs. "Nobody around here has been sick. None of my family's been sick."

McNamara examines the well-pump. "What I'll do," he says, "is take another sample. But if that proves bad you'll have to chlorinate." He explains the simple procedure.

Later, in the car, he adds: "These are places. We're constantly getting compla people. I tell them what they should do, these cabins for welfare clients to live in. rent checks But they say no people hove they want."

He stows his water sample in the back why everybody here isn't doubled up. I accurate. . I' wos throwing cultures all o

He heads back toword Merced. "The people out of places, they ll just have to when we make housing inspections we h condition is, whether they can live with the wiring, the plumbing, the structure, when we tell the landlord to fix things up, he don t Even if we take court action, it time result Either things are brought t housing is condemned and the people hav live Which can be pretty difficult arour possible That's when you get 15 people li bedroom house like a phone call we got

At 4 p.m., McNamara parks in front of cement Well I can't say it hasn't be today We get busy though I finishe several field offices two camps to be o 70 miles I usually put on about 500 a when I'm not in different offices."

He walks inside to his desk, where the spent writing reports, answering telephon low-up work. He settles into his swivel chair

"You certainly spent an awful lot of tim the visitor comments.

"Yeah, well, the Rodriguezes are special sometimes you just get involved with peo such nice people. They're really trying to

He becomes thoughtful for a moment. Th leans back and kicks his feet up on the de a low, conspiratorial voice to his visitor. H he cups his hand behind his head. "I'm cesspool!"

ains that a water sample
ation. A complaint about
nty welfare department.
shrugs. "Nobody around
een sick."
"What I'll do," he says,
ves bad you'll have to
ure.

Later, in the car, he adds: "These are really pretty crummy places. We're constantly getting complaints from the welfare people. I tell them what they should do, then, is stop approving these cabins for welfare clients to live in. Refuse to give them the rent checks. But they say no, people have a right to live where they want."

He stows his water sample in the back seat. "I can't figure out why everybody here isn't doubled up. If that last sample was accurate. . . . It was throwing cultures all over the test-tube!"

He heads back toward Merced. "The trouble is, if we move people out of places, they'll just have to go to worse conditions. So when we make housing inspections we have to decide how bad a condition is, whether they can live with it or not. We look at the wiring, the plumbing, the structure, everything. Of course, when we tell the landlord to fix things up, we can't really make him do it. Even if we take court action, it all winds up with the same result. Either things are brought to standard or else the housing is condemned and the people have to find a new place to live. Which can be pretty difficult around here. Practically impossible. That's when you get 15 people living together in a one-bedroom house--like a phone call we got this morning."

At 3 p.m., McNamara parks in front of the county health department. "Well, I can't say it hasn't been a typical day," he declares. "We get busier, though. I finished early today because I expected those other two camps to be open. We covered about 110 miles. I usually put on about 500 a week--in the four days when I'm not in different offices."

He walks inside to his desk, where the remaining hours will be spent writing reports, answering telephone calls and doing follow-up work. He settles into his swivel chair.

"You certainly spent an awful lot of time on that one family," the visitor comments.

"Yeah, well, the Rodriguezes are special, I guess. I don't know, sometimes you just get involved with people's problems. They're such nice people. They're really trying to better themselves."

He becomes thoughtful for a moment. Then suddenly he grins, leans back and kicks his feet up on the desk. "Heck," he says in a low, conspiratorial voice to his visitor. His smile broadens and he cups his hand behind his head. "I'm going to approve that cesspool!"

Journal

Stanislaus County, California, June 26, 1970. Early morning spatters of rain, high overcast, Midwest humidity in air. Full-leaved trees line San Joaquin River and sloughs.

9:30 a.m. Arrive Westley Farm Labor Center to meet Mrs. Irene Griffin, camp nurse for Stanislaus Migrant Health Care Program. "Office of Health" sign hangs over door of wood frame building with peeling paint formerly a garage Inside is large room with blue-painted cement floor, long leather couch and three chairs, scale, curtained examination alcove with sink and medicine cabinets, two large wooden desks at far end Yellow walls are hung with health posters in Spanish and English "El autobus dental estara en el campo el dia 22 de Junio," reads largest poster, which shows Greyhound Bus Mrs Griffin is bandaging cut forehead of small, sobbing boy She is pleasant faced woman with swept-back brown hair, earrings, pink blouse, black and-white checked skirt and sandals. She projects air of good humored competence. Greetings exchanged.

9:40 Mrs. Griffin telephones nearest physician one of four in Patterson, six miles down road to make immediate appointment for little boy to have sutures and tetanus shot She ascertains, using broken Spanish, that mother has transportation and knows where to go.

9:50 Sorry to keep you waiting," she says to visitor. "Sometimes it gets a little hectic around here. Let's go down to the dental bus."

Large, conventional-looking bus is parked beside camp laundromat shed. Children sit gaily, well-behaved, on long bench along outside wall of shed. Inside bus, youthful dentists in sandals and sportswear, and pretty young hygienist in Bermuda shorts, exchange banter. Drills whine. Man alights from bus in short sleeved shirt, slacks and tennis shoes. He is Dr. Merle E Morris, professor of pediatric dentistry at University of California Medical Center, San Francisco. UC, with Migrant Education funding, sponsors two $80,000 mobile dental clinic buses which travel through San Joaquin and Salinas Valleys in summer offering free preventive and restarative care for children living in farm labor camps Bus is staffed by six graduate dentists, three junior students, one licensed hygienist and one senior student hygienist Laundry shed

al

une 26, 1970. Early morning
vest humidity in air. Full-leaved
oughs.
m Labor Center to meet Mrs.
laus Migrant Health Care Pro-
ngs over door of wood frame
rly a garage. Inside is large
loor, long leather couch and
mination alcove with sink and
den desks at far end. Yellow
rs in Spanish and English. "El
o el dia 22 de Junio," reads
und bus. Mrs. Griffin is bandag-
ng boy. She is pleasant-faced
r, earrings, pink blouse, black-
dals. She projects air of good-
xchanged.
earest physician—one of four in
o make immediate appointment
tetanus shot. She ascertains,
has transportation and knows

ng," she says to visitor. "Some-
d here. Let's go down to the

is parked beside camp laundro-
behaved, on long bench along
outhful dentists in sandals and
gienist in Bermuda shorts, ex-
alights from bus in short-sleeved
Dr. Merle E. Morris, professor
of California Medical Center,
ducation funding, sponsors two
ses which travel through San
ummer offering free preventive
living in farm labor camps. Bus
, three junior students, one li-
student hygienist. Laundry shed

houses two portable dental chairs for exams, bus has four chairs and full equipment for extractions and fillings. One dentist and hygienist have gone ahead to Patterson camp—next stop for bus —to conduct preliminary screening exams and take X-rays.

"We're going to stay an extra day," Dr. Morris tells Mrs. Griffin. "Gee, things are looking a lot better here this year than last, though. You know little Miguel, the boy in the wheelchair? He only had three cavities. Last year his teeth were terrible!"

Dental exams often reveal other health problems and bus staff always turns over duplicate records to camp nurses. Mrs. Griffin notes that county medical society has picked up bill for expensive root-canal job referred from mobile clinic.

"We refer everything we find," Dr. Morris says. "We have to do follow-up, or else we're missing the boat in our program. It's surprising how much a little thing like this, fixing up children's teeth, can make in their whole future lives. It can change the way they perform in school, how they're accepted by their classmates and society . . . not to mention making them healthier and making them feel better."

"Did Virginia help you out?" Mrs. Griffin asks about 16-year-old girl who served as volunteer interpreter and errand-girl for clinic.

"She sure did," Dr. Morris beams. "These volunteers are what really makes or breaks our program."

"She says it was so interesting she wishes she could go with you to the other camps. Her mother said it would be all right."

"Well, that would be great!" Dr. Morris exclaims. "We could use her—I'll work on it!"

10.10 On way back to office, Mrs. Griffin stops at nearby trailer to arrange dental evaluation appointment for child. Doorstep conversation is halting but productive. "I often get a good feeling and real rapport out of these one-to-one talks," she comments, "even if I'm speaking English and they're speaking Spanish. We work together to understand each other."

10:15 Strolling through camp, Mrs. Griffin explains local migrant health project, which relies on nurses and aides for preventive medical screening and routine treatments.

"When the family arrives, we offer the father and mother a TB skin test, a Wassermann, hemoglobin, urinalysis, take the blood pressures and ask a lot of questions on family health history. That may be the last time we'll see Pop. We screen the children closely, working with the school nurses. Once a month there's a well-baby clinic, with immunization and physical ex
We've been trained to do Pap smears rou
evening clinics, and if we suspect any ot
them to a physician. During the year we
classes and show health films from time t
not so good I take it outside and show th
house. That gets a good response. And o
good health practices as I go along."

10:25 Visit camp day-care center. Me
some, clean-cut young child psychology gr
Observe story hour. Story told in Spanish
as circle of 3-year-olds respond boisterous
to 100 children between ages of 2 and 5 wi
three Neighborhood Youth Corps workers
from community. Children often arrive at
time cots until breakfast and classes start,
return from fields at 4 p.m. Thomas shows
garbage piled in front of center and board

"The garbage company refuses to make
a week," he complains. "It's in court now.
won't give us the windows and screens w
That's dangerous, kids and jagged glass."
outside drinking fountain in playground.
won't come out and fix it. They say there
would only get broken again. They wouldn
exceptions out here if they needed the wor
year."

11:15 Mrs. Griffin drives to Patterson t
who saw doctor for pre-natal check-ups.
she says, " a lot of times until 6 or 7 p.m.—ar
on clinic nights. I stay to meet the people
ing the day. We tried keeping office hour
The idea is to be around when the peopl
passengers. "The doctors here are beautifu
a nice job. One is always on call. There a
terson, but I've only been able to get two
years, so I usually refer people to Modesto
she asks about a prescription. "I took a cou
but I've picked up most of what little I k
people, so it's not always grammatically co
of two local pharmacies to have prescriptio

xams, bus has four chairs
fillings. One dentist and
camp—next stop for bus
s and take X-rays.
r. Morris tells Mrs. Griffin.
here this year than last,
y in the wheelchair? He
h were terrible!"
h problems and bus staff
camp nurses. Mrs. Griffin
ked up bill for expensive
nic.
Morris says. "We have to
boat in our program. It's
this, fixing up children's
lives. It can change the
accepted by their class-
aking them healthier and

ffin asks about 16-year-old
and errand-girl for clinic.
hese volunteers are what

wishes she could go with
id it would be all right."
lorris exclaims. "We could

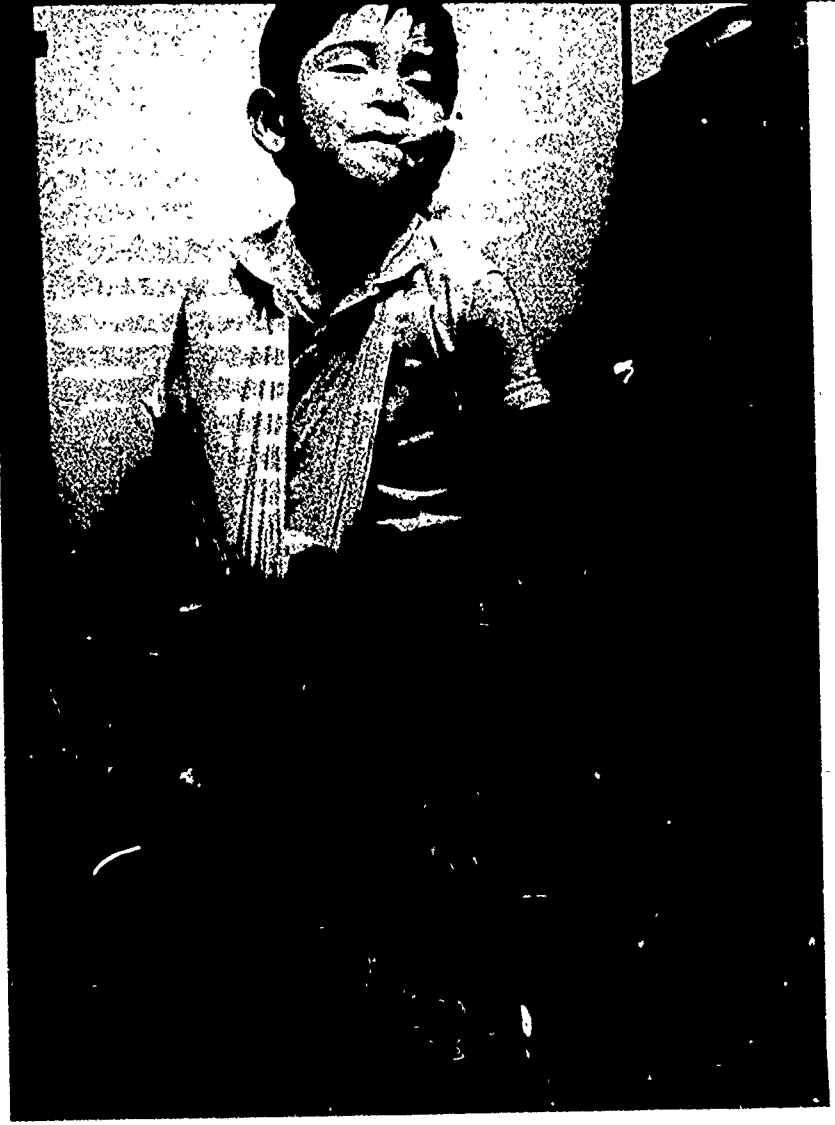
s. Griffin stops at nearby
pointment for child. Door-
ctive. "I often get a good
ne-to-one talks," she com-
d they're speaking Spanish.
other."
Griffin explains local mi-
nurses and aides for pre-
eatments.
the father and mother a
, urinalysis, take the blood
family health history. That
screen the children closely,
month there's a well-baby

clinic, with immunization and physical exams by a pediatrician. We've been trained to do Pap smears routinely on the women at evening clinics, and if we suspect any other problems we refer them to a physician. During the year we give medical self-help classes and show health films from time to time. If the turnout's not so good I take it outside and show the film on the side of a house. That gets a good response. And of course I try to teach good health practices as I go along."

