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Californians and Others: Children’s Health, Nutrition, and Welfare in Depression-Era Migrant Camps

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This state-level study emphasizes the influence of local administration on welfare provision, even amidst a huge national New Deal effort. It interrogates John Steinbeck’s allegation in “Starvation under the Orange Trees” that migrant children died avoidable deaths in Depression-era California because of discriminatory policies and apathetic officials. Steinbeck’s reportage was a political vehicle for his own ends rather than accurate social history. But with hospital care being reserved for local residents and racialized inferior food rations provided to Mexican American children, California’s Depression-era welfare system favoured white Californian children over those it categorized as “others,” with potentially deadly consequences.

For some reason, a coroner shrinks from writing “starvation” when a thin child is dead in a tent ... The county hospitals are closed to them. They are not eligible to relief. You must be eligible to eat ... I talked to a man last week who lost two children in ten days with pneumonia ... I heard a man tell in a monotone how he couldn’t get a doctor while his oldest boy died of pneumonia but that a doctor came right away after it was dead. It is easy to get a doctor to look at a corpse, not so easy to get one for a live person. It is easy to get a body buried ... The state is much more interested in how you die than in how you live ... If you buy a farm horse and only feed him when you work him, the horse will die. No one complains of the necessity of feeding the horse when he is not working. But we complain about feeding the men and women who work our lands.¹

Appearing in the *Monterey Trader* in April 1938, John Steinbeck’s “Starvation under the Orange Trees” offered an emphatically Steinbeckian criticism of the state and an equally typical defence of migratory workers and their families. As in the lengthier “Harvest Gypsies” series of articles for the *San Francisco News*

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¹ John Steinbeck, “Starvation under the Orange Trees”, *Monterey Trader*, 15 April 1938.

and much of his famous fiction, migrants are Steinbeck's downtrodden protagonists whilst unsympathetic state officials and Californian agribusiness are his antagonists. Owing to its brevity, "Starvation under the Orange Trees" showcases the politics of Steinbeck the social reformer at their most distinct and powerful. As he did through much of the "Harvest Gypsies" series, Steinbeck focusses on how cruelty to migrants impacted their children, recognizing the symbolic, emotive status children had as the apparently innocent passengers who accompanied the adult migrants who were openly resented by sections of the Californian public. Steinbeck's allegation that children died avoidable deaths due to starvation or being denied health care is a serious one, demanding historical investigation.

A significant amount has been written about how southern political interests shaped and inhibited New Deal relief and welfare policies, both in the design of legislation and in its implementation via local administration. Southern Congressional Democrats formed what Ira Katznelson terms a "Southern cage" over the New Deal, holding an effective veto over legislation which they maintained, according to Taeku Lee, by "fevid and disciplined uniformity." For example, the Tennessee Valley Authority was supported, but on the proviso that its cheap electricity flowed into strictly segregated communities.² The local unfolding of New Deal relief has been less well explored in other contexts, such as California. The work that has been done in a Californian context tends to focus heavily on particular demographics such as "Okies" in Gregory's *American Exodus* or on repatriation policies for Mexican immigrants in Guerin-Gonzales's *Mexican Workers & American Dreams*.³ This article analyses children's welfare and nutrition in California with particular sensitivity to race and migrant and nonmigrant experiences. It ultimately demonstrates that relief and health care provisions epitomized a culture of "Californians and Others," where white Californian children were prioritized over nonwhite children and white children without Californian residency. This builds on a concept of "Californians and Others" coined by Kathleen Weiler in her examination of migrant children's experiences at schools by determining that a culture of "Californians and Others" existed beyond the classroom and highlighting

² Taeku Lee, "Review: New Deal, Old South: How FDR Propped Up Jim Crow," *Foreign Affairs*, 92, 5 (2013), 146–51. See also Ira Katznelson, *The New Deal and the Origins of Our Time* (New York: W. W. Norton, 2013); Edward Goetz, *New Deal Ruins, Economic Justice, and Public Housing Policy* (Ithaca, NY: Cornell University Press, 2013); Joseph Lowndes, *From the New Deal to the New Right: Race and the Southern Origins of Modern Conservatism* (New Haven, CT: Yale University Press, 2008).

³ James N. Gregory, *American Exodus: The Dust Bowl Migration and Okie Culture in California* (New York: Oxford University Press, 1989); Camille Guerin-Gonzales, *Mexican Workers and American Dreams: Immigration, Repatriation, and California Farm Labor, 1900–1939* (New Brunswick: Rutgers University Press, 1996).

how a culture of “Californians and Others” helped to dictate children’s access to nutrition, welfare, and health care in New Deal California.⁴

This article utilizes contemporary surveys of children’s health in agricultural migrant camps which underline the diversity of camp populations and detail the extent of disease and malnutrition amongst residents compared to “local” children. Mexican American children displayed significantly higher infant and child mortality rates in agricultural camps when compared to their white peers. The existence of California’s racialized food relief programme looks like a strong candidate as a contributory factor to this higher death rate. This article also exposes the impact of residency restrictions on welfare provisions and health care, linking county policies to avoidable fatalities through powerful qualitative testimony. Nonresident and nonwhite children were disadvantaged by a system that viewed them as culturally inferior to white Californians. Transients found themselves in a welfare gap, ineligible for federal and local relief schemes, and this was a welfare gap that was never fully plugged despite the numerous initiatives of various relief programmes.

Throughout, it must be remembered that Steinbeck’s investigative journalism is a complex beast to consider. He spoke with people in places where few other mainstream journalists ventured, meaning that his work in the *Trader* and the *News* differs from other newspaper reporting in that it features the voices of impoverished migrants rather than offering only commentary about them. Those articles were also hyper-partisan vehicles used to push his favoured reforms and agenda. For instance, he denounced the editor of the *Yuba City Herald* as a “self-admitted sadist” in the “Harvest Gypsies” for opposing Steinbeck’s favoured project, the federal migrant camps.⁵ In his contribution to *Writers Take Sides* Steinbeck wrote in support of Spanish Republicanism but also argued that “we have our own fascist groups here,” before referencing the repression of workers and their unions by Californian agribusiness.⁶ His journalism and his Dust Bowl Trilogy,

⁴ Kathleen Weiler, “Schooling Migrant Children: California: 1920–1940,” *History Workshop*, 37 (Spring 1994), 117–42. In my PhD thesis I contended that this state-wide culture of “Californians and Others” was present across state institutions, including schools, health care, agencies providing New Deal welfare, law enforcement and the judiciary, reformatory schools, and institutions for the “mentally ill” and “feebleminded.” See Jack Hodgson, “Californians and Others: Marginalised Children and the Golden State during the Great Depression,” PhD dissertation, Northumbria University, 2021.

⁵ John Steinbeck, *Their Blood Is Strong* (San Francisco: Simon J. Lubin Society, 1938), 27. The Lubin Society collated Steinbeck’s newspaper articles and published them in this pamphlet.

