"Take the Mountain": The International Order of Twelve Knights And Daughters of Tabor and The Black Health Care Initiative in the Mississippi Delta, 1938 – 1983

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A Dissertation presented in partial fulfillment of requirements for the degree of Doctor of Philosophy in the Arch Dalrymple III Department of History The University of Mississippi

by

Katrina Rochelle Sims

August 2016
ABSTRACT

The dissertation explores the intersection of black racial uplift strategies, black women’s entry and marginalization within distinctly male-dominated spaces such as fraternal orders, and institutional racism, specifically the implementation of regulatory policies to hinder predominately black communities from accessing state programs and funding resources. It demonstrates how African Americans in the Mississippi Delta circumvented Jim Crow practices that restricted black Mississippian access to facilities and funding. It acknowledges the comprehensive health care initiative that provided African Americans with autonomous medical care. It complicates the narrative that defined civil rights strictly within the framework of the franchise and integration of public schools, city transit systems, and leisure activities. As early as the 1930s, the International Order of Twelve Knights and Daughters of Tabor argued that access to quality medical care was in fact a right afforded to all citizens, irrespective of race. Additionally, the hospital emerged as a symbol of black entrepreneurship and advancement. The hospital represented black Mississippian to articulate and implement their own visions of freedom as they demanded full inclusion in southern society. For the hundreds of black residents of Mound Bayou, Mississippi, full inclusion in society included access to modern health care.

The dissertation considers the gender dynamics of fraternal organizations as well as the medical profession. It complicates the role of women within African American fraternal orders, particularly the International Order of Twelve Knights and Daughters of Tabor. The dissertation
explores the distribution of influence and the ways in which black women fraternal leaders, on occasion, successfully wrestled power from male leaders to advance their own visions.

Considering women fraternal leaders were tasked with ensuring the organization had sufficient funds in its coffers, they formed impressive coalitions of middle-class and working-class women who identified needs within the community and allocated resources at their discretion. The dissertation examines the intricacy of the strategies employed by black women fraternal leaders as they challenged the predominate male-vision for the organization and the community.

The dissertation interrogates role of state regulation and state actors including the Mississippi State Board of Health, Mississippi Commission on Hospital Care, and William Waller, Governor of Mississippi 1972 – 1976 who targeted the black medical professionals including midwives and nurses as well as black institutions in the 1920s, 1940s and again in the 1960s as the profitability of treating poor and elderly patients increased with the implementation of Medicaid and Medicare. The dissertation identifies three transformative pieces of legislation: the Maternity and Infancy Act of 1921, commonly called the Sheppard-Towner Act; the nationally popular yet racially discriminatory Hospital Survey and Construction Act of 1946, commonly referred to as the Hill-Burton Act; and the with Anti-Poverty programs of the 1960s, the implementation of federal legislation by state agencies resulted in the systematic removal of blacks from the medical profession. As state regulators imposed ridged regulations which led to the disappearance of black institutions, particularly, black hospitals, black women health care providers expanded their responsibilities to ensure the medical, mental, and nutritional needs of patients and residents were adequately addressed, in spite of the economic limitations of the hospital and its founding organization.
DEDICATION

To my Momma

Your encouragement and occasional, yet necessary, pushes cultivated the spirit of perseverance and hard work that made this all possible.

I love you
# LIST OF ABBREVIATIONS AND SYMBOLS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td><em>ICGM</em></td>
<td>International Chief Grand Mentor</td>
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<tr>
<td><em>IGHP</em></td>
<td>International Grand High Preceptress</td>
</tr>
<tr>
<td><em>CGM</em></td>
<td>Chief Grand Mentor</td>
</tr>
<tr>
<td><em>GHP</em></td>
<td>Grand High Priestess</td>
</tr>
<tr>
<td><em>VGM</em></td>
<td>Vice Grand Mentor</td>
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<tr>
<td><em>VGP</em></td>
<td>Vice Grand High Priestess</td>
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<tr>
<td><em>CGS</em></td>
<td>Chief Grand Scribe</td>
</tr>
<tr>
<td><em>CGR</em></td>
<td>Chief Grand Recorder</td>
</tr>
<tr>
<td><em>GPP</em></td>
<td>Grand Presiding Prince</td>
</tr>
<tr>
<td><em>GQM</em></td>
<td>Grand Queen Mother</td>
</tr>
<tr>
<td><em>CGO</em></td>
<td>Chief Grand Orator</td>
</tr>
<tr>
<td><em>CGP</em></td>
<td>Chief Grand Priestess</td>
</tr>
<tr>
<td><em>HP</em></td>
<td>High Priestess</td>
</tr>
<tr>
<td><em>QM</em></td>
<td>Queen Mother</td>
</tr>
<tr>
<td><em>KDT</em></td>
<td>Knights and Daughter of Tabor Mississippi Jurisdiction Archives</td>
</tr>
<tr>
<td><em>MDAH</em></td>
<td>Mississippi Department of Archives and History</td>
</tr>
<tr>
<td><em>NACWC</em></td>
<td>National Association of Colored Women’s Clubs</td>
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ACKNOWLEDGEMENTS

I express my deepest appreciation to the Arch Dalrymple III Department of History and the Division of Outreach and Continuing Education at the University of Mississippi for funding this endeavor. This project would not have been possible without the support of the family of Perry Monroe Smith and Kemper Harreld Smith who granted me unfettered access to their grandfather and father’s private papers. I would like to thank Drs. David T. Beito and Blake Wintory for allowing me to mine their collections. Thank you to Christyne M. Douglas, archivist at Meharry Medical College, who permitted me to roam, seemingly aimlessly, through their unprocessed collections. A special thank you to the staff of the Archives and Special Collections in the J. D. Williams Library at the University of Mississippi, especially Lauren Rogers, who joyously accommodated all of my last minute request to reexamine materials and manuscripts.

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To my family and friends, thank you for the endless words of encouragement and prayers. A special thank you to Dr. E. Murrell Dawson, who introduced me to archival research at the Southeastern Regional Black Archives Research Center and Museum in Tallahassee, Florida, and Dr. David H. Jackson, Jr., who during my matriculation at Florida A&M University planted the seed that I had something of value to offer the academy.
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INTRODUCTION

On February 23, 2014, the residents of Mound Bayou gathered at the center of town to join the procession down main street to the site of the once dilapidated Taborian Hospital. The “restoring health, history remembered” theme for the three-day celebration marking the reopening of the black owned and operated hospital provided insight into the perplexing health care situation in the Mississippi Delta.¹ While the racial barriers that hindered African Americans from accessing health care had long since been eroded, the isolation of rural areas like the delta and the economic limitations of many residents remained significant impediments to accessing affordable health care. Nearly thirty years after the closing of the hospital, the facility was renovated after the city of Mound Bayou was awarded a grant from the United States Department of Agriculture. The facility opened with impressive fanfare as it was lauded a major step toward improving health care access for delta residents. Despite being flushed with federal funds, the Taborian Urgent Care Center has struggled to attract patients. While the Affordable Care Act implemented in 2010 to “make health care more affordable and available,” the

¹ Taborian Urgent Care Center: Grand Opening Celebration held on February 21-23, 2014 (Mound Bayou, Mississippi: Taborian Urgent Care Center and City of Mound Bayou).
prohibitive costs associated with treatment at the center has made it a less appealing option to many Mound Bayouians.²

“‘Take the Mountain’: The International Order of Twelve Knights and Daughters of Tabor and the Black Health Care Initiative in the Mississippi Delta, 1938-1983” uses health care as a lens to analyze the self-determination and empowerment strategies employed by black Mississippians as they rejected the indignity that accompanied treatment in segregated facilities and demanded access to modern health care in the Jim Crow era. Like local officials in 2013, hospital officials attempted to access federal funds for the modernization and expansion of the facility on the basis that black Mississippians, as citizens, had a right to a share of funds for health care. The dissertation argues that as state regulators increased supervision of the facilities and imposed harsh standards that threatened the stability of the facility, black Mississippians relied on self-governance and black uplift strategies. These mechanisms were employed to counter state regulators’ efforts to erode the autonomy of black Mississippians who linked right of access to health care with citizenship.

The Black Liberation Movement method allows for a nuanced treatment of the International Order of Twelve Knights and Daughters and the Taborian Hospital. Here, political activism including accessing the vote and demanding fuller inclusion in American society merged with empowerment themes that advocated blacks formulate and implement plans that meet the specific health needs of the black community. In the Black Liberation Movement theoretical framework, “Civil Rights” was defined as “privileges the state grants its citizens, and

protections against unjustifiable infringement by either the state or private citizens.”

For instance, in 1950, Perry Monroe Smith, International Chief Grand Mentor from 1937 to 1971, stated “pay your poll tax and register on or before February 1, 1951 that you may be eligible to vote” during the grand session in Tunica, Mississippi. Again in August 1960, Smith urged “the members of the International Order of Twelve of Knights and Daughters of Tabor to join in united prayer, become qualified voters and exercise your right to vote in every election that the forces of injustice may no longer endure.” Additionally, the civil rights component of the Black Liberation Movement framework reveals that the battle over state and federal funds with the State Board of Health and Mississippi Commission on Hospital Care was politicized rejection of institution racism.

Through the “Black Power” perspective, the empowerment strategies of women leaders are elevated, particularly their contributions to the “private capitalist enterprise” of the Knights and Daughters of Tabor. These women formed the foundation of the financial enterprise of the black residents of Mound Bayou, Mississippi post-1940s. A major difference from the male-dominated economy of the 1880s to the 1910s where individuals like Benjamin Green and Charles Banks struggled to ensure local businesses had access to capital. While the informality of the capital raising endeavor of these women made their work almost invisible, the organization could not implement and sustain its health initiative without their work. Moreover,

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4 Twenty-Fourth Annual Message by Sir P. M. Smith Delivered at the Sixty-First Annual Grand Session Held in Tunica, Mississippi (November 1950), from the private collection of Perry Monroe Smith, 10.


6 Cha-Jua and Lang, “The ‘Long Movement’ As Vampire,” 284.
these women defined self-reliance as the independent financing of programs sponsored by the organization. This is a departure; while early settlers of Mound Bayou embraced self-help ideas, they relied on white philanthropy to fund the library in 1909, school in 1912, and bank in 1914. This dissertation demonstrates how black women, especially working-class black women, increased their visibility within fraternalism and the medical profession. Additionally, this study of fraternalism departs from the assertion the Knights and Daughters of Tabor was an egalitarian organization.\(^7\) For instance, in 1978, James Townsend, Vice Grand Mentor, stated “We must regain our position – head. I think men ought to be men in every area of life.”\(^8\) This display of black masculinity, albeit an attempt to empower black men in the repressive South, simultaneously jettisoned the idea that an increase in the visibility of black women leaders was acceptable and embraced by male members of the order.

Under the “Black Power” umbrella, the Taborian Hospital was self-defined health care that sought to extend dignity to poor black Mississippians.\(^9\) Here, self-reliant and advancement strategies of African Americans as it pertained to health care goes beyond the discussion about integration of medical institutions.\(^10\) The militarism that gave birth to the organization in 1846 remained an essential component of the order after its rebirth in 1872. Ceremonies like the cadet drills of the tent department were public displays of black unity that rejected the idea of remaining hidden in the repressive southern culture, and hinted at the notion that black Mississippians embraced the self-defense in opposition to the threat of violence.

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\(^8\) “Men of the Mountain,” *The Taborian Bulletin* (March-May 1978), Smith Papers, 8

\(^9\) Ibid.

At its core, this dissertation presents a social history that complicates the experiences of African Americans in the Mississippi Delta as they embraced self-defined organization and health care activism. The perspective presented in this work is distinctive because it elevates the status of black women leaders and health care providers. The patterns of discrimination in the South and the economic collapse of the 1930s placed black Mississippians in an economically and politically precarious position. Nevertheless, black medical professionals and fraternal members collaborated to address the health care deficiencies that threatened the lives of black babies, mothers, and poor residents of the Mississippi Delta.11

Throughout the mid-nineteenth century, infant and maternity care, access to emergency services, as well as treatment for tuberculosis, malaria, and venereal diseases like syphilis emerged as the dominate public health care issues in the black community. With the “death rate for tuberculosis three times higher for blacks, malaria death rate twice as high, and syphilis death rate seven times as high,” the health care crisis that African Americans experienced by the 1940s was significantly worse than the earlier decades of the nineteenth century.12 The medical deficiencies that African Americans experienced was worsened by the lack of manpower due to the lack of educational opportunities for black medical professionals and insufficient access to medical facilities.13 According to Wilhelmina Leigh, “Prejudice, discrimination, and poverty all


interact to generate the daily diet of stresses that bear on their health.”

Here, health care issues emerged as a denominate concern for blacks and a significant barrier to their social and economic advancement. The dissertation argues that systemic racism and economic disparities contributed to the poor health of the black community. For instance, African Americans suffered high mortality rates as a result of “low economic conditions, overcrowding, poor nutrition, bad sanitation and lack of medical care.” Life in the rural area of the Mississippi Delta complicated the health care status of African Americans. For instance, improper sewage drainage, unsecured doors and windows that permitted insects into the homes, and lack of access to clean water resulted in the higher instances of disease and illness. The movement to improve the health conditions of Mississippian in areas like Hinds County (Jackson, Mississippi) and Vicksburg, Mississippi) were successful. Between the 1930s and 1940s, a greater number of health care personnel and facilities in urban areas made a significant difference to the general

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18 Todd L. Savitt and James Harvey Young, eds., Disease and Distinctiveness in the American South (Knoxville: The University of Tennessee Press, 1988), 9; Todd Lee Savitt, Race and Medicine in Nineteenth-and Early-Twentieth-Century America (2007).

health of cities. The reexamination of this distinction complicates the discourse on health care in the South post-1940s.

To address the medical needs of African Americans, the Knights and Daughters of Tabor introduced a self-defined black health care initiative. By the 1930s, it was apparent that there was a need to establish a hospital for surgical residents and interns to practice their skills. Observing the need for a medical facility to provide care for poor blacks, Meharry Medical College collaborated with the fraternal order to treat poor blacks in the Mississippi Delta at the Taborian Hospital. Between 1942 and 1983, the hospital was staffed by physicians and technically trained black women who hoped to assist the health care program, as well as increase their personal incomes and improve their social status. The role of women in the movement to expand health care was essential as they embraced their roles as health care providers and fund raisers. The activism of these women fraternal leaders and health care providers represented the communal emphasis on self-reliance, advancement, and empowerment which were core principles espoused by Mound Bayou leaders and residents. For this reason, Mound Bayou


stands out as a unique place wherein black pride and black institution building remained intrinsic characteristics of the town and its people.

“Take the Mountain” argues that state allocation of funds and acknowledgement of needs were informed by racialized ideas.25 Between the 1870s and 1960s, the Mississippi State Board of Health concentrated its effort preventing the spread of contagious disease but not addresses the self-defined medical needs of African Americans.26 While federal legislative like the Hill-Burton Act of 1946 attempted to expanded access to health care for poor community, the lack of acknowledgment of the patterns of discrimination in the Jim Crow South meant access to medical facilities remained out of reach of most black Mississippians.27 The 1960s and preceding decade marked a significant turning point as the federal government introduced policies including the Partnership for Health Amendment which “funded community health centers which would be administered through the Department of Health, Education and Welfare.”28 The centers offered health screens, counseling, and assistance improving housing conditions. Ultimately, the “Passage of the Civil Rights Act of 1964 provided legal impetus for desegregation efforts in health care” and the expansion of access to medical care.29 During the desegregation of Mississippi, however, “the state hospital commission began to crack down,


28 Ibid.

imposing ever more burdensome requirements on such details as fireproofing and space requirements for patents and beds."\(^{30}\) The unending struggle with state agencies meant that the self-defined health care program of the Knights and Daughters of Tabor became unstable as state control of health care increased threatening the autonomy of black medical care.

The dissertation illustrates the various ways in which middle-class and working-class African American men and women pooled their resources to develop a comprehensive health care plan for their community. Therefore, ideas including black self-help, social responsibility, black respectability, philanthropy, and black self-rule are essential themes to this study. The dissertation demonstrates the ways in which African Americans in the racially turbulent South responded to institutional racism with an equally pervasive call for racial advancement in the twentieth century. “Take the Mountain” employs a bottom up perspective that attempts to make visible the often overlooked men and women whose individual contributions made the goals and mission of the organization possible. As state agencies implemented state sponsored segregationist health care legislation, middle-class and working-class African Americans affiliated with the International Order of the Knights and Daughters of Tabor to create a black-owned and black-operated hospital to treat black Mississippians.\(^{31}\) The hospital’s influence extended to Arkansas, Tennessee, and California as members of these jurisdictions contributed to the fundraising efforts to support the hospital. This dissertation fills the historiographical gap created by the methodology that placed organizational leaders and policies at the core of its


analysis. By pivoting the center, the activism of middle-class and working-class African Americans in Mound Bayou takes center stage. These men and women recognized the need for a medical facility and took on the daunting task of fundraising, staffing, and establishing the nationally renowned Taborian Hospital.

“Take the Mountain” illustrates the disparities between the standard of care provided to white and black Americans while also magnifying the seemingly unique conditions such as isolation and lack of mobility impoverished Mississippianists experienced despite widespread health care reform throughout the nation. For instance, the residents of Mound Bayou witnessed decades of prosperity and autonomy because of its being an all-black town with businesses including an oil mill and bank. The isolation that ultimately allowed black entrepreneurs to establish businesses to cater to the various needs of the residents in Mound Bayou, however, was responsible for halting the professionalization of black female health care providers. This study explores how African American women left the fields to become nurses at the Taborian Hospital in an effort to improve the economic status of their households. Many of these women performed the duties and responsibilities of registered nurses but without the necessary credentials they did not receive wages reflective of the work they performed at the hospital.

Chapter one, “The White and Black Races Are Steadily and Progressively Drifting Further Apart”: The Marginalization of Black Health Care and the Origins of Black Self-Reliance in Mississippi, 1799 – 1915,” explores the medical disparities that restricted the access of African Americans to adequate health care throughout the nation. This chapter argues that between 1878 and 1915 southern states like Mississippi which erected racialized barriers that hindered blacks from accessing adequate treatment and prevention measures introduced during the Progressive Era. The State Board of Health, adopted ideas about the innate racial inferiority
of African Americans to justify the state’s neglect of black Mississippians. For blacks in Mound Bayou, however, the legacy of self-help ignited a black health program that addressed the specific health care needs of African Americans. This work demonstrates that exclusionist policies, most of which were informed by racist and classist ideas that merely reaffirmed racially inflammatory notions, restricted African Americans from gaining access to sufficient health care. In keeping with the Black Liberation Movement method, however, the chapters examined the strategies African Americans adopted as they addressed the needs of its community. Additionally, by examining the Mississippi Delta, this chapter seeks to reveal the uniqueness of rural health care and highlight the challenges that rural life posed to adequately resolve the health care issues that African American Mississippians encountered due to lack of access and segregationist practices.

The second chapter, “‘None but Reliable Fearless Men’: The International Order of Twelve Knights and Daughters of Tabor, 1859 – 1936”; and the third chapter “‘Justifiably Proud’: The International Order of Twelve Knights and Daughters of Tabor, 1937 – 1970” examines the emergence and expansion activity of the Knights of Tabor. This chapter asserts that post-1901 the Order of Twelve Knights and Daughters of Tabor moved away from its founding principles of thrift and benevolence. Between 1901 and 1927, the organization was led by Scipio A. Jordan, Chief Grand Mentor of the Arkansas jurisdiction, who focused on the entrepreneurial ambitions of the membership, to the detriment of needy. By the 1930s, the overextended jurisdiction economically collapsed and dissipated from its previous position of prominence within the organization. At the same time, the Mississippi jurisdiction under the leadership of Perry M. Smith, International Chief Grand Mentor from 1937 to 1970, thrived with increased participation from its members the organization expanded its communal uplift programs. Here,
the juxtaposition of the Arkansas and Mississippi jurisdictions are necessary to emphasis the significance of the Mississippi jurisdiction black health care program established in 1937. Situated in Mound Bayou, Smith had access to a community of blacks whose early economic mobility depended on self-help strategies. Therefore, despite the fact that the nation was in the midst of an economic depression, the Mississippi Jurisdiction independently financed and operated, arguably, the most successful black medical institution.

Chapter four entitled “‘She was Counsellor and Advisor’: African American Women Fraternal Leaders of the Knights and Daughters of Tabor, 1940s – 1970s,” challenges the assertion that the Knights and Daughters of Tabor was an egalitarian fraternal order allowing women and men to occupy equal positions of prominence. Although women fraternal leaders were placed traditional roles as supportive helpmates to male leaders. Interestingly, women fraternal leaders publicly rejected attempts to diminish their authority or visibility as fraternal leaders. Ultimately, the chapter reveals the long held fact that the organization’s programs would not have witnessed the levels of support and donations without the unyielding leadership of women. “Take the Mountain” adopts a gendered perspective that interrogates the distribution of power to male and female fraternal leaders.32 While black women fraternal leaders in the Knights and Daughters of Tabor experienced a degree of prestige and autonomy, some women leaders wrestled with male leaders for authority and increased visibility. While most of the messages of these women fraternal women had to be tempered and accepted by male leaders, it must be noted that women fraternal leaders advanced programs that reflected their interests and values. In spite

of the challenges to their authority, women fraternal leaders publically and privately claimed space for themselves, individually and collectively.\textsuperscript{33}

Chapter five entitled “‘What One Man Cannot Accomplish, Many Men United Can’: The Taborian Hospital and the Black Health Care Program in the Mississippi Delta, 1942 – 1983” explores the opening and closing of the Taborian Hospital respectively. The chapter argues that between 1942 and 1968, the hospital functioned solely from funds raised from the members and supporters of the organization’s black health care initiative and staffed by physicians from the prestigious Meharry Medical College. The periodization is important because in 1968 operational control of the hospital shifted from the Knights and Daughters of Tabor and that year marked the end of the self-sufficient funding of the facility. While the hospital established by the fraternal order continued to provide care to poor and rural black Mississippians until 1983, black physicians from Meharry Medical College no longer administered the care at the Taborian Hospital. Moreover, post-1968, the health care program previously implemented no longer resembled the empowerment and racial uplift program inaugurated in 1938. The renewed emphasis on self-reliance that emerged from the economically desperate period of the 1930s, the residents of Mound Bayou mobilized to improve the socio-economic status of most blacks in the area.

Chapter six, “‘They Had the Brains but they Didn’t Have the Expertise’: African American Women Health Care Providers at the Taborian Hospital, 1940s – 1970s,” investigates

\textsuperscript{33} Brittney Cooper revealed that “Order of Eastern Star leaders such as Mrs. S. Joe Brown rejected Masonic men’s assertions of authority; male leadership role within the OES, such women argued, was not one of ‘superior dictator.’ In the era of women’s political enfranchisement, the question of women’s role—or women’s subordination—within the larger world of Freemasonry remained a potent source of conflict and debate,” see Brittney C. Cooper, “‘They Are Nevertheless Our Brethren’: The Order of the Eastern Star and the Battle for Women’s Leadership, 1874-1926” in Peter P. Hinks and Stephen Kantrowitz, eds., \textit{All Men Free and Brethren: Essays on the History of African American Freemasonry} (Ithaca: Cornell University Press, 2013), 15, 114-115.
the movement of African American women from the fields to the health care industry.\textsuperscript{34} This chapter, however, argues that lower-class women like Ethel Marion Anderson Brooks received professional training from Meharry Medical College physicians in an effort to increase opportunities to enter the medical profession.\textsuperscript{35} Additionally, the professionally trained black women health care providers worked as nurses at the Taborian Hospital played an invaluable part in providing access to medical care and ensuring black Mississippians had a space where they could retreat for rest. The chapter observes that these black women health care provided a necessary service and their “contribution to the general welfare of the community” warrants attention and respect, however, the fact that these women’s labor was desired because their lack of expertise meant they were paid a considerably lower wage must be acknowledged.\textsuperscript{36} At its core, the movement of black women from the fields to the medical profession meant many experienced noteworthy changes in their income and class status.

In “‘It was just a Natural Thing’: State and Federal Regulation of Rural Health Care in Mississippi, 1920s –1970s,” chapter seven interrogates the assertion that federal intervention was a necessary component to racial advancement. A perspective accepted by the long civil rights movement school of thought. “Take the Mountain” linked the disappearance of fraternal societies and black self-help institutions the increase in state regulation. This chapter asserts that


while the Sheppard-Towner Act, Hill-Burton Act, and Medicaid/Medicare Programs have been widely touted as progressive legislations that introduced the modern medical state and increased accessibility to adequate health care for much of the nation’s poor and marginalized, in fact erected racial and economic barriers that impacted the black community and working-class men and women in rural areas disproportionately.

Federal intervention in the form of increased regulations without financial support ultimately disrupted the health care initiative in Mound Bayou. While this argument threatens to make for a dismal ending to the project, the epilogue acknowledged that the Taborian Hospital served its purpose. The hospital took on the mammoth health care crisis and provided black Mississippians with much needed access to medical care during the nadir of African American-white race relations. Considering that rural Mississippians continued to need access to available health care facilities, it was an obvious choice to rebuild the very institution that was responsible for providing residents with quality medical assistance when other institutions refused to do likewise. As the health care industry expanded and the treatment of black patients became more lucrative, black institutions began to receive numerous compliance violations. Ultimately, the facility closed in 1983. The community, however, no longer required a separate facility. The issue of access remained a problem for blacks in the Mississippi Delta. Post-1970s, however, the problems that many African Americans faced were economic.
CHAPTER ONE


It is, however, profoundly gratifying to observe that the white and black races are steadily and progressively drifting further apart.
– B. F. Ward, M.D., President of Board for the Mississippi State Board of Health, 1905

State Sponsored Health Care Programs in Mississippi, 1799 – 1915

In 1906, B. F. Ward, wrote in his annual report of the State Board of Health to Governor James K. Vardaman (1904 – 1908) that the rapid spread of syphilis and tuberculosis throughout the state was transmitted by the “cooks, nurses, chamber-maids, washer-woman and carriage drivers for the white people.” Ward’s unsubstantiated comments introduced the two-prong analysis that the State Board of Health adopted as it attempted to identify the social factors that posed a threat to the health of white Mississippians; by extension, the state of Mississippi. First, Ward’s statement included inherent class biases that placed undo scrutiny on lower and working

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2 Ibid.
class Mississippian, irrespective of race. The assertion was that these individuals lacked proper, albeit general, hygiene and sanitation. The reason this assumption is unfair and placed undue burden on lower and working class Mississippians is because the state failed to articulate and implement a clear health care plan until 1910. Ultimately, the assertion disregarded the impact of the state’s slow pace of modernizing the sanitation system and public health standards due to inadequate funding and a general sense of laisse-faire with regards to the state’s health plan.

Second, Ward blamed the high rates of reported cases of diseases and the steadily rising mortality rates on the “degeneracy of the negro race.” In keeping with germ theory which focused on the contributing factors that caused and increased the reoccurrence of diseases while simultaneously advancing ideas about the racial inferiority of African Americans, Ward argued that black Mississippians were inherently ill. Ultimately, Ward identified the lack of sanitation within predominately black communities and the susceptibility of blacks to contract diseases thus becoming carriers for contagious illness as the causes for the state’s health care concerns and the dramatic increase in the death rates associated with syphilis and tuberculosis. According to the Report of the Board of Health published in 1915, “the death rate for syphilis for Mississippi during the year 1914 for negroes was more than three times” for whites in the state. In 1913 the death rate increased to 252 for blacks in contrast to the twenty-six deaths for the white

3 Ibid.


community to syphilis. In 1914, the death rate for blacks was 198 compared to twenty-three for whites.

As late as the 1930s, state health officials like earlier officers including Dr. N. L. Guice continued to use stereotypes about individual behavior and the surrounding environments to determine the contributing facts that increased death rate amongst black Mississippians. In fact, in 1938, R. D. Dedwylder, county health officer for Bolivar County (1937-1939), proclaimed “Due to the large Negro population syphilis and tuberculosis are two real problems in Bolivar County—syphilis because of promiscuity and tuberculosis due to racial susceptibility and low-grade living conditions.” Throughout the 1930s, the morbidity and mortality rates for syphilis within the black community peaked at ten times higher than white communities. During this period, the population of Bolivar County was 80,417 of that figure 59,508 residents were black. The rapid spread of the disease and the impact on black Mississippians was often cited as an example of degeneracy of the black community. For instance, between 1933 and 1936 a report tracking the rate of Mississippians who died without medical treatment revealed that African American death rates were more than twice that of whites but there was no additional allocation of resources to aid in the treatment or prevention of the disease. Clearly, African Americans throughout the state suffered disproportionately from debilitating diseases like tuberculosis. Ward and other State Board of Health officials, however, incorrectly assumed the factor was racially based; thus, patterns of discrimination employed by these state actors increased the likelihood of continued spread which seemingly supported their assumption about the innate

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6 Ibid., 55-57.

7 Ibid.

8 Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939 (Jackson, MS: Mississippi State Board of Health, 1939), 123.
susceptibility of blacks to disease a perspective with severe consequences for blacks, especially those in rural areas of the state.

This chapter will look at the role of race, as it pertains to accessing health care, and region, especially in relation to the slow pace of modernizing southern state’s health industry during the Progressive Era. The period between 1878 and 1915 is of particular interest because it complicates our understanding of the nation’s newly formulated health care policy. Especially, in southern states like Mississippi which erected racialized barriers that hindered blacks from accessing adequate treatment and prevention measures introduced during the Progressive Era. As state-sponsored programs were inaugurated to address the rapidly increase mortality rates for adults and children as well as the increasing morbidity rates for diseases including yellow fever, typhoid, tuberculosis, malaria and venereal diseases, the governor, the state legislature, and the chief agency established to articulate and implement the state program, the State Board of Health, adopted ideas about the innate racial inferiority of African Americans to justify the state’s neglect of black Mississippians. First, it provides a brief historical background of the establishment and expansion of health programs in the state. Second, the chapter concentrates on the failure of the State Board of Health to adequately address the health care needs of predominately black communities like Mound Bayou.

Through an examination of the early years of the all-black town’s history, the chapter challenges the assertion that direct federal intervention all but ensured the economic stability of the black community. Here, this study seeks to resituate the relationship of freed people, later African Americans, and the federal government by observing the process wherein federal

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agencies like the Freedmen’s Bureau undermined the aspirations for economic independence; thus, early instances of post-enslavement black agency. For instance, the predecessor of Mound Bayou, the Davis Bend Plantation under control of the Freedmen’s Department from 1865-1867 revealed that bureaucracy undermined the economic stability of the plantation. Moreover, this interference disrupted the visions of freedom of freed people who desired an autonomous space where they could marry, own business, engage in politics (even if it was as a marshal preserving order and peace). For example, after receiving delayed instructions about the season’s harvest schedule, the harvest was planted late which resulted in the failure of much of the harvest in 1867. Saddled with debt, insufficient income, and the disruptive actions of Jefferson Davis, who along with his brother owned the Hurricane and Brierfield plantations that made up Davis Bend, the experiment failed. Soon after Davis returned to the plantation, Benjamin Montgomery and many other families looked beyond Davis Bend with considerable interest in relocating to Kansas. Neglected by state officials, the desire for self-sufficiency temporarily thwarted by federal bureaucracy, and isolated by rural living, black Mississippians introduced initiatives to address the economic, later health care, needs of blacks in Mississippi Delta.

Abandoned by French colonists in 1540, the previously desolate West Florida territory predominately occupied by Choctaw and Chickasaw tribes became British territory in 1763. The territory remained quiet isolated and undeveloped until English colonists from the Carolinas and Virginia moved westward during the Revolutionary War (1775-1783). It was during this period that the population of blacks and whites increased at a noteworthy pace. The fact that much of the land remained in a state of seemingly perpetual wilderness, the subsequent influx of people and largescale clearing of the territory was immediately followed by a number of epidemic occurrences that threatened the settlement of the territory because of the looming fear of
contracting a debilitating disease. To ensure further economic and physical development of the territory, pioneers were tasked with appealing to potential settlers’ desire for land and economic independence. Thus, the growth of the territory depended on the ability of settlers to prevent the spread of diseases which threatened to slow labor activity and expansion. Soon after the territorial government was established under Winthrop Sargent in 1798, the governing body set about addressing the health care concerns which focused largely on preventing the spread of highly contagious and infectious diseases like plague, yellow fever, and small pox.\textsuperscript{10}

Signed into law on March 18, 1799 by the Legislative Assembly of the Territory of Mississippi, \textit{A Law Concerning Aliens and Contagious Diseases} authorized state officials “to prevent the admission of within the Territory of foreigners to provide as far as possible against the fatal calamities of contagious diseases.”\textsuperscript{11} Shortly after gaining statehood, the Mississippi Legislature established the Health Department in 1818 and tasked its health commissioners with implementing policies to protect the developing state from being ravaged by disease as it attempted to attract settlers. In an effort to preserve the gradual economic growth of the state, local health commissioners were granted impressive authority to board and inspect vessels that entered the state via its most active port in Natchez.\textsuperscript{12} Additionally, commissioners had the authority to detain and quarantine individuals believed to be infected with one of the concerning


\textsuperscript{11} \textit{A Law Concerning Aliens and Contagious Diseases}. Passed March 18, 1799 by the Legislative Assembly of the Territory of Mississippi in Dunbar Rowland, \textit{First Annual Report of the Director of the Department of Archives and History of the State of Mississippi, Vol. 1, from March 14, 1902, to October 1, 1902} (Jackson, Mississippi: Mississippi Department of Archives and History, 1911), 22.

\textsuperscript{12} To help pay salary of the commissioners and the cost of inspecting the array of vessels, the health department imposed an inspection fee of $10 and $1 per every passenger on board, see Felix J. Underwood and R. N. Whitfield, \textit{Public Health and Medical Licensure in the State of Mississippi, 1798-1937} (Jackson, Mississippi: The Tucker Printing Home, 1938), 17. To provide some context, in 1862, the federal government charged settlers in the west a $10 tax/fee on the 160-acre plot of land as a way to generate funds for the salaries of its agents.
contagions. Considering the field of epidemiology was in its early stages of maturation, medical professionals observed that the best way to prevent further spread was to reduce the number of individuals the infected came into contact; thus, the state policy as it pertained to dealing with diseases revolved around the issue of proximity. In the case of yellow fever and cholera outbreaks between the 1820 and 1860s, the health commissioners relied exclusively on quarantining the sick as a means of prevention.\textsuperscript{13}

The succession of southern slaveholding states including Mississippi from the union and the subsequent Civil War (1861-1865), however, disrupted the state of Mississippi’s health care programs. In fact, the Mississippi State Legislature did not introduce a single noteworthy health care initiative between 1857 and 1876. As a result, the health of the state rapidly deteriorated as yellow fever and malaria reoccurred intermittently devastating rural communities of both blacks and whites. While the under 700 free blacks in Mississippi and poor whites had to fend for themselves during the tumultuous period, enslaved people experienced a simultaneous, yet temporary, improvement in their health status as the nature of war placed them in a precarious position: first, as enslaved peoples (until January 1863 with the issuance of the Emancipation Proclamation) and later as refugees (until July 1868 with the passage of the Fourteenth Amendment), both of which suggested a level of dependency on the part of the enslaved (and former enslaved) communities of black men and women.\textsuperscript{14}

\textsuperscript{13} Last recurred cholera epidemic occurred in the fall of 1866 and was “especially fatal in Vicksburg and Natchez,” see Vernon Lane Wharton, \textit{The Negro in Mississippi, 1865-1890} (New York: Harper Torchbooks, 1947), 53.

\textsuperscript{14} The Emancipation Proclamation issued on January 1, 1863 declared that “all persons held as slaves within the rebellious states are, and henceforward shall be free” but the order did not extend to former slaves the right of citizenship until the ratification of the Fourth Amendment; thus, placing freedpeople in an uncertain status without clear understanding of who should receive their wages. \textit{Emancipation Proclamation} (January 1, 1863). Presidential Proclamations, 1791-199. Record Group 11. General Records of the United States Government. National Archives.
In November 1862, the federally supervised Freedmen’s Department (renamed and reorganized into the Bureau of Refugees, Freedmen, and Abandoned Lands in 1865) assumed responsibility for reuniting former enslaved men, women, and children, negotiated labor contracts, and served as mediator during labor disputes. More notably, the Freedmen’s Department introduced the region’s first public school system open to black and white southerners. By November 1864, the Freedmen’s Department addressed the reoccurring problems of disease and starvation within the refugee communities in Mississippi.

The supervision and care of refugees by the Freedmen’s Department marks a significant shift in the health care of black Mississippians. Between 1798 and 1863, the health status of blacks was directly linked to their labor. In fact, ailments and diseases were quickly tended to by plantation physicians in an effort to limit unproductive time convalescing in slave quarters. While the desire to ensure refugees remained healthy was also informed by the desire to put them to work in the fields and for enslaved peoples under the control of the Confederacy – fortifying vulnerable areas throughout the state, the presence of Union officials was accompanied by a benevolent spirit – a desire to improve the conditions of former slaves. After all, the origin of the tension between southern slaveholding states in the south and free states of the north centered on the abolitionist quest to rid the nation of its slavery past. Evidence for this claim can be located in the reports of Freedmen Department officials. In Natchez, General L. Thomas recounted that his assistant, Major George Young, “Unable to obtain assistants, nobly discharging the duties of his office himself, he introduced cleanliness, health, and comfort, into the camp.”

The initiative and commitment to the improving the dwellings set aside for refugees should not be dismissed. While ensuring refugees were not housed in isolated, overcrowded, and poorly ventilated

building was essential to preventing the spread of diseases like yellow fever and cholera which had ravaged Natchez, Vicksburg, and the Davis Bend, Young could have tasked refugees with the construction project as other officials reported in areas like Vicksburg.

Between 1863 and 1865, The Freedmen’s Department implemented a health policy for the care and treatment of refugees in various camps in Natchez, Vicksburg, and the Delta region. The assessment of the health care provided by Union officials under the direction of the Freedmen’s Department is a bit of a mixed bag. According to Broadus B. Jackson’s *Civil War and Reconstruction in Mississippi*, “Approximately 2,100 out of an original 4,000 refugees lived in the Natchez camp, and observers reported poorly constructed cabins that did not have windows or chimneys. Smoke passed through holes in ceilings. Lack of food, clothing and medicine multiplied the difficulty; and as would be expected, high death rates became common.” In the chaos of war as supplies dwindled there were reports that refugee camps were abandoned; especially, in 1866 as the newly ascended President Andrew Johnson moved to return confiscated lands to former Confederates. As a result, many freedmen left without adequate shelter or land to cultivate, many starved and perished throughout the state.

During John Eaton’s tenure as General Superintendent of the Freedmen’s Department, the refugee camps established in the Mississippi Delta region reported early problems with sanitation and malnourishment. Within months of supervised distribution of land, allocation of resources to aid in the cultivation of cotton, and rations, however, the over 10,000 refugees

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16 The care provided to refugees by the Freedmen’s Department subcontracted physicians marked a change in general care of patients from individual remedies and tonics to procedural care via quarantine and close supervision. “Dr. John Bull’s Smith’s Tonic Syrup for the Cure of Fever and Acute or Chills and Fever,” *Planter’s Journal*, Vol. VI, No.2 (August 1882), 52.

formed a productive and healthy community of blacks on Davis Bend, the plantations of Joseph and Jefferson Davis which were claimed by the War Department in on March 28, 1864 in accordance with Special Orders, No. 15.\(^\text{18}\) In the Report to the Office General Superintendent of Freedmen, Major General N. J. T. Dana observed: “The success of this enterprise has created quite a desire, on the part of the colored people in this city to go into such a colony next year. The project promises success, and if carried out will be done by Negroes entirely, under the direction of proper authorities.”\(^\text{19}\) While the experiences of refugees in the Delta differed from that of freedmen in Natchez and Vicksburg, the consensus is that the presence of Union officials in the state of Mississippi as enslaved peoples status changed between 1863 and 1868 meant they were protected, albeit at varying degrees, from starvation, widespread death from yellow fever, and waterborne illnesses after Mississippi River flood of 1867.\(^\text{20}\)

While the Freedmen’s Department provided freedmen with shelter, clothing, and employment opportunities, the decision to provide refugees with rations rather than permit the cultivation of small gardens contributed to the subsequent health problems that emerged in predominately rural communities. For instance, the ration pack from the War Department included pork, flour, salt, and molasses. This diet high in carbohydrates led to increased

\(^{\text{18}}\) According to Special Order No. 15, “the whole peninsula known as Davis Bend is reserved for military purposes, and will be exclusively devoted to the colonization, residence and support of Freedmen,” see Report of the General Superintendent of Freedmen Department, 40-41. Stephen A. Williamson, “Mound Bayou, Mississippi: The Growth of an Idea, 1865-1924” (A Senior Independent Study Paper Presented to the Department of Sociology of Brown University under the Direction of Dr. James Loewen, Tougaloo College, May 20, 1971), 19. The Davis Bend consisted of six plantations; Hurricane and Brierfield were reserved for the refugees selected by the Freedmen’s Department to lease the land and cultivate the one crop: cotton. Melvin J. Crown, “Isaiah T. Montgomery,” Our Heritage (Winter 1995): 7.

\(^{\text{19}}\) Report of the General Superintendent of Freedmen Department, 41. The Davis Bend plantation was considered the ideal territory for the grand experiment of land redistribution in large part because of the progressive model previously established under Joseph Davis who allowed his slaves like Benjamin T. Montgomery (who remained on the plantation from 1830 to 1877) to wield impressive influence and stature.

incidences of pellagra, a debilitating illness that caused severe dermatitis and fatigue.\textsuperscript{21}

Moreover, the tradition of consuming a high carbohydrate diet contributed to higher incidences of diabetes and gastrointestinal problems in predominately black-rural communities. By the 1900s, small gardens were widely embraced throughout the south because they nourished the individual propensity for self-sufficiency amongst black and white rural southerners, while simultaneously ensuring rural communities subsisted even when the crop did not yield as anticipated which happened notably in 1867, 1873, and again in 1898. Unfortunately, the tradition of utilizing every available area of land for the cultivation of cotton not only contributed to the rapid erosion of soil in the state but also it impacted the overall health of rural communities.

Between 1866 and 1868, the Freedmen’s Bureau (established in 1865) struggled to adequately address the health care concerns of freedpeople because of the demands for assistance with labor disputes and access to education.\textsuperscript{22} C. C. Stephenson’s “The Freedmen’s Bureau in Mississippi revealed “there were many destitute persons in Mississippi during the latter part of the summer and during the fall of 1866. There were so many Negroes in Vicksburg that General Wood was forced to order all freedmen out of the city that had no means of support because of the menace of disease.”\textsuperscript{23} After nearly two years of inspections of refugee camps and homes occupied by freedmen to ensure disease was not spreading as well care and treatment of


freedmen at hospitals in Natchez and Vicksburg, only one facility remained opened until the 
bureau ordered the gradual closing of the facility under federal supervision on December 1868.24 

Additionally, freedmen on the Davis Bend plantation had to deal with the disease and 
illness introduced into the community after the Yazoo-Mississippi River flood of April 1867 and 
later floods in 1870, 1873, and 1878.25 According the records of the Freedmen’s Bureau, “In the 
first part of March, 1867, General [Oliver O.] Howard reported that there were 70,000 destitute 
whites and blacks in the South in need of subsistence.”26 Furthermore, the health of the 
community which was estimated at around 500 individuals in 1867 was threatened with the 
outbreak of cholera.27 The population estimates for the residents of Davis Bend are quite 
unreliable. Ultimately, the inaccuracy of the population report of 1870 was due to the constant 
movement of freedpeople, the high mortality rates, and general human error in the tabulation 
reports. After a period of economic instability instigated by crop failures and overextension of 
credit to leasees, the final event that ended the federal protection and care of freedmen and the 
simultaneous failure of the Davis Bend experiment was the “white overthrow of Reconstruction 
in 1874 in Vicksburg.”28 While the remoteness of the planation meant freedmen were able to

24 By 1869, there were no medical facilities in the state of Mississippi under the supervision of the Freedmen’s 
Bureau, see Ibid., 233-238.

25 Also the Mississippi River flood in 1883 causing a problem with malaria for the predominately black community 
in Greenville, see “Washington County: Report of Dr. R. S. Dunn, Chief Health Officer,” Biennial Report of 
Mississippi State Board of Health, 1882-1883, 178.

26 Ibid., 217, 221, 224, and 225. According to H. L. Sutherland, health officer for Bolivar County, it is undeniable 
that the Yazoo-Mississippi Delta in its early history was an intensely malarious section; and unsafe as a residence for 
white people during the summer and fall,” see H. L. Sutherland, Health Conditions in Bolivar County, Mississippi 
with Mortality Report (Cleveland, Mississippi: Enterprise Printery, May 1910), 4.


28 For reference to the crop failings throughout the south in the winter of 1867, see Stephenson, “The Freedmen’s 
Bureau in Mississippi,” 216-217. For reference to the Democratic ascendancy in Mississippi in 1874, see 
remain relatively unbothered; ultimately, the defeated and disenchanted residents of Davis Bend dispersed after the death of Benjamin T. Montgomery in 1877.  

Soon after the election of 1874 which marked the resurgence of the Democratic Party in Mississippi, the legislature introduced its new health care policy. The health care measure stood out because it was the first passed by state representatives since the Miss. Code of 1857 which required counties and cities establish procedures for isolating sick residents to prevent the spread of diseases. In 1877 with the passage of Laws of 1877 Chapter XI, the Mississippi State Board of Health was created to identify the causes of the illnesses and diseases that plagued residents of the state as well as implement sanitation improvements upon recommendation from the State Medical Association. It is interesting to note that that the legislature and governor readily accepted the recommendations and study findings of professional organizations with the most significant contribution of professional organizations being the insistence that health officials circulate educational information on causes and prevention strategies to the public. Moreover, the associations’ outcry for additional financial support for programs prompted the Mississippi Legislature to significantly increase the allotment of funds to the State Board of Health. In 1878, the State Legislature “granted $1500 for books, stationary, and supplies; $250 for salary of secretary on part-time basis and $1000 for expenses in attending meetings.”

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29 After the death of Montgomery, many residents relocated to Kansas in 1879, see David M. Silver, “In the Eye of the Storm: Isaiah T. Montgomery and the Plight of Black Mississippians, 1847-1924” (An Honors Thesis, Amherst University, 1993). Benjamin Montgomery’s advocacy on behalf of the former slaves meant the community of freedmen were protected from violence and chaos that many refugees encountered as former Confederates returned to their homes.

30 For acknowledgement of the collaborative system of health care policy formulation and implementation between state medical associations and the Mississippi Legislature and Governor, see Bill R. Baker, Catch the Vision: The Life of Henry L. Whitfield of Mississippi (Jackson, Mississippi: University Press of Mississippi, 1974), 133-134.

31 Underwood and Whitfield, Public Health and Medical Licensure, 33.
and ways to prevent further incidences, the State Board of Health did not receive sufficient financial support from the state to ensure the proper dissemination of the lifesaving information.

During the yellow fever outbreak of 1878, however, in Canton, Mississippi alone “the cost of the epidemic to the town was estimated at about $40,000.”32 Also in 1896, the State Legislature appropriated $5,000 for prevention of smallpox.33 Unfortunately, the underfunded vaccination campaign meant that many Mississippians were left unprotected during the 1900-1901 epidemic. According to the State Board of Health report, “from November 16, 1900 to April 15, 1901, there were 2,702 reported cases and 595 deaths from smallpox.”34 This meant that one in four individuals died from an otherwise preventable disease because the state’s Compulsory Smallpox Vaccination was not adequately funded. As late as 1908, state health officials argued “little of note is to be found in the history of health work in Mississippi. Perhaps the reason for this had to do with the “same low figure of $7,500 for years 1900 through 1909.”35 In contrast, in 1920, the Mississippi Legislature increased the State Board of Health budget to $144,000. With an additional $51,000 increase to the agency budget by 1931.36

Between 1878 and 1900, the State Board of Health and its health care programs were not sufficiently funded to support state-wide initiatives. In fact, public health care throughout the region lapsed due to the “laissez faire with respect to health matters.”37 Thus, the general lack of

32 Ibid., 34.
33 Felix Underwood and R. N. Whitfield, *A Brief History of Public Health and Medical Licensure, 1799-1930* (Mississippi State Board of Health, 1930), D.
35 Ibid., 47. According to the reports, the State Legislature increased the budget for the State Board of Health to “$8000 a year” in 1910-1911, see Ibid.
36 Underwood and Whitfield, *A Brief History of Public Health*, F.
financial support from the Mississippi State Legislature meant the State Board of Health selectively distributed vaccinations and supplies as well as the deployment of health officers. According to Francis Allen, most of the health prevention appropriations allocated by state legislatures concentrated on the active ports in urban centers like Natchez and Vicksburg. By the turn of the century after the passage of the Mississippi Constitution of 1890 which legalized the discriminatory practice that erected barriers preventing African Americans from equitable access to politics, economic opportunities, and social engagements, it is surmisable that black communities did not receive a proportional supply of materials and manpower on parity with predominately white communities.

Ultimately, the State of Mississippi’s inoculation programs reduced the reported cases of hookworm, typhoid, malaria, pellagra, and tuberculosis concentrated largely on the medical needs of predominately white communities and in the event of epidemics local white health officers imposed strict quarantine measures to protect these communities. In the instance of the yellow fever epidemic of 1898 and 1950, local health officers imposed strict regulations that sought to protect the health of whites in nearby Cleveland while leaving surrounding black communities to fend for themselves. For instance, the 1898 quarantine prohibited trains from stopping in the town of Cleveland. In 1905, the quarantine “extended to five miles north and to

38 Ibid., 69.


40 Writ A. Williams, History of Bolivar County, Mississippi (Members of Mississippi Delta Chapter Daughters of the American Revolution and the County History Committee, 1948), 297.
five miles south and on the east to the Sunflower River” and included a penalty fine in the amount of $100 and/or thirty days in jail.\textsuperscript{41}

In 1910, Dr. H. L. Sutherland, who served as mayor of Bolivar in 1886 and health officer for Bolivar County from 1897 to 1915, stated “it is undeniable that the Yazoo-Mississippi Delta in its early history was an intensely malarious section; and unsafe as a residence for white people during the summer and fall.”\textsuperscript{42} While acknowledging the health condition of the delta and categorizing malaria as the “number 1 cause of death in 1909,” Sutherland identified the local white community as the only victims of this disease. In fact, many early reports completely dismissed or omitted that malaria had any impact, whatsoever, on surrounding black communities. Beyond the accumulation of data on the morbidity and mortality rates associated with diseases like tuberculosis, typhoid, and malaria which reappeared in areas like Bolivar County with intriguing regularity, the discussion about the impact of contagious diseases and prevention measures to lower the rates in rural black communities rarely entered the public record. For instance, the 1916 \textit{Health Bulletin} featured a report on the spread of malaria throughout the state and select counties. According to the report, Bolivar County reported 10,164 cases of malaria with 7,318 of those incidences in the predominately black community.\textsuperscript{43} Ultimately, the perception that African Americans were lazy and not committed to working hard filtered down from the early travelers’ observations of black Mississippians – observations that were commonly used to justify the mistreatment of blacks and relegation of them to a position of

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\begin{itemize}
\item \textsuperscript{41} Ibid.
\item \textsuperscript{42} Sutherland, \textit{Health Conditions in Bolivar County}, 5. Sutherland stands out because he was one of only a few doctors in the Mississippi Delta who treated an array of inflicts as early as the late 1870s, see Senator W. B. Roberts, “After the War Between the States,” in Williams, \textit{History of Bolivar County, Mississippi}, 65.
\item \textsuperscript{43} “Healthgrams” in \textit{Health Bulletin, Vol. VI, No. 1} (June 1916) (Jackson, Mississippi: Mississippi State Board of Health), 3.
\end{itemize}
racial inferior status within southern society. Moreover, the lack of acknowledgment that black communities suffered from malaria meant that most of the inoculation campaigns did not arrive to predominately black communities until the 1920s and 1930s with the aid of federally-supervised public health nurses and privately funded Julius Rosenwald medical fellows.\textsuperscript{44}

In \textit{God Shakes Creation}, David L. Cohn recounted: “In the spring and summer and often late in the autumn, nearly every man, woman and child in the Delta were ill with malaria. Traveler after traveler noted the physical debility of the people. The more charitable ascribed it to unknown causes. The less charitable said they were lazy.”\textsuperscript{45} While Sutherland and his predecessor Dr. Wallace S. Leathers, health care officer of Bolivar County from 1917 to 1918, initiated anti-malarial campaigns, the records support the assertion that African Americans were largely overlooked.\textsuperscript{46} Between 1910 and 1920, the anti-malarial clinics for Bolivar County were established in Merigold, Rosedale, and Ruleville which were distinctly predominately white.\textsuperscript{47}

An examination of the death rates between 1913 and 1915 for rural blacks support the assertion that the health care concerns of the black community went largely unaddressed. For instance, the death for blacks in rural areas was 11.4 per 1,000 in 1913 and increased to 13.1 in 1915. Contrastingly, the death rate for rural white Mississippians hovered at 8.0 per 1,000 from


\textsuperscript{46} For instance, the whooping-cough campaign in Grenada County in 1882 focused on the majority white residents, see \textit{Biennial Report of Mississippi State Board of Health, 1882-1883}, 66. Additionally, in 1910 “Campaign Against Hookworm Disease” involved the health officers of Lafayette, Stone, Rankin, Madison, and Hinds Counties, the 1914-1915 Anti-Typhoid Fever Campaign concentrated largely on the white communities of Union County and Harrison County, Mississippi, see Ibid., 57-58. Another important distinction is that most of the State Board of Health activities occurred in urban areas.

\textsuperscript{47} For reference to the anti-malarial campaign between 1917-1918, see Williams, \textit{History of Bolivar County}, 242-243.
1913 to 1915. While Dr. R. W. Hall, deputy state registrar vital statistics, concluded that “rural blacks are the greatest sufferers from lack of sanitary measures and prevention of sickness and disease,” agency did not appear to follow the report with proposed prevention programs. Additionally, during the typhoid and malaria epidemic of 1917-1918, during the typhoid episode in 1917-1918 the death rate for blacks fluctuated between 34.1 and 37 per 100,000. The death rate for blacks during the malaria episode hovered between 52.3 and 59.1 per 100,000. For the white Mississippians, the death rate remained around 20 per 100,000. The more startling differences, however, in the death rates of blacks and whites can be witnessed upon examination of the syphilis epidemic of 1917-1918. For white Mississippians the rate was between 1.4 and 4.2 compared to the black rate of over 20.0 per 100,000 for the period. Moreover, as late as 1935, the death rate for blacks in Bolivar County was 11.0 per 1,000 compared to 4.6 rate for whites in the area. As with the “experiment to determine the cause of pellagra” which involved local health officers selecting and isolating twelve prisoners who volunteered and consented to the study after “accepting the offer of pardon made by Governor


49 “Mortality, 1915: Tuberculosis” in Health Bulletin, Vol. VI, No. 2 (June 1916), 14-15. In contrast, the highest mortality rates for white communities in the state appeared in the densely populated Hinds County, 150.0 per 1,000, and Jackson County, 100.0 per 1,000.


51 W. S. Leathers, Report of the Board of Health of Mississippi, from July 1, 1917 to June 30, 1919 (Jackson, Mississippi: Mississippi State Board of Health, 1919), 44.

52 Ibid., 55; Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923 (Jackson, Mississippi: Mississippi State Board of Health, 1923), 35.

53 For reference to Bolivar County malarial death rates in 1935, see Maurice Elizabeth Jackson, “Mound Bayou—A Study in Social Development” (M.A. Thesis, University of Alabama, 1937), 22.
Earl Brewer” at the Mississippi State Penitentiary in April 1915, most of the programs and treatment plans centered on the needs of white Mississippian. For instance, after identifying the culprit for the spread of pellagra was the protein due to a lack of access to cow’s milk and fresh fruits and vegetables, the State Board of Health did not implement a program to help those in rural areas like the Delta gain access to better nutritional food.

The reason the problem was particularly bad for the majority black community of the Mississippi Delta was because “the plantation owner demanded that cotton be planted right up to the doorstep of their shacks. Were it not for growing greens at odd seasons and the fish caught in local ponds and rivers, the sharecroppers’ diet would have contained almost no protein at all.”

Ultimately, the determination of black Mississippian like residents of Mound Bayou to address the problems within its community helped to gradually improve the health of African Americans in rural areas. For instance, the women cooks at the Taborian Hospital established and maintained a garden in the rear of the facility because they were all too aware that while many of the patients and residents worked on nearby farmers they did not have access to nutritious vegetables and fruits daily. In essence, the cafeteria at the hospital stood on the front lines of

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54 Ibid., 73. Dr. Joseph Goldberger who led the study identified through an examination of the volunteers’ skin rashes and gastrointestinal symptoms by control the volunteers’ meals that the cause of the disease was due to diet, see Joseph Goldberger and G. A. Wheeler, “Experimental Pellagra in the Human Subject Brought about by a Restricted Diet,” Public Health Reports, Vol. 30, No. 46 (November 12, 1915), 3338-3339. “Pellagra Experiment in the Mississippi Penitentiary,” Clarion-Ledger (2 November 1915), Mississippi Department of Health—Pellagra File, Mississippi Department of Archives and History (Jackson, Mississippi).


56 Like women cooks at the Taborian Hospital, Edwin Embree observed that “Some acquaintance with proper balance in diet is also essential, for, in spite of the supposed presence of nourishing and wholesome foods on the farm, rural eating is apt to fall into meager and ill-balanced patterns. Since poor country diet often results from the absence of diversity of crops, health and gardening become supplementary subjects,” Edwin R. Embree, Julius Rosenwald Fund: A Review for the Two-Year Period, 1933-1935 (Chicago, Illinois: The Fund, 1935), 9.
the battle against malnutrition which was readily identified by medical officials as a characteristic of poverty by the 1960s.

The ways in which patterns of discrimination and economic limitations collided and shaped the experiences of blacks in rural areas are made more visible when juxtaposed with relationship between health officials and African Americans in urban areas. According to Steven J. Hoffman, in urban centers like Richmond, Virginia, African Americans tended to receive a considerable increase in the quality of health care and allocation of funds and resources. Conversely, African Americans in rural areas rarely, if at all, received a proportional share of the funds and materials allocated to cities and towns in Mississippi. Intriguingly and on par with the argument advanced in chapter four, the overall health care experiences of African Americans improved when women health care providers were at the helm: identifying needs, requesting resources, mobilizing fundraising drives, and providing the essential support network of clerks, aides, administrators, and nurses.57

In “Progressive Public Health Administration in the Jim Crow South,” Hoffman asserted “Only in those programs administered by the city’s public health nurses did African Americans receive health care services in proportion to their needs.”58 The examination of black health in Richmond revealed that the health officials addressed the medical needs of a predominately lower class community of blacks whose work as domestic servants, cooks, laundresses, and laborers made them more vulnerable and increased scrutiny about their individual and communal behaviors.59 Prior to the engagement of women health care officials, blacks in Richmond

57 Steven J. Hoffman, “Progressive Public Health Administration in the Jim Crow South: A Case Study of Richmond, Virginia, 1907-1920,” Journal of Social History (Fall 2001), 175.
58 Ibid.
59 Ibid., 176.
suffered high death rates. For instance, in 1898 and 1900 the rates peaked more than twice that of the death rates of whites.  

The example provided observes the relationship between the black community and the state when public officials are infused by benevolent societies whose financial and material assistance opened access to institutional health care. This difference underlines the distinctive composition of health care in the rural southern areas where white benevolent influences were hindered by racial customs that limited the interaction between white women nurses and predominately black patients. In fact, the case study of Richmond acknowledged that while public health nursing helped reduce the death rates of blacks associated with diseases such as typhoid and tuberculosis the widespread anti-poverty and improved sanitation projects necessary to safeguard the health of black communities was “beyond the control of Richmond’s public health nurses or the city’s Chief Health Officer.” Here, women health care providers assumed a more vital role because their presence; especially in rural areas, was essential to improving the quality of African Americans lives. To borrow Hoffman’s terminology, “institutional inattention” contributed to the rapid decline of black health in the South. Since the State Board of Health adopted this practice from 1878 to 1915 as it concentrated its efforts on the health concerns of white Mississippians, black women health care providers remained the primary source of medical relief for poor blacks in the Mississippi Delta.

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60 According to the *Annual Report of the Board of Health*, in 1898 the black death rate was 29.98 per 1,000 compared to the white death rate of 13.81 and 28.05 for blacks with the death rate for whites at 15.34 in 1900, see Ibid., 177.

61 Ibid., 184.

62 Ibid., 186.
As late as the 1920s, the discussion about black health entered the public discourse infrequently. In the instances that black health, however, took center stage of policymaking it was either to reinforce ideas about black inferiority or a component of a strategy to expand the authority of the State Board of Health by delegitimize black health care providers like midwives. Most references to the health status of black Mississippians post-Reconstruction largely included a determination that origins of many diseases were located in predominately African American communities. Health officials embraced germ theory and attributed the occurrence of epidemics in their districts to the presence, even the temporary presence of a traveler, of black men and women who were considered to be carriers of infectious diseases like tuberculosis; thus, a threat to the well-being of whites in Mississippi. A. I. Ellis, state health officer for Panola County, stated “I have no epidemic this year to report except small pox, which was brought into our county, about the middle of March, by a negro man from Memphis. The disease occurred in the extreme southeastern corner of the county. There were nineteen cases – all colored – and confined to one neighborhood. Resulting in four deaths.” Undeniably, these same attitudes influenced policymaking and determined the allocation of resources.

In the *Report of the Executive Committee for 1883*, Writ Johnston, secretary for the Mississippi State Board of Health asserted: “The difficulties in controlling it [smallpox] have consisted in the large population of Vicksburg, the class of persons (negroes) among whom it has chiefly prevailed.” While in the case of the Panola County health officer who hesitatingly

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65 “Report of the Executive Committee for 1883, from May 1st, the date of the Last Report,” *Biennial Report of Mississippi State Board of Health, 1882-1883*, 99. In addition to the inaccurate reporting due to lack of cooperation from state representatives, the State Board of Health officials readily acknowledged the evasive tactics of both black
acknowledged “my report will not be as full and satisfactory as I would desire” and “my information derived from medical and other gentlemen” not from acceptable sources including local practicing physicians, it is important to denote the attitude of state health workers toward black residents.\textsuperscript{66} In his report of the health conditions in Bolivar County in 1885, Dr. J. W. Dulaney declared that the malaria epidemic in the black communities of sharecroppers was particularly bad because of “Negroes who apparently think it a part of their religious duty to accumulate as much filth in the vicinity of their domicil[e]s as possible.”\textsuperscript{67}

In 1905, Dr. B. F. Ward, president of board for the State Board of Health wrote to Governor James K. Vardaman to explain the reoccurrence of tuberculosis in the state: “Syphilis in the Negro is firmly and permanently established as a racial malady, which by undermining the constitution, depraving the fluids and tissues of the economy, converts the system of Negro into a ready and fertile field for the germination and ravages of tuberculosis.”\textsuperscript{68} Ward’s position on the board for the state agency and the fact that he established the applicant process and requirements for hiring health officers in the fields of anatomy, obstetrics, hygiene, and surgery made his comments particularly impactful. Here, the idea that black Mississippianos were merely infectious prone individuals intensified segregationist practices and resulted in the marginalization of black health care needs in the state.

