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Sabine Schroepfer April 12, 2022

Human Rights Optional:
The Medical Committee for Human Rights in Mississippi and Visions of Structural Change versus Provision of Short-Term Aid

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Abstract

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By Sabine Schroepfer

Existing historical research fails to examine the relationship between the Medical Committee for Human Rights' (MCHR) activities in Mississippi and the movement already well underway in the state during the mid-1960s. Given the need for exploration of this relationship, this thesis will address the overlap of the work of the MCHR physicians and nurses with the power of local Black leadership. This thesis will also examine the reasons for MCHR's retreat out of Mississippi, including changes in the movement, tensions with COFO (the Council of Federated Organizations), and the Medical Committee's demonstrated lack of interest in long term change in the state. Ultimately, this work highlights the importance of approaching health through a framework of community power and human rights, using the Medical Committee's work in Mississippi as a lesson.

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Introduction

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

- Dr. Martin Luther King, Jr., 1966[1]

Dr. King spoke these famous words at the second annual convention of the Medical Committee for Human Rights in Chicago. This quote attests to the centrality of health for realizing the fullness of humanity. The Medical Committee, though committed to human rights in name, demonstrated through their work in Mississippi that their priorities lay elsewhere.

When the Medical Committee for Human Rights (MCHR) responded to the Student Nonviolent Coordinating Committee's (SNCC) call for medical presence during Freedom Summer in Mississippi, MCHR was but a newly founded organization with the broad goal of serving the medical needs of civil rights workers in the South and to increase access to health care for underserved and minoritized peoples. Medical Committee staff and volunteers filled a variety of medical and nonmedical roles in Mississippi. Because most were not already licensed to practice medicine in Mississippi and the head of the Mississippi Department of Health refused to grant local licenses to visiting MCHR providers, the Committee had to find creative ways to serve. Licensing issues did prevent most of the physicians from providing medical care, yet a loophole allowed for them to administer care in emergency situations. Therefore, a major focus of MCHR's Freedom Summer activity involved providing "medical presence" at demonstrations. Such a setup gave MCHR physicians the ability to treat civil rights workers hurt at

[1] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009) *ix*.

demonstrations or marches under the procedures that allowed for emergency aid. Local white officials and some civilians met Freedom Summer's focus on voter registration and community mobilization of Black Mississippians with much resentment and hostility, and sometimes, physical violence. For these reasons, MCHR workers aimed to treat hurt demonstrators and ensure that they could be admitted to a hospital for further care if necessary.[2] Having a "medical presence" at events provided the added benefit of acting as a deterrent for further violence against civil rights works and other demonstrators, as noted by several SNCC staff during their voter registration efforts.[3]

Outside of providing emergency care at demonstrations, Medical Committee doctors and nurses spread basic health and sanitation information at freedom schools. Some nurses even travelled into rural areas with SNCC workers and visited homes, giving out what information they could about health and hygiene.[4] In one notable side project of MCHR's involvement in Mississippi, they partnered with the Delta Ministry from the National Council of Churches to answer the call for medical help at the Holmes County Community Center. In the fall of 1964, the Committee purchased office space and a van and hired three full-time nurses, one of which was assigned to Holmes County. In Mileston, Holmes County, the MCHR nurse helped develop the first "movement clinic" in Mississippi and created health associations where local people could meet to discuss health issues and needs that they saw within their communities.[5]

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[2] Dittmer, *The Good Doctors*.
[3] John Dittmer, *Local People: The Struggle for Civil Rights in Mississippi* (Urbana: University of Illinois Press, 1995).
[4] "Medical Committee for Human Rights," *SNCC Digital Gateway* (blog), accessed April 20, 2021, https://snccdigital.org/inside-sncc/alliances-relationships/mchr/.
[5] Sue Sojourner and Cheryl Reitan, *Thunder of Freedom: Black Leadership and the Transformation of 1960s Mississippi* (Lexington, Kentucky: The University Press of Kentucky, 2013).

This project demonstrates that while MCHR's early work in Mississippi provided short-term benefits, the organization was plagued with issues early on that created barriers to making true progress against Mississippi's Jim Crowed medical system. From beginning to end, MCHR's identity as an organization was unclear, undermining its efficacy. The Committee was often divided over goals and approaches, with two main factions emerging: Those who prioritized emergency medical aid for civil rights workers and those that wanted to tackle the systemic conditions of poor health, particularly for Black Mississippians living in rural areas. The nurses, who tapped into the rich organizing tradition already alive in Mississippi were able to effectively organize the community around health. Most of the physicians, unfamiliar with Jim Crow Mississippi and only visiting for short periods of time, could not.

The Medical Committee's involvement in Mississippi ended not long after it began. There are several prominent reasons for MCHR's short-term involvement in the state, including the rise of Black Power and changes in the organization's membership demographic. Their focus shifted almost completely away from its southern program to antiwar efforts and medical presence at major protests around the county.[6]

A deeper understanding of the larger context of MCHR's presence in Mississippi can help us understand the role, efficacy, and legacy of the organization in Mississippi. Previous work on MCHR fails to address this broader context. John Dittmer, historian and author of the only major work on the Medical Committee, contributes an extensive, detailed history of the MCHR from its inception to its end.[7] Other scholars delve deeply into dynamics of organizing in Mississippi during the Civil Rights Movement. Notably, Charles Payne's *I've Got the Light of*

[6] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*.
[7] Dittmer, *The Good Doctors*.

Freedom outlines the intellectual heritage that older organizers passed down to SNCC. Payne emphasizes the "slow, patient work" that was required to build relationships and engage in grassroots organizing.[8] Finally, Thomas J. Ward Jr. provides a deep background on the structural barriers to medical education and training for aspiring Black healthcare providers in the Jim Crow South, which contributed to the paucity of Black physicians in Mississippi: one for every 18,527 Black residents of the state in 1940.[9]

This thesis will address the relationship between the Medical Committee's activities in Mississippi and the movement already well underway in the state. Chapter one covers the Medical Committee's initial "medical presence" activities in Mississippi during Freedom Summer, both the helpful and the unproductive. This chapter primarily addresses the work of the physicians who visited the state on a rotating basis. Chapter two, on the other hand, looks at the work of the nurses who lived with, formed meaningful relationships with, and organized with local people in the communities they served. These nurses' work centered the wisdom of the local people to identify the most pressing health issues and therefore, elicited more meaningful and holistic interventions to poor health. Finally, chapter three analyzes reasons for MCHR's retreat out of Mississippi, including changes in the movement, tensions with COFO (the Council of Federated Organizations), and the Medical Committee's demonstrated lack of interest in long term change in the state. Ultimately, this thesis highlights the importance of approaching health through a framework of community power and human rights, using the Medical Committee's work in Mississippi as a lesson.

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[8] Charles M. Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* (Berkeley and Los Angeles, California: University of California Press, 1995).
[9] Thomas J. Ward, *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003), 39-40.

Chapter 1

Emergency Care Is Not The Answer

Before the Medical Committee for Human Rights entered the Freedom Summer scene in Mississippi, they were a small but ambitious group of physicians who came together to protest the American Medical Association's (AMA) passive acceptance of racial segregation and discrimination in health care. Key to this effort were Walter Lear and John Holloman, white physicians from New York City. Both Lear and Holloman were active with the Physicians Forum, an organization of radical leftist doctors involved in health activism. Under the name Medical Committee for Civil Rights (MCCR), the two organized an appeal against the AMA in the summer of 1963, culminating in a picket line outside of the AMA convention in Atlantic City.[10] MCCR demanded that the AMA "speak out immediately and unequivocally against racial segregation and discrimination," requesting that AMA officials take charge in the process of full integration of settings where health services were being provided. Though there was great press coverage of the appeal, the AMA's response was wholly inadequate and MCCR expressed to its supporters its intent to "continue the Appeal vigorously."[11]

From the AMA appeal, its first project, MCCR took away several key lessons: First, that it was possible for physicians to publicly take a stand against injustice in a respectable manner; that the press showed marked interest in covering such events; and that their actions pressured the AMA into responding in a timely manner, even if the responses were initially not adequate to address the issues. Another notable achievement of the appeal was the Committee's official

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[10] "Medical Committee for Human Rights Records," n.d., Box 1, Folder 4, Medical Committee for Human Rights Records, Kislak Center for Special Collections, Rare Books and Manuscripts, University of Pennsylvania. (Hereafter *MCHR Records.)*

[11] John Holloman and Walter Lear to Faye Wilson, July 3, 1963, Box 1, Folder 4, MCHR Records.

cooperation with the American Jewish Congress, Congress of Racial Equity (CORE), National Association for the Association of Colored People (NAACP), National Catholic Conferences for Interracial Justice, Physicians Forum, Southern Christian Leadership Conference (SCLC), and Student Nonviolent Coordinating Committee (SNCC). MCCR took pride in boasting that it was "perhaps the broadest cooperation on a project offering to date in the civil rights field." Energized by their perceived success at Atlantic City, MCCR looked ahead and made plans to expand their organizing efforts in the late summer and early fall of 1963. High on their list of priorities was sending a group of physicians to provide medical standby for the March on Washington and preparing for MCCR's testimony during the House Judiciary Committee's hearing on the new civil rights bill's coverage of hospitals and other health services.[12] MCCR also continued to lobby for full integration in health care through sustained pressure on the AMA and seeking out partnerships with health care providers for nonviolent action projects.[13] In 1963, MCCR understood itself to be "A national effort of physicians and other health workers to provide promptly the medically-oriented assistance requested by those fighting throughout the country for equal opportunity and human dignity for all citizens."[14] This foundation was crucial for the coming transitions when MCCR would adapt and expand into the Medical Committee for Human Rights (MCHR).

Around the same time, over a thousand miles southwest of the Medical Committee's headquarters in New York, leaders in the Council of Federated Organizations (COFO) were beginning discussion of a project for the following summer. COFO, a Mississippi-based civil rights umbrella organization formed by leaders of SNCC, CORE, SCLC, and Mississippi

[12] "Medical Committee for Civil Rights," June 20 1963, Box 1 Folder 4, MCHR Records; Minutes of Steering Committee Meeting, July 8, 1963, Box 1 Folder 4, MCHR Records.
[13] "Medical Committee for Civil Rights," June 1963, Box 1, Folder 1, MCHR Records.
[14] "Medical Committee for Civil Rights," June 1963, Box 1 Folder 1, MCHR Records.

