

California Odyssey: Dust Bowl Migration Archives

Special Topic Series

A "Flat Tired People": The Health of California's Okies During the 1930s

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During the 1930s approximately 400,000 jobless individuals¹, also known as Okies, were either "brave enough or . . . disgusted enough" to seek work in sunny California (Zeman, "Squatter 1). They were driven from their homes in the southern plains states due to declining crop prices, drought, mechanization, and dust storms. As one former Oklahoma farmer² explained:

It just got so hard, such a hard get-by. . . I just drug along. . . It was just a hard old going. . . I wanted to change countries to see if I couldn't find [work] (U.S., Cong., *Investigate*, Pt. 7, 2903-2904).

And many found temporary work when California's growers needed thousands of workers to pick fruit or chop cotton. But when the growers no longer needed them, the agricultural migrants were expected to "disappear." Thousands of transient workers "were forced to move ceaselessly. . . to eke out a living by piecing together short and scattered seasons of employment in agriculture" ("Ills of Labor" 4). As one migrant child told John Steinbeck, "When they need us they call us migrants, and when we've picked their crop,

we're bums and we got to get out" (Steinbeck, "Harvest Gypsies" 1).

But for many there was no job to move to. Homelessness forced interstate migrant families to squat on roadsides and ditch banks, pitching tents or building makeshift homes out of tin, packing crates, and other odd bits creating so called "migratory jungles" (Dickie 131). One reporter expressed his feelings by saying one was "almost . . . struck dumb with sympathy" for the stranded, destitute Okies (Zeman, "Squatter" 1). And those who had a place to stay were not much better off. Seasonally employed farm workers, usually working no more than six months a year, earned roughly between \$300.00 and 450.00 a year³. This wage barely bought the essentials, thus the migrants "went without" a lot of things such as, healthy food, clothing that did not invite ridicule⁴, and gas for transportation to and from a job (Cal.St.Relief, *Migratory Labor*, "Foreword"). Migrant poverty often forced them into a kind of a medical Sophie's choice situation: if they bought food to fill their empty bellies, they could not afford the doctor to treat their sick child. Thus, mobility, poverty, unclean living conditions, and ineligibility for government

¹ These statistics include migrants from Oklahoma, Arkansas, Missouri, and Texas. For more information see: Gregory, James. *American Exodus: The Dust Bowl Migration and Okie Culture in California*. New York: Oxford, 1989, pp. 9-10; Stein, Walter. *California and the Dust Bowl Migration*. Westport, Conn: Greenwood, 1973, chapter two, and California State Chamber of Commerce. "Migrants: A National Problem and Its Impact on California: Report and Recommendations of the Statewide Committee on the Migrant Problem." San Francisco: California State Chamber of Commerce, 1940.

² Marvin Montgomery lived temporarily at the Farm Security Administration's labor camp in Shafter, California.

³ Wage ranges documented in the following sources: California State Relief Administration. *Migratory Labor in California*. San Francisco, 1936, 89, and "Ills of Labor Migrant Told Perkins Report Cites Bad Condition of Transient Workers." *Los Angeles Times* (July 4, 1937):4.

⁴ For a discussion on Okie dress, see the California Odyssey's "Special Topic" article, "[A School of Their Own: Educating Okie Children During the 1930s California.](#)"

aid engendered all sorts of health problems for the migrants (Mills 2). As the Okie chronicler Gerald Haslam comments, “With the great over supply of farm labor, “the sweetheart relationship between valley towns and large farmers soured” (Haslam 36).

“These People Need Food”

Bad diets wreaked havoc with migrants’ immune systems, leaving them vulnerable to disease and other health problems. Medical reports revealed that migrants suffered from “malformation due to malnutrition, digestive trouble” and other health conditions (Saunders 9). Malnourishment so transformed the bodies of migrants that to the townspeople, they looked racially different⁵. Haslam describes their appearance as having, “skinny necks with prominent Adam’s apples, concave chests, slumping shoulders, scrawniness in general. They were decried as the lowest sub-species” (Haslam 360). Laurence Hewes, regional director of the Farm Security Administration (FSA), described them as “loose, gangling physiques, narrow, sharp features, and what seemed to me abnormally large Adam’s apples and ears” (Hewes 112). And one health officer wrote that “the struggle for existence ha[d] dulled their untrained intellect and made their bodies gaunt and tough” (Baughman 2). As Dr. Myrnie Gifford⁶, a prominent 1930s Kern County physician, observed, “the feeling of insecurity resulting from the unsteadiness of available work. . .cause[d] many functional body complaints, which are in reality the body’s reactions to the fear under which many of the [migrants] live[d]” (Gifford 765).



Physicians at the time blamed the Okies’ poor health on their traditional diet of pork, beans, biscuits, gravy, and potatoes—foods rich in salt and fat (Faverman, Dickie, Jones). In 1938, Dr. Walter M. Dickie, director of the California State Department of Public Health went so far as to assert that malnourishment was an inherited trait⁷ among Okies, “By heritage they [migrants] have become accustomed to a diet lacking both in quantity and in essential food elements” (Dickie 82). Migrant Frank Manies seemed to agree. He recalls a diet “heavy in starches and heavy with the pork” and blames it not only on his poor health as a child but also on the compromised health of his grandfather and father both of whom suffered from pellagra:

[Y]ou can see why we had pellagra—that’s what we grew up with. As long as we were doing hard work—hard manual labor like pulling a crosscut saw—then we could get away with that type of diet. The trouble started when we got easier jobs we could no longer tolerate the pork grease and the pork with no greens to go along with it (Manies 31).

Nutritious meals that involved “protective foods” such as, wheat bread, milk, meat, eggs, and fresh produce, were well beyond what most migrants could afford (Wilder 381). A nutritious food supply would have exceeded the average income of most migrant worker families (Gifford 765, “Ills of Labor” 4). As such, dinner for many migrant families consisted of fried baking powder, beans, biscuits, jam, and coffee. Dr. Dickie also implied that Okies suffered nutritionally, generation after generation, because they failed to incorporate a variety of fruits and vegetables into their diets (Dickie 82). When migrants arrived in California, their poverty prevented them eating any vegetables except for “mess of mustard greens” or dandelion greens, which, back then, was considered a common weed (Cal. St. Relief Transients, 92, Faverman, “A Study” 34, Saunders 9). In some cases, these vegetables were their only meals they ate. One report stated “that large numbers of migrants in Riverside and Kern counties, many of whom were tuberculous, were living on potatoes and onions” (Jones 47).

Ironically, a common perception at the time was that the agricultural workers could not possibly go hungry because they were “close to the soil [thus] safe from hunger (Mills 5). Yet, unlike back home their kitchen gardens enabled them to “raise[] what

⁵ For a discussion the racial demonization of the Okies, see: La Chapelle, Peter. *Proud to Be an Okie: Cultural Politics, Country Music, and Migration to Southern California*. Berkeley: University of California Press, 2007, 21-44.

