

Emma Torres Hispanic American Philanthropist~~~Gaudiani

Community Philanthropy in rural south Texas

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Philanthropy needs wealth. American (and global) wealth has suffered a stunning blow in the recent months. What happens to philanthropy, especially generosity to social services, food, medicine, sanitation, housing when the wealth drains away, jobs disappear? Maybe the answer depends on who the philanthropists are, what they are made of.

In America, migrant lettuce pickers are philanthropists. The problem is that America doesn't know it. Most people just know the names of some philanthropists. They can cite Bill Gates, Warren Buffett, and of course, John Rockefeller and Andrew Carnegie. All true, but all only one kind of donor. OK some of us know that 89% of the American people make contributions to causes every year. That makes 89% of us philanthropists, major and minor league. But we also know who does and doesn't give, or we think we do. Ah, stereotypes, we all make them.

America, meet Emma Torres. Torres started picking lettuce at 13 years old outside of Yuma, Arizona, and strawberries in Salinas, California. She laughs

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when she remembers how much she wanted to be the best picker in her field. Yes, she recalled, she had arrived in the US in 1969, with her parents as legal seasonal workers. She is now a leader in grassroots philanthropy, making America stronger. Gates, meet Torres.

Emma Torres' gentle eyes and delicate features animate her very lightly Spanish-accented English as she recalls taking aptitude and cognitive standardized tests when she had decided to go back to school as a single mother of two babies.

Testing, she was told classified her as a moron. At the time, she didn't understand the word. Neither did anyone bother to explain that lack of fluent English would have influenced her grade. She didn't know what the meant for years. She struggled forward in her education. But, when Emma found out these details later on in her life, she was enraged. Remnants of rage darted around the room some forty years after she had heard it for the first time.

Torres married a farm worker at 19. She quickly had one child and was expecting her son when her young husband was diagnosed with cancer. During the time of his hospitalization, Torres and he began to learn about the dangers of pesticides in the fields. He made her promise that their children would never become farm workers as they had done, following their parents to the fields. Hospital

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volunteers and social workers visited the young couple often and when he died three weeks after their son was born, Torres was surrounded by people who wanted to help her. “They were so good to me. They were not family, but so good to me. I began to think, ‘I want to be like them and help people, be an angel for others as they have been for me. I need to go to school and learn. I need to earn enough so our children never have to go the fields.’”

Farm workers face high rates of poor health from environmental as well other health risks. Despite their vigorous work lives, migrant workers have a very high rate of obesity, cardiovascular disease, and diabetes. They also contract tuberculosis, asthma, and sexually transmitted diseases at higher rates than other populations. Most of their ailments are due to poor nutrition, lack of access to health care, and poor education about healthy life choices.

Diabetes is very prevalent among Emma’s farm worker people, even among those who work in the fields all day. Normally, diabetes goes unchecked in these populations. Forty year olds go blind from untended diabetes. Amputations are frequent consequences of inadequate health care for diabetics. Isolation and depression clog the lives of the sick as powerfully as poverty and poor nutrition, lack of trust in medical services, and lack of access anyway.

Torres knew she would heal her grief by looking for a chance to be an angel to others, as she had experienced at her husband's bedside and to find a way for a job out of the fields for herself and her children. She also found out what moron meant, she decided she would save money intensively so she and her kids could eventually go to college. As a first step, she applied to a school to get her GED. On the first days of classes, she met a receptionist who told her about a job at the federally funded Women, Infants, Children (WIC) program.

Torres applied and got the job as a receptionist in the office. Her Spanish made her so useful to Hispanic clients, but "other people would get so mad at me. I could not speak English well enough for them. They would report me to my supervisor to get me fired! I was so afraid. I kept studying for my GED, practicing my English and smiling, and hoping, hoping to keep my job." She did lose that job, but was quickly transferred, to work with the farm worker mothers who were clients of WIC. She was trained to teach them about nutrition for their babies and themselves. Now her Spanish was her asset.

In 1986, a University of Arizona anthropology professor started a very small program to train women to become community health workers, promotoras. With

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the \$10,000 grant, the program was intended to train five women. Promotoras are the most intimate link between the medical personnel and the people. They are from the communities. They speak Spanish. They know the culture, the problems and the conditions of the people they attend to—no need for families to be embarrassed.

Promotoras improve child health and teach nutrition and exercise classes. They are pro-active, pro-patient, loved and trusted. Their work makes the available health care by doctors and nurses much more effective for patients while reducing costs. They work door to door. They visit farm workers on their breaks in the field. They meet them after church see the families at holiday festivities. The work of promotoras reduces the incidence of expensive surgeries, loss of sight, limbs and also work days.

