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Health Issues of Migrant Workers: An Awareness Campaign Project for Middle School Students

Go Serv

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Cesar Chavez Foundation

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César E. Chávez

Health Issues of Migrant Workers

An Awareness Campaign Project
for Middle School Students



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Introduction

INTRODUCTION

“Nonviolence is a very powerful weapon. Most people don’t understand the power of nonviolence and tend to be amazed by the whole idea. Those who have been involved in bringing about change and see the difference between violence and nonviolence are firmly committed to a lifetime of nonviolence, not because it is easy or because it is cowardly, but because it is an effective and very powerful way.”

– César E. Chávez

César E. Chávez was one of the most significant and influential civil rights leaders of our time. Chávez devoted himself to social justice and improving the lives of the impoverished and oppressed. His name, like that of Martin Luther King, Jr., symbolizes character and commitment. This project, part of the *“Educating the Heart”* series, has been developed to honor of the life and work of César E. Chávez.

The César E. Chávez “Health Issues of Migrant Workers” project provides a multi-faceted service-learning experience that will give high school students an understanding of César E. Chávez’s core values, specifically service to others, determination, acceptance of all people, and helping the neediest. This unit addresses health issues and facilitates acquisition of life skills as students learn the California State Curriculum Standards. Whether used to celebrate César E. Chávez Day or as a part of regular classroom studies, this project will help enhance and support the academic curriculum. It also provides students with an opportunity to gain a sense of civic responsibility and understand the importance of giving back to their communities. In essence, the project educates both heart and mind through the performance and reflection on service.

Project Summary

PROJECT SUMMARY

César E. Chávez served as a migrant farm worker for many years and was directly exposed to the health care issues that affect farmworkers. He led the initiative to change some of the more dangerous practices that afflicted the health of the workers.

“Nonviolence is not inaction...it’s hard work...it is the patience to win...it is more powerful than violence...if you use violence, you have to sell part of yourself for that violence.”

– César E. Chávez

This learning module will assist high school students in examining the health care challenges associated with migrant farmworkers. Students will learn about typical medical problems associated with the work and issues surrounding access to adequate health care. They then will take action to address the problem by hosting a Health Fair, planning the fair specifically to meet local needs. Using service as a vehicle for learning, students will also gain a sense of civic responsibility and understand the importance of others in our economic and social lives.

“Once people understand the strength of nonviolence, the force it generates, the love it creates, the response it brings from the total community, they will not easily abandon it.”

– César E. Chávez

The project is organized in three parts: pre-service, service, and post-service. *Pre-service activities* involve students in examining the core values of César E. Chávez; reading the Chávez March 1989 address; researching migrant health issues; and creating brochures, posters, or multi-media presentations based on their research. The *service-learning project itself* involves planning, organizing, and conducting a health information fair for the migrant community. Information shared should be responsive to the needs of the community and may include disease information (condition, cause, comparison of disease rate in migrant populations with other populations, prevention strategies, and intervention strategies); maps to health care services; nutritional information; “how to” guides regarding accessing Medicaid and food stamps; and minimal health screenings. *Post-service activities* include students’ reflecting on what was learned about César E. Chávez and his core values and migrant health issues, and what they learned about themselves, as well as additional ways in which students can continue to impact the migrant community.

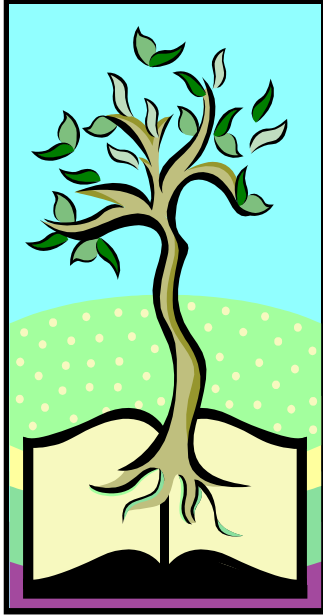
Methodology

METHODOLOGY

The César E. Chávez project is based on an experiential teaching methodology called service-learning that links volunteer service with the academic curriculum. This methodology allows students the opportunity to learn and develop through experience and active participation.

Service-learning is characterized by the following elements:

- **Academic Learning** – The service performed helps students acquire values, skills, and/or knowledge.



- **Civic Responsibility** – The service helps meet a need in the community, as defined by the community. Participation helps students see a place for themselves in community and society.
 - **Collaboration** – Teachers and students work with community members or outside agencies in the planning, implementation, and evaluation of the project.
 - **Youth Voice** – Students are given ample opportunity to express their thoughts, make choices, and play an active role in the learning process and project planning.
 - **Reflection** – Thoughtful reflection is incorporated into activities before (to prepare), during (to troubleshoot), and after (to process and extend learning from) the project.
- **Evaluation** – Information is collected and analyzed on the effectiveness of the project.

Research Base

RESEARCH BASE

The research on service-learning in K-12 schools shows that positive outcomes can accrue for students, teachers, and community members. Student impacts have been documented in four areas:



- **Personal/Social Development** – In various studies, students have been shown to have significant gains on measures of efficacy (“I can make a difference”), self-confidence, resilience (avoidance of risk behaviors like smoking or unprotected sexual relations), and feelings of competence. Students participating in service-learning have also demonstrated greater respect for diverse populations, more empathy or ability to see things from multiple perspectives, and better relationships with more adults.
- **Academic Achievement** – Studies have shown that when the service-learning is linked closely with school curricula and content standards, students score higher on state assessments, show particular gains in higher order thinking skills (such as analysis and inference), and score higher on measures on cognitive complexity.
- **Civic Responsibility/Engagement** – Research provides evidence that participation in service-learning is associated with increases in students’ feelings of connectedness with the community; willingness to take action to solve community problems, and understanding of economic, political, and social conditions. These outcomes are maximized when service-learning makes the civic linkages more explicit by the teachers.
- **Career Exploration** – By exposing students to multiple new careers and helping them feel a sense of efficacy as they provide service, young people have been shown to increase their knowledge of career possibilities and their own aspirations.

Teachers also derive benefits from their participation in service-learning. Research shows that while service-learning takes more time for planning than other methods of instruction, it is more strongly aligned to the ways most teachers believe students learn best. Service-learning stimulates energy in a school and positive engagement in the teaching and learning process. It is associated with greater faculty coherence and collaboration.

Community members also benefit beyond the actual service provided. Many come to see young people as positive assets and resources rather than problems.

Service-learning outcomes are maximized when students have a stronger role and more responsibility for planning, implementation, and assessment of the service-learning experience. The design of the reflection activity also influences outcomes: the more connected to curriculum,

the more students are asked to think deeply about their experiences into learning. This can be accomplished by using devices like discoveries of similarities/differences; summarization of experience; understanding multiple perspectives or points of view; and portraying experiences through visual or literary techniques such as art, poetry, storyboards, and/or letters to parents or officials.

Research on service-learning can be found by contacting the National Service-Learning Clearinghouse by phone at 1-866-245-7378 or through the Internet at <http://www.servicelearning.org>

Facilitators' Guide To Implementation

FACILITATORS GUIDE TO IMPLEMENTATION

SET- UP

Gain Support for the Project

Whether you are an educator or a community leader, it is vital that you first gain the support of all parties involved in the project. Most educators are enthusiastic about projects like this because they understand that students retain 10 percent of what they read and even less of what they hear; however, 75 percent of that same knowledge can be retained if they *practice by doing*.

First, teachers may feel overworked and under pressure to focus on state standards. Initially, they feel that this project will somehow divert them from normal classroom activities and put them behind in their goals. However, this is not the case. The César E. Chávez – Students in Action for Nonviolence Curriculum was intentionally designed to help teachers enhance the curriculum that they are already using in the classroom and to aid them in meeting state standards.

The second cause for hesitation may have to do with logistical issues such as the amount of time it takes to set up the project, time spent away from school, risk and liability, lack of funding for transportation, and so on. These concerns, which are addressed in the following sections, can be minimized with the use of this guide.

Because health care extends beyond school and requires community effort and collaboration, you should also connect with other community based organizations, such as:

- Migrant community members;
- Representatives of health care organizations
- Business leaders
- Social services; and/or
- Parents.

Many schools already have collaborative relationships with community based organizations and may have community professionals available to make presentations and provide other support for the project.

Set a Service Date and Location

Location, date, and time are critical to the success of the fair. Since the intended audience is migrant workers, base your logistic decisions on what would best meet *their* needs. A little research and “needs sensing” up front will add to the success of your fair. While any day is appropriate, consider tying the fair to César E. Chávez Day to further recognize the person whom

this project was designed to honor. You will need to establish the date and secure an appropriate location about four to six months in advance of the fair.

Planning and Organizing the Health Information Fair

Care should be taken throughout the project to insure that it is meeting a community need, involves the community, and honors the core values of César E. Chávez. While organization and planning can be either adult led or student led, it should include youth voice.

