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Alpha Kappa Alpha

A. Thora Edmondson

THE ALPHA KAPPA ALPHA SORORITY

Health Project

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Acknowledgments

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DEDICATED

TO

IDA LOUISE JACKSON

FOUNDER OF THE HEALTH PROJECT

Health Committee Members

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Ethel Hedgeman Lyle	Philadelphia, Pa.
Edna Over Gray	Baltimore, Md.
Ida L. Jackson	Oakland, Calif.
Mary E. Williams	Tuskegee, Ala.
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Marjorie Holloman Parker	Clinical Assistant
Bessie E. Lee	Graduate Nurse
Sallie L. Cullars	Graduate Nurse

Assisted by the Bolivar County Health Department Medical Director, Dr. R.D.Dedwylder, and Field Nurses, and the Bolivar County Farm Demonstration Agent.

Foreword

Mississippi is the Magnolia State, a museum of antebellum traditions, and the cradle of prominent men who snatched the mantle of leadership from the nineteenth century Virginians and changed the destiny of the South. Then cotton became King; and the Delta was Mississippi. Today it is an area of substandard living, of submarginal lands and devastation. It is a State exploited by its own citizens and the citizens of other states.

This is where our story begins, Since the kingdom of cotton was to be erected and maintained by Negro labor, this fact foreshadowed today's problems and provided the setting for the Alpha Kappa Alpha Health Project. The Health Project has disclosed many significant findings but none more important than the fact the standard of health is indissolubly linked to all the socio-economic factors of living; it is raised or lowered along with the changes in the total cultural pattern and in no other way.

Here, then, are the detailed findings of the unique Health Clinic conducted for five summers by the Alpha Kappa Alpha Sorority.

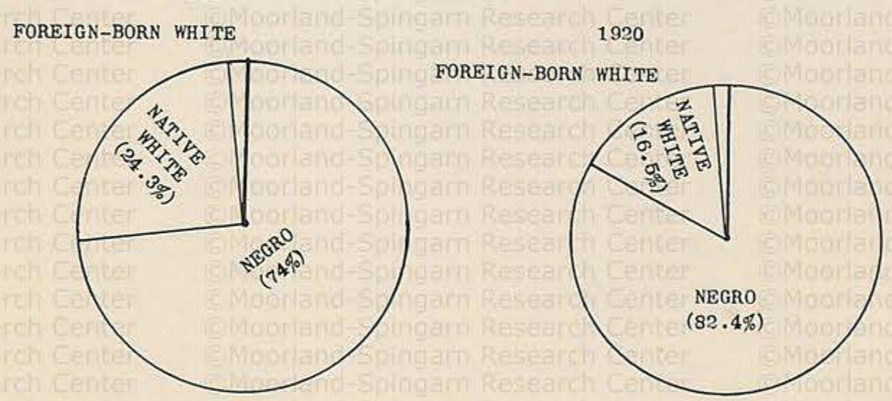
DEMOGRAPHY

Among the states, Mississippi ranked second in Negro population in 1930, with a total Negro population of 1,009,718. Georgia ranked first with a Negro population of 1,071,125. Mississippi has ranked second since 1880. In 1880 the state ranked 16; in 1810, 12; in 1820, 11; in 1830, 10; in 1840 and 1850, 6; and in 1860 and 1870, 4. Although Mississippi has the second largest number of Negroes of any state, it ranks first in per cent of Negroes of the total population. In 1930, it was the only state with a higher percentage of Negroes than whites in the total population, 50.2 per cent of the total population of Mississippi being Negro and 49.8 per cent white.

In Bolivar County, Mississippi, 52,591 or 74.0 per cent of 71,051 total population was Negro in 1930. The distribution of the total population of Bolivar County by color and nativity is concisely shown in the following chart.

CHART 1

DISTRIBUTION OF THE POPULATION BY COLOR AND NATIVITY,
1920 - 1930, BOLIVAR COUNTY, MISSISSIPPI



AGE DISTRIBUTION

The age distribution of the Negro population of Bolivar County shows an abnormal concentration of the population in the age group 35 - 44 years (see chart 2). The marked decrease in the population after the age 54 suggests that the average length of life in this county is much lower than that of the normal population. In the normal population there is a larger percentage of females than males in the older age groups. In Bolivar County the opposite is true. A possible factor making for the existence of this situation is the working status of women similar to that of men. Using a sample of 500 women it was found that 91.4 per cent of the women worked 10 hours per day.

