

The importance of health care is readily recognizable. However, the unfortunate realities of medicine in this Country are such that it is expensive and mal-distributed. The poor, especially the rural poor, find themselves trapped in a vicious cycle of poverty-ill health-poverty.

The grim picture is beginning to change for a segment of California's rural poor-the, farmworker. The change is being effected by the activities of an innovative health care services program, the National Farm Workers Health Group. The health group is an affiliate of the United Farm Workers and is deeply interwoven with the unionization effort. Its approach is different in that it views the health plight of the poor as a symptom of poverty and powerlessness rather than as an entity unto itself.

The Health Group has attracted a group of young professionals and paraprofessionals who have been both excited and challenged by the opportunity to develop a health care program responsive to the needs of this population which has been relatively untouched. At the same time through their work they are strengthening the farm workers' movement which is attacking the basic cause of the poverty and powerlessness.

The history of the United Farm Workers'health care program began in October of 1966. A registered nurse with the assistance of volunteer physicians opened a health station for striking grape workers in a committee member's home in Delano. Because of the need for additional working space created by the growing strike, the health station had to be moved to another home. Shortly thereafter, a trailer was purchased and with the donation of a health-mobile with space for limited laboratory and a chest x-ray machine, a small clinic unit was established.



The major breakthrough came with the signing of the table grape contracts in July of 1970 and the inclusion of a health and welfare benefit (designated the Robert F. Kennedy Farm Worker Medical Plan) paid by the employers. Though a modest beginning, 10 cents per worker hour, it was a tremendous victory for farm workers health care. In order to obtain maximum utilization of the money and to obtain community control, the workers voted to set up a network

of their own clinics. The National Farm Workers Health Group was estiblished to coordinate the opening of the clinics in areas of large union memberships and to recruit staff.



In October of 1971 the first full-service outpatient clinic was opened in Delano. The modern attractive facility was actually an old barrick building converted by volunteers under the supervision of a building contractor.

Presently the Health Group operates two clinics the Delano clinic and a second which opened in June of this year in Calexico. A location for a third clinic in the Fresno area is being sought.



The clinics are staffed by full-time physicians, nurses, laboratory and x-ray technicians, aides, counselors and administrative personnel. They provide complete ambulatory service in medicine, pediatrics, ob-gyn, surgery, emergency care 24 hours a day as well as maintain an active outreach program of preventive and educational services.

The Delano clinic has been open for almost a year. During that time the patient load has fluc-

tuated from 75 patients a day to 135 during the peak harvest season. The year round population number 10,000 and the number more than triples during the peak harvest season.

Although the majority of patients initially seek curative treatment, preventive medicine is emphasized and routine screening x-ray and lab tests are encouraged. The medical practice is that of the family physician with each doctor having his own patients. The Weed system of the problem-oriented medical record has been very satisfactorily employed. The types of medical problems encountered are many ranging from well baby visits, hypertension, to tuberculosis and leprosy.



Each of the Health Group clinics is financially selfsupporting. This is accomplished primarily through a pre-payment agreement between the clinics and area UFW contract growers who contribute to the previously mentioned Robert F. Kennedy Farm Workers' Medical Plan. The secondary source of income is a minimal usage fee paid by the patient.

As is true of all populations with little or no exposure to medicine, an active outreach program is a necessary adjunct to in-clinic services. A prerequisite to the development of such a program is a knowledge and understanding of the group to be served. Staff members have found





an orientation period spent with the union's field office organizers to be very helpful in this regard. Participation by the workers in all phases of the clinic's operation has establised an essential link to the community resulting in a mutual exchange of information and ideas.

Cooperative efforts between the clinic staff and organizers in the development and implementation of educational programs have proven to be very successful.

Farm workers have a very high incidence of respiratory disease. In order to reduce their high risk factor, the Delano clinic staff chose to conduct a tuberculosis detection and treatment program. Discussion of the disease, its diagnosis and the improved methods of treatment was held at all union ranch committee meetings. These meetings resulted in massive skin testing in the clinic and labor camps. Well over one hundred people were found to have come in contact with the TB and have been placed on prophylactic medicine. Several others with active tuberculosis have begun treatment.

The question of pesticides is of particular interest to farm workers. Discussion of the different types of pesticides and their effects on the body at ranch committee meetings has increased an awareness of the problem and helped the workers set up safety check systems on the ranches.

The importance of sensitivity of staff members even in routine performance of duties is evidenced constantly. Observation by lab technician of the exaggerated anxiety produced by collection of blood from the majority of the Arabian farm workers will shortly result in the presentation of a discussion on basic medical information relating to blood volume by a physician of Arabian descent. Several physicians specializing in various fields have been of great assistance in the development of the health care program both in terms of outreach and in review of problematic cases in the clinic.

As is true of all populations, emotional factors play an important part in the workers health



conditions and counseling services are available.

Another very important aspect of the health care program is pre-natal care and delivery. A doctor and nurse team conducts classes for expectant parents. The topics found to be most relevant to the couples are anatomy, physiology of reproduction and labor, hospital procedures and care of the newborn (bathing, feeding, etc.). In order to alleviate anxiety and insure the patient's feeling of security and familiarity with her surroundings, a tour of the hospital is included in the program. In particular instances when deemed advisable, a nurse or health aide will remain with the patient during her labor and delivery.



Though still very much in its infancy, the Health Group is a vital force in the practice of rural medicine. Its aim is to develop a system which will serve as a model of what quality medical care should be, thereby establishing a pattern of change in the delivery of health care that will affect all the poor.

In order to accomplish this end more farm workers will have to be protected by the coverage of a UFW contract and the Health Group staff must be enlarged.

If you are interested in obtaining more information or in joining the Health Group please con-

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