

MIGRANT HEALTH Newsline

It is with sadness but also anticipation for what's ahead that we announce that this is the final issue of *Migrant Health Newsline*. *Migrant Health Newsline* has been in print since 1984, providing news and information to health centers and other migrant health champions.

During its 30 years in print, *Migrant Health Newsline* has published more than 150 issues on topics related to migrant health, from nutrition education to obtaining Patient Centered Medical Home designation. *Newsline* has sought to share timely and effective communication with health centers to enable them to better serve the migrant and seasonal agricultural worker population. *Migrant Health Newsline* began as a print publication in 1984, achieving a peak distribution of 7,165 recipients. Popular columns over the years have included "Stories from Call for Health" (formerly known as Friends of Farmworker Families), "Patient Education Files", "Answers from the Resource Center", "Did You Know?", "Spotlight on Research", as well as Stream Forum updates and highlights, Migrant Health Scholarship awardees, and stories of best practices from health centers. In 2011, *Newsline* transitioned to an electronic publication and has been widely distributed through our website, email lists and partners.

As we look back on the 30 years that *Migrant Health Newsline* has been in print, we also want to look back on the evolution of migrant health. This final issue of *Newsline* includes reprints of past article excerpts that commemorate the migrant health movement. However, as you will find in the last two articles, we look back not just nostalgically but to gain perspective as we look forward to the future of migrant health and the work of NCFH.



How *Migrant Health Newsline* has evolved over the years (from left to right): *MHN* print version, 1995-2002; *MHN* print version, 2003-2010; *MHN* goes digital, 2011- 2014

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The History of Migrant Health

By Josh Shepherd, former Resource Center Manager (2001-2011), NCFH

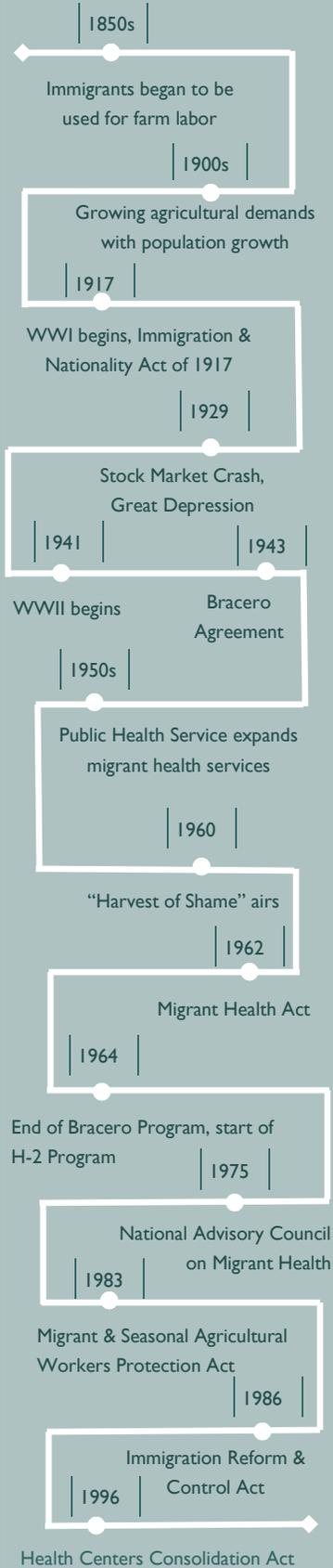
Excerpt reprinted from *Vol 27, No. 2, March/April 2010*

The history of farmworkers in the United States is almost as old as the country itself. Farmworkers have always lived in the shadows of communities, living and working under hazardous unsanitary conditions while surviving on meager wages with poor access to education, welfare, and health care. From our nation's creation, agriculture and the small family farmer were considered essential components of democracy. These small farmers, except in the slave-dependent South, relied on family, locally hired hands, or neighbors to meet the seasonal labor demands of agriculture.

Evolution of U.S. Agricultural Labor

As crop production grew larger and more specialized, labor was required on a more seasonal basis. By the 1850s, demand for farming production increased to a level that immigrants from several countries were brought in by employment agencies to meet the demand. Along the East Coast, African-Americans and poor Anglos joined newly arriving European immigrants as part of the seasonal labor force. While on the West Coast, farmers began hiring large numbers of immigrants from China, Japan, and Mexico. In the South the seasonal need was met by slaves, and after the Civil War, by

History of Migrant Health 1850-1996



Contracting, medical examination and selection of Mexican laborers preparing to come into the United States in Chihuahua, Mexico 1951

former slaves, Native Americans, and poor Anglos.

