



An Unwilling Partnership With the Great Society Part I: Head Start and the Beginning of Change in the White Medical Community



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ABSTRACT

By 1965, the policies and programs of Lyndon B. Johnson's Great Society brought optimism to black physicians and a new wave of resistance against black civil rights advocates in the American South. The largest of the first Head Start programs, Child Development Group of Mississippi (CDGM), had its roots in Freedom Summer 1964 and the Medical Committee for Human Rights. Like other proposed programs with strong medical components, CDGM was caught in a legislative Bermuda triangle created by the powerful Mississippi congressional delegation to maintain white supremacy and plantation economics. Physician-led investigations exposed the extraordinary level of poor health among Mississippi's black children, supported Head Start as a remedy, and awakened the white medical establishment to health disparities of the Jim Crow period. It was also the beginning of positive change in the previously silent white medical community in the South and their support of civil justice in health.

Key Indexing Terms: Medical Committee for Human Rights; Health disparities; Health legislation; Social determinants of health; Hunger. [Am J Med Sci 2016;352(1):109–119.]

Head Start was a positive poster child of the poverty war... By 1967... Mississippi had the largest Head Start Program anywhere... but it was in deep political trouble.

Peter Edelman in *So Rich, So Poor, Why It's So Hard to End Poverty in America*.¹

Information from national television had broken through the self-censorship of their local newspapers and their promotion of the segregationist views of the Mississippi power structure in the state and congress. What they saw was hard to believe and their reaction to it continued to stoke the fires for social change throughout the country.

INTRODUCTION

In previous articles, we reported details of the American civil rights movement in Mississippi (1954-1970) and identified participants and events that influenced a sea change in the American healthcare system.^{2,3} That change was facilitated by a small group of African-American physicians in Mississippi who, through their civil rights activities, were in dialog with federal civil rights officials and healthcare planners at the highest levels of government. They provided support to an army of out-of-state civil rights advocates who came to the state during that era, including health professionals who joined them to form the Medical Committee for Human Rights (MCHR).⁴ The remarkable history of the MCHR has been extensively recorded by celebrated civil rights historian, John Dittmer.⁴ Although racial turmoil continued, optimism about the future began to develop among them. By 1965, the American public was not just reading about the struggle for civil rights and justice in healthcare, they were seeing it on television on the nightly news.⁵ The eyes of the Mississippi rank and file were also opened.

OPTIMISM IN 1965

In his State of the Union address in January 1964, President Lyndon B. Johnson introduced the legislation of the Great Society, nicknamed the War on Poverty, with the promise to promote social justice and public health and to reduce the national poverty rate (Figure 1). That rate averaged 17.3% in the United States, but among blacks in Mississippi it was more than 80%.⁶

Despite continuing restrictions on their medical practice and threats of violence and economic retaliation for their civil rights activities, black physicians believed that implementation of the Civil Rights Act of 1964 could bring quick improvements in access to healthcare and improve the health of their patients.⁷ Soon, the Voting Rights Act of 1965 would provide a mechanism for social change that could bring a new order. The Economic Activity Act of 1964 established the Office of Economic Opportunity (OEO) with Sargent Shriver, a civil libertarian, children's advocate, and in-law of the late President Kennedy, as Director.

