REPORT OF THE SECOND YEAR OF THE MIGRATORY DEMONSTRATION

JULY, 1937 - JUNE, 1938

TRAILING CHILD AND MATERNAL HEALTH INTO CALIFORNIA

MIGRATORY AGRICULTURAL CAMPS

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PART I

INTRODUCTION

GROUP SEEN

Since the report of the first year's work in California migratory agricultural labor camps, conducted by the Bureau of Child Hygiene, State Department of Public Health, many challenging questions have been asked about the work. Doctors as well as laymen questioned the point of spending so much time and money on a group of people, "who couldn't learn and wouldn't follow instructions" and asked "why find defects in children if there are no provisions or possibilities for their correction?"

There can be no denial of the difficulties encountered. Here is a group of people, 75% of them American, 88% newly arrived, often from rural areas remote from public health contact or consciousness. "Burnt out", or "blowed out" of their home states, arriving penniless, and milling around the agricultural valleys of California in search of work; they usually have neither knowledge of simplest health and hygienic measures nor money to get the food or care which they need. Little contact with the "outside world" has made them "set" in their ways, still relying on superstitions and "granny remedies" to raise their children.

In spite of all this, the first year's work convinced us that a simple health education program can be put across, that these people, once convinced of the value of health advice, will try to follow the instructions given, and that they can be taught to use their meagre incomes and limited resources to better advantage. A continued high infant mortality rate was an added challenge, for it showed that this was indeed a place where child and maternal health education were needed. The infant mortality rate is conceded to be the most sensitive index of the sanitary conditions of a community.
During the past year approximately 10,000 more births occurred in the state than in 1936, with a 25% increase in the San Joaquin Valley. The rise in infant mortality rate from 53 in 1936 to 53.7 in 1937 is attributed principally to conspicuous increases in those counties where the migratory agricultural laboring population is concentrated.

A definite relationship between the increase in infant mortality and the influx of migratory workers was shown in Kern County, where it was also noted that the highest infant mortality rate occurred in the area of agricultural activity. The medical director of that county is quoted as stating that, "Improper sanitary conditions, overcrowding and malnutrition contribute to this high mortality rate".

Over 28% of infant deaths were due to pneumonia, diarrhea, and enteritis, and it has been shown that dietary deficiencies particularly affect resistance to these diseases.

**TABLE NO. I**

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<thead>
<tr>
<th>COUNTY</th>
<th>1937</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
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* The infant mortality rate is based on the number of infant deaths per 1,000 live births.
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INTERRELATION OF AGRICULTURAL ACTIVITY AND MIGRATORY GROUP:

Cotton is the principal agricultural product of the San Joaquin Valley; and the one requiring the most hands for harvesting. In 1937, over 600,000 acres were planted to cotton, with a revenue of $35,000,000 and it was estimated that $10,000,000 would be paid 45,000 people for harvesting it, about $220 per family over the four to six months period.** Grapes ranked next in agricultural importance, then deciduous fruits, and oranges in the southern part of the area.

In the past year there has been an increase in sugar beet acreage. Carrots, also, are being grown, while sweet potatoes and peanuts were put in experimentally in some areas when the cotton acreage was reduced at the beginning of 1938. This slow introduction of crop diversification may tend to stabilize the workers, but, at present, seasonal labor requirements far exceed average requirements. It has been estimated that 200,000 laborers are needed in California to harvest the state’s crops at the peak of the season. From 150,000 to 175,000, or 50 to 75 per cent of the population dependent on farm wages, migrate at some time of the year.

In the two and one-half years, beginning midyear of 1935, 259,665 migratory laborers, 78 per cent of them from drought states, have been checked into California. Among them, 104,976 individuals seeking manual labor entered California in 1937.

How extensively these migratory families have filtered into the San Joaquin Valley can be shown by the fact that of 756 new families interviewed this year, of whom 75 per cent were American, 60 per cent of the American families had been in the state less than a year and 88 per cent had been in the state less than three years. These refugee families are mostly from the agricultural group, farmers, tenants, croppers, laborers, and some townsfolk — people who have been dislodged by years of drought and depression.

** Fresno Bee 9/16/37
In spite of the mass migration into the state, there was a shortage of labor at the beginning of the cotton harvest when growers were anxious to harvest the crop while prices were optimum. Factors contributing to this shortage were the facts that over twice the amount of cotton had been planted at the beginning of 1937, and that many migratory families had returned to the midwest hoping for a better crop in their home states.

Later, the swollen stream of migration brought many more workers than the harvest demanded, especially during the season of rains and fog which interfered with picking. There were rumors that advertisements in Oklahoma and Texas papers offered free transportation to people to come out to pick the cotton crop; though, on the other hand, it was said "these people are the greatest letter writers in the world — everyone of them writes home urging their kinfolk to come to California."

"Nothin' to return for — things not much back there — came out here to make a livin'" is what they say when asked whether they are planning to return to their home states. A few had hopes of "goin' back home when cotton pickin' is over" — but at that time we found them still in the camps, their destination indefinitely "somewhere in California" or "somewhere where we can get work and a cow". "Fixin' to stay" is the almost invariable plan.

Sooner or later, apparently, most of these people intend to become part of our permanent population, an early attempt to reach them with health education is more economical and more effective from a public health standpoint and should prove not only of benefit to them but also of benefit to the health of our resident citizens.

Sanitation measures undertaken by one county where migrants are concentrated have contributed to a reduction of the infant mortality rate from 113 during the first half of 1937 to 81 for the first half of 1938. This favorable trend not only has a humanitarian aspect but also actually results in the saving of tax money which would be spent for hospitalization and burial fees.
PART V

SUMMARY

During this year, the demonstration was held in five counties of the San Joaquin Valley, where large numbers of migratory workers are concentrated. A total of 173 child and maternal health conferences for migratory families was held during the year, at which 3,083 examinations were made of 2,459 children. Follow up work was done by two public health nurses; a nutritionist was added to the staff in the spring of 1938. Nutritional defects were shown by 38 per cent of the children and constituted the largest number of defects found. Lack of knowledge of proper food and inability to buy because of inadequate income were responsible for these defects.

There were 221 prenatal examinations and discussions of hygiene during pregnancy for 185 pregnant women in migratory camps. Over 5 per cent of the mothers examined showed abnormal findings incident to or complicating pregnancy.

In addition, 6 per cent of these mothers had positive Wassermann tests.

Of the prenatal patients, 228 were seen both at conferences and in home visits made by the nurses.

Of these patients, 31 per cent were examined at least once by a private physician during the period that they were kept under observation; 3 per cent were receiving prenatal care at county hospital clinics; 45 per cent had no medical supervision except that received at our conferences and 20 per cent had no medical supervision at any time during the period they were observed and received advice on prenatal hygiene from the nurses. Thus 65 per cent of the prenatal patients seen had no prenatal care or instruction except that received from the demonstration staff.
In 141 deliveries, 57 per cent occurred in hospitals and 43 per cent at home. Of those patients delivered in hospitals 93 per cent were delivered in county hospitals, though only 3 per cent of all patients seen had received prenatal care at county hospitals.

Of the home deliveries, 75 per cent were attended by physicians, many of whom had never seen the patient until the time of delivery.

In spite of the difficulties encountered, definite evidence can be noted that our health education program is slowly filtering in.

The problem of food, particularly school lunches and adequate food for the preschool child, must still be solved. Attempts have been made in this direction, but they are scattered and often cover only the period of acute hunger.

The need for day nurseries for babies and runabouts and for recreation for the older children still exists.