\textsuperscript{66} “Panola County,” \textit{Biennial Report of Mississippi State Board of Health, 1882-1883}, 81-82.

\textsuperscript{67} “Reports of Chief Health Officers of Counties, for the year ending September 30, 1884,” \textit{Biennial Report of Mississippi State Board of Health, 1882-1883}, 60.

Additionally, during a report about the Child Hygiene and Public Health Nurse Law of 1920, the State Board of Health reflected on the “education midwife work” and declared “It has been so outstanding that the maternal and infant death rates for the colored race markedly declined in recent years.”  Setting aside the misleading statement that state regulation of midwives led to a reduction in infant mortality rates, it is notable that much of the reports published by the State Board of Health rarely acknowledged the contributions of black health care providers whose work within rural communities helped to lower, albeit gradually, infant mortality rates. Moreover, the reports did not account for the financial and material support of black health care from white philanthropic organization like the Julius Rosenwald Fund as well as black fraternal organization including the Afro-American Sons and Daughters and Knights and Daughters of Tabor.

Between 1936 and 1938, the Rosenwald Fund worked to increase the numbers and visibility of women midwives because the high mortality rates revealed that midwives provided as a first line of defense a “much-needed service to the rural Negro women of the South.”

Despite the fact that the Mississippi State Board of Health received significant financial support from the state legislature, procedural and implementation support from medical associations, and introduced a clearly formularized health care plan for the state, health officials did not address the high mortality rates in the black communities with the same organized and strategic campaigns and programs as witnessed in white communities.

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71 By 1920, the $1,600,000 for buildings and equipment for tuberculosis prevention, see Underwood and Whitfield, *Public Health and Medical Licensure*, 75.
Unfortunately, early reports are inconsistent as it pertains to the age/sex/race composition of the statistical data for health programs and incidences of epidemics in the state; thus, it is a challenge to ascertain the precise distribution of resources to counties of predominately black residents. The key to discerning whether or not majority black communities in areas like the Mississippi Delta received material and financial resources on par with neighboring white communities, however, is hidden in what the reports of majority black counties do not reveal juxtaposed with the detailed and rich reports of predominately white counties praising the support of the State Board of Health. For instance, B. A Vaughan, state health officer for Lowndes County recollected that he reported measles and typhoid fever epidemic in his jurisdiction and “thanks to the ample supply of bovine virus placed in my hands for distribution by your Secretary” the success of the vaccination campaign is reflected in the “eighty per cent” inoculation rate.\textsuperscript{72} The previous report submitted on behalf of Bolivar County by Rice made no mention of a vaccination campaign or state-sponsored inoculation efforts. In fact, the report resembles a general reporting of diagnosed and confirmed cases of smallpox and current number of deaths. The nearly thirty-year period between the 1882 smallpox epidemic and the subsequent episode resulted in little to no improvement of the health care of blacks. First, the previous argument that the laissez-faire attitudes toward health meant little in the way of accomplishments occurred until the 1910s. Secondly, Jim Crow patterns of discrimination meant the disproportionate distribution of resources to African Americans until the 1960s.

Despite the fact that the death rate for blacks remained “three times higher than” white Mississippians for the years between 1917 and 1922 with the exception of 1920 which proved to be a particularly devastating year for whites, the State Board of Health did little to relieve the

suffering of black Mississippians. On June 15, 1922, the State Board of Health inaugurated a year-long education program to prevent malaria. The program included a series of lectures to student pupils at various schools doted throughout the state as well as screenings to determine, through random selection, the presence of the disease. The education work for Bolivar County was concentrated in schools located in Shelby, Rosedale, and Pace with 650 students participating including the 250 black students enrolled at Shelby Consolidated High School for the Colored. The over 1,100 students enrolled in Mound Bayou Training School, however, did not receive educational instructions or screening from the State Board of Health.

During the subsequent Anti-Malaria Program that included drainage of ditches, clearing of creeks, and oiling of streets with an associated cost of $1,800, Mound Bayou did not received considerable attention during the malaria campaign nor the later typhoid campaign. Evidence that state agencies failed to address the health care needs of the state’s black community is demonstrated in the disproportionately high death rate amongst African Americans. Between 1920 and 1935, the death rate for whites in Mississippi underwent a dramatic reduction from 16.7 per 100,000 to 4.6, while the black death rate decreased slightly from 16.0 to 11.0 per 100,000. Moreover, the rate of blacks dying without medical attention remained more than twice that of whites from 1933 to 1938—the year the Knights and Daughters of Tabor

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73 W. S. Leathers, *Rules and Regulations Governing Infectious Diseases and Sanitation* (Jackson, Mississippi: Mississippi State Board of Health, 1922), 6-10.

74 “Locations of Malaria Control Demonstration Work in Mississippi for the Years of 1920, 1921, and 1922” in *Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923*, 86.


76 “Bolivar County Health Department” in *Thirtieth Biennial Report being the Fifty-Ninth and Sixtieth*, 115. In 1937, the state conducted tuberculin screenings on 659 pupils and teachers at Mound Bayou Training School with “nearly 200 of these showed a positive reaction,” see Ibid., 116.
announced its health care plan for blacks in the Mississippi Delta.\textsuperscript{77} For instance, in 1933 the rate peaked at 30.3 per 100,000 blacks compared to 6.6 whites in 1933 who died without access to medical attention. Nearing the end of the decade, the figure declined modestly for blacks to 26.1 while the rate for whites remained relatively unchanged at 6.5 per 100,000 in 1938.\textsuperscript{78}

Additionally, the report of Dr. M. G. Davis, chief health officer of Leflore County, revealed “We have had rather an increased amount of diseases of malarial origin…Such diseases, too, have been one of more severe type than we have had for several years. Malarial hemorrhagic fever has prevailed with much fatality.”\textsuperscript{79} Davis boldly stated that “The sanitary condition of our town is about as usual. Nothing has been done during the year in the way of improvement.”\textsuperscript{80} Ultimately, the campaign to prevent diseases remained concentrated in predominately white communities until the flood of 1927 witnessed the entry of private as well as federally-sponsored organizations like the Civil Works Administration to inoculate black and white delta residents against malaria and screened houses to prevent the spread of mosquito-borne diseases.\textsuperscript{81}

While the medical needs of black Mississippians changed by the 1930s as blacks no longer required “massive immunization programs” to treat smallpox and fellow fever, African Americans, however, continued to suffer disproportionally from the reoccurrence of malaria, tuberculosis,

\textsuperscript{77} The fraternal order’s health care plan followed in the footsteps of Dr. Dorothy Ferebee’s mobile clinic which made its final annual jaunt through the delta in summer of 1942, see Ibid., 125; Susan L. Smith, \textit{Sick and Tired of Being Sick and Tired: Black Women’s Activism in America, 1890-1950} (Philadelphia: University of Pennsylvania, 1995), 149.

\textsuperscript{78} \textit{Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939} (Jackson, Mississippi: Mississippi State Board of Health, 1939), 36.


\textsuperscript{80} Ibid.

\textsuperscript{81} Underwood and Whitfield, \textit{Public Health and Medical Licensure}, 70 and 72.
and venereal diseases including gonorrhea and syphilis. In 1938, the rate of contraction of gonorrhea for the blacks was 1701.2 in contrast to the 1052.8 rate for whites. For syphilis, the rate for blacks was 2013.1 compared to the 587.6 per 100,000 for white Mississippians.

The State Board of Health officials continued to advance the previously discussed germ theory that cited problems of “promiscuity,” “racial susceptibility and low-grade living conditions” as the factors that contributed to the rapid spread of syphilis and tuberculosis “two real problems in Bolivar County.” To address these needs, black organizations identified the health care deficiencies including prenatal care, gastrointestinal disorders, hernias, and diabetes in local rural black communities and introduced programs including the establishment of mobile clinics, hospitals, and home care demonstrations to improve the health conditions of black Mississippians.

**Self-Reliance Revisited: A Reconsideration of the Early History of Mound Bayou, Mississippi, 1887 – 1915**

Since the all-black town of Mound Bayou, Mississippi emerged from the wooded and swamp region of the Mississippi Delta in 1887, the early settlers and later residents shared a paradoxical relationship with the federal government as well as state agencies and actors. At

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82 “Table XI” in *Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939*, 87.

83 Ibid.

84 Ibid.

85 Ibid., 123.


times, the relationship proved quite beneficial to African Americans who relocated to the area in search of a space wherein they had autonomy over their lives and labor which included freedom of religious expression, landownership, economic stability, and engagement with politics (despite it being only local engagement with municipality issues). On the other hand, by the 1910s as state control and influence in many aspects of Mississippian’s lives increased, Mound Bayouians found the once beneficial relationships had dissipated and the isolation that appealed to the black community became a hindrance to further economic success.

Many of the histories written on Mound Bayou concentrate on the Booker T. Washington popularized idea of separatism wherein African Americans accepted a degree of detachment from mainstream American society. At its core, the intention of this disembodiment from the political sphere was to encourage black men and women to focus on economic advancement through the establishment of various business ventures and racial uplift through an engagement with the social and cultural past of African Americans. Monographs like David H. Jackson Jr.’s *A Chief Lieutenant of the Tuskegee Machine* observed the ways in which the isolated town of Mound Bayou benefitted from the public perception that the residents confined themselves, in a way, to the township. Thereby, dismissing any potential threat the community had to the overall racial structure of the Mississippi Delta. Considering the town enjoyed an impressive period of economic development and growth from 1887 to 1915 through business ventures including the saw mill, oil mill, the Mound Bayou Bank, general stores in spite of Jim Crow segregationist practices, it is understandable why the concept of separatism as it relates to the town’s economic success has be viewed with pride and lauded as a noteworthy accomplishment.

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88 Booker T. Washington reflected on the empowerment he experienced at having his “mail received from the hands of a black postmaster, to purchase tickets from a black ticket agent and to have laws made and enforced by a black mayor aided by a black council and a black marshal,” see “A Negro Magnate of Mississippi Delta,” *The Marion Daily Star* (6 May 1911).
By decentering the economic discussion; more specifically, the concentration on the business growth and maturation of the town of Mound Bayou, a different perspective of the impact of isolation on the residents can be unearthed. Moreover, the nuances of isolated rural living and race relations that permitted the general dismissal of black health needs are revealed as the obstacles that African Americans addressed in their quest to improve the general well-being and quality of life of black Mississippians. Additionally, the isolation and social custom of segregation that allowed black men like Isaiah T. Montgomery, Charles Banks, and Perry Monroe Smith to assert their manhood, financial stability, and overall prominence in Mound Bayou placed women in a less economically stable position and decreased their visibility.

While early settlers widely celebrated the fact that the town was founded on the principles of self-help, self-reliance, and racial uplift, much of the capital used to fund the construction of the school, bank, and oil mill were from outside, predominately white resources. For instance, in 1909 the town of Mound Bayou received a donation from Andrew Carnegie who “agreed to pay the full amount for the erection of a library at Mound Bayou.”

After Benjamin T. Montgomery established the Mound Bayou Normal Institute in 1892, the town desiring a modern facility wherein black boys and girls could be instructed in a variety of subjects including arithmetic and geography reached out to Julius Rosenwald for financial assistance with the construction of the building in 1912. Also in 1914 as the Mound Bayou Bank entered a period of reoccurring instability because of the overextension of credit to the

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89 Historian Stephen Williams observed “Despite the bold statements and all-Black ideology, the mill immediately ran into difficulties.” Williams cited the fact that Charles Banks reached out to Julius Rosenwald for financial assistance with the oil and also the business had a white manager based out of Memphis. Williamson, Mound Bayou, 88. Facts about Mound Bayou Bolivar County, Mississippi with a Brief History of the All-Negro Town, 1935, the University of Mississippi Special Collections and Archives (Oxford, Mississippi), 7-8.

90 David H. Jackson, Jr., A Chief Lieutenant of the Tuskegee Machine: Charles Banks of Mississippi (Gainesville, University Press of Florida, 2002), 116; Williamson, Mound Bayou, 86; and Hood, 50-51 and 84.

91 Jackson, A Chief Lieutenant of the Tuskegee Machine, 123-124.
predominately lower income farming community, Charles Banks appealed to Julius Rosenwald for an influx of capital to the amount of $5,000.\textsuperscript{92} In fact, it was not until the 1930s that the residents of Mound Bayou truly embraced its founding pillars. As the nation descended into an economic depression, black Mississippians were disheartened by the seeming abandonment of them by state agencies and private organizations. Ultimately, the shift in Mound Bayou reflected the subtle, yet noteworthy, radicalizing of blacks who fully espoused the idea of black self-determination. Without contention, the obvious resurgence of racial uplift and racial advancement in Mound Bayou was due to the movement of African Americans from various parts of the state as well as the Northern and Midwestern regions of the country. These individuals were aware of the town’s legacy and relocated for the precise reason of engaging in communal self-sufficiency.

The settlement of Mound Bayou represented the fulfillment of a dream long held by freedmen and freedwomen to “secure a place” in American society.\textsuperscript{93} The desire for freedpeople to have their own homes, churches, social societies, schools, and businesses propelled communities of former enslaved peoples forward during a period in American history wherein southern politicians erected barriers to disrupt their full participation in American society. Without the initiative and individual activism of the early settlers, many black Mississippians would have been otherwise forgotten and abandoned; especially, after the Freedmen’s Bureau ceased its activities in the state in 1869. In fact during the Freedmen’s Bureau control of the state, as slaves of the Davis Bend plantation, the founders of Mound Bayou, cultivate cotton,


conduct business in local mercantile stores, and assume prominent positions as Justice of the Peace, an appointment Benjamin Montgomery retained until 1873, the last record of his reelection to the post. Emboldened by the increased autonomy that the isolated town provided early settlers including A. P. Hood and E. L. and Bettie Ishmon, the founders selectively gathered families who supported their desire to establish a town that could stand as an example of moral living, economic stability, and social mobility. In the midst of the depression of the 1930s, Mound Bayou boasted a number of businesses including a barbershop owned by J. H. Bryant and a general store owned by Mrs. L. T. M Brooks. Additionally, a pamphlet distributed to potential new residents advertised that the town “had a good water-supply, electric lights” and access to telephones.

Considering the founding of Mound Bayou was guided by the desire of Isaiah T. Montgomery and Benjamin Green to establish a space for black Mississippians to cultivate their own identities and economic independence away from local whites, it is unsurprising that Montgomery advocated that settlers refrain from engaging in state and national politics. The Indianapolis Star published an article that featured Isaiah T. Montgomery’s proclamation to “Take the negro out of politics. As long as he is in politics he will be in trouble. Eliminate him from political consideration and he will be at peace with his neighbors in the South.” Between the 1880s and 1890s in the aftermath of Reconstruction, white Mississippians maneuvered to

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95 For reference to the Brooks’ general store established in 1890 by early settlers Foster Brook and his family, see *Jewel of the Delta: Mound Bayou, Mississippi Seventy-Fifth Anniversary*, (July 12-15, 1962), 1; and *Facts About Mound Bayou*, 15.

96 Ibid.

reestablish control of politics. As the incidences of racial violence and lynchings increased with disturbing regulatory throughout the region, it became clear to many local and national black leaders that retreat from public engagement with politics was a necessary position to take as a strategy to protect the economic and social aspirations of the black community.

Historians including Louis Harlan and David H. Jackson revealed that while these activists publically condemned engagement in politics, they tapped into the Republican Party agenda to extend and protect the rights of African Americans through the passage of legislative measures like the Enforcement Acts 1870 and 1871 which criminalized terroristic acts by organizations like the Ku Klux Klan as well as the Civil Rights Act of 1875 which outlawed racial discrimination in juries and public accommodations.98 While historians including Leon Litwack’s *Trouble on My Mind*, John Dittmer’s *Local People*, and Neil McMillen’s *Dark Journey* thoroughly explored the impact of segregation on African Americans economic mobility and political stagnation, the ways in which ideas about black inferiority and segregationist practices impacted black access to adequate health care deserves attention and respect. Particularly, the ways in which African Americans in the Delta embraced the town’s legacy of self-reliance to construct and maintain a facility which provided primary and emergency care to black Mississippians.

On one hand, the failure of the economic structure of Mound Bayou’s early history 1887 – 1910s revealed the impact of rural living on black Mississippian’s desire for economic independence. On the other hand, the activity of “new” arrivals who relocated to Mound Bayou for its legacy of self-reliance and uplift reinvigorated early settlers idea of economic self-

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98 Moreover, the Republican Party announced in its 1880 platform that “the danger of a solid south can only be averted” by the dividing the south and protecting “against terrorism, violence or fraud,” see “Republican Party Platform of 1880” by Gerhard Peters and John T. Woolley, *The American Presidency Project*. http://www.presidency.ucsb.edu/ws/?pid=29625 (accessed May 10, 2016).
sufficiency. In fact, during the 1930s campaign to attract new residents to the town, the Mound Bayou Progress Association invoked the legacy of “Negro self-development at Mound Bayou” as a means of encouraging others to join.  

For a period between the 1880s and the 1920s, black leaders relied on the support of white philanthropic organizations to fund and rescue institutions like the Mound Bayou Bank after it entered a period of instability due to an overextension of credit to the predominately farming community of lower income families. In fact, historian Norman Crockett observed that “discrimination and the lack of capital played a part” in the demise of black towns.

By the 1930s in part because the demand for philanthropic funds increased and disrupted their access to previous sources of financial support, Mound Bayouians established programs that were funded nearly completely from the contributions of its residents. For instance, the Delta & Pine Land Company expended “large sum money in an effort to stamp out communicable and preventable disease, malaria, tuberculosis, pellagra, and venereal diseases” in the delta area of the state. Between 1935 and 1939 the company, however, reduced or ceased funding programs that assisted black and white Mississippians. The inability of local black leaders to access credit or convince local whites to fund the project without exorbitant fees, ultimately required black leaders and the community as a whole to organize, contribute, and raise funds to support important institutions within their community. Intriguingly, in spite of the lack of access to external financial resources, the Taborian Hospital enjoyed nearly two decades of economic stability based solely on the contributions of black organizations, clubs and individuals. This is a


noteworthy departure from the town’s early history which was plagued with intermittent periods of economic instability with farm mortgages, the Bank of Mound Bayou, and the oil mill.

According to Joseph Taylor, “black-town residents seemed obsessed with their health.” Evidence to support this assertion can be found in the array of African American publications that featured detailed reports of incidences of tuberculosis typhoid. At its core, the exploration of health with particular attention paid to the relationship between state officials and predominately rural-poor black communities complicates our assessment of the ways in which state-sanctioned negligence of black lives was permitted, if not legitimized, by the federal government. Moreover, through the lens of health care, the legacy of Mound Bayou as an all-black town that espoused the black liberation pillars of self-reliance and economic independence is complicated. On one hand, the economic limitations of freedpeople in the late nineteenth century required they forge beneficial relationships with white philanthropists to fund schools and various business. Juxtaposed with the activities of Mound Bayouians in 1938 as the town mobilized to establish a hospital, early alliances between black leaders and white philanthropists challenged the degree to which black residents in the town were economically independent. On the other hand, in spite of their economic limitations during the 1930s, the community of black Mississippians consolidated their resources to circumvent the barriers erected by Jim Crow practices that marginalized their health care needs to establish a hospital. Here, the activism of black Mississippians; especially in the sphere of health care, stands out because it offers another example of the ways in which African Americans responded to the racially tumultuous period of segregation.

Additionally, through an examination of health care, lower income black women’s activism becomes increasingly visible. In fact, the reliance on black women health care providers posed a threat to the expanding health care system in Mississippi. Upon the exploration of health care in Mississippi, the essential role that lower income women played in the mission to provide medical care is clarified. Ultimately, using health as a lens of exploration lower income women are resurrected from obscurity within the annals of histories published on Mound Bayou. While some works observed the social contributions of women in the all-black town, many do not take into account the ways in which economic limitations impeded many residents of the town from participating in the social and cultural society of Mound Bayou. At times, women like Mary Booze occupied prominent positions in the local community as she influenced the cultural landscape of the town. For instance, “the wives of many black-town leaders exerted considerable influence in their own right and helped their husbands set the tone of the community by teaching in both public and Sunday schools, directing charities and celebration programs, giving parties, and organizing social clubs.”

Women of lower economic status, however, found that the isolation of rural living erected barriers that prevented them from occupying a more economically satisfying position in society as nurses. Also as leaders, black women of lower economic stature struggled against the patriarchal system that predetermined a space for uninterrupted male influence and autonomy. Women of a particular class managed to occupy a seemingly equal space in public displays; women of lower economic status, on the other hand, provided the major source of labor and support for male introduced plans and programs.

103 Crockett, The Black Towns, 66.

104 For acknowledgement of the ways in which African American Women struggled against patriarchal structures in both the black community and broader society, see Paula Giddings, When and Where I Enter: The Impact of Black Women on Race and Sex in America (New York: Bantam Books, 1984), 47 and 350.
Between 1878 and 1915, the Mississippi State Board of Health adhered to the idea that African Americans were more likely to contract diseases. This assumption meant that the resources distributed to local health officers to address the health care needs of the state tended to focus on quarantining sick black patients. In fact, the state board of health provided very little material support for the prevention of the spread of diseases in predominately black areas like Bolivar County, Mississippi. For instance, in the reports for the state’s Anti-Malaria Campaigns in 1882, 1912, 1914, and 1922, African Americans enter the conversation as health officers like Dr. J. W. Dulaney, Chief Health Officer for Bolivar County from 1880 to 1884, argued that the lack of attention to hygiene and cleanliness on the part of the black community was the reason the areas were inundated with mosquitos. With the exception of the period between 1865 and 1874 when Union officials controlled the health and labor of freed people, the health care needs of American Americans were generally overlooked at state health officers identified and addressed the health needs of white Mississippian. Thus, it was imperative that black communities expand racial uplift strategies to include a comprehensive health care plan that screened for diseases, addressed sanitation and nutrition problems that contributed to the severity of illnesses, prevented the spread of infectious diseases, and treatment of routine ailments and injuries. As early as 1925, in the all-black town of Mound Bayou, black Mississippians lived in relative modernized homes with outdoor privies and running water.  

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105 Jessie Smith Pace (married Sank Pace and resided in Mound Bayou, 1910 [?]-1974), interviewed by Daisy M. Greene, December 23, 1976, Washington County Oral History Project, Mississippi Department of Archives and History (Jackson, MS), 6.
CHAPTER TWO

“None but Reliable Fearless Men”: The International Order of Twelve Knights and Daughters of Tabor, 1859 – 1936

None but reliable, fearless men were to be enrolled. The organizers were to carefully pick the men that were courageous, patient, temperate, and possessed of sound common sense.
– Moses Dickson, 1891

During the 1840s, a young Moses Dickson journeyed South where he witnessed the indignities of enslavement. Upon his return to Missouri, Dickson concentrated his actions on the abolishment of the system of slavery. Established in 1846, the Knights of Liberty was “dedicated to the cause of bringing freedom to Negro slaves.” Dickson, however, did not adopt the strategy of political activism like abolitionist Frederick Douglass. Rather, he formed an independent network of black men and women who guided and transported enslaved families from Southern plantations to the boarder state: Missouri. Considering its role in the underground railroad, members of the organization embraced the practice of secrecy. By the 1850s, the 47,000 members of the organization became increasingly militaristic as they mobilized for war with

1 Moses Dickson, General Laws of the International Order of Twelve (1891), 8-9.

2 “Brief History of the International Order of Twelve Knights and Daughters of Tabor,” [c. 1960], from the private collection of the family of Perry Monroe Smith (hereafter referenced as Smith Papers), 1; “History of the Knights and Daughters of Tabor: Oldest Purely Negro Fraternal Society in America,” Smith Papers, 2; and “Moses Dickson: Man of Vision” (speech delivered by Julia Davis to Scruggs Memorial C.M.E. Church, August 17, 1972), Smith Papers.
southern slaveholders. The radical abolitionist approach, however, was abandoned as the national discourse on the institution of slavery.\(^3\) Believing war with the South was imminent, this fraternal society underwent reorganization. By 1859, the Order of Twelve focused on racial advancement strategies including education, self-reliance, self-governance, and Christianity. Between the 1870s and 1890s, the Order of Twelve aligned with the Refugee Relief Board in 1878 to render aid to African Americans “about sixteen thousand men, women, and children, who were fleeing from southern oppression.”\(^4\) After the Freedmen’s Bureau abandoned its previous activities providing labor, shelter, and food to refugees, later freedmen and women, independent organization like the Order of Twelve became more important to the survival and subsequent economic mobility of African Americans.\(^5\) Aware of the needs of freedmen and women, the membership of the organization increased its charity work. As a result, in 1872, the Order of Twelve Knights and Daughters of Tabor was reborn as a benevolent order determined to help African Americans become economically independent and self-sufficient.

Therefore, it is no surprise that one of the earliest jurisdictions established in the South emerged in Clarksdale in March 13, 1889; and later a chapter emerged in Mound Bayou, a few years after Benjamin Green and Isaiah T. Montgomery established the all-black settlement in Mississippi.\(^6\) According to Darryl Johnson, whose descendants were among the founders of the

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\(^4\) Moses Dickson, *General Laws of the International Order of Twelve* (1891), 11

\(^5\) For reference to the Freedmen’s Department (later Freedmen’s Bureau in 1865) abandonment of its program to provide freedmen with shelter, clothing, and employment opportunities, see C. C. Stephenson, “The Freedmen’s Bureau in Mississippi,” (Master’s Thesis, University of Mississippi, 1939), 216-217.

\(^6\) According to Perry Monroe Smith, “Forty eight years ago we put on the robes of authority and set forth as a jurisdiction upon the dense frontiers of the new world,” see Eleventh Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Greenwood, Mississippi (1937), Smith Papers, 2. “Brief History of the International Order of Twelve Knights and Daughters of Tabor,” Smith Papers, 2. The first chapter in Mississippi was established in Clarksdale in 1889, see “History of the Knights and Daughters of Tabor: Oldest
town, early settlers wanted to create a space away from white Mississippians where they could worship freely, determine the trajectory of their own lives, reclaim their labor, own property, and businesses. It was not until the 1930s, however, that the Mississippi jurisdiction became a major presence within the organization, regionally and nationally.

This chapter asserts that post-1901 the Order of Twelve Knights and Daughters of Tabor moved away from its founding principles of thrift and benevolence. Between 1901 and 1927, the organization was led by Scipio A. Jordan, Chief Grand Mentor of the Arkansas jurisdiction, who focused on the entrepreneurial ambitions of the membership, to the detriment of needy. By the 1930s, the overextended jurisdiction economically collapsed and dissipated from its previous position of prominence within the organization. At the same time, the Mississippi jurisdiction under the leadership of Perry M. Smith, International Chief Grand Mentor from 1937 to 1970, thrived with increased participation from its members the organization expanded its communal uplift programs. Here, the juxtaposition of the Arkansas and Mississippi jurisdictions are necessary to emphasis the significance of the Mississippi jurisdiction black health care program established in 1937. Situated in Mound Bayou, Smith had access to a community of blacks whose early economic mobility depended on self-help strategies. Therefore, despite the fact that the nation was in the midst of an economic depression, the Mississippi Jurisdiction independently financed and operated, arguably, the most successful black medical institution.

After the death of founder and leader Moses Dickson in 1901, the Arkansas jurisdiction emerged as the dominant chapter in the organization until the 1920s. The effort to organize in Arkansas began as early as 1880; in 1887 the jurisdiction was organized but it was not until 1910

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7 Darryl Johnson (Mayor of Mound Bayou, 2013 – present) in discussion with the author, 10 September 2013.
that the headquarters in Little Rock was officially incorporated.\textsuperscript{8} From its establishment, the Arkansas jurisdiction was led by Scipio A. Jordan, born to Charley and Elizabeth Jordan on January 1, 1860. Jordan remained a prominent figure of the community from his early career as a postal carrier in Pulaski County to his position as chairman of the local Board of Civil Service Examiners. Unsurprisingly, Jordan was elected Chief Grand Scribe in 1887; soon thereafter, Chief Grand Mentor. In 1901, Scipio A. Jordon ascended to the position of International Chief Grand Mentor.\textsuperscript{9} With the exception of Dickson, no other individual was bestowed the privilege and responsibility of occupying the position of International Chief Grand Mentor.

Under Jordan’s leadership, the Arkansas jurisdiction grew in membership and influence. Early in its inception as the organization increased its visibility in the state, the Arkansas jurisdiction was met with some instances of hostility from local whites’ resistant to the growth of black organizational activity in Arkansas. For instance, the \textit{Arkansas Gazette} featured an article that recounted a disruption during the annual convention in Morrilton, Arkansas on July 23, 1892. The special reported revealed “During the closing ceremony, “Everything was smooth until they were disturbed by some disorderly persons throwing eggs and making themselves obnoxious.”\textsuperscript{10}

In spite of these rare occurrences of violence and resentment, the local chapter of the Knights and Daughters of Tabor continued to grow. By 1901, the insurance department paid

\textsuperscript{8} Survey of Negroes in Little Rock and NLR 1941 (Works Projects Administration), 21-23. Perhaps because Jordan was actively engaged with social issues, the organization was politically active early in its establishment. In an article featured in the \textit{Arkansas Gazette}, it was revealed that “Everything was smooth until they were disturbed by some disorderly persons throwing eggs and making themselves obnoxious. An examination brought to light the fact the fact that the disturbers were white Republicans, who, no doubt, thought it would attach responsibility to Democrats,” see “Threw Eggs at Them,” \textit{Arkansas Gazette} (July 23, 1892).


\textsuperscript{10} “Threw Eggs at Them,” \textit{Arkansas Gazette} (July 24, 1892).
annual benefits in excess of $20,000. According to a Little Rock City Directory published in 1922, “The org[anization] pays an endowment of three hundred dollars; for funeral expenses fifty dollars and twenty dollars toward purchase of a monument.”¹¹ The death policy and benefits provided African Americans with the resources to bury their loved ones without incurring burdensome expenses that inevitably caused economic instability for the family of the deceased. Likewise, the ritual burial service offered family members comfort and emotional support. Upon notification of the death of a member knight or daughter, the body was never left alone. For instance, two members decked in full regalia stood vigil “while the body is lying in state.”¹² Every aspect of the funeral service was planned, paid, and executed by member knights and daughter. The ritual songs, hymns, and calls and responses made for a dignified and glorious funeral service.¹³

Additionally, the beneficiary of the policy received support and comfort during their time of bereavement – as organization members oftentimes presided over the home-going services of the deceased and honored the former member with triumphant recollections of his/her life. For instance, during World War I to lessen the financial burdens of family members whose loved ones were in military service, “it was recommended during the session that the local temple members pay the quarterly endowment assessments of all members now in the military service of the United States, and that in the event of death the policy should be paid to the legal

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¹¹ For acknowledgement of the death policy and benefits offered to KDT members, see “Handwritten Notes RE Fraternal Orders in Little Rock, Arkansas,” Wintory Papers, 5; Little Rock City Directory, 1917 (Polks Southern Directory Company), 318.

¹² “Burial Service of the Knights of Tabor,” Smith Papers, 4; “Funeral Ceremonies of the Daughters of Tabor,” Smith Papers, 4-5.

¹³ Ibid., 6-10.
representative of the deceased.” A. Keats, a journalist for the Chicago Defender reported “Fraternal orders in the state of Arkansas are a great asset, not only to the members, but also to the state.” Keats went on to acknowledge the wealth of money fraternal orders generated. For instance, he documented income for 1923 in excess of $3,039,031 with a membership of 61,702 men, women, and children. Keat argued that the organizations contributed to the economy of the state because they had a yearly payroll payroll of approximately $500,000 or more. During the Twelfth Triennial Session, Jordan proposed the “International Endowment Department” which made it possible for the various jurisdictions to carry more policies – a necessary expansion to keep up with the growth of the organization.

In keeping with the socialization component of fraternal orders, the organization assumed responsibility for the care and education of young black boys and girls. Between 1901 and 1918, the Arkansas jurisdiction owned and operated the Taborian Home for Orphan Negro Children. For instance, the young boy and girl members of the juvenile department represent approximately 10,000 members of the organization’s state roster in 1918. As the organization moved its operations and headquarters to Little Rock, the decision was made to sale the orphanage with plans to build a “new home within the city limits with money to be derived from the sale.”

The organization made “strenuous effort to build a creditable Taborian Hall at the

14 “Taborites to Protect Members Who Fight,” Arkansas Gazette (July 17, 1918), 5.
16 Ibid.
17 Ibid.
18 Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 6.
19 “Taborites to Protect Members Who Fight,” Arkansas Gazette (July 17, 1918), 5.
20 “Taborians to Sell Old Home; Build New One,” Arkansas Democrat (July 19, 1918), 7. For additional reference to the Taborian Hall, see “Taborian Hall is Dedicated,” Arkansas Gazette (August 31, 1918).
corner of Tenth and Arch Streets, Little Rock, where the Knights and Daughters of Tabor purchased a site for that purpose.” The jurisdiction held a number of fundraisers to help increase funds for the purchase of the building including a pageant in the state capital. The surprisingly public display consisted of over 1,200 members in the line of march formation with the Palestine Guards of Little and Argenta leading the procession, followed by the No. 3 Pine Bluff Temple and No. 4 Scott’s Temple, six tabernacles, and three cadet companies. By August 1918, the organization had successfully purchased the building for $65,000. The three-story building allowed the organization to conduct all of its business and host community events from one central location. For instance, the storerooms on the first floor provided sufficient space for storage and space for children’s events; the second floor housed the organization’s administrative offices and meeting rooms. On the third floor, a large auditorium allowed space for large conventions. The Taborian Hall was properly maintained by dues of the over 40,000 members of the Arkansas jurisdiction of the Knights and Daughters of Tabor in 1919.

The presence of middle class black men and women shifted the priorities of the Knights and Daughters of Tabor in Little Rock from benevolence to supporting and advocating for small business ownership. For aspirational African Americans, business ownership provided a way for individuals to become economically independent as well as reclaim a degree of personal autonomy over their lives and work. Jim Crow laws, however, restricted the movement of blacks as a result the influential group of black professionals were congregated in a small section of the business district in Little Rock. Evidence of this claim can be cited in the thriving West Ninth

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22 “Taborians to Sell Old Home; Build New One,” *Arkansas Democrat* (July 19, 1918), 7.

23 *Annual Report of Insurance Commissioner of the State of Arkansas 1919*. Table compiled by Blake Wintory, see “Arkansas Membership in the Knights and Daughters of Tabor, 1905-1929,” Wintory Papers.
Street Business District which “became the center of African American commerce and community in Little Rock in the late nineteenth and early twentieth centuries.”24 According to Nudie Williams, “In its day the nine-block area from High Street to South Broadway was affectionately known as ‘the Line,’ and on any given day you could find many members of the black community ‘down on the Line.’ Most of the city’s prominent black physicians, dentists, attorneys, and other black professionals, including leaders of the NAACP, had offices on ‘the Line.’”25 For instance, located on “the Line” were “numerous cafes, cleaners, magazine stores, pool halls, barber, and beauty shops, and men’s and women’s clothing stores, as well as the Gem Theater….And Taborian Hall was always a mainstay in this district.”26

The headquarters of the Arkansas Jurisdiction of the Knights and Daughters of Tabor was located in the thriving business district. According to the Arkansas City Directory in 1919, The Knights and Daughters of Tabor was described as “a fraternal organization with wonderful social advantages and financial protection.”27 Considering its locale and the socio-economic status of many of its members, the Arkansas Jurisdiction of the Knights and Daughters of Tabor catered to the cultural maturation of its members. The Taborian Hall housed the “Gem Pharmacy, and a number of health care professionals including W. B. Black and E. B. Bowell, and several

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24 According to Blake Wintory, the phenomenon of black medical professionals establishing practices and pharmacies in Little Rock started as early as 1870 with “Jack Banks, a North Carolina native who practiced medicine” and “is the earliest known black physician in the city,” see “West Ninth Street: Exhibit Narrative,” Wintory Papers, 12-14.


26 Ibid., 98.

27 “Secret Orders” in Arkansas City Directory 1919, Wintory Papers, 83. The directory continued “The organization pays an endowment of three hundred dollars; for funeral expense fifty dollars and twenty dollars toward purchase of monument.”
restaurants.” The facility operated and owned by the Knights and Daughters of Tabor quickly became a pillar in the African American community. The Taborian Hall provided middle-class African Americans with the space to gather for social enrichment as community members were permitted to use the space for gatherings and meetings and the facility provided those who could afford it, access to first-class medical care.

During that year, jurisdictions sprang up in Georgia, Florida, Oklahoma, California, and Indiana. By the 1910s, the organization’s membership rosters increased from 30,000 to 175,000. Under the leadership of G. E. Newstelle, the Alabama Jurisdiction stood out because of the impressive activity of its members to the education of the black children and its efforts to address the housing needs of its residents. In 1927, Jordan stated that “…Alabama has one of the best Taborian Homes [for the aged and orphans] and Schools of all of our several jurisdiction.”

While not all of the chapters stood as large as the Tennessee jurisdiction which boasted a whooping 50,000 members, smaller jurisdictions in Iowa, Kentucky, Kansas-Nebraska, Colorado, and Indiana contributed to the overall health of the organization by ensuring the

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28 For a description of the services offered in the Taborian Hall, see Williams, “Taborian Hall: The Silent Sentinel”, 98. According to Nudie Williams, “From the time it opened its doors in 1918 until well into the 1930s the Taborian Landmark was a star attraction in the black business district.” It was not until the 1950s when the black business activity on the historic ninth district began to decline that the Taborian Hall (no longer owned by the Knights and Daughters of Tabor after the 1930s) lost its prominence.

29 It should be noted that well after the Knights and Daughters of Tabor lost ownership of the facility, the Taborian Hall continued to be a mainstay in the community. It was not until the 1950s that the building lost its position; thereafter, community members struggled to raise funds to renovate the building. Ibid.; “$1,000 Wins the Bidding”, Arkansas Gazette (February 16, 1989).

30 Archival holdings of the Knights and Daughters of Tabor records are difficult to locate and in the rare instance that records exist the dates and information is fragmented. Thus, it is challenging to confirm exact figures/dates; resulting in inclusion of a broad range of figures/dates. For instance, according to the Annual Report of Insurance Commissioner of the State of Arkansas, the Arkansas Jurisdiction boasted 33,315 members in 1918, see “Negro Fraternal Societies” in Annual Report of Insurance Commissioner of the State of Arkansas 1919, Wintory Papers, 60. For reference to the claim that the national membership roster for the Knights and Daughters of Tabor exceeded 100,000 in 1907, see Williams, “Taborian Hall: The Silent Sentinel,” 98.

31 Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 7.
members paid dues and contributed to the educational and socialization missions of the leadership.\textsuperscript{32}

By the 1930s, the Arkansas jurisdiction suffered as a result of high expenditures and lack of collateral.\textsuperscript{33} The Great Depression devastated many black fraternal orders, as these organizations found it difficult to maintain properties as the membership suffered high unemployment. Considering that most African American fraternal orders provided its members with the insurance policies needed to care for the deceased and as unemployed members were no longer able make the quarter/yearly payments, the organization’s business sector deteriorated.\textsuperscript{34} For instance, the Works Projects Administration observed that a number of fraternal organization throughout the nation went into receivership in 1930.\textsuperscript{35} While the organization was not as forthcoming with details regarding the decline of the Arkansas Jurisdiction, Joe E. Herriford, International Chief Grand Scribe (1927-1936), acknowledged that “Once this was one of our proudest fields with nearly twenty thousand members, much real property and great influence…During the last twelve years the Triennial has contributed in large sums toward the relief of this jurisdiction hoping through such encouragement to aid in the salvage of what had apparently been wrecked from some force within or without.”\textsuperscript{36} Irrespective of Herriford’s

\textsuperscript{32} Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 10.

\textsuperscript{33} \textit{Survey of Negroes}, 24.

\textsuperscript{34} According to a compiled list of “Arkansas Based African American Fraternal Insurance Providers,” the number of fraternal orders that provider its members with insurance policies plummeted from a record high of nearly 34 in 1918 to 12 in 1930 – among the fraternal insurance providers that went defunct was the Knights and Daughters of Tabor in Little Rock, Arkansas. See “Arkansas Based African American Fraternal Insurance Providers,” Wintory Papers.


\textsuperscript{36} Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August 18-20, 1936), Smith Papers, 17.
apprehension about discussing the causes for the economic decline, the failure of the Arkansas Jurisdiction impacted not only statewide activity but also the national organization’s ability to address the needs of its member temples and tabernacles.\textsuperscript{37}

With the decrease in demand, organizations like the Knights and Daughters of Tabor no longer had access to the funds to pay for the maintenance and upkeep of its facilities like the Taborian Hall. In fact, it was the Arkansas Jurisdiction’s inability to expand its mission and purpose from small business ownership and burial policies to meet the direct needs of the community of African Americans in Little Rock that caused the jurisdiction to wane in prestige and influence. Additionally, the flood of 1927 destroyed property and homes of Knights and Daughters of Tabor members. The need for assistance placed undo strain on the Arkansas Jurisdiction.\textsuperscript{38}

The financial strain of the late 1920s was not limited to the Arkansas Jurisdiction. In fact, Jordan hinted at the impending financial collapse by acknowledging the difficulty of various jurisdictions “to get sufficient support out of the membership to support the Taborian Home [for the aged and orphans], and at the same time support the endowment.”\textsuperscript{39} The newly purchased facility located in Alabama for $40,000 was “A home for the infirmed and decrepit members of our Order for our orphan children and a school in operation for the education of our girls and

\textsuperscript{37} According to the Membership Data Report, in 1936 the Mississippi Jurisdiction led the organization with 13,552 adult members and 5,646 juvenile members. The second ranking was the Alabama Jurisdiction with 1,922 adult members and 532 juvenile members, see Ibid., 25. Additionally, the Mississippi Jurisdiction contributed in excess of $3,000.00 in dues with the Texas Jurisdiction collecting the second largest amount in dues ($286.00), see Ibid., 26.

\textsuperscript{38} Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 10.

\textsuperscript{39} Message of the International Chief Grand Priestess by Mattie Brooks at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 13.
boys.” The decrease in revenue was compounded by the migration of African Americans from the southern jurisdictions. In 1927, Jordan observed the impact of the migration on states like Arkansas, Mississippi, and Georgia during his message on the state of Tabor: “Glad Taborian tidings come from almost each of our thriving jurisdictions notwithstanding the past migration and floods delivered telling blows to most of the southern Grand Temples and Tabernacles.”

While Jordan correctly observed the impact the movement of African Americans had on black institutions in the South, he failed to acknowledge the impact that credit overextension and mismanagement had on the economic stability of the organization. Especially during the 1930s when unemployed members required access to distressed pensions and burial policies.

Determined to return to the founding principle of thrift and self-reliance, Perry Monroe Smith redirected the mission of the Knights and Daughters of Tabor in the 1930s. Aware of the immediate needs of the community, Smith announced his intention to build a hospital to care for the poor in the Mississippi Delta. Smith revealed “the outlook for making our institution a real health center for Negroes is highly favorable.”

Pearl G. Bowman, a resident of Mound Bayou and supervisor of the Central Supply Department at the Taborian Hospital (1944 – 1966), recalled Smith’s leadership and mission for the Mississippi Jurisdiction of the Knights and Daughters of Tabor: “He dreamed of a health center for his people, and for 12 years he toiled day and night to make that dream a reality.”

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40 Triennial Report of International Grand Presiding Prince Delivered at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 14.

41 Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 7.

42 Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session of the Mississippi Jurisdiction Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 4.

43 George LeMaistre, Jr., “P. M. Smith Honored Saturday,” Delta-Democrat-Times (12 July 1971).
Between 1889 and 1890, A. L. Dooley led the establishment of the Mississippi Jurisdiction as the community cleared land, built homes, established a school, churches, and local government. While the organization appeared in the early years of the town’s history, the Mississippi jurisdiction of the Knights and Daughters of Tabor did not emerge as a leader of the organization until the mid-1930s. Before the local goals of the Mississippi jurisdiction shifted the direction of the fraternal order, Smith set about growing the jurisdiction. More importantly, Smith addressed the lingering structural problems within the organization including the abandonment of thirty and the absence of modern business techniques which were especially important given the magnitude of the organization’s subsequent activities. Smith was uniquely positioned to lead the organization on this mission of thrift and its renewed commitment of social responsibility to the residents of Mound Bayou and beyond. A member of the Knights and Daughters, Mrs. Willie Mae Taylor, recalled that “The planation system in the Mississippi Delta perpetuated a new form of slavery over black people, but this man had the guts to give people a sense of somebodiness—he established in these people a feeling of being somebody, of being important, and this was the very thing that the slavery system was trying to destroy.”

Perry Monroe Smith was born July 11, 1876 to Millie E. Smith and Richard Darden Smith in Deeson, Mississippi. Smith including his siblings Chester A. Smith, Moses A. Smith, Walter D. Smith, and Austen Smith worked with their parents on a small farm in Renova, Mississippi. By 1889, Richard Smith established a chapter of the Knights and Daughters of

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44 Janet Sharp Hermann, *The Pursuit of a Dream* (Jackson, Mississippi: University of Mississippi Press, 1999). Despite the presence of the organization during the early stages of development, the Knights and Daughters of Tabor has been omitted from the early history of Mound Bayou, Mississippi.

45 LeMaistre, “P. M. Smith Honored Saturday.”

Influenced by the rapid growth and increasingly influential new settlement known as Mound Bayou, Richard Smith moved his family to Shelby, Mississippi to be closer to the thriving town which also became the headquarters for the organization. Determined to ensure their children were raised aware of the importance of education and religion, Millie and Richard Smith enrolled their sons in the youth division of the organization, known as the Tent Department.

Figure 2.1: Photograph of Richard D. Smith, Chief Grand Mentor, 1893 – 1909 dressed in full regalia.

Source: Perry Monroe Smith Papers.

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47 Twenty-First Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-7, 1947), Smith Papers, 2.

By 1893, Richard Smith’s stature in the organization rose to such that he was elected Chief Grand Mentor of the chapter, a position he retained until his untimely death in 1909. During his tenure as Chief Grand Mentor, Richard D. Smith applied for and received an official charter of incorporation from the state of Mississippi in 1903.  

Between 1890 and 1900, a fourteen-year-old Smith was sent to live with a local physician, Dr. Sebron J. Alford in Mound Bayou to permit him to continue his education. Soon after, Smith left Mound Bayou to attended college at Tuskegee Institute in Alabama. During his matriculation at Tuskegee Institute, Smith likely learned useful community building strategies and the importance of racial uplift, especially for impoverished families that relied on the principles of thrift and ingenuity for their survival.

By 1908, Smith returned to the Mississippi Delta where he worked as a teacher in the surrounding public schools. At the age of thirty-two, Smith returned to the home of his youth where he helped his mother, Millie, and his siblings Chester, Moses, and Walter after the death of his father Richard Smith. It was during his tenure as a teacher in the rural areas of the state that Smith identified the need for access to education and adequate medical care. During his interaction with these small communities of majority farming and sharecropping households, Smith identified the needs of many poor blacks who suffered a variety of ailments as a result of

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49. The Charter of Incorporation of the International Order of Twelve of Knights and Daughters of Tabor in Mississippi (25 February 1903), Smith Papers, 2.


52. For reference to Smith’s occupation and return home to assist is mother and siblings after the death of his father in 1909, see U. S. Census, “Thirteenth Census of the United States: 1910.”
the lack of access to medical professionals in the surrounding counties including Washington County, Sunflower County, Leflore County, Coahoma County, Tallahatchie County, and Quitman County.

In many ways, Smith was the ideal leader to guide the organization and its members through the early task of establishing a medical facility to service the majority poor black communities in the surrounding areas. As a young educator, Smith spent much of his tenure teaching in rural Mississippi schools. In fact, many organizational leaders and members of the Knights and Daughters of Tabor were educators including Zee Barron Smith, a teacher at Coahoma Junior College in Clarksdale, Mississippi. Also Earline M. Anderson, who taught reading at Coahoma Agriculture High School and has member of the Knights and Daughters of Tabor worked closely with the youth in Mound Bayou, Mississippi. Additionally, Cora Lee Marshall, who served as state president of the Mississippi Association of Parents and Teachers in 1958, also worked as the bookkeeper in the Chief Grand Scribe’s office of the Mississippi Jurisdiction of the Knights and Daughters of Tabor from 1958 to 1963.


54 The Taborian (July-September 1958), Smith Papers, 16. The Taborian was the official organ of the International Order of Twelve Knights and Daughters of Tabor between 1954 and 1975. The Taborian Bulletin was the official publication of the Mississippi Jurisdiction of the organization with surviving copies dated between 1964 and 1978.
As a teacher, Smith was keenly aware of the impact improper nutrition and sanitation had on the health of black Mississippians. Smith likely identified several other deficiencies in the health care offered to black Mississippians which included: inability of black patients to pay for medical care (forcing many to rely on ineffective home remedies); shortage of medical professionals (including physicians, dentist, and nurses, pharmacists) and facilities; and difficulty accessing preexisting medical facilities because of unyielding patterns of racial discrimination as well as inability to travel the distance to the nearest facility willing to treat black patients. Smith’s travels throughout the Delta helped him address the most common barriers that impeded black Mississippian’s access to adequate medical care.55

Between 1910 and 1915, Smith worked at Central Mississippi College in Kosciusko, Mississippi where he met fellow colleague, Priscilla J. Anderson. On September 6, 1911, Smith

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married Priscilla Juliette Anderson Smith with whom he had seven children: Perry Anderson Smith, Modesta B. Smith, Oswald Garrison Smith, Daniel Morrison Smith, Kelly Miller Smith, Kemper Harreld Smith, and Zeraline Dorthea Smith. By 1916, Smith moved to Mound Bayou to work as a teacher for the Mound Bayou Industrial College which had nearly 200 students from neighboring areas studying reading, writing, and arithmetic. Priscilla Smith joined her husband at Mound Bayou Industrial College, and she worked as an assistant to the administration. In 1920, the Smith family temporarily relocated to Itta Bena schools where Smith was appointed principal. By the mid-1920s, the family returned to Mound Bayou where both Perry and Priscilla Smith became actively involved in the community as congregants of First Baptist Church and members of the Knights and Daughters of Tabor. As Smith’s visibility and stature in the community rose, so did his position within the Knights and Daughters of Tabor.

Prior to Smith’s ascension to Chief Grand Mentor, the Mississippi Jurisdiction was plagued with a number of issues ranging from fledgling support of members to support for organizational programs to a general failure of leadership, starting at the top with grand officers like A. A. Cosey. During his tenure of the Mississippi Jurisdiction, Cosey failed to support the needs of women and children members. Between 1909 and 1912, grand officers focused on the interests of the male leadership. As a result, efforts to support the needs of women and children in the community and organization received considerably less attention.


The lack of assistance to the relief department did not result from a decline in fundraising activities. For instance, a few months after the death of H. B. Brown, former secretary and treasurer of the Widow’s and Orphans’ Home Fund, temple members raised $109.35 for a monument erected in his honor. Similarly, many of the same temples readily contributed to the monument funds for deceased Chief Grand Mentors including R. D. Smith, whose monument fund received a donation of $100.15 the same year.\(^5^8\) Again in 1927 various jurisdictions raised funds for the maintenance of the Father Dickson burial plot in the Father Dickson Cemetery at St. Louis. The Triennial Report of the International Chief Grand Scribe, Joe E. Herriford, revealed “Through the offerings sent in from the various jurisdictions that fund has increased to $745.02 which is more than sufficient to meet the cost of such improvements as we have contemplated.”\(^5^9\)

The additional fundraising for monuments for former Chief Grand Mentors was arguably a wasteful use of funds; especially considering that fraternal members purchased burial benefit insurance that covered the costs associated with burial. The fee, for example, included the organization’s headstone. This rerouting of funds and misguided fundraising campaigns departed from the founding pillars of the organization which imparted on its members the principles of thrift, community uplift, and commitment to education. The Widows’ and Orphans’ Home had a school that required a steady stream of uninterrupted financial and material support. In fact, the relief department paid the insurance for the facility that cost approximately $90 and the maintenance to the structure between November 1909 and November 1910 cost an excess of

\(^5^8\) The Triennial Report of the International Chief Grand Scribe at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 19.

\(^5^9\) Ibid., 22.
The allocation of excess funds for the erection of monuments and busts were applauded in the rare instances that fraternal responsibilities to education, self-reliance, and uplift were adequately addressed.

Ultimately, the lack of leadership was responsible for the issues the Mississippi Jurisdiction encountered between 1909 and 1925. Auger Augustus Cosey, who served as Chief Grand Mentor of the Mississippi Jurisdiction from 1909 to 1912, struggled to provide the necessary oversight and direction to ensure the organization’s mission was clear and members involved in the goals of the Knights and Daughters of Tabor. As the pastor of the newly named First Baptist Church (previously Brush Arbor Church), Cosey was busy with his expansion plans for the church and congregation. Between 1905 and 1910, the church erected a brick building at the cost of $10,000.00. Ultimately, his work with First Baptist Church took precedence and the Mississippi jurisdiction drifted under the lack of direction. Under the leadership of Cosey, the Taborian Endowment Department “was forced to close in the face of what we may style the ‘fraternal calamity of Mississippi.’” While the Burial Benefit Department continued to provide the basic service of burying the deceased because members “faithfully paid with promptness” the

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60 The estimate of maintenance costs is a combination of expenditures listed in the report for lumber supplies, hauling, and labor, see Annual Report of the Secretary and Treasurer of the Widows’ and Orphans’ Home Fund, 12.

61 According to U. S. Census records, A. A. Cosey was listed as a single boarder in 1900 and a single preacher in 1910, see U. S. Census, “Twelfth Census of the United States: 1900”; U. S. Census, “Thirteenth Census of the United States: 1910.” For clarification of his name, see U.S. WWI Draft Registration Cards, 1917-1918. Unlike his predecessors, Cosey was single at the time of his ascension; without the invaluable assistance and support of a wife, arguably, Cosey failed to introduce necessary accountability standards.

62 “History of the First Baptist Church,” Souvenir Program of the First Baptist Church Celebration of Eighty-One Years” (April 20, 1969), Smith Papers, 16 and 21.

63 Third Annual Message by Sir P. M. Smith Delivered at the Fortieth Annual Grand Session in Greenwood, Mississippi (November 12-15, 1929), Smith Papers, 45.
annual fees, the effort to consolidate the various jurisdictions was unsuccessful in large part due to the mismanagement of the Mississippi Jurisdiction.\textsuperscript{64}

Like the local jurisdiction, the national organization struggled to address the reoccurring problem of misguidance and discord. By the 1920s, several grand officers spoke repeatedly of the chief problem of the organization – the lack of direction and overall leadership. Scipio A. Jones, legal counsel for the Knights and Daughters of Tabor, stated that “It seems to me that our temple and tabernacle need repairing, possibly remodeling. It looks like we are coasting and in order for us to make the steep grade confronting us it will be necessary for us to ‘step on the gas.’ We need concerted action and wise legislation. ‘REVIVE OUR ORDER’ should be our slogan.”\textsuperscript{65} While his comments did not detail the point of origin of the break down in the leadership structure or mission of the organization, his reference to the “perplexing problems” supports the assertion that the organization, locally as well as nationally, experienced periodic episodes of instability.\textsuperscript{66}

In addition to the reoccurring problem of mismanagement that seemed to plague the organization throughout much of the 1910s and 1920s, the organization struggled to support all of the programs under its banner. To the dismay of the membership, the grand officers failed to adequately acknowledge and address the financial strain that ever-expanding programs and agendas placed on the membership. The campaign to consolidate the burial insurance programs and establish an endowment required that most of the funds raised and paid by members for their individual burial policy went toward the endowment. As a result, S. A. Jordan, I. C. G. M.,

\textsuperscript{64} Ibid. The financial health of the jurisdiction rebounded by 1929 with an impressive $30,000 fees collected from the Burial Benefit Department.

\textsuperscript{65} Report of International Grand Attorney Scipio A. Jones at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 27.

\textsuperscript{66} Ibid.
correctly observed that “for the majority of our members both men and women, after taking care of the endowment are loath to burden themselves, or sacrifice to sustain the Home for the aged and orphans.”\textsuperscript{67} According to Inez R. Grant, Endowment and Burial Secretary for the Alabama Jurisdiction, “The idea prevailed that most of the endowment plans are top heavy and that the benefits promised are too great for the resources planned.”\textsuperscript{68} Clearly, the organization desperately needed restructuring. A shift had occurred in the priorities of its members, from the grand officers down to the laypersons who contributed the funds necessary to accomplish the varying missions.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{grand-officers-mississippi-jurisdiction.jpg}
\caption{Photograph of grand officers and members of Missississippi Jurisdiction of the Knights and Daughters of Tabor during the Fifty-Sixth Annual Grand Session in Clarksdale, Mississippi on November 1925.}
\label{fig:grand-officers-mississippi-jurisdiction}
\end{figure}

Source: Perry Monroe Smith Papers

\textsuperscript{67} Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 10.

\textsuperscript{68} Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August 18-20, 1936), Smith Papers, 29.
During the 1925 grand session, Smith was elected Chief Grand Mentor of the Mound Bayou district of the Mississippi Jurisdiction of the Knights and Daughters of Tabor. According to an inscription on a photograph of the former Chief Grand Mentor, Richard Smith, “A worthy son following in the footsteps of an illustrious sire The CGM Sir R D Smith who served the Knights and Daughters of Tabor in this exalted position from 1893 to 1909 is now succeeded by his son Perry M. Smith.”69 This ascension provided Smith with the financial resources and support to formulate a plan to address the needs of poor black Mississippians – needs that Smith previously identified during his tenure as a teacher in the rural Delta areas. The demands of the organization and the seemingly mammoth task of raising funds to acquire land and construct a medical facility required Smith to devote the majority of his time and attention to the mission to provide Black Mississippians with quality medical care. As a result of the additional responsibilities associated with the organization, by the mid-1920s after a decade of service, Smith retired from his position as teacher at Mound Bayou Industrial College and assumed responsibility for the Knights and Daughters of Tabor’s burial insurance program.70

The insurance policies provided necessary financial support to families; especially widows. In the case of Smith’s mother, Millie Smith, who suffered temporary financial hardship immediately after the death of her husband, it was the pension of $25.00 per quarter between November 1909 and November 1910 that ultimately stabilized the Smith family finances.71 In fact, between 1928 and 1959 the Insurance Benefit Department paid to beneficiaries of deceased

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69 For reference to the notations on the photograph, see “R. D. Smith 16 years of Service,” Perry Monroe Smith Papers. Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 8.

70 For acknowledgement of the occupational shift from teacher to insurance agent, see U. S. Census, “Fourteenth Census of the United States: 1920.”

71 Annual Report of the Secretary and Treasurer of the Widows’ and Orphans’ Home Fund, 12.
members to the Knights and Daughters of Tabor in excess of $1,724,102.00. Considering the catastrophic economic crisis of the late 1920s and subsequent 1930s, it was important that Smith ensure that the Mississippi Jurisdiction was economically sound. Unlike the Arkansas Jurisdiction that lost most of its income and valuable assets, the Mississippi Jurisdiction of the Knights and Daughters of Tabor thrived during the Great Depression. As early as 1927, S. A. Jordan, International Chief Grand Mentor boasted of Smith and the Mississippi Jurisdiction that “the youngest son of the first C. G. M. of that jurisdiction, who has proven to be a chip off the old block. Mississippi has been steadily raising the standard of Tabor and coming to the front. He has brought Mississippi right along….and it soon bids fair to come back to the high standing which it held before the calamity overtook it when it was boasting of 21,000 members.” The record of the Triennial Grand Session in St. Louis, Missouri, reported, “In spite of any adverse conditions in the economic fabric of the country this jurisdiction goes right on making new members, setting up new Temples and Tabernacles and handling more money in benefits than all the other jurisdictions combined.”

With Smith at the helm and his wife, Priscilla working as the accountant for the Mississippi Jurisdiction, the organization raised all of the funds necessary to purchase the land and construct what became known as the Taborian Hospital during a very economically

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72 “Brief History of the International Order of Twelve Knights and Daughters of Tabor,” Smith Papers, 2.

73 Message of the International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 8.

74 Report on “Our Jurisdiction,” see Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August 18-20, 1936), Smith Papers, 17-21. It is a noteworthy point that the list of jurisdiction included active chapters in the following states: Arkansas, Alabama, California-Arizona, Georgia, Illinois, Mississippi, Missouri, Kansas-Nebraska, Ohio, Oklahoma, Kentucky, and Texas.
challenging period in American History. Smith’s ability to restore the national stature of the Knights and Daughters of Tabor and the widespread support his vision for addressing the medical needs that blacks received catapulted him to the position of International Chief Grand Mentor in 1937 – a position he retained until his death in 1970.

In 1929, three years after his ascension to the position of Chief Grand Mentor of the Mississippi Jurisdiction, Perry Monroe Smith took action to addressed the reoccurring problem of misappropriation of funds and led the charge against members who violated the constitution of Tabor. During his Fourth Annual Grand Message, Smith stated “I regret that it became necessary to remove four Chief Mentors from office during the year, who were ordered to trial before the Grand Judges. Two offenses were for misappropriation of Temple funds, and two for immoral conduct.” By November 1929, the Mississippi Jurisdiction had successfully returned to its founding principle of caring for the needy. An examination of the organization’s financial records supports the assertion that the organization allocated most of its financial resources to the care of the sick and distressed.


Figure 2.4: Image of an entry from the November 1926 ledger for the Mississippi Jurisdiction. Although few records exist, the image supports the detailed accounting of expenditures during Smith’s tenure as CGM.

Source: Perry Monroe Smith Papers.

In the 1929 Quarterly Report, the temples contributed $5,089.56 and tabernacles presented $5,516.00 for a total of $10,605.56 in monthly dues to the jurisdiction. During the fiscal quarter, the organization distributed $6,747.28 to the “sick and distressed.” It is noteworthy that the financial records were no longer cluttered with expenditures for extravagant headstones for deceased grand officers. In fact, the tabernacles adopted the mantra: “Let me serve the living here, Not the dead across the bar, Let me carry hope and cheer, Where the sad and hopeless are.” The enforcement of the general laws and emphasis on accountability earned

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78 For acknowledgement of the descriptors “sick” and “distressed,” see Third Annual Message by Sir P. M. Smith Delivered at the Fortieth Annual Grand Session in Greenwood, Mississippi (November 12-15, 1929), Smith Papers, 16.

