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***2019 NCSBN Leadership and Public Policy Conference - 'Of all the forms of inequality': Health Care and the Civil Rights Movement Video Transcript***  
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**Event**

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**Presenter**

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- [Tom] Good morning. Thank you all for having me today. As was mentioned, my wife is a nurse and has been a nurse for a long, long time, been a nurse educator and a lot of things. So, I have great appreciation for what you all do.

So, I'm very pleased and excited to be here. We talk a lot and we hear a lot about today about, you know, healthcare as a civil right or healthcare as a human right. But we rarely deal with the issue of, you know, people don't think of healthcare and the civil rights movement.

We're here in Atlanta, we're a couple hours from Birmingham, from Selma, from Montgomery and all those images that we think of from the, you know, the civil rights movement, we think of things like sit-ins at lunch counters, we think of school desegregation, we think of buses, we think voting rights, all those different issues. But we tend not to equate the issue of healthcare with civil rights.

But what I'm going to talk about today is that in many ways, the issue of healthcare was central to many of the civil rights leaders of the time, many of the civil rights groups of the time. You know, many civil rights leaders were involved in talking about health care.

Health care was central to many leaders. Dr. King, this is a quote he gave the annual convention of the National Medical Association, which is the African American Medical Association, kind of the counterpart to the AMA. Malcolm X talked about health care, Fannie Lou Hamer talked about health care.

The Black Panthers talked about health care. So, you have civil rights leaders from, kind of, across the spectrum, all thought healthcare was an issue. And they were much more involved in a lot of the changes in healthcare and issues that we deal with today than we tend to think about and tend to, kind of, give them credit for.

So, that's kind of what we're going to talk about a little bit today. Come on, there we go. You know, to understand why and how we needed civil rights to be involved in health care, we kind of have to understand what went first. You know, what were the issues for civil rights workers in dealing with healthcare problems in the pre-civil rights era.

And what we're going to talk about just briefly here is health care in the Jim Crow South. And when we talk about the problems for healthcare in the pre-civil rights era, we're dealing with issues of discrimination, and we're dealing with issues of exclusion.

When you talk about the issues that someone who wanted to become a doctor or a nurse, you dealt with exclusion in many different ways. Doctors in the South, black men and women in the South had very, very few options for medical education. I'll talk about some of them in a bit, but no public university, no public medical school in the South admitted any African Americans in the late 19th century, early 20th century, up until the 1950s.

And even then, it was a really, really small number. It's not going to be until the 1970s that we're going to see real integration into medical schools. Even those schools outside the South that did admit African Americans into their schools, Harvard, Michigan, Ohio State which had all admitted black students into the 1850s, they did so on a quota system.

They did so on a very limited... Usually, they admitted to black students a year. Anyone know why they'd admit two? So they'd have a friend, right? The idea was, you know, that no one else was going to associate with them. So they would admit two a year. So, you know, very, very limited opportunities. So, just to get an education was very difficult.

As a patient, your access to healthcare was very limited. Most hospitals in the South either didn't admit black patients at all or admitted them on only a segregated opportunity. Most public hospitals in the South that admitted black patients did so in a basement ward, a segregated ward.

Didn't matter how much money you had, didn't matter if you could afford to be a patient somewhere else in the hospital. If you could get in that hospital at all was it always going to be just in this segregated ward. At a doctor's office, doctors' offices, white physicians that treated black patients and...white physicians that treated black patients did so, once again, on a segregated basis and for the most part, only treated black patients who could pay.

And so, you waited, it didn't matter if you got to the doctor's office at 9:00, black patients had to wait until all the white patients had been treated first. It was only then that the white doctor was going to meet with the patients. And, once again, only if they could pay, and usually pay upfront and pay in cash. And, of course, they dealt with all types of indignities outside of those types of segregated facilities.

Because of the segregation, because of the discrimination, because of the exclusion, what we have happened in the late 19th and early 20th century is that the black community started to make provisions for their own systems. So, you see hospitals being built by the black community, medical schools being built by the black community.

Some of these hospitals and medical schools were very small. Many of the hospitals were just a doctor. These black physicians couldn't practice in the white hospital. I'm going to talk a little bit more about that in a second. Black physicians couldn't practice in the white hospital, so they would form their own private hospital. Sometimes, the private hospital, and I said I kind of use "hospital"

[inaudible] was a couple of rooms in their own house, maybe just one room in their own house. Maybe they converted one room into an operating room and a couple rooms into a recovery room or something like that. So some of these hospitals were very, very small and rudimentary. Some were a little bit larger. I've got a picture here of Flint-Goodridge Hospital and Nurse Training School. Obviously, nurses dealt with a lot of the same problems that the doctors did with trying to get education.

The one silver lining for black nurses in this time period is that public hospitals that had black patients even in segregated wards, they didn't want black doctors but they wanted black nurses, right? Because they didn't want white nurses tending to black patients. So that was that...you know, Jim Crow always had these strange silver linings for opportunities.

And so, there were some opportunities for black nurses that black physicians didn't have, but they were very, very limited. What you have is you have Flint-Goodridge was in New Orleans, there was also a medical school tied to Flint-Goodridge. But you see hospitals that are built by the community, sometimes with religious groups, sometimes fraternal organizations would build hospitals, nurse training schools, sometimes they were private entities.

Now, most of these hospitals, Flint-Goodridge was one of the bigger and better funded, in part because it was in New Orleans. So, some of them are very small, not something that we would see as being up to snuff in some regards to, certainly, the public hospital that was getting more money, but they provided an opportunity for the physicians to treat their patients, they provided a place where patients could go and not be treated in a discriminatory manner, and they were real sources of pride for their communities.