⁶ Dr. Myrnie Giffords discovered that Valley Fever was caused by a fungus. According to the Kern County Health Department, 25 percent of the Okies that were tested in the Arvin Federal Labor Camp, tested positive for Valley Fever. (p. 52 Annual Report, July1, 1936-June 30 1937.

⁷ However, several of the Okie interviewees contradict Dickie’s implication that migrants did not have access to a variety of produce in their home states. For example, Clarence Graham, originally from Oklahoma, commented that, “We raised our own potatoes. We raised our own roasting ears. We raised cabbage. We had a family orchard. We had apples, peaches, gooseberries, Concord grapes” (Graham 13).

they ate and they ate what they raised, but being “landless”, poor, and constantly traveling, forced migrants to buy their food at grocery stores (Graham 13). Yet some migrants were lucky to work for growers who would allow them to take home some produce. Migrant Loye Holmes, for example, whose family picked peas in the Imperial Valley, recalls:

Our boss was real good. He would tell all of his hands, "Pick as many of these peas you want and take them home and cook them." Needless to say, we took home plenty of peas and shelled and cooked them. We ate a lot raw. I often said I ate about as many raw as I picked to begin with. We always had green peas while we were there. . . . Some bosses wouldn't let the pickers take any home to eat. They would sneak them in their clothes and take them home. I think that's being very rude (Holmes 15).

Malnourishment of migrants often began in the womb. According to Sherman, “prenatal care was unknown among [migrants]” (Sherman 167). Typically, pregnant migrant women suffered from inadequate food, bad housing, insufficient clothing, and overwork. Childbirth was assisted usually by a neighbor woman, sometimes by a midwife without formal medical training (Sherman 167). After the birth of their children, many mothers were unable to provide nutritious breast milk (Steinbeck, *Our Blood* 24). Consequently, schools reported “a general state of malnutrition among migrant children” (U.S., Cong., *Investigate*, Pt. 6, 2513). For example, in Bakersfield, located at the southern end of California’s Central Valley, school authorities reported that migrant children were coming to school hungry.



One school observed that “two or three families each week complained that it was impossible to send their children to school as they had no food” (Cal. St. Relief, *Transients* 56). Moreover, the local Parent Teachers’ Association (PTA) “felt that the migratory children were responsible for the frequent epidemics breaking out in the schools” (Cal. St. Relief, *Transients* 56). In 1937, a state public health study revealed that migrant children in California had medical problems in 23 percent more cases than their rural resident counterparts. Furthermore, 27 percent of the children had nutritional problems. Statistics also revealed that only 10.5 percent of the school aged children were drinking the daily required amount of milk; 15.8 percent were getting no milk. The study concluded that migrant children needed to consume an adequate amount of milk so that they would not be vulnerable to a variety of health conditions including, malnutrition, rickets, and tuberculosis (Faverman, “A Study” 32).

These studies were reinforced by migratory school teachers’ complaints that because of hunger and exhaustion from helping their parents in the fields, their pupils were too tired, restless, and inattentive” to learn” (Underhill 8). One migratory school teacher asked her students what they had for breakfast that morning. Out of 25 pupils, two had mush or milk, six had bread and cheese, and the rest had beans and potatoes (Underhill 24). The teacher believed that if the children could have milk and graham crackers at midmorning, her teaching problems would be solved (Underhill 24). The writer John Steinbeck⁸ recalled when visiting a “typical” squatter’s camp, the death of a malnourished four year boy was due to the fact that “he had had no milk for months” (Steinbeck, *Our Blood* 11). Loye Holmes in despair over being too sick to care for her children or work to help support the family, recalls:

My milk was no good. . . . I thought about committing suicide. That's the only time in my life the thought has ever crossed my mind. There was this huge, huge canal that ran down through the Imperial Valley that irrigated the whole country. One night I got up and couldn't get any sleep. The other daughter slept well but I didn't want to leave one of my children. I got up and tucked the baby under one arm and the other under the other arm. There was this big walk that went across the canal. It was like a river. I thought I'll go out there and get in the middle and jump right off into it. I couldn't see no other way out. . . . I thought, well, I'll just get rid of it all but when I got her under my arm it was like a voice spoke to me that said, "Don't do it." (Holmes 12)

Moreover, dental problems was endemic among children whose diet lacked an adequate supply of milk. Goldie Farris, who came to California from Texas, blames her need to wear dentures on her poor diet in childhood. Moreover she remembers dental problems being common at the time, “I think the teeth was the big problem because they [migrant children] didn't have enough milk and vitamins in their earlier years” (25).

⁸ Nobel prizewinning American author, John Steinbeck, wrote the controversial novel, *The Grapes of Wrath*, which dramatized the ordeal of the Okies. For further information on how the novel impacted the Okie migration to California, go to the California Odyssey’s [Topical Bibliography](#) and click on the *The Grapes of Wrath*.

Physicians as well as teachers observed the ill health of migrant children. One physician, who treated many thin, pale, and flabby migrant children, admitted that her advice to their mothers to buy more milk “seemed hollow” because she knew they could ill afford the required amount of milk (Faverman, “A Study” 5). And even if the Okies could afford milk and nourishing food many were either unfamiliar with how to cook healthy meals or lacked the appropriate cooking equipment. Cooking nutritious meals over a “hole in the ground or a kerosene can” could be a challenge (Steinbeck *Our Blood* 23).

“From a Distance They Look Like City Dumps”⁹

Living in substandard housing definitely deteriorated migrants’ physical and mental health. Their protection from the elements ranged from a single tree to a labor camp cabin.¹⁰ As one contemporary doctor stated, “The many diseases of humanity often necessitated care in shacks, tents, rear seats of automobiles, or ditch banks” (U.S., Cong., *Investigate*, Pt. 6, 2513). Indeed, the type of housing migratory workers found depended largely on luck. If, for example, they got work on a large farm they might be housed in a camp with clean water, toilets, and adequate garbage disposal. But they could just as easily have wound up in a labor camp that provided a roof over their heads but little else. For example, some camps lacked proper garbage disposal, which forced the inhabitants to dump their trash at the back of the camp or in front of the cabins. This practice attracted insects and vermin—“flies and flying ants . . . entered the cabins freely through knot holes, doorways and broken or absent screens” (Faverman, “A Study” 36). Migrant Rosie Laird describes the toilets and showers she experienced in one labor camp:

they'd [the camps] have little bathrooms where they would just dig a hole in the ground and sit the bathroom over that and then have the hole that you use. Well, then when that hole filled up, they'd move it over a little and dig another hole and cover this one up. Well, that's the bathrooms they had and the water from the showers just run back into the fields. There was no such thing as a sewer line or a cesspool or anything for it to run into (44).



