

A Migrant Labor Crisis in Immokalee

WILSON T. SOWDER, M.D., M.P.H., and JOSEPH LAWRENCE, M.D.

SHORTLY BEFORE Christmas in 1957, temperatures in many parts of Florida fell below the freeze level, the lowest they had been in 40 years. The freeze damaged the citrus crop and wiped out vegetable plantings. When growers planted new vegetable crops, these were flooded and rotted by unseasonable rains. The weather not only cost the growers a fortune but brought destitution to thousands of migrant laborers who came to work the crops.

Their plight was especially pressing in the area of Immokalee, an unincorporated town with about 3,000 permanent residents. Immokalee lies removed from the opulent Florida "Gold Coast," below Lake Okeechobee, in Collier County, which is twice the size of Rhode Island, with a total population of about 14,000.

Spoken of as "the last frontier" in Florida, Immokalee is little more than a row of buildings briefly flanking a broad highway, hemmed in by large landholdings and the waters of the Everglades. Ponds or puddles covered much of the town. Of its 1,200 houses, only 5 percent are in good condition. About 85 percent are best described as shacks. In season, this town typically is called on to accommodate 8,000 migrant farm laborers and their families.

Most of the so-called labor camps in the district are in deplorable condition. Shallow wells provide the water supply. There are a few septic tanks and many privies, but many

dwellings lack toilets of any kind. There are no garbage collections.

A single health department serves both Collier and adjoining Lee County (population 38,000). The health department operates a fairly well-equipped clinic in Immokalee in a building about 25 by 50 feet. (A new modern health center is being constructed under the Hill-Burton program.) Normally this clinic receives about 25 patients daily and sees about 20 expectant mothers weekly.

The usual staff of the health department, numbering 11 in Collier County, was augmented by special funds obtained from the Children's Bureau and the State for health work with migrants. In addition, one nurse, a physician, and a sanitarian were recruited for the period of crisis. The staff included an interpreter to speak with the migrants of Spanish culture, from Puerto Rico, Mexico, or Texas, at least a fourth of the total.

Late in December the editor of the town weekly was asked by several hungry migrants for something to eat. He found more than 60 families in desperate need of warm clothing and food. On December 27 he telegraphed the Governor of the State to ask for assistance. Pursuant to this appeal, on January 2, the Red Cross declared Immokalee a disaster area.

In the absence of a welfare office, the health department was asked to certify needy residents to be eligible for supplies of Federal surplus food. The clinic was swamped with applicants, and clerks were recruited from the office of the county commissioners to free the health department staff for normal duties.

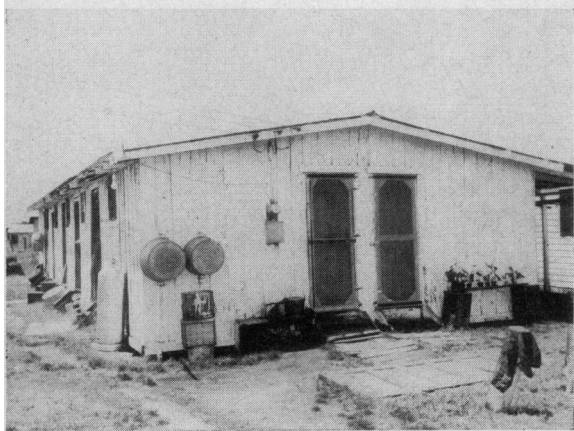
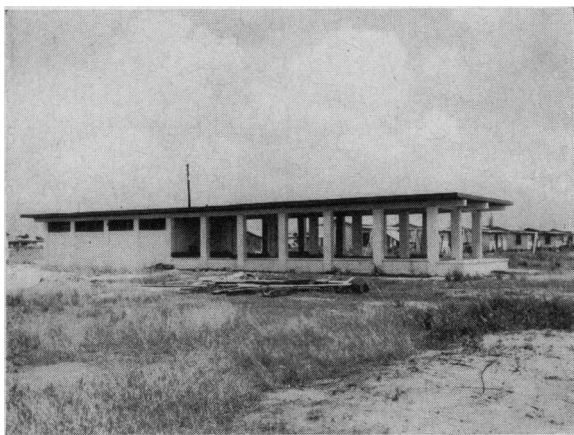
Meanwhile, Miami and Tampa newspapers and national broadcasts stimulated donations of tons of food and clothing and several thou-

Dr. Sowder is State health officer of the Florida State Board of Health and Dr. Lawrence, health officer of Lee and Collier Counties. This article is based on a paper presented by Dr. Sowder and Dr. Lawrence before the Southern Branch, American Public Health Association meeting on May 8, 1958, at Little Rock, Ark.

sands in cash. Ample supplies of antibiotics, vitamins, and baby foods were contributed by manufacturers. Soup kitchens were set up by local churches and the Salvation Army, and on January 9 the first regular deliveries of food were received by needy families. These continued through April.

The donations were given over to the management of a long-standing local committee on migrants, under chairmanship of a local minister. The committee set up a register of needy persons, both local and migrant. More than half of the migrants by this time had left the area.

The first rise in demand for medical services began in January. The illness consisted mainly of diarrhea among children and obvious effects of malnourishment of infants and chil-



A tangible product of Immokalee's emergency project is the new community building in construction (top). Beneath is a migrant shack which housed eight families. Entrances to individual apartments are on the left.



Women migrant workers played a stellar role in the health project. They are shown here whitewashing a house, one activity of many which left the town tidier and more livable than ever before.

dren. On January 16 a Public Health Service physician, on assignment to the central office of the Florida State Board of Health, was sent to Immokalee so that a doctor would be on call around the clock. The clinic was then receiving about 100 patients daily.

