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M I G R A N T A T T I T U D E S T O W A R D S H E A L T H

Preliminary Report

COMMUNITY ATTITUDES

ALONG THE TRAIL OF THE PICKERS:

Community Attitudes Toward Agricultural Migratory Workers in the
East Coast Atlantic Stream

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Some Anthropologists contend that we cannot fully understand human behavior until we understand part-whole relationships between individuals and groups relative to their milieu (Arensburg, 1965: 7-73; Stewart, 1950: 115; Valentine, 1968: 98-127; Redfield, 1955: 7-21). It was with this idea in mind that we conducted a survey to determine community attitudes towards migrants, and to attempt to see the relationship between community attitudes to migrants and the utilization of community facilities by migrants. We were especially interested in health facilities.

This community survey is the second phase of the research project: Migrant Attitudes Toward Health.¹ The first phase of this project is a participant observation study of the migrant's view of the stream from the inside out and his health and illness behavior. We had two participant observers to enter the stream and to work as migrants sending us information on health and illness behavior. It was thought that a community with an attitude favorable to migrants would be a community wherein migrants would use community facilities, whereas a community with an attitude unfavorable toward migrants would result in migrants not using community facilities. Thus, we had a community investigator to interview officials in the city, town, or borough nearest the migrant camps on which our participant observers worked, to ascertain the community's attitude toward migrants.

DESIGN AND METHODOLOGY

The community investigator interviewed a broad spectrum of community officials in order to ascertain the community's attitude toward migrants. The officials were: nurses, sanitarians, law enforcement agents, agricultural extension agents, clergymen, newspaper editors and others.²

1. Phase one is in preparation, and "The Project upon which this publication is based was performed pursuant to Contract No. HSM 110-69-81 with the Public Health Service, Department of Health, Education and Welfare.
2. "Others" were suggested by officials interviewed as persons who we also ought to interview.

The "others" included: physician, lawyer, County Commissioner, migrant labor camp owner, Director of a migrant school, grower, and American Friends Service worker. The areas visited by our investigator were Sarasota-Bradenton-Palmetto Area,¹ Florida; Belle Glade-Pahokee Area, Florida; Virginia Beach Area, Virginia; Cape Charles Area, Virginia, and the Sunbury Area, Pennsylvania.

Our investigator visited these communities during the months of September, October, November, and December 1969, after the observers were out of the field in these areas. It was assumed that the officials in each community were knowledgeable about migrants; therefore, our first series of interview questions were designed to determine their contact with migrants and their extent of knowledge about migrants. This was done by asking each interviewee the same series of questions and checking them with our observer's information, and our investigator's observations and reports. The interview guide was pre-tested in western Pennsylvania, and then revised. The community investigator was recruited in August and in the field in September.²

Thirty-three community officials were interviewed: seven in the Manasota Area, Florida, eight in the Belle Glade-Pahokee Area, six in the Virginia Beach Area, six in the Cape Charles Area, and five in the Sunbury Area. Thirty-one were white, two were black, both Blacks were "Others"; one in Florida, and one in Virginia. (See Chart No. I Interviewees.)

Seventy-five per cent of the community officials had direct contact with migrant workers in their occupations. Newspaper Editors were the only community officials in each community who had no direct contact with migrants. The length of time of direct contact with migrants ranged from three months on the part of a nurse in the Sunbury Area to "all my life" on the part of a county health commissioner in Virginia. If one omits the newspaper editors, answers like "all my life" and "as long as I can remember," community officials had direct contact with migrants on an average of three and one-half years in Manasota Area, thirteen and one-half years in the Belle Glade-Pahokee Area, four years in the Virginia Beach Area, sixteen years in the Cape Charles Area, and nine years in the Sunbury Area.

1. Hereafter this Area will be referred to as the Manasota Area. It is the area adjacent to Manatee and Sarasota Counties.
2. The problem of recruitment and training will be discussed in a subsequent report.

