A Mobile Health Service for Migrant Families

All photos by Richard Saunders of Scope Associates

THE Monmouth County Organization for Social Service, with headquarters in Red Bank, New Jersey, is a voluntary public health nursing agency which recently celebrated its fiftieth anniversary. The organization's purpose, as stated in the bylaws, is to "devote its resources and energies particularly to the improvement of health and welfare conditions in the County of Monmouth and, in such pursuit, will cooperate with both public and private agencies." This purpose was rather dramatically carried out in the summer of 1961 when the organization used "its resources and energies" to the fullest capacity to provide the county's migrant workers with a mobile service for the improvement of their health and welfare.

Much of Monmouth County is rural; it is one of the areas that has made New Jersey famous as the "Garden State." To carry out its agricultural pursuits, it has been necessary, over the years, to employ migratory agricultural workers. They have been vital to the county's economy on the one hand; on the other, they have introduced health and social problems which individuals and agencies with a sense of social concern have tried to alleviate in a way that would benefit both the migrants and the residents.

The Monmouth County Organization for Social Service (hereafter referred to as MCOSS) has always offered the migrants the same family-centered services it has provided permanent residents. The migrants, however, have used them far less than the residents. There are several reasons for this. Most migrants accept marginal health status as their lot in life and are not motivated to seek out health services except in dire emergencies. Only a small percentage have known about our service, although we have always made a point of including "services for migrants" in our MCOSS publicity and public information. Few ever see a newspaper; many are unable to read or understand English; and we have had no organized way of bringing information to them directly. Some of the migrants have automobiles, but these cars are not always available to those who need transportation to the clinics or other health facilities. Perhaps the greatest deterrent has been the fact that services have been available only during the weekday daylight hours which are so all-important to agricultural workers.

At a meeting with some of the New Jersey State Department of Health staff, late in May, 1961, the above limitations were discussed in an attempt to find some way to overcome them—not only in our county but also in other parts of the state where migrant workers are employed. For want of something specific to contribute to the discussion, I suggested that the best answer might be to put a clinic on wheels so that we could bring our services to the workers and their families. Mobile clinics for specific programs are by no means new, but we had never heard of a family health service on wheels.

On my way home from the state health department office, I began to see the merit of this spontaneously proposed solution, so much so that I stopped at several trailer sales lots along the way to see if stripped house trailers were available and to find out what they cost.

At the next meeting of our board of

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Migrant families will avail themselves of health services if they are made readily accessible and provided at a time when the workers are not in the fields

By Winona Darrah

directors held three weeks later, I spoke of the possibility of purchasing a house trailer as a means of increasing service to migrants. The board's immediate reaction was enthusiastic and positive.

MCOSS had recently received a gift of over $2,000, in memory of a woman who had been very active in one of our rural health centers. The donor was asked whether he would be willing to have his gift used as part payment for a mobile unit. He was not only willing, he was delighted that it would go toward such a worthy cause. The board voted the additional money needed to purchase and equip a trailer, with the expressed hope that the unit could be put into operation for the 1961 migrant season.

The public's reaction to the board's action was more than heartwarming; it was overwhelming. Unsought publicity, unsought contributions, and unsought offers of assistance came our way. A check for $25 accompanied an editorial which the donor had clipped from a local newspaper and across which he had written, "Congratulations." A physician contributed a weighing scale; one of the hospitals, a sterilizer; a group of church women, some towels. Vendors offered equipment for sale either at greatly reduced prices or at no profit to them. People who contributed material to the unit or served in some capacity with it later when it went into operation derived a very real sense of satisfaction from doing something positive and tangible about a situation that had long concerned them.

Administratively, it would have been far easier to have passed up the 1961 season in order to give us sufficient time to plan and make the necessary preparation. It would have been unwise, however, to lose any of this momentum and enthusiasm. And so, the few weeks between the board's action and August 14, when the first migrant was registered at the unit, were busy ones, indeed.