It is best to get the whole community involved in this important event because of the energy, commitment, and momentum that can be created. Involve community health organizations and migrants as partners in planning, organizing, and conducting the fair. Ask local businesses to help sponsor the fair. Invite parents and college students to volunteer to translate brochures into Spanish and other languages as appropriate, to help partners distribute publicity materials, and to help with the health fair.

Consider Liability

Although risk factors are low, it is a good idea to plan ahead in case of an emergency. Responsibility for damage or injury must be addressed. The organization leading the project should require permission slips for student involvement. When working with non-English speaking parents, please remember to provide permission slips in their native language.

If your partnership involves a school, teachers must send home the standard school permission slip that describes important project information, requests emergency contacts, and most importantly, waives school liability. The school should explore an additional rider clause if the fair is held at the school site.

Conducting Post-Reflection

Reflection is a very important component of this project. Students will need time before, during, and after the service-learning experience to think about what they have learned and why this is important to their lives. This can be done through small group discussions, journal entries, artwork, and so forth. The post-reflection is especially critical for the students, because it serves to tie the various components of the project together for them. To enhance this aspect of the project, it is suggested that you consider additional things that you can do for the community to intensify the impact of the project. You may want to share presentations about César E. Chávez and/or your project with other community members, sponsor public health workshops around the community, or begin planning a bigger and better health fair for next year.

GOALS AND STANDARDS

Goals:

- To learn about the values of César E. Chávez and the impact he made in the lives of others, especially migrant workers.
- To learn about the severity of migrant health issues and, more generally, about access to and accountability of health care.
- To research solutions to needs.
- To understand the value of service by meeting a need in the migrant community.

Where does this curriculum fit into the classroom?

This César E. Chávez project supports the following standards for high school:

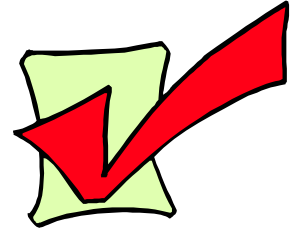
Content Area	Grade Range	Standard/s
Biology	9–12	10, a–e
Writing	9–10	2.3
Listening and Speaking	9–10	1.10 & 1.13
Writing	11–12	2.6
Written and Oral English Language Conventions	11–12	1.1, 1.2, & 1.3
Probability and Statistics	8–12	8.0
Advanced Placement Probability and Statistics	8–12	14.0
Social Studies	11	11.11, 5 & 6

In addition, students learn social skills (working together, exploring, creating, communicating) and organizational/leadership skills for career development. Students learn about specific careers and become more closely tied to their communities.

Project Timeline

Two to Six Months Before the Health Fair:

- ❑ Spend some time learning about César E. Chávez, his values, and how his actions helped promote health care for farmworkers.
- ❑ Discuss general health care needs for all people, especially those who work outdoors.
- ❑ Study the prevalence of certain medical conditions as indicated in the booklet.
- ❑ Arrange for community speakers to present on issues related to migrant farmworker health.
- ❑ Develop key partnerships with migrants, representatives of health care agencies, students, and others such as business sponsors to collaborate to plan, implement, and evaluate the project.
- ❑ Make arrangements for health fair time, date, and location. (Remember to best serve your audience: migrant workers.)
- ❑ Complete the pre-service activities.
- ❑ Allow student to create a vision, theme, or message for the Fair.
- ❑ Form planning committees. Areas might include: registration and information, site logistics, exhibits, sponsors, publicity, and evaluation.
- ❑ Provide time for planning committees to plan, organize, and complete their responsibilities.



One to Two Months Before the Health Fair:

- ❑ Create health promotion campaign materials such as brochures, posters, and/or multimedia presentations.
- ❑ Arrange for volunteers (e.g., college students and/or parents) to help students translate materials.

Two to Four Weeks Before the Health Fair:

- ❑ Send permission slips home with students.
- ❑ Send promotional materials.

Day of the Health Fair:

- ❑ Allow plenty of time for set up and clean up.
- ❑ Make sure that the event starts on time and ends on time.
- ❑ Provide water and refreshments for volunteers.
- ❑ Document the event with photos.

Week After the Health Fair:

- ❑ Reflect on the overall success of the project.
- ❑ Discuss what could be done differently next time to improve the project.
- ❑ Continue the learning process and celebrate what you have learned.
- ❑ Evaluate the project with key partners and fill out the project evaluation and feedback form.

The Values of César E. Chávez

The following are core values of César E. Chávez:

Service to Others: Through empowerment, not charity

Sacrifice: Placing others before yourself

Preference: Helping those with the most need

Determination: Never give up, “Si se puede”

Nonviolence: A bold, pro-active way to change the world

Acceptance: Respect for differing beliefs

Respect for Life: Appreciation of the environment and all living creatures

Celebrating Community: Working together

Knowledge: A life long learning process

Innovation: Originality, creativity, imagination

Tolerance: Respect for differing beliefs

Vocabulary Words

Disease: A condition that impairs the performance of vital functions.

Disease Rates: The rate at which a disease is occurring.

Inoculation: A shot of medicine to prevent disease.

Intervention Strategy: Taking an action to stop something from continuing to happen.

Malnutrition: Not getting the appropriate food for good health.

Migrant Farm Worker: A farm worker who moves from place to place to find work.

Neuroblastoma: A malignant tumor.

Pesticide: An agent used to destroy a detrimental plant or animal.

Pneumonia: A disease of the lungs.

Prevention Strategy: Taking an action to prevent something from happening.

Third World Health Status: Maintaining similar health conditions as underdeveloped nations of the world.

Teratogen: An agent causing developmental malformations.

Tuberculosis: A contagious disease that affects the lungs.

PRE-SERVICE

Pre-service-learning activities are designed to provide background information about the life of César E. Chávez and to illustrate the severity of migrant health issues. Pre-service activities also include the conduct of research and analysis of a Chávez speech.

Core Values of César E. Chávez

Purpose: To think about the core values of César E. Chávez and relate them to the students.

Materials: Student Booklet, pages 27-28

Time: 20-30 minutes

Directions: Ask students to review the core values found on page 27 of their booklet. Allow them time to complete the “Reflective Pause” on page 28. Ask volunteers to share their responses.

Address by César E. Chávez

Purpose: To understand the severity of migrant health issues.

Materials: Student Booklet, pages 29-40

Time: 45-60 minutes

Directions: Ask students to read the address by César E. Chávez on pages 29-37 of their booklet and to complete pages 38-40 of their booklet. Allow plenty of time for students to discuss the address, how the values of César E. Chávez were reflected in his speech, and their reactions to the speech. Review the Additional Pre-Service Activities Menu on page 19 for consideration of additional pre-service activities for your students based on student interest and time.

Building Knowledge

- Purpose:*
- To learn about real life health issues that migrants face.
 - To understand the causes and complexity of the health issues.
 - To learn about how disease rates among the migrant population compare to other populations using charts and graphs.
 - To understand possible prevention/intervention strategies.
 - To learn about migrant health care resources.

Materials: Student Booklet, pages 42-46

Time: 3 class periods

Directions: Either working individually or in groups, assign or let students select a health issue that migrants face (see suggested list below). The student booklet provides students with some fact sheets and sheets with room for notes and lined paper for their report.

Possible health issues:

- Birth defects
- Cancer
- Contact dermatitis
- Dehydration
- Diabetes
- Eczema
- Heat stress
- Hypertension
- Infectious diseases
- Lack of toilet facilities and/or drinking water
- Malnutrition
- Parasitic diseases
- Pesticide poisoning
- Repeated inoculations
- Work-related injuries

Note: Resources are available at <http://www.ncfh.org/factsheets.shtml>

Menu of Additional Pre-Service Activities

- Students can read a biography about the life and work of César E. Chávez with special attention to his work on behalf of others.
- Students can create a timeline of significant events in the life of César Chávez.
- Students can discuss some of the influences on César Chávez's life that affected his work.
- Students can read a story or watch a video about the life and health of a migrant worker.
- Students can compare the way they grew up (or a family member) to the way that César Chávez grew up.
- Students can interview parents/grandparents on what they remember about César Chávez, how his life impacted theirs.
- Students can brainstorm issues around migrant health.
- Students can brainstorm ways to assist migrants to improve their health.
- Students can keep track of the food they eat for three days to monitor healthy choices and get a sense of what it must have been like for Chávez to fast.
- Students can read food labels, examine the serving size, number of servings in the package, the number of calories in a serving, and the recommended daily amounts of the main nutrients.
- Students can keep track of the amount of water and other liquids that they consume for three days to monitor healthy choices.
- Students can plan balanced meals for a family of six for a week staying within a budget of \$36.00 for the week.
- Students can invite medical personnel from a nearby clinic to your classroom to discuss migrant health care issues.
- Students can invite a dentist to your classroom to discuss the costs and benefits of good dental care.
- Students can discuss ways in which people might make a difference in migrant health.
- Students can create and conduct a needs assessment survey for the migrant community to better meet their health issue needs.

