



THE R.F.K. MEDICAL PLAN and the CLINICS

In 1970 the first group of UFW contracts, nearly two hundred of them, were gained after five years of strike and boycott. The contracts provided for employers to pay medical benefits of 10¢ per hour per worker. If these meager contributions had been given to a large insurance company they would have been quickly swallowed up in profits and administrative costs. So the workers set up their own medical insurance plan: the Robert F. Kennedy Farm Workers Medical Plan.

Several Kennedy Plan organizers travelled throughout California, meeting with the workers to decide what kinds of care R.F.K. should pay for. At these meetings workers were given different colored cards. Each color represented a medical service and the portion of the 10¢ limit it would cost. The workers were asked to put together the cards representing the services they thought were most important. Each combination had to add up to 10¢ or less. One combination might be a green card representing maternity care at 3¢, a blue card representing doctor visits at 2¢, a red card representing medicines at 1¢ and a yellow card representing hospitalization at 4¢. The most frequently chosen combinations became the basis for the Kennedy Plan. The workers chose to emphasize services to keep them out of the hospital, such as doctor visits, diagnostic and preventive care.

Since 1970, R.F.K. has paid over 50,000 claims totalling nearly four million dollars. Claims are paid more quickly than by most insurance companies and total administrative costs are extremely low, less than 4% of income. Though 10¢ an hour is not enough to provide full medical coverage, especially for extended hospital care, the Plan goes far towards meeting workers' day-to-day health costs. And, unlike the Teamster medical plan, it is relatively easy for workers to be eligible for R.F.K. benefits.

But being able to pay for health care, as many Americans have discovered, is no guarantee that you will get the kind of care you need. So the UFW organized its own clinics to control both costs and quality of care. The UFW clinics—four of them in California: in Delano, Calexico, Sanger and Salinas, plus a fifth opening in Avon Park, Florida—saw 33,000 patients in 1974. The cost to patients is very low: at Delano, even for someone who is not eligible for R.F.K. benefits and has no other insurance, a maximum of fifteen dollars pays for a doctor visit, medicine, lab and X-ray.

Yet the clinics are self-supporting. Costs are kept to a minimum because most staff members are volunteers, unnecessary drugs are not prescribed nor unnecessary tests performed, and, of course, no one makes a profit. All UFW clinics combined operate at a fraction of the cost of one government clinic!

Farm workers have organized and expanded their clinics without pilot projects, demonstration grants or government funding. The support of the workers came first, then the program, and then concerns about money. Most programs do the opposite: they work from the top down, starting with lots of money and using it to try to get support from the people. An article in the May, 1973 American Journal of Nursing explains, "Poverty areas in the U.S. are strewn with the bones of health programs that died when the money ran out and the community could not support the highly paid staff brought in to 'help'."

the staff suspected heart trouble. Yoli and Ken Frisof, the clinic doctor, rushed the baby to the area's main hospital in El Centro, where the diagnosis of congenital heart disease was confirmed. Meanwhile, another clinic staff member went to find the father at work. An ambulance brought the child to San Diego, 115 miles away over the Laguna Mountains, where a successful operation was performed. The clinic staff managed to find teaching funds at the University of California to pay for the care. Arrangements were made through the UFW boycott office in San Diego for free housing for the child's parents near the hospital.

This kind of health care, which is unavailable to most Americans, affluent or poor, is fairly typical of the integrated care given at UFW clinics. Sister Karla, a nurse with ten years' experience in clinics around the United States, calls the Delano Clinic in which she worked "The best clinic in the country". At a time when many expensive but often unsuccessful attempts are being made to bring health care to rural areas, and when all Americans, in city and country alike, are increasingly frustrated by rapidly rising medical costs and fragmented, impersonal care, the UFW clinics provide a very instructive model of community health care organized and controlled by the people who need it.

UFW Clinics Provide Personalized, Comprehensive One-Stop Primary Care.

Not only are most basic medical services, including lab, medicine, and (at Delano) X-ray, given at the clinic, but staff are available to act as interpreters and advocates in patients' dealings with social service agencies. And the staff are highly motivated. They are working in the clinics precisely because they want to give patients the best care possible. An Arab worker told Dan Murphy, doctor at the Delano Clinic: "Man, I've been taking Arabs to doctors all over California for years, translating. I've never seen any other place where they listen to what you have to say, explain what's happening, and make sure you get your forms filled out!"

Clinic patients who need more specialized care often get the finest available, at such places as Stanford Medical Center. There are several thousand Arab farm workers around Delano many of whom are infected with schistosomiasis, a debilitating parasitic disease which ranks as the third largest killer in the world. Dan Murphy learned what he could about the disease, then called a leading authority, Dr. Warren of Case Western Reserve University, who wound up flying to the clinic and helping set up an innovative screening and treatment program. Four hundred workers were screened in labor camps during the first week.



UFW Clinics Train Community Health Workers. Staffs Work Together As Health Care Teams.

Meche Flotte, a thirty-eight year old health worker at the Sanger Clinic who had no formal education at all, recalls that at first she refused to train: "I felt: 'I am no good for anything'." But she knew the clinic needed help. "I was awake a lot of nights thinking about that. But I decided I could learn a lot of things...What keeps me here is I care for the people, because I was myself all my life in the fields."