NAACP just a few years prior, was particularly focused on voter registration and creating conditions for Black Mississippians to participate fully in democracy. Their 1964 project, later known as Freedom Summer, had ambitious goals: Intensifying voter registration efforts, establishing "freedom schools" across the state, and organizing a Freedom Democratic Party to challenge the all-white delegation that normally represented Mississippi at the national party convention. One of the focal points of the summer project, Freedom Schools, were intended to serve as "an educational experience for students which will make it possible for them to challenge the myths of our society." As such, Freedom Schools included a "citizenship curriculum," and included studies of the movement as well as critical analyses of society. Therefore, Freedom Schools were not just schools in the traditional sense; rather, they also served as revolutionary centers of social, intellectual, and creative life for local youth, especially in rural areas where teenagers did not have many other activities available to them.[15]

After much debate about the benefits and drawbacks, COFO leaders decided to bring in large numbers of mostly white volunteers to help staff the project. This decision added an additional dimension of complexity to Freedom Summer, as bringing in outside volunteers, particularly white volunteers, would evoke friction with local SNCC activists, with staunch segregationists, and undoubtedly would lead to increased tension. When Robert Smith and James Anderson, two of just over fifty Black physicians practicing in the state, learned of the plans to bring in outside volunteers for the summer, their thoughts immediately turned to the likely influx in need for medical care. Smith and Anderson were all too aware of the realities of medical treatment in Jim Crow Mississippi—most white physicians were unwilling to treat civil rights

[15] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 30; Charles M. Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* (Berkeley and Los Angeles, California: University of California Press, 1995), 302-304.

workers, and many Black physicians, fearing retribution, would not either. The two were already stretched thin, treating movement workers for free and caring for those brutalized by police at demonstrations.[16] Smith and Anderson were two of only very few Black physicians willing to risk identifying with the movement by treating civil rights workers. How would they possibly keep up with demand for medical attention, especially when bringing in "outside agitators" would likely lead to increased violence? Or, as Dr. Smith asked as he recounted the situation in an interview, "What in the hell are we going to do with all these folks?"[17]

To address this looming question, Smith and Anderson met with Bob Moses in early June. Moses, a field secretary and respected leader within SNCC, was the director of the ambitious summer project. When they met, Smith suggested that Tom Levin, with whom he had collaborated at the MCCR appeal against the AMA the year prior, might be able to help. Moses accepted Smith's proposal.[18] Soon thereafter, on June 18, New York SNCC staff member Carol Rogoff wrote to Tom Levin of MCCR that "Northern physicians and those involved in auxiliary professions are sorely needed in the state, especially in light of our summer program." Rogoff emphasized that help was necessary given that volunteers would "partake of the same limited services available to those people" with whom they would live and work, making it clear that the visiting volunteers were SNCC's priority for medical attention. She proposed that a rotating team of volunteer physicians could staff five medical centers in the state, "perhaps in conjunction with the Community Centers."[19]

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[16] Dittmer, *The Good Doctors*, 31.
[17] Robert Smith, Oral history with Robert Smith, MD, interview by Harriet Tanzman, April 8, 2000, Digital Collections at the University of Southern Mississippi.
[18] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 31-32.
[19] Carol Rogoff to Tom Levin, June 18, 1964, Civil Rights Movement Archive, https://www.crmvet.org/lets/640618_sncc_rogoff-let.pdf.

Tom Levin, New York-based child psychoanalyst, was a Marxist and "romantic revolutionary" born to Russian immigrants in New York City. When COFO reached out to him in June of 1964, Levin already had some experience at demonstrations in the South. Inspired by Dr. Martin Luther King Jr.'s 1963 Birmingham campaign, Levin organized the Committee for Conscience to recruit academics to attend demonstrations in Alabama and Mississippi. However, the organization lost momentum and essentially disappeared shortly thereafter. Therefore, when Levin read the letter from Rogoff and SNCC, he was elated. In an interview with historian John Dittmer, he said, "I saw us as the Abraham Lincoln Brigade of the civil rights movement… I had such a romantic notion!"[20] That romance was evident as he referenced the volunteer forces of Leftists who went to Spain in the mid-1930s to fight the fascists. Levin's idealistic impression of the movement foreshadowed some of the patterns that would emerge with the visiting doctors' presence in Mississippi during Freedom Summer.

Following the request for aid at COFO's summer project, Levin held a meeting for physicians interested in civil rights matters, most of whom were Jewish like him. Many of these physicians present were also members of the Physicians Forum such as Holloman and Lear, and some were or had been active in the American Communist Party.[21] The timing of this meeting, held June 24, was critical. On the night of June 21, 1964, civil rights workers James Chaney, Andrew Goodman, and Michael Schwerner disappeared after being released from a jail in Philadelphia, Mississippi, where they were being held on trumped-up speeding charges. Later that week, the shell of their burned station wagon was found in a swamp near Philadelphia.

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[20] Interview with Tom Levin, Sept. 14, 2000, New York, quoted in Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 32.
[21] Dittmer, *The Good Doctors*, 33-34.

Though their bodies were not uncovered until early August, they were presumed to be dead.[22] Many of the physicians present at Levin's in June knew Goodman and Schwerner, who were Jewish from New York. Levin originally worried that debate over ideological differences would prevent the group from taking effective action. However, in the aftermath of this tragedy, the doctors were impassioned to act, and ten out of twelve at this initial meeting pledged to volunteer their time in Mississippi.[23]

In the weeks that followed, Levin and several others traveled to Jackson, Mississippi. In cooperation with Robert Smith, other local Black physicians, and COFO leaders, they developed a four-point plan to recruit health professionals to serve as medical presence, arrange and pay for civil rights workers' medical care, write grant requests for potential health projects, and gather information on segregated care in health facilities. They also decided on a new name: The Medical Committee for Human Rights (MCHR).[24]

MCHR rapidly organized a cadre of physicians and supportive staff from northern states in late June and early July to participate in their temporary project in the South on a rotating basis. Under the name "Committee for Emergency Aid to Mississippi," they established COFO contacts in five areas across the state in preparation for the five medical aid stations they planned to establish.[25] At this point, their program prioritized "medical presence for COFO," the physical and psychological health of summer workers, and surveying the availability of health facilities and access to care for Black Mississippians.[26] In a press release on July 12, MCHR leaders wrote

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[22] John Dittmer, *Local People: The Struggle for Civil Rights in Mississippi* (Champaign, IL: University of Illinois Press, 1994).
[23] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 34.
[24] Leslie Falk, "Report to Medical Committee for Human Rights, Mississippi Project," July 29, 1964, MCHR Records.
[25] Aaron Henry to Tom Levin, memorandum, June 29, 1964, Box 31 Folder 334, MCHR Records.
[26] "Outline of Program," July 1964, Box 31 Folder 334, MCHR Records.

that the organization's goal was "to insure adequate medical care for the project's volunteer students, clergymen and lawyers, working to this end in cooperation with the local physicians and hospitals." To underscore this commitment, the first medical assistance team arrived in Clarksdale, Mississippi on July 10, two days before the press release. Shortly thereafter, the Committee established a field office in Jackson, where they moved into a shared space with the National Council of Churches.[27] This Jackson office was to be the central headquarters for MCHR activity in Mississippi, and the Medical Committee planned to travel out from each of the established stations as necessary to address COFO medical needs.[28]

While the physicians of MCHR had grand ideas about their role, they were not adequately prepared to confront the realities of practicing medicine in Jim Crow Mississippi. Many of MCHR's visiting physicians to Mississippi were from New York and Chicago, which meant that they were licensed to practice medicine in New York state and Illinois, respectively. MCHR leadership had hoped they could get licenses for Georgia, then use Georgia and Mississippi's medical licensure reciprocity to practice medicine during Freedom Summer. Unfortunately, Archie Gray, State Health Officer of the Mississippi Board of Health, responded with outright hostility to the outside physicians. The process of denying licensure was shrouded with secrecy, and Gray did not provide the Medical Committee with much reasoning for the denial. With no possibility of gaining licensure to practice in Mississippi, MCHR looked to a legal loophole that allowed for administration of emergency aid without a valid state license. Thus, the Committee's main medical role in Freedom Summer was to provide first aid for hurt

[27] Press release, July 12, 1964, Box 31 Folder 334, MCHR Records; "Medical Committee for Human Rights Mississippi Project," July 13, 1964, Box 31, Folder 334, MCHR Records.
[28] "Outline of Program," July 1964, Box 31, Folder 334, MCHR Records.

demonstrators and to connect sick COFO workers and volunteers to doctors and facilities that had agreed to provide care.[29]

MCHR's actual work during Freedom Summer was varied in nature, sometimes aligning with their stated ideals and diverging from them at other times. Physicians visited for one or two weeks at a time, during which they would provide emergency first aid, give lectures on hygiene and sexual health at Freedom Schools, collect information on the status of health facilities, and make contacts with local white doctors willing to treat COFO workers. Recognizing widespread occurrences of "battle fatigue" among long-term SNCC workers in particular, MCHR also organized a "rest and recreation" program designed to help relieve some of the psychological stress that they were enduring. Volunteers worked out of the central office in Jackson or one of the field stations in field stations in Greenwood, Hattiesburg, Clarksdale, Canton, and McComb.[30]

Throughout the summer, MCHR physicians also filled roles where they could leverage their status as white citizens and medical doctors in order to get results that others perhaps could not. In a notable example, when the bodies of Chaney, Goodman, and Schwerner were recovered in August, MCHR physician David Spain was able to perform a second autopsy on James Chaney and Michael Schwerner at the University of Mississippi Medical Center. Spain, a pathologist and medical examiner, found that the official report from the state drastically underplayed the brutality that the murderers had inflicted on Chaney but not Schwerner. He wrote in his report that in his "extensive experience of twenty-five years" he had "never

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[29] Charles H. Goodrich, Medical Committee for Human Rights Report on Activities 7/30/1964 to 8/9/64, Box 4, Folder 12, *Quentin Young Papers*, Mss 880, Wisconsin Historical Society, Madison, Wisconsin. (Hereafter *Young Papers*)

[30] "Medical Aid to Mississippi," n.d., Box 31, Folder 334, MCHR Records; "Appendix (4) Field Reports," July 30, 1964, Box 31, Folder 336, MCHR Records.

witnessed bones so severely shattered, except in tremendously high speed accidents such as aeroplane crashes." If not for Spain's second autopsy, this truth likely would have remained hidden.[31] In some cases, the presence of prestigious professionals sympathetic to the movement itself could be an asset. A bulletin that MCHR sent out to its supporters during Freedom Summer highlights a quote from Aaron Henry, chairman of COFO and president of the Mississippi NAACP: "The contributions already made by the Medical Committee for Human Rights have been in several instances the difference between a successful campaign and failure." He adds, "The presence of medical personnel is crucial in terms of confidence and general assistance in securing medical services for the civil rights workers."[32] As evident in COFO leadership's reception of MCHR and the autopsy of Chaney and Schwerner, outside physicians' prestige as members of the medical profession served to be a valuable tool in Mississippi.

