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A Pioneer in Health Care For
“Families Who Follow The Crops”:
California and the Making of the Migrant
Health Act, 1949 – 1962

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History 101: The American West Since 1850

Dr. Felicia Viator

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The winter of 1949 was a particularly cold and wet one in California's San Joaquin Valley, a predominantly agricultural area often referred to as 'the nation's salad bowl' because of the abundant variety of produce cultivated there.¹ Migrant farm families residing in the region were poor and lived in substandard housing without running water, heat or electricity. As a result, conditions were frequently unsanitary, and residents found it difficult to escape extreme temperatures or weather. Migrant farm children – who were already suffering from hunger due to a higher than usual unemployment rate that winter – fell ill in large numbers.² As a result, more than a dozen infants perished from severe diarrhea brought on by shigellosis, a highly contagious bacterial infection.³

The deaths attracted national press coverage and were shocking to many who had not realized how abysmal the conditions were in the nation's migrant farm camps. Fears of a larger health crisis were sparked, leading to a public outcry in California. Governor Earl Warren responded by initiating an emergency aid program in the valley and appointing a committee to survey the problems facing California's migrant farm workers and to recommend solutions.⁴ There was also a local response. In Fresno County, located in the heart of the San Joaquin Valley, studies were conducted, immunizations provided, and half a dozen privately funded health clinics were opened to serve the migrant farm population there.⁵ Within three years of their

1 Florence R. Wyckoff, *Health Projects For Migrant Farm Families: California's Experience* (Washington D.C.: National Consumers Committee For Research and Education, Inc., 1963).

2 "Cold Spell May Bring Distress To Farm Workers," *The Fresno Bee*, 12 January 1949, pg. A17.

3 California State Department of Public Health, "Health Conditions and Services for Domestic Seasonal Agricultural Workers and Their Families in California: Report and Recommendations to Governor Edmund G. Brown from Malcolm H. Merrill, M.D., State Director of Public Health," October 1, 1960; "Infant Disease Cause Study Is Planned By Health Divisions," *The Fresno Bee*, 9 July 1952, pg. A21; James Watt, M.D. Beck, E.C. Hemphill, and A.C. Hollister, "Diarrheal Diseases in Fresno County California," *American Journal of Public Health* 43 (June 1953): 741; Winifred Erskine, "A Health Program For Migrant Farm Workers," *Nursing Outlook* 3, no. 6 (June 1955): 333.

4 "California Opens Migrant Hearings," *The New York Times*, 21 June 1950, pg. 2.

5 Erskine, "A Health Program For Migrant Farm Workers," 334-335.

opening in 1951, the clinics had succeeded in cutting the infant mortality rate – which had long been higher in Fresno County than in the state as a whole – in half.⁶ Due to their success, they soon attracted attention from other states, and even other nations, that had migrant farm populations of their own, and many of the problems – such as the outbreak of contagious disease – which were common among this low-paid, transient group.

Public officials and health care professionals launched similar health clinics in Santa Clara County in 1960, and California migrant farm workers and their advocates organized a series of annual migratory farm labor conferences beginning in 1959. One of their central goals was to address the lack of access to health care among that population, first in California, then in the nation as a whole. The momentum created by their efforts led to the passage of a state law in 1961, funding migrant health programs in California. It was the first of its kind in the nation. Months after the passage of that law, dozens of state-funded migrant health clinics were launched in fifteen additional California counties.⁷ The following year, California migrant health advocates were influential in getting new federal legislation introduced that, if passed, would provide millions in federal funds to support the creation of similar migrant health care programs across the nation. During Congressional hearings about the proposed bill, the Fresno County migrant health clinics were put forward by its proponents as an example of what could be accomplished if the funds were appropriated. Later, after the bill's passage, they also served as a model for new migrant health clinics across the nation.

⁶ California State Department of Public Health, "Health for the Nation's 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, 1960; Watt, Beck, Hemphill, and Hollister, "Diarrheal Diseases in Fresno County California," 728.

⁷ California State Department of Public Health, Farm Workers Health Service, Annual Report, "1961 Activities in California Directed Toward the Improvement of Health Among Domestic Seasonal Agricultural Workers and Their Families," December 14, 1961, Florence Richardson Wyckoff Papers, Box 1, Folder 7, Special Collections, McHenry Library, University of California, Santa Cruz; Wyckoff, *Health Projects For Migrant Farm Families: California's Experience*.

Beginning in 1949, and culminating with the passage of the 1962 federal Migrant Health Act, California was a national leader in delivering health care to migrant farm families. The California activists, farm workers, public health officials, growers and others who acted to ameliorate the problem of inadequate health care for this population, pioneered new methods and their projects became a model for the nation and the world. California was the first state to pass legislation providing migrant farm workers with subsidized health care, and migrant health advocates from that state successfully lobbied to get federal legislation – the groundbreaking 1962 Migrant Health Act – introduced in Congress. The federal Migrant Health Program it created is still in existence today, and serves hundreds of thousands of migrant farm workers and their family members – both documented and undocumented – who might otherwise have no access to health care.

U.S. MIGRATORY FARM LABOR TO 1962

Due to crop specialization and farm mechanization (which expanded considerably after 1920 with the spread of the modern gas-powered tractor), “large and fluctuating seasonal demands for labor” had “come to characterize” American agriculture by 1961.⁸ Migrant farm workers were employed seasonally in forty-two states, with the largest populations in California, Texas, Florida, Michigan, Washington, Minnesota, and North Carolina.⁹ But while they cultivated and harvested most of the food that sustained the United States population, they had long been one of the poorest and most underserved groups in the nation. As a result of relatively low wages, the mobile nature of seasonal agricultural work, regular periods of unemployment,

⁸ U.S. Congress, Senate, Committee On Labor and Public Welfare, Subcommittee on Migratory Labor, *The Migratory Farm Labor Problem in the United States*, 6th Cong., 2nd sess., 1961, S. Rep. 1098, 1-2.

⁹ Helen L. Johnston, *Health For the Nation's Harvesters* (Farmington Hills, MI: National Migrant Worker Council, Inc., 1985), 22-23.

cultural and language barriers, low literacy rates, and a lack of legal rights and protections enjoyed by other workers, migrant farm workers lived and worked under poor conditions and had difficulty accessing basic services such as health care.

Widespread public concern over the poor living conditions of migrant farm families arose during the 1930s when the Great Depression and the conditions of the Dust Bowl led thousands of destitute Americans from Oklahoma, Texas, Arkansas and Missouri to head west in search of field work. While the majority of migrant farm workers had previously been foreign-born immigrants or members of an ethnic minority, or both, by the mid-1930's the typical farm worker was a white Dust Bowl migrant. This demographic change sparked new interest among white Americans in the poor living conditions of migrant farm workers, although this group had long lived under such conditions.¹⁰

The federal government hired photographers, such as Dorothea Lange and Walker Evans, to document the impact of the Great Depression and the Dust Bowl. Their photographs, along with other media coverage of displaced Americans, ignited public outrage over the extreme poverty that many migrant farm families faced. The U.S. government responded to the crisis by creating the Resettlement Administration (RA) in 1935 to fight rural poverty. As part of this effort, the RA built 151 camps to house over one hundred thousand seasonal agricultural workers and their families.¹¹ In addition to safe and sanitary housing, these camps provided education and recreation programs. Free health care was added in 1938 through the Agricultural Workers Health and Medical Association, a project of the Farm Security Administration (formerly the

10 Michael R. Grey, "Dustbowls, Disease, and the New Deal: The Farm Security Administration Migrant Health Programs, 1935-1947," *The Journal of the History of Medicine And Allied Sciences* 48 (January, 1993): 6.

11 Johnston, *Health For the Nation's Harvesters*, 73.

Resettlement Administration).¹² It is important to note, however, that, due to their lack of political power, migrant farm workers continued to be ineligible for workmen's compensation or disability insurance in most states, and were excluded from many of the acts passed during the New Deal, such as the Social Security Act and the National Labor Relations Act, both passed in 1935.