CHART NO. I

INTERVIEWEES

COMMUNITY OFFICIALS	COMMUNITY AREAS					TOTAL
	MANASOTA *	BELLE GLADE-PAHOKEE	VIRGINIA BEACH	CAPE CHARLES	SUNBURY-BLOOMSBURG-DANVILLE	
Sanitarian	1	1	1	1	1	5
Law Enforcement Agent	1	1	1	1	1	5
Nurse	0	1	1	1	1	4
Agricultural Exten. Agent	1	1	1	1	0	4
Newspaper Editor	1	1	1	0	1	4
Clergyman	1	0	0	1	1	3
County Commissioner	1	0	0	0	0	1
School Teacher	1	0	0	0	0	1
Amer. Friends Ser. Worker	0	1	0	0	0	1
Rural Legal Aid	0	1	0	0	0	1
Lawyer	0	1	0	0	0	1
Farmer	0	0	1	0	0	1
Migrant Labor Camp Owner	0	0	1	0	0	1
Physician	0	0	0	1	0	1
Totals	7	8	7	6	5	33

*Sarasota-Bradenton-Palmetto

If the answer "all my life"¹ is omitted, community officials lived in these areas on the average of eleven years. The officials lived in the Manasota Area for an average of seven and one-half years, in the Belle Glade-Pahokee Area for an average of twelve and one-half years, in the Virginia Beach Area for an average of fourteen and one-half years, in the Cape Charles Area for an average of twenty-eight and one-half years, and in the Sunbury Area for an average of nine and one-half years.

The nature of the contact with migrants, the length of time in contact with migrants, and the length of time the interviewees lived in the community, plus their knowledge of services for migrants tend to confirm our assumptions that these officials formed the core of persons that we ought to have interviewed.

INTERVIEWING

Race relations discussions, especially Black-White, occurred repeatedly in most interviews. Migrants and Blacks are usually thought of as being the same. When interviewees referred to non-black migrants it was usually to say something like "Puerto Ricans give us no trouble, its the niggers...you know how niggers are."

All interviewees wanted to have their say about race relations, as if to redefine to themselves their position on race. Some interviewees thought that the Federal Government is doing too much for the Negro, and that it is time to stop placating the Negro. They were worried that the Federal Government is becoming too benevolent as far as Blacks are concerned.

An example of the subtle entry of race relations in the interviewing follows: In response to the question, "What provisions does the community provide for migrants?" a Belle Glade sanitarian said, "I don't think the average beloved American citizen wants a damn thing to do with the Negro and foreign migrants." Another sanitarian felt that young Blacks had gotten "out of hand" and that "some young Blacks are very hostile toward Whitey." Both sanitarians observed that the older Negroes were very friendly, and would always welcome them; whereas the young Negroes were hostile, angry and aggressive. They were sorry to see this change occurring as they felt as though Whites and Blacks had, until this point,

1. Two interviewees in Sarasota, and one each in Virginia Beach and Sunbury responded "all my life."

enjoyed a good relationship. They felt that most of the young Blacks' hostility could be attributed to the fact that their parents were "always giving them hell about some damn thing or other; about school; about work; about everything." These men were sharp, and it is difficult to believe them when they say that a young Black is hostile toward Whites because of his parents. They probably know that Blacks can be hostile toward Whites because of traditional Black-White relations. Upon further questioning it was discovered that they were not willing to admit that Whites were responsible for a lot of Black anger. They felt instead that this hostility stemmed from ignorance: as one sanitarian said, "Some of these people are only one jump out of the trees."

Another example of the subtle entry of the race question in the interviewing occurred in the Cape Charles Area: in response to the question, "What do your parishioners think about your work with migrants?" a clergyman said, "We are very much divided here on the race question... particularly the World War II veterans are very closed minded on this." He considered himself a liberal as far as the race issue was concerned and said that most of his support in this area came from young adult women in his church. All churches in the Eastern Shore are segregated and he feels that this segregation and separation exists in all phases of community life. The investigator visited a physician in Cape Charles and observed that there were separate waiting rooms for Blacks and Whites.

The race question entered the interview in an angry defensive way in response to such questions as "Do the police have much trouble with migrants?" A labor camp owner in the Virginia Beach Area assumed that anyone that came around asking questions was "a trouble maker for the government." The race issue became the interview. He considered it all a Communist plot that Negroes were ever given the vote. He wore a gun and is reputed to have killed several Blacks, in self-defense. He said that all Negroes were just a bunch of animals and "You just had to whip them or gun them into shape" - and he brooked no interference from anyone. He feels that our society is on the eve of destruction, "What with niggers and whites mixing."

In Pennsylvania the angriest outburst came from a group of four nurses. The race issue entered the conversation when one of the nurses asked about migrant health care in Belle Glade, Florida. A migrant had complained to her that the health services in Palm Beach County were not

as good as health services in Pennsylvania. This prompted one of the other nurses to say that "Negroes always want something for nothing." The first nurse disagreed and an hour long discussion on our country's racial troubles began. One nurse said she was tired of hearing about Black Power and Black Pride because to her that meant there was no room for White Power or White Pride. This she resented. She felt that pride was more than wearing an Afro and giving lip service to "Blackness." To her, pride meant working everyday, taking care of her family and worrying about her own business first. She felt that instead of the Negroes always talking about Black Pride and Black Power they ought to be thinking about getting themselves off the welfare rolls.

