PROCEEDINGS OF THE

5th ANNUAL RURAL HEALTH CONFERENCE

Sponsored by
THE NORTH CAROLINA HEALTH COUNCIL
and
THE COMMITTEE ON RURAL HEALTH
of the
MEDICAL SOCIETY OF
THE STATE OF NORTH CAROLINA
with the cooperation of its
RURAL HEALTH ADVISORY COMMITTEE

THEME: "WHAT DO WE NEED AND HOW CAN WE GET IT?"

Sir Walter Hotel
Raleigh, North Carolina
October 25, 1952
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As early as 1917, North Carolina doctors expressed interest in seeing people come together to focus collective attention upon State Health needs. As a result, the first State-wide rural health conference was called in 1918, with the Good Health Association as co-sponsor. That first conference established a precedent. Now, the rural health meetings are an annual affair. More and more, the conferences are getting away from the idea of hearing professional papers read and are emphasizing provocative discussion, with lay and medical people from local communities, as well as State organizations, pooling their ideas. Attendance at these conferences has steadily increased each year with a larger representation of lay people present—some fifty persons attended the first rural health conference in Chapel Hill in 1918 while over 100 people attended the fifth conference held in Raleigh in 1952.

First Annual Rural Health Conference—1918: The theme of the conference was "Adequate Health and Medical Care for the People of Rural North Carolina," held in the Medical School Auditorium at the University of North Carolina; the sessions provided messages from North Carolina farm, education, public health, medical, and hospital leaders, and talks from Dr. H. B. Zhayboll, regional chairman of AMA's Rural Health Committees, and Louis S. Reed, health economist with the United States Public Health Service.

Second Annual Rural Health Conference—1919: The Medical Society of North Carolina and the Good Health Association again co-sponsored the rural health conference, held at Chapel Hill. Discussion groups on rural health practices, rural medical care services, rural community organizations, and rural maternal and child health featured the second conference. The first accounts of local rural health council efforts were given. The main speaker for the evening session was Dr. W. L. Pressly, Due West, South Carolina, AMA's "General Practitioner of the Year,"

Third Annual Rural Health Conference—1920: The newly-formed State Health Council was joint sponsor for our well-attended third conference, held at the Sir Walter Hotel, Raleigh, Reports, an informative talk by Dr. Samuel Proger, Tufts College Medical School at Boston, a panel discussion on rural health councils, and seven groups discussions on varied health topics highlighted the 1920 program. From the group discussions came a parade of suggestions for positive action on the "Total Health" front.

Fourth Annual Rural Health Conference—1921: The fourth conference was again co-sponsored by the Medical Society of North Carolina and the North Carolina Health Council, representing some thirty-five state-wide organizations, and was held in Raleigh. "A Report to the State" featured the work of eight State agencies, and "Some Resources for Communities" featured the activities of seven other State agencies. Reports on the Nursing Study and the Hospital Costs Study, reports on two local health councils, and "Comments on Future Legislation" were given. Highlights of this meeting consisted of a summary, "How Far Have We Come Since 1918?" pointing up health improvements in all phases of living throughout North Carolina; the ever-popular buzz sessions with everyone participating in "What's On Our Minds?" and "Pointers for the Future?"; and the main address, "Health is Many Things" by Dr. F. E. Crotchett, Chairman, AMA's Council on Rural Health.
PLANNING THE 1952 CONFERENCE

During 1952 the Medical Society of North Carolina, through its Committee on Rural Health, organized an Advisory Committee made up of representatives from all major organizations having to do with rural life to work with them in a consultant capacity and to assist them in broadening and refining the scope of the Society's rural health program. Representatives of the Advisory Committee took an active and enthusiastic interest in the rural health program and strengthened the conference through their state-wide contacts—resulting in a marked gain in attendance and interest over former years with 70 of North Carolina's 100 counties represented.

The Planning Committee, consisting of three representatives of the Medical Society's Rural Health Committees, three representatives of the Advisory Committee, and three representatives of the North Carolina State Health Council, under the leadership of Dr. George F. Bond, decided to hold the 5th Annual Rural Health Conference during the middle of State Fair Week in order that rural people might attend two events in one trip to Raleigh on October 15, 1952, with emphasis on action, the theme of the conference was, "What Do We Need and How Can We Get It?"

