SPECIAL REPORT

SOUTHERN REGIONAL COUNCIL
5 Forsyth Street, N.W., Atlanta 3, Georgia

HUNGRY CHILDREN

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INTRODUCTION

Increasingly across the rural South in recent years have come reports of poverty so extreme as to be -- in an era of comparative national prosperity -- beyond the comprehension of middle class America. A great deal of statistical data already has been compiled on conditions. During the past twenty years, for example, over 200,000 farm laborers in Mississippi have been displaced by mechanization of farming operations. According to Bureau of Census figures Mississippi has the lowest per capita income in the nation -- $1,608 in 1965 compared to a national average of $2,746. The median family income for whites in 1959 was $4,209; for Negroes, $1,444.

But what do figures such as this mean in human terms, in terms of day to day existence for thousands of impoverished people in the rural South? In May of this year a team of physicians toured a six-county area of Mississippi to survey the health and living conditions of a representative group of Negro children enrolled in a pre-school program sponsored

by the Friends of the Children of Mississippi (FCM)*. Their preliminary findings together with an individual report filed by Dr. Raymond Wheeler of Charlotte, North Carolina, who serves as chairman of the executive committee of the Southern Regional Council, are released in the hope that immediate solutions can be sought -- throughout the South as well as in rural Mississippi - to what the entire medical team saw as the region's most pressing health problem, the terrible fact of hunger among children in poverty.

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*FCM is an organization which came into being in Clarke, Wayne, Neshoba, Humphreys, Leflore, and Greene Counties as an independent agency modeled along the lines of a federal Head Start program, following the refusal of OEO to permit the Child Development Group of Mississippi (CDGM) any longer to operate in the six-county area. Lacking in substantial funds and opposed by powerful forces in the state, FCM has survived largely on the spirit and courage of its people, plus modest private grants and donations.

CHILDREN IN MISSISSIPPI

A Report by:

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Robert Coles, M. D.	- Harvard University Health Services
Alan Mermann, M. D.	- Department of Pediatrics, Yale University Medical School and private practice, Guilford, Connecticut
Milton J. E. Senn, M. D.	- Sterling Professor of Pediatrics Yale University
Cyril Walwyn, M. D.	- Medical Adviser to Friends of the Children of Mississippi; private practice, Yazoo City, Mississippi
Raymond Wheeler, M. D.	- Private practice, Charlotte, North Carolina

We are physicians who have had a continuing interest in the medical problems of rural American children in the South and in Appalachia. One of us works every day in Mississippi with impoverished children.[1] One of us has worked throughout the South with both Negro and white children, and specifically spent two years observing migrant and sharecropper children, and treating them as a physician associated with a mobile public health clinic.[2] Two of us have recently been doing a medical study in

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[1] Cyril Walwyn, M. D., in Yazoo City, Mississippi.

[2] Robert Coles, M. D. (see "Lives of Migrant Farmers," American Journal of Psychiatry, September, 1965).

Appalachia.[3] One of us -- a pediatrician -- has observed southern children at close hand,[4] and another of us -- also a pediatrician -- spent several weeks last summer in Lowndes County, Alabama, living in a Negro community and observing its pediatric problems.[5] And, one of us practices medicine in North Carolina and is the chairman of the executive committee of the Southern Regional Council.[6]

In addition, four of us recently made a team-study of conditions in rural Mississippi, concentrating on the health of the children there. What we saw there we have seen in other areas of the South and in Appalachia, too. The issue at hand is the medical (and social and psychological) fate of those literally penniless rural families who are often enough removed from any of the services that even the poor in America can usually take for granted: that is, these families are denied medical care, adequate sanitation, welfare or relief payments of any kind, unemployment compensation, protection of the minimum wage law, coverage

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[3] Robert Coles, M. D., and Joseph Brenner, M. D. (see "Report on Appalachia," presented at Annual Meeting of American Ortho-psychiatric Association, April, 1967, Washington, D. C.).

[4] Milton J. E. Senn in field trips to the South.

[5] See the paper, "Report on Medical Conditions in Lowndes County, Alabama," by Alan Mermann, M. D.

[6] Raymond Wheeler, M. D., in Charlotte, North Carolina.

under Social Security, and even recourse to the various food programs administered by the federal and local governments. In sum, by the many thousands, they live outside of every legal, medical, and social advance our nation has made in this century.

