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Mississippi Health Project Annual Report No. 4

Alpha Kappa Alpha

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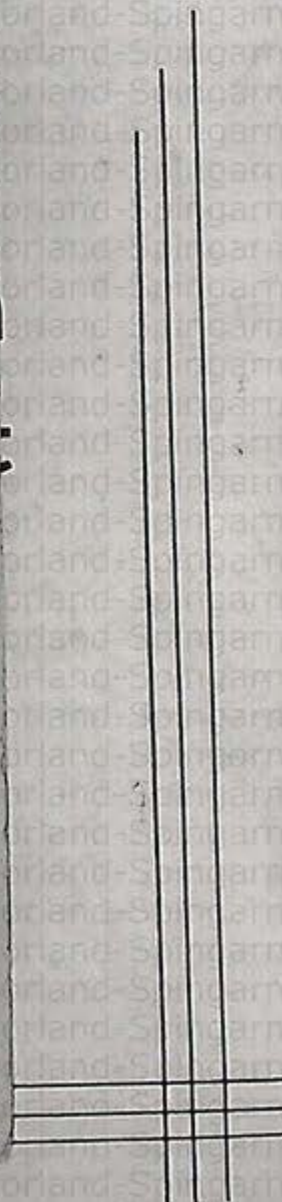
The 1937 Mississippi
Health Project



THIRD

Annual Report

December, 1937



The Health Committee

Margaret Davis Bowen
New Orleans, La.

Ethel Hedgeman Lyle
Philadelphia, Pa.

Ruth A. Handy, Secretary
New York, N. Y.

Ida L. Jackson
Oakland, Cal.

Mary E. Williams
Tuskegee, Ala.

Dorothy Boulding Ferebee, Chairman
Washington, D. C.



THE HEALTH COMMITTEE

Dedication

Because your ideals, your bounty, and your faith have been the bulwark of whatever achievement the Mississippi Health Project represents, this report is dedicated to you

The Sorors
of
Alpha Kappa Alpha Sorority

LETTER OF TRANSMITTAL

Washington, D. C.

December 1, 1937.

Mrs. Margaret Davis-Bowen
Supreme Basileus
Alpha Kappa Alpha Sorority
New Orleans, Louisiana

My dear Mrs. Bowen:

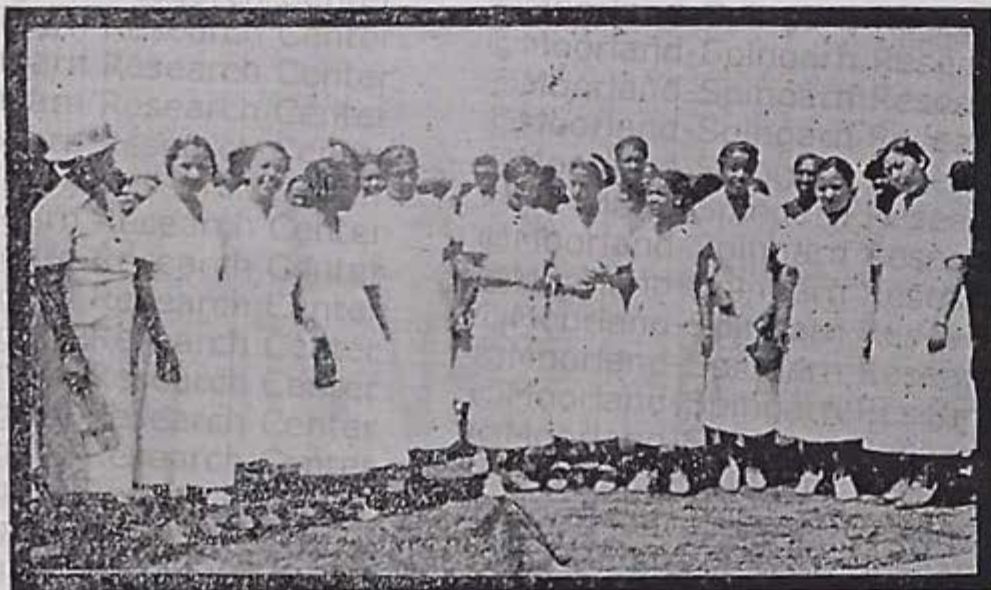
I have the honor to submit herewith my report as Medical Director of the third Alpha Kappa Alpha Health Project in Mississippi.