So, you know, these hospitals, these medical schools, these nurses training schools did have a real important kind of role outside of just the medical area. The other picture I have [inaudible] is this cartoon. This cartoon is actually of 1963, I think, '62 or 1963... was the problem that the doctors had.

As I mentioned, you know, they didn't...black physicians were not admitted into medical schools, but also into post postgraduate training. They were kept out of organizations like the AMA, excuse me, AMA. And, you know, once again, one thing we hear about today are things like institutional racism.

The AMA was a great example of institutional racism and how it kept people behind, right? The AMA, on its face, said, "We don't discriminate against anybody." And you can go back to the late 19th century, and there were black physicians in the AMA. But what the AMA said was that to be a member of the AMA, you had to be a member of your local medical association. And of course, no local medical association in the South had any black doctors.

Well, what did the hospitals do? The hospital said, "Well, to have privileges at this hospital, you have to be a member of the AMA." On its face, that sounds like a pretty good idea, right? Professional organization, you got to be in good standing. But if so, if you can't become a member of your local association, you can't become a member of the AMA, you can't, therefore, have hospital privileges.

You can't go to postgraduate training. And so, you're professional declined. You all are here because, you know, it's important to continually educate yourself, right? Even a black physician that could get through the schools and start a practice was then limited on what they could do because of way the AMA treated them for years, for a century, in keeping them out of these other opportunities.

One of the other things the AMA did in the early 20th century was go to war against black medical colleges, and women's medical colleges, and Jewish medical colleges, but mainly against black medical colleges. The AMA had a slogan in the late 19th century, it was, "Fewer and better doctors." They thought there were too many doctors, everybody could kind of hang a shingle on their home and call themselves a med school in the late 19th century.

And there's a good reason not to let everybody do that, right? You don't want everybody just saying it's a medical school. But they went to war against schools that they thought were producing competitors. There were about...and it's kind of hard to count because some of them may have never admitted a student, but there were about 15 medical schools open exclusively for African Americans in the late 19th century.

Flint-Goodridge was one of them in New Orleans. Leonard Medical School at Shaw University was another one. There were some in Memphis, in Nashville. The only two that survived the AMA's assault on the schools are Howard University Medical School in Washington and Meharry Medical School in Nashville.

And they did that only because the *Flexner Report*, which said, "You need to keep at least two schools for black doctors," right? Or else you're going to have to integrate. You don't want to do that. So, you know, put your money into those two schools. And so, by 1920 those are the only schools left, and until 1969, Meharry and Howard graduated more than half the black medical students in the United States every year.

And it's not going to be until 1980, I think, that the majority of black doctors in the country graduated from somewhere other than Meharry and Howard. So, you know, we see these systems that were put in place to create problems and to create a segregated system, and a system that didn't allow doctors to provide that type of care that the people needed.

Because they couldn't get the advanced training, they didn't have as good of hospitals, they didn't have as good of facilities. And for white doctors, New Orleans is a great example. White doctors in New Orleans were more than willing to treat black patients who could pay, right?

New Orleans had a significant, you know, black community with money. And so, if you're a white doctor who wants to compete for that, or you say, "Well, he's not as qualified." "How do you know he's not as qualified?" "He can't treat you at Charity Hospital. I can treat you at Charity Hospital." All right? "There must be something not as good with him. He didn't go to a postgraduate program, he didn't do a residency, I must be better than him."

So, you have these...you know, it's not just where you went to school and where you didn't go to school. It's all these other systems that, kind of, went in place. The fight against medical segregation is led

mainly by black physicians, not entirely, but mainly by black physicians, the National Medical Association, which was the black counterpart to the American Medical Association, and with a significant amount of help, by the NAACP, especially starting in the 1940s.

One of the things that happens in the 1940s right after World War II is that the federal government starts putting a lot of money into building hospitals. You all probably heard about the...or know about the Hill-Burton Act, right? The Hospital Construction Act. And the Hospital Construction Act was kind of a bizarre...had some bizarre wording.

Because one of the things it said was, "All hospitals built with these monies have to be open to everybody." But Lister Hill, who wrote the bill, was a senator from Alabama, he had to put in...he's like, "Yeah, they're open to everybody. But you can have separate areas for separate populations."

You know, it says nothing about segregation. And this created a big fight, because now you're going to see all this influx of federal money, but what was happening in a lot of places is that you're either seeing segregated hospitals built or segregated sections put on public hospitals, or what was done was that the old hospital was converted into the black hospital and then a new hospital was going to be an all-white hospital.

Kansas City had Kansas City Number One and Kansas City Number Two. St. Louis had St. Louis Number One and St. Louis Number Two. All right? And this created a little conflict because the NAACP was taking a stand by the 1940s, that, "We're not standing for any segregation anywhere."

All right? This is what they called "Deluxe Jim Crow," right? Yes, you're getting a shiny new hospital or you're getting a refurbished hospital that the black community can use, that the black doctors can use, but it's still segregated. But for a lot of these physicians and for a lot of these communities that had previously been left out in the cold with nothing, they're saying, "Well, we kind of like this. Yes, we understand segregation. Yeah, we don't like that. But this type of segregation, this type of Deluxe Jim Crow is better than what we had been living with before. It's giving us an opportunity. It's giving us more modern facilities."

So, you have some conflicts over how you should deal with it. And so, you actually had some conflicts between the National Medical Association and the NAACP, between black doctors and their own organizations in some places, between black communities and groups like the NAACP at times, especially in the South, which saw the NAACP as a New York organization telling them, you know, "You have to do it this way."