SERVICE-LEARNING PROJECT

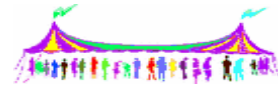
This service-learning project is designed to actively involve students in learning about health issues that migrants face and ways to prevent or control some health challenges. It engages students in planning and providing a service via a Health Fair to impact real health concerns.

Planning a Health Fair

Purpose: To plan and carry out the migrant Health Fair.

Materials: Student Booklet, pages 41 & 52

Time: Planning, 2-4 class periods
Fair, 2 hours to full day



Directions: Allow students time to respond to the “Reflective Pause” on page 41 of their booklet. Provide them with background information about planning, organizing, and conducting a health fair. Allow them to have a voice in the vision, theme, or message of the fair as well as the planning, organizing, and conducting of the fair.

The time commitment for this activity will be based on the level of involvement and degree of activities that you and your students choose to undertake. Your fair could range anywhere from a few hours during one evening in which students share the materials they develop to a full day fair complete with cookout. Allow students to brainstorm fair possibilities and responsibilities. Below you will find background information, early planning ideas, and possible committees and responsibilities to help guide you as you facilitate the planning process.

Once you and your students have identified a vision for your fair and the tasks to accomplish your vision, instruct students to use page 52 of their booklet to assign tasks, person/s responsible, and due dates. Some in class time should be provided for students to work together to plan and accomplish their tasks.

Background

A health fair gives you the opportunity to reach out to the migrant community in terms of their health and well-being. Bringing together informed students, health professionals, and other community resources to provide a migrant health fair educates the migrant community about health, prevention, and available resources. A health fair can include exhibits, mini-workshops, demonstrations, and screenings. A health fair is easy to organize if you allow time for planning, follow the step by step approach, and develop a network of organizations interested in promoting health issues.

Early Planning

- Allow plenty of time for planning (2–6 months).
- Allow students to determine a message or theme for the fair.
- Form planning committees. Areas that might need coordination may include: registration and information, fair-site logistics, exhibits, sponsors, publicity, and Fair evaluation.
- Things to keep in mind:
 - Do not schedule the fair at the same time that another big event is scheduled.
 - Choose a site that is conveniently located for the migrant population.
 - Find volunteers to provide translation and other services. Check with parents, community service organizations, church groups, senior citizen centers, and advocacy groups.

Registration and information

- Prepare a map of exhibits for attendees.
- Consider name tags, a list of activities and entertainment, bags, a list of sponsors, Fair evaluation survey, door prizes, and giveaways.
- Contact national health organizations (e.g., American Academy of Pediatrics, National Latino Health Organization, etc.). They may be able to provide you with materials to distribute.

Site Logistics

- Select a large enough site. Plan to accommodate more participants than you expect. A one-day fair for 500 people requires an area of at least 2,500 square feet.
- Plan for parking.
- Design a floor plan illustrating the layout of the fair to allow for traffic flow. Do not block doors, alarms, or fire exits. Make sure traffic area is safe and free of wires that participants may trip over. Consider restrooms and wheelchair access.
- Check with local municipal office to see whether any sanitary, sign, structural, food service, or other permits are needed.

- Have a checklist for essential things.
- Prepare a map of the exhibits for participants.
- Post directions to parking, registration, exhibits, restrooms, mini-workshops, and anything else you think of.
- Allow time for set up and breakdown.

Exhibits

- Provide migrant health issue information through student-made brochures, posters, presentations, etc.
- Invite local resources (health professionals, local and state health departments, etc.) to exhibit at the fair.
- Make exhibits eye catching and inviting.
- Make sure exhibits are staffed at all times.
- Consider activities for young children.
- Consider screening booths: Common screenings include cholesterol, vision, posture, and blood pressure.

Sponsors

- Search for sponsors (health professionals, community groups, businesses, etc.) to donate financial support, materials, equipment, and/or services. They can also help promote the fair. If you use sponsors, make sure to publicly recognize their efforts.

Publicity

- Promote your fair through local newspapers, radio stations, and television stations (see sample releases).
- Invite local media to attend and cover the fair.

Fair Evaluation

- Provide an opportunity for participant feedback on the fair (see sample participant evaluation survey).

Health Promotion Campaign Materials

Purpose: To turn research into health promotion campaign materials to be shared with migrants.

Materials: Student Booklet, page 53

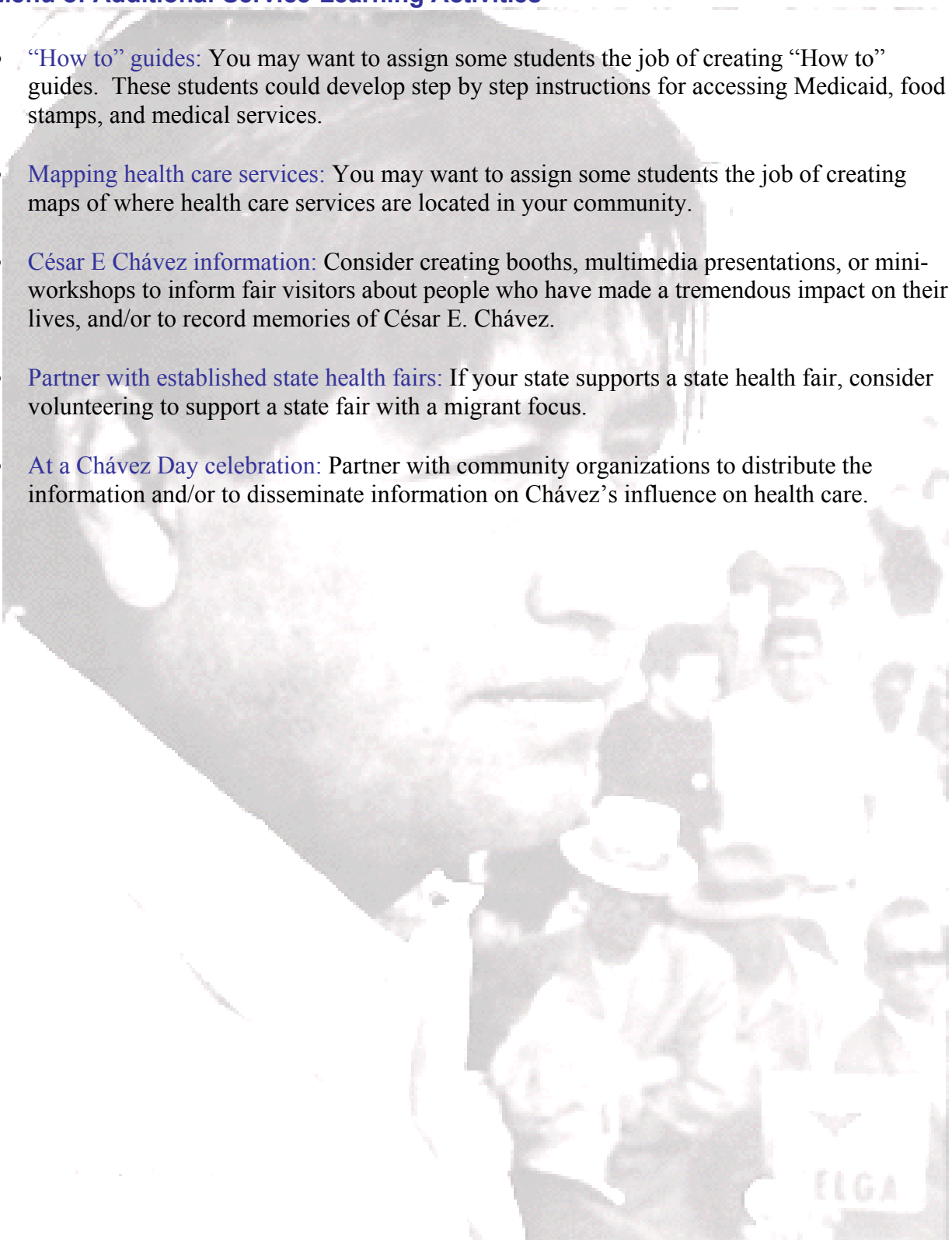
Time: Minimum of 45 minutes

Directions: Ask students to synthesize their research information into either a brochure, a poster, or a multimedia presentation that will be shared with the migrant community. To be most effective, the materials should be provided in both English and Spanish. Consider using parents and college students to help translate. This would also be a good time to collaborate with personnel from a nearby medical clinic so that they could check the accuracy of the information.

If time allows, consider additional service-learning activities found on page 19.

Menu of Additional Service-Learning Activities

- **“How to” guides:** You may want to assign some students the job of creating “How to” guides. These students could develop step by step instructions for accessing Medicaid, food stamps, and medical services.
- **Mapping health care services:** You may want to assign some students the job of creating maps of where health care services are located in your community.
- **César E Chávez information:** Consider creating booths, multimedia presentations, or mini-workshops to inform fair visitors about people who have made a tremendous impact on their lives, and/or to record memories of César E. Chávez.
- **Partner with established state health fairs:** If your state supports a state health fair, consider volunteering to support a state fair with a migrant focus.
- **At a Chávez Day celebration:** Partner with community organizations to distribute the information and/or to disseminate information on Chávez’s influence on health care.