The growing demand for seasonal labor was a process that continued through the rest of the 20th century. As farming production grew larger, smaller farms that were once the economic backbone for rural communities were absorbed. Small rural communities died out, migration from rural to urban areas increased, and the labor supply needed for these large and specialized farming productions was no longer locally available.

In addition, the need for seasonal labor was aided by the introduction of new machinery, farming methods, and herbicides. These advances increased the cost of farming, which necessitated even larger productions, and, in turn, led to an increased dependence on seasonal and manual labor. Advancements in transportation exacerbated the situation. Better roads and refrigeration in transportation allowed farming productions to operate in even greater isolation from domestic labor supplies, which led to the increased demand for a temporary and migratory seasonal labor force. By 1900, U.S. cities grew and our industrial base expanded to a point where large-scale commercial agriculture became an economic necessity, and along with it grew a labor force that tailored to its needs.

War and the Importation of Foreign Labor

The demand for immigrant labor continued into 1917 when the U.S. entered World War I (WWI). As the war raged, the U.S. government was faced with growing war time food demands and a shortage of agricultural laborers. In response, the U.S. turned to Mexico for assistance, and the two nations worked out an agreement. This led to the passing of the Immigration and Nationality Act of 1917, which established a legal basis for the importation of approximately 73,000 Mexican workers to fill labor shortages.

In the 1920s, as WWI came to an end, American agriculture production continued at

wartime levels. However, absent of the wartime demand, crop prices plummeted and the need for cheap labor intensified. In the meantime, supplies of domestic agricultural labor in the South dropped as African-American and White sharecroppers began to migrate elsewhere. Mexican laborers were highly desirable, and immigration from Mexico increased.

However, in 1929 the U.S. stock market crashed and this began the economic downturn that came to be known as the Great Depression. Like all other industries at the time, the agricultural economy worsened as foreign demand for U.S. agricultural exports plummeted and prices dropped. In an effort to open up jobs to native-born citizens, the Immigration and Naturalization Service cooperated with local authorities to deport Mexican immigrants and Mexican-American citizens by the thousands. In all, more than 400,000 "repatriados" were deported.

Domestic agricultural workers were initially reluctant to fill the migratory labor positions; however, they were left with little choice following droughts in the mid-1930s. Over-farming and poor soil management, combined with the drought conditions, created the "Dust Bowl" or vast dust storms that devastated the lower Great Plains. Farmers in these areas were soon displaced, giving way to a poor economy, dusty conditions and land foreclosures. They became the new migrants, traveling to California and other regions in search of work and substance.

Yet these situations changed as the United States entered World War II on December 8, 1941. In response, industrial and agricultural production increased and much of the nation's human resources were diverted to the military. Similar to their experiences in World War I, commercial farmers faced a high



Man working in the fields in Pennsylvania, 1963

demand for their products, but growers were without sufficient labor to produce them.

The United States once again called upon Mexico to fill the labor void. The two countries signed the Bracero Agreement in 1943, which began the importation of laborers or "braceros" from Mexico to work in the United States.

Although originally devised to meet World War II shortages, the Bracero Program continued until 1964 under a variety of legislative authorities, ultimately employing 5 million Mexican laborers. Following the termination of the Bracero Program in 1964, farm employers turned to the H-2 program for their labor needs. This program, now known as the H-2A program, continues today.

Increased Public Awareness

As the initial phase of the Bracero Program ended in the early 1950s and the number of migrant workers grew larger, two Presidential Committees were established to investigate various aspects of domestic and foreign migratory labor. The committees' research revealed poor social, economic, health and educational conditions of farmworkers of the day.

While the President's Committees were indicative of an increased interest in migrant welfare, so were the activities of the Public Health Service. Traditionally, the Public Health Service provided services and preventative care on a community basis. In the early 1950s, the Public Health Service began to expand its migrant-specific services. This trend would eventually result in the creation of the Migrant Health Unit, the precursor to today's Migrant Health Program.