10:25 Visit camp day-care center. Meet Len Thomas, handsome, clean-cut young child psychology graduate who is director. Observe story hour. Story told in Spanish and English alternately, as circle of 3-year-olds respond boisterously. Center cares for up to 100 children between ages of 2 and 5 with staff of five teachers, three Neighborhood Youth Corps workers and 11 aides recruited from community. Children often arrive at 5 a.m., sleep on naptime cots until breakfast and classes start, go home when parents return from fields at 4 p.m. Thomas shows visitor around, noting garbage piled in front of center and boarded windows.

"The garbage company refuses to make more than one pickup a week," he complains. "It's in court now. The housing authority won't give us the windows and screens we're supposed to have. That's dangerous, kids and jagged glass." He points to the single outside drinking fountain in playground. "It's broken, and they won't come out and fix it. They say there's no point because it would only get broken again. They wouldn't be so quick to make exceptions out here if they needed the workers in the harvest this year."

11:15 Mrs. Griffin drives to Patterson to pick up three women who saw doctor for pre-natal check-ups. "I work sliding hours," she says, " a lot of times until 6 or 7 p.m.—and even later, of course, on clinic nights. I stay to meet the people who can't come in during the day. We tried keeping office hours, but it doesn't work. The idea is to be around when the people are." She meets her passengers. "The doctors here are beautiful," she says. "They do a nice job. One is always on call. There are two dentists in Patterson, but I've only been able to get two appointments in three years, so I usually refer people to Modesto or Turlock." In Spanish she asks about a prescription. "I took a course in medical Spanish, but I've picked up most of what little I know from talking with people, so it's not always grammatically correct." She stops at one of two local pharmacies to have prescription filled.



12:25 Lunch at day-care center. Menu: enchiladas, Spanish rice, green salad, orange drink, strawberry parfait. Mrs. Griffin, watching her diet, eats sparingly. On impact of migrant health program, she declares: "We see less diarrhea among babies now. A few less head lice. Certainly less impetigo. Anemia's way down. The doctors say they see fewer serious health problems all around."

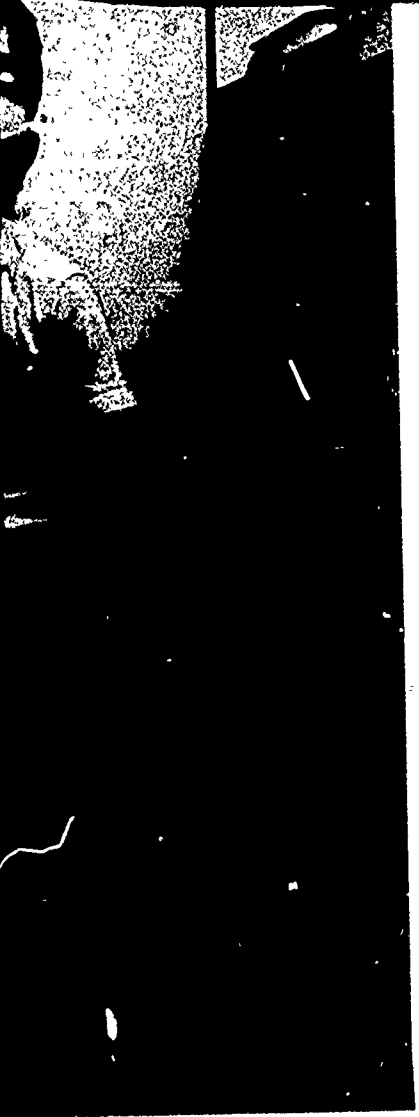
Interstate cooperation is still poor, though. "Last year I received only one family planning referral from Texas and one report of a Class II Pap smear from Southern California. I wrote several letters to public health departments in Texas, but I at all. It'd be nice to hear what happens to —if anything does. That's why we're so b save up all their health problems for us."

1:10 Mrs. Griffin returns to office. Bet some 30 camp residents will call on her fo include bandaging children's scrapes, ass require immediate attention from physici and dental appointments, making house mother and child to doctor's office in Pa will observe vary from minor insect bite swollen leg in icewater), to respiratory ill vulsions (she makes quick house call to drug prescription for refill), to occupatio of lower back pain in men, reported by th sprain described by victim's wife thus: "Bi She will also advise a woman confused by of county Crippled Childrens Services, a woman who apologizes, "Escribo muy mal

2:20 Enroute to Patterson: "Do farm nesses than other people?" she muses. "V selves they do. After all, they work hard, t don't rest, they neglect themselves—becau they have to do it!

"Most of them, once they learn and ca thing is done in a certain way, they'll fo isn't easy to sell them, though. In many receptive than the women. You know, t public health that if you teach a man you' but if you teach a woman you're educatin that's not always true with the Mexican cu who makes the decisions. He's the one w get medicine. You've got to get throug trouble.

"We have to be careful, though, to can do themselves—and with things the homes. If you put on a bandage you do to have a sterile four-by-four! You say a do as well. They have enough pressure a don't have to put more on.



nter. Menu: enchiladas, Spanish
strawberry parfait. Mrs. Griffin,
y. On impact of migrant health
less diarrhea among babies now.
ss impetigo. Anemia's way down.
rious health problems all around."
oor, though. "Last year I received
l from Texas and one report of a
California. I wrote several letters

to public health departments in Texas, but I didn't get any response at all. It'd be nice to hear what happens to these things, you know —if anything does. That's why we're so busy in California. They save up all their health problems for us."

1:10 Mrs. Griffin returns to office. Between now and 5 p.m., some 30 camp residents will call on her for aid. Her activities will include bandaging children's scrapes, assessing conditions which require immediate attention from physician, arranging medical and dental appointments, making house visits, and driving a mother and child to doctor's office in Patterson. Conditions she will observe vary from minor insect bites (she soaks little girl's swollen leg in icewater), to respiratory illnesses, to epileptic convulsions (she makes quick house call to pick up anti-convulsant drug prescription for refill), to occupational illnesses (two cases of lower back pain in men, reported by their wives, and a serious sprain described by victim's wife thus: "Big Jesse has a fat foot.") She will also advise a woman confused by document requirements of county Crippled Childrens Services, and fill out forms for a woman who apologizes, "Escribo muy mal."

2:20 Enroute to Patterson: "Do farm workers have more illnesses than other people?" she muses. "Well, they tell me themselves they do. After all, they work hard, they get poor food, they don't rest, they neglect themselves—because when the work's in, they have to do it!

"Most of them, once they learn and can be sold on why something is done in a certain way, they'll follow through with it. It isn't easy to sell them, though. In many ways the men are more receptive than the women. You know, there's an old saying in public health that if you teach a man you're educating one person, but if you teach a woman you're educating a whole family. Well, that's not always true with the Mexican culture. There it's the man who makes the decisions. He's the one who'll send his wife in to get medicine. You've got to get through to Dad or you're in trouble.

"We have to be careful, though, to demonstrate things they can do themselves—and with things they can use in their own homes. If you put on a bandage you don't say, Well, you have to have a sterile four-by-four! You say a clean piece of cloth will do as well. They have enough pressure on them already that you don't have to put more on.

"They're really hard-working people. T
three in the morning to make tortillas for t
day. The man gets up at five to go to wo
come in they'll be in the field 12 hours a
of the lazy Mexican with the sombrero pul
is really a misconception!"

3:30 Mrs. Irma Perez, clinic aide, ret
Modesto, 16 miles away. She is strikingly
with large dark eyes, delicate features, bla
bun and tied with flowing white scarf. She
ter and husband who works for crop-dusti
She has lived in camp 14 years. As aide
spends most of each day driving people
translates for and shepherds them throug

"I enjoy it a lot," she says. "I like to s
and help them. They all know me aroun
afternoon I make calls here to remind p
ments and be sure they have a way to ge
children who're staying home sick are t
watch the office, but if they don't see the
people won't come in. But when they have
to my house and ask me questions or ask
hospital. That makes me feel real good, w

3:50 Sheriff's wife, who is coordinat
programs at local school, and who is helpi
evening to raise money for camp hospi
visit. Fund, established through such social
bake sales, provides pool of money fro
borrow when they need hospitalization b
wife tells Mrs. Perez to be sure to bring her

4:05 Len Thomas stops in to report that
and Aurora seem to function better at
separated. Girls are hyperactive, hostile
definitely need some kind of professional
Mrs. Griffin agrees, notes that she has alre
with pediatrician. Later, she says, she will
pare mother for questions she will be asked
too, Thomas adds. Parents merely ignore
given up as "crazy."

4:15 Mrs. Griffin delivers prescription
way back she encounters Virginia Romo.

"They're really hard-working people. The woman'll get up at three in the morning to make tortillas for the whole family for the day. The man gets up at five to go to work. When the tomatoes come in they'll be in the field 12 hours a day. The old stereotype of the lazy Mexican with the sombrero pulled down over his face is really a misconception!"

3:30 Mrs. Irma Perez, clinic aide, returns from daily trip to Modesto, 16 miles away. She is strikingly attractive young matron with large dark eyes, delicate features, black hair pulled back into bun and tied with flowing white scarf. She has 3-year-old daughter and husband who works for crop-dusting service in Patterson. She has lived in camp 14 years. As aide for past two years, she spends most of each day driving people to Modesto, where she translates for and shepherds them through various agencies.

"I enjoy it a lot," she says. "I like to share people's problems and help them. They all know me around the hospital. In the afternoon I make calls here to remind people of their appointments and be sure they have a way to get there. And I see if the children who're staying home sick are taking their medicine. I watch the office, but if they don't see the nurse's car out in front, people won't come in. But when they have emergencies they come to my house and ask me questions or ask me to drive them to the hospital. That makes me feel real good, when people ask for me."

3:50 Sheriff's wife, who is coordinator of federally-funded programs at local school, and who is helping organize dance next evening to raise money for camp hospital fund, pays friendly visit. Fund, established through such social affairs as dances and bake sales, provides pool of money from which residents may borrow when they need hospitalization but cannot pay. Sheriff's wife tells Mrs. Perez to be sure to bring her husband to dance.

4:05 Len Thomas stops in to report that 5-year-old twins Dora and Aurora seem to function better at day-care center when separated. Girls are hyperactive, hostile and disruptive. "They definitely need some kind of professional evaluation," he says. Mrs. Griffin agrees, notes that she has already made appointments with pediatrician. Later, she says, she will make home-call to prepare mother for questions she will be asked. Home life seems bad too, Thomas adds. Parents merely ignore twins, whom they have given up as "crazy."

4:15 Mrs. Griffin delivers prescription to nearby house. On way back she encounters Virginia Romo.

"Well, it's all set," Mrs. Griffin exclaims. When bus goes to Patterson camp, Virginia can commute each day from home. But when it moves to Empire camp, she will be housed in local college dormitory with other girls staffing UC project. Same arrangements will apply when bus goes further south, to Merced. Dr. Morris will assume expenses.

Virginia's eyes sparkle with excitement, but she smiles shyly.

4:25 Two women—one elderly, one young, haggard and very pregnant—meet Mrs. Griffin outside office door. Elderly woman's son, 15, received blow on head in fight day before. Mrs. Griffin makes appointment with doctor for early next morning.