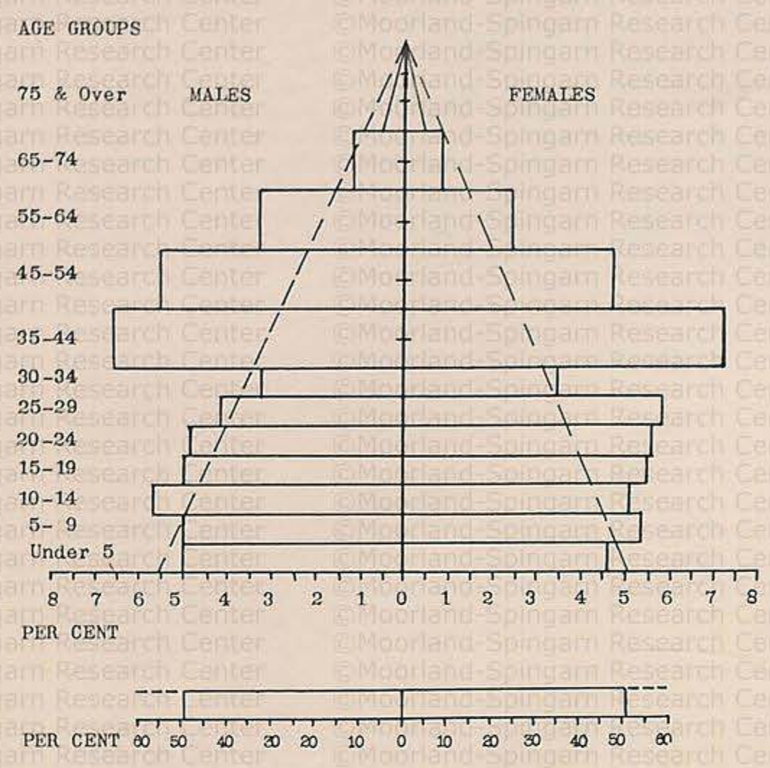
The age groups under 35 years conform more closely to the normal population distribution. Several factors could be suggested to account for the concentration in the age group 35 - 44. Among them are: Inaccurate taking of the census in Bolivar County and Migration to Bolivar County of persons between that age to supply a labor demand.

EDUCATION

According to the United States Census 87.5 per cent of the population 7 to 13 years inclusive in Bolivar County was attending school in 1930. 81.8 per cent of those 14 - 15 years, 50.5 per cent 16 and 17 years and 13.2 per cent of the population 18 - 20 years was attending school in 1930.

CHART 2

DISTRIBUTION OF THE NEGRO POPULATION BY AGE AND SEX
BOLIVER COUNTY, MISSISSIPPI, 1930*



Per cents computed from U.S. Census Data, 1930

Only eight of the 82 counties in Mississippi had a higher percentage of illiteracy in the population than Bolivar County. 23.2 per cent of the total Negro population 10 years old and over in the state of Mississippi was illiterate, in 1930, and 27.1 per cent of Negro population 10 years and over in Bolivar County was illiterate.

In the study of Bolivar County in 1938 information for about 2000 families was obtained. 500 of these 4100 schedules were tabulated. All of the statistics of this 1938 study herein discussed are based on this sample of 500 schedules. In the main, information appearing on the schedules was obtained from children of the families and thus is likely to be somewhat inaccurate.

But, back from the digression on methodology to the discussion of education, we see at a glance in chart 3 that only 50 per cent of the urban female population studied had completed the eighth grade and less than 11 per cent of the rural female studied had finished the eighth grade.

It should be noted at this point that the term "urban" as used in this study is not comparable to the term as used by the United States Census. The Bureau of Census defines urban areas as cities with 2500 or more population.

For this study, any town or village with a small sized aggregation of people was considered as urban.