79 Ibid., 20. While authors like Blake Wintory explore the emphasis placed on the burial of fraternal members, more specifically the symbolic importance of headstones and grave monuments, it should be noted that the Mississippi Jurisdiction appeared to shift from honoring the deceased to caring for the poor and sick, see Blake Wintory, “African American Fraternal Markers in Arkansas Cemeteries,” an unpublished paper dated February 2012 (revised May 2014), Wintory Papers.

80 Grand Queen Mother’s Report Delivered at the Fortieth Annual Grand Session in Greenwood, Mississippi (November 12-15, 1929), Smith Papers, 21.
Smith praise “for the uplift of Tabor in the state.”  

During the annual grand session, Smith along with William G. Lee, Chief Grand Scribe, and David Willis, Chief Grand Treasurer were “unanimously reelected amid wild cheers.” This action supports the claim that members welcomed the organizational changes and the stabilizing impact of Smith’s leadership.

In 1933, the organization suffered a financial set back after a prominent community member and leader embezzled $7,000. Again Perry M. Smith accepted the burden of reassuring lodge members that their money was not lost – as the money was insured – and that organizational leaders were trustworthy. The actions of David Willis, Chief Grand Treasurer (1924-1933) and President of Delta Undertaking and Realty Company, threatened to cause irreparable harm to the organization as it raised funds for the future Taborian Hospital. The swift and decisive actions of Smith, however, helped to minimize the fallout as members were assured that he was willing and able to reprimand those found misusing Temple and Tabernacle resources.

As Smith encountered the reoccurring problem of trustworthiness, the annual grand sessions became an important platform for the Chief Grand Mentor because it provided him the opportunity to address the entire body and outline the agenda for the preceding year.

81 “100 Mississippians Attend Lodge Meet,” *The Chicago Defender* (23 August 1930), 2.


83 Levy Chapple, “Lodge Head Short; Flees: Seek David Willis for Embezzlement,” *The Chicago Defender* (2 December 1933).

84 Levy Chapple, “David Willis Lodge Leader Tries Suicide,” *The Chicago Defender* (25 January 1925), 1. In 1936, after the death of his wife and embarrassing revelations about his questionable business practices, Willis attempted suicide by stabbing himself 40 times with an ice pick. In 1934, the vacated position was filled by Joseph Betts of Clarksdale, Mississippi, see “Taborians Hold 45th Annual Conference,” *The Chicago Defender* (1 December 1934), 2.

85 Since the annual grand session afforded Smith with the ability to communicate directly with the membership, it was important that meetings were advertised in local and national papers, see “Leland, Miss.,” *The Chicago Defender* (23 November 1935), 21; “Memphis Group at Tabor Meet,” *The Chicago Defender* (5 October 1957), 12.
Organizational meetings held in November gave presiding officers the opportunity to organize Temple and Tabernacle members – which for women fraternal leaders was critical to the fundraising efforts. Additionally, grand sessions allowed Smith to communicate directly to the membership to inform them that he was on the job and reaffirmed that the general law of the order was applicable to members and grand officers, equitably. Presiding over the installation of officers provided Smith another opportunity to emphasize procedure and rules of the order. Additionally, Smith introduced policies and procedures as it pertained to personnel duties and responsibilities as well as eligibility for compensated vacation and sick leave.

While the Mississippi Jurisdiction made great strides toward economic stability under Smith’s leadership, nationally, however, the organization struggled to regain control over its jurisdictions. The problem emerged over the increasing costs associated with burial and the lack of consistency amongst the jurisdiction’s policies. Fraternal members purchased a burial policy valued at $100.00 which cost Temple and Tabernacle members $0.25 to be paid in full thirty days before the date of death. The burial insurance program, while a vital service provided to members, was not without criticism. In fact, the insurance policy program was the subject of significant debate across jurisdictions as grand officers attempted to reconcile the needs of dependent of deceased loved ones and the desire to honor the deceased with dignified home going services with the increase in the costs associated with burial.

During his annual address to the Texas Jurisdiction, J. S. Adair proclaimed: “We are putting too much money in the ground as a poor race. The majority charging from $30.00 to

86 “Anguilla, Miss.” The Chicago Defender (25 May 1935), 22.
87 “Policies and Procedures Governing Administrative Offices of the International Order of Twelve Knights and Daughters of Tabor,” Smith Papers, 1 and 4-5.
$35.00 to embalm persons. Under all conditions from One Hundred and Eighty ($180.00) Dollars to Two Hundred ($200.00) Dollars for Burial expenses and care fare. If your mother is carrying a Three Hundred Dollar Policy and Seventy-five Dollar Burial, they always figure to get the larger part of the policy money and Burial thrown in for good measure.”89 Adair continued “I am advising the mothers, widows and children to be careful and bury your loved ones with decent burial and do not put all the money in the ground where one person is using the dead for speculation and for the sake of profiting their individual affairs.”90 Adair identified the practice of members misreporting their age to get burial insurance coverage despite being beyond the age specified by the policies and enforced by state regulatory agencies. This practice was a violation of the “edicts of the Grand Temple and Tabernacle” and placed the organization’s standing as an insurance in jeopardy.91

During the 1936 Triennial Grand Session, Smith emphasized “the necessity for a strong super-governing body and the importance of its liberal support in order that suitable support and guidance may be given to the work in the various jurisdictions, especially those which for reasons become weak and unable to carry on the work properly.”92 After J. S. Adair resigned “as international chieftain because of his failing health,” grand officers elected the young

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89 Ninth Annual Message by Chief Grand Mentor J. S. Adair Delivered at Waco, Texas (June 27 – July 4, 1927), Smith Papers, 12.
90 Ibid.
91 Ibid., 19.
92 “Increasing the Authority and Insuring the Support of the International Grand Temple and Tabernacle,” see Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August 18-20, 1936), Smith Papers, 3. Smith referenced that “undeserving, disobedient leaders must be replaced for the good of the people we have been chosen to serve,” see Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session of the Mississippi Jurisdiction Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 3.
impassioned Perry Monroe Smith to fill the vacancy. The financial success of the Mississippi Jurisdiction increased the former International Vice Grand Mentor’s stature and highlighted his leadership skills. In 1937, as the newly elected International Chief Grand Mentor, Smith moved to extend the authority of the grand body. No longer was the grand body merely an “advisory” group that stood by “as mere spectator while ills accumulate in the jurisdictional operations.”

Under Smith, the grand body sanctioned jurisdictional programs and fundraising efforts and required precise accounting of incoming funds as well as expenditures. By 1938, Smith boasted “our membership is greater than 20,000; our cash assets are more than $150,000; we have a cash reserve above operating expenses of $102,000. All claims are paid to date. We have no un-paid obligations—ALL IS WELL WITH MISSISSIPPI!” In 1941, the Mississippi Jurisdiction was officially recognized by the State Insurance Department as a legal insurer and holder of burial insurance policies.

93 “Tabors End 13th Triennial Conference: Next Meeting will be Held in Vicksburg,” *The Chicago Defender* (29 August 1936).

94 Ibid.

95 “Greetings from the International Chief Grand Mentor,” see Delivered at the Twenty-Third Annual Grand Session of the Jurisdiction of Arizona and California Held in San Diego, California (July 11-14, 1938), Smith Papers, 5. The Chief Grand Mentor of the Arizona and California Jurisdiction declared “All other Jurisdictions should copy and put into operation Mississippi’s plans, and thus get somewhere,” see Ibid., 31.

96 After the period of financial instability, the Mississippi Jurisdiction managed to gain recognition as a legitimate Fraternal Benefit Insurance agency with over $1,143,110.04 collected in fees between 1928 and 1941, see Fifteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Second Annual Grand Session Held in Mound Bayou, Mississippi (1941), Smith Papers, 2. For reference to Dr. Matthew Walker’s statement: “The Mound Bayou story has been one of significant accomplishments of which all of the hundreds of people can be justifiably proud,” see Matthew Walker, “Mound Bayou – Meharry’s Neighbor,” *Journal of the National Medical Association*, Vol. 65, No. 4 (July 1973): 309-312.
CHAPTER THREE

“Justifiably Proud”: The Mississippi Jurisdiction of the International Order of Twelve Knights and Daughters of Tabor, 1937 – 1970

_The Mound Bayou story has been one of significant accomplishments of which all of the hundreds of people can be justifiably proud._

– Dr. Matthew Walker, 1973

In 1938, the construction and operation of the Taborian Hospital remained “Tabor’s Chief Project”2 At the grand annual session, “the entire adult membership was requested to vote by referendum to choose between the building of either a Temple or a Hospital. Consequently, the final results of the vote overwhelmingly favored the construction of a hospital. This vote was indicative of the Negro’s realization of his need for adequate hospital and medical care.”3 Believing that “under-hospitalization” posed a significant threat to the advancement of black

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1 For reference to Dr. Matthew Walker’s statement: “The Mound Bayou story has been one of significant accomplishments of which all of the hundreds of people can be justifiably proud,” see Matthew Walker, “Mound Bayou – Meharry’s Neighbor,” _Journal of the National Medical Association_, Vol. 65, No. 4 (July 1973): 309-312.

2 Kemper Harreld Smith, “The Mission of Tabor: A Compilation of Information and Pictures of the International Order of Twelve Knights and Daughters of Tabor, Inc. and the Taborian Hospital” (Mound Bayou, Mississippi, c. 1960s), from the private collection of the family of Perry Monroe Smith (hereafter referenced as Smith Papers), 8.

3 Ibid.
Mississippians, the Mississippi Jurisdiction led the fraternal order to reconsider the degree to which it adhered to the pillars of self-reliance and governance.  

![Figure 3.1: Photograph of Perry Monroe Smith c. 1930s.](image)

Source: Perry Monroe Smith Papers

Similar to the preceding decade, the Mississippi Jurisdiction continued to experience considerable growth and financial stability during the 1940s. As the nation entered the Second World War and members returned to the United States, Smith expanded the mission of the Relief Department to include support for veterans of both World War I as well as returning soldiers. In 1942, the Fraternal Insurance Department boasted an impressive $92,000.00 – an increase of $4,000 from the previous year. As the Knights and Daughters of Tabor continued to expand, Smith proposed additional oversight requirements to safeguard the organization’s resources.

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5 Fifteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Two Annual Grand Session Held in Mound Bayou, Mississippi (1942), Smith Papers, 4.
During the Chief Grand Mentor’s Message and Report, Smith declared “Our assets are now nearing a quarter of a million dollars, and every business precaution must be exercised to insure safety and security of perhaps the strongest Negro financial institution in the state.”\(^6\) The organization received gifts from well-wishers who were impressed with the mission of Tabor. In a correspondence sent to Smith, Mack Davis, Prince Chief Mentor of Temple No. 15 in Knoxville, Tennessee, wrote “I visited [the] hospital and was pleased immensely before, I left your town. I want to be sure I do my part in the program.”\(^7\)

In fact, the incorporation of the hospital with the Mississippi Jurisdiction granted grand officers in Mound Bayou, Mississippi with the authority to restrict the activities of associated temples and tabernacles as well as the responsibility to ensure the accurate accounting of all financial contributions and expenditures. Smith warned local units that active status depended on their compliance with the grand officers’ declaration that the no jurisdiction of Tabor “can exist outside of the authority of this supreme body.”\(^8\) In 1948, as the business enterprise of the organization exceeded $250,000, Smith introduced “modern methods in the management of the varied interests sponsored by our organization.”\(^9\) In 1946, Smith stated “I must confess that I am seriously affected by this careless procedure which makes it impossible for the Chief Grand Mentor to make a true report to this body when your reports are depended upon as the source of

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\(^6\) Seventeenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Fourth Annual Grand Session Held in Clarksdale, Mississippi (1943), Smith Papers, 10.

\(^7\) Correspondence from Mack Davis to P. M. Smith Dated 6 April 1946, Smith Papers, 2.

\(^8\) International Chief Grand Mentor Message Delivered at the Twentieth Triennial Grand Session Held in Los Angeles, California (August 19, 1954), Smith Papers, 5.

\(^9\) For acknowledgement of the newly implemented “Business System,” see Twenty-second Annual Message by Sir P. M. Smith at the Fifty-Ninth Grand Session Held in Jackson, Mississippi (November 1948), Smith Papers, 7.
information.” To address these management problems, Smith instructed the treasurer and Chief
Scribe’s office to implement standardized financial reporting standards, identify and curtail
wasteful and unnecessary expenditures as well as investigate salaries and review allowances to
ensure funds were promptly and properly distributed to the various creditors and beneficiaries. Smith designated Mound Bayou the headquarters for the Mississippi Jurisdiction and
commissioned the construction of a building that served as the business office, location for
presiding officers’ bimonthly meeting, and a community recreation facility.

Figure 3.2: Temple and Tabernacle members gather for the dedication of the administration
building in August 1953.

Source: Knights and Daughters of Tabor Mississippi Jurisdiction Papers

After the revised quarterly reports complied by grand officers were published, it was
clear that the organization’s financial and membership rosters contained a number of
inaccuracies. For instance, the quarterly reports provided by leaders indicated that the total

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10 Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session of the Mississippi Jurisdiction Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 6.

membership in 1946 was 35,714.\textsuperscript{12} In contrast, the assessment reports compiled by the grand
officers reflected an active membership roster of 28,974.\textsuperscript{13} The difference of 6,740 revealed
officers “grossly erred in giving the membership standing in the quarterly reports as compared
with true statements.”\textsuperscript{14} While the local officers addressed inconsistencies in the report of
membership numbers, the business office of the Mississippi Jurisdiction reported the financial
figures with regularity and accuracy. In 1947, Jesse L. White, Commissioner of the Mississippi
State Insurance Department confirmed that “all receipts and disbursements were checked and
verified as having been properly entered on the books of the society.”\textsuperscript{15} A few years later, Smith
hired R. P. Tharpe to serve in the position of business manager. According to Smith, Tharpe “is
handling the business affairs for the hospital in a very capable manner and has been instrumental
in reducing hospital expenditures and operating the institution on the most economical basis.”\textsuperscript{16}
The intention was to reduce expenses and increase income to ensure the hospital was self-
sustaining.\textsuperscript{17}

By 1945, the membership roster of the Mississippi Jurisdiction swelled at 10,612 Knights
and 22,900 Daughters with over 14,000 Maids and Pages – approximately 47,554 members.\textsuperscript{18}

\textsuperscript{12} Ibid.

\textsuperscript{13} Ibid.

\textsuperscript{14} Ibid.

\textsuperscript{15} Letter from Jesse L. White, Commissioner of Insurance to Henry Chapman, legal counsel for the Knights and
Daughters of Tabor dated 4 February 1947, David T. Beito Papers, Delta State University Charles A. Capps Jr.
Archive, Cleveland, Mississippi (hereafter referenced as Beito Papers).

\textsuperscript{16} Souvenir Program of the Seventh Anniversary Celebration of the Taborian Hospital (12 February 1949), Smith
Papers, 7.

\textsuperscript{17} Twenty-Second Annual Message by Sir P. M. Smith Delivered at the Fifty-Ninth Annual Grand Session Held in
Jackson, Mississippi (November 1948), Smith Papers, 6.

\textsuperscript{18} Nineteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Sixth Annual Grand Session Held in
Greenwood, Mississippi (November 5-9, 1945), Smith Papers, 6.
The influx of members and resources allowed the jurisdiction to expand its focus to include a number of socialization programs for adults as well as children. The annual “Baby Day” organized in the spring and “Adult Day” in the fall were consolidated into an annual National Hospital Week which was an opportunity for members and nonmembers to get preventive health screenings for blood pressure, diabetes, as well prenatal and infant care. Additionally the organization resumed participation in national celebrations like the Diamond Jubilee in St. Louis, Missouri in 1947. While the organization incorporated new social programs, the Mississippi Jurisdiction did not cease its work caring for the needy in the Mississippi Delta. In 1946, the Boards of Attendants and Visitors reported that Temples and Tabernacles distributed sick benefits in the amount of $19,442.48 to 7,517 members. In 1951, Smith revealed that the organization’s financial stability persisted despite gradual increases in prices and costs associated with health care. As of November 1951, the amount collected in dues amounted to $262,618.54 and the revenue generated from the hospital was $101,876.62. Smith proudly pronounced “In spite of the increasing cost of living, our financial balance is on the credit side of the ledger.”

The Tent Department of Maids and Pages of Honor was the socialization facility whereby elders within the community impressed upon young men and women as well as boys and girls ranging in age from two to sixteen the importance of moral living, education, and community

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19 For acknowledgment of the 1936 programs “Baby Day” and “Adult Day,” see Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August 18-20, 1936), Smith Papers, 32 and 33. For reference to National Hospital Week, see The Taborian (April-June 1957), 3 and The Taborian (October-December 1962), Smith Papers, 6.

20 Twentieth Annual Message by Sir P. M. Smith Delivered at the Forty-Seventh Annual Grand Session Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 13.

21 Ibid., 8.

22 Twenty-Fifth Annual Message by Sir P. M. Smith Delivered at the Sixty-Second Annual Grand Session Held in Vicksburg, Mississippi (November 1951), Smith Papers, 3. Membership fee for adults $2.50 and juveniles $0.05, see 5
engagement. Moreover, the Tent Department provided the Order of Twelve Knights and Daughters of Tabor with “a continual transfusion of youthful blood into the parent body to impart vigor and vision that we carry on indefinitely.”

Smith captured the duality of youth/children involvement in the organization in the following statement: “While the children of Tabor are not enlisted merely to make material contributions it is interesting to note that from a business angle they constitute the most substantial assets in our system of organized benevolence.” Here, Smith articulated the importance of appealing to younger generations to ensure the organization continued to flourish and not dissipate as the membership aged.

Additionally, the dues collected from the Tent Department contributed to the organizations’ coffers. For example, in 1937, the Tent Benefit Department raised and contributed to the parent organization $6,000. According to the Chief Grand Mentor’s Report for 1937, the funds from the Tent Department “after paying out of this amount all death claims, salaries and office expenses, more than $3,000 was sent in and deposited with the adult funds.”

In 1946 to ensure the solvency of the hospital as well as fund expansion projects, the organization raised the hospital fee for Temples, Tabernacle, and Tents. Prior to 1946, Maids and Pages were required to pay a $0.20 Hospital Fee. However, in 1946 after an increase of $0.80 the Tent Department witnessed a decrease in to membership of 2,301 children. Nevertheless, the

23 Eleventh Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Greenwood, Mississippi (1937), Smith Papers, 3. The Mississippi Jurisdiction’s Tent Department was established around the 1890s because Smith stated “My Father and Mother were among the pioneers of Tabor when it began in Mississippi 58 years ago and I was among the first group of Tent children,” see Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 2.

24 Ibid.

25 International Chief Grand Mentor by S. A. Jordan at the Twelfth Triennial Session Held in Cleveland, Ohio (1927), Smith Papers, 29-30.

26 Ibid.
Tent Department raised $24,299.99 for the organization that year, which was an increase of more than $10,000.00 in dues and fees collected from the juvenile membership in 1945.\textsuperscript{27} The importance of the financial contributions of the Tent Department to the parent organization warrants attention.

The intra-organizational conflict between Smith and Dr. T.R.M. Howard in 1948 over the future direction of the organization threatened the black health care initiative. The tension heightened during the annual grand session in Clarksdale, Mississippi in 1943 over the direction of the medical institution and fraternal organization.\textsuperscript{28} Considering the prominent position Howard held within the community, his allegations that Smith was misguiding the organization and not allowing it to reach its full potential meant thousands of members threatened to bolt from the organization.\textsuperscript{29} In a letter to Smith, M. C. Chandler, member of the Illinois Jurisdiction, wrote “…a large amount of members is threatening to get out the lodge…”\textsuperscript{30} It appears a group of members supporting Howard circulated “many wild, false rumors” determined to destabilize the organization.\textsuperscript{31} In a notice distributed to presiding officers, Jessie L. White, Insurance Commission in Jackson, Mississippi, inflated the amount of “law suits totaling over 55 thousand dollars” and reported that the “good Surgeon” was released “without having anyone to take his place,” “as a result of this colossal blunder many of our members have suffered and died.”\textsuperscript{32}

\textsuperscript{27} Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 5.


\textsuperscript{29} Smith established a significant presence in Mound Bayou as organizer of the Conservation League as well as Vegetable Growers Association wherein farmers grew cotton, wheat, oats, barley, and soybeans and he became known for the quail, pheasants, ducks, geese, turkeys, cows and sheep that grazed on his land, see “Mississippi’s Most Controversial,” \textit{Our World} (June 1954), Smith Papers, 3 and 4.

\textsuperscript{30} Correspondence from M. C. Chandler to P. M. Smith Dated 19 February 1947, Smith Papers.

\textsuperscript{31} Correspondence from P. M. Smith to M. C. Chandler Dated 20 March 1947, Smith Papers.

\textsuperscript{32} Correspondence from Jessie L. White to the Presiding Officers Dated [March] 1947, Smith Papers.
claim is not accurate because Smith cemented an arrangement with Meharry Medical College for physicians to treat patients in 1947. Smith boasted “The doctors on our hospital staff have the highest rating in the field of medicine and surgery.”

According to an address delivered over radio, Walter Fisher claimed “the Chief Grand Mentor’s new surgeon one thousand dollars a month, or 12 thousand dollars a year. They are going to pay this man more money than the state of Mississippi pays her Governor.” The erroneous claim is rebutted by the fact that Dr. Matthew Walker’s salary as a consultant did not exceed $10,000 in 1970. However, it should be noted that the average “Negro doctor made $14,000 a year” in 1948. If the organization agreed to pay a physician $12,000 then the salary would have reflected the average income of black physicians. However, the notice referred to the externs as “student doctors” and asserted that the cost associated with this new agreement cost the hospital in excess of $16,000 per year. The salaries of residents from Meharry Medical College reached a high of $725 per month including travel for a grand total of $10,380 in 1969.

According to a notice “P. M. Smith Must Go!,” Smith had misappropriated organizational funds to prevent Howard from becoming the Chief Grand Mentor of the Mississippi Jurisdiction. The notice revealed that of the $35,000 in the treasury, Smith spent $28,000 on his campaign to retain his position as Chief Grand Mentor during the grand session.

33 Twenty-Fifth Annual Message by Sir P. M. Smith Delivered at the Sixty-Second Annual Grand Session Held in Vicksburg, Mississippi (November 1951), Smith Papers, 4.
34 Ibid.
36 “Your Negro Doctor,” Our World (September 1954), Smith Papers, 17.
37 “P. M. Smith Must Go!,” Perry Monroe Smith Papers. Externs was the description given to Meharry Medical College students on rotations outside of the school’s Department of Surgery. Dr. Matthew Walker referred to fourth and fifth year medical students as residents, while first and second were oftentimes called interns.
in 1947. After the lawsuits filed against the order and the intra-organizational conflict between Howard and Smith, the Chief Grand Scribe’s office reported a reduction of $42,446.65 in the total income for the organization in 1947.\(^{38}\) Additionally, the Mississippi Jurisdiction reported a decrease of 10,000 members by November 1948.\(^{39}\) An examination of the quarterly assessment reports from the Chief Grand Scribe’s officer revealed “The present assets of the Organization are something more than $386,000.00, which puts it in the bracket as still one of the strongest financial institutions among Negroes in the state.”\(^{40}\) Although the Mississippi Jurisdiction experienced the forfeiture of ten percent of the membership, the number for the adult membership swelled to 25,685. Hence, the record does not support the claim that Smith’s mismanagement and misallocation of funds destabilized the order.

In fact, the investigative report compiled by the firm hired by members of the newly formed United Order of Friendship of America led by Howard revealed that “information had come to you [J. L. White, Insurance Commissioner for the State Insurance Department] that some of the heads of local orders [including the United Order of Friendship of America] had collected dues belonging to the Tabor organization which they were refusing to turn in to the Tabor organization.”\(^{41}\) Furthermore, Smith’s adoption of modern business methods provided the foundation that allowed the organization to thrive after the lawsuit and loss of thousands of members.

\(^{38}\) Twenty-First Annual Message by Sir P. M. Smith Delivered at the Fifty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-7, 1947), Smith Papers, 5.

\(^{39}\) Twenty-Second Annual Message by Sir P. M. Smith Delivered at the Fifty-Ninth Annual Grand Session Held in Jackson, Mississippi (November 1948), Smith Papers, 3.

\(^{40}\) Twenty-First Annual Message by Sir P. M. Smith Delivered at the Fifty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-7, 1947), Smith Papers, 5.

\(^{41}\) For reference to the claim that under Smith’s leadership “the Tabor organization was not being run properly,” see Letter from Chas. B. Snow to J. L. White, Insurance Commissioner Dated 9 January 1949 RE: United Order of Friendship application for permit, Beito Papers, 1. Although the allegations were denied, the records support the claim that Howard and his followers siphoned off members and funds from the Taborians after Smith’s reelection to the position as Chief Grand Mentor of the Mississippi Jurisdiction.
members after the failed attempted to wrestle power and influence from Perry Monroe Smith. Thus, it appears that the strife was an attempt by Howard “to totally take possession and control of both the Taborian Hospital and Knights and Daughters of Tabor.”\textsuperscript{42} Based on the report submitted by the attorneys for the Order of Friendship on their behalf to the State Insurance Department regarding the organization’s application for permit, it is clear that former members including James Dobbins and Walter Fisher joined forces with Howard to take control of the organization and after their efforts were defeated these members horded funds to funnel into the newly formed organization.\textsuperscript{43}

Although the strife between Smith and Howard threatened to irreparably to fracture the Knights and Daughter of Tabor, the conflict was not representative of the organization. While the tension between the Knights and Daughters of Tabor and the United Order of Friendship remained quite prevalent, the organization established a reciprocal relationship with Thomas J. Huddleston, founder of the Afro-American Sons and Daughters order and its namesake hospital in Yazoo City, Mississippi. Huddleston supported fundraising efforts for the Taborian Hospital and hosted a series of lectures with Temple members.\textsuperscript{44}

Younger and healthier boys and girls helped offset the cost associated with caring for the elderly as well as the poor many of whom suffered from horrific farming accidents. In short, parents on behalf of their children paid twenty-five cents per quarter to assist “an institution that

\textsuperscript{42} Confidential Information about Dr. T. R. M. Howard,” Smith Papers, 1.

\textsuperscript{43} For acknowledgement that T. R. M. Howard, J. W. Wright, Walter H. Fisher, Emmitt Ford, J. C. Collins, Elijah Conwell, Jr., C. L. Gibson, R. L. Drew, James Dobbins and Adam Newsome left the Knights and Daughters of Tabor to form United Order of Friendship in 1947, see Constitution and By-Laws of United Order of Friendship of America (Clarksdale, Mississippi, 24 November 1947), Beito Papers 1-10.

\textsuperscript{44} Roy S. Hill, Jr., “Clarksdale, Miss.,” The Chicago Defender (28 November 1936), 19.
was not raising sufficient funds to meet its obligations.”

Smith acknowledged the responsibility of elder members to guide and assist young boys and girls as they maturated. According to the Annual Message delivered in 1937, Smith stated “As much as we welcome with genuine appreciation these fine material contributions, I am insisting that we must increase emphasis on cultural side of child life. To collect dues and assessments is only a small part of the Tent program.” At the same time, the Arizona and California Jurisdiction refocused its attention on the Tent Department but only to ensure the much need financial resources were properly accounted for and routed to the major body. W. L. Martin, Chief Grand Mentor of the Arizona and California Jurisdiction, remarked that “Whereas the Maids and Pages of our Tent Department have proven to be such an asset to our finances, and Whereas, the management and full responsibility of running this department rests upon the shoulders of the Queen Mother and her Vice, causing great difficulties in collecting necessary fees, a service for which said officers never are recompensed.”

While the Mississippi Jurisdiction stood out because of the emphasis placed on the education and socialization of juvenile members, it should be noted that the Mississippi Jurisdiction benefited also from the financial contributions provided by the young Maids and Pages. In 1943, the Tent Department raised an impressive $11,446.26 in dues and donations. Smith praised that “the net amount turned over to the C.G.S. [Chief Grand Scribe] from the children’s department was something more than $9,000,000. The Tent Department is indeed

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45 For acknowledgement of the fact that increased need placed the organization in a cumbersome position as early as 1946, see Ibid., 5.

46 Ibid., 4.

47 Twenty-Third Annual Grand Session of the Jurisdiction of Arizona and California Held in San Diego, California (July 11-14, 1938), Smith Papers, 33 and 64.

48 Seventeenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Fourth Annual Grand Session Held in Clarksdale, Mississippi (1943), Smith Papers, 4.
Tabor’s greatest asset. Progress travels on the feet of children.”

Although the organization experienced a gradual increase in participation and fundraising of young boys and girl, it did not seek out its juvenile members to help pad its coffers. The grand officers of the Mississippi Jurisdiction and the Queen Mothers with whose charge young Maids and Pages remained were committed to the intellectual and social maturation of juveniles.

In keeping with Smith’s educational emphasis for the Tent Department, activities and programs were designed to further the “moral and mental development” of children as well as provide a space to facilitate the engagement with their “educational interest.” After collecting over $81,000 in dues and fees for the year, the grand officers established a scholarship fund to assist juvenile members with their educational pursuits. The Annual Tent Scholarship Contest established in 1934 held each summer provided children between the ages of six months and sixteen the opportunity to display their knowledge of “the world of letters, art and the sciences.” By 1954, the scholarship awarded to students like Eugene Fisher who attended Tennessee State University varied in amount from $300 to $200.00. The dissemination of scholarship funds was not the sole purpose of the contest. Smith proclaimed: “The purpose of the

49 Ibid.

50 For reference to the social development component of the contest, see Nineteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 5-9, 1945), Perry Monroe Smith Papers, 9. For acknowledgement of the educational component of the contest, see Eleventh Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Greenwood, Mississippi (1937), Smith Papers, 4.

51 “Taborians Hold 45th Annual Conference,” The Chicago Defender (1 December 1934), 2.

52 Ibid., 4. For reference to the ages of the children participants in the annual event, see Nineteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 5-9, 1945), Perry Monroe Smith Papers, 9. For reference to the founding of the scholarship contest, see “Tabor’s Educational Department” in the Memories: To Help You Remember and To Make Remembering a Pleasure Complied by Verna Smith in 1993, Smith Papers, 36.

53 The Taborian (April-June 1957), Perry Monroe Smith Papers, 3. First place winners received $300, second place winners received $250, and third place winners received $200 with participants receiving a constellation prize of $5, see The Taborian (January-March 1957), Smith Papers, 9.
Annual Tent Scholarship Contest is to inspire young ideas to shoot and bring forth fruit.” He continued: “They are calculated to awaken mental energies and inspire study and research.”

While providing children with a space to continue their educational aspirations and display their gifts, the Annual Tent Scholarship Contest supported the racial uplift emphasis of the Knights and Daughters of Tabor with topics that required students to explore “The Black Man’s Struggle Against Racism in America” and “The Black Sharing in the Economic Struggle of America.” In his annual address, Smith argued “We insist that whatever courses are pursued, Negro History must be included in the curriculum and the same is part of the test in the scholarship competition. Then it is possible for those who win the scholarship to be given an inspiration that ultimately may be of greater value.”

The emphasis on the educational development of boys and girls ensured the next generation of Taborian leaders were prepared for the task of leading the organization; ultimately the ensuring the fraternal order continued to thrive and meet the needs of the community. Additionally, the scholarship contests were introduced to provide juvenile members as well as the broader community with tangible examples of black men and women contributing to the betterment of their communities and society. By the 1960s, the racial pride emphasis which had been a central tenant of the

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54 Seventeenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Fourth Annual Grand Session Held in Clarksdale, Mississippi (1943), Perry Monroe Smith Papers, 7. Winners of the Annual Tent Scholarship Contest received a cash prize (the amount is not specified in any of the documentations that I have come across that references the contest). According to Smith, the “cash award is offered to at least help pay the entrance fee,” see Nineteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 5-9, 1945), Smith Papers, 10.


56 Eleventh Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Greenwood, Mississippi (1937), Smith Papers, 4.

57 Smith argues “The young Taborians may be depended upon to gradually take over to perpetuate our great beneficent institution” in Eighteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Fifth Annual Grand Session Held in Leland, Mississippi (1944), Smith Papers, 6.
organization became an increasingly prominent position articulated by juvenile members during oratorical contests as well as by grand officers.

In addition to the hospital, the Knights and Daughters of Tabor along with the Afro-American Sons and daughters and the Prince Hall Free Masons contributed funds approximately $250,000 each to the Tri State Bank during a credit freeze in 1955 initiated by the White Citizens Council in response to integration efforts in Mississippi.\(^{58}\) The money provided helped many black property owners like Amzie Moore (owner of a service station in Cleveland, Mississippi) and Sylvester Bowens (a farmer in Glendora, Mississippi) who were on the verge of foreclosure. Again in 1956 the Knights and Daughters of Tabor with the United Order of Friendship, the Clarksdale and Mound Bayou American Legion posts, and the Veterans of Foreign Wars organized a drive to help the farmers and laborers affected by the economic freeze.\(^{59}\) According to the Chicago Defender, “a railroad carload of coal and two van loads of clothing, food and toys” arrived here “from Los Angeles, Washington, and New Jersey” to aid poverty stricken farmers.\(^{60}\) While the Mississippi Jurisdiction did not officially join the “movement for freedom,” the members and leadership offered assistance when discriminatory practices threatened the economic stability of black families. The strategic withdrawal of nearly $1,000,000 from banks in Mississippi was a devastating blow for the White Citizens Council.\(^{61}\)


\(^{60}\) “Sent Gifts, Others Week 2,000 in Miss. ‘Squeeze,’” The Chicago Defender (7 January 1956).

By the 1960s, however, the Mississippi Jurisdiction entered a decade of strife with financial instability and a general malaise in membership activity.\textsuperscript{62} In fact, an ominous sign of future decline in membership is available in the Mississippi Jurisdiction report that “Notwithstanding that Mississippi has made no gain in membership during the triennium, we have no cause to complain.”\textsuperscript{63} By the 1900s, the campaign to increase membership became a reoccurring feature of the quarterly and annual reports.\textsuperscript{64} Temples struggled to contribute donations and increase its roster. In a Letter to the Editor published in The Taborian, Sir Reverend Exie Hollis, Chief Mentor of the St. John Temple No. 12, wrote “I am very happy to greet you through the Taborian Magazine. Please find enclose [sic] one dollar ($1.00), for the write up for St. John Temple No. 12 of Oakland, California. St. John Temple No. 12 is doing well as can be expected under conditions. We hold two meetings a month with a membership of thirty (30). We hope to report more members in the next issue.”\textsuperscript{65}

In 1961, approximately 14,000 members paid $2,899.75 in dues; in 1962, the membership dues collected were in excess of $4,435.00; and in 1963 approximately 15,383 members paid $2,201.25 in dues to the jurisdiction. The decline in membership figures and dues collected resulted from members’ being covered by the Great Society’s Medicaid program by

\textsuperscript{62} As early as 1957, grand officers publically admonished members to support the organization including the quarterly periodical \textit{The Taborian}, see \textit{The Taborian} (July-September 1957), Smith Papers, 1 and see \textit{The Taborian} (April-June 1957), Smith Papers, 1. By the mid-1960s the publication of the magazine became increasingly sporadic with the periodical being published tri-annually instead of quarterly by April 1965 and in 1966 the \textit{Taborian} was not circulated. By August 1975, the intermittent publications ceased and the magazine went defunct. In his appeal for subscribers, Kemper Harreld Smith, editor, sated “it may not be necessary to mention this again, even though our insistent urging goes unheeded, with one or two exceptions, we continue to be optimistic for a revitalization of your spirit in the future,” see \textit{The Taborian} (January-April 1965), Smith Papers, 12; “Our Struggle,” \textit{The Taborian} (July-December 1965), Smith Papers, 8.

\textsuperscript{63} International Chief Grand Mentor Message Delivered at the Twentieth Triennial Grand Session Held in Los Angeles, California (August 19, 1954), Smith Papers, 7.

\textsuperscript{64} “Membership Campaign” (c. 1960s), Smith Papers. Provided instructions on procedure and organization of temples and tabernacles.

\textsuperscript{65} \textit{The Taborian} (October-December 1962), Smith Papers, 2.
1965. This meant the Knights and Daughters of Tabor’s hospitalization plan was no longer needed to ensure blacks continued access to adequate health care. Moreover, many prospective members could not afford the reasonable priced plan which increased in price from $8.00 per year in 1954 to $24.60 per year in 1964.\textsuperscript{66} For instance, Mrs. Leona Frederick and her children, who resided in Itta Bena, Mississippi where they worked as farm laborers, earned approximately $17.50 per week.\textsuperscript{67} With so little income, women like Mrs. Frederick turned to Anti-Poverty programs like the food stamp program to ensure her children received sufficient sustenance; thus, enrollment in a fraternal organization which demanded payment of monthly fees to remain active and eligible for benefits was not feasible. that the organization entered a constant state of economic decline in the mid-1960s Further indication of which is evident in the unsuccessful fundraising campaign for “at least $250,000.”\textsuperscript{68}

Additionally, members’ continued to focus on the socialization and education of children. Margurite Parker, for example, announced that her work continued under the Community Project Program named Headstart an early childhood development initiative born from the Great Society program under the Lyndon B. Johnson Administration in 1965.\textsuperscript{69} An early signal of the financial hardship was the merger of both the Georgia and Indiana Jurisdictions with the Mississippi Jurisdiction. The decision to establish the three-state jurisdiction was clearly to aid the Mississippi Jurisdiction with the “tremendous” costs associated with the operation of the

\begin{footnotes}
\item[68] Kemper Harreld Smith, “The Mission of Tabor: A Compilation of Information and Pictures of the International Order of Twelve Knights and Daughters of Tabor, Inc. and the Taborian Hospital” (Mound Bayou, Mississippi, c. 1960s), Smith Papers, 10.
\item[69] \textit{The Taborian} (October-December 1967), Smith Papers, 6.
\end{footnotes}
Taborian Hospital. In a circular titled “Please Hear and Understand,” Smith revealed: “PLEASE UNDERSTAND – We did not lose the Taborian Hospital. After careful consultation with authorities and our State Insurance Commission, we sold the Taborian Hospital.” Smith continued, “These institutions were sold because the membership could not pay sufficient fees to take care of the high rising cost to operate.”

Clear indication the hospital entered a period of economic collapse, the Board of Hospital Management approved additional charges for obstetrics patients. No longer a service included the Hospitalization Plan, the costs associated with labor and delivery varied from $15.00 to $25.00 for member patients. In an effort to keep pace with rising hospital costs, the Board of Curators approved the Hospital Indemnity Policy in 1972 which provided members with additional coverage to offset additional fees incurred at the Taborian Hospital and other facilities. The quarterly premiums varied from $2.20 to $8.15 for adults between nineteen and fifty-five years old. In a bid to retain members who wanted to seek treatment at a nearby facility, the indemnity policies “paid cash to members or any hospital in the state or United States.” Once the policies fully vested usually two years and six months after initial payment, the policies offered patients daily coverage ranging from $15.00 to $35.00 depending on the

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70 “Please Hear and Understand” (c. November 1970), Smith Papers.

71 The cost for nonmembers was considerably higher, see Kemper Harreld Smith, “The Mission of Tabor: A Compilation of Information and Pictures of the International Order of Twelve Knights and Daughters of Tabor, Inc. and the Taborian Hospital” (Mound Bayou, Mississippi, c. 1960s), Smith Papers, 29.


74 Kemper H. Smith and Henry Chapman, By-Laws of the Fraternal Benefit and Hospital Departments (Mound Bayou, Mississippi: Mississippi Jurisdiction of the Knights and Daughters of Tabor), K. Smith Papers, 7.
class of policy.\textsuperscript{75} The organization provided quality care at a price significantly lower than private companies A&H coverage which charged policyholders premiums, required payment of a deductible, and demanded patients pay medical bills then file for reimbursement.\textsuperscript{76} Considering the services rendered did not reflect the minuscule payment, clearly the Knights and Daughters of Tabor formulated its health care initiative to be of service to its black membership. Perhaps to the determinant of its balance sheets, the organization remained committed to the keeping the costs associated with care low in spite of the modest increases in fees.\textsuperscript{77}

Determined to continue to help those saddled with the cost of their medical care, Smith often instructed members upon receiving the bill in the mail for services rendered at the newly named Mound Bayou Community Hospital to “simply mail it to the Chief Grand Mentor’s Office and forget about it. It will be handled from there.”\textsuperscript{78} Admirably, Smith continued to solicit assistance with raising funds to pay the medical bills of members ineligible for Medicaid because their incomes determined they were above the poverty line approximately of $2,525 in 1970.\textsuperscript{79} In the quarterly \textit{The Taborian Bulletin}, Smith announced a “Special Relief and Volunteer Fund Rally” scheduled during the grand session meeting in November. The goal was to raise “not less than $20,000.00” to help cover the burdensome financial bills many members accumulated after 1965.\textsuperscript{80}

\textsuperscript{75} Ibid., 3 and 7.
\textsuperscript{76} For reference to private A&H (accident and health) plans, see “Hospital Plans Linked with Soaring Costs of Medical Care,” \textit{Chicago Defender} (8 May 1964).
\textsuperscript{77} Please Hear and Understand” (c. November 1970), Smith Papers.
\textsuperscript{78} Ibid.
\textsuperscript{79} \textit{Historical Poverty Tables – Average Poverty Thresholds}, United States Census Bureau [on-line database] (accessed 15 December 2015). In 1964, the poverty line was $3,000 per year, see \textit{The Taborian} (January-March 1964), Smith Papers, 10.
\textsuperscript{80} \textit{The Taborian Bulletin} (September-November 1970), Smith Papers, 4. The \textit{Taborian Bulletin} was the official organ of the Mississippi Jurisdiction published between 1959 and 1978.
The Mississippi Jurisdiction’s medical bill payment initiative was similar to the Illinois state-sponsored Medical Assistance No Grant (MANG) introduced in 1966 “designed to pay medical expenses for families who are able to meet normal needs, but who are pressed to carry the extra burden of bills which arise when someone becomes ill.” In keeping with its insistence on self-sufficiency, the organization observed that many working-class individuals and families were left unduly impacted by the social programs of the mid-1960s and the order implemented a plan to relieve the financial burden. In the absence of a state program in Mississippi, grand officers devised a strategy ensure access to medical care continued without unnecessary interruptions.

After control and ownership of the Mound Bayou Community Hospital was transferred to the Office of Economic Opportunity in 1968, the Mississippi Jurisdiction redirected its attention to the issues facing its aging members and surrounding impoverished community. The economic uncertainty of the organization was compounded by the new needs of its members. An examination of the Mississippi Jurisdiction budget for the 1973-1974 fiscal year support the assertion that the organization struggled financial as the majority of its membership was between the ages of 60 years old and 90 years old. For instance, the report revealed the largest expenditure was death claims in the amount of $34,855.40. Additionally, the 1975-1976 annual report acknowledged death claims of $30,755.59 was the second highest expense of the organization. In contrast, the Mississippi Jurisdiction distributed $1,149.10 to over 460

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81 For reference to the MANG program established eligibility income of approximately $3,600 with 14,322 with active cases, see Betty Washington, “New Program Pays Doctor Bills,” Chicago Defender (8 December 1967), 1-2.


members who died in 1946. Thus, it is obvious that the organization suffered in part due to the significant increase in prices but also due to the sharp rise in death claims paid by the organization.

With a majority aging membership, the organization used the proceeds from the sale of the hospital to address the housing needs and financial needs of its members. In 1962, the California Jurisdiction hosted the groundbreaking ceremony for the “half million dollar Senior Citizens’ Center.” Soon after, the Mississippi Jurisdiction followed suit by extending its program to reflect the needs of the aging membership. In addition to helping with the medical bills members incurred as early as 1965, the new administration planned to establish a nursing home. Considering that the organization was in the midst of a recession, the grand officers were unable to “secure funds in the amount of 1.2 million dollars” necessary to begin construction on the 120-bed facility. After receiving a six month extension from the Comprehensive Health Division in Jackson, Mississippi on March 11, 1974, the organization could not get an additional extension because “extensions could not exceed a total of 18 months by law.” As a result, by September 1975 the plan to construct a nursing home for elderly residents in the Mississippi Delta was temporarily stalled. Nevertheless, the organization moved forward with plans to construct a smaller facility.

84 “Comparative Annual Report of Temples and Tabernacles” in Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session of the Mississippi Jurisdiction Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 9.

85 The Taborian (October-December 1962), Smith Papers, 8.

86 A special steering committee was established in 1974 to identify property location and costs associated with establishing and funding the facility, see “Nursing Home, Steering Committee,” The Taborian Bulletin (June-August 1974), Smith Papers, 4.


88 Ibid.
Aware of the unavailability of affordable and modern housing in the Mississippi Delta, grand officers purchased land in the center of Mound Bayou and began construction on apartment units. By 1974, Henry Chapman, chairman of the housing project, reported that “the apartments remain completely occupied to this date. The rent paid by tenants is retiring the note on the last buildings not paid for and in approximately eighteen months the indebtedness will be liquidated.” The desire to care for the aging and poor population of the Mound Bayou area was in keeping with the organization’s insistence that the black community remain self-reliant. Chapman echoed this sentiment: “no other corporation has established apartment anywhere in the immediate area for Black people to compare favorably with the P. M. Smith Apartments.”

In the face of financial collapse, members of the Mississippi Jurisdiction remained faithful to the principle of caring for the needy.

As with Taborian Hospital, Smith’s decided to build the twenty-six unit apartment complex because he recognized a need in the community and committed the resources of the organization to address the issue. After the transfer of the hospital, the Mississippi Jurisdiction wasted no time redirecting its efforts and material resources. According to Kemper H. Smith, “The economic recession in which our society is now caught in the throes of is by no means the first of such upheavals during our 85 year journey in Mississippi. We have already come through

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89 “P. M. Smith Apartments,” *The Taborian Bulletin* (December-February 1974-1975), Smith Papers, 10. Also see, reprint of “Incorporation Application for the International Order of Twelve Knights and Daughters of Tabor in Mississippi” c. 1970s for reference to the apartments for the aged.


91 Ibid. To reaffirm the organization’s commitment to community service, Chapman clarified “Each member is an equal stockholder of everything Tabor has. That is a provision written into the original Charter of incorporation granted by the Secretary of the State of Mississippi in 1909,” Ibid.

92 In 1967, the housing project consisted of a twenty-six unit. By 1995, the P. M. Smith Apartments included forty-five units for needy families, see *Taborian Bulletin* (December-February 1974-1975), Smith Papers, 10.
the tenacity of depressions, oppressions, recession, objectiveness and modification. I hasten to remind you that the pillars upon which our organization was founded are strength, stability, firmness and truth. Consequently, inspite of changes and reverses, we shall continue to persevere, endure and prevail.”

In spite of the gradual decline of the organization throughout the 1960s and 1970s, Mary B. Filyowr, Grand High Preceptress 1950-1967, proudly declared “Tabor has made astounding progress. It has heroically weathered the storms of depressions and the horrors of wars, and has become stronger through its experiences. This progress was made through strong leadership and planning. Tabor has established for itself an outstanding record of achievement in security, membership, education, fellowship, health promotion and economy.” The same year, however, the organization reported an addition of 719 new members after a yearlong membership drive. Unfortunately, a newly implemented policy that required members pay a penalty fee of $5.00 for failure to participate in grand sessions undermined officers’ efforts to retain members or attract new prospective members. The Taborian Bulletin reported that the Grand Temple and Tabernacles witnessed a decrease of 711 members in 1971; by 1974, the Mississippi Jurisdiction’s membership was approximately 4,595.

The decline in the organizational membership roasters was compounded by the reduction in juvenile participation. The same status report indicated that the Tent Department had 936


94 The Taborian (October-December 1962), Smith Papers, 6.

95 The Taborian Bulletin (June-August 1971), Smith Papers, 2.

96 The Taborian Bulletin (September-November 1971), Smith Papers, 4.

forfeitures; thus, by the 1970 the Mississippi Jurisdiction Tent membership was under 3,000. As the international and state officers aged without “young blood” the organization experienced a period of gradual decline. During the quarterly report of the Chief Grand Mentor in 1971, Kemper H. Smith reflected, “The vacancies in our ranks since we assembled in Shelby [Mississippi] one year ago tell us a silent sad story of human frailties and human uncertainties. Since our last Grand Session 238 of our fellow Taborians have answered the final summons; one Chief Grand Mentor, seven Chief Mentors, four past Chief Mentors, five High Preceptresses, two past High Preceptresses, one Queen Mother, one Past Queen Mother, 56 Knights of Tabor, and 161 daughters.”

By 1975, the organization was unable to raise sufficient funds to incorporate the namesake scholarship fund which originated in Mound Bayou, Mississippi. The plan was to dissolve the oratorical scholarship content and award “deserving young people from any jurisdiction of Tabor” with funds “to aid in their college education.” In a news bulletin, Solomon Snowden Seay, International Chief Grand Mentor 1970-1975, reported “we attempted to give some support to the P. M. Smith Scholarship Foundation. We did not raise enough to do the program as planned and was left without sufficient funds to take care of Tabor’s Scholarships.” The inability to raise sufficient funds was not the result of a lack of effort. For

98 Ibid.

99 Photographs of the grand sessions prior to the 1960s included a variety of young and old members; however, by 1963, the photographs are of mostly elder members, see The Taborian (July-September 1963), Smith Papers, 11-12.


101 “International Vice Grand Mentor,” The Taborian (August 1975), Smith Papers, 10.

102 “From the Desk of the International Chief Grand Mentor,” The Taborian (August 1975), Smith Papers, 1.
example, in 1970 in preparation of the annual oratorical contest, William Carter, chairman of the Taborian scholarship division, requested “each Chairman to raise not less than $175.00 in order that we may reach the $1,000. We must not fall short this year. Our Young People need our aid, and we cannot afford to let them down.”103

This was the first occurrence since the jurisdiction established the scholastic fund in 1934 wherein the organization awarded scholarships but did not have the funds to cover the prizes. Considering the scholarships were awarded to students planning to attended college, the announcement in August 1975 placed undue burden on local temples and tabernacles to help the young tent members cover the scholarships. Seay requested members planning to gather in Memphis, Tennessee for the grand session donate $100.00 and “find a friend that may bring $100.00 also.”104 At this point, most jurisdictions were not in a financial position to reimburse grand officers for travel to meetings and grand sessions; therefore, after covering the cost of their lodging and meals at a cost varying from $4.25 per day to $14.00 as well as travel, the additional call to donate to the scholarship fund to make its incorporation possible was burdensome.105

Under the direction of Kemper H. Smith, who served as the Chief Grand Mentor (1970-1995), the Mississippi Jurisdiction struggled with low participation and reduced resources. Given the unstable economic status of the Mississippi Jurisdiction, perhaps the plan to establish a Taborian Hall in each district was an example of one of the more misguided insistence of the


104 Ibid.

105 *The Taborian* (August 1975), 5. Members could rent a room from a local family at a significantly reduced amount or a room from a local hotel ranging from $6.60 to $14.00 per day.
organization’s abandonment of thrift.\textsuperscript{106} After witnessing the mistakes of the Arkansas Jurisdiction during the 1920s and 1930s, it was unnerving to observe grand officers make similar decisions that risked overextending the organization’s financial responsibilities. Unfortunately, the desire to elevate the organization to its previous position prompted some grand officers to abandon the principle of thrift. Astonishingly, after decades of modest salaries, the single largest expense of the Mississippi Jurisdiction was the salaries of grand officers and supporting staff which amounted to $46,196.46. While it appears the fiscally conservative members of the jurisdiction convinced others to abandon the idea of the Taborian Halls, the disproportionate amount of the yearly budget spent on salaries indicated the organization had departed from the management system imposed by Perry Monroe Smith in the 1930s which reduced excess expenditures to maximize fund availability for social programs. Moreover, there were concerted efforts to reduce expenditures by combining events like the installation of officers for the Tent Department which greatly reduced the burden placed on Queen Mothers, who performed the inductions.\textsuperscript{107} Also the one event reduced the costs associated with travel and supplies.

Intriguingly, the Mississippi Jurisdiction experienced a resurgence of participation and donations during the 1974-1975 fiscal year as both women and men leaders solicited and received over $2,500.00 for the scholastic programs and relief fund. As an indication of the prosperous period, the organization awarded $1,500.00 in scholarships – the highest sum

\textsuperscript{106} “Taborian Halls,” \textit{The Taborian Bulletin} (December-February 1970-1971), Smith Papers, 2. In 1946, grand officers introduced a plan for “the erection of central officer quarters” and deemed it “essential that we put the building of Taborian Halls on our program.” While it appears general Taborian Law dictated that organization’s construct these dwellings, it is important to note that the construction of the halls did not occur under Perry Monroe Smith’s leadership. Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session of the Mississippi Jurisdiction Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 12.

\textsuperscript{107} “Tent Officers Installation,” \textit{The Taborian Bulletin} (June-August 1976), Smith Papers, 2.
awarded to juvenile members for use in educational pursuits in the organization’s history.\textsuperscript{108} In her reflections of the grand session in Leland on November 1974, Jessie Dobbins, Grand High Preceptress, observed “we had the greatest spirit of cooperation ever experienced during my administration.”\textsuperscript{109} Despite the impressive amount of donations the Mississippi Jurisdiction received during the 1974-1975 fiscal year, the organization experienced a simultaneous surge in expenditures due to rise in the cost of commodities like paper and the ever-increasing needs of its membership. While the organization received $139,359.78 in revenue during the 1974-1975 fiscal year, the expenditures amounted to $139,433.56.\textsuperscript{110} In an effort to pay past due accounts and increase the organization’s revenue for future expenditures, in addition to membership fees, members were asked to contribute to the “current expense” fee in the amount of $10.00 for each Temple and Tabernacle and $5.00 for each Tent.\textsuperscript{111} Also the Mississippi Jurisdiction introduced a per capita tax of $0.50 paid by each Knight and Daughter.\textsuperscript{112}

Although the Mississippi Jurisdiction of the Knights and Daughters of Tabor rebounded in the mid-1970s after a decade of instability, the chapter failed to reach the level of influence and prestige it enjoyed under the direction of Perry Monroe Smith who ascended to the position of Chief Grand Mentor of the district where he remained until his untimely death in 1970. The

\textsuperscript{108} “Quarterly Message and Rulings from the Desk of the Chief Grand Mentor,” \textit{The Taborian Bulletin} (December-February 1974-1975), Perry Monroe Smith Papers, 1. Although the scholarship awards were increased in 1974 to reflect the increase in the cost of college, the organization’s entered a precarious financial situation and after the announcement that the grand officers had not received enough donations to cover the scholarships awarded it is uncertain if the new amounts took effect in 1974 or 1975.

\textsuperscript{109} “From the Grand High Preceptress of the Order of Tabor,” \textit{The Taborian Bulletin} (December-February 1974-1975), Smith Papers, 3.


\textsuperscript{111} “The Chief Grand Scribe’s Annual Report to the 85\textsuperscript{th} Annual Grand Session,” \textit{Taborian Bulletin} (December-February 1974-1975), Smith Papers, 20.

\textsuperscript{112} \textit{The Taborian Bulletin} (June-August 1976), 4.
virtual absence of grand officers’ letters and comments as well as lack of mention of the grand officers in attendance at state-wide events like annual grand sessions in the districts official publication, *The Taborian Bulletin*, supports the assertion that post-1970 the Mississippi jurisdiction’s influenced within the organization waned, considerably. For instance, previously the quarterly was littered with letters from the desk of the International Grand High Preceptress, Mable V. Gray, as well as references to her presence at award ceremonies and events. Letters from Gray and mention of her in attendance at installation ceremonies all but disappeared from the publication. This fact is made more astonishing considering her prior commitment to fundraising efforts and high visibility throughout the 1960s. Between 1970 and 1974, Gray was not mentioned as a solicitor of funds or contributor as the jurisdiction struggled to regain is economic stability.\(^\text{113}\)

Additionally, correspondences between the Mississippi Jurisdiction and the International Chief Grand Mentor, Solomon Snowden Seay who ascended to the position after the death of Perry Monroe Smith, also ceased during the 1970s. The lack of communication between grand officers and the districts in Mississippi indicates that the jurisdiction’s prestige and influence waned during the period it struggled to retain members and secure various revenue streams. By August 1975, quarterly reports included snippets of grand officers’ messages and reflections, but the influence of the Mississippi Jurisdiction failed to experience a resurgence.\(^\text{114}\)

Unfortunately, the decreased visibility of the jurisdiction caused a ripple effect. After the sale of the hospital in 1968 and constant struggles with the new administration to honor the

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\(^{113}\) In fact, the first reference to Gray appeared in the quarterly report from the Grand High Preceptress, Jessie L. Dobbins, who reported Gray was ill, see “From the Desk of the Grand High Preceptress of Tabor Jessie L. Dobbins,” *The Taborian Bulletin* (December-February 1975-1976), Smith Papers, 3.

\(^{114}\) Both Seay and Gray provided letters to the editor of the quarterly, see *The Taborian* (August 1975), Smith Papers, 1-2.
hospitalization plan purchased with the Knights and Daughters of Tabor, many members no longer recognized the value of maintaining active membership with the organization. As a result, members left the organization in considerable numbers.\footnote{115} These forfeitures meant the revenue of the Mississippi Jurisdiction generated from the hospitalization policies drastically declined in the mid-1970s. Similarly, the organization noted a reduction in the number of new Whole Life Insurance policies purchased by Mississippians. Two years before the final quarterly bulletin was published, Kemper H. Smith pleaded “I make my appeal to all in the so called: “Professional Class,” to take out a policy with the Knights and Daughters of Tabor – you cannot have too much life insurance, and when you join Tabor, you join a way of life helping to life our ‘brother’s,’ think about it and join Tabor today.”\footnote{116} On January 25, 1975, the Board of Curators meet with the organization’s accountant to discuss the way forward. The meeting minutes revealed that Otha L. Brandon recommended the organization sale the P. M. Smith Apartments, settle debts, and relaunch efforts with the $17,000 in cash after the payment of expenditures.\footnote{117} During subsequent decades, the Mississippi Jurisdiction of the Knights and Daughters of Tabor faded from view.

During Smith’s tenure as International Chief Grand Mentor, arguably, “Tabor became one of the greatest purely Negro fraternal organizations in American, both numerically and financially.”\footnote{118} Between 1937 and 1970, the Mississippi Jurisdiction increased membership from


\footnote{116} \textit{The Taborian Bulletin} (June-August 1976), Smith Papers, 13.

\footnote{117} Meeting Minutes of the Board of Curators Dated 25 January 1975, K. Smith Papers, 2. The last reference to financial problems was during the Board of Curators meeting in June 1975. According to the report, “The C.G.M. [Kemper Smith] explained about some of our problems and concerns for the organization,” see Meeting Minutes of the Board of Curators Dated 14 June 1975, K. Smith Papers, 1.

\footnote{118} “In Loving Memory: Past Chief Executive” in \textit{Memories: To Help You Remember and To Make Remembering a Pleasure} (compiled by Verna Smith in 1993), Smith Papers, 34-35.
1,000 to 40,000; constructed and operated the Taborian Hospital; built a hall for meetings and recreation; housing for low income families; distributed annual scholarships totaling $23,000; published and distributed two quarterly magazines *The Taborian* and the *Taborian Bulletin*; offered members burial policies, a hospitalization plan, and life insurance.\(^{119}\) Under his leadership, Smith expanded the mission of the organization, encouraged greater collaboration between women and men leaders, and supported some of the ideas of women leaders.\(^{120}\)

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\(^{119}\) Ibid., 35. Souvenir Program for the Scholarship Contest of the Mississippi Jurisdiction Held in Vicksburg, Mississippi (November 2, 1977), K. Smith Papers, 1.

\(^{120}\) Smith’s contributions to Mound Bayou were celebrated annual with the P.M. Smith Day in July, see News Brief (3 July 1973), Smith Papers.
CHAPTER FOUR

“She was Counsellor and Advisor”: African American Women Fraternal Leaders of the Knights and Daughters of Tabor, 1940s – 1970s

Sacred record gives account of just one Deborah and she was counsellor and advisor of the mighty host.
– Sir P. M. Smith, 1929

On November 6, 1952, as part of the opening ceremony of the twenty-sixth annual grand session of the Mississippi Jurisdiction of the Knights and Daughters of Tabor, seven members of the High Priestess Council bedazzled in full Saba Meroes regalia “brilliantly demonstrated” their prominent positions within the organization. These women “made for an even more beautiful display” than the “approximately forty floats and other features” of the parade as they stood dressed in royal purple satin skinners and robes adorned with golden coronets decorated with jewels. The public display marked in festive celebratory fashion the successful year of

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1 Third Annual Message by Sir P. M. Smith Delivered at the Fortieth Annual Grand Session in Greenwood, Mississippi (November 12-15, 1929), from the private collection of the family of Perry Monroe Smith (hereafter referenced as Smith Papers), 13-14.


3 Ibid. For a description of the Saba Meroes Regalia for High Priestess, see Moses Dickson, General Laws of the International Order of Twelve (1891), 304-305.
fundraising and planning that unified and expanded the order’s influence under the direction of women fraternal leaders in groups of majority tabernacle members.

This chapter challenges the assertion made by male leaders that women members were viewed as equals. In fact, while claiming to be an egalitarian organization the Knights and Daughters of Tabor reinforced the notion that women’s roles within fraternal orders were supportive. Here, women are merely executing the visions of male leaders. Like the Knights of Pythias and Odd Fellows, the Knights and Daughters of Tabor tolerated the infusion of femininity in an otherwise masculine space, mainly because of the organizational and financial contributions of these women leaders. Evidence for this claim is supported by the fact that many of these women fraternal leaders focused on distinctly different needs of the community in their affiliations with various other organizations like the Mississippi Federation of Colored Women’s Clubs and the local Mississippi Congress of Colored Parents and Teachers. While women fraternal leaders’ visions are not clearly visible in the publications circulated by the fraternal order, there are some examples of the ways these women leaders challenged the distribution of power and the notion that the order was a predetermined male-dominated space.

In fact, many of fraternal women invoked the biblical story of Deborah to assert their authority as “counsellor and advisor of the mighty host.” While Perry Monroe Smith, International Chief Grand Mentor (1937-1970), publically embraced the leadership and contributions of women fraternal leaders, his praise of their visibility was immediately linked with their “productive service,” mostly conducting fundraisers for the Taborian Hospital and membership drives for the Mississippi Jurisdiction. Black women fraternal leaders like Jessie

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5 Ibid.
Dobbins extended their activities within the organization by rooting their actions in the example of Deborah who “restored the Canaanites sense of identity” and when Barak cowered led the army up Mount Tabor to encounter Jabin, King of Canaan. Like Deborah who restored the stability of Israel, black women fraternal leaders provided the Knights and Daughters of Tabor with a steady stream of economic resources that made it possible to meet the medical and financial needs of the community. Contrary to the biblical figures that “symbolize and affirm dependence and submission” of female members, black women fraternal members of the Knights and Daughters of Tabor challenged the assertion that men were “builders and leaders.” Black women fraternal leaders cloaked themselves in the authority of scripture and they pressed forward with their visions for the organization.