POST-SERVICE ACTIVITIES

Post-service activities are designed to reflect on the project and to consider ways in which students can continue to impact the migrant community, particularly with regard to health care needs.

3-2-1 Reflections

Purpose: To reflect on what was learned through this project.

Materials: Student Booklet, page 54

Time: 45 minutes

Directions: Ask students to take time to reflect on three things they personally learned, two things the group learned together, and one thing individuals can do to continue to promote good health for the migrant. Allow time for volunteers to share their reflections with the class. Celebrate all the things you learned and hand out the certificates to acknowledge the accomplishments of students. Evaluate the project with key partners and complete the project response form.

Consider additional post-service activities on page 26.

Menu of Additional Post-Service Activities

- Share presentations about César E. Chávez and/or your project with other community members.
- Sponsor public health workshops around the community.
- Begin planning a bigger and better health fair for next year.
- Write a letter to the editor of your local newspaper describing your service-learning experience.
- Create a class archive or scrapbook about what you have learned about César Chávez. Each student must contribute something. Be sure to include pictures from your “Health Issues of Migrant Workers” experience and relate how César Chávez’s values were evident in the project.
- Read the newspaper and keep a journal of migrant health issues that you have read about. Keep an “Opportunity List” of these issues on a class wall; perhaps you’ll find yourself doing something about it.
- Research statistics on poverty. Look at employment numbers, housing costs and shortages, cost of food, and average wages earned.
- Reflect on your own values.
- Write a story about your experience with this service-learning project.
- Read the Migrant Health Act of 1962. Reflect on how things have changed since then.
- Invite a newspaper reporter into your classroom to discuss this service-learning project and reactions.
- Invite a state representative into your classroom to discuss what you learned from this project and see how you might continue to help.
- Invite medical personnel from a nearby clinic to share your experience and to see how you might continue to help.
- Spend a day working with the migrants at their salary under their working conditions.
- Visit a market in the migrant community. Note the kinds of supplies they stock and the prices. Compare the supplies and prices with markets in other communities.

Student Booklet

STUDENT BOOKLET

Core Values of César E. Chávez

Read through the ten core values of César E. Chávez.

1. **Service to Others:** Service that is predicated on empowering others; engendering self-help, self-determination, and self-sufficiency versus charity.
2. **Sacrifice:** Sacrifice that is spiritual; that is courageous and steadfast in its willingness to endure great hardship for others.
3. **A Preference to Help the Most Needy:** A concerted effort to support programs that reach the most needy, the most dispossessed, the most forgotten people in society no matter how difficult the challenge that choice may bring.
4. **Determination:** Determination that is characterized by an attitude that with faith, steadfast commitment, patience, and optimism, human beings can prevail against all odds.
5. **Nonviolence:** Invoking nonviolence as the most powerful tool for achieving social/economic justice and equality; action that requires boldness and courage versus meekness and passivity.
6. **Acceptance:** An essential ingredient for success in organizing diverse forces to achieve social change, create community, and actualize democracy is the acceptance of all people, an absolutely indispensable necessity to the well-being of this country.
7. **Respect for Life and the Environment:** Respect that holds as sacred the land, the people, and all other forms of life.
8. **Community:** Sharing the joyous and respectful expression of cultural diversity through the reinforcement of the values of equity and responsibility to and for one another.
9. **Knowledge:** The pursuit of self-directed learning and the development of critical thinking and constructive problem solving skills; overcoming ignorance through education.
10. **Innovation:** A creative capacity to find pragmatic strategies and tactics to resolve problems and situations that often seem insurmountable to others.

Reflective Pause...

1. When in your life have you expressed any of these values? _____

2. When in your life have you experienced any of these values? _____

3. What do you surmise about César E.Chávez considering that these 10 values exemplify him?

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*ADDRESS BY CÉSAR E. CHÁVEZ, PRESIDENT
UNITED FARM WORKERS OF AMERICA, AFL-CIO
Pacific Lutheran University, Tacoma, Washington
March 1989*

What is the worth of a man or a woman? What is the worth of a farm worker? How do you measure the value of a life?

Ask the parents of Johnnie Rodriguez.

Johnnie Rodriguez was not even a man; Johnnie was a five-year-old boy when he died after a painful two year battle against cancer. His parents, Juan and Elia, are farm workers. Like all grape workers, they are exposed to pesticides and other agricultural chemicals. Elia worked in the table grapes around Delano, California, until she was eight months pregnant with Johnnie.

Juan and Elia cannot say for certain if pesticides caused their son's cancer. But neuroblastoma is one of the cancers found in McFarland, a small farm town only a few miles from Delano, where the Rodriguezes live. "Pesticides are always in the fields and around the towns," Johnnie's father told us. "The children get the chemicals when they play outside, drink the water or when they hug you after you come home from working in fields that are sprayed.

"Once your son has cancer, it's pretty hard to take," Juan Rodriguez says. "You hope it's a mistake, you pray. He was a real nice boy. He took it strong and lived as long as he could."

I keep a picture of Johnnie Rodriguez. He is sitting on his bed, hugging his Teddy bears. His sad eyes and cherubic face stare out at you. The photo was taken four days before he died.

Johnnie Rodriguez was one of 13 McFarland children diagnosed with cancer in recent years; and one of six who have died from the disease. With only 6,000 residents, the rate of cancer in McFarland is 400 percent above normal.

In McFarland and in Fowler, childhood cancer cases are being reported in excess of expected rates. In Delano and other farming towns, questions are also being raised. The chief source of carcinogens in these communities are pesticides from the vineyards and fields that encircle them. Health experts believe the high rate of cancer in McFarland is from pesticides and nitrate containing fertilizers leaching into the water system from surrounding fields. Last year, California's Republican Governor, George Deukmejian, killed a modest study to find out why so many children are dying of cancer in McFarland. "Fiscal integrity" was the reason he gave for his veto of the \$125,000 program, which could have helped 84 other rural communities with drinking water problems.

Last year, as support for our cause grew, Governor Deukmejian used a statewide radio broadcast to attack the grape boycott. “There is no evidence to prove that pesticides on grapes and other produce endanger farm workers or consumers”, Deukmejian claimed.

Ask the family of Felipe Franco. Felipe is a bright seven-year-old who is learning to read and write. Like other children, Felipe will some day need to be independent. But Felipe is not like other children: he was born without arms and legs. Felipe’s mother, Ramona, worked in the grapes near Delano until she was in her eighth month of pregnancy. She was exposed to Captan, known to cause birth defects and one of the pesticides our grape boycott seeks to ban. “Every morning when I began working I could smell and see pesticides on the grape leaves,” Ramona said.

Like many farm workers, she was assured by growers and their foremen how the pesticides that surrounded her were safe, that they were harmless “medicine” for the plants. Only after Ramona took her son to specialists in Los Angeles was she told that the pesticides she was exposed to in the vineyards caused Felipe’s deformity. The deep sadness she feels has subsided, but not the anger.

Felipe feels neither anger nor sadness. He is lavished with the care and love he will always need. And he dreams of what only a child can hope for: Felipe wants to grow arms and legs. “He believes he will have his limbs someday,” his mother says. “His great dream is to be able to move around, to walk, to take care of himself.”

Our critics sometimes ask, ‘why should the United Farm Workers worry about pesticides when farm workers have so many other more obvious problems?’ The wealth and plenty of California agribusiness are built atop the suffering of generations of California farm workers. Farm labor history across America is one shameful tale after another of hardship and exploitation. Malnutrition among migrant children, tuberculosis, pneumonia, and respiratory infections. Average life expectancy is more than 20 years below the U.S. norm.

Savage living conditions. Miserable wages and working conditions. Sexual harassment of women workers. Widespread child labor. Inferior schools or no school at all. When farm workers organize against these injustices they are met with brutality and coercion – and death.

Under Governor Deukmejian’s control, California’s pioneering 1975 law which guarantees farm workers the right to organize and vote in secret ballot union elections is now just one more tool growers use to oppress our people. Thousands who thought the law protected them were threatened and fired and beaten by the growers; two were murdered – shot to death by gunmen their employers had hired. For 100 years succeeding waves of immigrants have sweated and sacrificed to make this industry rich. And for their sweat and for their sacrifice, farm workers have been repaid with humiliation and contempt.

With all these problems, why then, do we dwell so on the perils of pesticides? Because there is something even more important to farm workers than the benefits unionization brings. Because there is something more important to the farm workers’ union than winning better wages and working conditions. That is protecting farm workers, and consumers, from systematic poisoning

through the reckless use of agricultural toxics. There is nothing we care more about than the lives and safety of our families. There is nothing we share more deeply in common with the consumers of North America than the safety of the food all of us rely upon.

We are proud to be a part of the House of Labor. Collective bargaining is the traditional way American workers have escaped poverty and improved their standard of living. It is the way farm workers will also empower themselves. But the U.F.W. has always had to be something more than a union.