Ditch bank camp, California
Library of Congress-USF34016115E

Yet, unluckiest of all, were those who worked for growers that provided no living quarters. As such, transients wound up joining squatter’s camps situated alongside roads, ditches, fields, or at the edge of town, “where sanitation flirt[ed] contemptuously with the legal margin” (Crist 4). In these so called “jungles” families were “jammed into tiny hovels, unlighted, ill-heated. . . . sleeping, cooking and eating in the same room” (Bailey, “Squalor” 4). By the mid- 1930s, these squatters’ camps grew at an alarming rate. For example, by 1936, Bakersfield had two such “jungle camps” on outskirts of town—known as Hoovertown and Hollywood—where approximately 200 families lived (Cal. St., *Transients* 57). Marysville, in the northern part of the Central Valley, had hundreds of individuals and families living alongside its levees (Cal. St., *Transients* 113, Lange *American Exodus*, 118) The living conditions of migrants “rarely measure[ed] up to proper sanitary standards. . . . recent investigations indicate that conditions are often little short of deplorable” (“Indigent Camps”).

As these illegal camps had no plumbing or sewage systems, migrants used nearby bushes as restrooms “where human feces lie exposed to the flies—the same flies that are in the tent” (Steinbeck, *Our Blood* 11) The lack of proper

disposal of human excreta was a major concern of county health departments because there was no protection from soil polluted with human feces “and the possible infestation of the soil with intestinal parasites by persons coming from southern and middle western states where intestinal parasites are prevalent” (“Kern Co. Health Bull.”). Open privies without screening increased the occurrence of typhoid and other diseases. According to Loftis: On April 2, 1940 First Lady Eleanor Roosevelt visited a “Hooverville” on the outskirts of Bakersfield, “where she picked up a child who had impetigo and rebuked the camp manager for allowing a water faucet to be attached to a privy” (Loftis 86).

Another major concern among health officers was migrants’ lack of plentiful and clean water. Since squatter camps rarely had access to clean water, they drank and bathed in irrigation ditches. (Bailey 4, Faverman, “A Study” 36, Leland 53, Zeman, “Squatter” 1). The state relief director for Imperial County¹¹ described ditch water as a:

⁹ John Steinbeck’s description of a squatter’s camp in his *Our Blood Is Strong*. Logan, Iowa: Perfection Form Company, nd., 9.

¹⁰ To view examples of migrant living conditions, see the photographs archived at the [California Odyssey](#) project website.

¹¹ Imperial County is located in the Imperial Valley in southeastern California.

deep coffee brown in color. Some of the families rig up a filter out of sand and charcoal, but most of them just take the water out of the canals, let it settle in gasoline drums, and drink it off. And, of course, the canals serve not only as the water mains but also as the sewers (Friendly 460-461).

Migrant Alvin Laird, when following the crops up and down California, saw migrants living:

in the orchards right along the ditch bank anywhere they could get water and they went to the toilet anywhere they could get out of sight. You can imagine what that was like. I seen them. . . cooking on an open fire and eating whatever they could get a hold of to eat and sleeping on the ground or in their cars even with little children (13-14).

And while her family was poor, Loye Holmes recalls that they were not as desperate as families living near a ditch alongside a road in Lamont:

There were people who never even had a tent. They camped all along that ditch bank and they would have a blanket pinned up on the trees or some poles up. I'm telling you there would be from 20 to 30 lined up and down those trees living like this. We saw people living under sheets. We saw women that were so big and pregnant; we saw them with a little baby we saw little children playing on that ditch bank and sometimes we would stop and visit with them (35).

Disgusted with the squatter's camps, some resourceful Okies received permission from small farmers to set up camp on their land. Hattie Shields recalls as a ten year old former Oklahoman, that her father, disgusted with living in a squatter's camp, found a farmer that allowed the family to set up camp in one of his eucalyptus groves.

we set up our tent and built a brush arbor¹² and had a beautiful little camp. It was just so clean and under eucalyptus trees and just really lovely. . . . Dad built his own little outhouse and we had that. Then for bathing, of course, we had to do that inside the tent. . . . We would take our buckets and go over and put it under the spout and the water came out of the pipe at the reservoir. We had nice, clean fresh water. . . . However, my father and [my] sister started having boils. . . . Just these horrible carbuncles all over their bodies. Doctors said it was the living conditions . . . and the dirt and all the unsanitary conditions, just coming out. You just don't have the way to keep your food as clean (11).

Needless to say, the unsanitary conditions of the camps put the migrants at high risk for "the poor man's diseases," especially typhoid, dysentery and diarrhea. Consequently, minor epidemics popped up around the state. In 1936-1937, a typhoid epidemic hit California and 90% of the reported cases occurred among agricultural migrants ("Dust Bowl Invasion" 1, Mills 4, Taylor 228). In 1938, smallpox hit Tulare and Madera counties (Weber 169) and a "public health nurse discovered that 26 cases of smallpox had developed in a private camp in the San Joaquin Valley (Mills 3). While this outbreak was contained, "there is always the probability that some exposed family will move to another camp or another community and transport the disease to new center of infection (Mills 3).

In such unclean conditions, according to one Kern County health officer,

infant mortality, tuberculosis and typhoid cause more trouble. Scarlet fever, whooping cough, measles, pneumonia and infantile paralysis are constant hazards. The county, which had forty percent of the state's migrant population, hasn't the money to isolate the patients properly" (U. S. Cong. Sen., Part 1, 863, Zeman, "Squatter" 2).

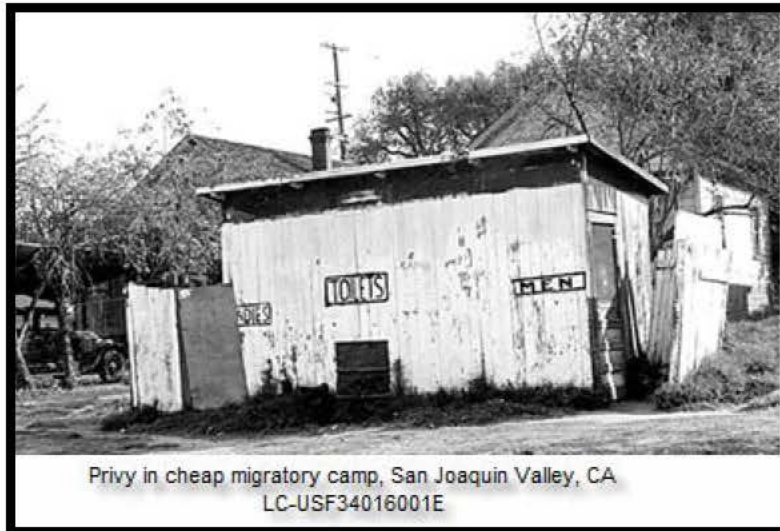
Crowded conditions in illegal camps also "contribute[d] to a disproportionately large part of the incidence of sickness and deaths from communicable diseases (Cal. St. Relief, *Transients* 59). Large migrant families, often eight or twelve members, crowded together in one or two room shacks. Kern County, which had a high concentration of destitute migrants, reported that such overcrowded conditions led to a serious outbreak of scarlet fever among several families living in Delano ("Kern County Health Bulletin"). "The close concentration of many families in unsupervised camps, and their frequent movement to new localities, makes the control of communicable diseases many times more difficult than in a static population living in separate private homes" (Mills 3).

