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Mississippi Health Project Annual Report No. 5

Alpha Kappa Alpha

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Althea Edmondson

**THE
ALPHA
KAPPA
ALPHA
SORORITY**

**Health
Project**

A. K. A. PUBLICATION No. 5

1938

Acknowledgments

The Alpha Kappa Alpha Sorority wishes to make grateful acknowledgment to: Dr. Thomas Parran, Surgeon-General, and Dr. R. A. Voselehr, Assistant Surgeon-General, of the United States Public Health Service, for their assistance in making possible the materials used in the Wasserman units for the section on venereal disease control; Dr. Roscoe C. Brown, Health Education Specialist, United States Public Health Service; Dr. Felix J. Underwood, Executive Officer of the Mississippi State Board of Health; Dr. R. D. Dedyler, Director of Bolivar County Health Department, whose hearty welcome, cooperation, and actual participation with the field nurses of his department greatly increased the effectiveness of the work; the local Works Progress Administration for the assignment of clerical assistance; the County Fairs Demonstration Agent; B. H. Hunton Drug Company for the securing of special drug rates; Miss Florence G. Alexander, State Supervisor of Negro rural teachers; the citizens of the Negro town of Mound Bayou, and its leaders, Mayor Benjamin A. Green and Mr. Eugene P. Booze; and all the chapters of the Alpha Kappa Alpha Sorority en route to Mississippi, whose members provided accommodations for the staff workers.

The 1938 Mississippi Health Project



FOURTH
ANNUAL REPORT

December, 1938

DEDICATION

TO THE SORORS

OF

Alpha Kappa Alpha Sorority

whose ideals and faith have sustained

the work of this project

this report

is gratefully dedicated.

The Health Staff



Below from left to right:

Mrs. Mae Rhodes, Miss Marjorie Holloman, Mrs. Margaret Davis Bowen, Mrs. Edna Over Gray, Dr. Dorothy Boulding Perebee, Dr. R. D. Dedwylder, County Health Officer, Dr. Mary E. Williams, Miss Sadie Dick, Miss Ida-Belle Yeiser, Dr. Mary C. Wright, Miss M. Paddy, Miss Melva L. Price.

A Tribute to the Staff



We may not understand the real worth of the efforts you have put forth for us and our brothers, sisters, companions, and mothers, and how through this work you have moved us a step nearer to a wholesome existence; and we cannot measure your aid to us in terms of human lives and potential achievements, but we do know that our own people came to us and that their mission was good and that we shall never forget them.

We are your tribute.

Health Committee Members

Margaret Davis Bowen	New Orleans, La.
Ethel Hedgeman Lyle	Philadelphia, Pa.
Edna Over Gray	Baltimore, Md.
Ida L. Jackson	Oakland, Calif.
Mary E. Williams	Tuskegee, Ala.
Dorothy Boulding Ferebee Chairman	Washington, D. C.

Health Staff Members

Dorothy Boulding Ferebee	Medical Director
Mary C. Wright	Dentist
Mary E. Williams	Public Health Director
Sadie Dick	Graduate Nurse
Margaret Davis Bowen	Clinical Assistant
Edna Over Gray	Clinical Assistant
Marjorie Holloman	Clinical Assistant
Ida L. Jackson	Interviewer
Portia W. Nickens	Interviewer
Melva L. Price	Interviewer
Idabelle Yeiser	Interviewer
Mae B. Rhodes	Interviewer
M. S. Nelson	Interviewer

Foreword

The rural South some seventy odd years ago was the source of much concern and disquietude to the nation. Today, as then, it is regarded as the "problem child of America." The literary market is flooded with novels, pictorial surveys, and graphic travel accounts of various aspects of the "Southern Problem". The Federal Government and other agencies are conducting action programs designed to alleviate the economic ills of this large section of our country, and we do not wish to minimize the value of their contributions; however, observation has revealed that local influences operate, in many instances, to deflect the benefits of these programs from the groups for whom they were originally intended. The result has been to create a gap which can be filled only by concrete and effective projects which carry to the rural Southerner direct, personalized assistance which cannot be intercepted to deprive him of any help which might be inaugurated for his benefit.

Substandard living groups are prevalent throughout America, but since the activity of the Alpha Kappa Alpha Sorority was necessarily limited, it directed its program to the Negro concentrated in the rural South where inescapable prohibitions imposed upon him by the social and political systems there stand between him and other possible sources of aid.