⁶ Charles Williams, “Steinbeck as Anti-fascist,” *American Studies*, 53, 4 (2014), 49–71; John Steinbeck, *Writers Take Sides: Letters about the War in Spain from 418 American Authors* (New York: The League of American Writers, 1938), 56–57.

amongst other things, attacked what he saw as fascistic.⁷ The voices in “The Harvest Gypsies” and “Starvation under the Orange Trees” were skilfully collected and discussed with the emotive storytelling of a novelist, but were also deliberately constructed in support of the author’s politics.

Dust Bowl historian James Gregory rightly considers the “Harvest Gypsies” series as a “marvellous document of their time,” but one that does not fully reflect the realities of migrant living.⁸ Steinbeck the politically engaged writer had other priorities and was not looking for a success story amongst the suffering. This does not take away from the provenance of the migrant voices Steinbeck uplifts in the process, but they do require further contextualization. Steinbeck’s defence of agricultural migrants also invoked white supremacy. That reflects Steinbeck and the audience he was attempting to persuade into action as he emphasized shared white Christian heritage in arguing that domestic migrants should reject the status of “field peon” that had been held by Mexicans and Filipinos, the latter of which he termed “little brown men.”⁹ It was as Americans (with Scandinavian and Germanic surnames) that they would demand better, he contended. This exclusively white portrayal of the migratory workforce was inaccurate. Steinbeck offered emotive, persuasive journalism to Depression-era readers but not an accurate social history.

Gregory’s *American Exodus* (1989) details the plight, and in particular the culture, of Depression-era migrants in the Golden State.¹⁰ Its focus is on “Okies” but there is a need to move beyond that predominantly white cultural group to understand all of the migrant experience in California. Even when employing a generous definition, only a third of migrants to California actually came from a Dust Bowl “Okie” state.¹¹ Between 1931 and 1939, an estimated 500,000 former plains dwellers arrived on the West Coast from areas between Texas and North Dakota. The white migrant experience of California is not synonymous with the Okie experience. Not all white migrant children in California were Okies or identified with the Okie culture that Gregory details.

Furthermore, over 685,000 arrived from Mexico during that time. This intense focus on one white cultural group has had the unintended consequence of “whitewashing” California’s diverse agricultural history.¹² Additionally, the

⁷ The Dust Bowl Trilogy refers to *In Dubious Battle* (1936), *Of Mice and Men* (1937), and *The Grapes of Wrath* (1939).

⁸ James N. Gregory, “Review: The Harvest Gypsies: On the Road to the Grapes of Wrath by John Steinbeck,” *California History*, 69, 1 (1990), 71–72.

⁹ Steinbeck, 5, 6, 30, 32, 35. See also Mollie Godfrey, “‘They Ain’t Human’: John Steinbeck, Proletarian Fiction, and the Racial Politics of ‘The People,’” *Modern Fiction Studies*, 59, 1 (2013), 107–34.

¹⁰ Gregory, *American Exodus*.

¹¹ Charles J. Shindo, “The Dust Bowl Myth,” *Wilson Quarterly*, 24, 4 (2000), 25–30.

¹² Paul Theobald and Ruben Donato, “Children of the Harvest: The Schooling of Dust Bowl and Mexican Migrants during the Depression era,” *Peabody Journal of Education*, 67, 4 (1990), 29–35, 30.

lack of attention afforded to migrant children in Gregory's work, particularly given the relatively familial nature of the Dust Bowl migration, necessitates further historiographical intervention. This study builds on James Leiby's administrative history of California's Depression-era welfare by focussing on child recipients and exposing a disconnect between them and policymakers in Sacramento.¹³ Whilst considering migratory children's relationship with Californian authorities and welfare systems, this article also underlines the ethnic diversity of that community, particularly Mexican Americans, helping the historical narrative move beyond the white-centred vision of Californian Depression-era migrants promoted by Steinbeck and exacerbated by the narrow scope of dominant scholarship. This examination of children's access to health care, nutrition, and relief in Californian migrant camps sits alongside scholarship detailing Mexican American youths' experiences in other settings in the state. The findings of discrimination and inequalities here are part of a wider pattern. Mexican American children were potential victims of forced so-called "repatriation," were more likely to become victims of California's eugenic sterilization programme, suffered segregation in a network of illegally maintained "Mexican schools," and were met with racialized abuse in Californian reformatory schools.¹⁴

CHILDREN'S HEALTH AND NUTRITION IN MIGRANT CAMPS

Migrants were castigated in the Californian press as a "health menace," to use the words of the *Santa Maria Times*, and newspapers like the *Los Angeles Times* and the *San Bernardino County Sun* called on the state to "halt the

¹³ James Leiby, "State Welfare Administration in California, 1930–1945," *Southern California Quarterly*, 55, 3 (1973), 303–18.

¹⁴ See Hodgson, "Californians and Others." For segregated Mexican schools see Gilbert G. Gonzalez, "Segregation of Mexican Children in a Southern California City: The Legacy of Expansionism and the American Southwest," *Western Historical Quarterly*, 16, 1 (1985), 55–76; Jimmy Patiño, "'You Don't Know Exactly Which Country You Have to Belong To': Rethinking *Alvarez v. Lemon Grove* through Deportation Regime, 1924–1931," *Pacific Historical Review*, 89, 3(2022), 347–78. For eugenic sterilization and California's Mexican American community see Nicole L. Novak, Natalie Lira, Kate E. O'Connor, Siobán Harlow, Sharon L. R. Kardia, and Alexandra Minna Stern, "Disproportionate Sterilization of Latinos under California's Sterilization Program, 1920–1945," *American Journal of Public Health*, 108, 5 (2018), 611–13. For reformatory schools see Miroslava Chavez-Garcia, *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System* (Berkeley and Los Angeles: University of California Press, 2012); Kathleen W. Jones, "Two Deaths at Whittier State School: The Meanings of Youth Suicide, 1939–1940," *Journal of the History of Childhood and Youth*, 8, 3 (2015), 403–25. For Mexican American migrant workers and family life see Gilbert G. Gonzalez, *Labor and Community: Mexican Citrus Worker Villages in a Southern California County, 1900–1950* (Urbana and Chicago: University of Illinois Press, 1994); Guerin-Gonzales, *Mexican Workers and American Dreams*.

pauper influx.”¹⁵ Demands for border quarantines and temporary bans on interstate migration reflected a belief that disease was being brought into the state by migrants. Ill health was firmly associated with migrant people and not the conditions they encountered in California. When introduced, restrictions of that nature had no impact on outbreaks originating in California or health problems stemming from the living conditions which migrants encountered there. Fortunate migratory families found employment with growers who provided basic accommodation and sanitation. From 1935 onwards, a lucky minority were accommodated at federal camps. Families without employment, or who worked for employers who provided no accommodation, could find themselves living in illegal, makeshift, or poorly appointed camps. Writing in the *Los Angeles Times Magazine*, Kenneth Crist accused some accommodation providers of “flirting contemptuously” with the law due to a lack of bathroom and garbage disposal facilities.¹⁶ In the *San Francisco Chronicle* Stanley Bailey described families living in “un-lighted, ill-heated” “hovels” where families were “jammed in,” “sleeping, cooking, and eating in the same room.”¹⁷