Carey McWilliams testified that the shacktowns were "unfit for human occupancy (U.S., Cong., *Interstate*, Pt. 6, 2543). And Dr. Paul Taylor¹³, Federal Resettlement Administration advisor, warned that "squatters' camps are a menace to public health, to

¹² According to Shields, "A brush arbor is a patio with brush around it. Of course, there's no cement. It's just hard dirt. You sweep it clean and then you take leaves or branches off of the trees and you put it up along the side to keep the sun out and then you put it across the top and make yourself a little lean-to. That's a brush arbor. They're really nice up in the Valley because you know it's so hot there. You just can't get any shade sometimes (11).

¹³ Carey McWilliams (1905-1980), longtime advocate of the under-privileged, editor of *The Nation*, and headed California's Division of Immigration and Housing (1938-1942). Dr. Paul Schuster Taylor (1895-1984), professor of economics at University of California, Berkeley and

social health and to good labor relations in agriculture. Their existence is a challenge to our society. They can be abolished ("Squatters' Camp" 7). While the counties eliminated squatters' camps, the challenge then was what to do with the inhabitants of those camps. Some officials believed, such as "expert" Colonel Lee A. Stone, a pioneer in "good housing", that the typical squatter was "nothing more or less than an idler and a parasite on the body politic. . . . a burden on the taxpayer (Baughman 2).



Privy in cheap migratory camp, San Joaquin Valley, CA
LC-USF34016001E

But others disagreed recognizing that the squatters were "essential to the production and processing of farm products" (Baughman 2). However, these migrant workers needed to be organized into safe camps, so that the local health departments could better monitor health conditions thus saving the taxpayers money for medical treatment and hospitalization (Baughman 2).

As if eating poorly and living abysmally were not enough, migratory workers were exposed to all kinds of hazards while toiling in the fields. During the 1930s, farm work was the most dangerous of all industrial occupations (*Accident* 13, 17).

For example, one newspaper reported a high rate of farm workers suffered from hernias caused by pulling cotton bags over the fields (Saunders 9). Migrant children, who often worked alongside their parents were especially vulnerable ("Ills of Labor" 4). Their young bodies endured long hours in the fields, often in extreme temperatures, performing repetitive tasks that forced them to crawl or stoop, which according to a Department of Labor report:

may do them irreparable harm, especially if at the same time they suffered from lack of proper food. Too early and too arduous labor inevitably imposes upon the bodies of these young workers burdens which take a f heavy toll of future health and vigor (U. S. Cong. Sen. Subcommittee, Part 1, 825).

Poverty, malnutrition, and substandard living and working conditions left many migrants vulnerable to an array of diseases. Especially troublesome were communicable diseases, which not only posed a danger to themselves and their families but to the resident population. Moreover, sick migrants could potentially spread diseases when they followed the crops up and down the state. For example, agricultural workers "carried smallpox from the San Joaquin Valley to the Imperial Valley, and typhoid from the Imperial Valley to Kern county" (Mills 3) Migrants were susceptible to other ailments associated with poverty—eczema, impetigo, conjunctivitis diarrhea, dysentery, typhoid, and pneumonia (Rowell 2). Migrant Loyal Holmes, who lived in Lamont, California¹⁴ at the time recalls that her baby had chronic diarrhea "[b]abies were dying like flies because of diarrhea". . . . There was a lot of typhoid at that time. In fact, my sister-in-law . . . got typhoid and almost died" (19). Local news reports support Holmes' claims. The *Bakersfield Californian* reported epidemics of diarrhea among babies (Saunders 9). And many, no doubt, suffered from what writer John Steinbeck, who visited numerous squatter's camps, called a "paralyzed dullness" where "the mind protects itself against too much sorrow and too much pain" (Steinbeck, *Our Blood* 11). Terrorized by the threat of starvation, Steinbeck observed that some migrants were "[unable] to fight clear of the dullness that has settled on [them] and [that this dullness transforms itself into] "sullenness that makes them taciturn" (Steinbeck, *Our Blood* 11). As Watkins and Dodd point out, "the problem of the [migrant's] health is a vicious circle for without the money to provide an adequate diet, he is unable to remove the cause of his ill health" (470).

The Media: Doomsdayism and Hyperbole

Beginning in 1936, the media ramped up its coverage of the so-called "health menace" of the "homeless hordes" of migrants. Widespread publicity jolted the public into an awareness of the miserable conditions of the Okies. Interestingly, a photographer and novelist, rather than reporters were instrumental in shaping the public's attitude toward the migrant. In 1936

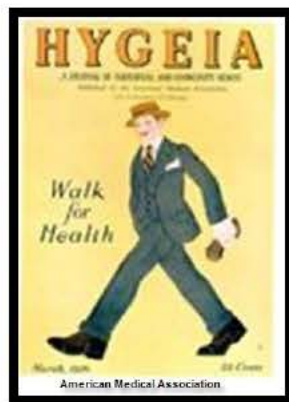
husband of photographer Dorothea Lange, is credited as being one of the first to recognize the looming problems of the Dust Bowl migration. His papers are archived at the [Bancroft Library UC Berkeley](#). Some of his articles appear in this article's references.

¹⁴ Lamont is located about 15 miles southeast of Bakersfield, California.

photographer Dorothea Lange's iconic "migrant mother" images exposed the plight of 1,000 starving pea pickers stranded in Nipomo, California.¹⁵ A few months later, Steinbeck's "Harvest Gypsies" series in the *San Francisco News* chronicled his travels to various California migrant camps. His series led to his novel *The Grapes of Wrath*, published in April 1939 and to the film, released in March of the following year (Steinbeck *The Grapes*). Lange's and Steinbeck's portrayals of the Okies along with countless news stories¹⁶ split public opinion into pro and -anti migrant factions. Some were moved to compassion and called for government action while others accused Steinbeck and the liberal press of spreading communism—the "red menace."

News stories whose purpose was to raise the public's awareness of the plight of migrants were counterbalanced by stories that conjured up prejudice and hysteria. Full of "doomsdayism and hyperbole," these stories spoke of the migrants "as a plague" and that the "invasion of these hordes" would overrun California and "control the political destiny of California, thus they must be stopped from entering the state, otherwise "chaos and ruin" will result (La Chapelle 22). One scare tactic was to exaggerate the health threat of migrants, accusing them of being "stupid with disease" (Davenport 48). Okies, for example, were blamed for importing and spreading syphilis in California, despite the fact that, according to health officials, there was no dramatic upsurge in syphilis cases due to the migration of Okies (U.S., Cong. Sen., Subcommittee, Part 1, 2524-2525).

