



Newsletter

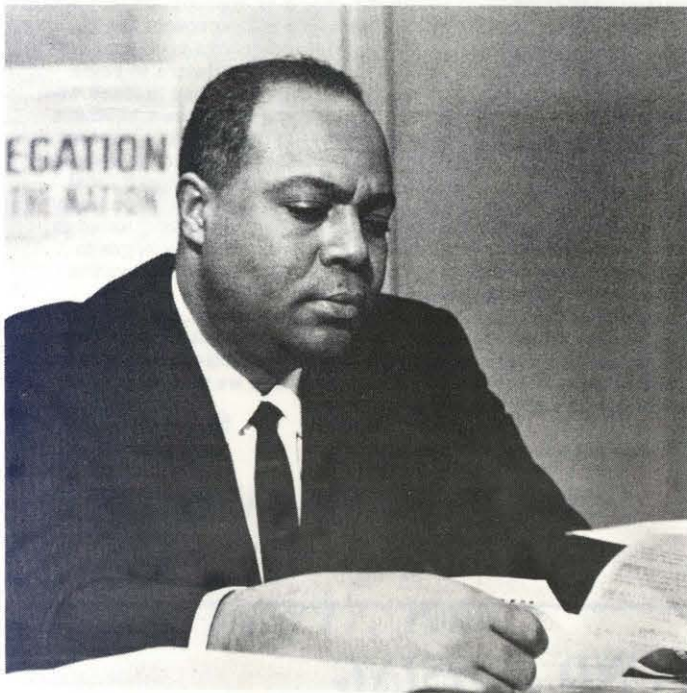
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MAY 1965

Address to National Conference by Aaron O. Wells, National Chairman

Delivered at Howard University, April 23, 1965



James Farmer, National Director of CORE, one of the principle speakers at the first Annual Conference of MCHR along with James Forman, Aaron Henry, C. T. Vivian and Lawrence Guyot.

It is with a profound sense of history and a deep sense of pride that I come before you today, ten months since the birth of the Medical Committee for Human Rights, to tell you that we have made history. My esteemed colleague, Dr. Benjamin Spock, would be the first to point out how unlikely it is for an infant to begin to run before it learns to walk. But this is precisely what we in the MCHR have done.

Born out of the acute circumstances of the civil rights struggle last July, the MCHR was created in response to a request from the Council of Federated Organizations in Mississippi. We were needed to provide emergency medical aid to civil rights workers conducting the Mississippi Summer Project of 1964. Close to 1,000 young men and women, the magnificent heroes of our times, had come from all over the country to commit themselves to helping Negroes to register to vote. The power structure - the establishment of Mississippi - was frightened. They behaved as frightened, desperate men behave - they struck out. Wanton bombings, brutal beatings and murder were the weapons used to discourage the civil rights movement. But with the discovery late in June of the battered bodies of the three civil rights workers, there grew a renewed determination that these deaths shall not have been in vain.

Scores of men and women from all over the country - teachers, ministers, students, lawyers and housewives volunteered to go to Mississippi. With little organization, but imbued with a deep commitment and determination to fulfill COFO's request, we contacted colleagues throughout the nation. Within two months 106 physicians, dentists, nurses, psychologists, social workers, and other health professionals, volunteered to serve in Mississippi. The presence of our medical teams was vitally needed to provide the emergency first aid in those areas where the hostility of the established order made access to local medical resources an uncertainty.

(Continued page 2)

URGENT CALL FOR RECRUITS

There is an urgent need for doctors and nurses to volunteer for field activities in the South this summer. Starting June 12, CORE will be sending volunteer students into 15 counties of Louisiana and also into Northern Florida and South Carolina. Dave Dennis, formerly Assistant Director of the Mississippi Project, has stated that CORE will engage in civil rights activities in Louisiana this summer to the same extent and manner as COFO performed in Mississippi last summer. CORE hopes that the Medical Committee will aid in Louisiana as we did last summer in Mississippi.

Specifically there is the danger of violence. The presence of medical personnel aid the civil rights movement by diminishing the effects of the threat of violence. In addition, CORE wants us to facilitate the medical care of civil rights participants, to investigate health needs and resources, to test compliance with Title VI of the Civil Rights Act for hospitals, and to educate the local population in regard to public health matters.

This CORE project alone requires an intensive recruitment campaign. We need at least 15 doctors and nurses in Louisiana from June 12 to Labor Day. If they volunteer for only 2 weeks this means a minimum of 90 people for Louisiana alone.