In studying the needs of the American Negro, particularly during these late years of severe economic depression when he has become the marginal man in industry, agriculture, and labor, our leaders of the Sorority were convinced that no need, however grave, transcended in importance the devastating health needs of these people, living on the brink of economic and social disaster, and that their health needs could best be satisfied by competent Negroes, working through agencies where possible, or as private groups where no existing agencies were meeting the need.

The Sorority organized a committee through which it might give time, money, and service to conduct a project to alleviate at least some of the conditions inimical to physical well being, in the conviction that the ability to learn and to work, indeed to wrench from the soil the barest living, are all predicated on sound health. In the process of conducting the clinic, it was inevitable that a greater knowledge and a broader understanding of the fundamental factors related to health conditions should be acquired.

This, the fifth of a series of reports by the Alpha Kappa Alpha Health Committee on the Sorority's pioneer work in the Mississippi Delta will omit repetition of the data included in the previous brochures, copies of which are available in the files of the Medical Director, except for the following brief summary:

The first project, conducted in Holmes County, Mississippi, in the summer of 1934, as a strictly educational project operating as a Summer School for rural Negro teachers, brought before the Sorority the appalling health conditions of the rural Southern Negro and inspired the inauguration of the clinical health project, which has been in the field each summer for four successive years.

The second, which initiated the health clinics, operated also in Holmes County, concentrating on a county-wide immunization program against diphtheria and smallpox for all children under 12 years.

The three subsequent health clinics including the one covered in this report, were all conducted in Bolivar County, Mississippi, on an augmented scale embracing larger medical and dental services for both children and adults.

The Health Project in the last four years has succeeded in bettering conditions in the few specific localities where it was conducted. Its technique and program were designed to serve as a demonstration to other agencies for work on a larger scale.

This technique, refined by four summers' experience, stands as one of the most enduring outgrowths of the work.

It is encouraging to observe in the recently expanded National Health Crusades that public health is gaining recognition as a major program in human rehabilitation, and it is most heartening to know that the Alpha Kappa Alpha Sorority was in the vanguard with those pioneers who believed that health is basic to social and economic planning for the Nation.

Dorothy Boulding Ferebee, M.D.
Medical Director

Washington, D.C.
December 1, 1938

We Plan

The Alpha Kappa Alpha Sorority since 1934 has held as its goal the improvement of the health conditions of the economically and socially handicapped Negroes of the Mississippi Delta.

The Sorority's plan for this work, necessarily limited in scope and technique, was implemented to a large degree by the volunteer services of trained and qualified physicians, dentists, graduate nurses, teachers and social and research workers enlisted from a dozen or more states. These volunteers have given their personal services from three to six weeks each summer in pioneer work on the plantations of the Delta.

The plan as outlined and executed has had the cooperation and endorsement of the United States Public Health Service, the Health Department of Bolivar County and the Health Department of the State of Mississippi.

We Locate

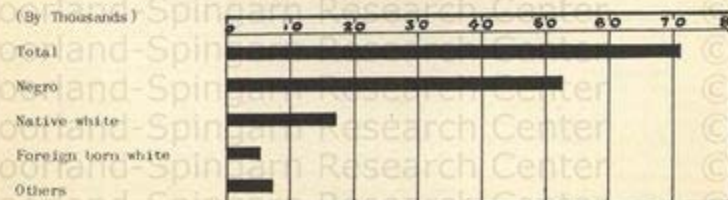


Legend:

- ★ Living quarters of the health staff members, in the all Negro town of Mound Bayou, founded 50 years ago by a Negro, Isaiah T. Montgomery, and governed by Mayor Benjamin A. Green, the first Negro child born in the early history of the town.
- Sites of 21 separate clinics held in various sections of the county.

Bolivar County, the area chosen for the site of the project during the last three years, covers approximately 879 Square miles in the Northwest section of the State, and borders the Mississippi River. Cotton is its chief agricultural product, and the Negro, numerically predominant, is its chief source of labor. Of the 71,051 total population, 52,091, or 74%, is Negro.

POPULATION DISTRIBUTION BY RACE¹



¹ 1928 Census of the U.S., 1930. Population Vol. I and III, Part 1.

