

**An Oral History
With
Robert Smith, M.D.**

Interviewer: Harriet Tanzman

Tougaloo College Archives

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An Oral History with Robert Smith, Volume number CD4
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Biography

Dr. Robert Smith was born on December 20, 1937, in Terry, Mississippi. One of twelve siblings, Dr. Smith grew up on his father's self-contained farm where his mother was a housewife and his father was a livestock dealer. The farm has been home to five generations of Dr. Smith's family; he currently resides there.

A gifted student, Dr. Smith started high school at age eleven, due to double promotions. As a child, Dr. Smith happened to thumb through the medical books of a retired physician, and medicine captured his attention and imagination. His higher education was earned at Tougaloo College and Howard University, where he earned his M.D.

In 1961, Mississippi drafted Dr. Smith as one of twelve Mississippi physicians for a national draft of almost 400, for the Berlin Crisis; at that time, in Mississippi, Dr. Smith joined the civil rights movement. When Medgar Evers was shot, Dr. Smith understood in a new way "what it truly meant to be black in Mississippi, and underprivileged, and poor, and without medical care, and saw people by the . . . thousands go without medical care."

In 1963, Dr. Smith and other physicians formed the Medical Committee for Civil Rights and picketed the American Medical Association to bring attention to the issues regarding disparities of morbidity among African-Americans and whites as a national problem, and to convince the American Medical Association to come out against segregation in hospitals. In the summer of 1964, he and others formed the Southern Arm of the Medical Committee for Human Rights, which sponsored doctors, nurses, social workers, psychologists, and other members of the allied health disciplines to come to Mississippi for Freedom Summer, 1964. In 1965, he helped obtain Office of Equal Opportunity funds to set up a model healthcare clinic in Mound Bayou, Mississippi, to serve seventeen counties by providing health, environmental, social, and legal services to those who needed it.

Currently there are around twenty-three health centers in Mississippi serving several 100,000 people, and over 3000 centers nationally. Dr. Smith still works in Mississippi's centers, providing health care services to Mississippians.

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AN ORAL HISTORY

with

ROBERT SMITH, M.D.

This is an interview for the Civil Rights Documentation Project. The interview is with Dr. Robert Smith and is taking place on April 8, 2000. The interviewer is Harriet Tanzman.

Tanzman: OK. [I'm] talking with Dr. Robert Smith in Jackson, Mississippi, and this is April 8, year 2000. Thank you for being with us.

Smith: Thank you, Harriet. It's good to see you after thirty-something years. Thirty-four years?

Tanzman: About. Right.

Smith: Yeah. About that.

Tanzman: OK. Dr. Smith, can you tell us a little about when you were born and where and your family background?

Smith: Yes, Harriet. I'm Dr. Bob Smith or Dr. Robert Smith. What they call it. Some people call me Dr. Bob. But I was born really a small-town boy. I was born in Terry, Mississippi, which is a little hamlet about twelve miles south of Jackson, Mississippi. My mother was a housewife, and my father was a livestock dealer. And we had a small, self-contained farm that he had inherited partially from his father who, reportedly, shortly after slavery, learned how to read and write, and got into some argument with his bossman up in Charleston, Mississippi. And they got into it, and the man attacked him. And he had to flee. And he hit the Illinois Central railroad track and hitchhiked on a train that he thought was headed north, and it happened to be going south. (Laughter.) And he got off in Terry. And somehow—.

Tanzman: Instead of Chicago. (Laughter.)

Smith: Instead of Chicago. (Laughter.) Yeah. That's a true story. And he got off in Terry, because he was hungry. And somehow managed to save and scramble around in order to save money and buy some land in Terry. And grew up and had a self-contained farm with a grits mill and molasses mills, and the whole thing. The whole nine yards, and cattle.

Tanzman: Timber and cattle?

Smith: Timber, cattle, the whole thing. Self-contained farm. In fact, he rescued some of his other relatives from the Delta, way back in the 1800s. And had them tantamount to sharecropping. (Laughter.)

Tanzman: Had them sharecropping for him?

Smith: Them. This was my grandfather. So, my father picked up another skill called livestock buying and trading. And that's principally the way we made our money. You know. And so—

Tanzman: How many brothers and sisters and where are you in the family?

Smith: There were twelve of us, and I'm toward the tail-end. I'm the third from the tail-end, which also made life better for me because by the time I grew up, the great diaspora had taken place and some of my brothers and sisters had migrated North. In fact, my oldest sister, who has a daughter the same age I am, lived in Minneapolis, and so, from age seven, it allowed me an opportunity to stretch my wings and get out of Mississippi because she was a girl and during summertime, we babysitted each other. (Laughter.)

Tanzman: Oh. You went up?

Smith: Up to Minneapolis and she would, you know, sometimes, some summers be sent down here. But nevertheless I was born [December 20,] 1937, in Terry. Yeah. And born at home, incidentally. And born in the same house in which we've lived all these years.

Tanzman: You're still there?

Smith: And we're still there. We're still there. We call it home and enjoy it. (Laughter.)

Tanzman: Is it still a farm?

Smith: It's still a farm. Yeah. And it's still in the family. Five generations. My father lived to be 103. Just died last year. And saw five generations. My mother died at age seventy-nine, and wasn't so fortunate; but nevertheless, both lived a fairly long time. I say she killed herself because she was a housewife and had to make all those biscuits and bread and cook three meals a day and washed on washboards and all of this kind of stuff. In fact, I feel sorry for her in her grave because I just can remember growing up and how she had to work so hard, you know, cooking three meals a day. Cooking biscuits and (laughter) bread for every meal almost. It was just a riot, really.

Tanzman: With twelve of you.