The community health workers are indispensable in the clinics' work of preventive medicine and health education. They perform T. B. and blood pressure checks and help diabetics adjust their diets. They help with the program of pre-natal and post-partum care. They speak at house meetings and ranch committee meetings. They are the best teachers of the patients: "Everything we do we want to educate the people, have them feel that they learned something, make them want to help someone else."

The entire clinic staff learns from each other. There are more or less formal medical classes, as well as Spanish and English lessons. Nurses and other health workers take on a great deal of responsibility. "Dan and Anne," explains Carolyn, a young nurse at the Delano Clinic, "are always looking for situations where I can learn something, always pushing me, trusting me."



UFW Clinics Are Unique Because They Are Part Of An Effort To Improve Farm Worker Health By Changing The Unhealthy Conditions Under Which Farm Workers Live And Work.

Most health care for poor people merely dresses the wounds of poverty. It does no more than treat the endless stream of suffering people who will forever be produced by the inhuman conditions in which they live. 84% of California farm workers earn less than \$3000 a year. Four out of five families live in dwellings classified as sub-standard and dangerous for health and safety. The State Industrial Welfare Commission states that 90% of all employers violate health and safety laws. Such conditions lead to situations like that recently discovered in a Yolo County migrant labor camp owned by the federal government: ninety-eight cabins situated on only two acres, 40% of the inhabitants with strep infections.

Only with the coming of the United Farm Workers of America have these conditions begun to improve appreciably. One of the lesser known but most significant changes, which has benefitted consumers and workers alike, is the UFW's insistence that pesticides be carefully regulated. The first union contracts banned DDT and the chlorinated hydrocarbons Aldrin, Endrin, and Dieldrin in 1970, several years before the Environmental Protection Agency placed severe restrictions on their use.

"A healthy body," says Cesar Chavez, "demands that you have decent living conditions and decent working conditions. Medical care without a union contract is like trying to keep dry in a storm. Someone might throw you a towel as a gesture of good will, but a strong contract will bring you inside and offer you and your family shelter."

Because the clinics are part of the struggle for better lives for all farm workers, care, while very inexpensive, is never free. Chavez says: "The clinic is not given to farm workers like a gift, but is the result of struggle and sacrifice. At no time can we forget our brothers and sisters who are without medical care and decent clinics. Farm worker patients must sacrifice so that they might share the health benefits they receive with all farm workers throughout the country."

UFW Clinics Are A Unique Opportunity For Health Professionals:

They are a good place for people who want to develop strong preventive medicine and health education programs. They are a chance to leave the hierarchical structure of most medical care facilities and to work to build a real health care team. They are medically interesting, as Dan Murphy says: "We have people from three continents here. We see the diseases of the whole world!"

But the really unique thing is the chance to work side by side with people of many kinds in the non-violent struggle to organize a union for farm workers. Clinic staffers attend organizing workshops, provide medical care at strike sites, speak at union and house meetings, and often join workers on the picket lines ("That's the way you get to know the families," says the lab tech at Delano.)

Anne Morales, a Delano nurse practitioner, says: "This is health care like, you say--well, I'll never live to see it--but I'm seeing it here!"



How You Can Help

- * boycott grapes, iceberg lettuce and Gallo wine. Si no hay contratos, no hay clinicas! (If there are no contracts, there are no clinics.)
- * volunteer to work with the Health Group, or work with the boycott staff or farm workers support committee in your area.
- * donate supplies and equipment
- * pledge to donate five dollars a month, or more (tax deductible) to the Health Group for the next year

For more information, write:

Cesar Chavez
National Farm Workers Health Group
P. O. Box 131
Keene, Ca. 93531



THE five day old boy had to struggle a little to breathe. His skin was beginning to show a yellowish tinge. That was how Yoli, a young community health worker at the United Farm Workers of America's Calexico Clinic, found him during a routine post-partum visit. She drove mother and child to the clinic, where

Farm Worker Health

- * farm worker males have a life expectancy of 49 years, twenty years less than the average U. S. male. A government study in the state of Washington reported life expectancy for Washington migrants as 39 years.
- * the death rate among farm workers from infectious diseases like influenza, pneumonia, and tuberculosis is more than twice the national average.
- * the infant and maternal mortality rates are one and one-half times the national average.
- * farm workers have the highest occupational disease rate in California, twice that of all other industries combined.

Farm workers have always had difficulty finding and paying for medical care. Often they have been denied care because they could not pay the fee demanded. And when they did receive care they were often humiliated: kept waiting for hours to get five minutes with a bored doctor who neither listened nor explained what he was doing. "We were badly viewed...because our clothes were bad and we were humble," remembers Juanita Ortega, now the administrator of the Calexico Clinic. Today in the UFW clinics we see the result of all these things: men and women whose long-neglected diseases have done irreparable damage to their bodies.

Most California growers and agribusiness corporations, though they have profitted immensely from farm workers' labor (California agribusiness today is a multibillion dollar industry in which 7% of the companies employ 75% of farm workers), feel no responsibility to provide medical care for them. If they grow sick, there are plenty more poor people ready to take their places. Let the taxpayers pay for such care as their workers can find.

Dr. Joseph Carrella, testifying recently before an Orange County Grand Jury, said, "There are no immediate medical contacts for these men to go to for medical aid....Ill men are often ignored by owners. We have witnessed laborers thrown out of camps by owners for fear that their communicable disease will bring authorities into camp. Laborers are thrown out of camps with serious diseases, with no money and no place to go."