"When are you going to see the doctor?" she asks pregnant woman.

Woman is noncommittal, avoids Mrs. Griffin's efforts to set firm date for visit to county hospital maternity clinic. Later Mrs. Griffin explains, "Last year her two children got infectious hepatitis and were treated at the county hospital. They sent her a bill for $784. It's on a deferred payment basis, and I've told her not to worry, that they can pay a little bit whenever they can—*if* they can. But she doesn't like to have that hanging over her head, which is understandable. Now she's reluctant to go to the clinic. She's RH-negative, and she's going to abort, no doubt. She lost a baby last year when she was working in the tomato fields. Harvester shook it right out of her. She was told not to get pregnant again, but when she went home to Texas some quack informed her an IUD would cause cancer. So she didn't take any precautions at all. Now she's in her fifth month and she should definitely get an evaluation and have the arrangements made for the hospital, but she uses the excuse that she can't get anyone to watch her children at seven in the morning when she has to leave. . . ."

4:35 During lull Mrs. Griffin checks over day's log, which serves as basis for project statistics.

"It goes against the grain for a nurse to diagnose, you know" she comments, "but I have to sometimes, to make sure what's being reported is as accurate as possible. Otherwise there's not a true picture of what the conditions are."

She makes entries in family history folders which she keeps on health of every camp resident.

5:10 Mrs. Griffin rests on couch, momentarily without callers. Evening has turned sunny and hot. "I'll probably get busy again

soon," she says. "From now until around
in who've been working. You'll notice
here today. Except two women *did* come
for their husbands. But that's why I try to
the first day they're here." She draws de
the state's getting its money's-worth in thi

5:20 Visitor bids goodbye. As scree
phone rings. On sidewalk outside, sun-bro
in battered stroller is approaching "Office

ns. When bus goes to Pat-
ach day from home. But
be housed in local college
roject. Same arrangements
to Merced. Dr. Morris will

nt, but she smiles shyly.
young, haggard and very
ice door. Elderly woman's
t day before. Mrs. Griffin
ly next morning.
octor?" she asks pregnant

s. Griffin's efforts to set
aternity clinic. Later Mrs.
ldren got infectious hepa-
pital. They sent her a bill
asis, and I've told her not
it whenever they can—*if*
e that hanging over her
e's reluctant to go to the
g to abort, no doubt. She
rking in the tomato fields.
was told not to get preg-
to Texas some quack in-
r. So she didn't take any
th month and she should
the arrangements made
e that she can't get any-
he morning when she has

ks over day's log, which

e to diagnose, you know"
nes, to make sure what's
ble. Otherwise there's not
re."
olders which she keeps on

omentarily without callers.
probably get busy again

soon," she says. "From now until around seven the people come in who've been working. You'll notice I didn't see many men here today. Except two women did come in to make appointments for their husbands. But that's why I try to screen the men carefully the first day they're here." She draws deep breath. "Well, I think the state's getting its money's-worth in this program."

5:20 Visitor bids goodbye. As screen-door slams shut, telephone rings. On sidewalk outside, sun-browned woman with baby in battered stroller is approaching "Office of Health."

Honor and Honesty

". . . Alienated from the larger community around them, the migrant poor have had to come to terms with the violence of poverty. And harassed too often by police, welfare workers, indifferent bureaucrats, predatory employers and entrepreneurs, and sometimes even by those who come to help, the migrant poor have also come to recognize the subtle violence of luxurious ranch-type farm homes set against the background of tents and packing boxes . . .

"When the poor discover that even hard work provides no escape from the institution of poverty, they may react with physical violence which even if it offers no solution, at least permits the dignity of action. For many of the poor, all that we have left them is hope through violence, and we must ask ourselves whether we have the moral right to remove from people their last remaining hope. . . ."

Dr. Virgil Gianelli is a bluff, peppery 59-year-old Stockton internist who for the past four years has served as chairman of the Migrant Health Committee of the San Joaquin Medical Society. The Society sponsors one of California's most ambitious and most successful migrant health projects—and when Dr. Gianelli wrote those words in the introduction to last year's annual project report, some people in the county were upset.

"Well, I think I survived that one," he grins from behind his half-rim glasses. Dr. Gianelli has curly grey hair and a face that sits quite comfortably with his Italian ancestry. "My introduction disturbed some individuals. They said I was 'advocating violence!' Hell, I was doing no such thing. I was just trying to point out that the violence in our society is of two kinds—and that a man who starves to death is just as much a victim of violence, and just as dead, as a man who is shot!"

Dr. Gianelli is lunching this noon in Stockton with one of the project's clinic physicians—a handsome, dapper general practitioner of Filipino descent, Dr. Nicanor Bernardino—and with a visitor.

How, the visitor asks, did Dr. Gianelli b special problems of farm workers?

"Well, back in 1955," he replies, "Old in Stockton started a soup kitchen for ind soon it became clear that they needed the men who were obviously ill. They aske several physicians in town responded. W clinic at the church for an hour each afte day through Friday. There wasn't too muc teers to staff the clinic, but they needed on the job of making sure there was physi

"Then one day in 1964 our County Pub came up to me and said they were havin at Linden, and somebody ought to look cherry orchard area. They hire a lot of p these people would begin to arrive in lat there'd be a two-week wait for the season good wages, so the migrants came up ear a contract. If they missed the cherry seas major portion of their annual income.

"So, anyway, I drove out to see what found just awful conditions. Rain was hol the families were camped on the riverban living in tents, and cars and cardboard b because they were waiting for the growe were living behind a levee, cut off from th drive by without even knowing they existe

"We set up a clinic in the firehouse at six-week harvest season we'd hold night se was our satellite clinic—and then the mo automobile. I'd load up the trunk and the supplies, and then my office nurse and camps and the fields, looking for sick pe go to the county General Hospital excep They were completely alienated. But our all the difference. Even though it was lou hell, it was lousy.

Honor and Honesty

arger community around had to come to terms with d harassed too often by fferent bureaucrats, pred- preneurs, and sometimes help, the migrant poor e the subtle violence of mes set against the back- boxes . . .

that even hard work pro- stitution of poverty, they iolence which even if it permits the dignity of ac- r, all that we have left ce, and we must ask our- e moral right to remove ining hope. . . ."

peppery 59-year-old Stockton ars has served as chairman of he San Joaquin Medical Society. rnia's most ambitious and most —and when Dr. Gianelli wrote last year's annual project re- ere upset.

one," he grins from behind his curly grey hair and a face that lian ancestry. "My introduction aid I was 'advocating violence!' I was just trying to point out of two kinds—and that a man much a victim of violence, and t!"

on in Stockton with one of the dsome, dapper general prac- licanor Bernardino—and with a

How, the visitor asks, did Dr. Gianelli become interested in the special problems of farm workers?

"Well, back in 1955," he replies, "Old St. Mary's Church here in Stockton started a soup kitchen for indigent single men. Pretty soon it became clear that they needed some medical help for the men who were obviously ill. They asked around for help, and several physicians in town responded. We set up a year-round clinic at the church for an hour each afternoon after lunch, Monday through Friday. There wasn't too much trouble finding volunteers to staff the clinic, but they needed an organizer. So I took on the job of making sure there was physician coverage.

"Then one day in 1964 our County Public Housing Coordinator came up to me and said they were having a lot of problems out at Linden, and somebody ought to look into it. Linden's a big cherry orchard area. They hire a lot of pickers in early May, but these people would begin to arrive in late April, and then often there'd be a two-week wait for the season to begin. Cherries pay good wages, so the migrants came up early to be sure they'd get a contract. If they missed the cherry season, they'd miss out on a major portion of their annual income.

"So, anyway, I drove out to see what the situation was, and I found just awful conditions. Rain was holding up the cherries, so the families were camped on the riverbank along the Calaveras, living in tents, and cars and cardboard boxes, without any food because they were waiting for the growers to start hiring. They were living behind a levee, cut off from the road, so people would drive by without even knowing they existed.

"We set up a clinic in the firehouse at Linden, and during the six-week harvest season we'd hold night sessions. So that, you see, was our satellite clinic—and then the mobile clinic: that was my automobile. I'd load up the trunk and the back seat with medical supplies, and then my office nurse and I would take out for camps and the fields, looking for sick people. See, they wouldn't go to the county General Hospital except in a dire emergency. They were completely alienated. But our going out to them made all the difference. Even though it was lousy medicine. . . what the hell, it was lousy.

"Well, for six years we tried to find some support to really get the project established on a sound basis. But nobody was interested. I talked with the farmers around here until I was blue in the face. I've never heard a group that moans more. God, they moan! I can remember in the old days, my father owned a grocery store, and the farmers would come in for supplies. The farmer used to have a paternal relationship with his employee. Even the farmers would go to the county hospital, and the workers would live with them and eat at their tables. But mechanization and agribusiness are putting the squeeze on. So now it's kick the dog and try to wring a little more out of the worker. . . ."

"Last week," Dr. Bernardino interjects, "a Filipino man came into the clinic. He told me he'd been working for the same grower

for 27 years. He'd sprained his ankle carrying a sack of rice. I fixed him up, but I was a little surprised that he'd had to come to the clinic. Then a little while later the farmer called, sort of sheepish, and said to make it a workman's compensation case."

Dr. Gianelli nods. He resumes his hist
decided to do was to go to the OEO Co
here in the county. I went in a suit and ex
got heckled. I don't think they heard a w
nine months for the proposal to get rej
exactly the words they used: 'The socia
providers of health care and the recipie
plementation of your project.' Well, I n
aren't going to do the providing, I don't k

"So the next thing I did was fly to W
congressman, and then I went over to the
to the man in charge of health programs.
ing room from 10 in the morning till 5
secretary said he wouldn't be able to se
and there didn't seem to be any side do
where. So I just said I was going to wait
he came out. So he saw me. But you k
tactful guy in the world sometimes, and I

"Anyway, finally we got the state to h
Workers Health Service supporting us w
mobile clinics. Last year the county Boar
to kick in $15,000. And just recently we
the Regional Medical Programs to set u
for migrants and poor people in the coun

How, the visitor asks, is the project goi

"Well, in the areas where the seasonal
gregated in fixed locations—the flash-peak
forth—we catch just about everybody. Ev
way. But we are still missing a lot of pe
on the fringes of Stockton living in sub
What we have to have is some kind of ou

"We have a very good relationship
department. Their nurse and a bilingual a
in the Linden area, say, and the nurse w
can do, but if she sees something serious
the list to see the clinic doctor that ver
duty at the clinic, so she makes sure t
saves physician time, and screens out the
aspirin. Then the nurse and the aide wi
next day to make certain the person is

d some support to really get
basis. But nobody was inter-
ound here until I was blue
that moans more. God, they
days, my father owned a
d come in for supplies. The
ationship with his employee.
nty hospital, and the workers
ir tables. But mechanization
eze on. So now it's kick the
t of the worker. . . ."
ects, "a Filipino man came
working for the same grower

e carrying a sack of rice. I
ised that he'd had to come
the farmer called, sort of
kman's compensation case."

Dr. Gianelli nods. He resumes his history. "The next thing I decided to do was to go to the OEO Community Action Council here in the county. I went in a suit and explained the project and got heckled. I don't think they heard a word I said. But I waited nine months for the proposal to get rejected. I can quote you exactly the words they used: 'The social distance between the providers of health care and the recipients is too great for implementation of your project.' Well, I mean hell, if physicians aren't going to do the providing, I don't know who is!

"So the next thing I did was fly to Washington. I visited my congressman, and then I went over to the OEO and tried to talk to the man in charge of health programs. I sat in that guy's waiting room from 10 in the morning till 5 that night! Finally the secretary said he wouldn't be able to see me. I scouted around, and there didn't seem to be any side doors or escape exits anywhere. So I just said I was going to wait right where I was until he came out. So he saw me. But you know, I'm not the most tactful guy in the world sometimes, and I think I aggravated him.

"Anyway, finally we got the state to help, and with the Farm Workers Health Service supporting us we got $60,000 for our mobile clinics. Last year the county Bourd of Supervisors agreed to kick in $15,000. And just recently we received a grant from the Regional Medical Programs to set up multiphasic screening for migrants and poor people in the county."

How, the visitor asks, is the project going?

"Well, in the areas where the seasonal farm workers are congregated in fixed locations—the flash-peak housing centers and so forth—we catch just about everybody. Everybody who's sick anyway. But we are still missing a lot of people. Especially the ones on the fringes of Stockton living in substandard housing units. What we have to have is some kind of outreach or city program.