QUESTIONNAIRES MAILED THROUGHOUT STATE

The Planning Committee decided to try to reach and hear from as many rural communities as possible for ideas so that the program discussion might be best suited to local health needs and interests. Accordingly some 5,000 questionnaires were distributed to county leaders throughout the State by the same 15 agencies represented in the sponsoring groups:

"I consider the most serious unmet health need in our community to be ______. In coming to the conference I would like to discuss the following health problems with community leaders and professional workers from other communities: (Listed in the order of my choice)

1. ______ 2. ______ 3. ______

Other Comments: (suggestions for speakers, reports, etc.)

Approximately 150 questionnaires were returned from people planning to attend the conference, and were literally filled with suggestions on some 50 subjects ranging from sight saving classes, midwife services, parent-education, regional hospital integration, prenatal care, and housing to recreation, geriatrics, contribution of churches, handicapped programs, legislation, socialized medicine, health center buildings, safety programs, and a survey to find counties in greatest need of health programs.

By far the greatest interest centered on questions of how to get the job done: How to get participation? How to get organized? How to get information across? How to change public attitudes? How to do surveys? How to get people to use existing facilities? How to educate people?

Nearly 100 questionnaires showed the following main interests (listed in order of greatest interest): 1. Financing Medical Care, (2) Medical and
Health Personnel, (3) Nutrition, (4) Sanitation, (5) Mental Health, (6) School Health, and (7) Dental Health. Accordingly, the eight discussion groups as listed in the preceding Table of Contents were set up.

GROUP DISCUSSION ORGANIZATION

In anticipation of large discussion groups, two co-leaders were selected in advance of the conference for each of the eight discussion groups. Resource consultants were assigned to each discussion group. All were invited to meet together on the evening preceding the conference to make plans for the group discussions, get acquainted with each other, and exchange ideas on group leadership in helping everyone to participate. The Group Leaders Committee provided valuable suggestions for the group discussions, and everyone participated in the discussion, “What makes a group tick?” Helpful suggestion sheets and record blanks were distributed to leaders and consultants. The leaders decided to let each discussion group choose its recorder and/or reporter.

MORNING SESSION

The two and a half hour morning session was presided over by Mr. Charles Spencer, President, North Carolina Health Council, who gave the Welcome Address. The Invocation was pronounced by Rev. Garland Hendricks, Director, Church-Community Development, Gardner-Webb College, Mrs. B. L. Tyson, Home Demonstration Club leader, led the group in several songs with her talented accordion playing.

Dr. J. Street Brewer, President of the Medical Society of North Carolina, brought greetings from the 2500 Society membership, and a brief message concerning the prevention of medical care problems and placement of rural physicians. Dr. George F. Bond, Conference Chairman, explained “Why A Rural Health Conference.” The keynote address was given by Mr. Aubrey Gates, former Director of the Arkansas Extension Service, and present Field Director for the Council on Rural Health of the American Medical Association.

Buzz sessions were staged at the end of the morning session for the purposes of getting people introduced to each other, setting an informal atmosphere for the remainder of the day, and for listing additional timely questions of individuals who did not send us questionnaires to be turned over to group leaders for the afternoon session.

AFTERNOON SESSION

Dr. George F. Bond presided over the afternoon session. In keeping with the Planning Committee’s idea of hearing from as many rural communities as possible, eight counties were invited to present short summaries of recent progress in health improvements. The “Progress Parade” was evaluated as one of the most popular features of the 1952 conference. One hour only was provided for the group discussions. Although productive and still the most popular feature of rural health conferences, evaluation blanks suggested inadequate time for discussion of subject matter. Although some of the groups broke up into smaller groups, those who evaluated the discussions reported that some groups were entirely too large.
The last hour of the afternoon session was devoted to the eight group reports. Although inadequate time was provided for the preparation of these reports, they were literally filled with accounts of individual ideas, action programs, and suggestions for future action. It was interesting to note, however, that a large number of people felt chagrined that their specific remarks and suggestions were not given detailed reporting to the entire assembly. Slight time for floor discussion would have helped this situation. Since there was no provision for a committee to take specific action on many ideas advanced, no lengthy detailed majority or minority reports are being transcribed herewith. The large majority of lay people felt that they had gained real insight in the various problems and received action suggestions through their participation in the discussions.