As Freedom Summer came to a close, MCHR was rapidly growing. Ninety-eight medical personnel had come through Mississippi on rotating teams by September, and over ten new chapters were established in cities with enthusiastic MCHR members across the country by October. Leaders recognized the urgent need for a more clearly defined organizational purpose as the expansion took place and the Committee's chapters quickly became geographically disparate.[33] They were determined to support the development of the organization while remaining committed to COFO, learning from Freedom Summer that their work must continue. One doctor promised, "As long as there is COFO, there will be doctors."[34]

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[31] Charles H. Goodrich, Medical Committee for Human Rights Report on Activities 7/30/1964 to 8/9/64, Box 4, Folder 12, Young papers.
[32] Aaron Henry in letter by Elliot Hurtwitt to friends of MCHR, August 1964, Box 31 Folder 334, MCHR Records.
[33] "Progress Report," October 30, 1964, Box 4, Folder 12, Young papers.
[34] "Special Report: Medical Committee for Human Rights," Box 4, Folder 12, Young papers.

Though MCHR staff and volunteers generally had noble intentions in aiding COFO and civil rights workers, they also fell short of meaningful, sustainable change. These shortcomings can largely be attributed to tensions inside of MCHR itself as well as the structure of Jim Crow Mississippi and the changes in the movement during MCHR's years in Mississippi.

Early on in MCHR's work in Mississippi, two major "factions" emerged, consisting of those who prioritized emergency medical aid for civil rights workers and those that wanted to tackle the structural causes of poor health. Of the physicians, Desmond Callan, Jack Geiger, and Count Gibson were among the few that were consistently dedicated to measures for long-term change. This ideological split frequently undermined the organization's efficacy, as members were often divided over goals and approaches.[35] Because the Committee's original intended purpose was to serve the medical needs of the civil rights movement, many MCHR sponsors staunchly supported such work. This focus on Freedom Summer was the gravitational pull on the organization's focus even when MCHR recognized the need for deeper community investment and broad structural change. Volunteers who had themselves been to Mississippi quickly understood this need. Charles Goodrich, one such volunteer, wrote in his report to the Committee, "And in Mississippi, even now, the Project cannot help but begin to deal with the long range needs of the Negro – and thus of others as well."[36] Goodrich's report, written only one month after MCHR entered Mississippi, is representative of the understandings of many of those who served in counties across the state. Another volunteer visiting at the same time urged MCHR to leverage community connections to make the most impact on Black Mississippians' health in his report, even suggesting that MCHR should "not be concerned with care of COFO

[35] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*.
[36] Charles H. Goodrich, Medical Committee for Human Rights Report on Activities 7/30/1964 to 8/9/64, Box 4 Folder 12, Young papers.

workers" because "they are well taken care of." He admits that a doctor's presence does seem to help with some COFO workers' morale, but largely understood MCHR's most urgent work to be with the community.[37]

The need for structural change to health in Mississippi was glaring. Nearly a century of Jim Crow following enslavement in the United States further perpetuated deeply divided pictures of health between white and Black Americans. In 1960, the life expectancy for Black Mississippians was 63.93 years, while white Mississippians' was 71.11 years. The infant mortality rate for non-white infants born in Mississippi was 49.9 per every 1,000 live births – more than twice the rate for white infants born within the same state borders.[38] While these statistics do not address the totality of factors contributing to health, they certainly point to the health outcome of unequal access to health facilities, housing that adequately protects inhabitants from the environment, availability of healthy foods, levels of chronic stress, and poverty. Given these racial inequities in health in Mississippi at the time of their arrival, there were many arenas for change that the Medical Committee could have attempted to address in their program.

Later that Fall, the MCHR executive committee was engaged in extensive conversations about the direction of their program for the coming winter and the following year. Claire Bradley, full-time secretary in the Jackson office, wrote to MCHR leaders and supporters in October 1964 that the Committee's role in Mississippi was no longer peripheral like it had been, but rather, that they were overwhelmed with requests for help. She advised, "there are many lines where the movement and the community now overlap."[39] Insightfully, she understood that MCHR could not go on serving only the COFO staff. Part of COFO's strength was that it was

[37] Leon Redler, "Care of Cofo Workers, 8/3/63-8/8/64," Box 31 Folder 334, MCHR Records.
[38] Appendix 10, 1963, Box 31, Folder 336, MCHR Records.
[39] Claire Bradley, "Dear Doctors, Nurses, and other Friends," October 16, 1964, Box 31 Folder 336, MCHR Records.

well-connected to local Black Mississippians because of the relationships that SNCC had been building through what historian Charles Payne calls the "slow and respectful work" of grassroots community organizing.[40] Therefore, there was not always a clear delineation between movement people and other community members, a concept that would be difficult to understand for physicians coming to Mississippi for only a week or two at a time. Bradley pointed to the work of three MCHR nurses who had just begun their public health work in various areas of the state as examples of this crucial "movement-community overlap."[41] Similarly, Constance Friess, a physician on the board of MCHR, found that the nurses were "the most promising portion of our present programs" when she visited Mississippi in late October, recommending that MCHR give them the "strongest possible support."[42]

Conversations occurring in New York were of a very different tone than those in Mississippi. Though some staff and volunteers spending substantial time in Mississippi understood a need for the Committee to focus on public health and systems-level measures, many in MCHR did not want to take the organization down this route, whether for lack of interest or fear that the Committee could not tackle such issues. When Dr. Friess' report was discussed at the next MCHR Executive Committee meeting in November, one physician argued that attempts to become a public health organization would be a waste of time and "spinning our wheels."[43] This faction of MCHR saw their responsibility as primarily medical and directed at civil rights workers, and believed that attempts to serve rural Black communities in Mississippi

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[40] Charles M. Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* (Berkeley and Los Angeles, California: University of California Press, 1995), 236-264.
[41] Claire Bradley, "Dear Doctors, Nurses, and other Friends," October 16, 1964, Box 31 Folder 336, MCHR Records.
[42] Constance Friess, "Mississippi Problems as of October 24, 1964 to November 1, 1964," Box 31 Folder 334, MCHR Records.
[43] Minutes of Meeting of November 9, 1964, Box 1 Folder 12, MCHR Records.

should consist of connecting them to doctors and facilities willing to serve them, rather than intervening directly through clinics and public health efforts. Walsh McDermott, an MCHR supporter and specialist in public health, was in this camp of MCHR that favored "medical presence" over public health work. In a letter to Constance Friess he wrote, "The deeper the professional gets involved in human rights, the more he tends to lose his professionalism. For, the essence of professionalism is its detachment."[44] McDermott's letter highlights some of the organization's resistance to investment in Mississippi, especially among those who were not deeply entrenched in the work in Freedom Schools and their surrounding communities. Prioritizing a posture of distance and detachment in the name of professionalism is demonstrative of this faction's desire to not become too tangled up in Mississippi, knowing that the "palpable and continuing medical emergency" created by "the systematic violation of human rights" could not be undone with their temporary emergency first aid but being unwilling to invest in long-term measures.[45]

The physicians in the Medical Committee were sometimes egotistical, making COFO workers uncomfortable or angry. Rugoff, of the New York SNCC office, cited some teams' attitude of moral superiority when serving those living in "primitive" conditions as reasons for COFO's disappointment with MCHR.[46] Given the structure of the Medical Committee, this tension is unsurprising. The Medical Committee was originally mostly comprised of Jewish physicians from New York, and though its chapters expanded geographically, the vast majority of those visiting during Freedom Summer were white, northern doctors. These doctors often visited for one- or two-week periods, and while some of their activities were helpful to COFO,

[44] Walsh McDermott, "Letter to Constance Friess," September 1, 1964, Box 14, Folder 160, MCHR Records.
[45] "Medical Committee for Human Rights, Inc.," April 1965, Box 1 Folder 2, MCHR Records.
[46] Tom Levin, "Confidential Memorandum," November 28, 1964. Box 32, Folder 340, MCHR Records.

they often did not stay long enough to build relationships and trust with local people; therefore, their understanding of Jim Crow Mississippi and their investment in the people they served was limited. Also contributing to this equation were the class differences between the northern white physicians and the mostly poor, Black Mississippians with whom SNCC worked closely. The MCHR doctors came from a position of relative power and privilege due to their professional status and financial prosperity, adding another degree of separation.[47] MCHR physicians tended to come to Mississippi with the illusion that simply having doctors around would be beneficial, which was not necessarily true. Their assumption that their medical training could automatically be applied to social movements also implies a posture of arrogance.

After much debate at the national level about MCHR's direction, the Medical Committee published a new document outlining their organizational purpose, structure, activities, and budget in the spring of 1965. They described their previous efforts for emergency aid for civil rights workers and outlined their two main current projects: establishing a "pilot rural health center" in Mileston, Mississippi, where a MCHR nurse had been working with local people to build a health association, and bolstering the Committee's relationship with agencies, both public and private, that could help with developing health resources. Regarding their emergency aid efforts, they wrote, "important as such aid was, it soon became apparent that a larger and more critical health problem demanded attention—that of the Negro communities, which for generations have been deprived of even the most rudimentary physical safeguards. In Mississippi, the systematic violation of human rights had produced a palpable and continuing medical emergency." Even so, recognizing this did not mean that MCHR was prepared to address the human rights violations they saw.

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[47] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 18-37.

