

Public Health News

SEPTEMBER 1961

NEW JERSEY STATE DEPARTMENT OF HEALTH



Seeds of Progress

Ruggles

The New Jersey State Department of Health

PUBLIC HEALTH COUNCIL

MRS. KATHLEEN SLETTELAND, *Chairman*
 C. BYRON BLAISDELL, M.D., *Vice-Chairman*
 MRS. ERMA T. DILKES, *Secretary*
 NELSON S. BUTERA, P.E.

JOHN J. CANE, D.D.S.
 HARRY N. LENDALL, C.E.
 ANTHONY P. MILLER, JR.
 HARRY J. ROBINSON, M.D.

ORGANIZATION

Roscoe P. Kandle, M.D., M.P.H.
State Commissioner of Health
 129 East Hanover Street
 Trenton 25, New Jersey

DIVISIONS

CHRONIC ILLNESS CONTROL
 Vacancy

CONSTRUCTIVE HEALTH
 Curtis F. Culp, M.D., M.S., *Director*

ENVIRONMENTAL HEALTH
 Alfred H. Fletcher, M.S., *Director*

LABORATORIES
 Elmer L. Shaffer, Ph.D., *Director*

LOCAL HEALTH SERVICES
 Jesse B. Aronson, M.D., M.P.H.,
Director

PREVENTABLE DISEASES
 William J. Dougherty, M.D., M.P.H.,
Director

SPECIAL CONSULTATION SERVICES
 Ralph T. Fisher, M.P.H., *Director*

VITAL STATISTICS AND ADMINISTRATION
 John B. Van Ellis,
Assistant Director

DISTRICTS

Central State Health District
 Stanley P. Mayers, Jr., M.D., M.P.H.
District State Health Officer
 129 East Hanover Street
 Trenton 25, New Jersey

Metropolitan State Health District
 Miriam Sachs, M.D., M.P.H.
District State Health Officer
 1100 Raymond Boulevard
 Newark, New Jersey

Northern State Health District
 Harry R. H. Nicholas,
District State Health Officer
 Roxbury Shopping Center
 Succasunna, New Jersey

Southern State Health District
 Hugh D. Palmer, M.D., C.M., M.P.H.
District State Health Officer
 89 Haddon Avenue
 Haddonfield, New Jersey

DONALD S. BENSON, *Editor*
 RALPH T. FISHER, EDWIN C. LANIGAN, JOHN B. VAN ELLIS, *Associate Editors*

CONTENTS

	PAGE
Migrant Workers: People or Problems—Dr. Howard E. Thomas	259
The Economic Importance of Migrant Labor in New Jersey— Alvin W. String	263
Desirable Improvements Slowed by Economic Conditions— Phillip Alampi	266
The Need for Community Action—Ralph T. Fisher	267
Comments of Frederick R. Blackwell, Counsel to the United States Senate Subcommittee on Migratory Labor	269
Summary of Discussions, Seminar on "Seeds of Progress"	272
Summary of Seminar—Roscoe P. Kandle, M.D.	275
United States Public Health Service Revises Standards for Drinking Water	278
Mount Holly's Refuse Program—R. H. van Deusen and Jacob Greenwald	281
Reciprocity Program for Supervision of Caterers in New Jersey	285
Cover: Elizabeth H. Ruggles, Staff Artist	

Entered as second-class matter at Trenton, N. J. Issued Monthly.

THE NEED FOR COMMUNITY ACTION

By RALPH T. FISHER, *Director*
Division of Special Consultation Services
New Jersey State Department of Health

Direct community action is usually considered to be required when a problem is of such magnitude or of such a character that it cannot be solved by individual action or when community action is considered to be the best way to deal with the problem.

Today, we are dealing with a complexity of interrelated problems—the social, economic, and health problems of a deprived group of people, the American agricultural migrants. The problem is further enhanced by the fact that the agricultural areas which are dependent upon the seasonal labor force are, for the most part, not so well equipped as urban areas are to provide the social, health, and other community services needed for an indigent or a near indigent group of transient people.

20,000 Migrants Each Year in N. J.

More than 20,000 migrants come to New Jersey each year, staying in more than 2,000 migrant labor camps, and for this period at least they are a charge upon the social conscience of the community. They live a life which most of us consider to be an undesirable one; a way of life from which many would escape if they but had the way.