The emphasis of this report will not be on the mechanics, but on the story of the social milieu of the project, bringing for the first time visualization of some of the scenes of operation and dramatization of the work of those loyal volunteers, portraying the degree of sacrifice and the quality of service they gave for the success of our third health project.

Respectfully submitted,

DOROTHY BOULDING FEREBEE, M.D.

Medical Director.



THE HEALTH STAFF

- ✓ Dorothy Boulding Ferebee
- ✓ Mary C. Wright
- ✓ Thelma Coffey
- ✓ Mary E. Williams
- ✓ Mildred L. Wood
- ✓ Margaret Davis Bowen
- ✓ Irene Baxter
- ✓ Marjorie Holloman
- ✓ Portia W. Nickens
- ✓ Melva L. Price
- ✓ Audrey Augustine
- ✓ Mae B. Rhodes
- ✓ Herman A. Washington

- Medical Director
- Dentist
- Physician
- Public Health Nurse-in-Charge
- Graduate Nurse
- Clinical Assistant
- Clinical Assistant
- Clinical Assistant
- Interviewer
- Interviewer
- Interviewer
- Interviewer
- Research Assistant

TO THE HEALTH STAFF

To the members of the volunteer staff without whose indispensable and uncompensated services this project could not have been possible, we offer this inadequate but very sincere token of gratitude and admiration for their courage, loyalty and invaluable assistance.



FOREWORD

For the past two years the Health Committee has presented a published report to the National Boule formally outlining the purposes, procedures, conduct, and accomplishments of the Mississippi Health Project. Although this type of report has been necessary to establish an accurate record of the Project's history and technical development, the two previous reports have unquestionably met with this requirement. Since the 1937 project was set up in administrative detail along the lines of the 1936 project and was based in procedural detail on the ground work of the 1935 project the current report will concern itself with only those formal items which were peculiar to the 1937 project, and the point of emphasis will be not on the mechanics, but on the story of the social milieu of the project.

In launching the Mississippi Health Project, the Sorority considered not only its technical values but also its human and social aspects. They embraced in their interest in health not only the incidence of disease as it occurs in individuals but also the social significance of disease. Because it is impossible to consider the health of individuals without considering all of the factors contributing to health, the Health Project was conceived as an unusually broad medium for service. Of course, nothing is more fallacious than the isolation of any single social evil as the cause of all other social evils; however, it would be difficult to discover any disorganizing force which is more inextricably interwoven into concomitant forces than disease. Disease is the result of many miserable social and economic conditions and the cause of many more. For this reason, any limited presentation must assume a general understanding of the historical, economic, and social background of the community under observation.

In the course of presentation, there will be occasion to mention mores, customs, and economic standards which are different from those set up as the socially acceptable criteria. To understand these differences, we must realize that the Mississippi plantation of today has its roots in the plantation slave system of yesterday. This partially explains the economic heritage of the Southern Negro—what is called his low standard of living; his social heritage—what is called immorality and lack of sex standards; his educational heritage—what is called ignorance; and his health heritage—what is called physical inferiority.

Perhaps the most tragic aspect of these differences, however, is the gap they have created between the Negro masses who have not yet emerged from the sub-standard mode of life and a Negro minority which has attained a high cultural level. Since this minority believes that it has been stigmatized by the status of the sub-standard masses, and they feel completely repudiated by the more fortunate, a keen resentment has developed between the two.

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The Mississippi Health Project has had neither the scope nor the technique for dealing with this vast problem; but it has served to make a small scale demonstration of a constructive approach to at least a segment of it.

Certainly a limited project in a single Southern State could not pretend to have quantitative value. It has, however, penetrated a plantation area where the peasant cultural level has been preserved among a large number of Negroes, and such an area is, at least, typical of the vast plantation areas which predominate the Southern states and in which the majority of Southern Negroes is concentrated.

The Health Project also has afforded an opportunity for studying the Negro existing at the peasant cultural level in an environment to which he conforms and in the mould in which he is cast. In this approach an understanding is possible which cannot be achieved when the plantation Negro has been suddenly thrust into a cultural level where he stands out in grotesque relief. This type of understanding is a prerequisite to the mutual development which must take place if the educated Negro ever expects to bring effective leadership to his race.