Smith: Yes. Can you imagine? Can you imagine one woman, without any help? (Laughter.) In fact, I can remember my father buying her her first washing machine in 1949, really.

Tanzman: In forty-nine?

Smith: Yeah. A wringer-type washing machine, but you still had to heat water and pour water and all that kind of stuff, and hang the clothes out in the wintertime and keep everybody going, and all that stuff.

Tanzman: I remember those machines.

Smith: Do you remember those machines? (Laughter.)

Tanzman: Yes. (Laughter.)

Smith: But the important thing for me, the thing that motivated me, I guess, to study medicine was the fact that I had a principal called William H. Garrick[?] who believed very strongly in education and who felt, I guess, that I was, maybe, I won't say gifted, but he encouraged my parents in terms of education and also apparently somebody recognized something because they kept giving me double promotions. I was really afraid of teachers and was taught to respect teachers and things like that. And can remember very specifically, I just didn't want to be spanked. Never did want to be. Never wanted to get spanked, and so, when I'd go home, I'd get my lessons. I'd read. I'd get my arithmetic, as it was called then (laughter), and learn how to write.

Tanzman: You were obedient.

Smith: That's right. (Laughter.)

Tanzman: And you did your work.

Smith: And I did my work. And so there would be nothing for me to do. And in fact, I can remember very distinctly. I, now, in counseling people can truthfully talk to parents about bored kids. I was one. But luckily, my teachers promoted me. And so—.

Tanzman: Encouraged you.

Smith: Encouraged me. And promoted me, you know, to a different grade. You know. To a higher—.

Tanzman: You mean you skipped grades?

Smith: I skipped grades. Yeah. In fact, I went to high school when I was eleven because of skipping grades.

Tanzman: And this principal was in your high school?

Smith: The principal was in my grade school. Mm-hm.

Tanzman: The one who encouraged you.

Smith: The one who encouraged me. Mm-hm. But anyway, the thing that most impressed me was a small book that was given to me when I was a young boy in grade school, on famous black Americans. It was a book that contained less than a hundred pages, and as I would thumb through that book, there were two people in that book that I identified with. One was a man called Dean Dixon[?] as I recall, who was the first black to direct the Philadelphia Philharmonic Orchestra, and the second black was Charles Drew. OK. (Laughter.) Those were my two, well, what we now call icons, but for some reason those two people captured my imagination as I thumbed through that book.

Tanzman: Drew is the one who invented blood plasma? The doctor?

Smith: That's correct. Drew was the one who invented blood plasma. My mother used to tell me, "Robert, you need to pray." And I'd be angry with my mother.

And I'd say, "Pray for what?" And now, I thank God that I had that book because the first person I identified with in that book was Dean Dixon, and I went out and just used to cry and beg and plead, and my family somehow managed to buy me a piano, and I started taking formal piano lessons. (Laughter.) And when I took formal piano lessons, I learned that I didn't have any talent for the piano. (Laughter.) There were kids who could come in off the playground and hear, and as I recall back then in the forties, there was a song called "Caledonia." Well, I could never listen to anything over the radio and play a tune. I had to have a formal music sheet. I could play formal music provided I practiced, but otherwise, that was it. (Laughter.) I couldn't go a step further.

Tanzman: So, that was not your talent?

Smith: So, I put it down real quick. And from then on, really, I decided that I wanted to be a physician and started concentrating my efforts in that regard. And luckily my father was hunting with a Jewish physician called Dr. Cann[?], and he retired from the VA system here in Jackson, and he told my father that he could have his medical books.

Tanzman: That you could?

Smith: That he could have his medical books because he was retiring, and he brought those medical books home, and I started thumbing through those books as a boy, and that captured my real imagination, and I was always fascinated by those books.

Tanzman: Was this when you were still a teenager? You were still going to school?

Smith: Before I was a teenager. This was even, now, it would be what we would call middle school age, junior high school. Mm-hm.

Tanzman: Were you encouraged by those teachers to continue?

Smith: Oh, yes. Absolutely. And I had other good, positive experiences. For instance, my father was in livestock, and I had, of course, an older brother. And I joined a group called the Four-H Club. You know. At that time, we had dual everything in the South. You know. Dual Four-H Club, dual Future Farmers of America, and all of that. Well, anyway, my father bought me a registered poll hereford, when I was, I guess, I don't know, very young. Seven or eight, something like that, and I ended up winning a state championship. (Laughter.) And that also put some money in my pocket.

Tanzman: You were very young.

Smith: Very young. And my daddy opened me a bank account. And so, that was when I was, you know, eight, nine years old. Something like that.

Tanzman: Did you all grow up helping with the farm?

Smith: Yes. Absolutely. We grew up helping with the farm, and helping the neighbors. You know, I guess we didn't have—. It was so many of us and during, I guess, at planting and harvesting season, my father would hire extra labor to help, but, absolutely, grew up helping with the farm. I mean, you know, that was what every boy was expected to do.

Tanzman: How was it when you went off to college and to medical school. Was it difficult in terms of getting in? This would be the fifties, right?

Smith: Yes.

Tanzman: The early fifties?

Smith: Yeah. Well, this was the fifties. I was very lucky. Went on to high school, and was valedictorian in my class, and by that time—this was now fifty-three—Mississippi was on the verge of *Brown v. [Board of] Education*, and what later came to be the great philosophy of nullification and interposition. And the time when Mississippi was going back in time and had taken away, really, some of the support that it had previously

provided at state schools such as Alcorn. Like prior to 1953, Alcorn was an excellent teaching ground for physicians. Yes. And by the fifties, that pretty much had disappeared, and about the only place that you could get a liberal arts education in the state of Mississippi as a black was Tougaloo. And I convinced my father that he should send me to Tougaloo. Of course, he didn't want me to go because he thought that was spending a lot of money for nothing. He thought I ought to go to Jackson State, which was in walking distance. (Laughter.) Yeah.

