

THE MEDICAL COMMITTEE FOR HUMAN RIGHTS

SUPPORTS

THE CHALLENGE

OF

THE MISSISSIPPI FREEDOM DEMOCRATIC PARTY

Challenge Lost October, 1965

September, 1965
507½ No. Farish St.
Jackson, Mississippi

In the summer of 1964 the Medical Committee for Human Rights established several permanent projects in the state of Mississippi. During the year we have been staffed by trained medical personnel - public health nurses, doctors, and medical students. One of our purposes has been to examine existing health facilities with respect to both adequacy of service and the manner in which service is rendered. It is our feeling that discrimination is so inherent in Mississippi life that even in the fields of health and welfare, Negroes are denied full access to the services which they need and to which they are entitled.

Discrimination in the fields of health and welfare, as in other fields, will not be entirely eliminated through federal legislation. Local authorities have extremely effective means of circumventing national laws. Only when there is reform of existing state laws governing the welfare of the population, and only when the present personnel are replaced by those more dedicated to serving the community regardless of race, will the Mississippi Negro be able to receive proper health care.

At present, there are several organizations in the state working for such reform. One of these organizations is the Mississippi Freedom Democratic Party. Their challenge to unseat the present Mississippi congressmen is an effort to provide the Negro, not only with political representation, but also with the power to better the health of his community, his family, and himself.

The Medical Committee for Human Rights, strongly committed to the principle that all people should be given equal opportunity, especially in fields as important as health and welfare, therefore, lends its full support to the Challenge by the Mississippi Freedom Democratic Party. We further feel that all branches of the federal government, especially the Department of Health, Education, and Welfare, should lend similar support to this effort.

A survey of public health statistics for the state of Mississippi reveals the striking fact that any comparison of public health figures between the Negro population and the white shows an alarmingly large gap which, it is clear, is not due to any constitutional inferiority of the Negro.

Two of the most sensitive indices of the health of a community, maternal death rate per 10,000 live births, and infant mortality rate, make clear this difference. In 1963, the maternal death rate for the white population was 3.4, while that of the Negro population was 11.5, a three-fold difference. For the same year, the infant mortality rate (per 1,000 live births) among whites was 22.7, which was the lowest on record for the state, while the Negro rate was 57.8 (2½ times the rate for whites), and was the highest since 1941. It should also be noted here

that for the white population 99.6% of live births in 1963 were attended by a physician, while only 57.1% of Negro births were attended by a physician.¹

Although Northern cities have similar Negro-white health statistics, explanations for such differences have often centered around the concept that in a socially deprived population public health is poor for economic, cultural, and educational reasons. However, we submit that many of the discrepancies in the health care of the white versus the Negro are due in large part to overt or covert discrimination. In a state where such a meager proportion of all trained health personnel are Negro, and where most whites adhere to the doctrine of racial segregation and white supremacy, it is extremely difficult for a Negro to find a place where he will be treated with the respect we assume is due all human beings. The malevolent attitude of many public white personnel frequently repels the Negro population from making full use of health and welfare services. In one county where the population is 70% Negro, there is not a single Negro nurse employed by the health department, and there is not a single Negro welfare case worker.

At present only a few accredited schools for registered nurses is training Negroes. Negro students usually attend schools out-of-state for training in nursing and medicine. However, because of the discriminatory practices of organized medicine in Mississippi, few return to add to the available medical resources. It is also understandable that qualified Negro health professionals from around the nation would be reluctant to practice in a state which so blatantly discriminates against their race.

This thwarting of the Negroes' quest for education in the health fields also exists in insidious forms in many local health facilities. In a pamphlet distributed by the State Board of Health that describes the benefits and services of the county health department, there is the following statement:

"You, along with other interested citizens may want to form a study committee to find out all you can about available health services and how you can best use them.

Visit your health department and talk with the health officer about community health problems and what you, as an individual, can do about them."²

Apparently, that statement is addressed mainly to whites and not to Negro citizens. In a number of counties the health departments do not advertise their services to the Negro community, and, at times, there seems to be a deliberate attempt to withhold information from

Negroes about available health services. Recently a Negro woman entered her county health clinic because she was interested in finding out what kind of services the clinic offered. She asked them if they could give her anything that would tell her about these services. The nurse on duty asked her why she wanted to know. The woman answered that she was interested in learning about the clinic. She was then told that they did not give out such information to anyone who was not a nurse. The Negro woman said nothing else and left.³ This woman's experience is not atypical of many Negroes around the state seeking information from public facilities in order to better their communities. This type of discrimination may be rarely identified by a federal investigator, but it is discrimination in its most insidious form.

We realize that a federal agency such as the Department of Health, Education and Welfare may have little authority to change existing state laws and to control state employed personnel. However, the issue of states' rights in Mississippi is just another bit of hypocrisy since these rights belong to slightly more than 50% of the population. The other half (the Negro) has had until now very few rights. Any federal agency concerned with the proper administration of services falling under its jurisdiction should be empathetic to the effort of Mississippi Negroes to unseat the Congressmen of their state who do not represent their interests. True change in the health of the Negro, as in any other facet of Negro life, will come only when they obtain full political freedom and the opportunity to participate fully in the government of the state of Mississippi. The Mississippi Freedom Democratic Party Challenge in September, 1965, is the first major effort to attain such goals.

Therefore, as health professionals concerned with improving the health standards of all the people of Mississippi, the Medical Committee for Human Rights fully supports the Challenge. We hope that others will join with us in this support, and that the Department of Health, Education and Welfare will give their time and interest to these courageous people of Mississippi who are trying to bring about a better life not only for the people of Mississippi but for all Americans.

References:

1. "Vital Statistics Mississippi," Mississippi State Board of Health, 1963.
2. "Your County Health Department," Mississippi State Board of Health, Jackson, Mississippi.
3. Affidavit on file at the office of the Medical Committee for Human Rights, 507½ North Farish Street, Jackson, Mississippi.