Because our people are so poor. Because the color of our skin is dark. Because we often don't speak the language. Because the discrimination, the racism, and the social dilemmas we confront transcend mere economic need. What good does it do to achieve the blessings of collective bargaining and make economic progress for people when their health is destroyed in the process? If we ignored pesticide poisoning, if we looked on as farm workers and their children are stricken, then all the other injustices our people face would be compounded by an even more deadly tyranny.

But ignore that final injustice is what our opponents would have us do. 'Don't worry,' the growers say. 'The U.F.W. misleads the public about dangers pesticides pose to farm workers,' the Table Grape Commission says. 'Governor Deukmejian's pesticide safety system protects workers,' the Farm Bureau proclaims.

Ask the family of Juan Chabolla. Juan Chabolla collapsed after working in a field sprayed only an hour before with Monitor, a deadly pesticide. But instead of rushing Juan to a nearby hospital, the grower drove him 45 miles across the U.S.-Mexico border and left him in a Tijuana clinic. He was dead on arrival. Juan, 32, left his wife and four young children in their impoverished clapboard shack in Maneadero, Mexico. Just after Juan Chabolla died, Governor Deukmejian vetoed a modest bill, strongly opposed by agribusiness, that would have required growers to post warning signs in fields where dangerous pesticides are applied. One billion pounds of pesticides are applied each year in the United States: 79 percent of them in agriculture; 250 million pounds go on crops in California; in 1986, 10 million pounds went on grapes. And that 10 million pounds on grapes only covers restricted use pesticides, where permits are required and use is reported. Many other potentially dangerous chemicals are used that don't have to be disclosed.

Grapes are the largest fruit crop in California. It receives more restricted use pesticides than any fresh food crop. About one-third of grape pesticides are known carcinogens, like the chemicals that may have afflicted Johnnie Rodriguez; others are teratogens – birth defect-producing pesticides – that doctors think deformed Felipe Franco. Pesticides cause acute poisoning – of the kind that killed Juan Chabolla – and chronic, long term effects such as we're seeing in communities like McFarland. More than half of all acute pesticide related illnesses reported in California involve grape production.

In 1987 and '88, entire crews of grape workers – hundreds of people were poisoned after entering vineyards containing toxic residues. In all those episodes, the grapes had been sprayed

weeks before. All the legal requirements were followed. The vineyards were thought to be “safe.” But farm workers were still poisoned.

Illegal use of pesticides is also commonplace. Grape growers have been illegally using Fixx, a growth enhancer, for 20 years. Another illegal pesticide, Acephate, which causes tumors, has also been used on grapes. Over 2,000 consumers were poisoned in 1984 after eating watermelons illegally sprayed with Aldicarb. And these are only cases where growers were caught applying illegal chemicals. Farm workers and their families are exposed to pesticides from the crops they work. The soil the crops are grown in. Drift from sprays applied to adjoining fields and often to the very field where they are working.

The fields that surround their homes are heavily and repeatedly sprayed. Pesticides pollute irrigation water and groundwater. Children are still a big part of the labor force. Or they are taken to the fields by their parents because there is no child care. Pregnant women labor in the fields to help support their families. Toxic exposure begins at a very young age, often in the womb.

What does acute pesticide poisoning produce? Eye and respiratory irritations. Skin rashes. Systemic poisoning. Death.

What are the chronic effects of pesticide poisoning on people, including farm workers and their children, according to scientific studies?

Birth defects. Sterility. Still births. Miscarriages. Neurological and neuropsychological effects. Effects on child growth and development. Cancer. Use of pesticides are governed by strict laws, agribusiness says. Growers argue reported poisonings involved only one (1) percent of California farm workers in 1986.

True. But experts estimate that only one (1) percent of California pesticide illness or injury is reported. The underreporting of pesticide poisoning is flagrant, and it is an epidemic. A World Resources Institute study says 300,000 farm workers are poisoned each year by pesticides in the United States. Even the state Department of Food and Agriculture reported total pesticide poisoning of farm workers rose by 41 percent in 1987.

Yet the Farm Workers aren't sincere when we raise the pesticide issue, grape growers complain. They won't admit that the first ban on DDT, Aldrin and Dieldrin in the United States was not by the Environmental Protection Agency in 1972, but in a United Farm Workers contract with a grape grower in 1967. Who will protect farm workers from poisoning if it isn't the farm workers' union?

The Environmental Protection Agency won't do it. They're in bed with the same agricultural and chemical interests they are supposed to regulate. It was an accident of history that E.P.A. got stuck with regulating pesticides. It happened after the federal Occupational Safety and Health Administration, which is supposed to safeguard all American working people, refused to protect farm workers.

The law won't do it. Agribusiness lobbied mightily to exclude farm workers from federal job safety and health laws. And they won.

You think the National Rifle Association wields a powerful lobby? They're pussy cats compared to organizations that lobby for agribusiness when it comes to protecting their interests. Too many people still think of small family farmers – an image corporate agribusiness likes to promote. The American Medical Association tries to do the same thing; except most people don't believe doctors still make house calls. But we all know what farming is today in states like California: A \$14 billion a year industry dominated by huge corporations – the state's richest industry. There has never been a law at the state or national levels that has ever been enforced for farm workers and against growers: child labor, minimum wage and hour, occupational health and safety, agricultural labor relations. Now will agribusiness protect farm workers from pesticides?

The agrichemical industry won't do it. It's out to maximize profits. Using smaller amounts of safer chemicals more wisely is not in the interest of chemical companies and agribusiness groups like the Farm Bureau that have heavy financial stakes in maintaining pesticide use.

There is nothing is wrong with pesticides, they claim; the blame rests with abuse and misuse of pesticides. It's like the N.R.A. saying, 'guns don't kill people, people kill people.'

Universities won't do it. America's colleges and universities are the best research facilities in the world. But farm workers are of the wrong color; they don't speak the right language; and they're poor. The University of California, and other land grant colleges, spend millions of dollars developing agricultural mechanization and farm chemicals. Although we're all affected in the end, researchers won't deal with the inherent toxicity or chronic effects of their creations. Protecting farm workers and consumers is not their concern.

Doctors won't do it. Most physicians farm workers see won't even admit their patients' problems are caused by pesticides. They usually blame symptoms on skin rashes and heat stroke. Doctors don't know much about pesticides: The signs and symptoms of acute pesticide poisoning are similar to other illnesses. Doctors who work for growers or physicians with close ties to rural communities won't take a stand.

Two years ago in Tulare County, California, 120 orange grove workers at LaBue ranch suffered the largest skin poisoning ever reported. The grower had changed the formulation of a pesticide, Omite CR, to make it stick to the leaves better. It did. It also stuck better to the workers. Later they discovered the reentry delay had to be extended from seven to 42 days. After the poisoning, the company doctor said workers should just change clothes and return to work. When we demanded the workers be removed from exposure, the doctor replied, "Do you know how much that would cost?"

Workers endure skin irritations and rashes that none of us would tolerate. They continue to work because they desperately need the money. They don't complain out of fear of losing their jobs. Farm workers aren't told when pesticides are used. They have no health insurance. They are

cheated out of workers compensation benefits by disappearing labor contractors or foremen who intimidate people into not filing claims.

In the old days, miners would carry birds with them to warn against poison gas. Hopefully, the birds would die before the miners. Farm workers are society's canaries. Farm workers, and their children, demonstrate the effects of pesticide poisoning before anyone else. But the unrestrained use of agricultural chemicals is like playing Russian Roulette with the health of both farm workers and consumers. So much of so many pesticides are used and so little is known about them.

There are 600 active ingredient pesticides used in agriculture; they turn into thousands of pesticide products. Of the 600 farm pesticides, 496 can leave residues on or in food. Only 316 of the 496 pesticides that leave residues on food have maximum legal tolerance levels set by the E.P.A. saying how much of these pesticides can be in what we eat. Of the 316 pesticides with tolerance levels, only 41 percent can be detected by the most common and widely used tests. Two hundred and ninety-three (293) pesticides that could leave residues on food cannot be detected by any current test that checks for more than one chemical at a time. Many can't be detected by any test at all. Forty-four (44) percent of the pesticides used on grapes that pose potential health hazards to humans can't be detected by tests used to check for toxic residues.

A recent report by the National Academy of Sciences concludes that pesticides in 15 commonly eaten foods, including grapes, pose the greatest pesticide – caused dietary cancer risk to people. Many pesticides used on foods – that have government tolerance levels – can cause cancer in human beings. Almost all tolerance levels of pesticides in food were set by the federal government without adequate testing for potential harmful health effects on consumers. Some safety studies on these pesticides were conducted by an Illinois laboratory that was closed after it was found to be reporting fraudulent data to the E.P.A. Two of its toxicologists are in jail. The U.S. General Accounting Office estimates that it will take E.P.A. until well into the 21st century to ensure all pesticides now on the market meet current health and safety standards. The U.S. Food and Drug Administration takes an average of 18 days to test food for pesticide residues. Before test results are available, the food has been marketed and consumed.