What Children Need to Grow

We are here primarily concerned with children -- though obviously it is parents who have to teach children what the world has in store for them. Before reporting our recent observations in Mississippi, we want to emphasize the barest needs of infants and children, if they are to survive and grow. Even before birth or at the moment of birth a child may be decisively and permanently hurt by the poor health of the mother, or the absence of good medical and surgical care. Again and again children are born injured, deformed, or retarded because their mothers could not obtain the doctor, the hospital care, they needed.

From birth on children need food, and food that has vitamins and minerals and an adequate balance of protein, carbohydrates, and fats. They also need from time to time a variety of medical services -- vaccines, drugs, diagnostic evaluation, corrective surgery. While all these facts are (or should be) obvious, we have to say them once again -- because in various counties of Mississippi we saw families who could not take food for granted, let alone any medical

care. We shall now briefly state what such a state of affairs does to children.

Mississippi's Hungry and Sick Children

In Delta counties (such as Humphreys and Leflore) recently visited by us and elsewhere in the state (such as Clarke, Wayne, Neshoba, and Greene Counties, also visited by us) we saw children whose nutritional and medical condition we can only describe as shocking -- even to a group of physicians whose work involves daily confrontation with disease and suffering. In child after child we saw: evidence of vitamin and mineral deficiencies; serious, untreated skin infections and ulcerations; eye and ear diseases, also unattended bone diseases secondary to poor food intake; the prevalence of bacterial and parasitic disease, as well as severe anemia, with resulting loss of energy and ability to live a normally active life; diseases of the heart and the lungs -- requiring surgery -- which have gone undiagnosed and untreated; epileptic and other neurological disorders; severe kidney ailments, that in other children would warrant immediate hospitalization; and finally, in boys and girls in every county we visited, obvious evidence of severe malnutrition, with injury to the body's tissues -- its muscles, bones, and skin, as well as an associated psychological state of fatigue, listlessness, and exhaustion.

We saw children afflicted with chronic diarrhea, chronic sores, chronic leg and arm (untreated) injuries and deformities. We saw homes without running water, without electricity, without screens, in which children drink contaminated water and live with germ-bearing mosquitoes and flies everywhere around. We saw homes with children who are lucky to eat one meal a day -- and that one inadequate so far as vitamins, minerals, or protein is concerned. We saw children who don't get to drink milk, don't get to eat fruit, green vegetables, or meat. They live on starches -- grits, bread, flavored water. Their parents may be declared ineligible for commodities, ineligible for the food stamp program, even though they have literally nothing. We saw children fed communally -- that is, by neighbors who give scraps of food to children whose own parents have nothing to give them. Not only are these children receiving no food from the government, they are also getting no medical attention whatsoever. They are out of sight and ignored. They are living under such primitive conditions that we found it hard to believe we were examining American children of the Twentieth Century.

In sum, we saw children who are hungry and who are sick -- children for whom hunger is a daily fact of life and sickness, in many forms, an inevitability. We do not

want to quibble over words, but "malnutrition" is not quite what we found; the boys and girls we saw were hungry -- weak, in pain, sick; their lives are being shortened; they are, in fact, visibly and predictably losing their health, their energy, their spirits. They are suffering from hunger and disease and directly or indirectly they are dying from them -- which is exactly what "starvation" means.

Specific Medical Observations

We have the following specific medical observations to report. They were made -- be it remembered -- on children who are not in hospitals and not declared "sick" by any doctor. They are, in fact, children who are getting absolutely no medical care. In almost every child we saw in the above six counties during our visits in the May 27-30 period, we observed one or another parasitic disease: trichinosis; enterobiasis; ascariasis; and hookworm disease. Most children we saw had some kind of skin disease: dryness and shrinkage of skin due to malnutrition; ulcerations; severe sores; rashes; boils, abcesses, and furuncles; impetigo; rat-bites. Almost every child we saw was in a state of negative nitrogen balance; that is, a marked inadequacy of diet has led the body to consume its own protein tissue. What we saw clinically -- the result of this condition of chronic hunger and malnutrition -- was as follows:

wasting of muscles; enlarged hearts; edematous legs and in some cases the presence of abdominal edema (so-called "swollen" or "bloated" belly); spontaneous bleeding of the mouth or nose or evidence of internal hemorrhage; osteoporosis -- a weakening of the bone structure -- and, as a consequence, fractures unrelated to injury or accident; fatigue, exhaustion, and weakness.