With the entry of the United States into the Second World War in 1941, the nation's attention was no longer focused on the plight of migrant farm workers. In part, this was the result of the mobilization for war and an improving economy. It was also during this time that the federal government launched the Bracero Program (1942-1964) to ensure a predictable pool of farm laborers in the United States during the war. The program was an agreement between the United States and Mexico to bring Mexican laborers, known as braceros, to the U.S. to work in agriculture. The braceros were "unencumbered by families," and were screened at the border for any "significant health defects."¹³ Included in the agreement was a requirement that U.S. employers would provide them with housing, and health care if they fell ill. If their "insurance coverage was exhausted," the sick were simply sent home.¹⁴ During the 1950's, roughly 400,000 braceros were imported annually, and made up roughly one-quarter of the U.S. seasonal farm labor force.¹⁵ The use of braceros depressed wages for domestic farm workers and robbed them of work, driving them deeper into poverty.¹⁶ But because foreign workers now made up a

12 Michael R. Grey, *New Deal Medicine: The Rural Health Programs of the Farm Security Administration* (Baltimore, MD: John Hopkins University Press, 1999), 82-83.

13 Johnston, *Health For the Nation's Harvesters*, 29.

14 Ernesto Galarza, *Merchants Of Labor: The Mexican Bracero Story* (Charlotte/Santa Barbara: McNally & Loftin Publishers, 1964), 189-191; Johnston, *Health For the Nation's Harvesters*, 104.

15 Johnston, *Health For the Nation's Harvesters*, 29.

16 Susan Ferriss and Ricardo Sandoval, *The Fight in the Fields: Cesar Chavez and the Farmworkers Movement* (San Diego, New York, London: Harcourt Brace & Company, 1997), 55-56.

significant percentage of the agricultural workforce, and their housing and health needs were provided by employers, the general public no longer felt as much of an interest in, or responsibility toward, the group as a whole.

The shifting racial makeup of the migrant farm population after the American entry into WWII also contributed to a loss of interest among the white majority in the poor living conditions of migrant farm workers. While it had been dominated by white Dust Bowl migrants throughout the 1930's, from 1942 to 1962, Mexicans and Mexican-Americans (roughly half of whom were braceros or recent immigrants) were the dominant group.¹⁷ Many white Dust Bowl migrants were leaving the fields to go to work in factories or the war industry, and most whites were not as interested in the hardships of a population that looked different from them or spoke a language that was foreign to them.¹⁸

With the end of the Great Depression, a war to fight, whites leaving the fields for factory work, and thousands of braceros entering the U.S. to perform farm labor, the majority of Americans lost interest in the substandard living and working conditions that most migrant farm families were living under. So, when the federal government closed the Farm Security Administration camps in 1947, and ended the health services they had offered, there was little public outcry. For more than a decade the vast majority of migrant farm workers again had little or no access to medical care.¹⁹ There was a handful of projects that provided migrant farm families with health care, but these were funded by churches or other private institutions, and most were short-lived. The best known of these projects – and the one that later became the

17 Ferriss and Sandoval, *The Fight in the Fields: Cesar Chavez and the Farmworkers Movement*, 7; Johnston, *Health For the Nation's Harvesters*, 31.

18 Ferriss and Sandoval, *The Fight in the Fields: Cesar Chavez and the Farmworkers Movement*, 46; Johnston, *Health For the Nation's Harvesters*, 30.

19 Johnston, *Health For the Nation's Harvesters*, 101.

prototype for migrant health clinics under the 1962 Migrant Health Act – was in Fresno, California.²⁰

CALIFORNIA MIGRANT FARM WORKER HEALTH PROGRAMS (1949 -1961)

In 1953, Fresno County, California became the first county in the U.S. to fully fund health care clinics exclusively serving migrant farm families. Two years earlier, six clinics were created in Fresno by a coalition of growers, public and private agencies, health care providers and concerned citizens, to serve one of the largest migrant farm populations in the state. For the first two years they were funded by donations from growers, a \$22,000 grant from the Rosenberg Foundation, and \$150 a month from the county. In their third year of operation, the county began to cover their total operating costs.²¹ These clinics were highly successful, and became a state, national, and even international model for delivering health care to migrant farm workers.

Immediately following the public health crisis in the San Joaquin Valley in 1949, the Fresno County public health department launched an immunization program in the largest of the over 600 migrant farm camps there.²² The public health nurses who carried out the immunizations also provided medical care, conducted classes on sanitation and held “well baby clinics” in the camps. They were trained to treat camp residents with dignity and respect, and once a few migrant mothers had gained trust in the nurses, they encouraged others to attend and to bring their children. Soon nurses and camp mothers had organized “Camp Health Committees” in twenty-six of the largest Fresno migrant farm camps, to assist in a Public Health Service study on what was causing such high infant mortality. The doctors carrying out the study

²⁰ Johnston, *Health For the Nation's Harvesters*, 101.

²¹ Erskine, “A Health Program For Migrant Farm Workers,” 335.

²² *Ibid.*, 334.

needed to interview mothers and examine their children. This required trust, and the “Camp Health Committees,” which were led by the migrants themselves, helped to achieve that and made the study a success.²³ The investigating doctors concluded that shigellosis, a highly contagious bacterial infection, was causing most of the infant deaths in the camps, and that one of the primary obstacles to obtaining medical care was a lack of transportation. The majority of the migrant farm camps were between twenty-five and seventy miles from the nearest hospital, and the workers’ vehicles were either unreliable, or unavailable to make the trip.²⁴

When public health officials learned of this, they asked some of the largest growers in the area if they would open medical clinics on their property to serve the migrant farm population.²⁵ Some of the growers were open to this idea, and in 1950, the Fresno County Rural Health and Education Committee was formed by the Fresno County Health Department, the American Red Cross, the State Agricultural Extension Service, growers, local religious leaders, medical personnel and camp representatives to discuss ways to provide health care to migrant farm workers. This diverse organization was pioneering in its composition and approach. Committee members collaborated to conduct studies of the local migrant farm population, and utilized the findings to create health clinics designed to serve migrant farm families. Because migrants worked long hours during the daytime and had limited access to transportation, the clinics were located in or near migrant camps (often on growers’ land) and operated at night. Clinic staff were selected or trained to be sensitive to the culture of the primarily Mexican or Mexican-American migrant farm workers, and to teach preventative health measures such as proper sanitation and

23 Wyckoff, *Health Projects For Migrant Farm Families: California’s Experience*.

24 Watt, Beck, Hemphill, and Hollister, “Diarrheal Diseases in Fresno County California,” 741; Erskine, “A Health Program For Migrant Farm Workers,” 335.

25 Erskine, “A Health Program For Migrant Farm Workers,” 335.

food handling. Workers from neighboring camps were offered free transportation, and the clinics served all migrant farm workers, whether or not they were legal state residents.²⁶

The chairman of the committee, grower Tom O'Neill, contributed the building for the first health clinic. Five more health centers were built, equipped and donated to the project by other growers in 1951. Later that year the Rosenberg Foundation made its first grant to the project and Fresno County began contributing funds for the purchase of medicines. By 1955, two years after the County stepped in to fully fund the program, there were eighteen health clinics serving migrant farm workers in Fresno County.²⁷

Prior to 1950, there had been scattered local efforts in other states to address some of the health problems of migratory labor. But these were largely focused on immunizations and were carried out by a single government agency or nonprofit group. This type of diverse local migrant health coalition, and the methods its members developed, were unlike any that had come before them and were very effective. The continuous strengthening of cooperative relationships among program participants, such as concerned citizens, local growers, camp leaders, the county hospital, nonprofit groups, and the health and welfare departments, helped the Fresno health clinics to thrive.²⁸ The new clinics succeeded in bringing much needed health care to a historically underserved population, and were publicly recognized as being primarily responsible for a dramatic fifty percent reduction in infant mortality in Fresno County within three years of their founding.²⁹ More significant was their impact outside of Fresno. The clinics soon attracted national and international attention and served as a model to the nation and the world.

²⁶ Wyckoff, *Health Projects For Migrant Farm Families: California's Experience*.

²⁷ Erskine, "A Health Program For Migrant Farm Workers," 335.

²⁸ Wyckoff, *Health Projects For Migrant Farm Families: California's Experience*.

²⁹ California State Department of Public Health, "Health for the Nation's Harvesters."