The Medical Committee for Human Rights, founded in response to COFO's call for medical personnel during Freedom Summer, originally did not intended to tackle the systemic issues with health and barriers to medical care posed by Jim Crow Mississippi. Their involvements in Freedom Summer made it clear that emergency aid for civil rights workers was not enough, but the organization's New York leadership was divided on whether to continue with "medical presence" or to turn towards the larger structural causes of poor health, and they often chose the former. Even as the Executive Committee failed to demonstrate a dedication to the health of rural Black Mississippians, others in the Committee understood the deeper commitment necessary for change and looked forward to the future. As one medical student volunteer wrote, "There's a lot of exciting work to be done—but has to be more full-time. Emergency care is not the answer."[48]

[48] Vicki Levi, "Report on Activities in Mississippi, Feb-March 1965," Box 31, Folder 335, MCHR Records, Kislak Center.

Chapter 2

Health by the People

While MCHR Executive Committee was in New York debating the intricacies of leadership hierarchy, constitutional changes, membership qualifications, and relationship between chapters and the national organization, something entirely different was brewing in Mississippi. Over a thousand miles away from the Executive Committee, nurses Josephine Disparti, Phyllis Cunningham, and Cathy Dahl were living and working closely with Black Mississippians across the state.

The doctors that rotated through the state during Freedom Summer were often strangers to the realities of Mississippi. Though many of them had been involved in other left-wing causes, they were often unfamiliar with the realities of the Jim Crow South. Many brought with them idealized versions of the movements that lived in their heads, understanding themselves as noble executors of a heroic vision.[49] The vast majority of MCHR physicians were not from Mississippi, and therefore did not understand the way that the movement was unfolding in the state. This cohort of non-Mississippi doctors that visited during Freedom Summer, then, did not have the deep analysis required to adequately address structural issues.

These same factors also contributed to a general lack of long-term investment among the visiting doctors. Again and again, the summer of 1964 showed that the majority of MCHR members were more interested in short-term medical coverage for civil rights workers than tackling the systemic causes of poor health for Black Mississippians.

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[49] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 32.

Without an understanding of the movement and of Mississippi, how much could they do? If Mississippi was a sick state, temporary MCHR physicians could only address surface wounds. Even if they recognized that there was something much more harmful going on inside the body, they did not and could not do anything about the underlying illness without a thorough understanding of the internal systems that were failing.

At this same time, many COFO project leaders were becoming more critical of the Medical Committee's program. While MCHR liked to tout a quote from Aaron Henry, president of Mississippi's NAACP chapter, stating that the Committee's presence itself was often a helpful force,[50] most other COFO folks were tired of symbolic gestures. Dr. Geiger, at an Executive Committee meeting held October 27, warned of "continuing criticism that we're there and not doing anything about the community." COFO strongly urged MCHR to focus on Black Mississippians' health problems rather than those of COFO itself.[51] That Fall, Robert Moses asked the Medical Committee to hold off on sending rotating "medical presence" volunteers for the winter, until they expressed a specific need for them.[52]

Another pattern soon emerged in which the Medical Committee members struggled to agree on priorities regarding medical presence versus public health work. Though many volunteers who visited Mississippi during Freedom Summer reported that COFO workers were generally in good health and MCHR's focus should shift to health care for local communities,[53] the executive committee meetings did not always take such recommendations seriously.

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[50] Aaron Henry in letter by Elliot Hurtwitt to friends of MCHR, August 1964, Box 31 Folder 334, MCHR Records.
[51] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 27, 1964, Box 1, Folder 12, MCHR Records.
[52] Constance Friess, Mississippi Problems as of October 24, 1964 to November 1, 1964, Box 31, Folder 334, MCHR Records.
[53] Leon Redler, Care of COFO Workers, August 8, 1964, Box 31, Folder 334, MCHR records.

Each time expanding public health efforts was proposed , others would remind the group that their job was not to reform the health of Mississippi. Rather, many focused on the organization's duty to civil rights workers, despite a growing recognition within COFO and the communities they served that health needs of local people should be prioritized.

While the MCHR executive committee failed to commit to desperately needed health initiatives for rural Black communities in Mississippi, the public health nurses associated with MCHR were deeply involved in and committed to the communities they served. The nurses' work is demonstrative of two key points. First, these nurses' success was due to their reliance on the SNCC model of grassroots organizing, one that emphasized the power of the people and collective leadership. Second, the Medical Committee leadership in New York did not take seriously the potential of the nurses' initiatives. Therefore, the nurses' work is a paradox, embodying some of the most sustainable, involved work done by the Medical Committee yet largely removed from the jurisdiction and support of its Executive Committee. This chapter examines the lessons to be learned from the nurses' work with local people, how it served as an extension of SNCC's early style of slow and sustained relationship building, and finally, evaluate the implications of this paradox. Specifically, what does it mean that the long-term change by the Medical Committee for Human Rights was done by nurses far removed from its leadership and power structure? To better understand the nurses' work, this chapter looks at the establishment of their efforts in Holmes County under a magnifying lens.

One of three nurses hired by MCHR in September 1964, Josephine "Jo" Disparti was assigned to Holmes County, on the edge of the Mississippi Delta. The Medical Committee sent Disparti in response to a request for medical help at the Mileston Community Center in Holmes

County.[54] Disparti, a registered public health nurse from Niagara Falls, New York, was twenty-seven years old at the time. Her hire was the result of a cooperation between the National Council of Churches (NCC) and MCHR. The NCC had recently formed a civil rights organization called the Delta Ministry. Operating programs across Mississippi, one of the Delta Ministry's major activities was a program for health.[55] As the Medical Committee for Human Rights was planning its future involvement in the state during the fall of 1964, the National Council of churches offered financial support for MCHR's public health program. This offer came at a critical time. MCHR, after its activities during Freedom Summer, had many unpaid bills remaining. Claire Bradley, secretary in the Jackson office, wrote to the Executive Committee in the beginning of September that "We need money, desperately."[56] Therefore, it was the Delta Ministry's funding that allowed MCHR to continue its Mississippi project. They provided funding for nurses to work in Black communities as well as pay for the MCHR office in Jackson.[57] Given this partnership, Disparti and the other public health nurses worked on a contract basis for the Delta Ministry, though they were primarily responsible to and paid by the Medical Committee.[58]

Holmes County, mostly rural farmland, was one of the poorest counties in the state. Of approximately 27,000 residents, 72% were Black.[59] Holmes had a cluster of Black-owned farms, purchased by Black sharecroppers in the late 1930s and early 1940s thanks to the New Deal's

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[54] Sue Sojourner and Cheryl Reitan, *Thunder of Freedom: Black Leadership and the Transformation of 1960s Mississippi* (Lexington, Kentucky: The University Press of Kentucky, 2013), 75.
[55] National Council of Churches Delta Ministry, "Delta Ministry Fact Sheet," January 1965, Civil Rights Movement Archive.
[56] Claire Bradley, "Dear Doctors," September 9, 1964, Box 31, Folder 331, MCHR Records.
[57] John Dittmer, *The Good Doctors,* 67.
[58] National Council of Churches Delta Ministry, "Delta Ministry Fact Sheet," January 1965, Civil Rights Movement Archive.
[59] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.

Farm Security Administration program. Because of these farmer's economic independence from white plantation owners, many were involved in political activity in the 50s and early 60s.[60] Despite this relative degree of economic independence, Black residents of Holmes had a median family income of $895, while the median family income for white residents was $3000. The residences in Holmes County were dilapidated, overcrowded, and most were without running water or indoor toilets. For those who lived as tenant farmers, conditions were even worse. Of the ten physicians in Holmes County, all were white with segregated offices. All existing health facilities were segregated.[61] This was the Holmes County that Disparti entered.

When Disparti first arrived, she stayed with Hartman Turnbow, a Holmes farmer and activist. A well-known local leader, simply living with Turnbow helped Disparti build her credibility with locals. She was able to use these connections to launch into communities in Holmes County. Local women and the Lorenzis, two white civil rights workers living at the community center, helped Disparti spread the word that a nurse was at the community center, and could make house calls.[62] At the end of her first two weeks in Mileston, she wrote a report back to the larger Medical Committee, in which she noted that everyone "thought a health clinic in Holmes County was a good idea." However, she noticed that "seldom could individuals be specific about their needs."[63]

Though discouraged at first, she continued to canvass and build relationships. She found creative ways to reach people, walking alongside farmers and sharecroppers as they worked during harvest season to converse with them, and speaking at meetings organized by other civil

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[60] Dittmer, *The Good Doctors,* 73.
[61] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.
[62] Dittmer, *The Good Doctors,* 74.
[63] Josephine Disparti, "On Mileston - Holmes County," November 13, 1964, Box 31, Folder 334, MCHR Records.

rights workers. In this way, she slowly garnered their interest. Eventually, Disparti organized a Holmes County Health Improvement Association. When she first founded the health association, meetings had only eight people in attendance, but it grew quickly to include many local people who were interested in health issues, classes, and improving the quality of life for their families.[64]

Whether Disparti knew it at the time or not, she was drawing from and building on a long tradition of grassroots organizing in Mississippi that preceded her. Historian Charles Payne, in *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle*, analyses the "slow and respectful work" of SNCC's grassroots organizing in Mississippi. Payne asserts that, contrary to popular belief, the civil rights movement was not built from the big, flashy moments. Instead, it was the slow and sustained efforts that laid the foundation and made the big moments possible, evident in the way that "SNCC's early organizers often portray much of their work as simply building relationships." He identifies SNCC's most significant contribution to the Mississippi movement as the activation of local people to assert their political power. Furthermore, he emphasizes the power of SNCC's commitment to humanism and collective leadership.[65]

With this understanding of the political activation that was happening within rural communities across Mississippi, the MCHR nurses' work comes into full view. Jo Disparti's process of becoming acquainted with Holmes County and its people bears marked similarities to young SNCC organizers' process of building trust and relationships as essential groundwork for movement. For instance, Disparti stayed with one of the most established local leaders upon her

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[64] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.
[65] Charles M. Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* (Berkeley and Los Angeles, California: University of California Press, 1995), 243.

arrival in Holmes County, one known for his own political activism. He served as her connection point to the rest of the community, helping her learn the dynamics of the town and introducing her to local people. The Turnbow home, at which Disparti first stayed when she arrived, was also the first stop in town for many other civil rights workers from out of state. Hartman and C. Bell Turnbow housed several volunteers the summer before Disparti arrived.[66] This connection was as crucial for Disparti's health organizing as it was for other non-Mississippian organizers, as it gave her a foundation for understanding the landscape of the county and the community members.

