A Mississippi Health Center & Its War on Poverty

# in the Rural

THOMAS J. WARD JR.

WITH A FOREWORD BY H. JACK GEIGER

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For those whose road led them to Mound Bayou:

Dr. H. Jack Geiger

Dr. John Hatch

Dr. L.C. Dorsey

Dr. Andrew James

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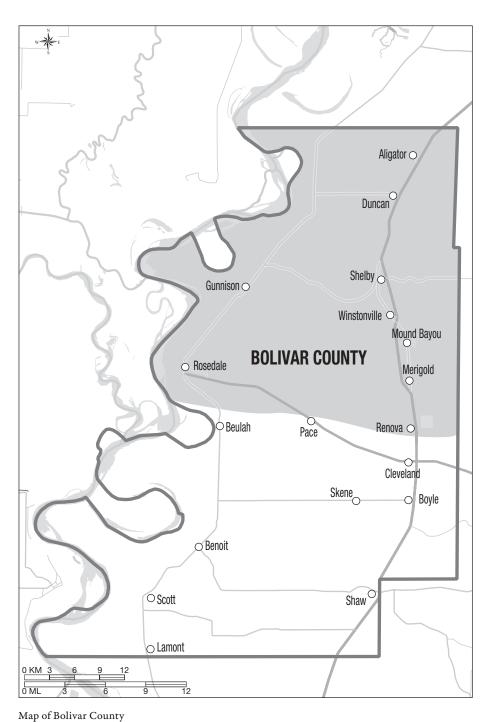
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Map of Mississippi Shaded area indicates Mississippi's Delta Region.



Shaded area indicates region served by the Tufts–Delta Health Center.

### Foreword

THE ANTHROPOLOGIST MARGARET Mead once warned that no one should ever underestimate the ability of a small and determined group of people to change the world. That description surely matches the architects of the contemporary community health center model and its core discipline: community-oriented primary care. Drs. Sidney and Emily Kark, Guy Steuart, John Cassel, and others responded to a small window of opportunity in the early 1940s in—of all places—apartheid South Africa. They launched that first great experiment in a profoundly impoverished and disease-burdened rural "Zulu tribal reserve" named Pholela in South Africa's Natal province. This would be one of the grandfathers of the experiment launched decades later and half a world away in Mississippi and described so dramatically by historian Thomas J. Ward in this book. Today, there are community health centers in forty-two nations across the globe, linked in a recently created International Federation. They vary widely, depending on the political economies and national healthcare systems of their various nations: some with national health services and universal coverage, others with mixed public-private healthcare systems, and some with no coherent healthcare system at all. All of them, however, are committed to a core principle: that community health centers have a dual responsibility, to care not only for the diagnosis and treatment of the individual patients who enter their doors, but also to address the health status of the populations and communities they serve and out of which those patients come. It is fair to say that the Karks and their successors have changed the world of healthcare on a global scale.

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The American experiment has, similarly, undergone explosive growth over the half century since its initiation in Mississippi and Boston in 1965. In the United States, there are now more than 1,300 community health centers, delivering primary care at more than 9,000 sites of clinical service and providing care to an estimated 28 million low-income and minority patients. These centers are both urban and rural; some are located in the three great streams of migrant farm workers in the United States, while others serve students in public high schools, residents of public housing projects, or more than one million homeless men, women, and children—families in desperate need of care. (Today, twenty-one such health centers are in Mississippi.) These new models of care also have varied widely from one another, and over time, in the degree to which they have successfully intervened in population health status.

The Mississippi experiment described in these pages tested a bold hypothesis that a community health center can serve as an instrument of social change, intervening not only in the social determinants of its population's health but also launching a process of structural change that starts to liberate that population, through community empowerment, from repetitive cycles of poverty and political exclusion. The Tufts-Delta Health Center fused the two long-separated disciplines of clinical care and public health. It directly addressed problems of hunger and malnutrition, deteriorating housing, unsafe water, primitive sanitation, inferior education, and political isolation and powerlessness. To do so the health center assembled a staff extending well beyond the usual array of essentially clinical personnel—physicians, dentists, nurses, nurse midwives, pharmacists, psychologists, and technicians. To these it added community organizers, environmental engineers, social workers, sanitarians, health educators, agricultural experts, and lawyers. Its most important tool in these efforts was slow, patient, community organization, rooted in the belief that even poor, largely unemployed, often poorly educated, politically oppressed and socially isolated people and communities had within themselves the intelligence, resilience, and determination to confront those problems and create significant change. The ultimate goal was to establish pathways out of poverty and into a better life.