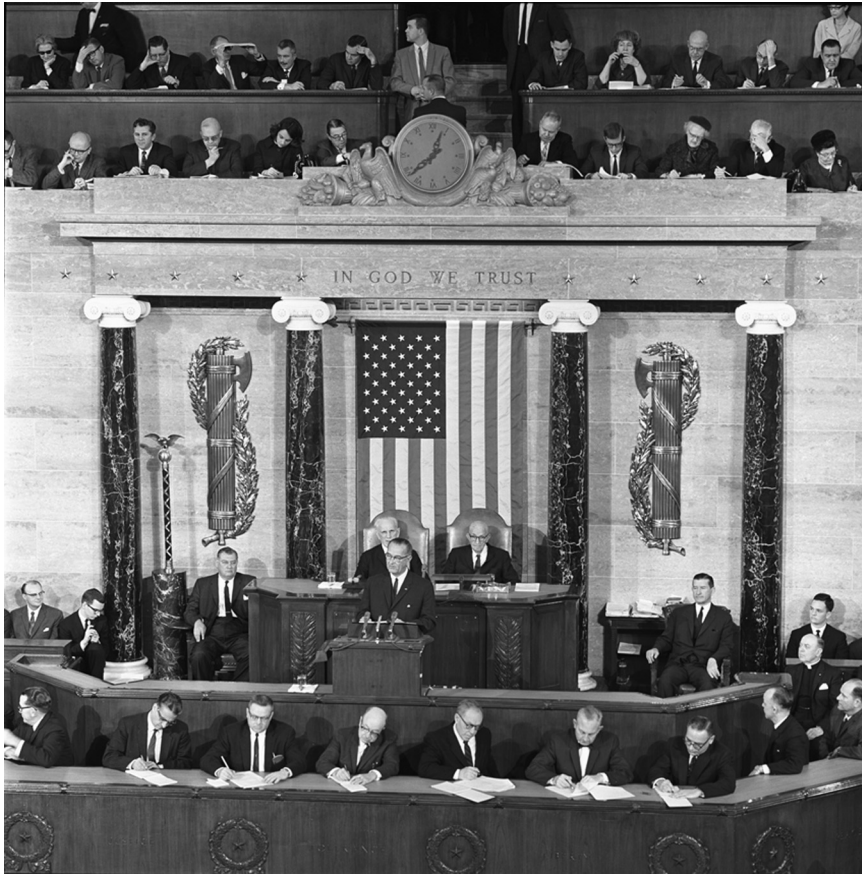


FIGURE 1. Lyndon B. Johnson's State of the Union address, January 8, 1964. President Johnson chose to use the annual State of the Union address of 1964 to introduce the Great Society legislation that would “end poverty and improve health and education for all” (3-6-WH64—LBJ Library photo by Cecil Stoughton. White House Photo Office. Public Domain: This image is in the public domain and may be used free of charge without permissions or fees.)

A number of MCHR members including physicians Mike Holloman, Leslie Falk, H. Jack Geiger, Count Gibson, Tom Levin, Mississippi physicians Robert Smith and A.B. Britton, among others, provided input into the legislation and were in positions to assist OEO programs and projects as they were implemented.⁷ For instance, in a meeting in the Greenville, Mississippi office of the National Council of Church's Delta Ministry in December of 1964, Smith, Geiger and Gibson joined fellow civil rights advocates Des Callan, Sidney Greenberg, Warren McKenna, Art Thomas and Corine Freeman for a crucial meeting.⁷ They synthesized their ideas and experiences to develop the concept and eventually obtain OEO funding for the first 2 federally sponsored community-run health clinics, now called Federally Qualified Health Centers. One of these was in the community of Mound Bayou, Mississippi, founded by emancipated slaves from the Hurricane Plantation of Jefferson Davis below Vicksburg, Mississippi.⁸ The citizens of Mound Bayou had already built their own hospital, The Taborean Hospital, and recruited a Loma Linda medical graduate, black activist T.R.M. Howard, MD, to be Chief Surgeon in 1954.

THE RISING TIDE OF VIOLENCE AGAINST VOTING RIGHTS FOR BLACKS

World War II veteran and Mississippi National Association for the Advancement of Colored People (NAACP) Field Director, Medgar Evers, and his Board Chair, Clarksdale pharmacist, Aaron Henry, recruited almost all of the 50 or so remaining black physicians who had not already left Mississippi or who had retired during the civil rights era to NAACP membership.⁷⁻⁹ Evers' murder not only failed to stop ongoing attempts to integrate health facilities, register voters and provide social programs for the poor but also energized them. As a result, violence against civil rights activists in Mississippi spread.

Mass arrests followed voting rights demonstrations in Selma, Alabama in January 1965. When Bloody Sunday occurred in March, nurses from the MCHR provided assistance to more than 100 of the marchers who were injured.^{10,4} Robert Smith, MD, a black family physician, civil rights leader and cofounder of the MCHR, provided medical support during the subsequent Selma to Montgomery march.⁷ In June 1965, hundreds of men, women and children marching in support of voter registration in

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