Furthermore, the Health Project has proved the effectiveness of personal, direct service by the educated Negro for the underprivileged. In addition to the value of creating and encouraging Negroes to activate themselves in the interest of the group as a whole, this approach has given these underprivileged Negroes an opportunity of witnessing other Negroes in the role of benefactor, thus striking at a part of the Negroes' traditional dependence upon the white group for any encouragement or assistance he has received.

Finally the project has demonstrated the possibilities of going into the most neglected and inaccessible areas with health service to those who have greatest need for it and least opportunity for securing it. In this, it is obvious that the final achievement of the Mississippi Health Project will be realized only when Federal, State, or County governments adopt the fundamental principles of its technique and expand this service to large-scale proportions. Here, again, it must be observed that health is not isolated from any of the vital social or economic forces affecting human beings. For this reason, acknowledgement of the importance of health for Negroes, as well as for all racial groups that go to make up American communities, will of necessity arouse a deeper and broader interest in general welfare.

Insofar as the Mississippi Health Project has succeeded in its demonstration of the foregoing factors, it has justified the motives which brought it into being. No predictions on this point are in order now. But there is every reason to hope that a pattern of service has been set which might offer suggestive programs for those who realize that they must contribute to the emergence of their underprivileged brothers if the cultural level of the entire Race is to be elevated.

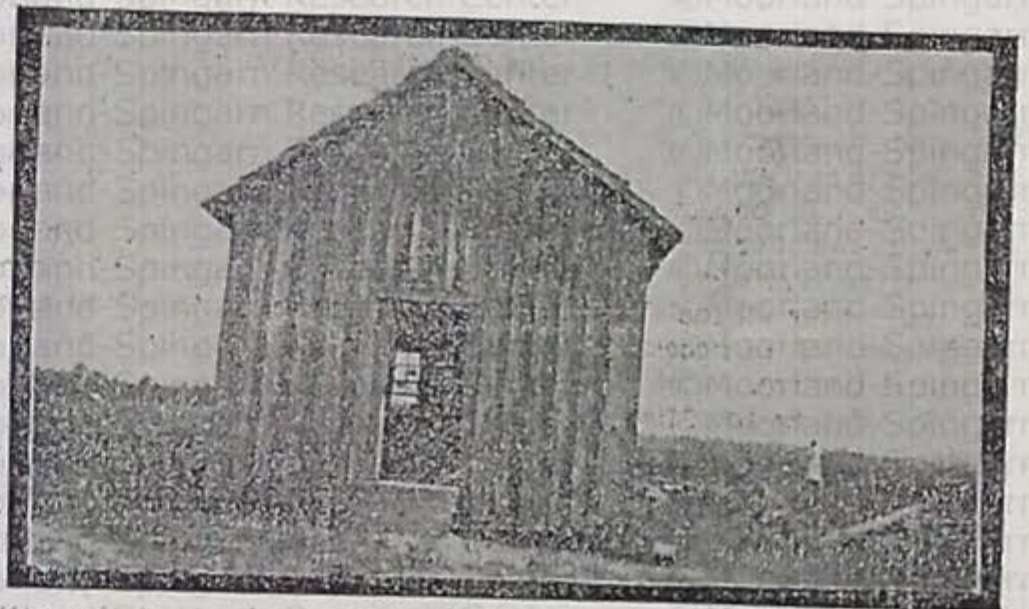
THE PROJECT

Vacation time—summertime—the lure of cool lakes and shady pines—carefree ventures away from dirt and work and weariness—rest. . . .

But they turned their faces toward the South—toward the smothering heat of central Mississippi—and found what delusions of comfort they could in the snowy whiteness of expansive fields of cotton which glistened beneath the rays of a flaming sun. Each sultry breath of air was laden with the dust of parched roads, ground beneath the weight of the cars which bore them deeper and deeper into the region of Delta plantations. They came from the North, the South, the East and West, braving the discomforts and hardships of rural life that they might bring to a few of the thousands of Mississippi's plantation children the magic of modern medicine—that precious needleful of serum for lack of which their helpless bodies succumb in overwhelming numbers to the ravages of diphtheria and small-pox.

For three summers the volunteer workers on the field staff of the AKA Mississippi Health Project have gone forth in fulfilment of the constitutional ideal of the Sorority which holds as a supreme mission the task of raising the social status of our Race.