In addition to CORE's needs, Tom Levin as director of the Mississippi Child Development Program (Operation Head Start) has requested doctors, nurses and health educators to work in Mississippi in a rotating basis facilitating the health care of the 5,000 children in the program.

Dr. June Finer, our Southern Field Director for Medical Presence is now in Alabama discussing with SCLC and SNCC their needs in respect to the Medical Committee's functioning in Alabama where many college student volunteers are expected.

The Washington Chapter has undertaken a health project in the Black Belt and Virginia.

In order to fulfill our responsibility to the movement every chapter and every member should immediately sign up and recruit others for activity in the South. Please send all names and addresses of volunteers to the National Office: Drs. Marvin Belsky and Wagner Bridger Co-Chairmen Recruitment and Medical Presence.

Wagner Bridger, M.D.

Editor - - - - - Lee Hoffman, M.D.

Graphic Arts - - - - Father Lawrence McGowan

Secretary - - - - - Edith Needleman

The Newsletter is printed free of charge at Saint Albert's Press, Stepinac High School, White Plains, New York.

Executive Director's Notebook

Ten months prior to the weekend of April 23rd, we said it was possible. The First Annual Conference, held during that weekend in Washington, made it official. The MCHR is now, in fact, a national organization whose purpose is to program for the health needs of the socially deprived.

The National Conference brought together official delegates from fourteen chapters, many of whom had volunteered their services to MCHR's summer "presence" program or to the recent program in Selma, Alabama. Most of those in attendance were concerned about expanding MCHR programs to their respective local communities, because they recognized the need for such programming in their local communities. It is appropriate that health personnel and members of MCHR who do not represent health personnel, all of whom have a specific interest in problems related to health services, brought with them the desire to begin some discourse around the health needs of the urban masses who, in many cities, require as much programming as their southern counterparts. It is, in large measure, because of this interest in expanding our primary concentration from southern presence to national programming, that we have begun to approach local problems with a unique sense of dedication and purpose on many levels. Those chapters which I have visited, such as Pittsburgh, Detroit, Boston, Queens-Nassau and New York, have begun to move in on local health programs with a new kind of determination to bring about rapid change.

If I were asked to explain our major purpose for being, I am certain that my reply would be, to deal so effectively with the health problems of the socially deprived that we will work ourselves out of a need to exist.

Now there is a vast need to exist.

Johnny E. Parham, Jr.
Executive Director

FUND RAISING

in New York

The Women's Auxiliary raffle has been drawn. Participants won prizes; MCHR earned \$2,500.00. Everybody is happy. (The Raffle Committee wishes especially to thank Mrs. Virginia Wells for support in this program.)

Ester Smith, the National Fund Raiser, requests all Chapters to send to the N.Y. office, as soon as possible, the following information:

- a) The names of their Fund Raising Committee Chairmen.
- b) A list of their current fund raising activities.
- c) A local budget which will enable the National Office to project fund raising quotas for each Chapter.

Dr. Edward Barsky, Chairman of the Fund Raising Committee has begun to discuss plans for a large dinner to be held in the Fall honoring the veterans of the South. Further details will follow.

All Chapters are asked to order membership pins from the National Office; they cost \$3.00 apiece. It is recommended that they be sold for \$5.00 thus yielding a \$2.00 profit for the Chapter.

A huge printing of holiday season cards is being planned. Twelve of the country's top artists are being recruited to contribute their talents to MCHR. Details will follow.

NATIONAL CHAIRMAN (Continued from page 1)

The position of medical teams in Mississippi was unique. In some respects we were like a medical section of the Peace Corps, charged with the responsibility of maintaining the health and well-being of a youthful task force striving to bring progress to an alien community. But there were notable differences. We lacked the sheltering support of an all-powerful, all-providing sponsor, and legal restrictions curtailed our ability to provide medical care. Not wishing to infringe upon or compete with the practice of local Mississippi physicians, MCHR workers established contact with white and Negro physicians throughout the state and thus established a valuable bridge of communication.

But as important as this aid was, it soon became abundantly clear that another large and critical health problem demanded attention - that of the Negro communities. These communities for generations have systematically been deprived of the rudimentary physical safeguards and medical care, thus producing a continual medical emergency.

