

THE NEWCOMER

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Foreword

One of the urgent problems in urban areas all across the country is the adjustment of the newcomer to his new community. The three papers presented in this pamphlet deal with needs of newcomers within the context of our mobile, industrial society and the right of all people to freedom of opportunity and protection of basic rights in a democracy. The papers were given in a session at American Public Welfare Association's 1961 National Biennial Conference.

The needs of newcomers, who relocate in cities, mainly from nonurban, nonwhite cultures, can be met only through cooperative efforts in which public welfare departments and voluntary agencies join in adapting services and utilizing all community resources. It is hoped that this pamphlet will be of value to public welfare agencies and to interested citizens who are concerned with the adjustment of newcomers. It is published by the Public Welfare Project on Aging, through a grant from the Ford Foundation.

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Director

Focus on Migrants With a Rural Background

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Each year, about one and a half million persons leave farms expecting to settle permanently in nonfarm communities.¹ Another three quarters of a million people of rural background move annually from "homes" in the south to northern work areas and back again, helping to harvest the Nation's crops.²

The majority of these movers are young, able-bodied men and women. A lesser number—no one knows exactly how many—start out with handicaps, some derived from minority group status and some from the deficiencies in the education, health, and welfare services and the economic opportunities offered in their former homes. From this minority come those most likely to become social casualties in their new setting.

Migrants intending to settle permanently in a nonfarm area have flocked into cities in recent years. Many manage to get a toehold in industry. If they are handicapped physically, or by lack of education, skill or command of the English language, they are likely to be among the first fired in an unemployment crisis. Jobless, they may look forward to moving when the crops start to ripen, not because they are natural *nomads* but because they have done farm work in the past and have no sure alternative.

Thus the two populations—the would-be settlers among

rural outmigrants and the families who plan to move with each harvest season—actually merge to some extent. Interchange between them is frequent.

Home for the deprived newcomer from a rural background who tries to settle is likely to be in an urban slum.^{3,4} For the seasonal farm migrant, it is a series of temporary shelters in migrant labor camps. In both types of housing, sanitary conditions are usually crude; heating, lighting, and ventilation deficient; and small rooms overcrowded. The chief difference is in the relative isolation of the labor camp, often many miles from the nearest community center.

Special Needs Of these Newcomers

Both personal handicaps and environment contribute to special needs among these newcomers which public agencies in the fields of education, health and welfare could potentially help to relieve. Adult education courses could help them learn new work skills and increase their mastery of reading, writing and arithmetic. Both formal and informal educational effort could help them learn what the new community offers, and what it expects. The counseling, financial aid, and other types of assistance offered by health and welfare agencies could help them make better use of community resources, budget to meet family needs, improve personal health habits, and correct handicapping physical defects. The strong points of each worker and family could be built upon so that rather than being marginal or even a charge upon the community, most could increasingly become contributors to the community's economic and social life.

Unhappily such circumstances are rare. The needy newcomer in the city slum and his counterpart in the farm labor camp usually come to public attention only in a time of crisis. The traditions and characteristics of the migrant and those of community agencies both stand in the way of application of community resources to the newcomer's needs.

The members of this handicapped group usually fitted in, made their own way, and were accepted in their old communi-

ties. There they were like, rather than unlike, many other local residents. They were not considered *problems* nor accustomed to think of themselves in this way. Their experience as migrants may rob them of any self-respect and dignity they once had. As a migrant farm worker expressed it to an interviewer last summer, "I think living and working as we do, one grows a feeling that other folk look down on us as outcasts. They give one that don't care feeling . . ."5

Their security in the past may have been provided by a person in their old community who "lent" them money when they were broke, paid or stood for their medical bills, court fines, etc., and in most instances provided them with food when they needed it."6 The worker might refer to this benefactor as the boss-man, padrone, or crewleader, according to his own racial, national or occupational background. He himself was unused to making his own decisions and life-plans, and his benefactor frequently did not expect, or want, him to do so. The security the worker felt depended in large measure on the strength of his personal relationship with his benefactor. His ambition was to make this personal tie as close and as firm as possible.

In his new setting, the migrant is confronted by many specialized, impersonal agencies, organized to help those unable to support themselves. Workers in these agencies *expect* their clients to make their own decisions and to become fully self-dependent as soon as possible in the future. If the migrant tries to apply his old techniques in this new impersonal setting, he is likely to be misunderstood. He may be filled with confusion and both he and the agency, which could potentially serve him, may suffer frustration.

Restrictive Policies of Agencies

Some migrants try to maintain ties with their old homes in order to have a place to escape when all else fails. And some continue to look upon a place as home, but the home no longer claims them. Local agencies, with their tradition-based laws, regulations, policies and practices which deny aid to all but

permanent residents, may reject him in both places. Even agencies that have no legal restrictions limiting their services to *permanent residents* may still gear their program planning, financing and operation to the needs of permanent residents, leaving little for *outsiders*.

