

Rough Draft of Report on Alabama MCHR Project

January 26, 1966 to March 20, 1966

The Alabama Office of the MCHR is located at 1430 First Ave., Selma, Alabama. The mailing address is P.O. Box 668, Selma, Alabama. The above address is also my living quarters.

I have been getting the office into shape for working and going through the files. There are many reports to be read and I have not yet completed reading them. There is also a wealth of information in this office which has to be sorted, interpreted and gotten out to the Civil Rights groups in the state and into the community. Much more research has to be done. Due to immediate programming, I have not been able to do this.

Both SCLC and SNCC are actively working in the state. The SNCC State Office is here in Selma and I have been working very closely with the workers. The SCLC State Office is also here but, it has been closed since I have been in the state. Most of the State Officers of SCLC have been working in Birmingham. To the present time, I have not gotten up to Birmingham to talk with them. I am, however, working with SCLC staff workers on the local levels in the counties. More details concerning the county levels will be given later.

There appears to be no problem in securing information concerning health and medical services from State offices. I have received requested information without any problems. I also have my temporary Alabama Nursing License. I am applying for a permanent one.

DEPARTMENT OF HEALTH DIVISION OF HOSPITAL PLANNING

I have gotten information from this department concerning qualifications ~~of~~ for and licensure of hospitals and nursing homes in the State of Alabama. I talked at great length with people concerning the problems of health and medical services in the state and the problems involving care under the Medicare Program. Mr. Edward Davis of this Department states that the Dept. is in support of Medicare and of desegregation of all health facilities. Their way of showing support is to travel with HEW investigators when they investigate facilities after receiving complaints. He said that they have offered services to hospitals in order that the hospital fill the requirements necessary for eligibility of working with Medicare. He stated that he is very fearful that racists are working hard to see that the Medicare program will be ineffective in Alabama. The licensure of hospitals which do not meet requirements was also discussed. It seems that the Division gives "years of grace" to hospitals by giving them temporary licenses in hopes that they will shape up.

in this County area very apprehensive about being know to file complaints, etc. Both SCLC and SNCC are working in the County. People have been getting information out concerning Medicare. I visited the Department of Health and talked at length with Mrs. Watts, the nurse. She is very overburdened with work. She doesn't even have time to make visits to new mothers delivered by midwives. There is a big drive on now to encourage immunization. Only five percent of the one-four year old non-whites and 23 per cent of the same age whites were found to have smallpox immunization. 67% of white youths between the ages 5-14 were also without immunization as were 69% of the non-whites of that age. This drive was initiated by Dr. Ross, the Health Officer of Dallas and Wilcox Counties. The Department of Health is very inadequate in this County. Whites are not served. Mrs. Watts told me that she hadn't had a white patient yet this year. She said that she had three white women come for prenatal care last year but, they only visited the Health Dept. once and then went to a private physician and was delivered in a hospital. I asked her who paid for the care of the indigent white and she replied... "it gets taken care of" and would not give any information. 77.4% of the births in the County were attended by midwives in 1964. I talked with two of the midwives and they feel rather inadequate and stated that they had not had a meeting with the nurse or a physician in over a year. There are 32 in the County and the majority are elderly women. The younger women do not seem interested in becoming midwives and Mrs. Watts plus one of the midwives expressed some concern about who was going to deliver babies in the not too distant future. In January, a 1 pound, 7 ounce infant was delivered by a midwife. The family did not have the means to transport the child to Tuskegee so the infant was taken via highway patrol, across 5 Counties and switched at each County line to another patrol care which serviced that County.

Greene County

Both SCLC and SNCC are at work in this County. There is a Tent City in this County which houses three families at the present time. It has only been in existence for about two weeks. Some information was obtained from the Dept. of Health concerning sanitary precautions, etc. There is not a full-time Sanitarian in this County and he does not visit the County regularly so, to this time, people have not been able to consult with him. Tent City does have a well but, it does not meet with recommendations of the U.S. Public Health Service. Samples of water were taken and sent to the Public Health Lab. for examination. The results have not been made known yet. The water is not being used at this time. Preparations are being made to construct and safer

and more sanitary well. At this time the ground is too wet for drilling. There are First Aid supplies at the tents and there is a person who has some knowledge concerning First Aid. Little has been done in this County concerning Medicare. The hospital, which I spoke of previously in Butaw, is still segregated. Work has not been done at this point concerning the filing of complaints. I visited the Dept. of Health.

a local physician) who I met at the Planned Parenthood Conference in Atlanta. She asked me not to associate myself with the Family Planning Clinic at the Dept. of Health because I might jeopardize the program. She said that many whites volunteer services to work in this clinic and if they even knew that she was talking to me, they would withdraw support. She had invited me out to her home but, as of yet, I have not gone. Community People have also been working on encouraging those eligible to apply for Medicare.