On August 18, the 1937 staff of the AKA Mississippi Health Project arrived to set up the headquarters for the Third Annual Project, in the colorful little town of Mound Bayou, whose 800 citizens had just celebrated its Fiftieth Anniversary of all Negro history and government. From this site, the health unit worked throughout the plantations of Bolivar County, covering a radius of forty-five miles.



A PLANTATION SCHOOL HOUSE

The success of accomplishing the extensive service assigned to the project to be completed within a limited period of operation depended almost entirely upon detailed planning. Before the staff arrived, the Bolivar County Health Department worked out an itinerary which carried the traveling clinic to remote plantation homes of hundreds of Negroes who had never seen a doctor or a nurse. The itinerary was printed and circulated among the landowners and townspeople by the local officials; however, a special contingent of the Health staff was assigned to interview the plantation owners on the day before the clinic in order to secure their cooperation in assembling the families at the scheduled hour at the church, school, shack, or outdoor landmark designated for clinical operations. Despite this carefully planned procedure, clinic attendance was reduced in several instances because the "bumper" cotton crop required the services of every available worker in the field from sun-up to sun-down.

The next important detail of planning was the departmentalization of the clinic assignments. Each of the thirteen staff members, through delegation of duty, had definite responsibility in a specific department, and the correlation of each departmental function was carefully discussed and outlined in the evening staff meetings. By this method, expedition and efficiency prevailed in the operation of the traveling clinic regardless of the inadequacies of its physical accommodations.

Each morning between six and seven o'clock the caravan of cars was stocked with the supplies needed for the day as the traveling clinic passed from town to town on the way to the rural country side from five to forty-five miles from headquarters. Sometimes the cars were refueled in one town, ice purchased in another, fresh uniforms secured at the county laundry located in a third, while from a fourth special biological products were secured from the refrigerating plant of an ice cream factory where they had been stored in large quantities through arrangements effected by the County Health Department. The daily stock was then packed in vacuum containers especially designed to maintain an all-day low temperature despite the consuming heat.

Regardless of the distance of the site from headquarters, the health unit timed itself for prompt arrival and the accommodations were hastily surveyed for the possibilities of organizing the clinic. Sometimes the clinic was set up in a one-room church or a weather-beaten school, frequently in a building used for both, and occasionally there was no building adequate for use at all. Regardless of the facilities, it was the business of the unit to convert the usable equipment at hand into long service tables for the various departmental specialties: interviewing, weighing and measuring, dental operations, medical services, scrubbing and sterilizing facilities preparatory to inoculations.

Again each staff member knew her job in organizing the physical set-up. With hammer and screw driver, doors were lifted from



ASSEMBLING FOR CLINIC

their hinges, placed across the backs of benches, covered with padding of newspaper, and topped with crisp, fresh linen, draped nearly to the floor. On these service tables, sterilizers heated by alcohol stoves, instruments, biologicals and medical supplies were readily available. In still another section benches were shifted to accommodate four interviewers assigned to taking histories. Still another unit quickly strung from wall to wall dozens of clothes lines on which were suspended with clothes pins brightly colored health posters carrying a pictorial message of health to the eager observers. Then each worker scrubbed her hands and arms in basins and tin tubs and sought the "privacy" of a cotton field to change into fresh, white uniforms and complete a picture of striking contrast to the plantation people attired in soggy jeans and wilted cottons.

Thus, in approximately fifteen minutes, much to the astonishment of the onlookers, the drabness of a gloomy little building was transformed into an attractive scene of brilliant colors and immaculate whiteness.