"We have a very good relationship with the county health department. Their nurse and a bilingual aide will be working out in the Linden area, say, and the nurse will pick up on what she can do, but if she sees something serious she'll put the person on the list to see the clinic doctor that very night. Then she's on duty at the clinic, so she makes sure the person comes. That saves physician time, and screens out the people who only need aspirin. Then the nurse and the aide will be back in the area next day to make certain the person is following the doctor's

prescription and taking his advice. We have pretty good follow-up.

"We're seeing people earlier than ever before. Bronchitis is being caught before it's seen at the County Hospital as pneumonia. We've cut out a lot of catastrophic illness. They seldom do radical surgery for cancer of the uterus at the County Hospital any more, and we feel that's a result of our routine Pap smears at the family planning clinics.

"And because we have a pediatrician at the clinic one night and a surgeon, say, the next, there's referral from one physician to the other—as well as to the doctors in town when special problems come up."

"The people I see," Dr. Bernardino comments, "feel they have to take advantage of this opportunity, because the best care available to them in the whole country, they say, is in California."

"I think in the future everybody is going to have prepaid health care of some kind," Dr. Gianelli observes. "People won't take the old style of county hospital medicine any more. I've had to change the way I practice out of my own office, too. For years I spent evenings catching up on the calls that piled up during the day. Now I use my nurses much more. And I've told one, 'Your job is to keep the people out of my hair so I don't have to sit here all night making damn stupid phone calls.' At first I lost a lot of patients because of that... about half of whom came back when they got the same treatment from other doctors! Middle-class people have been spoiled. Ninety percent of the house calls I used to make were totally unnecessary. What I'd like to see is a 24-hour clinic in town that's open to anyone who is sick.

"The Migrant Health Project here in San Joaquin County was started because some of us felt there was a moral obligation to take care of sick people. Years ago, someone told me this project would die because we wouldn't be able to find doctors who'd be willing to serve. But we have a waiting list right now of physicians who want to help out. So I think it's been pretty well accepted that there are doctors willing to treat sick people, no matter who they are.

"Now, of course, it's not 100 percent, but you won't find 100 percent in any group. And I think part of it is that some people are afraid of change. They grew up in a system that was profitable to them. A lot of it is insecurity. Maybe I'm just too damn secure... but a man with an education as a physician has nothing to be insecure about, I don't thi heard of any physicians starving anywher

"One thing we'd like to do here is get involved. We've had a hell of a time fin speak for other migrants. What's need workers' union. I don't see why they s doctors have a pretty good union, don growers do too. You have to have equals t the bargaining table. Otherwise they won

As Dr. Gianelli wrote in his report:

> *"The poor are often considered us not forget that they exist for e as for themselves, and as such community. The poor have numbe learning something about the use o ing if they cannot use it more ra social order which landed men o cannot free all of its members from humanization of poverty.*
>
> *"And so any report on services to presented, and must be read, in th erty's indictment of our existing str large and dismal record, we will re cesses and small increments of prog is to be honest, it must recognize which it is framed—the dishonesty o government, of our social and econ continues to allow us to do too litt the most ingenuous will find sufficie thought that too little too late is be The times demand a great deal m any concept of honor and honesty.*

. We have pretty good fol-

an ever before. Bronchitis is
he County Hospital as pneu-
rophic illness. They seldom do
uterus at the County Hospital
ult of our routine Pap smears

trician at the clinic one night
's referral from one physician
rs in town when special prob-

o comments, "feel they have to
because the best care avail-
they say, is in California."
going to have prepaid health
serves. "People won't take the
any more. I've had to change
office, too. For years I spent
hat piled up during the day.
And I've told one, 'Your job
air so I don't have to sit here
e calls.' At first I lost a lot of
alf of whom came back when
n other doctors! Middle-class
percent of the house calls I
ary. What I'd like to see is a
o anyone who is sick.
e in San Joaquin County was
re was a moral obligation to
, someone told me this project
e able to find doctors who'd
waiting list right now of physi-
think it's been pretty well ac-
ing to treat sick people, no

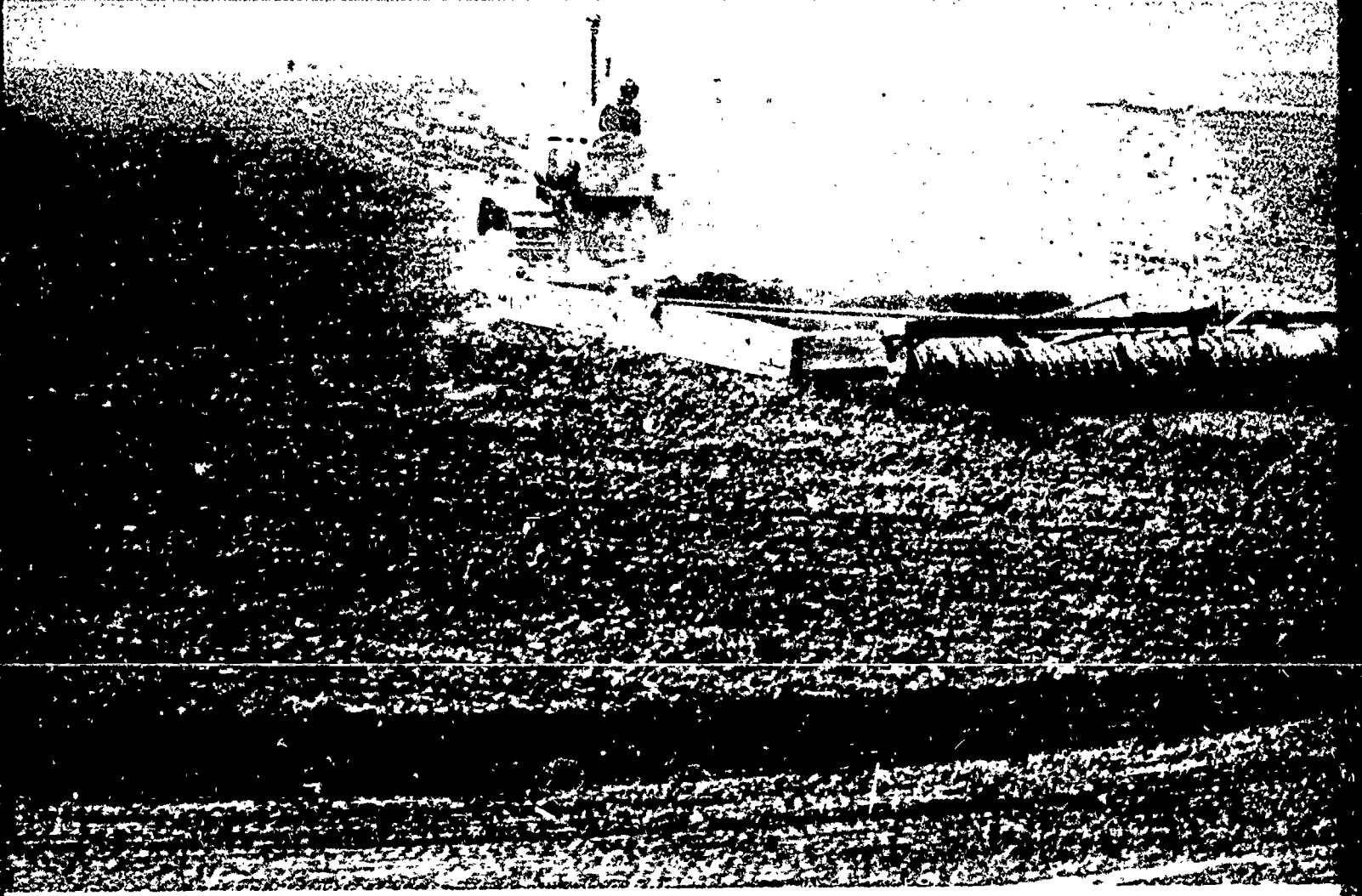
rcent, but you won't find 100
part of it is that some people
p in a system that was profit-
ity. Maybe I'm just too damn
ducation as a physician has

nothing to be insecure about, I don't think! Do you? Have you heard of any physicians starving anywhere?

"One thing we'd like to do here is get more of the community involved. We've had a hell of a time finding migrants who can speak for other migrants. What's needed, I think, is a farm workers' union. I don't see why they shouldn't have one—we doctors have a pretty good union, don't you think? And the growers do too. You have to have equals talking to equals around the bargaining table. Otherwise they won't get anything."

As Dr. Gianelli wrote in his report:

> *"The poor are often considered powerless, but let us not forget that they exist for each other as well as for themselves, and as such develop a true community. The poor have numbers, and they are learning something about the use of power: wondering if they cannot use it more rationally than the social order which landed men on the moon, but cannot free all of its members from the grinding dehumanization of poverty.*
>
> *"And so any report on services to the poor must be presented, and must be read, in the context of poverty's indictment of our existing structures. Out of a large and dismal record, we will report on small successes and small increments of progress. If the report is to be honest, it must recognize the dishonesty in which it is framed—the dishonesty of medical care, of government, of our social and economic order—which continues to allow us to do too little too late. Only the most ingenuous will find sufficient comfort in the thought that too little too late is better than nothing. The times demand a great deal more, and so does any concept of honor and honesty. . . ."*



Facts

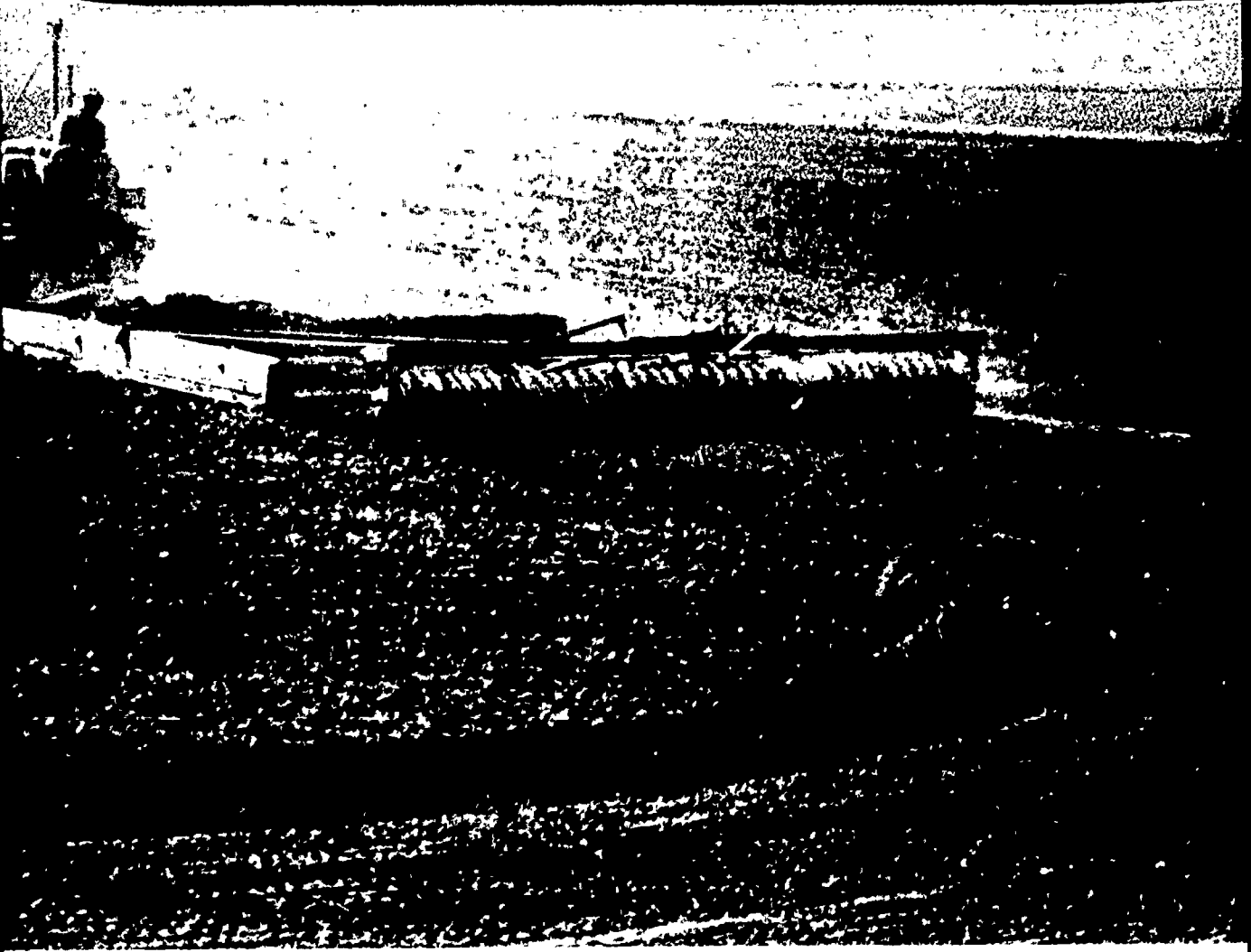
What Is Meant by Agribusiness?

