Health of the Migrant

By Walter M. Dickie, M.D., Director California State Department of Public Health

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 during the years 1936 and 1937 assumed truly enormous proportions. 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 first six months of 1935, no less than 53,374 migratory laborers entered the state, 90 per cent of whom were white. In 1936, they came in even greater numbers, and, according to the official records of the United States Farm Placement Service, 104,976 individuals seeking manual employment arrived at border checking stations, by automobile, in 1937. Of these, more than 78,000 were from the 19 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 8728. It is probable that many more entered by other means of transportation.

A total of 221,000 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.

<table>
<thead>
<tr>
<th>Drought States</th>
<th>Single Men</th>
<th>Families</th>
<th>Totals</th>
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<tr>
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<td>Colorado</td>
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<td><strong>Totals</strong></td>
<td><strong>9,914</strong></td>
<td><strong>68,418</strong></td>
<td><strong>78,332</strong></td>
</tr>
</tbody>
</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 sharecroppers who cultivated small pieces of land and divided proceeds with land owners, they were not tied down to land ownership and, upon 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 undernourished, 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 meagre fare.

At the same time that unfavorable economic conditions arose in the middlewestern states, greatly increased aereages 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 60 per cent of the large-scale fruit and truck-garden ranches are in this state.

There is a definite need for seasonal agriculture 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 upon 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 physical suffering due to inadequate housing, floods and other conditions leading to physical discomfort and illness. The local communities, 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 more than 220,000 indigents within a space of thirty months, to provide them with manual labor in season and out, to feed those without funds, provide housing, medical care, nursing and general public health service 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. None go hungry, 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 established 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, local health officers became particularly aware of it and 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.

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 1000 migratory and 1000 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 food stuffs 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-rays 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 upon which to pitch tents, water supplies, facilities for garbage disposal, and adequate sewerage 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 provide, not a permanent residence for all of 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 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 with 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 somewhat raise the standard of living of the migrant to accustom 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 non-profit 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 that need hospitalization and medical care. 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 upon definite schedules approved by medical and hospital associations.

(Morbidty)

Complete Reports for Following Diseases for Week Ending June 11, 1938

Chickenpox
773 cases: Alameda County 5, Alameda 5, Berkeley 20, Oakland 64, Piedmont 9, San Leandro 1, Colusa County 1, Contra Costa County 10, Pittsburg 4, Yountville 6, Fresno County 6, Fresno 2, Humboldt County 4, Kern County 1, Eureka 1, Delano 2, Kings County 6, Los Angeles County 61, Alhambra 4, Arcadia 1, Burbank 12, Compton 7, Culver City 2, El Monte 1, Glendale 19, Hermosa 5, Huntington Park 1, Inglewood 1, Long Beach 10, Los Angeles 101, Manhattan 1, Monrovia 2, Montebello 2, Pasadena 16, Pomona 1, Redondo 1, Santa Monica 14, Sierra Madre 3, Torrance 1, Lynwood 5, South Gate 2, Monterey Park 2, Signal Hill 1, Gardena 3, Madera 5, Costa Mesa 1, San Anselmo 1, Marin County 1, Mendocino County 1, Merced County 1, Los Banos 2, Merced 3, Monterey County 1, King City 2, Monterey 1, Orange County 4, Arroyo 1, Huntington Beach 2, Newport Beach 5, Santa Ana 5, Laguna Beach 1,
SOLANO AND SONOMA ORGANIZE FULL-TIME UNITS

The boards of supervisors of both Solano and Sonoma counties have organized their county health departments into full-time units, effective July 1, 1938. Both units will include all unincorporated territory within their respective boundaries.

Dr. A. Frank Brewer of Berkeley has been appointed health officer of Solano County. Two public health nurses, a sanitary inspector, and a clerk, all employed full-time, will comprise the staff. The organization of the Sonoma County unit is in process of completion.

With these two new units, there are now 24 counties of California, the health departments of which are conducted by employees who devote their whole time to the duties of their respective offices. These counties are: Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Monterey, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo.

HEALTH OF THE MIGRANT

(Continued from last issue)

By this means it is possible 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. 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 in 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; more than 220,000 having arrived in 2½ years.

2. More than 75 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 pediatrics, 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 in so far as migration is concerned and no direct effort can be made to forcibly 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 facilities.

LAST CHANCE FOR REPATRIATION OF FILIPINOS

The Filipino Repatriation Act expires at the end of this year and Filipinos who desire to return to the Islands should submit applications at once to the U.S. Department of Labor, Immigration and Naturalization Service, at San Francisco, in order that their transportation may be arranged.

The district commissioner reports that Filipinos suffering from tuberculosis who have already returned to the Philippines under the provisions of the Repatriation Act, have found that the island conditions are favorable toward improvement in their tuberculosis. Furthermore, they have found a more favorable mental environment in their native land, and reports of progress in their physical health are common.

Hospitalization on government vessels is available and Filipinos, both sick and well, may take advantage of this unusual opportunity to return to the islands at no personal expense. It is important, however, that applications be filed immediately, as considerable time is necessary in acting upon applications.

The Filipino Repatriation Act provides for the return of any Filipino born in the Philippine Islands and residing in continental United States on July 10, 1935. All transportation costs are paid from any point in the United States, and California repatriates are provided with transportation to any place in the Philippines.

FILIPINOS SAIL HOMeward IN JULY

The District Commissioner of the Immigration and Naturalization Service of the U.S. Department of Labor at San Francisco, Edward W. Cahill, has announced that the next Filipino Repatriation Party is scheduled to leave San Francisco July 29, 1938, on the Steamship President Coolidge. Filipinos who were born in the islands and who are not citizens of this country may be returned to the islands without cost. Since applications for transportation must be forwarded to Washington for approval it is important that Filipinos in California who wish to take advantage of this offer of free transportation apply to Mr. Cahill's office without delay.

1938 RURAL HEALTH CONSERVATION CONTEST ANNOUNCED

The Chamber of Commerce of the United States and the American Public Health Association have announced the 1938 Rural Health Conservation Contest, the fifth of a series of contests designed to further the development of sound rural public health work, and to stimulate needed improvement in community health services.

Any district or county health unit providing whole-time health services is eligible to participate in the contest. Whole-time health departments of California have, during past years enrolled in these contests, and some of them have succeeded in winning awards. It is hoped that a large number of California counties will enter into the 1938 contest.

Some of the advantages to local health units that may take part are stated as follows:

1. It provides a means (the public health committee) of bringing about a substantial, sustained and intelligent lay interest in public health.

2. It promotes the keeping of adequate comparable records which can be used in measuring progress.

3. Through the inclusion of all agencies, groups and individuals engaged in the public health work the contest:

(a) Presents a clearer and more complete picture of the community-wide public health program than was perhaps heretofore available.

(b) Tends to develop a community-wide esprit de corps and public health consciousness.

(c) Encourages the more effective use and integration of all the community's facilities for public health betterment.

(d) Through giving definite credit for work done by private practitioners of medicine and dentistry encourages the increasing practice of preventive measures by these two all important groups.

We should endeavor to get ideas from those who conceived or created them, thus bringing directly to bear upon our lives their wisdom and conceptions of beauty. Not content with the distorted impressions of second-hand report, we should let creative men speak directly to us. How can this be done? By coming to know their lives and their works—the books they wrote, the truths they established, the principles of ordered society they laid down, the songs they composed, the pictures and statues they made, and the cathedrals they built. They quicken us to our best; they are the great teachers of the race.

"A state which will not prevent what can be foreseen is open to indictment."—Munsterberg.