The Trailer

We were fortunate to be able to get an 8- by 37-foot, 1954 aluminum Sparton house trailer which already had been stripped at the time of purchase. The living room was converted into a waiting room and furnished with removable benches which could be put outside on hot evenings. There was space for the interviewers' tables on rainy or cold nights. Ordinarily, they worked outside. The small kitchen became a work area, and was equipped with a weighing and dressing table and storage cabinets. Another weighing table and closet unit was built over the wheelbox. The bathroom was left intact. The tub was used as a storage area for the personnel's personal property, and the shower rod became a clothes rack. A small tank was installed to provide the water needed for handwashing. What had been the bedroom became the pediatrician's private examining room.

Even such minimal installations take time; much more, certainly, than we who were working under so much pressure could accept patiently. The licensing of the trailer was held up until the safety glass required by law could be installed. Uncertain of the success of this venture, we decided that for the first year we would rent a truck rather than buy one. Arranging a trucking schedule, however, was not so simple, inasmuch as we had neither previous experience nor a definite itinerary at that time on which to base it.

Our Clientele

A much greater problem than getting the equipped unit on the road was that of deciding where to take it so that it would do the most good for the largest number of migrants in the few weeks remaining before they moved on to some other part of the country. There was no roster of farmers employing migrant workers, nor was there a register of workers who came into the county. By way of explanation, agricultural workers fall into three categories: (1) those who come up from the South or Puerto Rico with a crew leader or contractor; (2) the "walk-ins" who really do not walk in but come by bus or truck from

Medical students employed by the state health department gave the tests and immunizations

The trailer provided ample space for children and parents waiting to see the pediatrician

a nearby town or even from out of the state for a day's work; and (3) the agricultural workers who live in the county year round.

We were able, however, to secure the names of some of the farmers who usually employ migrant workers from the state health department, public health nurses' records, and other sources of information. These data gave us some clue to the areas in which there were large numbers of workers, and we concentrated on seeking the cooperation of certain farmers to use their farms as a trailer stopover. We scheduled our visits to these farms in the late afternoon, evening, or on the weekend when the farmers were not likely to be in the fields and would be able to see us. In each instance we agreed to locate the unit exactly where the farmer wished it to be; some preferred that it be placed relatively near their own homes, others preferred placing it near the workers' camps.

The schedule included three trips to each of eight locations, and sessions were scheduled from seven o'clock until dark, Monday through Thursday. No sessions were scheduled for Friday because this is the night that the migrant families go to town, and we doubted there would be enough of them left in camp to make holding a session worthwhile.

Although some of the farmers doubted that the migrants would appreciate the service, most of them were willing to cooperate and work with us. To one skeptical grower who asked whether the migrants were "worth it," I replied: "Maybe we'll find a Booker T. among them." Imagine my satisfaction when this faith was justified. One night when the registrars were having great difficulty in communicating with some Puerto Ricans, a young Negro boy by the name of Booker T. R., no less, stepped forward and offered to translate; which he did most admirably.

Migrants Registered and Services Provided on Each of the Three Circuits Made by the Mobile Unit

Registrations and Services	First Circuit	Second Circuit	Third Circuit	Total
Total registrations	709	471	49	1,229
Newborn—under 1 month	0	0	0	0
Infants (1-11 months)	10	6	0	16
Preschool (1-4 years)	53	36	2	91
School (5-12 years)	88	70	0	158
Adolescent (13-20 years)	134	75	8	217
Adult (21 years and over)	424	284	39	747
First registrations	709	187	10	906
Services				
Examinations by physician	74	57	0	131
Diagnostic tests	870	372	19	1,261
Phenylketonuria	9	1	0	10
Mantoux	426	254	18	698
Serologic test for syphilis	435	117	1	553
Immunizations	1,225	826	95	2,146
Diphtheria-tetanus-pertussis	73	39	0	112
Diphtheria-tetanus	540	363	47	950
Poliomyelitis (Salk)	612	410	48	1,070
Smallpox	0	14	0	14
Planned Parenthood conferences	88	44	4	136

