Migrant Health Project in Pennsylvania, 1963

A. L. CHAPMAN, M.D.

SEASONAL migrant workers are employed in 23 counties of Pennsylvania. Their peak number has been estimated at about 8,000 but unofficial estimates are considerably higher.

The migrants predominantly are southern Negroes, although in some areas a significant number of Puerto Ricans have been flown in to harvest the crops.

Peculiarly enough there are migrants at work, albeit in small numbers, throughout the year. However, the peak of the migrant season is from August through October.

In recent years the number of in-migrants working in the fields has steadily increased, but many of these, as Pennsylvania residents, can obtain health care in their home communities.

The problem of providing health care to migrants is compounded by the relative scarcity of physicians in rural areas, the migrants' apprehension about seeking medical services, their ignorance about how to obtain these services, and the grudging acceptance of migrant workers as a necessary evil on the part of a large segment of the population.

Utilizing a Public Health Service migrant health grant, the Pennsylvania Health Department developed a pilot project for the 1963 harvest season covering a four-county area in the central part of the State. The project was administered through cooperative efforts of the State region VI office in Reading.

When the grant was received, only a few weeks remained before the first migrant families were scheduled to arrive in the project area. Therefore, necessity dictated contracting with the Geisinger Medical Center in Danville to conduct the family clinic.

The project had the following aims and objectives:

1. To develop a system of providing medical care through family clinics.
2. To evaluate the needs for comprehensive nursing and sanitation services to migrant labor camps.
3. To collect a body of data to help compare preconceived health needs of the migrant with needs found from actual experience.
4. To ascertain professional attitudes toward the expansion of this type of clinic service system on a statewide basis.

The project service area covered Northumberland, Snyder, Union, and Montour Counties in which 12 labor camps were located (see chart).

Twice-weekly evening clinics held at the Geisinger Medical Center were the source of the data collected on migrant health needs. An attempt was made to elicit attitudes toward health needs of migrants through interviews, observations, and discussions with migrants themselves, staff professionals, crew leaders, camp owners, and members of voluntary associations concerned with services to migrants.

The Migrants

Most of the migrant agricultural laborers who worked in the four-county area came directly from Florida—Palm Beach, Dade, Orange, Lake, Citrus, and Polk Counties. A small number came from Mississippi and Puerto Rico. Information on race was not compiled since this would violate a Pennsyl-

Dr. Chapman is director, bureau of planning, evaluation and research, Pennsylvania Department of Health, Harrisburg. *The project described in the paper was supported by a Public Health Service grant.*

vania statute, but it was observed that the majority of the workers and crew leaders were southern Negroes; a few were Puerto Ricans and persons of Mexican descent.

In April 1963, personnel of the Farm Service Bureau, Pennsylvania Department of Labor and Industry, interviewed crew leaders and migrants in Florida. On the basis of these interviews, about 575 migrant workers were expected in the four-county area. Since previous studies indicated that southern Negro migrants generally traveled with their families, the total number of those arriving was expected to be somewhat higher. Nonworkers, mainly young children, usually comprise 10 to 15 percent of the group.

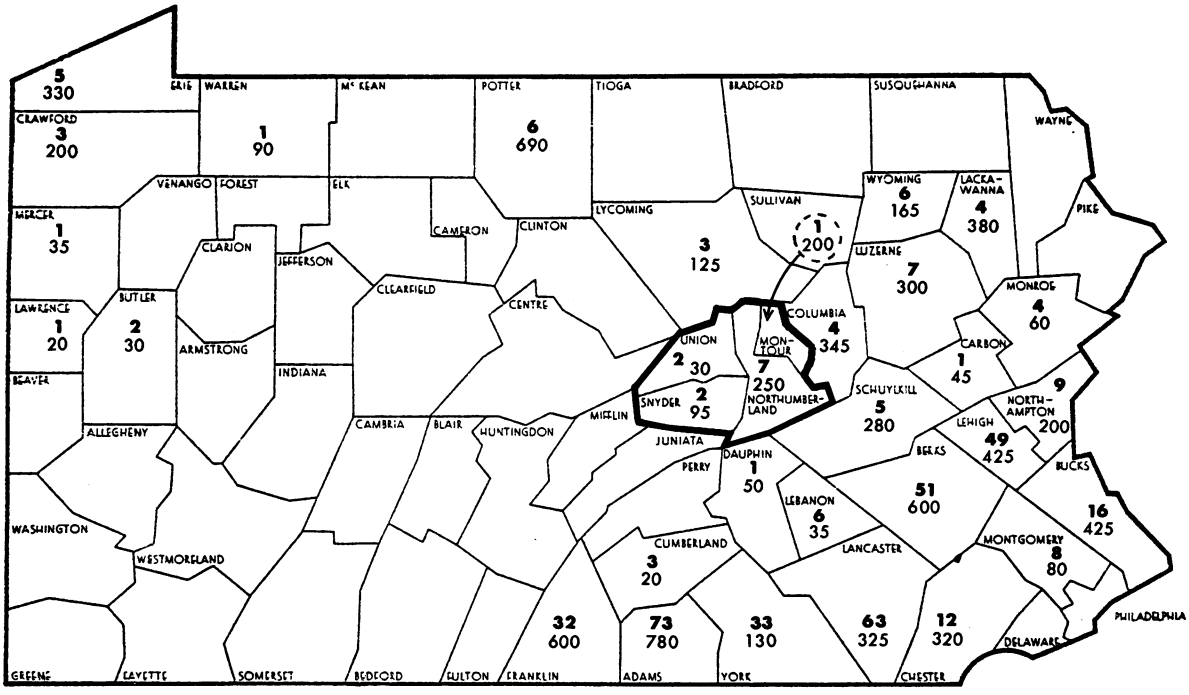
The actual number who worked in the project area during the 1963 harvest season was 720. The larger number was attributed to additional workers the crew leaders had picked up in Florida after the April interviews or en route to Pennsylvania.