We Work

The travelling caravan has been used by the Project as the service method best adapted to make the rural health clinic accessible to the greatest number of people. The caravan, consisting of four to six cars which facilitated the transportation of equipment, medical supplies, refrigerated biologicals, display materials, and staff workers, travelled from one plantation to another according to a prepared itinerary covering various sections of the county.

During the period covered by this report, the health unit operated daily, including Sundays, in twenty-four different areas, under a carefully selected staff of physicians, dentists, graduate nurses, public health and social workers, through whose hands passed the enormous number of sharecropping families who, for the most part were receiving their first medical care.

In order that the health unit might reach as many individuals as possible, the date of the clinic was scheduled for that period of late July and early August which coincided with the "lay-by" or idle time between cotton chopping and cotton picking when whole families could avail themselves of the clinic's services.

The physical facilities of the clinics varied from small weather-beaten churches and school houses to outdoor settings under trees. Whatever the accommodations encountered, the staff adopted the same procedure of departmentalized organization throughout, by separate sections for case histories, medical and dental examinations, immunizations Wasserman blood testing, prenatal service, and general therapy.

Here, needless to say, the ingenuity and resourcefulness of the staff were given free play in converting the facilities at hand into usable equipment to serve as desks, benches, and service tables for sterilizers, instruments, biological and medical supplies, all of which, to give an air of healthfulness and to carry a message of cleanliness, were draped in crisp, white linens matching the immaculate uniforms of the workers.

The health education program was developed as an integral part of the clinic's function and was designed to establish rapport with the patients as well as to disseminate hygiene instructions. At the opening of each clinic, the large crowds in attendance were greeted with a short, simple talk on the purpose and the work of the unit, the value of good health, and the methods by which each individual, even with limited facilities, can attain and protect his physical well-being.

The interviewing section then began its tedious work of history taking among families whose combined memory and knowledge of relevant points were almost nil. Birth dates, ages of children, paternity, period of last illness, and related material in most instances were hazy and unreliable. One very striking detail which interviewing revealed and which appeared with great uniformity was the tremendous food needs of these people. Almost without exception, the family typical meal was cornbread, molasses, fat tuck, and water. Even among the families living near towns, the meals were unbalanced and seldom contained green vegetables, fruits, or milk.

The medical divisions recorded weights and heights of children, examined the naso-pharynx for tonsils and adenoids; examined the heart, lungs, and abdomen, and passed the patient along to the immunization section where, if not previously protected, the child was immunized against smallpox and diphtheria. In this service, four thousand doses of diphtheria toxoid and smallpox vaccine were administered. For children over twelve and adults, a Wasserman blood test was a part of the routine examinations; but the younger children were blood tested only in cases presenting suspicious symptoms. For the pregnant mother, in addition to the blood tests, blood pressure readings, hygiene instructions and protective vitamins were given.

The services of the dental section included simple fillings and extractions,

dental prophylaxis, and dental instructions. Here each child was allowed to choose a bright colored tooth brush and a package of dental powder.

The clinic records show that approximately 4150 persons, including 2800 children, were served during the period of the project. Among the children, the outstanding medical finding was malnutrition, affecting 11% of them, as evidenced by retarded heights, underweights, flabby muscles, and pallor of lips and skin, and was an invariable symptom of focal infections, found in diseased tonsils and adenoids. Of course, the presence of those lastnamed defects of the naso-pharynx is only a partial cause of the widespread malnutrition, accentuated and produced by ignorance, lack of hygiene, insufficient food, bad housing, and overcrowding.

The second revelation of the clinic was the relatively high incidence of syphilis in the rural sections. Of the 1839 blood tests made, 475 or 26%, were positive. The largest number, 421, appearing in the four-plus group, were among persons living closest to towns, which indicates that considerable mobility of population was a factor in the spread of the disease.

Among the other diseased conditions which were evident and for which treatment was administered, were various types of dermatitis, including psoriasis, infected eyes, pyogenic infections of the feet and legs, and recurrent malaria.

The treatment division was devoted to the distribution of dietary adjuncts, such as powdered milk and spinach concentrate; protective adjuncts as cod liver oil, and calcium gluconate; malarial prophylactics as quinine and atabrine, and the initial doses in the series of antiluetic treatments provided in sufficient quantity to permit at least 30 consecutive treatments for each positive case.