Most pesticides were approved by the U.S. Department of Agriculture in the 1940s and '50s. Little or no testing for chronic health effects was required. Not long ago the Delaney Amendment, passed by Congress, banned any food additive known to cause cancer in animals or humans. That ban applies to everything, except farm pesticides. The agrichemical industry convinced Congress that pesticides, which cause cancer, are not really food additives since they are added to food before it is harvested. In 1978, E.P.A. allowed new chemicals to be registered conditionally without complete testing for chronic health effects. Testing on half of all new pesticides registered between 1978 and 1984 did not meet current health and safety testing standards.

All this means that we do not know if pesticide residues on the food you buy in supermarkets cause cancer, birth defects, and other tragedies. And E.P.A., charged with protecting America's land and people from toxic contamination, has made no effort to encourage the use of safer alternatives to toxic pesticides. The chemical companies have convinced the growers and they

want you to believe, that if it wasn't for them, the whole world would be dead of malaria and starvation. But, brothers and sisters, pesticides haven't worked.

Crop loss to pests is as great or greater than it was 40 years ago. The pesticides haven't changed anything. Because Darwinian evolution has favored pests of all kinds with this enormous ability to resist and survive. It's why antibiotics stop working after awhile. If you don't kill everything, the organisms that survive are tougher and more resistant; and they're the ones that breed.

There are mosquitoes in parts of the world that can survive any combination of pesticides delivered in any dose. There is a startling resurgence of malaria around the world. And it's much worse now because 40 years ago we relied entirely on a chemical solution. So we ignored alternatives: draining ponds, dredging ditches, observing sound crop practices, encouraging use of natural predators.

In the long run, more lives will be lost because for 30 years we also stopped developing malaria vaccines. You can't fool Mother Nature. Insects can outfox anything we throw at them. In time, they will overcome. People thought pesticides were the cure-all, the key to an abundance of food. They thought pesticides were the solution; but they were the problem.

The problem is this mammoth agribusiness system. The problem are the huge farms. The problem is the pressure on the land from developers. The problem is not allowing the land to lay fallow and recover. The problem is the abandonment of cultural practices that have stood the test of centuries: crop rotation, diversification of crops. The problem is monoculture: Growing acres and acres of the same crop; disrupting the natural order of things; letting insects feast on acres and acres of a harem of delight . . . and using pesticides that kill off their natural predators.

Meantime, these greedy chemical companies, multi-national corporations, try to sanctify their poisons. They would have us believe they are the health givers, that because of them people are not dying of malaria and starvation. When all the time, they just want to defend their investments. They just want to protect their profits. They don't want anything to change. The chemical companies believe in the Domino Theory: if any chemical is attacked, then all chemicals are threatened. No matter how dangerous it is.

It's a lot like that saying from the Vietnam War: we had to destroy the village in order to save it. They have to poison us in order to save us. But at what cost? The lives of farm workers and their children who are suffering?

The lives of consumers who could reap the harvest of pesticides ten, twenty years from now? The contamination of our ground water. The loss of our reverence for the soil. The raping of the land. We see these insane practices reflected in the buy-outs and takeovers on Wall Street. It's the same thing: exchanging long-term security for short-term gain.

You sacrifice a company for the immediate rewards. But you destroy what produces jobs and livelihoods and economic health. If you eat the seed corn, you won't have a crop to plant. Oscar Wilde once said, "A cynic is someone who knows the price of everything and the value of nothing."

We look at the price, but we don't look at the value. Economics and profit drive everything. People forget that the soil is our sustenance. It is a sacred trust. It is what has worked for us for centuries. It is what we pass on to future generations.

If we continue in this thoughtless submission to pesticides – if we ruin the top soil – then there will not be an abundance of food to bequeath our children. Farm workers and consumers cannot get pesticide regulation because those who make the laws and set the rules are captives of these bankrupt 40 and 50-year old policies that have been shown not to work.

E.P.A.'s pesticide standards are not health standards created to protect the American public. With health standards, a company cannot complain to the government that it will go out of business or that its business will be hurt if it is forced to comply with the standards. Because protecting public health is considered more important than protecting the profits of any corporation. But E.P.A.'s standards are based on something very different: cost benefit standards. If growers or chemical companies can show that standards protecting people will cost more than they will benefit, they can get off the hook.

Under cost benefit standards, the costs of pesticide safety are quantifiable: like the money chemical companies invest in producing pesticides or in the stock of toxics that have already been manufactured; like the crops growers claim could be endangered if some pesticides are banned. The benefits of pesticide protection, especially long term chronic threats to farm workers and consumers, are impossible to express in dollars and cents. They are often contained, at best, in vague and incomplete toxicological studies – thanks to growers and chemical companies that have resisted testing for health effects. So they don't ban the worst of these poisons because some farm worker might give birth to a deformed child. So they don't imperil millions of dollars in profits today because, some day, some consumer might get cancer. So they allow all of us, who place our faith in the safety of the food supply, to consume grapes and other produce which contain residues from pesticides that cause cancer and birth defects. So we accept decades of environmental damage these poisons have brought upon the land. The growers, the chemical companies and the bureaucrats say these are acceptable levels of exposure.

Acceptable to whom? Acceptable to Johnnie Rodriguez's parents? Acceptable to Felipe Franco? Acceptable to the widow of Juan Chabolla and her children? Acceptable to all the other farm workers – and their sons and daughters – who have known tragedy from pesticides?

There is no acceptable level of exposure to any chemical that causes cancer. There can be no toleration of any toxic that causes miscarriages, still births, and deformed babies.

Risk is associated with any level of exposure. And any level of exposure is too much. Isn't that the standard of protection you would ask for your family and your children? Isn't that the standard of protection you would demand for yourself? Then why do we allow farm workers to carry the burden of pesticides on their shoulders? Do we carry in our hearts the sufferings of farm workers and their children?

Do we feel deeply enough the pain of those who must work in the fields every day with these poisons? Or the anguish of the families that have lost loved ones to cancer? Or the heartache of

the parents who fear for the lives of their children – who are raising children with deformities, who agonize the outcome of their pregnancies?

Who ask in fear, ‘Where will this deadly plague strike next?’ Do we feel their pain deeply enough? I didn’t. And I was ashamed.

I studied this wanton abuse of nature. I read the literature, heard from the experts about what pesticides do to our land and our food. I talked with farm workers, listened to their families, and shared their anguish and their fears. I spoke out against the cycle of death. But sometimes words come too cheaply. And their meaning is lost in the clutter that so often fills our lives. That is why, in July and August of last year, I embarked on a 36-day unconditional, water-only fast.

The fast was first and foremost directed at myself. It was something I felt compelled to do to purify my own body, mind, and soul. The fast was an act of penance for our own members who, out of ignorance or need, cooperate with those who grow and sell food treated with toxics.

The fast was also for those who know what is right and just. It pains me that we continue to shop without protest at stores that offer grapes; that we eat in restaurants that display them; that we are too patient and understanding with those who serve them to us.

The fast, then, was for those who know that they could or should do more – or those who, by not acting, become bystanders in the poisoning of our food and the people who produce it. The fast was, finally, a declaration of non-cooperation with supermarkets that promote, sell, and profit from California table grapes. They are as culpable as those who manufacture the poisons and those who use them.

It is my hope that our friends everywhere will resist in many nonviolent ways the presence of grapes in the stores where they shop. The misery that pesticides bring farm workers – and the dangers they pose to all consumers – will not be ended with more hearings or studies. The solution is not to be had from those in power because it is they who have allowed this deadly crisis to grow. The times we face truly call for all of us to do more to stop this evil in our midst. The answer lies with you and me. It is with all men and women who share the suffering and yearn with us for a better world. Our cause goes on in hundreds of distant places. It multiplies among thousands and then millions of caring people who heed through a multitude of simple deeds the commandment set out in the book of the Prophet Micah, in the Old Testament: “What does the Lord require of you, but to do justice, to love kindness, and to walk humbly with your God.” Thank you. And boycott grapes.

Reflective Pause...

1. What did you learn by reading this speech? _____

2. What questions do you have? _____

César E. Chávez Address Chart

Read the address on the preceding pages. As you read, do two things. First, identify the health issues and their probable causes that the migrants in the chart below faced.

Migrant	Health Issue	Probable Cause
Johnnie Rodriguez		
Felipe Franco		
Juan Chabolla		

Evidence Collection Chart

Second, collect evidence identifying how the values of César E. Chávez were demonstrated through the address.