CHART 3

URBAN AND RURAL FEMALE POPULATION ACCORDING TO HIGHEST GRADE IN SCHOOL COMPLETED: BOLIVAR COUNTY, 1938

Grade Completed	URBAN			RURAL		
	No.	Per Cent	Cumulative Per Cent	No.	Per Cent	Cumulative Per Cent
College	1	1.1	1.1	0	0.0	0.0
12th	9	9.9	11.0	1	0.2	0.2
11th	6	6.6	17.6	3	0.7	0.9
10th	7	7.7	25.3	3	0.7	1.6
9th	15	16.5	41.8	15	3.7	5.3
8th	8	8.8	50.6	23	5.6	10.9
7th	18	19.7	70.3	43	10.5	21.4
6th	5	5.5	75.8	69	16.9	38.3
5th	4	4.4	80.2	71	17.4	55.7
4th	12	13.2	93.4	88	21.5	77.2
3rd	2	2.2	95.6	36	8.8	86.0
2nd	0	0.0	95.6	18	4.4	90.4
1st	0	0.0	95.6	13	3.2	93.6
No grade	4	4.4	100.0	26	6.4	100.0
TOTAL	91	100.0	100.0	409	100.0	100.0

MARITAL CONDITION

Upon examination of the table showing the marital condition of the female adult population (see chart 4), the most glaring significant fact is that divorce does not seem to be one of the social customs of the Negro population studied in Bolivar County, Mississippi.

In the monumental volume, *The Negro Family in the United States*, E. Franklin Frazier states concerning the problem of marriage and divorce among southern rural Negroes:

> The divorce, and in some cases the widowed, in published statistics are often in fact merely separations, since divorce is regarded by many of these people as an individual affair not requiring legal sanction. As we shall see below, "divorce" in one case consisted in giving the man a "scrip". On the whole, these simple folk have vague notions concerning the legal requirements for divorce. One man said that he did not need a divorce from his wife because "she was in one county and me in another." Another man considered himself divorced when his wife was sentenced to jail for cutting a woman. Many of the women who were heads of families have been married and in some cases often married. They have often broken marital ties and remarried without a legal divorce. On a plantation in

Alabama a woman near sixty, who worked a "one-horse-farm" with her son, recounted the story of her three marriages. Her father, who had been "raised up under the hard task of slavery", had sent her as far as the fourth grade. Then her marriage career began. Of the first two husbands she said: "Me and Him separated and he divorced me. Me and the second one got married and come down here. Then he fought me when this (her son), was six months old. We fought like cats and dogs. One night I had to call Uncle R_____ P_____. He asked me for his 'vorce and I gi' it to him. I just wrote him a "scrip". I got a man to write it for him."

In the light of such case histories of the marital experiences of these rural people the figures of this study of Bolivar County probably represent more truly the marital condition of the women than published census statistics.

None of the female heads of families stated that they had received a legal divorce. 17.6 per cent were reported as being separated, 9.9 per cent were widowed and 6.6 per cent were single.

Very few of the single females over 16 years of age reported having no children.

CHART 4

MARITAL STATUS OF URBAN AND RURAL FEMALE POPULATION
BOLIVAR COUNTY, MISS., 1938

Marital Status	Urban		Rural	
	No.	Per Cent	No.	Per Cent
Total	91	100.0	409	100.0
Single	6	6.6	18	4.4
Married	58	63.7	291	71.2
Widowed	9	9.9	51	12.5
Divorced	0	0.0	0	0.0
Separated	16	17.6	45	11.0
Unknown	2	2.2	4	0.9

ECONOMIC STATUS

Over 90 per cent of the cases studied employed in a "gainful" occupation were farm laborers. The other 10 per cent were engaged in such pursuits as "day work," "washing" and "housekeeping."

In many cases the interviewer was unable to secure information concerning the amount of cash income the family had received the previous year because the informer did not know how much cash income he had received. 13.5 per cent of the urban families did not know how much cash income they had received and 23.1 per cent of the rural families did not know. (See chart 5).

Perhaps the most significant fact about this phase of the study is the lack of any cash income whatsoever in many of the families both urban and rural. The table of income distribution shows that 34.7 per cent of the urban families and 22.2 per cent of the rural families received no cash income. Their income was totally in kind.

In all cases the cash was supplemented by income in kind. The farm owner usually furnished living quarters, products for home consumption, tools, seeds, animals, and a share of the produce raised.