The observations and findings of the clinic indicate that the medical program, to effect a correction of some of the most prevalent conditions, should concentrate in:

1. Education of the child and parent in health and hygiene.
2. Dietsotherapy through the vitaminization of common foods, and through provisions for vegetable gardens. (The latter can be achieved only through enlisting the cooperation of landlords in permitting the use of small areas for truck gardening.)
3. Treatment of syphilis with a careful follow-up system to insure regularity and continuity.
4. Correction of the naso-pharyngeal defects through the removal of diseased tonsils and adenoids, as well as carious teeth. (This requires surgical facilities which are extremely limited in the county.)

These phases of preventive medicine, if properly planned and administered, would make a most effective long-range contribution to the health needs of the plantation population.

Dorothy Boulding Ferebee, M.D.



This smiling youth seems to appreciate the fact that a blood examination may give him a better chance to maintain the stalwart, splendid body he is fortunate enough to possess.



The portable dental unit provided one of the services most needed for the whole area. Decayed and decaying teeth were a chief source of the universal malnutrition and underweight which we encountered.



A few of the youngsters, without being coaxed, braved the formidable array of white coats and draped tables to receive that small syringe of diphtheria toxoid which might spell the difference between life and death.



Not all of the youngsters in these groups received their injections with the serious calm of the little girl shown with the nurse, but all of them are safer now because they have received medical services from the Traveling Clinic.



The two babies on the right were protected last year, at the age of six months, against diphtheria and smallpox by toxins and vaccines provided for them by the Alpha Kappa Alpha Health Clinic. They were supplied, in addition, with cod liver oil, spinach concentrate, and powdered milk. Examination this year showed them to be in excellent condition.

The pair on the left were inoculated this year and given a similar supply of protective vitamins.



None of these children, according to clinical history, had ever received the protective vitamins or sera. Malnutrition, underweight, apathy and physical weakness are obvious.

The child on the right, although two years old, has never been able to stand or sit alone.



Physical facilities for the Traveling Clinic were various. Sometimes the clinicians had to resort to the dubious shelter and sporadic shade of an accommodating tree while, under more fortunate circumstances, they availed themselves of the better buildings afforded by the communities. The Duncan Center Negro School, in which over one thousand people were served, afforded an excellent site for the clinic.



Almost every school child has heard of the significant role played in Southern economy--indeed, American history--by the cotton gin. Pictured here is one of the simple wooden structures which house the ginning apparatus that revolutionized the cotton industry and the lives of thousands of families like the little group shown in the picture above. Of the hundreds of hands needed in the growing, picking and loading procedure, only a few are required after the wagons have brought King Cotton to the gin.



Judged by the standard most widely accepted, these are considered very good houses: "they don't leak, and they got screens." Only the more provident, steady families, who did a little more than "break even," possess homes of these types.



Wasserman blood testing of several thousand persons was made possible through the cooperation of the United States Public Health Service and the Solivar County Health Department. This unit was set up in the pulpit of one of the rural churches.



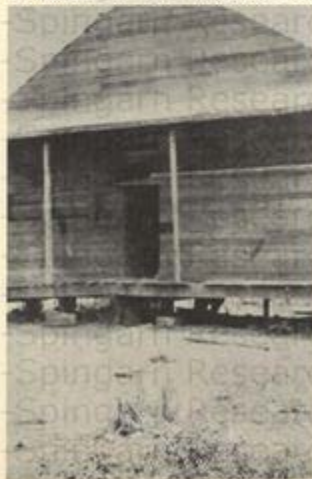
We Observe

A sudden change in vegetation affords a study in contrast between Tennessee and Mississippi as viewed from the State line. Tennessee's fields of large-leaved tobacco plants, retreating in the distance, give way to Mississippi's small-leaved cotton plants growing in neat rows that seem to extend to infinity. These modest, neat little dark green plants, arrayed in such precise and orderly fashion are so many gems in the crown of King Cotton, that tyrannical sovereign of the Deep South, lord of its economic and spiritual life, creator of chaos and despair in the lives of millions of wretched human beings. It is difficult to regard dispassionately and objectively this setting of symmetrically groomed fields and lovely old Southern mansions, for the picture is marred by numerous unsightly, dilapidated cabins which not only do violence to the aesthetic sense, but arouse a bitter indignation against the injustices they represent. Indeed, the view of beauty is distorted by an appreciation of the basic significance of the lives of King Cotton's subjects. For these dismal little cabins are occupied by those whose arduous toil, extending from "sun to sun"—or, as one person phrased it, from "can to can't"—unceasing throughout most of the year, supports the leisure and comfort within the spacious and well-appointed mansions.