Lowndes County

There is a Tent City in this county which houses five families. The sanitary conditions are very poor. I have been working with Tent City since I arrived in Alabama. There are two elderly women who are not in the best of health. There was one case of infectious hepatitis in the City and the Dept. of Health did inoculate the immediate family. The child was not quarantined nor hospitalized. The sanitation officer of the County Health Department inspected the community of tents and approved of the living conditions. There has not been another case of infectious hepatitis and the child has recovered. Tuskegee Institute has a grant for a Community Education Program. They have been working in Lowndes County for the past several months. They do have a Health Division and I have been in contact with the nurse, Mrs. Rose Storrs, who has been working in the County. She said that they would be responsible for the health education in that County and would work with the people of Tent City. Little has been done as far as health precautions go. It seems that the Community Education Program is very bureaucratic and that all kinds of permissions must be granted before any division take a step. A well for the drawing of water was assured the people of Tent City several weeks ago and it has not materialized yet. SNCC is unable to dig one due to the lack of funds. There is not a hospital in Lowndes County and the population of that County is 15,417. It is 80.7% Negro. If persons can afford to see a physician they must go to either Montgomery or Selma. Transportation is very scarce. There is a physician in Port Deposit which is at the far end of the County who sometimes will keep a patient overnight in his office. The Health Department services Negroes. It is thought that whites do not go there due to the fact that no one I spoke with ever saw a white patient in the clinic as a patient. Mrs. McGill, an officer in the Freedom Party, has been distributing information on Medicare and is working on gathering complaints on health and medical facilities which the people of the County use...this includes those outside of Lowndes County.

Wilcox County

There is a group in this County which meets each Wednesday to discuss health, ~~and~~ medical and welfare problems in the community. Complaints have already been filed with HEW through the MCHR against the Dept. of Health and the Wilcox County Memorial Hospital. This hospital has already signed an assurance to comply with Title VI but nothing has changed. The people

State Mental Institutions would totally desegregate. They are Searcy Hospital in Mobile and Bruce Hospital in Tuscaloosa. Partlow State School and Hospital, for mentally retarded persons will also desegregate. It is in Tuscaloosa also. Much work in this area has to be done by the MCHR acting as a catalyst. The Board of Health Departments in the Black Belt serve only Negroes to a large extent and that is inadequately. Where they do serve whites, there are separate entrances, waiting rooms, etc. Clinics are also segregated. This is a tremendous area for community education...politically. It is an opportunity for community organization and the CR groups are intensely interested in our help in this area. In the counties where I have been, some work is now going on concerning the filing of complaints with HEW concerning hospitals and Health Depts. We are using the same forms that the MFDP-MCHR is using in collecting information for the suit against HEW. Some of the people whom I have talked with are very interested and taking more drastic action than just filing complaints with HEW.

The following will be a break-down of the work which is going on concerning medical, health and welfare services in Alabama.