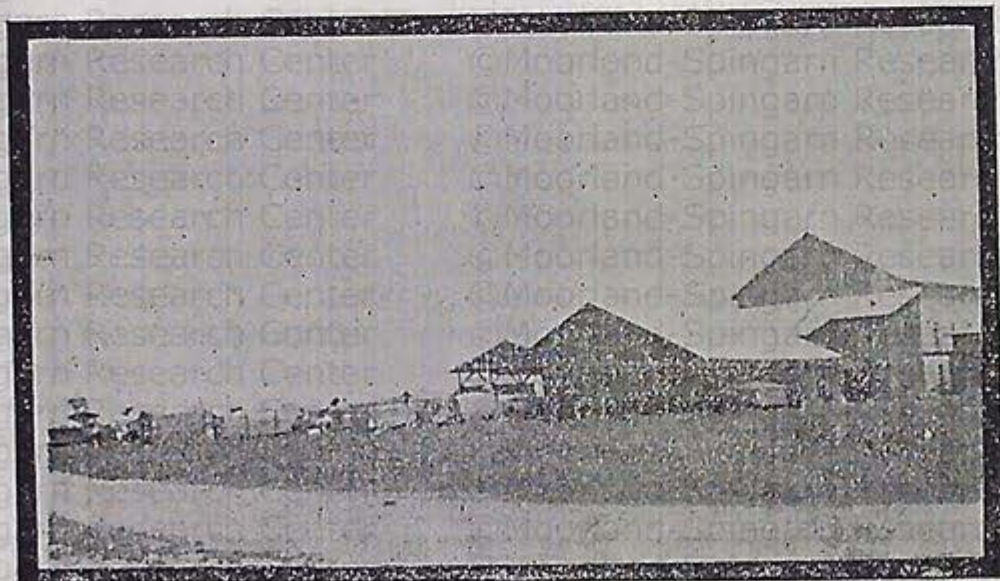
The plantation families came in droves, eager, shy, curious, and sometimes afraid. Since it is impossible to describe each day's operation and all of the various individuals and family groups encountered, a typical family on a typical plantation has been selected to give a portrayal of a day's experience in the traveling clinic.

Plantation X consisted of about 400 acres, all planted in cotton, and was one of the many owned by the Metropolitan Life Insurance Company. This plantation, like almost all of those which had absentee owners, the majority of whom were English or American holding companies, was managed by an overseer and farmed on the quarter crop system; that is, one quarter crop accrued to the sharecropper or tenant farmer, who received "furnish" (credit for

food and clothing) during the dull season, one mule, farm implements, and a two-room shack, weather-beaten outside and plastered with newspapers inside. There were no screens, water, sanitation, or garden. Such a cabin on such a plantation was the home of "Mr." and "Mrs." W, Grandmother S, and their family of eight children.

Grandmother S shuffled with uncertain steps up to the interviewer's table. Smiling apologetically, she mumbled an incoherent admonishment to the 18-month old child clamoring to climb out of her bony arms and explained to the interviewer that "Teola was teethin'." Closely following Grandmother was Mother W, whose appealing black eyes shifted from the interviewer's friendly face to that of "Baby-Chile," the sleeping seven-month old infant in her arms. Tugging at her skirts were six small children ranging from three to ten years of age. The three-year-olds were a sickly pair of coffee-brown twins called Duva-ee and Duva-dee. J. D., five, an epileptic of tannish complexion, clutched the almost white hand of Red-Head Precious, a little blonde girl of seven. Toy Fou, nine, was distinctly Mongolian with slant eyes and straight, black hair, while Fatback, ten, bringing up the rear of the tiny procession, was a dull looking, dark-brown skinned boy with a large, square head and a "pot" stomach.

Mother W shuffled her motley little family into a semi-circular formation around the interviewer, who had addressed her first questions to Grandmother S, and took her place at the elder woman's elbow. Piece-by-piece the bewildered duo, after hesitant speculations and cooperative reckonings, gave full account for the strange brood. The mother of eight living children, two dead (stillbirths), "Mrs." W estimated her age at about twenty-six with no more certainty than did she and her mother combined estimate the



A COTTON GIN

ages of the children. She had never been married. She was about fourteen when her first baby was born, and only two of the eight children were off-springs of the same father. Those two were the twins. At the moment, all of them were being supported by the father of the seven-month old baby. "Mrs." W was now pregnant, but despite this condition, she worked daily in the cotton fields with the grandmother, the man of the family, and the two oldest children. Seven year old Red-Head Precious took care of the younger children while the family was at work.

By the time these facts had been elicited, the interviewer had succeeded in putting the little family at ease. Their tension and fears had been allayed by comforting assurances that the clinic was being conducted for them by members of their own Race in the spirit of friendship.