In these predetermined female spaces, black fraternal women were tasked with fundraising for the organizations various endeavors including care for the sick and shut in, burial of members, and the dissemination of ideas and policies crafted by their male counterparts – with the exception of issues pertaining to female matters. Women leaders, however, challenged the

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8 For acknowledgement of the mutual aid focus of fraternal orders, see Theda Skocpol, Ariane Liazos, and Marshall Ganz, *What a Mighty Power We Can Be: African American Fraternal Groups and the Struggle for Racial Equality* (Princeton: Princeton University Press, 2006), 4-5. For an in-depth examination of the “gender perspective” which resurrects the organizational efforts of black Baptist women who albeit from the women’s auxiliary addressed racial stereotypes by emphasizing the importance of proper deportment and education, see Evelyn Brooks Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church, 1880-1920* (Cambridge: Harvard University Press, 1993), 2. For a discussion of how the “woman question” rose over access to the Prince Hall Freemasons and the creation of female auxiliaries such as the Order of the Eastern Star, see Martha S. Jones, *All Bound up Together: The Woman Question in African American Public Culture, 1830-1900* (Chapel Hill: The University of North Carolina Press, 2007), 4. It should be noted that the organization was influenced by concerted efforts to expand the male-dominated sphere of influence by focusing the contributions women leaders made to the Relief Department a socialization aspect of the organization. For instance, a newspaper article highlighted that the black women fraternal leaders hosted social events including luncheons to facilitate interaction between local and visiting members, see “Iowa,” *The Chicago Defender* (12 June 1920).
efforts of male leaders to restrict their agenda and support only their plans for the black community. In the rare occurrence that Taborian men were tasked with fundraising or organizing a particular event in timely and appropriately manner, women leaders’ reasserted their authority to make demands and highlighted the responsibility of members to adhere to the various requests of presiding officers. Here, women fraternal leaders reaffirmed their authority by rooting their request/actions within the general law of the order that required strict adherence to the hierarchical structure.

According to the Structure of the Organization diagram, women fraternal leaders including Grand High Priestesses, Grand Queen Mothers, the High Preceptress Council, and the Queen Mother’s Council presided over volunteer services. While these women leaders shared the responsibility of other programs and services with men leaders, the volunteer services department was under the strict purview of women leaders. After several calls for volunteers went unanswered, for instance, Willie Mae Taylor and Ethel Banks wrote “We must learn to honor and respect leadership and the importance of responding when called upon. We must learn the lesson of being a good follower and when this is done it will not be hard when we are called to lead. On the same terms, leaders must also recognize the power and authority of other leaders.”

During the annual grand session in 1948, women fraternal leaders, International Grand High Preceptress, proposed the expansion of programs for Tabernacles to include “civil liberties, education, home makers, nurses guild, brown cross nurses, music, extension fund, hospital, and

9 “Structure of Organization” [undated], Smith Papers.
10 The Taborian Bulletin (March-May 1972), Smith Papers, 11.
In addition to community outreach programs and fundraising campaigns, black women fraternal women provided Tabernacle members with examples of women who increased their political, social and economic authority for the betterment of their communities. Mabel Gray, International Chief Grand Preceptress 1948-1975, and Erma G. Smith, International Grand Queen Mother 1953-1963, extended an invitation to the Mrs. Edith Sampson, Chicago attorney and former delegation member of the United Nations, who recounted travels as an ambassador. Inspired by Sampson’s recollections, Gray organized a “tour through Palestine, the Middle East, and Africa” in 1956 with Perry Monroe Smith, International Chief Grand Mentor.\(^\text{12}\)

![Figure 4.1: Photograph of grand officers including Mabel V. Gray (center) standing in front of Mount Nebo Church in Memphis, Tennessee during the annual grand session in 1948.](source)

Source: Perry Monroe Smith Papers.

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\(^{11}\) Twenty-Second Annual Message by Sir P. M. Smith Delivered at the Fifty-Ninth Annual Grand Session Held in Jackson, Mississippi (November 1948). Smith Papers, 15.

\(^{12}\) Twenty-Ninth Annual Message by Sir P. M. Smith Delivered at the Sixty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 6, 1956). Smith Papers, 9.
Women fraternal leaders asserted their authority in seemingly insignificant ways throughout the organization. Oftentimes, women fraternal leaders adorned themselves in the Saba Meroe purple robe, coronet, and scepter which represented their authoritarian positions within the Knights and Daughters of Tabor.\textsuperscript{13} Additionally, women members asserted their femininity into the proceedings and rituals.\textsuperscript{14} Mabel Gray, International Chief Grand Preceptress, influenced the ritual display of womanhood by contributing to the “What to Wear” to sessions and memorials forum: “White uniforms are to be worn at regular sessions with white shoes, neutral hose, badge, white gloves. No jewelry except watch and/or ring is to be worn. Small white pearl earrings are permissible. For Memorial Service: the regular black uniform with white collar, white gloves, small black hat untrimmed, black closed-toe shoes, gun metal or black hose, small white pearl earrings no costume jewelry.”\textsuperscript{15} In the few positions women occupied as associate editors of \textit{The Taborian} and \textit{Taborian Bulletin}, between 1954 and 1958 they managed to get number of articles published on a variety of topics from economic uplift, personal relationship with God, health issues like vaccines, ideas about beauty, weight loss strategies, etiquette, and nutrition.\textsuperscript{16}

\textsuperscript{13} “Journey End,” \textit{The Taborian Bulletin} (December-February 1970-1971), Smith Papers, 11

\textsuperscript{14} In 1960, the Committee on Funeral Dress Change endeavored to permit “each Grand High Preceptress of respective Jurisdiction will work with her body on non-sheerness of material of dress, under garment and hats,” see Minutes for the Twenty-Second Triennial Grand Session held in Oklahoma City, Oklahoma (August 16-19, 1960), Smith Papers, 20. The High Priestess were tasked with the responsibility of organizing the funeral services of women members, see \textit{Funeral Services of the Daughters of Tabor}, Smith Papers.

\textsuperscript{15} The uniforms were minimalist and reflected the uniformity of fraternalism as well as the dignity of the funeral services, see \textit{The Taborian} (April-June 1963), Smith Papers, 8.

\textsuperscript{16} The \textit{Taborian} debuted in 1952; by 1954 women leaders assumed responsibility for including articles that concentrated on an array of topics including highlights that acknowledged the contributions of women leaders to their jurisdictions. In some instances, women members authored the articles featured like A. I. Sheard’s “Genuine Beauty,” \textit{The Taborian} (April-June 1957), Smith Papers, 5.
Another example of the ways in which women affirmed their authority, women leaders actively sought positions on committees like the Board of Curators and grand session hospitality committees. Seemingly insignificant, these positions were quite prominent because the work required increased visibility to ensure efficiency. During Triennial Grand Session in 1954, the *Los Angeles Sentinel* reported “Mrs. Mable V. Gray, of this city, who holds the highest post of any woman in the Order, that of International Grand High Preceptress, is chiefly responsible for preparations for the coming session.”17 The requirement that the sessions be adequately publicized to ensure greater participation meant, Gray’s image and words surfaced on all of the Taborian publications, including national newspapers like the *Chicago Defender*.

During periods of economic decline women leaders took the opportunity to claim influential positions within the organization. During the 1960s, for example, as the organization entered a decade of financial instability, women fraternal leaders assumed responsibility for the Finance and Accounts Division as well as the Ways and Means Department. Fraternal women including Irene Ishmon and L. A. Reed joined with Alice Anderson and Georgia Grandberry of Missouri and Luthermae Adams and P. L. Williams of California cited their experience in the

The prominent role that women fraternal leaders carved out for themselves within the Mississippi Jurisdiction of the Knights and Daughters of Tabor is apparent upon exploration of *The Taborian Star*, which served as the official organ of the fraternal order between 1941 and 1945. From the top of the hierarchical structure of the Knights and Daughters of Tabor to the general assembly of members, women occupied many visible positions including Grand High Priestess, Grand Queen Mother, and Grand Recorder. These women claimed responsibility for

the “social improvement, peaceful pursuit of freedom, and economic security” of the black community and attempted to advance their agenda in the spaces they were able to successfully occupy.  

Mary Elizabeth Dickson, for instance, assumed a leadership position within the all-male Knights of Liberty. As the wife of the leader, the organization relied heavily on the support and assistance of she provided in her dual roles as secretarial and cook. Additionally, Millie E. Smith remained an active leader in the organization after the death of her husband, Richard Smith, who served as Chief Grand Mentor of the Mississippi Jurisdiction from 1893 to 1909. Millie Smith worked closely with the Widows’ and Orphans’ Home as a relief agent and caretaker of the women and children housed in the facility. As a widow, Smith negotiated and received a salary in the amount of $31.50 for her work with the relief department.

In her role as secretary and treasurer of the Widows’ and Orphans’ Home Fund, Lucy C. Jefferson, admonished male grand officers and members for the perceived neglect of the relief department’s neediest: women and children. In the Annual Report of the Secretary and Treasurer of the Widow’s and Orphans’ Home Fund, Jefferson stated: “I am sorry to say, but I must, that the officers do not do their duty to the widows and orphans. Some of the numbers have not paid anything at all to build up this department.” An examination of the records for the 1909-1910

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18 “Alabama Jurisdiction,” The Taborian (July-September 1963), Smith Papers, 16.

19 Mary Elizabeth Butcher Peters Dickson, who died in 1891 remained an “exemplary Christian, a true and loving wife and sound and able counselor,” see “History of the Knights and Daughters of Tabor: Oldest Purely Negro Fraternal Society in America,” Smith Papers, 2.

20 Annual Report of the Secretary and Treasurer of the Widows’ and Orphans’ Home Fund (complied by L. C. Jefferson for the Knights and Daughters of Tabor Mississippi Jurisdiction, 1909-1910), Smith Papers, 12.

21 Ibid., 3. For clarification of L. C. Jefferson’s name, see “400 Attended Taborians’ Convention,” Chicago Defender (September 2, 1939). Lucy C. Jefferson was a teacher in Vicksburg City School System and High Priestess of the Knights and Daughters of Tabor, see Geneva Brown Blalock White and Eva Hunter Bishop, Mississippi’s Black Women: A Pictorial Story of Their Contributions to the State and Nation” (Corinth: Mississippi Bicentennial Commission, 1976), Records of the National Association of Colored Women’s Clubs, 1895-1992, Part
fiscal year revealed that the Mississippi Jurisdiction of the Knights and Daughters of Tabor suffered as a result of misdirection, lack of prioritization of programs. Jefferson correctly observed the lack of commitment to the less fortunate. In fact, many temple representatives and grand officers seemed preoccupied with the veneration of the deceased with extravagant monuments rather than providing assistance to community members. In November 1910, for example, temple contributions to the Widows’ and Orphans’ Home Fund amounted to $256.87; while tabernacles raised an impressive $1,006.89 for the fund.\footnote{Annual Report of the Secretary and Treasurer of the Widows’ and Orphans’ Home Fund, 6 and 11. It should be noted that approximately 80 temples contributed to the funds raised for the W. and O. Home Fund. On the other hand, 210 tabernacles donated funds to the W. and O. Home Fund, Ibid. 4-11.} With disbursements for the fiscal year totaling $1,265.35, the relief department nearly depleted its coffers each year.

Ultimately, the contribution of funds from the annual grand session which consisted of funds raised by members in other jurisdictions including the Alabama, Arkansas, and California jurisdictions provided the relief fund the necessary support to pay other expenditures including reimbursement to grand officers for travel to tend to the women and children housed at the organization’s various facilities.\footnote{It should be noted that Jefferson received a salary of $75.00, see Ibid., 12. This was a small portion of expenditures; therefore, the majority of the funds when directly to the women and children housed at the home.} Between 1909 and 1912, the predominately male leadership of featured programs and an agenda that supported their interests at the expense of the needs of women and children in the community. The practice of women leaders calling members to task for malaise and marginal commitment to programs and initiatives was a common reoccurrence.

In her remarks published in \textit{The Taborian Bulletin} in 1964, Mamie A. Cox, Grand Queen Mother

\begin{footnotesize}
\begin{enumerate}
\item Minutes of National Conventions, Publications, and President's Office Correspondence –Series: Printed Material from State Associations of Colored Women’s Clubs; Folder: Mississippi Federation on Colored Women’s Clubs, 1940-1981, 39. Jefferson served as Chairman of Committee on Supplies, see Letter from G. W. Williams to Mrs. Stewart Dated 30 April 1949, Folder: Correspondence with States, Mississippi, 1948-1952, Records of the National Association of Colored Women, Reel 15: Correspondence with States, Mississippi, 1948-1952, Frame 00185.
\item Annual Report of the Secretary and Treasurer of the Widows’ and Orphans’ Home Fund, 6 and 11. It should be noted that approximately 80 temples contributed to the funds raised for the W. and O. Home Fund. On the other hand, 210 tabernacles donated funds to the W. and O. Home Fund, Ibid. 4-11.
\item It should be noted that Jefferson received a salary of $75.00, see Ibid., 12. This was a small portion of expenditures; therefore, the majority of the funds when directly to the women and children housed at the home.
\end{enumerate}
\end{footnotesize}
of Clarksdale, Mississippi, declared “Take your end of the stick – we need your cooperation in order to go forward.”

Although women leaders were forced into traditional roles, they managed to increase their prominence within the organization. In unpaid, voluntary positions, black women accepted the challenge to increase the membership of their respective tabernacles. Mary E. Randolph, who was newly inducted into her position as High Priestess for the Goodwill Tabernacle No. 401 in Hampton, Mississippi in the 1920s, boasted a sixty percent increase in her membership logs. This was no easy task for women who were in many instances saddled with personal responsibilities including rearing their children, nurturing relationships with their husbands, and caring for ailing parents as well as financial limitations associated with working in small farming communities.

In keeping with the organization’s emphasis on morality, Mary B. Filyowr, Grand High Preceptress beckoned: “In order to meet the challenge of changes, we must speed up the process of racial improvement. We must stress better moral behavior and Christian religious consistency in order to keep step with the trend of modern progress.” Additionally, in the case of the Mississippi Jurisdiction of the Knights and Daughters of Tabor, Priscilla Smith contributed to the stabilization and growth of the chapter during the Great Depression. Like many women, Smith’s unpaid work for the advancement of the community extended beyond the Knights and

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24 The Taborian Bulletin (March-May 1964), Smith Papers, 15.


26 The instance that members prepare themselves for challenges on the horizon by reading and internalizing scripture, is a reoccurring theme in the literature published by the Mississippi Jurisdiction, see The Taborian (January-March 1964), Smith Papers, 6. For acknowledgement of the ways in which religion influenced black women’s social and political activism as they crafted individual and collective responses to racism, see Rosetta E. Ross, Witnessing and Testifying: Black Women, Religion, and Civil Rights (Fortress Press: Minneapolis, 2003), 1-2.
Daughters of Tabor to include leadership positions within her church. Smith worked with the youth providing them with deportment and decorum instructions as well as skills training for over twenty-four years at the First Baptist Church of Mound Bayou.

Moreover, Smith extended her financial aptitude to her roles as president of the Women’s Auxiliary of the Bolivar County Baptist Association, secretary of the Women’s Auxiliary to the General Missionary Baptist Convention of Mississippi, and president of the Parent Teacher Association. As a college educated woman, Priscilla Smith was qualified to serve as official bookkeeper for the organization. In additional to her other work, Priscilla Smith served as Queen Mother to Tent No. 21 in Mound Bayou. African American women fraternal leaders like Smith worked almost exclusively with the juvenile department. Until her death in February 1940, Mrs. M. J. Watson, wife of prominent mortician and owner of the Watson Funeral Home Robert T. Watson, Jr., worked with several tent units in Greenville, Mississippi in her capacity as High Priestess. During the Annual Grand Session in Opelika, Alabama, P. A. Howard, Chief Grand Mentor 1954-1958, exalted the “fine work that is being done in the Tent Department under the

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27 For acknowledgement that Mrs. Smith worked as “secretary and clerk without compensation,” see “Obsequies: Mrs. Priscilla Juliette Anderson Smith,” Smith Papers, 2.


29 “Mailing List of Queen Mothers” Dated 10 November 1949, Smith Papers, 7. Additionally, Over 267 Queen Mothers in the state of Mississippi.


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efficient leadership of Dtr. Louise D Howard with assistance of the Queen Mothers. They are
doing a wonderful job with the youth and our Organization”

Figure 4.2: Queen Mothers with Maids and Pages from the Mississippi Jurisdiction Tent
Department.

Source: Perry Monroe Smith Papers.

At the 1936 Triennial Grand Session, it was revealed that “The children’s department is
being neglected…If the Tabernacle fails to build up a Tent it fails in its plain duty and in a very
easy task. Select a good Queen Mother, one with modern intelligence, not a dried-up old
grandmother, and render some real service to the children.” These black women fraternal
leaders employed their membership drive and fundraising campaign strategies to rebuild and
expand the Tent Department. Committed to the overarching desire to education and guide
children, the Queen Mothers whose influence shaped the Maids and Pages in their charge hoped
to engage all youth ranging in ages from one to eighteen years of ages. Between 1926 and 1941,
the Queen Mothers successfully increased the enrollment of the tent department “from less than a

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31 Annual Message Delivered by Sir P. A. Howard Delivered at the Sixty-Sixth Annual Grand Session Held in
Opelika, Alabama (June 3-5, 1958) printed in The Taborian (July-September 1958), Smith Papers, 3. As the
membership decreased (with the reduction of women members drastically impairing the organization’s ability to
raise funds and supplies) in the 1970s, Chief Mentors made efforts to fill the gap left by women leaders. In 1971, an
appeal was made for officers of the Temples to “arrange programs which include young people,” see The Taborian
Bulletin (June-August 1971), Smith Papers, 5.

32 Fifteenth Triennial Session of the International Grand Temple and Tabernacle Held in St. Louis, Missouri (August
18-20, 1936), Smith Papers 37.
thousand children of Mount Tabor to the present enrollment of 7,000.”33 By 1960, the Mississippi Jurisdiction boasted “the largest Tent membership in the world of Tabor” an impressive fete considering the dwindling membership the organization experienced throughout the mid-1960s and 1970s.34

In 1963, the Tent Department had a total membership of 7,846 and 6,199 of those juvenile members belonged to the Mississippi Jurisdiction.35 The Oratorical Contest was the most celebrated event of the year for the maids and pages as they spoke on topics like “The Negroes Contribution to Freedom.”36 Considering Queen Mothers worked closely with contestants for months prior to the contest, the announcement of the winners was followed by acknowledgement of the black woman fraternal leader responsible for tutoring and encouraging the students. According to Erma M. Smith, International Grand Queen Mother, “Scholarships given by the Knights and Daughters of Tabor should and will attract new members for our Tent Department who desire a higher education, yet, do not have the required means to continue.”37 For example, The Taborian featured an article recognizing the winners of the oratorical contest: “Seven hundred and fifty dollars in scholarships were given to top three, who were, Maid Mary J. Pigee, Clarksdale, Mississippi, Dtr. Mamie A. Cox, Queen Mother, first prize $300.00; Maid Lillie Louis Clinton, Tunica, Mississippi, Dtr. Emma L. Williams, Queen Mother, second prize

33 Fifteenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Second Annual Grand Session Held in Mound Bayou, Mississippi (1941), Smith Papers, 2.

34 Of the 7,864 Maids and Pages that belonged to the 313 Tent Departments in 1960, 6,199 and 234 units were in the Mississippi Jurisdiction, see Minutes for the Twenty-Second Triennial Grand Session held in Oklahoma City, Oklahoma (August 16-19, 1960), Smith Papers, 19.

35 Committee Meeting Minutes Held in Mound Bayou, Mississippi (19 August 1963), Smith Papers, 9.

36 “Triennial Oratorical contest,” The Taborian (July-September 1963), Smith Papers, 7.

$250.00 and Maid Irma Jean Benson, Marks, Mississippi, Dtr. Sweetie Lee Smith, Queen Mother, third prize $200.00.”

In addition to the scholastic programs, juvenile members were instructed in various ways to avoid temptations that threatened to pull them away from God. Maids and pages under the direction of black women fraternal leaders like Dotia Mullen, High Priestess of the Strength Tent No. 418, took part in the symbolic act of burying the devil wherein juvenile members “Buried the Devil and vowed to keep him buried.” This program sought to reemphasis the importance of an individual relationship with God and the importance of living a morally virtuous life. Considering Queen Mothers were instructing maids and pages to become responsible and respectful adults, they often encouraged parents as well as community members to acknowledge the gradual transition of the youth from children to adults by extending to young members “simple courtesies” like the dignity of referring to them as young men and young woman rather than disparaging and unbecoming “kids.” The intention of the dignity initiative was to elevate the expectations and behavior of young men and women by encouraging them to look beyond their current positions.

In some instances, women extended their acceptable work with children to include childrearing instructions to parents of the young members of the tent department. Mrs. Cora Lee

38 The Taborian (January-March 1957), Smith Papers, 8. Between 1935 and 1944, the scholarship amount for first, second, and third place was $50.00. In 1946, the first place prize was increased to $75.00. In 1952, the first place amount increased to $200.00, second place to $150.00, and third place $100.00. In 1953, the first place amount increased to $300.00, second place to $250.00, and third place $200.00. The amount of the scholarships did not increase again until 1965 with first place winners receiving $450.00, second place $300.00, and third place $250.00. In 1974, the first place amount increased to $750.00, second place to $450.00, and third place $350.00, see “Tent Scholarship,” Perry Monroe Smith Papers, 1-3. However, it is unclear if the increased awards were honored in full in 1974 given the economic situation of the organization.

39 “Tent Department at Oxford, Miss., Buried the Devil,” in The Taborian (July-September 1957), Smith Papers, 3.

40 For acknowledgement of the dignity initiative, see The Taborian (July-September 1958), Smith, Papers, 2.

41 Article Five stipulated that “the Queen Mother must not permit noisy and unruly children to remain members of the Tent, see “Constitution and Manual of the Tent of Maids and Pages of Honor,” Smith Papers, 4.
Marshall, who served as president of the Mississippi Congress of Colored Parents and Teachers and bookkeeper in the office of the Chief Grand Scribe 1958-1965, admonished parents “not to rob their children of their right to childhood by forcing adult responsibilities on them that should be the adults.” Mamie A. Cox, Grand Queen Mother of the Tent Department in Clarksdale, Mississippi, often engaged the membership in conversations about disciplining children and strategies to improve communication. On several occasions, Cox responded to articles and editorials published in the *Delta-Democrat Times* like a comment from a local psychiatrist who stated “don’t argue with a tired teenage. Its safer, though, than arguing with a rested one.” Cox countered “The best policy is NEVER TO ARGUE – this is no way to solve problems. NEVER POSE A DISCUSSION WHEN YOU ARE DISPLEASED.” To solidify her suggestion, she quoted Proverbs 25:11 “A word fitly spoken is like apples of gold in pitchers of silver.” Both Marshall and Cox appealed to parents to protect the juvenile years of their children. The positive reception likely prompted these women to continue their work to preserve the innocence of childhood which was a considerably new idea for African American, especially those living in the South where social customs necessitated that black children conduct themselves in an aware and vigilant state.

Women fraternal leaders were uniquely positioned to implement and support programs that complimented the particular interests of women leaders. Priscilla Smith an astute accountant who understood the significance of proper administration of resources deployed her skills to

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43 *The Taborian Bulletin* (September-November 1971), Smith Papers, 14.

assist her husband, Perry Monroe Smith, in his efforts to rebuild and expand the Mississippi Jurisdiction to previously unforeseen heights. Additionally, Smith organized successful membership drives and fundraisers for the tent department because she understood the importance of ensuring the organization appealed to the youth, whose continued participation in the organization was required to ensure the longevity of the organization. Additionally, the spelling bee contest inaugurated in 1955 was advertised as an opportunity for members to gather, fellowship, and acknowledge the tent department; the same year as the Annual Meeting of the Tent Department of the Mississippi Jurisdiction included a performance of the Mound Bayou High School Band, a picnic, parade, and spelling bee contest for third through twelfth grade.\footnote{The Taborian (July-September 1958), 8-9 and 11; The Taborian (July-September 1962), 12, Smith Papers. By 1967, the prizes were as follows: first place $25.00; second place $15.00; and third place $10.00, see “Rules for the Taborian Spelling Contest to be Held July 3, 1967 in Mound Bayou,” The Taborian Bulletin (December-February 1967), Smith Papers, 8.}

Also the beauty contest took place in 1958 with the announcement of the first winner, Miss Annie Pearl Carter of Indianola, Mississippi.\footnote{The Taborian (July-September 1958), Smith Papers, 5.} By 1964, the tent department included the Mr. and Miss American Contest to celebrate the young man and women members within the organization.\footnote{There appears to be a surge of interest in beauty (“Nina Temple’s Beauty Hints) during the 1960s, see The Taborian (April-June 1964), Smith Paper, 2.} On April 30, 1965, the English Department of the Bolivar County Teachers Association sponsored a Literary Day with activities including an examination, public speaking, and a dramatic performance at the local high school, John F. Kennedy High School, where many young tent members attended class in Mound Bayou.\footnote{The Taborian (July-December 1965), Smith Papers, 20.} In 1971, during the annual grand session, women members hosted a fashion show to raise funds for the organization. Officers, Willie Mae Taylor and Ethel Banks, recounted “Ladies from every segment of the State and beyond were on
the scene to make display of the season’s most lovely fashions for women.”⁴⁹ High ranking fraternal leaders including Mabel V. Gray participated in the event to celebrate women’s beauty and help raise money for the various jurisdictions.

Like Priscilla Smith, Verna J. Hayes Smith, wife of Kemper Harreld Smith who was the youngest son of Priscilla and Perry Smith and later Chief Grand Mentor 1971-2004, worked as an educator in Mound Bayou, Mississippi. As a young woman in her early twenties, Verna Jeanne Hayes relocated from New Orleans, Louisiana to join the Mound Bayou Public Schools “as a member of our faculty for the school term 1947-48.”⁵⁰ As a teacher, Hayes instructed students in the fifth grade, taught an art class, and a physical education course. Her experience


⁵⁰ Verna Jeanne Hayes Smith, taught fifth grade, art, and physical education for Mound Bayou Public Schools where she earned between $100 and $150 a year. Letter from B. T. Johnson, superintendent of Mound Bayou Public Schools To Verna Jeanne Hayes Dated May 29, 1947, from the private collection of Verna Smith Papers (hereafter referenced as V. Smith Papers).
with young boys and girls made her an invaluable leader of the tent department in the 1970s and 1980s when Kemper Smith ascended to the position of Chief Grand Mentor after the death of Perry Monroe Smith. At a time when the organization experienced a sharp decline in its membership, Smith managed to stabilize the enrollment numbers of the youth department. She expanded the tent department programs to include arts, crafts, and music. The youth department organized a choir and band tasked with displaying their talents during grand sessions and community activities including parades and annual sermon days.\textsuperscript{51} By the 1970s, the paintings and sculptures created by young maids and pages were sold at grand session events with the proceeds going to the grand body for relief pensions.\textsuperscript{52}

Some fraternal women occupied more influential positions than usual. Minnie Pinkert, High Priestess of the Tabernacle in Vicksburg, Mississippi, commanded the largest congregation of Knights and Daughters of Tabor members throughout the state, declared Jessie Parker Lowery.\textsuperscript{53} Further evidence of the influence and respect Mrs. Pinkert wielded was obvious in her ability to persuade an apprehensive Dr. James L. Lowery, Jr. to relocate to Mound Bayou and accept the position as medical director of the Taborian Hospital in 1958. Katie Allis, Grand High Priestess of the Mississippi Jurisdiction of the Knights and Daughters of Tabor, weighed in on social and political issues like World War II and the necessity of African Americans to support the men who were “being called from the safety of home to unknown parts to fight a bitter

\textsuperscript{51} The Taborian (July-September 1962), Smith Papers, 8.

\textsuperscript{52} By 1974, Carrie Wiley joined with High Preceptresses and Queen Mothers to create quality keepsakes for members to purchase during events as a means of helping the Tent Department raise its share of funds for various expenditures, see Taborian Bulletin (December-February 1974-1975), Smith Papers, 19.

\textsuperscript{53} Jessie Parker Lowery (wife of Dr. James L. Lowery, Jr., medical director of the Taborian Hospital, 1958 – 1972) in discussion with author, 9 December 2013.
enemy attempting to preserve the heritage of future generations.” 

Though supportive of young soldiers, Aills comments hinted at a bit of discontentment with the nation’s involvement in the war, especially considering the racial and economic inequities that persisted in the United States.

Figure 4.4: Katie Aills, Grand High Priestess 1931-1941 and E. B. Robinson, Chief Grand Recorder, 1932-1942.

Source: “A Brief History of the Knights and Daughters of Tabor in Mississippi,” Perry Monroe Smith Papers

Rural life in the Mississippi Delta made the task for these women who acted as field agents a particularly difficult endeavor. Travel throughout the state was a challenge considering many of these women did not own a personal vehicle. Therefore, the fact that these women actively pursued black Mississippians who were not yet members and convinced them to join the organization is noteworthy. Like Katie Allis and E. B. Robinson who journeyed “from Tishomingo to the sea” between 1931 and 1949, Mamie A. Cox, Grand Queen Mother, who worked more closely with juvenile members than perhaps any other grand officer for nearly twenty-five years traveled across the state from Oxford, Mississippi to local tents in Vicksburg,

54 Ibid.
Mississippi where the largest concentration of members was located as late as the mid-1960s. In the report from the Office of the Grand High Preceptress, Jessie Dobbins noted “During the Taborian year, I have made more than 50 visits trying to give information and assistance where needed.”

The work of these women fraternal leaders was arduous as it required women, many of whom not only identified the needs but also deployed resources to the various tabernacles and temples within the Mississippi Jurisdiction. Additionally, women fraternal leaders were required to attend annual victory celebrations as well as the installation of new officers. The responsibility of traveling throughout the jurisdiction to address concerns and provide guidance was an arduous undertaking for many of these women fraternal leaders. The cost of traveling throughout the various districts was a financial burden placed on many of these women fraternal leaders. While the disbursements in the yearly financial reports are full of the names of Queen Mothers and High Priestesses like Erma M. Smith, International Grand Queen Mother, Mary J. Filyowr, Grand High Preceptress 1950-1963, and P. L. Williams, Grand High Priestess 1953-

55 For Allis’ journeys, see Twenty-Third Annual Message by Sir P. M. Smith Delivered at the Sixtieth Annual Grand Session Held in Grenada, Mississippi (November 1949), Smith Papers, 11. For acknowledgement of Robinson’s position as Chief Grand Recorder, 1931-1942, see “A Brief History of the Knights and Daughters of Tabor in Mississippi, Smith Papers, 4. For recognition of “Annual Visits” Cox made “to as many Tents as possible,” see The Taborian Bulletin (June-August 1974), Smith Papers, 3. For reference to Dotia Mullen, see The Taborian (July-September 1957), Smith Papers, 3; The Taborian Bulletin (December-February 1970-1971), Smith Papers, 11. For acknowledge that the Vicksburg charter was the largest in the Mississippi Jurisdiction, see Jessie Parker Lowery (wife of Dr. James L. Lowery, Jr., medical director of the Taborian Hospital, 1958 – 1972) in discussion with author, 9 December 2013.

56 Message from the Office of the Grand High Preceptress during the Eighty-First Annual Grand Session Held in Greenville, Mississippi (November 3-6, 1970), Smith Papers, 6 and The Taborian Bulletin (September-November 1970), Smith Papers, 9. It should be noted that the work of these women was not limited to the state of Mississippi. Dobbins stated “During the year it has been my pleasure to visit many Districts in the state and if you please, I plan to go beyond the borders of the state in the near future in the interest of our great Order.”

1963, the average reimbursement for travel expenditures did not exceed $12.00. Additionally, field work in rural areas where isolation and the challenging physical was complicated by the social patterns of discrimination and the financial limitations of additional prospective members. Especially considering, the largest proportion of members were in tabernacles and tents, all under the authority of Queen Mothers and High Priestesses.

Considering the hospital operated solely from the dues paid by members of the Knights and Daughters of Tabor and the occasional generous donations from other fraternal organizations or local business, there was an ever-present demand to consistently raise funds for the Taborian Hospital. The responsibility of organizing fundraising campaigns was placed firmly on the shoulders of women members of the fraternal order and nurses employed at the hospital. In 1942 shortly after the Taborian Hospital opened and the nurses training program got underway, women fraternal leader realized that the influx of young women nurses meant that adequate and safe housing was required. Therefore, Katie Aills supported Katherine Dandridge’s, supervising nurse at the Taborian Hospital (1941-1946), recommendation that the organization create a dormitory for nurses enrolled in the training program. For instance, women members including Alice Griffin, member of the Virgin Mary Tabernacle No. 278 in Clarksdale, Mississippi; Iola Gill member of the Deborah Tabernacle No. 149 in Cleveland, Mississippi; and Josie Lee True Love Tabernacle No. 344 in Clarksdale, Mississippi faithfully paid ranging from $1.35 per quarter in December 1955 to $2.00 in March 1977. Irene Simmons member of Bobo True Love

58 Committee Meeting Minutes Held in Mound Bayou, Mississippi (19 August 1963), Smith Papers, 20.
59 The Taborian Star (October 1942), 1.
60 Knights and Daughters of Tabor Adult Department Dues Card for Alice Griffin No. 16890; Iola Gill No. 43009; and Lucile Washington No. 75489, Perry Monroe Smith Papers. Lee joined in 1944. According to the Dues Card for Griffin and Gill, both were dues paying members as early as 1949; however, I have been unsuccessful in my efforts to locate them in the ledgers.
Tabernacle No. 344 and Lucille Washington member of Cedar Grove Tabernacle No. 273 remained dues paying members until 1982. Additionally, I. B. Riles, High Preceptress of Ruth Tabernacle No. 166 in Panther Burn, Mississippi raised $2,000 on Hospital Rally Day. The amount included the funds for the completion of the “Baby Ward.”

To aid in their efforts to address the varying fundraising needs of the Taborian Hospital, local women established the first of sixteen units of the Women’s Hospital Auxiliary in Mound Bayou, Mississippi. On October 25, 1950, the women leaders pledged to help the Taborian Hospital secure funds and supplies. Soon thereafter, auxiliaries emerged in nearby areas like Shelby and Vicksburg where women members gathered in the home of a fellow auxiliary volunteer to organize plans to acquire items and financial resources for the Taborian Hospital. In February 1952, Mrs. Girdie Lee Bridges hosted Matilda Morton, president of the Women’s Hospital Auxiliary of Shelby, Mississippi; Katie Woodward, vice president; Mrs. Hattie Ward, treasurer; Mrs. Saddie Borders, secretary; Mrs. Tommie Lee Smith, chairman of the finance committee; Mrs. Ethel McNeal, chairman of the program; and Mrs. Cora L. Marshall, ground

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62 By November 1943, Allis and Riles successfully raised $33,000 (the year end goal for the Hospital Fund was $44,000), see The Taborian Star (November 1943), 1.

63 For evidence of the patriotism expressed by the Grand High Priestess, see Katie Aills, “Grand High Priestess Annual Address,” The Taborian Star, December 1942, 1. In keeping with supporting the war effort, upon request from Joseph B. Eastman Director of Defense Transportation to cancel “Negro civil, social, religious, fraternal, and labor organization” conventions, the Knights and Daughters of Tabor abandon plans to travel across the nation for events in other jurisdictions, see “Urge Abandonment of all Conventions,” The Taborian Star, December 1942, 1. The Women’s Auxiliary was organized to help raise funds and volunteer in hospitals in their communities see, “Women’s Hospital Auxiliary” in Twenty-Fourth Annual Message by Sir P. M. Smith Delivered at the Sixty-First Annual Grand Session Held in Tunica, Mississippi (November 1950), Smith Papers, 7. Also “Auxiliary to Hospital Seats New Officers,” The Chicago Defender (9 February 1952). During critical periods when manpower was low these women were trained as Nurses Aids assuming a number of daily duties such as: “answering patients’ call lights, arranging flowers, cleaning rubber gloves, feeding patients, filling water pitchers, filling in as receptionist, and filing messenger service and answering the phone” in “Auxiliary trained as Nurses Aids,” The Chicago Defender (1 October 1949).
committee chairman.\textsuperscript{64} The auxiliary song captured the mission of the group: “It’s my desire to bring some wand’rer to the fold, It’s my desire to shelter some one from the cold.”\textsuperscript{65}

By 1954, the auxiliary organized and sponsored the National Hospital Week which celebrated the medical facilities available to the black community while serving the dual purpose of raising awareness about the importance of preventive care.\textsuperscript{66} Also in May Child Health Day featured hygiene and nutrition educational seminars.\textsuperscript{67} In 1956, the Hospital Auxiliary in Moorhead, Mississippi under the direction of Mrs. Grace Davis, High Priestess of Tabernacle No. 87, sponsored a “four thousand rally” of which the proceeds purchased two air conditioning units for the hospital, raised funds to repair two restrooms, and covered the hospital’s membership fee with the American Hospital Association.\textsuperscript{68} By 1963, the hospital was in desperate need for a steady supply of blood and the organization could not continue to pay the costs associated with retrieving blood from private banks. As a result, women leaders like Lena Wright organized cross-jurisdictional blood drives to establish a blood bank.\textsuperscript{69} Additionally, in 1964 during the twenty-third Triennial Grand Session, the Brown Cross Nurses Guild introduced

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\item \textsuperscript{64}“Auxiliary to Hospital Seats New Officers,” \textit{The Chicago Defender} (9 February 1952), 8.
\item \textsuperscript{65}“State Taborian Hospital Auxiliary Year Book” (Mound Bayou, Mississippi, c. 1950s), Smith Papers, 8.
\item \textsuperscript{66} \textit{The Taborian} (July-September 1954), Smith Papers, 6 and 11. It is a noteworthy point that the several male members including Dr. P. M. George, Resident Physician, Sir P. M. Smith, I.C.G.M., and J. W. Chambers, editor of \textit{The Taborian}, of the organization were active in the auxiliary.
\item \textsuperscript{67}“State Taborian Hospital Auxiliary,” 3.
\item \textsuperscript{68}Lula Garner, “Moorhead,” \textit{The Chicago Defender} (28 May 1955), 20; \textit{The Taborian} (April-June 1957), Smith Papers, 13.
\item \textsuperscript{69} \textit{The Taborian} (April-June 1963), Smith Papers, 9. Also Tommie Harrison of Oakland, California was placed in charge of the Hospital Funds and Linens Drive.
\end{itemize}
another campaign to encourage jurisdictions to organize nurse units to ensure the medical needs of its members were adequately addressed.\textsuperscript{70}

Figure 4.5: \textit{Reprint} of Oklahoma Jurisdiction nurse unit from the Official Souvenir Program of the 22\textsuperscript{nd} Triennial Grand Session in 1960.

Source: Perry Monroe Smith Papers.

In January 1964, the auxiliary state president Willie Mae Taylor initiated a campaign to acquire the following items for the hospital: “forty-seven glasses, four bowls, twenty bars of soap, seventy-eight towels, twenty-six sheets, twenty-six pair of pillow cases, forty-two rolls of toilet tissue, three boxes Lipton tea, one spoon, seven pounds of rice, one package of beans, three boxes of jello, five pounds of sugar, one cup/saucer, two packages of grits, seventy-two cans of beans/corn/juice/soup/peas/tomato paste.”\textsuperscript{71} Additionally, the High Preceptress Council members and friends donated $102.10 to the hospital fund in February 1964.\textsuperscript{72} In addition to assisting the

\textsuperscript{70} By 1963, Nurses Units were established in Missouri, California, Oklahoma, Alabama, Mississippi, and Virginia (without included Arkansas and Tennessee). \textit{The Taborian} (April-June 1963), Smith Papers, 12.

\textsuperscript{71} \textit{The Taborian Bulletin} (March-May 1964), Smith Papers, 7

\textsuperscript{72} Ibid. The High Preceptress Council conducted annual fundraiser campaigns in preparation of grand sessions. As an incentive, the council awarded the highest contributor was crowned High Preceptress Council Queen, see \textit{The Taborian Bulletin} (September-November 1970), Smith Papers, 9.
hospital modern its facilities for optimum patient comfort and care, the Hospital Auxiliary
established the statewide Hospital Week. The 1960s health week campaign, however, differed
from previous health awareness drives. Upon the recommendation of Taylor, the hospital
provided the various units of the auxiliaries doted throughout the state with resources to ensure
screenings and examinations made it to black Mississippians who were unable to make it to
Mound Bayou for the main activities.\textsuperscript{73}

Annyce Perkins Campbell, who was a dues paying member of the Knights and Daughters
doTabor and a registered nurse at the Taborian Hospital, revealed that “we picked many bales of
cotton, the nurses.”\textsuperscript{74} To raise funds for the hospital, these nurses cleverly convinced local
farmers to donate cotton to them that they could then gin and donate the proceeds to Taborian
Hospital. Campbell continued, “And the nurses, two, three, or four of them would go to this
farmer’s field. If you got ten farmers that give you 200 pounds of cotton, then they did that. One
of the nurses, Mrs. Harvard, her husband would take that cotton to the gin and gin it, and what-
ever the proceeds was from it, brought it and gave it.”\textsuperscript{75} It is imperative that the ingenuity and
resourcefulness of these women be fully appreciated and recognized because it was these
seemingly insignificant fundraising efforts that allowed the Knights and Daughters of Tabor to
operate the hospital for decades before finally receiving federal assistance. In a letter to the editor
of \textit{The Taborian}, Lovie Tibbs, High Priestess of the St. Clair Tabernacle in Columbia, Missouri,

\textsuperscript{73} Kemper Harreld Smith, \textit{The Mission of Tabor: A Compilation of Information and Pictures of the International
Order of Twelve Knights and Daughters of Tabor, Inc. Mississippi Jurisdiction and the Taborian Hospital} (Mound
Bayou, Mississippi, c. 1960s), Smith Papers, 34.

\textsuperscript{74} Annyce Perkins Campbell (registered nurse, c. 1940s – 1983) in discussion with the author, 4 October 2013.
Campbell revealed that the land belonged to Mr. and Mrs. Harvey, see Annyce Perkins Campbell (Nursing
Assistant, 1942 – late 1940s; later Registered Nurse) in discussion with David T. Beito, 26 August 1996, David T.
Beito Oral History Collection, Delta State University, Charles A. Capps Jr. Archives, Cleveland, Mississippi
(hereafter Beito Oral History Collection), 2.

\textsuperscript{75} Ibid.
boasted that the tabernacle successfully “launched two projects and raised over one hundred dollars ($100).”

Additionally, Tibbs spoke of deploying a “Nurse Unit” which hoped to extend the Mississippi Jurisdiction’s emphasis on improving the health care of poor blacks. To ensure the hospital continued to provide the patients who sought treatment in the facility with the best in medical care, the Knights and Daughters of Tabor hosted a number of celebratory events like the Founder’s Day to raise money for a diathermy and portable X-Ray for the hospital. On May 12, 1955, Mrs. Lula Garner hosted a fundraiser in Mound Bayou, Mississippi. The goal of the “four thousand rally” was to secure funds for the purchase and installation of an air conditioner for the hospital. When the call for financial assistance went out, women members and leaders were amongst the first to answer the call. During the fifteenth anniversary of the Taborian Hospital, thirteen women donated funds with each donation ranging in value from $0.25 to $1.00.

Additionally, the Queen Mother’s Council raised $107.50 for repairs and the Women’s Hospital Auxiliary topped off their fundraiser with a cash donation of $259.91 to the Taborian Hospital. In contrast, the Chief Mentor’s Council donated $36.50 toward the new flooring for the men’s ward of the Taborian Hospital. By the twenty-second anniversary of the Taborian Hospital, the auxiliary announced the success of the campaign for supplies and funds.

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76 The Taborian (July-September 1954), Smith Papers, 3.

77 Ibid.


79 “Report of Taborian Councils for Taborian Hospital’s Twenty-Second Anniversary” and “The State Taborian Hospital Auxiliary,” The Taborian Bulletin (March-May 1964), Smith Papers, 14 and 16.

80 The Taborian Bulletin (March-May 1964), Smith Papers, 10. The call was for each chief mentor to pledge and donate $25.00 toward the cost of purchasing materials and installation of the new flooring. Eight men contributed funds with the average donation of $5.00. The Taborian Bulletin (March-May 1964) reported a “corrected” amount raised by the Chief Mentor’s Council of $28.50.

81 The Taborian Bulletin (March-May 1964), Smith Papers, 16. In addition to the items, the Hospital Auxiliary received in donations the women members of the organized personally donated sheets and crib covers for the baby
Chief Mentor’s Council held a number of drives for supplies and fundraisers but the fundraising campaigns produced a fraction of the supplies and funds necessary to maintain the facility. For instance, a drive announced by Henry Chapman, Chairman of the Chief Mentor’s Council, announced the need for a donation of one hundred blankets to the hospital in 1965.\footnote{The Taborian Bulletin (December-February 1967), Smith Papers, 6.} Considering the Commission on Hospital Care provisionally renewed the facility’s operating license for the year as long as the hospital administrator initiated an expansion project to accommodate the number of patients treated at the Taborian Hospital, the Chief Mentor’s Council Drive while noteworthy did not provide the financial support necessary for the facility to modernize and expand.\footnote{“The Taborian Hospital,” The Taborian Bulletin (December-February 1967), Smith Papers, 5.}

Ultimately, the responsibility of fundraising was disproportionately placed on a small group of women fraternal leaders. The High Preceptress Council members who led the fundraising drives in 1964 included Mary Filyowr, Mabel Gray, Pearl G. Bowman, Irene Ishmon, Minnie Fisher, Cora Marshall, and Ada Sheard to name a few. These women donated additional personal funds to the hospital as well. For instance, Irene Ishmon gave $10.00, Mary Filyowr contributed $16.00, and Ada Sheard gave $5.00.\footnote{The Taborian Bulletin (March-May 1964), Smith Papers, 12.} In addition to fundraising, these women leaders took responsibility for the beautification of the property, ensured the “physical

\footnote{The Taborian Bulletin (December-February 1967), Smith Papers, 6.}

\footnote{The Taborian Bulletin (March-May 1964), Smith Papers, 12.}
comfort” of patients, as well as “the meeting of general needs.” Rank-and-file members joined the effort to raise funds for the organization. In 1972, Ada Liddell, Secretary for the Chief Grand Scribe 1950-1972, led the effort to raise money for the organization and represented the jurisdiction during the Triennial Grand Session in 1972. Jessie Dobbins wrote “I am calling upon each of you to kindly send Daughter Ada Liddell a donation between now and that time that she may win…If she is successful in winning the credit will go to the Mississippi Jurisdiction.” The burden placed on these women’s auxiliary groups and councils was compounded by the significant decrease in Tabernacle dues in 1964-1965. The decrease suggests that women members were unable to meet the increased financial requirements which included dues, hospitalization fee, burial policy, and various council fundraising obligations. As a result, women members left the organization in noticeable numbers. The report from the treasury indicated that “the Tabernacles received monthly dues $1,762.00 against $2,445.15 for the previous year, which is a decrease of $683.15.”

The Alabama Jurisdiction’s Fine Arts Club sponsored a drive organized by Daisy Williams with items donated including surgeon gowns, eye sheets, leg covers, GYN sheets, baby self-retraining retractor, needle carriers, pelvic pick up with teeth long, thumb forceps with teeth and without teeth, and intestinal clamps. In 1963, the Triennial Concert Contest was sponsored by Geraldine Lewis, International Music Director, as a fundraiser for the hospital. Women like Cora Lee Marshall, bookkeeper in the Office of the Chief Grand Scribe 1958-1965 and Sallye

85 “The Taborian Hospital: Chief Project of the International order of Twelve Knights and Daughters of Tabor,” [c. 1960s], Smith Papers, 1.

86 The Taborian Bulletin (March-May 1972), Smith Papers, 5.

87 The Taborian Bulletin (December-February 1967), Smith Papers, 6.

88 The Taborian (July-September 1963), Smith Papers, 9.
Griffin, bookkeeper in the Office of the Chief Grand Scribe 1964-1965, were tasked with selling tickets to the event. In 1967, Erma Smith hosted a number of teas and social hours on the second Saturday of each month to raise money for the Taborian Building Fund.

![Figure 4.6: Photograph of young adults during a “social hour” in Mound Bayou.](image)

Source: Perry Monroe Smith Papers.

Additionally, the quarterly dues women members paid to local tabernacles funded programs in the various jurisdictions. For example, the “Quarterly Report” published in November 1943 revealed that “The Tabernacle had an income from monthly dues amounting to $22,368.43.” In comparison, the Temples in the Mississippi Jurisdiction brought forth $11,784.51. To provide some scale, it is necessary to acknowledge that the relief department distributed in excess of $12,000 in monthly pensions to sick members during that quarter. Additionally in 1946, a survey of the previous fiscal year revealed that “Tabernacles collected

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89 Ibid., 6.

90 “Missouri—The ‘Mother’ Jurisdiction,” The Taborian (October-December 1967), Smith Papers, 6.

91 Seventeenth Annual Message by Sir P. M. Smith Delivered at the Fifty-Fourth Annual Grand Session Held in Clarksdale, Mississippi (1943), Smith Papers, 9.

92 Ibid., 9.
$32,655.15” in dues while “dues received by Temples were $16,941.98” in total Tabernacles collected “nearly twice the amount brought in by the men of Tabor.”

To acknowledge the contributions of the various women fraternal leaders, the Miss Triennial was introduced to celebrate the fundraising initiatives of individual women members. In 1960, Daughters Mildred Gray of Missouri, Ann White of Arizona, Marion Stroud of Oklahoma, and Lillie Jefferson of Mississippi received the praise for raising over $350.00. The same year, Dotia Mullin, a Mississippi native, was acknowledged for her contributions to the charity and welfare department. In 1963, Alice Pratt who became “Miss Triennial” because she “raised and reported the highest amount of money of the seven jurisdictions represented at the Twenty-Third Triennial Grand Session.” Beulah Stokes, High Priestess of Bobo, Mississippi received the High Preceptress from Janie F. Stringer, Vice Grand Preceptress and Mary B. Filyowr, Grand High Preceptress for “having raised the highest amount of money for the Taborian Hospital during the High Preceptress Council Drive…The amount raised by Dtr. Stokes was $101.50.”

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93 Twentieth Annual Message by Sir P. M. Smith Delivered at the Forty-Seventh Annual Grand Session Held in Greenville, Mississippi (November 4-8, 1946), Smith Papers, 8.

94 Minutes for the Twenty-Second Triennial Grand Session held in Oklahoma City, Oklahoma (August 16-19, 1960), Smith Papers, 8.

95 The Taborian (October-December 1963), Smith Papers, 6.

96 Ibid., 14.
In short, the dues paid by women members and the numerous fundraising campaigns filled the organizations coffers which allowed grand officers to properly fund programs and ensure accounts were not depleted. Between the late-1960s and 1972, the membership rules were adjusted to move girls aged fifteen over to the adult tabernacles.\(^{97}\) Previously, the ages of juvenile members ranged two to sixteen years old remained in the tent department.\(^{98}\) While the eligible age of boy members of the tent department increased to seventeen the same year, girls were encouraged to transcend more rapidly to share the financial responsibility of fundraising for programs, paying adult dues which was an increase of $1.50 per quarter for the young female

\(^{97}\) *The Taborian Bulletin* (September-November 1970), Smith Papers, 12.

\(^{98}\) Eleventh Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Greenwood, Mississippi (1937), Smith Papers, 3. Between 1937 and the mid-1960s, sixteen years old remained the oldest age girls and boys were permitted to remain active in the Tent Department. After the increase of the age to fifteen for girls in the late 1960s, the age for girls was increased to sixteen in 1974 (the age for boys to join Temples remained at eighteen throughout the 1960s and 1970s), see *The Taborian Bulletin* (June-August 1974), Smith Papers, 7.
members, and increasing the labor supply of the tabernacles which suffered a crucial shortage of women members.\(^9^9\) The demand for adult members to fill the leadership ranks prompted the administration to stipulate in the membership drive contest in 1971 that “at least fifty (50%) of new members must be adults.”\(^1^0^0\)

During the Triennial Grand Session in 1960, Smith acknowledged that “Dtr. Mabel V. Gray, International Grand High Preceptress was instrumental in soliciting and directing liberal contributions from friends and members in Los Angeles and other cities. Through this influence, we now have quite a host of ‘Friends of Tabor.’”\(^1^0^1\) In 1970, after the Knights and Daughters of Tabor relinquished ownership and day-to-day management of the hospital, Perry Monroe Smith expanded the purpose of the hospitalization fund to include covering medical expenses of members who were forced to seek treatment at nearby facilities. Again Gray answered the call for assistance raising funds to support the fund’s new mission. Smith expressed his unyielding appreciation in his statement: “During the year, she has made contribution of $150.00 in our struggle to maintain funds for hospitalization of our good members. If we had ten thousand tongues they would go up in words [of] thanks to our good Daughter Gray.”\(^1^0^2\)

While Smith’s expression of gratitude is important because he publically acknowledged the contributions of Gray to the continued survival of the organization’s relief mission to aid

\(^{99}\) In 1970, dues for juvenile members was $0.25 per quarter and $2.00 per adult member, see The Taborian Bulletin (September-November 1970), Smith Papers, 16.

\(^{100}\) The Taborian Bulletin (June-August 1971), 12. And The Taborian Bulletin (September-November 1971), Smith Papers, 8.

\(^{101}\) Minutes for the Twenty-Second Triennial Grand Session held in Oklahoma City, Oklahoma (August 16-19, 1960), Smith Papers, 41. In 1963, it was revealed that “The report of the I. G. H. P. reflects her interest in increasing the treasury of the I. G. T. and T. This is implemented and exemplified through the many fundraising commissions appointed,” see Committee Meeting Minutes Held in Mound Bayou, Mississippi (19 August 1963), Smith Papers, 15.

\(^{102}\) “Quarterly Message, Announcements and Rulings from the Desk of the Chief Grand Mentor,” The Taborian Bulletin (September-November 1970), Smith Papers, 2.
members in any capacity their needs dictated, his conclusion stands out because it supports the assertion that the organization placed on its women members the responsibility of financially providing for the missions and goals of the male grand officers. Smith concluded “I shall be happy to have a good message from you with assurance of continued cooperation.” Here Smith revealed, perhaps unintentionally, the expectation that Gray’s personal fundraising efforts continued as a necessary, though unacknowledged, component of her responsibility of International Grand High Preceptress – a position that placed her in the higher echelon of the power structure of the organization but her ranking and gender dictated her position was one of helpmate. An earlier example occurred as the organization prepared for the National Hospital Week in May 1964. In his quarterly message, Smith stated firmly “Liberal contributions of cash and material are expected from the Hospital Auxiliary, High Preceptress Council, Queen Mother’s Council and Chief Mentor’s Council. Be sure to bring in the fixed quotas [$50 each council].”

Smith’s reference to her in the statement as “Daughter Gray” reinforced the power dynamic that Gray’s contributions while appreciated where authorized by Smith and a requirement for her position. This is another example that supports the claim that women fraternal leaders were expected to occupy traditional supportive roles within fraternal order. These examples reject the widely popular idea that women members were truly equal under the banner of the International Order of Twelve Knights and Daughters of Tabor. Additionally, the language and rhetoric employed by other grand officers introduced an informal hierarchical structure in the organization that placed men in the dominate position with women leaders in a

103 Ibid.
position of subjugation. During the quarterly report wherein he sought to rally male members to increase participation at the grand session in 1978, James Townsend, Vice Grand Mentor and Chairman of the Chief Mentor’s Council, wrote “We must get ready now to retain our position – “HEAD” –. I think men ought to be MEN in every area of life.” From this statement, it is apparent that Townsend sought to address an underlying issue within the organization that perhaps women fraternal leaders occupied too much visibility and prominence within the organization. Also this appeal made women leaders the scapegoats; essentially, blaming the reduction in the membership of the various temples on the increased visibility of women leaders in the Mississippi Jurisdiction. Rather than encourage members of the Chief Mentor’s Council to increase the number of men in the organization by crafting new strategies to enlist new members, Townsend hoped to unify men in the organization by claiming the position of authority based solely on the tradition of male-domination in society and culture.

Women fraternal leaders, however, countered the strategy of some grand officers to undermine their positions with clearly feminist proclamations. However, Jessie Dobbins, Grand High Preceptress, expression reflected an increasing thread of feminist theology in the organization, specifically. In a letter from the Office of the Grand High Preceptress, Dobbins professed “I find it a pleasure to work with the great women of Tabor. WOMEN ARE GREAT!! Our civilization is what it is because of the contribution made by great women – not by just man alone, but women play in many instances the leading role. Woman, man’s silent partner is a great builder.” Women leaders had to celebrate their contributions because the fraternal order did not make it a priority. The past accomplishments of male leaders were annually acknowledged

including Moses Dickson with Founders’ Day on August 12th; P. M. Smith Day on July 11th; and Men’s Day. On the other hand, the organization’s only sanctioned event that formally celebrated the accomplishment of women fraternal leaders occurred in 1974. The event that praised the honorees who “have given sacrificial service for the promotion of the organization many of them nearly 50 years was sponsored by the High Preceptress Council.”

In addition to fundraising campaigns, women leaders constantly worked to add members to the membership rosters. The relatively new Virginia-North Carolina Jurisdiction busied itself with efforts to increase its numbers. To encourage the growth of the chapter established in 1952, the membership drive and queen contests were introduced to motivate members to seek out men and women in their communities to join the organization. By 1957, Annie Floyd, High Priestess of St. Mary’s Tabernacle No. 12 Franklin, Virginia announced “This Tabernacle is the first to announce that it is to win the first prize in the membership.” In 1964, Mamie A. Cox, newly elected Grand Queen Mother of Clarksdale, Mississippi, announced “Our membership campaign is on. There is work for each of us to do in order to build the membership where it should be. Take your end of the stick – we need your cooperation in order to go forward.” In 1965, P. M. Carter of Clarksdale, Mississippi was pointed to serve as one of the six deputies tasked with

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108 The Taborian (January-March 1957), Smith Papers, 5. In the 1950s, the prize went to the member to recruit over twenty-five prospective members. By 1964, the enlistment number is increased to over seventy-five new members, see “75th Annual Grand Session Membership Enlistment Campaign to End,” The Taborian Bulletin (March-May 1964), Smith Papers, 6.

assisting the organization as it launched a state-wide membership drive campaign to enlist 5,000 adult men and women to join local temples and tabernacles.\textsuperscript{110}

Perhaps aware that the fraternal order remained a mostly male space, women fraternal leaders encouraged women members to affiliate with multiple organizations. Intriguingly, strategies these women leaders employed to address the communal needs evolved as a result of their inter-organizational affiliations. After nearly a decade of leadership and direction with the Widows and Orphan fund, Lucy C. Jefferson redirected her efforts to support Mississippi’s youth. As the newly elected president of the Mississippi Federation of Colored Women’s Clubs, Jefferson inaugurated the “Delinquent Home for negro youth project.”\textsuperscript{111} As it became evident to Jefferson that the Mississippi Jurisdiction of the Knights and Daughters of Tabor shifted his focus in the 1920s under its new leader, Perry Monroe Smith, Jefferson shifted her fundraising focus to the drive to “purchase the $8,000 tract of land” for the home for youth in Vicksburg, Mississippi.\textsuperscript{112} Jefferson was joined by Mrs. A. A. Cosey, wife of Auger Augustus Cosey former Chief Grand Mentor of the Mississippi Jurisdiction 1909-1912, who preceded her as president of the Mississippi Federation of the National Association of Colored Women’s Clubs in 1921.\textsuperscript{113}


\textsuperscript{112} Ibid.

\textsuperscript{113} Mrs. Laurence C. Jones, What the Mississippi Women are Doing, Records of the National Association of Colored Women’s Clubs, 1895-1922, Part I: Minutes of National Conventions, Publications, President’s Office Correspondence – Series; Printed Material from State Associations of Colored Women’s Clubs; Folder: Mississippi Federation of Colored Women’s Clubs, 1940-1981, 2.
Considering her prominent position as president of the Mississippi clubs and the appearance of prominent women fraternal leaders in the rosters of the women’s clubs throughout the state, it is clear that women fraternal leaders and women club leaders interacted and there was an exchange of ideas and fundraising strategies as these women strived to address the needs of the black community.¹¹⁴

By the 1920s, the National Association of Colored Women’s Clubs introduced a “Health and Hygiene” platform which targeted nutritional, dental, and inoculation needs of young children. The plan recommended food programs to ensure hungry school age children were properly nourished, throat and tooth inspections to make sure children were not suffering from inflamed adenoids and tonsils, the dick and shick tests were performed to “protect against scarlet fever” and “detect susceptibility of Diphtheria.”¹¹⁵ Considering women leaders including Priscilla Smith, wife of Perry Monroe Smith, and Mable Gray, whose influence within the organization increased during the decade, directed the fundraising campaigns and organized the order’s new health care mission, it is clear that these women’s association with the clubs exposed them to additional needs of the community and provided them with useful strategies to reroute Taborian resources to tackle those issues. In 1965, two female members of the Committee on Official Publication Mary Filyowr, Grand High Priestess 1950-1967, and Minnie Fisher, International Chief Grand Recorder, for example, supported the 4-H Builders Club in Mound


Bayou led by Mrs. Vera S. Rainey, who served as Home Demonstration Agent for Bolivar County. The club was in desperate need of financial support and the women fraternal leaders published an article describing of the group’s work and appealed to members of the Knights and Daughters of Tabor to send donations to support the 4-H club’s clean-up campaign and building renovation fund. Since most of the Knights and Daughters of Tabor’s financial resources and programs were dedicated, almost exclusively, to the maintenance of the Taborian Hospital in the 1960s, women fraternal leaders supported outside groups in their efforts to address lingering community issues like housing and sanitation.

