



November 15, 1940

New Deal Spent \$1,334,842 in '39 on California Migrants' Health

This is the second and concluding installment of Dr. Sigerist's report on his survey of medical care of California's Grapes of Wrath migrants. Today he tells how some federal, state and group health organizations deal with the problem.

By DR. HENRY E. SIGERIST

In March, 1938, the FSA took the initiative in organizing the Agricultural Workers Health and Medical Association. It is incorporated as a "non-profit organization for the purpose of mutual benefits and preservation of the health of its members."

It is administered by a Board of Directors consisting of representatives of the FSA, the California Medical Association, the California Dental Association and the California State Department of Health. The Association is financed by the FSA which up to Dec. 31, 1939, had contributed \$1,334,842.72. Agricultural workers who are ineligible for aid from state and local agencies and are unable to pay for private medical care are admitted as members. Great care was taken not to stamp them as recipients of charity so as to preserve their self respect. They are members of the Association with a membership card and are pledged to repay costs of treatment when requested. A few have actually repaid the money or part of it but it is obvious that the great majority will never be able to do so.

Medical care is given by local physicians who have entered into a contract with the Association and have accepted a fee schedule which runs about 50 per cent lower than the customary rates.

When a member is in need of treatment he applies with his card at the nearest of the 15 local offices. First aid is given on the spot by a trained nurse. If a physician's attention is required, the patient is given a list of the panel doctors from which he can choose.

The doctor consulted reports his find-

OldMagazineArticles.com

2 *California Migrants*

• WHAT IS THE STATE OF THE NATION'S HEALTH?

Is the People's Health A Government Responsibility?



How can the people get better health care?

Should the year be spent upon the private charity of the Social Insurance?

"A NATIONAL HEALTH PROGRAM"

DR. HENRY E. SIGERIST

Will be discussed by

Dr. Henry E. Sigerist

Director, Institute of the History of Medicine at the Johns Hopkins University, world renowned authority on the history of medicine. Author of "Man and Medicine", "The Great Duress", "Reaction Medicine", "Socialized Medicine of the Soviet Union". Dr. Sigerist's works are translated into some languages, including Chinese.

Sunday, February 19th, 1939, 8.15 P.M.

PEOPLES FORUM

128 N. 18th Street

Qualicum and Shastah.

Subscription 25c

ings to the medical director of the Association who upon recommendation authorizes two weeks of treatment or ten visits. This can be renewed if necessary. Authorization by the medical director must also be sought for hospitalization, operations, dental and similar services.

Members are entitled to drugs, special diets, eyeglasses and appliances if authorized by the medical director. Since many patients are in need not so much of medicines than of food, the Association may pay a medical grocery bill just as it pays the druggist. It also provides school lunches and nursery meals.

In camps and other places where there is a high concentration of labor the Association has Diagnostic and Treatment Centers staffed by nurses and by local physicians who come in at a fixed fee per clinic morning. The selection of doctors is made not by the Association but by the County Medical Societies. The Association also operates mobile clinics that follow the crops with fully equipped trailers.

Since funds are limited, services are limited also. It is not scientific medicine of the highest quality that is being practiced on these workers and their families but rather emergency medicine. The tendency is to give them the services needed to preserve their labor power, to keep them fit for work. It is impossible to repair all the damage done by a lifetime of neglect. Great attention, however, is given to children so that they may grow up as healthy individuals and 90 per cent of the babies are born in hospitals.

Until Dec., 1939, medical aid had been given to 25,680 farm workers in California and 10,742 in Arizona. This shows how great the need was. It still is great and it is to be hoped that the Association will be able to continue and even to increase its activities. There can be no doubt that health conditions of this particularly underprivileged group will im-

California Migrants

prove in course of time.

The Agricultural Workers Health and Medical Association is doing an excellent job. Its present director, R. W. Lyon, is a young man of great ability who has succeeded in communicating his enthusiasm to his entire staff. The Association, however, cannot do more than alleviate some of the acute symptoms of the evil. It cannot and is not meant to attack the cause, the dire poverty of the people.

The counties of San Joaquin valley have well organized health departments and general hospitals which are doing excellent work under difficult conditions. It was due to their unceasing efforts that serious epidemics were prevented. They vaccinate and immunize the people, attend all cases of communicable diseases and cases of emergency whether a man is a state citizen or not and I found that the word "emergency" is interpreted very liberally. The health departments operate clinics in health centers located in strategic points of the valley and their public health nurses visit the people in their homes. The General hospitals have out-patient departments doing an enormous amount of work. Every fifth person in Kern County received out-patient service in 1939.

Since there is a surplus of migrant labor the FSA is endeavoring to help farmers in getting permanently settled and in organizing co-operative farms.

The history of one such farm near Visalia is very interesting. Ten families, most of them drought refugees from Oklahoma, leased a 530-acre tract from the government and obtained a loan of \$5000 from the FSA to purchase equipment. Each family has a large garden in which it grows its own food. The co-operative acreage was put into cotton, hay and milo maize. At the end of the first year the crops had brought in nearly \$30,000. The farm was able to pay off the loan, to pay rent for the land, to pay wages for the work done by members and had a surplus with which it bought cows. The individual families' cash income doubled to \$800.

This is a very promising beginning. If the movement continues and develops these farmers will ultimately be able to organize co-operative health associations and will thus be able to solve their medical problems themselves. But even so California will continue to have tens of thousands of underpaid migrants who will require public medical services.