Tanzman: Tougaloo is a better—?

Smith: Tougaloo did, at that time, they offered a liberal arts education and had a modicum of a pre-health program.

Tanzman: Of a pre?

Smith: Pre-health program. Yes. Uh-huh.

Tanzman: And where did you go to? So, that prepared you in terms of getting into medical school? But wasn't that? You would have been going to medical school in the mid-fifties, right?

Smith: Yeah. Mm-hm. That's correct.

Tanzman: Primarily a very closed system, wasn't it?

Smith: In fact, it was so much a closed system until when I took the medical MCAT test at that time, by that time *Brown v. [Board of] Education* had passed, and integration was a no-no. And when I took the MCAT test, I guess, in 1956, Borinski, a fellow by the name of Ernst Borinski at Tougaloo and Dr. St. Elmo Brady[?] had to arrange for me to take the MCAT test at Millsaps. And had to arrange for me to arrive at a certain gate at a certain time, and in a certain place. (Laughter.)

Tanzman: You mean, it wasn't offered to blacks? It wasn't offered, ordinarily?

Smith: Well.

Tanzman: What is the MCAT?

Smith: MCAT is the Medical Aptitude Test in preparation for medical school. In fact, what I was trying to describe for you: by that time, Mississippi was so separate and segregated—let alone, not thinking about trying to go to the University of Mississippi—that in order for me to take the medical MCAT test, which is a preparatory test for getting into medical school, I had to make special arrangements to go to Millsaps,

(laughter) at a certain time, at a certain date, at a certain place and be escorted.
(Laughter.)

Tanzman: The only way you'd be able to do it. (Laughter.)

Smith: Yeah. (Laughter.) The only way you could be able to do it. So, let alone thinking about—. University of Mississippi, of course, was just out of the thinking. In fact, at that time, 98 [to] 99 percent of black physicians, which was about 150 in number, were trained at either Meharry or Howard. And I guess less than 1 percent of blacks was trained in nontraditional black schools of this country. And of course, none of those in the South at that time.

Tanzman: So, what did you go for, then?

Smith: I went to Howard. I picked Howard. In fact, I was admitted to both Meharry and Howard, but selected Howard.

Tanzman: One of the best.

Smith: Mm-hm. That's correct.

Tanzman: So, during those years you were at Howard, were you committed to coming back to Mississippi or were you thinking of going elsewhere?

Smith: Well, luckily I trained at Tougaloo. You know. And luckily, I had the influence of Borinski and the influence of Tougaloo. At that time, being sensitized—. I've told you a little bit about, you know, how I grew up, and yet Tougaloo to me was an abnormal environment in Mississippi at that time because there was some modicum of integration, white faculty. No **students**, but at least, you got *The New York Times* once a week. (Laughter.) You got *The Atlanta Constitution*, and you got *The Times Picayune*. And there were forums, and there was some diversity. And there was an open discussion of issues, and so, Tougaloo was really in some ways—well, not some ways, it **was**—an artificial environment for a black growing up in Mississippi in the fifties.

Tanzman: There was a lot of discussion of social and political issues.

Smith: That's correct, a lot of discussion of social and political issues. In fact, I was at Tougaloo during the time of the Emmett Till case, and was one of those students who volunteered to go to (inaudible) to help look for the body, and things like that. You know. And so, we had those discussions even back then. And talked about integration. I was also active at Tougaloo in a group called the Intercollegiate Fellowship Council, which was an interracial group between Tougaloo and Millsaps students that quietly met on Sunday afternoons, and, of course, I also was—.

Tanzman: Did you know Ed King and Janet[?], then?

Smith: I didn't know Ed and Janet. I preceded Ed and Janet at Tougaloo. In fact,—.

Tanzman: No, I mean from Millsaps. Oh, no, they're a different age.

Smith: Yeah. Different age. Yeah. I didn't know them at the time, but Ed and Janet was influenced. We have a common mentor, Dr. Ernst Borinski, and some other people at Millsaps, but we were a different era.

Tanzman: And your Intercollegiate Council was organizing?

Smith: Well, Intercollegiate Council was kind of like an unofficial, *ad hoc* committee between Tougaloo and Millsaps. And I was trying to remember who the contact person was with Borinski on Millsaps campus. I don't remember who that was, now, but it was sort of like an unofficial *ad hoc* group that met. And later, I understand, when it became public, after my time, that that group had to dissolve. You know. As Mississippi found out about anything that suggested openness or diversity or integration, then it had to go.

Tanzman: Mm-hm. Very repressive. The fifties. So, it was very repressive then.

Smith: No question.

Tanzman: Had continued.

Smith: No question. I mean, you know, the record speaks for itself. Mississippi. I tell people all the time, I've loved Mississippi, have lived here all my life. In fact, people used to kick me around because I wore Mississippi on my breastplate, but it earned its reputation for being the most oppressive state in the Union.

Tanzman: So, when you came back to Mississippi, after medical school, were you beginning to form your own practice?

