

The Tribulations of Sharecrop Farmers

Noticed in the early days of the twentieth century was the poor living standards of tenant farmers of the south. Over the years much research has been done to find what areas of life made up for this low standard. The focus of this compilation of research will be disease and poor housing.

Presently, most people looking for a house want a clean environment in a well built home. From descriptions, tenant farmers might have had an upgrade to be able to live in a downtown city apartment with rats and a leaky roof. According to a United States census, the housing in the seven southeastern states were the lowest in value. This put the southern farmer living in the worst homes in America (Jones 47). Many travelers passing through the southeast saw the tenant farmer's houses as mere huts on the verge of collapse. To add to the list of utility problems was the usual pools of water which surrounded the structure (Walker 17). Water troubles did not just stop on the outside with the moat, but many homes also had leaky roofs to add to the repair list (Walker pg. 46). Travelers were also able to notice that in the 1930's that doors and windows of farmers homes were rarely screened (Jones 55). The shoddy houses that they lived in could not be helped, but it did not improve there defenses against disease.

Being so open to disease by the housing, it was no surprise that various illnesses struck the south with a vengeance. Housing was not the only way that farmers opened themselves up to disease, sharecroppers were often deprived of adequate food and clothing (Walker 92). The insufficient food among families of farmers was a side-effect of the sharecropping system (Walker 6). Of the food eaten not very much of it was considered part of a healthy diet. Fat salt pork is the common meat (Walker 33), and many farmers confessed that garden vegetables, milk, butter, and eggs were really never part of their diet (McKeon pg. 116). Without healthy food, malnutrition became common among the farmers. All of these factors stacking up allowed disease to become prevalent among the south. Doctors began to find the southern children often suffered of Pellagra (Walker 41). Venereal disease constituted a serious handicap to the health of Southern tenant farmers and wage laborers (Corder and Miller 51). Typhoid fever began to spread due to contaminated wells; it took a heavy toll on the life and energy of southern farmers (Gentry 31). The open houses no doubt allowed the mosquitoes of the area to spread malaria which became prevalent. The problem of disease left many farmer bed ridden and unable to work.

Travelers noticed that the constant threat of disease was not appeased by the sparse and many times inadequate medical facilities in the South (Jones 55). The average number of persons per physician in the United States as a whole in 1930 was approximately 785. In the nine cotton states that number ballooned up to 1,085 people to a physician (Corder and Miller 114). The statistics did not improve when talking about the number of hospital beds. The average of the United States was 120 people to a hospital bed, and again the number shot up as the average was 210 people to a hospital bed in the nine cotton states. Without proper care the farmers were unable to get well quicker, and this did not help the farmers to raise their standard of living.

As seen, the sharecropper's living standards were low due to their ineffective fight against the elements. Better housing and adequate medical attention would have proved beneficial to the farmer's situation. Could they have remained healthy they could have gotten more work done and made more progress.

References

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