Much of Disparti's work in Holmes was this task of relationship building that Payne describes. Dr. Constance Friess, in her November 1964 report to the Executive Committee, noted that Disparti was mostly working without help amidst complicated tensions in Holmes, yet was "patiently and cautiously doing her own spadework."[67] In a nod to a favorite phrase of Ella Baker's, Friess connects Disparti's work to that of other grassroots organizers who had been doing their own "spadework" across the state. A powerful leader who helped students form SNCC and guided its philosophy of collective, bottom-up organization, Baker was a bastion of grassroots organizing in Mississippi. Payne notes that Baker started using the term in the 1940s in the reports she wrote while traveling across the South. In one such entry, she writes, "I must leave now for one of these small church night meetings which are usually more exhausting than the immediate returns seem to warrant but it's a part of the spade work, so let it be."[68] Baker's understanding of spadework was that, while perhaps not immediately rewarding, it was

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[66] Sojourner and Reitan, *Thunder of Freedom,* 18.
[67] Constance Friess, "Mississippi Problems as of October 24, 1964 to November 1, 1964," Box 31, Folder 334, MCHR Records.
[68] Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* 264.

necessary for the building of relationships and political awareness that served as the foundation of all other movement activity. Therefore, in referring to Disparti's efforts as "spadework," Friess explicitly connects Dispari to the organizing tradition passed on to young SNCC activists from the older generation of activists, what Payne refers to as "intellectual heritage."[69]

Furthermore, the formation of the Holmes County Health Improvement Association was key to ensuring that local community members oversaw the development of the health program. Vicki Levi, a fourth-year medical student at Albert Einstein School of Medicine who visited Mississippi for several weeks in February and March of 1965, was deeply impressed with Disparti's ability to patiently work with the community. She wrote:

> "I was continually struck by the fact that acceptance by the community and effectiveness in arousing participation was in direct proportion to the time spent by public health nurses living in one community and slowly getting to know the people. I think this is dramatic in Mileston where Jo has really learned the gift of listening and allowing people to articulate for themselves their needs—with direction, of course—but the day-to-day slow but consistent contact appears to be effective."[70]

As Levi recognized, the community participation encouraged by Disparti and the other public health nurses was not possible without their patience and consistence. More than their medical knowledge, their willingness to slowly build relationships was key to their effective health organizing. This community participation, then, allowed people to identify and voice their health concerns, and all ultimately helped develop more

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[69] Payne, 102.
[70] Vicki Levi, "Report on Activities in Mississippi, Feb-March 1965," March 1965, Box 31, Folder 334, MCHR Records.

comprehensive and holistic solutions to health issues. This model that centered the knowledge and wisdom of local people was much more fruitful.

Another key piece of the health organizing in Holmes County was its connection to the community center. The first movement community center of its kind, the Holmes County Community Center was completed and dedicated in October of 1964.[71] It was made possible by funds from Abe Osheroff and Jim Boebel, white, left-wing radicals from California. Osheroff and Boebel fundraised twenty thousand dollars to pay for a community center and a pickup truck. When Osheroff asked COFO where he could help build a movement center, Mileston stood out for its independent Black landowners who were already politically active.[72] The center was a source of pride for locals, and when local whites threatened it, community members took turns guarding the structure at night. When it first opened, the center was managed by the Lorenzis, however, it eventually came to be managed by the local people, with a director, board of trustees, and five full-time staff. The Holmes County Health Improvement Association met at the community center, and the health clinic was eventually established inside of the center. [73]

Integrating health matters into movement meetings held at the community center helped situate the health issues within a broader understanding of freedom. Meetings were an amalgamation of spiritual, political, and practical. They incorporated freedom songs, scripture readings, and prayers with reports and updates on education, health, and voting.[74] The community center served as a movement hub, encompassing all aspects of life and community.

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[71] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.
[72] Sojourner and Reitan, *Thunder of Freedom,* 16.
[73] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.
[74] Daniel F. Casten, “Personal Diary,” November 15, 1964, Box 4, Folder 335, MCHR Records ; Sojourner and Reitan, *Thunder of Freedom,* 68.

Sue Lorenzi Sojourner, one of the white civil rights workers who first helped build and manage the community center, noted that "the Community Center had become the known base for the movement and its meetings—those for the Mileston community and the countywide meetings, as well as smaller meetings among several leaders …. It was the place where movement ideas, goals, and actions were conceived, developed, nurtured, and grown."[75]

The flourishing of the Holmes County Community Center and its importance for the development of the health program makes evident that when activism is community based, it becomes broader in scope—not just about one issue but about lifting the whole community through broader measures. This approach required a slow and patient process, one that was very different from the program of rotating physicians during Freedom Summer. Jo Disparti and the Medical Committee's public health nurses recognized that health was not just about access to a doctor or hospital facility; rather, they understood health within a framework of human rights, in which all rights are indivisible and interdependent.[76] Therefore, their health work could not be separated from the conditions of racial and economic oppression that dictated health outcomes. Such a realization made it impossible for the nurses to separate political activism from health organizing. In Disparti's case, she originally purposefully distanced herself from COFO because of the tensions they were causing within Holmes County. However, as she spent more time in Mileston, "she was forced to conclude that true change in the health of the Negro, and the poor in general, would only come when they obtained full political freedom and the opportunity to participate fully in the government of the state of Mississippi."[77]

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[75] Sojourner and Reitan, *Thunder of Freedom,* 77.
[76] United Nations Office of the High Commissioner for Human Rights, "What Are Human Rights?," https://www.ohchr.org/en/issues/pages/whatarehumanrights.aspx.
[77] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.

News of the Holmes County Community Center and the health improvement organization traveled, and friends of the late Dr. Irving Winik donated funds for a clinic at the community center. Disparti made plans for the two-room clinic. It included an office in the smaller room and an examining room in the other. She enlisted the help of local people to gather materials for the office and examining room. The examining room had a face bowl, an adult scale and an infant scale, a centrifuge, first aid supplies, and a large supply of vitamins and cough medication. Knowing that the small clinic could not realistically fill all the health needs of the community, Disparti visited local medical facilities to find physicians who could help with the program. Dr. Robert Smith, MCHR member and Mississippi native, made himself available whenever he could. Dr. Geiger, MCHR member from Boston, also visited Holmes County as often as he could to support Disparti.[78]

Another key facet of this model of organizing was that the nurse was not at the center. The Irving Winik Memorial Clinic, named for the late doctor whose friends had funded the clinic, outlasted Jo Disparti's time in Mississippi. In fact, the clinic officially opened in November 1965, a few months after Disparti left. At the end of Disparti's contract with MCHR and NCC, the MCHR hired Helene Richardson and Patricia Weatherly, Black nurses originally from Mississippi, and they took over management of the clinic.[79] Notably, Disparti helped build something that outlasted her physical presence in Holmes County. Because local people were heavily involved and invested in the health project, the clinic was truly theirs, and Disparti simply helped facilitate its establishment.

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[78] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.

[79] M. Phyllis Cunningham, Helene Richardson Sanders, and Patricia Weatherly, "We Went to Mississippi," *The American Journal of Nursing* 67, no. 4 (April 1967): 801–4, https://doi-org.proxy.library.emory.edu/10.2307/3420374.

This difference in models is particularly glaring when revisiting the attitude of the physicians that visited the state during Freedom Summer. Because the physicians were in Mississippi for such a short period of time, it was nearly impossible for them to plug into the organizing tradition already present in the communities they were reluctant to serve. Furthermore, most of these physicians lacked the ability to grow this understanding because they didn't have a particular connection to local people, and they were not around long enough to develop one. Phyllis Cunningham identified "misunderstanding of the local dynamics," "rigidity," or "naïve over-enthusiasm" as common among the visiting doctors, and barriers to building a spirit of collective leadership and heart cultivating a sense of ownership over one's own health.[80] Though individual non-Mississippi-native MCHR physicians may have contributed positively to the movement in Mississippi, their collective contributions did not outlast their presence.

Even though the nurses were committed to meaningful, grassroots health organizing in Mississippi, the Executive Committee did not necessarily prioritize supporting their program, indicating that they did not find their work as important as that of visiting physicians. This was revealing about MCHR's leaders' goals and foreshadowed the Medical Committee's larger pattern of waning interest in Mississippi. Constance Friess visited Disparti in Holmes County during the last week of October and the first week of November 1964, just a few weeks after Disparti had first begun working there. Deeply impressed by Disparti and her work with local people there, Friess reported back to the executive committee at their next meeting, asserting that the nurses were the strongest part of the MCHR program and that they should be given the "strongest possible support." Furthermore, she reported that Robert Moses and others suggested

[80] Phyllis Cunningham to Aaron Wells, October 21, 1964, Box 31, Folder 335, MCHR Records.

that medical presence should not be given priority—instead, MCHR should focus on getting its finances in order and developing simple materials for teaching health. She recommended that they "not send any health personnel to Mississippi at present unless there is a specific request… send no one who cannot pay all his expenses unless there is no one else available and a specific need exists."[81] However, many at this meeting were unwilling to adopt her recommendations. Though many leaders in COFO had recommended that MCHR place a hold on sending rotating volunteers to Mississippi, several of the physicians present at this November 9th executive committee meeting believed that the civil rights function of the medical committee physicians "is important and must be continued." Another doctor, in response to Friess's recommendation that MCHR not send any health personnel to Mississippi unless there is a specific request, gave the opinion that public health was outside of the Medical Committee's scope and should be deprioritized.[82]

Though the Medical Committee's nurses helped facilitate a powerful, community-led focus on health through grassroots organizing, their deep investment in the communities they served was not matched by the Executive Committee's support. Even while the Executive Committee claimed to understand the need for more long-term health measures in Mississippi, the proposed budget allocated $60,000 for the national office in New York City and $87,000 for the "medical presence" program, while only designating $25,000 for each of the two community health center projects.[83] Less than one-fifth of the total budget for the year was to be used for community health centers and public health measures, despite numerous recommendations that MCHR

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[81] Constance Friess, "Mississippi Problems as of October 24, 1964 to November 1, 1964," Box 31, Folder 334, MCHR Records.
[82] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, November 9, 1964, Box 1, Folder 12, MCHR Records.
[83] "Medical Committee for Human Rights, Inc.," April 1965, Box 1 Folder 2, MCHR Records.

needed to focus on these projects from people on the ground in Mississippi. This budget proposal was equally as disappointing as it was revealing about the organization's priorities at the national level.