But what we start to see as the civil rights movement starts to gain steam in the 1950s and 1960s, is we're going to see the National Medical Association, the NAACP, and the Medical Committee for Civil Rights begin to get involved in the types of protests that we think of and we associate with the civil rights movement.

The picture on the left is at the 1963...top left. I don't know if... I don't have a... Do I have a laser pointer here? Let me see. Yeah, there we go. This is on the Boardwalk, Atlantic City, at the 1963 AMA convention. These are a group of physicians from the Medical Committee for Human Rights protesting

the AMA policies of keeping black doctors out of...this policy of deferring to the local associations and demanding that they change that.

This second photo here, this is at the march on Washington in 1963. So the Medical Committee For Civil Rights was there, was marching, including...they had nurses, auxiliary, in essence, led by Rachel Robinson, Jackie Robinson's wife, who was a nurse.

She was a leader in the nurses section of the Medical Committee for Human Rights. Down here is a protest at a hospital. You can see "AMA stop hospital segregation," so, protesting the AMA, protesting hospital segregation. So, a lot of the things that we associate with the civil rights movement, dealing with issues of segregated facilities, doing protests, doing marches, medical stuff was going on right there.

And right here, Simkins versus Cone. This is a... you know, the hospital's no longer there anymore. Moses Cone Hospital. But this was the landmark Supreme Court case that desegregated hospitals. Dr. Simkins was actually a dentist in Greensboro, North Carolina, and he had been an activist.

He had fought to desegregate tennis courts, golf courses, you know, schools, he had run for office, you know, he was an activist, and he practiced in one of these Deluxe Jim Crow hospitals. There was a, in effect, nice public hospital for the black doctors and dentists in Greensboro, where Dr.

Simkins pushed to have his patient admitted to Moses Cone hospital with him as being able to attend to that patient. And that's the Brown versus Board of Education case for medical desegregation. So, a lot of the things that we associate with the civil rights movement are being done by doctors.

So, in some regards, there's a very traditional aspect to what they're doing. But the impact of doctors, and nurses, and other medical personnel on the civil rights movement goes far beyond just fighting against segregation. And this is kind of...like I said, there's kind of, I guess, a two-part aspect of my talk today.

One is, you know, where does healthcare fit into the traditional narrative of fighting against segregation, fighting against discrimination? There was that, right? The NMA, the NAACP, the Medical Committee for Civil Rights, they were all doing those things that we kind of associate with the movement. But there's also another really important...and I think that this is the part that's far less known and probably has just as great if not a greater impact on health care today.

And that was the role that medical professionals played in the movement and how they started to influence health policy in the movement and till today as well. During 1963, and especially in 1964, Freedom Summer, 1964, there's a call that goes out to doctors and nurses to come to Mississippi to treat the civil rights workers who are being brutalized, right?

They're being beaten up, being attacked. White doctors in Mississippi are not treating them. White hospitals in Mississippi are not admitting them. Some black doctors in Mississippi...and there were only about 45, I think, black doctors in all of Mississippi in 1964. It was a very small number.

But some of them don't want to treat civil rights workers. They're scared. They're scared it would hurt their practice, they're scared that it would invite retaliation. We tend to look back and we kind of have these rose-colored glasses that everybody was marching with Dr. King. No, everybody was not marching with Dr. King.

It was dangerous, right? It was a dangerous, dangerous thing for the black community as well as the white community, right? So, a lot of people wanted nothing to do with this. And so, a call is put out to doctors from around the country to come to Mississippi in the summer of 1964 to start treating these civil rights workers. And the group is the Medical Committee for Human Rights.

And they do just that, you know, this picture here down at the bottom, this is actually the next year at the Selma March. This is...well, can't remember her name. She was from Chicago. She is actually British. But she was a physician and she's treating, you know, the marchers, taking care of their feet during the march.

This was in Mississippi during 1964. This is Fannie Lou Hamer, who, of course, is one of the great grassroots organizers of the movement, we're going to talk about her a little bit more. And she's getting, you know, just a checkup. She wasn't, you know, getting care. So, the Medical Committee for Human Rights inserts itself as this group that is going to be, you know, kind of medical storm troopers come in and take care and they, like I said, they start in 1964 but they'll move on throughout the movement.

MCHR physicians and nurses are on the Edmund Pettus Bridge at Selma. You know, Bob Smith, and we're going to talk about it in a second, Jack Geiger taking care of John Lewis when he gets his head bashed open, and save his life, in essence. And so, they're there in Selma, they're there in Mississippi, they're there in Jackson.

They'll be there at the Meredith March later, they're there throughout the 1960s. This is one of the founders of the Medical Committee for Human Rights, Dr. Bob Smith. Bob Smith is one of these people in American history that no one knows, and everybody should know.

I mean, he's...you know, we talk about heroes, but Bob's right there. He was a native Mississippian, he's a physician in Jackson, he was Medgar Evers' physician, he's the doctor at Tougaloo College, Tougaloo was the centerpiece of the movement. Bob becomes known as the doctor of the movement.

And, Bob is one of the people who puts out the call to bring doctors to Mississippi in 1964. Bob is also part of this group, as the summer of 1964 is going on, is saying, "What are we doing?"

And I'm not a big one of putting a lot of reading stuff off the PowerPoint. But I always think this is such a powerful quote because you had a lot of white doctors coming in from New York, and Boston, and Chicago, who had never been in Mississippi, who had never been to the South, they're horrified by the poverty, they're horrified by what they see. Bob is a black Mississippian.