Value	Brief Description	Evidence of Value
<i>Service to Others</i>	<i>Through empowerment, not charity</i>	
<i>Sacrifice</i>	<i>Placing others before yourself</i>	
<i>Preference</i>	<i>Helping those with the most need</i>	
<i>Determination</i>	<i>Never give up, “Si se puede”</i>	
<i>Nonviolence</i>	<i>A bold, pro-active way to change the world</i>	
<i>Acceptance</i>	<i>Respect for differing beliefs</i>	
<i>Respect for Life</i>	<i>Appreciation of the environment and all living creatures</i>	
<i>Celebrating Community</i>	<i>Working together</i>	
<i>Knowledge</i>	<i>A life-long learning process</i>	
<i>Innovation</i>	<i>Originality, creativity, imagination</i>	

Stop, Think, and Plan

Reflective Pause...

1. What do you know about migrant health issues? _____

2. What would you like to know about migrant health issues? _____

3. How can you find out more about migrant health issues? _____

4. What can you do about migrant health issues? _____

5. What kind of health fair would best serve our migrant community? _____

Building Knowledge

This service-learning project involves researching migrant health issues, including the causes, access to health care, and possible prevention/intervention strategies. Once the research is collected, you will synthesize it into understandable information that will be shared with the migrant community. This work is extremely important and must be done very carefully because people are counting on you to collect accurate information.

As you collect your research, make sure to include the condition, cause, and comparison of disease rate in migrant populations with other populations (charts and graphs may make this information easier to understand), prevention strategies, and intervention strategies.

An outline is available in this booklet on page 47. You may use that outline to take notes if you wish. If you prefer to organize your notes in a graphic organizer, one is available on page 48 of this booklet.

Fact Sheets About Farmworkers

Profile of a Population with Complex Health Problems

(http://www.ncfh.org/factsheets_05.shtml)

The results from this study are significant, shocking, and convincing. The findings are based upon a sample of migrant and seasonal farmworkers living and working in the United States, yet their demographic patterns, socioeconomic conditions, life-style characteristics, and disease categories reflect agrarian third world conditions rather than those of the most powerful and affluent nation in the world. Factors such as poverty, malnutrition, infectious and parasitic diseases, poor education, a young population, and poor housing equate to a highly vulnerable population in need of resources. Clearly, the migrant population is at greater risk and suffers more problems than the general population of the United States. The results of this research demonstrate the need for more services, care, and treatment. The need for developing a health policy and research agenda for migrant farmworkers in this decade is evident.

Since the Migrant Health Act was passed in 1962, migrant health centers have struggled to serve the migrant and seasonal farmworkers and their families who make up the backbone of this country's agricultural work force. The on going battle to improve the health status of farmworkers has not been easy, and is being lost. Current estimates show that migrant clinics are able to serve less than 20 percent of this nation's migrant farmworkers.

Health centers have been handicapped in their efforts to focus attention on this gap in service by the lack of reliable data on the health status of the farmworkers they serve. While some data is available for individual clinics or regions, this information does not give a clear national picture of the health problems experienced by these workers and their families.

Now, thanks to a partnership between the Migrant Clinicians Network and the National Center for Farmworker Health (formerly known as the National Migrant Resource Program), the first national study of morbidity in the farmworker population gives us solid evidence that their health status is far below that of the general population.

Comparison with General Population

- Migrant farmworkers have different and more complex health problems from those of the general population.
- Migrant farmworkers suffer more frequently from infectious diseases than the general population.
- Farmworkers have more clinic visits for diabetes, medical supervision of infants and children, otitis media, pregnancy, hypertension, and contact dermatitis and eczema.
- Clinic visits for general medical exams account for only 1.4 percent of all visits to migrant health clinics, 39 percent below the U.S. average.
- The farmworker population has more young people and fewer older people than the general U.S. population.

Multiple Health Problems

- Multiple and complex health problems exist among over 40 percent of all farmworkers who visit migrant health clinics.
- Patients under 1 year and over 64-years-old had the highest occurrence of multiple health problems.
- The diagnostic category “Factors Influencing Health,” which covers preventive services, produced the most clinic visits for all migrant workers. This suggests that migrant health clinics are actively providing health promotion and disease prevention services.

Community Health Status

- As many as 58 percent of all households in migrant homebase areas are below nationally defined poverty levels, compared with only 1.4 percent nationally.
- Homebase areas have a higher than average proportion of households with low median income, low median home value, and low percent of college graduates.
- The overall health of farmworkers in homebase areas is significantly worse than that of either the general U.S. population or farmworkers in non-homebase migrant areas.

Health Status by Age

- Clinic visits for ages 1-4 are mostly for infectious and nutritional health problems. Health problems for ages 5-9 are also primarily infectious, but dental problems also appear for the first time in this group.
- Dental disease is the number one health problem for patients aged 10-14.
- Pregnancy is the most frequently presenting health condition for females aged 15-19; dental disease is number one for males.
- Females aged 20-29 visit clinics primarily for pregnancy, diabetes, common cold, and reproductive problems. Males visit primarily for contact dermatitis and eczema, strep throat and scarlet fever, and dental problems.
- In the 30-44 age group, two of the top three problems for both males and females are diabetes and hypertension.
- Nearly half of all clinic visits for men and women in the 45-64 age group are for diabetes, hypertension, or arthropathies.
- Among the elderly, over 60 percent of clinic visits by males and 80 percent by females are for diabetes and hypertension.

Geography and Demography

- The non-homebase study counties have an overall higher median age than the country as a whole.
- The homebase counties have more children under 15 and fewer elderly over 65 than either the U.S. in general or non-homebase migrant areas.
- Per capita income in all study counties except one is below the U.S. average. Migrant homebase areas show a 1989 per capita income 50 percent less than the U.S. level of \$13,218.
- Over 20 percent of the households in the homebase study area have incomes of under \$7,500; the percentage for non-homebase households ranges from 7 percent to 14 percent.

This study of migrant health status was completed by G. E. Alan Dever of Mercer University under contract to the National Migrant Resource Program. Funding for the study was provided by the U.S. Department of Health and Human Services, Bureau of Health Care Delivery and Assistance, Migrant Health Program. With technical support from the National Center for Farmworker Health, the Migrant Clinicians Network sampled utilization data from four migrant health centers in the states of Michigan and Indiana (non-homebase areas), and Texas (a homebase area).

Maternal and Child Care (http://www.ncfh.org/factsheets_04.shtml)

- The U.S. ranks second in the world in wealth, but 19th worldwide in infant mortality and 21st in mortality among children under five.
- In 1985, 17 percent of all women and 36 percent of poor women were completely uninsured. More than 14 million American women had no insurance coverage for maternity benefits.
- Among industrialized nations, only the United States and South Africa fail to provide health care for all pregnant women.
- In 1989 the cost of a normal delivery with a one-day stay in the hospital was \$3,233.
- The cost of prenatal care is less than the cost of one day of neonatal intensive care for a low-birth weight baby.

Migrant Maternal/Child Health

- The infant mortality rate among migrants is 25 percent higher than the national average.
- Poor nutrition causes pre and post-partum deaths, anemia, extreme dental problems, and poor mental and physical development of children.
- Birth injuries result in many cases of cerebral palsy and mental retardation.
- More than 15,000 pregnant women received maternity care at health centers during 1987.

- Health centers are serving 10 percent of low income pregnant women.
- Health centers reported a 300 percent increase in the number of pregnant women seeking care.
- Many centers report that area insurers will no longer underwrite them for obstetrical care, no matter what they are willing to spend.
- In 1988, one half of all health centers surveyed by the National Institute of Medicine reported reducing obstetrical services because the cost has exceeded their ability to finance care.

Sources

1. Interstate Migrant Education Task Force: Migrant Health. Education Commission on the States, November 1979.
2. Ramirez, P., Migrant Health Care: A Mixture of Hope and Despair. Agenda (National Council of La Raza), Vol. 7, No. 2, March-April 1977.
3. Position Paper: Increase FY 1990 Appropriations for Critical Health Care Programs. Washington, DC: National Association of Community Health Centers, Inc., 1989.
4. Position Paper: Improve Medicare/Medicaid Coverage for High Priority Groups. Washington, DC: National Association of Community Health Centers, Inc., 1989.
5. The Cost of Maternity Care and Childbirth in the United States, 1989. Health Insurance Association of America, 1990.
6. Position Paper: Creating Access to Health Care for the Uninsured. Washington, DC: National Association of Community Health Centers, Inc., 1989.
7. Wilk, V., The Occupational Health of Migrant and Seasonal Farmworkers in the United States. Washington, DC: Farmworker Justice Fund, 1986.
8. Community-Based Health Care: A Front-Line Response to the Crisis in Health Care. Washington, DC: National Association of Community Health Centers, Inc., 1989.
9. Position Paper: Provide Malpractice Relief for Health Centers. Washington, DC: National Association of Community Health Centers, 1989.
10. Support the Medicaid Infant Mortality Amendments of 1990. Washington, DC: Children's Defense Fund, 1990.

