

from Missouri, some of his programs sounded outstanding. When you think about help that you need—it is 3 o'clock in the morning and you have a cardiac problem; you don't need a seminar, you need someone to give you some help. It sounded like this aspect of his program was very exciting.

Mr. ROGERS. Thank you so much. We appreciate the benefit of your advice.

Our next witness will be Dr. Carl Brumback, who is appearing for the American Public Health Association.

Dr. Brumback is from my own home county of Palm Beach County, Fla. He has done an exceptional job, and really some of the pilot projects with migrant health programs, and I am particularly pleased to have you appear before the committee again, because you were helpful in our previous legislative hearings.

You may proceed.

STATEMENT OF DR. CARL L. BRUMBACK, MEMBER, EXECUTIVE BOARD, AMERICAN PUBLIC HEALTH ASSOCIATION

Dr. BRUMBACK. Thank you.

The American Public Health Association appreciates this opportunity to present our views of H.R. 15758. I am here as an executive board member of this association, which now has over 20,000 members.

I have a prepared statement which has been given to the staff, and I would like to have your permission to summarize these remarks.

Mr. ROGERS. Certainly, and your prepared statement will be made part of the record, following your remarks.

Dr. BRUMBACK. My comments refer to the migrant health portion of the bill. It is unnecessary, probably, to recall the fact that nearly one-fourth of the Nation's 3,100 counties depend upon migrant labor to harvest the crops. We all depend on this labor for much of our food. Approximately 1 million men, women, and children migrate each year in response to this need.

Although these people perform essential work, their annual income, \$1,400 average per worker in 1965, seldom allows them to rise above the poverty level.

Furthermore, the places in which they work and live are usually far removed from sources of health care, and clinics are usually held at a time when they are working, and they seldom qualify under welfare residence requirements for usual forms of assistance.

Treatment of illness becomes difficult. Actually, the migrants' need for health care is greater than that of the rest of the population. Environmental conditions predispose them to illness and injury. Lack of education and knowledge of where to turn for help compounds these problems. Statistics confirm the fact that migrants have more health problems than the rest of the population.

Infant mortality was over 30 per thousand live births in 1964 among the migrants, compared with less than 25 for the national average.

The rate from tuberculosis and other infectious diseases was 26 per thousand, compared with 10 for the Nation as a whole.

Through the Migrant Health Act, health services specifically designed to meet the migrants' needs have become available in many