

# Good Health

...a health program for migrant laborers in Texas.

## ...at home and away

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The migrant agricultural laborer is receiving increasing public and private attention. There is a growing interest in the varied and complex problems associated with these individuals, who follow the crops of the United States. There is a like concern for the communities which, seasonally, are faced with additional hundreds, even thousands, of people who place additional demands upon local, public and private resources. Public health is one of the problems faced by both the communities and the migrants.

In Texas, multiple public health projects are being conducted for migrants. These projects are staffed by doctors, nurses, sanitarians, technicians and health educators. They are seeking to determine accurately the health needs of the migrant and to develop services to meet these needs.

### Large in Numbers

It is estimated that there are 2,000,000 migrant laborers in the United States; however, this article will be confined to the 125,000 who call Texas their home. These farm laborers migrate to at least 32 states. About 95% of the

Texas migrants are U.S. citizens of Mexican extraction; the remainder are Negroes residing in east Texas.

The Texas Employment Commission prepared the following information from its 1963 migration records:

There were 91,565 people who migrated to 32 states. This included 5,919 groups of workers, 2,389 crew leaders, 3,456 family heads, 13,373 families represented.

Also, 7,154 unattached men, 1,430 unattached women, 34,843 men 16 years of age and over and 24,851 women 16 years of age and over.

The Texas Employment Commission estimates there are more than 95,000 who migrate to other states. There is also a large number, perhaps 30,000, that migrate within the State. The Texas Council on Migrant Labor sets the number of 1963 migrants at about 128,000. Based on the findings of the Council and the recorded data of the Texas Employment Commission, we can safely assume that there are more than 125,000 Texans who follow the crops.

The major reason for a person becoming a migrant laborer appears to be an inability to secure regular employment in his home community. In recent years, mechanization in agriculture has caused a decrease in job opportunities for farm laborers. This, plus the con-



tinued high birth rate among the Texas migrants, has resulted in an over supply of agricultural workers.

Life as a migrant is insecure and complex. They seldom work for any one grower for an extended period of time; often they are employed by a different grower each day of the week. During the year the migrant lives in many communities, but he is never considered a part of that community. Even when he returns to "home base" in Texas, a community he calls home, he rarely becomes closely associated with that community. In this setting he encounters many problems which he does not understand and which he is not prepared to meet.

Migratory workers are usually housed in public or private labor camps along the migrant stream. These quarters are from a single dwelling housing one family to camps housing 450-500 families. The typical camp allows one room, about 10 x 12 feet, per family. There may be one water spigot in use by several families if running water is available, outdoor privies are the rule rather than the exception, and garbage disposal and drainage present additional health problems.

Some states have enacted legislation which sets forth minimal sanitary standards for migrant labor camps. Similar bills have been introduced into the 56th, 57th, and 58th Texas Legislatures, but none were passed. The Texas State Department of Health has prepared, "Suggested Standards for Migrant Farm Labor Camps." Even though not enforceable, the standards have been somewhat successful in improving conditions through education.

#### **Fatalistic View**

The health expectations of migrants

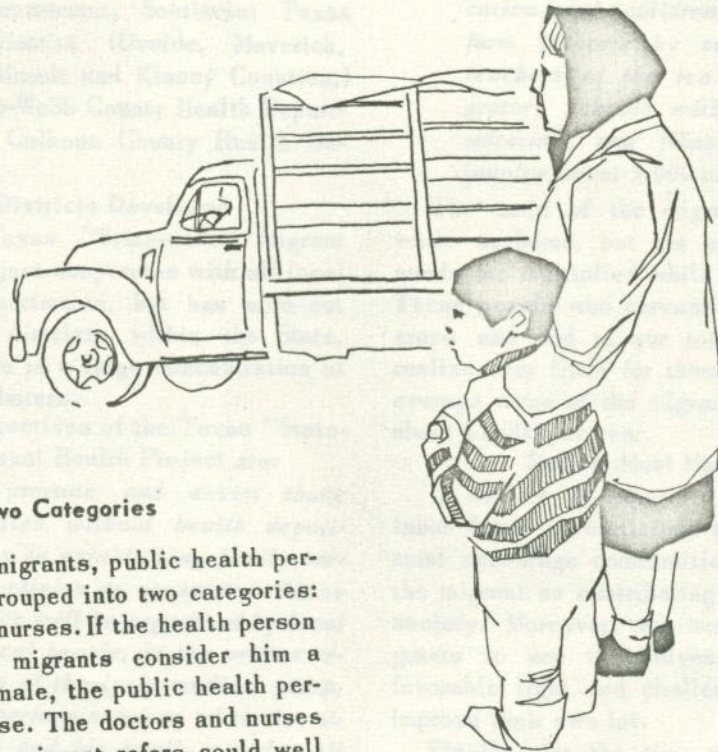
may be described as being fatalistic in nature. There is an apparent expectation of a certain amount of illness during the course of the year. Such illness is accepted as being more or less normal and not calling for any particular action. Little thought or concern is given to the cause or treatment of common ailments by the migrants themselves. In dealing with the Spanish-speaking migrant, we must also consider the cultural background as related to illness. This culture believes in the extended family, and the illness of an individual family member is always a concern for the entire family. No member of the family is regarded ill unless the head of the family agrees he is.