- *California led the nation in farm production and profits for the 22nd consecutive year in 1969.*[21]

- *Average California farm size in 1968 was 617 acres, with the average farm valued at $325,000—370 percent higher than the national average.*[22]

- *State agricultural trends: fewer farms, especially small farms (17,000 lost between 1964 and 1968), but stable amount of acreage under cultivation (37.2 million*
creasing emphasis on "migrant crops" (fr
acres in fruits, nuts, vegetables and mel
1968).[23]

- *Mechanization is displacing seaso*
33,000 jobs were reported lost between
major California crops employing seasona



Facts

m production and profits
21

1968 was 617 acres, with
-370 percent higher than

farms, especially small
1968), but stable amount

of acreage under cultivation (37.2 million acres in 1968) and increasing emphasis on "migrant crops" (from 1.95 to 2.13 million acres in fruits, nuts, vegetables and melons between 1964 and 1968).[23]

● Mechanization is displacing seasonal labor. More than 33,000 jobs were reported lost between 1964 and 1968 in 11 major California crops employing seasonal workers.[24]

Who Work the Farms?

● *Some 742,300 people had farm income in 1965, of whom only 486,700 earned more than $100.*[25]

● *Average monthly farm employment in California in 1969 was 292,300 people. During the peak harvest week, however, 108,700 women and youths were in the fields—28 percent of the farm work force.*[26]

● *Workers of Mexican origin constitute 46 percent of the total California farm labor pool. Negroes, Orientals, Indians and other non-Anglos make up 10 percent.*[27]

● *About one-third of all farm laborers available for full-time work nevertheless spend more than half the year unemployed.*[28]

● *Over 200,000 agricultural migrant workers and their families were on the move in 43 California counties during 1969.*

Who Are the Migrants?

● *About 84 percent of California migrants are of Mexican origin, 13 percent Anglo, 1.7 percent Negro, and 1 percent American Indians, Orientals and others.*

Where Do They Migrate From?

● *About 34 percent are California residents, 35 percent from Texas, 17 percent from Mexico, 7 percent from Arizona, the balance from other states.*

What Do Farm Workers Earn?

● *Median annual income for California farm workers in 1965, including non-farm earnings, was $1,388.*[29]

● *Annual income for migrant families living in state migrant housing centers in 1969 was $3,019—compared with a nationwide migrant income average of $891!*[30]

● *Average hourly wage for California farm workers in 1969 was $1.78—compared to $1.33 for all U.S. farm workers, the lowest paid force in American industry.*[31]

● *Under historic contracts signed by unionized California grape workers, hou $1.80, increasing to $1.90 next year. E tional 12 cents hourly for health and wel*

farm income in 1965, of whom $100.[25]

nployment in California in 1969 e peak harvest week, however, e in the fields—28 percent of the

in constitute 46 percent of the Negroes, Orientals, Indians and rcent.[27]

m laborers available for full-time han half the year unemployed.[28]

migrant workers and their fami- ifornia counties during 1969.

ifornia migrants are of Mexican percent Negro, and 1 percent others.

ifornia residents, 35 percent from o, 7 percent from Arizona, the

California farm workers in 1965, s $1,388.[29]

nt families living in state migrant 3,019—compared with a nation- f $8911[30]

California farm workers in 1969 for all U.S. farm workers, the ndustry.[31]

● *Under historic contracts signed by growers this year with unionized California grape workers, hourly base pay is $1.75–$1.80, increasing to $1.90 next year. Employers pay an additional 12 cents hourly for health and welfare benefits.*[32]

What About Non-Union Benefits?

● *Farm workers are specifically excluded from the unemployment insurance program.*

● *Claim rate for farm workers in the California Disability Insurance Program in 1965 was 45 per 1,000 insured workers—less than half the claim rate for the general population.*[33]

● *Since 1959, all hired workers in agriculture have been covered by the Workmen's Compensation Law—but many do not know it or, because of migrancy and scattered services, cannot take advantage of the law's benefits.*

What Are the Working Conditions?

● *Farm labor varies from grueling stoo to fruit-picking among trees whose scratc with pesticides. Temperatures in grape a degrees Fahrenheit. High organic content peat dirt severely irritates skin. Sixteen County orange groves were poisoned in phosphate pesticides.*[34]

● *Agricultural workers suffer the high rate in California—11.9 per 1,000 worker rate for all industries combined.*[35]

● *The accidental death rate for farm higher than for the U.S. population as a*

● *A Salinas Valley packing corpor federal court in June, 1970, with fraudu berry pickers from Texas with promises of those actually offered when the workers a*

What Are the Living Conditions?

● *4,337 families were turned away fo 23 state migrant farm labor housing cent 20,000 people.*[37]

● *In the 11 counties with migrant h components, the local state housing cent percent of all family-type housing availa than 68 percent of the 2,042 camps in single men only.*

● *One-third of California's deterior housing is concentrated in rural areas.*[38]

● *Compared to the state's general p ditions are five times worse for migrant fa*

What Are Their Educational Levels?

● *46 percent of farm workers did n grade, and 70 percent of those who d school are of Mexican origin.*[39]

y excluded from the unemploy-

ers in the California Disability
45 per 1,000 insured workers—
ne general population.[33]

kers in agriculture have been
ensation Law—but many do not
and scattered services, cannot
fits.

What Are the Working Conditions?

● *Farm labor varies from grueling stoop labor in broiling sun to fruit-picking among trees whose scratchy leaves are powdery with pesticides. Temperatures in grape arbors often reach 130 degrees Fahrenheit. High organic content of San Joaquin Valley peat dirt severely irritates skin. Sixteen farm workers in Tulare County orange groves were poisoned in June, 1970, by organic phosphate pesticides.*[34]

● *Agricultural workers suffer the highest occupational disease rate in California—11.9 per 1,000 workers—more than twice the rate for all industries combined.*[35]

● *The accidental death rate for farm workers is three times higher than for the U.S. population as a whole.*

● *A Salinas Valley packing corporation was charged in federal court in June, 1970, with fraudulently recruiting strawberry pickers from Texas with promises of wages far in excess of those actually offered when the workers arrived.*[36]

What Are the Living Conditions?

● *4,337 families were turned away for lack of vacancies from 23 state migrant farm labor housing centers in 1969—more than 20,000 people.*[37]

● *In the 11 counties with migrant health project sanitation components, the local state housing centers comprise a full 15 percent of all family-type housing available to migrants. More than 68 percent of the 2,042 camps in these counties are for single men only.*

● *One-third of California's deteriorated and substandard housing is concentrated in rural areas.*[38]

● *Compared to the state's general population, housing conditions are five times worse for migrant farm workers.*

What Are Their Educational Levels?

● *46 percent of farm workers did not complete the eighth grade, and 70 percent of those who did not complete grade school are of Mexican origin.*[39]

● *More than 87 percent of those over 18 living at state migrant housing centers in 1969 had not completed high school.*[40]

What Are Their Health Problems?

● *The postneonotal deoth rate per 1,000 live births in the San Joaquin Valley in 1965 was 9.1 for farm workers, compored to 5.8 for all occupational groups in California.*

● *48 percent of farm workers cloiming hospitalizotion benefits under the stote disobility insurance program required treatment for more than one week, as compared to 38 percent for the general population.*[41]

● *Major health conditions commonly seen ot project clinics include gross dentol problems, molnutrition and upper respirotory illnesses. Injuries, skin oilments and chronic diseoses predominate among adult males, though injuries are seldom treated at clinics and men, in general, do not utilize project services. Mothers ond children constituted over 80 percent of those receiving services in medical care facilities in 1968.*

● *The mean hemoglobin level—the measure of anemia—at one migrant clinic was 9.6 for women and 13.0 for men, compored to 12.6 and 14.2 respectively for the general population treated at a metropoliton hospital in Oakland, California.*

● *31 percent of the wives of farm workers who delivered live bobies in California in 1965 hod five or more children, as compared to 14 percent for wives in other occupational categories.*

What Is the California Farm Workers Health Service?

Administratively, the Farm Workers Health Service is a unit of the Bureau of Maternal and Child Health under the Preventive Medical Program of the California State Department of Public Health.

The staff includes consultonts in public heolth nursing, health education, environmental health, social work and statistical analysis, as well as the project director and an administrative assistant.

The purpose of the Farm Workers Health Service is to promote, initiate and provide consultative, stotisticol a.id directive services to the local migrant health projects.

ose over 18 living at state mi-
d not completed high school.[40]

e per 1,000 live births in the
.1 for farm workers, compared
in California.

claiming hospitalization bene-
rance program required treat-
compared to 38 percent for

mmonly seen at project clinics
nutrition and upper respiratory
chronic diseases predominate
s are seldom treated at clinics
project services. Mothers and
t of those receiving services in

the measure of anemia—at one
nd 13.0 for men, compared to
general population treated at
d, California.

farm workers who delivered
had five or more children, as
s in other occupational cate-

lth Service?

ers Health Service is a unit of
l Health under the Preventive
a State Department of Public

public health nursing, health
social work and statistical
irector and an administrative

s Health Service is to promote,
tatistical and directive services

What Kinds of Health Services Does the Program Offer?

The 26 California migrant health projects offer one or more of the following services:

Fee-For-Service Medical Care—A system whereby patients are referred by project nurses to local private physicians who have agreed to accept migrants for diagnosis and treatment. Payment is made from project funds, subject to local and Farm Workers Health Service review.

General Medical Clinics—Evening clinics, either mobile or stationary, serving all age groups and located in areas where migrant farm workers concentrate. Physicians provide care, while nurses assume most coordinating, counseling and follow-up responsibilities. Nearly all clinics provide English interpreting services. Medication may be dispensed at the clinic, or patients referred to local pharmacies. X-ray and laboratory services are contracted to local facilities.

Maternity Service Clinics—Separate clinics held periodically—usually weekly or bimonthly—at which prenatal, postnatal and family planning services are offered under the supervision of a pediatrician and/or obstetrician-gynecologist. Registered nurses and bilingual community health aides usually offer group health education in addition.

Dental Care Services—Restorative and preventive dental care under a fee-for-service referral system. Funds for such services remain limited, though utilization and need are rapidly increasing.

Public Health Nursing Services—Home or school visits for the purposes of casefinding, referrals, teaching, counseling, coordination of services among social agencies and insuring continuity of care. In addition to overall preventive health care responsibilities within her assigned territory, the nurse may provide individual services through well-baby, immunization, crippled children, tuberculosis and other specialty clinics. Registered nurses and licensed vocational nurses also serve in clinic positions. Nursing aides assist in clinics and in field visits under professional supervision.

Environmental Health Services—Surveillance by sanitarians of farm labor camps, other farm worker-occupied housing, fields and farms where food crops are grown and harvested to assure that

legal and proper public health stand
Spanish-speaking environmental health ai
assist in inspections and in education effort
recently been focussed on emerging oc
safety problems—especially in connection
surance of safe sewage and water syst
camps.

Health Education—Activities, either on
through group sessions, designed to educ
families to a better understanding of the
conditions and problems, the types of serv
and the ways in which to care for them
make appropriate use of the services. Bec
projects employ health educators, most tr
the-job by doctors, public health nurses,
munity aides. Some projects have develop
in Spanish for use on local media, and th
Service has designed and published a s
chures which explain, in simple Spanish,
health, rabies vaccination for pets, family
nutrition, environmental health and dental
progress on pamphlets covering family p
home accidents and work safety. A Span
health personnel has been developed and

Aide Services—Use of highly motivate
sonnel drawn from the recipient communit
such tasks as field visits, clinic services, a
agency relations, health education with gr
clients and interpreting. Increasing empha
the employment of well-trained and quali
in California projects in order to achieve
tion of health manpower.

How Effective Is the California Migrant Health

● In 1963, when the first federally
were established under the program, so
10,000 clinic visits. In 1969, about 25,00
clinic visits. Nearly 43,000 diseases were

legal and proper public health standards are maintained. Spanish-speaking environmental health aides may be utilized to assist in inspections and in education efforts. Special attention has recently been focussed on emerging occupational health and safety problems—especially in connection with pesticides—and assurance of safe sewage and water systems in all farm labor camps.

Health Education—Activities, either on a one-to-one basis or through group sessions, designed to educate migrants and their families to a better understanding of the nature of their health conditions and problems, the types of services available to them, and the ways in which to care for themselves properly and to make appropriate use of the services. Because only a few of the projects employ health educators, most teaching is conducted on-the-job by doctors, public health nurses, sanitarians and community aides. Some projects have developed spot announcements in Spanish for use on local media, and the Farm Workers Health Service has designed and published a series of illustrated brochures which explain, in simple Spanish, subjects such as child health, rabies vaccination for pets, family relations, immunization, nutrition, environmental health and dental health. Work is also in progress on pamphlets covering family planning, pre-natal care, home accidents and work safety. A Spanish-English Glossary for health personnel has been developed and received wide usage.

