

*This can be added to what is available in the file*

*done*  
*Hold* (10)

Special Report: MEDICAL COMMITTEE FOR HUMAN RIGHTS

For further information:  
Communications Section  
COFO  
1017 Lynch Street  
Jackson, Mississippi  
(601) 352-9605

The Medical Committee for Human Rights was established in response to a request from COFO in New York City on June 27, 1964. At that time it consisted of a small group of prominent doctors from New York. Since early July, that office has served as an administrative center to channel doctors from all over the country who wish to come to Mississippi. As of the first of September, a total of 98 medical personnel have come to the state for short periods on a rotating team basis - 57 doctors, 18 registered nurses, 5 social workers, and 18 additional personnel (Jackson office staff, drivers, etc.).

Because the medical staff is not licensed to practice in the state, its work consists primarily of advice or moral support. In the latter category, one of the most important goals has been to achieve a "medical presence in behalf of the civil rights movement" in Mississippi. Through their mere "presence," the doctors influence local white doctors, reminding them of their responsibilities as fellow practitioners of the Hippocratic Oath. In addition, Mississippi's 57 Negro physicians - the total number in the state, according to the MCHR - have been contacted by the MCHR and have offered assistance in the care of COFO workers.

?  
The MCHR is also interested in the establishment of an efficient public health program in Mississippi, to include the improvement of: (1) immunization services, including diphtheria, (anti-toxin) and typhoid; (2) child care, both prenatal and post-natal; (3) personal health, including sanitation, plumbing, sexual education - particularly concerning venereal disease - and family planning and contraception (this is particularly difficult because of the deep religious feelings of some people); (4) surveys - two currently in preparation concern the lack of nutrition of Mississippians and of the COFO workers themselves; (5) more importantly, the health of the COFO workers in general. The MCHR feels that the COFO staff and volunteers are its "main concern," as Dr. Robert Axelrod of Detroit has stated, and that "the only resource COFO has is its people."

Doctors function in various other ways in local projects. For example, on September 1st, the Canton COFO office reported that the presence of an MCHR doctor, as a sympathetic professional person, gave some reassurance to seven Negro students who attempted to enroll in a previously white school, when he accompanied them to the school. Another did the same thing in Clarksdale.

The MCHR has established itself in seven communities in Mississippi: Canton, Clarksdale, Greenwood, Hattiesburg, Meridian, Jackson, and McComb. Its personnel work on a rotating team basis for about a week at a time, at which time a new medical staff arrives from the North and the previous group leaves. The physicians in the state represent many fields of specialization; in the week of August 31, there were two psychiatrists, two pediatricians, an intern, a dermatologist, an orthopedic surgeon, a cardiologist, and three registered nurses. About this same number is present in the state each week. They also make trips into the rural districts in the vicinity of the seven main areas, such as the smaller towns of Batesville, Philadelphia, Laurel, Ruleville, etc.

*Add Jackson, Columbia?*

## MEDICAL COMMITTEE FOR HUMAN RIGHTS, continued

Each individual doctor arranges with the MCHR in New York as to when he should arrive in Mississippi, and each takes leave from his practice (it is not a vacation - as Dr. Axelrod said, "Who wants to take his vacation in Mississippi?") and pays his own way. The full and part-time employees of the New York office are also financed by contributions from individual doctors.

So far the MCHR has been generally very well received in COFO projects in Mississippi, according to the Jackson COFO office. The most serious problems are the lack of drugs, i.e., vitamins, salt tablets, aspirin, etc., and the difficulty of arranging adequate care for indigent Mississippi citizens.

In the future, the Medical Committee for Human Rights hopes to build "a good community health program" involving such areas as sanitation, immunization, sex education, etc. There is also a need for a program whereby medical emergencies can be taken care of among those who cannot afford such facilities as ambulances. The MCHR is developing facilities for a Rest and Recreation program to accommodate physically overworked and mentally strained COFO workers who have been in the field for extensive periods of time without adequate food, hygiene, or rest. The MCHR is also considering the establishment of a comprehensive health insurance plan for COFO workers, and the National Medical Association is attempting to find a way for the doctors of the MCHR to obtain reciprocal privileges in order to practice medicine in Mississippi.

The MCHR is committed to continue its work in Mississippi as long as COFO exists in the state - as Dr. Axelrod has stated, "As long as there is COFO, there will be doctors." A thorough physical examination rendered to about 245 staff and volunteers and a Tougaloo College conference for those who will remain in the state this winter will serve as a guide to future medical aid for COFO workers and is further evidence of the committee's determination. Many doctors throughout the nation have been informed of its work, so that the nature of the MCHR's role in the civil rights movement in Mississippi is spreading, and "several hundred" more doctors have applied to the New York office to come to Mississippi.

ACTING OFFICERS: Jerome Tobis, MD  
Arnon Wells, MD

CO-CHAIRMEN: Leslie Falk, MD  
Elliott Hurwitt, MD