HEALTH OF THE MIGRANT

WALTER M. DICKIE, M.D.
Director, California State Department of Public Health
Sacramento, Calif.

During the past few years there has been a mass interstate migration of individuals seeking manual labor, the most extensive and persistent migration of the white population that has occurred within the United States in modern times. Beginning in 1929, immediately following the economic crash that precipitated the era of depression, this flow of underprivileged migratory laborers from the Middle West to California has continued without interruption. It flared explosively following the drought years of 1933 to 1935 and assumed truly enormous proportions during the years 1936 and 1937. By no means has it stopped. Every month brings thousands of these migrants, most of whom travel by automobile, across the border lines of California.

In the last six months of 1935 no less than 57,017 migratory laborers entered the state, 90 per cent of whom were white. In 1936 they came in even greater numbers, and in 1937, according to the official records of the United States Farm Placement Service, 104,796 individuals seeking manual employment arrived at border checking stations, by automobile. Of these, more than 78,000 were from the nineteen drought states of the central and southern Middle West. In that year 59,077, or 57.4 per cent of the total number, came from six states, Oklahoma, Texas, Missouri, Kansas, Arkansas and Arizona. From Oklahoma alone came 21,709 of these people and from Texas there came no less than 8,723. It is probable that many more entered by other means of transportation.

A total of 259,665 refugees was checked at border stations during the two and one-half years beginning at midyear of 1935, through 1936 and 1937, most of whom came from the drought states. The number coming from nineteen drought states in 1937 is shown in the accompanying table.

There are many causative factors in this mass movement of migrants from the Middle West, chief of which are:

1. Drought.
2. Floods.
3. Supplanting of manual labor by farm machinery.
5. Low market prices of cotton.
6. Planting restrictions imposed by the federal government.

Since a large portion of these people were share croppers who cultivated small pieces of land and divided proceeds with land owners, they were not tied down to land ownership and, on the sudden appearance of an economic calamity, were free to make immediate departure from an unfavorable environment to search for a new source of income.
The common type of migrant that has entered California during the past two years is of native white stock, a young adult, married, with a family of several children who accompany him on his travels, all undenourished, of limited or no education, lean, brown, hardy and physically able to endure considerable hardship. In his native environment his diet, as well as that of his forebears, consisted chiefly of pork, cornmeal and potatoes with few green vegetables or fruits - little or no variety. For generations people on the isolated plains of this country have existed on such meager fare.

At the same time that unfavorable economic conditions arose in the Middle Western States, greatly increased acreages for the growing of cotton, vegetables and other products were developed in California. In fact, it is estimated that 30 per cent of the large cotton plantations of the United States are now located in California and that 60 per cent of the large-scale fruit and truck-garden ranches are in this state.

There is a definite need for seasonal agricultural labor in California, and the United States Department of Agriculture estimates that 200,000 laborers are needed to harvest the state's crops at the season's peak. The arrival of great numbers of migratory laborers does not coincide with the harvest period, however, and in spite of the fact that their services are needed urgently when crops have matured, between seasons they often constitute economic burdens on local communities. The supply and demand are not regulated for the benefit of either the growers or the harvest hands. This fact has resulted in unprecedented confusion and in physical suffering due to inadequate housing, floods, and other conditions leading to physical discomfort and illness. The local communities and the state and federal agencies were totally unprepared for this explosive and unannounced invasion, but machinery was developed for providing relief, housing, food, medical and nursing care, services in child and maternal welfare, immunization against communicable diseases and other standard public health procedures.

To absorb into a commonwealth nearly 260,000 indigents within a space of thirty months, provide them with manual labor in season and out, feed those without funds, provide housing, medical care, nursing and general public health services would tax the resources and ingenuity of any government. Acting together, local, state and federal authorities have surmounted legal, financial and other obstacles and today, regardless of citizenship, legal residence, race or color, adequate provision is made for safeguarding the health of migrants and for providing health protection for local residents. Work is provided whenever and wherever possible, medical care and hospitalization are given, with doctors of medicine and hospitals receiving compensation for services rendered. Not all of these benefits came at once, but with the development of a definite plan a standard and workable program of action has become a reality.

With the influx of these hordes of people who establish camps along the back roads, on ditch banks and in deserted barnyards, living in tents, packing cases, shacks and tin can shelters it became apparent that a problem in public health and welfare had arrived. The California State Department of Public Health recognized this fact and local health officers became particularly aware of it, as did also growers of cotton, fruits and vegetables. A sincere attempt to provide suitable housing for these refugees was made by large numbers of landowners but their efforts were
applicable to relatively few, because of the magnitude of the migration.