Public awareness of migrant farmworkers and the conditions they lived in surged during

the 1960s. One of the first steps in increasing public awareness for farmworkers was the Edward R. Murrow documentary titled "Harvest of Shame", which aired on Thanksgiving Day, 1960. The program detailed the exploitation of migrant farmworkers by large agribusiness and highlighted their poor living and working conditions. In addition to the documentary, the farm labor movement of the 1960s had a great impact on the public and the lives of farmworkers.

Two organizations, the Agricultural Workers Organizing Committee (AWOC) and the National Farm Workers Association (NFWA), led a series of successful strikes against growers in California. Under the leadership of Cesar Chavez, the organizations asked for union recognition and to be paid a living wage. Eventually, the growers submitted, and the unions received official recognition from the largest growers in the area. Chavez became the public face of farmworkers, and he and his movement gained national attention and were spotlighted by various media outlets.



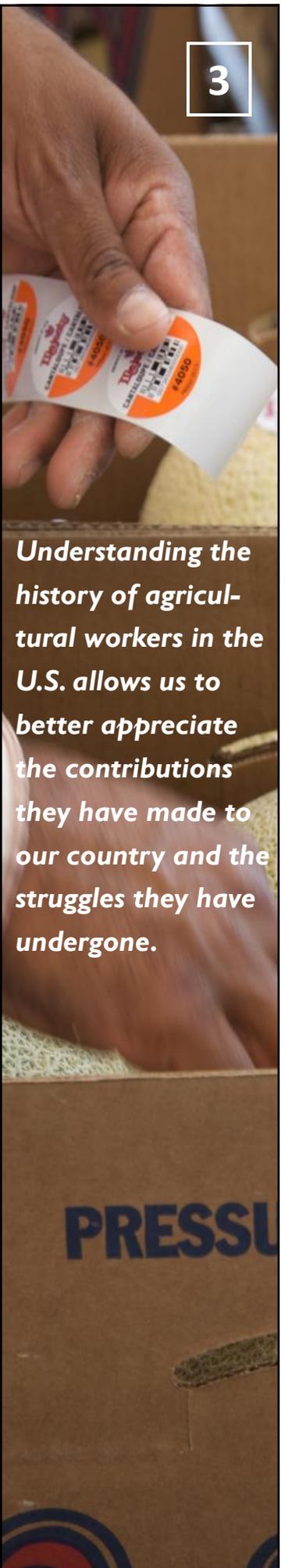
Trailer used as housing by two young migrant couples with a total of nine children, Kansas, 1964

Creation of the Migrant Health Act

As a result of the growing farmworker awareness, a Senate Sub-Committee on Migratory Labor began working on a comprehensive bill to address a variety of migrant labor concerns. The bill emphasized the need for a simple and flexible program, adapted to the needs of migrant workers, and focused on the provision of health services. It was written so that the Public Health Service would be given authority to make grants available to health projects serving the domestic migrant population. The bill passed both houses of Congress and was signed into law by President John F. Kennedy in September of 1962 as the Migrant Health Act.

Shortly after the bill's passage, the Migrant Health Unit became the Migrant Health Branch, and was charged with administering the new program. The program was designed to allocate

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Understanding the history of agricultural workers in the U.S. allows us to better appreciate the contributions they have made to our country and the struggles they have undergone.

Health Observances

July

Juvenile Arthritis Awareness Month

Arthritis Foundation

August

National Immunization Awareness Month

Centers for Disease Control and Prevention

10-16

National Health Center Week

National Association of Community Health Centers

September

National Childhood Obesity Awareness Month

American College of Sports Medicine

funds, facilitate inter-agency cooperation, disseminate information, and monitor the health status of migrant farmworkers. The Migrant Health Program was reauthorized in 1963 and again in 1966, adding hospitalization to the scope of services provided by migrant clinics. By 1969, 118 projects were in operation, serving 317 counties in 36 states and Puerto Rico.

In 1975, reauthorization of the Migrant Health Act created the National Advisory Council on Migrant Health. The Council, which still exists today, is legislatively mandated to advise, consult with, and make recommendations to the Secretary of Health and Human Services on the health and well-being of migrant farmworkers and their families. Fifteen members are appointed by the Secretary to serve four-year terms.

Also, in 1970, Congress added the phrase "other seasonal farmworkers" to the eligible recipients of migrant health grant-assisted services. This was done to include seasonal farmworkers who were often indistinguishable from migrant farmworkers in the major home base areas where migrants resided throughout the country. This wording increased the target population of the migrant health program from an estimated three-quarter million migrants and family members to 2.75 million.