Not long after their founding in 1951, the Fresno health clinics began garnering nationwide attention and praise for their innovative new approach to providing health care to the Fresno County migrant farm population. Early in the year, only months after the clinics' inception, the field director of the American Medical Association's Council on Rural Health, Aubrey D. Gates M.D., toured several of the facilities. Visiting again in August, 1952, he remarked that the clinics had achieved "striking improvements," and singled out Fresno County's efforts to bring health care to migrants as a model program, calling it: "the finest thing of its kind that I have seen in the United States."³⁰

Gates was particularly impressed with the "lessened incidence of infant diarrhea, dysentery, and other ailments that seem to plague seasonal labor" throughout the nation. He recognized that this "inspiring" success occurred not solely due to direct medical care, but through a multipronged strategy which also included the use of preventative health measures, and effectively overcoming entrenched cultural and language barriers – a combination achieved by the ongoing cooperation of "local medical groups, the farm labor employers, and the women of the community." With results such as these, Gates believed that the program could serve as a model which might "help the seasonal worker" in "all areas" of the nation, and enthusiastically declared, "I have seen many communities fighting against communicable diseases, but never to such [an] extent as I saw last night [in Fresno]."³¹

The glowing reports offered by Aubrey D. Gates of the AMA demonstrate the effectiveness of the Fresno Westside health program on a local level, but more importantly, its impact at the national level. The AMA's strong interest in the efforts and successes of the Fresno, California migrant health clinics indicates that they were attracting national attention among the

30 "Visitor Reports Improvement in Migrants' Health," *The Fresno Bee*, 14 August 1952, pg. C1.

31 Ibid.

medical profession. Furthermore, Gate's remarks, coming as they did from an AMA field director who was responsible for assessing and responding to rural health needs across the entire country, suggest that this program was indeed unique among states. The implication is that the Fresno migrant health clinics were not simply attracting attention, but were seen as an excellent model for other states – which had also experienced health crises among their migrant farm populations – to follow.

Similar attention and praise two months later from Elizabeth S. Magee, a member of President Harry S. Truman's Commission on the Health Needs of the Nation (established in 1951), suggests that developments in the provision of health care for migrant farm workers in California were not just grabbing the attention of those in the medical profession. Magee arrived in San Francisco in October to attend commission hearings, but she also toured the Fresno clinics as part of a study of the “nation's health problems.”³² The aim of the study was to identify various health problems, suggest possible solutions, and make recommendations to President Truman by the end of the year.³³ Magee had high praise for the Fresno clinics, stating that they served a “vital function,” as most migrant farm workers had no means to reach the county hospital, which was many miles removed from where they lived. Moreover, she said that where other such health clinics existed in the U.S., they did not serve rural migrant populations, but rather were in “heavily populated areas and [were] for industrial workers.” And, like Gates before her, she noted that the success of the clinics was largely the result of effective cooperation among many groups, including “professional and voluntary workers, and those who seek help in the clinics.”³⁴

32 “County’s Migrant Health Program Is Given Praise,” *The Fresno Bee*, 3 October 1952, pg. B1.

33 The President’s Commission On The Health Needs Of The Nation, *Building America’s Health: A Report To The President by The President’s Commission On The Health Needs Of The Nation*, Washington D.C.: Government Printing Office, 1952.

34 “County’s Migrant Health Program Is Given Praise,” *The Fresno Bee*.

That a member of President Truman's Commission on the Health Needs of the Nation saw the Fresno migrant health clinics as so successful and exceptional suggests that they were making a very positive impression at the federal level. Moreover, the fact that she saw their structure – they operated mobile clinics near where farm workers lived, and were initiated and run by a diverse group of interested parties – as particularly novel, praiseworthy and unique, suggests that she saw these clinics as a possible new model for addressing the health needs of migrant farm workers across the nation. As a member of a federal commission whose ultimate purpose was to recommend solutions to the nation's health problems – one of those being a lack of consistent health care for migrant farm workers – it is likely that Commissioner Magee brought some of what she learned in California back to Washington D.C., and that the features of Fresno's migrant health clinics had an influence upon the form and direction of federal efforts to address such public health challenges on a national level.

Indeed, some of what Magee learned in California was incorporated into the report to President Truman – *Building America's Health* – issued by the Commission on the Health Needs of the Nation in 1952. In the section of the report that addressed problems faced by migratory agricultural workers, commission members noted that, because of the mobile nature of their work, most migrant farm workers lacked the permanent “residence status required [to qualify] for basic health and welfare services.” They also reported that, because of their relatively low incomes, “hospitals and private physicians hesitated” to treat them. The report went on to note, however, that “in certain areas of the country, the problem is beginning to be recognized and steps are being taken to meet it through public health agencies and voluntary groups.” The authors praised the migrant health clinics in Fresno County, California as a prime example of what was being done to address the problems mentioned. They highlighted community

involvement, as well as the “support of the big growers,” as one of the factors leading to their success. In fact, the migrant health clinics in Fresno were the only example offered by the commission in their report.³⁵

The recommendations that followed the commissioners’ analysis of the problems facing migrant farm workers, and their praise of the Fresno health clinics, echoed some of the steps taken in Fresno. Because most counties across the nation did not offer subsidized health care to residents who lacked a local, permanent address, commission members recommended that the federal government eliminate residency requirements for migrant farm workers seeking health care, and that it allocate funds to “assist in solving the health problems of migratory labor.” They also suggested that the federal government should do this through “cooperation with State and local governments, employers and voluntary agencies.” They concluded that where necessary, the federal government should establish “direct Federal health services.”³⁶

Of these recommendations, the only one that had not been observed by Commissioner Magee in Fresno was direct government services – the health clinics there were run by a private group in partnership with the county. But the Fresno health clinics were government-funded, did not have residency requirements, and were run by a broad coalition of interested parties, including employers, nonprofit organizations, and public officials. All of these features were reflected in the recommendations of the President’s Commission on the Health Needs of the Nation in 1952, suggesting that what Commissioner Magee had found so praiseworthy in Fresno the previous year made a significant impact at the federal level.

Along with the attention and praise that the Fresno migrant health clinics received from the medical profession and the federal government, the national media took an interest. Not only

³⁵ The President’s Commission On The Health Needs Of The Nation, *Building America’s Health*.

³⁶ Ibid.

were the successes of the clinics widely reported in print media, in 1952 they became the subject of a national radio program, *The People Act*, produced by the CBS radio network. CBS described the program as being “true stories about real people who are solving problems of everyday living,”³⁷ The intention was to “strengthen the processes of democracy” by sharing the stories of how people had solved a problem in their community, “in their own words.” After the show aired, CBS received hundreds of letters from citizens around the nation who expressed excitement over the Fresno migrant health program and requested more information.³⁸ This kind of publicity laid the groundwork for changes on a national scale by humanizing migrant farm workers, increasing public awareness of the lack of health care for migrant farm families, and introducing new ideas and approaches to the problem to a wide audience.

Health care providers, community leaders and public officials from neighboring states also took great interest in Fresno County’s migrant health clinics. At a Southwest regional conference on migrant health, held in Albuquerque, New Mexico, in 1952, the Fresno clinics were “discussed at length” and apparently were “widely known throughout the nation.”³⁹ Also in 1952, the director of the Arizona Public Health Department, Dr. Clarence G. Salsbury, toured the clinics in Fresno, California, and declared that he was “tremendously impressed,” especially with the way that “growers, civic groups, and volunteers” were working together to make the program a success. He added that he would recommend that Arizona adopt such a program for its migrant farm workers.⁴⁰ While it was nearly a decade before migrant health advocates in Arizona succeeded in securing funding for a similar program, the fact that public officials and health

37 *The People Act*, CBS Radio, Leaflet, 1952, Florence Richardson Wyckoff Papers, Box 8, Folder 1, Special Collections, McHenry Library, University of California, Santa Cruz.

38 Wyckoff, *Health Projects For Migrant Farm Families: California’s Experience*.

39 “West Side Clinics Gain Renown,” *The Fresno Bee*, 29 March 1953, pg. 23A.

40 “West Side Clinics Gain Renown,” *The Fresno Bee*.

providers in other states were looking to California as a leader shows that efforts in that state to address the problem of poor health among the migrant farm population were innovative and influential beyond its borders.