And he goes to the Delta and he's horrified by what he sees. And what they start to say is, "What good is it to patch people up when they're getting beaten up, and sending them back to horrid, horrid health conditions? We need to do something else. We need to find a way to actually fix the problem at its root level." And so, you actually get a division within the medical committee for human rights in 1964 and

1965 because some of them are saying, "Wait a minute, our purpose was here to come down and treat those workers."

And they did. And they extended things. We were talking about one of the things they did, they treated them for PTSD. They didn't call it PTSD, and they were treating civil rights workers, you know, beyond just patching up their feet. They saw these other things. But then you had others like Bob, who were saying, "We can't just patch up civil rights workers when we go through and see all the other problems we have."

And Bob... I don't even want to mess with trying to scroll this back. But Bob...it was in the picture on the Boardwalk at the AMA. He had been a member of the medical community so he's someone that was involved in the movement, in doing that. But he's saying, "We need to change. We need to come up with another solution, we got to do something else."

And what he and a couple of the other MCHR doctors do is they start a little clinic, the Mileston Clinic outside of Jackson. They get it all with private money, they hire two full-time public health nurses, excuse me, two full-time public health nurses.

The clinic is open seven days a week, Bob would go up two days a week, he kind of enlisted the help of others to do that. But they said, "This is not nearly enough. We need to find a way to broaden this system." And right at that time, was when you had the war on poverty. You had Medicare and Medicaid all coming along.

So, health care and civil rights were all merging right at the time where the Medical Committee for Human Rights is saying, "We need to expand." Now, Medicare and Medicaid, once again, something we don't associate usually with the civil rights movement, but the National Medical Association was the only medical association in the country, only group of medical professionals that supported Medicare and Medicaid.

The AMA went to war again. Of course, they had been at war against any type of government healthcare since the 1930s. Montague Cobb, who's the president of the NMA, he's the only doctor at the signing of Medicare and Medicaid. There are no other medical professionals there. Black doctors, black nurses had supported Medicare and Medicaid for a number of reasons, but mainly because they knew it would help their primary constituents.

Right? Most black doctors, you know, believed in a fee-for-service system as the white physicians did, but they also saw that this was important. So, Martin Luther King supported Medicare and Medicaid, spoke about it, fought for it, right? So you had...civil rights leaders are behind Medicare and Medicaid when a lot of people were not.

But the other thing that happens is that there's War on Poverty funds that... War on Poverty, of course, is tied in some regards to Medicare and Medicaid, but it was doing other things. And for the most part, the initial War on Poverty doesn't provide any specific provisions for health care. The only area where there was, kind of, any health care at all that kind of comes into the initial War on Poverty was with Head Start, right, you have the Head Start programs for children.



And as these Head Start programs start, the workers are saying, "These kids are in really bad shape. We've got to do something." And so, they start allocating a little money, so there's a little bit of money going to health care, but for the most part, the Johnson administration and the Congress, more importantly, because they were the ones allocating the money, was saying, "No, Medicare and Medicaid is our health care problem."

War on Poverty is for jobs, it's for education, it's for other things" Head Start kind of made them pull... they had to pull themselves in a little bit to that. But what the War on Poverty did and the OEO did was it opened up an opportunity for people like Bob Smith to say, "Hey, wait a second, maybe we can go to the federal government and say, "We need to do more. We've got this little tiny Mileston Clinic that we asked for donors to send us some money. That's not going to do it."

And so, what we have is Dr. Jack Geiger, who is a member of the Medical Committee for Human Rights, Count Gibson, who was also a member of the Medical Community for Human Rights, who was the chairman, dean at Tufts Medical School at this point, he's a Georgia native. Jack Geiger and Count Gibson go to the OEO and they say, "We want to create a community health care program. We want to do a trial run. We want \$30,000 to see if we can do kind of a study to see if this would be something useful."

And they pitch it, and it's almost amazing.... The senator can probably talk about this... it's almost amazing that such a thing could happen. Instead of getting \$30,000, they get \$1.3 million from the federal government that said, "We don't want you to do a study, we want you to create a community health care clinic to see if this will work." And what they decide to do is create two.

One in the north, one in the south, one in an urban area, one in a rural area. First one's going to be at Columbia Point in Boston in a housing project. Once again... Sorry, somebody had talked about this yesterday when talking about Chicago, you know, you can have a big city with all these hospitals, and there's still these pockets where people can't get health care.

That was Boston. Boston's got some of the best hospitals in the world, but if you lived in Columbia Point, you couldn't get to them. Or it took you all day to get to them, or you couldn't afford them. And so you had, as someone talked about yesterday, this great disparity in mortality rates in Boston. So, one's going to be put at Columbia Point, the other one they're going to decide to put in Mound Bayou, Mississippi.

Mound Bayou, anybody from Mississippi... there we go. Mound Bayou is up in the Delta in Bolivar County, which is one of the poorest counties in the country. Mound Bayou is a historically all-black town. So it still is a fascinating place. And they said, "We're going to put that there. So, we're going to have one in Mound Bayou, one in Boston, and we're going to see if these work. We're going to see if we can create this community health care system."

And so, you know, over here, we got the Delta Health Center, originally the Tufts Delta Health Center, Tufts University had sponsored it during the late 1960s. And so, the community health center movement, which now has over 11,000 places all around the country, community health center movement treats 29 million Americans, starts out of these 2 places, and it comes directly out of the civil rights movement.

I mean, there's a direct line from the civil rights movement to the community health center movement. That's a huge impact on health care in the country. They're not the only ones. Jack Geiger and Bob Smith, Bob Smith would...who we saw... Bob was in Jackson. Bob learned how to fly a plane so he could fly up to Mount Bayou two days a week and treat patients at the Delta Health Center.