Another nurse felt that Pennsylvania was too generous to Negroes. The State gives Negroes welfare too quickly, and this made it easy for them not to work. She felt that if ever she needed help from the government she wouldn't get it nearly as easily as a Black person would. She was sick of everybody doing work for Blacks and always worrying about them - she had enough to worry about without taking up the Black cause.

Some interviewees were more liberal than these above, but they were fewer in number and were not as quick to express their attitude. Their liberalism was more implied than anything actually said. One felt that these people would really like to help ease racial tension in this country, but they did not know what to do. The Clergymen in Manasota Area, Florida; Cape Charles Area, Virginia, and Sunbury Area, Pennsylvania were doing some good things with Blacks in their towns. A Clergyman in Florida and his wife are helping to conduct a school to train Black Teachers' aides. A Clergyman in Virginia administers a fund to help Black migrants who have been left behind by their crews, and are too sick to work, or to help themselves. A Clergyman in Pennsylvania and his family are trying to make friends with Black migrants and bring them into community life. All of these Clergymen are trying to do something about the migrants' lot in their own way.

There were interviewees who were not anti-Black, but quite reserved; they did not care to become involved in anything having to do with race.

VISITATION AND OBSERVATION

Although interviewing was our primary means of data collecting, we augmented it with visitation, observation, pictures, printed material and newspaper clippings from the several communities. We wanted a sense of the climate and tone of the communities bordering the migrant route. The investigator was asked to write her reaction to each interviewee, to describe the area visited, and to observe health facilities when possible.

Manasota Area, Florida

The Manasota Area of Florida is well built-up commercially with a total population of approximately 59,019¹ persons. There are a number of new shopping centers located in the three cities.² New office and apartment buildings are under construction and a new public hospital wing is in the process of being completed. There is a newly erected junior college, situated on several acres of land, in a beautiful setting. There are many restaurants, night clubs, and other tourist attractions in the area and the motels apparently do a good business and employ a lot of local people. There are many privately owned motels in the area as well as the larger chain motels. Driving out of the three-city area in several directions one can see signs of construction and shopping activity. The spacious, palm tree lined streets, and beautiful marinas make it a lovely drive. It is a modern area with a feeling of progressiveness about it.

Racially, the attitudes of the residents are deep south. Blacks were not seen in many areas outside "their side of town" - which they share with the Spanish speaking people. The area where the Blacks live is the oldest part of town. The buildings are run-down, very small and unpainted. Sidewalks are either non-existent or broken, with sections missing. Blacks were not seen in shops, construction areas, recreation areas, on the fishing docks, or at the beaches. The interviewer noted two incidents where Blacks were referred to as "niggers," this within the hearing distance of the Blacks.

Most of the shops and restaurants in the tourist areas were closed. It was the off-season for tourists and trade was slow in the area. The shopping areas around the beaches and close to the tourist attractions

1. United States Census of Population 1960

2. Sarasota, Bradenton, Palmetto

are new and modern. Many gift and speciality shops are to be found, and prices are high. Tourist trade in the area appears to be a lucrative business. The towns probably have a different atmosphere during the tourist season.

Belle Glade-Pahokee Area, Florida

Belle Glade-Pahokee Area of Florida is about an hours drive from West Palm Beach. The area has a total population of approximately 15,982¹ persons. The land is all flat. There are very few road signs, which makes it difficult to keep a sense of direction when driving in the Glades. The black soil is lush and rich looking with a moist feel to it. One can see sugar cane, citrus and all kinds of vegetables growing in the Glades.

There are approximately 38,000² migrants in Palm Beach County. The majority of the migrants are Black. There are a few White migrants, and many off-shore workers from Puerto Rico, Mexico, Cuba, Jamaica, Bahama, and Barbados. The off-shore workers come over only for the sugar cane. Their Government contracts with our Government to bring them over at specified wages to work for U. S. Sugar Corporation.

The rural areas of Belle Glade and Pahokee run together with migrant camps of very good to very poor quality located along the roads throughout the area. The migrant housing provided by the U. S. Sugar Corporation for the off-shore workers is very good; the houses are duplexes, all painted white, with well kept lawns. There is also a chapel on the camp grounds.