The Fresno migrant health clinics also attracted international attention and praise during the 1950's. After learning of their success in drastically reducing infant mortality in the area, medical doctors and other public health professionals came from India and the Philippines to tour the clinics. A female doctor visiting from India in 1955 said: "Seeing this project helps us to know you too are struggling with some of the same problems we have. Here we can learn from you." A home economist from the Philippines came to learn from the Fresno migrant health program's health education efforts. After attending workshops on safe food handling and cooking affordable well-balanced meals over a portable stove, she said: "You have been able to relate your teaching to the family which must buy a saucepan for five cents and cook over a camp stove. This is very different from a demonstration of cooking over the latest model electric stove, with the new pressure cookers, blenders and mixers which we cannot afford to buy."⁴¹

The World Health Organization and The United Nations Educational, Scientific and Cultural Organization (UNESCO) also took an interest in the success of the Fresno migrant health program. They sent "scholars, students, doctors and home economists" to learn from the program and some stayed for weeks, or even months.⁴² In March of 1953, The Fresno Bee reported that the clinics were gaining attention in Turkey and Iran for their success at reducing infant mortality.⁴³ In 1956, the Fresno County Health Department was awarded a silver cup at the third annual meeting of the International Union for Health Education of the Public, in Rome.

⁴¹ Wyckoff, *Health Projects For Migrant Farm Families: California's Experience*.

⁴² Ibid.

⁴³ "West Side Clinics Gain Renown," *The Fresno Bee*.

Fresno County was selected for the award, over thirty other U.S. counties, for their exhibit on the Fresno health clinics for migrant farm workers.⁴⁴

That leaders and public health workers from across the U.S., and from so many nations and important international organizations, were noticing and learning from the successful migrant health campaign in Fresno, California, demonstrates that this program was pioneering, and was seen as a model to emulate by people around the nation and the world. Fresno was only the beginning. Similar migrant health clinics were created in Santa Clara County in 1960. In turn, these activities influenced the passage of the first state law funding migrant health clinics in the United States in 1961, S.B. 282. Shortly after the passage of this bill, which later became known as the California Migrant Health Act, dozens of new migrant health clinics were created and funded in other California counties. California activists, steeped in the experience of organizing to provide migrant health care at the state level, expanded their efforts to the federal level, and helped to make the federal 1962 Migrant Health Act a reality.

1961 CALIFORNIA MIGRANT HEALTH ACT (SB 282)

Beginning in 1959, California migrant health advocates, some of whom had been instrumental in getting the Fresno migrant health program off the ground, organized a series of conferences called “Families Who Follow the Crops.” These conferences brought together a wide variety of interested parties, including state and federal politicians, public officials from across California, academics, doctors, growers and farm workers themselves. One of the central topics tackled by attendees was the problem of delivering health care to migrant farm workers.⁴⁵

⁴⁴ Newspaper clipping, “Fresno County Wins World Health Honor,” 1956, publication unknown, Florence Richardson Wyckoff Papers, Carton 27, Folder 49, Special Collections, Bancroft Library, University of California, Berkeley.

⁴⁵ Florence R. Wyckoff, interview by Randall Jarrell, “Florence Richardson Wyckoff: Fifty Years of Grassroots Social Activism,” Regional History Project, University of California, Santa Cruz, 1987.

As the conferences attracted national interest, and brought together many influential individuals and groups to address this issue, they helped to create the momentum that led to the passage of the groundbreaking California Migrant Health Act in 1961 (SB 282). The act funded migrant health clinics such as the ones in Fresno and Santa Clara Counties, and led to the creation of similar clinics in fifteen additional California counties.⁴⁶ The Farm Workers Health Service, a division of the California State Department of Public Health created by the new act, carried on some of the strategies and methods begun in Fresno in 1951, but also pioneered some of its own.

The first annual Families Who Follow the Crops conference – held in Fresno in 1959 – attracted national attention, leading Governor Pat Brown to ask California State Health Officer, Malcom Merrill, for a report on the conditions that California migrant farm workers were living under. Merrill in turn asked Dr. Bruce Jessup of the Stanford Medical School to conduct an investigation and compile the report.⁴⁷ In 1960, Jessup toured the state with a survey team. Their report concluded that, despite efforts to ameliorate such problems in some counties, seasonal agricultural workers had “higher morbidity and mortality rates than any other socio-economic group.” The authors cited the Fresno clinics as a model of how to address this problem, and summarized the steps that should be taken by the state, including the improvement of: access (through lowering costs, removing residence requirements, and offering clinics at night and near farms); preventative medical care; coordination of services; educational programs; and efforts to overcome cultural and language barriers. The report recommended that the state should provide the funds for local communities to carry out these objectives, and stated that in doing so, “California will lead the Nation toward its goal of equal opportunities for good health for these

⁴⁶ California State Department of Public Health, Farm Workers Health Service, Annual Report, “1961 Activities in California Directed Toward the Improvement of Health Among Domestic Seasonal Agricultural Workers and Their Families,” December 14, 1961.

⁴⁷ Ibid.

disadvantaged families.”⁴⁸ The majority of these recommendations later made their way into state legislation in 1961 providing funds for migrant health programs, and would also be reflected in similar federal legislation in 1962.

The primary focus of organizers at the second annual Families Who Follow the Crops conference – held in San Jose in 1960 – was to get state legislation passed funding migrant health care. To that end, a handful of conference participants drew up a draft of a possible state bill. Conference planners secured high profile speakers who shared their interest in the health of migrant farm workers, such as Malcolm Merrill (Director of Public Health for California), James Shafer (of the federal Health, Education and Welfare Department), Senator Harrison Williams (chairman of the Senate Subcommittee on Migratory Labor) and Dr. Bruce Jessup. To gain the necessary publicity to push their agenda, they arranged for these attendees to meet with the press, which led to newspaper articles, television programs, and radio interviews on the subject of migrant health care and possible state legislation.⁴⁹

In October of 1960, after extensive national media coverage of both the second annual conference on Families Who Follow the Crops and Dr. Bruce Jessup’s damning report, Governor Brown sought legislative action to carry out its recommendations.⁵⁰ State Senator Virgil O’Sullivan responded by introducing Senate Bill 282 early the following year. The proposed bill

48 California State Department of Public Health, “Health Conditions and Services for Domestic Seasonal Agricultural Workers and Their Families in California: Report and Recommendations to Governor Edmund G. Brown from Malcolm H. Merrill, M.D., State Director of Public Health,” October 1, 1960

49 Wyckoff, interview by Randall Jarrell, “Florence Richardson Wyckoff: Fifty Years of Grassroots Social Activism.”; Newspaper clipping, “Migrant Health Care Plea,” 25 October, 1960, publication unknown, Florence Richardson Wyckoff Papers, Carton 25, Folder 28, Special Collections, Bancroft Library, University of California, Berkeley; “‘Grapes of Wrath’ Report By State Urges Health Aid,” *The San Francisco Chronicle*, 25 October 1960, pg. 1A.

50 “Ill Health and Disease of Migrant Farm Workers Told: Report Urges Sweeping Medical Care Reforms for State’s Migrant Field Hands,” *The Los Angeles Times*, 26 October 1960, pg. 16; “Health Aid Urged For Farm Migrant: Study in California Likens Conditions in the Camps To ‘Dust Bowl’ of 1930’s,” *The New York Times*, 30 October 1960, pg. 72.

called for the appropriation of \$75,000 in state funds to support local efforts to provide health care to migrant farmworkers.⁵¹ The bill passed in May of 1961 and went into effect in September. It later became known as the California Migrant Health Act.⁵² It was the first bill of its kind in the nation, and its passage emboldened California migrant health advocates who were fighting to get a similar bill passed on the federal level.⁵³

Shortly after the passage of SB 282, the Farm Workers Health Service was created, under the California Department of Public Health, to fund and help establish new migrant health clinics throughout the state. The FWHS followed the lead of the Fresno and Santa Clara County clinics and assisted new projects that provided health care to migrant farm workers at times and places that were convenient for them. FWHS-funded clinics, also made health care more accessible to such workers by training medical personnel to be culturally sensitive, hiring bilingual staff, and educating farm workers on sanitation and other preventative health measures.

According to a 1970 FWHS report, assessing the work of the division over the previous decade, the program also “pioneered” new methods in the delivery of health care to migrants, and “exerted a real influence on the methods which health care is and can be delivered to all Americans.” One example offered in the report, was that the FWHS had developed new ways to use “auxiliary personnel” by drawing “clinic and sanitation and nursing aides...from the recipient population.” Such staff were “invaluable liason[s]” to communicate “good health practices, to translate from one language and idiom to another, and to perform non-medical functions” that added to their “full productiveness [as] health professionals.” By developing new

51 An act to add Article 12 (commencing with Section 429) to Chapter 2, Part 1, Division 1 of the Health and Safety Code, relating to health of seasonal agricultural and migratory workers, 1961 Cal. Stat. 337: 1380.