Attitudes, too, are tradition-bound. Many local citizens, including agency workers, tend to look upon the person who moves and becomes dependent as a shiftless ne'er-do-well, regardless of the circumstances of his dependency. Quite typically, the newcomer's basic need for sense of personal security is overlooked as well as his more obvious need for education, care for physical defects or other deficiencies which restrict his ability to make his own way. We may grudgingly provide him subsistence, including emergency medical care. And he may gain the impression of being unwanted even in the case of agencies set up and financed to meet the needs of persons such as he represents.

We have some examples from experience gained when we employed a social scientist to talk to some migrants of Mexican background about their health and sickness during migration. When one migrant was queried as to his failure to go to the local community hospital as had been recommended, he said: "There they do not *like* the poor." Another was scolded by a doctor because he did not take his acutely ill child to the same hospital. The reason—the father's reluctance to go back since he already owed the hospital for another emergency visit.⁷

Other Barriers to Service

Still other barriers in rendering services to newcomers arise from the wide gap that may exist between our experience and his. It is not uncommon, for example, for a seasonal farm worker to be told to call the health department when he goes up stream. Often there is no telephone in the workman's labor camp and perhaps no telephone within a mile or more of the camp. Moreover, if he fails to carry out instructions, even though a telephone is available in the labor camp, the reason may not be hard to

find. A professional nurse from the faculty of a well-known school of nursing worked with us for several weeks one summer. She went into each new community much as a migrant would go, with no particular briefing as to where and how to locate public health and other local community resources. In one community even she failed to find the local health department listed in the telephone directory. In other localities she found the address and number only by diligent search.

As a trial run, we looked in local telephone directories in 14 different migrant work communities in 10 different States. The directory listed the health department under "health" in only two of the 14! Elsewhere it was listed by the name of the town, or the local borough.⁸

The seasonal farm migrant who must look to different agencies in different communities at different seasons of the year has his confusion compounded not only by variations in local telephone listings, but also by variations in the agencies locally available, the services they offer, arrangements for obtaining service, and the attitudes expressed toward him by agency workers. The migrant may be aware that he is expected to adapt to each new situation, but may have little or no knowledge or guidance as to how, or to what, to adapt.

As an example, the health services specifically directed to migrants may be limited to the screening of adults for tuberculosis and venereal disease in one locality and in the next, may be exclusively for migrant children. In one place, local nurses may "beat the bushes" to find migrant families to give them health advice. In the next, the same migrants may look as they will and never be able to find a health department.

From the agency's point of view, of course, working with a newcomer who plans to remain in a fixed location is quite different from working with a newcomer who will leave in a few weeks or months. The needs of the two types of families may be identical in many respects, but the brief time a migrant family is in an area may give local agencies hardly time to start. One social worker observed that: "The parents want to know how they can leave their uncertain way of earning a living and return

to whatever place they call home. They want to know if they should leave their children with someone in a far-off town and be away from them for four or five months a year. They are baffled by how to find care for the acutely and chronically ill members of their family or those who are defective or inadequate.”

This social worker concludes “Time seems to be on the side of no one when migratory workers are involved.”⁹

Some Local Experiments in Joint Effort

Scattered local experiments provide some hope in this generally forlorn picture. In Tucson, Arizona, a low-income housing project and the University’s Home Economics Department joined in sponsoring a program to help project residents—including some ex-migrant farm workers—adjust to their community. Seniors and graduate students met with mothers while the older children were at school. They discussed family budgeting, diet planning, and problems of child care. The mothers, as well as the students, actively participated in demonstrations.¹⁰

Cliches such as “hard-to-reach” and “uncooperative” are often applied to migrant seasonal farm worker families. Several local health projects last summer found ready acceptance, however, when they adopted the point of view that the migrant should not be expected to do all the adapting. Public and voluntary groups, working together, tried to establish warm, personal relationships that would win the confidence of migrant families. They made health services readily accessible through using mobile units (modified station wagons) in some cases and in others through setting up temporary clinics at times and places that were convenient for the families. In still others, they accomplished the goal of true *availability* by assuring transportation so that families could reach the place where service was provided.

The response of migrants proved the value of joint—rather than specialized—effort, a welcoming rather than impersonal reception, and adaptation of agency procedures to make services

truly accessible. In Carteret County, North Carolina, and Monmouth County, New Jersey, mobile units took services to the people at times and places where they could be readily used. Outpatient clinics provided preventive and curative care at temporary centers many miles from the county hospital in Fresno County, California. Other clinics in Ohio counties, in Erie, Michigan, and Belle Glade, Florida, used various means of getting people and the services they needed in contact with each other.

Adapting Tools to Acquaint Newcomers With Resources

For newcomers ready and able to *pay* their own way, and having traditions and experience similar to ours, there is a variety of well-accepted tools to help them get acquainted and feel at home in their new community. Hospitality centers and welcome wagons are two examples. The USO for servicemen has a well-earned reputation for making a “home away from home” for men in the armed service. The adaptation of such tools to the people most in need of assistance in learning about and adjusting to the community has great potential.