The migrants began arriving in the four counties on August 1. The peak of the tomato harvest, when 575 migrants were employed, occurred August 15–31 in Montour, Northumberland, and Union Counties and September 1–15 in Snyder County. A secondary peak, when 140 were employed to harvest potatoes, occurred from September 15 to October 1 in Northumberland and Snyder Counties.

Most of the migrants had left three of the counties by September 30, and by October 15, most had left Northumberland County. It was reported that about 80 went on to work in the vegetable harvest on the eastern shore of Virginia, but most returned to the Florida counties where they had been located in April.

Family Health Service Clinics

Twice-weekly clinics were held at Geisinger Medical Center through contractual arrangements between the Pennsylvania Health Department and the center. The clinic hours of 7 to



Concentration of agricultural migrant workers in Pennsylvania by county during the 1963 harvest

SOURCE: Bureau of Employment Security, Farm Labor Service, Pennsylvania Department of Labor and Industry.

NOTE: Bold figures indicate number of camps, light figures the number of migrants. In 1963 there were 425 camps and 7,625 migrants in the State.

9 p.m. were set in order to enable patients to attend after their work in the field was done. Occasionally the bus bringing the migrants arrived at 7:30 or 8:00 p.m., and often the clinic work was not concluded until 9:30 p.m. on late-picking days. The center was conveniently located in relation to most camps, within a range of 10 to 25 miles of all but 1 or 2 camps. Clinics were held on Tuesday and Thursday nights, beginning August 8 and ending October 15.

Two physicians from the medical center staff attended each session. They were assisted by two public health nurses employed especially for this project.

The public health nurses scheduled 15 patients for each clinic session. Five patients received complete physical examinations with various laboratory studies. These studies included urinalysis; hematocrit count; blood sugar, Kolmer, and VDRL flocculation tests; miniature chest X-ray; parasitology examination of stools; and Papanicolaou smear test. The purpose of the comprehensive examination was to identify the characteristic health needs of migrant workers and members of their families.

At each clinic session about 10 patients were examined to determine the nature of an illness about which they complained. Medical histories were taken, indicated laboratory tests made, and treatment provided as indicated.

Patients were encouraged to pay for medication and prescriptions, but these were purchased with project funds for those unable to pay. Some medications and prescriptions were purchased by voluntary groups or other official agencies concerned with the care and welfare of migrant workers. Some dental care and drugs were purchased for the migrants by church groups or by the Migrant Ministry. The Pennsylvania Department of Public Welfare paid for care during the neonatal period for six women who delivered babies.

A total of 187 persons came to the 17 clinic sessions, and each was seen by a physician. The majority, 127, were in the 15–44 age group and 122 were males (table 1).

A wide range of diseases and conditions were found (table 2). Physical examinations of 45 persons were performed, 17 in connection with a specific condition or complaint and 28 as part of the comprehensive examinations mentioned earlier. Thirty-four persons did not appear for scheduled clinic appointments, and eight failed to come for scheduled physical examinations.

