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Breaking Barriers to Share Culture

by
Kate Jackson Lewis

“**P**an!” “Mantequilla!” “Leche!” Hungry voices rang out across the school lunchroom. One six-year-old child elbowed his classmate, asking, “Hey, how do you say *potatoes*?”

The near bedlam was a trial effort to bring about a sharing of languages between Mexican-American and Anglo children in a Western Oklahoma school.

My three years work with migrant children were the most rewarding of 39 spent teaching in Oklahoma classrooms. The idea of teaching 19 non-English speaking pupils overwhelmed me at first. Totally unprepared for the task, I started

visiting neighboring schools hoping to find veteran teachers who would supply me with needed techniques. The resulting responses were almost identical: “Play it by ear,” “Do the best you can—they’ll soon move on anyway,” “Don’t let them speak Spanish.” Pondering the last suggestion, I objected. It seemed unfair to tell a child to refrain from speaking the only language he knew.

Added to the language barrier were health and sanitation problems. While the majority were basically a healthy group, a dentist found cavities and the county health nurse found heavy infestations of head lice. Starting the scalp examinations, the tactful lady instructed, “Bend over, so we can see if you have snow in your hair.” Terrified at the thought that I, too could become a victim of the pests, I reluctantly bent over. This procedure calmed the children’s fears.

Following the nurse’s instructions, I bought a gallon of Boronate. The solution was poured into six-ounce bottles to send home with children who needed treatment. Older bilingual children helped in distributing the medicine-interpreting instructions to parents. Two treatments eliminated the pests but due to unsanitary home conditions and to several families residing in each house, the process had to be repeated as soon as the parasites were discovered again.

My school-superintendent-husband sought and procured federal funds to be used for bettering health conditions in the school and community. He employed a former practical nurse to assist in the challenge to bring about a cleaner, more healthful student body. Soon all pupils owned toothbrushes, shoeshine kits, soap, and towels. These articles were stored in individual tote-trays in the shower room. The pupils were taught to take showers, to brush teeth, and to keep their shoes shined. Community people donated clothing (usually hand-me-downs) but often community women would ask to take children into nearby Altus to have shoes fitted on them. In addition, federal funds were set aside to buy clothing for larger boys and girls for whom articles were not available in community donations.

Children with dental problems were taken to the county health department’s dentist. Vaccinations usually took place at school. Blood and uranalysis tests were done by county nurses. Routine examinations requiring a physical were set up at school. Eye glasses were provided by the local Lions’ Club.

Most of the migrants were from one to three years behind their age-groups. Some overage pupils had never been to school before. Once, I enrolled five chil-

dren from one family in the first grade. One lad, Jesus, was 12 years old and weighed 158 pounds. We called him “Big Jess.” He became an eager learner. His eyes sparkled when he received his first hardbacked book. A book was a treasure to most—a special privilege to take home a magazine or an old dog-eared, discolored book.

Parents of these underprivileged Mexican-Americans were anxious for their children to learn. Wanting to give something in return, they humbled me at holiday time with their generous gifts. I was always aware that each gift necessitated a sacrifice of their needs at home. Many times the pupils brought colorful, handmade gifts of paper or ribbon—some were pinatas filled with goodies.

When summer came, I was eager to start a head-start program. After a two-week’s training at Oklahoma University, a new venture challenged me. Admittedly, I was a bit apprehensive about so much pupil freedom as the program recommended. Strangely, my fears were soon eradicated by the interest that the pupils showed in the many group activities provided. Free play, painting, a variety of crafts, excursions, picnics, puppet shows, and stage shows performed by groups of Oklahoma University students spellbound both teacher and pupils.

The progress made by Linda, a shy 7-year-old, more than repaid me for the time and energy expended each day. Linda spent her entire first-grade year without uttering one word aloud. One day during the summer program, I heard the reserved child boldly declare, “That’s my doll! Give it to me.” My joy was beyond bounds. At last Linda emerged from her cocoon. A highly intelligent child, she had learned to read, write, and do sums as well as any of the pupils. Showing no fear of me whispering her reading lesson daily without missing a word—left me puzzled about the cause of her reticence. I do not know the reason for her silence yet. It was enough to know that a transformation took place in Linda that day.

When we terminated our stay at Martha, I looked back over my shoulder tearfully. Then I saw a migrant mother, and her children, coming into the backyard brushing their teeth. This sight gave me a needed lift. Not only had the children learned good health habits but they had also educated their parents. I was reminded of a quote from a lad we called Little Joe. One day after reading exceptionally well, he beamed as I complimented his performance. His response was, “I want to learn to read and write so I can show my ‘fodder’ how.”