## SPECIAL ARTICLE

# DELIVERY OF PRIMARY HEALTH CARE — UNION STYLE

## A Critical Review of the Robert F. Kennedy Plan for the United Farm Workers of America

R.W. CHAMBERLIN, M.D., AND J.F. RADEBAUGH, M.D.

**Abstracts** The primary health-care program developed by the United Farm Workers of America, an example of a consumer-controlled system, provides quality health care at locations and time convenient to patients and employs bilingual clinic personnel from the same worker background to bridge the cultural gap between provider and consumer.

By combining health-care delivery with union activities, it has been possible to finance the system through grower contribution by contract and to alter unhealthy working and living conditions on the farms. However, the lack of decision-making power by the health workers has resulted in poor working conditions and a high turnover of personnel.

Complete consumer control has built into it the same hazards as complete professional control, and some balance of power is clearly necessary if the needs of both are to be adequately met. (N Engl J Med 294:641-645, 1976)

As legislation toward some form of national health insurance receives increasing attention, it is important to examine the strengths and weaknesses of different approaches to the delivery and financing of primary care so that something can be learned from the successes and failures of others. Such an investigation is particularly important when the care system involves a considerable proportion of consumers from a socioeconomic or cultural background that differs from those of the planners and providers.

The purpose of this paper is to examine one health system that has a number of unique features, in terms of the financing and delivery of care to a migrant Spanish-speaking farm population and the personnel practices developed by a consumer-controlled board of directors. This is the health program developed by the United Farm Workers of America, called the National Farm Workers Health Group.

There are about 300,000 farm workers in California. This population has been a particularly difficult one to provide health care for because of low income levels, crowded and often unsanitary living conditions, geographic mobility, lack of fluency in English, and a cultural background (largely Mexican but also Filipino, Arabian, Portuguese and others) that differs from the majority of the people in the health-care system.[1] Given these characteristics, and a type of work that exposes its members to a number of chemical toxins as well as requiring difficult physical labor, it is not surprising that this group experiences a higher than average level of morbidity and mortality.

To understand some aspects of the care system worked out for a segment of this population by the United Farm Workers, it is necessary to understand something about the union itself, for the two are intimately intertwined.[2,3]

Efforts to form a farm worker's union were begun by Cesar Chavez in 1962. The United Farm Workers won their first contract in 1966 after a merger with the Agricultural Workers Organizing Committee of the AFL-CIO, a strike of grape vineyards, and the formation of a national boycott of California table grapes. The Union's strength peaked in 1969-1970, when over 60,000 workers were picking under United Farm Worker contracts. In 1973 many of the growers arbitrarily switched contracts to the Teamster's Union without holding worker elections, and the number of workers under UFW contracts dwindled to about 10,000. This development lead to another series of strikes, a reactivation of the national boycott for grapes, lettuce, and Gallo wine, and a series of protest marches, such as the one to Modesto, in which over 20,000 people took part.

In 1975 the California legislature passed a law requiring union representation to be determined by a secret ballot of the workers on each farm. These elections are currently being held, and preliminary results indicate that the union will regain at least some of its lost strength.

The union health plan came into being during the time from 1969 to 1973, when the union was at the peak of its membership.[4] As can be seen from the following statements from union literature describing the philosophy of the plan, the health program was always conceived as being part and parcel of union activities and not a separate entity in and of itself:

"People are healthy not because of good hospitals or good doctors or good medicine. Healthy people are a product of a healthy life. A healthy body demands that you have decent living conditions and decent working conditions."..."A strong contract is of much more value to the health of you and your family than a dozen clinics."..."Healing bodies while simultaneously healing the social ills that create conditions causing illness is truly a revolutionary and innovative approach to preventive medicine." In other words, the health plight of the farm worker is seen as "a symptom of poverty and powerlessness" rather than as a separate entity by itself.

The health plan started from the same basic premises used to develop the union: "We started with two principles: First, since there wasn't any money and the job had to be done, there would have to be a lot of sacrificing; second, no matter how poor the people, they had a responsibility to help the union."

These principles were put into action first in the decision

From the Department of Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, NY, and the United Farm Worker Clinic, Sanger, CA (address reprint requests to Dr. Chamberlin at P.O. Box 666, University of Rochester School of Medicine and Dentistry, 601 Elmwood Ave., Rochester, NY 14642).