Aide Services—Use of highly motivated non-professional personnel drawn from the recipient community to assist in or perform such tasks as field visits, clinic services, administration, community agency relations, health education with groups, transportation for clients and interpreting. Increasing emphasis has been placed on the employment of well-trained and qualified auxiliary personnel in California projects in order to achieve a more efficient allocation of health manpower.

How Effective Is the California Migrant Health Program?

● In 1963, when the first federally funded medical clinics were established under the program, some 4,000 patients paid 10,000 clinic visits. In 1969, about 25,000 patients paid 66,600 clinic visits. Nearly 43,000 diseases were treated.

Problem: *The unrelenting patient load is a serious burden on harried doctors who, after a full day's work in their own offices, may be called upon to spend up to seven hours at night seeing 70 or 80 clinic patients. In addition, the clinic facilities are often extremely cramped and inadequate. Funds to build satisfactory clinic quarters are sorely needed in nearly every project.*

● In 1969, 47 percent of the patients seen at clinics were women over the age of 14, 42 percent were children under 15, and only 11 percent were men over the age of 15. The women paid an average of 3.8 visits each, the men and children 2.4 visits each. Compare this with a 1958 California Health Survey which showed about seven doctor visits each year for the average woman, about five for the average man and child.

Problem: *The clinics with the highest overall attendance were also those with the lowest adult male attendance. It would appear that a waiting room crowded with women, many visibly pregnant, and overflowing with children is enough to drive even a sick man away. Indeed, statistics show that men are more than twice as likely as women or children to leave a clinic without being examined.*

● In 1969, project nurses paid nearly 27,000 home visits and referred nearly 4,000 people for medical care. Nevertheless, they estimated that only about 30 percent of California's migrant population were reached by these public health nursing services.

Problem: *Many more nurses are needed, yet funds to hire them are not available.*

● In 1969, migrant health project sanitarians made nearly 6,000 labor camp inspections, 9,000 housing inspections and 6,400 field and farm inspections. During the year's peak employment week, 80 percent of California's migrants are at work in the counties with sanitation project components—and thus, for that week at least, benefit from environmental inspections.

Problem: *The project counties contain only about 45 percent of California's farms and irrigated land. Nevertheless, about 80 percent of all the environmental services to migrants in the entire state of California are given by these 11 projects. Without the federal funds which support such local programs, the number of man-hours that would be devoted to migrant environmental serv-*

ices can only be speculated upon. More workers in agricultural counties—because have received even less assistance with th

Why Isn't the Migrant Health Program More Ext

The level of funding at which the pro inadequate to sustain high quality care, expansion of services all simultaneously. emphasis must be on quality of care in ex be noted that the nationwide average pe migrant health in 1967 was only $7.20. medical expenditure for the U.S. populati was $256.) [42]

But even if money were available, there health manpower which is especially acut of two project counties, for example, t physicians to serve populations of 12,2 problems exist among the other health pr

ices can only be speculated upon. Moreover, the resident farm workers in agricultural counties—because of program emphasis—have received even less assistance with their environmental needs.

Why Isn't the Migrant Health Program More Extensive?

The level of funding at which the program operates is simply inadequate to sustain high quality care, excellent facilities and expansion of services all simultaneously. In such a situation, the emphasis must be on quality of care in existing projects. (It might be noted that the nationwide average per capita expenditure for migrant health in 1967 was only $7.20. Per capita health and medical expenditure for the U.S. population as a whole, in 1968, was $256.)[42]

But even if money were available, there is a severe shortage of health manpower which is especially acute in rural areas. In each of two project counties, for example, there are 11 practicing physicians to serve populations of 12,200 and 15,500. Similar problems exist among the other health professions.

In many agricultural counties, support for government-sponsored health services to the poor has proved difficult or impossible to muster. Even in the best projects, community involvement and community organization—both among farm workers and among the affluent—continue as critical needs.

Has the Program, Then, Had Significant Impact Over the Decade?

In August, 1960, staff members of the California State Department of Public Health conducted field interviews at several farm labor camps in various parts of the state. At the Richland Camp, on the outskirts of Yuba City in Sutter County, they found 365 families—often as many as six to a family—living in one-room tin houses without running water or inside toilet facilities. Inadequate maintenance resulted in unsanitary communal privies and bath houses. A third of the families had no means of refrigerating food. Other than once-a-month well-child clinics held by the local health department nurse, there were no medical services at the camp. The antiquated county hospital was two miles away, with no available public transportation to it.

Of the families interviewed, about two-thirds of the children under three years of age had never been immunized against diphtheria, whooping cough, lockjaw or smallpox. About two-thirds of all the children under 18 had not been immunized against polio. At the time of the interview, a severe epidemic of infectious diarrhea was underway throughout the camp—affecting nearly every family. If the members were able to work even a few hours a day, they considered themselves well. Eight infants had been hospitalized because of the disease the previous month. In addition, the interviewers observed untreated cases of contagious skin infections, acute febrile tonsillitis, lymphadenopathy, asthma, pregnancy without any prenatal care, iron deficiency anemia, disabling but untreated physical handicaps, chronic disorders such as congenital heart disease, hemophilia, arthritis and dental caries—none of which was receiving medical follow-up.

Appalled by conditions such as these—duplicated wherever seasonal farm workers gathered—The California legislature set the pace nationally by adopting, in 1961, laws specifically designed to promote health care and services for these agricultural migrants. Federal legislation followed in 1962.

Now let us jump ahead 10 years, to September 21, 1970. It is a fall-like afternoon in Sutter County, and though there are no trees among the 100 new cabins at the Flash-Peak Housing Center, a steady bree across the grass from the towering elms s OEO Child Day-Care Center. Inside, 36 families are being read to in groups by aides. On a wall near the door hangs a ch and times at which the children who nee them. All of these children have been exc upon their arrival at the center. Across a s building houses a day-school operated for mothers from the neighboring County Hou building are the bright, compact exam periodic public health nursing clinics. A tables cluster under the elms—built on th served as foundations for the dilapidated, visited by interviewers in 1960.

At the flash-peak center, Mrs. Cirila A munity aide for the Sutter-Yuba Health one of her frequent home visits. The woma birth to a baby boy, Antonio, two weeks come to register the infant on the family the local health department, and to confi the next well-baby clinic at the camp. D Mrs. Amaral learns that the woman's hus find only sporadic work. As a constant around the county—1,000 miles a month—woman referral service. She can often re housing vacancies or a cheap, reliable p car part. But in this case, with the prune has no job suggestions. Instead, she fills o the family to receive surplus food commo

The county public health nurse respo area, Mrs. Nancy Singh, is in the camp Amaral secures her signature at once Through Mrs. Amaral, Mrs. Singh remin breast-feeding—to drink three glasses of milk is one of the commodities the family

After determining that there are no oth Mrs. Amaral continues her round of calls. noon, will be a visit to a trailer in a waln demonstrate how a baby's temperature give the new parents a thermometer an

trees among the 100 new cabins at the four-year-old Richland Flash-Peak Housing Center, a steady breeze is whipping leaves across the grass from the towering elms surrounding the nearby OEO Child Day-Care Center. Inside, 36 children from migrant families are being read to in groups by teachers and teaching aides. On a wall near the door hangs a chart outlining the doses and times at which the children who need medicines should get them. All of these children have been examined and immunized upon their arrival at the center. Across a short walkway, a similar building houses a day-school operated for the benefit of working mothers from the neighboring County Housing Project. Inside that building are the bright, compact examining rooms used for periodic public health nursing clinics. Across the street, picnic tables cluster under the elms—built on the concrete slabs which served as foundations for the dilapidated, overcrowded tin cabins visited by interviewers in 1960.

At the flash-peak center, Mrs. Cirila Amaral—bi-lingual community aide for the Sutter-Yuba Health Department—is making one of her frequent home visits. The woman she is calling on gave birth to a baby boy, Antonio, two weeks ago. Mrs. Amaral has come to register the infant on the family record maintained by the local health department, and to confirm an appointment for the next well-baby clinic at the camp. During the conversation, Mrs. Amaral learns that the woman's husband has been able to find only sporadic work. As a constant chauffeur and traveler around the county—1,000 miles a month—Mrs. Amaral is a one-woman referral service. She can often recommend job openings, housing vacancies or a cheap, reliable place to find a needed car part. But in this case, with the prune harvest just over, she has no job suggestions. Instead, she fills out an authorization for the family to receive surplus food commodities.

The county public health nurse responsible for the Richland area, Mrs. Nancy Singh, is in the camp this afternoon too. Mrs. Amaral secures her signature at once on the referral form. Through Mrs. Amaral, Mrs. Singh reminds the mother—who is breast-feeding—to drink three glasses of milk a day. Powdered milk is one of the commodities the family will receive.

After determining that there are no other immediate problems, Mrs. Amaral continues her round of calls. Among them, this afternoon, will be a visit to a trailer in a walnut grove, where she will demonstrate how a baby's temperature is taken. (She will also give the new parents a thermometer and a sheaf of Spanish-

language health pamphlets.) Later she wil
call on a newly-arrived family seen recent
migrant medical clinic held five nights a
County Hospital. Mrs. Singh wants to asc
dren have all been immunized. (In fact,
they have—but there are other problems.
cared for by aged grandparents while the
year theft conviction in a Southwestern p
is told of the situation, at that night's mi
will begin a lengthy correspondence with
thorities in the other state.)

Why this vignette? Because "impact,"
cerned, is extremely hard to convey stat
gram makes its impact when sick people
will get sick), when diseases are controll
always persist), when services which had n
able are provided, when the conditions of
at Richland—as in many, though by no m
California—the array of services crystalliz
Health Program has had a dramatic imp
sonal farm workers.

The entire concept of a statewide Mi
example—the maintenance of safe, well-eq
ing centers for migrant workers' families—
The development of day-care facilities wi
for young children, and of special educat
who are often on the move, and of thos
components in these programs—all are p
the past decade. Working and living co
graded tremendously through replacement
ous housing, provision of good potable wa
ment of sanitary standards.

The activities of Mrs. Amaral in the S
trate the impact aides have had in bring
cational, and environmental services to
Many of the Spanish-language materials

language health pamphlets.) Later she will also make a follow-up call on a newly-arrived family seen recently by Mrs. Singh at the migrant medical clinic held five nights a week at the new Sutter County Hospital. Mrs. Singh wants to ascertain whether the children have all been immunized. (In fact, Mrs. Amaral will learn, they have—but there are other problems. The children are being cared for by aged grandparents while their mother serves a four-year theft conviction in a Southwestern prison. When Mrs. Singh is told of the situation, at that night's migrant clinic session, she will begin a lengthy correspondence with prison and welfare authorities in the other state.)

Why this vignette? Because "impact," where health is concerned, is extremely hard to convey statistically. A health program makes its impact when sick people are cured (but others will get sick), when diseases are controlled (although some will always persist), when services which had never before been available are provided, when the conditions of life are improved. And at Richland—as in many, though by no means all, parts of rural California—the array of services crystallized around the Migrant Health Program has had a dramatic impact on the lives of seasonal farm workers.

The entire concept of a statewide Migrant Master Plan, for example—the maintenance of safe, well-equipped temporary housing centers for migrant workers' families—is unique to California. The development of day-care facilities with staff trained to care for young children, and of special education programs for pupils who are often on the move, and of thorough health monitoring components in these programs—all are part of the "impact" of the past decade. Working and living conditions have been upgraded tremendously through replacement of poor, often dangerous housing, provision of good potable water systems and enforcement of sanitary standards.

The activities of Mrs. Amaral in the Sutter-Yuba project illustrate the impact aides have had in bringing health, social, educational, and environmental services to farm worker families. Many of the Spanish-language materials Mrs. Amaral distributes

did not exist until developed by the Farm Workers Health Service. The institution of medical clinics at night for farm workers, and their variety—seasonal clinics, year-round clinics, stationary and mobile clinics—as well as their expansion from acute-care-only to diagnostic-service-on-site are part of the major impact of the Migrant Health Program over the past 10 years. Finally, the training and placement—and deep involvement—of health professionals in rural areas on behalf of a population with unique problems has contributed to the impact of the program. The new Sutter County Hospital, for example, was able to offer year-round clinic services to migrants because four of its dedicated physicians—including the medical director—held a contest to see who could work the longest without pay.

The difference between Richland in 1960 and Richland today can only be described as "impact."

