









mainly by black physicians, not entirely, but mainly by black physicians, the National Medical Association, which was the black counterpart to the American Medical Association, and with a significant amount of help, by the NAACP, especially starting in the 1940s.

One of the things that happens in the 1940s right after World War II is that the federal government starts putting a lot of money into building hospitals. You all probably heard about the...or know about the Hill-Burton Act, right? The Hospital Construction Act. And the Hospital Construction Act was kind of a bizarre...had some bizarre wording.

Because one of the things it said was, "All hospitals built

the AMA policies of keeping black doctors out of...this policy of deferring to the local associations and demanding that they change that.

This second photo here, this is at the march on Washington in 1963. So the Medical Committee For Civil Rights was there, was marching, including...they had nurses, auxiliary, in essence, led by Rachel Robinson, Jackie Robinson's wife, who was a nurse.

She was a leade

But some of them don't want to treat civil rights workers. They're scared. They're scared it would hurt their practice, they're scared that it would invite retaliation. We tend to look back and we kind of have these rose-colored glasses that everybody was marching with Dr. King. No, everybody was not marching with Dr. King.

It was dangerous, right? It was a dangerous, dangerous thing for the black community as well as the





And as these Head Start programs start, the workers are saying, "These kids are in really bad shape. We've got to do something." And so, they start allocating a little money, so there's a little bit of money going to health care, but for the most part, the Johnson administration and the Congress, more importantly, because they were the ones allocating the money, was saying, "No, Medicare and Medicaid is our health care problem."



patients. And so, they were central to the movement in bringing health care to people that had previously not gotten it.

One of the things that the nurses saw and the doctors saw, especially as they went into the deep South...this is, you know, when Bob Smith was talking about what he saw in the Delta in 1964. It's one of the things that when the community health centers are developed, is that the problems were much worse than they had thought, you know, when they developed the Delta Health Center, they had a plan to go to Mississippi to deal with high infant and maternal mortality because they had statistics on that, right?

They knew that Mississippi had the highest maternal and infant mortality rates in the country. They knew that the black rates were more than twice the rates of the white rates. They knew that the Delta was worse than anywhere else. And so they had OB-GYNs, they had all kinds of plans. But when they got there, they found out there were many worse problems.

They found that they had geriatric problems, with a population that had been left behind as younger population had left and gone to Chicago...left the South. Huge problems with hypertension. But the biggest problem they found was malnutrition. And when they were first setting up the community health centers, there was a famous line...John Hatch... I'll picture of John a little bit.

John Hatch was the community organizer, and he went out and he's talking about, "We're going to do this, we're going to do this, and we've got programs for immunizations, we've got programs for new mothers, we've got all..." And someone said, "Yeah, that's all really good, but could you get us some food? Because that's what we need. We need food." And the amount of malnutrition was absolutely devastating. And then, remember, this is the mid to late '60s.

All right? United States is the richest nation in the world by far in the late 1960s. And people are starving to death. Literally starving to death. Jack Geiger... I'm just going to get my other clicker here. This is Jack right here. He was the founder of the Delta Health Center.

Jack is horrified and he does something that horrifies his OEO funders up in Washington. He starts writing prescriptions for food. People come in, they are malnourished, he worked out some deals with local grocery stores, and he said, "With our pharmacy budget, we're going to buy X amount of eggs or X amount of milk, X amount of..." And, of course, when word gets back to Washington that he's writing prescriptions for food, they go bananas, right?

"You can't do that. You're misappropriating funds." He said, "These people are malnourished. The prescription for malnourishment is food." And they couldn't argue with that. And so, what they did is they started a budget in a food prescription program. And so, Jack said, "We got to fix this problem." Of course, that's a short-term problem, right?

That's a short-term problem is dealing with, you know, dealing with someone who's starving today, they had to deal with the problems that were bigger. And so, food assistance becomes another issue tied directly to the movement. Now, one of the problems that Geiger found in Mississippi is that you would have food assistance, right, there had been federal food assistance since the 1930s.

It was what was called the Commodities Program, you know, excess flour, excess rice, and it went to the poorest of the poor. That starts to get phased out in the 1960s with the food stamp program. John Kennedy kind of restarts a food stamp program that had been around in the 1930s. And then it gets expanded in 1965 and 1966 under President Johnson. The idea behind the food stamp program, there was a couple of ideas, but one was to give people more choices, it was also better for the economy because people would be spending money in stores.

a little more money." And so, the food coops never become the success that they had hoped. But they're one of these creative solutions that civil rights activists were doing to try to alleviate the problem.

Poverty is one of those issues that, once again, we don't always think of civil rights movement...we kind of separate that from poverty even though Dr. King, and Malcolm X, and the Black Panthers, and SNCC, and everybody are talking about the ties between poverty and civil rights, and poverty and health. And one of the things that, you know, when we talk about an expansive view of health, and we talk about what the civil rights workers and leaders were doing, and they're saying, "We can't just look at healthcare as something where you're going to go give someone an immunization. You've got to talk about the social determinants of health, which you all probably know about. How does poverty, how does environment, how do all these things, race, education, how do these affect someone's health?"

And what we see is that in the 1960s, a lot of the civil rights leaders, certainly a lot of the medical leaders in civil rights are saying, "We need to address poverty." And once again, there's a great quote here by Roy Brown. "Penicillin may be indicated to cure pneumonia, but it alone will not stop the roof from leaking. It doesn't do us any good to treat people then send them back to a place where they're just going to get sick again."

That you've got to deal with the problems of health at the core. And if people are living in houses that have holes in the floor where rats and snakes can get in, don't have screens, or, you know, mosquitoes can get in, the roofs are leaky...

I always use this photo because it's very illustrative. This is a Mississippi sharecropper's shack and the picture's about, you know, here's the public health nurse treating someone, but this is a stove and these were really common. That was the only way to heat these shacks, is an old 55-gallon drum that had pesticides in it and you turned it into a stove.

When they first started the Delta Health Center, like I said, they were kind of expecting to have all these...you know, they were going to deal with maternal and child health. And what they found out is within the first winter, they were dealing with all these burns and [inaudible], "How are these children coming with burns? Why are they coming with burns?" And the nurses said, "Because they run into the stoves."

None of the doctors from Boston, or Chicago, or New York had grown up in a house where that was how you heated your home, right? And so, they literally spent thousands of dollars building little fences around all these stoves, and you eliminate a health problem. Now, that's...once again, that's a real small-scale example. But it kind of gives you the idea that, you know, you have to address health problems on a much broader scale.

And poverty certainly was one they had to address. Tied to house and poverty was water. Here's our 55-gallon drum, again. There's no running water in most of the black areas in the Mississippi Delta in the 1960s, or the Arkansas Delta, or throughout much of Appalachia, you know, including white areas of Appalachia because Appalachia is almost all white.

This is not just a racial issue. It's a poverty issue. So, you would go to town and haul water back, or you would collect rainwater, either, luckily, out of some kind of gutter or cistern, or unluckily, out of ditches. And you'd store it in this 55-gallon drum, you can see there's a spigot at the bottom.

Well, those 55-gallon drums used to contain pesticides. You don't have to be a health professional to understand that's not a great idea, right? You don't have clean water. Once again, these doctors would send people back with prescriptions and they, "Why are you coming back sick?" "Well, we mixed it











It's more it jumps out at you because you're like, "Wait a minute, the best hospitals in the world, best doctors are here. Why would you have this disparity?" And I think you'd probably see the same urban-rural thing. Thank you all. [inaudible]