Smith: No. In fact, I did not plan to come back to Mississippi when I did. In fact, I was telling you earlier here, off the tape, how I would always come back to Mississippi. I'd always come back home when a road trip to Mississippi was forty-something hours and no place to sleep. (Laughter.) And I'd always come back to Mississippi, oh, when Delta was the only thing flying between Washington, and flying DC-3s or a train trip was about three days. So, and, I'd always manage to get home, and I always wanted to come home. Didn't know, or didn't feel, however, that I could ever practice in Mississippi because blacks couldn't have hospital privileges and there were certain restrictions that I did not know, I did not feel that I personally would be willing to put up with after I went to Washington and then later on, Chicago, for additional training. But really, how I got back to Mississippi is a very interesting story. I was in a residency in OB-GYN. I didn't join the (inaudible) plan, but the Berlin Crisis came up, and sort of like the Persian Gulf Crisis,

it went up and down, and they drafted me out of my residency. Mississippi—I'll never forget that—was asked to supply twelve physicians for a national draft of almost 400. And although they were not training one black a year, they came all the way up to Chicago and found me. (Laughter.) Those were the kinds of tricks that Mississippi played.

Tanzman: They claimed you.

Smith: They claimed me. So, when I got here, you see, the Berlin Crisis was over, and they didn't need me. (Laughter.)

Tanzman: They brought you to Mississippi?

Smith: They brought me to Mississippi to draft me. And then, they didn't need me, and they put me off. They made the mistake of bringing me here in July and telling me that the Berlin Crisis was over, and "Now, we're going to keep you on hold until December." And that's when I officially, sort of, hooked up with the movement. (Laughter.)

Tanzman: In that brief period in 1960, about sixty-one, wasn't it?

Smith: Yeah. That's 1961.

Tanzman: Yeah. How did you hook up?

Smith: That hook-up was—. It tainted me, see? (Laughter.) I got tainted. I started going to—. I took a job with the state. I did. I took a job with the state, and then, at the same time decided to do some volunteer work at Tougaloo, and started attending mass meetings. At that time, they were having—. Medgar was living, and they were having mass meetings two or three times a week. So, I started doing that. (Laughter.) And—.

Tanzman: That was the time they were trying to integrate downtown Jackson, right?

Smith: Yeah. That was the time they were trying to integrate downtown Jackson, and I was bootlegging, seeing whatever, and trying to help out and do things like that. And that was the kiss of death. That's what brought me to the attention of the powers that be. And one day, I was volunteering at Tougaloo, and a Highway Patrolman picked me up and took me all the way to the Director's Office at my job and said, "Here's your nigger." (Laughter.)

Tanzman: He delivered you. (Laughter.)

Smith: Yeah. (Laughter.)

Tanzman: And they fired you?

Smith: Didn't fire me then.

Tanzman: They did not?

Smith: No. Didn't fire me at that point. Didn't. Gave me a warning. Gave me a warning. In fact, my boss was a fellow by the name of Jakewith[?]. He was what they called in Mississippi, "moderate," at that time. And told me, you know, "Just—." Gave me a fireside chat. Told me, you know, "Mississippi don't permit that, boy." And, "You're a good fellow." And in fact told me, said, (laughter), you know, "Why don't you go back to your residency?" (Laughter.) "Do you think—?" (Laughter.)

Tanzman: Be safe.

Smith: Be safe. (Laughter.) Yeah. You think I'm kidding. It was a really funny story. And later, Medgar Evers got shot, and I guess, at that point, you know, I had been educated. I guess I won't say, "educated," but I got a real feel for home and understood, for the first time, I guess, during that year, what it truly meant to be black in Mississippi, and underprivileged, and poor, and without medical care, and saw people by the hundreds and really thousands go without medical care. Saw, what I call, a third-world country. Worms. Everything. Anemia. Requiring of deposits. Some hospitals wouldn't admit blacks at all. Others, a dingy, segregated ward.

Tanzman: Were you working in Jackson, then?

Smith: Well, you know, I—.

Tanzman: Or all over?

Smith: Yeah, by that time, you know, I was going around and seeing [if] what people were telling me, was, whether, you know, it was actually true. And then that's some of the things that I observed. So, when Medgar was killed, I answered a call by the leadership of some physicians from the National Medical Association to come to the AMA national meeting in Atlantic City. And a group of black as well as white physicians, who represented different interests, picketed the AMA, and I became one of the stars of the show, although it was a **national** problem, because I was from Mississippi, working at a segregated hospital. Couldn't have full hospital privileges, and all the things that I just alluded to about the wide disparities of morbidity statistics among blacks and whites in Mississippi.

Tanzman: Were you picketing the AMA because they represented—? They were basically the white association, and they represented the status quo? Or were you just bringing attention to the issues?

Smith: Well, some of both. One of the ways hospitals kept segregation, kept blacks off their staff, is requiring you to be a member of the AMA. And to be a member of the

AMA, you had to have the signatures (laughter) of three white physicians. (Laughter.) And so, it was both. And asking AMA to come out against, you know, segregation in hospitals. And full privileges for blacks. The whole nine yards.

Tanzman: Mm-hm. Did you form a group from—? Well, that was a group.

Smith: Yeah. We formed a group called the Medical Committee for Civil Rights. That was that group in 1963, that picketed the AMA.

Tanzman: Mm-hm. Did that continue?

Smith: Well, it continued, and I wasn't a part of the second picket, but they picketed again the headquarters in Chicago. That was sixty-three. Well, let me also bring to your attention that Mississippi had run, besides the problem—. There were several problems in Mississippi. Number one: they had trained very few black physicians, period. As I told you, there was very few, **period**. Those that had come back, you know, after *Brown v. [Board of] Education* was passed, and Mississippi started passing all those segregation laws, many of those physicians picked up their bags and left. And thirdly, nobody came back. So, you know, from a period of, say, around the early 1900s to the early 1960s, Mississippi didn't recruit a single black physician. In fact, Dr. Anderson and myself were the only—.

Tanzman: The only ones in the state?

Smith: Who came back, during that time.