Recent Farmworker Legislation

As the 1980s and 1990s passed, the migrant health program would enter its fourth decade. During these decades, several major legislative acts would be passed that would shape the future of farm labor in the U.S. and the migrant health movement. First, in 1983, The Migrant and Seasonal Agricultural Workers Protection Act was passed. This act required farm labor contractors, agricultural employers, agricultural associations, and providers of migrant housing to meet certain minimum requirements in their dealings with migrant and seasonal agricultural workers.

Secondly, Congress would pass the Immigration Reform and Control Act in 1986.

This act made it illegal to knowingly hire or recruit illegal immigrants (immigrants who do not possess lawful work authorization), required employers to attest to their employees' immigration status, and it granted a path towards legalization to certain agricultural workers who had worked at least 90 days in each of the previous 3 years.

Finally, the Health Centers Consolidation Act of 1996 was one of the most important acts passed in the last 30 years regarding migrant health. This act brought together under one grant structure Community Health Centers, Migrant/Seasonal Farmworker Health Centers, Health Care for the Homeless Health Centers and Health Centers for Residents of Public Housing. Today there are 156 migrant health centers operating in 42 states, who

served 834,000 migrant and seasonal farmworker patients in 2008.

As we enter the second decade of the 21st century there are an estimated 3 to 5 million farmworkers who labor in the fields of the U.S. every year. These individuals lead difficult but honorable lives. While many of us take them and their labor for granted, it is important to remember that they have been providing food for millions of Americans for over two hundred years. Without the efforts of farmworkers, it would not be possible to support the multi-billion dollar fruit and vegetable industry in this nation.

Understanding the history of farmworkers in the U.S. allows us to better appreciate the contributions they have made to our country and the struggles they have undergone.

Farmworkers are often forgotten, but many people and organizations remain committed to helping them overcome poverty and powerlessness. As we celebrate Cesar Chavez Day, let us also celebrate the men and women he marched for: those who put food on our tables daily, and those who truly deserve our respect. ■



John F. Kennedy signs the Migrant Health Act, 1962

Disclaimer:

"In this document, unless otherwise noted, the term "health center" is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as "grantees") and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants."

Migrant Health Program Celebrates 35th Anniversary

By Jayne Bertovich, Staff, Migrant Health Program, Bethesda, Maryland

Excerpt reprinted from *Vol. 15, No. 2, March/April 1998*

On September 30, 1987, the Migrant Health Program (MHP) began celebrating its 35th anniversary of providing primary health care to migrant and seasonal farmworkers and their families. On September 30, 1962, Congress passed the Migrant Health Act into law, and appropriated funds to carry out its purposes in May of 1963. Until the passage of the Migrant Health Act over 35 years ago, the unique problems of farmworkers, such as poverty and mobility which kept them apart from private medical services, were not frequently addressed by governmental or local health programs.

As the years rolled by, the Migrant Health Program developed a wealth of experience in meeting the primary health care needs of farmworkers across the United States. Programs which began as small, back room dispensaries for health services for farmworkers have expanded into comprehensive primary care health centers with multiple sites to meet the needs of farmworkers across vast agricultural areas in such places as the San Joaquin Valley of California, the Indian River region of Florida, and the Rio Grande Valley of Texas.

Amid threats to cut budgets and reinvent government, farmworkers and their families have not fallen through the cracks because migrant health centers and programs have successfully risen to meet the challenges posed by ever-changing health and social agendas which each new president brings to his administration. Through it all, the MHP has taken on a stronger focus by concentrating its efforts on the farmworker population's high-risk health needs, meeting the language and cross-cultural barriers to health care the farmworking community faces in accessing services, and tracking diseases across states and borders to insure continuity of care for farmworkers and their families.

