parts of the Nation. Recent figures indicate 115 projects in 36 States and Pureto Rico. The number of migrants having access to these services is now estimated to be over 300,000. However, it should be pointed out that this is still less than one-third of the total migrant population.

Also those migrants now reached by existing projects receive only basic or minimal services for the most part, and these are available to them throughout the year.

Migrant progress has been essential to make a beginning to give these people resources, but it takes a long time to make up for years of neglect. We are only now beginning to see benefits from our projects in Palm Beach County, which have been underway for 12 years.

Services must be made available and acceptable. This is a strong argument for keeping this program separate. The absorption into the general program at this time would destroy the most beneficial settlements that have been achieved. The fact that only part of the migrant population is being reached in a minimal way, indicates that the program should be continued and be expanded.

Thank you.

(Dr. Brumback's prepared statement follows:)

CLARENCE L. BRUMBACK, M.D., M.P.H., MEMBER, EXECUTIVE BOARD, AMERICAN PUBLIC HEALTH ASSOCIATION

Mr. Chairman, Members of the Committee: The American Public Health Association appreciates this opportunity to present its views on H.R. 15758, a bill to extend the authority for the Regional Medical Programs, for migrant health services and to initiate a much more active program dealing with the severe problems of both alcoholism and narcotic addiction. I appear before you as spokesman of the APHA in my capacity as a member of its Executive Board. I shall spare you the details of a description of our Association—we, and I, have appeared before you sufficiently often in the past to acquaint you with both—except to tell you that our membership now totals in excess of 20,000.

MIGRANT HEALTH

The APHA has traditionally expressed a deep concern for the welfare of the nation's migratory workers. Prior to the passage of the Migrant Health Act of 1962, the APHA advocated health services for migrant laborers including: child care; pre-natal assistance; control of communicable diseases through vaccination, and dental health. In the past, the extreme mobility of the nation's migrant workers, together with their dire economic need, prevented them from enjoying adequate medical attention.

Since the passage of the Migrant Health Act, important strides have been made in providing essential health facilities for the seasonal agricultural worker. These accomplishments were made possible through joint Federal, State and local funds. During the past five years, migrant health projects have provided remedial care for workers and their dependents, immunization, family planning services, nutrition counseling and the continuing of medical care when workers move from one area to another. Additionally, during this time span, the workers' environment has improved through the joint efforts of employers and local health workers working to improve housing and sanitation facilities.

Migrant workers have slowly been educated as to the availability of health services at their disposal. So successful has this instruction been, that today the services of existent projects are deficient in relation to the demand. Despite advances made in this field, current health services fall short of their goals. One principal handicap to the migrant health program is the hardship it places on local participating hospitals, resulting from the payment, on the average, of only 60 percent of total hospital costs. Many communities find it difficult to make up this deficiency due to the rising costs of hospital care.