Aaron Shirley, who'd later be a Genius Grant winner, Aaron Shirley was one of the founding doctors of the community health center movement. Helen Barnes, the first black woman to be at the University of Mississippi Medical School as a professor.

She was one of the first doctors. And so, you know, it's a cadre of leaders. But they're not the only ones. At the same time that Jack Geiger and Count Gibson are applying for OEO money, in California, the Black Panthers are starting their own community health center.

Right? In Oakland. So, the Black Panthers. We're always thinking of the Black Panthers with the guns, and the leather jackets, and the braids and everything. They had a 10-point plan. They were concerned with poverty. They were concerned with their communities.

They start health centers, they start health clinics in every community they go into. Free health clinics, right? They recruited nurses to donate their time, they recruited doctors to donate their time, they raised money. So, you've got very different organizations, very different places, all working for the same goal. And that's a great poster of, you know, the Bobby Seale Free Health Clinic.

The picture on the left is of one of the Black Panther's clinics. The picture on the right is of the Delta Health Center. You can't read it, but that's the ambulance there, so that you know, out in the very rural area of Mississippi. Come on.

There we go. Nurses were central to the movement. I've already mentioned that nurses were part of the MCHR. They were on the front lines treating civil rights workers as they were getting beat up. They were sometimes getting beat up themselves, the most notorious event happened in Bogalusa, Louisiana, where MCHR nurses and doctors were attacked for trying to treat beaten up civil rights workers.

So, it was a dangerous job. People didn't respect the Red Cross which they wore, you know. They were sometimes attacked. But perhaps more importantly, nurses in the civil rights movement, especially with the community health centers, but also the Panthers' health centers, and some of the other health centers that grew up, there were the front lines, right.

They were the eyes and ears of the movement. They were the ones...you know, this picture on the right, this is in Mississippi. One of the things the Delta Health Center did and the other community health centers did is everybody couldn't get into the centers, especially in a very rural area, like Bolivar County, the nurses went out, right? The nurses went out to the people. And they were the ones that decided, "This person's got to come back, this person does need hospital care, or this person could be cared for there."

So, they were the eyes and the ears of the movement. They were the face of the health center to many people. And as, you know, you all know that nurses are the ones that have the greatest contact with

patients. And so, they were central to the movement in bringing health care to people that had previously not gotten it.

One of the things that the nurses saw and the doctors saw, especially as they went into the deep South...this is, you know, when Bob Smith was talking about what he saw in the Delta in 1964. It's one of the things that when the community health centers are developed, is that the problems were much worse than they had thought, you know, when they developed the Delta Health Center, they had a plan to go to Mississippi to deal with high infant and maternal mortality because they had statistics on that, right?

They knew that Mississippi had the highest maternal and infant mortality rates in the country. They knew that the black rates were more than twice the rates of the white rates. They knew that the Delta was worse than anywhere else. And so they had OB-GYNs, they had all kinds of plans. But when they got there, they found out there were many worse problems.

They found that they had geriatric problems, with a population that had been left behind as younger population had left and gone to Chicago...left the South. Huge problems with hypertension. But the biggest problem they found was malnutrition. And when they were first setting up the community health centers, there was a famous line...John Hatch... I'll picture of John a little bit.

John Hatch was the community organizer, and he went out and he's talking about, "We're going to do this, we're going to do this, and we've got programs for immunizations, we've got programs for new mothers, we've got all..." And someone said, "Yeah, that's all really good, but could you get us some food? Because that's what we need. We need food." And the amount of malnutrition was absolutely devastating. And then, remember, this is the mid to late '60s.

All right? United States is the richest nation in the world by far in the late 1960s. And people are starving to death. Literally starving to death. Jack Geiger... I'm just going to get my other clicker here. This is Jack right here. He was the founder of the Delta Health Center.

Jack is horrified and he does something that horrifies his OEO funders up in Washington. He starts writing prescriptions for food. People come in, they are malnourished, he worked out some deals with local grocery stores, and he said, "With our pharmacy budget, we're going to buy X amount of eggs or X amount of milk, X amount of..." And, of course, when word gets back to Washington that he's writing prescriptions for food, they go bananas, right?

"You can't do that. You're misappropriating funds." He said, "These people are malnourished. The prescription for malnourishment is food." And they couldn't argue with that. And so, what they did is they started a budget in a food prescription program. And so, Jack said, "We got to fix this problem." Of course, that's a short-term problem, right?

That's a short-term problem is dealing with, you know, dealing with someone who's starving today, they had to deal with the problems that were bigger. And so, food assistance becomes another issue tied directly to the movement. Now, one of the problems that Geiger found in Mississippi is that you would have food assistance, right, there had been federal food assistance since the 1930s.

It was what was called the Commodities Program, you know, excess flour, excess rice, and it went to the poorest of the poor. That starts to get phased out in the 1960s with the food stamp program. John Kennedy kind of restarts a food stamp program that had been around in the 1930s. And then it gets expanded in 1965 and 1966 under President Johnson. The idea behind the food stamp program, there was a couple of ideas, but one was to give people more choices, it was also better for the economy because people would be spending money in stores.

The problem is, you had to buy food stamps. You bought them for 30 cents on the dollar. But if your family made \$900 a year, and you were used to getting those commodities and now those commodities are gone, you can't afford food stamps. And so, people in the poorest parts of the country, in the Mississippi Delta, in the Arkansas Delta, in the Appalachian Mountains, they got hungrier in 1966, '67, '68, '69 because the food stamp program left them out.