Tanzman: Oh, the only ones.

Smith: The only ones that came back. (Laughter.) We were native Mississippians who came back. You know, these guys decided, "We're going to go." You know. "We're not going to put up with that bullshit." You know. "We're just going to go to greener pastures." You know. They weren't committed. Like, for instance, when I came back, I left Hyde Park. People thought I had lost my mind. (Laughter.) Because I said, "I'm going back to Mississippi." I was going back home, obviously. And it was supposed to be a two-hour reception that went into the early hours of that morning because they didn't believe that I honestly was going to come back to Mississippi.

Tanzman: Mm-hm. They didn't believe that you were going to put up with it?

Smith: Yeah. I mean, it was people feeling sorry for me. In fact, there were some people who were more sensitive to Mississippi than I was. I shall never forget, a white nurse (laughter) at Cook County stole a bag of drugs from the county hospital and told me, said, "You're going to need this when you go back to Mississippi." (Laughter.) I mean, she filled that bag up with penicillin, with immunization shots. And she had told me

about some mission trips she had been on. And she says, “Young man.” Says, “Take these back to Mississippi with you.” (Laughter.)

Tanzman: You won’t have anything else. (Laughter.)

Smith: I think about that. (Laughter.)

Tanzman: She knew you’d need supplies because you wouldn’t have any, where you were going. (Laughter.) And she understood it better than you did. Yeah.

Smith: She understood it. She understood it better than me because, you know, I mean, this is a fact. I shall never forget that. (Laughter.)

Tanzman: So, when you came back in that sixty-three, sixty-four period, was that when you all started developing the Medical Committee for Human Rights? Or?

Smith: Well, the Medical Committee for Human Rights grew out of the fact—that I was talking to you about—the sparsity of black doctors. We were down to about twenty-five [or] thirty-five practicing physicians in the state. Many of these black physicians had no—. You know, had loans. They were tied into the system and was afraid to step out of order, like everybody else. In fact, they were afraid to treat, sometimes, controversial blacks, particularly white civil rights workers, or anybody who was identified as white civil rights workers. There was only a few of us who would treat you all. (Laughter.) You agitators. (Laughter.)

Tanzman: We were anathema. (Laughter.)

Smith: And so, how the Medical Committee for Human Rights was formed was the fact that I had this huge practice of civil rights workers and other local people who were identified as human rights activists, **local** human rights activists; and so, there was this announcement about the summer project of sixty-four. And I said, “What in the hell are we going to do with all these folks?” I mean. (Laughter.) And so, Dr. Anderson and I met with a fellow called Bob Moses who had some national contacts. And he contacted someone in the National Council of Churches. So, the weeks before the summer project was supposed to start, some representatives from the National Council of Churches, Physicians’ Forum, Dr. Anderson, myself, and another local physician called Dr. Britton[?] met in my office to form the Medical Committee for Human Rights. We’ll call it the Southern Arm of the Medical Committee for Human Rights because I don’t know what was going on in New York at the time. But that was the Southern Arm, and I was named, or asked, to coordinate the southern aspects of that. So, I became the leader for this, what was really going on in Mississippi. In fact, I sponsored all those doctors who came down to Mississippi during sixty-four.

Tanzman: Yeah. They were doctors, nurses,—.

Smith: Doctors, nurses, social—.

Tanzman: Psychologists.

Smith: Oh, every—. I mean, not **every**, but most of any of the allied health disciplines that you can name was a part of that group. We had some of everybody through here.

Tanzman: And was it—? The mandate was primarily to treat the civil rights workers or to look at local conditions?

Smith: Well, the mandate—. There were several mandates. The Medical Committee for Human Rights really became the medical arm of the civil rights movement, whose mandates, number one, was to take care of civil rights workers and local community people who could not receive appropriate and adequate medical care; to assess medical conditions in the community; to challenge segregated waiting rooms and doctors' offices and in physicians' offices to try to provide support to local cooperative physicians, be they black or white. Then, we had, as time went on, our mission expanded in several communities, such as Holmes County. And that's how we ended up in Holmes County. A group in Tchula built a community center and some local people were building community centers, you know, that grew out of the summer project of sixty-four. So, they asked the Medical Committee for Human Rights to come to Holmes County to do a medical clinic. And—.

Tanzman: That was there when I was there in sixty-six.

Smith: Yes. And that's where Thursdays come in. (Laughter.) You remember?

Tanzman: Yeah.

Smith: OK. That's where the Thursdays came in. We had two nurses, Josephine Despoty[?] and Helen (inaudible). Well, we had more than that.

Tanzman: Pat Weatherly[?].

Smith: Pat Weatherly and Helena.

Tanzman: Helena something.

Smith: Yeah, and that's awful. Turn that thing. Jo. God, I—. Let's just say four nurses.

Tanzman: Wasn't Jo there for about a year by herself? I think. Then, the others. Yeah. Two others.

Smith: Yeah. There were two others, and I'd go up on Thursdays, you know, to write 'scripts and to, well, I was overseeing the clinic. Of course, you know, and so, I made some interesting observations going up there.

Tanzman: Like?

Smith: Like the fact that I'd go up and write prescriptions that people couldn't get filled. People would come into the Community Center and sit all day just to keep warm in the winter time, that there were so many needs other than what I was trained to render in medical school, like direct medical care, social services, legal services. People had been denied benefits under social security. People had been denied benefits for welfare. You know. They needed food stamps, clean water, food, at that time. Oh, there were pot-bellies. There were just children—. Thirty to 40 percent of kids had intestinal parasites. Infant mortality rate was around 60 percent. God! Just so many. Maternal mortality rate was out of this world.