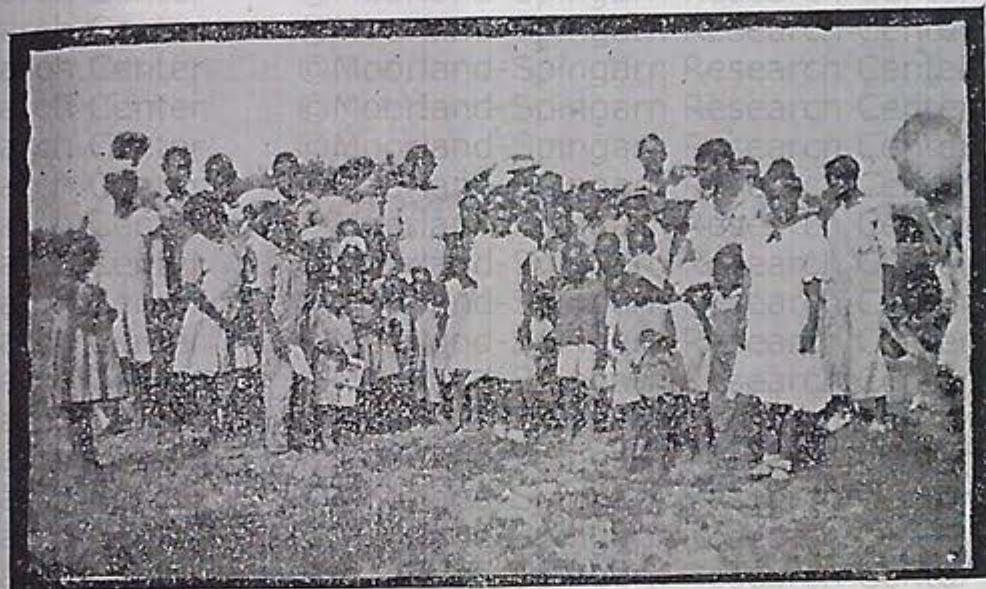
The children then passed into the section where weights and measurements were made and recorded in order that the state of nutrition and development could be later correlated with their ages. All the children showed a high degree of malnutrition, as evidenced by round shoulders, protruding stomachs, flabby muscles, and poor general development. Strangely enough, leg bones were not bowed nor bandied in spite of the lack of cod liver oil and vitamins in the children's diet. Undoubtedly a protective quantity of vitamin D had been bestowed on them by the ultra violet sun rays which were so intense in this section of the South.

Still awed, but no longer distrustful of the clinicians, the children went into the dental section. There the mouth of each child was carefully examined for caries, malformations, and malocclusions. In each of the six children, the incidence of caries was particularly low, only two large cavities were found in the six-year molars of the oldest boy and several small cavities in the bicuspid's of the girl. Five of the children were mouth-breathers with malformed, narrow palatal vaults and dental arches. Although an attempt was made to treat and to fill cavities, it was necessary to make extractions when conservative treatment proved inadequate. Each child received a prophylaxis and a few instructions to clean his teeth with a very clean cloth and salt if it were impossible to procure a toothbrush.

Next came the physical examinations in the medical section. The skin, eyes, ears, nose, throat, heart, lungs, and extremities were carefully examined. Three of the children had skin irritations, some scaly and some papular lesions which tended to disappear in the summer, according to the mother's statement. In the seven-month old baby, these eruptions seemed more markedly ulcerated on the legs and along the feet. Except for a peculiar snuffly type breathing, the infant seemed in good health. The fourteen-month-old child had a protruding abdomen, made larger by an extremely large, pouting umbilicus, and evidences of rickets throughout its body. While the hernia at the navel was being properly reduced by taping, the mother and grandmother were told what was being done

and why in order that the treatment would be worn effectively for a long period.

The twins, each undersized and underweight, were very thin, anaemic, and pinch-faced. The tonsils in one were enlarged and



THREE FAMILIES

inflamed, and apparently had contributed to pains in both knees for over a year. The other twin also showed diseased tonsils and adenoids with very large cervical glands behind the ears. The child was a mouth-breather and stared rapidly with weak, inflamed eyes at every movement of the examiner.

J. D., who had been an epileptic since birth, had a small egg-shaped head, close set eyes, and a mouth that drooled constantly. It was almost impossible to keep this boy still. He resisted all attempts at throat, chest, and abdominal examinations. When he was not clutching the hand of his small sister, he would drop to the floor, crawl about a while, then curl up and fall asleep. Although his legs and arms were held rigid and partially flexed when he stood up, he dragged his body limply when he crumpled onto the floor.

Small Red-Head Precious, also a mouth-breather, had badly diseased tonsils and adenoids and was underweight. Her shoulders were round and stooped, her chest flat, and her head thrust forward, giving the classical picture of malnutrition.