Our medical teams, returning from the battlefields of freedom convinced of the need for both short range as well as long range programs in the south, recognized the need for transforming an ad hoc medical committee into a permanent national organization with a vital historic role to fulfill. And so the Medical Committee for Human Rights voted to become permanent. We became an organization providing the health professions with an ongoing avenue for direct action in the civil rights struggle in America today to ensure medical aid for civil rights workers and to help develop urgently needed health and medical programs in the ghetto areas of both the North and the South.

In these past ten months MCHR has won for the medical profession the beginning of a new image. Physicians, viewed by many as the conservative, non-involved members of our society, have through their involvement in MCHR won the respect of patients, colleagues, family, as well as the workers of the civil rights struggle. No longer can the physician who went down to Mississippi think only in the narrow, parochial terms of his specialty or profession - he must now face the problems of the total community which he serves.

It is important to understand the basis for the civil rights struggle being waged through the voter registration drive in the South today in order to assess our role in it. It is generally agreed that a socio-economic change in the South is inevitable. It is likewise understood that the day can be hastened by enfranchising the Negro, who represents the principal force for progress in that anachronistic section of our nation. A people must win its own freedom and the Negro's determination to do just that is now a matter of historic fact. But in the course of such a struggle, allies are indispensable. And it is in this role in which we of the MCHR can and must effectively function. We must use the ranks of the MCHR to recruit thousands of white and Negro physicians. The Negro physician, who has faced a lifetime of struggle against discrimination, has a very special role to play in the Medical Committee for Human Rights. He, perhaps better than anyone, can best identify with the health needs of the deprived communities North and South.

The unity of the Negro and white health professional in the cause for human rights can go a long way in helping to bring about the end of the Jim Crow practices of the various professional societies and their sub-divisions (AMA, ADA, etc.). In this fight we welcome the support and offer ours to the NMA and NDA.

(Continued page 5)

Southern Field Director Chosen



ALVIN FRANCIS POUSSAINT, M.D.

The Medical Committee, after an extensive search, has finally found an ideal man for the position of Southern Field Director. His name is Alvin Francis Poussaint; he is 31 years old and is single. Dr. Poussaint was born and raised in the East Harlem section of New York City. He attended Columbia College on a New York State Regents' Scholarship. There he fulfilled his pre-med requirements as well as concentrated studies in French. At this time he also became active in NAACP. He graduated from Columbia in 1956 and then entered Cornell Medical College. One summer during Medical School he worked as a Fellow for the New York City Department of Health doing research in prenatal care of Negro and Puerto Rican women. He was in the 1st Quarter of his class when he graduated in 1960.

Next, he took a straight Medical Internship at UCLA Medical Center and then entered the UCLA Neuropsychiatric Institute for training in psychiatry. In addition to his formal training he did considerable research in several areas, including the drug treatment and etiology of nocturnal enuresis. This year he is Chief Resident in Psychiatry. The Institute's training program includes 60 Residents and Fellows and so Dr. Poussaint has gained a great deal of administrative as well as psychiatric experience.

Dr. Poussaint's long-range professional interests are in psychiatric research - particularly psychopharmacology. He has decided, however, to postpone this goal for a while so as to be able to work with the Medical Committee beginning July 1, 1965. Though his Headquarters will be in Jackson, he will move about the South to supply on-the-spot coordination and supervision of MCHR's activities.

from the

TREASURER'S REPORT

May 17, 1965

The Committee had on hand on April 1, 1965, \$25,967.38. We received in income \$6,210.06. Total disbursements for the month were \$13,458.04, leaving a net balance of \$18,719.40 as of May 1, 1965.

It is obvious from the above noted that our income is nowhere keeping pace with our expenditures. To date, there has been no indication from the chapters of payment of any of these debts. There have been no dues income nor have any fund raising programs been worked out.

At the present rate, our bank account would be depleted before the onset of our most trying and expensive summer period. I urge the Executive Committee's immediate emergency action to guarantee more income or to replan activities and current expenses, to cut down what we are already committed to.

Alfred Moldovan, M.D.
Treasurer

New Sponsors

Leona Baumgartner, M.D. _____ Assistant Administrator,
Technical Cooperation and
Research, Agency for
International Development,
Department of State

Philip M. Stimson, M.D. _____ Consultant in Pediatrics,
St. Lukes Hospital, N.Y.

Equality in Medicine Day...

June 21, 1965

The MCHR is planning a demonstration of physicians in front of the New York Coliseum during the annual meeting of the A.M.A.

In previous years, when the issue of segregation within the AMA has been brought before the House of Delegates, the House of Delegates has expressed approval of integration in all health services and organizations. However, complete control of membership has been retained by local county and state societies and the pattern of rigid segregation persists throughout the South.