*Follow-up by New Jersey State Department of Health

Counseling and teaching took place most anywhere away from the hubbub of busy clinics

Our Personnel

Our unit provided services which are essentially those of any public health facility that is family centered—preventive and diagnostic measures, as well as health promotion and counseling. Accordingly, staff personnel included a local pediatrician, a physician and clerks from the state health department, medical students, MCOSS public health nurses, and volunteers. A state health department nutritionist and a representative of Planned Parenthood Association attended several sessions. The state health department physician was responsible for supervising the medical students who administered the tests and immunizations. In addition to providing personnel, the state health department paid for the services of the pediatrician and the time of the MCOSS nurses assigned to the unit, the biologicals, record forms, and such supplies as needles, syringes, cotton, alcohol, health education materials, and the like.

Either the assistant director or I attended every session. Ordinarily, this is not an administrative function, but this was not an ordinary clinic. We felt we needed to know firsthand how the growers and migrants reacted, whether facilities and equipment were adequate, whether the program had depth and breadth, and what changes would improve future operations. My assistant and I performed another important function and that was to help the staff explain the service to the hundreds of visitors—the growers, township committeemen, health officers, members of religious and civic groups, reporters, news photographers, and the scores of technicians who were on hand the night the story of our mobile unit was put on television.

Our staff nurses felt much of the brunt of the extra work this program required. Fortunately, they believed in its worth, and were willing to put in extra time and work harder. Because these were the summer months, they were already doubling up to cover vacation schedules. An assignment to the unit in the evening followed a full work day in the district. And, after working until 11 o'clock and sometimes until midnight, they were expected to report for duty at the regular time the next morning. With the opening of the schools in September, they had to fit school health services into their busy work day. Perhaps their greatest problem was to find time for follow-up visits, referrals, and allied activities which grew out of the clinic sessions. Even the cases one would not ordinarily consider emergencies had to be given priority on the nurse's follow-up schedules. There could be no delaying, if these migrants were to receive the services they needed, for they are here today and gone tomorrow following the crops from farm to farm, and when the season is over, moving on to another part of the country.

Our Patients

We had been advised by people who had worked with migrants in the past that they were rough and also careless with other people's property. This was not our experience. When the trailer was left in camp and entrusted to a

migrant for supervision, it was well cared for. There was no rowdyism either within the trailer or outside in the waiting area. When an influx of a large number of migrants made waiting necessary, they did not become impatient or uneasy.

In some respects, the parents showed more affection and concern for their children than we have observed generally among the parents who attend our infant and preschool clinics. It was not unusual for the fathers to come with their children, and to either accompany them inside the trailer or watch them through the windows.

The volunteers who worked inside the trailer with the children were impressed by the youngsters' warmth and courtesy. They were neither repressed nor unusually fearful, and responded like all other children to examinations, treatments, immunizations, and the lollipops they received when everything was over. One little fellow was so tearful and fearful in advance that we wondered whether it would be wise to insist on his being immunized. His mother had none of our concern, and was the only parent we saw strike a child. She slipped off a shoe, applied it to his small bottom, and said, "You are chicken." This ended his whimpering. He marched into the trailer, and when he came out clutching his lollipop, his broad smile was one of bravado and real accomplishment.

"Gentle persuasion" was needed with some of the migrants, but at no time were they threatened, frightened, or embarrassed. If we learned about a migrant who was reluctant to come to the unit, we made a friendly visit to his cabin. Mostly, however, the migrants themselves preached the gospel and did the persuading.

One of the mothers who had to be "drawn" out of her cabin, later told the nurse of her longing to stop "following the seasons" and to provide something more secure for her children than the nomadic life to which she had been born. At the same time, she saw no escape; this was the only life and employment she knew. She was anything but reluctant, however, about following the trailer. Because the pediatrician decided to pass up the Mantoux test the night he examined her exceedingly frightened small son, she followed the trailer to the next camp because she did not want the little fellow shortchanged on anything.