Other area camps for the Black migrants have housing of very poor quality. The houses are unpainted and very small. The camps are separated from the main road, and from the rest of the community by high palm trees and big ditches spanned by old wooden bridges. Community recreation halls and community bath houses are found on some of the camps. Some bath houses are dilapidated and leaning.

Some camps for Black migrants have barrack type facilities with no windows and one bathroom - the key to which is kept by the owner of the building. The migrants must ask him for it each time it is needed.

1. United States Census of Population 1960

2. The Palm Beach Post, Oct. 1, 1969, West Palm Beach, Florida

For the most part, the White migrants live in the County owned Osceola Labor Camp. These structures are small, crowded, and some are unpainted. The roads in the camp are narrow, unpaved and washed out. Young children were seen playing in mud puddles left by the rains. The County owned Okeechobee Labor Camp is similar to the Osceola Labor Camp and houses Black Migrants.

There is more housing for Black migrants than White migrants because the majority of the migrants are Black, however, the quality of migrant housing is about the same.

The Puerto Ricans live in dormitory type facilities that have been recently constructed. They are set off the main highway in a field. They are two story, painted structures.

All of the people interviewed in this area are accustomed to being interviewed about migrants. It is a subject they live with. Few people interviewed displayed much interest in discussing migrants.

Everywhere in the Glades one can see some sort of organization designed to help the migrants. There is the Migrant Community Action Center, Rural Legal Aid, and The American Friends Service Committee. It was learned from the Director of The American Friends Service Committee that a new organization, "OMICA" had been formed mainly to aid the Mexican migrants. However, it was hard to see or to hear how this help reached the migrant. Most of these organizations are Federally funded and are the result of political reform rather than social reform.

It is difficult to describe the Glades. The Glades cover a large area and the area is the home of many diversified groups of people. It is also difficult to determine who is a migrant and who is a resident. The residents themselves are not always too sure about this.

Virginia Beach Area, Virginia

Princess Ann County, with a total population of 77,127¹ persons is divided up into boroughs, and the boroughs are far apart and separated from the City of Virginia Beach. The metropolis of Virginia Beach is busy, crowded with tourist attractions and industry. A fifteen minute drive will take you out into the rural areas - not the suburban areas, but the more isolated rural areas.

1. United States Census of Population 1960

The people in Virginia Beach were very friendly and approachable. They were, without exception, friendly to the interviewer even though they were not always sympathetic to being interviewed about migrants. A lot of residents are ignorant of the migrants, possibly because the migrants are becoming fewer and fewer in number each year, and also because the migrants live in rural isolation.

One migrant camp was observed, however, it was closed: officially. It resembled the classic prison camp; "keep out" signs posted, refuse was scattered all about the camp grounds, old cars, refrigerators, stoves, etc., were piled up along side of what appeared to be the "main house" around which all the smaller houses were situated. The houses were unpainted, some without doors and window glass. The driveway to the camp from the main road was muddy and impassable. There appeared to be no one living in the camp.

The Health Department was located in a complex of new and modern State buildings in the rural area of Princess Anne County. Clinic procedure was observed for a short time and the nurses seemed to be kind and patient.

Cape Charles Area, Virginia

The town of Cape Charles has a population of 2,041¹ persons and is situated in Northampton County which has a population of 16,966² persons. The population of the Cape Charles Area includes the town of Cape Charles and several surrounding communities, and varies between 2,000 and 4,000 persons. Although it is only fifty miles from Virginia Beach, one feels hundreds of miles away from the city. The people here are separated from the rest of Virginia by the 19 mile toll bridge-tunnel that spans the Chesapeake Bay. The \$8.00, per person, round trip toll makes the isolation on the east side of the Bay a very real fact. All of the sights, large stores, clubs, theaters, etc. are on the other side of the Bay. One really feels the isolation on the Eastern Shore.

The towns on the Eastern Shore are very "spread out," but easily located just off Highway 13. The towns look well kept, and are picturesque and colonial in style.

1. United States Census of Population 1960
2. Rand McNally Geographic Hand Book 1962 Chicago, Illinois

The people in the Cape Charles Area were very friendly, approachable, and seemed to want to be helpful.

There is no large industry on the Eastern Shore and most of the people seemed to be engaged in local business - workers in small private business, shopkeepers, motel workers, and agricultural workers.

There are four migrant camps on the Eastern Shore: two in Accomack County, and two in Northampton County. All four are pretty miserable looking - some lack heat, some lack hot water. None of the camp houses are painted and some look as though they never were painted. The shacks are very small and built close to each other, in rows, one after the other. Boards are up on many shacks where windows are suppose to be. The newest thing on the premises are the pay telephone booths. These camps are situated along Highway 13. One could not possible avoid seeing them as they are not separated from the town or the highway in any fashion.