Promotoras visit homes they are assigned to sets of families in certain areas. They help encourage the diabetics to take their medicine regularly and to check their blood sugar. They make sure all family members had attended the clinic to have regular check-ups. When medicine or testing materials are too expensive, they can report and request aid and then check in to assure medical advice was being followed. The promotoras know their clients because they are part of the

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community. They know their schedules each day of each season. Promotoras bring clients respect and compassion, care, confidentiality and personal attention.

Needing a dependable person with science- based counseling experience, staff wanted to hire Torres to train the farm worker women who would be the first promotoras. So she was hired and began work in 1987 despite the fact that the doctors attached to the program resisted her because she had so little education. The compromise was to hire a midwife for the staff position and hire Torres as a consultant. The midwife had much more formal education, but knew nothing about farm workers, spoke no Spanish, and depended totally on Torres..

Emma attracted ten, not just five women to the program and managed to train all of them for the funds available. Three of these ten are still working as promotoras twenty years later. Emma worked to train women in other communities. She went on to run her first conference of promotoras to expand interest in this new idea. The conference expected 90 women and 150 showed up!

The organization she worked for grew and Torres learned to write grants, finished her GED, and went on to the Northern Arizona University at night for her BA.

Emma's work received recognition. She was placed on State-wide and national

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commissions but an upsetting change was coming. In 1996, her organization's new supervisor arrived with no interest in farm workers. Torres found the new management changing the focus of the organization to work on substance abuse and youth. Her new supervisor intended to move the funds Torres had raised to the new projects in Tucson. Emma refused, resigned, and decided to bring her promotoras funds to start a new organization. Several of the promotoras she had trained followed her.

Emma became more committed to her work with her people. From 1997-99, she did other work to earn her salary while she incorporated the new 501C3 she would call Campesinos Sin Fronteras (CSF). Gradually she trained 15 additional women as promotoras to work with those who had moved with her. They all worked as volunteers from 1997-99 while Torres worked to raise money. Even though none of them had independent means, their mission remained more important to them than their salaries.

She got her first grant for Campesinos Sin Fronteras from the National Council of La Raza in 1998. CSF began its effort to help farm workers on both sides of the border in neighboring communities and continue the promotora model of health support. In 1999, The Robert Wood Johnson Foundation awarded Torres a

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\$100,000 grant to fund her work. She leveraged this funding to raise \$250,000 more from University of Arizona, the State of Arizona, and smaller foundations.

Emma Torres' version of the training explicitly built a holistic approach to well-being among the CSF clients particularly for diabetics. This destructive disease had become epidemic in the Hispanic population—much more prevalent among Mexicans than non Hispanic whites.

By 2003, Torres had helped design Campesinos Diabetic Management Program (CDMP) and fund it through a network of sources committed to grassroots support for health of border communities. Emma's promotora model quickly became the most powerful asset to reducing the morbidity and mortality of diabetes in the service area. Then the Robert Wood Johnson Foundation funded CDMP to focus on the epidemic and use the promotora model more extensively.

Emma trained the promotoras to relate to the emotional needs of patients. Along with the medical support and supervision, they sympathized with the misunderstandings of others about life as a diabetic, with the negative reactions of family members, with the depression and stress patients lived with. They mourned and wept with clients when they lost limbs or loved ones.

Emma muses that “promotoras give a kiss and hug when necessary and see the life of their patient as special. With this type of care, patients begin to feel safe and let their guard down. They get more comfortable with the medical advice and services the promotoras offer. Slowly, the loving care and the personal connections they make to the promotora, helps patients learn to accept their own emotional fragility as a part of the physical difficulties of diabetes and even more, accept their need for help in addressing both.”

Emma’s voice softens as she goes on. “While promotoras care for the body and mind of their patients through these actions, they also feel safe enough to reach out to offer spiritual support to them. Spirituality is very important in Mexican culture. Promotoras pray with clients, listen to spiritual music with them, even attend religious services together. Group support meetings often include regular prayer sessions requested by participants. The connection of emotional and physical care with traditional medical diabetes management seems to create a deeper level of patient commitment to the wholeness of their own care.”

Emma looks up almost mischievously. “I wish you could meet Maria. She came to us with an A1c value of 16, which is right off the charts, and full dependence on

insulin. Her diabetes was out of control. After her time with her promotora and her support group, she lost 30 pounds and reached a level of disease management so she no longer needed the medication. She is still in control of her life now, two years after her time in the program. Amazing changes happen as a result of comprehensive care of the body, mind, and spirit. We have treated over 500 patients with our approach and our experience confirms the importance of holistic care.”