Another migrant who followed the trailer was a young Negro boy who dreamed of becoming a physician. A Negro medical student assigned to the unit and the pediatrician went out of their way to help and encourage this lad.

During the few weeks the trailer was in operation—from August 14 to the end of the growing season—we made three round trips through the farm areas in Monmouth County and provided services for 1,229 migrants. The accompanying table shows a breakdown of these services per trip, and the age groups of our patients.

Services Provided

Of the 698 migrants who were given tuberculin tests, 131 reacted positively. Although it was difficult, and sometimes a real hardship, for the reactors to get to a hospital or the county sanatorium for x-rays, 118 of the 131 managed to do so. Eighty had negative x-rays; 29 were diagnosed as having tuberculosis (of these, 4 were moderately or far advanced); and 9 were diagnosed as having some other disease. Eleven patients were hospitalized for further study and treatment. This high rate of positive reactors and diagnosed cases emphasizes the importance of concentrating tuberculosis eradication efforts on this highly vulnerable segment of our population. Our MCOSS nurses made 144 follow-up visits to read Mantoux tests and to arrange for x-rays, other diagnostic procedures, hospitalization, and the like. For these visits, MCOSS was reimbursed $268 by the state health department.

The pediatrician's findings seemed to be in line with those one would find among children in similar socioeconomic groups. Surprisingly, only three children required immediate medical care: an 11-month-old child who had pneumonia; a child with a badly infected toe; and another youngster who suffered a breakdown of a laceration that had been repaired before he had left the South in the early summer. None of these conditions had been brought to the attention of a physician prior to the mobile unit's arrival at the camp.

Our nurses made health supervision follow-up visits to 21 infants under one year of age, 52 preschool children, 21 school-age children, 18 maternity patients, and 28 other adults. For these visits, MCOSS was reimbursed $438 by the state health department.

The maternity patients were referred to our MCOSS clinic for medical and nursing supervision because, here again, we wanted to make sure that they would receive care as early as possible and would be given as much care as possible in the short time they would be in our county.

The Season Ahead

At the close of the 1961 season, we agreed that our venture had been successful but that we could do much to make the one in 1962 better. Certainly, we will not have the same staffing, record, and scheduling problems. A former staff nurse who is now inactive has agreed to work during the migrant season, making the preliminary visits, working with the unit, and doing some of the follow-up. We may be able also to secure another nurse to assist the pediatrician. We have purchased our own truck, and now that we have the information on growers and migrants we accumulated last year, we should not have much difficulty setting up the trailer's itinerary. Our records have been adapted to the needs of this particular service, and this should save much of the registrars' time.

By beginning earlier in the season, one- and two-night stands will not be necessary. We plan to leave the trailer in each camp four days. Much of the first day will be devoted to conference time because many of the migrants last year sought advice, but there was little opportunity for quiet conversation during a busy, noisy clinic session. A public health nurse will be on hand, and we expect that either a nutritionist or a home economist or both, and a Planned Parenthood Association representative will be available also.

During the first and second days, the nurse plans to visit the farms within a 5-mile radius to tell both the farmers and the migrants about the unit, and to encourage the migrants to come. On the second evening, the trailer will be open for business—tests, immunizations, examinations, and on-the-spot counseling.

For the third day, we are planning additional health and welfare programs. The Social Security agent has already asked for an opportunity to speak to the migrants about their benefits. On the third evening, we expect to show educational films, many of which are geared to the interests of Negro and Puerto Rican migrants. We hope also to secure some interested community groups to help with community sings or some other recreational activity that will appeal to the workers and their children.

On Friday, the fourth day, those who had a Mantoux test will be expected to return for the reading, and for those whose readings are positive, x-rays will be arranged. Over the week end, the trailer will be moved to the next station.

We know we can never again recapture the excitement of our first season, but there is considerable comfort in the knowledge that we are now old hands. There will still be enough of the new in the more intensive and more elaborate program to make it exciting and challenging. Of greatest interest, perhaps, is the possibility of evaluating, at some future time, the effects of this service on the migrants that come to our county and, secondarily, on our permanent residents.