The case of the Holmes County Community Center and the Irving Winik Memorial Clinic demonstrate that when medical personnel were deeply invested in working with local people for health organizing, meaningful change was possible. This sustainable change came, in the case of the Medical Committee in Mississippi, from the work of the public health nurses, the local doctors, and the local people themselves, who carried the wisdom necessary to identify and advocate for the changes they wanted. In this sense, these players' geographical and philosophical distance from the Executive Committee worked in their favor, allowing them to pragmatically focus on priorities instead of getting distracted by debate over structure and function of the organization, the exact trap that the larger Medical Committee would struggle with in the coming years.

Chapter 3

Abandoning the Cause

The winter of 1964 to 1965 was a time of immense change within the movement, especially for forces in Mississippi. SNCC was increasingly diverging from its foundation of bottom-up, relationship-focused grassroots organizing.[84] Within COFO, tensions were rising and the organization was no longer acting with cohesion. The Medical Committee's murky relationship to COFO made planning for the winter and coming summer difficult because MCHR's program was intended to align with COFO's activity in Mississippi.[85] Given these changes within the Medical Committee, the civil rights organizations in Mississippi, and the changing tides of the movement nationally, this chapter will address the decline of MCHR's involvement in Mississippi and the Committee's different legacies in the state. Specifically, this chapter seeks to explore the differences between MCHR measures for symbolic and structural change in Mississippi, and the difference in the Committee's involvement in the varying initiatives.

As the Civil Rights Movement grew, it inevitably changed. Charles Payne describes that, starting in 1965, the movement lost both energy and direction. After Freedom Summer, SNCC could no longer be characterized by its previous prioritization of pragmatic community involvement over ideological purity. During this demoralization of the movement, the rapid increase in newcomers was, ironically, secondary to the movement's success. The increasing numbers of people becoming involved made it harder to judge the motivations of individuals and

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[84] Charles M. Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle* (Berkeley and Los Angeles, California: University of California Press, 1995), 361.
[85] Executive Committee Minutes, March 8, 1965, Box 2, Folder 13, MCHR Records.

organizations. This led to a widespread spirit of distrust and undermined the previous sense of community and identity that existed among activists in the Delta. Therefore, as new people joined the movement, "it simply became harder to know what to believe in or whom to trust" and the movement largely lost touch of its original focus on relationship-focused grassroots organizing. Therefore, "what had been a politics of community became increasingly just a politics," as SNCC drifted away from their earlier style of collective leadership and commitment to community involvement.[86]

The Council of Federated Organizations was also undergoing changes in structure. What had before been a cooperative effort was no longer. Dr. Geiger, in the Executive Committee meeting on October 27, 1964, reported to the group that COFO was struggling due to reduced numbers of staff and volunteers, external pressures and internal disagreements, and complications with programming for the winter.[87] By the spring of 1965, COFO's lack of central leadership, once a strength, was negatively impacting its ability to function effectively across Mississippi.[88]

MCHR's relationship with COFO was becoming increasingly strained during this time of transition. At the October 1964 Executive Committee meeting, Dr. Levin bluntly stated: "We don't know what COFO wants. We must present what we want." While there certainly were poor networks of communication between COFO and MCHR, only exacerbated by the changes in both organizations, there were also requests that COFO had repeatedly made of the Medical Committee. For instance, COFO had reiterated that its volunteers were generally in good health

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[86] Payne, *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle,* 361-362.
[87] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 27, 1964, Box 1, Folder 12, MCHR Records.
[88] Executive Committee Minutes, March 8, 1965, Box 2, Folder 13, MCHR Records.

and asked the Medical Committee to focus directly on the health of Black Mississippians. Yet, even when this point was reinforced during Executive Committee meetings, MCHR did not always prioritize the health of local communities. There were also several projects that MCHR had promised to follow through with but had failed to do so, including the task of creating visual aids for health teaching and inquiring about a grant from the Merrill Foundation to fund their health programming.[89]

SNCC, with whom the Medical Committee was working most closely of the organizations within COFO, expressed overall "disillusionment" with the Medical Committee. In a confidential memorandum from Tom Levin to Aaron Wells, Desmond Callan, and Jack Geiger, Levin wrote about his meeting with Carol Rogoff of New York SNCC. He warned that SNCC's impression of the Medical Committee doctors was that "their rotating function is an indication that they are not willing nor involved enough to get someone to stay." Levin also cited COFO complaints about attitudes of superiority amongst some of the MCHR physicians. For instance, in Canton, COFO asked MCHR to distribute prenatal care pamphlets, but the doctors were unwilling to fill this role, conveying the feeling that they were "above" this as physicians. Overall, Levin relayed, there was a growing sense that MCHR was not "responding to the expressed needs of COFO," and that "they were contemplating by-passing the Medical Committee for their future work in this area." Interestingly, this memo from Levin was made confidential, though Executive Committee meetings during winter 1964-1965 demonstrate that New York members were already somewhat aware of COFO's discontentment with MCHR. The secrecy surrounding this memo suggests that MCHR leaders communicating with COFO were

[89] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 27, 1964, Box 1, Folder 12, MCHR Records; "To Rita," February 1, 1965, Box 2, Folder 13, MCHR Records.

uncomfortable with the larger Committee knowing how truly fragile their footing in Mississippi was.[90]

Compounding this tension were misunderstandings between COFO and MCHR in both directions about program expectations. In more than a few cases, COFO workers promised local people that they could obtain doctors for them through MCHR. However, the Medical Committee could not make good on COFO's promise due to program design, budget, and licensing issues. The Medical Committee's intention was not to provide treatment for individuals of the local communities, and they were unprepared to do so. MCHR's medical presence program still prioritized medical needs of COFO workers, despite their relatively good health due to their age and access to health services in their home states.[91] Conversely, from the perspective of MCHR physicians visiting Mississippi, the problem lay with COFO. Dr. Israel Zwerling, in the report of his trip to Mississippi during February of 1965, wrote that "COFO needs the MCHR more than either it or the MCHR realizes at the present time." He proposed that, though COFO was struggling with internal difficulties, MCHR could play an important role if it were willing to set firm limits with COFO. He recommended that MCHR should draw strict boundaries with COFO around "what is and what is not permissible," and that "it should be made clear that the staff has much more useful things to do than play games with COFO." Zwerling's condescending tone highlights the depth of miscommunication issues between the two organizations. While COFO was frustrated with MCHR's repeated failure to fill needed gaps

[90] Confidential Memorandum from Tom Levin to Aaron Wells, Des Callen, Jack Geiger, November 28, 1964, Box 31, Folder 334, MCHR Records.
[91] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 27, 1964, Box 1, Folder 12, MCHR Records.

in health access for Black Mississippians, MCHR found COFO to be unrealistic in expectations and some of its workers to be juvenile.[92]

As COFO and the Mississippi movement were undergoing changes, so too was the Medical Committee. By the end of Summer 1964, MCHR was established as a permanent, national organization. Many new chapters across the country, including Boston, Chicago, and Washington, D.C., were joining the growing organization. This rapid growth within a short amount of time left the Executive Committee scrambling to figure out how to determine structure of the organization, relationship of chapters to the national MCHR, and how to manage a large body of members, all while planning a program for the coming winter and following summer. Because MCHR's program was designed to be coupled with COFO's, the changes and tension within the Mississippi movement were destabilizing for the Medical Committee. Several leaders within COFO had expressed the opinion that MCHR should not send visiting doctors to Mississippi unless requested on a specific project.[93] During Freedom Summer, the doctors were, at the very least, responding to COFO's original expressed needs for medical presence during a time of potentially heightened violence. Even so, their actual roles in Mississippi were sometimes vague, and unexpected barriers such as inability to obtain Mississippi medical licenses required them to be flexible. Broader MCHR leadership demonstrated a clear preference for "medical presence" over long-term, invested change in health for Black Mississippians during Freedom Summer; therefore, COFO's request that MCHR not send physicians for that purpose reduced the Committee's capacity to play to its perceived strengths.[94]

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[92] Israel Zwerling, "Report by Dr. Israel Zwerling on Trip to Mississippi February 2-7, 1965," Box 31 Folder 335, MCHR Records.
[93] Confidential Memorandum from Tom Levin to Aaron Wells, Des Callen, Jack Geiger, November 28, 1964, Box 31, Folder 334, MCHR Records.
[94] Executive Committee Minutes, October 1964, Box 1, Folder 12, MCHR Records.

By the fall of 1964, the Medical Committee was involved in numerous projects in disparate areas: The public health nurses' ongoing health organizing in Mississippi, new endeavors with CORE across Louisiana and Alabama, and programs from emerging MCHR chapters countrywide.[95] With the rapid growth of MCHR came a dramatic increase in personnel that the national leadership was not prepared to incorporate. Though exciting, this exponential growth came with serious consequences—the Medical Committee became distracted and fell into a pattern of prioritizing organizational development and legislative matters. By September 1964, the group meetings were largely dominated by talk about organizational structure. There were some members present that consistently tried to steer the conversation towards systemic-level interventions to health in Mississippi—Callan, Geiger, Gibson, and Levin in particular—but even so, the executive board meetings remained marked by an air of disorganization and lack of focus on the Mississippi program.[96]

A particularly clear illustration of the detrimental effects of Medical Committee's distraction lies in their pursuit of tax-exempt status. MCHR began seeking out tax exempt status in September of 1964, despite the awareness that it might impact their ability to carry out programs. They even went so far as to ask, "Would it cripple us in our projects?"[97] Notably, these conversations were occurring concurrently with critical developments in MCHR's relationship with COFO. On the same day, Dr. Gibson updated the Committee that the Holmes County Community Center was due to open in several days, and that failing to supply a nurse and a physician as requested would have damaging consequences for their relationship with

[95] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 19, 1964, Box 1, Folder 12, MCHR Records.
[96] "Sense of Meeting," September 28, 1964, Box 1, Folder 12, MCHR Records; "Progress Report," October 30, 1964, Box 4, Folder 12, Young papers.
[97] Untitled, September 28, 1964, Box 1, Folder 12, MCHR Records.