The two County Health Departments on the Eastern Shore work together in a migrant project. They have a mobile clinic that operates five nights a week in the different camps. They also have a dentist in residence at the Northampton Health Department. The migrant project provides special care for destitute migrants: nursing home care, special nurses, plane or bus tickets home, etc. Project officials recently flew a migrant with terminal cancer to a nursing home in Atlanta. The Health Department absorbed the cost of his hospital care, nursing home, medicine, and plane fare. His care in Georgia is free, as he will be a charity patient unable to pay. The Health Department Director, Sanitaricians, Nurses and Aides seemed to be enthusiastic about the Migrant Health Project and feel that this program may help improve the community's attitude toward migrants.

Sunbury-Bloomsburg-Danville Area, Pennsylvania

The Sunbury Area is comprised of the three towns of Bloomsburg, Danville, and Sunbury. The approximate population is 31,231¹. Danville is the smallest of the three towns. There was road construction being completed, but little else that is new. The most modern structures are the Geisinger Medical Center and the Holiday Inn. The central shopping area in Danville is only about four blocks long and the buildings are old.

1. United States Census of Population 1960

Bloomsburg has a fairly large shopping area in town and also a few small shopping centers on the outskirts. It is a pretty town, as the buildings are old but well kept. A lot of people were on the streets and shopping in the stores.

Sunbury, the largest of the towns, has a large shopping and residential area. The town is old looking and there were no signs of any construction in the area.

In each of the three towns the people on the streets and in the stores looked like typical rural people that you would find in any rural area.

The people interviewed were cordial and showed no hesitancy in discussing migrants, with the exception of the nurses. They had to assure themselves that the investigator was "Official" before they consented to be interviewed.

Migrant camps were not visible. Several people interviewed said that the camps were far off the main roads and unless one knew where they were they would be almost impossible to locate.

The Health Department hires a nurse and a sanitarian to work during the migrant season. When the summer help and the migrants leave the attitude seems to be "they're gone now and it isn't part of our jobs 'til next year." In the Belle Glade-Pahokee Area, Manasota Area, and Virginia Beach Area there was a lot of interest in migrants and most people were quite willing to talk about migrants and offer opinions, however, the general attitude in this Area was one of disinterest.

HEALTH FACILITIES

Following is our investigator's first person report on clinics visited:

"I observed two clinics in operation while in the field. The first clinic I observed was in Pahokee, Florida. It was a children's clinic. There were approximately 18-20 parents and grandparents there with one or more children ranging in age from infancy to about nine years. The waiting room was very small with not enough room for everyone to sit down. I was the only white person in the waiting room.

"I arrived at the clinic during the lunch hour. While waiting for the clinic to re-open for the afternoon I talked to some of the parents and children in the parking lot. I talked at length to one woman who was

*Pennsylvania Health Department

there with her three small children. She told me her husband was from "somewhere" in Georgia. She was about 28. Her three children were very shy. One little boy, about 8 years old couldn't be induced to speak at all. She kept telling him to talk and this only made him retreat further into himself. He stood by me, and at one point put his foot in my lap, indicating that he wanted me to tie his shoe. He held onto my hand and walked with me up to the clinic, but he never spoke a word.

"When the nurse unlocked the doors and we all went into the clinic, a nurse came up to me and said, 'You should have just knocked on the door, we would have let you in.' She said, 'We'll take you first.' I declined saying that there were others before me and I would wait. This seemed to go down well with the waiting parents, too, it gave me an opportunity to observe clinic procedure. When the nurse said this to me she didn't know who I was or what I wanted, she just knew that I was the only white person waiting.

"The parents showed no impatience at waiting, for what could have been several hours for some of them. They were quiet mostly; if they talked at all to each other it was very quietly. I heard no complaint from the parents. Some of the children were restless and crying and some talking and playing, but for the most part they were unusually quiet for children.

"I talked to some of the children - several had "Florida sores."¹ They said they weren't sore and didn't hurt. The parents were friendly, and talked a little to me, after the children broke the ice.

"The White nursing staff at this clinic were rather impatient with the clinic visitors. The nurses were all in their forties or older and dressed in regular hospital white uniforms.

"As the patients were called to the desk, the parents were asked to give names, birth dates, addresses, and telephone numbers (if any). Not all of the parents could remember all the required information. The nurses showed their irritation and made remarks like 'You don't even know where you live!' This usually was said loudly and in an annoyed manner. The parents were never addressed as "Mrs." but as "Betty" or "Lucille."