Still other media stories claimed Okies were too stupid or too lazy to learn about modern health, preferring to be cared for by the state. One glaring example appeared in the American Medical Association's popular health magazine, *Hygeia*¹⁷.



The article follows Judy Forbes, a nurse who treats migrants in an unidentified labor camp in the Imperial Valley. The narrative opens with Nurse Forbes reminding a migrant mother of a scheduled doctor's appointment. The mother contends that her hairstyling appointment has priority, telling Forbes:

"That's what I want ter tell you. We jist got our grant checks, and we made pintments fer a permilint this afternoon. We won't get away from the beauty shoppy 'til after 5. Can't [the doctor] wait on us?" (Canter 421).

Later in the article, another migrant patient argues with the camp doctor when he informs her that she has pellagra:

'Taint polligry, Doc.' . . . That's something 'at don't run in our family. You doctors is always tryin' to give me sompin'. The county doctor in Arizony 'lowed I had t.b., and he took tow extra 'rays of me, but noting' showed up. We're jist a scrawny bunch, that's all." (Canter 454).

As illustrated by *Hygeia*'s article, the medical community clearly endorsed stereotypical views of the Okies. One district director of the Farm Security Administration claimed that a Fresno doctor told him: "I can't have them in my waiting-room, they offend my regular patients and they can't pay. Anyhow, most of their troubles come from their own uncleanliness" (Hewes 115). And some government officials noticed. Frances Perkins, Secretary of Labor, remarked that "the migrants are discriminated against" (U.S 25). And Pediatrician Anita Faverman, a California State Department of Public Health official, observed that:

Doctors as well as laymen questioned the point of spending so much time and money on a group of people, "who couldn't learn and wouldn't follow instructions" and asked "why find defects in children if there are no provisions or possibilities for their correction?" ("Trailing" 1).

¹⁵ In 1934-1935, the California Emergency Relief Administration hired social scientist Dr. Paul Schuster Taylor, to examine the upsurge in interstate migrants. Taylor arranged for FSA photographer Dorothea Lange, whom he married in 1936, to document the plight of the migrants. Lange made five exposures of the migrant mother, later identified as Florence Thompson, and her children. The *San Francisco News* published two of the images on March 10, 1936, under the headline "Ragged, Hungry, Broke, Harvest Workers Live in Squallor [sic]," and accompanied the "Food Rushed to Starving Farm Colony." On March 11, 1936, the *News* published the iconic migrant mother image, which accompanied the article, "What Does the New Deal Mean to this Mother and Her Children?" This same photograph appeared in the *New York Times* on October 17, 1936. See References for citations to the *San Francisco News* articles.

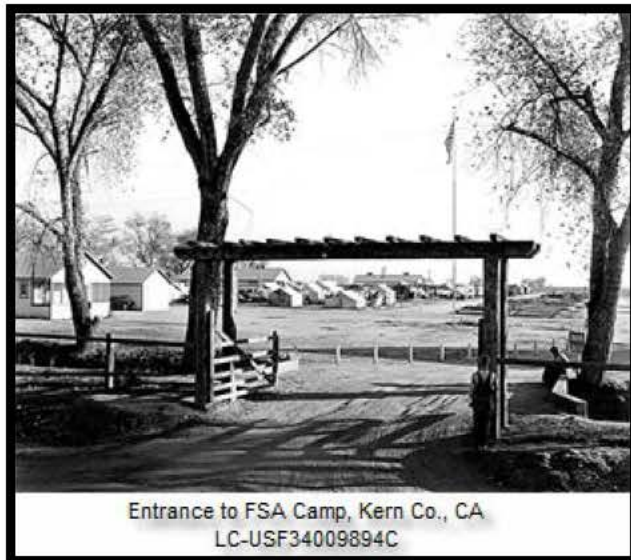
¹⁶ See selected news stories in this article's references also consult the following sources for additional new stories: Gregory, James. *American Exodus: The Dust Bowl Migration and Okie Culture in California*. New York: Oxford, 1989; Stein, Walter J. *California and the Dust Bowl Migration*. Westport, Conn.: Greenwood, 1973; Weber, Devra. *Dark Sweat, White Gold: California Farm Workers, Cotton, and the New Deal*. Berkeley: University of California, 1994.

¹⁷ *Hygeia*, published by the American Medical Association (AMA), promoted medical care and health among laymen and educators. For more information on this publication see "Medicine's Journal." *Time Magazine* (13 April 1936):57-58.

"Who, Then Shall Care for These Roving Strangers?"

Whether one advocated for or vilified the Okies, all agreed that something had to be done about the "migrant problem," but a solution proved to be a conundrum—"no one, not even the Federal Government, seems to know the ultimate answers" (Todd 10). Any action toward effective solutions were stymied by conflicting political agendas and lacked funding, but the byzantine system of health care for needy migrants in place during the 1930s also was a major factor. In the first few years following the economic crash of 1929, private agencies attempted to assist the migrants but "found themselves unable to do so." (U.S., Cong., *Interstate*, Pt. 7, 3018). Apparently, there was little interest among the private sector to aid to non-residents. In fact, according to a local chapter of the American Red Cross¹⁸ claimed that "the national office had instructed all chapters that no relief should be given to transients (Cal. St. Relief, *Transients* 61). In 1933, the federal government stepped in by establishing the Federal Transient Service, which provided relief to thousands of migratory workers. In California, for example, the Service cared for 77,118 in one month, which "represented nearly 14 per cent of the transients under care" for the United States (Cal. St. Relief, *Transients* 3). Unfortunately, the Service was short lived—the federal government shut it down and shifted much of the responsibility for migrant relief to the states and their local communities.

Closing the Service caused a great deal of "chaos and suffering", especially in California (Cal. St. Relief, *Transients* 6). The state lacked sufficient funds for its own destitute residents much less non-resident migratory workers. Locals resented the fact that they were expected to support interstate migrants. In fact, one county hospital officer risked a lawsuit by local doctors because of his policy of treating parturient migrant women (Sherman 168). County expenditures for such cases increased with the influx of the migrants. For example, Kern County costs per capita for health and sanitation services more than doubled from \$4.07 in 1930 to 9.58 in 1940 (Johnson 23). Interstate migrants used the county hospital more than its residents. For example, in 1940 interstate migrants and their children accounted for 40% of the cases discharged from Kern County hospital (Johnson 23-24). Treating the health problems of interstate migrants cost affected counties. This cost is noted in a report from the U.S. Bureau of Agricultural Economics which states "if no interstate migrants had entered Kern County after 1930, the disbursement for health and sanitation would have been 517,750 less in 1940 than they were" (Johnson 24).



