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THE MEDICAL COMMITTEE FOR HUMAN RIGHTS
Summer summary report

The long, hot summer is drawing to a close, and all eyes are lifting to the future. This future is bright, but as we heard recently at the memorial service in Philadelphia for James Chaney, it will be rougher here in Mississippi before it gets better.

One thing above all: COFO has established itself throughout the state; it is here to stay. In a parallel sense, but far more modestly, the Medical Committee for Human Rights has established itself and it too is here to stay.

Just as this is a time for review and planning for COFO, so it is for the Medical Committee for Human Rights, Mississippi Project, to analyze what we have done and have learned, and to work toward certain long-range plans and commitments.

WHAT WE HAVE LEARNED AND DONE

1. We have established a medical presence in behalf of the civil rights movement in Mississippi, in connection with the fifty-five valiant Negro physicians in the state, and at definite though scattered points, with the white physicians and medical institutions. A rudimentary system of care for the urgent medical needs of the civil rights workers is now coming more and more into existence in more and more parts of the state, with a method of referral into our central office in Jackson and beyond where this is necessary. More than seventy-five physicians, nurses, counsellors and other medical workers have so far been in the state, working—though not actually practicing medicine—during the summer at nine major stations and many sub-stations.

2. When integrated MCHR medical teams went into the far reaches of the state, we began to see and feel at first hand the interlocking chain of exploitation, poverty, discrimination, disease and human neglect that exist in Mississippi. The health problems of Negroes in the Mississippi rural areas have shocked our visiting nurses and physicians. The high cost of medical care, the inadequate and callous treatment in segregated offices and facilities, the utter lack of state programs in many important areas of health have been constant complaints throughout the state.

3. We have found there to be many programs, inadequate though they may be, that Mississippi provides, on paper at least, to maintain the health of its people. These range from the pre-natal clinic, to the checking of school children's eyesight and hearing, to the pittance in medical assistance for the indigent aged on welfare. But even these programs barely reach out to the rural Negro. One can only say that there is a conspiracy of silence when one seeks to discover what programs are available. Too often, in too many parts of the state and in Jackson itself, our medical teams—as well as COFO workers—have been refused information on these programs. Almost universally, these programs are unknown to the rural poor, who spend their money on doctoring for ultimate emergencies—many of which might have been avoided with preventive medical care that is now currently available. It would be a great service to make known to the people in each county just what services are available now, at what cost, at what time, and where. Our teams and some of the COFO workers have made a beginning at this. It should be expanded and systematized. And this information will in most cases not be available for the asking, but must be dug out painstakingly and tactfully from the patients themselves who use these facilities. This information, by the way, can provide part of the factual underpinning for a health program for the future.

4. All this has not been easy. We believe our major difficulty has come in understanding the role of a professional working with the vital, crazily courageous, and magnificently effective movement that is COFO. Sometimes we have tried to be professors and not just plain human beings who happen to have professional skills. We have learned that the freedom movement is the central concern, and that we are here to help where we can and where we are needed.

Beyond this , we have almost inevitably been here today and gone tomorrow at many of the projects, with a bewildering turnover of medical people green to the ways of Mississippi, its problems and its civil rights movement. In emergency recruiting of our personnel, this was often the only way to function, but we must work more and more for our people to put in extended time periods here. Most important of all, we did not know in Chicago or New York or elsewhere that this movement is young in age and young in spirit, just as are all freedom movements everywhere. Too few of us have been flexible and young in heart, if not in years. We are trying to learn this lesson too.

OUR PLANS FOR THE FUTURE

1. Health Education: NCHHR has a role to play with regard to the freedom schools and the community. It is to work with COFO in preparing materials and an actual training course in various fields of health; first aid, personal hygiene, sex education, nutrition, and mother and child care.

2. Health research: Both COFO and the Medical Committee have begun to analyze the health problems of the Mississippi Negro. There is much more to be done; to learn about the distribution of federal and Public Health Service funds; to find out what moneys might be available ; to develop programs for involving the Federal government in more direct and meaningful ways in the Mississippi health picture; to develop strategies to desegregate the hospitals. Beyond money, we must develop pilot studies and field programs, often with foundation support, in areas that Mississippi has failed to touch: mental health for children, dental services for the rural areas, and the like.

3. Professional training: It is a disgrace that Mississippi Negroes have no access to medical school; that for the last four years there has no longer been a colored nursing school; that the midwives, so important to the Negro mothers in the rural areas, are so little trained and supervised. We have a role to play in this area that is so important for the dignity of the Negro people and for the assurance of their health.

OUR WORK WITH COFO STAFF AND VOLUNTEERS

The only resource COFO has is its people. Hence they are most precious. We don't have to labor the point that many of the workers are tired, malnourished, tense, frustrated. We do have to insist that this makes for a situation where eventually the movement itself suffers in efficiency and morale. This is not a movement for summer soldiers: it is a serious struggle for serious stakes. All of us have to take it seriously enough not to let the leadership run itself into the ground with exhaustion or battle fatigue. This we feel should be an organizational responsibility of the movement for its own sake, one where we shall try to assist where we may.

We, like COFO, are here for the long run. The desperately urgent health problems of the Negro people of Mississippi will not be resolved in a day, or a year, or perhaps even in a decade. But we have made a beginning, and the hardest part—that first step—is now behind us. As with every other aspect of the freedom movement, the best is yet to come.