Tanzman: Well, there was also—. There were no hospitals.

Smith: No. No. Those kinds of things. So, then, after doing that for a while, I went to the Medical Committee for Human Rights and said to the Medical Committee for Human Rights, "We need to meet." And we did meet that December. It's interesting. Just like in any other great movement, there are great people. And there were so many great physicians and great nurses, and other allied health personnel who gathered at that time, but there were some people who tended to fall in love with Mississippi. And, you know, Les Falk[?], Jack Geiger[?], Count Gibson[?]. I was trying to think of the boy that did—. Tom Levin[?]. Aaron Wells[?]. God, just so many. Another girl I was trying to think of.

Tanzman: Phyllis?

Smith: Phyllis Cunningham[?], Ellen Weathersby[?]. They were just a group of fantastic people and others. Joe Martin[?]. Please, I shouldn't call names, because I can think of about a dozen more names of people that I just can't call right off the top of my head, but absolutely fantastic people. And we met, in Greenville in December that year.

Tanzman: Was that sixty-four?

Smith: Sixty-four. And I told them and talked to them about the experiences that I had with that medical clinic, and that the only solution that I could see would be to create a new institution for which we had not had, or I had not had and didn't know how it could be funded and didn't know of any model of any kind of that kind of institution in the whole country. But an institution that brought not only direct medical services, but an institution that would combine some of the other social service skills, literacy skills. The whole nine yards.

Tanzman: You're talking about a very comprehensive clinic that would also be a helping services and something that would bring it all under one roof. That didn't exist.

Smith: That didn't exist, and there was no model in the country. Or, Jack Geiger talked about, he had South African experiences, and he talked about the fact of a health center thing from South Africa. But, of course, I didn't know anything about South Africa. I knew what Mississippi needed, and from that meeting, we came up with the idea of trying to put together a comprehensive package which we had no idea how it would be funded or who would sponsor it, or what have you. But out of that grew the concept of neighborhood health centers, of comprehensive health centers, that grew out, really, of the Mileston[?] (inaudible) experience that the medical committee had had, beginning with the summer of sixty-four.

Tanzman: OK. I'm going to turn over the tape.

(End of tape one, side one. The interview continues on tape one, side two.)

Tanzman: With the medical services, you observed every kind of need that existed.

Smith: Every kind of need that you could imagine. That [you] could humanly imagine.

Tanzman: And you didn't see this as occurring anywhere in the country, at that point.

Smith: Oh, it wasn't occurring anywhere in the country. In fact, it was just a brainstorming session that brought it about. Luckily, luckily, luckily, the Office of Economic Opportunity the following year came out with, you know, Head Start. In fact, they had a medical component to Head Start, and we decided, and Jack and Count[?] getting Tufts to sponsor it, came [up] with the idea of presenting this package to OEO to do first a northern project in Columbia Point[?] in Boston, and a southern site which we knew was going to be in Mississippi, but we didn't say Mississippi because of southern politics at the time. We knew it would be blocked for a long time. It's a long story on how it evolved in Mound Bayou, but the southern site really became Mound Bayou, with Tufts sponsorship. In fact, Jack was a Fellow at Harvard at the time, and he and Count formed a marriage. Count was chairman of the Department of Preventive Medicine at Tufts.

Tanzman: What was the name? Count?

Smith: Count. Count Gibson was chairman of the Department of Preventive Medicine at Tufts, and Jack was a Fellow at Harvard at the time, and they formed a marriage. Jack left Harvard to go to Tufts to work with this project. In fact, although Jack gets the credit for spearheading it, but had not Count, a fellow who had a tremendous reputation and

chairman of the Preventive Medicine at Tufts, and who spoke with a southern accent. (Laughter.)

Tanzman: He was southern?

Smith: Yeah. He was from Georgia. (Laughter.) He was from Georgia.

Tanzman: Is that Count, like C-O-U-N-T?

Smith: Yeah. Like the count.

Tanzman: And Gibson? G-I-B-S-O-N?

Smith: Gibson. I mean, you couldn't mistake him. You know. He was [a] long, tall, white, southerner with a southern accent. (Laughter.) And of course, Jack was a Jewish boy, reared in New York City, son of the former president of the National Blood Bank Association, but had lived in Harlem and by Mississippi's term was a "flaming liberal." (Laughter.) But a very dedicated, hard-working young fellow that I formed a very close relationship with him and was very easy to work with.

Tanzman: Was Mound Bayou chosen partly because it was an all-black community with a long history of land?

Smith: Well, it was chosen for several reasons. It was chosen because at that time, people were still getting their butts beat, and there was hostility, and we knew that we was going to have to have an integrated staff. And it seemed safe. But we made a trip to Mound Bayou. I'll tell you why. That was not the only reason. Really, Jack wanted to go to an integrated community that had the same morbidity statistics, but how Mound Bayou happened to have been chosen was the fact that after we found out that we were going to get OEO money, there was no OEO money for new construction. They said they would give you money for renovation. And one of the casualties of the civil rights movement was a college in Jackson called Campbell College. And Campbell had moved to Mound Bayou in the struggle, started to build a new college up there and somehow went under and went defunct. We went up there to look at their structure to use that as renovation. When we got to Mound Bayou, investigating the Campbell College project, we learned that the two black hospitals there, two black hospitals, Tabourin[?] and Sarah Brown[?], that had a longstanding history of serving blacks in that area in that multi-county, Delta area. In fact, you could say that they had one of the first HMOs in the country because people paid twenty-five and fifty cents, but the state health care commission had finally said to these hospitals that they did not meet minimal standards, and that they were to be closed. And the leadership of Mound Bayou delivered a very compassionate plea to us on a trip there. It was kind of like an industry trip. I was a part of that group, and they talked about the glorious history of Mound Bayou, and the founders of Mound Bayou, and

it was the jewel of the Delta. And it had always had great medical care there and they **knew** that the Lord was going to send some help, and we was just that help. (Laughter.)