Basically, health care for interstate migratory workers was spread among several government agencies, including the State Department of Public Health, the State Relief Administration, local public health and welfare departments county hospitals. These agencies tried several remedies to solve "the migrant problem" including forcing the Okies to go back to their home states. For example, California's State Relief Administration established a policy of "denying aid to the non-resident applicants who refused to consider return to their native states. Government officials offered to pay migrants to return to their home states (Zeman, "Squatter Army" 2). Other solutions revolved around stopping the migrants from entering California by establishing health examinations and quarantine stations to "prevent diseased persons from entering the state" ("Border Health" 9, "Indigent Half" A1, 4). The Los Angeles police department's notorious "bum blockade" attempted to ban migrants from entering the state. However, the blockade was short lived because of legal

challenges (Gregory 80, 99).

Needless to say, none of these "solutions" stemmed the flow of migrants into California or addressed the short and long term health care needs of migrants already in the state. While non-resident transients might be eligible for free medical care through county welfare departments and the California State Relief Administration (Cal. St. Chamber 35) the care was largely inadequate. In addition, it was inaccessible to the majority of needy migrants, and the eligibility laws governing migrant health care were inconsistently interpreted among local agencies (Zeman, "Squatter Army" 2). Granted the transient could turn to the county hospital for treatment but only in emergencies—women in labor, communicable diseases, or catastrophic accidents, such as the migrant family, admitted to a Fresno county hospital after being severely burned when their oil stove exploded (Cal.

¹⁸ The American Red Cross assisted veterans in Fresno, California, see reference Cal. St. Relief, *Transients* 71.

St. Relief, *Transients* 71). Unfortunately, potentially deadly health concerns such as, childhood malnourishment and tuberculosis, were not considered emergencies (U.S., Cong. Sen., Supp., 22727). As one study pointed out,

“Neglect of chronic ailments builds up, after a time, an accumulation of diseased conditions which amounts to a serious impairment of the health of this large section of the rural population. . . so long as this situation exists, there is bound to be a continued physical deterioration of the population, which is a matter of serious public concern (Mills 5).

During the latter half of the 1930s, California was caught between the proverbial rock and a hard place. On the one hand, it could not legally ban interstate migrants from its borders or force the home states “to care for their own.” But on the other hand, California’s relief administration could no longer absorb the costs of financing the health care of the Dust Bowl refugees. State and local Government officials appealed to the federal government for relief, claiming that caring for interstate migrants was an “unfair burden” (“Health Burden” 1). Migrants’ health problems often fell to the county hospitals, health and welfare departments who treated them despite the fact that they were ineligible. However, because these cases do not contribute to the “taxable wealth to the community, there is an overload of tax burden placed on rural counties where the surplus is concentrated. . . Adequate health service is closely related to adequate financing, this situation may be classed along with health problems” (Mills 5). To treat migrants, counties needed a health officer, sanitary inspectors, public health nurses, rural school nurses, and health clinic. All of which cost the counties an average of \$30,000 for personnel and facilities (“Migrant Health Plan” 20).

As a consequence of public outcry and state appeals to the federal government, three programs emerged. None of these programs—singly or in concert-- would eradicate the health crisis, but would at least insure that no major health outbreaks would occur.

Federal Labor Camps

Clean and comfortable houses diminish the risk of illness and the spread of diseases, “afford better air and more sunshine, and tend generally to the well being and uplift of mankind” (“Kern County Health” repts.). To stem the growth of the “migratory jungles,” and provide a safe and clean environment for migrant workers, the Farm Security Administration built a series of migratory labor camps¹⁹ despite protests from large growers and other interest groups, who claimed that such facilities would breed criminals and union radicals²⁰. According to Tom Collins, camp manager at Arvin²¹, one of the first camps to be erected and featured in Steinbeck’s *Grapes of Wrath* as Wheatpatch, these camps were not “intended as places of permanent residence, but are to provide minimum decencies for sanitary living during the peak of agricultural demand” (“Kern Figures”). Camp personnel were to spread “the gospel of adequate camp sanitation” among the residents. The camps’ tents or cabins were erected on platforms to prevent damp. Each family had access to kitchen gardens. The basic amenities such as toilets, showers, laundries, and garbage disposal were provided (Dickie, “Health” 83, Rowell 2). As one official expressed, “With such facilities there is no need or excuse for any family to maintain anything but the highest standards of personal cleanliness” (Rowell 2). The camp’s health clinic was staffed by a part-time public health nurse who regularly examined camp residents for diseases, infections, and gastro-intestinal problems. Because of the vigilance of the government camp nurses there were no major epidemics (Mills 6).

The nurse often worked with the camp’s child welfare committee, organized by the camp women, to educate the new arrivals in hygiene, sanitation, housekeeping, budgeting (Cal. St. Relief, *Migratory Labor* 89, Rowell 3) Camp nursery schools and play areas, provided safe environments for children, while their parents worked in the fields. Daily, young children were given nourishing meals, a dose of cod liver oil²², and rest periods (Rowell 3). According to one news report, “Visitors to the camps are always impressed with the great number of healthy and lively children” (Darnton, “Income” 25). But, as one health official

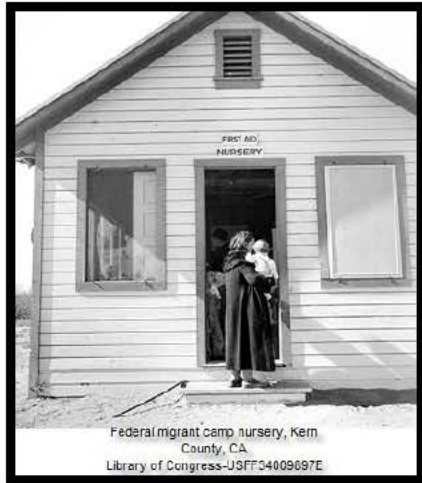
¹⁹ The federal government built a sixteen labor camps in California and Arizona. The first two camps, Marysville and Arvin, located in the northern and southern ends of California’s Central Valley, began operation in 1935. See the California Odyssey Archives’ images of the [FSA labor camps](#).

²⁰ While growers often associated migrants with organized labor, there is no evidence that the Okies were open to economic activism. On the contrary, they were not “intent on changing social organization; they are intent on a little piece of ground and couple of cows” (Darnton Income 25).

²¹ According to Loftis, many of the Federal camps were built with local authorization and financial assistance. The KC Board of Supervisors, alerted to the health hazards of the numerous squatter’s camps located in the county, “voted \$8,000 to secure a lease on a tract of land near Arvin and agreed to furnish water, electricity, and firewood and to provide medical care to the residents” (Loftis 77).