COFO.[98] Though Gibson encouraged the board to vigorously support the grassroots efforts in Mileston, they spent most of the meeting talking about other matters. The executive board went ahead with the legal work required for the tax exemption, which they successfully secured by early 1965. This pattern of de-prioritizing programs that invested deeply in structural changes to health continued into the new year. At the February 15, 1965 meeting of the Executive Committee, Dr. Callan introduced his proposal for addressing systemic health issues in Mississippi, called "A Mississippi Health Program: A Modest Proposal." The proposal outlined a plan for engaging native Mississippians in the MCHR's national conference and supporting their efforts through securing funds from foundations and the Federal Government. Geiger's proposal was "deep in the politics of getting better health care" for both Mississippians and Northerners. However, others present at the meeting were hesitant to enact such a plan, asserting MCHR "should not jeopardize our tax exemption status by engaging in lobbying."[99] In this case, MCHR leaders' desire for tax-exempt status affected their willingness to be overtly political and created a barrier to effective health organizing and meaningful change. Thus, the Medical Committee effectively prioritized organizational development instead of the grassroots empowerment of the people for their own health.

Meanwhile, the Medical Committee was struggling with the financial ramifications of their "medical presence" program during Freedom Summer. Many of the physicians who had promised to pay their own way to Mississippi had not followed through. According to promotional materials that MCHR sent out to its supporters, it cost two hundred dollars to sponsor one volunteer's trip to Mississippi for two weeks.[100] Therefore, the medical presence

[98] "Sense of Meeting," September 28, 1964, Box 1, Folder 12, MCHR Records.
[99] Executive Committee Meeting – Draft, February 15, 1965, Box 2, Folder 13, MCHR Records.
[100] Progress Report, October 30, 1964, Box 4, Folder 12, Young papers.

program, the cornerstone of which was sending rotating teams of physicians to Mississippi, was expensive. In October 1964, the treasurer's report revealed that the Medical Committee had over ten thousand dollars in debt from the summer, all of which needed to be paid off urgently.[101] Furthermore, the small number of doctors still visiting the state that Fall were continuing to spend MCHR money without much regard for the consequences. In her November report, Dr. Friess criticized, "Doctors have been extravagant in use of cars and many who could afford to take full or partial responsibility for their expenses have done nothing." She understood their behavior as an indication of their "lack of sincerity of interest in the movement."[102]

Many leaders recognized the need to get on better financial footing. One particularly eloquent member proclaimed, "We have no money."[103] However broke, the Medical Committee still needed to follow up with its commitment to the project in Mileston. With fortuitous timing, the NCC Delta Ministry had pledged to provide funds for three nurses and one physician plus office expenses through January 1, 1965.[104] While the Mileston project was temporarily funded, MCHR had some difficulty fundraising for their other programs. Naturally, the Medical Committee's supporters wanted to know about the executive committee's plans. However, due to the changing tides of the movement, poor communication with COFO, and MCHR's rapid growth, the organization struggled to outline a clear direction for programs following Freedom Summer.

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[101] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 7, 1964, Box 1, Folder 12, MCHR Records.
[102] Constance Friess, "Mississippi Problems as of October 24, 1964 to November 1, 1964," Box 31, Folder 334, MCHR Records.
[103] Untitled, September 28, 1964, Box 1, Folder 12, MCHR Records.
[104] Minutes of Meeting of Executive Committee of Medical Committee for Human Rights, October 7, 1964, Box 1, Folder 12, MCHR Records.

The spring of 1965 brought new and exciting opportunities to the Medical Committee. At the Executive Committee meeting on March 8, Aaron Wells reported on MCHR activities in Selma, Alabama. A few weeks prior, Alabama State Troopers had shot and killed Jimmie Lee Jackson, a young Black civil rights activist, at a peaceful demonstration in Marion, Alabama. In response, Dr. Martin Luther King, Jr. and the Southern Christian Leadership Conference organized a march from Selma to Montgomery, a route of over fifty miles. SCLC requested MCHR's presence at this march, scheduled to begin Sunday, March 7. At the Edmund Pettus Bridge in Selma, state troopers ordered the demonstrators to disperse. When they did not comply, the troopers attacked the crowd, gassing and beating them with such brutality that the event became known as Bloody Sunday.[105] After this, the Medical Committee intensified its medical presence in Alabama. The March 8 meeting was full of frenzied excitement about Selma, as MCHR was to provide Dr. King with medical protection. Moldovan, who had been overseeing MCHR's involvement with the march, suggested that "as many doctors and nurses from all over the country come down to Selma to participate in the march."[106] The Medical Committee returned in full force for the Selma-to-Montgomery march rescheduled for March 21. MCHR physicians from all over came to take part—over one hundred total—so many that there were significantly more doctors than needed. Levin recollected that "Everybody wanted to do something. Marching was wonderful." And yet, he admitted, "We didn't have a role or a mission."[107] Levin and others, though perhaps well-intentioned, gravitated towards the excitement of the march without a clear understanding of their role. This naivety is

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[105] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 87-89.
[106] Executive Committee Minutes, March 8, 1965, Box 2, Folder 13, MCHR Records.
[107] Interview with Tom Levin, from Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 93.

demonstrative of many MCHR doctors' sense of heroism and desire to be involved in the "action" of big moments of the Civil Rights Movement.

Selma also serves as an example of the shortcomings of the Medical Committee's "medical presence" program. One of the two major MCHR programs, medical presence largely required little investment in relationships and local communities. Instead, with such efforts, MCHR could enter whatever locale required medical coverage for civil rights activity, perform their intended functions, then leave for the next location. This program made MCHR nomadic and their function highly temporary.

At the MCHR National Convention that year, Selma was a central focus. In contrast, the Mississippi proposal made by Geiger, which would have made significant strides towards community health centers, access to medical training for Black Mississippians, and working with the Mississippi Freedom Democratic Party, was overshadowed by excitement surrounding the Committee's highly publicized work with Dr. King in Selma.

Just over a year later, in June of 1966, James Meredith was planning a walk from Memphis, Tennessee to Jackson, Mississippi. Meredith, the first Black student to successfully enroll at the University of Mississippi, intended to complete the over two hundred mile walk to show Black Mississippians that they no longer needed to be afraid to register and vote. However, on day two of the walk, a white gunman shot Meredith numerous times, and Meredith was rushed to the hospital. Soon, leaders from several civil rights organizations got permission from Meredith to continue the march without him, and asked MCHR to provide medical presence. Several southern MCHR staff and their medical van traveled with the marchers.[108]

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[108] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 149-151.

The Meredith March was a major turning point for the Medical Committee and the movement. In Greenwood, tensions rose, and police arrested several SNCC workers, including Stokely Carmichael. When Carmichael was bailed out several hours later, he yelled in front of a crowd of over six hundred people, "We want black power!" In a call-and-response fashion, he engaged the crowd, asking, "What do you want?" Each time, the people shouted back, "Black power!" While SNCC had been moving away from embracing integration-centered work and the philosophy of nonviolence since the 1964 Democratic National Convention, the bold proclamation of Black Power surprised many white liberals.[109]

As the marchers continued, they were attacked by state troopers in Canton, less than twenty miles outside of Jackson. It was a bloody show of tear gas and terror. Troopers beat demonstrators and medical personnel alike. And yet, despite Black Mississippi MCHR doctors' call for support, Medical Committee members did not show out with nearly the numbers or excitement they had in Selma a year prior.[110] For the Medical Committee, which largely consisted of white leftists, Black Power was a little *too* radical. After the Meredith March, the donations to MCHR decreased significantly. Though Mississippi had often been low on their list of priorities after Freedom Summer, the Medical Committee largely lost interest in the state after 1966. Those who had previously romanticized the Civil Rights Movement could no longer do so—Black Power made it difficult for MCHR doctors to indulge in delusions of saviorism. The Medical Committee's near-complete withdrawal from Mississippi following the Meredith March indicates that the larger organization's goal was not to invest deeply in structural change to

[109] John Dittmer, *Local People: The Struggle for Civil Rights in Mississippi* (Champaign, IL: University of Illinois Press, 1994), 395-98.
[110] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 153-154.

health inequities in Mississippi. Dr. King and cameras wooed the doctors to Selma, but Black Power could not do the same in Canton just one year later.

Meanwhile, in Holmes County, where Disparti, Richardson, and Weatherly had been working, the Winik Memorial Clinic was officially opened in November of 1965. Situated inside the Holmes County Community Center, the clinic was a truly collaborative grassroots effort that centered the wisdom of the local people. The people determined the structure of the clinic and its operations. For instance, they decided that the clinic would serve a diagnostic purpose then refer people to the appropriate facility for complicated care. They also decided on a fee for service and implemented an appointment system. In an unexpected result of having the clinic inside of the community center, local teenagers became interested in the clinic work, forming a "health careers club" and working in the clinic. Thus, the pairing of the clinic with the community center created pathways to training more local medical personnel, a path otherwise unavailable to most rural Black teenagers in Mississippi. Richardson and Weatherly were careful to continue to center local people after Disparti left. At first, they tried to hold classes on diabetes, venereal disease, and tuberculosis. However, they quickly found that the people wanted to learn about practical ways to care for insect bites and infected sores on their children. The nurses, therefore, were able to better serve the people by listening directly to their needs. They understood the ability of the local people to identify their needs as a strength and were willing to implement solutions that they "had not thought about at all."[111]

Despite the nurses' hard work, the Medical Committee's support for their work was sometimes less than enthusiastic. They understood the deep investment required for their work

[111] M. Phyllis Cunningham, Helene Richardson Sanders, and Patricia Weatherly, "We Went to Mississippi," *The American Journal of Nursing* 67, no. 4 (April 1967): 801–4, https://doi-org.proxy.library.emory.edu/10.2307/3420374.

and recognized that others who "constantly have their minds on quick and dramatic solutions to the existing health problems" might find their work to be "offensively trivial, a kind of fiddling while Rome burns." And yet, they were confident in the importance of their work.[112] Dr. Parham, MCHR Southern field director at the time, tried to advocate for the nurses' work in Executive Committee meetings. He argued, "the nurses in Mississippi are functioning and projecting an image without the support of MCHR in its fullest sense." [113] Parham was correct—the nurses were doing the heavy lifting of health organizing and slow, meaningful change without the full support of the Executive Committee.

