

*Dr. Seligson*  
MAR 22 1966

March 9, 1966

*D4 SL #17*

The Honorable Paul B. Johnson  
Governor of Mississippi  
The State Capitol  
Jackson, Mississippi

My dear Governor Johnson:

As President of Tufts University in Medford, Massachusetts, and its medical school in Boston, I am writing in some detail to acquaint you with the development of a new Tufts program in health care research that involves populations both here in Boston and in Mississippi.

For the past several years the faculty of our Department of Preventive Medicine has been increasingly concerned with the health needs of our economically poorest populations, north and south, and the concentration of extreme health problems among them. With many others, we have been alarmed at the widening gap between our national health standards and the health of these populations, with the resulting burden not only to economically deprived individuals but to the rest of the population in terms of disability, non-productivity, and the heavy costs of public health and welfare services. These increasing health problems are all the more distressing because they have occurred despite the best -- and often heroic -- efforts of local physicians and of existing county, state and federal health programs.

These problems are intensified not only by the fragmentation of existing services, but by our lack of basic knowledge about the health needs of these populations; it is self-evident that the needs are great, but very little is known about the exact amount of current burdens of illness, their specific nature, and the costs of meeting or preventing them. This shortage of knowledge, in turn, is accompanied by a growing shortage of physicians interested in, and available for, family health care.

In pursuing these problems, our medical faculty identified three populations as representing the greatest concentrations of economic need and health problems: groups in the urban cores of our larger northern cities; the rural and small-town population of Appalachia; and rural populations in the agricultural south. Indeed, there is good evidence that the problems in the rural south and urban north are very much related, since so much of the urban-core population, particularly the Negro population, represents the northern terminus of out-migration from the south.

The Tufts Department of Preventive Medicine therefore determined, as an academic research and demonstration project, to develop health centers and health programs around these problems in the urban north and rural south, as a direct extension of its own academic teaching and research program. For this purpose, after a review of available sources of support, it sought funding from the Office of Economic Opportunity -- the one non-categorical agency not restricted to concern with one population group (children, or mothers, or the chronically ill) or with one category of disease, and willing to support a medical school in assuming some of the great costs of providing medical care for the needy.

On June 24, 1965, Tufts received an initial grant of \$1,168,000 from OEO for a research and demonstration project involving two health centers: the first in the Columbia Point area of metropolitan Boston, a low-income public housing community of some 6,000 persons, and the second at a site to be chosen later in the rural south. Co-directors of the project are Dr. H. Jack Geiger, Associate Professor of Preventive Medicine and Director, Division of Community Health; and Dr. Count D. Gibson, Jr., Professor and Chairman of the Department of Preventive Medicine.

For both health centers, the purposes were the same: (1) to attempt to determine, in depth and in detail, the full extent of health needs and burdens of illness in economically deprived populations; (2) to attempt to provide care, in new and more effective ways, through family health teams of physicians, nurses, public health and visiting nurses, health educators, medical social workers and sub-professional aides, emphasizing preventive care; (3) to provide, for the

March 9, 1966

knowledge of the general medical community, the academic community, and local and federal health agencies, full data and information accumulated on the costs of meeting health needs and the effectiveness of new programs; and (4) to provide a moderate number of sub-professional jobs with in-service training as neighborhood health aides, nurse aides, etc., to local residents.

It should be emphasized that this is a grant to the Trustees of Tufts College, and is neither a direct project of the Office of Economic Opportunity nor of any other federal agency; while funded by OEO, full and complete responsibility for the grant and its implementation, as with any other grant to an academic institution, lies with Tufts and no one else. Indeed, all professional staff at both health centers are to be faculty members of Tufts Medical School, meeting the requirements for academic positions; by the same token, for the southern project, all must of course meet local standards and requirements for licensure.

The Columbia Point Health Center has been in operation since December 15, 1965. It has already produced invaluable information on the range and types of need (almost double our highest advance estimates of health problems in this low-income population) and is now serving as a guide for the planning of health centers throughout the urban north. Its work commands interest at the highest levels of the Public Health Service, the Children's Bureau, the American Medical Association, and other agencies and organizations concerned with health.

Meanwhile, our faculty has been searching for a suitable southern site. This has involved statistical review and analysis of data from Alabama, Arkansas, Georgia, Louisiana, Mississippi, and Tennessee. Intensive study was given to Phillips County, Arkansas; Fayette County, Tennessee; Lowndes and Wilcox Counties, Alabama; Crisp County, Georgia; Hancock, Glascock, Warren and Taliaferro Counties, Georgia; and Panola and Bolivar Counties in Mississippi. Repeated visits were made to Crisp, Hancock, Glascock, Warren and Taliaferro Counties in Georgia, and to Panola and Bolivar Counties in Mississippi. In its final stages, this involved an intensive comparison of the four-county area around Sparta, Georgia, to which our attention had been invited by Dr. John Venable, the Georgia Commissioner of Public Health, and Bolivar County.