To comprehend the situation, one should understand the tenant system as it exists in Bolivar County and throughout the rural south. Briefly it is this: The tenant secures his seed, supplies, and other necessities either from the landowner's commissary (if there is one), or the country or town merchant, who in turn is supported by the town bank. He purchases these commodities on credit and he hopes (as does his creditors), that he can repay the loan from the proceeds of his farm work. The owner or the merchant has a lien on the crop and, prodded by the bank, dicataes to the tenant what crop he shall raise. In Bolivar County this is usually cotton because cotton is a staple cash commodity and cannot well be eaten or consumed by tenants. When the crop is sold and debts are paid (if it is possible to pay them), the tenant usually has very little remaining cash.

All of the families received, on the whole, a very small cash income. These incomes ranged from 0 to 500 dollars.

The median is that value above which 50 per cent of the cases fall and below which 50 per cent of all the cases fall. The median cash income of the rural families was $38.50. The median cash income of the urban families was $58.00.

There were a few cases not included in this sample with incomes over a thousand dollars. These cases might rightly be termed exceptional.

By no stretch of the imagination can these workers be said to receive enough income to provide for themselves and their families a minimum of health and decency standard of living. What are the actual quantitative and qualitative items which students have assigned to the minimum of health and decency and the comfort standards? In the reports of investigators like Robert C. Chapin, Louise B. More, John C. Kennedy, and William F. Ogburn, the "health-and-decency" standard for the family of five includes a five room house; inexpensive food of sufficient energy and vitamin content; cheap but adequate clothing. Most of the families studied were living on a poverty plane. Their incomes were too low to permit the maintenance of health and efficiency.

One's living conditions are very important to one's physical well-being. They are a part of his "total situation" and directly affect his health and efficiency.

With regard to diet, one may acknowledge that many of the people in the rural south would not eat food which contained a proper balance of calories, vitamins, and minerals. This does not obviate the fact, nevertheless, that even if these people were to acquire the desire and knowledge, they receive such low incomes that their families' diets are composed chiefly of rice, cornbread, buttermilk, molasses, and fat pork. Numerous studies have established the fact that deficiencies of milk and fresh vegetables are specific causes of diseases like pellagra and scurvy.

An individual's health, both of body and mind, also depends on the number of hours and days he has to work in a week. Long hours increase fatigue and liability to disease and sickness.

The average number of hours worked per day by the total female population studied in Bolivar County was 9-1/2. (The geometric mean was used to compute the average because, being less affected by extremes, it is more accurate than the arithmetic mean). Chart 6 showing the number of hours per day worked gives a detailed picture.

Although the data were not tabulated for men there is every indication that the work-day was even longer for men than for women. One worker stated "I works fum kin to kant" (from the time he can see in the morning until it is too dark to see how to work).

CHART 5

AMOUNT OF CASH INCOME, RECEIVED BY URBAN AND RURAL FAMILIES DURING 1938
BOLIVAR COUNTY, MISS.

Income Group	Per Cent	
	Urban	Rural
No cash income	34.7	22.2
$1---20	0.0	8.6
$20---30	0.0	4.3
$30---40	0.0	4.3
$40---50	5.7	5.8
$50---60	0.0	3.1
$60---70	0.0	4.6
$70---100	3.8	8.9
$100---500	42.3	15.1
Did not know	13.5	23.1
TOTAL	100.0	100.0

CHART 6

URBAN AND RURAL FEMALE POPULATION BY NUMBER OF HOURS PER DAY WORKED,
BOLIVAR COUNTY, MISS., 1939

No. of Hours	Urban	Rural	Total
Total	100.0	100.0	100.0
1	0.0	0.0	0.0
2	0.0	0.0	0.0
3	1.8	0.0	0.3
4	0.0	2.1	1.9
5	3.6	2.8	2.9
6	12.7	6.0	7.1
7	1.8	3.9	3.5
8	30.9	19.0	21.5
9	0.0	4.9	4.1
10	32.8	34.2	33.9
11	1.8	4.2	3.8
12	14.6	18.3	17.7
13	0.0	2.8	2.4
14	0.0	1.1	0.9

To the extent that long work periods are a significant element among the causes of sickness, it may be said that considerable numbers of the workers are deficient in physical well-being.

58.8 per cent of the females studied in rural areas were reported as working five days per week whereas only 6.5 per cent worked six days per week. At first this would seem to indicate that the work-week was longer for urban females than for rural females. But, if the percentages working five days and six days per week are combined, we see that 91.4 per cent in the rural areas worked five or six days and only 61.3 per cent of the female population studied were engaged five or six days per week. (See chart 7).