These children would need blood transfusions before any corrective surgery could be done -- and we found in child after child the need for surgery: hernias; poorly healed fractures; rheumatic and congenital heart disease with attendant murmurs, difficult breathing, and chest pain; evidence of gastro-intestinal bleeding, or partial obstruction; severe, suppurating, ear infections; congenital or developmental eye diseases in bad need of correction.

The teeth of practically every child we saw were in awful repair -- eaten up by cavities and poorly developed. Their gums showed how severely anemic these children are; and the gums were also infected and foul smelling.

Many of these children were suffering from degenerative joint diseases. Injuries had not been treated when they occurred. Bleeding had occurred, with infections. Now, at seven or eight, their knee joints or elbow joints might show the "range of action" that one finds in a man of seventy, suffering from crippling arthritis.

In child after child we tested for peripheral neuritis -- and found it, secondary to untreated injuries, infections, and food deficiencies. These children could not feel normally -- feel pressure or heat or cold or applied pain the way the normal person does. What they do feel is the sensory pain that goes with disease: pricking, burning, flashes of sharp pain, or "a deep pain," as one child put it.

The children were plagued with colds and fevers -- in a Mississippi late May -- and with sore throats. They had enlarged glands throughout the body, secondary to the several infections they chronically suffer. Some of them revealed jaundice in their eyes, showing that liver damage was likely, or hemolysis secondary to bacterial invasion.

What particularly saddened and appalled us were the developmental anomalies and diseases that we know once were easily correctable, but now are hopelessly consolidated: bones, eyes, vital organs that should long ago have been evaluated and treated are now beyond medical assistance, if it were available. In some cases we saw children clearly stunted, smaller than their age would indicate, and drowsy or irritable.

In sum, children living under unsanitary conditions, without proper food, and with a limited intake of improper food, without access to doctors or dentists, under crowded

conditions, in flimsy shacks, pay the price in a plethora of symptoms, diseases, aches, and pains. No wonder that in Mississippi (whose Negroes comprise 42% of the state's population) the infant mortality rate among Negroes is over twice that of whites; and while the white infant mortality rate is dropping, the rate for Negroes is rising.

Recommendations

What are we to say? The communities we saw desperately need more and better food, and a beginning of medical care. (The communities we saw are of course not the only ones in the South where these recommendations would be applicable. Indeed, a first recommendation would be for a survey of the South to determine all places where children suffer these intolerable conditions.) Right now the government pours millions into a welfare program, a food program, and a public health service that are not reaching these people. We met families who have no money coming in. The father is declared "able-bodied" and so they are ineligible for welfare. The family does not have the money necessary to buy food stamps; they certainly have no money for doctors or hospitals -- and they are not offered any care by the county or the state. Welfare and food programs (including the commodity food program) are in the hands of people who use them selectively, politically, and with obvious racial considerations in mind. What is a human

need, a human right, becomes a favor or a refusal, and if the person is "lucky," that is, given some commodities and a welfare check, her children still don't get the range of food they need, or the medical attention.

We therefore feel that the food stamp program should be changed so that the rural poor can obtain food stamps free. The food distribution activities of the states should be closely regulated and supervised -- and if necessary taken over by the federal government or people within the particular (poor and aggrieved) communities. The government should change its system of welfare support, so that its funds directly reach those who need them, without political or racial bias, and reach them in an amount adequate to their minimum needs for food, clothing, and medical care.

Medical facilities and programs supported by the federal government should be required to serve these people, and emergency medical treatment provided them. The government should provide vitamin pills for such poor children, and other drugs such as antibiotics. Local doctors can be called upon -- and paid by money provided by the government to these families. If necessary, new medical institutions and training centers can be created and supported. (There is now exactly one Negro medical student in Mississippi's only medical school. Hundreds of Negro nurses are needed --

and are not being trained.) The U. S. Public Health Service could place in the face of this crisis one or two doctors and nurses in each county, to work with the rural poor. Emergency dental services also are needed.

It is unbelievable to us that a nation as rich as ours, with all its technological and scientific resources, has to permit thousands and thousands of children to go hungry, go sick, and die grim and premature deaths.

REPORT OF RAYMOND M. WHEELER, M.D. OF A FIELD TRIP TO HUMPHREYS AND LEFLORE COUNTIES, MISSISSIPPI

Each doctor was taken separately into the homes of a number of young children who attended the FCM centers. We saw the children, talked with their parents and gained a mass of information from which emerged a pattern that seemed to fit every community we visited.