And so, as this book describes, in addition to all the conventional elements of primary clinical care the Tufts–Delta Health Center dug safe wells, built sanitary privies, repaired housing unfit for human habitation, wrote and filled prescriptions for food in crisis situations, and organized a 500-acre cooperative farm, which drew on the agricultural knowledge and skills of its target population, producing thousands of tons of vegetables and helping to reduce local malnutrition. It also undertook extensive educational and training programs of its own. In all of these efforts, the target population remained fully engaged, and each community set its own priorities.

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As Thomas Ward's vivid and meticulously researched account makes clear, the health center's efforts rested on three pillars of strength. The first was the civil rights movement itself—the years of brave, nonviolent, and determined efforts by the Student Nonviolent Coordinating Committee (SNCC), the Congress of Racial Equality (CORE), and the Southern Christian Leadership Conference (SCLC) to accomplish voter registration and directly confront Mississippi's racial caste system. Their work was ultimately embodied in the passage of the Civil Rights Act and Voting Rights Act of the mid-1960s. A second pillar was the creation of a new federal agency, the Office of Economic Opportunity (OEO), or "War on Poverty," committed to a bottom-up philosophy of working with the poor rather than a top-down method of informing the poor what was good for them and then funding it. And finally, the health center drew on the strength of a remarkably committed medical school and university, fully supportive of its efforts, which made possible effective recruitment of staff and a high degree of insulation from local political pressures and opposition.

That is not to say, of course, that all this was accomplished seamlessly and without struggle. The health center and its work were fiercely opposed from the very beginning by all the elements of Mississippi's white power structure: its governor, its legislature, its FBI-like "state sovereignty commission," its two United States Senators, their counterparts on county and municipal levels, and by most of Mississippi's medical, hospital, and public health establishments and agencies. Those struggles are a central and important part of this history, along with the relatively neglected topic of social class and political conflict within minority communities when power, elite status, and control of funding become real issues.

Together with the advent of major new national social programs, such as Medicare, Medicaid, and food stamps, there is no question that the health center's work changed the health status of its target population, the roughly 12,000 African-American residents of North Bolivar County. By such standard metrics as fetal losses, infant mortality rates, the incidence of infectious disease, and the successful management of prevalent chronic illnesses such as heart disease, hypertension, and diabetes. For individual patients, increased knowledge, relief of suffering, and access to quality health care reduced the toll of disease. And over and over again, the health center literally saved the lives of black infants and children. The North Bolivar County Health and Civic Improvement Association, chartered to address issues beyond individual personal medical services, has for decades now owned and operated the nonprofit Delta Health Center as the recipient of its federal grants and other major sources of revenue. It has managed so successfully that the Delta Health Center currently has new state-of-the-art clinical facilities and satellite branches in

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four other Delta counties. The health center itself remains a major source of employment and an economic engine for growth in Bolivar County.

There is another dimension to these accomplishments—less tangible but, I believe, as important as any of the others. It is eloquently summarized in a single phrase by John Hatch, the community organizer described by Tom Ward as "the soul of the project," to an interviewer from Chronicles, a website that attempts to tell the histories of all of the community health centers in the United States. "We changed their dreams," John Hatch said. In what he called "The Prep Academy," the health center opened its own Office of Education and launched its own education and training programs, ranging from high school equivalency certifications (GED) to pre-college and pre-professional courses taught by the center's own professional staff. In addition, local staff recruits were sent off to other OEO training programs in Arkansas and Tennessee to produce medical record librarians, secretaries, mid-level administrators, and technicians. Finally, as part of the heady national atmosphere of civil rights expansion, the health center's professional staff—often imploring their own alma maters—arranged admissions to prep schools, colleges, and professional schools across the nation, creating pathways to higher education from which the African-American people of Bolivar County had long been isolated. They produced black physicians, nurses, dentists, social workers, psychologists, environmental engineers and business managers on a scale not previously imagined.

These were critical pathways out of poverty. They changed the aspirations—the dreams—of adults and children alike. For a population largely unemployed, displaced by the mechanization of cotton agriculture, but increasingly determined to find a road out and change the very structure of their society, this was perhaps the project's most important impact. John Hatch has lost count, but we know that there are more than a hundred Bolivar County African Americans now employed in the health sector alone in Mississippi and other Southern states at every level from technician to physician. (On his last visit back to the health center Dr. Andrew James, the director of the project's environmental programs, met the young black high school graduate who had served as his secretary and administrative assistant in the 1960s. She had come to introduce him to her daughter, a pediatrician.) These interventions, I believe, were the greatest levers of change, for they flowed downward over time into successive generations, dreaming bigger dreams and living better lives.