The inability of a significant portion of the national medical community to obtain membership in the AMA has far-reaching effects. Negro physicians are unable to obtain hospital staff appointments, they are denied the continuing educational process that enables a physician to give his patients the best care. By their inability to become members of the AMA, Negro physicians are denied their right and privilege to practice medicine according to the oath of Hippocrates.

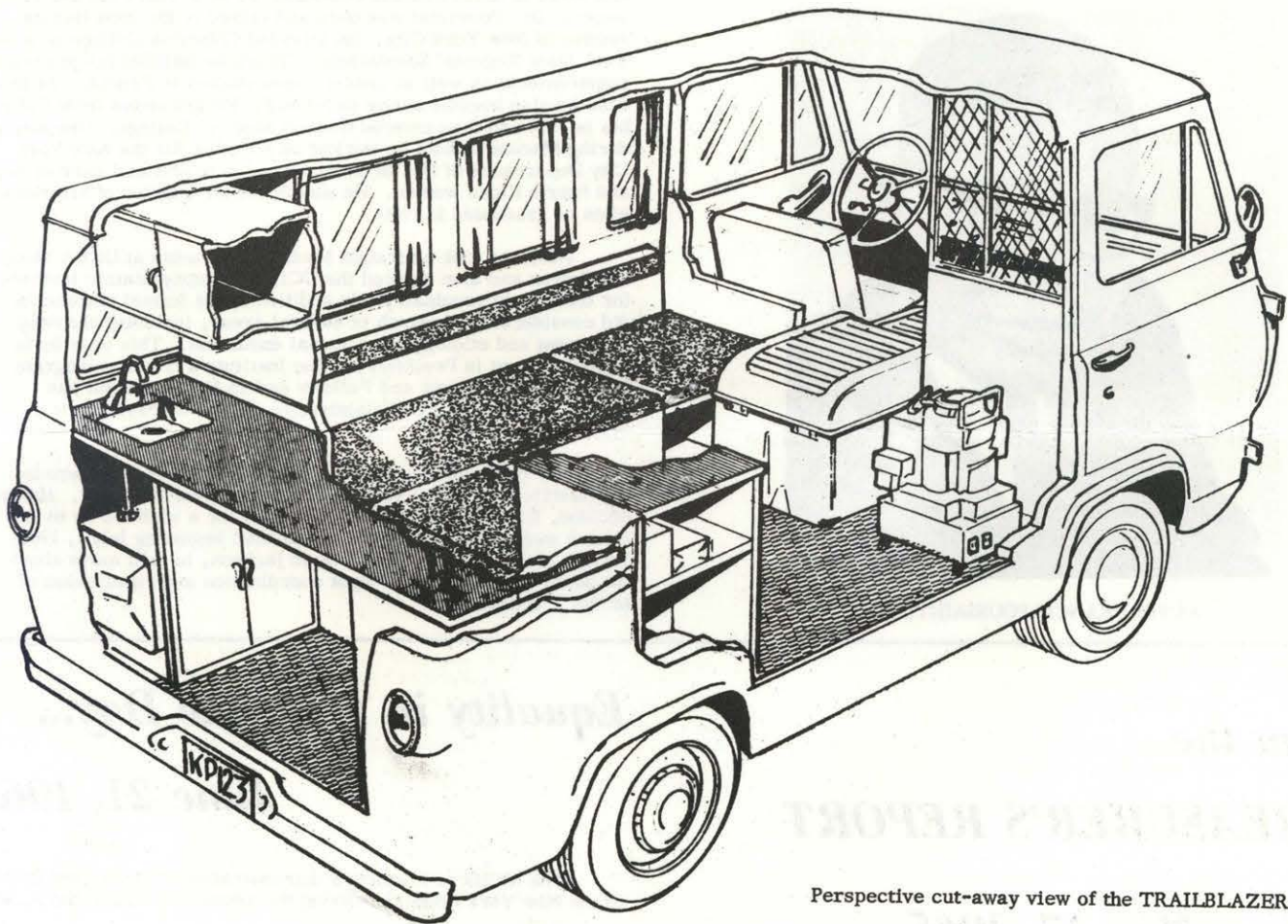
We are therefore urging the House of Delegates to alter their bylaws so as to permit membership in the AMA to all physicians and to deny charters to those local county and state societies which deny membership to Negro physicians.

If the AMA is to continue as a spokesman for American Medicine, as it has been for over 100 years, Negro physicians can no longer be denied membership in local county societies and their voices must be heard.