Dallas County

I have been working with both SNCC and SCLC. The Aims group is rather non-functioning at the present time. Some of the members are yet meeting and are working on the school lunch programs. There are people in the County who are working to collect complaints against the Department of Health and the hospitals. Burwell Infirmary is an all Negro hospital here and is far below standard. It is licensed in the State and if it does not improve by December 31, 1966, it will lose licensure. It does not even have one licensed registered nurse on staff. It is very difficult for me to evaluate this hospital due to the ethics involved but I must say that it is a detriment to the health of the community. There is much nostalgic sentiment about this hospital in the Negro community so I am at a loss at what to do. Good Samaritan, the predominantly Negro patient hospital in financially in the "red". It is short on Nursing personnel also and is seeking to recruit R.N.s. Rev. Crowley, the administrator, has been asking about the possibility of grants for the hospital. He is interested in developing an visiting nurse service. There is a school of Practical Nursing affiliated with the hospital and he is interested in the possibility of getting money for preparatory school due to the fact that the girls who come into the nursing program are so ill-prepared. I have talked with Dr. Jack Gieger concerning this. There is also a problem with the lack of knowledge concerning First Aid with the ambulance Drivers. The director of Nursing has sought the MCHR for help concerning this. I think that now they are in the process of getting the hospital board to endorse or recommend a First Aid course for ambulance drivers and solicit the Red Cross for help. HEW is investigating the Dental Clinic here at the Dept. of Health. It definitely does discriminate and they still want the people involved in the complaint to approve of the facility. There is a proposal being drawn-up for a Head-Start grant. The MCHR has been asked to assist in the planning aspect. I am in contact with a white woman (wife of

as far as I am concerned and it must be watched. There is a definite need for research and interpretation of the entire Medicare Bill. I do hope that the MCHR can work on this. The Bill as I understand it, leaves room for all types of things. I think that local communities should be aware of what they might do to help shape things in the right direction. There needs to be definite revisions of the bill. For instance, anyone 65 or over should be able to walk into a hospital and be hospitalized if necessary. The bit concerning forms, etc. could be done at this time. The deadline for application has excluded many people. There are many other areas that need revision and I think that it is the responsibility of the MCHR to act as a catalyst concerning political education, community action, etc., in this area of concern. I think that we have to openly support the socialization of medicine because of the inefficiency of the present programs and for many other reasons. I am very apprehensive about Medicare in Alabama as you can tell. Of course, its failure here in the State can lead to all types of action and this I think we should be preparing for. The Republicans can probably help us on this concerning action party-wise.

Hospitals, Departments of Health and Compliance with the CR Bill

An excellent report of the U.S. Commission on Civil Rights has recently been released. ~~It is~~ It is TITLE VI...ONE YEAR AFTER and is a survey of desegregation of health and welfare services in the South. Nine hospitals in the State were surveyed and the Departments of Health and Welfare were also surveyed to some degree. Selma Baptist Hospital will not accept Negro patients. It is still serving white patients and is receiving Federal monies through Old age Assistance directly from the Dept. of Pension and Security which discriminates. Good Samaritan Hospital, which is predominately Negro, has signed an assurance for compliance but, has problems in getting white patients. There are approximately 32 white physicians on the staff and they are reluctant to bring white patients there. In Wetumpka, Alabama, (Greene County in the Black Belt) the 26-bed Greene County Hospital is engaged in a remodeling program to convert all accommodations to private rooms. The hospital is heavily segregated at this time. It is also in the process of constructing a 30-bed nursing home with Hill-Burton funds. In Marion, Alabama, (Perry County in the Black Belt) the Perry County Hospital and Nursing Home has taken steps to file assurance and to begin compliance. The people in the community have said that some things are gradually changing but it is still segregated. They told me that the Federal Men have been down to the hospital and that the white folks can't figure out who is sending them. In Perry County in the town of Uniontown, there is a small hospital which is closed due to the fact that adequate staff cannot be found to staff it. The New Vaughan Memorial Hospital in Selma is heavily segregated. In Wilcox County, the Wilcox County Memorial Hospital signed assurance to comply last year but, but remains segregated and without change. The people of the County have filed complaints with HEW through MCHR. The majority of the hospitals in the State have not moved toward desegregation. This past week it was announced that the two