March 9, 1966

In a final review, Bolivar County seemed to be the optimal site for the location of a southern rural health center and program for academic research and demonstration purposes. The area, as you know, has high health needs; many of the roots of these problems lie in the unavoidable economic dislocation and displacement of agricultural workers by increasing mechanization and automation of the cotton plantations, a trend which seems likely to increase during the next several years; the county has a relatively low physician-population ratio; and there was available within the county, several miles from the town of Mound Bayou, both a desirable local site and a specific facility that could be converted into a health center. We are indebted to Dr. Archie L. Gray, the State Health Commissioner, for the observation that this site, once chosen, might be the base for serving a population in the northern districts of the county.

We have all been acutely aware of the many problems and difficulties attendant on launching such a venture, particularly from a home base outside the state, and the project directors have been at great pains both to seek local advice and counsel and to give the fullest possible information to all interested parties. Thus, since the identification of Bolivar County as a possible site, Drs. Geiger and Gibson have had:

1. A series of extensive discussions, both to explain the project in general and to explore possible working relationships, with Dr. Gray and his staff; most recently, at a meeting with all of the senior personnel of the state health department and with Dr. Dominic Tuminello, health officer of Bolivar County;
2. An extensive and frank discussion with the President, Executive Secretary, and senior members of the Mississippi State Medical Association, followed within the past few days by an additional informational meeting with Mr. Charles Matthews, Assistant Executive Secretary of the Association;

March 9, 1966

3. Numerous informal meetings with the then Vice-Chancellor for Medical Affairs of the University of Mississippi Medical Center, Dr. Robert Marston, a former colleague of Dr. Gibson's on the faculty of the Medical College of Virginia;
4. A meeting with Dr. Howard Nelson, secretary-treasurer of the Delta Medical Society (which includes the physicians of Bolivar County), to inform him of the project and make plans for additional informational meetings with the society's board;
5. A meeting with senior members of the Mississippi Medical and Surgical Society, representing Negro physicians of the state, including in particular Dr. Edwin P. Burton and Dr. James L. Lowry, with full discussions of the needs of the Taborian and Sarah Brown Hospitals in Mound Bayou;
6. A discussion with Dr. Robert T. Hollingsworth, Jr., of Shelby, the senior physician in northern Bolivar County, who expressed deep interest in the project and offered cooperation with it;
7. Several meetings with Mr. Donald Wylie, executive secretary of the Bolivar County Community Action Program, and one meeting with several members of the CAP Board of Directors, including two of the county commissioners. Since this is a research and demonstration project of Tufts, it has no formal ties with the regional or local OEO mechanisms, but these meetings have produced great interest on the part of the local CAP directors;
8. Meetings with the officials of the town of Mound Bayou and with the trustees of the African Methodist Episcopal Church, which holds a charter for J. P. Campbell College and owns a 100-acre site near Mound Bayou on which it hopes ultimately to develop a college or junior college campus.

We have not, of course, in any of these meetings sought formal endorsements or commitments, but rather have focused on the fullest possible exchange of information and plans.



In more specific terms, what is planned for the Tufts-southern health center is:

(a) completion of a partially-constructed, church-owned building on the Campbell College site into a fully equipped health center to provide ambulatory family health care, emergency care, preventive services such as immunization, family planning services, health education, prenatal and possibly delivery services to a defined population in Bolivar County. There would of course be both a geographic and an income limitation on those to whom services would be available. We are keenly aware of the need for local advice and counsel regarding the appropriate mechanisms and amount of fees for these services.

(b) This care would be provided by approximately 8 to 12 physicians, at least an equal number of nurses, and a supporting staff of health educators, social workers and the like. As full-time faculty members, Tufts physicians cannot engage in the private practice of medicine. Our policy would be, of course, to encourage our physicians (many of whom will be specialists) to be available without charge, if requested, for consultation with local physicians and the local health department, as well as to provide consultation for the hospitals now in Mound Bayou and, if desired, in Cleveland and Shelby. In this as in other matters our purpose is to be cooperative, not competitive with existing resources. We are interested, in addition, in cooperating with Project STAR and local schools in providing some job training in health areas, and with local resources in establishing or helping to staff existing sub-centers in the northern part of the county.

We hope to use the Campbell College site outside Mound Bayou, in addition, for construction of staff housing near the proposed health center. Funding for substantial construction on this site will, we believe, be easily available since a long-term justification exists in the possible future development of a college campus. The Tufts project itself will be long-term; while we have year-by-year funding from OEO, we hope to attract additional sources of both private and federal funds over the next five to ten years.

The Honorable Paul B. Johnson

-7-

March 9, 1966

The project, including both its northern and southern segments, has the full and enthusiastic support of our Board of Trustees, and we hope it will have the full understanding and acceptance both of the population involved and of Mississippians in general.

I have written in such detail in the hope of facilitating this understanding; we are particularly concerned that the announcement and reception of this important venture be as productive as possible. Please call upon me without hesitation for any additional information that you may desire, and be assured of my hopes for a long and mutually useful relationship between Tufts University and Bolivar County in the improvement of health and health knowledge.

Sincerely yours,

Nils Y. Wessell

NYW:d

bcc: Dr. Gibson  
Dr. Geiger ✓  
Mr. Parks