1. Impetigo - acute inflammatory skin disease.

"I noticed that occasionally a nurse might inquire of a clinic patient, 'How is "Sam" or "Ruth"?' (meaning their mother or father - or they might say 'You tell Sam he'd better get in here soon.' Standard answer from the visitor was always, 'Yes'm, I will.'

"The other clinic I observed was in Virginia Beach, Virginia. The facilities there were more spacious and newer than those in Florida. I observed a children's clinic. There were not many patients in the clinic - five or six. Some of the children seemed to be brought in by their older sisters. They were all neat and clean. They were friendly to me, but shy.

"The nurses at this clinic were kind and patient with the children. They talked to the children individually and showed a concern for them. The nursing staff at this clinic were younger than those in Florida - in their twenties and thirties. They wore blue dresses instead of the white uniforms and probably seemed less intimidating to the patients than nurses in standard hospital dress."

COMMUNITY ATTITUDES ¹

Although there are some services for migrants in each area, community attitudes toward migrants are those of indifference, ignorance and rejection. (See Chart No. II Community Services.)

In the Belle Glade and Cape Charles Areas, rejection is the predominant attitude. This may result from the traditional Black-White relationships, a large migrant population and rather close Black-White proximity.

The population of Belle Glade almost doubles when migrants return "home" from the North. Migrants are then in competition for housing, which is a scarce commodity. A large number of Belle Glade residents do not think of Belle Glade as a "home" for migrants, and resent their presence. Many residents think that crime increases when migrants return and that the community is unsafe for year round citizens.²

1. These are based on the interviewees assessment of how community residents perceived migrants.
2. Future research might explore the validity of this perception.

About 5,000 migrants pass through the Cape Charles Area, and most residents feel that this is a necessary but unwelcome invasion of inferior beings. These beings are quite visible as large migrant camps are situated on each side of Highway 13 from the Chesapeake Bay to Maryland. There are no large cities on Virginia's Eastern Shore, only small towns. Each small town has only one or two food, drug and clothing stores. This means that residents and migrants must mix and shop with each other occasionally. The traditional pattern here is segregated facilities, and most residents find such proximity highly undesirable.

In the Virginia Beach Area ignorance was the prevailing community attitude. This may be due to the decreasing number of migrants, their short stay there, and the fact that these camps are small and isolated. There were two small camps in Pungo and Back Bay, housing fewer than 125 migrants in a rural district some twenty-five miles from the nearest town. Since the 1950's, there has been a decrease in the demand for migrants due to some mechanization and a feeling on the part of growers that migrants are no longer economically feasible because of their destructiveness and their undependableness. Since the demand for migrants is diminishing, fewer residents come in contact with migrants and an indifferent attitude prevails.

There are both Black and Mexican-American migrants in the Manasota Area of Florida. The White community is more accustomed to Blacks, and traditional White-Black etiquette is the source of indifference. Southerners are often suspicious of and indifferent to people not "of their own kind" and this cultural attitude rather than a racial attitude might account for the community's indifference to Mexican-Americans. It is possible that the racial and cultural attitudes reinforce each other so that Blacks (migrants and residents) and migrants (Blacks and Mexican-American) are viewed with indifference.

In the Sunbury Area migrants are well isolated from the rest of the community as most camps are scattered out in the rural area. Perhaps the reply of the law enforcement officer epitomizes this area's attitude: "No matter how they (migrants) are treated in the south, there is no reason to treat them like dogs here." Our investigator interpreted this to mean that no matter how migrants are treated in Pennsylvania it would be an improvement over conditions in the south

CHART NO. II

COMMUNITY SERVICES*

COMMUNITY: Sarasota, Florida

HEALTH

Health Dept. Migrant Health Program
Shots & glasses given in Public Schools
Health provisions made by migrant school
Health Dept. nurses visit camps
Local doctors treat children thru
migrant school

EDUCATION

Head-Start Program
12 mobile units for migrant school
children
Migrant School
School employs bi-lingual teachers
for Spanish speaking migrant
school children
Day-care Center

RECREATION

Camps have recreation facilities

OTHER

Various church groups conduct
services
Parishioners respond with food
and clothing

COMMUNITY: Belle Glade, Florida

HEALTH

Health Dept. holds clinics
Health & Welfare had Federal funded
health program

EDUCATION

One school has special curriculum
for migrant children
Migrant kindergarten in school
Day-care Center run by private
citizens

RECREATION

Camps have playgrounds

OTHER

OMICA - Mexican-Puerto Rican
organization with foundation
grant trying to eliminate crew
leader and get better housing

COMMUNITY: Virginia Beach, Virginia

HEALTH

Health Department clinics
Virginia Beach Hospital available for
emergencies
Health Dept. nurses visit camps

EDUCATION

Summer school offered migrant
Head-start program

RECREATION

Church groups take children
on trips

OTHER

Community Action Group
(don't know what they do)

*Compiled from visitation interviews and documents received at time of
visitation and interviews.