Both Mabel V. Gray and Priscilla Smith were members of the National Association of Colored Women’s Clubs. For instance, on August 3, 1926, during the NACW Convention, Gray “gave $50.00 personally, and her organization, The Knights and Daughters of Tabor gave $50.00 to Headquarters.” Gray, who served as the Southwest Regional President of the NACWC in 1954, completed “field work” for the club in summer of 1954 as it focused on the educational needs of black communities throughout the country. In addition to her work with the Knights and Daughters of Tabor and the National Association of Colored Women’s Clubs, Gray

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The Taborian (April-June 1965), Smith Papers, C. The local club consisted of nine unidentified members and Mrs. Vera S. Rainey.


belonged to the Benevolent and Protective Order of Elks, Five and Over Charity club, Urban League in Los Angeles, California.\textsuperscript{120}

As the organization waned in prestige and stability, women fraternal leaders offered encouragement and challenged members to remain strident in their efforts to restore Tabor to its former glory. The 1970s was a period of economic difficulties as the organization remained in a chronic state of enlisting members to help shoulder the financial responsibility of the sick and poor. Jessie Dobbins, Grand High Preceptress 1963-1985 pleaded “We must continue to labor and bring relief to suffering humanity through Christian service and fraternalism.”\textsuperscript{121} Dobbins appealed to members’ religious responsibility to give alms and a spirit of brotherhood and sisterhood that obligated members to assist one another in times of need. Again in 1972, Dobbins stated “In facing the present challenge we cannot afford to be like a child who sees only a part of the parade at a time. Let’s continue to climb the heights that we may view a new perspective of life.”\textsuperscript{122}

While the organization experienced a significant number of forfeiters in the tent department, Jessie Dobbins continued to seek support from “the Young People.”\textsuperscript{123} She reported that “We have several youth councils composed of young taborians between the ages of 16-25 years, of course plus our well organized Tent Department headed by our wonderful Grand Queen


\textsuperscript{121} \textit{The Taborian Bulletin} (September-November 1970), Smith Papers, 9.

\textsuperscript{122} \textit{The Taborian Bulletin} (March-May 1974), Smith Papers, 5. Similarly, \textit{The Taborian} published in 1969 contained sparse specifics as it pertained to membership numbers and income/expenditure figures. There are appeals to increase participation at the grand sessions. Between 1969 and 1975, there are no references to drives and/or campaign for funds and members only well wishes and greetings.

\textsuperscript{123} \textit{The Taborian} (August 1975), Smith Papers, 14.
Women fraternal leaders accepted positions in newly minted departments to revitalize the organization in various jurisdictions. Daisy Long, Grand High Preceptress of the Arkansas Jurisdiction, was appointed chairman of the public relations department and set about initiating the membership drive.\textsuperscript{125}

Women fraternal leaders, like women health care providers, acknowledged the importance of nurturing the entire person – physically, mentally, as well as spiritually.\textsuperscript{126} Mamie A. Cox, Grand Queen Mother of Clarksdale, Mississippi, challenged members to work hard because “it is the price of success,” use leisure time to read and think because “it is the source of power and wisdom,” and “take time to worship – it is the highway to reverence.”\textsuperscript{127} During her quarterly report, Jessie Dobbins, Grand High Preceptress, offered the following insight: “If ever we seem to be in darkness or depressed, for any reason think about LIGHT.”\textsuperscript{128} Women fraternal leaders led by example as they made do the limited financial resources. In 1971, the councils raised only $526.64 for the organizations relief and hospital benefit program; nevertheless, women leaders distributed the funds and set about organizing campaign to get more donations for the fund.\textsuperscript{129} While the various districts shrunk in size with on average twenty-five youth belonging to the districts, these women including Lucille Hoskins, Queen Mother, remained

\textsuperscript{124} Ibid.

\textsuperscript{125} The Taborian (October-December 1967), Smith Papers, 13.

\textsuperscript{126} In 1961, the NACWC defined health as “mental and body balance,” see Report of the Public Health and Hygiene Committee. Records of the National Association of Colored Women’s Clubs, 1895-1992, Part 2: President’s Office Files, 1958-1968. Folder: Kansas ACWC Report on Public Health and Hygiene, 1959-1961, 2. The committee included four laywomen, a licensed practical nurse, Sally B. Horton, and Gertrude Brown, a registered nurse. Similar to the collaborative spirit of women health care providers at the Taborian Hospital, women members of the NACWC worked closely with technically trained women nurses to address the needs of black men, women, and children.

\textsuperscript{127} The Taborian Bulletin (September-November 1970), Smith Papers, 14.

\textsuperscript{128} The Taborian Bulletin (June-August 1971), Smith Papers, 3.

\textsuperscript{129} Ibid., 21.
steadfast to the organization’s commitment to the education and social development of the community’s youth.\footnote{Ninety-Fifth Annual Grand Session (November 6-9, 1984), from the private collection of the family of Kemper Harreld Smith (hereafter referenced as K. Smith Papers), 14.} They introduced incentives like raffles and door prizes to encourage the youth to attend and participate in the annual spelling contest and picnic.\footnote{The Taborian Bulletin (June-August 1971), Smith Papers, 11. For reference to the distribution of “25 door prizes awarded to the first 25 persons in attendance” to increase participation at events, see “Door Prizes,” The Taborian Bulletin (March-May 1978), Smith Papers, 2.} Mamie A. Cox, whose work with the tent department in Clarksdale, Mississippi spanned over twenty years, announced: “I have sent out some books of tickets to be sold on a beautiful bed spread to be given away on that day in Mound Bayou.”\footnote{Ibid. Cox continued to use incentives like sheet sets, blankets and for young men a wrist watch to encourage and increase participation throughout the 1970s, see “The Tent Department,” The Taborian Bulletin (June-August 1974), 10; The Taborian Bulletin (June-August 1977), Smith Papers, 10.} Also queen mothers publicized events “in all churches and public spaces” as well as announced the activities on “radio and television.”\footnote{The Taborian Bulletin (June-August 1977), Smith Papers, 2.}

While women leaders continued to raise the most sums of funds for the organization’s various programs, grand officers and local leaders publically raised expectations that male leaders contribute more to the increasing financial needs of the departments and districts. It should be noted, however, that greater participation of male members with fundraising campaigns occurred only once the organization entered a period of rapid financial decline during the 1970s and 1980s. In accordance with the proclamation “Men of the Mountain – let’s go forward. It is time out for ‘foot dragging,’” grand officers including James Townsend, Vice Grand Mentor encouraged temples to formulate a plan to raise funds for various programs.\footnote{Men of the Mountain Chief Mentor’s Council of Tabor,” The Taborian Bulletin (March-May 1977), Smith Papers, 7.} In 1974, William Carter, who served as chairman, applauded Clarkdale and Greenville districts for raising over the quota ($100.00). However, he stipulated for those districts that “failed to make a
full report, or make any report at all, are required to do something for the Scholarship Department by April 5th.”135 Carter led the charge to increase the participation of male members in the fundraising efforts by organizing a $10 a plate dinner for the educational department with over 250 invitation distributed to prominent organizational members and community business owners.136 As a result of the increased scrutiny and demand for greater male participation with in generating funds for the organization, the Chief Mentor’s Council “set an all-time record by reporting $1144.95.”137 Again in 1977, the Chief Mentor’s Council “led in the fundraising category beating the ladies in 1977 with the amount of $1,207.55.”138

At significant financial, emotional, and physical cost, African American women fraternal leaders attended numerous events including annual grand sessions, department and committee meetings, various districts to establish new tabernacles and tents as well as install new officers, check-in on sick members, visit with the family of deceased members, recruit new members, and solicit funds for the plethora of programs established to address the medical, financial, and housing needs of blacks in the Mississippi Delta. After the particularly harsh winters in 1969 and 1977, for instance, women fraternal leaders solicited funds to assist with the increase in heating costs as well as distribute blankets.139 Arguably, these women’s work made it possible for the

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137 “Quarterly Message and Rulings from the Desk of the Chief Grand Mentor,” *The Taborian Bulletin* (December-February 1975-1976), Smith Papers, 1. Under the direction of James Townsend, Vice Grand Mentor, the council came within several hundred dollars of the sum raised by women fraternal leaders.


139 *The Taborian Bulletin* (March-May 1977), Smith Papers, 10. As incentives, Queen Mothers distributed blankets to juvenile members – the blankets were both keepsakes and important during the colder months, see *The Taborian Bulletin* (June-August 1977), Smith Papers, 10.
Mississippi Jurisdiction to emerge as the most influential district of the Knights and Daughters of Tabor from the 1930s through the late 1960s.

In the Chief Grand Scribe’s office, professional women like Girdie L. Bridges and Irene Ishmon worked to guide the majority farming-class black communities in the Mississippi Delta through the completion and submission of legal documents. The goal was to ensure the paperwork was properly filled out in order to provide members with prompt distribution of payments. Prior to the 1960s, the organization devoted little to no time publically to discussing procedure associated with filing claims for payment of death benefits or reimbursement of medical fees. Between 1969 and 1977, however, the organization’s quarterly reports are littered with instructions and submission guidelines for members to follow to ensure payout of policies. As state and federal regulatory standards for insurance companies and medical facilities increased, the organization was placed under increased scrutiny which required grand officers and members to increase their vigilance of the various life and health insurance policies. The responsibility for the was placed squarely on the shoulders of women leaders.

From its inception in Missouri in 1872, the International Order of Twelve Knights and Daughters of Tabor’s impressive growth and expansion was made possible by the work of women leaders and members who offered their time and financial resources while simultaneously supporting their families, community, and cultivating their own intellectual identities through affiliations in numerous clubs. The Knights and Daughters of Tabor deserves attention and respect for its black health care initiative and implementation of modern business techniques that allowed the Mississippi Jurisdiction to thrive at a time when other fraternal

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140 As the individuals responsible for processing the paper, these women were keenly aware of the various reasons policies were denied and to prevent these unnecessary delays they instructed members in the ways to expediently process claims including obtaining signatures of the “beneficiary, doctor, and undertaker,” see The Taborian Bulletin (December-February 1975-1976), Smith Papers, 17.
orders experienced steady financial decline. The assertion that the organization accepted women leaders on equitable terms simply because they created spaces to increase their visibility is not supported by the historical record. Upon examination, publications and speeches of male leaders revealed numerous attempts to diminish the contributions of women leaders, in part by simply not acknowledging the ways women made it possible for the order to offer aid to the needy and health care to the sick.

The prominent position women leaders occupied was in part possible because their actions were sanctioned by male leaders and biblical scripture. The needs of the organization and community, however, necessitated that male leaders accept varying degrees of women’s presence in the fraternal order. The increased visibility of women, however, did not go unchallenged by some male leaders. The financial needs of the organization created an opportunity for women leaders to shape the agenda of the organization, ultimately including some of their interests. Likewise, the desperate medical needs of the community prompted the organization to establish the Taborian Hospital to provide black Mississippians with quality health care. Here the need for additional manpower required, yet another, male-dominated institution to create space for lower income women who displayed a capacity and desire to help meet the demand for health care providers to treat patients at the hospital in Mound Bayou, Mississippi.
CHAPTER FIVE

“What One Man Cannot Accomplish, Many Men United Can”: The Taborian Hospital and the Black Health Care Program in the Mississippi Delta, 1942 – 1968

*What one man cannot accomplish, many men united can.*
– Moses Dickson, c. 1890s

In the late-1920s, Perry Monroe Smith took his young son, Oswald, to a doctor in nearby Merigold, Mississippi. Concerned with the potential severity of his son’s illness, Smith decided not to take the nearly two-hour long journey to the black hospital in Yazoo, Mississippi: The Afro-American Sons and Daughters Hospital. Upon entering the back door of the doctor’s office, he and his son took a seat in the isolated black section of the waiting area. Outraged at the possibility that his pregnant wife, Priscilla, would have to return to the same doctor and suffer similar indignities, Smith took on the noble mission to establish a medical facility in Mound

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1 For reference to the quote by Moses Dickson “What one man cannot accomplish, many men united can,” see footer of the Knights and Daughters of Tabor letterhead. The quote refers to the organized effort to rid the nation of the system of slavery but it represents the unified effort to the Knights and Daughters of Tabor to provide the poor in the Mississippi Delta with medical care. The aforementioned quote is a core philosophy of the Knights and Daughters of Tabor. Smith stated “Upon this principle we are charged with the responsibility to always render the greatest service to the greatest number.” He continued, “Under the laws and principles by which we are governed, we are not permitted to show special favors to an individual, to satisfy personal desires at the expense of the best interest of the institution,” in Twenty-First Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-7, 1947), Perry Monroe Smith Papers, Mound Bayou, Mississippi, (hereafter referenced as Smith Papers), 3.
Bayou, Mississippi where black men, women, and children could enter through the front door to receive quality care from capable medical professionals. In the absence of personal journal entries or letters, it is uncertain whether the recollections of Smith’s experience seeking treatment for his sick child are accurate. Smith, however, remained steadfast in his assertion that health care options in the Mississippi Delta remained unsuitable. Thus, the Knights and Daughters of Tabor assumed responsibility for the health care of black Mississippians. Perhaps the story readily recounted by residents of Mound Bayou and former members of the Knights and Daughters of Tabor has become local folklore—a sort of genesis story of the hospital’s origins. Regardless, at its core, the narrative supports the historically documented experiences of African Americans in Mississippi during the Jim Crow Era of segregation. Residents of the Mississippi Delta recount eerily similar experiences of entering the backdoor, waiting until all white patients are treated, only to receive substandard care which often included the economically burdensome inflation of the cost of services and supplies. As a result, many African-American patients preferred care administered by black physicians. In the instances that black physicians were unavailable, some black patients delayed treatment, at times, to their detriment.

The *Chicago Defender* featured a column by Dr. U. G. Dailey that responded to the mailed medical inquiries of readers throughout the country. On February 5, 1944, the edition of “Until the Doctor Comes” addressed the health concerns of an unidentified man who wrote about frequent urination and a red discharge in his urine. Like thousands of Mississippians in rural areas, the man declared “Have done farming all my life and never had a doctor.”² The doctor

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answered the column with the recommendation that he not “delay seeing a doctor.”

There is no known record of a follow-up to “Mr. J” of Mississippi’s inquiry, however, it is not difficult to deduce that the unidentified man likely continued to live with the discomfort until the pain became unbearable. In his infirmity, his family likely managed to convince the plantation owner to call the local physician for examination and treatment. Ultimately, African Americans unnecessarily endured pain and indignity because racial and economic barriers made it virtually impossible for them to access institutions of health with any regularity.

This chapter will acknowledge the early contribution of the black owned-and-operated Taborian Hospital to the movement to improve black health in Mississippi. Unlike Louis Harlan’s Booker T. Washington: The Wizard of Tuskegee, 1901-1915 which presented a Washingtonian top-down approach to ideas about self-help, this treatment of the Knights and Daughters of Tabor will observe the daily acts of self-determination and racial uplift that middle-class and working-class black women and men acted out as they donated funds, food, supplies, and their time to the health care initiatives introduced by Perry M. Smith, Chief Grand Mentor of the Knights and Daughters of Tabor.

Most of the works that interrogate the hospital focus on the later operating issues the hospital encountered due to increased regulatory standards which is an important component of the story of the hospital and one that warrants attention. This historical framework, however, overlooks the resourcefulness of Mound Bayou residents, who pooled their resources to develop a comprehensive health care plan for their community. Most prominent black organizations sought assistance from white philanthropic organizations including the Duke Endowment and Rosenwald Fund as well as the federal government, as they identified and addressed education

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3 Ibid.
and health care inadequacies. For instance, between 1924 and 1944, the National Medical Association worked with the white philanthropic organizations to fund “black hospitals” including Provident Hospital in Chicago, Illinois. In fact, in 1929 Provident Hospital received the single largest donation in the amount of $130,614 of any of the medical facilities supported by the Rosenwald fund.\(^4\) In the 1920s, the National Association for the Advancement of Colored People lobbied President Warren G. Harding for “help in obtaining positions for blacks in the newly constructed veterans’ hospital” in Tuskegee, Alabama.\(^5\) In contrast, the Knights and Daughters of Tabor constructed and operated the Taborian Hospital for the majority of the forty years the institution remained operational.

Between 1942 and 1968, the hospital functioned solely from funds raised from the members and supporters of the organization’s black health care initiative and staffed by physicians from the prestigious Meharry Medical College. The periodization is important because in 1968 operational control of the hospital shifted from the Knights and Daughters of Tabor and that year marked the end of the self-sufficient funding of the facility. While the hospital established by the fraternal order continued to provide care to poor and rural black Mississippians until 1982, black physicians from Meharry Medical College no longer administered the care at the Taborian Hospital. Moreover, post-1968, the health care program previously implemented no longer resembled the empowerment and racial uplift program inaugurated in 1938.

Emboldened by the renewed emphasis on self-reliance, the residents of Mound Bayou mobilized to improve the socio-economic status of blacks in the area. The areas of improvement


included: increased access to health care, the need for an economic revival that would ideally increase employment opportunities, and a strategy to generate income for the rapidly deteriorating businesses in the community. Under the leadership of Perry Monroe Smith, the organization committed most of its resources to ensuring the hospital provided a space for treatment of injuries and illness as well as employment opportunities that offered black Mississippians with work beyond the fields. By its own definition, the hospital was “established to render efficient care to all patients without regard to race, color, nationality or religious denomination. To exhibit an atmosphere of warmhearted friendliness, courtesy and patience so necessary to set at ease complex troubled minds of the sick.”

Upon examining the intersection of health, economic uplift, and social mobility through professionalism, it is clear that the Taborian Hospital belongs in the annals of historical scholarship on black liberation. As a distinctly black institution established during the period of segregation in the South, the Taborian Hospital challenged the status quo and the all too familiar practice of providing African Americans with substandard medical care. Gertha Bridges, a registered nurse who worked at the Colored King’s Daughters Hospital in nearby Greenville, Mississippi from 1929 to 1953, stated during a ceremony honoring the contributions of Perry Monroe Smith that “When we had to go around to the back door, he made it possible for us to come in the front door.”

By 1938, the Knights and Daughters of Tabor assumed responsibility for addressing the seemingly insurmountable health care deficiencies ranging from malaria to recurrences of pneumonia and tuberculosis caused by the poorly constructed dwellings which were home to

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6 “The Taborian Hospital,” [c.1956], Knights and Daughters of Tabor Administration Records, Mound Bayou, Mississippi (hereafter referenced as Administration Records), 1.

7 George LeMaistre, Jr., “P. M. Smith Honored Saturday,” Delta Democrat Times (July 12, 1971).
many tenant farmers and sharecroppers throughout the delta. Additionally, the health care plan provided emergency and preventative care for the predominately black community. For instance, farming accidents that resulted in the loss of phalanges required immediate care. Considering many black Mississippians had a diet high in carbohydrates, the black health care program included heart disease and diabetes screenings and prevention workshops.8

The hospital provided black Mississippians with preventative health care which rapidly became the third most popular service, patients desired upon admission to the facility. Throughout the 1920s and 1930s, Meharry Medical College students and residents provided general medical care including hypertension and tuberculosis prevention and treatment as well as dental care at the school in Nashville, Tennessee.9 In Mound Bayou, the prevention program concentrated on maternal and child health. Considering the number of pregnant women examined and babies born at the hospital, it is unsurprising that the black health care plan included a clearly defined maternal and infant care program that included the close monitoring of pregnant women’s diets, weight, and blood pressure.

Additionally, Meharry Medical College residents supervised by Dr. James L. Lowery observed “interesting cases or Pernicious Anemia” treated with vitamin B-12 and various obstetrics cases such as Transverse Position wherein the fetus is sideways and Transverse Arrest in which the head of the fetus is unable to properly rotate to allow vaginal delivery.10 Oftentimes, the physicians performed cesarean section to control excess bleeding and reduce injury to mother

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10 Kemper Harrel Smith, “The Mission of Tabor: A Compilation of Information and Pictures of the International Order of Twelve Knights and Daughters of Tabor, Inc. and the Taborian Hospital” (Mound Bayou, Mississippi, c. 1960s), Smith Papers, 12.
and infant. Lowery declared “Those who come here from Meharry say they see things here they never see there.”

While many rural southerners continued to rely on midwives before, during, and after birth, African Americans in the Mound Bayou areas labored in a modernized facility, cared for by black nurses and physicians. In fact, Jessie Parker Lowery, wife of Dr. Lowery, gave birth to a baby boy nicknamed “Chuck” at the Taborian Hospital.

In Mound Bayou, Meharry Medical College residents like Dr. Warren Inge collaborated with local physicians to “examine and measure the height, weight, and arm circumference of pre-

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11 Ibid.

12 Also it is important to note that the National Medical Association, at the behest of the Surgeon General Thomas Parran and United State Public Health Service, organized efforts to address the rise in venereal disease rates in the black community via warning posters and swift treatment. These efforts were the focus of Negro Health Week program, see Herman N. Bundesen, “City to Aid Health Week Celebration,” Chicago Defender (10 April 1943). In the 1930s, ninety percent of babies born to black mothers were delivered by midwives. As early as the 1940s, the number of black babies born in the Taborian Hospital increased modestly to thirteen percent, see Twenty-Sixth Annual Message by Sir P. M. Smith Delivered at the Sixty-Third Annual Grand Session Held in Clarksdale, Mississippi (November 5, 1952), Smith Papers, 5.

school aged children.” During the dental clinic program, Inge “examined and instructed students enrolled at I. T. Montgomery Elementary School, J. F. Kennedy High School, and the St. Gabriel parochial school.” The doctors found that malnutrition manifested in low body weight; therefore, children with lower body weights may have had diets with insufficient protein intake ultimately contributing to their malnutrition. Additionally, the diagnostic examinations performed on black children revealed that children who were “shorter and weighed less have greater dental problems.” The data revealed the necessity of future food programs and hygiene initiatives like tooth brushing to ideally prevent increased dental problems. In fact, after the publication of the report the hospital expanded to include a new dentistry department in 1967. Like adult patients, many of the procedures performed on children were minor surgical operations. The Taborian Star reported that a young Ernest Hearts went to the hospital with a severely sore throat, upon examination Hearts received a tonsillectomy. Rarely, however, some children were admitted for more serious conditions like the Leroy Gray from Rosedale, Mississippi who was admitted for burns.

While the organization records and the fragmented patient records do not explicitly state that the patients arrived to the facility for expressed treatment of venereal diseases, it is safe to deduce that the physicians addressed the reoccurring problem of venereal diseases including gonorrhea and syphilis. The State Board of Health published a report in 1937 that revealed

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14 For reference to the Letter from Matthew Walker to Luberta B. Griffin. Dated 16 August 1967 RE: Head-Start Program. Box 1, Folder 17, Matthew Walker Papers, Meharry Medical College, Nashville, Tennessee (hereafter referenced as Walker Papers).

15 Report from Hospital Dental Clinic” from Warren Inge, D.D.S. to William E. Lafayette, Administrator, Mound Bayou Community Hospital Dated October 1968, Box 1, Folder 33, Walker Papers.

16 Ibid.

17 Ibid.

18 “Rosedale, Miss,” The Taborian Star (2 March 1942).
“Studies of large groups of people in Mississippi show that there are approximately 300,000 colored people and 30,000 white people with syphilis in the state at present.”19 While physicians at the hospital may not have treated illnesses like syphilis at the facility, the Meharry Medical College trained physicians likely examined patients and identified the symptoms of venereal diseases. Especially considering the large number of women who visited the hospital for pre-and post-partum examinations.

As discussed in chapter one, between 1875 and the 1920 the State Board of Health largely ignored the health care concerns of predominately black communities with the exception of the close supervision of midwives. In fact, state-sponsored health care activities in black communities mostly involved the rudimentary gathering of vital statistics data including birth and death rates. As the state modernized its health care, health officials were concerned with accurate collection of statistical data about the morbidity and mortality rates of the state. Between the 1920s and the 1960s, the State Board of Health continued its policy of ignoring the medical needs of black Mississippians. As a result, in the 1930s, African Americans suffered disproportionately from diseases and illness because of the lack of resources allocated to these communities. For instance, in 1938, the State Board of Health revealed that African Americans contracted diseases including syphilis at a rate of 2013.1 per 100,000 compared to the white rate of 6534.20 Also for gonorrhea the rate for blacks exceeded 1700.0 per 100,000 while the rate for white Mississippians hovered at 1000.0.21

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19 Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939 (Jackson, Mississippi: Mississippi State Board of Health, 1939), 73.
20 Ibid., 87.
21 Ibid.
In addition to providing care, the Knights and Daughters of Tabor identified that the hospital played another important role by offering black physicians the rare opportunity to hone their skills by furthering their educational training in a medical institution that did not restrict their movements or access. During the “transformation in American hospitals” between 1890 and 1920, black physicians were systematically shut out of training opportunities because of patterns of racial discrimination. In order to become proficient in their given specialties, black physicians required access to training hospitals.\(^22\) Despite the fact that the State Board of Health readily admitted the health care plan suffered due to the shortage of physicians, the State Board and Health and medical associations including the Women’s Auxiliary to the State Medical Association allocated resources, solicited assistance, and distributed training opportunities almost strictly along racial lines.\(^23\) Nevertheless, by 1946 the Mississippi State Medical Education Board expressed that “the shortage of physicians in rural areas of the State” jeopardized “the health and welfare in Mississippi citizens.”\(^24\)

The mortality rates compiled and published by the State Board of Health supports the assertion that African Americans suffered disproportionately from the shortage of physicians and nurses staffed in the medical facilities throughout the state.\(^25\) Although Public Health Nurses provided the necessary manpower and contributed to the dissemination of educational

\(^{22}\) Gamble, *Making A Place for Ourselves*, xiv.


\(^{24}\) The acknowledgement that there was a lack of doctors meant the state remained in a perpetual state of unhealthiness prompted that state to offer financial assistance to help offset the costs associated with obtaining medical degrees, see *Annual Report, 1946-1947* (Jackson, Mississippi: Mississippi State Medical Education Board, 1947), 1. “Berwyn F. Mattison, M.D. and T. Lefoy Richman, *Community Health Services: The Case of the Missing Mileposts*, Department of Health Collection, 13.

information throughout the twentieth century, their cooperation with the State Board of Health did not align with the self-reliance and self-governance mission of the black health care initiative of the Knights and Daughters of Tabor. Between the 1930s and 1940s, most of public health nurses’ work concentrated on the training of midwives and non-professional medical personnel.\(^{26}\) In 1938, Pearl Walden, a registered nurse, joined the Division of Maternal and Infant Health of the State Board of Health to train and supervise midwives; in 1946, Lucy Ethelyn Massey, registered nurse, participated in the training of nurses’ aides. Also in the 1940s, public health nurses led educational seminars in the schools throughout the state as well as screened for communicable diseases like tuberculosis.

Prior to the hospitals’ opening, in 1938 there were two black physicians practicing in Bolivar County: Philip Moise George in Mound Bayou and William Miller in Shaw.\(^{27}\) George migrated to Mound Bayou, Mississippi from the West Indies during the second wave of African Americans moving and settling in the all-black town in the 1920s. In the 1930s, George established a private practice, purchased a home, and married Violet George.\(^{28}\) Moreover, the emigration of individuals like George reveals the international appeal of Mound Bayou as well as the Knights and Daughters of Tabor. Although there appears to only be three examples of physicians relocating to Mississippi with the expressed desire to work with the fraternal order and the hospital, the movement of these individuals to Mound Bayou supports the international claim of the Knights and Daughters of Tabor.

\(^{26}\) “Public Health in Mississippi” (1 August 1942), Folder Public Health, Department of Health Collection.

\(^{27}\) *Roster of Mississippi Physicians* (Jackson, Mississippi: Mississippi State Board of Health 1938), 2.

Kewmars Dadmarz, a physician who emigrated to the Mississippi Delta from Iran, served as Chief Resident of Surgery at the Taborian Hospital from July 1961 to December 1961. A fifth year medical student at Meharry Medical College, Dadmarz (affectionately called Dr. Kay) led the surgical rotation by providing second and third year residents with “fruitful and instructive” experiences.\(^{29}\) Around 1968, Dr. Byrd arrived from Jamaica and quickly established a close relationship with support staff including Alberta Jackson whom he trained to standardize patient charts among other procedural duties of ward clerks and nurses’ aides.\(^{30}\) In 1971, Dr. Robert F. Roth, a general surgeon at Wonju Union Christian Hospital in Korea, wrote to express interest in working at the hospital. In his letter, Roth conveyed concern about his “outsider” status.

Matthew Walker, Chair of the Department of Surgery at Meharry Medical College, replied “my black senior staff member who have previously served as residents at Mound Bayou Community in the 50’s and early 60’s will so testify that non-medical personnel at the hospital, particularly those indigenous to the Mound Bayou area, are likely to look with some suspicion on any newcomer as an ‘outsider.’”\(^{31}\) In fact, Mound Bayou remained open to all who sought to participate in the health care program. Between 1942 and 1968 thousands of visitors including patients who sought journeyed for treatment and convalesced in the facility and physicians whose temporary residence in the all-black town altered the health care status of black Mississippians.


\(^{30}\) Alberta Jackson (ward clerk and nursing assistant, 1947 – 1983) in discussion with the author, 26 September 2013.

\(^{31}\) Letter from Matthew Walker to Jean Morton, Department of Public Relations, Meharry Medical College, Dated 19 April 1971. Box 2: Hospital Affiliation – Mound Bayou – Taborian Hospital – Correspondence, Folder 17, Walker Papers, 3.
With an estimated 59,508 blacks residing in Bolivar County between 1935 and 1937 and only two black physicians practicing in the area, this meant the majority of African Americans who sought medical treatment likely received substandard care from the over three dozen white physicians in the area that primarily serviced approximately 20,000 white residents of the county.32 For many black patients, however, the experiences of “exploitation and superficial care” worsened the indignities of second-class medical care.33 During this period, there were eighty-five Meharry Medical College graduates practicing in Mississippi. In contrast to surrounding Southern states, Mississippi ranked in fifth place in the terms of the distribution of black medical professions with Tennessee in first place with 353 physicians; Texas in second place with 272 physicians; Georgia in third place with 193; Alabama in fourth place with 131 physicians; and Louisiana in fifth with 114 physicians in 1940. Between 1938 and 1947, the “number of Colored physicians was 54 in 1938 and 53 in 1947.”34 While a pamphlet circulated by the State Board of Health declared that by August 1, 1942 almost all counties in the Delta had public health care workers, the need for additional resources persisted and the Knights and Daughters of Tabor and Meharry Medical College provided the manpower.

Many cite the nexus of the relationship between Meharry Medical College and the Taborian Hospital with its opening in 1942 and the subsequent realization that doctors were needed to treat thousands of potential patients.35 To the contrary, the collaborative relationship

32 Ibid; Thirtieth Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1935 to June 30, 1937 (Jackson, Mississippi: Mississippi State Board of Health, 1937), 114.
34 Underwood and Whitefield, Public Health and Medical Licensure in the State of Mississippi, 1938-1947, 284.
35 McKissack and McKissack, a black owned architecture firm in Nashville, Tennessee commenced construction on the Taborian Hospital in 1941 see “To Lay Cornerstone at Mound Bayou Hospital,” The Chicago Defender (27 July 1940), 12; “The Hospital the Tabors Built,” The Chicago Defender (14 February 1942), 8.
formed earlier. In fact, Meharry Medical College officials played a pivotal role in the organization and implementation of policies and procedures at the hospital as early as 1941. Smith acknowledged the invaluable assistance in his correspondence to Dr. Matthew Walker: “My visit to Meharry and contact with the great personnel of the institution was highly inspiring. It is certain that the information received there is already helping us in our undertaking to provide hospitalization for our group in this section.”

Moreover, Oswald Garrison Smith, Smith’s son, graduated with a degree in medicine from the medical school in 1940. The fact that his son attended the college certainly influenced Smith’s decision to seek guidance from the O. G. Smith joined the staff at the Taborian Hospital in 1943 as a general health physician. As the facility expanded and modernized, many in-house doctors assumed additional responsibilities. For instance, O. G. Smith headed the Anesthesiologist training program from 1969 to 1971 (after Katherine Dandridge, a registered nurse relinquished her position as supervising nurse in 1946 to continue her graduate training in Nashville, Tennessee). In 1949, the organization, like at the behest of Dandridge, purchased “modern lifesaving equipment” such as an oxygen tent and resuscitator.


38 Letter from Matthew Walker to Jean Morton, Department of Public Relations, Meharry Medical College, Dated 19 April 1971. Box 2: Hospital Affiliation – Mound Bayou – Taborian Hospital – Correspondence, Folder 17, Walker Papers.

39 The oxygen tent and resuscitator were vital to the assisting oxygen deprived patients until their lungs could resume the work of breathing. “The Taborian Hospital” in Fifth Anniversary Celebration of the Taborian Hospital (12 February 1947), Smith Papers, 5.
To accomplish the goal of establishing an independent black health program, Smith forged a mutually beneficial relationship with Meharry Medical College in 1947.\textsuperscript{40} At its core, the association ensured the hospital offered its patients quality medical care and prevention services. Also important, however, the fact that the medical professionals were instructed and skills cultivated in a predominately black space devoid of racially inflammatory ideas that alleged black bodies were innately diseased and sick. Meharry Medical College faculty and students were committed to improving the health of the black community, especially in rural areas, because of the widespread belief that “this group suffers an abnormally high disease and death rate from many preventable causes.”\textsuperscript{41} Familiarity with the health care needs of black patients made Meharry Medical College uniquely situated to assist the hospital with the training of physicians and nurses.\textsuperscript{42} Under the leadership of Dr. Matthew Walker, the Department of Surgery at Meharry Medical College provided necessary manpower to the health care initiative in Mound Bayou. Like Smith, Dr. Walker insisted that “Health care is a basic right and the government should provide for those who can’t afford to pay.”\textsuperscript{43}

Most noteworthy, Smith established and maintained an unwavering relationship with the surgical faculty and administrative staff at Meharry Medical College for more than four decades. Especially, since the association permitted the uninterrupted flow of black physicians to the hospital from the medical school in Nashville, Tennessee. The members of the Knights and

\begin{footnotes}
\item[	extsuperscript{40}] The relationship began in 1941 in an advisory capacity. Between 1941 and 1946, Dr. Matthew Walker’s correspondences were predominantly concentrated on equipment, services, and the staffing needs of the facility.

\item[	extsuperscript{41}] National Health,” \textit{Chicago Defender} (9 January 1943).

\item[	extsuperscript{42}] Interestingly, prior to 1947 the United States Public Health Department allocated funds to help continue the training of black doctors and nurses at Meharry Medical College. It is unclear if the funds continued and helped to offset the cost of training programs including the nursing training program which took place in Mound Bayou, Mississippi as well as Nashville, Tennessee.

\item[	extsuperscript{43}] National Health,” \textit{Chicago Defender} (9 January 1943).
\end{footnotes}
Daughters of Tabor assumed responsibility for raising funds to pay the Meharry residents a modest stipend and reimburse travel and lodging expenses during the four-week rotation at the Taborian Hospital. In addition to the operational costs of the facility, the payment of costs associated with acquiring manpower from Meharry Medical College placed the organization in a financially precarious position as early as the 1950s. Ultimately, women fraternal leaders were shouldered with the financial burden of raising funds to aid the organization in its efforts to meet all of its obligations. These women introduced a number of different funding raising campaigns ensure the organization and the hospital had the material and financial resources necessary to meet the needs of both members as well as non-members (see chapter three for a discussion about the women fraternal leaders and their contribution to the black health care initiative).

By 1949, of the six black physicians registered with the State Board of Health, all were employed in Mound Bayou.⁴⁴ The following year, Dr. Philip Moise George and Dr. T. R. M. Howard continued their work at the hospital and were joined by Dr. O. W. Stratton, Dr. Frank A. Perry, and Dr. Edward W. Verner.⁴⁵ George served as Medical Director for the Taborian Hospital from 1941 to 1958 as well as fulfilling his duties as Internist and Chief of X-Ray. Howard joined the staff in the position of Chief Surgeon from 1941 to 1947 – the year members of the organization rallied around the physician to oppose Smith. Ultimately, Smith retained his position and Howard and his supporters established a competitive organization: The United

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⁴⁴ Physicians of Mississippi (Jackson, Mississippi: Mississippi State Board of Health, 1949), 9-10. The following is a list of the names of the physicians: E. V. Bennett, Chief of Surgery in 1949, W. L. Cain, Associate Surgeon, P. M. George, G. W. Hilliard, T. R. M. Howard, and R. W. Waller.

⁴⁵ George was born in the West Indies in 1897. He later migrated to the United States where he met and married Violet George who died sometime between 1930 and 1932 and Lucia George whose daughter, Alma George, was born in 1933.
Order of Friendship. Both Perry and Verner remained a physician at the Taborian Hospital through the mid-1960s. 46

Indisputably, the establishment of the modern facility that provided training opportunities to black physicians attracted qualified medical professionals. Between 1949 and 1952, rosters of registered physicians revealed that the trend of black physicians in Bolivar County working at the Taborian Hospital as well as Friendship Clinic, after an organizational dispute prompted Howard to establish Friendship Clinic in 1947. Additionally, the facilities attracted the first black woman physician, Dr. Natalia M. Tanner, to work in a hospital in Bolivar County. 47 In 1957, there were 60 black physicians out of 1,677 in Mississippi. 48 The increase in employment and training opportunities in the two black facilities in Mound Bayou made the prospect of working in Mississippi more appealing to black physicians – many of whom avoid southern states because of the segregationist practices. Moreover, the investment in modern equipment like cystoscope and cartiogram machine which monitored the heart rate for irregularities the allowed physicians to increase the accuracy of their diagnosis and treatment plans for patients. 49 This became increasingly important to the aging population in Mound Bayou, especially as physicians observed more incidences of heart disease.

46 Reference to Perry and Verner’s tenure at the hospital, see “Rotation of Assistant Residents.” Department of Surgery. Box 11, Folder 21, Harold West Papers, Meharry Medical College, Nashville, Tennessee (hereafter referenced as West Papers).

47 Physicians of Mississippi (Jackson, Mississippi: Mississippi State Board of Health, 1952), 9.

48 Forty-First Biennial Report Being the Eighty-First and Eighty-Second Annual Reports of the State Board of Health of the State of Mississippi July 1, 1957 through June 30, 1959 (Jackson, Mississippi: Mississippi State Board of Health, 1959), 83.

Together, the Taborian Hospital and physicians from Meharry Medical College provided health care for poor black and white residents. While the examples are at times hard to come by, Mrs. Jessie Parker Lowery, wife of Dr. James L. Lowery, Jr., Medical Director for the Taborian Hospital from 1958 to 1972, recounted that “a local white salesman got injured in a bad accident on the highway. They wanted to take him to Cleveland he told them he preferred going to Taborian Hospital.” While many rural and southern areas witnessed the movement of blacks out of communities because of Jim Crow laws that restricted access to southern society, black Mississippian experience a steady stream of individuals into the area for employment as well as treatment in the modern facility.

In fact, reduced access to equitable and adequate health care influenced the movements of many African Americans from the South to urban cities like Chicago between the 1920s and the

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50 Jessie Parker Lowery (wife of Dr. James L. Lowery, Jr., medical director of the Taborian Hospital, 1958 – 1972) in discussion with author, 9 December 2013. Dr. Lowery’s name is misspelled as Lowery and Lowry in the Physicians in Mississippi rosters between 1949 and 1952.
1950s. E. Marvin Goodwin argues that “Of the nine areas listed, four of them were most often chosen by our Southside migrants. These were: Health – 62%, Family – 53%, Religions – 50%, and Education – 41%.” Goodwin concludes that “health as an area of concern was chosen by early arrivals 77% of the time.” In short, many African Americans linked their social and economic aspirations with overall good health. The Knights and Daughter of Tabor identified the poor health of the black community as a factor hindering the revitalization of the town. By the mid-1940s, the Taborian Hospital emerged as a center for care and employment as well as a symbol of racial advancement. Moreover, the hospital and the influx of professional and aspiring African Americans reignited the town’s economy.

Prior to the opening of the Taborian Hospital in 1942, there were 0.5 beds for every 1,000 African Americans in the Delta. For the state of Mississippi, the estimate revealed approximately one bed per 1,000 for blacks juxtaposed with 2.3 beds per 1,000 for whites. With over a population of 1,074,578 African Americans in 1940 Mississippi’s sixty-five hospitals were inadequate to address the health care needs of the state. According to a report by the Mississippi Commission on Hospital Care, in 1947 “there were found 114 hospitals operating, with a total of 4,242 beds. Of these beds, 2,785 were for white patients and 1,275 for colored…the total number of persons within the counties without hospital facilities is 410,859

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52 Ibid., 126.


and 189,602 are colored.” Prior to construction of the Taborian Hospital there were nine medical facilities that were “recognized by the American College of Surgeons, which is the standardizing agency of hospitals in this country, and are, therefore, the only hospitals that a Negro medical student could get credit for interning if he were seeking to practice in those states which require minimum of one year of internship, on top of a four year’s medical course.”

Including the Afro-American Sons and Daughters Hospital in Yazoo City, Mississippi and the hospitals in Little Rock, Arkansas “with the combined capacity of 100 beds” there were fifteen small hospitals with the capacity to accommodate one medical intern.

In the first year of its operation, 900 major operations were performed, 1,600 patients were hospitalized and 5,000 were treated through the out-patient department. Although it is clear the Taborian Hospital provided a necessary service to the residents in Mound Bayou and its surrounding areas, it is imperative that we acknowledge the enormous strain imposed on the facility early in its inception. By October 1946, the 42-bed Taborian Hospital joined the Afro-American Hospital located in Yazoo County and Greenwood-Colored Hospital located in Leflore County to become one of three “colored” facilities in the state that treated predominantly African American patients. In spite of the strain on its resources, the Taborian Hospital continued to provide poor black Mississippians with medical treatment. In fact, the organization celebrated


56 Ibid.

57 “The Need for the Development of Hospitals for the Negro Race” (an unpublished paper 1925), Box 1, Folder 12, Mullowney Papers, 3 and 5-6.

the “faithful sacrificing” of its members both past and present.\textsuperscript{59} During the Twenty-Fourth Triennial Grand Session, Smith declared “Today, in the field of benevolence, life and hospital insurance and fraternal fellowship, we are contributing to the well-being and happiness of a needy people.”\textsuperscript{60}

The “Health Practices of Rural Negroes in Bolivar County” report which surveyed rural families to determine the frequencies of which they sought medical care and the facilities they visited revealed that ninety-three of 105 families purchased “prepayment hospitalization insurance plans.”\textsuperscript{61} According to the report, “Sixty-three percent of these plans were with either the Sir Knights and Daughters of Tabor or the United Order of Friendship.”\textsuperscript{62} According to a survey of approximately one thousand families throughout the state, 47.7 African Americans in Bolivar County “had repayment medical and hospital plans.”\textsuperscript{63} The hospitalization plan offered to members of the Knights and Daughters of Tabor provided black patients with access to “physical examinations without charge to them, general ward service, medicine, surgery (when needed), three meals per day, maid and orderly service, professional medical and nursing care.”\textsuperscript{64} For less than $6 per month in 1948 and just under $25 in 1964, member-patients received post-operative care by practical and registered nurses without charge. In May 1975, Lee Kimbrough, a resident of nearby Ruleville, Mississippi, reflected “When I was without a job I received medical


\textsuperscript{60} Ibid.

\textsuperscript{61} Robert E. Galloway and Marion T. Loftin, “Health Practices of Rural Negroes in Bolivar County,” \textit{Sociology and Rural Life Series} No. 3 (April 1951), 9.

\textsuperscript{62} Ibid.

\textsuperscript{63} Clay Lyle, “The Use of Health Services by Rural People in Four Mississippi Counties,” \textit{Sociology and Rural Life}, No. 5 (March 1954), 99.

\textsuperscript{64} What the Taborian Hospital Offers You” in \textit{Fifth Anniversary Celebration of the Taborian Hospital} (12 February 1947), Smith Papers, 8.
attention, at no cost! When I was able to pay the hospital I was only glad to [have] received medical service and all medicine free for both myself and entire family." The hospitalization plan provided by the Knights and Daughters of Tabor offered black Mississippians with more than just access to care in emergent situations. The fraternal order sought to improve the well-being of African Americans.

Figure 5.3: Meharry Medical College residents observe a surgical procedure performed by Dr. Matthew Walker c. 1950s.

Source: Matthew Walker Papers, Meharry Medical College Archives

During a single day, Meharry Medical College residents treated patients for a variety of ailments with many of the patients traveling from as far as Memphis, Tennessee for medical treatment. According to the handwritten patient notes of an unspecified doctor, the resident physician treated patients ranging in age from nine years old to fifty-seven years old with minor afflictions like stomach ache and tooth ache to moderate ailments including dysmenorrhea. On this particular day, the resident’s rounds included surgical procedures and in-patient care follow-

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65 Letter from Lee Kimbrough to James O. Eastland Dated 30 May 1975, Box 43, Folder: Mound Bayou, MS – Hospital, File Series 3, Subseries 4, Box 43, Folder: Mound Bayou, MS – Hospital, James O. Eastland Collection, Oxford, Mississippi: Modern Political Archives (hereafter referenced as Eastland Collection),1-2.
ups that included monitoring patients’ symptoms associated with tonsillitis, URI rhinitis, and epididymitis. During the 1947 and 1948 rotation of residents from Meharry Medical College, Dr. Asa G. Yancy treated farmers, cooks as well as school teachers and students for an array of illnesses. In fact, the residency program offered young physicians the opportunity to log an impressive number of hours in surgery as many of the patients admitted required some form of surgical procedure ranging from tonsillectomy to delivery of still born fetuses. Additionally, residents routinely treated black patients for the symptoms including “accidental injury, running ears, hernia, foot ulcers, and backache.”

The rigorous four-week rotation schedule for residents required physicians circulate through the various wards and department of the Taborian Hospital. The day started at 9:00 a.m. in the morning with residents reporting to the Clinical Director and Surgical Attendee dressed in white coat with stethoscope. From 9:15 a.m. to 12:00 p.m. on designated days of the week, residents circulated through the following departments: first, the Ophthalmology Department in which medical residents performed diagnostic eye exams and screened for potential eye problems. Second, the Department of Otolaryngology, which involved the treatment of the ear, nose, and throat. Third, the Orthopedic Clinic where spinal and bone deformities were identified

66 Handwritten medical notes with list of patients, diagnoses, and contact information. Undated. Unprocessed Box 2, Folder Untitled, Walker Papers.


68 While patient records of the Taborian Hospital remain hidden, the patient logs of the Afro-American Sons and Daughters Hospital provide a glimpse into the health care needs of black Mississippians in the Delta, see Afro-American Sons and Daughters Hospital Patient Records, 1931-1935. Afro-American Sons and Daughters Hospital Collection. Mississippi Department of Archives and History (Jackson, Mississippi).

and treatment plan charted. From 1:00 p.m. to 5:00 p.m. on designated days of the week, residents circulated through the following wards: first, male ward for the genitourinary (G.U.) disorders which involved the genital and urinary system. Second, residents made their rounds through the female ward for the diagnosis and treatment of ovarian cysts and tumor disorders. In both the male and female wards, residents drew blood for screening and testing as well as from donor for deposit in the blood bank. While Meharry Medical College residents provided the poor with medical care, these medical professionals were outnumbered. Between 1942 and 1948, three residents, Asa Yancy, E. V. Bennett, and W. C. Cain, assisted Drs. Philip Moise George and J. Hubert Clark treat reportedly “more than twelve thousand patients.”

Black physicians, especially residents, were oftentimes overworked and underpaid because of the sheer volume of patients treated on daily basis. Committed to the mission to expand access to care in the residents of the all-black town, black medical professionals accepted lower salaries as they treated more patients.

In a correspondence to William Nathaniel Ethridge, III, member and later chief justice of the Mississippi State Supreme Court (1940-1971), Leon Lippincott, a local physician and member of the Mississippi State Medical Association, stated: “The efficiency of hospitals can be judged with some reservations by the number of deaths occurring in the hospitals.” By the 1930s, State Medical Associations supported the efficiency standard because the application of this ambiguously defined policy allowed for the preferential distribution of funds. Oftentimes, unfairly applied the metric permitted some facilities to receive undue favor and funding to that

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70 Matthew Walker, Chairman of the Department of Surgery, and Dorothy L. Brown, Assistant Professor, “Senior Extern Rotation Description of Duties, 1962-1963,” Box 7, Folder 9, Walker Papers, 1-2. For reference to patients treated between 1942 and 1948, see Twenty-Second Annual Message by Sir P. M. Smith Delivered at the Fifty-Ninth Annual Grand Session Held in Jackson, Mississippi (November 1948), Smith Papers, 5.

otherwise should not have been award such funds. For instance, the number of patients these facilities treated paled in comparison to large quantity of patients that flooded into the Taborian Hospital for emergency as well as preventive care. As a result of the high patient volume, the likelihood of deaths and delayed service increased considerably. The proficiency of Meharry Medical College residents at the Taborian Hospital, however, reveals that in spite of the high demand and limited access to on-hand funds, the hospital physicians and nurses exercised good judgement and precision in their care of black Mississippians. During the fifth year anniversary celebration, Smith offered the spectators and accounting of the hospital’s usage and needs. In his request for members to support to the Expansion Campaign, Smith revealed that Dr. George informed him that “although the hospital was originally designed to accommodate 42 patients, it has taken care of 85 at one time.”

The almost immediate concern over the issue of overcrowding prompted the leadership to formalize their plans to expand the facility.

Throughout the 1940s, hospital administrators boasted that the hospital “had been greatly responsible for reducing the mortality rate in Mississippi.” Dr. Rolf revealed that, “out of 428 operations performed in 1948, the hospital lost only one surgical patient.” The hospital serviced approximately 1,500 patients that year. To further support the claim that the hospital provided patients with quality care, Smith pointed to the state regulatory agency’s assessment that have the Taborian Hospital an “above average” rating. Between 1942 and 1951, the estimates

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72 “The Taborian Hospital” in Fifth Anniversary Celebration of the Taborian Hospital (12 February 1947), Smith Papers, 5.

73 “Miss Hospital Marks 7th Year,” The Chicago Defender (5 March 1949), 13.

74 Ibid.

75 Twenty-Second Annual Message by Sir P. M. Smith Delivered at the Fifty-Ninth Annual Grand Session Held in Jackson, Mississippi (November 1948). Smith Papers, 5.
reported by the organization to the State Insurance Department suggests that the Taborian Hospital treated between 16,494 and 20,613 patients throughout the Mississippi Delta.\textsuperscript{76}

On average, the hospital treated approximately 2,000 patients a year with the help of a dozen medical residents from Meharry Medical College who rotated through the Taborian Hospital every four months.\textsuperscript{77} Walter Sillers, Jr., Speaker of the State House of Representatives (1916-1966), reported during the ninth anniversary celebration of the Taborian Hospital in Mound Bayou, Mississippi that “In 1950, 2,006 patients were treated at the facility, 425 surgeries were performed, and operation deaths only two. A remarkable record for which Dr. [Garnet] Ice and Dr. [Philip] George and staff are to be congratulated.”\textsuperscript{78} It is safe to conclude that Taborian Hospital operated in the highest capacity, offering its patients above board medical care.

Between 1955 and 1956, the number of patient who sought treatment at the hospital peaked at over 6,000 per year.\textsuperscript{79} The reasons for the increase included the affordability of the hospitalization plan, the massive membership drives, as well as the publicity the hospital received during the decade.

By the 1960s, however, the number of patients treated at the hospital drastically declined as southern society gradually opened to black Mississippians. In 1964, residents performed ninety-eight major surgeries and 154 minor procedures. In 1965, Meharry Medical College

\textsuperscript{76} Correspondence to Jesse L. White, Commissioner of Insurance, State of Mississippi, from G. C. Shelton, Examiner, Dated 31 December 1951, Smith Papers, 7.

\textsuperscript{77} For instance, in 1949, 1883 patients treated. 130 births against only 59 deaths. There were only 2 deaths resulting from 403 operations, see Ibid., 7.

\textsuperscript{78} [Walter Sillers, Jr.] Handwritten notes for the program of the Nineteenth Anniversary Celebration of the Taborian Hospital at Mound Bayou dated February 1951. Walter Sillers, Jr. Collection, Delta State University Charles Capps, Jr. Archive, Cleveland, Mississippi (hereafter Sillers Collection). Letter from Walter Sillers, Jr. to Perry M. Smith dated January – March 1944, Sillers Collection.

\textsuperscript{79} Twenty-Ninth Annual Message by Sir P. M. Smith Delivered at the Sixty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 6, 1956), Smith Papers, 15-b.
resident performed 140 major surgeries, minor procedures 210, and treated 5,627 patients in the out-patient department of the hospital. As of March 1966, residents performed thirty-four surgeries forty-nine out-patient procedures. The number of surgical deaths totaled two. The Anti-Poverty initiatives of the mid-1960s paid a portion of the costs associated with the medical needs of lower income patients; thus, reducing the number of patients treated at the Taborian Hospital. Perhaps the hospital served its purpose. As access opened, the need for a separate facility lessened.

Smith wrote to Walter Bell Davis, Commissioner of the Mississippi State Insurance Department, to express concern about the solvency of the organization. Smith stated: “Since 90% of our membership is composed of people who are classified in the poverty category – they are eligible for free care at the Mound Bayou Community Hospital. Therefore, we are losing their membership and financial income. We aren’t sure of our proper direction.” Two decades prior, a report compiled for the State Insurance Department revealed “their annual statement for 1946…is in sound condition.” By the 1960s with an aging population eligible for Medicare, the organization struggled to meet its financial obligation.

The Taborian Hospital and Friendship Clinic dramatically increased black Mississippian access to care by the mid-1950s. According to a statistical analysis of “beds in hospitals,” there were 117 beds in Bolivar County in 1955 with 57 reserved for white patients and 60 designated

80 The Taborian Bulletin (December-February 1967), Smith Papers, 5.
81 Letter from George N. Sadka to Luberta Griffin Dated 31 March 1966. Box 1: Hospital Affiliations – Mound Bayou – Taborian Hospital – Correspondence. Folder 14: Hospital Affiliations – Mound Bayou – Taborian Hospital – Correspondence, Walker Papers.
83 Letter from Jesse L. White, Commissioner of Insurance to Henry Chapman, legal counsel for the Knights and Daughters of Tabor dated 4 February 1947, Beito Papers.
In contrast, the available beds for African Americans throughout the state was 1,689 compared to the 4,164 beds for white Mississippians. By 1955, Howard had left Mound Bayou for Chicago, Illinois and in his absence much of the support including staff and financial resources came from the nearby Taborian Hospital. Additionally, the Afro-American Sons and Daughters organization led by Thomas Huddleston in Yazoo City treated predominately black patients. The facility constructed in 1924, however, desperately needed repair by the 1950s. Arguably, there were three black facilities in the Mississippi Delta to provide black patients with medical care. Considering the financial limitations of both the Afro-American Hospital and Friendship Clinic, however, it is fair to attribute the increased access and availability of beds to the black health initiative inaugurated by the Knights and Daughters of Tabor almost twenty years prior.

Between the 1940s and 1950s, the population of Bolivar County swelled to approximately 63,000 with sixty-eight percent of the population of African American. Considering the population growth and the increased demand for access to care as the hospitalization movement swept across the nation, the Knights and Daughters of Tabor recognized that hospital needed assistance with its expansion project. During the annual grand session in November 1948, the men and women of the Knights and Daughters of Tabor “collected more than $2,500 in half an hour, for the Taborian Hospital. A total of $20,000 was collected to go into the organization’s coffers.”86 Though impressive the amount collected during

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85 Ibid.

86 “Taborians Get $2,500 on Hospital,” The Chicago Defender (27 November 1948), 3.
the annual session did not sufficiently cover the estimated cost of $100,000 “to extend its facilities and bring the bed capacity to 100 beds [original facility had 42 beds].”

Emboldened by the Hill-Burton Act of 1946 which provided medical institutions with funds for hospital construction and expansion, the Knights and Daughters of Tabor looked beyond its membership for financial assistance for the first time since the organization approved the plan to establish the hospital in 1938. Efforts to expand the facility to meet the need of the growing population, however, were repeatedly interrupted by the lack of recognition of the need for additional resources. Subsequent expansion projects were delayed after unfulfilled promises of financial support from the state and federal government. The assessment of need, however, was applied unfairly. Similar to way white institutions moved to the top of the list for funds with the misapplication the “efficiency standard,” the need assessment impeded black institutions like the Taborian Hospital from accessing funds. For instance, the Mississippi Commission on Hospital Care established in 1948 by the State Board of Health to determine the allocation of Hill-Burton funds and later to enforce the state’s harsh regulations, often rejected the Knights and Daughters of Tabor request for funds based solely on the presence of three black facilities in the area: The Taborian Hospital, Friendship Clinic, and the Afro-American Sons and Daughters Hospital. The decision of State Board of Health lacked an empirical justification. For instance, by the 1950s the Commission on Hospital Care stipulated that the Afro-American Sons and

87 Untitled document referred to by author as the “History of the Taborian Hospital and Request for Donations,” Smith Papers.


89 Letter from Leon Lippincott, M.D. to W. N. Etheridge dated 24 September 1933, Mississippi Department of Health, Jackson, Mississippi (hereafter referenced as Department of Health Papers), 1
Daughters Hospital was “not approved for resident and/or intern training.” Additionally, Friendship Clinic had a capacity of only twenty-five beds, at a given time.

In the late-1940s, in a bid to get access to federal funds, Smith joined the Mississippi Commission on Hospital Care Advisory Council and attended several meetings between 1948 and 1950. The Advisory Council worked in tandem with the Mississippi Commission on Hospital Care to identify the health care needs of the state and recommend the appropriation of funds for the construction and expansion projects in local communities. The decision to include members of the Taborian Hospital staff and its founding organization the Knights and Daughters of Tabor on the State Hospital Advisory Council came after black medical professional organized in protest to the blatant practice of state agencies. Those practices included, most poignantly, the exclusion of black institutions from receiving funds to modernizing their facilities and expand to accommodate the ever-increasing need of access to medical care. On May 13, 1947, “Negro dentists joined surgeons and medical doctors” united “in a blistering resolution to the Governor of Mississippi, the U.S. Congress, and the Secretary of the Interior, protesting the inequitable distribution of funds to whites and Negroes.”

The resolution revealed that while the population of the state was “equally divided between the races” the council was “composed of 44 white members and only two colored.” Between May and June, the State Hospital Advisory Council decided to extended invitations to prominent black members to represent black medical professionals and institutions.

Subsequently, Smith accompanied by two unidentified physicians from Mound Bayou, likely Dr.

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90 Public Health Service, “Inventory of Diagnostic and Treatment Centers,” Box 16, Folder Mississippi Nurses Association, Mississippi Nurses’ Association Records [manuscript], Mississippi Department of Archives and History, Jackson, Mississippi (hereafter referenced as Nurses’ Association Records), 1 and 6.


92 Ibid. It is a noteworthy point that neither of the “two colored” members were physicians, dentists nor nurses.
Philip M. George and Dr. T. R. M. Howard attended the State Hospital Advisory Council meetings on June 2, 1947 and December 8, 1947 in Jackson, Mississippi. During the meetings, Smith along with George and Howard advocated for training opportunities and staffing positions for black physicians in the state’s medical facilities.\textsuperscript{93}

Through his affiliation with the Commission on Hospital Care Advisory Council, Smith requested federal and state funds for expansion of the Taborian Hospital in Mound Bayou to accommodate the population increase and the needs of patients who convalesced at the facility. On April 10, 1950, after raising $45,560, the required local contribution in accordance with Hill-Burton policy, the commission approved state funds in the amount of $295,140 to fund Project Mississippi 30: the expansion of the Taborian Hospital. The plan proposed including the construction of an annex that would increase the total bed capacity to 67-beds.\textsuperscript{94} The early-1950s marked the most conciliatory and cooperative period between the fraternal organization and state agencies including the Commission on Hospital Care and the State Board of Health. For instance, Hugh I. White, Governor of Mississippi (1952-1956), visited the all-black town where he “addressed more than 5,000 persons at the 11\textsuperscript{th} annual celebration of the Taborian Hospital.”\textsuperscript{95} While the governor’s visit brought public attention to the hospital, the broader strategy sought to convince the State Commission on Hospital Care to release the funds previously allocated to the Taborian Hospital.

Within a year of receiving approval for the project, President Harry S. Truman ordered the reduction of appropriations allocated to the Hill-Burton program in 1951. As the nation’s

\textsuperscript{93} Minutes of Joint Meeting of Commission on Hospital Care and Advisory Council. June 2, 1947 and December 8, 1947. Department of Health Papers, 2.

\textsuperscript{94} For reference to the “25-bed addition to the Taborian Hospital,” see “Government Aid for Mound Bayou Hospital,” \textit{The Chicago Defender} (29 April 1950), 12.

\textsuperscript{95} “Governor Visits All-Negro City,” \textit{The Chicago Defender} (21 February 1953), 1.
involvement in the Korean War continued, health care expansion activity slowed across the country. After an initial allotment of $4,387,920 in hospital construction work to the state of Mississippi, Truman’s “stop order” effectively halted construction projects in Pontotoc County, Newton County, Sharkey County, Yazoo County, and Choctaw County. The reduction in funds to the state in the amount of $2,247,000 meant the State Commission on Hospital Care returned to its previous practice of employing the “efficiency standard” and need assessment to determine the projects the agency would fund with its reduced budget for the 1951-1952 fiscal year.

On January 20, 1952, the *Jackson Daily News* reported that “preliminary plans for 10 hospital projects to provide 906 beds to cost about $10,557,760 and seven health center projects to cost $858,164.” The proposed projects included renovating the Taborian Hospital in Mound Bayou to increase the bed capacity by twenty-five. By the next fiscal year, however, the State Commission on Hospital Care needs assessment did not recognize the need for additional beds in the following cities: Mound Bayou, Shelby, Cleveland, Shaw, and Rosedale. Despite the public relations campaign of the Knights and Daughters of Tabor, the Commission on Hospital Care withdrew Project Mississippi 30 in 1955. This meant without financial assistance from the Hill-Burton act, the organization had to independently raise the total funds for the expansion project.

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96 “Hospital Construction in State Affected by Truman’s Stop Order,” *Jackson Daily News* (17 November 1950), Box 8747, Folder Hospitals – Mississippi, Mississippi State Department of Health, Department of Health Collection.

97 Letter from Leon Lippincott, M.D. to W. N. Etheridge dated 24 September 1933, Department of Health Collection, 1.


99 Minutes of Joint Meeting of Commission on Hospital Care and Advisory Council. April 10 1950. Department of Health Papers, 7. The approval of Project Mississippi 30 resulted in the rejection of the Friendship Clinic request for funds, see Minutes of Joint Meeting of Commission on Hospital Care and Advisory Council. May 22, 1950. Department of Health Papers, 4.
The five-year period of uncertainty that delayed expansion activity because of state bureaucracy, however, did not halt independent efforts by fraternal leaders, particularly the Women’s Auxiliary, to raise funds for the various financial needs of the hospital. In fact, by November 1954, the organization initiated a massive fundraising campaign to raise an additional $50,000 for the expansion and modernization of the facility. The plan included provisions to better accommodate the busy maternity ward with the construction of a nursery and separate children’s ward for the surge of pediatric cases. After the expansion project, the hospital increased its bed capacity to fifty-two available beds. Dr. Earnest Perry identified “Such cases as Wiley Tumors in children between ages five and ten, more cases of Radical Mastectomies, due to carcinoma, and prostatimies are being more frequent today than in yester-year.” As a result, the proposed pediatric department included screenings for these types of cancers in children. The Board of Curators, the organizational committee tasked with coordinating the efforts to apply for federal and state funds to assist the organization address the increased demand for medical care, revealed “the kitchen and dining room, and proper storing and filing provisions must be installed.”