But What Does the Future Hold?

In many ways, 1970 may prove a pivotal year in the history of California farm labor—and in the future of health care programs for migrant agricultural workers.

In 1970, farm workers made their first significant gains toward unionization when they won recognition from California table grape growers, and launched a campaign to secure union contracts for pickers in the Salinas Valley lettuce fields. Union representation for all farm workers—if it should, indeed, come about—would result in crucial changes in the quality of health care available to them. The grape industry contracts include health benefits paid into a union fund for each worker by his employer. Although it is not yet certain what directions the union health plan will take, such benefits—along with improved wages and working conditions—must have important consequences in determining the future of government programs for seasonal farm workers.

In 1970, too, a bill to create a national health insurance program for all Americans was introduced into Congress. Although its defeat—on economic, political and philosophic grounds—is practically certain, the mere fact that suc
receive serious legislative consideration
shattering changes in the future.

But the millennium remains far off, and
Federal Migrant Health Act of 1970 must
stone. The program is now scheduled to ex
time, it is hoped, alternative avenues of f
delivery to seasonal farm workers will hav

Indeed, if nothing else, the Migrant Hea
mented the fact that the problems facing
are symptomatic of barriers to good hea
everyone in rural America. The vast dista
the scarcity of doctors and dentists and nu
many patients on too few practitioners, the
care, the lack of broad environmental and
these affect the farmer, the resident farm w
the local shopkeeper alike. The difference,

When originally designed, the nationa
limited goal—to alleviate the immediate, c
cultural migrants in America. During the
of the Farm Workers Health Service progr
mously. The incorporation of medical clini
projects has, perhaps, been the single gre
health of migrants. And yet, it has becom
clinics for a segregated population do not
design for the future.

What is needed, then, is legislation a
take into account the complexity of prob
health care. Comprehensive Health Planni
Medical Programs must take a leading r
this challenge.

Because these are years of flux, the f
especially difficult to predict. Increasing m
federal funding support, the emphasis on
ernment programming, administrative reor
health agencies—all will dictate the shape
ities in coming years.

practically certain, the mere fact that such a program can now receive serious legislative consideration augurs for precedent-shattering changes in the future.

But the millennium remains far off, and so the renewal of the Federal Migrant Health Act of 1970 must be considered a milestone. The program is now scheduled to expire in 1973, by which time, it is hoped, alternative avenues of funding for health care delivery to seasonal farm workers will have been developed.

Indeed, if nothing else, the Migrant Health Program has documented the fact that the problems facing migrant farm workers are symptomatic of barriers to good health confronting nearly everyone in rural America. The vast distances between hospitals, the scarcity of doctors and dentists and nurses, the pressure of too many patients on too few practitioners, the soaring costs of health care, the lack of broad environmental and sanitation programs—these affect the farmer, the resident farm worker, the migrant and the local shopkeeper alike. The difference, of course, is in degree.

When originally designed, the national program had a very limited goal—to alleviate the immediate, acute ills besetting agricultural migrants in America. During the past decade, the scope of the Farm Workers Health Service program has increased enormously. The incorporation of medical clinics into more and more projects has, perhaps, been the single greatest contribution to the health of migrants. And yet, it has become clear that specialized clinics for a segregated population do not alone constitute a sound design for the future.

What is needed, then, is legislation and programming which take into account the complexity of problems surrounding rural health care. Comprehensive Health Planning boards and Regional Medical Programs must take a leading responsibility in meeting this challenge.

Because these are years of flux, the future for farm labor is especially difficult to predict. Increasing mechanization, dwindling federal funding support, the emphasis on decentralization in government programming, administrative reorganization of California health agencies—all will dictate the shape of Migrant Health activities in coming years.

Meanwhile, the California Farm Workers Health Service must itself continue to invent and improve. Some new emphases for the future may include:

☐ *Intensified efforts to teach migrants to teach other migrants, so that knowledge of sound health practices, and of how to use existing resources, spreads into areas where the Migrant Health Program does not reach.*

☐ *Efforts to involve the "consumers," the migrants and seasonal agricultural workers themselves, more effectively in guiding the program. Project staff members must learn from farm workers, both what they want and what their special strengths are. It is not enough to concentrate on traditional problems alone, or on fostering a "professional" outlook.*

☐ *Efforts to design alternative health care systems for rural areas. One model, for example, might be a network of satellite clinics offering comprehensive care, radiating from central facilities where more specialized diagnostic and treatment procedures would be undertaken. At the latter, the distance factor must be accounted for, either through provision of transportation or of free overnight accommodations.*

☐ *Efforts to develop environmental programs which go beyond mere enforcement of sanitation laws. Rather, such programs might include a mutual inventory by consumers and technicians of local environmental needs, followed by community training sessions and direct sanitation aide services. These could include rodent and insect control, disinfection and sealing of wells, minor home and plumbing repairs, cleaning and pumping of septic tanks and cesspools. . . .*

Health for the harvesters—a modest goal in
Perhaps, after more than a century, this dec
to fulfillment.

Health for the harvesters—a modest goal in so rich a land.

Perhaps, after more than a century, this decade of hope will finally lead to fulfillment.

The California Projects

(Sponsor, location, services, season)

1. Butte County Health Department
   Gridley Farm Labor Camp
   Medical Clinic Tuesdays 8–12, Thursdays 4–6
   Public Health Nursing
   June–September

2. Colusa County Health Department
   Colusa
   Medical Clinic Wednesdays 8–5
   Public Health Nursing
   Environmental Sanitation
   Medical Fee-For-Service
   April–October

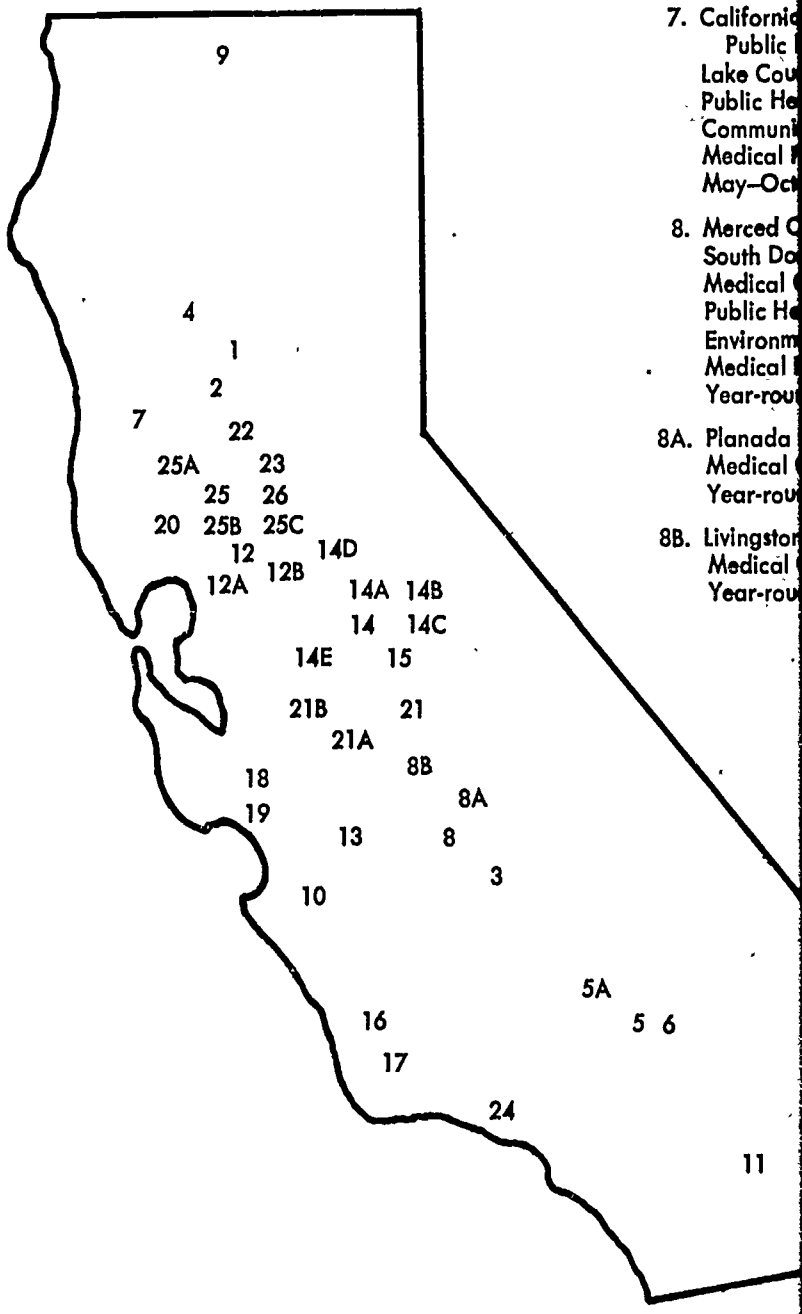
3. Fresno County Health Department
   Parlier Clinic Mondays and Wednesdays 6–10
   Family Planning Tuesdays 6–10
   Maternity Clinic Thursdays 6–10
   Year-round

4. California State Department of Public Health
   Glenn County
   Public Health Nursing
   Community Aides
   Medical Fee-For-Service
   May–October

5. Kern County Medical Society
   Bakersfield
   Medical Clinic Mondays and Fridays 6–10
   Maternity Clinic Wednesdays 6–10
   May–August

5A. Wasco Labor Camp
   Medical Clinic Tuesdays and Thursdays 6–10
   May–August

6. Kern County Health Department
   Public Health Nursing
   Environmental Sanitation
   Community Aides
   Year-round



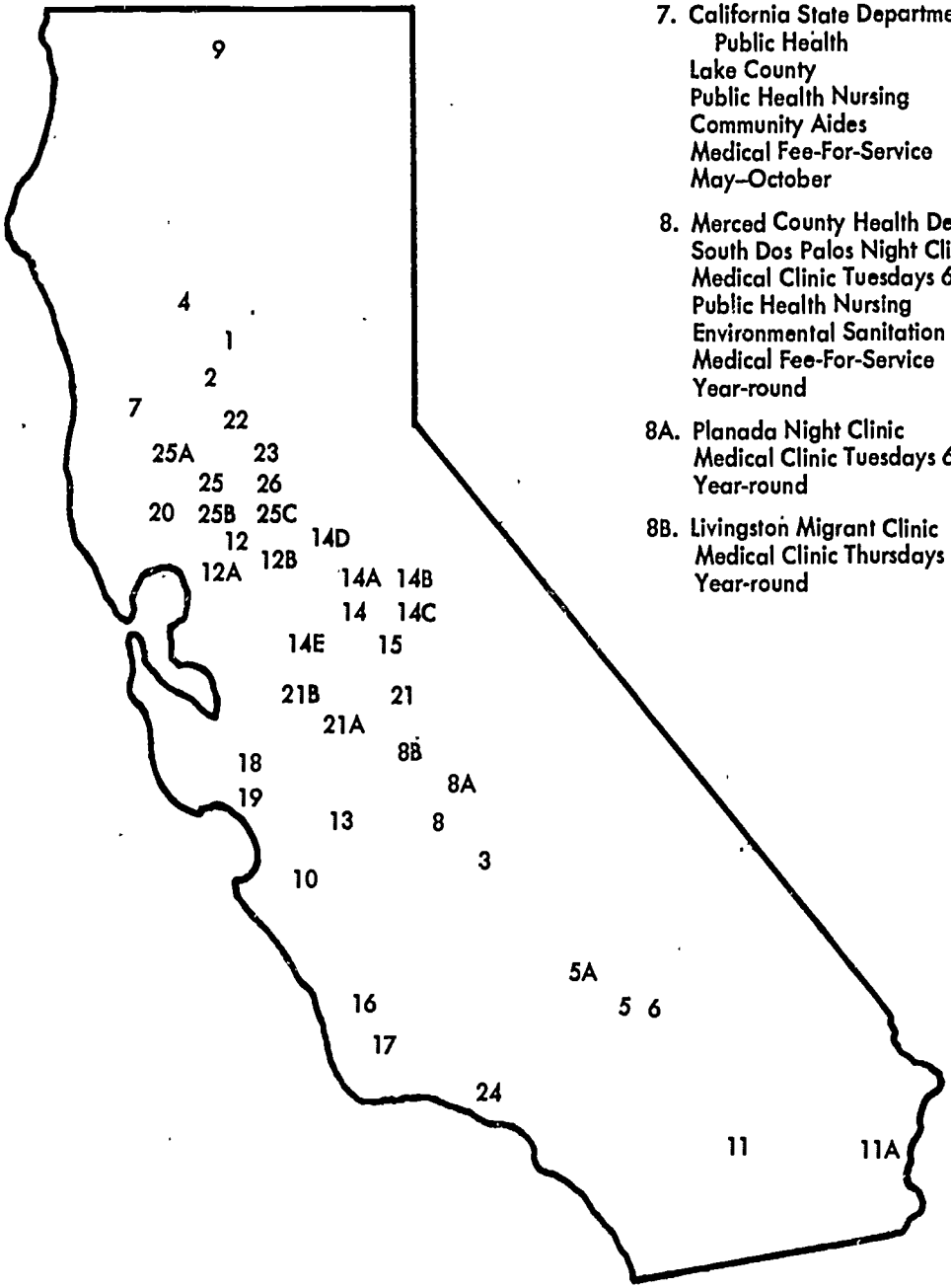
7. Californi
   Public
   Lake Cou
   Public He
   Communi
   Medical
   May–Oct