We urge all members of MCHR to come to New York and participate in this demonstration to be held June 21, from 11:00 AM til 4:00 PM. This is an MCHR demonstration; its success or failure will be directly proportional to the number of physicians who will add their dignified presence to those who are already committed. Our presence must be so overwhelming, the resultant national pressure so great, that the AMA must act to alleviate this grievous injustice.

Richard Hausknecht, M.D.
Coordinator

MCHR's Mississippi Mobile Health Unit



Perspective cut-away view of the TRAILBLAZER.

At a meeting of the Medical Committee for Human Rights held during the APHA Convention in New York last October, a decision was made to sponsor and send to Mississippi for field service, a Mobile Medical Clinic.

Plans were coordinated by Drs. C. D. Gibson, Jr. of Boston and Aaron Wells of New York, with the builder, Medical Coaches Incorporated, Oneonta, New York. Six weeks later the Mobile Clinic was completed, driven to Boston where it was filled with Christmas toys and driven by Dr. and Mrs. C. D. Gibson, Jr. to Greenville, Mississippi.

"THE TRAILBLAZER" is an unusually compact, self-propelled Clinic designed within a 1965 Ford Econoline Van to serve as a mobile ambulance/dispensary with facilities for transporting personnel.

Completely insulated and lined with Marlite panelling, it includes a full-width stainless steel dispensary work counter at rear together with storage cabinets and sink attached to an 18 gallon water tank.

The interior body is designed to transport seated patients or personnel. It can be readily converted to carry two stretcher patients or to sleep two team members using inflatable air mattresses and sleeping bags. Electric power is provided by a portable 1500 watt generator plant. A 35 watt transistorized amplifier/PA system was provided for operation during transit off the vehicle battery or from the AC generator. Additional equipment includes portable floodlights, fluorescent lighting, steel mesh partition to separate cab section from the interior body, 50 ft. lead-in cable, linoleum floor in body interior, draw curtains in body interior for privacy.



"THE TRAILBLAZER" Medical Clinic as built for Medical Committee for Human Rights.

Mississippi Action for Community Education

a project of the Child Development Group of Mississippi

In the spring of 1965 local volunteers conducted an intensive campaign of telephoning and door to door canvassing throughout the state of Mississippi to invite the fullest possible community participation in planning a summer program for pre-school children. The response was overwhelming and led to the formation of the Child Development Group of Mississippi (CDGM). A Board of Directors of CDGM was established representing a broad spectrum of responsible leadership deeply committed to education.

At the request of 75 Mississippi communities CDGM will coordinate Mississippi Action for Community Education (MACE) - a summer program for 4,500 pre-school children. In cooperation with CDGM, Mary Holmes Junior College, West Point, Mississippi, submitted the proposal for Mississippi Action for Community Education to the Office of Economic Opportunity, Project Head Start. The grant request was for \$1,263,480 to develop a statewide child development program. The project was enthusiastically received by the Office of Economic Opportunity and the money was granted on May 18th.

Community action for education is the dominant philosophy around which all program activity will grow. The CDGM program aims for:

1. The highest level of local community autonomy consistent with the sharing of resources, sound fiscal practices and administration;
2. Full participation of responsible community people without regard to race and economic status;
3. Full creative function of resource and community staff.

Each of 75 communities in Mississippi has selected a representative group to act as a local committee of the Child Development Group of Mississippi. These local committees have provided the substance for all aspects of the preliminary planning and will be responsible for the Child Development Centers in their communities. The communities will provide the resources and skills to meet the needs that reflect their own special situations.

The committees have enrolled children preparing for their first school experience in September 1965. Local center facilities presently range from an inoperative, well equipped kindergarten to a defunct school in need of extensive repairs. Plans have been developed for transportation, meals and every aspect of the daily program activities. Each center will devise materials, games and activities unique to its needs, relying on suggestions from parents and children, as well as from the resource staff. MACE will include the following projects and programs:

1. Community School Equipment Project
2. Community School Apparel Project

3. Performing Arts Project
4. Film Production Project
5. Counseling Project
6. Reading Readiness
7. Printing Project
8. Health Program

An intensive program has grown from the communities' interest in the health of their children. The crucial objective of the health program will be to identify health problems and to facilitate treatment. CDGM, in consultation with the Medical Committee for Human Rights, will develop health program and procedures and will volunteer services in those communities where professional assistance is not available. Community volunteers, including local youth, will be trained to assist with examination and collection of pertinent health data.