52 California State Department of Public Health, “Health for the Nation’s Harvesters.”

53 Wyckoff, interview by Randall Jarrell, “Florence Richardson Wyckoff: Fifty Years of Grassroots Social Activism.”

methods such as these, the FWHS increased attendance at their health clinics from 10,000 visits in 1963 to 66,600 in 1969, among a population of roughly 160,000 migrant farm workers from May through October, the peak harvest season.⁵⁴

The 1970 FWHS report, also noted that the program had been attracting “increasing numbers of medical students and interns” who were being introduced to new methods for effectively delivering health care to the “isolated rural poor.” In addition, the authors claimed that the program had “pioneered in forging a new relationship between the physician and the nurse,” with the latter taking on more responsibility, allowing the doctor to focus on treating “acute illnesses and injuries” rather than dealing with relatively minor medical issues.⁵⁵

Considering that the FWHS published this report, its authors might have had a vested interest in emphasizing its successes. On the other hand, the report also pointed out several of the program’s shortcomings and suggested means by which the FWHS might improve its services in the future. Taking both its praise and criticism into account, the report offers evidence that, despite its admitted inability to reach more than fifteen percent of migrant farm workers in the state, the FWHS pioneered new methods in the delivery of health care to migrant farm workers that were passed on to hundreds of interns and medical students from across the nation over the first ten years of FWHS operations.

The practices of new migrant health clinics that were created with federal funds throughout the nation, following the passage of the 1962 Migrant Health Act, offer corroborating evidence for some of the claims in the FWHS report. These clinics operated in the same manner of those first begun in Fresno in 1951, and those expanded by the FWHS after the passage of the 1961 California Migrant Health Act. Like the California clinics before them, the new federally

54 California State Department of Public Health, “Health for the Nation’s Harvesters.”

55 Ibid.

funded clinics offered evening and night hours, were located near migrant camps, and provided free transportation for those who needed it. Their personnel were trained to be culturally sensitive, and clinic aides were recruited from among the migrant community, so as to better serve them. Nurses carried out much of the minor medical treatment and health education, while doctors treated the more acute cases.⁵⁶

By the close of 1961, the Farm Workers Health Service, nonprofit organizations, public officials, and community groups in California were leading the nation in bringing health care to migratory agricultural workers. They pioneered new methods, created dozens of migrant health clinics across the state, and attracted international attention to their projects. Due to the tireless efforts of migrant health advocates such as Florence Wyckoff and Dr. Bruce Jessup, California became the first state to pass legislation subsidizing health care for migrant farm families in 1961. By the end of that year, such advocates were already raising the issue at the federal level, and would provide vital energy to get a similar federal bill off the ground.

THE 1962 MIGRANT HEALTH ACT (Public Law 87-692)

By the time that migrant health advocates in California had succeeded in getting legislation funding migrant health clinics passed in their state in 1961, and establishing dozens of new clinics, some of them had already been pressing the issue at the federal level for over a year. While the passage of the 1962 Migrant Health Act (Public Law 87-692) was the result of the efforts of a wide spectrum of interested individuals and groups, it was activists and public officials from California who provided the initial ideas and energy which led to the introduction of the bill in the U.S. Congress. And once California migrant health advocates had succeeded in

⁵⁶ Johnston, *Health For the Nation's Harvesters*, 151-157.

getting it introduced, the Fresno, California migrant health clinics served as models to those crafting or supporting the federal bill.

The federal government had been interested in the problems of migrant farm labor, including the challenge of providing migrant farm workers with health care, long before 1960. Because these laborers produced much of the nation's food supply, and the spread of infectious disease in their camps was not uncommon, government leaders saw health care for such workers as a public health issue.⁵⁷ There was also an economic incentive because healthy workers are more productive, and some in Congress believed that if farm workers were provided better conditions, it would result in a more dependable domestic farm labor supply.⁵⁸

As already mentioned, the federal Farm Security Administration camps offered free health care to camp residents and nearby migrant farm workers from 1938 to 1947. After the closure of the FSA camps, however, "the emergence of a clear policy direction [on migrant farm worker health] was prevented by a persistent power struggle between the U.S. Department of Agriculture, representing employers, and the U.S. Department of Labor, representing farm workers."⁵⁹ Arguing that they were a "financial burden on the farmer," powerful grower organizations successfully opposed attempts by the U.S. Department of Labor to introduce new federal regulations to improve farm worker living and working conditions.⁶⁰ In combination with the decline in public interest in the plight of migrant farm workers beginning in the early 1940's, this power struggle dampened federal efforts to address the health problems of migratory farm labor until 1960. Between 1947 and 1960, federal migrant health programs were largely limited

57 "Migratory Workers' Health Now A Major U.S. Problem," *The New York Times*, 3 June 1951, pg. 30.

58 Louise S. Ward, "Migrant Health Policy: History, Analysis, and Challenge," *Policy, Politics & Nursing Practice* 4, no.1 (February, 2003): 46-47.

59 *Ibid.*, 46.

60 "Talks May Spur State Migrant Labor Laws," *The Washington Post*, 13 September 1959, pg. B6.

to carrying out studies and taking measures to protect the health of the general public such as assisting states in immunization drives and migrant farm housing sanitation programs.⁶¹

In June of 1950, a few years after the closure of the FSA camps, President Harry S. Truman created the President's Commission on Migratory Labor. The main purpose of the Commission was to study the "social, economic, health and educational conditions among migratory workers" and to make recommendations to the president. To that end, commissioners traveled across the nation conducting hearings on migratory labor.⁶² After President Dwight D. Eisenhower took office in 1953, he appointed an Interdepartmental Committee of Migratory Labor to succeed Truman's commission. The purpose of Eisenhower's committee was to continue to assess the needs of migrant farm families, but also to better integrate them into society by actively promoting their "social and economic welfare" through coordination with state and local governments around the nation.⁶³

Both Truman's commission and Eisenhower's committee concluded that the living and working conditions of migrant farm workers were poor compared to other U.S. workers, but while they accomplished much in terms of studying and understanding the many problems facing migrant farm workers, this understanding did not bring about dramatic change. In 1954, the federal Public Health Service added a Migrant Health Unit, and, in 1955, farm workers were added to the Social Security Act. Most migrant farm workers, however, still had little or no access to health care. Residency requirements in most states remained a barrier, and, rather than providing medical care, the work of the new federal Migrant Health Unit was largely focused on

61 Johnston, *Health For the Nation's Harvesters*, 114.

62 The President's Commission On Migratory Labor, Untitled, Press Release, June 23, 1950, https://www.trumanlibrary.org/whistlestop/study_collections/migratorylabor/index.php (accessed April 5, 2014).

63 The President's Committee On Migratory Labor, "Report to the President on Domestic Migratory Labor," September, 1956.

the collection and dissemination of information – such as the creation and distribution of maps of major migratory streams, guides for migrants to health and welfare agencies, and health records that migrants could carry with them as they traveled.⁶⁴ The state programs that were supported and encouraged by the Public Health Service were primarily focused on taking measures to protect public health, such as conducting “migrant housing and sanitation surveys” and offering immunizations to “control communicable disease.”⁶⁵ While Truman had wanted to introduce comprehensive federally subsidized health insurance as part of his “Fair Deal,” Congress rejected most of his domestic reform agenda. In an expanding postwar economy, most Americans saw no need for continued reform or the expansion of the social welfare state. After Eisenhower’s election in 1952, federally subsidized health care of any type dropped off the national agenda for nearly a decade.⁶⁶

Federal policy began to shift in 1960, however, when Edward R. Murrow’s television documentary “Harvest of Shame,” shocked the conscience of the nation by exposing the abysmal living and working conditions of migrant farm workers, much the same way that Farm Security Administration photographers had in the 1930’s. Not long after the program was viewed by millions of Americans in living rooms across the nation on the day after Thanksgiving in 1960, the Senate Subcommittee on Migratory Labor (a subcommittee of the Senate Committee on Labor and Public Welfare) began to work on an omnibus bill addressing an array of problems facing migrant farm laborers. At first, however, these did not include health care. It was the strong leadership from California migrant health advocates that would lead the main sponsor of the omnibus bill, Senator Harrison Williams of New Jersey, to introduce an additional bill

64 Johnston, *Health For the Nation’s Harvesters*, 127-131.

65 The President’s Committee On Migratory Labor, “Report to the President on Domestic Migratory Labor,” January, 1961.

66 Robert H. Ferrell, *Harry S. Truman* (Washington, D.C.: CQ Press, 2003), 115-116.

proposing federal funding for health care for migrant farm workers. This bill, along with a companion bill in the House, would eventually become the 1962 Migrant Health Act.

