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The Migrant Labor Situation

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RESEARCH & INVESTIGATION

THE COUNTY of Lubbock has a population of 166,417 (est. 1962), approximately 80 percent of which live in the city of Lubbock. The county has an area of 892 sq. mi. The economy is largely agricultural using large numbers of seasonal migrant laborers.

During the first nine months of operation of the Migrant Health Program, which began at the end of the chopping season and continued throughout the harvest season, there were 15,000 migrants. The migrants began arriving in small numbers in April for planting, and increased as chopping season opened. The great influx for cotton harvest began Oct. 1 and continued until Dec. 31. The last migrants left Lubbock County about Feb. 15.

Nearly all the migrants were United States citizens of Mexican descent. They ranged in age from birth to 60 years. Most of the migrants were from South Texas.

Because these migrant laborers were known to be subjected to poor living quarters and poor sanitation and their disease rates were high, a federal grant was requested through the Public Health Service. The objectives of the program were to improve the public health of domestic migrants through establishing environmental health services for the domestic migrants that are not presently available. These services were to include sanitation at migratory labor camps and population centers, instituting tuberculosis case finding and follow-up programs, well child and immunization clinics, and routine visits by the public health nurses to the schools with migrant children, home visits in migratory labor camps and other concentration centers in Lubbock County, and establishing a record system especially for the migrants.

The grant provided two full-time nurses, one sanitarian, and one clerk with financing for the equipment and supplies to carry out the program. During the last quarter of the year additional funds were appropriated for the employment of a full-time public health educator.

The nurses work under the supervision of the health department nursing supervisor; the sanitarian works under the supervision of the health department public health engineer; and the public health educator works under the direction of the public health director.

When the nurses first got into the field they found that they had no clean place in the migrant camps in which to set up their clinics. The public health director and the engineer visited the surplus property depot where they found a panel truck which could be converted into a mobile clinic. This truck was purchased and put in running order for $185. Then it was equipped with cabinets, examining table, sink, water tank, and heating, cooling and lighting fixtures. The total cost was under $1,000.

The nurses took the mobile clinic to each of the migrant labor camps located at the cotton gins and to seven schools where mi-

Poor disease rates and poor sanitation of migrant workers in the Lubbock area led to a health education and health services program which has received the confidence of the migrants. Community attitudes toward migrants have also improved. Still, there are several barriers which the program must overcome to improve sanitation and educational levels.

grant children attended at least once during the program operating period. Four camps were visited every two weeks and 14 camps were visited monthly for four months. Four schools were visited monthly for three months; three schools were visited once.

The mobile clinic was designed to provide generalized services involving all aspects of public health. The clinic sessions began at 7 or 8 a.m. and averaged five hours per session. Eighty-eight sessions were held with approximately 46 individuals seen at each session. A total of 4,000 migrant laborers were seen in the four-month period during which the mobile clinic operated. This figure includes return visits to the mobile clinic. An undetermined number of follow-up visits were made without the mobile clinic.

Among the migrant laborers seen at the mobile clinic the greatest health problem was upper respiratory infection, especially among children. Diarrhea and skin conditions were prevalent among this group also. Other conditions noted among the migrants included tuberculosis, gastrointestinal disturbances, burns, and dental problems.

TABLE 1.—*Major Conditions Requiring Care Oct. 1-Dec. 31, 1963, Lubbock County, Texas.*

Age	Upper Respiratory Infection			Diarrhea			Skin Conditions		
	M	F	T	M	F	T	M	F	T
0-15	46	70	116	17	27	44	11	24	35
16-49	13	23	36	2	4	6	1	1	2
50 & Over	4	4	8					3	3
Total	63	97	160	19	31	50	12	28	40

M=Male. F=Female. T=Total.

Referrals were made when necessary to various sources in the community. Most of the referrals were made to the clinics operated by the Lubbock City-County Health Department, in particular the maternity, x-ray and dental clinics. Additional referrals were made to private physicians and to the Parkdale Clinic, operated locally by the Baptist church. Personal or telephone follow-up of referrals was the responsibility of the nursing personnel. Most referrals were completed.