Professional workers, as well as underprivileged people, are among the mobile population. Agencies may provide orientation for newcomers who join their staff but a doctor who is new and uninformed about community resources often has to learn what the community offers by trial and error. Seminars in the field of medical practice are standard for physicians. Why not hold more seminars to acquaint physicians—especially those new to the community—with community resources available to help them in caring for their most needy patients?

Plan to Assure Continuity of Care

To help assure greater continuity of care for the seasonal farm migrant a standard personal health record form was recommended in 1960 by the Association of State and Territorial Health Officers for nationwide use with migrant workers and

family members. The folding, wallet-sized record is to be issued to the migrant when he receives a health service. The face of the record carries a note in Spanish and English advising him to show his record whenever he goes to a doctor or nurse. Each subsequent immunization, test, or other service item is to be entered on the form before it is returned to the migrant. Thus, no matter where a migrant receives a health service, the physician has an opportunity to see his up-to-date health record.

Intermediaries between community agencies and potential recipients of service often aid in bringing the two together. Such intermediaries—well informed and acceptable—do not require specific educational background such as that required for work in a specific agency nor need they be highly trained professional workers. They may be volunteers from the community including ministers and priests, or they may be volunteers or paid workers from the newcomer group itself.

The effectiveness of a liaison worker from the same general background as the farm migrant has been demonstrated in Belle Glade, Florida. There the liaison worker is a paid employee of the local health department, well oriented to its services and procedures. She acts as a friendly family visitor, talks with mothers about child care and personal health problems, and suggests where they can get help. Her ability to get ideas across to the seasonal farm worker families has contributed to more effective use of community health services by this population group.

By the joint selection of pilot families from among newcomers, with a view to considering the family as a whole rather than isolating each member according to specialized organizational interests, agencies may be able to learn ways of working together to maintain and build on the strength inherent in the total family group they wish to help.

Interagency and interprofessional seminars—to become better acquainted with each other and with each other's service and methods—are far from a new idea but certainly can be applied to advantage in the case of the newcomer population. Seminars or workshops can be planned with a view to helping both

public and private groups learn more about the background, experience and traditions of needy newcomer groups. Joint seminars, toward improved understanding of the people to be served can help, in turn, to initiate better interagency communication for joint adaptation of service.

Discussion workshops and conferences for interested community groups—farm organizations, PTA's, ministerial associations, women's clubs, and many others—can provide a foundation of improved understanding on a community-wide basis and this can lead to improved support for extension of community services to newcomers, and for volunteer service to supplement that provided by public agencies.

Summary and General Conclusions

The difficulties of newcomers, including seasonal farm workers, are not unique. However, many of our traditional ways of dealing with social problems fail to fit them or their situation.

The underprivileged newcomer of recent rural origin, including families who move with the crops, is generally left to shift for himself in a slum environment until an emergency brings him to public attention. He experiences a conflict between his past traditions and experience and his present situation . . . a conflict that leaves him bewildered and that leads agencies and communities to reject him. He may realize he is expected to adapt to his new community, but knows little of how, or to what he is supposed to adapt.

On the side of the agencies, traditions governing policies and operations are based on a situation of long-ago when most people were born, lived and died in the same locality. They come in direct conflict with efforts to extend services to "outsiders" attempting to settle or living temporarily in our communities.

We need to overcome our handicaps of specialization and overburdening caseloads in order to become better acquainted with the newcomers we are called upon to serve. As a first step, we may need to divest ourselves of the impression that illiteracy

and ignorance are synonymous with stupidity. We need to determine what information—or misinformation—the newcomer already has; what he needs; what sources of information he generally uses and trusts; and how not only to inform him but also to stimulate desirable action once understanding is gained.

Highly specialized services in each locality need to be brought into joint focus on *family* needs in order to provide a service which will build family unity and stability. Wide variations in services from community to community need to be reconciled in order to present an understandable situation to the seasonal worker who moves with the crops. Finally, we need to overcome inertia, the heavy-footed resistance to taking necessary steps toward changes in the structure, role, functions and methods of community institutions that will tailor them to the demands of a changing society.

The newcomer's need to adapt is not debatable. On our side, too, readiness to adapt is necessary, using an imaginative, sympathetic approach to the newcomer and his situation. To the extent that we fail to prevent or reduce the seriousness of casualties among our newcomers—both those attempting to settle and those who move with each crop season—we risk penalizing our communities as well as the newcomers by increasing the number of long-term clients of police courts, prisons, hospitals, and agencies concerned with dependency.

The challenge of the newcomer, including the perennial mover, was well summarized by a teacher whose words about education of the migrant child¹¹ apply equally well to the opportunity extended to newcomers for other community services:

“This is what the teacher must understand. Unless this child finds opportunity here, he will find it nowhere. His education is the sum total of temporary school stops in classrooms like this, always at the busy time of the year. It can be no better than what I offer him now, for whatever time he is here.”

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