The ramifications of migrant living conditions were recorded in the *Pacific Journal of Nursing* by field nurse Mary Sears, who reported that tuberculosis was “endemic.” She added that “where irrigation ditches provided the only drinking water, dysentery, diarrhoea, and other diseases broke out. Other preventable diseases included conjunctivitis, gastrointestinal diseases, and upper respiratory infections.”¹⁸ Diet was a major problem. In the *American Journal of Nursing*, R. C. Williams suggested that “most every child in camp suffered from a nutritional defect.”¹⁹ In February 1938, the *Calexico Chronicle* reported on conditions at a makeshift “ditch camp” where twenty-seven out of the thirty children present were diagnosed as “defective” due to malnutrition.²⁰ For some children, malnutrition had already set in within the womb. Pregnant women suffered from inadequate diets and after giving birth some were unable to produce nutritious breast milk. The stress of that situation, for some, was unbearable, as Loye Holmes later recalled for the California Odyssey oral-history project:

¹⁵ “Ban on Pauper Influx Backed,” *San Bernardino County Sun*, 19 May 1935, 1. See also “Migrant Labor a Health Menace,” *Santa Maria Times*, 20 April 1939, 2; “An Indignant Quarantine,” *Los Angeles Times*, 18 May 1935, 4.

¹⁶ Kenneth Crist, “Career Men – In Relief,” *Los Angeles Times Magazine*, 14 May 1939, 4–5, 81.

¹⁷ Stanley Bailey, “Squalor – Result of Migrants,” *San Francisco Chronicle*, 1 Feb. 1940, 4.

¹⁸ Mary Sears, “The Nurse and the Migrant,” *Pacific Coast Journal of Nursing*, 37, 11 (1941), 144–46, 145.

¹⁹ R. C. Williams, “Nursing Care for Migrant Families,” *American Journal of Nursing*, 41, 9 (1941), 1028–32.

²⁰ “Migrant Farm Workers Suffer in Valley, Stated,” *Calexico Chronicle*, 1 Feb. 1938.

My milk was no good ... I thought about committing suicide. There was this huge canal that ran down the Imperial Valley ... I got up and tucked the baby under one arm and the other under the other arm ... I thought I'll go out there get in the middle and jump right off. 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 little voice spoke to me that said "Don't do it."²¹

Malnutrition was widespread to the extent that the physical tolls it took on the body became a stereotype of domestic agricultural migrants and their children. A Kern County health official expressed that in his opinion "the struggle for existence" had "dulled their untrained intellect and made their bodies gaunt."²² Lawrence Hewes, a regional director for the Farm Security Administration (FSA), described the "typical" migrant as having "loose, gangling physiques, narrow sharp features, and what appeared to be abnormally large Adam's apples and ears."²³ Being physically distinguishable from the local population no doubt hastened the process of othering many encountered. In the words of Gerald Haslam, "general scrawniness" and "concave chests" saw agricultural migrants almost racialized as a physically distinguishable other and "decried as the lowest of subspecies."²⁴

Recognizing the serious crisis in migrant children's health, two major surveys were commissioned in the mid-1930s. The first of these, conducted by Anita E. Faverman for the California Bureau of Child Hygiene in 1936 examined the health of a thousand children in migrant camps. The second, conducted by Bertha S. Underhill for the California State Department of Welfare in 1937 considered 270 children at a Californian cotton camp, 148 of which had county or state residency and 122 of which did not.²⁵ Underhill's survey showed resident and nonresident children at the camp to be "similarly unhealthy," with over 80 percent of both groups diagnosed with at least one health problem. Rates of infection, and various categories of "defect," were similar but there was a notable disparity, with nonresident children being 10 percent more likely to suffer from a nutrition-related

²¹ Loye Holmes, interview by Judith Gannon, California Odyssey Oral History Project, California State University, Bakersfield, 1981, transcript, 12.

²² C. F. Baughman, "Survey of Kern County Migratory Problem," Kern County Health Department, Dec. 1937, 2.

²³ Lawrence Hewes, *Boxcar in the Sand* (New York: Knopf, 1957), 112.

²⁴ Gerald Haslam, "What about the Okies?," *American History Illustrated*, 12, 1 (1977), 28–39.

²⁵ Anita E. Faverman, *A Study of the Health of 1000 Children of Migratory Agricultural Laborers in California, June 1936–July 1936* (Sacramento: California State Department of Public Health, Bureau of Child Hygiene, 1936); Bertha S. Underhill, *A Study of 132 Families in California Cotton Camps with Preference to Availability of Medical Care* (Sacramento: California State Department of Social Welfare, 1937).

health problem.²⁶ This likely had something to do with the fact that non-resident children were not eligible for the same relief at county and state levels.

Faverman's report considered a total of 177 migratory families and was not broken down by residency status, but instead by ethnicity. As well as the health of living children, Faverman also recorded mortality rates of infants and children aged under fifteen. In total there were 123 white families who had a total of 373 children, of which nineteen had died before their first birthday, and a further twelve had died before their fifteenth birthday. Forty-nine families were recorded as "Mexican," with a total of 220 children. Thirty-five of those children died before their first birthday and an additional twenty-five before their fifteenth birthday. There were significant disparities in child and infant mortality when broken down by ethnicity, with 8.3 percent of white children dying before their fifteenth birthday compared to 27.2 percent of Mexican children.²⁷ There were only five black families and seventeen black children in the study. Their mortality rate was the lowest but the sample size and common knowledge of the treatment of black American children in early twentieth century negate any significance in that finding.²⁸ Disparate rates of child mortality between ethnic groups at migrant labour camps, and higher rates of malnutrition among nonresident children, are historically significant. The causes of both were likely complex, but given Steinbeck's allegations in "Starvation under the Orange Trees" the role of the state needs to be considered.

THE NEW DEAL, CHILDREN, AND RURAL POVERTY

Welfare provisions for transients and migratory families in California during the Depression era varied on a county-by-county basis and went through several reorganizations. Welfare historian James Leiby contends that the main feature of Californian welfare administration between 1933 and 1941 was its complexity, with multilayer administration between counties, state functions, and federally funded New Deal initiatives. County welfare departments carried on with their traditional duty of helping the "unemployable," including the blind, the aged, and younger children. The State Department of Welfare shared some of the cost with counties, oversaw administration, and licensed foster homes and residential institutions. Through the State Emergency Relief Administration (SERA) and its successor organization the

²⁶ Underhill, 10–11, 31.

²⁷ Faverman, 17.

²⁸ For black childhoods see Tonya Bolden, *Tell All the Children Our Story: Memories and Mementos of Being Young and Black in America* (New York: Abrams, 2001); Robin Bernstein, *Racial Innocence: Performing American Childhood from Slavery to Civil Rights* (New York: New York University Press, 2011).