The personal health record (PhS-3652) is being used by the Lubbock Migrant Health Program. Five hundred forty-eight individuals were given the record with instructions to present it the next time they saw a doctor or nurse; 17 individuals already had some form of health record and presented it when requested. These records were all from the Lower Rio Grande Valley.

Nursing conferences were held in the mobile clinic. Maternal, child, and adult health were the major topics of discussion. Group teaching was conducted by the nursing staff. They provided information, verbal and written, about adult health practices, infant care, tuberculosis, and immunizations. On a group basis, 2,276 migrants, mostly women and children, were counseled.

Individual counseling was given to the migrants requiring such help. By specific problems the number of persons counseled included these categories: tuberculosis, 186; maternal health, 230; child health, 145; dental health, 20; immunizations of all types, 744.

Educational efforts of the nursing staff, in addition to those conducted with the migrants, included contacts with the ginners and interested community organizations. Personal conversations were held with 54 gin owners and workers. The Migrant Health Program was explained and permission was obtained to work in the camps. The services available to the migrant laborers were detailed and ginners were asked to encourage migrants to avail themselves of these services.

Sanitation Services

Sanitation services for the Migrant Health Program were provided by a full-time sanitarian under the supervision of the Lubbock City-County Health Department's public health engineer. The services of the regular department staff sanitarians were available for necessary consultation and assistance.

In Lubbock County there are no laws or regulations that protect the domestic farm laborer. In evaluating the existing housing and sanitation facilities the criteria established for application to the Mexican nationals under Public Law 78 were used as a guide. The law was not enforceable.

A location housing five or more workers is defined as a camp. The major camps located at the gin sites have been a primary focus of attention thus far. There were 22 such camps varying from 8 to 60 rooms in a camp. Families occupied single rooms. There were no single males or Mexican nationals in these camps. One hundred thirty-three visits were made to locate camps, 19

TABLE 2.—*Migrant Laborers Receiving Immunizations and Skin Tests, Oct. 1-Dec. 31, 1963, Lubbock County, Texas.*

Age	DPT			DT			Smallpox			Polio			Tuberculosis Skin Tests		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-15	105	104	209	38	52	90	48	44	92	138	159	297	400	549	949
16-49								1	1	3	48	51	2	44	46
50 & Over											4	4		3	3
Total	105	104	209	38	52	90	48	45	93	141	211	352	402	596	998

M=Male. F=Female. T=Total.

visits to obtain permission for conducting a survey, and 38 visits to build good public relations. Twenty-two camps were visited during the operating period. There have been no standards established for domestic farm labor housing in Lubbock County. A newly constructed camp did meet the standards as provided under Public Law 78.

None of these defects have been corrected. The sanitarian has discussed defects and possible corrections with the camp managers. Plans are being considered to bring defects to the attention of such agricultural interests as the Ginners' Association and the Farm Bureau.

A complete survey of migrant housing locations has not been completed. There are 2,570 cotton farms located in Lubbock County. Types of housing, other than camps, used by migrant laborers in Lubbock County included small houses and barracks of two rooms or less located on farms and in towns.

Visits were made to 66 locations with a total of 256 housing units. It was estimated that 8 to 15 individuals were housed in each of these units. Permission was obtained for conducting a survey of sanitation facilities in these locations. Survey work on farm facilities is incomplete and will continue until all locations have been charted.

Working relationships were established with the Migrant Ministry, the Lubbock County agent, the South Plains Ginners' Association, Plains Cotton Growers' Association, Texas Employment Commission, and the local Board of Health. These relationships were developed for the purpose of explaining the Migrant Health Program and to seek information that would be of help to the program staff.

TABLE 3.—*Defects in Sanitation Services of Migrant Labor Camps, Oct. 1, 1963-March 1, 1964, Lubbock County, Texas.*

Type of Defect	No. of Defects
Camp area	8
Water supply	14
Excreta and liquid waste	14
Shelter	35
Washrooms, bathrooms, laundry tubs	42
Cooking and eating facilities	60
Operation and maintenance	54

Health Education

Health education activities were initially carried on by the Lubbock City-County Health Department health educator who was engaged in part-time (25 percent) activities in the Migrant Health Program. Volunteers from the United Council of Churches and a paid church worker were also involved in health education activities. A full-time public health educator was employed by the program in March, 1964.