CHART NO. II

COMMUNITY SERVICES

COMMUNITY: Cape Charles, Virginia

HEALTH

Health Dept. Migrant Health Program
Health Dept. Mobile medical and dental clinic
Health Dept. nurses & aides visit camps & day care centers
SERF (special emergency relief fund) to provide special care for migrants coming out of hospital

EDUCATION

Special summer school program
Migrant Ministry sponsors day care centers
Federal Govt. school program in Accomack County
Federal funded nursery for children

RECREATION

Migrant Ministry provides recreational facilities
Local Baptist Layman donated car to take children on field trips

OTHER

Health Aides encourage migrants to attend church

COMMUNITY: Sunbury-Bloomsburg-Danville Area, Pennsylvania

HEALTH

Geisinger Medical Center operates migrant clinic
Three (3) public health nurses visit camps
Bloomsburg and local hospital handles emergencies
Blind Association authorizes for glasses

EDUCATION

Day Care Center at Methodist Church
Summer school in Bloomsburg district

RECREATION

Migrant Ministry go into camps and provide recreation
Camps provide playground equipment
Bucknell College students took migrant children out for play

OTHER

Migrant Ministry offers an orientation program for migrants when they arrive
Ministers from church groups hold services on camp
Churches donate clothing to them

The attitudes of ignorance, indifference, and rejection are reflected by the lack of concern of newspaper editors for migrants problems, and a lack of consistent services for migrants. In each community visited the newspaper editor was the only official consistently lacking contact with migrants, and they expressed little concern for migrants because migrants are not considered "good copy" and reading about them would be like "reading the police blotter."

Health and educational facilities exist in all communities, and are wholly or partly funded by the Federal Government. Recreation facilities do not exist in all communities and this lack may result because the Federal Government does not fund recreational programs for migrants. Few local organizations provide recreational facilities for migrants.

The community's attitudes of indifference, ignorance and rejection reflect six images of migrants, and attitudes attending each.

1. IMAGE - Migrants as Persona Non Grata

ATTITUDE - They are undesirable people, and one would not want to be associated with them.

- a. Agricultural Extension Agent, Florida - "... good folks don't get on a bus and go to the field drunk."
- b. Rural Legal Aid, Florida - "... everybody looks down on you if you are a migrant."
- c. Agricultural Extension Agent, Virginia - "The local Negroes do not mix with them."
- d. Sanitarian, Florida - "... I don't think the average beloved American citizen wants a damn thing to do with the migrants."

2. IMAGE - Migrants as Ne're Do Well

ATTITUDE - You cannot help them if you tried

- a. American Friends Service Committee, Florida - "The farmer-employer, and community sees them as a worthless, shiftless bunch."
- b. Newspaper Editor, Florida - "... colored people are real church goers, but I don't know how well they live up to it."
- c. Law Enforcement Officer, Virginia - "... they don't want anything done for them, if they want anything they just steal it... mood among them is very bad this year."
- d. Farmer, Virginia - "Migrants are what is left of the scum of the earth."

3. IMAGE - Migrants as Niggers

ATTITUDE - Even if you could help them, it would be useless, because they are less than human

- a. Newspaper Editor, Florida - "... niggers don't want to work; you know how they are.
- b. Law Enforcement Officer, Virginia - "... niggers give us the most trouble, they have no respect for the law."
- c. Sanitarian, Florida - "... some of these people are only one jump out of the trees."
- d. Labor Camp Owner, Virginia - "... niggers are like animals, you have to whip them or gun them into shape."

4. IMAGE - Migrants as Trouble

ATTITUDE - The migrant's life style is a montage of trouble, and their behavior ranges from asocial to criminal acts

- a. Agricultural Extension Agent, Florida - "... droves of them get so filled up on alcohol they can't function."
- b. County Commissioner, Florida - "... drunks, fights, someone sleeping with someone elses woman or man."
- c. Law Enforcement Officer, Pennsylvania - "... trouble, usually over a woman."
- d. Sanitarian, Florida - "... they are very hostile to Whitey."
- e. Newspaper Editor, Florida - "... one Negro knifing after another."
- f. Physician, Virginia - "They are always doing something: stealing, getting drunk, shooting."
- g. Clergyman, Virginia - "Drink is a problem, brings on fights, stabbings, seems a lot of it."
- h. Agricultural Extension Agent, Virginia - "... these people are rather rough on housing."