The Delta Health Center experiment teaches us that structural change is possible, and that community health centers and allied institutions have a role to play in it. But this glass is only half full. Racism, residential segregation, segregated and inferior schools, and attempts at voter suppression still exist, as do the great toxic concentrations of poverty in urban ghettos. Full-scale urban equivalents of this Mississippi experiment remain to be invented. They will likely take the

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form of interprofessional and multiple agency collaboration, and health personnel working in nongovernmental organizations as well as in clinical care. Such efforts stand on strong shoulders of precedent. Pediatricians led the campaign to end child labor in the United States. Physicians helped to draft this nation's first tenement laws, establishing baseline standards of space, air, and density for the housing of the poor.

More than 200 years ago Johann Peter Franck, the Austrian dean of an Italian medical school delivered a scathing commencement address directly linking the cruelty of social and political structures to the brutally stunted lives and early deaths of the poor. He called his talk "The People's Misery: Mother of All Disease." The attempt to meet that challenge, exemplified in this small corner of a rural county in Mississippi, remains to be completed. This book tells us that this is not, after all, an impossible dream.

H. Jack Geiger, MD

## Acknowledgments

I WOULD NOT have had the opportunity to be a part of this wonderful story had it not been for Professor John Dittmer, the Bancroft-award winning historian of Mississippi, who contacted me at the end of 2011 to inquire whether I would be interested in collaborating with Dr. H. Jack Geiger on a history of the Tufts–Delta Health Center. At the time I was working on a book on black prisoners of war, just had been named chair of my department, had young children at home, and had absolutely no interest in starting any new project. However, a call from Professor Dittmer, the author of *Local People* and one of the real giants in the field of both Southern history and African-American history, was not something I could ignore.

John told me that he had been helping Jack Geiger, John Hatch, and L.C. Dorsey revise a manuscript that they had been working on for years about their experiences founding and running the Tufts–Delta Health Center. John had met Jack Geiger while working on his book, *The Good Doctors*, and he knew L. C. Dorsey through her work in the civil rights movement in Mississippi. Indeed, Dittmer's interest in this story was much more than just academic; he had known a number of the health center's leading figures for decades, back to his time teaching at Jackson's tiny Tougaloo College, and his own involvement in Mississippi's civil rights struggle. I had met John a couple of times, and he had been an outside reader of my dissertation, but I was incredibly flattered that he would even think of me to work on this project, which held such personal importance to him. When the manuscript was

eventually completed, Professor Dittmer read it carefully and provided me with invaluable insights. I am in debt to him for both the opportunity to get involved in this project and the assistance he provided in bringing it to fruition.

Dittmer said that although he had agreed to help Geiger, Hatch, and Dorsey revise their manuscript, titled "Three Roads to Mound Bayou," he (and they) eventually realized that the project needed much more than revision. To do the story of the Tufts–Delta Health Center justice, a more complete treatment from a professional historian was necessary. Dittmer, recently retired from DePauw University, contacted me, because of my background in Mississippi and African-American healthcare history, to see if I would be interested in working on the project. Needless to say, he convinced me, and a couple of weeks later Jack Geiger flew to Mobile to talk about the project and how we would proceed.

Jack Geiger, whom John Dittmer described to me as "one of my heroes," is one of the most remarkable human beings I have ever met. When I first met Jack he was well into his eighties, battling a number of health issues, yet still working as a physician in New York, writing articles, and lecturing all over the country. "The Father of Community Health," as he is known, has had a remarkable career as a physician and humanitarian, working for civil rights and health care all over the world. I originally had intended to coauthor this book with Jack, but we soon decided that the best way forward was for me to take over the project, and enlist Jack's input as I progressed. His input, indeed, proved vital to the completion of this book. He sent me boxes of his personal papers (which will eventually be housed in the Southern Historical Collection at the University of North Carolina-Chapel Hill), provided invaluable commentary, and went through each line of the manuscript, editing it for both content and style. Jack even spent a week in the archives with me in North Carolina, meticulously going through documents. The staff at the Wilson Library at UNC were a tremendous help to me during my numerous visits to Chapel Hill. Many of the photos in the book are located in the collection at Chapel Hill, and most were taken by Dan Bernstein, whose family graciously allowed them to be used here. Victor Schoenbach, an old friend of Jack's, helped with some of the photos in the book, lifting them from a film, also titled Out in the Rural, made about the health center in 1969.