So, this food crisis actually got worse in this time. As Geiger and others are dealing with the food crisis in rural America, the Black Panthers, once again, on this other picture, this picture here.... this is one of the Black Panthers.

They did food programs, they did free breakfast for students, for children. They did what we would equate with Meals on Wheels, they took food to people that were shut in and couldn't get out. So, you know, they saw that food was vital to civil rights, was vital to health, was vital to everything.

This other picture, this is from a book called *Still Hungry in America*. The psychiatrist, Robert Coles, and the photographer, Al Clayton, went through the South in 1967, 1968, and they took these pictures. And the book that came out, which was using congressional testimony for Robert Kennedy's trip through the South, Martin Luther King's shift to talking about the poor in 1967, and '68, all these things brought about changes in the food stamp program by 1968, 1969.

So, once again, the civil rights movement had a huge impact on those changes. One of the things...this is Fannie Lou Hamer on the right, we saw her earlier, of course, she was one of the great activists in Mississippi. John Hatch, who was the... I mentioned a little bit ago, he was the community organizer for the Delta Health Center. They both started food co-ops.

Their argument was it doesn't do a lot of good to just give someone a food prescription. We got to create a system that's going to allow people to sustain themselves. And there were a couple of attempts, as Fannie Lou Hamer started one called the Freedom Farm in Sunflower, Mississippi. John Hatch's was the North Bolivar County Food Coop. As L.C.

Dorsey, who was an activist, said, "We've got the poorest people on the richest land. We should do something about this." They have limited success. They have limited success for one is, this is rich land, it was hard for poor people to buy it, right? Secondly, it's in cotton country, where if you've ever been to the Delta, you know, you see the yellow planes, they come and they drop the pesticides everywhere.

The pesticides don't really discriminate when they get in the air, if it's going on cotton or if it's going on vegetables. That became a real problem. And the fact that cotton was so valuable, people kept saying, "Well, I know we've got these vegetables, but if we grow a couple acres of cotton, we can kind of make

a little more money." And so, the food coops never become the success that they had hoped. But they're one of these creative solutions that civil rights activists were doing to try to alleviate the problem.

Poverty is one of those issues that, once again, we don't always think of civil rights movement...we kind of separate that from poverty even though Dr. King, and Malcolm X, and the Black Panthers, and SNCC, and everybody are talking about the ties between poverty and civil rights, and poverty and health. And one of the things that, you know, when we talk about an expansive view of health, and we talk about what the civil rights workers and leaders were doing, and they're saying, "We can't just look at healthcare as something where you're going to go give someone an immunization. You've got to talk about the social determinants of health, which you all probably know about. How does poverty, how does environment, how do all these things, race, education, how do these affect someone's health?"

And what we see is that in the 1960s, a lot of the civil rights leaders, certainly a lot of the medical leaders in civil rights are saying, "We need to address poverty." And once again, there's a great quote here by Roy Brown. "Penicillin may be indicated to cure pneumonia, but it alone will not stop the roof from leaking. It doesn't do us any good to treat people then send them back to a place where they're just going to get sick again."

That you've got to deal with the problems of health at the core. And if people are living in houses that have holes in the floor where rats and snakes can get in, don't have screens, or, you know, mosquitoes can get in, the roofs are leaky...

I always use this photo because it's very illustrative. This is a Mississippi sharecropper's shack and the picture's about, you know, here's the public health nurse treating someone, but this is a stove and these were really common. That was the only way to heat these shacks, is an old 55-gallon drum that had pesticides in it and you turned it into a stove.

When they first started the Delta Health Center, like I said, they were kind of expecting to have all these...you know, they were going to deal with maternal and child health. And what they found out is within the first winter, they were dealing with all these burns and [inaudible], "How are these children coming with burns? Why are they coming with burns?" And the nurses said, "Because they run into the stoves."

None of the doctors from Boston, or Chicago, or New York had grown up in a house where that was how you heated your home, right? And so, they literally spent thousands of dollars building little fences around all these stoves, and you eliminate a health problem. Now, that's...once again, that's a real small-scale example. But it kind of gives you the idea that, you know, you have to address health problems on a much broader scale.

And poverty certainly was one they had to address. Tied to house and poverty was water. Here's our 55-gallon drum, again. There's no running water in most of the black areas in the Mississippi Delta in the 1960s, or the Arkansas Delta, or throughout much of Appalachia, you know, including white areas of Appalachia because Appalachia is almost all white.

This is not just a racial issue. It's a poverty issue. So, you would go to town and haul water back, or you would collect rainwater, either, luckily, out of some kind of gutter or cistern, or unluckily, out of ditches. And you'd store it in this 55-gallon drum, you can see there's a spigot at the bottom.

Well, those 55-gallon drums used to contain pesticides. You don't have to be a health professional to understand that's not a great idea, right? You don't have clean water. Once again, these doctors would send people back with prescriptions and they, "Why are you coming back sick?" "Well, we mixed it with this water." "Wow. That didn't do you a lot of good."

You can't fix one problem if you're dealing with all these other problems. One of the solutions was to try to dig wells, and so those are two men... This is 1968. You got two men, they basically had a pipe and a piece of a telephone pole and they jammed it down to get water, to dig wells. Because you had to try to get some clean water.

Of course, tied to water is sewage. Dr. Roberts was talking yesterday about, you know, picking out a neighborhood where there was garbage pickup and yeah, right? There wasn't running water, there wasn't sewage in the black neighborhoods of the Mississippi Delta.