The homes were tiny, usually two or three rooms, in poor repair, located in narrow alleys, and surrounded by accumulated filth and debris. Most houses had running water, but few had inside toilets. Many were without screens or adequate ventilation. The land allocated to each dwelling was so limited that the houses were oppressively close, allowing for virtually no play area for the children and certainly no room for a garden through which a family might supplement its diet.

At one house the landlords reportedly had forbidden the tenants to have a garden, although in this particular case, there was obviously ample space for one. This -- from all reports -- is

common practice by landlords in the towns as well as on the plantations, though why this should be so in view of the well-known need for food seemed inexplicable on any ground other than outright spite.

Driving through the Delta one could see the tenant houses, grouped closely around barns and equipment sheds, crops planted almost up to doorsteps, leaving the tenants no room for garden, pig pen, cow or chicken coop.

The homes visited were usually occupied by mothers, worn and tired and looking much older than their actual ages. Their children would range in number from four to ten. Most often there was no father. Questioned as to his absence the response would be "we are separated" or, simply, "I don't know where he is." Although neat, the houses were pitifully bare. The children were often poorly clothed and always barefooted, in spite of a soil infested with broken glass and rusty tin.

When questions were asked about diet the answers were always the same: a little rice or biscuit for breakfast, dried beans or peas with occasional salt pork for lunch -- if lunch could be afforded -- and for supper more rice or bread

with occasional servings of molasses or peanut butter. Only one of the families I visited ever had milk at all and this was reserved for "the sickliest" ones.

One mother summed up the question of diet in a single, poignant sentence: "These children go to bed hungry and get up hungry and don't ever know nothing else in between." The physical appearance of the children made her comment easily believable. Running noses and legs covered with indolent sores were the rule -- evidence of lowered resistance to disease due to malnutrition and poor hygiene. Thin arms, sunken eyes, lethargic behavior, and swollen bellies were everywhere to be seen. Even cursory examinations of tongues, eyes, and nailbeds disclosed unmistakable evidence of anemia and vitamin deficiencies. An orthopedic surgeon in Jackson and a Negro physician in Yazoo City told me that almost without exception these children required pre-operative blood transfusions before any surgery could be performed.

Iron, vitamins, medicines were simply unobtainable, for there was no money to purchase them. In almost every household, serious illnesses of one or more children had occurred in the recent year. Yet mothers told me that they rarely even sought

medical services due to their inability to pay doctor's fees. I was told of the outright refusal of some hospitals to provide care for some youngsters due to the known poverty of their parents. One mother, however, with an incredibly small income told me of her struggles to make her weekly payments on a hospital bill for her child. Another said that she only went to the doctor herself or took her child when she was absolutely convinced that not to go would mean death.

At county health departments, we were repeatedly told, Negroes are not only segregated but subjected to personal indignities and discouraged from using the facilities. I saw a little girl who had a nasty, partially healed laceration of her hand. She had been taken to the health department for a tetanus booster. The child was given the necessary injection, but the nurse -- I was informed to my dismay -- not only failed to dress the cut, but refused even to look at it.

The health centers apparently do perform a few services such as tuberculin testing and innoculations for those whose parents know about such things and are able to transport their children to the centers. However, county medical authorities,

I was told, have formally and in writing refused to participate in organized immunization programs for children attending the FCM centers. The reason given for such refusal seemed flimsy, indeed, to me. Parents must accompany their children to the centers in order to be instructed in possible reaction to the shots.

Occasionally, it seemed, charity clinics are provided for ailing children but exams are brief; no follow-ups are scheduled and, most important of all, no medicine is provided for people who have no means to purchase it.

Hospital facilities for Negro poor in rural Mississippi are nearly non-existent. As one man told me, "If you are not protected through an employer with hospital insurance and if you don't have the $50.00 down-payment, your only choice is to go home and die."

The administration of medical care is still on a strictly segregated basis in most of the state. Negro doctors are not permitted membership in local medical societies. In communities where all-Negro hospitals exist, such as in Yazoo City, white doctors refuse to serve on its staff. Thus the one Negro doctor in town is forced to provide all of the hospital care for Negroes, including

obstetrics and surgery. Complicated cases, beyond his experience, must be sent forty or fifty miles to Jackson, regardless of how grave the condition of the patient.

County sponsored programs in preventative medicine, health education, basic sanitation were unknown to the people whom I interviewed. No program of birth control is available to the poor, although every mother with whom I talked expressed a desire for help in limiting her family. A few who did know about "the pill" had not been able to afford it. Almost all of the mothers said they have had their babies at home, sometimes unattended, sometimes with the help of a midwife.