Nurses' Functions

Public health nurses acted as liaison persons between the clinics and the migrant labor camps. They visited the camps, called on migrant workers and their families, and discussed the clinic services and how these services could be obtained. They inspected willing individuals to determine the existence of signs or symptoms of disease or injury for which medical services of a preventive or curative nature might be indicated. They obtained medical and social histories for the use of clinic physicians and correlated both to assist the physicians in their recommendations and to improve the followup in camps.

The nurses maintained a family folder which included a social history form, nurse's progress notes, a child health record if there were children, and a copy of the medical history and physical examination results. Also, a "Need Sheet" was kept with the family folder on each migrant. This sheet was devised with the objectives of the project in mind to facilitate the evaluation of the migrant's needs. In the progress report, the nurse recorded her visit to each patient and pertinent information such as arrangements for clinics, observations, counseling

Table 1. Migrants attending clinic sessions, by age and sex, four Pennsylvania counties, 1963

All ages (years)	Total	Male	Female
Total	187	122	65
Under 5	17	9	8
5–9	6	1	5
10–14	6	3	3
15–19	15	11	4
20–24	36	26	10
25–29	17	11	6
30–34	26	20	6
35–39	21	13	8
40–44	12	7	5
45–49	9	6	3
50–54	13	8	5
55–59	7	5	2
60–64	1	1	0
Over 64	1	1	0

given, treatments carried out, and followup planned.

Public health nurses assisted in interpreting to patients in the clinics or camps the purpose of and need for recommended followup services. They worked with other State and local public agencies, nonprofit associations such as the Migrant Ministry, and others in carrying out the objectives of the project. They were responsible for the organization and management of the clinics—assisting physicians in examinations, carrying out audiological and eye tests, weighing and measuring patients, and assisting in the interpretation of findings to the patients.

The reasons for referral of migrants to the family health clinic were numerous, and the great diversity in the types of pathological conditions found on examination reflect this. The more prominent reasons—backache, pains in the extremities, and abdominal pains—were not unexpected in view of the type of work done by migrants and their living conditions. Many had colds and respiratory infections. Numerous symptoms were very indefinite. The symptoms enumerated were the kind that were more likely to motivate an individual to seek medical advice from a general practitioner than a specialist. Migrants who became acutely ill, had serious accidents, or delivered babies were

Table 2. Conditions requiring care found at clinic sessions and in physical examinations of migrant workers and their families, four Pennsylvania counties, 1963

Condition	Number of findings
Infectious and parasitic diseases	*25*
Intestinal parasites	12
Gonorrhea	7
Syphilis	6
Allergic, metabolic, nutritional diseases	*16*
Obesity	6
Diabetes	3
Asthma	3
Allergic rhinitis	2
Food allergy	1
Anemia	1
Diseases of nervous system and sense organs	*19*
Conjunctivitis	8
Defective hearing and vision	4
Epilepsy	1
Neuritis	1
Minor defects	5
Diseases of circulatory system	*15*
Hypertension	6
Heart murmur	2
Varicose veins	2
Rheumatic fever	1
Cardiovascular disease	2
Arteriosclerosis	1
Congenital heart disease	1
Diseases of respiratory system	*30*
Upper respiratory infections	19
Tonsillitis	7
Bronchitis	2
Sinusitis	2
Diseases of digestive system	*6*
Peptic ulcer	5
Inguinal hernia	1
Diseases of genitourinary system	*20*
Pyelonephritis	1
Diseases of genitourinary system—Continued	
Chronic pelvic inflammatory disease	3
Urinary infections	6
Trichomonas vaginalis	2
Hydrocele	3
Enlarged prostate (2+)	2
Possible carcinoma of cervix	2
Hematuria	1
Pregnancy	*11*
Diseases of skin and cellular tissue	*6*
Dermatitis	3
Infected abrasion of foot	1
Poison ivy	1
Lichen planus	1
Diseases of bones and organs of movement	*16*
Osteoarthritis	4
Fracture of ulna	2
Knee injury	2
Hypoplasia of right arm and hand	1
Herniated disc	2
Synovitis	1
Miscellaneous bone defects	4
Symptoms and ill-defined conditions	*44*
Backache	19
Headache	5
Muscle strain	3
Diarrhea	2
Pain in chest	1
Palsy	1
Acne	1
Skin rash	1
Cerumen in ears	4
Sebaceous cyst	2
Athlete's foot	1
Hematoma, left thigh	1
Dupuytren's contracture	1
Menorrhagia	1
Cervical adenopathy	1

taken to local hospitals where their care was financed by public assistance payments through the Pennsylvania State Department of Public Welfare. These hospital payments were at a flat rate of $10 a day until a new act, passed by the 1963 legislature, permitted the welfare department to pay hospital costs for indigent patients on a percentage of cost basis.