### Migrants from the Drought States

<table>
<thead>
<tr>
<th>Drought States</th>
<th>Single Men</th>
<th>Families</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>1,045</td>
<td>9,568</td>
<td>10,613</td>
</tr>
<tr>
<td>Arkansas</td>
<td>660</td>
<td>6,572</td>
<td>7,232</td>
</tr>
<tr>
<td>Colorado</td>
<td>733</td>
<td>2,969</td>
<td>3,702</td>
</tr>
<tr>
<td>Idaho</td>
<td>497</td>
<td>1,515</td>
<td>2,012</td>
</tr>
<tr>
<td>Iowa</td>
<td>270</td>
<td>754</td>
<td>1,024</td>
</tr>
<tr>
<td>Kansas</td>
<td>688</td>
<td>3,796</td>
<td>4,484</td>
</tr>
<tr>
<td>Minnesota</td>
<td>233</td>
<td>1,475</td>
<td>1,708</td>
</tr>
<tr>
<td>Missouri</td>
<td>681</td>
<td>5,635</td>
<td>6,316</td>
</tr>
<tr>
<td>Montana</td>
<td>348</td>
<td>754</td>
<td>1,102</td>
</tr>
<tr>
<td>Nebraska</td>
<td>765</td>
<td>2,259</td>
<td>3,024</td>
</tr>
<tr>
<td>Nevada</td>
<td>308</td>
<td>615</td>
<td>923</td>
</tr>
<tr>
<td>New Mexico</td>
<td>263</td>
<td>2,417</td>
<td>2,680</td>
</tr>
<tr>
<td>North Dakota</td>
<td>171</td>
<td>663</td>
<td>834</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1,755</td>
<td>19,954</td>
<td>21,709</td>
</tr>
<tr>
<td>South Dakota</td>
<td>206</td>
<td>958</td>
<td>1,164</td>
</tr>
<tr>
<td>Texas</td>
<td>681</td>
<td>8,012</td>
<td>8,693</td>
</tr>
<tr>
<td>Utah</td>
<td>347</td>
<td>715</td>
<td>1,062</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>110</td>
<td>251</td>
<td>361</td>
</tr>
<tr>
<td>Wyoming</td>
<td>153</td>
<td>506</td>
<td>659</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>9,911</strong></td>
<td><strong>68,418</strong></td>
<td><strong>78,329</strong></td>
</tr>
</tbody>
</table>

The California State Department of Public Health, in cooperation with the United States Public Health Service, for two years has carried on active field work in those rural areas of the state where migrants have located. Of first importance, it has been determined, is the provision of adequate food for these migratory families. By heritage they have become accustomed to a diet lacking both in quantity and in essential food elements. As a result, they brought with them in their migration the heritage of years of malnutrition and dietary habits which are not easily adaptable to the great variety of fruits and vegetables found in California. In a recent survey made by the Bureau of Child Hygiene, State Department of Public Health, in which was compared the physical defects in 1,000 migratory and 1,000 resident children in the same area, it was found that, with the exception of those diseases caused by malnutrition, such defects varied only slightly.

While very few cases of actual starvation have been found, the majority of the migratory children receive a diet low not only in calories but also in vitamins and protective minerals. This is due to two conditions: first, the economic status of the family is such that during the major portion of the year only the bare essentials can be provided, and, second, mothers are unused to preparing and using the large variety of vegetables and fruits which are obtainable in this state. To aid in remedying the second condition, nutritionists have been placed in the field to work with nurses.
and physicians of the state health department. They are holding classes and giving individual instructions to migratory mothers in the preparation and use of the foodstuffs readily obtainable. Also they are helping them plan for their families balanced diets that will come within their financial range. During the last six months, and especially during the flood periods of the past winter, the Department of Agriculture, through the Farm Security Administration, has provided food grants and excess commodities for distribution to these malnourished families. It is believed that through these aids the nutrition of the migrant has been much improved.

A motor truck equipped with x-ray apparatus, doctors and nurses is maintained by the state health department. Children of migrants are given tuberculin tests, and x-ray examinations are provided for reactors. Thousands of such children have been examined but, unexpectedly, the incidence of tuberculosis in children of migrants is found to be no greater than in children of local residents.