What began as a small program with an appropriation of \$750,000 in 1962 has grown

to a nationwide program for farmworkers, providing over 122 grants to migrant health centers, programs, and technical assistance grantees through its appropriation of \$70

million in 1998. Our capacity to provide services in 41 states to approximately 550,000 farmworkers, although estimated at reaching only 12 percent of the total farmworker population, is a testimony to the success of hard work and determination by

all of us. On behalf of the Migrant Health Program, "Happy 35th Anniversary" from all of us to all of you. And a special tribute of thanks to those of you on the front line who provide compassionate care to farmworkers and their families. ■



A nurse visits a woman with a 10-day old infant, California, 1969

According to **2012 UDS data** available on the HRSA website:

- ◆ The Health Center program served 903,089 migratory and seasonal agricultural workers and their dependents, approximately one-third of the estimated migratory and seasonal agricultural worker population in the United States.
- ◆ The majority of the migratory and seasonal agricultural worker patients were served by the 166 Health Center Program grantees that receive designated funds to serve this population.
- ◆ These Health Center Program grantees currently operate multiple service sites in 41 states, Puerto Rico and the U.S. Virgin Islands.

The Migrant Health Program is now part of the Office of National Assistance and Special Populations under the Bureau of Primary Health Care of the Health Resources and Services Administration in the U.S. Department of Health and Human Services.



Increasing Access to Care for Migrant and Seasonal Agricultural Workers in 2014 and Beyond

By **E. Roberta ("Bobbi") Ryder**, President & CEO, NCFH

Fifty-two years ago, Congress passed the Migrant Health Act. This monumental piece of legislation launched the provision of primary care services through private, non-profit community-based organizations. This was truly a sea change; these were not health departments nor private medical practices, but non-governmental organizations born out of diverse community coalitions in response to extreme need. In 1962, rural communities were not equipped to serve large numbers of migratory agricultural workers who were there only briefly to work or to touch home-base before beginning the agricultural circuit again. Out of the obvious necessity for access to care for this vulnerable population, programs have emerged across the nation to serve many different special populations. This includes agricultural workers, homeless individuals and families, and other underserved people living in rural and urban areas. They are served in schools, public housing developments, mobile units, and full-service clinics and health centers. The Migrant Health Act was the pilot that demonstrated how to provide the right care to those in need, in the manner best suited to their unique circumstances. The success of the first "Migrant Health Centers" set the stage for the Health Center Program as we know it today.

The Affordable Care Act (ACA) is among only a few significant health care reforms since the Migrant Health Act, with both Medicaid and Medicare created by the Social Security Amendments of 1965. Unfortunately, as we move forward with the implementation of the ACA, many agricultural workers are not able to take full advantage of its benefits. It is likely that many agricultural workers will become part of the "residual uninsured"—those that remain uninsured due to multiple employers, forced mobility to sustain employment, immigration status, day labor, income status, or other factors that may make it difficult for them to access the benefits of ACA. It seems clear that the necessity that prevailed in 1962 still exists —



large segments of the workforce that our nation depends upon for the production of affordable commodities are still seen as 'outsiders' and for many reasons are deemed unimportant. Our food system and many aspects of our economy depend upon these men and women who harvest the food we eat every day. It is not only our responsibility as a nation and as a network of health centers to ensure access to care for this vulnerable population, it is also a privilege and a manner of expressing our appreciation for their hard work.

If health care reform is all about containing costs and improving health outcomes, we need to make sure that agricultural workers have access to quality and affordable health care. If we do not include them in the principles and benefits of health care reform in 2014, we will pay an even higher price in the decades to come. There is no better time than the present to recognize the many contributions that agricultural workers make

to the economic infrastructure of our nation and to the health and well-being of the communities where they live and work. Health centers are, and must remain, the primary points of access to care for this population that gives so much and receives so little in return.

As the number of people with insurance increases, the competition for access to limited provider resources will increase, and the survival of our health centers may depend even more on a healthy payer mix. Where will that leave the uninsured? Will we be back to where we were in 1962 prior to the passage of the Migrant Health Act? What will each



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of us do to assure that institutional barriers do not impede access to care for the population that we are all committed to serving?

As we transition to a new era of health care, the vision of NCFH remains the same – we proactively support the work of health centers and the empowerment of agricultural worker communities in our mission to improve health status. We envision a world without barriers to health care and where agricultural worker families can receive culturally-appropriate quality health care. I would like to issue a challenge to all health centers to join me in pursuit of this vision: in 2014, make a commitment to serve 10% more migratory and seasonal agricultural workers than you reached in 2013. If we can collectively succeed in doing so, we could reach the 1,000,000

mark, still less than one third of the estimated agricultural worker population. With the definition of agriculture being clarified in the **UDS Manual** to mean farming in *all* of its branches, including workers in a broad range of agricultural production, dependents and aged and disabled workers, this goal is even more attainable.