If you don't have sewage, you're going to have health issues, right? If you don't have garbage pickup, you're going to have health issues. If you put your garbage out in a pile, it's going to attract rats, it's going to attract snakes, it's going to attract vermin, it's going to attract flies. That's what people did. That was their option.

They didn't have a garbage truck coming by. If you had a sunshine privy, an open privy, that's going to attract all kinds of disease. This picture is as they're building sanitary outhouses in Mississippi in 1969. In 1969, we sent a man to the moon and brought him back. Three of them.

[inaudible]. And we're building sanitary privies in Mississippi because that was seen as the best solution when there was not... because that there was no money allocated for these things. So sanitation becomes an issue. Sanitation becomes such an issue that we have civil rights marches over sewers. I probably think that none of you thought that there were ever civil rights movement marches over sewage systems.

Rosedale, Mississippi, you have a boycott of the town, because they say, "We want sewers in the black part of town. We want garbage pickup in the black part of town. We have it in the white part of town, we don't have it in the black part of town." Well, when that boycott just like with the sit-in movement or anything else, that starts to create some energy.

And so, you see boycott spreads to other towns saying, "We want sewage." And, eventually, it develops a Supreme Court case, *Hawkins vs. Shaw*, which said that you cannot provide services to one part of town, which was Shaw, Mississippi, or the white part of Shaw, Mississippi, you know, literally on one side of the tracks, right?

There's paved roads, there's garbage pickup, there's running water, there's a sewage system. You go to the black part of town, there's none of those things. When it rained, you literally had human waste in the streets of Black Shaw. 1970, right? Not that long ago.

Supreme Court says you can't do that. This is, you know, once again, a case that says cities, counties, states, they cannot provide services to one part of the community and not... This has a huge impact. Have we gotten all the way there? I mean, as Dr. Roberts was talking about, do we still have disparities? Yes.

But this makes a huge, huge...because before this, they didn't have to. They just said, "Yeah, that's the poor part of town. They don't give us enough tax money, we don't have to do it." So, once again, using the power of the boycott, the power of organization, using the power of the court system, all things we've seen with the civil rights movement. All right, so to wrap up, you know, the legacy of the movement. This is one of my favorite pictures.

These are two of my heroes. That's Jack Geiger. We saw Jack when he was much younger earlier on. This was at the groundbreaking for the new Delta Health Center in Mound Bayou a couple years ago. And that's L.C. Dorsey next to him. And I love this picture for a couple of reasons.

One is, L.C. passed about three weeks after this, so it was the last picture I had with L.C. But Jack was a doctor who got involved in the health system. I mean, he was a doctor who got involved in the civil rights movement and kind of brought that health expertise.

L.C. was a civil rights worker who got involved in the health center. And her story is remarkable. I mean, she was a unemployed sharecropper, single mother, I think she had four or five children at this point. Had been involved in the movement, had been Fannie Lou Hamer's right-hand woman organizing in 1963, 1964, 1965.

If you got involved in the movement, you were never going to get hired by anybody. She couldn't get a job. When the Delta Health Center opens, she shows up to get her kids some care and asked for a job. They gave her a job. Low-level job. She's so impressive that she moves up, gets another job, gets another job. Eventually, she runs the Coop.

Geiger says, "We got to give..." she had an eighth-grade education, an eighth-grade, black Mississippi education from the 1950s. Not much of an education. He says, "You need to go to college." He sent her to Tufts University. She'll eventually go to Johns Hopkins and become Dr. Dorsey. She comes back, runs the health center in the 1980s, 1990s, right?

Someone had a question yesterday of Dr. Roberts, kind of this frustration, "What can we do?" All right? Jack Geiger starts the community health center movement, 29 million people are covered now.

L.C. Dorsey, from nothing, right? Made herself and brought all this here. So there's very...you know, we were talking about stories, they are very inspiring stories and they have an impact on where we are today. So, you know, just to wrap up here. The legacy of the move, Medicare and Medicaid, as we talked about tied to the movement, community health center movement directly comes out of the movement, water and sewage improvements, directly come out of the movement.

Do we still have places to go? Do we still have discrepancies in places like Flint, and Newark, and Baltimore, and New Orleans? Yes, we do, right? But we still saw changes. Food assistance tied to the

movement, environmental health activism, you know, this is in many regards, one of the front lines of the NAACP now, is dealing with environmental racism and dealing with, you know, cancer rallies.

And, you know, the Warren County movement, in the 1980s, in dealing with water and dumping and all kinds of things that are happening in predominantly black and predominantly poor communities. So, all these are issues that come directly out of movement that affect the people's health and that still deal with health today. All right, I am right out of time.

I guess if we have a couple minutes, we could ask questions. We started a little late, but I'm... Who's calling? Can we have a couple minutes and do questions if anybody has questions? - [Woman 1]  
Exceptional presentation.

- Oh, thank you.

- I am from Mississippi.

- Yay.

- I actually know Bob Smith, Dr. Smith, knew Dr. Aaron Shirley, both Dr. Smith's wife and Dr. Shirley's wife were my sorority sisters. Actually knew Fannie Lou Hamer. My dad was a civil rights worker and worked with Fannie Lou Hamer, as well as some of the other, Medgar Evers and so forth.

Dr. L.C. Dorsey, got a chance to meet Dr. Dorsey, phenomenal lady. Heard her speak once and I was mesmerized by her. So, if you've never, Google these people, I wish you had the opportunity to meet them because they were trailblazers, they were leaders, and they were the trailblazers for a lot of policies that have changed, not only poverty in Mississippi, but across this nation.