About three years ago the Resettlement Administration of the Department of Agriculture, later changed to the Farm Security Administration, began a camp building program to provide more adequate housing and sanitary facilities for these people. They are at present operating seven such camps in California. These provide wooden platforms on which to pitch tents, water supplies, facilities for garbage disposal and adequate sewage systems. In some camps there are water-flushed toilets and shower baths, while in others pit privies of an acceptable type are used in place of water-flushed toilets. It was intended by the Farm Security Administration, at the beginning of its program, that these camps should not provide a permanent residence for all the migrants but should act rather as temporary accommodations for a small portion of the migratory population. It was intended that the gospel of adequate camp sanitation should be spread over as much of the population as possible. In line with this trend and with the help of local health departments a large number of the growers of the state have built new camps or reconditioned their existing camps to provide these facilities. In the central portion of the San Joaquin Valley large numbers of growers have not only equipped their camps for flush toilets, running water and garbage disposal facilities but have also built large numbers of one room houses for their employees. The trend has been to raise somewhat the standard of living of the migrant to accustomed him to those sanitary accommodations that we regard as necessities.

The burden of hospital care and medical services soon became too great for any county to bear and such services were refused because of lack of legal residence. The Farm Security Administration and the California State Department of Public Health with the assistance of the California Medical Association and the State Relief Administration organized, through funds provided by the federal government, the Agricultural Workers Health and Medical Association, a nonprofit corporation authorized under the laws of California, with three doctors of medicine serving on its board of directors. Through this association, patients who are cleared through field doctors and nurses under supervision of the state health department may be placed in private hospitals and receive private medical care at no cost to themselves. This plan is a distinct innovation and is the only one of its kind that is in operation within the United States. In the course of their
regular field duties in public health service, such as provision of sanitation, communicable disease control and immunization, the doctors and nurses employed by the state or local health departments discover cases in which hospitalization and medical care are needed. Such patients have not acquired legal residence and are not eligible to admission to county hospitals. They are referred to the Agricultural Workers Health and Medical Association, which provides a list of private physicians whose services are available. From this list a practitioner of medicine is selected by the patient and, if necessary, a hospital of choice may be entered. Both hospital and physician are paid by the association, their fees being based on definite schedules approved by medical and hospital associations.

By this plan it is hoped that no migratory worker who is sick need go without medical care and, if needed, he may be provided with hospital and nursing services, without expense to himself. In this manner, local communities are relieved of an unfair financial burden and private physicians and hospitals are compensated for the essential services rendered by them.

There are no laws, federal or state, that would prevent the migration of any legal resident of any state into another commonwealth. California has received this army of migrants and has provided for its health and welfare to the maximum of its ability. It expects the states of the Middle West to care for their own underprivileged citizens so far as possible and accepts the overflow with a feeling of responsibility. With federal assistance and with the cooperation of medical, welfare, education, relief and public health workers this gigantic task in the provision of aid for an army of the country's migratory workers can be completed and maintained. It means the amalgamation of a new type of citizen into the social structure of California and the development of a new consciousness of public responsibility in the solution of a national problem.

SUMMARY

1. In 1936 and 1937, approximately 100,000 individuals seeking manual labor entered California by automobile each year, nearly 260,000 having arrived in two and one-half years.

2. More than 57 per cent of these migratory laborers came from the Southern Middle Western states of Oklahoma, Texas, Arkansas, Missouri, Kansas and Arizona.

3. California, in cooperation with federal agencies, has controlled communicable diseases among these groups, no major epidemics having occurred.

4. Services included child and maternal hygiene, diagnosis of tuberculosis, public health nursing, education in nutrition, including selection and preparation of proper foods, provision of housing facilities and general public health services.

5. Study of conditions among these laborers revealed their greatest need—that of education in the hygiene of proper living.

6. The amalgamation of this army of underprivileged people into the social life of California requires the coordinated efforts of social welfare, relief,
medical, nursing, public health and administrative workers among local, state 
and federal agencies.

7. In public health administration there are no state border lines so far 
as migration is concerned and no direct effort can be made forcibly to bar 
entrance of migrants into California.

8. In administering public activities to control these migrant groups, full 
recognition, first of all, was given to their status as human beings and, 
with public health as a driving force, provision was made not for prevention 
of disease alone but for medical and nursing care, relief and housing facili-
ties.