As we look to the future of migrant health, we have an important responsibility in ensuring access to culturally-appropriate quality health care for all agricultural workers and their families. I thank you for joining NCFH in this important work, and I look forward to seeing how our partnerships will continue to improve the health of agricultural workers in the United States. ■

If you are willing to accept this challenge, we can help! NCFH training tools and technical assistance can help strengthen many different areas of your health center’s work. Contact us or visit our website to learn more.
Phone: (512) 312-2700 | Email: info@ncfh.org | Website: www.ncfh.org

A Look at What’s to Come: NCFH Monthly Digest

By **Dahlia Ture**, Health Education Specialist, NCFH

We are very pleased to share that in the future, *Migrant Health Newsline* will be replaced by a monthly e-digest. This move towards digest mode is one way NCFH hopes to advance its mission by creating more effective and efficient means of communicating with its partners and expanding its audience.

The digest will include relevant NCFH and migrant health news, funding alerts, training and technical assistance opportunities, conference announcements, new products and educational tools, policy issues, as well as a monthly featured product, service, project or best practice. If you have any suggestions for the content of the monthly digest, please contact **Vangie Orozco**.

Did you know NCFH is active on many social media channels? In addition to the monthly e-digest, another way NCFH hopes to connect more effectively and efficiently with the migrant health community and the general public is through social media. Click on any of the icons to follow us.

 The NCFH Facebook page is a great way to stay informed on current events and agricultural worker news. You can also find beautiful Alan Pogue photos from our archives, important updates from NCFH and its partners, and follow our “Health Tips Around the World” series. Click the button to “like” us!

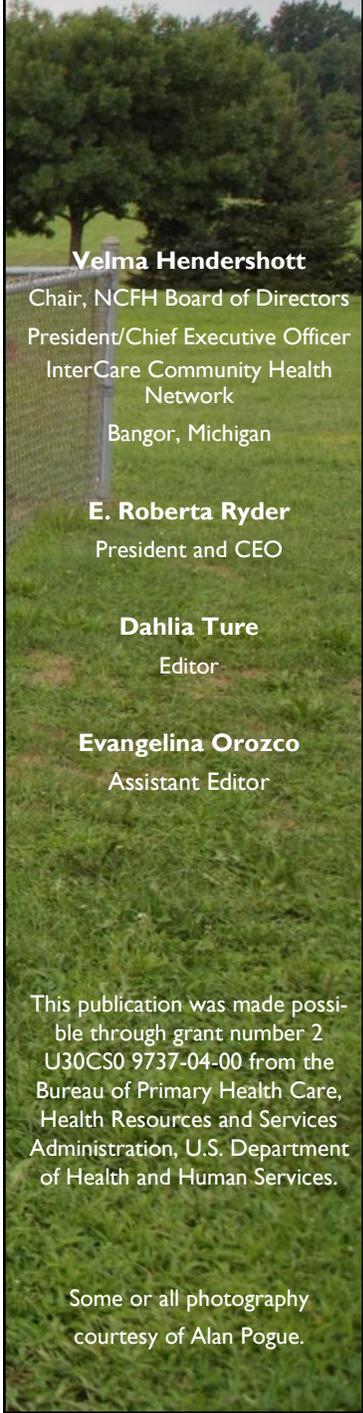
 Follow us on Twitter to stay informed on important agricultural worker news stories, NCFH happenings, and trending topics.

 Google+ is a great way to stay connected with different organizations within the migrant health community, including NCFH. Be sure to add us to your circle to stay informed on important NCFH updates and agricultural worker news.

 Check out NCFH’s YouTube channel to watch compelling stories from NCFH’s work in the local community and beyond.

 LinkedIn is a business-oriented social networking site. Click on the icon to visit NCFH’s LinkedIn page to learn more and to follow us.

Migrant Health Newsline is a quarterly electronic publication of the National Center for Farmworker Health, Inc. The opinions expressed herein do not necessarily reflect the position or policy of NCFH, BPHC/HRSA/DHHS, or any agency of the federal government. We encourage readers to submit articles and comments for inclusion in future issues and encourage distribution of this newsletter to colleagues. Information about NCFH can be found on the World Wide Web at www.ncfh.org or by calling (512)312-2700.



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