Arguably, the fundraising campaign revealed the undeniable fact that the organization could no longer afford to shoulder the financial responsibility for the hospital on its own. For instance, the slow accumulation of funds for the expansion project hinted at the fact that the membership of the Mississippi Jurisdiction could no longer make the large sum donations. Two

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100 Twenty-Eighth Annual Message by Sir P. M. Smith Delivered at the Sixty-Fifth Annual Grand Session Held in Indianola, Mississippi (November 1954), Smith Papers, 7.

101 “The Taborian Hospital,” [c.1960s], Administration Records 5.

102 The Taborian (April-June 1964), Perry Monroe Smith Papers, 9.

103 Twenty-Ninth Annual Message by Sir P. M. Smith Delivered at the Sixty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 6, 1956), Smith Papers, 16.
years into the campaign, the Board of Curators reported $2,213.91 in the expansion fund account. Steadfast in their commitment to the black health care plan, the Women’s Auxiliary successfully raised the funds. On May 11, 1962, the Taborian Hospital annex included storage space for linens, supplies, and groceries, out-patient department, a pediatric ward, loading dock for deliveries, and an emergency entrance/exit. Subsequent fundraising efforts, however, were least fruitful and with a reduced membership a more arduous process for women leaders. While the general pace of treatment at the hospital and organizational slowed throughout 1960s, the pediatric department treated, arguably, the most emergency cases including appendectomies and umbilical hernias.

The costs associated with travel and lodging expenses and the salaries for residents, interns, and staff as well as consultant fees increased the financial burden of Knights and Daughters of Tabor. Between 1955 and 1968, the Taborian Hospital entered a period of unyielding financial instability. Shortly after Dr. Howard left the hospital to open Friendship Clinic in 1948, Smith relied on Walker to recommend a qualified candidate who could seamlessly fill the position of chief surgeon for the Taborian Hospital. Dr. J. Hubert Clark received glowing recommendations from Drs. John Hale, Matthew Walker, and S. H. Freeman, “three of the most eminent surgeons in the South,” all of whom he studied under during his matriculation at Meharry Medical College. Clark had a thriving practice in Knoxville, nevertheless, he agreed to serve as chief surgeon (1948-1966). His responsibilities in Tennessee

104 Ibid., 12-13.
105 “Taborian Hospital Annex,” The Taborian (July-September 1962), Smith Papers, 7.
106 Ibid.
107 The Pediatric Department treated 150 children in 1966 with symptoms ranging from sore throat to tonsillectomies, see “The Taborian Hospital” The Taborian Bulletin (December 1966 – February 1967), Smith Papers.
required he travel frequently. Additionally, the facility assumed responsibility for the travel and boarding costs for Meharry Medical College residents. These expenses worsened the financial condition of the hospital.\textsuperscript{108}

According to a quarterly report in 1966, “the round trip fare to Taborian Hospital in Mound Bayou, Mississippi and board expenses en route” cost $25.13 for one medical student on rotation from Meharry Medical College in Nashville, Tennessee.\textsuperscript{109} According to the 1970 Budget for Mound Bayou Community Hospital, travel and board expenses for sixty-four medical interns totaled $1,920. The cost for consultants’ bi-monthly visits including travel and lodge amounted to $14,208. Walker received a salary in the amount of $10,000. The expenditures associated with staffing the hospital with competent and knowledgeable physicians totaled $54,763.12 in 1970.\textsuperscript{110} Between the 1950s and 1970s, the annual income for the hospital comprised mostly of revenue generated from hospitalization fees paid by members for thirty-one days of care at the Taborian Hospital varied between $100,608.68. and $170,000 annually.\textsuperscript{111} The expenditures for acquiring physicians, however, was nearly a third of the total income of the hospital in the 1960s. In the 1960s, the organization reported that the “approximate total annual

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\textsuperscript{108}“In Charge of Surgery” in \textit{Fifth Anniversary Celebration of the Taborian Hospital}, Smith Papers, 1.
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\textsuperscript{109}Letter from Matthew Walker to John Sharp Dated 21 March 1966, Box 1 Hospital Affiliation – Mound Bayou – Taborian Hospital – Correspondence, Folder 35, Walker Papers.
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\textsuperscript{110}“Letter from Matthew Walker, to Ralph Hines” Dated 25 November 1970. Box 2: Hospital Affiliation – Mound Bayou – Taborian Hospital – Correspondence – Personnel Salaries, Folder 18, Walker Papers. It should be noted that the average “Negro doctor made $14,000 a year” in 1948; while the salaries they represented a considerable portion hospital’s budget, the work at the hospital came a significant financial sacrifice for young black doctors, see “Your Negro Doctor,” \textit{Our World} (September 1954), Smith Papers, 17.
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\textsuperscript{111}For 1950s, hospital income, see Twenty-Ninth Annual Message by Sir P. M. Smith Delivered at the Sixty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 6, 1956), Smith Papers, 12-14. For 1960s, income levels, see Committee Meeting Minutes Held in Mound Bayou, Mississippi (19 August 1963), Smith Papers, 8.
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cost of operation of the Taborian Hospital $190,000.00.”¹¹² By 1965, the receipts showed that the costs of operating the hospital totaled $205,709.08.¹¹³

Critics of the facility levied allegations that hospital administrators mismanaged its accounts. The State Commission on Hospital Care cited the amount allocated to the salaries and expenditures of Meharry Medical College residents as evidence mismanagement. The state regulatory agencies did not take into consideration the racial and economic barriers that hindered the educational endeavors and professional aspirations of black Mississippians. The shortage of black physicians in the state meant that the hospital incurred additional travel expenses because of the distance black medical professional traveled to treated, otherwise ignored, black communities. As the founding organization, the Knights and Daughters of Tabor assumed the responsibility of supplementing the income to offset the difference. Unfortunately, the reshuffling of funds limited the other programs supported by the organization. According to the Chief Grand Scribe’s Report in 1967, the organization generated income of $60,805.21 of which less than half came from hospitalization plan fees.¹¹⁴ After expenditures including laboratory supplies that cost $4,347.34 and the cost of surgical supplies which totaled $8,368.91, the organization’s account balance stood at $581.30.¹¹⁵ Moreover, the low income generated from fees and fundraisers meant the hospital’s expansion fund only modestly grew over time between

¹¹² “12 Facts about the Taborian Hospital,” The Taborian Hospital (April-June 1964), Smith Papers, 18.
¹¹³ Letter from Ben B. Sayle, public accountant, to the Knights and Daughters of Tabor Dated 27 October 1965, Smith Papers, 2.
¹¹⁵ Ibid.
the 1956 amount of $2,213.91 to $50,000 in 1962 after the state-wide fundraising campaign to
modernize the hospital.\textsuperscript{116}

In keeping with the mission of the facility to offer quality and affordable health care, the
Knights and Daughters for Tabor kept the hospitalization policy cost low for its members.
Additionally, the fees associated with care for nonmembers remained low as well. In fact, Smith
boasted “the Taborian Hospital plan is the lowest in the state.”\textsuperscript{117} As a result, the policy remained
popular and affordable for many residents in the Bolivar County area. The revenue generated
from the dues collected by the Knights and Daughters of Tabor, however, barely covered the
administrative costs. In 1948, the organization offered members thirty days of hospital care at a
rate of $6 per year.\textsuperscript{118} Between 1951 and 1953, members of the Knights and Daughters of Tabor
paid a “minimum quarterly fee of $3.30 or $13.20 for the year” for the organization’s
hospitalization policy.\textsuperscript{119}

In an effort to keep pace with rising costs of medical supplies, in the late-1960s the
organization increased the hospital fee to $6.15 per quarter. The annual fee $24.60 for thirty-one
days of hospitalization “without additional charges” barely contributed to the operational costs of
the hospital.\textsuperscript{120} For patients that were not affiliated with the organization, the cost per day varied

\textsuperscript{116} Twenty-Eighth Annual Message by Sir P. M. Smith Delivered at the Sixty-Fifth Annual Grand Session Held in
Indianola, Mississippi (November 1954), Smith Paper, 7; Twenty-Ninth Annual Message by Sir P. M. Smith
Delivered at the Sixty-Sixth Annual Grand Session Held in Greenwood, Mississippi (November 6, 1956), Smith
Papers, 14; “Taborian Hospital Annex” in \textit{The Taborian} (July-September 1962), Smith Papers, 7.

\textsuperscript{117} Smith, “The Mission of Tabor,” Smith Papers, 10.


\textsuperscript{119} Handwritten notes on legal sized paper titled “Acknowledgement/Introduction.” Dated 6 March 1953. Box 1,
Folder 5, Sillers Collection. Between 1942 and 1946, the Tent Department hospital fee increased from $0.20 to
$1.00 per year, Twentieth Annual Message by Sir P. M. Smith Delivered at the Fifty-Seventh Annual Grand Session
Held in Greenville, Mississippi (November 4-8, 1946). Smith Papers, 5.

\textsuperscript{120} “The Taborian Hospital: Chief Project of the International order of Twelve Knights and Daughters of Tabor,” [c.
1960s], Smith Papers, 2. Prior to the increase to $24.60 per year, it was reported that the year hospitalization fee for

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between $5.00 and $12.50 per day.\textsuperscript{121} The effort to increase fees to cover the rising cost of health were unsuccessful, especially, as the average cost for hospitalization amounted to $62.00 per day.\textsuperscript{122} The most significant increases involved obstetrics cases. In 1962, the hospital assessed a fee of $15.00 for “normal delivery” to member patients.\textsuperscript{123}

At its peak the organization boasted membership roster of 40,000, however, by 1953 there were less than 20,000 members. If every member purchased a hospitalization policy, then the organization collected $264,000 a year toward the payment of medical services rendered and cost of maintaining the facility. At first glance, it appeared that the total operation cost for the hospital could be absorbed by the revenue generated for the hospitalization dues. In 1963, the organization reported an income of only $170,000 which suggests that not every member paid the hospitalization fees.\textsuperscript{124} The disbursements for that period, however, were in excess of $175,000.\textsuperscript{125}

The operating costs associated with the hospital included more than payroll and travel expenses affiliated with residents, interns and consultants from Meharry Medical College. The expenditures included equipment upgrades, salaries for ward, nurses, nurses’ aids, registered nurses, medical director, ward clerk, cooks, admittance clerk, pharmacist, supplies for operating

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  \item adults was $14.60 and $1.00 per year for juveniles in 1964, see Chief Grand Mentor’s Radio Message for Sunday, June 2, 1964 station WGVM, Greenville, Mississippi, Smith Papers, 2.
  \item The variation in prices depended on whether the nonmember preferred to convalesce in the general ward or private room, see “General Information about the Taborian Hospital, Mound Bayou, Mississippi,” The Taborian (July-September 1954), Smith Papers, 10. In 1954, the general ward rate per day for nonmembers was $5.00 and in 1964, the general ward rate increased only slightly to $8.50 per day ($12.00 per day for a private room), see Smith, “The Mission of Tabor,” Smith Papers, 29.
  \item “Please Hear and Understand” (c. November 1970), Smith Papers.
  \item Additionally, for boy babies a “charge of $10.00 for circumcision,” see Smith, “The Mission of Tabor,” Smith Papers, 29.
  \item Committee Meeting Minutes Held in Mound Bayou, Mississippi (19 August 1963), Smith Papers, 8
  \item Ibid.
\end{itemize}
and examination rooms, surgical instruments and materials. According to Dr. Asa Yancy, resident of surgical training program at the hospital (1947-1948), “the hospital simply could not take in enough money to sustain the expense of a modern physician and hospital.”\textsuperscript{126} G. C. Shelton, who served as examiner for the State of Mississippi Insurance Department, observed that “operating expenses appear not to have been reduced in proportion resulting in increased deficits in the hospital and expense funds.”\textsuperscript{127} Without consideration of the barriers erected by southern society with regard to obtaining manpower to work in the facility, it appears that the hospital suffered from mismanagement. Aware, however, of the fact that the state suffered from a shortage of medical professionals for much of the 1940 and 1950s it is understandable that the organization’s expenditures outpaced the revenue generated from the mostly lower and working class membership.

During the period of financial instability of the hospital, the Knights and Daughters of Tabor abandoned its previous strategy to expand the facilities’ bed capacity by independently raising funds for construction projects. Since both the Taborian Hospital and Friendship Clinic (renamed Sara W. Brown Memorial Hospital) experienced financial difficulties, the facilities merged in February 1967.\textsuperscript{128} The consolidation of personnel, supplies, and space meant the newly named Mound Bayou Community Hospital reduced its overhead by an impressive amount.\textsuperscript{129} The consolidation, however, resulted in a number of job losses. The merger only


\textsuperscript{127} Correspondence to Jesse L. White, Commissioner of Insurance, State of Mississippi, from G. C. Shelton, Examiner, Dated 31 December 1951, Smith Papers, 17-18.

\textsuperscript{128} “Notice of Training or Demonstration or Research Project” Dated 12 June 1967, Smith Papers, 2.

\textsuperscript{129} The new hospital applied for medical insurance with the Mississippi Valley Title Insurance Company in August 1967, see Letter from P. M. Smith, President of Knights and Daughters of Tabor and R. L. Drew, President of United Order of Friendship to Mississippi Valley Title Insurance Company Dated 30 August 1967, Smith Papers.
temporary pulled the hospital from the brink of financial collapse. The Office of Economic Opportunity approved a grant of $1,203,666.00 for a period of twelve months. On September 1, 1967, Ben B. Sayle, public accountant for the organization (1965-1968), notified scribe’s office that fraternal account with Shelby Bank was overdrawn by $4,800.38. By September 20, 1967, the organization sold the facility for $119,000. After the final payroll for the hospital dispersed and expenditures paid, the organization held $640.00 in its accounts. Although the organization remained affiliated with the hospital, it was no longer the black health care plan introduced by the Knights and Daughters of Tabor. The meeting minutes concentrated on compliance of Office of Economic Opportunity standards as well as Mississippi Commission on Hospital Care regulations.

The loss of Meharry Medical College as a partner and the supplier of manpower sped up the decline of the hospital. While the Taborian Hospital entered a period of financial instability and the ever-present threat of closure by the state regulatory agency, Meharry Medical College struggled to stabilize its enrollment numbers. “Fund cuts by the federal government have resulted in the loss of many talented students,” according to Dr. Louis Bernard, Department of Surgery at

The Surveyor’s Inspection Report suggests the policy was approved, see “The Surveyor’s Inspection Report” Dated 30 August 1967, Smith Papers, 2.

130 “Notice of Training or Demonstration or Research Project,” 3. The grant expired on July 31, 1968, see Ibid., 4.

131 Letter from Ben B. Sayle, public accountant, to the Knights and Daughters of Tabor Dated 23 October 1968, Smith Papers 2.

132 Ibid., 6. At the time of the assessment, the equipment was valued at $14,666.00 and property valued at $96,000.00, see “Purchase Agreement,” Smith Papers.

133 Ibid., see “Bank Reconciliations,” 9. In the 1990s, the organization purchased the facility from Tufts University after the school built its own facility and relocated closer to (the new) highway 61, see “Motion Order” [to authorize the purchase of the facility], K. Smith Papers.

Meharry Medical College.\textsuperscript{135} The relationship between Meharry Medical College and the Taborian Hospital ended with the reduction of student enrollment and the shift in the priorities of the surgery department after Walker retired from the position he held for over two decades. Between 1969 and 1971, Meharry Medical College drastically reduced the number of residents it deployed to the delta for rotations.\textsuperscript{136} In fact, between September 1971 and May 1972 eighteen residents rotated through the facility.\textsuperscript{137} Prior to the reduction, during a year of rotations nearly thirty students completed their residences at the hospital.\textsuperscript{138}

Additionally, the increase in training opportunities in other facilities meant Meharry Medical College students opted to complete their residencies at different facilities. Some student residents, however, like Robert J. Smith, who completed his rotation in the male ward of the Taborian Hospital where he focused on specialties in genitourinary (G. U.) and ear, nose, and throat (E.N.T.), desired to continue their residences in Mound Bayou where they felt most challenged by the variety of medical alignments and supported by the instructional atmosphere of the hospital.\textsuperscript{139} Upon reflection, Smith reflected that during the rotation at the Taborian Hospital he performed emergency operations including umbilical hernia repair, appendix removal on a pregnant patient, as well as a gunshot injury.\textsuperscript{140} In 1970, Walker opened a medical

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\textsuperscript{135} “Reveal Need for Doctors,” \textit{Chicago Daily Defender} (22 October 1973), Walker Papers. \\
\textsuperscript{136} Ibid. \\
\textsuperscript{137} Handwritten notes attached to Mound Bayou Community Hospital Clerkship Questionnaire, Box 2: Unprocessed, Folder 1: Reports, Proposals, Questionnaires, Walker Papers. \\
\textsuperscript{138} Department of Surgery: Senior Extern Master Schedule, 1961 – 1964, Box 5, Folder 5, Walker Papers. \\
\textsuperscript{139} “Assignments for Residents, 1961-1962,” Walker Papers. \\
\textsuperscript{140} Robert J. Smith (First Year Medical Student enrolled at Meharry Medical College and completed two rotations at the Taborian Hospital in 1961 and 1962) in discussion with the author 16 August 2013.
\end{tabular}
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facility in Nashville, Tennessee. Consequently, many medical students completed rotations at the Matthew Walker Heath Clinic rather than journeying to Mound Bayou.¹⁴¹

Figure 5.4: Prince Hall Shriners Fraternity with Smith (centered) and Sally Williams (left seated) and Lubertha Griffin (right seated) during visit to the Taborian Hospital to deliver donation

Source: Perry Monroe Smith Papers

For much of its history, the Taborian Hospital received financial support from generous well-wishers like the Prince Hall Shriners Fraternity and individuals donated $5,000 to the hospital fund.¹⁴² As the hospital experienced financial difficulties in the late-1960s, financial support and assistance acquiring funds and supplies came from a network of black institutions. In a correspondence sent to the Taborian Hospital on August 15, 1966, the International Afro-American Museum recommended officials contact “an organization in Detroit called World Relief. This organization provides free medical equipment, drugs, and supplies to non-profit institutions throughout the world. This organization has sent supplies to the scenes of civil rights


¹⁴² “Shriners Present Check to Taborian Hospital,” The Taborian (January-March 1963), Smith Papers, 12. “Shriners Give $10,000 To Aid Medical Research,” The Chicago Defender (4 May 1963).
activity in the South as well as mission hospitals and to other institutions in Africa and Asia.”143 It is not clear if the hospital, in fact, received supplies and resources from the relief organization but it is apparent that the difficulties were known to many who rallied to support and assist the hospital at Mound Bayou.

Soon after its completion, the Taborian Hospital became a powerful representation of black institution building and racial advancement. Prominent black organizations like the National Association for the Advancement of Colored People’s Race Relations Committee praised the hospital and publically endorsed its fundraising drives.144 For instance, in 1949 after the Mississippi Jurisdiction launched the campaign to raise “$2,000.00 for a diathermy and portable x-ray for the hospital,” the NAACP implored African Americans across the nation to support the black health care initiative in the Mississippi delta.145 In addition to support from organizations, the hospital remained an incredible source of pride for blacks dispersed across the nation and many of them mailed small contributions and offered their assistance. As publications highlighted the work of Meharry Medical College students at the hospital in Mound Bayou, Mississippi, individuals expressed interest in working at the facility. On March 1, 1970, Sister Maureen Brown conveyed her eagerness to participate in the community health program in Mound Bayou, Mississippi. The registered nurse from Youngstown, Ohio suggested the use of her skills in the area of health education.146


144 “Back Fund Drive for Hospital,” The Chicago Defender (18 March 1950), 5.

145 “Taborians Honor Founder on April 5,” The Chicago Defender (2 April 1949), 5.

146 Letter from Sister Maureen Brown to Lloyd C. Elam, President of Meharry Medical College Dated 1 March 1970, Box 2: Hospital Affiliation – Mound Bayou – Taborian Hospital – Correspondence, Folder 7, Walker Papers.
While the Taborian Hospital experienced incredible growth and received invaluable support from well-wishers, the hospital addressed a number of external factors that threatened the stability of the institution. From the intra-organizational dispute between Smith and Howard about the future of the organization to the financial instability that resulted from the decrease in patients examined and treated at the hospital, the organization entered an uncertain period. Additionally, two legal disputes threatened to tarnish the reputation of the facility. Smith, however, led the organization through the contentious period and ultimately to the peak years of participation and support which can be isolated into two waves: the first wave, 1942-1947 and the second wave, 1948-1956.

The earliest documented legal action against the hospital and its founding organization occurred in 1946 – a medical malpractice lawsuit.\footnote{Sanders et ux. v. Smith et al., No. 36214, Supreme Court of Mississippi (November 25, 1946). In his opinion, one of the Appellant Judges, J. Roberds, stated “I regret that this is the case, because apparently the death of this child was the result of the grossest kind of negligence or incompetence.”} Evelyn Sanders, a girl aged ten years, and her parents Ruth and Joe Sanders arrived to the Taborian Hospital for a routine tonsillectomy.\footnote{The case listed the name of the mother, Ruth Sanders, but the father’s name was omitted from the record, see Ibid. The United States Census, 1940 showed that Ruth Sanders was married to Joe Sanders in 1925. This is the best educated guess, based on the location information and general ages.} Like the young Eulah Peterson, who at nine years old was “anxious about going to a hospital, because people went to the hospital when they were sick and it was scary to go,” Evelyn likely clung to her parents for support and encouragement.\footnote{Eulah Peterson recounted her experiences of going to the hospital to seek treatment for an ear infection and bronchitis when she was nine years old, see Eulah L. Peterson, Ph.D., (former member of the Knights and Daughters of Tabor and former patient of the Taborian Hospital) in discussion with the author, 18 July 2013.} After a routine tonsillectomy at around eleven o’clock in the morning in March 1943, a nurses’ aid moved Evelyn to the recovery section of the hospital for continued observation. The child’s vigilant mother stayed at her bedside, retreating to the reading room momentarily. At one o’clock in the afternoon, Dr. Oswald
G. Smith and Dr. T. R. M. Howard made their rounds and checked on young Evelyn. Having been given the all clear by Dr. Smith who told the mother “go and get some lunch…[your] baby is alright,” Mrs. Sanders left her daughter’s bedside.¹⁵⁰ Thirty minutes later, Mrs. Sanders returned from “an unenjoyed lunch,” to find her daughter in a less than desirable state. Upon summoning Dr. Smith, who successfully attempted to give the young girl oxygen, pronounced her dead at a quarter to two p.m.¹⁵¹

Outraged and bewildered at the sudden loss of their daughter, Evelyn Sander’s parents secured legal representation from E. M. Yerger and Roberson Luckett of Clarksdale, Mississippi and J. T. Smith of Cleveland, Mississippi and filed a wrongful death suit against the hospital on March 1, 1943. The Taborian Hospital and the Knights and Daughters of Tabor shouldered most of the legal expense associated with the defense after the primary physician Dr. Smith relocated to Texas in July 1943.¹⁵² By 1944 when the trial started, Gladys East, the anesthetist who performed the surgery, relocated to Africa.¹⁵³ The Court found in favor of the doctor and hospital on the basis that the Plaintiffs failed to provide the necessary “expert testimony…to show that the doctor failed to use ordinary care.”¹⁵⁴ Nevertheless, the case, overall, cost the organization in excess of $17,000.00 – this figure did not include the cost associated with securing legal counsel.¹⁵⁵ Additionally, as Smith perceptively pointed out “Our institution of health suffered


¹⁵¹ Sanders et ux. v. Smith et al., No. 36214, Supreme Court of Mississippi (November 25, 1946).

¹⁵² Sanders et al. v. Smith, No. 35741, Supreme Court of Mississippi (January 22, 1945). despite having been served with a summons in 1943, Dr. Smith left the state of Mississippi

¹⁵³ Sanders et ux. v. Smith et al., No. 36214, Supreme Court of Mississippi (November 25, 1946).

¹⁵⁴ Ibid.

¹⁵⁵ Twenty-First Annual Message by Sir P. M. Smith Delivered at the Forty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-7, 1947), Smith Papers, 4.
from considerable destructive criticism.”

In 1948, the Knights and Daughters of Tabor and the Taborian Hospital were the co-defendants of another lawsuit – the case involved allegations of negligence on the part of hospital staff. At its core, the case centered on the assertion that the hospital was at fault because the nurses hired to work in the facility, particularly in the recovery ward were “incompetent.” Additionally, the suit claimed Sanders died because the hospital did not have enough nurses and ward clerks on staff the evening their daughter died. In response to the lawsuits, Smith argued the organization “always strives to take care of its legitimate claims in each benefit department, so as to make it unnecessary to invoke the rights to go into court.”

During a report on the status of the organization, Smith revealed the organization experienced a decrease of $25,996.24 in the revenue generated by the hospital in 1947. While Smith pointed out the enormous expense associated with defending the organization in court and the damage of public scrutiny on the organization’s reputation, Smith defiantly cited that the lawsuits were a “direct violation of Taborian Constitution.” While the conflict between Howard and Smith as well as the public scrutiny from the law suits threatened to irreparably fracture the organization,

156 Ibid.

157 International Order, Etc., v. Barnes, [No Number in Original], Supreme Court of Mississippi (November 22, 1948).

158 Ibid.

159 Ibid. Plaintiff’s counsel argued: “The custom and routine of a charity hospital in employing as nurses those without prior training and without examination as to their capacity, its failure to maintain a training school for its nurses, and its custom to ignore the absence of general and special educational qualifications, were relevant circumstances upon the issue of the exercise of reasonable care in the selection and employment of nurses.” In his opinion, J. Alexander reaffirmed the key issue was whether the hospital was negligent “in the selection of nurses.”


161 Ibid., 5.

162 Ibid.
Smith triumphantly stated, during his annual message, “Foul means and violent spirit employed to destroy our fine benevolent organization did not succeed.”\(^\text{163}\)

During Smith’s tenure as Chief Grand Mentor, the Mississippi Jurisdiction of the Knights and Daughters of Tabor, moreover, Perry Monroe Smith answered the call to “Take the Mountain” – the reoccurring fundraising slogan referenced the mountain as the health care needs of blacks in the Mississippi Delta. Influenced by the principle that charged Taborians “to always render the greatest service to the greatest number,” the order launched its black health care initiative.\(^\text{164}\) Considering that African Americans knew “in deeply personal terms the meaning of ill health and the lack of funds for decent medical and dental care,” the black community as well as organization members and health care providers joined forces to improve the health care status of blacks in the Mississippi Delta.\(^\text{165}\) Competent and skillful black physicians and, in the early years of the hospital, nurses from Meharry Medical College staffed Taborian Hospital. Between 1942 and 1960, residents at the Taborian Hospital admitted an estimated 32,705 patients for hospitalization with 82,046 individuals receiving out-patient services, 3,260 babies were delivered in the women’s ward, Meharry residents performed 8,870 major and minor surgical procedures, 56,844 x-rays were taken of patients’ chest and/or injured extremities, 92,872 laboratory tests were conducted including screening for venereal diseases and diabetes prevention, and patients convalesced in the hospital for over 287,700 days.\(^\text{166}\)


\(^\text{164}\) Twenty-first Annual Message by Sir P. M. Smith Delivered at the Fifty-Eighth Annual Grand Session Held in Mound Bayou, Mississippi (November 3-6, 1947), Smith Papers, 3.


\(^\text{166}\) “Brief History and Structure of KDT,” Smith Papers, 5; Kemper Smith, “History and Background of Tabor,” Smith Papers, 2; Minutes for the Twenty-Second Triennial Grand Session held in Oklahoma City, Oklahoma (August 16-19, 1960), Smith Papers, 40; and Smith, “The Mission of Tabor,” Smith Papers, 17.
The black health care initiative insisted on access to quality care for black Mississippians by rejecting the persist patterns of discrimination that required black patients endure the indignity of waiting until white patients are serviced to receive medical attention as well as paying higher fees for care provided by some white physicians. In short, this challenge to the status quo predates the later struggle for equality movements of the 1950s and 1960s. The activities of the Knights and Daughters of Tabor reflected the desire of black Mississippians to determine and implement their own ideas about health care. In keeping with the self-governance principle, the organization demanded full control of the administration and staffing of the facility. In fact, during the financially precarious period for the hospital, the organization and community fought publically to retain control of the facility because it represented not only increased access to convenient and quality care but their right to formulate their own health care plan. Black health plan set aside the State Board of Health assertion that adopted racially inflammatory ideas that suggested the presence of inherent health malformities in blacks.

Some historians have overstated the impact the hospital’s financial limitations had on the general facility and care rendered to patients. These individuals relied heavily on the opinions of former members whose actions in 1947 threatened to fracture the organization. From the perspective of patients and staff including Meharry Medical College residents, the hospital’s mission to provide low-cost medical care meant the founding organization sponsored numerous fundraisers that both members and nonmembers readily offered donations to fill the organization’s coffers. Additionally, physicians and nurses accepted incomes significantly lower than neighboring facilities like Bolivar General Hospital through the 1960s and 1970s. At its core, their commitment racial uplift and racial advancement meant that employees of the Taborian Hospital (later Mound Bayou Community Hospital in 1968) sacrificed, albeit
temporarily for rotating residents, their economic mobility. Members of the organization and employees of the hospital proudly celebrate the role the played in providing black Mississippians with health care. The Mississippi Jurisdiction of the Knights and Daughters of Tabor successfully provided African Americans in the Mississippi Delta with an autonomous space wherein they received dignified care without suffering the mental anguish that accompanied seeking treatment in segregated facilities. The organization provided black medical professionals with freedom to use their individual discretion when determining treatment plans for patients. While the policy stated that “no member with contagious incurable or social disease will be admitted to the hospital, the decision of the medical director being final in all cases.” This provision permitted Lowery, who served in the capacity of medical director from 1958 to 1972, to exercise a considerable degree of discretion.

An examination of the black health care initiative of the Knights and Daughters of Tabor reveals that the intersection of self-reliance and integration strategies. Hopeful that the federally mandated Hill-Burton Act provided a means for the financially strained organization to fund an expansion project, the leadership of the organization joined the Advisory Council and applied for funds. By 1954, however, as it became evident that the funds were not going to be released to the hospital, the organization resumed its strategy of independently raising funds for the projects and programs under the banner of the Knights and Daughters of Tabor. Unlike prominent black institutions like Provident Hospital in Chicago, Illinois, the Taborian Hospital had a reliable system in place that permitted members, most of whom were women, to solicit and acquire funds to meet the specific needs of the hospital.

167 Correspondence to Jesse L. White, Commissioner of Insurance, State of Mississippi, from G. C. Shelton, Examiner, Dated 29 January 1951, Smith Papers, 8.
Although the organization remained in a state of financial uncertainty, the strategies adopted by the organization protected its members from additional hardship that would have certainly followed the complete financial collapse of the Mississippi Jurisdiction of the Knights and Daughters of Tabor. Having learned the lessons of the founders whose overextension of credit and the subsequent inability to repay loans resulted in the financial decline of the many prominent communities, the organization executed construction projects and authorized purchases like the portable x-ray and incubators for infants only after funds were available. Nevertheless, the fact that the organization looked beyond its membership for financial contributions in the 1960s highlights the fact that the hospital entered a new and more uncertain future. Evidence for this claim is supported by the decision of the Board of Curators to apply for grants from private corporations like the Ford Foundation. The dissolution of the relationship with Meharry Medical College in 1970, the stringent regulatory standards of the State Commission on Hospital Care between 1954 and 1973, and the public battle with Mississippi Governor William Waller over federal funds from 1970 to 1973 accelerated the declination of the hospital.

\[168\] “The Taborian Hospital,” [c.1960s], Administration Records, 5.

\[169\] Intriguingly, Meharry Medical College aligned with the Delta Community Hospital and Health Center which operated out of the Taborian Hospital after the sale of the facility in 1968, see “Meharry to affiliate with Mound Bayou Hospital” (15 February 1973), Smith Papers.
“They Had the Brains but They Didn’t Have the Expertise”: African American Women Health Care Providers at the Taborian Hospital, 1940s – 1970s

They got them out the cotton field and trained them. They had the brains, but they didn’t have the expertise.
– Jessie Parker Lowery, 2013

Ethel Marion Anderson Brooks, daughter of Daniel and Dora Anderson who sharecropped in Belzoni, Mississippi, at the tender age of fifteen declared “the cotton field was not the place for her” and left the Mississippi Delta. The ambitious and driven fifteen-year-old prudently sought employment as a nanny with a local family who took her with them on their travels throughout the 1930s to Atlantic City, New Jersey, and New Orleans. Interested in nursing but unable to find a school willing to admit her, Brooks jumped at the opportunity to study nursing in the 1940s after the Taborian Hospital opened and announced it sought young women to enter the nursing program in Mound Bayou, Mississippi. With only a tenth grade

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1 Jessie Parker Lowery (wife of Dr. James L. Lowery, Jr., medical director of the Taborian Hospital, 1958 – 1972) in discussion with author, 9 December 2013.

2 For the biographical sketch of Ethel Marion Anderson Brooks courtesy of the Brooks family, see “Ethel Marion Brooks/Our Heritage” (received via email 19 February 2015).
education, Brooks excelled in the program that she described as a “strict and intense training program.”

By the 1950s, Brooks had returned to her childhood home to assist her ailing parents and younger sibling. As a result of limited employment opportunities in Belzoni, Brooks worked as a short-order cook in neighboring Ruleville for most of the 1950s. During this period, Brooks married Earl Brooks and had two children, Earlcine and Sam. It was not until the end of the decade that Brooks returned to her passion. Between 1959 and 1966, Brooks worked as a nurse for a local white physician in Drew, Mississippi – Dr. Albert C. Kimbriel. Astonishingly, it was not until 1970 that Brooks received a waiver bestowing upon her the title of Licensed Practical Nurse (LPN) with all the rights and privileges including a modest increase in her income to compliment her nearly two decades of service as a nurse. In the final years of her life, Brooks successfully merged her careers – as nurse and cook. In her capacity as nutrition specialist, Brooks instructed mothers in ways to make healthier meals; thus, healthier families.

This chapter seeks to argue that like Ethel Marion Anderson Brooks, many black women found it difficult to overcome the racial and economic barriers that impeded their ability to join the black health care initiative of the Knights and Daughters of Tabor in Mound Bayou,

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3 Ibid. Also Earlcine B. Carter (Daughter of Ethel Marion Anderson Brooks, Nurses’ Assistant enrolled in the Taborian Hospital Nursing Program in the 1940s; in 1959 continued work as a nurse for local physician in Drew, MS; obtained status as a Licensed Practical Nurse (LPN) in the 1970s) in discussion with the author, 19 February 2015. Biographical sketch from the Brooks family has her date of birth listed as 1927, father’s name Dan, and birthplace as Ruleville, MS; however, census records list Brooks’ date of birth in 1928, Brooks’ father’s full name as Daniel, birthplace as Humphrey’s County (Belzoni, MS), and reference to Brooks’ mother as a laborer and “unpaid worker, member of the family”, see U. S. Census, “Fifteenth Census of the United States: 1930,” 1930 United States Federal Census [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc., 2002 (accessed 19 February 2015).

Mississippi. For instance, societal factors including prevalent discriminatory practices excluded black women from admissions into nursing programs in their immediate vicinity. Additionally, economic limitations required women abandon the potentially costly pursuits to become gainfully employment in positions outside of the medical field. Here, this chapter observes the isolated rural areas complicated many women’s efforts to improve their socio-economic status. Aided by the preceding decades of institution building within the black community and the widespread health care crisis in the Mississippi Delta, many of these women consequently gained access. The nurses training program at the Taborian Hospital offered lower income black women the opportunity to contribute to the black health movement. As black women entered the medical field in impressive numbers, organizations like the Mississippi State Nurses Association erected barriers claiming they lacked proficiency.

The legacy of black women health care providers has its origins in the relationship between black enslaved women and white children and continued through the 1920s and 1930s as black midwives journeyed throughout the South delivering babies and caring for the sick in their homes. Under the supervision of the Bureau of Child Hygiene and Public Health Nursing of the State Board of Health, black women midwives provided prenatal care and post-partum care to both mother and child. The agency trained these black women midwives and issued permits authorizing midwives to practice in the state.\textsuperscript{5} Prior to the 1920s, midwives cared for mothers and infants without instruction and supervision from physicians; by 1939 the midwife permit required midwives work in concert with physicians. Like the professionalization of midwifery gradually pushed black women midwives out of the health care profession, the 1940s effort to

\textsuperscript{5} Felix Underwood, \textit{Manual for Midwives} (Mississippi State Board of Health, 1939), 4 and 11.
professionalize practical nurses increasingly marginalized the black women health care professionals.⁶

As nurses improved the quality of the field with stringent rules and laws governing the accreditation of schools and the examination process, many black women unable to travel to the approved schools and unable to pay the tuition were essentially shut out of the field. Hine observed, “Some of the policies they [white middle class nurses] adopted effectively denied black nurses opportunities for professional advancement.”⁷ Between 1900 and the 1930s the Mississippi State Nurses’ Association advocated for Practical Nursing Laws in the 1940s and 1950s that attempted to professionalize practical nurses. Simultaneously, practical nursing laws erected economic barriers that limited the “acceptable” facilities where black women health care providers could be trained. This stipulation ended the informal nursing program established at the Taborian Hospital.

The historical record must include treatment of black nurses who were essentially shut out of the professionalization movement by the long-standing tradition of discriminatory practices. These hurdles made it especially difficult for African American women in the lower rungs of the economic structure to provide substantively for their families. Therefore, it was improbable that these women would redirect family resources to assist them in their educational pursuits. Moreover, black women financially stable enough to invest in their education were

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⁶ For acknowledgement of black women’s contributions to the black health movement, see Darlene Clark Hine, Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950 (Bloomington: Indiana University Press, 1989), xi, and xix. For reference to the Mississippi State Board of Health led registration and training of midwives and eventual “elimination of midwives in favor of professional health care”, see Susan L. Smith, Sick and Tired of Being Sick and Tired: Black Women’s Activism in America, 1890-1950 (Philadelphia: University of Pennsylvania, 1995), 118, 121 and 146. For reference to the Mississippi State Nurses’ Association’s support of the laws, see “Report of the 37th Annual Convention of the Mississippi State Nurses Association,” The Mississippi State Nurses’ Association Bulletin (January, 1948), Nurses’ Association Records, The University of Mississippi Special Collections and Archive, Oxford, Mississippi, 4-5.

⁷ Hine, Black Women in White, 46.
limited to institutions that admitted African Americans. For blacks during the Jim Crow Era, historically black colleges and universities were vital to their social and economic aspirations. Institutions including Meharry Medical College, Mississippi Valley State University, Jackson State University, Rust College, Coahoma College, and Mississippi Vocational College served as factories of sorts producing both national and regional professionals whose mere presence challenged the racial demarcation.⁸

While some women navigated the far-reaching system of Jim Crow to become nurses and members of the professional organizations like the National Association of Colored Graduate Nurses (NACGN) and National Association of Black Nurses, many black women did not move into professional roles because of economic limitations. Shaw’s *What a Woman Ought to Be and Do* and Darlene Clark Hine’s *Black Women in White* expanded the treatment of health care providers to include black women nurses who “no longer consider it charity work” to provide medical assistance to needy members of their communities. Similarly, these women accepted their place in professional positions going so far as to integrate the American Nurses’ Association. Upon examination, black nurses in Mound Bayou reveal the complexities of institutional racism and economic limitations. Although many of these women did not have bachelor degrees, they were professionally trained by leading practitioners like Dr. Matthew Walker who initiated a forty-year long program to train black women interested in pursuing nursing as a profession.⁹ Perry Monroe Smith, International Chief Grand Mentor, proudly

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⁸ Laura D. S. Harrell, “Medical Services in Mississippi, 1890-1970” in *A History of Mississippi*, Richard Aubrey McLemore, ed. (Hattiesburg: University & College of Mississippi, 1973), 521. Mississippi Vocational College was established in 1950 to facilitate the training of “Negro teachers for teaching Negro public schools.” In 1960, the programs included “Practical Nursing for Negroes,” see “Facts about M.V.C” (Itta Bena: MVC Press, 1960), The University of Mississippi Archives and Special Collections, Oxford, Mississippi.

declared “our nurses possess the highest qualifications and efficiency.”

By the 1940s, the professionalization of practical nursing pushed black women out of the field because association claimed they were not knowledgeable of science. The suggestion of incompetency on the part of practical nurses was reminiscent of the 1920s midwifery regulations that restricted black women previously autonomous work with expectant mothers and infants.

The exclusion of these women is complicated by the widespread need for nurses to assist physicians as medical facilities sought to address the mounting health care crisis during the 1940s, 1950s, and 1960s throughout the South. The Chicago Defender published a notice “calling all graduate registered Negro Nurses” to contact Mrs. Eliza F. Pillars in Jackson, Mississippi. Considering the Mississippi Nurses’ Association did not permit black women to join the organization, the placement of advertisements in local and prominent black newspapers became the primary source of communicating with inactive nurses. Appeals to inactive registered nurses was the first step in addressing the need for health care professionals; however, increased need necessitated that medical institutions shift their strategy to address the need for competent health care providers. To address the need for nurses and provide blacks with access to adequate care, the nursing profession had to expand the field, which created a space wherein black women interested in becoming professionalized could accomplish these goals at an informal technical level. While a number of vocational programs emerged in the 1950s and 1960s to train and instruct practical nurses, two regional institutions pioneered the effort to

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11 “Negro Nurses in Mississippi!,” The Chicago Defender (2 November 1946), 7.
recruit and train black women health care providers – Meharry Medical College and the Taborian Hospital. As early as 1943, the Taborian Hospital actively recruited black women and provided the facility for physicians from Meharry Medical College to instruct and train these black women nurses.¹²

_The Crisis_ in May 1941 featured an article on Katherine C. Dandridge, a recent graduate of Meharry Medical College that placed her the “highest honor graduates in their respective fields.” The _Afro-American_ had a month earlier hailed her as “the first woman anesthetist in medical history.” She was sent to Mound Bayou to guide the organization of the facility. In a letter sent to Dr. Matthew Walker, Chair of the Surgery Department at Meharry Medical College, Perry Monroe Smith, International Chief Grand Mentor of the Knights and Daughters of Tabor, wrote “We are very glad indeed to have had Miss Dandridge with us for a brief stay. She gave us many helpful suggestions and we look forward to having her with us permanently.”¹³ Dandridge likely recommended the organization acquire a home where nurses enrolled in the program could reside.¹⁴ The _Report of Examination of the Knights and Daughters of Tabor_ compiled for the State of Mississippi Insurance Department observed that in 1942 “A dwelling [the Montgomery home] costing $4,000.00 was purchased for use as a nurses’ home, this property was paid for by

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¹² Ibid., 10, 12-16, and 190; “Facts about M.V.C” (Itta Bena: MVC Press, 1960), The University of Mississippi Archives and Special Collections, Oxford, Mississippi.


¹⁴ Meharry Medical College purchased a home for the young women enrolled in the nursing program. This is probably where Dandridge got the idea and after her years in the home, she likely understood the value of having a gathering place for women nurses.
the society and is carried as Real Estate owned” by the Knights and Daughters of Tabor.\textsuperscript{15} Under Dandridge’s leadership, the hospital provided above par care to patients. Lessie Taylor McClain, member of the Tabernacle No. 91 of the Knights and Daughters of Tabor, recounted “I don’t wish to be treated any better than I was treated there. The nurses were as nice and kind to me as could be and the doctors are so pains taking and polite, that I had to look and see if it was really I, in their care. Let me tell you, we have some of the sweetest nurses, the best doctors, and one of the finest hospitals that can be had in our section of the country.”\textsuperscript{16}

After serving in an advisory position, Dandridge joined the Taborian Hospital staff as Chief Anesthetist and Director of Nursing from 1943 to 1946. Dandridge was the ideal health care professional to assume the responsibility for training women nurses. During her matriculation at Meharry Medical College, Dandridge was proficient in the curriculum and principles of teaching, ward management and ward instruction. Shortly before Dandridge’s enrollment at Meharry Medical College, the school ended a joint educational program that instructed nurses to teach nursing.\textsuperscript{17} Therefore, the staff that Dandridge learned and trained under likely taught her the technical skill of nursing and the ways to instruct future nurses. This skill made her invaluable to the Taborian Hospital as it assumed responsibility for the education and training of its black women nurses.

In fact, under Dandridge’s leadership the Taborian Hospital established a practical nursing program, albeit informal, before “Mississippi’s first public training course in practical

\textsuperscript{15} G. C. Shelton, examiner for the State Insurance Department, \textit{Report of Examination of the Knights and Daughters of Tabor} (Jackson, Mississippi: Mississippi State Insurance Department, 1951), Perry Monroe Smith Papers, Mound Bayou, Mississippi (hereafter referenced as Smith Papers), 9; “The Deed of Sale of Montgomery Home to the Knights and Daughters of Tabor” Dated 10 January 1942, Smith Papers.

\textsuperscript{16} “Taborian Hospital A Blessing” \textit{Taborian Star} (March 1942).

\textsuperscript{17} “Meharry Closes Its Class for Graduate Nurses,” \textit{The Chicago Defender} (17 October 1936), 5.
nursing at County Hospital in Pascagoula” was established February 1951. It was during her tenure as the director of nursing that the post-operative death of young Evelyn Sanders, a ten-year-old, brought the hospital under increased scrutiny after the family filed a wrongful death lawsuit and Gladys East, the nurse anesthetist who performed the operation, went abroad to Africa in 1946 in the midst of litigation. Under her leadership, the Taborian Hospital’s Anesthesia Department rebounded and continued to train and instruct laywomen in the highly scientific process of putting patients under for major operations.

![Nettye Perkins c. 1940s.](image)

**Figure 6.1: Nettye Perkins c. 1940s.**


Following Dandridge who left the Taborian Hospital at the end of 1946 to continue her postgraduate work at Hubbard Hospital in Nashville, Tennessee, Nettye M. Perkins stepped into

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the newly created position as Superintendent of Nurses at the Taborian Hospital. After an intra-organizational conflict between Dr. T. R. M. Howard and Perry Monroe Smith threatened to fracture the Knights and Daughters of Tabor and interrupt its health care mission, Perkins provided the nursing staff with experienced leadership and a wealth of instructional knowledge. Perkins, a sixteen-year veteran Public Health Nurse was tasked with restructuring the nursing department.

During her tenure at the Taborian Hospital, Perkins likely instructed nurses in the highly technical procedure of screening for venereal disease and administering polio vaccinations as well as whooping cough and diphtheria treatments. In a paper delivered to a local radio station, Zona Jelks, the Advisory Nurse with the Mississippi State Board of Health stated in 1953: “The nurse is particularly interested in obtaining proper care for mothers and babies found to be infected…. The nurse teaches the importance of and offers to every expectant mother a blood test for syphilis, routine check of blood pressure, hemoglobin and urinalysis; chest x-ray; regular weight check; and guidance in good nutrition, in preparation of supplies, and in understanding pregnancy and delivery experience.” Under Perkins’ tutelage, Essie Mae Green Norwood, who at twenty-one years old joined the staff as a practical nurse in 1948, emerged as a skilled and “conscientious, competent, and dedicated” nurse. Norwood continued in her duties as X-Ray Technician with the Taborian Hospital for nearly thirty years.
Annyce Perkins Campbell, a native Mound Bayouian was amongst the first laywomen to be employed at the Taborian Hospital in 1942. Starting as a Nurses’ Assistant at seventeen years old, Campbell rapidly ascended to head the Obstetrics Department by the end of the 1940s after becoming a registered nurse. Campbell reflected on the nurses training program: “He [Dr. T. R. M. Howard] had night classes with them. And he took them to Memphis. He said Mississippi was not demanding that the nurses be licensed. But there would come a time, after we had gotten all of this experience and on-the-job training, Mississippi would demand licensed persons. And in as much as we had worked all these years, we wouldn’t be able to demand the pay. But we would be the people to carry on the load.”

As a result, the Taborian Hospital “always had good nurses, RNs, they had RNs and LPNs. They were always well staffed.” According to Campbell, in the early years of the hospital’s existence it was busy with providing care to emergency patients as well as routine care. Campbell reflected on her early tenure at the Taborian Hospital: “I was married then. My father and mother used to bring me out there on mules. I lived out east [of Mound Bayou], and he would, early in the morning, I’d ride that mule out there with him, and I’d ride out from on the mule out there with him, to work…I worked as a circulating nurse. Surgery and OB those were my pet positions, but I just loved to care for people.”


23 For reference to Howard’s insistence that nurses get licensed in Tennessee, see Annyce Perkins Campbell (Nursing Assistant, 1942 – late 1940s; later Registered Nurse until 1983) in discussion with the author, 4 October 2013 and Annyce Perkins Campbell (Nursing Assistant, 1942 – late 1940s; later Registered Nurse until 1983) in discussion with David T. Beito, 17 October 1995, 10. David Beito Oral History Collection, Delta State University Charles A. Capps Jr. Archives, Cleveland, Mississippi (hereafter referenced as Beito Oral History Collection).

24 Annyce Perkins Campbell (Nursing Assistant, 1942 – late 1940s; later Registered Nurse) in discussion with David T. Beito, 26 August 1996, Beito Oral History Collection, 15. For reference to her joy of caring for those in need, see Annyce Perkins Campbell (Nursing Assistant, 1942 – late 1940s; later Registered Nurse until 1983) in discussion with the author. For reference to Campbell’s family and their economically precarious position in the 1903s, see
Under the supervision of Louella Thurmond, who joined the staff in 1957, Campbell’s responsibilities at the Taborian Hospital frequently involved serving as a circulating nurse in both the surgical and obstetrics departments. By the 1950s, the needs of the hospital radically shifted and the new staff along with tenured nurses were prompted to assume multiple responsibilities. Thurmond recollected, “I have had to do some of everything there. You know like, even going in the kitchen to make breakfast a couple of mornings. So it was that type of thing, you know, the bonding. People from X-ray, if they were not busy, they helped us to serve breakfast and those kinds of things, you know. Everybody helped everybody, so we got the work done with few people.” For this reason, it seemed reasonable to employ a registered nurse with specified surgical and administrative experience. By 1955, Perkins returned to Hinds County
where she resumed her previous position as Public Health Nurse and Thurmond became Supervisor of Nurses.\textsuperscript{25}

While some black women health care providers managed to pursue and receive nursing degrees, historiography must be expanded to include the black women who provided above par patient care but due to their financial limitations struggled to obtain degrees required to become state certified nurses. This was the case for most black women who entered the field as laywomen trained by physicians and supervised by registered nurses. In an interview conducted in 1977 as part of the Washington County Oral History Project, Gertha Bridges, a registered nurse who worked at the Colored King’s Daughters Hospital in Greenville, Mississippi, commented “Anyone who could learn practical nursing from the doctor or the registered nurses, found employment” as an aid or nurse’s aide.\textsuperscript{26}

In the 1920s and 1930s, Bridges revealed, “They really just hired anybody they could get, a registered nurse or a graduate nurse, or just a plain practical nurse.” While some individuals highlighted the differences between the “graduate nurses and the untrained practical nurses” that perpetuated the notion that professionally trained nurses were superior, many women nurses acknowledged their long legacy of care. In a letter to \textit{The Mississippi RN}, an unidentified nurse wrote in 1949 “The practical nurses in this community are of the old line, very few of whom have had any training other than experience. Many of these gained registration by waiver, and

\textsuperscript{25} Louella G. Thurmond (Registered Nurse, 1957 – 1960s), see Nurses’ Board of Examination and Registration of Mississippi Roster of Nurses Who Have Registered for the Year of 1957. Box 16, Mississippi Nurses’ Association; \textit{The Taborian} (April-June 1964), Smith Papers, 7. For reference to Thurmond’s quote, see Luella Thurman [Louella Thurmond] (Registered Nurse, 1957 – 1960s) in discussion with David T. Beito, 27 September 1995, Beito Oral History Collection, 1-2.

\textsuperscript{26} Gertha Bridges (registered nurse at Colored King’s Daughters Hospital, 1929-1953), interviewed by Daisy M. Greene, 29 June 1977, Washington County Oral History Project, Mississippi Department of Archives and History, Jackson, Mississippi, 4.
fill a definite niche in caring for the convalescents and chronically ill outside the Hospital.”

Under the supervision of registered nurses including Rhonda Mae Williams, who served as the Superintendent of Nurses at the Taborian Hospital in 1949, these practical nurses learned to skillfully and efficiently care for patients.

In keeping with the assessment, black women health care providers worked in local hospitals and actively participated in patient care. Mrs. Earlee Thomson recounted the case of one woman: “An RN came in, who was the director of nursing at the hospital, and I guess she saw my potential. ‘She stated Earlee; you really need to go over to [Mississippi] Valley [State University].’ Then I said, ‘Well, I really don’t have the money to go to Valley.’ She said, ‘that’s all right, you need to go and become certified.’ She took me over there, one day in her car, and told them that she wanted me to go into the nursing program.” Thompson counted among the few women who pursued a degree in nursing. While Thompson stands out because she was supported and encouraged by registered nurses to pursue and obtain her degree and credentials, it is important to acknowledge the hurdles black women health care providers like Thompson were forced to overcome in their mission to provide medical care.

While medical institutions like Meharry Medical College offered scholarships for black women to attend the school of nursing, the fact that many of these women had responsibilities to care for their children and aging parents meant relocation, although temporary, to Nashville, Tennessee was impractical.

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27 On the hiring practice of the Colored King’s Daughters Hospital, see Ibid., 10. “Professional vs. Practical Nurses,” The Mississippi RN (August 1949), 7. Mississippi Nurses Association Records Collection, The University of Mississippi Special Collections and Archive, Oxford, Mississippi. Another nurse from Virginia wrote “We have found that practical nurses attempt to assume responsibility for which they have not been trained, and discuss patients and hospital affairs on the outside. I prefer the graduate of the hospital school,” see Ibid.

28 Souvenir Program of the Seventh Anniversary Celebration of the Taborian Hospital (12 February 1949), Smith Papers, 4.

29 Earlee Thompson (nursing assistant; later registered nurse c. 1972) in discussion with author, 2 August 2013.

30 “Want to be a Nurse? Meharry Scholarship for Three Freshmen,” The Chicago Defender (14 July 1951).
important to note that many of these women’s individual aspirations were limited by their economic circumstances. Here, it is important to acknowledge that these women’s inability to become professional was not a result of a lack of desire or work ethic but means. These women are not the black nurses examined by Darlene Clark Hine’s *Black Women in White* and Stephanie Shaw’s *What a Woman Ought to Do and Be*; rather many of these women did not have the necessary credentials – bachelor’s degree and state certification to command the salary to complement their work in medical institutions as essential member of the staff.

The Taborian Hospital administrators assisted some women obtain credentials including Licensed Practical Nurse (LPN) certification that required applicants complete the Mississippi State Board Examination. Aware of the financial burden that most training programs had on the women and their families, the Taborian Hospital’s in-service training program included wages for nurses’ aid and nurses’ assistants. After taking the LPN examination and falling short a mere ten points, Alberta Jackson recounted, “I didn’t go back. I didn’t have any transportation then, I had smaller kids at the house, so I said, ‘Well, I’m not going to go. I’ll just make out the best that I can.” Jackson settled into a new position within the hospital’s Dietary Department as a Nursing Assistant where she remained an essential member of the staff until 1983 when the hospital closed.31

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31 Taborian Hospital administrators Philip Moise George, Medical Director (1941-1958); James L. Lowery, Medical Director (1958-1970); Ralph Hines, Medical Director (1970-1974); and Howard Jessamy (1975-1983) recruited and encourage black women health care providers to become licensed and continue their educational pursuits, see “Mark 3rd Anniversary of Taborian Hospital Feb. 12,” *Chicago Defender* (12 February 1945) and see Jessie Parker Lowery (wife of Dr. James L. Lowery, Jr., medical director of the Taborian Hospital, 1958 – 1972) in discussion with author, 9 December 2013. It is important to reveal that the Taborian Hospital training program does not appear in Mississippi State Registry of Accredited Training Schools, Folder: Nursing Education: Accredited Schools – Psychiatric Training; Midwife Program Files & Photographs – Division of Public Health Nursing, 1911-1976; Public Health Nursing Files and Photographs, 1918-1980, Mississippi Department of Archives and History, Jackson, Mississippi. Alberta Jackson (ward clerk and nursing assistant, 1947 – 1983) in discussion with the author, 26 September 2013.
For young women with children determined to provide their families with a financially stable future, employment at the Taborian Hospital in any capacity was desired – as the hospital was a beacon of hope representing for women workers the possibility of economic mobility. Drucilla Robinson reflected on a period in her early twenties when she was desperate for employment: “I said, Well, Ms. [Pinkie] Thompson if y’all will pay me nurses’ aid pay, and just let me do nursing work.” Like Robinson, women flocked to the Taborian Hospital for positions as ward clerks, nursing assistants, cooks, and admittance clerks.  

In the 1960s, Annie B. Hall, a new-young mother residing in nearby Shelby, Mississippi, decided to pursue the opportunities available to young blacks in Mound Bayou at the Taborian Hospital. There Hall was trained to administer and dispense medications in the hospital’s pharmacy first as a clerk and later as a technician under the supervision of Dr. Cottrell W. Wrenn, pharmacist of the newly established pharmacy department. Hall, the child of local tenant farmers McKinley and Ruby Hall, was resigned to working in the hospital as a pharmacy technician because it was more money than she could have imagined earning as a farmer in the Delta. Despite the unforeseen consequences to her and her family, as she was refused a job previously promised to her because of her decision to seek treatment at the black hospital down the street. Hall recounted “The Lord works in mysterious ways because I went to work where my baby was born.”

32 Drucilla Robinson (nursing assistant, 1964 –1975; licensed practical nurse, 1978 – 2005) in discussion with the author, 9 December 2013. Important to note that smaller facilities were oftentimes considered a last resort because of the inability to pay nurses higher salaries and the expense associated with housing, see Mrs. J. Oridge, “Nursing Service Problems in the Small Hospital,” The Mississippi State Nurses Association (January 1945), 4-5. Mississippi Nurses’ Association Records Collection, the University of Mississippi Special Collections and Archive, Oxford, Mississippi.

33 K. Harreld Smith, “The Taborian Hospital: A Success Story,” The Taborian (April – June 1964), 8. Annie B. Hall-Elion (clerk and pharmacy technician, 1969 –1983; currently employed at the Delta Health Center in Mound Bayou, MS) in discussion with the author, 16 March 2014. For acknowledgement of the Pharmacist at the Taborian Hospital, see The Taborian (April-June 1964), Smith Papers. Hall did not reveal the name of the local white doctor, who refused to hire her after learning that she had sought a second opinion at Mound Bayou.
Hall continued in the position of pharmacy technician for over forty years – through the tumultuous period of the 1960s and 1970s as the hospital underwent administrative changes, mergers and inevitably its closure in 1983. Hall, like other female health care providers, was offered an opportunity to pursue her educational endeavors. In 1969, shortly after establishing the Delta Health Center in Mound Bayou, Mississippi, Tufts University offered scholarships for young women seeking to obtain nursing degrees. As a new mother unwilling to leave her child behind in Shelby, Mississippi to be cared for by her parents, Hall decided to remain in Shelby and not pursue the nursing program in Boston, Massachusetts. The reoccurring theme of women remaining in the Delta to care for young children, ailing parents, or younger siblings was in many instances an unyielding obstacle. As a result, many women were forced to abandon their positions as health care providers to pursue other employment opportunities. These women’s paid work was necessary for the survival of several generations.\textsuperscript{34}

As a nurses’ aid, Susie H. Lloyd performed the painstaking task of preparing patients for surgery and monitoring incisions post-operation. Also Lloyd worked in the nursery cleaning and caring for newborn infants. Lloyd worked diligently in the hospital for a few months in 1958 to help her family settle into their new home after relocating from Oxford, Mississippi. Although Lloyd moved on to explore other opportunities, her relationship with the Taborian Hospital continued as she went on to deliver her children at the hospital in 1960, 1964 and 1966, respectively. During the 1960s, Mrs. Etta Perteet worked in the Nursery Department where over 2,871 babies were delivered at the Taborian Hospital between 1942 and 1983. By 1979, Mamie Tate joined the ranks of nursing assistants who worked in the modern ward with nine bassinets.

\textsuperscript{34} Annie B. Hall-Elion (clerk and pharmacy technician, 1969 –1983; currently employed at the Delta Health Center in Mound Bayou, MS) in discussion with the author, 16 March 2014.
and two incubators for premature infants. Tate recounted “I enjoyed the babies so much, I would sit there, and we were not allowed to bathe the babies, but we could wash their faces, and then they would be crying and then I’d put a little oil on them and they’d just lay. We’d turn the radio on and they seemed to just enjoy that.” The nursery ward, arguably, the busiest department in the hospital provided mothers and infants with quality prenatal and postpartum care.35

Considering that many women viewed the hospital as a temporary means to support their families, many members from the same family often sought employment at the Taborian Hospital. The Anderson family’s matriarch Eloise Anderson joined the staff in 1954 at the age of 24 after graduating from the School of Nursing at Mercy Hospital in Vicksburg, Mississippi. Anderson remained at the Taborian Hospital where she was employed as a Licensed Practical Nurse until 1983 when the facility closed. In the 1960s, Alma Anderson, the wife of Dan Anderson who was Eloise Anderson’s oldest son, worked at the hospital in the personnel department. Following in their mother’s footsteps, Dyanne Aldritch and Nazaree Booker joined the staff in the 1970s, and both worked as admitting clerks until leaving to continue their educational endeavors. In 1973, Booker a recent high school graduate left Mound Bayou Community Hospital to work at Delta State University as a librarian until she retired in 2011.