5. IMAGE - The Migrant as Criminal

ATTITUDE - Whatever happens to migrants, they brought it on themselves, and the community cannot be responsible.

- a. Law Enforcement Officer, Virginia - "... get calls for shootings, stabbings ... they don't mind killing each other."
- b. Sanitarian, Virginia - "... we do have maulings, maimings, stabbings."
- c. Nurse, Virginia - "We have a lot of shootings, and stabbings."
- d. Sanitarian, Florida - "... standard fare on the weekends is to cut and shoot each other up."

6. IMAGE - Migrants as Parasites

ATTITUDE - The migrant exploits the community

- a. Farmer, Virginia - "They don't have any trouble getting well around here - nurses from the Health Department follow them around and work over them - they get better care than I do."
- b. Physician, Virginia - "... merchants add a little extra to food prices (when migrants are here) and everybody catches it."
- c. Law Enforcement Officer, Virginia - "The hospital absorbs costs, (for migrant care) a tremendous amount each year, then when they leave it falls back on us."
- d. Sanitarian, Virginia - "... the more you give them, the more they want ... I feel they are more readily admitted to the hospital than ordinary citizens."
- e. Law Enforcement Officer, Virginia - "... they have more privileges than anybody else ... they have no problems; only problem is keeping themselves in wine."

CONCLUSION

We are unable to ascertain whether or not community attitudes influence migrants utilization of health facilities. We are able to say that the predominant attitudes towards migrants in the communities are ignorance, indifference, and rejection. Migrants are seen as a little less than human, and a passing curse. Community services (See Chart No. II.) are organized primarily to contain and to treat migrants in camp areas.

This renders medical services available, but this also keeps migrants peripheral to the local community and tends to perpetuate the isolation of migrants from the American mainstream. This is situational isolation.¹

Situational isolation isolates migrants from these communities and confines them to the crew leader, crew members, and camp area. This enhances the crew leader's authority as a broker² but diminishes the migrant's self-concept as he is dependent upon the crew leader, and seldom learns sufficient skills to become an individual in his own right. The physical isolation of the camp and the psychological isolation from the community means that migrants demand little from the communities near their camps.

Migrants demand little from these communities because they see little hope of changing their lot.³ Community services (See Chart No. II.) are maintenance services in that some migrants have learned to use them after having been "on the season" for several years. Health services are used sometimes when offered, but used with fear, suspicion and resignation. The day to day struggle to exist and to work finds migrants preoccupied with such coping mechanisms as drinking, stabbing, and destroying property. Drinking is one way of dealing with dust and dirt, doubt and dreariness. Stabbing is one way of dealing with passing friends, foes and strangers one must eat, sleep and work with from field to field, camp to camp, and from season to season. Destroying property is a way of dealing with a lack of privacy, a hot windowless shack, a filled reeking latrine, fifteen feet away through uncut weeds, and the continuous buzz, hum and sting of flies, bees and mosquitoes.

Community officials and residents will continue to see migrants as a little less than human, in at least six varieties, as long as migrants are isolated from the community, contained in the camps, and receive only "police blotter" reports in the newspapers.

1. Dorothy Nelkin, "A Response to Marginality: the case of migrant farm workers," The British Journal of Sociology Vol. XX, No. 4, Dec. 69 (375-388)
2. See Ira Harrison's, "The Crew Leader as a Broker," forthcoming paper.
3. Some of the material in this paragraph is taken from the main body of the study which is in preparation.

RECOMMENDATIONS: Goals for Implementation

1. Long range:

The bringing of migrants into the American mainstream by providing the necessary educational and medical facilities geared to migrants in hopes that migrants will learn to opt for health and other services as citizens of their country. Dx

2. Intermediate range:

The extension of migrant health services to rural poor residents, who may be non-migratory agricultural workers, as more and more migrants will be forced into this category due to increased farm mechanization.

3. Short range:

The utilization of minority group (Black, Puerto Rican, Mexican-American) health workers at all levels of migrant health services to treat migrants and to help identify and clarify unmet needs.

Perhaps the most crucial issue in the changing of the lot of migrant workers is the mass media coverage of migrants ways and environs. Therefore, all of these recommendations are somewhat contingent upon more careful research, greater community awareness and more public concern.

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