In Summer 1966, as the New York chapter and Executive Committee were in disarray due to divides over whether the organization should take a public stance opposing the Vietnam War, the nurses carried on with their work. Later that year, however, the NCC funding dried up, the MCHR national office did not support their funds, and the Winik Health Clinic was forced to close its doors.[114] The closure of the community-built and community-directed clinic reveals much about the Medical Committee. The national organization was still funding other projects, revealing that their support of the community clinic simply was not strong enough.[115] The issue was not that they could not afford to keep the clinic open, it was that they were not willing to sacrifice medical presence programs for the clinic. Ultimately, this decision shows that did not highly value the health and self-determination of the rural, Black Mississippians.

The Winik Clinic at the Holmes County Community Center was the Medical Committee's last ongoing project in Mississippi. While there were other offshoot projects that

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[112] Helene Richardson and Patricia Weatherly, "Holmes County Health Project," 1966, Box 4, Folder 12, Young papers.
[113] Executive Meeting Minutes, December 15, 1965, Box 1, Folder 12, MCHR Records.
[114] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 159.
[115] Executive Meeting Minutes, December 15, 1965, Box 1, Folder 12, MCHR Records.

MCHR-affiliated people undertook in the state, none were explicitly through MCHR. Following the disbanding of COFO and the rise of Black Power, the Medical Committee effectively left Mississippi. Only the Black MCHR physicians, who were native to Mississippi, remained. One MCHR doctor stated emphatically towards the end of Freedom Summer, "As long as there is COFO, there will be doctors."[116] Ironically, by the end of 1966, neither COFO nor the Medical Committee remained in the Magnolia State.

[116] "Special Report: Medical Committee for Human Rights," October 1964, Box 4, Folder 12, Young papers.

Conclusion

The Medical Committee understood health to be a human right. This core belief was central to their many projects, including their role in the desegregation of medical societies, lobbying for national health care, and advocating for prison reform. Even so, the Medical Committee fell short of their vision of fighting for human rights in Mississippi.

The Committee entered Mississippi during Freedom Summer with the intention of aiding civil rights workers and gathering information on status of segregated health facilities. Some of the physicians' "medical presence" work in the state was helpful, but most of it was neither long-term nor sustainable. The nurses' work, on the other hand, tapped into the rich community organizing tradition that SNCC and its predecessors had invested in. Particularly in Holmes County, this patient "spadework" gave way to a robust, community-shaped health clinic. The national Medical Committee did not adequately support the nurses' work, however, and the clinic closed when MCHR did not allocate more funds to keep it running. Instead, the Executive Committee got distracted by the excitement of the growing organization and concerned itself with matters of organizational structure, constitution, and legal status. In doing so, they missed a crucial opportunity to support and further develop the Holmes County health clinic program. The Medical Committee's last remaining project in Mississippi, the health clinic closed in 1967, while at the same time MCHR was investing in other "medical presence" projects nationwide.

MCHR's lack of commitment to long-term, sustainable change in Mississippi demonstrates their preference for symbolic gestures over structural-level interventions. Many

factors influenced the Medical Committee's decision to leave Mississippi, but the rise of Black Power undoubtedly played a large role in the Committee's declining interest in the state. [117]

In the late 1960s MCHR shifted from being the "medical arm of the civil rights movement" to the "medical arm of the New Left." This change occurred alongside a change in membership demographic, particularly a large influx of younger activists. MCHR focus shifted almost completely away from its southern program to antiwar efforts and medical presence at major protests around the county. The organization went through several transformations and changes in focus, always lacking a strong central leadership and struggling with political infighting amongst members.[118] MCHR finally ceased to exist in the early 1980s, after a slow decline spanning several years. [119]

Given the Executive Committee's failure to tap into the "community-movement overlap"[120] in Mississippi, could they truly engage their human rights vision there? Human rights are, at their core, interdependent and indivisible. No human right can be achieved without the others, and "health" does not exist in a vacuum. The higher-up leadership in the Medical Committee either did not truly understand this concept or they were willing to ignore it. Rather, their "medical presence" work was aimed primarily at surface-level issues, often separating health status from the factors that produce and perpetuate poor health.

The Medical Committee had an opportunity to adopt a posture of humility and intentionally put the local peoples' wisdom at the center of their projects, yet they did not do so at the national level. The MCHR nurses' dedication to following the direction of the local people

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[117] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 130-156.
[118] Dittmer, *The Good Doctors,* 255.
[119] 4/13*/22 12:06:*00 AM
[120] Claire Bradley, "Dear Doctors, Nurses, and other Friends," October 16, 1964, Box 31, Folder 336, MCHR Records.

demonstrates that it was possible for outsiders to, through a slow and respectful process, take part in effective health organizing. Similarly, once MCHR itself no longer remained in Mississippi, some MCHR members from the public health-focused faction remained invested in grassroots efforts for health. Notably, Geiger and Gibson worked extensively to connect local people in Mound Bayou, Mississippi to federal and private resources, eventually establishing one of the first comprehensive community health centers in the country.[121] This health center did not address medical issues only—it also worked to empower local farmers and provide nutritious foods through a co-op system, improved dwellings to reduce instances of disease from environmental factors, and invested in the education and training of local people. However, these efforts were not tied to MCHR and did not receive any resources from them, again underscoring the ways in which MCHR could have tapped into a human rights framework but did not.[122]

The breadth of issues impacting health in Holmes County in 1964 continue to shape health there today. As of 2019, Holmes County was the poorest in all of Mississippi, with a county median household income of $20,330, more than $20,000 dollars below the state median. The county poverty rate hovers around 46%, which is more than two times the state poverty rate and more than three times the national poverty rate.[123] The overall health status of Holmes County residents reflects the depth of poverty there. It often ranks near the bottom of health measures on both the state and national level. The impact of the Covid-19 pandemic in Holmes County underscores just how intimate the link between poverty and health is. Holmes County's

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[121] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 235.
[122] Thomas J. Ward, *Out in the Rural: A Mississippi Health Center and Its War on Poverty* (New York: Oxford University Press, 2017), 93-134.
[123] Samuel Stebbins, "Poorest Counties in the US: A State-by-State Look at Where Median Household Income Is Low," The Clarion-Ledger, accessed February 10, 2022, https://www.clarionledger.com/story/money/2019/01/25/poorest-counties-in-the-us-median-household-income/38870175/.

infection rate is three times the national average. Residents tend to be more vulnerable to contracting coronavirus due to high rates of health conditions such as diabetes, hypertension, heart disease, and lung disease, all of which also make an individual more likely to die from the virus. Furthermore, the high rates of poverty across the county makes it difficult to test residents for covid, making it more likely to spread and impact other residents. The financial strain on most families also makes it more likely that many family members reside together in small spaces.[124] Such structural issues make it exceedingly difficult to follow public health messages about isolation when infected—this reality makes clear that health outcomes cannot be separated from the conditions that produce and reinforce them. No amount of well-intentioned visiting physicians can adequately impact the root causes of poor health. Rather, a comprehensive, human rights focused approach is necessary.

The adage states, "health is wealth." I argue that we should take this one step further. In a world where wealth is closely tied to power, health is not just wealth. *Health is power*. Herein lies both a danger and an opportunity. Health is vital for resistance. Without it, a peoples' resistance is weakened, effectively perpetuating conditions of poor health and limiting the power of the people. Conversely, a meaningful shift in health is a shift in power, and vice versa. This relationship offers us a chance to understand health as larger than doctors or hospitals and instead, as a piece of a larger ecosystem of community and structural power.

[124] Jerry Mitchell, "Mississippi's Poorest County Was 'already off the Cliff with No Safety Net.' Then Came COVID-19.," The Clarion-Ledger, accessed February 10, 2022, https://www.clarionledger.com/story/news/2020/08/30/covid-19-holmes-county-poorest-in-mississippi/3442595001/.

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[125] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009), 130-156.

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[129] Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care,* 235.
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Bibliography

Primary Sources

Archival Material

Freedom Summer Digital Collection, Wisconsin Historical Society

Quentin Young papers, 1964-1975 (online)

Kislak Center for Special Collections, Rare Books and Manuscripts, University of Pennsylvania

Medical Committee for Human Rights Records

Civil Rights Movement Archive

Civil Rights Movement Documents: Summer Project 1964-1965 (online)

Recordings

Smith, Robert. "Oral history with Robert Smith, MD." Interview by Harriet Tanzman. Digital Collections at the University of Southern Mississippi, April 8, 2000. https://usm.access.preservica.com/uncategorized/SO_75f7fc7a-4d08-4879-96b9-7d73ea18f974/.

Secondary Sources

Books and Articles

Cunningham, M. Phyllis, Helene Richardson Sanders, and Patricia Weatherly. “We Went to Mississippi.” *The American Journal of Nursing* 67, no. 4 (April 1967): 801–4. https://doi-org.proxy.library.emory.edu/10.2307/3420374.

Dittmer, John. *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care.* New York: Bloomsbury Press, 2009.

Dittmer, John. *Local People: The Struggle for Civil Rights in Mississippi*. Champaign: University of Illinois Press, 1994.

Mitchell, Jerry. ““Mississippi’s Poorest County Was ‘already off the Cliff with No Safety Net.’ Then Came COVID-19.” *The Clarion-Ledger,* August 30, 2020.

https://www.clarionledger.com/story/news/2020/08/30/covid-19-holmes-county-poorest-in-mississippi/3442595001/.

Payne, Charles. *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle.* Berkeley: University of California Press, 1995.

Sojourner, Susan Hasalo and Cheryl Riana Reitan. *Thunder of Freedom: Black Leadership and the Transformation of 1960s Mississippi.* Lexington: University Press of Kentucky, 2013.

Stebbins, Samuel. "Poorest Counties in the US: A State-by-State Look at Where Median Household Income Is Low." *The Clarion-Ledger,* January 25, 2019. https://www.clarionledger.com/story/money/2019/01/25/poorest-counties-in-the-us-median-household-income/38870175/.

Ward, Thomas. *Black Physicians in the Jim Crow South.* Fayetteville: University of Arkansas Press, 2003.

Ward, Thomas. *Out in the Rural: A Mississippi Health Center and Its War on Poverty.* New York: Oxford University Press, 2017.

United Nations Office of the High Commissioner for Human Rights. "What Are Human Rights?." https://www.ohchr.org/en/issues/pages/whatarehumanrights.aspx.