CHART 7

URBAN AND RURAL FEMALE POPULATION BY NUMBER OF DAYS PER WEEK WORKED
BOLIVAR COUNTY, MISS. 1939

Number of Days	Per Cent		
	Urban	Rural	Total
Total	100.0	100.0	100.0
1	0.0	0.7	0.6
2	3.2	1.4	1.6
3	22.6	0.7	2.9
4	6.5	3.6	3.9
5	6.5	58.8	53.5
6	54.8	32.6	34.9
7	6.4	2.2	2.6

HOUSING AND LIVING CONDITIONS

The housing conditions and arrangements under which southern rural Negroes live make one of the sorriest stories in the whole field and history of social problems.

Many economists estimate that about one-third of all American wage earners are in sub-standard dwellings, and a very large percentage of the working Negro population is in this one-third group.

Statistics show that people who live in a sub-standard dwelling have abnormally high morbidity and mortality rates, for bad housing is a predisposing cause of physical and mental breakdown, and adds to, rather than helps remove, the fatigue brought about by the working environment.

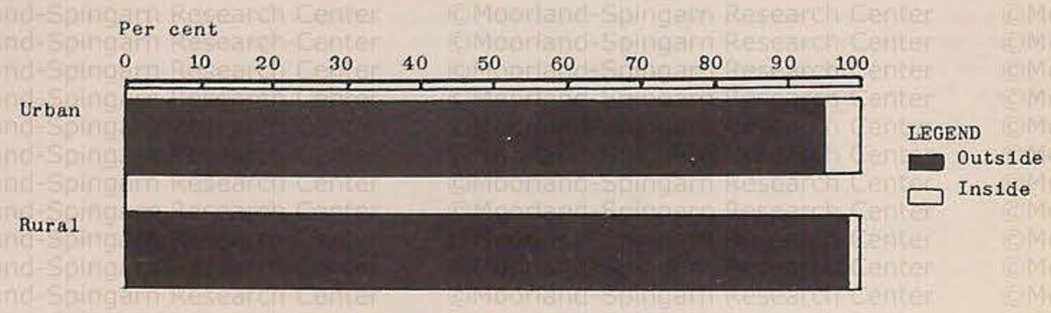
It is a matter of common knowledge that lavatory facilities in rural areas generally and in southern rural areas particularly, are exceedingly poor and constitute a hazard to wholesome family life of the first magnitude.

Examining the chart and table showing the per cent of structures with outside toilets and inside toilets, the surprising fact is that there was a structure with an inside toilet. (Chart 8).

A very important factor related to health conditions is the provision of screens for doors and windows. Screening is regarded as essential to cleanliness and to health, especially in a climate with a long hot season and in which the incidence of malaria fever is great. Investigators frequent instances in their contact with mem-