Jack also introduced me to a number of the people who were central to the establishment of the Tufts–Delta Health Center, especially John Hatch, who provided vital insights to the creation of the health center, especially the farm co-op and the health council, areas with which he was intimately involved. In addition to John Hatch, a host of other figures of the Tufts–Delta Health Center were generous in allowing me to interview them, or in providing me materials on the health center,

especially L. C. Dorsey, Aaron Shirley, Robert Smith, Andrew James, Helen Barnes, Anne Haendel, and Sarah Atkinson. John Fairman, the current director of the Delta Health Center, showed me great hospitality in making sure that I was invited to all the special events commemorating the founding of the center.

Before I became involved with this project, Jack Geiger had secured grant funding from the Ford Foundation, the Robert Wood Johnson Foundation, the Ryan Community Health Network (RCHN) Community Health Foundation, and the Geiger-Gibson Program to tell the story of the Tufts-Delta Health Center. I was the beneficiary of these funds in both direct and indirect ways; much of the work done by Geiger and Dittmer before I came on board was funded by these grants, as were my own travels to Mississippi and North Carolina. Professor Sara Rosenbaum of the Milken Institute School of Public Health at George Washington University administered the grants, and I am grateful to her and her staff, Shelia West and Tishra Beeson, for all their assistance in getting me the funding needed to complete this project. Jack also put me in touch with our editor at Oxford University Press, Chad Zimmerman, who has worked tirelessly to move this project from manuscript to book in a very short period of time. I am in his debt for all the work he has done on a tight schedule to make this book a reality.

I could not have taken on this project without my background in Mississippi history, which I learned during my time in graduate school at the University of Southern Mississippi. There I was lucky enough to study under Neil R. McMillen, the author of *Dark Journey*, which won the Bancroft prize in 1990 and remains the best book ever written about the state of Mississippi, as well as Charles Bolton, the godfather of oral history in the state. Neither Neil nor Chuck read this manuscript, but their fingerprints are all over it, as virtually everything I know about the history of Mississippi came from them. My time in Hattiesburg also provided me with a cadre of historians who remain close friends and professional confidants to this day, especially Glenn Robins, Kathy Barbier, Karen Cox, Andrew Wiest, Curtis Austin, and Marjorie Spurill.

Finally, I would like to thank all those who have supported me day-in and day-out over the four years that I worked on this book, my family and my colleagues at Spring Hill College. I am blessed to work with a wonderful group of people every day at Spring Hill, especially those in the History Department: Pat Harrison, Sarah Duncan, David Head, Shane Dillingham, David Borbridge, and Neil Hamilton. I also would like to acknowledge my students, in particular my 2016 Senior Seminar class, who served as an informal focus group for this work, and picked out the cover photo. Most importantly, I want to thank my wife, Margaret, and our three boys, Pat, Jack, and Teague, for all their love and support.

### A Note on Sources

WHEN I BECAME involved in the project in 2011, after being contacted by Professor John Dittmer, I received boxes of materials that he and Jack Geiger had been collecting for years. Three of the founding members of the Tufts–Delta Health Center—Jack Geiger, John Hatch, and L. C. Dorsey—had been working for almost twenty years assembling their memoirs of the health center in what they envisioned would be chapters in a book. Although I have not used their narratives as they had originally intended, the basis of much of my research came from their writings. In addition, all three of them had assembled a vast array of materials that were invaluable in writing this book, including letters, clippings, documents, audiotapes, and even their own personal notes. As a historian, not having assembled many of the research materials myself, I was a bit overwhelmed as to what to do with materials that others had collected. Where possible, I have tried to give the reader the clearest explanation of where every piece of material came from and where it can be located. At this time, however, many of the materials used for this book remain in my possession. Along with these private sources, a wealth of materials on the Tufts–Delta Health Center can be found in the Delta Health Center Records (Collection 04613) in the Southern Historical Collection at the Wilson Library at the University of North Carolina at Chapel Hill. The personal papers of John Hatch, who became a professor of public health at Chapel Hill following his time in Mound Bayou, are also located in the Southern Historical Collection. The materials I have in my possession will be donated to the Southern Historical Collection as well, so future researchers will have access to the same materials I did in writing this history.