Educational activities were conducted among the migrants on an individual and a group basis. Approximately 60 migrants were individually counseled. Group counseling included mothers, children, adolescents, and mixed groups.

The purpose of educational activities among the migrants was to improve their existing health conditions. The importance of education for the children and its relation to an improved way of life and prevention of disease was stressed. Group sessions held with the migrants were concerned primarily with personal hygiene and child care. Audiovisual aids and demonstrations were used as educational methods.

The local health educator acted as a consultant to the volunteers from the United Council of Churches. Instruction was given concerning birth certificates and immunization records. Audiovisual materials were provided for use in the volunteers' educational programs. The health educator assisted in setting up a library for the migrants.

Effectiveness of Program

Certain problems hindered the effectiveness of services and educational efforts.

Nursing services were not readily available to the men, who were often at work when the mobile clinic was at the camp. The people were not in the area for a long enough time to obtain the full benefit of nursing services. Transportation to local medical facilities was a barrier to the effectiveness of the Migrant Health Program. The language barrier hindered the nursing personnel only slightly.

The major factors regarding improvements in sanitation have been a disregard and lack of responsibility for the care and maintenance of the existing facilities by the migrant laborers. The sanitarian has determined that camp operators would be more disposed to improve their facilities if a comprehensive education program could be established among the migrants.

Poverty and poor money management, lack of education, skills, training, and an understanding of citizenship rights are barriers to educational efforts among the migrants.

Local prejudice against this minority group was detrimental to total program effectiveness.

Few of these barriers were overcome in the first operating months, but considerable interest has been generated concerning the Migrant Health Program. Among the migrants, initial suspicion has been replaced by confidence and trust in the health department personnel. Community attitudes have improved with an increased awareness and interest in the migrant laborer.

Certain factors contributed to the effectiveness of the total Migrant Health Program. The mobile clinic was essential to the provision of the nursing services. Cooperation of the local health department personnel and the possibility of referral to specialized clinics in the department was helpful. The local medical society supported the program and some physicians were willing to accept referrals. Patients were charged according to ability to pay.

The interest, enthusiasm, and cooperation of the local growers and ginners also contributed to the program's effectiveness.

The acceptance of the program among the migrant laborers was the factor contributing most to the effectiveness of the Migrant Health Program. The group was in need of help and was appreciative when it was provided. If they understood instructions they appeared to follow them well. The migrants

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are proud, modest, hard-working people. They want to help themselves and among the group will help one another. Trust in the Migrant Health Program personnel has been established. This should contribute to future program effectiveness.

Evaluation of Program

Nursing services were highly acceptable to the migrants who made use of the mobile clinic. Many of the laborers stated that they would like to stay in the Lubbock area. Expediency, however, demanded that they continue to migrate when the gins closed. The people often asked if similar services would be available elsewhere. Migrants increasingly have understood and accepted responsibility for improvement of their general and personal health. They took advantage of local health services when they could arrange means to get these services. Migrants seemed to realize their financial responsibility toward their families. They often paid willingly for their own doctor bills and medicines without asking for financial assistance. Migrant families made their own arrangements for maternity care.

Summary

The migrant labor program was established under a grant from the United States Public Health Service including nursing services, sanitation services, and public health education to the 6,000 to 20,000 migrant laborers who come to Lubbock County yearly. A mobile clinic was improvised for the use of the nurses. Visits were made to the migrant camps and schools regularly for con-

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sultation, immunization, and referrals to clinics of the health department or local physicians. Approximately 4,000 migrants were seen by the nurses.

A survey of the migrant camps at the cotton gins and a partial survey of the camps on the farms showed that most of the camps had very poor sanitation. Since there are no laws regulating migrant housing, any improvements must be accomplished by education of both the migrants and camp operators.

A public health educator has been employed to study the migrant situation and devise methods for public health education of the migrant workers.

Each year mechanization of agricultural labor increases, but migrant labor will probably be needed in the Lubbock area for a long time to come, although in decreasing numbers. Then, too, each year laborers leave the migrant stream and remain in Lubbock where they have obtained permanent employment.

Acting on these considerations it is the opinion of the Migrant Health Program personnel that this program will be necessary for a number of years.

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