Food and Drug Administration. He was appointed to work out of this office for a year in April of 1965. I was able to get leaflets and posters which were distributed to CR workers and community people in some of the counties where I have contacts. Due to lack of time, I did not get to do all of the minimal work that should have been done in this area. Agenda of open hours of County Social Security Offices was obtained and information was given to people in those counties. Reports are, from the Social Security Dept., that a large number of the eligible Negro population has not yet applied for Medicare. Mailings were sent several times to those persons already receiving Social Security checks and to those receiving Welfare checks but the return was not ~~100%~~ 100% nor anywhere near that. Many people were not reached at all and others are confused concerning Medicare. There is great question in my mind about the fulfillment of the program in the State of Alabama. Some hospitals are already planning to build wings with private rooms and this will exclude use by the indigent. People under Medicare, Blue Cross and other insurance plans will not be able to afford medical care. Many of the hospitals will most likely not sign for Medicare immediately at any rate. There are questions in the mind of the community people regarding the availability of care under the supplemental program. Persons receiving Social Security checks will be able to decide if the \$3.00 for the supplementary program should be taken out of their checks. In all of the counties which I am acquainted with, a raise of \$3 and \$4 was given to those persons on Old Age Assistance within the last few months in hopes that they would apply for the supplementary program. All Hell will break loose, hopefully, when someone finds out that they will have to travel many miles in order to receive care under Medicare due to the fact that the hospital in their community is not working with Medicare for one reason or another. It will be likely that when they travel to another community for hospitalization, the beds will be filled. Approximately, 60%--70% of the hospital beds now occupied in the State are occupied by persons over 65. Some of these persons will be moved to homes for the Aged. That is another area for consideration. There are very few in the State where a Negro person can go. If many do not end discrimination, there will be few beds available to poor whites unless, the person pays directly to the home and the Federal Government doesn't give to the home directly. Blue Cross-Blue Shield will be handling all of the books in this State for the Government. It has not been yet determined, in this State, how the payment of physicians for services will be made available. There is not a list yet available at the present time of those hospitals who will work with Medicare. Before a hospital can qualify for Medicare, they have to be accredited by the Joint Commission on Accreditation of Hospitals out of Chicago. There are only 55 hospitals in the State which are now accredited by that Commission. In addition, a hospital must develop a satisfactory Utilization Review. This is a Board of Physicians (as I understand it) which will keep check on the use of Medicare Funds. In other words, it will serve as a monitor to see that a patient gets the necessary care and that Medicare is not abused by keeping patients in the hospital longer than they necessarily have to be there for care. This can work both ways

Planning). Many of the clinics (Spacing) were initiated by Dr. Bogue of the University of Chicago during a study which he did in the state of Alabama concerning oral contraceptives. The field work, which began two years ago is now completed. In many of the Spacing clinics intra-uterine devices are available. Other forms of contraceptives are also available. The Division of Maternal and Child Care has a grant in order to make contraceptives available without cost to the patient. Specifics concerning Dr. Bogue's Program was not available through the Department of Health.

Justice Department

I spoke with John Doar one evening at the SNCC office concerning the lack of enforcement of Title VI of the Civil Rights Act. He told me that complaints should be sent to the JD. He was very defensive about the whole matter or so it seemed and was reluctant to discuss it further. He did say that there were investigators employed recently by HEW. I recently talked with Chad Quaintance, the JD representative in this area. He said that he would be interested in working on the problem of discrimination in hospitals in the State of Alabama. He admitted that the jurisdiction of the JD and the HEW concerning Title VI was not clearly defined and that it was still being discussed. He said that problems with health and medical facilities could be handled under Title III by the JD. As for Title VI, he would like complaints but could not assure any definite help. He assured me that he would try. He is specifically interested in the facilities which have signed assurances to comply under Title VI but which have not complied.

Department of Pension and Security

Needless to say, this Dept. is very inadequate as is the Dept. of Health. I received material very easily from this Dept. in Dallas County. I talked at great length with Mrs. Wilkinson, the Dallas County Director. She readily admitted the inadequacies of the Dept. but said that there was nothing that she could do due to the limited funds appropriated by the State. She also said that there was need for revision of the Alabama Pension and Security Laws. Both SNCC and SCLC have many complaints on file regarding this Dept. ~~There supposedly a suit filed in someplace in the Federal office, in process against the State Department of Pension and Welfare. I have not gotten any specific information on this yet.~~ I do know that the Dept. has refused to sign assurance of compliance and is continuing to discriminate and is still receiving Federal Funds. (The above, which I crossed out is my hopes...I think.) Something should be done about this situation. It certainly should be exposed. Some of the Dept. discriminatory practices are very open and others would have to be uncovered by subpoenaing files and by testimonies of persons who would not even be included in the files but who have been turned away from the office. Some of the counties in the Black Belt have gotten one of three commodity food programs recently. It is questionable how these programs are administered.

Social Security Department

One of the State Offices is located in Selma. I was able to get much information from them. Mr. Hurley, a Negro, works in the office. He is not from Alabama but is with the U.S.