The typical plantation cabin is an unpainted, weather-beaten structure consisting of one to four rooms, with no bathroom or plumbing facilities of any kind, the doors and windows unscreened, and the bare wooden walls plastered with newspapers. There is usually a privy not far from the house, most likely quite insanitary, but many families must "go to the woods." Here and there is a cabin which has been propped up by a pole or two on the side toward which it has begun to sag, but if the roof does not leak, it is considered a "good" house. Many a family will tell you that they have "no furniture but a couple of beds and some pieces of chairs", and that these must be moved about every time it rains.

The family may consist of as many as eight to twelve persons—mother and father, six to ten children, and possibly one or two grandparents. Sometimes, too, there is the husband or wife of one of the older children, and perhaps the offspring of the young couple or of an unwed young mother, who may in some instances be only thirteen or fourteen years old. The head of a family of twelve is likely to call it a family of nine or ten. This at first puzzles the interviewer until it is realized that the landowner, when he speaks of the size of a tenant family, disregards the children who are too young to be of economic value to him; consequently the tenant has formed the habit of doing likewise.

All members of the family, with the exception of those physically disabled and those who have not yet reached the ripe age of five or six, work in the fields. During a part of the school year, which in different localities varies in length from two to six months, it is often impossible to send the children to school, either because they are needed in the fields, because the inclement weather makes it impossible for them to tramp the several miles' distance to school, or because they lack adequate clothing and shoes. In fact, they may have no shoes at all, and a child cannot go long distances barefoot in cold weather; hence he must wait until the cotton crop is gathered and sold, usually after Christmas, when there may possibly be "a few bits" to spare to buy him a pair of shoes.



The school is usually a one-room wooden structure equipped with crude, home-made benches, heated by a wood-burning stove located near the rear door, and taught by a poorly paid teacher. The same building serves as a church on Sundays and as a community center on other special occasions. Children of all grades and all ages - even young people in their late "teens" - receive in this one room all the formal education that most of them can ever hope to have - a meager and inefficient training in the three R's; many of them do not reach the grades in which a little geography and history are taught. Their teachers receive such meager salaries as \$20 to \$40 a month, a typical case being that of a teacher on one of the largest plantations of the entire South, whose salary is \$100 per year (i.e., \$25 monthly for a 4-month school term).

Many of the tenant farmers - both Negro and white - own absolutely nothing of economic value. Some of them have their own cow, one or more pigs, a few chickens, a mule or two, and a few farm tools. Such tenants sometimes pay cash rental for the land (commonly \$10 or more per acre, whereas the same land is known in at least one case to have been purchased by the owners of the plantation, one of the largest in the county, for \$2 per acre!) or they may work "on fourth" - that is, one-fourth of the crop (mostly cotton, but perhaps also corn) goes to the landowner in payment of rental. Some of these tenants net from their crops a few hundred dollars per year; and are able to maintain a standard of living a fraction above the subsistence level. But the vast numbers must use the landowner's work animals and tools, and the seeds and fertilizer provided by him. These are the share-croppers, many of whom live in the most impoverished and hopeless circumstances imaginable, often on a constantly declining level. For the crops that these families produce through long days and months of toil are not their own. The landowner takes possession of them as soon as they are gathered, stores them away, if it seems advisable, until market prices are higher, and sells them under circumstances most advantageous to himself. A device used by some landowners, when there is prospect of a large and profitable crop, is to find some pretext for having the head of the family "turn in" the crop even before it is gathered, pay him nothing for his family's labors except the "furnish" they have received, and hire either the same family or other workers to pick the crop, paying them seventy-five cents to a dollar per hundred pounds. (The fastest workers may manage to pick two hundred pounds a day.) This is avoided completely the necessity of sharing the selling price of the crop with those who have produced it. But even if the sharecropper retains control of the crop until it is gathered, he does not know when or for how much it is sold. To him is allotted what is supposedly a half of the selling price. From this amount, however, is deducted the cost of fertilizer supplied for the farm, and "furnish" advanced to the family. ("Furnish" is a regular allowance, chiefly or entirely for food, issued each month or fortnight for five or six months of the farming season, either in cash or in goods from the plantation store, which of course charges monopoly prices. The amount of "furnish" varies with the size of the family receiving it, the amount of land worked and the consequent size of crop anticipated; thus it may be as little as \$5 per month for a family of three, and as much as \$18 or \$20 for a family of nine.) Deduction is also made of any other debt - perhaps an extra cash loan, with interest, which may legally be charged in Mississippi at 2%, but may with impunity be even 100%; for the owner alone has records of these transactions, and it is useless or even dangerous to dispute his statement of the amount owed.