Over and over the urgent need for food was emphasized, so that any medical needs must be subordinated to seeing that the children are adequately fed. The very accomplishment of this would provide the single most important measure for maintaining good health.

Yet from a purely medical point of view, certain needs did seem most urgent and most possible of accomplishment with available facilities. These, as I saw them, would include:

(a) Physical examinations of each child to include blood count, urinalysis, stool examination,

tuberculin tests.

(b) Follow-up treatment and/or referral as indicated.

(c) A vitamin supplement for each child. This would need not be given daily since most daily vitamin preparations contain far more than minimal daily requirements.

(d) Immunization program. This could be done by a public health nurse under the supervision of a county medical director.

(e) Birth control information and medication. This program could be organized and conducted by the county health counselor under the supervision of the medical director and would not require his personal attention.

(f) A fund must be made available to buy medicines for those who cannot afford them.

(g) The above program, in my estimation, would cost a minimum of $50.00 per child per year.

(h) The above recommendations do not make provision for hospitalization of the children. Title 19 of the Social Security Amendments of 1965 may offer the ultimate solution of this problem, but much depends on what each state is willing to do. A much wider definition of the term "Crippled Children" would offer hospital and

physician's care to a larger number of children. Apparently now in Mississippi the Crippled Children's Fund will provide only for neuro-surgical, plastic and orthopedic surgical needs of children. The state board of health could broaden that definition but has refused to do so and would probably need pressure put on it in the future to do so. This problem, unfortunately, seems almost insoluble given the apparent absence of Charity Hospitalization Funds and the state of public indifference to the health of the poor.

To summarize briefly, the medical needs of the people I talked with encompass the entire range of medical knowledge, from nutrition, sanitation and health education to the more technical and highly skilled services for medical needs, birth control and hospitalization. They are without them all and they desperately need them all.

Their financial resources, however, are so meager as to make it beyond rational comprehension as to how they were able simply to exist, to say nothing of being able to pay expensive medical bills. A few examples, I think, illustrate the point.

One young mother of five children worked a 55-hour week for weekly wages of $15.00. Her job was as a domestic for a locally prosperous family. Out

of her weekly income she paid $8.50 a week for rent and bought food and clothing for herself and her children with the rest.

Another mother said she managed to earn $25.00 a week, by holding three jobs.

Sources of public assistance are totally inadequate to provide even for survival. Dependent children receive payments amounting to approximately 25% of what the state of Mississippi estimates is necessary for minimal subsistence. Aid to dependent children in fact has actually decreased since June of 1964 from $13.30 to $11.35 in June 1965 and to the current amount of $9.25 in 1966.

Programs for the provision of food supplies by the welfare departments and the United States Department of Agriculture need to be reformed on the highest level of authority. Under present arrangements a family may use its welfare checks to purchase food stamps, but if it does, it has no money left for rent, medical care or clothing. If it subsists on surplus commodities, it is faced with attempting to survive on the most inadequate of diet, both in quality and amount. Commodities -- and there is only one issue available each month regardless of the condition in which commodities are received -- normally consist of flour, dried

beans, dried milk, and occasionally a little peanut butter or a can of processed meat. Food stamp programs and surplus commodity programs are not allowed to operate simultaneously in any county. Given a free choice in the matter most welfare recipients, however, prefer the commodities program since they at least are able to retain some of their welfare payments for other necessities.

Time after time we were told stories of dehumanizing treatment or refusal of aid by county welfare departments. There seemed to be no pattern or standards by which one could determine whether he could receive welfare help. There did seem to be a pattern of active discouragement by the welfare department of anyone applying for aid. Personal indignities, unexplained cuts in the size of checks, lack of welfare aid for hospitalization or medical care were frequent complaints.

One such report is burned indelibly in my memory. A 49-year-old woman told me that she herself had been the mother of 14 children, all but one of whom had died in infancy. Her husband was also dead. A year ago, she related, her husband's newphew abandoned his three small children, ages three, four and five, leaving them with her. She resolved to give them a home. Her eyes kindled as

she spoke. "Doctor, ever since I took these children on, my life has been hell." Then the story poured out.

She earns, she said, $5.00 a week working two days as a domestic. The welfare department supplies a maximum check of approximately $27.00 per month aid to dependent children. Her rent is $8.00 a week.