#### **Preventive Medicine**

The concept of preventive medicine is rather foreign to these migrants. Many of the children have been immunized, but the reason for the immunization is generally rather obscure to the parents. To most of them there is no difference between "baby shots," "vaccinations," or "blood tests." The needle is the needle and most migrants do not remember why the "needle" was used even though they very carefully protect and guard the health records for the doctor or nurse to see.

The problems of health are further aggravated by the lack of communication. The first breakdown often comes in communication where there is English versus Spanish. This is further complicated by the lack of understanding of public health terminology. Health literature having a reading level above the third or fourth grade has little value to the average migrant. Materials produced in Spanish do not appear to help in this particular means of communication.





### Two Categories

To most migrants, public health personnel are grouped into two categories: doctors and nurses. If the health person is a male, migrants consider him a doctor; if female, the public health person is a nurse. The doctors and nurses to whom the migrant refers could well be the sanitarian, nurse's aide, or health educator. Also, public health to the migrant is usually thought of as curing a disease rather than prevention.

Therefore, indifference to health, lack of understanding of basic health concepts, and communication barriers all form definite obstacles to the establishment of a health program that will fulfill the health needs of the migrant family.

What is the migrant health problem from the perspective of the community and the public health department of the community? Most public health programs are geared to meet the needs of the permanent community. The migrant health problem may not have existed when the local health department was organized, or for some reason the migrant population was not considered in

determining the size of the departmental staff, facilities and annual budget. As a consequence, few communities can cope with the health problems caused by the influx of migrants. In order to help the communities meet this situation, the U.S. Congress enacted into law Public Law 87-692 in September, 1962 which authorizes the Surgeon General of the U.S. Public Health Service to make special project grants to public and private non-profit organizations to pay part of the cost of projects to set up and operate family health service clinics and other types of projects to improve health services and conditions for migrants who are citizens of the United States.

Project grants were subsequently made to the Lubbock City-County Health Department, Plainview-Hale County



Health Department, Southwest Texas Health District (Uvalde, Maverick, Zavala, Dimmit and Kinney Counties,) and Laredo-Webb County Health Department and Calhoun County Health Department.

#### Districts Developed

The Texas "State-wide" Migrant Health Project cooperates with all local health departments, but has also set up three districts within the State, where there is a large concentration of migrant laborers.

The objectives of the Texas "State-wide" Migrant Health Project are:

1. *To promote and assist those counties without health departments in establishing family service clinics as necessary. These clinics will be organized by local medical people, at the written request of the local medical group, and perform services when the migrant and his family could avail himself to them without too much loss of time from his work.*
2. *To coordinate activities with other divisions of the State Health Department and other agencies of the State, in the interest of the migrants health.*
3. *To coordinate activities with those of other states where the Texas migrant goes to work.*
4. *To provide field nursing and sanitation activities in the form of home and camp inspections, with follow-ups and education in sanitation, general health, nutrition and hygiene.*
5. *To promote education for community leaders and influential groups on the plight of the migrant.*
6. *To encourage special health edu-*

*cation for the children of migratory farm laborers by supplying the teachers of the ten special migratory schools with enrichment materials and films. This will involve about 5,000 children.*

The need of the migrant is great while at home, but his problems and needs are multiplied while on the road. These people who harvest the nation's crops and add to our total economy, realize very little for themselves. The average wage of the migrant laborer is about \$1,000 per year.

#### Society Must Help

If we are to maintain this needed labor force in sufficient numbers, we must encourage communities to accept the migrant as contributing members of society. Moreover, we must help migrants to see themselves in a more favorable light and challenge them to improve their own lot.

Finally, for the time at hand, we must consider their plight and try to provide: (a) child care and education for the children while on the road, (b) child labor protection in the form of laws, which will foster school attendance, (c) emergency help to be provided when serious accidents or illness exhaust their financial resources, (d) teaching of homemaking skills to enable the migrant homemaker to learn home economics and rudimentary nutrition, (e) provide safe and adequate transportation through laws, (f) insure responsible crew leaders by law enforcement and (g) to provide social security and insurance benefits.

Yes—providing good health is vital for people at home and away from home, particularly for a group of people so very important to the nation's economy.