California State Relief Administration (SRA), the state administered New Deal aid to those who had been rendered unemployed by the Depression but were usually self-sufficient.²⁹

The problem was that these overlapping systems increased the potential for people to fall between the cracks, leaving them unsure of who to seek relief from or with no level of administration providing them assistance. Migratory agricultural workers, vital for California's economy, and their children could find themselves in a welfare gap. Those travelling from one state to another qualified for federal aid but those migrating within a state did not. Following the harvests, migratory workers rarely stayed put long enough to meet the residency restrictions numerous counties imposed on accessing local welfare.³⁰ In December 1935, the head of relief in Monterey County pre-warned "destitute transients" to "keep out" because "they would not be given aid."³¹ County aid where accessible was often meagre, reflecting a desire to appease local taxpayers by controlling costs and ensuring that employment was always the preferable financial option for recipients. Leiby highlights how some counties' relief was miserly to the extent that abandonment of the family by the unemployed breadwinner was financially beneficial to families, allowing children to access welfare for needy or dependent children which had to meet state and federal minimum standards.³²

The creation of the Federal Transient Service (FTS) in 1933 filled some of the welfare gap that afflicted migratory families. The Californian branch (CTS) provided aid to 77,118 people per month at its height.³³ Contrary to popular belief, the service prioritized families and children over single male transients – the stereotypical "bum." Where it secured larger facilities, setting up shelters in urban areas and camps in rural ones, the CTS provided short-term accommodation and operated large-scale congregate feeding. Where its premises were limited, meaning that workers could not feed large groups themselves, they instead distributed vouchers for local eateries and grocery orders from local businesses.³⁴ The CTS was no magic bullet, but it did start to fill a large gap in welfare infrastructure. A removal of federal funding forced the closure of the service by the end of 1935, depriving

²⁹ James Leiby, "State Welfare Administration in California, 1930–1945," *Southern California Quarterly*, 55, 3 (1973), 303–18, 308.

³⁰ Linda C. Majka and Theo J. Majka, *Farm Workers, Agri-business, and the State* (Philadelphia: Temple University Press, 1982), 109–10.

³¹ "Transients Throng into Local Areas," *Salinas Morning Post*, 5 Dec. 1935, 1.

³² Leiby, 314.

³³ California State Relief Administration, *Transients in California* (San Francisco: California State Relief Administration, 1936), 3.

³⁴ Ellery F. Reed, *Federal Transient Program: An Evaluative Study, May to July 1934* (New York: Committee on Care of Transient and Homeless, 1934), 64–67.

migratory families of a potential safety net and causing, in the words of relief workers, “chaos and suffering.”³⁵

To mitigate the closure of the CTS, the SRA established a transient division, the SRA-TD, but it lacked the resources to fully step up to the plate. The SRA-TD, alongside the FSA, which was established in 1935 with a broad mission to tackle rural poverty, did what they could but its workers often found themselves reacting to emergency situations rather than providing consistent welfare. For example, in 1936, approximately a thousand migratory workers and their families arrived in Nipomo, San Luis Obispo County, in anticipation of picking peas, only for consistent rain to destroy the crop. As the *Healdsburg Tribune* reported, having spent their resources in getting to Nipomo, now without work, migrant families became stranded. The paper described them as being “near starvation” by the time relief workers managed to provide food relief.³⁶ Their situation was not unique. Nurse Mary Sears described chancing across a desperate family in California and providing them a prescription for food:

I found the family living against a wire fence in the corner of a pea field. Two bed sheets formed the roof, two quilts and burlap made the walls. In this lived six people, their bed on the ground. The parents were away working for their dear life. The four children were all sick, huddled in the bed. The baby was wracked with whooping cough. I taught the nine-year-old to support it with his arms around its abdomen to assist in the coughing spells. There was nowhere to take them. I left a note to the parents – where to go for a tent and surplus foods. The family received a new tent, bedding, clothing and rations. Medical care provided amounted to prescriptions from the local grocery store for three high-calorie diets.³⁷

The SRA provided emergency food relief throughout its existence in California. One of its initiatives included responding to increasing cases of rickets by distributing liquid supplements of milk and fish oils to children to be consumed between meals.³⁸ On a broader basis the SRA failed to grasp the causes of widespread malnutrition, presenting it as a result of failed individual responsibilities, poor food choices, or poor cooking. In the summer of 1934, their flyers and outreach programmes focussed on “using food wisely” and “cooking vegetables.”³⁹ Advising people of the nutritional benefits of eating vegetables *al dente* was not incorrect but was almost certainly

³⁵ California State Relief Administration, 6.

³⁶ “Migratory Workers Face Starvation,” *Healdsburg Tribune*, 14 March 1936, 2.

³⁷ Mary Sears, “The Nurse and the Migrant,” *Pacific Coast Journal of Nursing*, 37, 11 (1941), 142–46, 145.

³⁸ State Relief Administration, “Vitamin D & Ricketts,” 18 Oct. 1934, California State Archives, Relief Administration, County and State Relief Administration Files.

³⁹ State Relief Administration, “Suggestions for Using Your Food Wisely,” 1 June 1934, CSA, State and County Relief Administration Files; State Relief Administration, “Cooking Vegetables”, 23 June 1934, CSA, State and County Relief Administration Files.

useless to many of them. In “The Harvest Gypsies”, John Steinbeck recorded the “typical” diets of several migratory families he encountered when they were in and out of work, presenting them in a poetic style on the page, almost aestheticizing the extreme poverty they indicated. From these diets it is easy to understand the prevalence of nutrition-related ill health, whilst they also emphasize just how far removed from reality some of the SRA’s policies were:

Food is scarce always, and luxuries of any kind are unknown. Observed diets look something like this when the family is making money.

Family of eight – boiled cabbage, baked sweet potatoes, creamed carrots, beans, fried dough, jelly, tea.

Family of seven – beans, baking powder biscuits, jam, coffee

Family of six – canned salmon, cornbread, raw onions

Family of five – biscuits, fried potatoes, dandelion greens, peas

These are dinners. It is to be noticed that even in these flush times there is no milk, no butter. The major part of the diet is starch. In slack times the diet becomes all starch, this being the cheapest way to fill up. Dinners are as follows:

Family of Seven – Beans, fried dough.

Family of Six – Fried Cornbread.

Family of five – Oatmeal mush.

Family of eight (there were six children) – Dandelion greens and boiled potatoes.⁴⁰

There was obviously a disconnect between those requiring relief and those responsible for its administration in Sacramento. Even senior medical professionals like the director of California’s State Department of Public Health, Dr. Walter Dickie, seemed either unable or unwilling to see the true causes of malnutrition. Dickie claimed that migrants were “accustomed to a diet lacking in both quantity and essential food elements” by their “heritage.”⁴¹ There is obvious doubt as to how much incentive there was to provide adequate relief if officials deemed malnutrition to be a natural, hereditary trait or the result of an inferior cultural heritage. In other cases, officials charged with dispensing relief were openly hostile to recipients. In a 1937 document entitled “Agricultural Migratory Labor in the San Joaquin Valley,” a relief worker expressed displeasure with the people they termed the “Bowl Weevils,” complaining that “he arrives, finds enough to eat, makes enough to go back to Oklahoma, and brings the whole family,” concluding that “sterilization is the only solution.”⁴² The choice of insult comparing migrants to the boll weevil, a species of beetle which infested and devastated the cotton industry in the US in the 1920s makes clear that they viewed

⁴⁰ Steinbeck, *Their Blood Is Strong*, 26.