313 State Building.

__________________________

ABSTRACT OF DISCUSSION

Dr. Myrnie A. Gifford, Bakersfield, Calif.: The health problems of the 
migrant are largely those resulting from an inability to earn sufficient in-
come to pay for adequate housing, food and sanitation. The feeling of in-
security resulting from the unsteadiness of available work in agricultural 
crops causes many functional body complaints, which are in reality the body's 
reactions to the fear under which many of the workers live. The Special 
Senate Committee to Investigate Unemployment and Relief found that the av-
erage earnings of the agricultural worker families in eleven representative 
counties was $265 a year and that they were not indigents, because less than 
2 per cent of their average incomes came from relief. The cost of a min-
imum adequate food supply for a family of five at $6 a week for fifty-two 
weeks amounts to $312 a year. This provides a meager amount of food. The 
minimum estimated cost to these families for traveling in getting from one 
job to another is $125 for gas and oil. One wonders how they manage as well 
as they do. These figures explain why they live below the general subsis-
tence living standard. Four times the number of agricultural workers are 
needed in harvesting seasons in California as are needed during the slack 
periods. Apparently there was not more tuberculosis, syphilis or other com-
municable disease among the migrant workers and their families than in the 
resident population of Kern County in 1937. There has been a significant 
relationship between the increase in the cotton industry in Kern County 
and the increase in the increase in the migrant population as well as the 
increase in the infant mortality in Kern County and admissions to the Kern 
General Hospital Service.

Dr. A. T. McCormack, Louisville, Ky.: I have never heard a report which 
showed more effectively the usefulness of modern science in the develop-
ment and preservation of modern civilization. The report raises a challenge to 
every one of us. Why did these migrant workers come to California under-
nourished? They were undernourished back home. Exactly the same problems 
surrounded them in the cabins they left as surround them now in the camps 
at which they have arrived. We did nothing about it there and I am won-
dering why. The situation, it seems to me, constitutes a challenge to the 
rest of us to do something about this class of people. We have them in my 
state and you have them in yours. The only difference between Dr. Dickie's 
case and ours is that Dr. Dickie knows the situation.
Dr. Mary C. Baldwin, Riverside, Calif.: I represent a slightly different element in this discussion from the majority of this section. I represent the private practitioners, and I was recently appointed to the county board of public welfare in Riverside County. In a recent tour that we made of the county to look into welfare situations, we had the pleasure of visiting one of the federal camps that Dr. Dickie has described. The nurse on the job told us of the conditions there with some 600 inhabitants in the camp on the day we visited it. It was immaculately clean. It was an interesting experiment in giving these people, for the first time in their lives, probably, a chance to have a bath under a shower. The nurse was doing a tremendous piece of health education work. She had literature in a little waiting room on all the subjects we want people to know about: syphilis, maternal health, all that sort of thing, and she said the publications were being avidly read. Dr. Gifford’s point about their apprehension is well taken. There they have houses that are kept clean and an electric washing machine to every forty families. I have just one plea to leave with you from the standpoint of a private practitioner. We see these people in our offices as private patients. We wish more could be done for them. We wish that more active communication could be established between your group and our group. We could do a lot to help you and you could do a lot to help us, and we are anxious to be of every help that is possible. I think Riverside County is the front door for these migrants; most of them come in through Blythe. I wish we might have a more active feeling of leadership from your group. Our group is really very willing to help.

Dr. Peter Cohen, Santa Maria, Calif.: All of us doing any kind of public health work have come in contact with this problem in California. In the northern end of Santa Barbara County, there is a large acreage of peas, and in the early spring months we are invaded by a horde of people to pick peas. This past season was an unfortunate one, at least at the beginning, for the pea crop. As the result of weather conditions, the peas were not quite ready for picking when the migrant workers came in and we had several hundred on our hands for some time before work was available. These people were in our county during March and April, and during that time a number of persons from this group were admitted to the local county hospital in the northern end of the county. During those two months 20 percent of the admissions were from this migratory group and that included cases of smallpox, typhoid and some of the other communicable diseases as well as fractures. Incidentally there were two cases of smallpox, which were the first cases that we have had in Santa Barbara County for many years. In connection with the tuberculosis mobile unit, we had occasion to make use of these facilities too. Eighty-seven persons in the camps were examined by the mobile unit and four active cases of tuberculosis were found, which I think is much higher than has been found in other camps. There was one incipient case, one moderately advanced, and two far advanced. It is gratifying to know that this state has taken such a forward step in taking care of these people, who are attempting to better their lot and I think California has certainly shown the way.

Dr. W. M. Dickie, Berkeley, Calif.: I should like to impress on everybody that practically all these people are American stock and to a large extent they are replacing our foreign laborers. Another thing, in our work we have done 83,000 typhoid vaccinations and have vaccinated thousands of these people for smallpox. We intend, as long as they are
moving around the state, that we shall continue our immunization program not only for their protection but for the protection of the people of the state as a whole.