Tanzman: Well, they gave a real pitch to you.

Smith: They gave a real pitch.

Tanzman: That is a historic town, though. Isn't it?

Smith: Oh, I mean, everything that they said was correct. And it just seemed at that point like the natural and great place to be.

Tanzman: And this is in sixty-four? Or sixty-five?

Smith: That's 1965.

Tanzman: So, your idea was to form a model clinic. This would be the beginning of something here in Mississippi and also up in Boston, but it would be a beginning of a model for the country in a way. Or at least, certainly for the South, of services.

Smith: Well, it turned out to be a model. Columbia Point had started the year before, and it was planned that way. It was something new. Columbia Point was started in a low-income area of Boston, and had the support of the power structure and other supportive human services, and we would see how that would go and learn from that before we attempted to do Mound Bayou.

Tanzman: Was that an inter-racial community?

Smith: Who? Columbia Point? Yes. Mm-hm. And so, Columbia Point had really been operational eighteen months and two years actually before we attempted Mound Bayou.

Tanzman: Did you have massive opposition in terms of funding it? And in terms of having it exist? From the white power structure?

Smith: Oh, **yes**. I mean, you just can't imagine. I mean, you just can't imagine.

Tanzman: They wanted to destroy it before it began?

Smith: Oh, yeah. And there were counter-ploy activities. I am as sure as I'm sitting here that there were paid blacks (laughter) as well as whites.

Tanzman: It represented a real threat?

Smith: It represented a real threat.

Tanzman: Did you have a lot of support from the community there?

Smith: Yeah, there was always support from the community. You ought to interview a lady by the name of L.C. Dorsey[?]. Once you interview her, you can see what kind of support [was] there. (Laughter.) She could tell you. Yeah. There was no question.

Tanzman: Yeah. She's from that area?

Smith: She's from that area. She was a sharecropper. But she is a good example of the strength that was there.

Tanzman: Mm-hm. She worked closely with Mrs. Dahmer?

Smith: Oh, yes. Oh, yes. Mm-hm.

Tanzman: And always was strong. She ran it later, didn't she?

Smith: Yeah. She ran it later. Mm-hm. Mm-hm.

Tanzman: So, were you finally able to get OEO funds, despite all this opposition?

Smith: Oh, yeah. I mean, in fact, after it finally came through, and Meharry had a grant there, too, I think the OEO funds were something like thirteen million dollars. It was ten or twelve million. Something like that. I don't recall the exact numbers. You can look it up, but, then, you know, that really turned on the mill. (Laughter.)

Tanzman: You mean the opposition?

Smith: The opposition mill. Yeah. That little, small black town with twelve million dollars, ten million dollars.

Tanzman: You were a real threat.

Smith: Yeah.

Tanzman: So, they tried to destroy it?

Smith: Oh, yes.

Tanzman: You were serving that immediate community? Or were you serving—?

Smith: Serving seventeen counties. Serving seventeen counties. Yeah.

Tanzman: And what was the mandate of this? Health and—?

Smith: Health, environmental, social, legal services. The whole nine yards. Dental. Pharmacy. Mm-hm.

Tanzman: So, that huge opposition tried to destroy it, but it continued through the sixties and seventies, didn't it?

Smith: It continued through the sixties, and despite opposition and every imaginable attempt to destroy it. It has survived in some modicum way and has continued to provide some health care.

Tanzman: Were there threats of violence against it?

Smith: There were threats of violence and the whole nine yards.

Tanzman: But it has continued?

Smith: It has continued. Yes. It has continued.

Tanzman: And how do you feel that the—? I didn't realize that it was seventeen counties. That's really very impressive. So, it was throughout the Delta?

Smith: Throughout the Delta. Yes.

Tanzman: Mm-hm. How do people assess the success of it in terms of actually serving some of those needs?

Smith: Oh, it has made a tremendous impact on health, not only in the area but in the state. It has produced a lot of positions: dentists, other paraprofessionals. Many of them are there now working in the center and running it. It's just—.

Tanzman: You mean it encouraged people to go into—?

Smith: Oh, yeah. Yes. Mm-hm.

Tanzman: So, that's been a model for the rest of the country?

Smith: That's correct. In fact, I'm happy to tell you now, there are twenty-two or twenty-three, now, health centers in the state serving several 100,000 people a year and over 3,000 centers nationally.

Tanzman: These are similar one-stop, multi-purpose centers?

Smith: Multi-purpose centers whose idea grew out of the thoughts and facts of the struggle of Mississippi's civil rights movement of the sixties.

Tanzman: Fantastic. That's a tremendous victory that people often aren't aware of, particularly. But, is the work that you've done in Jackson related to that? I know you are working at a community clinic right now and have been for many years. Right?

Smith: Yeah. I have been active off and on in some aspect of that work for my whole career. In fact, not only did I work in initiating Mound Bayou, but was involved in several others such as Jackson-Hinds. Our own Central Mississippi Madison (inaudible) which is now Carmichael Clinic in Canton and the Aaron Henry Health Center in Clarksdale.

Tanzman: The one that you work with now, what is that called?

Smith: Central Mississippi Health Center.

Tanzman: Is it a combination of the health? Is there a preventive aspect to it, too?

Smith: Yeah. There's a preventive aspect. We don't have 330[?] funds, but we are what they call a federal health center, qualified health center look-alike.