Concepts of health and health criteria will be part of the program material for the pre-school children and the community. The materials will include health games, audio-visual devices and techniques in parent education. The health coordinators, staff dietician and local committees will develop menus and methods for food preparation which will aim toward the enrichment of the dietary intake of the children while reflecting community resources and preference. \$110,000.00 has been allocated for the Health Program.

Participation from the total community will be encouraged in every program. As many as 2300 neighborhood volunteers will be needed to prepare center facilities, assist with the health and special development projects, aid in the recreation and entertainment aspects of the center program. There will be unlimited opportunities to work and participate in the activities of CDGM's program. The Resource Staff salary scale will range from \$100 to \$150 per week based on experience. Community Staff Trainees will be paid \$60 per week; Community Staff Aides will be paid \$50 per week.

All kinds of health personnel are needed. If you are interested or know someone who is, write to:

The Child Development Group of Mississippi
Box 139
Edwards, Mississippi

or call: New York, (212) 870-2456

Tom Levin, Ph.D.
Director

NATIONAL CHAIRMAN (Continued from page 2)

This unity, harnessed by the civil rights movement, can develop the kind of long range program that would see local health committees formed in every county of every state in the Black Belt as well as in the northern ghetto areas. These health committees present the possibility for attainment of improved health standards and adequate medical care of every American. These committees can be the vehicle through which the poor white can be made to understand that his lot is inextricably tied to that of the Negro and that his health care will be improved only when health conditions for the Negro are improved.

Along with these long range plans, we must develop, extend, and systematize our short range program to provide medical presence wherever there is a confrontation between local Freedom movements and "the establishment".

Our recent experience in Selma, Alabama, taught us a great deal. First and foremost, it is a certainty that the presence of our first medical team on the morning of March 7th, under the leadership of Dr. Alfred Moldovan, was directly responsible for preventing not only panic, but in several cases actual loss of life. The magnificent response, resulting in the medical presence in Selma and Montgomery of 102 physicians, nurses, psychologists, social workers, medical students, hospital administrators, etc., during the critical two week period, is further testimony to the effectiveness of the work of the MCHR throughout this country since its founding. I wish to pay a special tribute to the courageous Negro physicians and dentists in Selma under whose leadership and direction our teams functioned.

(Continued page 6)

NATIONAL CHAIRMAN (Continued from page 5)

It took the crisis in Alabama to prove once again the *raison d'etre* of the Medical Committee for Human Rights. Our sponsors and supporters are from among the most eminent members of our profession. It is that very breadth which gives us strength. It is the many points of view with the singleness of purpose which will continue to help us achieve our goals. We will continue to respond to requests for medical presence from all sections of the civil rights movement. There must be no veto power in our organization. The one-man, one-vote principle must be reflected in our own ranks. Projects should be adopted, programs launched, and activities engaged in only after the most thorough discussion, based upon factual information and consensus agreement. There is room in our organization for everyone. There must be a creative development of program both locally and nationally which would use all of the resources of the physician, the dentist, the nurse, the psychologist, the social worker, the businessman and the trade unionist. As we move into our long term projects and begin to function with the aid of War on Poverty funds, and as we begin to spotlight attention on the federal government re non-compliance with federal statutes, such as the Hill-Burton law, we will require the cooperation and participation of as many dedicated people as is possible. The time to recruit is now.

We in the health professions enjoy a very special privilege. We are respected members of the community. Our ability to influence not only our colleagues, but government officials, community leaders and the public as a whole, is limitless.

In his address before an audience in Brown's Chapel in Selma last month, Dr. Martin Luther King reiterated the expressed intention of James Farmer of CORE, Jim Forman of SNCC, as well as NAACP and other civil rights organizations, to move the fight into the northern ghetto areas. To this I say for the Medical Committee for Human Rights, "whither they goeth, so goeth we". The inadequate health facilities in the many "Harlems" of the north must be the focus of attention of our National organization through its local chapters.

With this first Annual Conference, The Medical Committee for Human Rights has come of age. The decisions we reach here will give us the instruments with which to forge a meaningful, historically significant program as the medical arm of the civil rights struggle.

A New Newsletter

The New York Chapter has begun publication of its own "N.L." It is beautifully reproduced and burgeoning with information about the Chapter's numerous activities. One can receive the Newsletter by writing to: New York Chapter, MCHR
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MEDICAL COMMITTEE FOR HUMAN RIGHTS
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