Clearly, the Taborian Hospital played an important part in altering the economic status of women in the Mississippi Delta – it served as a launching pad for women who needed economic resources before pursuing other opportunities and for some it provided a much needed stable

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35 Susie H. Lloyd (nurses’ aid, 1958; 1970 – 1983) in discussion with the author, 28 March 2013. Note: Susie Lloyd moved to Mound Bayou “for a job.” Her motivation supports the argument that the hospital attracted many Mississippians who wanted to improve their economic status. Also it supports the assertion that the hospital appealed to and was supported by many African Americans outside the Delta. Smith, “The Taborian Hospital”, 14. Mamie Tate (Nursing Assistant, 1979-1983 at the Taborian Hospital; renamed the Mound Bayou Community Hospital in 1966) in discussion with the author, 9 September 2013.
place of employment in a place where racial and social barriers often impeded economic
mobility.\footnote{Nazaree Booker (admitting clerk, 1971 – 1973) in discussion with the author, 13 June 2013. In her interview, Nazaree Booker recounted that her mother worked as a nurse at the Taborian Hospital. She revealed that Eloise Watson Anderson received an LPN certification from a school in Vicksburg, Mississippi. Considering there were two facilities in Vicksburg that offered educational training, it was likely Mercy Hospital - which accepted black patients and trained black nurses as early as 1952, see “5,573 Hospital Beds in State Counted; Building Program Gains Reviewed” in Jackson Daily News (20 January 1952), Mississippi Department of Education, division of Vocational Education, Health Occupations Annual Report in the Mississippi Nurses’ Association records, Mississippi Department of Archives and History, Jackson, Mississippi.}

Despite often not being able to obtain the necessary state credentials that promised higher wages and social mobility, many women health care providers at the Taborian hospital received technical training from Meharry Medical College physicians, who enjoyed a forty-year collaboration with the Taborian Hospital. The relationship that proved mutually beneficial as the hospital gave black physicians opportunity to continue their professional training while also instructing women nurses in technical and procedural patient care. Dr. Byrd trained Alberta Jackson to chart patient symptoms, diagnose diseases, performed procedures, list of medications, nurses and doctors responsible for the patients’ treatment, and read lab results. Considering the Taborian Hospital received hundreds of physicians from Meharry Medical College who rotated every three months, the importance of properly charting patients’ records cannot be overstated. The fact that physicians placed such an important procedural duty in the hands of these nurses’ aides and nursing assistants speaks to the level of confidence they had in these women’s abilities.\footnote{Alberta Jackson (ward clerk and nursing assistant, 1948 – 1970) in discussion with the author, 26 September 2013; Kemper Harreld Smith, “The Taborian Hospital: A Success Story,” The Taborian (April–June 1964), 12; and Earlee Thompson (nursing assistant; later registered nurse c. 1972) in discussion with author, 2 August 2013.}

Some women health care providers learned more technical procedures as well. When administrators became interested in modernize the hospital’s surgical capacities, physicians enlisted the services of women who showed interest and a desire to assume more responsibility
in providing poor blacks in the Mississippi Delta with health care. Earlee Thompson stood out as one such individual who as the laboratory technician learned to properly and safely x-ray patients and as a nurse’s aide learned to give anesthesia by dropping ether. She did this while working at the Taborian Hospital. Thompson spent several weeks in Nashville, Tennessee at Meharry Medical College under the tutelage of Dr. Garnet T. Ice. While there she was instructed on the “sciences and how to do the anesthesia, the effects of it all, how to use the gas machine, and how to intubate” a patient. Upon further reflection, Thompson lamented “all of this is amazing because I had no formal training.”

Proficient in the technical skill of anesthesia after further training at the Veterans Hospital in Tuskegee, Alabama, Thompson returned to the Taborian Hospital where she worked in the operating room where her responsibilities included: “Communication with patient regarding potential dangers, verify identification, impeccable recording keeping such as medication history, reactions to medications, blood pressure, pulse and respiration readings, knowledge of weight based medication chart, and updating patient records for a minimum of forty-eight hours post-surgery.” The training of women health care providers included “The best anesthesiologist that we had, ever had over there in the hospital – Lord help me to tell the truth. And if it’s a lie, a whole lot of folks done told that lie, and they still tell it, was Earlee Thompson”: proclaimed, Annyce Perkins Campbell, a Registered Nurse at the Taborian Hospital.

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39 Earlee Thompson (nursing assistant; later registered nurse in 1972) in discussion with author, 2 August 2013.

40 Memorandum titled “Sara Brown Memorial Hospital” Unknown Name and Undated. Box 4: Hospital Affiliation – Mound Bayou – Sara Brown Hospital – Anesthesia Department, Folder 1, Walker Papers, 6. Earlee Thompson
In the 1960s, Geneva Lee learned to instructed to “give open-ether and intravenous pentothal” from Dr. Edwin P. Burton, who served in the position as medical director of the Sara Brown Memorial Hospital, previously named Friendship Clinic established in 1947 after Dr. T. R. M. Howard resigned from his post as Chief Surgeon at the Taborian Hospital. In a memorandum to Matthew Walker, Chief of Surgery at Meharry Medical College, Burton boasted between 1963 and 1966 that Lee served as anesthetist for seventy-two major surgeries and eighty-four minor procedures; during this period; only one patient died in-procedure. Despite the praise she received and fact that during this period she managed to perform her duties and become a licensed practical nurse, Lee’s status as resident anesthetist earned her a mere $300 a month.  

Figure 6.3: Photograph of the former Sara Brown Memorial Hospital (renamed Mound Bayou Community Hospital).  
Source: Matthew Walker Papers, Meharry Medical College Archives

For reference to Dr. T. R. M. Howard’s tenure at the Taborian Hospital, see “Post-War Building Boom Seen in Mound Bayou by Founders,” Chicago Defender (20 March 1943); “Mark 3rd Anniversary of Taborian Hospital Feb. 12,” Chicago Defender (10 February 1945). Memorandum titled “Sara Brown Memorial Hospital” Unknown Name and Undated. Box 4: Hospital Affiliation – Mound Bayou – Sara Brown Hospital – Anesthesia Department, Folder 1, Walker Papers, 1-2 and 4. In comparison, a Licensed Practical Nurse monthly salary averaged $560 in 1965. As a result of the budget restraints of the facility, it was not possible for administrators to fill the position of Anesthetist a position occupied by Lee with a registered nurse because many of the eligible candidates would not find the low salary acceptable. For this reason, it was recommended that “top salary should be offered an Anesthetist as this is the only way to secure one. We want good reliable personnel with no less than 5 years of experience. The salary should be no less than $700 a month”, see Ibid. It should be noted that Thompson’s salary in 1966 was $260 a month; therefore, it is understandable why she was chosen for the position over Lee – she cost less to employ.
In 1966, as the administrators of both the Taborian Hospital and Sara Brown Memorial Hospital (previously named Friendship Clinic) ironed out the details of consolidating personnel and eliminating duplicate departments and positions which was part of the merger agreement, Lee was downgraded from her position as in-house anesthetist to “caring for post-operative surgical patients.” The decision was made to retain Mrs. Earlee Thompson as anesthetist technician at the newly formed Mound Bayou Community Hospital because of her dual capacity as laboratory technician. In the post-World War II period, nearly all industries witnessed wage increases such as: steel, coal, electrical, shipping, chemical, and manufacturing. While the health care industry grew to rank fourth as the “largest business enterprise in the United States,” health care worker’s wages did not keep pace with the rapid expansion of the industry. As a result, health care organization like the Mississippi Nurses’ Association unionized and demanded increased wages. Unfortunately, black women health care providers like Lee and Thompson were left behind.

Pinkie Thompson worked at the Taborian Hospital as a Nursing Assistant and later licensed practical nurse in the Surgery Department. Mrs. Annyce Perkins Campbell, who worked as a registered circulating nurse in the 1950s, recalled, “Now, Ms. Pinkie never was able to pass the written. But Dr. Howard said ‘if you work a certain number of years with a doctor that counted as training, then she was able to get waivers.’” Between the 1950s and mid-1960s, the Taborian Hospital boasted a superior and competitive anesthetist department. Campbell praised

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42 Ibid. According to Asa Yancy, “Predominately black hospitals closed because of the economics. They began to develop the technology with expensive machines. Nurses’ salaries went up. Anesthesia was required. And the accreditation process came into being,” see Asa Yancy (extern on rotation from Meharry Medical College, 1947-1948) in discussion with David T. Beito, 14 December 1995, Beito Oral History Collection, 15.

“When the operating room was setup and they were to go to surgery, if Ms. [Earlee] Thompson wasn’t there, or if Ms. Geneva Lee wasn’t there, or if Ms. Pinkie Thompson wasn’t there, that was a no-no for them.” Campbell continued, “They did more surgeries there, more tumors and things removed. Together they did as many as “eleven surgeries in one day.”

In 1964, there was a widespread recruitment effort to attract the next generation of prospective black nurses. As an extension of the federally sponsored Manpower Development and Training Act of 1962, which was designed to address unemployment throughout the nation, the Mound Bayou Community Hospital with the Mound Bayou superintendent of schools established the Nurse’s Aide Training Program on September 14, 1964. Upon completion of the initial application and entrance examination proctored by the Mississippi Employment Service, fifteen girls and women including twenty-year-old Lillian Daughrity enrolled in “reading, writing, and arithmetic skills.” During the final week of the six-week training program, Marliee Lewis Lucas, a registered nurse who graduated from the Tuskegee Institution in May 1958 and joined the staff at the Taborian Hospital that summer, instructed the enrollees “on giving good patient care.”

By 1965, forty women with at least an eighth grade education successfully completed the training; thus, enabling them to seek employment “in any hospital in the United States of America” in the position as nurses’ aid. The Nurse’s Aide Training Program provided women interested in pursuing careers in the medical field the opportunity to train in different facilities.

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44 Annyce Perkins Campbell (registered nurse, c. 1940s – 1983) in discussion with the author, 4 October 2013.

45 Gladys Roth Kremen, “The Origins of the Manpower Development and Training Act of 1962” (retrieved 7 September 2015 via http://www.dol.gov/dol/aboutdol/history/mono-mdtadtext.htm), 1. For reference to when Marliee Lewis joined the staff, see The Taborian (July-September 1958), Smith Papers. For reference to her leadership in the training program in 1964, see “Manpower Development and Training Program Conducted in Mound Bayou,” The Taborian (July-December 1965), 18. Mrs. Evelyn Dantzler and Mrs. Mildred Coleman who led patient care and charting procedures during the six-week training program from 1964 to 1965 joined Mrs. Lewis. “Nurses’ Board of Examination and Registration of Mississippi Roster of Nurses Who Have Registered for the Year of 1957,” Box 16, Mississippi Nurses’ Association.
that focused on a variety of specializations including: “East Bolivar County Hospital in Cleveland, Mississippi; Shelby Community Hospital in Shelby, Mississippi; Mount Sinai Hospital and Cook County Hospital in Chicago, Illinois.”

The demand for health care workers increased steadily through the 1970s. According to an article published in the Chicago Defender, “There are jobs for people who like to work with their hands, for the good mixers who enjoy working with people, for math or science experts, for clerical types, for the business minded, for those who have a flair for cooking or an easy way with household chores, for teacher types…Some 150 different and interesting health care jobs are available.”

The article continued “for each of the nation’s 350,000 physicians there is a need for 10 allied health career workers.”

Black women throughout the Mississippi delta answered the call and participated in available training programs. By 1970, a survey on the nation’s hospitals revealed “the fact that the majority of service workers or non-professionals are women and/or blacks, Mexicans or Puerto Ricans. The oppression of minority citizens, particularly Blacks, has been evident for years in our hospital system. This fact has been evident in our government hospitals such as the Veterans Administration hospitals.”

Some women had mentors who recognized their talents and insisted that they pursue formal training in neighboring institutions. Unfortunately, many black women the lacked access to institutions of higher learning. The limited space in programs willing to admit black students for example, proved a difficult hurdle to their professional aspirations. Members of the

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46 Lillian Daughrity Gray (nurses’ aid, 1965; born at the Taborian Hospital in 1945 to Willa May and Albert Daughrity) in discussion with the author, 12 November 2013. “Mississippi League for Nursing, Mississippi Nurses’ Association records.


48 Ibid.

Mississippi Nurses’ Association gathered in 1960 to attend a seminar called, “Reappraisal for Nursing Needs and Resources Workshop,” to address the state of health care in Mississippi. While the majority of the report focused on the expansion of resources to white Mississippians, a number of members referenced the critical need for nursing programs and training opportunities for black nurses charged with caring for the state’s large population of black residents. The Mississippi Commission on Hospital Care led the recruitment efforts for the state as the Commission’s executive director, Dr. D. V. Galloway, ensured the states hospital expansion plan included facilities to education and train the estimated 3,697 registered nurses and 2,923 practical nurses the state of Mississippi needed on its rosters by 1955 to address the health care needs of the state’s residents. Once again, most of the resources went to institutions like County Hospital in Pascagoula and Mississippi College in Clinton, dedicated to the education and training of majority white female nurses.50

In rare instances women aspiring to become a health care provider attended programs at Jackson College established by the Board of Nurses’ Examiners in 1951. The nurses’ professional development typically, however, lacked access to institutions providing clinical training. Aware of the facility in the Delta that catered to the black community, Foster Flower, Executive Director of the Mississippi Commission on Hospital Care (1950-1960), pointed out that there was a facility in Mound Bayou available to “Negro R.N.’s.” Clearly the Taborian Hospital offered a place where black nurses continued their professional development, but the

50 Mississippi Nurses’ Association Records, Reappraisal of Nursing Needs and Resources Workshop April 4-9, 1960 (Mississippi Department of Archives and History: Jackson, MS) 7; Mississippi Department of Education, Division of Vocational Education; Methodist Hospital School of Practical Nursing (Hattiesburg, MS), MHSPN Book 1969 (Mississippi Department of Archives and History: Jackson, MS) 13; “First Practical Nursing School,” The Dixie Guide (February 1951), Folder Nursing, Mississippi State Department of Health; Mississippi State Board of Health, Public Health Library Subject Files, 1931-1985, Mississippi State Archives and History: Jackson, Mississippi; and “State Needs 2896 More Nurses Report Shows,” Clarion-Ledger (20 November 1955), Folder Nursing, Mississippi State Department of Health; Mississippi State Board of Health, Public Health Library Subject Files, 1931-1985, Mississippi State Archives and History: Jackson, Mississippi.
Mississippi Nurses Association failed to address the obstacles many women faced in gaining access to institutions of higher learning. Without successfully completing bachelor degrees, black nurses’ economic mobility remained restricted and professional development curtailed.\textsuperscript{51}

African American women needed not only a place for continued professional development but also was access to schools willing to admit and train black women in nursing. According to the Mississippi State Board of Examiners for Nurses, out of a roster of more than 1300 names only 18 black women in 1939 registered as active nurses with state issued credentials.\textsuperscript{52} Some argued the underrepresentation of black women within the nursing profession resulted from a lack of interest in the field. A member of the Mississippi Nurses’ Association echoed this misguided sentiment during a meeting about the need for black nurses to treat black patients currently cared for by white nurses.

Similarly, R. N. Whitefield, Secretary of the State Board of Health argued that the state “could use more colored nurses but could not get them.”\textsuperscript{53} This assertion does not explain the gradual increase in the number of black nurses by the 1950s. Coincidently, the number of black


\textsuperscript{52} Dr. H. A. Ware of the Colored King’s Daughters Hospital trained black women nurses at Matty Hersey Hospital in Meridian, Mississippi, see Lela Minerva Graves (Registered Nurse, 1928-?), interviewed by Daisy M. Greene, March 27, 1978, Washington County Oral History Project, Mississippi Department of Archives and History (Jackson, MS), 1.

\textsuperscript{53} Mississippi Nurses’ Association Records [manuscript], \textit{Reappraisal of Nursing Needs and Resources Workshop}, Mississippi State Board of Examiners of Nurses, Nurses’ Board of Examination and Registration of Mississippi Roster of Nurses Who Have Registered for the Year of 1957 (Greenwood, MS: The Board, 1957), 7.
nurses in the state increased with the establishment of vocational programs that targeted lower income individuals. Additionally, federally sponsored programs like the United States Public Health Service initiative contributed to breaking down, otherwise impenetrable barriers to black women’s access to professionalized nursing. The success of these programs became clear by 1957 approximately twenty-five black women provided health care in Bolivar County – an area of the Delta that had been severely neglected in terms of health initiatives sponsored by the state of Mississippi. Although not representative of the population but noteworthy, the increase indicated the desire of black women to embrace professionalized careers. Nevertheless, black nurses struggled to gain access because of financial hurdles. A number of national medical fellowships became available to aspiring black physicians and white female nurses, but generous support for black women in Mississippi remained marginal.54

Moreover, black institutions struggled to obtain the financial support necessary to implement health programs like the state’s immunization program conducted between 1963 and 1964. The program inoculated more than fifty-eight percent of the children in Mississippi. During the era of segregation, many black children remained unprotected. According to an article in Mississippi’s Health entitled “Survey Reveals Mississippi’s Immunization Level,” the immunization “rates for whites were higher than those for nonwhites.”55 For instance, only “16% of nonwhite children were protected from Typhoid fever.”56 Many of the state sanctioned

54 Mississippi Nurses’ Association Records [manuscript], Mississippi State Board of Examiners of Nurses, Roster of nurses Who have Re-Registered for the Year, 1939; also nurses who have received certificates since April 1, 1939 (Greenwood, MS: The Board, 1939). Note: 9 out of the 18 “colored” nurses on the state’s registry were located in the Delta.


56 Ibid.
surveys omitted the health concerns of black Mississippians; thus making it difficult to mine the archives for specific references to the public health concerns of blacks in the state. Here it becomes necessary to observe programs in neighboring areas to gain insight into the problems that black nurses struggled to address on a daily basis. For example, the reoccurring problem with malaria and tuberculosis prompted the establishment of statewide programs in 1937 and 1946, respectively. Additionally, a study conducted in Washington and Sunflower counties between 1948 and 1950 revealed that congenital syphilis increased in Mississippi during this sixteenth month period. The two counties investigated had a black population of more than fifty percent.57

In addition to basic patient care such as the distribution of medications and the retrieval of specimens, women workers at the Taborian Hospital successfully arranged the space to make it not merely a facility for the sick but also a place for those in need of rest and socialization. According to Mound Bayou residents, “a woman from California would come to the Taborian Hospital to rest.” Mrs. Mabel V. Gray, a member of the Los Angeles chapter of the Knights and Daughters of Tabor traveled to Mound Bayou, Mississippi at least once a year – partly to get an annual examination by Dr. James Lowery and also to recover from her responsibilities as International High Grand Priestess and leader of the National Association of Colored Women’s Clubs. In 1965, The Taborian reported Gray was “confined to the Taborian Hospital for one

month. She left to return to California loud in her praise of the doctors and nurses at the Taborian Hospital for the immaculate treatment she received during her confinement.”

These women health care providers adhered to the concept that the physical and spiritual state of the individual required care and convalescing. Following Mrs. Rose Sheard Parris, authored “A Nurses Views Opportunities for Community Health Promotion in a Religious Setting,” who argued that as nurses cared for the individual’s body they were also responsible for caring for the individual’s spirit – as the two were inseparable, women nurses employed at the Taborian Hospital took it upon themselves to ensure the spiritual and psychological needs of their patients were meet. In addition to human necessities including food, shelter, and clothing, Parris argued that “inherent human requirements” including positive interaction with others, contributing to society, acquisition of skills, and enjoyment were essential to the psychological, physical, and spiritual well-being of the individual. According to Parris, nurses “can serve in religious settings due to the existing climate of concern and caring really important elements on

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59 For reference to Rose Sheard Parris, registered nurse and instructor at Hunter College and Bellevue School of Nursing, see The Taborian (August 1975), Smith Papers, 10-12.
which to build. The basic value of the human being as a total person is supported—total, body and soul.”

Another example of an individual seeking admittance to the hospital for the sole purpose of resting was Pearl G. Bowman. Bowman’s professional trajectory is intriguing. Born in Louisiana in 1913, Pearl Bowman whose maiden last name is unknown arrived to the Mississippi Delta at some point in the late 1920s during which she attended and graduated from Bolivar County Training School. Soon thereafter, Bowman attended Mississippi Industrial College in Holly Springs, Mississippi where she met and married Carl Bowman, a local farmer. During the late 1930s, Bowman sought gainful employment with the Mound Bayou Public School system. Between 1940 and 1944, Bowman retired from her position as educator to join the staff at the Taborian Hospital. Perhaps it was the call to action to assist with the medical mission of the Knights and Daughters of Tabor, Bowman joined the Taborian Hospital staff in 1944 where she worked in the purchasing and supplies department. Eventually, Bowman rose to head of central supply department where she received high praises from the hospital administration. It was reported: “Mrs. Pearl G. Bowman…has been with the Taborian Hospital some 20 years and is yet rendering most valuable service. The Taborian Hospital does not have a more dedicated and conscientious worker than Mrs. Pearl G Bowman.” According to Earlee Thompson, Mrs. Bowman after working her shift at the hospital in the purchasing and supplies department requested and received a bed in the women’s ward of the Taborian Hospital. There Mrs. Bowman remained for several days as often as she deemed it necessary. Additionally, in the 1960s, Barbara Finley, a young single mother of two was admitted to the Taborian Hospital for

60 Ibid., 11.
rest. While there is no record of a psychiatric physician on rotation at the Taborian Hospital, the revolving door of patients seeking rest at the hospital must be included in the record.⁶¹

The lives and labor of African Americans in the rural South presented a number of daily psychological and physical challenges as blacks navigated the difficult terrain of Jim Crow segregation. While the all-black town of Mound Bayou offered black Mississippians protection from some discriminatory practices, blacks constantly felt the limitations of those protections. For instance, many black men and women employed as tenant farmers cultivated land owned by local whites. No longer isolated, black farmers lived with social customs that required deference to white Southerners. These restrictions on interaction and place had to be difficult for black men and women who took great pride in the freedom available to them within their community – a space that permitted black men and women to move freely. Louella G. Thurmond, a registered nurse, reflected on the instance where farmers sought admittance to the hospital as “a vacation, a resort from the fields.” Thurmond continued: “It was a seasonal thing…during the harvest season we probably had females more or less, and males after harvest season.”⁶²

Additionally, the reliable and competent staff was often entrusted to care for ailing elders whose caretakers had to leave town for a few days. According to Campbell, people who had

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⁶¹ Mrs. Pearl G. Bowman’s personal and professional journey warrants further exploration than the aside provided; unfortunately, background information has been scarce. For instance, the last reference to Bowman is in 1966; therefore, I am not certain when she retired or left her position as Head of the Central Supply Department. For reference to the frequent stays of Mrs. Pearl G. Bowman, see Earlee Thompson (nursing assistant; later registered nurse c. 1972) in discussion with author, 2 August 2013. For reference to Bowman’s education, see Souvenir Program of the Seventh Anniversary Celebration of the Taborian Hospital (12 February 1949), Smith Papers, 11.

loved ones “at home that was sick, if they wanted or had to be away, they’d go and have them checked in the hospital, because they had to attend a funeral or something out of town somewhere, and they’d take them on in. I’ll tell you, it was more than medical care.”⁶³ Women’s Hospital Auxiliary of the Knights and Daughters of Tabor established in 1941 “composed of voluntary workers is committed to mission of beautification, physical comfort and the meeting of general needs” assisted the nurses ensure the space was peaceful and restorative. Additionally, members including Mrs. Irene Ishmon, Willie M. Taylor, and Miss Minnie Fisher organized events such as National Hospital week to encourage health awareness in the community.⁶⁴

The collaborative effort of Meharry Medical School and the Taborian Hospital is important to the discussion of opening access to black women health care providers in economically challenging situations. While state officials dismissed the challenges these women faced as they attempted to improve their social and economic status, Meharry and Taborian administrators viewed this as an opportunity to help establish a system of training that appealed to these black women. In an article entitled “Mississippi Nurses Examine Health of the Profession,” Onieta Dongieux, who served as executive of the Mississippi State Nurses’ Association, pointed out that “marriage, poor academic preparation, inadequate vocational counseling” as factors that contributed to the waning prestige of the nursing profession. Unfortunately, Dongieux does not acknowledge the racial and economic barriers that prevented

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⁶³ For reference to the hospital as “more than medical care”, see Annyce Perkins Campbell (Nursing Assistant, 1942 – late 1940s; later Registered Nurse until 1983) in discussion with the author.

⁶⁴ “The Taborian Hospital, Inc.: Chief Project of the International Order of Twelve of Knights and Daughters of Tabor” [c. 1951], Smith Papers, 1. For list of the twenty-six members of the Women’s Hospital Auxiliary, see The Taborian (July–September 1954), Smith Papers, 11.
black women from fully engaging in the educational studies and technical training of professionalized nursing.\textsuperscript{65}

While the Mississippi State Nurses’ Association acknowledged the unfair exclusion of black nurses from participation in organizational groups with the 1948 decision that “negro nurse membership be allowed…with full and equal status with all other members”, the association was much slower in addressing the economic barriers that impeded women’s access to educational institutions willing to admit black women nurses. Throughout the 1940s, 1950s, and 1960s, the association mistakenly identified the problem facing medical institutions as “the acute problem of insufficient help” as a result these facilities “found it necessary to employ aides.” In contrast, for black women health care providers the problem was inaccessibility. As a result, black women health care providers entered the medical field at lower level; nevertheless, many of them managed to become professionalized and remained in the field for decades of committed service to the health care needs of black Mississippians.\textsuperscript{66}

Historian Lynn Marie Pohl wrote about the ways in which the atmosphere impacted the experiences of patients and employees. Pohl’s article examined the memories of black and white health care providers in Greenville, Mississippi to observe the intersection of race and institutionalized medicine. In her discussion, a common memory both black physicians and

\textsuperscript{65} In keeping with the overall health care mission of the organization, the Knights and Daughters of Tabor supported the training of black nurses including those outside of the Delta. The newspaper for the organization featured an announcement of training opportunities for young black women at the Homer G. Phillips Nursing School (served only blacks from 1937 to 1955; trained the largest number of black physicians and nurses in the world) under the tutelage of Estelle Massey Riddle, see “Prospective Nurses Advised to Report to Homer Phillips” in the \textit{Taborian Star} (12 February 1942). Jean Culbertson, “Mississippi Nurses Examine Health of Their Profession” in \textit{Helping Build Mississippi}, Vol. x, No. 3 (June-July 1963), Folder: Nursing, Mississippi State Department of Health; Mississippi State Board of Health, Public Health Library Subject Files, 1931-1984, Mississippi State Department of Archives and History, Jackson, Mississippi, 10.

\textsuperscript{66} “Negro Nurse Members,” \textit{The Mississippi State Nurses’ Association Bulletin} (January 1948), Nurses’ Association Records, 5 and 7. Mrs. J. Oridge, “Nursing Service Problems in the Small Hospital” in The Mississippi State Association (January, 1945), Nurses’ Association Records, 6. Within the hierarchy of technically trained medical professionals nurses’ aides and nursing assistants were at the lower level earning a significantly lower salary.
nurses recalled was the disparities between white and black facilities and resources. Through the exploration of physicians, nurses, and patients’ memories, Pohl acknowledged the ways the inequitable distribution of food in the cafeteria, dim lighting, and improper air conditioning reaffirmed African Americans status as second-class citizens within American society.67

For patients, physicians and nurses of color, the General Hospital, which opened in 1953, was not a space of refugee because of the inequitable allocation of resources financial and material. Pohl demonstrates how discriminatory practices interfered with the health care mission of medical providers, respective of intention, in the Mississippi Delta. For instance, the issue of overcrowding placed critical patients in unnecessary danger, the lack of available vegetables and fruits intensified the malnutrition problem that plagued the Mississippi Delta through the 1970s, and the subpar medical instrumentation increased the mortality rate of surgical procedures.68

According to Pohl, “Gertha Bridges, one of two black registered nurses in Greenville before the 1950s…described the Colored King’s Daughters Hospital, where she worked from 1929 to 1953, as ‘a small hospital that wasn't equipped with all the modern facilities.’” Bridges assessment of the facility continued: “The number of patients often exceeded the bed capacity of fifty to sixty, and they would have then in the halls, of course, and on sun porches.” Jermone Hirsch, a second-generation black physician, recounted his exclusion from the operating room at the Colored King’s Daughters Hospital. As a result, black physicians relied on ingenuity and “transformed a four-room house into the Sarah Williams Nursing Home” wherein they “operated on [patients] in desperate need of surgery.” Hirsh’s description of the racially separate facility


continued: “there wasn’t real bright lights in the room, you just had to feel your way around. But the operating room was well lit.”

The ability to which African Americans in Mound Bayou moved fluidly through the social and economic structure makes the examination of poor female health care providers more intriguing. Unlike the women in Tera Hunter’s *To ‘Joy My Freedom*, in Mound Bayou middle class professionals did not treat lower class black women differently. The legacy of racial uplift and racial advancement dictated that lower income individuals receive access and support. Class stratification limited access to particular parts of black life in Mound Bayou. Between the 1940s and 1960s, however, occurrences of intra-racial class conflict remained low. Arguably, the social and political changes lessened local emphasis on economic differences. Regardless, informally trained black nurses were actively worked in the local hospital movement in Mound Bayou, Mississippi – these women adopted the title of nurse in part because of the duties they performed and because the communal spirit of the Taborian Hospital did not restrict their movements or responsibilities.

In the rare instance a new nurse arrived in town to begin work at the Taborian Hospital and their conflict over the close association of nurses’ aides, nursing assistants, and registered nurses, in-house nurses clarified that distinctions in credentials did not exist in the hospital. Such distinctions were set aside because in order to adequately meet the needs of patients. According to Alberta Jackson, “One LPN, her name was Jackie, she said, ‘Everybody associates here.’” A Registered Nurse retorted “‘You’re in the wrong place if you think you can’t associate with everybody.’ After they got her straight, we didn’t have no problem with her…some came in with the high life.” Perhaps it was out of sheer necessity and an unwavering sense of purpose that the

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69 For Gertha Bridges recollections of the Colored King’s Daughters Hospital (1908 – 1953; closed after the completion of the Washington County General Hospital), see Ibid., 122 and 124.
distinctions between formally and informally trained black female health care providers did not evoke contention amongst the medical staff at the Taborian Hospital.\footnote{70 Here, Hunter’s work is cited because it provides a relevant example of the ways in which class interrupted the social reform efforts of black women – in some instances, in Atlanta lower class black women rejected middle class women’s ideas and values, especially as it related to the politics of respectability. In Mound Bayou because of the presence of elite blacks and professionals, class tensions were lessened by the 1940s. Also the dire need for adequate health care usurped previously accepted class boundaries. Tera Hunter, To ‘Joy My Freedom: Southern Black Women’s Lives and Labor after the Civil War (Cambridge: Harvard University Press, 1997). Alberta Jackson (ward clerk and nursing assistant, 1948 – 1970) in discussion with the author, 26 September 2013.}

African American women’s contribution to the economic, social, and political welfare of the black community predates the time period under examination. In fact, black women armed with a strong and unwavering sense of social responsibility launched programs that addressed the specific needs of their communities – this included individuals outside of their physical space. Regardless of racial and gender restrictions, these women, professions and informally trained, worked to provide African Americans with teachers, social workers, librarians, nurses, and leaders. On June 5, 1931, Ina Bell Johnson, who was raised in Brandon, Mississippi, made history as the first African American women to graduate the three-year training course in nursing at the Mississippi Baptist Hospital in Jackson, Mississippi.\footnote{71 “A Scrap Book for Women in Public Life: Mississippi Girl Given Diploma as Nurse,” The Chicago Defender (6 June 1931), 6.} African American women succeeded in illustrating the ways in which black women’s paid and unpaid work allowed them to emerge as social and political leaders in the formal and informal movements that aggressively attacked institutionalized racism decades before the emergence of the modern-civil rights movement.\footnote{72 Stephanie Shaw, What a Woman Ought to Be and to Do: Black Professional Women Workers During the Jim Crow Era (Chicago: The University of Chicago Press, 1996), 3. Also for a discussion of how black women’s work in formal and informal movements challenged racially charged practices, see Ibid., 5. For an example of the “call” to women to accept their responsibility of uplifting the community, see Ruth Taylor, “Writings of Ruth Taylor: A Resolution,” The Taborian Star (December 1942), Smith Papers, 1.
CHAPTER SEVEN

“It was Just a Natural Thing”: State and Federal Regulation of Rural Health Care in Mississippi, 1920s – 1970s

_The midwife, of course, it was not a program then. It was just a natural thing._
– Loree Robinson Wall, R.N., 1978

In 1922, Mrs. Anna Mariah Cosby Patton moved to the Mississippi Delta from Natchez with her children shortly after the death of her husband, Henry Patton. Desperate to provide for her family, Patton resumed work as a midwife. According to Mary Patton Hilliard, her daughter, she often stayed “all night to the next day” with one patient. Considering most of the expectant mothers were lower-income sharecroppers and tenant farmers, she charged a mere “three dollars” for her services delivering babies. Hilliard revealed that some of her patients paid her with “potatoes, butter and milk when they didn’t have all the money and so she just accepted it because my father died when I was six years old and left mother with seven boys and me.”

1 Loree Robinson Wall (registered nurse at Colored King’s Daughters Hospital, 1927- [?]), interviewed by Roberta Miller, July 13, 1978, Washington County Oral History Project, Mississippi Department of Archives and History (Jackson, Mississippi), 31.

2 Mary B. Hilliard (Midwife and Practical Nurse, 1929-1974), interviewed by Daisy M. Greene, October 19, 1977 Washington County Oral History Project, Mississippi Department of Archives and History (Jackson, Mississippi), 3.

3 Ibid., 4.

4 Ibid.
Although Hilliard attended Mrs. Ophelia Threadgill’s school in Greenville, Patton wanting to ensure her daughter had a means of earning income instructed her daughter in the skill of midwifery. By the mid-1930s, “in an emergency case,” Hilliard delivered a neighbor’s baby and she “waited on another girl.”\(^5\) Aware that it was “against the law to do that without having a license,” Hilliard called a local white physician, Dr. Thomas, “to inspect it.”\(^6\) A local midwife named Mother Douglas impressed with Hilliard’s skill commented “Well, I thought you was an old woman. I didn’t know you was around that age.”\(^7\) To cultivate her skill and ensure she practiced with proper credentials, Hilliard was sent to complete a two-year educational course and eighteen-month long practical nursing program at the Colored King’s Daughters Hospital in the late 1930s.\(^8\) Empowered by the foundation led by her mother and the professional training she later received, Hilliard continued her work in the obstetrics wards of various hospitals throughout the Mississippi Delta.

The narrative of women practicing medicine taught to them by their mothers and grandmothers is not unique story. In fact, historical literature is littered with examples of black women caring for family members and neighbors, many of whom could not pay but required and received medical care. In *Motherwit*, Katherine Clark and Onnie Lee Logan recounted the experiences of “lay midwives like Onnie’s mother and grandmother, known by the community as ‘grannies,’ were simply women experienced in assisting other women during labor and

\(^{5}\) Ibid.

\(^{6}\) Ibid., 5.

\(^{7}\) Based on the limited information, I approximate Hilliard was between eighteen and twenty years old when she assisted in her first delivery.

\(^{8}\) Ibid., 7.
childbirth.” Like Patton whose work as a midwife earned her little in the way of income but provided an important service to surrounding communities, Logan declared “Those old midwives in those days was black women’s not doin’ it for a job but doin’ it as a person knowin’ there was need for it.” By the 1930s, however, state imposed restrictions on black women’s health care activities changed the ways they engaged with the majority black and rural communities they previous serviced. By the 1940s, the systematic marginalization of black women health care providers impacted the overall health of black communities as mortality rates continued to rise indicating barriers continued to interfere with African Americans’ access to medical care.

This chapter provides an examination of the health care programs in the United States between the 1920s and 1960s. The chapter seeks to reveal that the state-led policy and strategy, ultimately, undermined the leadership and visibility of black women health care providers in predominately black communities, especially midwives. Additionally, state policies destabilized black medical institutions like the Taborian Hospital and subsequently resulted in the economic exploitation of African Americans in the South. This chapter asserts that three significant pieces of health care reform permitted state agencies, particularly the Mississippi State Board of Health, to usurp the authority and influence of black health care providers and institutions. This chapter asserts that while the Sheppard-Towner Act, Hill-Burton Act, and Medicaid/Medicare Programs have been widely touted as progressive legislations that introduced the modern medical state and increased accessibility to adequate health care for much of the nation’s poor and marginalized, in fact erected racial and economic barriers that impacted the black community and working-class men and women in rural areas disproportionately.

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10 Ibid., 65.
An examination of federal and state sponsored health care legislation complicates the assertion that direct federal involvement in southern society improved the lives of African Americans. The historical records reveal that between the 1940s and the 1960s, the relationship between the federal government and black activists who struggled to gain equitable access to employment opportunities, housing, and education remained quite conciliatory and cooperative, at times. For instance, in 1948, the Supreme Court decision *Kramer v. Shelley* declared that the court would not be used to enforce racial covenants that restricted African Americans from purchasing homes in racially exclusive neighborhoods. Additionally, the Civil Rights Act of 1964 barred discrimination based on race in public accommodations; thus, enabling black activists to agitate for the opening of previously predetermined white spaces in southern communities. In contrast, the experiences of black health care providers who sought to address the medical needs of the poor in predominately rural areas reveals the site of an oftentimes overlooked power struggle with state and federal agencies and actors. Between the 1920s and 1960s, federal legislation to expand and modernize the nation’s health care industry did not address the racial barriers that prevented African Americans from participating in more substantial numbers. Moreover, southern states like Mississippi embraced ideas about the racial inferiority of African Americans to push black women health care providers to the periphery. By the 1950s, state agencies successfully destabilized black owned and operated medical facilities by imposing harsh regulations that suggested the care offered to black patients from these facilities was inadequate and possibly harmful.11

The 1920s marked a significant turning point in the history of black women medical providers as the nation introduced reforms to improve the general well-being of the public,

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reduce corruption in politics, and regulate industry. In the South, however, Progressivism merged with Jim Crow laws to undermine the activism of black women who recognized and led the effort to meet the medical needs of poor communities. During the twentieth century, black women health care providers challenged state initiated efforts to marginalize them and decrease their visibility. In fact, the ways in which black women countered efforts to reduce their positions within the health care industry reveals that the dispute over health care in the state predated the later Civil Rights Movement.

The strategies employed by black women differed depending on availability of opportunities to pursue formal education in the field of medicine, economic status, and proximity to training facilities. Some black women responded to increased regulation of midwifery by continuing to care for mothers and infants within the parameters of state guidelines and furthering their technical skills through enrollment in practical nursing programs. For instance, in 1926, Eliza Farish Pillars, a registered nurse educated at Meharry Medical College in Nashville, Tennessee, joined the Division of Maternal and Child Health where she worked with over 5,000 midwives to increase the number of licensed midwives throughout the state.\textsuperscript{12} Pillars understood that the black community suffered due to a lack of access to educational and instructional information; thus, she deployed the resources at her disposal to predominately black and rural areas. According to Vern Bullough and Lili Sentz’s \textit{American Nursing}, “Because of dire poverty, ignorance, superstition, and the indifference of the authorities, funds were not provided for health care centers; consequently, Pillars converted rooms in rural shanties into delivery rooms in each

\textsuperscript{12} Felix Underwood and Richard Noble, \textit{Public Health and Medical Licensure in the State of Mississippi, 1938-1947} Vol. III (Jackson, Mississippi: Mississippi State Board of Health, 1947), 105
community.” Intriguingly, the statistics provided by the State Board of Health suggests that while black women received licenses to practice midwifery and participated in instructional seminars, many of them did so only temporarily. Moreover, many black women midwives dismissed the regulatory standards and continued to treat patients without compiling to state rules and procedures. Not all midwives were willing to accept the erosion of their previously autonomously activity as primary health care workers providing assistance to dozens, if not hundreds, within their communities and neighboring areas. As early as 1924, the Supervisor’s Biennial Report published by the State Board of Health observed that 440 midwives were “found practicing without permit.”

Ultimately, the gradual reduction of midwives meant that white physicians and nurses increased their access to the predominately black patient clientele previously unavailable to them because of the black communities’ reliance on black women midwives. The trust fostered between midwives and the communities they served in rural areas meant these patients relied on black women health care providers as the first, at times only, option to access medical care. In the words of Loree Robinson Wall, “The midwife, of course, it was not a program then. It was just a natural thing.” As the primary medical providers for women and infants, midwives were the foundation upon which health care in rural areas was established prior to the 1920s. For instance, women like Winnie Watts and Annyce Perkins Campbell engaged with expectant mothers and women heads of households in their roles as home demonstrator agents and nurses

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14 Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923 (Jackson, Mississippi: Mississippi State Board of Health, 1923), 206.

15 Loree Robinson Wall (registered nurse at Colored King’s Daughters Hospital, 1927- [?]), interviewed by Roberta Miller, July 13, 1978, 29.
during home care visits between the 1910s and the 1960s. Intriguingly, home demonstration clubs previously the source of instructional workshops for lower income women became the primary source of information for professional and farming middle class women. The shift indicates that the trend away from in-home seminars as a resources for the dissemination of educational information was precipitated by the increased emphasis on clubs as social spaces by the 1950s. As previously discussed in chapters one and five, these women functioned as social workers, therapists, and nutrition specialist as they blurred the dichotomy between field work and professionalized health care during the period of Jim Crow segregation.

In 1921, Congress passed the Sheppard-Towner Maternity Act which provided federal funds for prenatal care to expectant mothers and their infants. The intention of this legislation was to address the high rates of infant mortality in the nation through the establishment of health clinics. The act introduced immunization programs to prevent diphtheria and smallpox in children. Women reformers including Julia Lathrop and Florence Kelley championed the effort to extend to women the right of access to improved medical treatment and inclusion of “purely feminine issues” into American political discourse. According to the National Women’s Relief Society, the act was the “first major political victory for women following the adoption of the

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17 Clay Lyle, “The Use of Health Services by Rural People in Four Mississippi Counties,” *Sociology and Rural Life, No. 5* (March 1954), 117.


Nineteenth Amendment in 1920.” During the hearing before the committee, Miriam Finn Scott argued “The passing of this bill will lay the foundation stone of a more enlightened parenthood and a more wholesome race and it will do more to fortify this country than the most powerful and costly battleships.” Intended to ensure infant survival and improve mother’s prenatal and postpartum health, the Sheppard-Towner Maternity Act was widely embraced as a step in the right direction as women reformers successfully challenged politicians and social activists to incorporate and support legislation that addressed the specific needs of women by linking the health of mothers and infants and thus the overall health and growth of the nation.

Southern rural communities, however, soon observed that federal involvement meant decreased autonomy and reduced access to the medical professionals that African American patients most trusted: midwives. In 1921, the United States Public Health Service (USPHS) argued for increased supervision of midwives who they argued were largely responsible for the high infant mortality rates. Laurie Jean Reid, a white nurse with the USPHS, focused her efforts in the rural South where the “midwife problem” was most prominent because of the significant number of black women health care providers in states like Mississippi. The 1920s and 1930s plan to regulate midwifery appeared in states like Massachusetts, however, the policies were predominately concentrated in southern states where “80% of these midwives lived, where physicians had always been extremely scarce and the population had been the highest percentage


of black, poor, and rural citizens.”

Susan Smith’s Sick and Tired demonstrated that “Public health nurses and doctors claimed that midwives did not maintain clean environments and that they used unscientific, and therefore unsafe, folk medicine. In response, southern states such as Mississippi enacted restrictions on midwifery practice though midwife training programs and registration requirements.”

Following Reid’s assertion that “higher infant and maternal mortality rates were caused by poor health care for pregnant women from careless physicians and by illiterate and ignorant midwives,” the Mississippi State Board of Health introduced a new health initiate to eliminate the threat midwives posed to better quality of health in the state. In the 1921-1923 biennial report 1921-1923, the Division of Maternity and Infant Hygiene reflected on the agencies year-long initiative to “eliminate inefficient midwives and to allow only intelligent, capable women to prepare for this work.” According to the published report, “the number of midwives investigated included 154 white and 2955 colored with approximately 55 white and 1905 black midwives obtaining permits to legally continue essential health care work in the state.” With nearly half of the black midwives being inexplicably excluded from the legal practice of midwifery, the remaining midwives found themselves delivering more babies than previously. In fact, in Bolivar County, approximately, 1,079 in 1921 and 1,226 in 1922 babies were born with 842 and 1,002, respectively, being born to African American mothers.

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24 Ibid., 118.
26 Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923 (Jackson, Mississippi: Mississippi State Board of Health, 1923), 206.
27 Ibid., 44.
While modernizing health care through the incorporation of newer medical protocols which emphasized sterilization of instrumentation, prevention of blindness in newborns, and strict preparation and clean up guidelines, the State Board of Health gradually pushed black women midwives out of the health care industry in Mississippi. The marginalization of black women health care providers occurred over time as state agencies, specifically the Division of Maternity and Infant Hygiene renamed Division of Maternal and Infant Health in 1938, required these women relinquish the autonomy they maintained for generations by insisting that improvements in medical care meant a reliance on the expertise of professional trained medical physicians and nurses. In his position as director of the Mississippi State Bureau of Child Welfare, Felix Underwood observed that “a relatively large percentage of premature deaths are preventable.”

Underwood identified the problem and recommended a solution is his declaration that “Every health worker should be adapted to work and have adequate professional training.”

Medical associations including the Mississippi State Hospital Association, the State Medical Association, and the Mississippi State Nurses Association tailored policy and supported legislation that recognized their legitimate position and authority while simultaneously limiting black women midwives’ visibility and presence. In addition to the insistence that physician expertise was better than midwives’ instructions, the State Medical Association introduced an efficiency standard to justify the allocation of state funds to predominantly white hospitals like the King’s Daughters Hospitals in Greenville and Yazoo City as well as the Greenwood Leflore Hospital.

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28 Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923, 163.

29 Ibid., 165.

According to Clark and Logan, “Doctors called for the elimination of midwives and the growth of obstetrics as the only way to impose standards for the care of pregnant women and newborns.”\(^{31}\) To underscore this point, state officials led by Underwood and Mary D. Osborne, registered nurse and supervisor of midwives, attempted to delegitimize the authority of these black women medical professionals by linking high infant mortality with the \textit{untrained} black women midwives who serviced majority rural communities throughout the state.\(^{32}\) In addition to the midwifery program, the State Board of Health initiated the Better Baby Campaign in the summer of 1922. During the Better Baby Day Demonstrations, local physicians and dentists provided full examinations and screenings to identify and treat potential health problems caused by poor hygiene.\(^{33}\) The same year, Bolivar County hosted the state’s campaign against diphtheria. According to the report, “Practically every white child in this county has been given the Schick test to determine their susceptibility to this disease.”\(^{34}\)

The diphtheria campaign was concentrated in the white community because of the reoccurrence of the disease in majority white areas. According to the \textit{Negro Year Book}, “Colored children enjoy a distinct advantage over white children with respect to measles, scarlet fever and diphtheria. The death rates for these are uniformly lower than are found among white children of

\(^{31}\) Clark and Logan, \textit{Motherwit}, x.

\(^{32}\) By 1947, the State Board of Health defined one of its central duties (7070 Miss. Code 1942) to “provide for the gratuitous distribution of a scientific prophylactic for inflammation of the eyes of the newborn” and “to provide, if necessary, daily inspection and prompt and gratuitous treatment to any infant whose eyes are infected with inflammation of the eyes,” see Mississippi Laws and Extracts of Laws Dealing with Public Health and Certain Laws Relation to Medical Education, Licensure and Hospitals (Jackson, MS: Mississippi State Board of Health, 1 January 1947), 17. An interesting point of fact is that the Mississippi State Board of Health regulated not only the licensing of physicians, nurses, midwives, and hospitals but also child labor laws (6985 Miss. Code 1942) and maximum work hours for women (6993 Miss. Code 1942) with the authority to penalties corporations by imposing fines (starting at $25,000) and criminal charges (6995 Miss. Code 1942), Ibid., 82 and 84.

\(^{33}\) Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923, 212.

\(^{34}\) Ibid., 230.
the same ages.”

At its core, state-sponsored programs addressed the needs of white Mississippians with impressive material and financial resources. Thus, in isolation, the midwife program seemed like the natural evolution of state health care towards increased professionalism. Upon an examination of state programs and dissemination of resources, however, the increased regulation of midwifery was a part of the state-sponsored marginalization of black medical professionals and the health care needs of predominately African American communities throughout the state.

In 1922, Felix J. Underwood, Executive State Officer for the Mississippi State Board of Health (1924-1958), and Mary Osborne compiled the *Manual for Midwives* which illustrated the state’s new credential process for registering, training, and monitoring midwives, most of whom were black women, throughout the state. In *A Manual for Midwives*, Underwood introduced the new medical hierarchy which placed midwives at the lowest level of the profession. Moreover, the publication revealed the intention of the new regulatory standards which was “to teach the limitations of midwifery” and “insure proper instruction and oversight.” In short, the State Board of Health sought to undermine the black communities’ dependence on black midwives as their first resource for care, comfort, and treatment. According to Kant Patel and Mark E. Rushefsky, the 1930s marked “the shift from local control of health and welfare issues to state and especially federal government control.” This transformation was initiated by New Deal programs of the 1930s that suggested that “certain medical services, pensions, and

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36 Felix J. Underwood, *Manual for Midwives* (Jackson, Mississippi: Mississippi State Department of Health, c. 1930s), University of Mississippi Special Collections and Archives (Oxford, Mississippi), 4 and 38. In 1922, Underwood was the director of the Bureau of Child Welfare.

unemployment insurance were too large for any but federal solutions.”

The dismissal of local efforts to address the medical needs of rural patients meant that black women health care providers were increasingly marginalized throughout the mid-to-late twentieth century.

Additionally, the policy implemented costly changes that placed an unwarranted burden on these rural women who rendered services for an impressively low cost. For instance, midwives were required to secure a license, in order to legally assist mothers with their preparations for their babies as well as during and after the birthing process. In the instance in which a black women midwives could not afford to secure the license, as a result of their financial limitations these black women midwives were pushed out of the system to provide African Americans in predominately rural communities with health care. Furthermore, considering many black women midwives traveled throughout the rural south on horseback or horse drawn wagons in the 1920s and 1930s, the requirement that women attend instructional meetings, organizational meetings, consult with public health nurses or local physicians, replenish medical bags, and submit birth certificates within ten days of birth to the local county health department supervised by R. D. Dedwylder (1937-1945) placed undue physical and financial strain on black women health care professionals. Many of whom serviced the majority poor black communities which meant they did not receive a substantial wage that covered expenses as well as compensated them for their work. According to the Manual for Midwives, the only item supplied to midwives during midwife club meetings were the sterile eye drops/wipes; thus, it can be deduced that the remaining items including gown and cap, funnel and tube, hand brush, soap, and lysol were purchased by individual midwives.

38 Ibid.
Throughout Mississippi, state health officers used the momentum of the professionalization movement of the 1920s to scrutinize midwives’ knowledge, expertise, and ultimately status as legitimate health care professionals. Upon registering with the Mississippi State Board of Health, midwives who sought to obtain a “Midwife Permit” had to consent to a “preliminary investigation” which included officer engagement with communities serviced by the midwife under consideration for certification.\(^{40}\) For this interaction, the officer, in this instance Charles H. Love, investigated the “character and intelligence” of the midwife, her work ethic, and the “cleanliness of person, home, and equipment.”\(^{41}\) The State Board of Health perpetuated the myth that black women’s lack of hygiene and general ignorance posed a threat to the health of the state. Without regard for the level of skill and proficiency as it pertained to needs of infants and mothers, the State Board of Health used images (see Figure 7.1) to illustrate the difference in appearance only of the untrained midwife and the trained and supervised midwife. For state health officials, the image of a midwife barefoot whilst smoking and wearing a tattered dress only supported the assertion that these women lacked medical skill and knowledge. The depiction of a “granny midwives” before supervision by the state is misleading because it perhaps captured the midwife in a rare moment of leisure after a day of caring for mothers and their babies.

\(^{40}\) Ibid., 3.

\(^{41}\) Ibid.
The adoption of germ theory by state health officials permitted access to the rural communities of expectant mothers previously absent from the health care industry by undermining the authority of midwives and alleging they were responsible for infant deaths. In the 1900s, “germ theory contributed to the rapid development of white owned and operated hospitals for black people” because “the presence of black domestic servants in the homes of white ‘made it necessary that care be taken to assure that contagious germs not be spread within that particular household.” While the contested space was different, the logic was the same that white authority and knowledge was necessary because of the belief that black bodies were diseased and sickly.⁴²

Under a section titled “Good Midwives,” the instructional manual described good midwives as individuals who “are vaccinated against smallpox and typhoid fever. Have a blood test, and treatment if needed” and “try to have physical defects corrected.” 43 In keeping with the contention that midwives were unclean and responsible for the transmission of disease, the instructions prohibited midwives from performing digital examinations of laboring women and included redundant references to boiling bedding, clothing, and dressings for ten minutes before drying and ironing. 44 In short, the State Board of Health polices relied on the flawed concept that “African American were susceptible to diseases and carriers.” 45 Thus, they were not acceptable medical providers without close instruction and supervision from white nurses and health officials.

State health officers used stereotypes about alleged illiteracy of rural blacks to support the assertion that black midwives lacked medical proficiency and threatened the health of expectant mothers and their babies because of their general low regard for proper hygiene standards. Irrespective of the testimonials that reflected communal support for midwives and acknowledgment that mothers and infants benefitted from the service rendered by these women, the State Board of Health implemented a policy wherein midwives contact with potential patients originated from a “recommendation by physician” and included regular consultations pertaining to “abnormal cases.” 46 In fact, midwives were instructed to “advise the pregnant woman to have

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Harvey Young, eds., Disease and Distinctiveness in the American South (Knoxville: The University of Tennessee Press, 1988), 13.

43 Underwood, Manual for Midwives, 36-37.

44 Ibid., 36. Under the section “warning to midwives,” the instructional manual expressly stated that “The progress of labor shall be noted by outside examination only,” see Ibid.


46 Underwood, Manual for Midwives, 36.
a physical examination by a physician during early pregnancy,” irrespective of abnormalities such as loss of vision, prolonged constipation, bleeding or spotting, and genitalia sores. Here, midwives by the 1930s were merely facilitators responsible for bringing lower income mothers into the formal state health care system at the behest of state officials. At first glance, these requirements seem benign and an early formation of the modern state wherein professionalization and expertise shaped policy and procedures. Upon closer examination, however, these new standards sought to reduce the presence of midwives. The strategy included the subtle, yet redundant, claim that midwives were not properly trained, lacked an understanding of modern medicine, and due to their inadequacy contributed, although admittedly unintentionally, to the steady rise in infant mortality rates within rural black communities. Intriguingly, *Annual Bulletin of Vital Statistics* report of 1952 demonstrated that of the 1,759 black infants to die, 709 died in hospitals during physician assisted delivers and 702 died during births by midwives.

In addition to adherence to new practices including the requirement that midwives have at the ready two sterile kits, these women were required to join and actively attend midwife club meetings. Attendance at these meetings were closely monitored and indicated a midwife’s compliance with the State Board of Health policy as it pertained to the practice of midwifery. For instance, the leader and secretary of the midwife clubs were tasked with the responsibility of inspecting bags and tracking persons in attendance and absent for the monthly report sent to the supervisor of midwives. Moreover, in keeping with the widespread expansion of authority of

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49 “Midwife Records” in Ibid., 6-7.
state actors, the state annotated code extended to state health officers the ability to determine the types of classes midwives were offered as a furtherance of their instruction. According to Underwood’s progress report on the State Board of Health, between 1936 and 1937 “1200 such rooms have been set up to teach Negroes the type of service they should expect.” While lower income white midwives were submitted to increased scrutiny, it is indisputable that black women midwives shouldered a disproportionately share of the glare of state officials who relied on paternalism as it pertained to the detailed instruction of black women midwives. The requirements acted as a deterrent to push black women midwives out of the health care field and the new standards erected barriers which prevented newcomers from entering the field. By the 1930s, the only place for black women to occupy in the medical profession was as subordinates to predominately white physicians and white nurse supervisions because patterns of discrimination excluded black doctors and nurses from occupying supervisory positions within the State Board of Health.

The stipulations placed on midwives in Mississippi had an immediate impact on the infant mortality rates, especially in rural black communities. While the national infant mortality rates hovered between sixty-five per 1,000 in 1927 and sixty-eight per 1,000 in 1929, poor predominately black communities were disproportionately affected by the removal of black midwives because it altered their proximity to adequate care and assistance. Contrary to state officials claims that untrained and unsupervised midwives contributed to the high infant mortality rates, in 1933 and 1934 the infant mortality rate for Mississippi fluctuated between


sixty-four and sixty-three per 1,000.52 Although the state-wide infant death rate was 53.5 in 1935, in Bolivar County the infant death rate for black babies was a startling 74.6 per 1,000.53 Additionally, other predominately black delta counties including Issaquena County which reported an alarming mortality rate of 144 per 1,000 and Warren County observed a 105 per 1,000 infant mortality rate.54 The fact that the infant mortality rate continued to increase despite the regulation of black midwives, state health officials overlooked other contributing facts that caused periodic increases in the deaths of infants. Between 1935 and 1942 infant death rate for the black babies held in the mid-sixties per 1,000.55 The white infant death rate declined gradually between 1935 and 1942 from 49.8 to 46.0 per 1,000.56

Arguably, the intention of the regulations was to professionalize obstetrics and gynecology in Mississippi. The modernization of health care in the state, however, reduced the presence of midwives who serviced mothers before, during, and after birth and affected expectant black mother’s proximity to qualified and affordable health care. Between 1937 and 1938, in Bolivar County 1,499 and 1,607 babies were born, respectively.57 In 1937, of the 1,095 infants born to black mothers 706 died within the first year of birth.58 In 1938, of the 1,224

52 Thirtieth Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1935 to June 30, 1937 (Jackson, Mississippi: Mississippi State Board of Health, 1937), 67.
54 Ibid., 9-10.
56 Ibid.
57 Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939 (Jackson, Mississippi: Mississippi State Board of Health, 1939), 34.
58 Ibid.
babies born to African American parents 624 died during the first year.\textsuperscript{59} With an infant death rate of nearly 500\% higher than the white community, it is an indisputable fact that the State Board of Health’s claim that increased regulation and supervision improved the overall health and longevity of black infants’ lives failed to drastically reduce the infant mortality rates on its own. Interestingly, the most dramatic decrease in the infant mortality rates for black babies did not occur during the State Board of Health’s midwife program.

During the most vigilant years of regulation and supervision from 1930 to 1940 the rate remained above sixty per 1,000 infant deaths in predominately black areas.\textsuperscript{60} Despite increased supervision and scrutiny of midwives, the infant mortality rates for black babies fluctuated from 60.9 to 49.1 percent between 1940 and 1944.\textsuperscript{61} The infant mortality rate for white babies decreased from 46.4 in 1940 to 37.1 in 1944.\textsuperscript{62} Between 1945 and 1950, the rate for black infants dropped closer to forty per 1,000.\textsuperscript{63} The timing of the decline suggests that the health care initiative within the black community played a significant role in reducing the infant mortality rate. For instance, in areas like Mound Bayou with a black owned and operated hospital devoted to delivery and infant care the death rate decreased dramatically. Additionally, the work of women like Pillars who remained actively concerned about the infant and maternity death rates in the black community. Through her engagement with black midwives, Pillars helped to provide

\footnote{Ibid.}

\footnote{Thirty-Ninth Biennial Report Being the Seventy-Seventh and Seventy-Eighth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1953 to June 30, 1955, (Jackson, Mississippi: Mississippi State Board of Health, 1955), 60.}

\footnote{Thirty-Fourth Biennial Report Being the Seventy-Seventh and Seventy-Eighth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1943 to June 30, 1945. Jackson, MS: Mississippi State Board of Health, 1945), 201.}

\footnote{Ibid.}

\footnote{Thirty-Ninth Biennial Report Being the Seventy-Seventh and Seventy-Eighth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1953 to June 30, 1955, 60.
black women health care providers with important information and techniques that increased the proficiency of their work in the field.

In fact, between the 1920s and 1950s, the Division of Maternity and Infant Hygiene focused on the reoccurrence of uterine infections that posed a risk to the health of mothers and infant blindness due to exposure to venereal diseases like gonorrhea. Between 1947 and 1948, maternal deaths for infections in Bolivar County declined to 3.7 per hundred 1,000 for blacks and 2.7 for whites. The rise in cases of venereal disease, however, prompted the State Board of Health officials like Dominic Tumminello, chief health officer for Bolivar County (1947-1974), concentrated on the high rate of disease as Bolivar County ranked fifth with 614 confirmed cases during the late-1940s. While the state’s maternal death rate continued to decline, black women continued to die at a significantly higher rate than white women. Between 1949 and 1950, the causes of death included toxemia instigated by an undiagnosed infection and hemorrhage which occurred due to the inability of medical professional to stop excessive bleeding when the placenta detached from the uterus. Additionally, black women suffered due high instances of preeclampsia.

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65 *Thirty-Sixth Biennial Report Being the Seventy-First and Seventy-Second Annual Reports of the State Board of Health of the State of Mississippi July 1, 1947 to June 30, 1949* (Jackson, Mississippi: Mississippi State Board of Health, 1949), 196-197.

66 *Thirty-Seventh Biennial Report Being the Seventy-Third and Seventy-Fourth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1949 to June 30, 1950* (Jackson, Mississippi: Mississippi State Board of Health, 1950), 93.

67 *Thirty-Eighth Biennial Report Being the Seventy-Fifth and Seventy-Sixth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1951 to June 30, 1953* (Jackson, Mississippi: Mississippi State Board of Health, 1953), 41.
Contrary to the argument for that greater supervision of midwives reduced maternal and infant death rates, black women continued to suffer due to high maternity death rates. Black women died from toxemia at a rate of nearly six times that of white women during the period under examination.\(^\text{68}\) Additionally, black women died at a rate of more than six times that of white women from hemorrhage.\(^\text{69}\) Between 1940 and 1954, the maternal death rate for white women decreased dramatically from 4.6 per 1,000 to 0.4, respectively.\(^\text{70}\) The maternal death rate for black women decreased from 7.5 per 1,000 to 2.5, however, the rate for black women remained above the state average of 6.2 per 1,000 in 1940 and 1.7 in 1954.\(^\text{71}\) Hence, the removal of black women midwives as the primary provider of health care led to an increase of the rate of infant and maternal mortalities in predominately black communities.

To support the argument that new state standards unfairly impacted the poor, it is a noteworthy point that poor white communities like Marshall County battled an infant mortality rate over seventy per 1,000 due to the reduction of midwives.\(^\text{72}\) Once the new policy was implemented, black women midwives were gradually pushed out of the field. Between 1938 and 1947, the percentage of non-white midwives in Mississippi decreased from 84.6 to 67.6, respectively.\(^\text{73}\) Between 1922 and 1923, 3,524 permits were distributed to midwives.\(^\text{74}\) In 1938,

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68 Ibid.

69 Ibid.

70 Thirty-Ninth Biennial Report Being the Seventy-Seventh and Seventy-Eighth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1953 to June 30, 1955, 58.

71 Ibid. Between 1954 and 1965, maternal health programs included polio vaccinations with 12,000 and 16,196 provided to expectant mothers, see Forty-First Biennial Report Being the Eighty-First and Eighty-Second Annual Reports of the State Board of Health of the State of Mississippi July 1, 1957 through June 30, 1959 (Jackson, MS: Mississippi State Board of Health, 1959), 77.

72 Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939, 10.

73 Underwood and Noble, Public Health and Medical Licensure in the State of Mississippi, 1938-1947, 106.
3,121 midwives legally practiced in Mississippi. In 1939, however, the number of licensed midwives decreased to 2,386. By 1939, there were only 129 registered midwives in Bolivar County who assisted with the births of over 1,500 babies.