Tanzman: Mm-hm. Meaning?

Smith: Meaning we do all the things that health centers do, but we do not have federal funds.

Tanzman: Does that include these other aspects that you were talking about with Mound Bayou? The environmental and occupational health and all the other aspects, too?

Smith: Yes. It is. Mm-hm.

Tanzman: So, how do you survive without federal money?

Smith: We do have some cost reimbursement that helps us.

Tanzman: So the Medical Committee actually led to one of the benefits, one of the health benefits that was tremendously meaningful. I look at Holmes County because I've been back recently, and I see in part the enormous needs that are still there, because, even though things are [quote] "integrated," the level of care is very low. I don't know if they are connected to—. I don't know if that area of Mississippi is connected to a center.

Smith: Yes. Just last year, they were funded for a center at Lexington, called Mallory. See?

Tanzman: Oh, yes. On the Saints?

Smith: Saints.

Tanzman: Saints campus.

Smith: Yeah. So, they are coming under the umbrella, and I am sure if it is as successful as it has been in other communities, that it will make a difference.

Tanzman: The Medical Committee itself, a lot of those doctors—. I have come across people who have gone on and continued to be active, as you have: lifelong. It seems that the coming to Mississippi and the learning from here has stimulated a lot within the whole health professions.

Smith: Well, it has stimulated changes in national health legislation.

Tanzman: Such as?

Smith: Health planning legislation being more all-inclusive. It has stimulated consumer participation in national health legislation. It has had a tremendous influence on community health training programs and medical schools and in family medicine programs.

Tanzman: In what way with the family medicine [programs]?

Smith: With the concept of the entire community and community involvement and consumer education and participation in making decisions.

Tanzman: Mm-hm. So that all comes out of here?

Smith: It all comes out of here.

Tanzman: Out of Mississippi?

Smith: Yes.

Tanzman: And for example, in your health center, is there a community involvement and a board in actually running the center?

Smith: Yes.

Tanzman: How does that work?

Smith: We have a board that runs the center.

Tanzman: And these are people from?

Smith: From the community. Yes.

Tanzman: And this is true of all of these?

Smith: And this is true of all the centers.

Tanzman: Well, Dr. Bob, I know you've had a long day. (Laughter.) Just tell me, are you continuing to teach? Are you continuing to nurture another generation?

Smith: Yes, I continue to spend Thursday mornings in the Department of Family Medicine at the University of Mississippi Medical Center, now. I've just been doing it for years, and have had some, of course, early-on teaching involvement in the Department of Community Medicine at Tufts. And have had a wonderful program, also, with Brown and Tougaloo.

Tanzman: With?

Smith: Brown University in Providence, Rhode Island, and Tougaloo.

Tanzman: You mean, with the medical?

Smith: Yes.

Tanzman: Medical careers?

Smith: Medical careers. Yes. We've had a program where we have taken Brown's students in our center for clerkships and Tougaloo students have gone to Brown to medical school. In fact, Brown has perhaps trained a dozen or more of our students into medicine.

Tanzman: Do they give scholarships?

Smith: Scholarships and the whole nine yards. Mm-hm.

Tanzman: As compared to when you were beginning here, what is there in terms of the numbers of black doctors and medical personnel in the state?

Smith: There are probably close to 300 black doctors in the state, now. Still a small number, but growing.

Tanzman: A change.

Smith: A change.

Tanzman: And are the universities like USM and Ole Miss open, more?

Smith: Open, but still not training enough. The numbers do not reflect the population of the state, by far.

Tanzman: Mm-hm. Are people organizing around that?

Smith: That's one of the big issues that's yet to be solved is to increase the numbers of minorities trained at universities.

Tanzman: Well, I'd like to thank you very much. I think there's a lot more to be discussed. But let me just ask you one question about the preventive health component of these centers. Is there work being done around diet and around, you know, care that's not only emergency care or not only when you're already sick, but you know, diet, exercise. You know, those kinds of things.

Smith: Not enough. You know. Our first centers was very high on that, and a lot of that aspect of it was defunded.

Tanzman: Just briefly funded at the beginning?

Smith: Yeah, it was briefly funded at the beginning and then defunded. And I am certain, as most statistics would suggest, that health education around diet, exercise and other preventive measures are what's going to be needed in order to show some decrease in our morbidity statistics. That there is going to be more of a push to get that back under the umbrella.

Tanzman: Has the infant mortality gone down?

Smith: The infant mortality has gone down to, I would say, almost respectable levels. You know. In some counties, the infant mortality rates were up around 60 per thousand, and I guess in our worst county, it's now down to maybe 16, but now, statewide it's 13, 14 percent, which is still too high. We are still only second or third from the bottom.

Tanzman: In the country?

Smith: In the country. Still too high, but way, way from where we started. Oh, yes. And some of that disparity reflects the minority increase.

Tanzman: Has it gone up a great deal?

Smith: Well, it's not gone up, but the minority decrease has not kept pace with the white decrease, so that means that, say, if you could take minorities out of Mississippi's infant

mortality rate, Mississippi's white infant mortality rate would probably reflect more the national norm.

Tanzman: I see. Do the people who were originally part of the medical committee, have people stayed? Is there any network nationally to talk about some of these issues? Or do people stay [in] touch at all? Or is that kind of gone?

Smith: Recently, it's kind of gone. We had a thirtieth anniversary celebration, I guess, a few years ago up in—. And it sort of kind of petered—.

Tanzman: Goodbye. (Laughter.)

Smith: Yeah. (Laughter.)

Tanzman: Well, I want to thank you very much, Dr. Bob. I really appreciate it, and we will keep [in] touch.

Smith: Yeah.

(End of the interview.)