The work of CDMP goes on to address diabetes as CSF trains and deploys the promotoras through a wide array of services. It began to get grants to address housing safety, sanitation, and made referrals. CSF opened an HIV/AIDS program providing education, testing, counseling. The organization also offered counseling on tobacco, drug, and alcohol addictions. Health problems do not know borders, so CSF sponsors Bi-national Health Week with the Mexican government. Torres observes, “The focus of this week's observance is on problems that people face when they move from one country to another. Fences do not keep out diseases. They don't offer better life choices.”

CSF still sponsors an annual Dia del Campesino, a community fair for farm workers. The fair focuses on connecting farm worker families to free services

they are eligible for and information to help them improve their health and the education of their children.

She realized that farm workers were hard to reach and were rapidly becoming less popular to help because American culture was changing. Concerns about the presence of “illegals” made everyone uncomfortable. All migrants were tossed in the same category when 80% were legal resident aliens, though some had family members who were undocumented. In the change in culture, distrust and fear rose quickly in all quarters.

Torres had grown up in the field. She had known for years the very people she had to work with as director of CSF. The foremen trusted her. Some remembered how hard she had worked as a kid. She assured grower-owners that she only wanted to train the workers to protect themselves, sustain their health, and lower their health costs.

She developed such a non-threatening relationship with growers that they agreed to buy the immunizations for farm worker families. Torres knew the pickers' schedules so she has the medical staff meet in the fields at 4am when their buses

go to the fields. The vaccinations took no time from work. For some, these immunizations are the only health care they receive.

Torres' efforts proceeded diplomatically enough that the farm owners never rejected her presence or the way the promotoras met with the workers on their breaks. She was always careful not to confuse her work with unionization efforts. The owners could see that better health, sanitation, and life choices could only help the workers' productivity. Torres' personal experience as a youngster made her a powerful and knowledgeable advocate for the needs of her people. Of course it also denied her the education she deserved and won her the designation of "moron." But Emma's work continued to expand and set a national model of grassroots philanthropy.

CSF broadened its work from community health to community housing since many health factors were affected by very unhealthy living conditions. Torres applied and got grants from the US Dept of Agriculture. Its Rural Development grant program paid for health and safety issues found in homes: plumbing in and out of the house, and electrical supply lines. Torres received both grants and loans to improve the safety and sanitation of the homes of her clients. She worked to leverage the government support and achieved 150% of the goal promised in her

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applications and reduced the costs per intervention by 49% according to the USDA area director's report to the USDA¹. CSF changed conditions in 134 farm worker housing units.

Over the years, funding swelled and ebbed for Campesinos Sin Fronteras. Torres called on herself to make donations. She contributed from her own salary to CSF so she could retain staff in low funding periods. During one period, she gave half her salary to support CSF. Her personal generosity inspired other promotoras to make personal gifts. Their philanthropy inspired other local donors. "The staff became like one family taking care of each other and the people who needed our work. We all made sacrifices, fund raised, and contributed to keep our work going in the community."

Torres has always been committed to paying the promotoras, and paying more than minimum wage. "The salaries the women get make their homes stronger, help them educate their children better, and the money goes back into the community. Good all around." Emma has devised a career ladder so they can move ahead as promotoras or eventually in science-based health projects.

¹ Work is moving along on the homes under repair. Several more homes were completed this quarter. the Grantee is doing a very good job and is a great asset to the community. They are continuing to access other funding sources. The Grantee has exceeded their goal by 150% and they have reduced the TA cost per EU by 49% of their projected \$7,500.00/EU. Bradley C. Dierdorf, USDA Area Director

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Now, the person some professional with a standardized test evaluation assigned to the class, “moron,” writes grants, raises funds, makes speeches, and meets with lawyers and legislators as well as corporate and foundation officers. Campesinos Sin Fronteras is reducing costs to the state of Arizona and improving the health of children and their families, even helping the productivity of local farms.

Emma Torres’ mottoes are Nike’s “Just do it” and the Army’s “Be the best that you can be.” She adds her own “Work and pray for the resources you will need.” She tells her children that she tried to be the best lettuce picker and took pride in her work. She says, “They need to know that I never knew how I would get the work done that I had in my mind. I just had to start doing it, and pray.” She also remembers the kindness of others that inspires everything she now does for others. At the end of a long talk, she said:

I want to share the most important part of my story. I want to acknowledge those that gave me a hand when I was knocked down by tragic life events. My family was always there, but also my husband's co-workers (all farm workers) sustained our family economically throughout his disease, which coincidentally, was also the time while I was pregnant with my second child. My husband's co-workers would donate one dollar each and every week

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(there were approximately 100 of them) and they would send me an envelope with the money on a weekly basis.