⁴¹ Walter M. Dickie, “Letter: Concerning California’s Migratory Workers Problem,” *California and Western Medicine*, 47, 2 (1937), 131.

⁴² “Agricultural Migratory Labour in the San Joaquin Valley,” SRA internal communication c.1937, California State Archives, State and County Relief Administration Files.

these people as a pest, a blight, and extremely detrimental to the local populace. Testifying before Congress in 1903, a US Agricultural Department official described the boll weevil as a “wave of evil” and it seems that some Californian relief workers felt similarly about the people it was their duty to help.⁴³ One cannot but wonder how objective that relief worker was in their work and how widespread their attitude was within the agency.

The SRA had a strained relationship with leading nutritionist Dr. Ruth Okey at the University of California, Berkeley. Okey’s advice was sought on occasion and she furnished administrators with nutritional information on different foods and the differing nutritional requirements of men, women, and children at various developmental stages. This advice was appreciated as it enabled the agency to make the most of its budget, balancing the nutritional content of the food it bought with its cost. At other times, the agency found itself in a more combative relationship with the science as Okey criticized the flawed logic behind the administration’s blatantly racialized food relief. Based on stereotypes of the typical Mexican diet, officials provided Mexican families with tortillas over yeast-based breads. They were also given less fresh meat, less milk, and no cereal, instead receiving beans and cornbread. Okey’s warning that this diet could lead to vitamin B deficiency and by extension pellagra were ignored.⁴⁴ Pellagra, prevalent across much of the South, was often associated with areas of high cotton production where land allocated to food crops became limited. California was a cotton state but it still boasted a variety of crops, including its well-known citrus industry. Clay, Schmick, and Troesken’s study of pellagra in the South stresses the role in bringing the disease under control of improved medical understanding and state intervention in mandating the fortification of breads and grains.⁴⁵ Quite the opposite occurred in California, where the state’s rules governing food relief through their racialized disparities put Hispanic people at risk of pellagra.

Generally substandard provisions served as an obvious indication of de facto second-class citizenship, as did the lack of meat, which was then strongly associated with strength and health. Though nutritional science was very much a developing field, this deliberately discriminatory policy flew in the face of established knowledge. The science of the calorie had been well established

⁴³ Robert Higgs, “The Boll Weevil, the Cotton Economy, and Black Migration 1910–1930,” *Agricultural History*, 50, 2 (1976), 335–50; Kent Osband, “The Boll Weevil versus “King Cotton,” *Journal of Economic History*, 45, 3 (1985), 627–43; Fabian Lange, Alan L. Olmstead, and Paul W. Rhode, “The Impact of the Boll Weevil, 1892–1932,” *Journal of Economic History*, 69, 3 (2009), 685–718.

⁴⁴ Ruth Okey and Frances Taylor, “Nutrition & Dietary Data, 1933,” California State Archives, Relief Administration, State and County Relief Administration Files.

⁴⁵ Karen Clay, Ethan Schmick, and Werner Troesken, “The Rise and Fall of Pellagra in the American South,” *Journal of Economic History*, 79, 1 (2019), 32–62.

in the preceding Progressive Era. Food was regarded as a fuel for the human body, which was understood to have a basic energy requirement regardless of ethnicity.⁴⁶ As Nick Cullather points out, the penny press had introduced the American public to the calorie back in March 1896.⁴⁷ California's policy-makers were not ignorant just of scientific voices or new science in constructing racialized food relief, but made a deliberate choice to ignore decades of public discourse and commonly regarded knowledge. Concern came not just from scientists, but also in popular publications like in the magazine *Survey Graphic*, where Russell Wilder called for the nation to "mobilize for total nutrition," expressing concerns that families could not afford "fortified" protective foods including bread, milk, meat, and eggs.⁴⁸ Those were the same foods that the state of California deliberately restricted in the food relief it provided to Mexican Americans. Pellagra – the very disease Dr. Okey warned against in 1933 – still prevailed, as did the substantially higher mortality rate displayed by Mexican-origin migratory children, and this racialized program of food relief looks even more sinister and should be recognized as a likely contributory factor to both.

SCHOOLS AND TEACHERS

With state aid inconsistent and at times inaccessible, schoolteachers often found themselves on the front line of efforts to combat the problem of malnutrition amongst children. Wellasbelle Maloney recalled that one of her vivid memories of teaching migrant children during the Depression era was the physical signs of hunger and poverty in her pupils, particularly the "stick-like appearance of their arms and legs."⁴⁹ The professional magazine *Grade School Teacher* encouraged teachers to take individual responsibility for their students. In February 1933 it reminded readers that "an experienced teacher knows" that providing lunch decreases, rather than increases, the teacher's workload, as it made discipline "much easier."⁵⁰ Californian headmistress Jewell Potter agreed. Responding to complaints that migrant children were frequently disruptive, she observed in the *Sierra Educational News* that

⁴⁶ Nina Mackert, "Feeding Productive Bodies: Calories, Nutritional Values and Ability in Progressive Era U.S.," in Peter-Paul Bänziger and Mischa Suter, eds., *Histories of Productivity: Genealogical Perspectives on the Body and Modern Economy* (London: Routledge, 2016), 117–35.

⁴⁷ Nick Cullather, "The Foreign Policy of the Calorie," *American Historical Review*, 112, 2 (2007), 337–64.

⁴⁸ Russell M. Wilder, "Mobilize for Total Nutrition," *Survey Graphic*, 30, 7 (1941), 381.

⁴⁹ Weiler, "Schooling Migrant Children," 133.

⁵⁰ Sherry L. Field and Elizabeth Bellows, "The Great Depression and Elementary School Teachers as Reported in Grade Teacher Magazine," *American Educational History Journal*, 39, 1 (2012), 69–85, 76.

“problems emerge from the living conditions not the children themselves.” Potter added that “it may be necessary for schools to provide extra food and clothing, so they are nourished enough to learn.”⁵¹ Within school districts teachers came together to help their students. In the San Jose district, they collectively agreed to forgo 5 percent of their limited salaries to create a fund to purchase food and blankets for the neediest pupils.⁵²

Teachers in some rural areas were being paid as little as twenty-two dollars per month and were simply unable to meet the needs of their students. During the first half of 1935, *Grade School Teacher* printed recipes that allowed food to be prepared cheaply and in bulk to tackle what it termed “the problem of the noon hour.” It suggested that teachers reach out to their local community for assistance, essentially crowdsourcing school meals.⁵³ Again the emphasis was on individualism rather than any expanded role or responsibility for government. Teachers turned to their communities in various Californian counties. At the Liberty School in Tulare County, the teacher originally took it upon herself to give hungry children lunch. When she could no longer provide for all the needy, the wives of local farmers took it in turn to provide vegetables and milk and to cook a hot dish.⁵⁴ In Kings County some rural schools became dependent on donations of milk from Jud Bowden, a dairy owner. The same schools reported children frequently coming to school without lunches. Teachers bought bread and fillings so the children could make sandwiches.⁵⁵ Local good-will and initiative could only be stretched so far. It became increasingly clear that formal school meal programmes were needed, and the federal government belatedly assumed control by setting minimum standards. And so, following the crisis of the Depression, the school meal programme was born, beginning what Susan Levine terms one of America’s most popular social benefits.⁵⁶ The Agriculture Department’s rollout of food stamps in 1939 under Secretary Henry A. Wallace was another notable development, though in the chronology of the Great Depression it was extremely late to the party.⁵⁷

⁵¹ Jewell Potter, “Teacher and Migrant: The Teacher’s Problem in a Migratory Situation,” *Sierra Educational News*, 34, 8 (Aug. 1938), 26.