Sanitation Services

The State health department employed and supervised a full-time camp sanitarian who made repeated inspections of the 12 camps in the project area and discussed shortcomings with crew leaders, migrants, and growers. Because the harvest season was short, he had little success improving the sanitary status of the camps during the time allotted.

Such basic health requirements as a safe water supply and acceptable methods of sewage disposal were demanded by the State health department before the camp was recommended to the department of labor and industry for licensing.

In 1964 it is planned to experiment with a grading system for a representative sample of migrant labor camps patterned after the grading system for restaurants now in use in some States. Such a system might provide, for community migrant labor committees and other local groups, motivational leverage to bring about cleaner camps and improved sanitary maintenance programs.

Health Education

Time and other resources were lacking with which to structure a formal health education program. What health education was done was effective since it involved a person-to-person relationship, usually between nurse or physician and migrant. The information and experience gleaned from the 1963 project will serve as the base for formal health education activities planned for future migrant health programs.

Community and Interdepartmental Relations

Before clinic sessions were started, the two public health nurses assigned to the project area, members of the staff of regional office VI, Pennsylvania Health Department, met with local groups and individuals interested in improving services to migrants. The methods used in contacting migrants, in referring them to the clinic, and in meeting their health needs were the result of the pooled knowledge and opinions of these interested local groups.

Other services for migrants in the project area and elsewhere in Pennsylvania are traditionally provided by various departments of State government. These services are coordinated with the Governor's Committee on Migratory Labor, composed of representatives of several State departments and representatives of growers, local migrant committees, labor organizations, and religious groups. The chairman is the secretary of labor and industry.

The department of public welfare administers child care clinics for migrant children; the department of public instruction, in cooperation with Pennsylvania State University, administers instructional programs; the department of labor and industry has responsibility for proper and safe construction of camps for migrants, their licensing, and the licensing of crew leaders; and the State police force cooperates in maintaining order and policing migrant labor camps.

At meetings of the Governor's committee the various activities of each interested department or group are presented and discussed. Changes are recommended and future plans modified as a result of these discussions.

Reaction to the Project

Dr. Walter I. Buchert, medical director at Geisinger Medical Center, was well pleased with the effectiveness of the project. It enriched the experience of his resident staff and at the same time provided an orderly method of scheduling migrant worker visits to the center. Interns and residents felt that they were given an opportunity to see and treat many conditions not routinely seen in medical center patients.

The migrant workers appreciated the friendly, objective way they were treated. They responded by appearing at the clinic in clean clothes and while there behaved in a discreet and orderly fashion.

Growers were relieved to know that a specific

source of medical attention was available for the diagnosis and treatment of the physical ills of migrant workers on their farms.

Summary and Conclusions

Evening family clinics were the mechanism for investigating health needs of migrant agricultural workers during a 1963 project in four Pennsylvania counties. A total of 187 persons were seen, including 45 given complete examinations and a battery of laboratory tests. Two full-time public health nurses worked with the migrants in the camps and at the clinic.

Preseason sanitation inspections and approvals and midseason inspections were conducted by a full-time sanitarian assigned to the four-county area. Other State departments continued their traditional services: child care clinics, instructional classes, emergency medical care for migrants, and camp inspection and licensing.

The migrant health project was appreciated by the migrants and pointed up the type of illnesses for which medical care was formerly unavailable or extremely difficult to obtain.

Migrants workers and their families received a more effective and complete series of health services in the project area through the active participation of the State health department, and the health department was recognized as an important co-contributor to the health and well-being of this important segment of the agricultural community.

Home Health Aides in Philadelphia

The Philadelphia Department of Public Health has recently expanded its program of providing specially trained home health aides to the chronically ill or persons with illnesses expected to last more than 30 days. First offered in a small section of north Philadelphia on a demonstration basis, the service has been extended to residents of north central and northwest Philadelphia.

The home health aides are not nurses, but they are closely supervised by public health nurses. The aides provide general care for the ill, including personal care (bathing, feeding, dressing); paramedical care (assisting the patient with oral medication, taking and recording temperature, pulse, and respiration); light housekeeping (cleaning, washing, ironing, and sewing); and dietary care (purchasing food and household supplies, planning, preparing, and serving meals).

To be eligible for this service the patient must be over 21 and either living alone or in a household where no one else can care for the patient or where the persons caring for the patient need relief or assistance. Patients must be referred by a physician. Service is provided on either a sliding fee scale or free where the situation indicates.