Here, the data revealed nearly a twenty percent decline in black midwives in the state. The reduction of black midwives was not, however, the result of a decrease in popularity of midwives. In fact, 2,115 midwives delivered 22,899 babies in 1947 which was about 2,000 fewer babies delivered by midwives than the previous decade. While more poor and rural women were having babies in hospitals with increased regulatory, it is important to note that midwifery was not wholly abandoned by expectant mothers. By 1950, however, the reduction of midwives was quite noticeable and supported the social trend toward hospitalization for delivery.

The Biennial Report for the State Board of Health revealed that “Midwife deliveries for the non-white mothers of the state have decreased from 77 per cent to 62 per cent.” In March 1954, 69.4 percent of the births in Mississippi were attended by physicians with only 30.6 percent attended by midwives, all of whom were black women. In May 1957, “there were 1,438 midwives with permits” of those holding permits 1,419 were black midwives with sixty-

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74 There were 7,069 midwives examined with nearly half rejected because of alleged unsuitability, see “The Supervisor’s Biennial Report Sheet conducted between June 30, 1922 and June 30, 1923,” in Report of the Board of Health of Mississippi from July 1, 1921 to June 30, 1923, 206.

75 Underwood and Noble, Public Health and Medical Licensure in the State of Mississippi, 1938-1947, 106.

76 Thirty-First Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1937 to June 30, 1939, 34 and 123.


78 Thirty-Seventh Biennial Report Being the Seventy-Third and Seventy-Fourth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1949 to June 30, 1950, 93 and 149.

79 Lyle, “The Use of Health Services by Rural People in Four Mississippi Counties,” 83.
three midwives delivering 4,132 babes in Bolivar County. As of January 1, 1959, “there were 1,281 midwives with permits” issued in Mississippi. According to the State Board of Health biennial report “there are 919 midwives with permits to practice as of May 1, 1963” of these 909 were black women with ninety-eight working in Bolivar County. In 1967, there were “less than 600 midwives with permits to practices” of which sixty-nine provided prenatal care to mothers in Bolivar County.

For generations, black midwives concerned themselves with the whole person and his/her immediate surroundings. In part, this was the reason midwives occupied such a deeply rooted position in rural communities. The transfer of authority to state health officers meant that environmental and social needs were not addressed which contributed to the problems that mothers and infants faced. For instance, many infant deaths occurred postnatal as a result of low birth weight. According to Dr. John J. Mullowney, who served as president of Meharry Medical College (1915-1940) and Chief Medical Inspector for Tennessee State Department of Health, identified that “75% to 80% of babies suffered from summer diarrhea.” The condition caused by fermentation of milk during the hot months between May and August was a contributing

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80 Fortieth Biennial Report Being the Seventy-Ninth and Eightieth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1955 through June 30, 1957 (Jackson, Mississippi: Mississippi State Board of Health, 1957), 79 and 140.

81 Forty-First Biennial Report Being the Eighty-First and Eighty-Second Annual Reports of the State Board of Health of the State of Mississippi July 1, 1957 through June 30, 1959 (Jackson, MS: Mississippi State Board of Health, 1959), 106.

82 Forty-Third Biennial Report Being the Eighty-Fifth and Eighty-Sixth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1961 through June 30, 1963 (Jackson, MS: Mississippi State Board of Health, 1963), 100 and 227.

83 Forty-Sixth Biennial Report Being the Ninety-First and Ninety-Second Annual Reports of the State Board of Health of the State of Mississippi July 1, 1967 through June 30, 1969 (Jackson, MS: Mississippi State Board of Health, 1969), 101 and 189.

84 An unpublished article by Dr. John J. Mullowney unofficially titled “Mother’s Milk vs. Artificial Milk,” Box 1, Folder untitled, John J. Mullowney Papers, Meharry Medical College Archive, Nashville, Tennessee (hereafter, Mullowney Papers), 6.
factor to the increase in infant deaths. The dissemination of this information warning mothers about the dangers of spoiled milk during prenatal screenings at the Taborian Hospital helped decrease mortality rates in infants.\textsuperscript{85} Mullowney recommended that mothers breast fed rather than rely on supplemental nutrition from milk because many did not have the facilities to maintain the colder temperature necessary to prevent the milk from spoiling.\textsuperscript{86} Here, another factor that contributed to the general ill health of the black community, more specifically mothers and infants, is unearthed.

Additionally, environmental factors including improper ventilation, protection from inspect-borne illnesses, and lack of access to clean water impacted the health of infants.\textsuperscript{87} Ultimately, the vigilance of midwives meant that this potential crisis was quickly identified and addressed before the baby was in critical condition. Although by 1948 the State Board of Health concentrated its efforts on the inspection of milk before it reached the consumer, few initiatives included recommendations for milk storage and use in the homes of new mothers.\textsuperscript{88} Since nutrition information was not properly disseminated to expectant mothers, the predominately black community of Yazoo County suffered a high rate of infant deaths. In 1922, forty-two babies were born dead and eighty-nine died within the first year of life in Yazoo County. As

\begin{footnotes}
\item[85]“Untitled Report [hereafter “Pennsylvania Study”]. Box 1. Folder Untitled, Ibid., 6. Additionally, the report sites additional factors including atmospheric (humidity), unsanitary living conditions and poor hygiene as reason for the increase in infant mortality rates, see Ibid., 12-13.
\item[86]Ibid., 6
\end{footnotes}
early as 1915 during the pellagra spread, the State Board of Health identified that communities in the Mississippi Delta suffered because of lack of access to nutritional food. Not until the 1960s, however, the State Board of Health implement a state health care plan that included a properly funded food program to provide poor mothers with nutritional rich vegetables and grains. Between 1915 and 1960, black infant in rural areas were born with low birth weight. In part due to the lack of proper nutrition in utero and subsequently as a breast feeding infant.

The fact that the Manual for Midwives preoccupation with the misguided opinion that midwives’ negligence contributed to the increase in the infant mortality rates supports the assertion that the intention of the regulations was not solely to improve the quality of health care. If the intention was to address infant mortality rates, considering the published articles and essays on known environmental and social factors that contributed to infant deaths then the preparation instructions for midwives may have included a recommendation that they conduct a brief survey of the home. As midwives prepared the home for the delivery, instructions provided to expectant mothers could have included useful information as it pertained to ensuring the home had properly secured windows/screens to protect the mother and child from mosquitos during warm months. By the 1950s, the Division of Maternity and Child Health readily acknowledged its collaborative efforts with the State Medical Association and “other agencies” to ensure further training of professionals and greater distribution of resources to combat health needs.89 Unfortunately, few of the training opportunities went to black physicians and nurses and most of the resources went to predominately white communities. Once the Taborian Hospital and Friendship Clinic opened and assumed responsibility for black health care, state officials stopped

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89 Thirty-Eighth Biennial Report Being the Seventy-Fifth and Seventy-Sixth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1951 to June 30, 1953, 44.
providing resources to medical facilities to combat the reoccurring problem with syphilis and gonorrhea.

In 1952, while acknowledging the high rate of venereal disease especially in majority black areas like Bolivar County, Tumminello, health officer of Bolivar County (1947-1974), revealed that “medical and nursing services were offered in all the clinics with the exception of Mound Bayou, where there are two hospitals available for the Negro people.” As previously discussed, the Taborian Hospital, specifically, entered a period of economic instability due to the increase in demand for care, the desire to continue to offer low-cost care to blacks in the Mississippi Delta, and the high cost associated with modernizing the facility. The fact that the local health officer refused to allocate additionally resources merely because of the presence of two facilities without regard for the demand on the facilities supports the argument that the systemic problem of institutionalized racism threatened the health of blacks in Mississippi.

State regulations governing midwifery were established in the 1920s were designed to limit the contact between black women health care professionals and expectant mothers. Ultimately, state imposed regulatory standards undermined the reliance of rural mothers on midwives for care before and after labor and delivery of their babies. It is an indisputable fact that the interruption in care provided by black midwives contributed to the high infant mortality rates in the black community. Moreover, the role that state actors including state health officers including Felix Underwood, state health investigators, consulting physicians, and supervising nurses played in the disruption of medical care to mothers and infants in rural areas challenges the seemingly uncontested argument that Progressive initiatives like Sheppard-Towner opened

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90 Thirty-Eighth Biennial Report Being the Seventy-Fifth and Seventy-Sixth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1951 to June 30, 1953, 23-A.
access to health care in the United States.91 For instance, in 1948 black babies were born in hospitals at a rate of 13.6 per 1,000 and in 1952 the rate increase slightly to 26.5.92 On the other hand, in 1948 the rate of white babies born in hospitals increased from 77.9 to 91.5 in 1952.93

Additionally, social organizations like the Federation of Women’s Clubs influenced the State Board of Health programs and policies as they successfully lobbied for funds for facilities in their communities and scholarship funds for physician and nurses.94 The presence of these organizations meant that a disproportionate amount of financial educational support went to white recipients. Between 1946 and 1946, of the sixty candidates to receive scholarship awards for medical training seven were African American.95 The lack of resources and funds allocated to the black community meant the health care crisis no longer just included expected mothers and infants. Between the 1920s and 1940s, black Mississippians suffered disproportionately from tuberculosis, malaria, syphilis, and gonorrhea. In the biennial report of 1945, the State Board of Health readily admitted: “With 50 per cent of the population [approximately 2,092,000] colored and with the death rate approximately three times as high among the Negro as the white race there are 79 beds in the State for the Negro Tuberculosis cases.”96 Additionally, the lack of

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91 According to J. Stanley Lemons, “The inequities facing women made many of them sympathetic to demands for social reform, some of the most prominent women, such as Jane Adams, Florence Kelley, and Lillian Wald,” see Lemons, “Social Feminism in the 1920s,” 577.


93 Ibid.

94 Annual Report, 1946-1947 (Jackson, Mississippi: Mississippi State Medical Education Board), 1.

95 Ibid., 7-9.

96 Thirty-Fourth Biennial Report Being the Seventy-Seventh and Seventy-Eighth Annual Reports of the State Board of Health of the State of Mississippi July 1, 1943 to June 30, 1945 (Jackson, Mississippi: Mississippi State Board of Health), 185. The population in Mississippi as of July 1, 1947 was 2,092,000, see Vernon Davies, Demographic Factors Related to Health Needs in Mississippi (Jackson, Mississippi: Mississippi Commission on Hospital Care 1948), 3.
access to hospitals meant black patients unnecessarily endured pain from farm-work related injuries including hernias, deep lacerations, skin legions, as well as foot and leg ulcers.

At the time that the State Board of Health imposed regulations that pushed midwives to the periphery of health care in the state, the Julius Rosenwald Fund worked to increase the numbers; thus, visibility of black women midwives. The collaborative effort with local health departments and the Tuskegee Institute in Alabama was informed by the assertion that midwifery was “a much-needed service to the rural Negro women of the South.”

In spite of the efforts of philanthropic organizations to provide material and financial resources to midwives to ensure they continued to address the medical needs of expectant mothers, the State Board of Health introduced a policy in 1950 that further restricted midwives interaction with mothers and infants. By the end of the decade, midwives were only permitted to provide pre-partum and post-partum instructional guidance.

In April 1951, there were only ninety-two black midwives registered in Bolivar County. The Rosenwald Fund collaborated with the United States Health Service between 1929 and 1932 to screen for syphilis in Bolivar County. The Rosenwald Serology Survey examined approximately 2,304 black Mississippians with 23.6 of the tests resulting in a positive reaction.

In spite of the increased scrutiny of state health officials, black women health care providers reasserted themselves and contested the degree to which supervisions of their work; thus, erosion of their autonomy, would be tolerated. Upon examination, the “Song of the

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98 Smith, *Sick and Tired of Being Sick and Tired*, 147.


“Midwives” highlights the fact that black women midwives reclaimed the space previously structured to undermine the importance of their work by linking midwifery with carelessness that endangered both mother and child. As black women midwives gathered they shared tips and techniques that provided delivering mothers comfort and dignity during the birthing process. It is a noteworthy point that general instructions provided to midwives did not address desires of the expectant mother. Black midwives, however, offered mothers instructions as it pertained to self-care including ensuring they get adequate sleep and proper nutrition.

Lastly, the song offers a glimpse at one of the sites of contention, particularly as it related to the supply of required materials. In *A Manual for Midwives*, midwives defiantly declared: “The State for us the eye drops buys.”[^101] Here midwives triumphantly acknowledged that the State Board of Health supplied the important sterile drops that prevented the likelihood of infant blindness for venereal disease exposure during birth. On the other hand, the pray recited by midwives demonstrated that they were aware of the inequities inherent in southern society, especially as it related to African American babies. Midwives promoted racial equality in the statement that “We thang Thee that every child, regardless of race, color, or creed, wherever he may live under the American flag can have a clean healthful place for his birth and the mother can receive good care before birth of the baby, at birth of the baby, and after the baby comes.”[^102] Like black women who learned the science and procedures associated with the nursing profession while working in the Taborian Hospital between 1942 and 1983, midwives had an intricate system of training wherein grandmothers and mothers provided instructions and helped to improve skills. As a result, “of the babies in Bolivar County 50 per cent are delivered by


[^102]: Ibid., 42.
midwives.” Additionally, practicing midwives communicated with one another often to relay the successful adoption of procedures and techniques that improved the birthing process for both mothers and infants.

![Midwife with two infants c. 1930s](source: Reprint from the Mississippi State Department of Health Photograph Album, Mississippi Department of Archives and History)

While state agencies like the Mississippi State Board of Health increased scrutiny of black women health care providers, black institutions mobilized to address the high mortality rates. Fraternal organizations supported Better Babies Campaigns aimed at increasing awareness for childhood illnesses by celebrating health and hygienic infants, National Negro Health Week and May Day activities focused on the health concerns of adults and youth like mouth care and

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103 Thirty-Third Biennial Report being the Sixty-Fifth and Sixty-Sixth Annual Reports of the State Board of Health of the State of Mississippi. July 1, 1941 to June 30, 1943 (Jackson, Mississippi: Mississippi State Board of Health, 1943), 143.
prevention screenings for tuberculosis and typhoid. In 1922, the *Negro Year Book* featured a recommendation proposal for how southern states could reduce the economic losses due to the high morbidity and death rate among African Americans. At its core, the National Medical Association (NMA) sought to encourage state appropriations committees to increase funding for health care programs in predominately black communities by asserting that healthier blacks made for healthier workers. Intriguingly, the regional strategy of black fraternal organizations and schools were similar in that they encouraged black institutions to create spaces for black medical providers to improve their skill and increase proficiency.

In contrast, the NMA concentrated its efforts on convincing state agencies to increase financial and material support because it was for the greater good of the state economy. The training offered at black colleges and medical institutions as well as the emphasis on proper nutrition and disease prevention during Negro National Health Week and Better Baby Campaign, meant that by the mid-1950s the death rate for black infants should the most significant decline. From 1935 to 1942, the death rate for black infants fluctuated between sixty-one and sixty-four per 1,000. In Bolivar County, the death rate for infants under the age of one dropped to 52.8 compared to 24.3 for white babies. As black women found themselves shut out, black organizations and institutions responded with strategies to reclaim the health care of African Americans. In 1926, Alcorn Agricultural and Mechanical College established a Nurse Training Department to provide black women with the opportunity to pursue their educational

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104 Ibid., 19 and 24, *Thirtieth Biennial Report being the Fifty-Ninth and Sixtieth Annual Reports of the State Board of Health July 1, 1935 to June 30, 1937*, 120.

105 Ibid., 365.

While the both Alcorn A&M College in Lorman, Mississippi and Tougaloo College in Jackson, Mississippi mobilized the black community to participate in the professionalism trend in the United States in the 1920s, the economic and proximity barriers were significant challenges for lower-class women to overcome. Although the reduction of mortality rates was slow and arduous, black midwives, nurses, and physicians worked to address the health care needs of the black community at a time when lack of access, inadequate funding, and racialized stereotypes converged to create a particularly unhealthy and hostile atmosphere.

While New Deal programs addressed economic and social needs of American workers, especially unions which sought higher wages and right to collectively bargain to have grievances addressed and established protections from poverty for aging Americans, New Deal programs failed to address racial inequities in the nation’s health care system including access to medical facilities for treatment, training, and employment. Ultimately, local unions and activists organized to identify and formulate a strategy to address some of the health concerns of predominately impoverished rural southern communities. In 1936, the Southern Tenant Farmers’ Union passed a resolution that reflected their commitment to “remedy the persistent struggle for economic betterment of its membership.” The resolution observed “This misery serves to break down their health, with the result that thousands on thousands of Negro and white children on the countryside suffer from illnesses, and particularly from diseases resulting from

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malnutrition, with thousands dying needlessly and more growing to an adulthood of suffering because of permanently weakened bodies.\textsuperscript{109}

Additionally, the Alpha Kappa Alpha and Sigma Gamma Rho sororities offered black communities basic hygiene seminars and organized a food program to supply lower income mothers with artificial milk for malnourished infants.\textsuperscript{110} Between 1935 and 1942, the Alpha Kappa Alpha sorority sponsored an annual six-week mobile clinic during the summer to provide black communities with “physical examinations, vaccinations, nutrition and personal hygiene information, clothing, food items, and treatments for malaria and venereal disease.”\textsuperscript{111} Similarly, the National Medical Association and the United States Public Health Service collaborated and jointly funded the Syphilis Control Demonstrations in Mississippi as well as Alabama, Georgia, North Carolina, Tennessee, and Virginia.\textsuperscript{112}

Although the Social Security Act of 1935 provided federal funds to states for maternal and infant care after the previous Sheppard-Towner Act was defunded by Congress in 1928, New Deal programs did not address the social and economic barriers that prevented poor communities from accessing health care until the mid-1940s. After the restrictions on midwifery, the economic crisis of the 1930s which placed many families in a financially uncertain situation, and the entry of the United States into World War II in 1941, the health care status of African Americans in the rural south worsened due to the shortage of health care providers and funds to support grassroots clinics. According to William Collins and Melissa Thomasson, “In 1945, only

\textsuperscript{109} Ibid., 266.

\textsuperscript{110} “Sorors Back Clinic for Mississippi,” \textit{The Chicago Defender} (6 April 1940), 7.

\textsuperscript{111} Smith, \textit{Sick and Tired of Being Sick and Tired}, 156.

about 25% of nonwhite southern births and 68% of white southern births occurred in hospitals, compared to about 81% of nonwhite and 91% of white births outside the South.”113 Between 1943 and 1945, in the Mississippi Delta the number of available maternity beds for whites stood at ninety-five and for blacks thirty-eight. To accommodate the gradually increasing demand for access, the State Board Health observed that eighty-six additional beds for white Mississippian were needed and 234 additional beds for blacks.114

Mississippi’s health care system suffered as a result of the lack of medical infrastructure and persistence of racial discrimination that often deterred young black physicians and nurses from working in the state. Additionally, hospital expansion activities slowed as the federal government reallocated funds to address the medical needs of servicemen; thus, limiting the health care options and facilities in the South. For much of the decade, health care access in the South reached a critical level for the majority of the predominately black population in the Mississippi Delta. Lack of funds and patterns of discrimination meant blacks suffered indignities and increased severity of illnesses. With the exception of the men and women who received treatment at the black owned-and-operated Taborian Hospital in Mound Bayou. Established in 1942, the hospital primarily functioned to provide prenatal and postnatal care to mothers and babies as well as perform emergency surgery in a modern medical facility. The experiences of black Mississippian in and around Mound Bayou stand out because of their proximity to medical care. For instance, in Laurel, Mississippi at the Laurel General Hospital “there are only two rooms (4 beds) for Negroes” and “there is no nursery for Negro babies but one for


Not only did blacks in Jones County have to endure the indignity of segregated and inferior accommodations but in the instances wherein black infants required monitoring or incubation the service was not provided because there were no facilities.

Between 1943 and 1947, the health care programs introduced by the Franklin Delano Roosevelt Administration (continued by Harry S. Truman after 1945) were half measures that did not address the issues of reduced access as a result of patterns of discrimination, low income, and in the case of rural areas, isolation. For instance, in the 1940s, the 72.8 percent of black family in Bolivar County earned under $1,000. Regionally, however, approximately 30.1 southerners lived on less than $1,000 per year. Between the 1940s and the 1960s, the rate appeared to decline, however, the categories of income changed from less than $1,000 to amounts between $1,000 and $1,999. The percentage was 42.8 and 36.5, respectively. In January 1943, Franklin Delano Roosevelt introduced the National Health program with an appropriated budget of $800,000,000.00 to extend health coverage to many poor communities. Unfortunately, the initiative failed to require public and private medical institutions to grant African Americans patients, physicians and nurses equal access.

Similar to Roosevelt’s Executive Order 8802 which barred the practice of racial discrimination in the armed forces and defense industry, the health care plan fell short of

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115 Letter from Alvin F. Poussaint to James Quigley Dated October 27, 1965, Mississippi Services-Records for Commission on Civil Rights, 20. According to the “List of Hospitals that have Returned a Statement of Compliance as Required in Title VI of Civil Rights Act of 1964,” Laurel General Hospital did not submit a letter of compliance as of September 17, 1965, see Mississippi Services-Records for Commission on Civil Rights, 24.


117 Ibid.


extending access through inclusivity. Moreover, like the state standards regarding midwifery which gradually reduced the autonomy and presence of black women health care providers, the Public Health Service Act of 1944 which “coordinated and expanded relationships with State and local health departments” undermined the autonomy of local organizations and facilities. The Public Health Service Act gave states the authority to determine the number of needed facilities, types of facilities, and most importantly allocation of funds. For instance, the act allowed federal and state officials to address the national concern of tuberculosis through the establishment of sanatoriums for patients to be treated and convalesce while limiting the number of individuals exposed to the illness.

In 1946, Harry S. Truman’s National Hospital Survey and Construction Act, also referred to as the Hill-Burton Act, established facilities to provide medical care to poor patients who could not afford to pay for the costs associated with medical treatments. Additionally, the Hill-Burton Act extended the authority of state agencies as it tasked state boards of health with surveying the medical and hospital needs of each state as well as formulating a plan to expand medical access by increasing the number of available beds in hospitals dispersed throughout the state. According to Surgeon General Thomas Parran, “Grants-in-aid to the States for various purposes are administrated by the Service, by once granted, such funds, become subject to State, 

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122 Ibid. In 1944, the Public Health Service Act appropriated between $11,000,000 and $20,000,000 annually to states to improve health care status of the nation’s poor, see “Public Health Service Act, 1944,” *Public Health Reports*, Vol. 56, No. 23. (July 14, 1944), 468.

123 Alanson W. Wilcox, “The Public Health Service Act, 1944,” *Social Security Bulletin* (August 1944), 16. In addition, the act expanded the authority of the president “to curtail or suspend immigration and importation from places in foreign countries where there may be serious epidemics,” Ibid., 17.
not Federal jurisdiction; controls as to racial or geographical discrimination in their spending thereby become the responsibility of the individual State.\textsuperscript{124} Without a federal mandate prohibiting discrimination based on race, state health officials were free to deny applications of black facilities, fail to provide funds promised, and unfairly determine suitability of medical facilities.

In addition to the criticism that the Hill-Burton Act legitimized racial inequities, the degree to which the State Board of Health regulated hospitals and health centers varied. It appears the State Board of Health increased its vigilance and supervision of black owned and operated facilities while failing to adequately address structural issues in prominently white facilities to go unchecked. For instance, “Attitudes Toward a New Hill-Burton Hospital” illustrated that many of the new facilities “experienced varying types and degrees of administrative and organizational problems.”\textsuperscript{125} Another interesting characteristic of the report was that many of the patients who sought treatment at the facility were non-rural farm families. According to the report, “non-farm families ranged between 37\% and 40\% and part-time farm families 50\% of patients treated.”\textsuperscript{126} This point is relevant in that the State Board of Health seemingly increased scrutiny of rural facilities and not urban medical institutions like the facilities in Northeast Mississippi.

In 1966, Alvin F. Poussaint, Southern Field Director for the Civil Rights Division of the Department of Health, Education, and Welfare, reported that the King’s Daughters Hospital

\textsuperscript{124} Letter from Thomas Parran, Surgeon General to Robert K. Carr, The President’s Committee on Civil Rights Dated July 8, 1947, Folder Public Health Service, President’s Committee on Civil Rights Collection, Harry S. Truman Library, Independence, Missouri, 2.

\textsuperscript{125} Gerald O. Windham, Marion T. Loftin, and Elizabeth J. Stojanovic, “Attitudes Toward a New Hill-Burton Hospital in a Northeast Mississippi County” (A Preliminary Report in Sociology and Rural Life No. 16, February 1961, Mississippi State University), 2-3, 13.

\textsuperscript{126} Ibid., 9.
constructed in 1953 with Hill-Burton funds in Yazoo City, Mississippi did not service black patients. In fact, Poussaint revealed that “the hospital Administrator indicated there are no Negro patients in the hospital and to his knowledge none have ever been admitted.”\textsuperscript{127} For the nearly thirteen years the hospital operated the facility did not treat black patients. According to the Administrator, “they have not ‘refused’ Negroes admission but none had ever applied.”\textsuperscript{128} Here, the Hill-Burton Act did not offer protection from racial discrimination which inevitably meant black patients suffered the indignity of separate and inadequate facilities and predominately black hospitals and clinics failed to get access to funds to expand and modernize facilities.

Similar to the way in which state health officials used the 1920s Sheppard-Towner Act to introduce new standards that pushed black women midwives out of the medical field by suggesting they were not properly trained and equipped to care for expectant mothers and infants, the Hill-Burton Act allowed professional organizations and state agencies to erect racialized barriers that limited the black access to employment opportunities and funds. For instance, in 1948 the Mississippi Commission on Hospital Care was established to supervise state medical facilities and determine eligibility for matching funds. By the 1960s, as it became clear that too much competition (as patients exercised options and choices) inflated health care costs, national and at the state level, the licensing advisory council of the Mississippi Commission on Hospital Care used its authority to impose standards for modernizing state facilities to systemically force the closure of a number of black-owned-operated nonprofit facilities.

\textsuperscript{127} Letter from Alvin F. Poussaint to F. Peter Libassi Dated March 3, 1966, Mississippi Services–Records for Commission on Civil Rights, 8.

\textsuperscript{128} Ibid. According to the “List of Hospitals that have Returned a Statement of Compliance as Required in Title VI of Civil Rights Act of 1964,” Kings’ Daughters Hospital did not submit a letter of compliance as of September 17, 1965, see Mississippi Services-Records for Commission on Civil Rights, 26.
Additionally, the Mississippi State Nurses Association coordinated with state health officials to reduce the presence of practical nurses, many of whom were black women whose financial limitations kept them from pursuing degrees in nursing. Similar to the 1920s movement to professionalize midwives, white nurses lobbied state officials to pass laws requiring practical nurses to register with the State Department of Health for issuing a license and supervision conducted by a registered nurse. In 1947, state health officials observed that the duties of nurses “could be done by non-nursing personnel. As the decade closed, high school graduates were being employed as nurses aides.”  

Despite this finding that tasks were easily performed by women who were not professionally trained, the Mississippi Nurses’ Association argued for legislation that required increased regulation that attempted to prevent further entry of women into the nursing field. In 1949, the Mississippi Nurses’ Association addressed the process of licensing practical nurses – individuals technically trained in patient care and under supervision of registered nurses – as an effort to ensure the education and training was consistent.  

In April 1949, the association’s quarterly *The Mississippi State Nurses Bulletin* featured an article which outlined the plan to professionalize practical nurse while simultaneously acknowledging the impact ways in which state policy transformed midwifery in the state. In the article titled “Nursing – A Responsibility of the Professional Nurse,” it was declared: “We have had practical nurses always; from them grew professional nursing. Perhaps we can do for them

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what Miss Mary D. Osborn did for Mississippi midwives years ago! Ultimately, the licensing process restricted access to many black women in rural areas. The requirement that they seek training from approved facilities which were often far from the communities where they lived and worked placed undue financial hardship on these women. Additionally, the cost associated with training and maintaining credentials to work as a licensed practical nurses was burdensome. The report of compliance investigators observed that “Until Negroes are employed in greater numbers and in positions of greater authority, in these services, Negroes will not turn as quickly to the health services as they should.”

Predominately black institutions like Mississippi Valley State University and Itta Bena Vocational College established a 100-hour instructional program for black practical nurse students. The program, however, remained in a perpetual state of economic instability because of the inability of administrators to get access to funds for improvements. John W. Spence, Assistant Director for the Mid-South Regional Office of the Southern Field Office of Medical Committee for Human Rights, reported that students enrolled at the nursing school “have to travel 90 miles a day four days a week to an inferior (all-Negro) for training.” Spence observed that the State Board of Health “have not brought it into compliance with Title VI

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requirements” of the Civil Rights Act of 1964.\textsuperscript{134} Interestingly, he observed that because of the persistent patterns of discrimination and the fact that the State Board of Health unduly targeted institutions with increased citations for violation of regulations, the “college hesitates, for several reasons, even to ask for use of its superior facilities.”\textsuperscript{135}

Archie L. Gray, Executive Director for the State Board of Health, perhaps unknowingly acknowledged the presence of institutional racism during an interview with Spence in 1965. When prompted about why the federal commission did not receive a Statement of Compliance as Required in Title VI of Civil Rights Act of 1964 from the Mississippi State Board of Health, Gray protested “the first three times” the statement was voted on by the board of members “it was turned down.”\textsuperscript{136} Additionally, Tougaloo College in affiliation with the Veterans Administration Hospital in Tuskegee, Alabama offered a nursing scholarship which covered the cost of tuition, books, and uniforms.\textsuperscript{137}

By the 1950s, the plan to expand access was successful and the nation entered a distinctly different period of overexpansion. Patel and Rushefsky observed “As the number of hospitals increased, a nongovernmental Joint Commission on Accreditation of Hospitals was established in 1952.”\textsuperscript{138} At the state level, the licensing advisory council implemented stringent rules and regulations that sought to force the closure of facilities that were antiquated and small.

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\textcolor{gray}{\footnotesize\textsuperscript{134} Ibid.}
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\textcolor{gray}{\footnotesize\textsuperscript{136} Memorandum to John W. Spence RE: Mississippi/Health Dated October 6, 1965, Mississippi Services-Records for Commission on Civil Rights, 28.}
\textcolor{gray}{\footnotesize\textsuperscript{137} \textsuperscript{\textit{Health Services in Mississippi}} President’s Address: By Christine L. Oglevee at the 1952 Annual Convention of the Mississippi State Nurses’ Association, Biloxi, Mississippi November 5, 1952; “P.N. School Needs Students” \textit{The Mississippi RN} (January 1953), Nurses Association Records, 4. For acknowledgement of the nursing programs available to black women, see “Schools of Nursing Accredited by the Board of Nurses’ Examiners for Mississippi” \textit{The Mississippi RN} (January 1952), Nurses Association Records, 7.}
\textcolor{gray}{\footnotesize\textsuperscript{138} \textsuperscript{Kant and Rushefsky, \textit{Healthcare Politics and Policy in America}, 56.}}
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Throughout the decade, health officials and licensing board members paid particular attention to the administration of health care in nonprofit medical facilities; especially, the three black owned and operated institutions in the delta: Taborian Hospital, Friendship Clinic, and Afro-American Sons and Daughters Hospital.

While most state associations were slow to recognize the contributions of black medical professionals and institutions, the American Medical Association (AMA) acknowledged the fine work in Mound Bayou. In May 1949, the State Board of Health approved the hospital’s license to operate.\(^\text{139}\) Subsequently, in October 1949, the American Medical Association admitted the Taborian Hospital.\(^\text{140}\) Another instance of associations and state agencies influence over the state’s health care policy. Shortly after, the Taborian Hospital received the state approved license; the AMA awarded the facility a grant of $300,000 for expansion.\(^\text{141}\) It is unclear what happened to the funds. Perhaps the organization withheld the funds or the Knights and Daughters of Tabor rejected the award; nevertheless, the hospital did not receive the money. Evidence for this claim is witnessed in the organization’s subsequent request for Hill-Burton Funds in 1950.

On April 10, 1950, the Mississippi Commission on Hospital Care approved the Taborian Hospital application for matching funds in the amount of $295,140 from the Hill-Burton Act with $45,560 raised by the Knights and Daughters of Tabor to expand the facility to accommodate the increase in patients.\(^\text{142}\) The approval of the plan to expand the Taborian

\(^{139}\) Handwritten notes entitled “Brief History and Structure of Knights and Daughters of Tabor,” Perry Monroe Smith, Mound Bayou, Mississippi (hereafter referenced as Smith Papers), 5.

\(^{140}\) Ibid.

\(^{141}\) Ibid.

\(^{142}\) “Project Miss-30 – Taborian Hospital” in Minutes of Meeting of the Mississippi Commission on Hospital Care held in Jackson, Mississippi (April 10, 1950), Mississippi Department of Health Records, Jackson, Mississippi, 7. “Construction to Start This Fall on Hospital Annex at Mound Bayou,” Jackson Daily News (13 August 1950), Mound Bayou – Hospital Collection, Mississippi Department of Archives and History, Jackson, Mississippi (hereafter referenced as Hospital Collection).
Hospital came after a 1947 report issued by the commission that 1,200 beds in the state required replacement. The point here is that the decision to apply for funds was a direct response to state officials’ proclamation that more beds were needed to meet the increasing need for access to medical institutions.\(^\text{143}\) Moreover, Dr. D. V. Galloway, Executive Director for the State Commission on Hospital Care, proposed an additional sixty-nine beds added to the Taborian Hospital in Mound Bayou to increase the availability of beds for Mississippians in Bolivar County.\(^\text{144}\) By May 1950, however, the destabilization of Korea prompted the Truman Administration to halt all social programs placing the hospital in a precarious position.\(^\text{145}\)

By July 1951, federal bureaucracy impeded access to funds necessary for the Taborian Hospital to follow through with its expansion and modernization plans. For instance, Truman reduced “the national funds available for this year from $150,000,000 to $75,000,000.”\(^\text{146}\) Therefore, the allocation of funds to the state of Mississippi was reduced by half leaving the “current operating construction budget at $2,247,000. The Commission on Hospital Care on this account will be unable to undertake any further financial commitments of any nature until the national hospital construction program is activated and federal funds are available.”\(^\text{147}\) The agency offered a maximum of twenty percent of the construction cost; unfortunately the Taborian Hospital ranked thirteen on a list of seventeen and the hospital did not get the funds for

\(^{143}\) “The Mississippi Plan for Hospital Care” in *Progress Report on Construction and Planning in Mississippi* from *Mississippi Hospitals* Vol. I, No. 1 (September 1, 1946 – May 1, 1947), Mississippi Commission on Hospital Care Collection, Mississippi Department of Archives and History, Jackson, Mississippi (hereafter referenced as Commission Collection), 1.


\(^{145}\) *Minutes of Meeting of the Mississippi Commission on Hospital Care* held in Jackson, Mississippi (May 22, 1950), Mississippi Department of Health Collection, Jackson, Mississippi (hereafter referenced as Health Collection), 4.

\(^{146}\) Letter from D. V. Galloway to unknown undated, Health Collection, 3.

\(^{147}\) Ibid.
aid in the expansion and modernization plans. Ultimately, the Cold War era politics and the Truman Administration’s determination to contain the spread of communism meant social programs were defunded as the nation braced for engagement in yet another conflict in Asia.148

Despite the failure of the state to honor its previous financial commitment of aid to the Taborian Hospital, the Commission on Hospital Care marked hospitals which failed to expand and modernize as a violation of state operating standards outlined in the Minimum Standards guide. In the 1954 Minutes of Meeting of the Mississippi Commission on Hospital Care, the agency listed the Taborian Hospital in Mound Bayou, Friendship Clinic in Mound Bayou, and Afro-American Sons and Daughters Hospital in Yazoo City as having deficiencies due to delayed improvements; thus, the licenses were “granted conditionally” with the expressed understanding that compliance was required.149 In fact, the committee stated that “it will be better to make visits to each of these places promptly now.”150

In 1959, four years after the Commission on Hospital Care denied the organization’s request to have access to the funds awarded in 1948, the agency raised serious questions about the suitability of the facility. Ironically, the Commission on Hospital Care’s “Inventory of Diagnostic and Treatment Centers” assigned the Taborian Hospital a classification of “replaceable” which indicated the structure was “inadequate as to size and/or arrangement, and unsatisfactory for remodeling.”151 The following year, the Hospital Licensing Council of the


149 Minutes of Meeting of the Hospital Licensing Agency (January 18, 1954), Health Collection, 1

150 Ibid.

151 Public Health Service, “Inventory of Diagnostic and Treatment Centers,” Box 16, Folder Mississippi Nurses Association, Mississippi Nurses’ Association Records [manuscript], Mississippi Department of Archives and History, Jackson, Mississippi (hereafter referenced as Nurses’ Association Records), 1 and 6.
Commission on Hospital Care reported the facility did not meet state fire safety standards. Also the council stated that “some relief of crowded areas was badly needed, nothing had been started.”\(^\text{152}\) The organization raised nearly $100,000 to expand the women’s ward, construct a nursery as well as a children’s ward. The improvements included addressing some of the fire safety standards like clearly marking entrances and exits to the building.\(^\text{153}\)

The impediments erected by state health officials had an immediate impact on the general health of the blacks in the Mississippi Delta. Considering many African Americans in rural areas lacked access to economic and educational opportunities that improved their socioeconomic status, they required access to medical facilities that treated the poor and indigent. In April 1951, the “Health Practices of Rural Negroes in Bolivar County” reported that “in each 100 persons surveyed, 37 used a doctor.”\(^\text{154}\) In Bolivar County, there were thirty-four doctors with twenty-eight white physicians and six black physicians.

Despite the influx of federal funds to states to fund construction of facilities in poor communities, the refusal of state agencies like the Mississippi Commission on Hospital Care to equitably distribute funds threatened to negatively impact the black community. For instance, in 1952, the “List of Mississippi Hospitals” showed “a total of 151 general hospitals with 5,766 hospital beds” only 1,922 were available for the 990,282 African Americans residence of the state.\(^\text{155}\) Infant mortality rates for “nonwhites from 1950 to 1965,” however, gradually improved

\(^{152}\) Memorandum from Mavis Phillips, Hospital Licensing Consultant to Foster L. Fowler, Executive Director of the Mississippi Commission on Hospital Care Dated 12 October 1960, Mississippi Department of Health Records, Jackson, Mississippi, 71.

\(^{153}\) Taborian Hospital Annex,” The Taborian (July-September 1962), Smith Papers, 7.

\(^{154}\) Galloway and Loftin, “Health Practices of Rural Negroes in Bolivar County,” 2.

\(^{155}\) Foster L. Fowler, List of Mississippi Hospitals (Jackson, Mississippi: Mississippi Commission on Hospital Care, 1952).
“over time.” While economists correctly linked the decline of infant mortality rates with the increase of incomes and educational pursuits, the notable decline in infant mortality rates in rural areas like the Mississippi Delta where the growth of incomes and educational access was minimal can be attributed to the activism of black medical professionals including physicians and nurses employed at the Taborian Hospital who identified the need for pre-and-postnatal care initiatives.

Figure 7.3: Photograph of Perry Monroe Smith and Lyndon B. Johnson in 1964

Source: Reprint from *The Taborian Magazine*, Perry Monroe Smith Papers

On September 22, 1964, perhaps keenly aware that Great Society programs threatened the stability of black fraternal health programs, President Lyndon Baines Johnson invited Perry Monroe Smith, International Chief Grand Mentor of the Knights and Daughters of Tabor, to the White House for a speech acknowledging the contributions of black fraternal organizations in

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156 Collins and Thomasson, “The Declining Contribution of Socioeconomic Disparities,” 758.
American society. At the event, Johnson reflected on the century-long relationship between fraternal organization and disenfranchised black communities whose medical, educational, burial, and distressed needs were provided for by the more than “10 million people for almost 12 billion dollars.” Hidden in his remarks, however, is another indicator that the federal government was transitioning from support of local groups to the expansion of federal authority. Moreover, Johnson did not reference specific programs nor allocation of funds to assist fraternal orders further their efforts to improve the social, health, political, or health status of the black community. The struggle for control over medical facilities ignited with the increase of access to federal funding. Evidence of which is supported by the subsequent actions of the state actors including Mississippi Governor William Waller and state health officials who rejected the “hometown program” component of the anti-poverty initiatives. State agencies interfered with the Office of Economic Opportunity (OEO) and the secretary of the Department of Health, Education, and Welfare efforts to provide financial assistance to the hospital in Mound Bayou. The state of Mississippi maneuvered to assume complete control of the health care industry at the expense of blacks in the Mississippi Delta.

In 1965, with the passage of the Social Security Act Amendments Title XVIII, Lyndon B. Johnson introduced the Great Society initiative which acknowledged the persistent problem of poverty with programs determined to address health care accessibility and costs, lack of employment opportunities, education, and housing. For instance, the Public Health Service Act

157 Western Union Telegram (September 19, 1964) reprinted in The Taborian (October-December 1967), Smith Papers, 17.

158 A photograph of Smith and President Lyndon Baines Johnson was featured in the tri-annual (previously quarterly) publication, see “Tabor’s Leaders Visit White House—Invited by President Johnson,” The Taborian (January-April 1965), Smith Papers, 14-16.


160 Ibid.
Article VI provided states with funds to construct new hospitals and health care facilities or modernize existing facilities.\textsuperscript{161} After the disappointing effort to get financial assistance from the Mississippi Commission on Hospital Care, Mound Bayou Community Hospital (renamed in 1966 after merger with neighboring Sara Brown Memorial Hospital previously Friendship Clinic) administrator Luberta A. Griffin applied for federal funds with the Office of Economic Opportunity. Perhaps a symbolic condemnation of state agencies efforts to dismiss the Mound Bayou Community Hospital representatives’ appeals for financial aid, the Office of Economic Opportunity awarded the facility $5.5 million for the construction of a fifty-one bed facility in Mound Bayou.\textsuperscript{162} The allocation to the predominately black town represented seventy-eight percent of the allotted budget from the Office of Economic Opportunity (OEO) to the state of Mississippi.\textsuperscript{163}

The response to black health care initiatives evolved from the previous assertion that black midwives’ lack of medical proficiency contributed to increased death rates in the state to the public suggestion that black administrators lacked the capacity to properly manage health care facilities. For instance, William Waller, Governor of Mississippi (1972-1976), led the effort to prevent the Mound Bayou Community Hospital from receiving the allotment of funds from the OEO. On June 1, 1972, Waller wrote to the director of the Office of Economic Opportunity,

\textsuperscript{161} \textit{Public Health Service Act: Title VI-Assistance for Construction and Modernization of Hospitals and other Medical Facilities}. Binder: Hospital Construction Program – Mississippi Commission on Hospital Care, Dr. D. V. Galloway. Commission Collection, 1-20.

\textsuperscript{162} Charles B. Gordon, “Know Little, But Defends Project: Area OEO Head Backs Hospital Through Almost Devoid of Facts,” \textit{Jackson Daily News} (1968), Hospital Collection.

\textsuperscript{163} Charles M. Hills Jr., “Governor Asserts Veto Prevented Fiasco: Mound Bayou Hospital Fees, Salaries Detailed,” \textit{Jackson Daily News} (May 1973), Hospital Collection. The agreement between the OEO and the hospital administrator was that fraternal hospitalization plans would be honored. By 1971, those plans were no longer honored; thus, membership to the organization drastically declined as individuals found it necessary to maintain the policy, see “Excerpts from Chief Grand Mentor’s Annual Message,” \textit{The Taborian Bulletin} (December-February 1970-1971), Kemper H. Smith Papers, 8.
Phillip V. Sanchez, “I exercised by right of veto…This action was in accordance with my serious reservations concerning the quality of health care, administration and fiscal management at the Mound Bayou facility.” Waller charged that the hospital suffered from misappropriation of funds and incompetency as it pertained to day-to-day logistics of running a medical institution. Similar to the conduct of state health officers who investigated midwives and publically undermined their relationship with the communities within which they lived and served to delegitimize them as health care providers, the head of state spearheaded the effort to destabilize the Mound Bayou Community Hospital. Between July 1972 and August 1973, Waller and the Mississippi Commission on Hospital Care publically condemned the hospital and administrations with alleged offenses including mismanagement of funds, corruption, embezzlement, misrepresentation of services. They also claimed authorized medical professionals were not on site, and testimonials from alleged members of the community said that the hospital did not provide a sufficient service to the community.

In a series of articles pushed by the Clarion-Ledger that concentrated on the state probe into the hospital’s assistance award from the OEO, Waller alleged “there is a willful and

164 Letter from William Waller, Governor, State of Mississippi to Phillip V. Sanchez, Director of Office of Economic Opportunity Dated 31 August 1972, 1; Letter from William Waller, Governor, State of Mississippi to C. D. Ward, Office of the Vice President [Spiro Agnew] Dated 17 August 1972, 1, File Series 3, Subseries 4, Box 43, Folder: Mound Bayou, MS – Hospital, James O. Eastland Collection, Oxford, Mississippi: Modern Political Archives (hereafter referenced as Eastland Collection), 1. Charles W. Capps, Jr., Mississippi State Representative 1972 – 2005, wrote to Eastland that “Bill Waller is absolutely correct about the Mound Bayou Hospital situation. Please support him,” see Handwritten note from Charles “Charlie” W. Capps, Jr. Undated, File Series 3, Subseries 4, Box 43, Folder: Mound Bayou, MS – Hospital, Eastland Collection. It is noteworthy that there were no supporting documentations including reports and/or audits.

165 Waller parroted the allegations of local businessmen. For instance, Alfred Levington, an attorney in Cleveland, Mississippi, “people who are so employed cannot even tell you what it is they are doing,” see Letter from Alfred A. Levington to James O. Eastland, John C. Stennis, and Thomas G. Abernethy Dated 2 August 1968 File Series 3, Subseries 4, Box 43, Folder: Mound Bayou, MS – Hospital, Eastland Collection.


167 Bob Howie, “You Figure It Out,” Jackson Daily News (21 July 1972); “Delta Hospital Probe by APHA is Continuing,” Jackson Daily News (September 9, 1972), Hospital Collection.
deliberate attempt on the part of Delta Community Hospital and Health Center, Inc. to conceal the sums of money actually being spent.”168 Additionally, Waller spoke at length about the salaries of physicians, nurses, and support staff of the hospital. In conclusion, he stated “when you consider the comparable operation of the 65-bed Belzoni Hospital which has both in-patient and out-patient services in a similar area has an annual budget of $900,000 or about $4.5 million less you begin to imagine the magnitude of this boondoggle.”169 The inference was that the predominately black staff of doctors, nurses, cooks, clerks, and janitors did not deserve comparable salaries because the facility was a nonprofit with patients unable to pay. The devaluation of black labor and black lives was at the core of the public outcry over the OEO’s allocation of $5.5 million to the Mound Bayou Community Hospital.

Figure 7.4: Protesters picketed the Capitol in Jackson, Mississippi after William Waller threatened to interfere with the distribution of OEO funds to the Mound Bayou Community Hospital.

Source: Reprint from *Jackson Daily News*, Mississippi Department of Archives and History

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168 “Waller Urges Probe of Hospital by OEO,” *The Clarion-Ledger* (26 July 1972), Hospital Collection, 1.

169 Ibid., 2.
Despite black activists including Charles Evers who organized and protested at the capitol in Jackson, Mississippi, and hospital officials who accused Waller of racism and engaging in political diatribe at the expense of poor black in the rural area of the Mississippi Delta, Waller threatened to veto the funds.\textsuperscript{170} The public scrutiny placed the Mound Bayou Community Hospital in a financially precarious situation as it struggled to meet the medical needs of the waning clientele and pay salaries in an antiquated facility in need of significant and costly repairs. Despite the fact the an OEO site review representatives concluded that “the medical care, nursing, laboratory, x-ray and other auxiliary services available at the Mound Bayou Community Hospital are comparable to those available in similar institutions both rural and urban,” the organization was under major pressure to step aside in a good faith gesture to allow the facility to continue its operations without the lingering allegation of mismanagement.

Between 1968 and 1973, the Knights and Daughters of Tabor relinquished control of the facility to Tufts University. The shift in control and the American Public Health Association’s report which acknowledged the need for uninterrupted access to medical care did little to slow the onslaught of criticism and calls for closure of the facility and OEO funds rescinded.\textsuperscript{171} In February 1973, the Mississippi Commission on Hospital Care ordered the facility to “cease operations” because the hospital “cannot be remodeled to meet minimum standards.”\textsuperscript{172} Dale Williamson, hospital licensing representative for the Commission on Hospital Care, cited a plethora of safety violation that included the following: “neither an approved automatic fire detection system nor an automatic sprinkler system; two of the required exit doors do not swing


\textsuperscript{171} “APHA Unit Asks Waller to OK Delta Project,” \textit{Jackson Daily News} (13 November 1972), Hospital Collection.

\textsuperscript{172} “Hospital Told to Cease Operations,” The \textit{Clarion-Ledger} (14 February 1973), Hospital Collection.
in the direction of exit travel; hospital halls and corridors are not maintained free and clear of obstructions; the kitchen range hood is obsolete in design; and although there is only enough space in the nursery to accommodate eight bassinets and incubators, the hospital is accustomed to keeping twelve to fifteen bassinets and incubators in the nursery.”

Concerns about “where and how the thousands of poverty stricken people in Bolivar, Coahoma, Sunflower, and Washington counties [were] going to obtain medical attention” were dismissed and ignored by state representatives including James O. Eastland. The dismissal of the medical needs of poor blacks in the Delta ignited “public health controversies in Mississippi during the 1970’s have become so heated that charges of ‘genocidal neglect’ have been hurled at state authorities.”

Despite the public criticism of Waller’s smear campaign against the hospital, the governor pressed forward.

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173 Minutes of Meeting Hospital Licensing Agency. March 13, 1972. Mississippi Department of Health, Jackson, Mississippi (hereafter referenced as Department of Health Papers), 3. On August 2, 1972, the hospital was informed that deficiencies be addressed or the committee considered “the revocation of the license which they presently hold,” see Minutes of Special Meeting Hospital Licensing Agency. August 2, 1972, Department of Health Papers, 2. Subsequent hearing scheduled in 1973, see Minutes of Meeting Hospital Licensing Agency. February 11, 1974, Department of Health Papers, 2. Minutes of Meeting Hospital Licensing Agency. February 12, 1973, Department of Health Papers, 2. Minutes of Meeting Hospital Licensing Agency. February 11, 1974., Department of Health Papers, 2. But a later report stated that “the deficiencies still exist, particularly the matter of admission of patients by unauthorized personnel,” see Minutes of Meeting Hospital Licensing Agency. July 2, 1974, Department of Health Papers, 2. Memorandum from Joyce Caracci, Registered Nurse with the Mississippi State Board of Health to Mendal G. Kemp, Supervisor for Health Facilities Certification and Licensure Dated 27 March 1974, File Series 3, Subseries 4, Box 43, Folder: Mound Bayou, MS – Hospital, Eastland Collection.

174 Eastland notated the letter sent by Jimmie F. Barnes with “negro supervisor?” and while the response claimed his office would “go carefully into the matter in line with your views,” there is no evidence Eastland weighted into the debate to protect health care access for poor blacks, see Letter from Jimmie F. Barnes to James O. Eastland Dated 9 June 1972, File Series 3, Subseries 1: Issues Correspondence, Box 103, Folder Health – 1972, Eastland Collection, 1-2.

175 Twenty Years of Progress in Public Health in Mississippi, by Dr. Ronald B. Pruet, Assistant Professor, Economics and Finance (Pre-Publication Draft; September 15, 1972), File Series 3, Subseries 1: Issues Correspondence, Box 103, Folder: Health – Charity Care – 1972, Eastland Collection.
In May 1973, Waller carried out second attempt to veto the OEO funds allocated to the
hospital – previously overridden by federal officials.\textsuperscript{176} Although the facility remained opened
until the Mississippi Commission on Hospital Care ordered it closed in February 1982, state
actors including William Waller and state agencies like the Mississippi Commission on Hospital
Care contributed to the rapid financial deterioration of the hospital between 1951 and 1982.\textsuperscript{177}
Emboldened by the refusal of politicians to address the patterns of discrimination, the State
Board of Health modernized facilities, improved local infrastructure, and expanded access to
medical care for white Mississippians.

Between the 1920s and 1950s, health officers asserted that black midwives contributed to
high mortality rates and thus requiring strict supervision and regulation. Between the 1950s and
1970s, the State Board of Health argued against the allocation of state funds to the black owned
and operated Taborian Hospital because of alleged mismanagement. At its core, the State Board
of Health rejected black leadership on health matters by suggesting African American midwives
were incompetent and black medical institutions were inferior. Ultimately, state-sponsored actors
and agents sought to reclaim control of health care by casting suspicion on one of the last
remaining vestiges of the nineteenth and twentieth century racial uplift and self-help movement.

Prior to the 1920s, black midwives addressed the medical needs of mothers and infants
without interference from state officials. In fact, at a time when the general health concerns of
the black community in Mississippi were largely ignored, black midwives provided health care
and general instructions. The data supports the assertion that black women midwives were more

\textsuperscript{176} “Waller Urges Probe of Hospital by OEO,” The Clarion-Ledger (26 July 1972); “Hospital Probe at Mound
Bayou,” Jackson Daily News (August 29, 1972); For reference to the two vetoes, see Joseph Bonney, “Bayou
Probers Finished,” The Clarion-Ledger (10 September 1972), Hospital Collection, 2.

\textsuperscript{177} Gregory Weber, “Obstetrics Unit Key to Care at Mound Bayou’s Hospital,” The Clarion-Ledger (18 February
1982), Hospital Collection, 2.
than adequate in their care for mothers and infants. For instance, in 1914 451 white infants died while 349 black infants died premature deaths. While white infants suffered from high instances of diphtheria between 1923 and 1926, black infants suffered less which is a significant departure from the high mortality rates of black infants for other diseases. While the Negro Year Book did not acknowledge the contributions of midwives, the assertion is that black midwives showed African American mothers “how to care for and feed their babies” and provided instruction for the “proper storage of milk and hygiene techniques.”

As early as the 1920s, the relationship between the state and black medical professionals and black institutions disproportionately impacted the black community in the Mississippi Delta. Especially, as it became increasingly apparent that treatment of black patients allowed white medical professionals to reestablish a position of superiority and reclaim authority over black bodies and lives. Black medical facilities, physicians, nurses, and midwives’ status and access changed as state agencies, medical professional associations, and the federal government assumed more control over the policy and regulatory standards of the nation’s health care system. Considering the influence these state actors wielded, it is undeniable that the decisions and policies introduced had an immediate impact on the lives of African Americans. This was especially true for African Americans in rural areas where isolation and relatively lower incomes limited the options for black Mississippians. After the closure of the hospital, the Clarion-Ledger featured an article that acknowledged the immediate health care concern was “obstetric care” because “a majority of patients in the hospital are mothers are their newborns, and the hospital

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had the third largest number of deliveries in the state.” Ultimately, indifference and lack of financial support posed greater harms to general well-being of African Americans than the unsubstantiated allegations that midwives contributed to the high mortality rates in the state.

180 Gregory Weber, “Obstetrics Unit Key to Care at Mound Bayou’s Hospital,” The Clarion-Ledger (18 February 1982), Hospital Collection, 2.
“It Served Its Purpose”: Health Care in the Mississippi Delta, 1970s – 1980s

I don’t think the Taborian Hospital failed. I think it served its purpose. And then it closed.
– Elva Jean Smith-White, 2013

Social programs did not address many of the racial inequalities and economic disparities that rural Americans encountered in the mid-to-late 1960s. For instance, black elderly residents eligible for social security benefits “could not benefit from the plan and their own physicians could not benefit from the plan since funds would be provided only for hospitalization and limited home care” because “Hill-Burton law did not prevent hospital discrimination.” For instance, in 1969, Thomas J. Huddleston, administrator for the Afro-American Sons and Daughters Hospital in Yazoo City, Mississippi, wrote to James O. Eastland for assistance accessing funds for much needed improvements. Eastland thwarted Huddleston’s efforts as he claimed “I know of no funds that are available in Washington for hospitals.” While Eastland

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1 Elva Jean Smith-White (granddaughter of Perry Monroe Smith and daughter of Kemper Harreld Smith) in discussion with the author, 27 October 2013.

2 “Heath Care More Vital than Missile Setup: HHH,” Chicago Defender (18 March 1969). While there is acknowledge of the inadequate health system, the lack of comprehensive programs worsened the system.


acknowledged the existence of Hill-Burton funds that required approval from the State Board of Health, he recommended “a Small Business loan.” In fact, the health care needs of the majority of impoverished blacks were leverage by Democratic Congressmen and Senator James Oliver Eastland who sought to disrupt desegregation efforts and accomplished the goal by attaching an “education” bill which addressed the hotly debated issue of compulsory busing onto the original health appropriation bill. Also the bill in its final form allowed the siphoning of funds intended for the health care initiative of the Office of Economic Opportunity for other programs.

These constant changes to the Medicaid and Medicare programs increased the instability of the Mississippi Jurisdiction of the Knights and Daughters of Tabor as hospital administrators and grand officers attempted to adjust the hospitalization plan fee schedule and rate to meet the needs of its members, especially those ineligible for the programs who could not pay the rapidly increasing cost of medical care. As the administration approved fee increases for doctors; thus allowing physicians treating Medicare patients to charge more while also taking on more and more Medicare recipients. Inevitably, the rise in salaries and the small sums of payment received by treating mostly poor patients meant the operating costs for the facility soared. According to Terrance White, Mound Bayou Community Hospital Administrator, “80 percent of the nearly 2,000 patients seen in 1980 had no insurance or method of payment.”

By the 1970s and 1980s, the treatment of the previously underserved community, largely poor minorities in rural areas, became an increasingly lucrative business for physicians and

5 Ibid.

6 John H. Sengstacke, “Medicare Hike,” Chicago Defender (5 January 1970). Wilbur J. Cohen, former secretary of the Health, Education, and Welfare Department, “refused to increase the premium last year. Instead Cohen tried to brake runaway medical prices by urging doctors to hold the line on fees, and by issuing administrative orders aimed at prodding them to do so. The American Patients Association suggested that HEW come up with recommendations to halt inflation in the medical insurance program or abolish it.”

7 Weber, “Obstetrics Unit Key to Care at Mound Bayou’s Hospital,” 2.
facilities that historically exploited minorities by charging more for services rendered to nonwhite patients, if treatment was provided at all. For instance, the Federal Budget Reconciliation Act of 1981 which required “states to make additional Medicaid payments to hospitals who serve a disproportionate share of Medicaid and low-income patients.” The potential for increase in fees associated with treatment of lower income patients made them a sought after group in the 1980s. This shift was a significant departure from the experience of poor black patients whose access to modern medicine was hindered by racialized policies. Between the 1920s and the 1950s, black patients were forced to decide between substandard health service and neglect of health to avoid humiliating encounters with white medical professionals – in the instances wherein a black facility or local doctor was unavailable.

The rise in the cost of health care prompted state officials to restrict supply; thus, the number of hospital closures gradually increased between the late 1960s and 1980s. According to Kant and Rushefsky, “By the 1970s healthcare costs had risen dramatically. Total national healthcare expenditure increased from $27.1 billion in 1960 to $74.3 billion in 1970. During this same period, federal healthcare expenditures increased from $2.9 billion to $17.8 billion, while state and local governments’ healthcare expenditures increased from $3.7 billion to $9.9 billion.” The steady rise in the cost of healthcare made the maintenance of not-for-profit facilities less ideal because of the burden placed on the federal government and state to provide

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matching funds for improvements and expansion programs that nonprofit facilities could not found without federal assistance.

In November 1982, Terrance White revealed that “state health officials renewed a long-standing threat to revoke the hospital’s license.”11 The decision by federal health officials to “put together a task force to find out what would happen if the hospital closed” destabilized the facility and undermined its Stallworth position in the community of Mound Bayou.12 As an employer the facility offered women and men the ability to move from the fields into professionalized medicine and as the only remaining nonprofit in the area the hospital took in all patients, irrespective of their ability to pay. Without access to financial assistance programs and fraternal insurance policies that provided nonprofit hospitals with the steady stream of paying patients, black hospitals throughout the South closed.13 In keeping with the spirit of self-help, Mound Bayouians organized a campaign in October 1982 to raise $4.5 million for the hospital to meet the Mississippi Commission on Hospital Care six-month deadline before revoking the operating license.14 On July 12, 1983, after successfully raising $200,000 and suffering a number of layoffs, the Mound Bayou Community Hospital, previously named the Taborian Hospital, discharged its last patients and closed its doors after forty-one years of servicing the


12 Ibid.


14 Tony Tharp, “Mound Bayou Group Requests Report on Fund-Raising Campaign for Hospital,” The Clarion-Ledger (19 January 1983), Hospital Collection. Throughout the 1970s, the administrations touted the fact that the hospital provided “health care for those who cannot pay,” see “A Call to Americans to Save the Hospital at Mound Bayou: An Appeal by Congressman Andrew Young and a Committee of Concerned Americans” (Mound Bayou Community Hospital Mound Bayou, Mississippi, [c. 1970s]), File Series 1, Subseries 25: Book Inventory, James O. Eastland Collection, Oxford, Mississippi: Modern Political Archives (hereafter referenced as Eastland Collection), 8.
predominately black community in the Mississippi Delta.\textsuperscript{15} A frustrated Earl Lucas, Mayor of Mound Bayou, “charged racism and bigotry hastened its demise.” Lucas declared “the hospital faced ‘double jeopardy’ from the loss of federal funds last year [in the amount of $1 million], as well as actions by state health officials to cut off Medicare/Medicaid reimbursements” to the facility.\textsuperscript{16}

While elderly and poor patients continued to have access to surrounding medical facilities, many blacks lost access to health care because their incomes did not fall below the poverty line, they did not have access to employer insurance, or could not afford to pay the costs associated with medical treatments. For instance, the Comprehensive Health Care report observed that “Medicaid, for instance, would still not cover the case of a family with an able-bodied working father whose income fell below established poverty levels.”\textsuperscript{17} Roy Myers, administrator of the E. S. Witte Memorial Hospital in Leland, Mississippi observed that poor pregnant women made “last-minute appearances at Delta emergency rooms to gain hospital admission.”\textsuperscript{18} By the 1980s, poor minorities were vulnerable as any illness threatened the economic survival of families in rural areas. The lack of access meant that illnesses and diseases were left untreated until pain or discomfort forced the patient to a nearby hospital where federal mandate required they be promptly triaged.

\textsuperscript{15} For acknowledgment of the $200,000 raised by the Vanguard Group in Boston, Massachusetts and the April 1983 $50 a plate luncheon at Delta State University hosted by Katie Hall, Indiana congresswoman, see Tony Tharp, “Hospital Faces loss of License; Review Slated,” The Clarion-Ledger (2 April 1983), Hospital Collection.

\textsuperscript{16} Lynn Watkins, “Mound Bayou Hospital Forced to Lock Doors,” The Clarion-Ledger (14 July 1983), Hospital Collection.


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