I never had to ask for government assistance to sustain myself and my children. However, my heart is forever grateful to those individuals who as poor as they were, they shared a little bit with me and my family. Now, as a result, I am committed to give back to them because, thanks to their generosity, they gave me the opportunity to maintain my dignity while in despair. My son was born in May 21, 1986 and my husband died June 12, 1986. Only three weeks apart. I had an induced labor so my child would not be delivered the same day my husband was dying. They both had the same due date.

I really feel the gratitude from those gifts. Now that I am studying mental health as part of my Masters program, I realize that I probably had post traumatic stress disorder after my husband's sudden death and our son's birth. I healed by channeling my gratitude to ambition to help others.

CSF results are impressive. Over 300 participants show up for an average of 19 meetings year of the support group they are a part of. *The Diabetes Educator*

published a summary of a paper conducted by researchers at the Zuckerman College of Public Health, University of Arizona.² The purpose of the research was “to describe the effect of the promotora-driven intervention to build social support as a means to affect self management behaviors and clinical outcomes in a farmworker community on the US-Mexico border.”³ The clinical data reported on the diabetics show a 1% reduction in the vital blood factor, A1c, that is associated with complications of diabetes like blindness and amputation. Variations in this factor in healthy people run from 4% to 5.9%. This significant 1% reduction for diabetics in the promotora program is sufficient to encourage expectations for increased number of years of quality life for the promotoras’ client.⁴

Combine these results with her results improving sanitation and safety in farm worker housing, her work on HIV/AIDS, and the funding her entrepreneurial activities added to her community, and the great story of American philanthropy is retold in full again. Again it is retold in an unlikely place: a migrant worker community in Yuma, Arizona and by an unlikely philanthropist: a Mexican migrant strawberry and lettuce picker.

² Vol. 33, Supplement 6, June 2007, p. 172S-173S.

³ P. 172S

⁴ “Other significant changes include decreased HbA1c level, ...HDL cholesterol, which increased by 3.2 mg/dL, and systolic blood pressure, which decreased by 5.8%. Among those [artici]ants who initiated the program at high risk for diabetes complications (HbA1c>6.9%), there was a significant mean decrease in HbA1c of 1.0%. The drop in LDL cholesterol was 8.6 mg/dL.” P. 176S

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Foundations like Ford, Annie E. Casey, Robert Wood Johnson Foundation, and JPMorganChase have all invested in Emma Torres and grassroots philanthropy has been developing all over the nation. Big institutions are proving the power of scaling down, not scaling up as the only model for success. They are proving the vast potential of small investments in smart people like Emma Torres and her promotoras. Local and Statewide community foundations like the Yuma Affiliate of the Arizona Community Foundation supplied them both small grants, productive connections and capacity building.

The really good news is that wisdom and generosity are deeply embedded in all communities, even the poorest and least educated. Consequently, these small investments in leadership like Emma Torres and Campesinos Sin Fronteras, bring high yields. This is the American story—stereotypes knocked off.

Society spent very little on Emma Torres personally. It gave her chances to stretch and succeed. She has paid back exponentially in her work and her gift-giving.

With her demanding full time job, Emma did go to college at night, had some scholarship support, as did her children who, like her, have all graduated. She has remarried a man who is a pastor and a county health supervisor. Her first daughter is a lawyer, her son a banker, and the daughter from her second marriage is a youth

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development coordinator, all college graduates, none working in the fields. Emma kept her promise to her young dying husband. Torres is studying for her Masters in Social Work at Arizona State University and leading CSF now. Some moron! Emma Torres is a bridge to somewhere – somewhere better for a lot of people.

What will happen to Emma's work and the promotoras as the global financial meltdown oozes across the philanthropic landscape? Emma stiffens in her chair as she answers me. "We will have to be tougher than the problem, again," she says. "One good thing about growing up in such hard times is that you learn to trust in human resourcefulness. We can't stop our work. People cannot be abandoned by their promotoras. We will count on our wits, our luck, and also on our prayers. Just like when my kids were small and everything was crumbling down, I will again try to stay very focused and optimistic." She ends by saying she is making a plan, but the work must continue somehow.

Each entry level promotora earns \$80 per day of work. More advanced promotoras earn more. As we finished our talk, I thought about the birthday parties I could encourage families to give that only accepted "promotora time" checks to Campesinos Sin Fronteras as birthday presents. I thought of the fortunate parents of the birthday child who could perhaps match the guests' gifts to CSF.

I thought of how reassuring it would be to show our children that all of us could worry about other people, not just our own problems, in this unique and challenging financial downturn. How good it would be for our kids to understand how fortunate they are, we are, by our focusing them on the health needs of the migrants, the work of the promotoras, and the power the kids had to make a difference for others. Maybe the real payback for our families is the resilience we all would have learned from knowing a real philanthropist named Emma Torres. She is an American philanthropist, a Hispanic American philanthropist.