Note Page (Outline)

Health Issue:

I. Condition _____

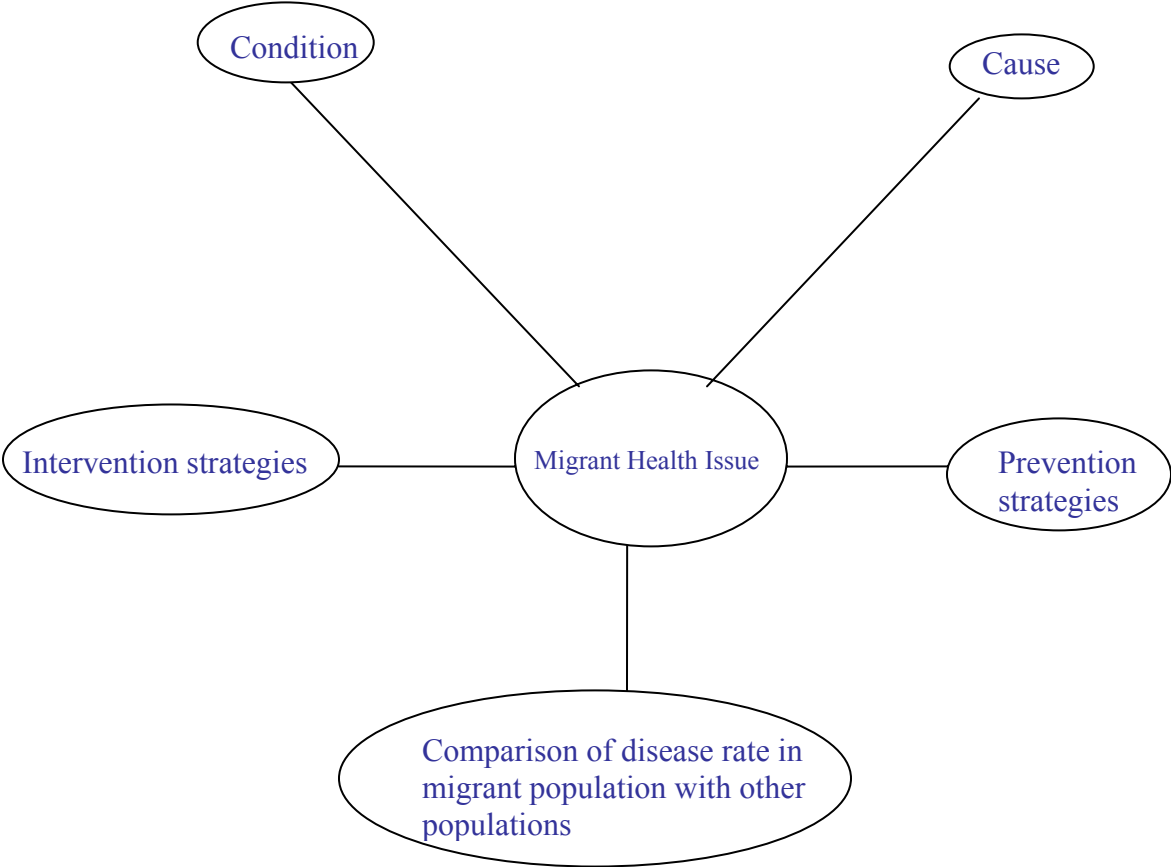
II. Cause _____

III. Comparison of disease rate in migrant population with other populations _____

IV. Prevention strategies _____

V. Intervention strategies _____

Note Page (Graphic Organizer)



Health Promotion Campaign Materials

Synthesize the information in your report into health promotion campaign materials (brochure, poster, or multimedia presentation). Share the information in a creative, clear, and easy to understand manner. Remember your target audience – the migrant community. Materials should be available in both English and Spanish.

3-2-1 Reflections

Reflect on three things that you personally learned, two things we learned together, and one additional contribution we could make.

What Did You Learn?

- What did you learn about César E. Chávez? _____

- What did you learn about health issues of migrants? _____

- What did you learn about yourself? _____

What Did We Learn?

- What worked? _____

- What would you change? _____

What Else Can We Do?

- How can we continue to promote good health in the migrant community? _____

Super Service

This certificate is presented to



*In honor of all your hard work in the
César Chávez Day of Service & Learning Project
On the date of _____,
We would like to give you our thanks for your service
to the people of our community.*

Presented by

Principal

Teacher

Resources

Resources

Cesar Chavez

www.cesarchavezfoundation.org/ – Cesar E. Chavez Foundation
www.goserv.ca.gov/ccd/ccd.asp – GO SERV Cesar Chavez Day
www.ufw.org/history.htm – United Farm Workers
www.paradigmproductions.org/ – The Fight in the Fields Classroom Curriculum
rims.k12.ca.us/score_lessons/chavez/ – RIMS
www.paradigmproductions.org/ – The Fight in the Fields classroom curriculum
www.cde.ca.gov/cesarchavez/ – California Department of Education Cesar Chavez Day Instructional Materials
www.sdcoe.k12.ca.us/chavez/welcome.html – San Diego County Office of Education Information and Resources for Educators
www.colapublib.org/chavez/ – County of Los Angeles Public Library
www.filmideas.com/nrbiographies.html – Cesar E. Chavez video
www.filmideas.com/dgfamouspeople.html – Cesar E. Chavez video

Migrant Workers and Health Issues

www.ufw.org - United Farm Workers of America
cfwr.tripod.com/ – Commission for Farm Worker’s Rights
www.farmworkers.org/ – Farm Workers Website
www.ncfh.org/ – National Center for Farmworker Health (NCFH)
www.ncfh.org/monograph.shtml – NCFH Migrant Health Monograph Series
www.ncfh.org/aaf_01.shtml – NCFH Overview of America’s Farmworkers
www.ncfh.org/factsheets.shtml – Fact Sheets About Farmworkers
www.ncfh.org/00_ns_rc_pateduc.shtml – NCFH Patient Education Materials
www.panna.org/ – Pesticide Action Network North America
www.migrantclinician.org/programs/Fellowship/fellowship.htm
– Migrant Clinicians Network
www.fns.usda.gov/fns/ – US Department of Agriculture: Food and Nutrition Service
www.dhs.ca.gov/cpns/index.htm – Cancer Prevention and Nutrition Section
gain.mercer.edu/grha/migranthealth.PDF – Running head: Migrant Family Healthcare Issues and Challenges

Health Fair Planning

www.aap.org/family/healthfairkit.htm – American Academy of Pediatrics Health Fair Kit
www.9healthfair.org/default.htm – 9 Health Fair
www.futurehealth.ucsf.edu/ccph/avards2002Boise.html – The Center for the Health Professions
www.brownsvilleherald.com/sections/archive/topstoryjmp/3-25-03/News15.htm – Health Fair Planned at Luz del Cielo
www.owensborodio.org/archives/newspaper/2000/11latino.html – Latino Health Fair Offers Free Health Screenings for Migrants
cnet.ucr.edu/women/nlho/ – National Latino Health Organization

Service and Volunteerism

www.ysa.org/ – Youth Serve America
www.servenet.org/ – SERVENet
www.compact.org/ – Campus Compact
www.aips.org/ – American Institute for Public Service
www.aspira.org – ASPIRA
www.ccc.ca.gov – California Conservation Corps
www.closeup.org – Close Up Foundation
www.dosomething.org – Do Something
www.Impactonline.org – Impact On Line
www.invcoll.pdx.edu/ic.htm – Invisible College
www.ncea.com – National Community Education Association

www.nccusa.org – National Council of Churches
www.dropoutprevention.org – National Drop Out Prevention Center
www.nsee.org – National Society for Experiential Education
www.nascc.org – National Association for Service and Conservation Corps
www.nwrel.org – Northwest Regional Education Laboratory
www.unitedway.org – Orange County’s United Way
www.volunteercenter.org – Volunteer Center Orange County
www.volunteercentersca.org – Volunteer Centers of California

Service Learning

www.learnandserve.org/ – The Corporation for National Service- Learn and Serve America
www.servicelearning.org/ – The National Service-Learning Clearinghouse
nylc.org/ – National Youth Leadership Council
csf.colorado.edu/sl/index.html – Higher Education National Service-Learning Clearinghouse
www.cde.ca.gov/calserve/ – CalServe Service-Learning Initiative
gse.berkeley.edu/research/slc/ – UC Berkeley Service Learning Research and Development Center
www.crf-usa.org/ – The Constitutional Rights Foundation
www.rmcdenver.com – RMC Research-Denver
www.yscal.org/ – Youth Service California

Project Evaluation and Feedback Form

PROJECT EVALUATION AND FEEDBACK FORM

Please circle the responses that best reflect how you feel.

	Not at All	Somewhat	Very Much
1. I thought this project was fun	1	2	3
2. I learned a lot.	1	2	3
3. I would recommend that this project be repeated next year with other students.	1	2	3
4. I thought this project was interesting.	1	2	3
5. I learned about things that will help me in my life right now.	1	2	3
6. I learned about things that will help me later in my life.	1	2	3
7. If I try hard enough, I can make a difference in my community.	1	2	3
8. I have a responsibility to help others in my community	1	2	3

9. The thing I liked best about this project is: _____

10. The thing I would do to make this project better is: _____

Other comments:



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