In 1959, California's State Public Health Officer, Malcolm Merrill, laid the groundwork for a more unified Western effort to address the problems of migratory labor, and, consequently, for the introduction of a federal migrant health bill. Speaking at the Western Governor's Conference in Idaho in September, he called for a "regional, inter-agency conference on agricultural migrants to be held in the near future."⁶⁷ The goal of such a conference, in his view, was to "give migrant families the opportunity to share the standard of living that the rest of us enjoy."⁶⁸ A short time later, the chairman of the Western Governor's Conference, Governor Albert Rosselini of Washington State, answered this call by announcing an interstate meeting on migratory labor. The Western Interstate Conference on Migratory Labor took place in April 1960, in Phoenix, Arizona. Some participants traveled from Washington D.C. to attend, including the keynote speaker, Senator Harrison Williams. In his address, Senator Williams talked about the omnibus bill that the Senate Subcommittee on Migratory Labor had introduced in the Senate. The bill dealt with child labor, housing, crewleader registration, minimum wage, and education, but not health care.⁶⁹

After Williams' address, a group of migrant health care advocates – all but one of whom were from California – met with the senator informally and proposed the idea of adding a migrant health care bill. Dr. Bruce Jessup (of the Stanford University School of Medicine, and the California State Department of Public Health), Florence Wyckoff (an activist from California

67 Johnston, *Health For the Nation's Harvesters*, 135-136.

68 Wyckoff, interview by Randall Jarrell, "Florence Richardson Wyckoff: Fifty Years of Grassroots Social Activism."

69 Senator Harrison Williams, "For A National Task – A National Program," Keynote Address, Western Interstate Migrant Conference, April 10, 1960, Florence Richardson Wyckoff Papers, Carton 23, Folder 23, Special Collections, Bancroft Library, University of California, Berkeley.

who was serving on the Migrant Health Committee of the Western Branch of the American Public Health Association), William G. Reidy (assistant to Alabama Senator Lister Hill in 1960, but had lived and worked in California throughout the 1940's as the head of the Agricultural Workers Health And Medical Association), Noble Swearingen (a lobbyist with the American Public Health Association), and Paul F. O'Rourke (Director of Public Health Services in Imperial County, California), were relaxing around a swimming pool with Senator Williams and his assistant, Fred Blackwell, when they "queried him about his failure to include a health proposal in his packet of bills."⁷⁰

Senator Williams responded by asking the group to put forward some ideas. They suggested that, rather than a federally operated program, federal grants should be made available to local public agencies and voluntary organizations to provide health care to migrant farm families as these groups were the most familiar with their particular area and therefore could provide the most effective services. They also proposed that "arrangements for the provision of medical care should be similar to those used in successful night clinics in Fresno County where services were offered at times and places convenient for migrants," by "professional health workers" who were oriented "to the migrant situation."⁷¹

Less than a year later, on February 28, 1961, Senator Williams introduced Senate Bill 1130 which proposed the appropriation of \$3 million in federal funds annually for a period of three years. The funds were to be used by the Public Health Service to provide "grants to public and other nonprofit agencies, institutions, and organizations" providing health services to "domestic agricultural migratory workers," and for "special projects," including "training

70 Wyckoff, interview by Randall Jarrell, "Florence Richardson Wyckoff: Fifty Years of Grassroots Social Activism."

71 Ibid.

persons to provide health services” to “migratory workers and their families.”⁷² The proposed bill closely mirrored the suggestions of the California activists whom Senator Williams had met with in Phoenix. In addition, its content was nearly identical to suggestions made by California State Department of Public Health Director, Malcolm H. Merrill to Senator Williams at the same conference in April, and, four months later, before the Senate Subcommittee on Migratory Labor.

Speaking before the Senate Subcommittee on Migratory Labor (of which Senator Williams was the chair), in July of 1960, Merrill noted that he had submitted a memorandum to Senator William’s assistant, Fred Blackwell titled, “Health Proposal for Migrant Farm Families.” Merrill provided this to Mr. Blackwell on April 12, 1960 during the Western Interstate Conference on Migratory Labor. In it, Merrill mentions having met with Williams informally following his keynote address at the conference, to press the senator to add a health bill to his set of proposed bills which addressed the problems faced by migrant farm laborers. Merrill’s memo went on to describe in detail some of the means by which the migrant health problem might be addressed. Quoting from the April memo, Merrill proposed before the Subcommittee that a federal appropriation of “three million dollars” should be made available immediately to the Public Health Service for technical and financial assistance to states, so that they might provide “health services for the families of domestic agricultural migrants.”⁷³ In his July speech, Merrill also noted having sent Senator Williams a letter on April 15, 1960, in which he restated the urgent need for health aid to migrant farmworkers, as well as “the two basic mechanisms through which aid may be provided to the federal government through the states.” The two proposed mechanisms were “technical assistance” and “grant-in-aid programs to appropriate state

72 Migrant Health Act of 1962, Pub. L. No. 87-692, 58 Stat. 691 (1962).

73 Malcolm H. Merrill, Statement Presented Before the Senate Subcommittee on Migratory Labor, Sacramento, California, July 11, 1960, Florence Richardson Wyckoff Papers, Carton 27, Folder 27, Special Collections, Bancroft Library, University of California, Berkeley.

agencies.”⁷⁴ Following Merrill’s speech before the Senate Subcommittee on Migratory Labor, the U.S. Department of Health, Education, and Welfare endorsed his proposals.⁷⁵

James K. Shafer – Chief of General Health Services for the U.S. Department of Health, Education, and Welfare – speaking at the second annual conference on Families Who Follow The Crops in San Jose, California later that year, praised Merrill’s proposals, and stated that his department agreed that there was “an urgent need for health aid for migrants including preventative health measures,” and that federal funds were needed to make this a reality. He also praised the work of California migrant health advocates, and the successful efforts of the Fresno clinics, noting that they had adjusted health “services to the living and working patterns” of migrant farm families. Shafer added that: “The very existence of these clinics demonstrates what can be accomplished” through the development “and maintenance of excellent cooperative relationships...among the medical society, the county hospital, the health department, local growers, the welfare department, the county board of supervisors and other concerned groups.”⁷⁶

After offering a ringing endorsement of Malcolm Merrill’s proposals for a federally funded migrant health program, and praising the successful efforts of other California migrant health advocates, Shafer ended his speech by vowing that the Department of Health, Education, and Welfare would assist them “in any way possible as you work toward better health opportunity for the seasonal farm workers of California and the Nation.” That Malcolm Merrill’s proposals were endorsed by the Public Health Agency, and the wider Department of Health,

74 Ibid.

75 James K. Shafer, “The Health of Seasonal Farm Workers and Their Families” (speech at the Second Annual Conference On Families Who Follow The Crops, San Jose, California, October 24-25, 1960), Florence Richardson Wyckoff Papers, Box 1, Folder 7, Special Collections, McHenry Library, University of California, Santa Cruz.

76 Ibid.

Education, and Welfare, shows that Merrill and other California migrant health advocates were highly effective at getting their concerns and ideas heard at the federal level.

When Senator Harrison Williams introduced S 1130 seven months later, all of Merrill's proposals were reflected in it. The proposed bill called for an annual appropriation of \$3 million in federal funds to be used by the Public Health Service for technical assistance and grants to state agencies to provide health services to domestic migrant farm workers.⁷⁷ This was precisely what Merrill had proposed in April of 1960 to Senator Williams, both through a memorandum and a personal letter, and in July of 1960 in his speech before the Senate Subcommittee on Migratory Labor. Malcolm Merrill was very influential in not only lobbying for the creation and passage of a federal bill on migrant health, but he provided its key ideas and language.

Considering Dr. Shafer's praise for developments in California, and his strong statement of support for such efforts, it is also clear that the Fresno clinics, and the cooperation of the diverse coalition that launched them, served as an inspiration and a real-world model for those supporting such legislation on the federal level.