The two oldest boys presented the same type diseased and cryptic tonsils and enlarged adenoids. The large, square head and thickened wrist bones of this teen-year-old boy pointed directly to rickets, a dietary deficiency disease which probably developed in infancy.

After each child's examination, he was turned over to the assistant in the scrubbing section, where both arms were scrubbed with brush, soap, and water, and were rinsed, cleansed with alcohol, and allowed to dry. The final service of injecting for diph-

theria and inoculating against smallpox was then given each child who had not been previously protected against these diseases.

The clinicians used, with especially good results the simultaneous injection of diphtheria toxoid in one arm and small pox vaccine in the other, with no unfavorable reactions.

In the meantime, Grandmother S was given the special treatment offered to those adults of the family who needed malarial prophylaxis and treatment.

The mother, "Mrs." W, four months pregnant, was given a prenatal examination including pelvic measurement, abdominal examination, blood pressure reading, and a Wasserman test. The blood analysis made by the County Health Department was reported positive, whereupon immediate treatments were instituted to make certain that the unborn child might be spared the scourge of congenital syphilis which was evident in the skin lesions and snuffles of "Baby Chile" or conditions in some of the other children which might be traced to a syphilitic origin.

Repeatedly, variations of this scene were reenacted for fifteen days, at the end of which 1,400 families had received their boon of health service from the clinic. The treatments instituted for some of these families will be continued for a year with supplies furnished by the Sorority and left with the County Department of Health which had agreed to complete those cases which required prolonged medication.

The traveling clinic had finished its assignment, but the plantation folk were not alone in reaping some benefits from the caravan of health. Each worker emerged from the field of service with a deeper insight and a richer understanding of the life, the needs,



"BUMPER" FAMILY IN OUTDOOR CLINIC

and the outlook of the agrarian worker of the South. From time to time the workers have given some expression of their personal reactions to the project. The following statements have been gleaned from a few of these expressions:

"Those who have leadership of any kind among our race group, be the leadership ever so limited, owe a debt of service in behalf of the improved physical life of the race. To recognize this debt and to act in the light of such recognition gives one the key to the hearts of our poor, ailing and weakness-conscious folk. The Mississippi Health Project of the Alpha Kappa Alpha Sorority is but such, a recognition by a group which has in its hands some little power to do some good. May the sorors of Alpha Kappa Alpha count this service rendered by groups or by individuals, the very acme of Alpha Kappa Alpha achievement."

—MARGARET DAVIS BOWEN,
Supreme Basileus.

"There are two things that stand out most in my mind. First, the spirit of cooperation shown among the members of the staff. Secondly, the kindly way the people accepted our service.

"I feel that the conditions seen in Mississippi offer a real challenge to us all, and I am happy that A.K.A. has accepted the challenge."

—MARY C. WRIGHT, D.D.S.

"Although I have worked on the Health Project for three years, I find myself eagerly looking forward to another opportunity to respond to the need of those disease-wracked mortals for more and more medical care. Nowhere is the field for service to humanity richer than in the plantation states of our own country."

—MARY E. WILLIAMS,
Public Health Nurse-in-charge.

"The social and economic factors gleaned from studying the cause of health problems bring to the eye of the physician, nurse, social worker, and the casual observer a better understanding of our present day society with its unending difficulties and inter-twining situations.

"In a state such as Mississippi, and particularly in Bolivar County, one sees the last vestiges of feudal America. . . The limitation of education reflects itself on the entire life of all of the masses of the people in the rural areas. . . The economic situation is equally as deplorable and hopeless for the people. . . There are, however, some instances of benevolent landlordism and where this prevails the people are making some strides. . . The main problem is unquestionably economic, but unless there is a cataclysmic social change, it is difficult to see how the fundamental economic situation can be altered without the unity of the entire Negro group."

—HERMAN A. WASHINGTON,
Social Research Assistant.

In looking back on the efforts of the years spent in the Delta basin effecting better health measures for the individual and for the family, as well as in re-conditioning even the program of the State Health Department, which has seen the value of the work, it is felt, as the caravan of health looks toward the future, that the surface has scarcely been dented, and that a tremendous opportunity awaits the Alpha Kappa Alpha Sorority and all its colleagues to expand this miniature program of pioneering for better health for every Negro man, woman, and child in America.