⁵² David Tyack, Rob Lowe, and Elisabeth Hansot, *Public Schools in Hard Times* (Cambridge, MA: Harvard University Press, 1984), 73. ⁵³ Field and Bellows, 76. ⁵⁴ Weiler, 133.

⁵⁵ *Ibid.*

⁵⁶ Susan Levine, *School Lunch Politics: The Surprising History of America’s Favorite Welfare Program* (Princeton, NJ: Princeton University Press, 2008). See also Christyna M. Serrano, “The Political Economy of School Lunch and the Welfare State: An Analysis of Federal School Food Policy and Its Implementation at the Local Level”, PhD. dissertation, University of California, Berkeley, 2017, 1–25.

⁵⁷ Rachel Louise Moran, “Consuming Relief: Food Stamps and the New Welfare of the New Deal,” *Journal of American History*, 97, 4 (2011), 1001–22.

The catch with school-based assistance, be that school meal programmes or the medical care provided by school nurses, was that it required children to be in school. Some children were fed by their school, and school nurses were the only opportunity some children had to be seen by a health care professional.⁵⁸ Yet nationally, for the 1933–34 school year, 175,000 rural children had no school to go to due to school closures, whilst for millions more the school year ended in January as a lack of funding made a full year impossible.⁵⁹ In addition to rural closures and shortened terms, migratory children's school attendance varied through the year significantly due to harvests, work, and family needs. Children's potential earning power in the fields, or the need to care for younger siblings whilst parents worked, resulted in many attending irregularly or not at all.⁶⁰ For the most vulnerable, school meals and school nurses were not consistently accessible due to the fact that they were not consistently at school to receive such assistance.

ACCESS TO HEALTH CARE

As well as becoming providers of food, schools were also prominent in efforts to combat communicative diseases. Rather than eradicate disease, the priority for many in California was to protect the local population from the communicable diseases associated with transients. With children mixing together, schools were considered a particular risk. Prior to the main harvests of 1930, Contra Costa County's health officer took preemptive action over the "spectre of disease-carrying migrants" and ordered school nurses to immunize children against diphtheria at a rate of over four hundred a day.⁶¹ Elsewhere, a policy of segregation was pursued. African Americans, Native Americans, and Asian Americans already faced school segregation in California. Mexican Americans were also segregated in the majority of counties despite there being no basis for doing so in state law.⁶² The Depression era also saw

⁵⁸ For more on school nurses see John Kirchgessner, Arlene W. Keeling, and Mary E. Gibson, "Nurses in Schools, Coal Towns and Migrant Camps: Bringing Healthcare to Rural America, 1900–50," in Gerard M. Fealy, ed., *Histories of Nursing Practice* (Manchester: Manchester University Press, 2015), 180–200.

⁵⁹ Erol Lincoln Uys, *Riding the Rails: Teenagers on the Move during the Great Depression*, 3rd edn (Boston, MA, T.E. Winter & Sons, 2014), 22.

⁶⁰ Lillian B. Hill, "Report of the Bureau of Attendance and Migratory Schools", *Biennial Report of the California State Department of Education* (Sacramento, 1930), California State Archives, Department of Education, Bureau of Attendance and Migratory Schools.

⁶¹ "Local Organization Survey: Contra Costa, March 29, 1930," California State Archives, Records of the Dept. of Public Health, Files of the Public Health Director.

⁶² Gilbert G. Gonzalez, "Segregation of Mexican Children in a Southern California City: The Legacy of Expansionism and the American Southwest," *Western Historical Quarterly*, 16, 1 (1985), 55–76.

white domestic migrants preemptively segregated owing to a desire to keep “disease carriers” away from the “nice” local children.⁶³ Specific migratory schools were established, to the detriment of public finances, where small numbers of children could easily have been incorporated into the existing system. For example, a migratory school in the Indian Valley school district catered for between five and seven children across the 1931–32 school year.⁶⁴

Imposing school segregation reflected the association between migratory families and disease and existed in a wider context of similar policies such as border quarantines and inspections. This attitude that transients were responsible for importing health problems into the Golden State was typified by Riverside County’s health officer, Dr. Telfer. In August 1936, Telfer wrote to the head of the State Department of Public Health to complain about the “blight brought in by the transients.” Telfer’s concerns regarding cases of tuberculosis, trachoma, and typhoid were certainly valid. However, although his conclusion that “the only solution is sterilization” may appear bizarre, in the context of California’s large-scale eugenic sterilization programme it likely was not far removed from the mainstream.⁶⁵ The doctor offered no explanation as to how mutilating people’s genitalia and removing their reproductive rights could have any impact on the spread of bacterial infections like typhoid. This suggestion reflected the prevalence and acceptance of eugenic sterilization in California and the discriminatory attitudes of many public officials towards outsiders in their communities: not only nonwhites but also non-Californians.

The federal camp, the type of which provided relief to Steinbeck’s fictional Joad family in *The Grapes of Wrath* (1939), was one place where migrants could access professional health care without paying, although they did have to pay rent to live there in the first place. Authorities were keen to prevent any outbreaks at the camps and were conscious of residents’ health and

⁶³ Victor Jones, *Transients and Migrants*, Legislative Problems 4 (Berkeley: California Bureau of Public Administration and UC Berkeley Institute of Governmental Studies, 1939), 47.

⁶⁴ “Migratory School Elementary Teacher’s Annual Report,” Indian Valley (Joint), Indian Valley, 16 Nov. 1931–20 May 1932, California State Archives, Dept. of Education, Bureau of School Apportionments and Reports—Migratory Schools.

⁶⁵ Correspondence between Dr. Telfer and Dr. Dickie re Riverside County, 8 Aug. 1936, California State Archives, Dept. of Public Health Records, Files of the Public Health Director. It is estimated that California sterilized twenty thousand individuals between 1909 and 1979, including children and disproportionately targeting young Hispanic women and girls. See Alexandra Minna Stern, “STERILIZED in the Name of Public Health: Race, Immigration, and Reproductive Control in Modern California,” *American Journal of Public Health*, 95, 7 (2005), 1128–38; Nicole L. Novak, Natalie Lira, Kate E. O’Connor, Siobán D. Harlow, Sharon L. R. Kardia, and Alexandra Minna Stern, “Disproportionate Sterilization of Latinos under California’s Eugenic Sterilization Program, 1920–1945,” *American Journal of Public Health*, 108, 5 (2018), 611–13.