By presenting their ideas directly to Senator Harrison Williams, and encouraging him to act on them, Malcolm Merrill and other California migrant health advocates were instrumental in getting federal legislation on migrant health care introduced in the Senate not long after the April, 1960 conference in Phoenix. But the efforts of these activists did not begin at the Western Interstate Conference on Migratory Labor. A few of them had been busy trying to get language drafted, and to build support for such legislation in Washington D.C., before they got the opportunity to present their ideas to Senator Williams in person.

⁷⁷ Migrant Health Act of 1962, Pub. L. No. 87-692, 58 Stat. 691 (1962).

The previous month, Dr. Bruce Jessup and Florence Wyckoff – who were in Washington D.C. to attend the White House Conference on Children and Youth – approached William Reidy, who Wyckoff knew from his work with the Agricultural Workers Health and Medical Association in California during the 1940's.⁷⁸ While Reidy was from California, in 1960 he was working in Washington as the chief of health legislation for the Senate Committee on Labor and Public Welfare, and as assistant to Alabama Senator Lister Hill (who was chair of that committee, and would later become a sponsor of S 1130). Considering his past experience with the AWHMA, and his current position, Jessup and Wyckoff asked for Reidy's assistance in their effort to craft "language for a bill, which would put into the federal hopper the proposal that [the federal government] conduct a migrant health program similar to the one in California and make it nationwide." Reidy had a good understanding of the health problems facing migrant farm workers, and was sympathetic to the effort. He agreed to help them with their bill draft. Reidy told them, however, that they would have to get the support of other key staff people, if they were to succeed in getting the bill introduced.⁷⁹

After their meeting with William Reidy – and before their meeting in Phoenix with Senator Harrison Williams – Wyckoff and Jessup "went the rounds on the Hill to try to lay the groundwork" for the passage of such a bill. Once Senator Williams proposed the legislation the following year, they went on to help win the support of large organizations such as the American Public Health Association, the State and Territorial Health Officers Association, and the National

78 Florence R. Wyckoff, interview by Gabrielle Morris, "A Volunteer Career, From The Arts And Education To Public Health Issues," New York Times Oral History Program, Bay Area Foundation History Series, Volume III, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1981.

79 Ibid.

Conference of Parents and Teachers.⁸⁰ After two more years of such lobbying and Congressional hearings in both the House and the Senate, the Migrant Health Act was passed in 1962.

While the years of work that went into getting this groundbreaking federal legislation passed cannot be attributed to any one individual or group, the efforts and ideas of activists from California did provide the initial energy that got it off the ground. And once it was introduced, they helped to win crucial support and to maintain the momentum necessary to get the bill passed. Just as significant was the example that California provided. The successes of the migrant health programs in that state, and the 1961 California Migrant Health Act, were influential upon the form that the federal legislation took.

While the federal law was not identical to California's law, the similarities suggest that what was happening in California was influential. For example, both California's SB 282 (approved by Governor Pat Brown on May 12, 1961) and the federal Migrant Health Act, or Public Law 87-692 (approved by Congress on September 25, 1962) appropriated government funds to: support migrant farm worker health clinics run by local public and private agencies (rather than funding the creation of state or federally-run clinics); provide technical support and training to local agencies; and to coordinate and cooperate with other public and private agencies to improve health care for migrant farm workers. The only significant difference between the two laws was that SB 282 authorized funds to be used for further "studies of the health and health services" for migrant farm families, while the federal Migrant Health Act did not.⁸¹ The strong similarities between California's SB 282 and the later federal legislation, suggest that the authors

⁸⁰ Florence R. Wyckoff, interview by Gabrielle Morris, "A Volunteer Career, From The Arts And Education To Public Health Issues."

⁸¹ An act to add Article 12 (commencing with Section 429) to Chapter 2, Part 1, Division 1 of the Health and Safety Code, relating to health of seasonal agricultural an migratory workers, 1961 Cal. Stat. 337: 1380; Migrant Health Act of 1962, Pub. L. No. 87-692, 58 Stat. 691 (1962).

of the federal bill were influenced by the ideas and lobbying of California activists, and their successful efforts to pass a similar law in their home state.

The migrant health clinics in Fresno, California also served as a model in the drafting of, and the debate over, S 1130, and its companion bill in the House, House Resolution 12365. Many proponents of the proposed federal legislation funding health clinics for migrant farm workers saw the Fresno migrant health program as a model. It both encouraged those supporting the bill, because it made funding local programs seem like a viable option, and served as a powerful example when defending the bill in Congress.

During Senate hearings on S 1130 in April of 1961, the Secretary of the Department of Health, Education and Welfare, Abraham Ribicoff, affirmed the Department's support of the bill and cited the migrant health clinics in Fresno, California as an example of an efficient and effective way to provide health care to migrant farm workers. In particular he praised them for adapting their services to the migrant farm family, and for their accessibility, success at reducing infant mortality and preventative health measures which cut down on "costly" emergency care. He also spoke in favor of "project grants coupled with technical assistance," rather than federally-run clinics, because the former could be "allocated to those State and community organizations best equipped to meet need" and "pinpointed to places where need exists and special plans have been developed." In his view the federal role was best left to funding local programs (such as those in Fresno), providing some technical assistance and promoting "interagency and interstate planning to ensure continuity of health services as families move from place to place."⁸² That Ribicoff cited the Fresno clinics as a prime example of what the federal government could and should be funding, shows that what was happening in California

⁸² U.S. Congress, Senate, Senate Subcommittee on Migratory Labor, *Hearings Before the Senate Subcommittee On Migratory Labor on S. 1130 Bills Relating To Migratory Labor*, 87th Congress, 1st Session, April 12, 1961, 287-288.

was influential at the federal level. It is also significant that Ribicoff could point to a real-world example of what could be done for the health of migrant farmworkers. The very existence of the highly successful Fresno migrant health clinics gave weight to his argument for the kinds of programs he believed the federal government should be supporting.

Congressional hearings on HR 12365, the companion bill introduced later in the House of Representatives, also included references to what was happening in California. For example in August of 1962, Abraham Ribicoff again reported that the Fresno, California migrant health program was a good model of a “workable pattern for the planning and conducting of family clinic services with primary responsibility at the local level, interagency cooperation, and participation and support by many community groups including the local medical society, growers, other local citizens, and migrants themselves.” Ribicoff also noted that the Fresno migrant health program indicated “the desirability of special orientation for professional workers unfamiliar with the migrant situation.”⁸³

During another Congressional hearing on HR 12365 in February of 1962, several others who testified in support of federal funding for health services for domestic migrant farm workers mentioned the Fresno clinics as a model program of the type that deserved federal support including Boisfeuillet Jones (special assistant to the Secretary for Health and Medical Affairs), Dr. Donald Harting from the Public Health Service, and New York Congressman William Fitts Ryan. Congressman Ryan stated that the Fresno migrant health clinics were a good example of “the type of program which has been successful at reaching these migrant groups.” In particular he praised the way that the Fresno clinics delivered health care to migrants “at night when the worker can come for help,” and that they brought their services “directly to the migrant in his

⁸³ U.S. Congress, House Of Representatives, Committee on Interstate and Foreign Commerce, *Health Clinics For Domestic Migratory Workers: Hearings Before the Committee on Interstate and Foreign Commerce*, 87th Congress, 2nd Session, August 20, 1962, 14-15.

labor camps.” Ryan also approved of the removal of residency requirements, as he pointed out had been done in Fresno. He went on to praise them as an effective model because they had brought about a “significant drop in infant death rates” and the numbers of migrant farm workers accessing them had nearly doubled in their first seven years of operation.⁸⁴

Following Congressman Ryan’s statements, Dr. Bruce Jessup from the California State Department of Public Health, testified about the efforts in California. He spoke not only of the Fresno clinics, but of similar successful programs in fifteen other California counties. He argued that they had brought much needed health care to thousands of migrant farm workers and had dramatically reduced infant mortality. He held up their structure as a model for a federal program to follow, and he pointed out that California had already passed a state law appropriating \$75,000 for grants to counties who wished to develop similar programs. Jessup not only held up the clinics as an excellent example of what was needed, but he argued that the success of SB 282 in California demonstrated that similar legislation at the federal level “providing funds and technical assistance” to local migrant health programs would lead to “solid improvement in migrant health conditions.”⁸⁵

It is significant that Dr. Jessup was able to point to such successes in California, both in terms of state legislation and pilot projects serving migrants. His arguments show that California was leading the nation in bringing health care to migrant farm families, and serving as a model to be emulated on a federal level. When the federal legislation was passed seven months later, its content reflected California’s experience. As already mentioned, the form the federal bill took

84 U.S. Congress, House Of Representatives, Committee on Interstate and Foreign Commerce, *Health Clinics For Domestic Migratory Workers: Hearings Before the Committee on Interstate and Foreign Commerce*, 87th Congress, 2nd Session, February 15, 1962, 48-52.

