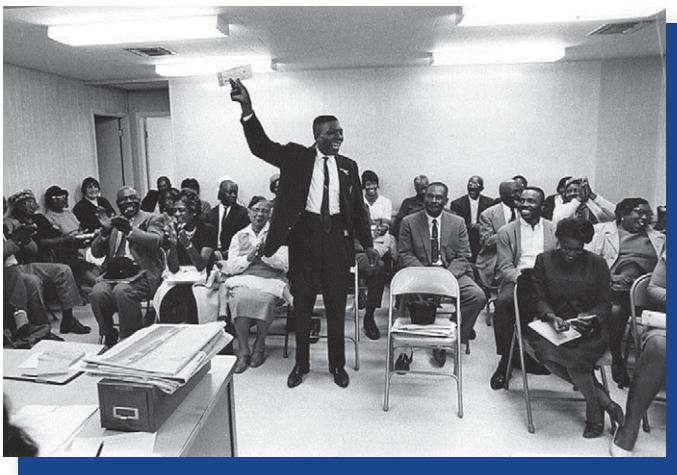


John Hatch On Community Organizing in the Mississippi Delta, 1965

| Excerpted from John Hatch. "Community Organizing on the Mississippi Delta, 1965," Presented at the 1970 Health Conference of the New York Academy of Sciences; October 20, 1970; New York, NY.



The North Bolivar County Health Council celebrates the arrival of a check to support its nutrition programs. Photo by Daniel Bernstein.

THE TUFTS-DELTA HEALTH

Center is located in Mound Bayou, Bolivar County, Miss., 100 miles south of Memphis and 20 miles east of the Mississippi River. The population of about 16,000 lives in ten small towns and scattered hamlets in our 500 square mile service area. Eighty percent of the population is black and 85% is poor. Our first contact with this community was in 1965; a final decision on the location of the Tufts rural health center had not been made and, before selecting Bolivar County, we felt it was essential to determine the level of community receptivity. Although I was born and raised in the rural south, I had become urbanized and felt it was essential to become attuned to the people of this community. I elected to spend several months

living with poor families in the area and working as a farm laborer. Experiencing diarrhea in a crowded rural home without toilet facilities is considerably more impressionable than reviewing data on the high rate of intestinal disorders. It quickly became apparent that the harsh environment—the heat, humidity, hard work—was as uncomfortable for locals as it was for outsiders.

I found that rural Mississippi is no less complex in terms of conflicting values and social forces than the urban ghetto. I had wondered if the civil rights movement had made much difference in the relations between blacks and whites in rural areas: it had not. I wondered whether poor blacks and middle-class blacks were significantly closer together: they were not. Would the target population regard us with suspicion and mistrust? Most assuredly. We knew that those whose income, power, and prestige might be threatened by our project would probably oppose us. But mistrust was pervasive. White conservatives had visions of an integrated hippie movement and saw us as an attack on the free enterprise system or a camouflage for civil rights activism. Gatekeeper blacks were concerned at the implications of an operation they perceived as being black-oriented functioning

outside their sphere of control. Several militant blacks questioned the appropriateness of a "White" institution that proposed to provide services in a predominantly black community; others felt all such programs amounted to pacification, merely delaying the day of confrontation.

We certainly could not assure each of these varied groups that the center would always operate within a framework acceptable to them. But we did listen and answer questions honestly and our accessibility and willingness to talk probably defused several potentially explosive situations. As a result, the poor became increasingly supportive of our efforts to secure community approval. In fact, more than 300 letters of support flowed into the office of Tufts Medical School. Beyond the statement that doctors and nurses were coming, many members of the community found it difficult to relate to other dimensions of the program that we outlined in community meetings and home visits.

Once we recruited a local community action staff and clinical services began, our credibility greatly increased. As dialogue increased between members of the staff and the residents of the communities we serve, special concerns began to emerge: the range included water, food, clothing,

housing, pest control, and disabled elderly persons. Each community was encouraged to select temporary committees to begin work on issues of their choice and to act as contact persons between the community and the center. We soon found that food—the lack of it—was the most pressing problem in the fall and winter of 1967. What could we do to help? Members of the staff were mobilized to help persons apply for assistance under existing government programs but, for whatever reasons, existing programs were not working. The concern

over food eventually led to the development of a cooperative farm, owned, staffed, and administered by displaced tenant farmers and sharecroppers. Considerable support for the project was provided by the center staff, but from day one it was the community's project. Thanks to the community's hard work and support from the Ford Foundation and the Office of Economic Opportunity (O.E.O.), the cooperative was able to purchase modern agricultural equipment.

Providing this level of support to the farm cooperative during its

first year of life did slow down the development of other priorities, but by leaps and bounds interest in center-related programs increased. Thus, when another community sought assistance in establishing a protected and reliable water system, the center provided legal and engineering services. In addition, we have supported environmental cleanup and sanitation programs, emergency clothing centers, cooperative purchasing of fuel, and repair and restoration projects on dilapidated and neglected plantation housing of former sharecroppers.

The Community Part in Health Center Program

Excerpted from Pearl B. Robinson, "The Community Part in Health Center Program," Presented at the 97th Annual Meeting of the American Public Health Association and Meeting of Related Organizations; November 10–14, 1969; Philadelphia, PA.

THE TUFTS-DELTA HEALTH

Center is now serving Northern Bolivar County. The great majority of people believe that the service is good and many of us take part in shaping the program to our local needs. The program is not perfect, but we do feel that we have found an effective way to bring about much-needed improvement in some areas of community life.

I first heard about the program in the fall of 1966. A team of people came to my church to talk about a health clinic they were trying to get started that would take care of poor people. We listened politely and clapped when they had finished. A few people asked questions, I didn't. I thought it was just another group

of people trying to get money. First, there was no doctor in the visiting group and I didn't understand what those present would have to do with helping sick people. The main thing I wondered about was the fact that some of the people talked funny and some of them were white. No white person had ever been to our church except to attend the funeral of a servant.

We had been wary of grand schemes to help us because they usually ended up helping only those who didn't need help to begin with. I felt they must be trying to sell insurance. White and black people had been selling worthless insurance for years. Somebody asked what we'd have to do to get in on this program

and they said it would be for all poor people if we wanted it. This didn't make much sense. I was thinking that only a fool would turn down what they were talking about, and only a fool would believe that all these things could ever come about.

I didn't see the Tufts people for several months. I heard about their visits to other churches and people's homes. The next time I heard them was at a meeting of our civic club. They had hired a respected preacher in the community and he seemed really to believe the program could benefit people. This man had a fine reputation, was a good thinker, and had never been in on anything shady. I began to feel that maybe these people were not