hygiene. Camp nurses who operated a first-aid station, as well as providing prenatal, well-baby, and well-child classes, were employed, with a physician visiting on a monthly basis. These nurses were kept busy. In a single 1936 week at the Arvin camp, just outside Bakersfield and then home to ninety families, the nurse treated fifteen cases of diarrhoea, thirteen miscellaneous injuries, twelve boils, eleven cases of conjunctivitis, ten cases of impetigo, three cases each of measles and mumps, and two sties.⁶⁶ As a result of those initiatives authorities managed to avoid any major outbreaks within the camps, whilst visitors were reportedly impressed by the cleanliness and health of the children there.⁶⁷

The successes of the federal migrant labour camps specifically regarding children's health needs to be contextualized with their ultimate shortcoming: a lack of capacity. The first fifteen camps were established in 1935 across Arizona and California. By 1940, their number had grown to fifty-six nationwide, including eighteen in the Golden State, some of which accommodated fewer than a hundred families at any given time. Agricultural historian Brian Q. Cannon summarizes, "most migrants never lived at a federal camp and some never knew they existed."⁶⁸ The significance of the federal camp was, as William E. Leuchtenberg argues, their being the first federal initiative to do something substantial for the migrant, representing a pathbreaking change in approach to governance and agricultural policy.⁶⁹ Undoubtedly a significant innovation for those who lived there, they nonetheless only ever reached a very small minority of migrants.

Outside those lucky enough to encounter a school nurse or live at a federal migrant camp, migratory parents seeking health care for their children were at the mercy of the policy decided by local counties or boards of supervisors, or even of the whims of individual doctors. Many counties opted to apply residency restrictions on the welfare they provided, including access to treatment at county hospitals. Paediatrician Anita Faverman, perhaps reflecting on the survey she undertook the previous year, asked in 1938, "why find defects in children if there are no provisions or possibilities for their correction?"⁷⁰

⁶⁶ Brian Q. Cannon, "'Keep on A-Goin': Life and Social Interaction at a New Deal Farm Labor Camp," *Agricultural History*, 70, 1 (1996), 1–32, 9.

⁶⁷ Edward J. Rowell, "The Children in the Migratory Camp – Health," in *California Children* (Sacramento: California State Department of Social Welfare, 1938), 1–4.

⁶⁸ Cannon, 2.

⁶⁹ William E. Leuchtenberg, *Franklin D. Roosevelt and the New Deal, 1932–1940* (New York: Harper and Row, 1963), 141.

⁷⁰ Anita E. Faverman, *Trailing Child and Maternal Health in California's Migratory Agricultural Camps: Report of the Second Year of the Migratory Demonstration, July 1937–June 1938* (Sacramento: California State Department of Public Health, Bureau of Child Hygiene, 1938), 1.

Exceptions were often made in the cases of emergencies, though this resulted in disputes between those seeking hospital treatment and decision makers who decided which scenarios constituted an emergency. In a speech to the California League of Municipalities in 1938, Dr. Omer Mills criticized failures to consider severe malnourishment or tuberculosis in children as urgent cases, decrying the “neglect of chronic ailments” in the name of cost cutting.⁷¹

Residency restrictions on health care, and failures to recognize cases as urgent, proved deadly. John Steinbeck wrote of the avoidable death of a fifteen-year-old boy as part of the “Harvest Gypsies” series. The family concerned lived in a “squatter’s camp” outside Bakersfield. The father was unable to work after a farm machinery accident whilst the mother stayed at home in order to care for their infant daughter whose vision had been damaged following a severe case of measles. The family relied on their two sons, aged twelve and fifteen, to earn money. The father attempted to apply for relief but was rejected as they had not “established the necessary residence.” When the fifteen-year-old returned home from working in the fields with a “fever and great pain across his side” the father went to the hospital to apply for aid whilst the mother did what she could by applying hot rags and giving him doses of salts. The hospital “told the father they were full” and that they “only treated bona fide local residents.” During the night, the boy’s pain “grew in severity until he fell unconscious.” The father telephoned the hospital from a local business but was told nobody would attend the case. The next morning the boy died of a ruptured appendix and would eventually be buried by the county as the family could not afford a funeral.⁷²

Steinbeck provides a powerful anecdote of a family whose story he detailed from Oklahoma to California, highlighting the role of residency restrictions preventing the family’s access to relief and hospital care for their son, who ultimately died from a treatable ailment. County policies had deadly consequences, and this will have been one case amongst many others. Even where migrants were entitled to care by the rules, discrimination sometimes got in the way. The remarks of a Fresno doctor drew the ire of FSA administrator Lawrence Hewes. When quizzed on why he was refusing to allow migrants in his surgery, the doctor told Hewes, “I can’t have them in the waiting room because they offend my regular patients,” before adding, “Anyhow,

⁷¹ *Hearings before the Subcommittee on Migratory Labor and Public Welfare, Committee on Labor and Public Welfare, United States Senate, 87th Congress, 1st Session, April 12th and 13th 1961*, Volume I (Washington, DC: US Government Printing Office, 1961). Hearings referenced the speech given by Dr. Mills, “Health Problems among Migrator Workers,” at Santa Barbara to the Health Officer’s section at the Annual Convention of the California League of Municipalities, 8 Sept. 1938.

⁷² Steinbeck, *Their Blood Is Strong*, 23–25.

most of their troubles come from their own uncleanness.”⁷³ Help was not guaranteed from the charitable sector either. At one point, the national office of the Red Cross even instructed chapters within California that “no relief was to be given to transients.”⁷⁴ Migrant workers and their families were unable to reliably access health care so there is no doubt that this was a public-health crisis.

Using funding provided by the 1935 Social Security Act, various parties across California came together that same year to form the Agricultural Workers Health and Medical Association (AWHMA), which provided medical care and a significant programme of immunizations for impoverished agricultural workers and their families. The AWHMA was practically without precedent in the United States, constituting quasi-governmental socialized medicine. It operated on a nonprofit insurance model and was a joint effort between the FSA, the SRA, local public-health boards, and the California Medical Association. Coverage was patchy as physicians had free choice regarding participation in the scheme. That was essential, as the American Medical Association (AMA) was vehemently opposed to any government involvement in healthcare.⁷⁵ Plenty of AMA members on the ground in California saw things differently from their national association. Between October 1938 and January 1940, 27,378 individuals received care through AWHMA, and participating medical offices could be found in every Californian county.⁷⁶ This was large-scale socialized medicine provided to the needy, justified in part by the FSA’s role in maintaining a healthy agricultural workforce. It was also a precursor of things to come, being the largest government-sponsored civilian medical care project in American history until Medicaid.⁷⁷ To be eligible, applicants had to be employed in agriculture and to have been in California for less than a year. The most vulnerable, the unemployed and their families, therefore found themselves ineligible.

⁷³ Lawrence Hewes, *Boxcar in the Sand* (New York: Knopf, 1957), 115.

⁷⁴ California State Relief Administration, *Transients in California* (San Francisco: State Relief Administration, 1936), 71.

⁷⁵ M. R. Grey, “Dustbowls, Disease, and the New Deal: The Farm Security Administration Migrant Health Programs, 1935–1947,” *Journal of the History of Medicine and Allied Sciences*, 48, 1 (1993), 3–39.

⁷⁶ California State Chamber of Commerce, *Migrants: A National Problem and Its Impact on California. Report of the Committee on the Migrant Problem* (San Francisco: California State Chamber of Commerce, 1940), 35.