85 Ibid., 60-68.

was very similar to California's law, and it appropriated millions in federal funds to provide for the creation of similar programs to those already established in fifteen counties in California.

Later, during the same hearing, a statement by Senator Harrison Williams was read which expressed his support for HR 12365. Williams stated that the federal government should provide the funds necessary to support clinics such as the ones in Fresno, California, because they had successfully addressed migrant health issues by eliminating residency requirements and providing "a wide range of services for all family members including such standard protective procedures such as immunization, health instruction, and early care for illness or injury, a type of care that is usually far less costly than that required when a condition has reached a crisis stage."⁸⁶ Williams' comments show that he was impressed by the pioneering migrant health clinics in California, and that developments in that state played an important role in his decision to put forward a federal bill that would provide funding to such programs. California's example both inspired him, and helped him to win the support necessary, to get his bill passed.

The transcripts of these Congressional hearings – along with the news articles, laws and government reports previously discussed – demonstrate that California led the nation in delivering health care to migrant farm workers throughout the 1950's and early 1960's. In 1951, a group of concerned citizens and community leaders in Fresno, California, were the first in the nation to create health clinics exclusively designed to serve migrant farm families, since the FSA camp closures in 1947. The coalition that created them was also the first of its kind. Never before had growers, migrant farmworkers, public and private agencies, religious leaders, activists, nurses and doctors collaborated in this manner to conduct studies and design a health program that would most effectively serve the migratory farm population in their area.

⁸⁶ U.S. Congress, House Of Representatives, Committee on Interstate and Foreign Commerce, *Health Clinics For Domestic Migratory Workers*," February, 1962, 78-80.

The migrant health programs that they created developed new approaches – such as holding clinics at night, in the workers’ camps, and training medical personnel to tailor their treatment and educational activities to the migrants’ culture – in order to reach as many migrant farm families as possible. The clinics treated all migrant farm workers and their family members, regardless of their residence status, a common barrier to health care for many migrants elsewhere. Several growers stepped forward to donate funds and space for the clinics. Those workers who were not near enough to the clinics to walk, and lacked transportation, were given free rides. In 1953, Fresno County took on the operating cost of the clinics, becoming the first county in the nation to fund such a program in full. This kind of collaboration, and combination of new methods was very effective. Within three years of the program’s inception, there were six migrant health clinics in Fresno County serving thousands of migrant farm families, and the infant mortality rate in the county had been cut in half.

It wasn’t long before the Fresno migrant health program attracted national, and even international, attention. The clinics drew visitors from around the nation and the world, and were praised for their successes and innovations by prominent members of the medical profession, federal and state politicians, and international organizations. The program won awards and attracted doctors and medical students from around the world who wanted to see their work in action and learn from it. The program’s successes were recognized by members of the Presidential Commission on the Health Needs of the Nation in 1952, and were incorporated into their recommendations to President Truman on how to improve the nation’s health.

The national press attention initially drawn by the deaths of more than a dozen infants in San Joaquin Valley migrant farm camps in 1949, and subsequently attracted by the success of pioneering California migrant health programs, the annual conferences on Families Who Follow

the Crops (launched in 1959), and Governor Pat Brown's full-scale investigation into farm labor conditions in 1960, raised awareness among Americans about the desperately poor conditions that migrant farm families were living under. This renewed consciousness and concern accelerated when Edward R. Murrow's television documentary "Harvest of Shame" outraged the nation in 1960. Such news coverage, and increasingly sympathetic editorials in major newspapers, put the plight of migrant farm workers on the nation's political agenda and contributed to the success of later worker-led campaigns to improve farm worker health in the 1960s.⁸⁷ For example, beginning in 1965, the United Farm Workers (UFW) employed fasts, marches, strikes and boycotts that attracted widespread public support. Such support helped the farm workers' union win major contracts with growers that banned dangerous pesticides from the fields (such as DDT in 1966), and contributed to the outlawing of debilitating tools, such as the short-handled hoe in California in 1975.⁸⁸

It is not surprising that successful campaigns such as these were centered in California, a state that had one of the largest migrant farm populations in the nation. Beginning in the early 1950's, however, California was also home to the most influential movement to improve farm worker health in the nation, and that movement helped to grow, albeit gradually, the public awareness, concern and support necessary for such campaigns to succeed. The actions of California migrant health advocates not only played a vital role in raising public awareness, but also helped to channel public outrage into legislative action by approaching influential public officials and politicians, and gaining their support for government subsidized health care. In

87 "Senator Williams Sees 'Growing Concern': Points Plight of Migrants," *The Washington Post*, 31 March 1961, pg. B5; "Voiceless People," *The Washington Post*, 23 June 1961, pg. A14; "The Outcasts," *The Washington Post*, 13 September 1961, pg. A22.

88 Ferriss and Sandoval, *The Fight in the Fields: Cesar Chavez and the Farmworkers Movement*, 172, 206; Maurice Jourdan, *The Struggle for the Health and Legal Protection of Farm Workers: El Cortito* (Houston, TX: Arte Publico Press, 2004), 128-129, 139.

1961, California became the first state to pass legislation funding migrant health clinics. By the end of that year fifteen California counties had used state funds to create dozens of migrant health clinics similar to those previously established in Fresno and Santa Clara Counties.

California migrant health advocates, who had fought hard for the passage of state legislation beginning in 1959, successfully lobbied for similar legislation at the federal level. Their efforts, and the example of the programs and legislation they helped to create in California, played a crucial role in the passage of the 1962 Migrant Health Act, a groundbreaking piece of legislation that appropriated millions in federal funds to support similar migrant health clinics nationwide.

By 1968, the national Migrant Health Program (created by the 1962 Migrant Health Act) was supporting over one hundred “projects serving 300 counties in 36 states including Puerto Rico.” Funding for the program increased steadily as well, from \$7 million in 1968 to \$20 million in 1971.⁸⁹ In 2005, roughly 730,000 migrant farm workers and their family members were treated in some of the 147 migrant health clinics that existed at that time.⁹⁰ Congress continues to appropriate tens of millions of dollars annually to fund the Migrant Health Program today, providing health care for hundreds of thousands of migrant farm workers. Currently, there are roughly 500 “migrant health center service sites” across the nation, offering migrant farm workers federally subsidized health care.⁹¹ Because these clinics offer free or low-cost care and treat patients regardless of their legal status, they are a crucial safety net for the roughly forty-eight percent of migrant farm workers who are not in the U.S. legally.⁹²

89 Anthony Manganaro, “Harrison A. Williams, Jr.: A Biographical Sketch of His Senate Career” (Paper submitted in partial fulfillment of the requirements of the Public History Internship, Rutgers University, 2007), 19.

90 “Migrant Health Centers,” accessed April 8, 2014, www.nachc.com/migrant-health-centers.cfm.

91 “National Center For Farmworker Health,” accessed April 8, 2014, <http://www.ncfh.org/>.

92 “Facts About Farmworkers,” last modified August, 2012, accessed April 8, 2014, [www.ncfh.org/docs/fs-Facts about Farmworkers.pdf](http://www.ncfh.org/docs/fs-Facts%20about%20Farmworkers.pdf).

There is much that remains to be done to provide the U.S. migrant farm population with consistent and comprehensive medical care. The Migrant Health Program reaches less than one-third of the roughly three million migratory or seasonal farm workers in the U.S. every year.⁹³ Those who are reached, however, would have few, or no, options for health care if it were not for the clinics the program supports. While it is not meeting the full health care needs of this population, the Migrant Health Program is nonetheless an essential safety net for hundreds of thousands of migrant farmworkers and their family members. It was, in large part, the persistent and persuasive efforts of many California farm workers, activists, doctors, nurses, public officials, growers and religious leaders who made the program a reality. While the struggle continues, these tireless advocates contributed novel ideas, and vital energy, to the early stages of the movement to bring health care to the migrant farm workers who feed our nation.

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⁹³ Ibid.

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