²² According to Dr. Kumaravel Rajakumar, “By the 1930s, the use of cod-liver oil in the treatment and prevention of rickets [weak bones due to lack of sunlight and a vitamin D deficiency] became common place. The eventual public health prevention initiative of fortification of milk with vitamin D led to eradication of rickets in the United States” (Rajakumar 134).

points out, there is “still there is need for much more to be done before there can be any great confidence that the health of large numbers of mothers and growing children is not to be impaired by the lack of nourishing food (Mills 8).



“Ann. Rept.” 1935-1936, 35-36). But even with these remedies, counties often saw the birth of migrant slums in the unincorporated areas of rural towns. Migrants would buy a small piece of land and build a house or pitch a tent. These areas “needed constant vigilance” by housing and health inspectors “to maintain minimum standards” (Kern Co., “Ann. Rept. July 1, 1938-June 30 1939). As Dr. Mills stated, “In spite of new building which has been done in recent years by private growers, auto camp operators, and the government, there are still many squatter camps where an irrigation ditch or an open well is the only water supply and where a hole dug in the ground and surrounded by a brush or burlap screen is the only toilet facility (Mills 3).

Socialized Medicine to the Rescue

Between 1936 and 1938, California was able, with funds from the Social Security Act of 1935, to improve its health care services to the migratory worker (Cal. Dept. Pub. Health, “35th Biennial” 259). A major thrust was to increase immunizations and sanitation inspections and to focus on the health and well being of mothers and children. First, to ensure that no major outbreaks of communicable diseases among migrants spill into the resident population, thousands of migrants up and down the state were immunized for smallpox, typhoid, and diphtheria (Cal. Dept. Pub. Health, “35th Biennial” 259, “Tulare Health” 11). While small outbreaks occurred, there were no major epidemics (U.S., Cong. Sen., Supp., 22730). “Whenever one of these diseases [smallpox, typhoid, diphtheria] is discovered, a party of workers is dispatched to the scene and the work of immunization goes on day and night until the danger is over (Mills 6).

In addition, by 1940 there were 112 clinics were authorized to provide free diagnosis and treatment of venereal diseases. At least one of these clinics was available in most counties that had a high concentration of migratory workers (U.S., Cong., Sen., *Violations*, Pt. 62, 22725). The fear that the migrants would bring disease from their home states “prove[d] to be groundless,” because of the quick action on the part of federal, state, and local governments (U.S., Cong., Sen., *Violations*, Pt. 62, 22730) For example, studies showed that tuberculosis among white migrants was not higher than the resident population (U.S., Cong., Sen., *Violations*, Pt. 62, 22727).

While the government immunization program helped to prevent the spread of disease, its Agricultural Workers Health and Medical Association (AWHMA)²³ provided medical treatment for migrants. Established in 1938, this unique, non-profit program was administered by the FSA in cooperation with a board whose members represented the FSA, California State Board of Public Health, State Relief Administration, and the California Medical Association. This quasi-governmental program enabled migrants to be treated by local doctors of their choice, provided they were approved by the AWHMA. However, to qualify for the program, migrants to have had an agricultural background and resided in the state less than a year²⁴ as well as agree to reimburse the AWHMA when they were financially able to do so (Dickie, “Health” 83, U.S., Cong., *Interstate*, Pt. 6,

²³ This program had no precedent in the United States. For more information on the Association, by-laws and articles of incorporation, budgets, personnel, etc., see References: Leland, R.G.; U.S., Cong. *Interstate*, Pt.6, 25232513; U.S., Cong., Sen., *Violations*, Pt. 1, 6). See also References: Dickie 83, “Oases” 40, Mann 658, Sears 144, Rowell, U.S., Cong. *Interstate*, Pt.6,2513, U.S. Supp., 22727).

²⁴ For AWHMA members, aid was extended beyond the one year eligibility requirement, see References: U.S., Cong., *Violations*, Pt. 62,22727.

2514.). According to a 1940 *Time* article, AWHMA payments were “far from meager”—for an appendectomy AWHMA paid \$50.00 and a day in the hospital was approximately \$3.75 (“Oases” 40). As of Jan. 1940, there were AWHMA affiliated medical offices established throughout California. Between 1938 and January 1940, approximately 27, 378 individual received medical treatment (Cal. St. Chamber 35).

At the time, the AWHMA was quite revolutionary because it smacked of socialized medicine, a system opposed by most doctors. Historically, they “rebel[ed] at the idea of federalized medicine in any form,” however, physicians realized that the traditional health system was incapable of treating large numbers of both needy residents and non-residents (“Government” A4). But the AWHMA was set up so that doctors were in control of their medical practice and were not ordered about by “political superiors” as if they “worker[s] in a pick-and-shovel relief gang (“Government” A4). Thus cooperation between the doctors and the federal government was a success due to their mutual trust. According to Schaupp, the AWHMA could not have existed without the FSA—it allowed doctors control over medical decisions and distributed the funds “fairly and economically” (U.S., Cong. *Interstate*, Pt.6 2524). And in 1940, an editorial stated that:

It is pleasing to know that the program then established has been successfully administered. Much of the credit for the medical phases is due to the work of Doctor Schaupp, who has given serious thought and time to the enterprise (“Agricultural Workers” 256).

Migrants who were members of AWHMA could freely choose among the panel of doctors approved by the Association (Rowel 4). The AWHMA also had arrangements with hospitals and drug stores (Rowel 4). In addition, the State created several mobile clinics—staffed by a doctor, public health nurse, and a sanitarian—that followed the migratory workers as they traveled from one crop to the next (U.S., Cong. *Interstate*, Pt.6, 2523, U.S., Cong., Sen., *Violations*, Pt. 62, 22724). The stationary and mobile clinics performed basic medical treatments, minor surgeries and immunizations. Migrant patients needing more complicated medical treatment were sent to specialists (Sears 145). In addition, under auspices of the state’s Bureau of Maternal and Child Health, a series of “health conferences” were conducted by local physicians in designated areas to determine the health issues faced by migratory workers. The underlying purpose of the conferences was “to make available preventive medical information and health supervision of expectant mothers and young children” (U.S., Cong., *Violations*, Pt. 62, 22725, Faverman and Underhill repts.). The health personnel involved with these conferences found that “once convinced of the value of health advice, [the migrants] could be taught to follow such advice and to use their meager incomes and limited resources to better advantage” Cal. Dept. Public Health, 35th Biennial 198)

Preventive Care

Preventive care was a key component of many migrant health care programs. While poverty was a major factor of poor health, ignorance and suspicion of modern medical practices also contributed ill health among the Okies. Many relied on folk remedies that were used in their families for generations. To ease breathing due to respiratory ailments they swabbed the throat with coal oil or rubbed turpentine into the chest. Sulphur was used to prevent the spread of small pox and treat skin diseases and black purgative, a laxative, was given for abdominal pains.²⁵ The medical establishment scoffed at such cures as quackery, simple, and dangerous which only served to fuel the their stereotypical views of Okies (Mann 659, Sears 146). Public health staff endeavored to wean migrants from their “pioneer remedies” and encouraged them to trust doctors and hospitals.