⁷⁷ Michael R. Grey, “The Medical Care Programs of the Farm Security Administration, 1932 through 1947: A Rehearsal for National Health Insurance,” *American Journal of Public Health*, 84, 10 (1994), 1678–87, 1678; Simon F. Haeder, “Inching toward Universal Coverage: State–Federal Health-Care Programs in Historical Perspective,” *Journal of Policy History*, 27, 4 (2015), 746–70.

Beyond the AWHMA, the 1935 Social Security Act benefited numerous state agencies in California working in the field of child welfare, primarily through a grant to the US Children's Bureau to cooperate with state-level programmes. The reasons given for this were the "establishing, extending, and strengthening of welfare services" and "the protection and care of homeless, dependent, neglected children and children in danger of becoming delinquent, especially in rural areas." The Underhill report is one example of the type of work this funded. Administrators in California were keen to stretch the remit of funding as far as possible whilst respecting the fact that the State Department of Public Health could not set up its own hospitals. Some of their initiatives did, however, come very close to providing health care. For instance, officials conducted health examinations on groups of migrants in the San Joaquin Valley, taking their social histories, "to determine residence and the availability of any treatment recommended by the examining doctors."⁷⁸

These initiatives were no substitute for health care, but did provide important information, and the lines between providing actual health care and health education in travelling clinics were certainly blurred. The Division of Public Health Education's Bureau of Child Hygiene (BCH) took this close to its limits, seeking to intervene early in children's lives, providing "health education" to mothers and expectant mothers. The medical officers that formed the bureau were required to submit monthly reports which detail its activities. The report for February 1934 showcases the wide range of BCH activities and an interventionist mind-set. The bureau's chief, Dr. Ellen Stadtmuller, listed the main monthly activities: holding ten child health conferences, inspecting 244 children, giving five public talks (total audience ninety-seven), preparing material for an upcoming White House conference, conducting eighteen interviews, sending public health nurses to three counties, holding five county conferences to discuss the child health recovery programme, examining eighty-four children at the Crippled Children's Society, certifying fourteen new children as crippled, giving a talk to the Parent-Teachers Association, employing fifty-five new nurses, distributing 9,635 pieces of literature, and preparing fifty thousand examination cards for an upcoming survey of malnourished children.⁷⁹

Following that survey and given the fact that the medical treatment the bureau could provide was limited, the BCH increasingly focussed on nutrition,

⁷⁸ "Child Welfare Services – Under the Social Security Act – Title V, Part 3," 1935, California State Archives, State Department of Social Welfare, Division of Child Welfare; Underhill, *A Study of 132 Families*, 43.

⁷⁹ Ellen S. Stadtmuller, "Monthly Report" to Dr. Giles S. Potter, 13 March 1934, California State Archives, Department of Public Health, Division of Public Health Education, Bureau of Child Hygiene, monthly reports.

as Stadtmüller's December 1937 report shows. That month the bureau employed a nutritionist to work in Kern County; held classes in the Arvin and Shafter federal camps reaching 142 mothers; addressed workers in the Works Progress Administration's nursery project; implemented new school menus in the Pomona Migratory School; interviewed groups of teachers about school lunches; and addressed sixteen classes of children, totalling 1,036, to educate them about milk, whole grains, fresh fruit, and vegetables.⁸⁰ Through the guise of education, the BCH improved the food given to children by pressuring schools and nurseries, advised parents, and diagnosed many children through a survey scheme that came close to providing unofficial health care. The ability of families to act on the information provided when buying food or to access appropriate health care to address the issues identified in surveys was ultimately limited by cost or residency restrictions on health care. Nevertheless, the efforts of the BCH, alongside the provisions of the AWHMA, helped to partially close the welfare gap that many transient families faced.

CONCLUSION

Disease, ill-health, and malnutrition together afflicted a majority of children at Californian cotton and migratory labour camps during the Great Depression, as demonstrated by the Underhill and Faverman surveys of children's health. These surveys underline that whilst children without county or state residency were, on average, "similarly unhealthy" to local residents, nonresident children were more likely to suffer from a nutrition-related defect. The surveys also reveal a significantly higher rate of mortality amongst Mexican-origin children in the same camps as their white peers. The exact circumstances behind each fatality or malnourished child are unique, but it is evident that the policies of county, state, and federal government all exacerbated this crisis, actively creating a welfare gap. County-instituted residency restrictions limited access to hospital treatment, which had the potential to be fatal for immigrants and domestic migrants without residency. Notable innovations were made with school meal programmes and nurses in schools and at federal migrant camps, but the most vulnerable children likely did not receive these benefits. Likewise, the AWHMA was America's largest government-run health care insurance scheme prior to Medicaid, but it remained inaccessible to families seeking employment or working in a different industry. Shortcomings in

⁸⁰ Ellen S. Stadtmüller, "Monthly Report" to Dr. Walter M. Dickie, 17 Jan. 1938, California State Archives, Department of Public Health, Division of Public Health Education, Bureau of Child Hygiene, monthly reports.

health care provision and urgent need were recognized at a grassroots level. The Bureau of Child Hygiene, for example, worked well beyond its official remit, not just surveying and advising on policy, but providing *de facto* health care through the deployment of health care professionals as part of so-called health education initiatives.

Food relief as dictated from Sacramento provided lifesaving rations to many families, though some workers involved in distributing aid were openly hostile to the recipients. Elements of the leadership also clearly failed to grasp the gravity of the situation that some families found themselves in. Advice about cooking vegetables was never going to help families forced to survive on diets mainly consisting of starch. Food relief in California was racialized in its design by deliberately providing inferior food relief to Mexican and Mexican American families. Officials justified this with cultural stereotypes in spite of scientific advice to the contrary. Given the problems of malnutrition and the higher mortality rates of Mexican-origin children in camps, the significance of this discriminatory policy should not be underestimated. State food relief policy must be considered a factor in the significantly higher child mortality rates observed in Mexican-origin children.

Steinbeck's "Starvation under the Orange Trees" is not a social history by any stretch of the imagination. He likely did not see a coroner examine a thin child's corpse in a tent and refuse to acknowledge the realities of starvation. But metaphorically Steinbeck was correct: malnutrition was a problem that some officials refused to reckon with. In other aspects he was correct on a literal level, such as his criticizing the restrictions imposed by counties that denied migratory families access to health care. This state-level study reminds us that whilst national narratives of the New Deal or welfare in a more contemporary sense tell us vital information, they will always be a crass generalization of over three thousand American counties. It is implementation and attitudes on a local level that define people's experiences and ultimately help determine their outcomes. In this case, a local focus lays bare how county officials in California worked to limit, not improve, the access of non-resident children (of all races) to hospitals and how the state provided Mexican-origin families rations which were inferior to what they would provide local white Californians. Food, health, and welfare services for rural children in California were defined by a culture of "Californians and Others," where nonwhite or non-Californian children faced a hostile welfare and health care system. The worst extremes of this, such as refusal to treat children without residency status at hospitals or providing deliberately inferior food relief for Mexican Americans, on occasion made the difference between life and death.

AUTHOR BIOGRAPHY

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