Winson Hudson was a civil rights worker. That was my cousin. So, my dad is very entrenched in civil rights, I actually had to use one of those outhouses as a little girl. I know exactly what you're talking about. I guess some of my concern and question about health care is there's still a lot of disparity in health care.

There's a lot of disparity in the way white physicians treat black patients even to this day. And I'm a family nurse practitioner, and I've actually seen and lived it in this town within the last five years, the disparity about how blacks are treated still in health care.

What are your thoughts on that and how do we change that because there's still a problem that now, black individuals seek out black health care providers. And sometimes they even get despaired to seeing those. So, your thoughts on that or how we change that going forward?

- I wish I had the answer and I'm glad you know all these people. And Bob Smith is still practicing. He is. He is. In fact, the AMA which kept him out for years gave him, I guess, their highest award last year. I wish I had the answer, I mean, you've asked the million-dollar question. There's a wonderful book, Dr.



Deirdre Cooper Owens, who runs the medical humanities program at the University of Nebraska right now. I can see the cover of the book, and her book's about the ways doctors in the Old South used slave women for experimentation.

But one of the things she does in the book...and it's a wonderfully powerful little book, I'll Google it after. But she talks about...she's like, "My white gynecologist, I felt like these women in 2012, you know." And she was talking about...she's like... And this was when she was in New York City, she goes, "I'm a..."

- [Woman 2] *Medical Bondage*?

- ... college professor..."What?

- *Medical Bondage*.

- *Medical Bondage*, yes. *Medical Bondage*. *Medical Bondage*.

- [inaudible].

- That's it... And Deidre was talking about how, exactly like you said, that some of these issues, especially the way she said "I wasn't treated the same way as his white patients," she goes, "I'm a college professor in New York City. I'm on television, I've written...and I'm being not treated equally," you know, and that's a powerful book.

I wish I had the answer. I do think one of the issues is, you know, and I always talk about this with education too, I think the more black healthcare professionals you have in the system help. We actually see one of the strange things that happens at the end of the civil rights movement is that the number of black doctors actually decreases.

Whichever so, how is that? Because you've opened up more schools. The problem was if you are a kind of an ambitious, young, especially black males, it's was very hard for black women. There were some, but very hard for black women to get medical [inaudible]. But if you are an ambitious, smart black male in the Jim Crow era, you could be a doctor or you could be a minister.

That was basically your options. You couldn't be a lawyer. I mean, there were some lawyers but no one's going to hire you. Businesses, all... you know, there were very few... So, being a physician was one of those silver linings for Jim Crow. Once we have the movement and all these other barriers break down, now you can go get your MBA, you can go do this you can go...and so, what the W.E.B.

Du Bois called the talented 10, it starts to diffuse itself. And so you actually have fewer black doctors, you know, since the 1970s. So, I think that's one area, you know, I don't think everyone should just have to go to a doctor that looks like them. We should be better than that. But I think also once you have enough people in a profession, it normalizes, right?

You don't say, "Oh, that's a black doctor." It's a doctor, right? But if you're an outlier, if it's less than 10%, which I think is what it is right now, it's 5% of the nation's physicians are, then you're like, "Oh,

he's a black doctor." Right? Because we don't see him very often, we don't see her very often. So, I think that's part of the... I don't have an answer.

I wish I did. What part of Mississippi are you from?

- Jackson.

- Okay, yeah. Yeah. Aaron Shirley and Bob Smith, and just, you're right. Those are the people that we don't know about, and we should know about. L.C. is just off the charts. And she was about this tall, and I don't think she weighed 100 pounds soaking wet and she has more energy and more fight than anybody you'd ever meet. -

[Woman 3] So, actually, I wanted to make a comment more to your question, but coming from Chicago, with my comment is structural racism. Like, we have...in our community in Chicago, we can say that our black communities, they have access to care. But there's an inequality sometimes in the quality of care in which these patients receive.

An example in Chicago was the college of nursing where I study and work and stuff. We talked about black women have higher death rates from breast cancer compared to their white counterparts in our city. And like, why is this happening? Their mammograms are getting done, they're getting screened, but they have more aggressive cancers, they die at higher rates.

Is it something genetic, you know, do black women to have more aggressive cancers, or is it structural in nature? And they broke it down and found that black women were getting their mammograms done, but the centers in which we're doing their mammography were not as credentialed or as credited as breast centers. So, the radiologists that were reading their mammograms they were also reading all of the X-rays, versus, like, the white counterparts that went to Northwestern and had them done at these breast centers.

So, when we are able to, like, optimize technology or utilize technology to improve access to higher-quality care, that might be a solution or at least a tool in the solution kit. And that was one of the things is then they were able to, kind of, like, virtually connect some of these mammography centers, excuse me, in these communities and then have a higher-quality reading to try to, like, find more cancers and over time, we're able to see some improvements in breast cancer deaths in black women.

It was in the book that I mentioned yesterday, not that I get no kickbacks from this book. But it was in the book that I mentioned yesterday as one of the examples of, like, a community-related health issue and how nursing and health care policy is able to make some changes.

- And I don't think you'd find the same thing in rural areas. I mean, you know, certainly raises an issue, but poverty is a huge issue. And you look at very rural areas in the country today and think, well, you all know better than I do. I mean, rural hospitals are closing down all over the country, and so you don't have the same access. And that's got to have the same type of impacts. It's not just in a place like Chicago or Boston or New York.

It's more it jumps out at you because you're like, "Wait a minute, the best hospitals in the world, best doctors are here. Why would you have this disparity?" And I think you'd probably see the same urban-rural thing. Thank you all. [inaudible]