CHART 8

PER CENT OF STRUCTURES WITH OUTSIDE AND INSIDE TOILETS
BOLIVAR COUNTY, MISS. 1939

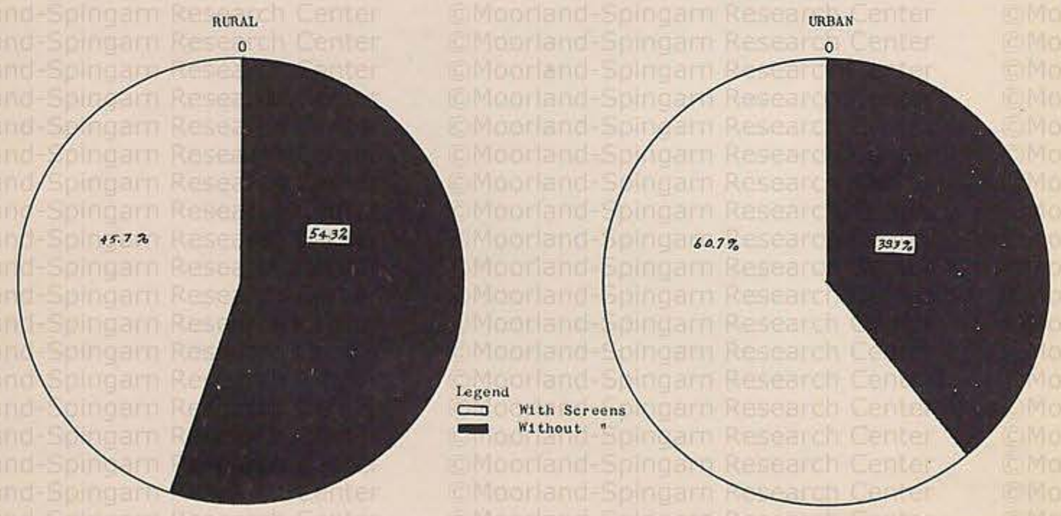


DWELLING UNITS BY LAVATORY FACILITIES
BOLIVAR COUNTY, MISS. 1939

Location of Toilet	Urban		Rural	
	No.	Per Cent	No.	Per Cent
Outside	87	95.6	402	98.3
Inside	2	2.2	1	0.2
No Report	2	2.2	6	1.5
TOTAL	91	100.0	409	100.0

CHART 9

PER CENT OF DWELLINGS WITH AND WITHOUT SCREENS, BOLIVAR COUNTY, MISSISSIPPI, 1939



bers of these families in which there was no knowledge of screening for protection from flies, mosquitoes and other insects.

As can be seen by the chart showing per cent of dwellings with and without screens, for the group classes as rural only 45.7 per cent of the houses were screened and many of these inadequately. For the families living in villages and town, only 39.3 per cent lived in houses equipped with screens. Investigators reported that many of these were broken and had large openings. The holes in the screens served, as one informer put it, "to let the flies out". (See chart 9).

One index of stable family life is the per cent of families owning their homes. In the urban areas, 29.3 per cent of the families studied owned their homes. Only 14.2 per cent were home-owners in the rural district.

CHART 10

PER CENT OF URBAN AND RURAL FAMILIES BY TENURE
BOLIVAR COUNTY, MISS. 1939

Tenure	Urban	Rural
Owner Families	29.3	14.2
Renter Families	70.7	85.8

A comparison of the number of beds available in the home of these families with the number of persons in the household provides a striking indication of congestion. It is assumed in this study that two persons per bed is a minimum standard of health and decency. Any number over this would constitute overcrowdedness from the tables showing the relation of the number of people to the number of beds the number of persons per bed has been computed. For the families classed as rural the results are as follows:

Number of Persons	Number of Families		
	No Overcrowding	Some Overcrowding	Definite Overcrowding (3 or more per bed)
One	9		
Two	67		
Three	53		6
Four	49		4
Five	25	15	
Six	29		9
Seven	13	4	1
Eight	16		
Nine	4	5	4
Ten	4	1	2
Eleven			
Twelve			
Thirteen			1
TOTAL	269	25	27

Out of a total of 321 families, 269 had at least no more than two persons per bed. In twenty-five households there was some overcrowding or one bed in which three persons had to sleep. In twenty-seven dwellings there was marked overcrowding. In this latter group there were three or more persons per bed. There is, as one would expect, some relationship between the size of the household and overcrowding. Overcrowding begins with three people and tends to increase directly as the size of the family increases. For example, in the rural group there was one home which had seven persons and only two beds, and another with thirteen persons and four beds.

CHART 12

CONGESTION AS SHOWN BY RELATION BETWEEN NUMBER OF PEOPLE AND NUMBER OF BEDS AVAILABLE IN RURAL HOUSEHOLDS BOLIVAR COUNTY, MISSISSIPPI

Number of Beds	Number of People in Homes												
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Number of Homes												
1	4	14	6										
2	4	39	42	22	15	9	1						
3	1	13	11	18	15	17	4		4				
4				9	8	10	10	13	5	1	2		1
5		1			2	2	1	2	3	3			
6							2	1	1	1			

To read chart: Example; Run finger down left hand column to the number "4". Run finger to right until under column 13. The "1" found in this block indicates that there was 1 family with 13 people and only 4 beds.

Fewer instances of congestion are revealed for the families classed as urban. In these areas residential structures tend to be larger than those in the open country. (See chart 13)

VITAL STATISTICS

The Negro death rate in the state of Mississippi has shown a decrease over the past two decades but is still almost twice as high as the white death rate. In 1920 the Negro death rate in Mississippi was 15.1; and in 1930, 14.8, and in 1931, 13.2.