Many of the preventative care programs involved health workers teaching mothers and children “the hygiene of proper living” (Dickie, “Health” 86.) Pregnant mothers were encouraged to make regular visits to a participating doctor for prenatal care. This was a key service since most pregnant mothers could not afford prenatal care. Prior to the health care grants, many expecting mothers would wait until delivery to go to the emergency room because they knew they would not be turned away (Faverman, “A Study” 8). Nutritionists taught migrant mothers how to select nutritious meals that fit within their financial means. As a result of these combined efforts in preventative care, Dr. Dickie reported that the “nutrition of the migrant has been much improved” (Dickie, “Health” 83). According to one camp nurse’s experience, the migrants’ responded to modern medical treatment:

in a manner which is truly American, with a native intelligence which proves beyond a doubt that they, in spite of their handicaps, will make the adjustments necessary to enable them to become an active part of their their new communities (Mann 659).

Migrant children’s health also improved somewhat. Migrant mothers had access to neonatal and post natal care. Kern County reported that more migrants children, instead of “being born in box cars” were born at the county hospital (“High Influx” 9). As

²⁵ [Migrant Grover Holliday](#) remembers his uncle fumigating their house with sulphur to burn away “slow fever.” For more information on folk medicines, see: Anthony P. Cavender’s *Folk Medicine in Southern Appalachia*, Chapel Hill: University of North Carolina, 2003.

a result, more migrant children were being born in county hospitals. Nutritious meals were regularly served in the federal labor camps' nursery schools. As a result young childrens' bodies built up a stronger resistance to disease. Moreover, nursery school children were taught how to eat well and with the hope that they incorporate good eating habits into their lives. But as Dr. Mills asserts, "Still there is need for much more to be done before there can be any great confidence that the health of large numbers of mothers and growing children is not to be impaired by the lack of nourishing food" (Mills 8). Additional funding also enabled the county public health and housing units to increase the number of inspections to private labor camps to ensure that sanitary ordinances were being followed and that there was no evidence of overcrowding (Jones 49, Kern County Health Repts, Mills 7). However, because of the continued flow of interstate migrants, especially during peak times of labor, there were never enough inspectors to visit camps in short term intervals (Mills 7).

As Dr. Schaupp, member of AWHMA, testified, "The combination of an adequate medical service and preventive program has resulted in a noticeable improvement in the general health of the migrant population" (U.S., Cong., *Interstate*, Pt.6, 2516). The coordinated efforts paid off. According to the California Department of Public Health, despite the huge influx of migrants and their poor diets, communicable diseases have been held in check (Cal. St. Health, "Migration"). In his 1938 health report, Dickie states that while thousands of migrant children have been tested for tuberculosis through the state's rural medical mobile units, "the incidence of tuberculosis in children of migrants is found to be no greater than in children of local residents" (Dickie, "Health" 83).

Escape From the Factories in the Fields

The federal resettlement camps, immunization and preventive care programs, and the AWHMA ensured that some "progress [was] being made toward the solution of the health problems of the migratory worker" (Rowell 4). But by 1941, these remedies were largely "palliative and migrant health care continued to be disjointed and meager" ("Depression Migrants" 1041, U.S., Cong., Sen., *Violations*, Pt. 1, 857).

Malnutrition and poor diet among migrants, "our future citizenry," continued to "take their toll in terms of general physical debility and mental lethargy" (Rowell 4). Moreover, care of the migrants was taking its toll on California, as Congressional Representative Alfred J. Elliott²⁶ pointed out, "the influx of needy persons from other states is undermining California's standards of living, presenting serious social and health problems and threatening the state's financial resources" ("State May" 16).

Yet, the public, federal, state, and local officials seemed to be heading toward an agreement that interstate migration was a national problem that required federal legislation to "lay the foundation for permanent readjustment of present and potential migrants" ("Depression Migrants" 1041, "Migrants Called"). Clearly, the states could no longer assume sole responsibility of interstate migrants and "that close to half a million children are deprived of assurance of adequate food, clothing, shelter, and education" (U.S., Cong., Sen., *Violations*, Pt. 1, 788). Secretary of Labor Frances Perkins urged Congress to appropriate more money to the maternal and child welfare services in neglected and rural areas. Perkins reasoned that:

[I]f you took care of the women and the children of migratory laborers, you are almost incidentally taking care of the others, because the presence of a competent nurse and a competent doctor sorts out the other cases and shows how to find the available medical relief for those groups (Cong., Sen., *Violations*, Pt. 1, 26).

And Harrison S. Robinson²⁷, California State Chamber of Commerce member, predicted that since most of the half million Dust Bowl migrants would remain in the state and become "good Californians," it behooved the state to develop a "long range program guided by friendliness and understanding" ("Says State" 1).

Unfortunately, any such movement toward a systematic health care plan for interstate migrants became moot as the nation became preoccupied with World War II. Yet, ironically, which rescued many migrants from a life of grinding poverty. California's defense industry greedy for workers, gobbled them up along with California residents to produce the necessary implements of war: planes, ships, and armaments. Many migrants fled the fields to the manufacturing jobs in San Francisco, Los Angeles, and San Diego, and eventually entered mainstream society. As Hattye Shields expressed: "Saved us, oh yes. That was really what took us from the farm" (Shields 20) As Stein notes, "in the thunder of guns had been as well the jingle of cash" for migrant farm workers (Stein 281).

²⁶ Alfred James Elliot, democrat from Tulare, California, served in the U.S. Congress from 1937-1949. For more information, see *Biographical Directory of the United States Congress, 1774 – 2005*. Washington: Government Printing Office, 2005.

²⁷ Robinson, who was an Oakland attorney and chair of a special subcommittee of the California State Chamber of Commerce, delivered the committee's recommendations on the migrant problem in San Francisco on Nov. 30, 1939 (Finley 4).

Without a plentiful supply of cheap labor how could California's farms and ranches remain profitable? Who would work those very profitable "factories in the fields" during and after World War II? Mexican nationals. In 1942, the federal government initiated the Bracero program, which enabled growers to replenish their labor supply with workers imported from Mexico. While the Bracero program ended in 1964, growers continue to rely on Mexican nationals to work California's lucrative "factories in the fields." And to this day there is still no uniform health care system that reaches the majority of agricultural migrants. As one scholar observes, migrants today confront "[m]ultiple social, environmental, and access issues [that] undermine [their] health , and although it is a vital public health and economic concern, farm worker health is often overlooked by . . . policy makers" (Ward 45). The situation, therefore, has not changed since the Depression where, as Dr. Dickie testified, "No single group of allied federal, state, and county agencies has the responsibility of planning a solution to what is partly a statewide problem and in many of its aspects is a federal responsibility" (U.S., Cong. *Interstate*, Pt.6,2513, U.S., Cong., Sen., *Violations*, Pt. 62, 22723).

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