The Grapes of Wrath

[Excerpt]

By John Steinbeck

In the little houses the tenant people sifted their belongings and the belongings of their fathers and of their grandfathers. Picked over their possessions for the journey to the west. The men were ruthless because the past had been spoiled, but the women knew how the past would cry to them in the coming days. The men went into the barns and the sheds.

That plough, that harrow remember in the war we planted mustard? Remember a fella wanted us to put in that rubber bush they called guayule? Get rich, he said. Bring out those tools—get a few dollars for them. Eighteen dollars for that plough, plus freight—Sears Roebuck.


The family huddled on the platforms, silent and fretful. The water was six inches deep in the car before the flood spread evenly over the embankment and moved into the cotton-field on the other side. During that day and night the men slept suddenly, side by side on the box-car door. And Ma lay close to Rose of Sharon. Sometimes Ma whispered to her and sometimes sat up quietly, her face brooding. Under the blanket she hoarded the remains of the store bread.

The rain had become intermittent now—little wet squalls and quiet times. On the morning of the second day Pa splashed through the camp and came back with ten potatoes in his pockets. Ma watched him sullenly while he chopped out part of the inner wall of the car, built a fire and scooped water into a pan. The family ate the steaming boiled potatoes with their fingers. And when the last food was gone, they stared at the grey water and in the night they did not lie down for a long time.

Commentary

The Grapes of Wrath is a powerful novel of man’s cruelty and describes an inequitable social system. Often tragedies have a greater ability to move readers than happy stories and this is true with John Steinbeck’s novel. The story of Tom Joad and his family being uprooted from Oklahoma, their exploitation in California, and struggle to preserve basic human dignity and family values has moved me deeply. I teach at the Manipal College of Medical Sciences, Pokhara, Nepal, which mainly admits students from Nepal, India, and Sri Lanka to the undergraduate medical course.

In the last decade, South Asia has seen rapid, sustained economic growth. South Asia consists of India, Nepal, Sri Lanka, Pakistan, Bangladesh, Bhutan, and Maldives, countries which together have formed the South Asian Association for Regional Cooperation. Although the number of people living in absolute poverty has declined, South Asia still has nearly 400 million poor in a population of 1.42 billion. In purchasing power parity of US$1 a day, the extent of poverty declined from 51.3% to 31.3% in 2001, yet the challenges to overcome poverty are enormous. In absolute numbers, on a $2 per day criterion, more than 80% of the population in India, Bangladesh, and Nepal, 73.6% in Pakistan, and 41.6% in Sri Lanka live under the poverty line.

Steinbeck’s novel of drought and crop failure, deprivation and poverty in America during the Great Depression carries special relevance for the South Asia of today. Crops are still destroyed by droughts and floods in this part of the world. Commercialization of agriculture, monocropping, use of costly hybrid seeds and chemical fertilizers, and crop failures create a vicious cycle. Historically, farmers sow seeds from their harvests for the next year. These days, hybrid seeds that sprout just once make it necessary to buy expensive seeds and chemical fertilizers commercially. Monocropping makes it more likely that a crop will be destroyed by pests or drought. Farmers borrow money from lenders at usurious interest rates and the loan plus the interest can cripple a farmer and his family.

The first excerpt describes the uprooting of a family from a closely knit rural community, a sad event that often happens in rural South Asia. Many of the tenant farmers and landless laborers are much poorer than the “Okies” Steinbeck describes, and land is a precious commodity. Increasing population, degradation of the land, loss of the fertile top soil, and collapse of the traditional support systems described in The Grapes of Wrath mirror conditions in South Asia. Farmers roll up their belongings in a cloth bundle or in battered suitcases and head for the city. Usually, migrants have relatives or people from the same village in the city and settle with them in a shanty town until they can find employment. These slums lack basic amenities and the health facilities are far from adequate. Poor living conditions, lack of hygiene, and poor health promotion measures result in the spread of infectious diseases.

In recent decades, plague in Surat, India, leptospirosis in Mumbai, India, and cholera in Dhaka, Bangladesh, have played havoc with human lives. Viral hepatitis, acute diarrheal diseases, giardiasis, and amebiasis are common in Kathmandu, Nepal. Inequitable distribution of land may have played a role in the violent Maoist insurgency in Nepal, the growing Naxalite problem in parts of India, and the rise of fundamentalism in Bangladesh and Pakistan.

The concluding chapter of Steinbeck’s novel talks about the “Okies” in California marooned in a flood. In many parts of South Asia may be whole villages and towns inundated and cut off. The Joad family was lucky in having a dry place to stay. In South Asia often that may not be true and families may depend on air-dropped food packets for their survival. Once the waters recede there is the danger of disease and epidemics. Governments mobilize medical teams, but doctors have a tough job at hand. Medical education should prepare doctors to deal with this harsh reality.

To create more socially aware doctors in conditions such as these, students should be introduced to the social causes of disease, ill health, and death in South Asia. Medical education is increasingly expensive and money is becoming a factor determining access to medical schools. Tertiary care corporate hospitals catering to the growing middle class are springing up in the cities. Superspecialization is becoming the norm. Primary health care, never strong to begin with, is getting further neglected. Sri Lanka and India’s Kerala state are among the few areas with strong primary care, which is reflected in their good health status. Most medical students are from urban areas. In Nepal, like other South Asian countries, rural primary health centers often lack doctors. The government of Nepal has made rural service mandatory for medical graduates who study on a government scholarship. Postgraduation seats can be reserved for doctors who have worked in rural areas.

There is an evaporating link between trainees and the poor in rural, and even urban, areas. Creating greater community orientation, and fostering identification and empathy among students with the poor, may be helpful. In Kerala and Sri Lanka, villages are well developed and have basic infrastructure, so they find it easier to attract doctors. Economic development may eventually make South Asian villages more attractive to doctors, but in certain areas this may take a long time and cannot be entirely relied upon. Nurturing doctors’ caring attitudes through the humanities in medicine may be one way to improve conditions in South Asia.

In Nepal and in other countries of the region, the fifth semester of study would be an ideal time to introduce medical humanities in the curriculum. Students are beginning to gain clinical exposure and have finished their study of the basic sciences. Reading fiction with contemporary relevance to South Asia can serve as an introduction to the effects of poverty, deprivation, dispossession, malnutrition, and access to health care. Yet Steinbeck’s novel has an underlying thread of hope and shows people still retaining their humanity despite crushing poverty. This is mirrored in South Asia, where many people still smile despite the “raw deal” meted out by fate.

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References