Reports of two cases of paratyphoid fever sparked an immunization campaign. To explain the need for inoculations leaflets in the Spanish language were circulated through food distribution centers. A sound truck traveled through the community urging all to come to the health department for protection. In 6 weeks the clinic performed about 3,000 complete typhoid immunizations. The least response came from the permanent residents of the town.

On January 30, at the request of the Governor, the adjutant general of the Florida National Guard and the State health officer personally investigated Immokalee, in company with the director of the Florida State Department of Public Welfare. They found no one in need of medical services who had not obtained them. Free hospitalization had been provided under the State-County indigent hospitalization program, available even to nonresident patients. Food supplies were found to be adequate, but not completely satisfactory, as many families missed their customary diet.

The investigators recommended to the Governor the purchase of supplementary food sup-

plies and a long-term program of housing and sanitation. In the interest of health, they recommended an emergency sanitation and clean-up campaign, using the labor available in the community. The Governor and Cabinet, sitting as a budget commission, granted \$15,000 to purchase food and \$30,000 for the emergency work, promptly labeled by the press as a "Baby WPA."

Within a few hours, the county health officer was advised that he had responsibility for directing the emergency project. The funds became available on February 4, and the project was scheduled to start on February 11. On that day, work began with 37 hands.

In the meanwhile, a squad of State employees, including an entire class of sanitation trainees, had been sent to Immokalee to assist in developing the operation. Meeting on February 6 with local officials, the director decided to recruit one person from a family, with priority to heads of the largest families, and pay him \$5 a day, \$1 below the prevailing wage offered by local growers. It was planned to spend \$2,000 a week for 12 weeks, allowing each family at most 1 or 2 days employment per week.

Workers were identified by metal tags, and wages were paid on the spot at the end of each day, in silver dollars. (Most of these dollars were used to pay for groceries or gasoline, or to



To erase the health hazard from the tremendous amount of refuse in Immokalee's vacant lots and yards, the project opened with a sanitation and cleanup campaign using migrant labor teams.

support the churches.) To be eligible for re-employment, workers were also required to report for typhoid immunization shots.

As the Governor had directed other State agencies to assist the project, there was an ample supply of trucks with drivers, shovels, picks, lazy boys, rakes, hoes, and other equipment, including an airplane to carry the State health officer to Immokalee on missions of inspection.

The sanitation work was mapped out by a sanitary engineer and aides. He indicated the areas to be drained, direction of ditches, and areas to be filled. Sanitation trainees surveyed the town to appraise housing, water sources, and sewage disposal. By the end of February, plans were well enough established that most of the State health department employees were removed.

One of the first tasks of the work crews was to haul garbage, rubbish, and trash from yards and streets. They collected about 25 truckloads every day for 2 months. Others completed about 20,000 feet of drainage ditches, so that the town is now dry for the first time in its history. Spraying and rat-trapping, directed by an entomologist from the State office, reduced the vector population.

A few people continued to work on a plan to convert the grounds of a school used by Negro children into a recreational area and laundry facility. The ground level was raised by several dozen loads of dirt, the basketball court



Migrant laborers dug ditches and drained impounded water in the Immokalee area, cutting down the vector population considerably. Whether the town remains dry depends not only on the weather but on the townspeople keeping ditches free of trash.

was repaired and given a blacktop surface, and a baseball diamond was laid out. A new community building, 20 by 80 feet, of cement block, will house toilets, showers, laundry tubs, and a recreation hall.

Many wild dogs that haunted the town were caught and impounded as a phase of the program. Those unclaimed for 3 days were sent to the Miami Humane Shelter.

Women, who headed many needy families, were engaged in special projects of whitewashing houses, cleaning yards, home care for the disabled, gardening, staffing food distribution centers, attending children, and other light work. They also distributed handbills for the immunization campaign.

Perhaps the most important gain fostered among these women was their response to the health information offered by the public health nurses and others in the department. This gain promises to be at least as permanent as the

new gardens, the whitewashed walls, and the disposal of trash and garbage.

Another significant effect of the crisis is that the local physician, who was on the point of seeking another situation, has agreed to work for the county on a part-time basis and to remain in practice in Immokalee. The State hopes to develop a plan whereby hospitals and medical schools will assign general practice residents to this area for a few months at a time.

The manner in which this small county health unit handled a community crisis with disastrous possibilities was materially influenced by the public response to the facts reported by the local editor, by the availability of Federal surplus foods, by the law providing hospitalization of the indigent, the State mosquito control program, Federal and State support for health services for migrants, and other resources of the State.

National Conference on Homemaker Services

A national conference on homemaker services, designed to stimulate development of these services throughout the Nation, will be held February 10-11, 1959, in Chicago. This multidiscipline conference is sponsored by 26 national voluntary agencies and by the Office of the Commissioner, the Bureau of Old-Age and Survivors Insurance, the Bureau of Public Assistance, and the Children's Bureau, of the Social Security Administration; the Public Health Service; the Office of Vocational Rehabilitation; the Office of Education; and the Special Staff on Aging of the Office of the Secretary of Health, Education, and Welfare.

Twelve preconference study groups have scheduled meetings in various cities to prepare policy statements on the development and operation of homemaker services. Other preconference materials include a pamphlet explaining homemaker services; descriptions of different types of such programs; and a nationwide survey of agencies supplying the services.

Conference chairman is Mrs. R. Livingston Ireland, director of the Ohio Department of Public Welfare and executive secretary is Mrs. Lucille M. Smith, chief of Health Services Organization Branch, Division of Public Health Methods, Public Health Service.