There are a number of communities which have responsibilities in the task ahead. Among these are the national community, the state, the local community, the agricultural community, the church, and other social service groups.

The agricultural migrant does not, however, fit neatly into any logical plan of community responsibility based upon municipal boundary lines. His very transiency makes the identification of legal responsibility an elusive if not an impossible goal.

One community which has a primary responsibility is the agricultural community. They have first-hand knowledge

of the migrants and where they are and have some understanding of what they need.

The church community, both through local churches and the churches acting together through Councils of Churches, and particularly through the United Church Women, have conducted direct action programs which have been productive in relieving some of the health and social needs of the migrants.

The social and welfare groups of a community, the service clubs, the Granges, and the 4-H Clubs have a community responsibility and an opportunity for service.



“We must recognize the migrant and his family as a part of the community while they are here; we must develop favorable individual and community attitudes toward the migrant family; and we must accept our community responsibility to help the migrant meet basic needs of existence.”—Ralph T. Fisher.



To one who is not a farmer, our present agricultural system of depending upon a migrant labor force and our economic system of expecting workers and families to live as agricultural migrants in the America of the new frontier, appears to be an anomalous system in many ways. The real solution to the problem may lie somewhere in the area of changing our practices so that we can produce our farm goods without a large force of migratory workers.

This trend appears to have started on a national scale, for Robert C. Goodwin, Director of the United States Labor Department’s Bureau of Employment Security, attributes an “abrupt drop” last year in seasonal farm em-

ployment to a "sharp advance" in mechanization for harvesting crops.

Meanwhile, we must deal with the problems of today. We have real people here in real communities. The migrant worker and his family have problems of existence and of living which they are incapable of solving by their own action. Some of these can be alleviated by direct local action even though the solution of the basic problem may lie elsewhere.

There is a growing practical realization that providing better housing, better food and more money for a deprived group is not all that is needed. Social education and guidance are important in development, as for example, the courses in homemaking which are now being provided in some areas for low-income housing project tenants.

One of the characteristics of the migrant is the limitations which his form of life places upon social contacts. These are limited, for the most part, to his crew leader, other migrants, the local stores in which purchases are made, and the four New Jersey schools which the children attend. Here is an opportunity for out-reach on the part of Church groups and other service-minded groups to provide a very simple need—an increase in the social contacts which a migrant family has. This is something which can be done only on a local basis.

We must do a lot of re-thinking in our communities. First of all, we must recognize the migrant and his family as being a part of our community while they are here; secondly, we must develop favorable individual and community attitudes toward the migrant family; and, lastly, we must accept our community responsibility for helping the migrant to meet his basic needs of existence.

Whose job is it? Many years ago, a social leader and teacher was asked the same question and he answered with the parable of the Good Samaritan. "Am I my brother's keeper?" Whose job is it? It is our job.

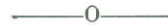
There were 29 million automobiles on United States highways in 1938 and 70 million in 1959.

Dr. Kerlin becomes Diplomate in Veterinary Public Health

Dr. Raymond E. Kerlin, Assistant Chief of the Bureau of Veterinary Public Health, Division of Environmental Health, New Jersey State Department of Health, has been certified a Diplomate of the American Board of Veterinary Public Health. This specialty board is organized to recognize outstanding contributions to the medical sciences and to encourage high standards of performance in the practice of veterinary public health.

To be certified a diplomate of the American Board of Veterinary Public Health, a veterinarian must meet specified requirements including formal training and experience, and must pass a board examination.

The term veterinary public health includes all community efforts influenced by the veterinary medical arts and sciences applied to the prevention of disease, protection of life, and promotion of the well-being and efficiency of man. Veterinary public health is concerned particularly with the control of animal diseases transmissible to humans.



Slides on Rescue Breathing for Health Education Efforts

The Metropolitan Life Insurance Company announces that it has 26 black and white slides on rescue breathing available for health education programs. The slides are two inches by two inches.

They illustrate the steps to be followed in applying mouth-to-mouth resuscitation. The slides are accompanied by a prepared discussion leader's guide.

The slides may be obtained on loan without cost by writing to the Field and Community Health Bureau, Health and Welfare Division, Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y. Two weeks notice and a choice of dates are desired.