In Bolivar County, Mississippi the birth rate per 1000 colored population in 1930 was 18.9; in 1931 it had decreased to 16.4. The death rate per 1000 Negro population was 16.0 in 1930 and 14.3 in 1931.

The natural rate of increase in population, as distinct from that including increase through immigration, is computed by subtracting the death rate from the birth rate. In 1930 the crude rate of increase was 2.7 among Negroes in Bolivar County. Thus in spite of their high death rate, the natural rate of increase of the Negro population indicates that they are maintaining themselves.

Proper medical care, sanitation, and good housing are factors which influence low infant mortality rates. Medical progress has succeeded in recent decades in reducing the number of infant deaths; indeed the increased life expectancy today is

CHART 13

CONGESTION AS SHOWN BY RELATION BETWEEN NUMBER OF PEOPLE AND NUMBER OF BEDS AVAILABLE IN URBAN HOUSEHOLDS STUDIED BOLIVAR COUNTY, MISSISSIPPI

No. of Beds	Number of People in Homes												
	1	2	3	4	5	6	7	8	9	10	11	12	13
	Number of Homes												
1	1	1		1									
2	1	9	10	5	2								
3		2	3	6	3	3	1						
4			1	2	1	2	2	2	1		1		
5						2	1	1		1			
6													
7													
8													1

To read chart: Example: Run finger down left hand column to the number "4". Run finger to right until under column 11. The "2" found in this block indicates that there were 2 families with 11 people and 4 beds.

due largely to the marked reduction of infant deaths. Generally speaking, infant mortality reflects the extent to which improved medical facilities and adequate sanitary conditions are enjoyed by the various classes in the population. The high infant mortality rate of the Negro population in Bolivar County reflects their lack of medical care and adequate sanitation. In 1930 the Negro infant mortality rate was 91.0 per 1000 births. The stillbirth rate in 1930 was 8.7 per 100 live Negro births.

HEALTH

While the vital and social statistics just presented are based on a study of the total situation, the main emphasis of this project was on health and health protection methods achieved through medical examinations, immunizations, vaccinations, blood testing, and treatments, as a small scale demonstration of a constructive approach to a segment of the health problem of the Delta.

The difficulty of reaching large numbers of rural people was met by the use of the travelling clinic, which has been our most successful method for plantation service since 1935.

HEALTH SERVICE

The plantation folk were notified in advance of the Health Clinics dates in July, the idle month of the summer, by hand bills posted on stores, trees and fences, giving a complete clinic schedule by time and place.

Most often the clinic quarters were the rural school or church, converted by boards, benches, doors, colorful posters, and fresh linen into a usable and fairly attractive room. Here the patients were interviewed, weighed and measured, inoculated against diptheria and smallpox, examined, blood tested for syphillis, and treated for discovered conditions from early morning to late afternoon, or as long as the

rural people came. A short time was always given to simple health talks on the purpose of the health unit, the value of good health, and simple rules for acquiring it. The plantation Negro showed surprising eagerness for examinations and for treatment, even to the extent of asking for medicine whether needed or not.

The total attendance for the 1939 clinics was 2980 patients, the majority of whom were children. The major emphasis of the project was to discover the approximate incidence of various physical defects among rural children between three and twelve years of age, inclusive. In order to do this, a random sampling was made of 908 unselected plantation children.

CRITERIA:

Tonsils and Adenoids. The condition of the tonsils and adenoids was determined by inspection of the naso-pharynx, recording the size and condition of the tissue, and noting the presence of mouth breathing, A-shaped palatal arch, and cervical glands.

Underweight. Underweight was established by comparing the height, weight, and age with the approximate standard of 37-1/2 inches and 32 pounds for a three year old, to which were added 2 inches in height and 4-1/2 pounds in weight for each year's increase over 3. For example, a seven year old child would average 45-1/2 inches in height and 49-1/2 pounds in weight.

Teeth. Defective teeth were recorded when cavities and malformations were found.

Malnutrition. Malnutrition was determined by an appraisal of the total nutritional state, as seen in the bony structure, the posture, the total stature, the muscle tone, the skin with conditions varying from diet deficiency dermatitis to loss of elasticity, chapping, and pustular areas.