8. Merced C
   South Do
   Medical
   Public He
   Environm
   Medical
   Year-rou

8A. Planada
   Medical
   Year-rou

8B. Livingsto
   Medical
   Year-rou

The California Projects



7. California State Department of Public Health
   Lake County
   Public Health Nursing
   Community Aides
   Medical Fee-For-Service
   May–October

8. Merced County Health Department
   South Dos Palos Night Clinic
   Medical Clinic Tuesdays 6–10
   Public Health Nursing
   Environmental Sanitation
   Medical Fee-For-Service
   Year-round

8A. Planada Night Clinic
   Medical Clinic Tuesdays 6–10
   Year-round

8B. Livingston Migrant Clinic
   Medical Clinic Thursdays 6–10
   Year-round

The California Projects—Continued

9. California State Department of Public Health
Modoc and Siskiyou Counties
Public Health Nursing
Community Aides
Medical Fee-For-Service
May–October

10. Monterey County Health Department
Gonzalez Migrant Clinic
Maternity Clinic Tuesdays 5:30–10
Public Health Nursing
Environmental Sanitation
Medical Fee-For-Service at Santa Cruz Clinic, Watsonville
Year-round

11. Riverside County Health Department
Indio Health Office
Public Health Nursing
Environmental Sanitation
Community Aides
Medical Fee-For-Service
Year-round

11A. Blythe Health Office
Pediatric Clinic Monthly 8–5
Public Health Nursing
Environmental Sanitation
Aide Services
Medical Fee-For-Service
Year-round

12. Sacramento County Medical Society
Courtland
Medical Clinic Mondays 6–10
Medical Fee-for-Service
April–December

12A. Isleton
Medical Clinic Wednesdays 6–10
Medical Fee-for-Service
April–December

12B. Walnut Grove
Medical Clinic Tuesdays 6–10
Medical Fee-For-Service
April–December

13. San Benito County Health Department
Hollister
Medical Clinic Wednesdays 6–8
Environmental Sanitation
Medical and Dental Fee-For-Service
June–October

14. San Joaquin County Medical Society
Matthews Road Camp, Stockton
Medical Clinic weekdays 6:30–10
Medical Fee-For-Service
April–October

14A. Harney Lane Camp, Lodi
Medical Clinic weekdays 6:30–10
Medical Fee-For-Service
April–October

14B. Mobile Medical Clinic
Linden, Mondays 7–10
Year-round

14C. Mobile Medical Clinic
St. Mary's Church, Stockton
Thursdays 2–5
June–December

14D. Mobile Medical Clinic
Thornton, Wednesdays 7–10
Year-round

14E. Mobile Medical Clinic
Tracy, Tuesdays 7–10
June–October

15. San Joaquin Local Health District
Public Health Nursing
Environmental Sanitation
Aide Services
April–October

16. San Luis Obispo Health Department
Nipomo Night Clinic
Medical Clinic Mondays 6–10
Maternity Clinic Thursdays 1–5, alternate Fridays 9–12
Minor Surgery by appointment
Medical Fee-For-Service
Year-round

17. Santa Barbara County Health Department
Santa Maria Migrant Project
Public Health Nursing
Community Aides
Medical Fee-For-Service
Year-round

18. Santa Clara County Medical Society, Santa Clara Valley Medical Center and Santa Clara County Health Department
Wheeler Hospital, Gilroy
Outpatient Medical Services weekdays 6–10
Public Health Nursing
Medical Fee-For-Service
Year-round

19. Santa Cruz County Health Department
Watsonville Area Service Center
Medical Clinic Mondays and Wednesdays 6–10
Immunization Clinic first Tuesdays 6–10
OB-GYN, Family Planning Clinic alternate Thursdays 6–10
Public Health Nursing
Aide Services
Medical Fee-For-Service
Year-round

20. Solano County Health Department
Dixon Camp
Medical Clinic Mondays and Thursdays 6:30–9
Public Health Nursing
Aide Services
May–October

21. Stanislaus County Medical Society
Empire Camp
Nursing Clinic weekdays 9–5
Medical and Dental Fee-For-Service
May–October

21A. Pa
Nu
Me
Ye

21B. W
Nu
Me
Ye

22. Su
Yu
Me
Me
Me

23. Su
Pu
Er
Co
Ye

24. Ve
En
Co
Ye

25. Sc
Ya
Me
Th
Ye

25A. Me
Me
Me

25B. Ci
Me
Me

25C. Br
Me
Me

26. Ya
Pu
En
Ye

The California Projects—Continued

Medical Fee-For-Service
April–December

San Benito County Health Department
Hollister
Medical Clinic Wednesdays 6–8
Environmental Sanitation
Medical and Dental Fee-For-Service
June–October

San Joaquin County Medical Society
Matthews Road Camp, Stockton
Medical Clinic weekdays 6:30–10
Medical Fee-For-Service
April–October

Harney Lane Camp, Lodi
Medical Clinic weekdays 6:30–10
Medical Fee-For-Service
April–October

Mobile Medical Clinic
Linden, Mondays 7–10
Year-round

Mobile Medical Clinic
St. Mary's Church, Stockton
Thursdays 2–5
June–December

Mobile Medical Clinic
Thornton, Wednesdays 7–10
Year-round

Mobile Medical Clinic
Tracy, Tuesdays 7–10
June–October

San Joaquin Local Health District
Public Health Nursing
Environmental Sanitation
Aide Services
April–October

San Luis Obispo Health Department
Nipomo Night Clinic
Medical Clinic Mondays 6–10
Maternity Clinic Thursdays 1–5, alternate Fridays 9–12
Minor Surgery by appointment
Medical Fee-For-Service
Year-round

17. Santa Barbara County Health Department
Santa Maria Migrant Project
Public Health Nursing
Community Aides
Medical Fee-For-Service
Year-round

18. Santa Clara County Medical Society, Santa Clara Valley Medical Center and Santa Clara County Health Department
Wheeler Hospital, Gilroy
Outpatient Medical Services weekdays 6–10
Public Health Nursing
Medical Fee-For-Service
Year-round

19. Santa Cruz County Health Department
Watsonville Area Service Center
Medical Clinic Mondays and Wednesdays 6–10
Immunization Clinic first Tuesdays 6–10
OB-GYN, Family Planning Clinic alternate Thursdays 6–10
Public Health Nursing
Aide Services
Medical Fee-For-Service
Year-round

20. Solano County Health Department
Dixon Camp
Medical Clinic Mondays and Thursdays 6:30–9
Public Health Nursing
Aide Services
May–October

21. Stanislaus County Medical Society
Empire Camp
Nursing Clinic weekdays 9–5
Medical and Dental Fee-For-Service
May–October

21A. Patterson Camp
Nursing Clinic weekdays 9–5
Medical and Dental Fee-For-Service
Year-round

21B. Westley Camp
Nursing Clinic weekdays 9–5
Medical and Dental Fee-For-Service
Year-round

22. Sutter Hospital
Yuba City
Medical Clinic weekdays 6–10 (except Tuesdays and Thursdays only December–April)
Medical Fee-For-Service
May–November

23. Sutter-Yuba Health Department
Public Health Nursing
Environmental Sanitation
Community Aides
Year-round

24. Ventura County Health Department
Environmental Sanitation
Community Aides
Year-round

25. School of Medicine, University of California at Davis
Yolo General Hospital, Woodland
Medical and Family Planning Clinic
Thursday 6–10
Year-round

25A. Madison Camp
Medical Clinic Tuesdays 7–10
May–October

25B. Ciudad del Sol Camp, Davis
Medical Clinic Mondays 7–10
May–October

25C. Broderick
Medical Clinic Wednesdays 7–10
May–October

26. Yolo County Health Department
Public Health Nursing
Environmental Sanitation
Year-round

Footnotes

The source for all statistics quoted in this report is the Farm Workers Health Service, except the following:

1. Carey McWilliams, *Factories In the Field* (Boston: Little, Brown and Co., 1939), pp. 20, 51, 68–70.
2. *Ibid*, p. 106.
3. *Ibid*, pp. 120–2.
4. *Ibid*, p. 117.
5. Louisa R. Shotwell, *The Harvesters: The Story of the Migrant People* (Garden City, N.Y.: Doubleday, 1961), p. 104.
6. *Ibid.*
7. McWilliams, op. cit., p. 119.
8. *Ibid*, p. 124.
9. *Ibid*, p. 130–1.
10. *Ibid*. p. 129.
11. *Ibid*, p. 296.
12. Henry P. Anderson, *The Bracero Program in California* (Berkeley. University of California School of Public Health, 1961), p. 178.
13. *Ibid*, p. 179.
14. *Ibid*, p. 180–1.
15. *Health Conditions and Services in California for Domestic Seasonal Agricultural Workers and Their Families*. Berkeley: California State Department of Public Health, 1961.
16. *Ibid.*
17. *The California Migrant Master Plan, Progress Report, 1966*. Sacramento. California Office of Economic Opportunity.
18. *Rural California: Hope Amidst Poverty*. San Francisco. California Rural Legal Assistance, 1969.
19. *Regional Program for Migrant Education. A Report, 1967* Sacramento California State Department of Education.
20. *California Annual Farm Labor Report, 1969*. Sacramento: Division of Farm Labor Services, State of California, Department of Human Resources Development.
21. *California's Principal Crop and Livestock Commodities, 1969*. Sacramento: State of California, Department of Agriculture. May, 1970.
22. *California Agriculture, 1968 and 1964—California's Principal Crop and Livestock Commodities*. Sacramento: State of California, Department of Agriculture.
23. *Ibid.*
24. *Ibid.*
25. *The California Farm Labor Force: A Profile*. Sacramento: California Legislature Committee on Agriculture, April, 1969, p. 7.
26. *California Annual Farm Labor Report, 1969, op. cit.*
27. *The California Farm Labor Force: A Profile, op. cit.*, p. 28.
28. *Ibid*, p. 37.
29. *Ibid*, p. 6.
30. *Annual Operational Summary, Migrant Family Housing Centers*. State of California, Department of Human Resources Development, February, 1970.
31. *California Annual Farm Labor Report, 1969, op. cit.*
32. San Francisco Chronicle, May 22, 1970.
33. Philip Booth, *Sickness Insurance and California Farm Workers*, May, 1968, Vol. 31, No 5. U.S. Department of Health, Education and Welfare.
34. San Francisco Chronicle, June 6, 1970.
35. *Occupational Disease in California*. Berkeley: Bureau of Occupational Disease and Environmental Epidemiology, California State Department of Public Health, 1967.
36. San Francisco Chronicle, June 4, 1970.
37. *Annual Operational Summary, Migrant Family Housing Centers, op. cit.*
38. California Department of Housing and Community Development, November, 1968.
39. *The California Farm Labor Force: A Profile, op. cit.*, p. 31.
40. *Annual Operational Summary, Migrant Family Housing Centers, op. cit.*
41. Booth, *op. cit.*
42. *Research and Statistics Note*, June 18, 1970, No. 7. Social Security Administration, U.S. Department of Health, Education and Welfare, and San Francisco Chronicle, July 20, 1970.

Text & Design: David O. Weber

Photography: Harvey Saul Columbus

Additional Photo Credits: Inside Front
Pages 4, 6 right, 21 and 22 courtesy Mig
tion, Division of Farm Labor Services, Co
partment of Human Resources Developme
Joaquin Medical Society; Page 28—Davi
13 and 30—Anonymous.

83155—450 4/72 2M

printed in CA

Text & Design: David O. Weber

Photography: Harvey Saul Columbus

Additional Photo Credits: Inside Front Cover—Cal Potts; Pages 4, 6 right, 21 and 22 courtesy Migrant Services Section, Division of Farm Labor Services, California State Department of Human Resources Development; Page 19—San Joaquin Medical Society; Page 28—David McMurdo; Pages 13 and 30—Anonymous.

printed in CALIFORNIA OFFICE OF STATE PRINTING