Each month as she goes to the welfare department for her check she is questioned extensively about her sex life. At regular intervals she is awakened at around 2:00 A.M. by white men who represent themselves as working for the welfare department. They demand to be admitted to her house and then they proceed to search the place for an alleged male occupant. On other nights, she said, she can hear them prowling around her home, listening at her windows evidently for sounds to indicate the presence of a man in the room with her. Her check may be delayed for days or arbitrarily cut while, according to her case worker, "we make an investigation." Her neighbors have been encouraged to report her activities by the simple expedient of a threat to their own welfare checks if they do not.

The pre-school centers, dotted about both the rural and urban areas of six Mississippi counties,

offer an immediate and painful distillation of all the despair and aspirations, the dignity and the pathos of the parents and children connected with FCM. We visited a large number of the centers, some in churches, others in plain little wooden, barracks-like buildings and one in an American Legion hut. The impact was the same wherever we went.

The centers were crowded, oppressively hot, and filled with lovely little children between the ages of three and five. All children were scrubbed and dressed in their best clothes and all wore shoes. Mostly they were shy with strangers, but when unaware of observation, were smiling and obviously enjoying themselves. Some seemed healthy and sturdy; others weak and apathetic. Coughs and dripping noses were common and on several occasions acutely ill children were brought up to us by the teachers who had no place to turn for medical help. There were a significant number with congenital defects such as harelips and cleft palates; a few were mentally retarded or exhibited evidence of brain or spinal cord damage. All of these should have qualified for special schools or institutional care or for corrective medical care.

The teachers were usually mothers with children in the centers. Their devotion to the children and the pride in their work was unmistakable. Time after time we talked with a woman, uneducated, the mother usually of six to ten children, with no previous work experience except as a field hand or a domestic. Amazingly she would be articulate, poised and competent in her role as teacher. Through their love and concern for their children, these mothers had acquired the very sense of self-respect, dignity, and independence which they so much desire to nurture in their charges.

Repeatedly we asked what changes the teachers had observed in the children after they had been in the centers for a few days. The answers were usually the same. The children, previously shy, withdrawn or apathetic, became cheerful, outgoing, and active. They had learned to share, to participate cooperatively in group activity and to communicate with each other and their teachers. For the first time many of the children experienced a relationship with someone who cared and to whom they could turn when troubled.

One teacher told me with pride of how she had handled a youngster who had come to the school

defiant, combative, overly aggressive and generally unable to adjust to his group. Instead of punishment, she had given him simple tasks not assigned to the others and, as he performed them, she rewarded him with praise and affection.

Many of us go to school for years to gain the insights these teachers have acquired as they work with children in the centers.

The centers themselves were distressingly bare. There was never enough equipment. The few toys available were made by the teachers. Crayons, books, paper and musical instruments were all too scarce.

But most distressing of all was the lack of food. On the day of our visit, not a single center had been able to supply a full meal to its hungry children. Most had scraped together a few bites -- a cookie, Kool-aid, but some had nothing at all. "The most difficult part of this program," a teacher at one of the centers told me, "is when a child licks his plate clean and says, 'I want some more,' and you look in the pot and there ain't no more."

After visiting the homes and the centers for two days, we ended our stay in the Delta by attending a mass meeting of those associated with

FCM from Humphreys and Leflore Counties who came primarily to hear their visitors tell what they had seen and felt as they traveled around the communities. Two hundred strong they packed the tiny Legion hut and it took only a short while for us to sense their need for hope and encouragement and for assurance that what they were doing was right and necessary and important -- not only for their children, but important in bringing new meaning to our concepts of democracy and human dignity.

We learned that for too long they had experienced no contact with or encouragement from anyone outside their communities and that some were having doubts as to whether the difficult struggle was worth the pain and anguish it demanded of them. That hour of uninhibited exchange of thoughts and feelings between those parents and their only contact with a friendly world beyond was an experience that will always live in our hearts.

Frequently throughout the Mississippi Delta we heard charges of an unwritten but generally accepted policy on the part of those who control the state to eliminate the Negro Mississippian either by driving him out of the state or starving him to death. At first, the charge seemed to me

beyond belief. And yet reviewing now all that we saw and heard it becomes more and more credible. Mississippi, it seems to me, is for its poor - and particularly its Negro poor - a kind of prison in which live a great group of uneducated, semi-starving people from whom all but token public support has been withdrawn. They are completely isolated from the outside world. They have no-where to turn for material aid or moral support. Their story needs to be told not merely for their sakes -- but for the sake of all America.