Whatever remains - if anything - after all debts have been deducted from the sharecropper's supposed half of the proceeds of the crop, is the only cash of his own that he will see until a year later - that is, after the next Christmas. Many a family is told that it has "just broke even" (i.e., has covered its debt but earned no income in excess of that amount) or has failed by a few dollars or possibly by a considerable amount, to repay its debt. Thus a family that had produced thirty-two bales of cotton received only \$9.89 in cash; another produced twelve bales and was told after settlement that it still owed \$40; a third family produced forty-three bales, was allowed \$54 "furnish", and received not a cent of income - and this in spite of the fact that each bale consists of five hundred to six hundred pounds of the fiber, from which the seeds (and these have additional monetary value) have been removed; thus a selling price of only seven cents per pound (which is extremely low,

eight to twelve cents being more likely) would bring a minimum of \$35 for each of those forty-three bales. But the supreme insult was that done an elderly woman whose family raised ten bales and received \$72 "furnish", and who was given in settlement exactly "two bits" (twenty-five cents).

And so the vicious circle begins - deeper and deeper debt each year. Many families, or some of their able members, are forced to become day laborers, working for wages of fifty cents to a dollar per day, or slightly more during the cotton-picking season, and striving to supplement this meager seasonal income through some other means. We learned of a woman who is employed as a cook in a home where she must be on the job about nine hours every day in the week, and is paid the incredible wages of \$1.75 per week - exactly twenty-five cents per day !!! Another woman does laundry work at a dollar per bundle. A few men find work at the cotton gins or oil mills, or are employed as plantation carpenters, blacksmiths, etc., at one dollar per day. Filling stations and public road work give employment to a few others at perhaps \$9 per week.

And thus King Cotton continues his sway! His insistence on the one-crop system, refusing to allow any considerable part of the land to be used for the production of other crops that may perhaps be less easily stored and less readily sold - this means not only that the fertility of the soil is being gradually depleted, and that the yield per acre is smaller than would be the case if crop rotation were practiced, with its soy beans, peas, or other legumes enriching the soil, or if areas of the land were allowed to lie fallow for a season in order to increase their productivity the following year. It means also that such sections of the land as are planted in corn - the staple grain crop - demand a rental of about \$10 per acre, and that many a family of farmers has no garden plot or grazing land at all. How ironic is this situation in which people who spend their entire lives so close to the soil that they feel themselves a veritable part of it have no opportunity to benefit from the inclusion in their diet of the various foods that could so easily be produced. Large numbers of them must exist on a diet completely lacking in fresh vegetables, eggs, and frequently even in milk for infants and young children. Consequently, the deficiency diseases, such as malnutrition, pellagra, rickets, and scurvy are everywhere rampant, and the death rate is even higher than the other hard conditions of living would cause it to be.

The needs of these people are tremendous. The work of the Tenant Farmers' Union in some parts of the South has been decidedly effective in leading the victims - Negro and white - of this most vicious system to realize the great value of cooperative effort in striving for improved conditions of living and of work. But the labor movement has as yet made little headway among the farmers of northern Mississippi. The attempts of the Federal Government to bring assistance through the operations of the resettlement projects of the Farm Security Administration have in a number of cases been thwarted by the machinations of local Federal officials. One wonders how much longer the present state of affairs will be tolerated.

-Melva L. Price

We Recommend

Alpha Kappa Alpha will forfeit a great opportunity to contribute toward elevating the status of the Negro and winning him his rightful place in the Democracy if the Sorority fails to follow up the ambitious program it has initiated through its Health Committee by establishing the Health Project as the MAJOR FIELD in which it will work. While the local chapters continue their programs of education, social service, scholarships, and similar activities, the National Organization can, without detracting in any way from these activities, devote itself to the gigantic work with which it has become nationally identified - that of contributing materially to the "reconstruction of the Negro South."