CHART 14

IMPAIRMENTS FOUND AMONG 908 UNSELECTED EXAMINEES, AGES 3 TO 12, INCLUSIVE

	Number	Per Cent
Tonsils	740	81.5
Adenoids	467	51.1
Underweight	308	34.
Teeth	63	7.
Malnutrition	490	54.
Total number of defects	2068	
Total number of children	908	
Number of defects per child	2.2	

It can be seen clearly that the most prevalent physical defects are diseased tonsils and adenoids, accounting for 1207 of the total defects, while malnutrition as the second highest defect appears in 490 of the children in the study.

To show the presence of the third major problem of the region, syphilis with an incidence according to our study of 26 per cent, 475 positive blood Wassermans were studied to show in what sex and in what intensity the largest number of positives appeared. (Chart 15)

The outstanding results of the study show that improvement in health among the plantation population will depend upon a careful follow-up in the regular and continuous treatment of syphilis; upon the removal of diseased tonsils and adenoids, which interfere with the proper utilization of food because of cellular toxemia; and upon the correction of malnutrition, by diets carrying a supply of food components, proteins, fats, carbohydrates, vitamins, and minerals, adequate for health to optimum levels.

CHART 15

475 POSITIVE WASSERMAN REACTIONS ACCORDING TO SEX AND INTENSITY

Sex				Intensity			
Male		Female		1	2	3	4
Number	Per cent	Number	Per cent				
196	41.2	279	58.7	0	30	21	424
TOTAL 475				475			

RECOMMENDATIONS:

We, therefore, recommend (1) cooperation with any agency in securing surgical facilities for the removal of diseased tonsils and adenoids; (2) development of a nutrition service as a cooperative project between the Alpha Kappa Alpha Health Unit and any agency competent to extend aid. A proposed plan for a Demonstrational Dietotherapy Project is herewith submitted as an immediate means of improving nutrition and combating the problem of malnutrition and diet deficiency diseases.

THE DEMONSTRATIONAL DIETOTHERAPY PROJECT

THE PROPOSAL:

To make available to the millions of sharecroppers suffering from the devastating results of malnutrition and deficiency disease the abundant surplus of America's food supply as a fundamental attack on the paradoxical condition of the dearth of food among people who not only live close to the soil, but also live in a country where food surplus is so excessive that curtailment of food production is subsized by the Federal Government.

The Difficulties inherent in the Problem:

1. How can an immediate supply of the ripe and ready produce be made available to these potential consumers?

2. What can be done to secure these food products?

3. How can they be transported and distributed?

4. How can the plantation owners or managers be persuaded to permit the importation of these food products which will not only supplement but may displace after a period of health education, the inferior monodiet foods sold by the commissaries?

5. How can the sharecroppers be persuaded to consume the healthful but strange food in preference to their usual diet?

METHOD:

It is proposed that surplus foods shall be supplied by the Federal Surplus Commodities Corporation; shall be stored by the rural commissaries, and shall be demonstrated and delivered by the Alpha Kappa Alpha Health Unit, which will be augmented and extended by the work of Farm and Home Demonstration Agents and any other agency appropriate for supplementary activity.

OPERATING METHOD:

The plan will be put in operation through the cooperation of the Mississippi State and County Health Departments, the Department of Agriculture, the United States Public Health Service, and the Federal Surplus Commodities Corporation. In addition, careful plans have been devised for overcoming objections and obstacles to the success of the project on the part of the landowners, the sharecroppers, and the commercial merchants.

CONCLUSION:

This Demonstrational Dietotherapy Project should produce both immediate and long range results. The most obvious immediate result would be the conveying of surplus foods to those who need them most. The long range result would develop principally from the effects of the health education program as a mode of attack upon the problems of malnutrition and diet deficiency disease, and from the adaptability of this demonstration as a pattern for more extensive programs which might be developed by states, regions, or sections throughout the country.

Out of all this would emerge certain definite results in the form of greatly improved dietary habits among this sharecropper class, with a consequent lifting of the general health of the group, and, as strange as it may seem, awakening of the general public to the value of food and its important relation to health.

FINAL RECOMMENDATION:

That the Alpha Kappa Alpha Sorority appropriate sufficient funds for making available the detailed study of the results of the Dietotherapy Project and for publication of a scientifically complete analysis of the data secured during the past five years.