The group reports were summarized by Dr. George F. Bond. "Last year I got just one impression—that we were told what agencies were available for our use if we wished them. This year I get the impression that we have found the ways of utilizing them through community action,—total community action. I think that is the keynote of today's work. The results of this meeting will not be apparent in our minds or our lives for perhaps years, but I'm glad we got the chance to get together."

EVENING SESSION

Some three hundred people attended the evening session; approximately 35 additional persons attended this session who did not register. Mr. Flake Shaw, Executive Vice-President, North Carolina Farm Bureau Federation, presided in a most enjoyable and humorous fashion. Mrs. M. L. Tyson again led group singing and recited a humorous dialogue depicting a patient talking over the phone to her physician.

The main speaker of the evening was Mr. Allan B. Kline, President of the American Farm Bureau Federation, Chicago, Illinois, who spoke on "The Citizen, the Government, and the Emergency". Mr. Kline favored his audience with a most informal and interesting "off-the-cuff" address on his ideas of government economy and gave special emphasis to the pioneer spirit of America—production, and spirit, and self-government. He stressed the importance of the individual and faith in the moral integrity of the American system. Mr. Kline discussed the Declaration of Independence at length. He discussed the minority group and outlined the purposes of the American Farm Bureau.

Mr. Harry B. Caldwell, Master, North Carolina Grange, summarized the activities of the entire conference, and the meeting adjourned shortly before ten p.m.

PUBLICITY

A unique feature of the 1952 conference was the coordination of publicity efforts on the part of various member organizations represented by five publicity directors who served on the publicity committee.

The Public Relations office of the Medical Society of North Carolina acted as a clearing house for all articles and performed the distribution duties. William Hilliard, Medical Society Public Relations, acted as chairman
of the committee. A series of twelve publicity assignments were split up among the members of the committee, and a schedule of assignments were distributed over a six-week period prior to the conference in order to build the publicity up to a climax just prior to the actual conference. The publicity included general stories sent to all North Carolina Daily and Weekly newspapers as well as special stories about program participants to the hometown newspaper of the person involved.

A fifteen minute television show was included in the advance publicity—a five days prior to the conference. A letter of invitation was sent to Raleigh Civic Clubs, to hear the evening feature speaker. A set of some photographs of the program participants was distributed to all daily newspapers. A fact and information sheet was sent to the editors of all home origins of member agents of the Health Council. In most cases these groups published something about the Health Conference in their periodicals. Biographical data was prepared for press representatives in attendance at the Conference and an editorial or news article was published in several farm periodicals. Interviews with all of the main speakers were arranged with associated press representatives upon their arrival.
CONFERENCE COMMITTEES

JOINT PLANNING COMMITTEE

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Ellen Morgan, Ph.D.
Lucy B. Hurtle, Ph.D.
W. A. Richardson, M.D., M.P.H.
Ruth Current
Charlotte Rickman

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Agricultural Extension Service
William Poe, Progressive Farmer
William H. Richardson
State Board of Health

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Mrs. H. A. Helms, P.T.A., State Health Chairman
Mrs. Marie E. Neal, Executive Secretary, N.C. State Nurses Association

GROUP LEADERS COMMITTEE

Elta Mae Mast, School of Public Health, University of N.C.
Charles E. Spencer, School Health Coordinating Service

LOUD SPEAKER SYSTEM AND TAPE RECORDING

Roger Whitley, North Carolina State Board of Health
Mrs. Annie Ray Morey, School Health Coordinating Service

SUMMARIZATION AND PROCEEDINGS

Fannie Memory Farmer, N.C. State Board of Public Welfare
Charlotte B. Rickman, Medical Society of North Carolina

REGISTRATION

Ina Ruth Woodruff, Medical Society of the State of North Carolina
Mary Lee Beck, N.C. State Nurses Association
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70 of North Carolina's 100 counties were represented at the conference.

Note: A list of names of individual county representatives will be submitted on request.
As President of the North Carolina Health Council I have the privilege of welcoming you to this the Fifth annual Rural Health Conference which is sponsored jointly by the Rural Health Committee of the North Carolina Medical Society and the North Carolina Health Council. I feel some hesitancy in speaking about a welcome since this is your conference as much as mine and the success of it depends upon you. However, I will say you are welcome and I hope you will enjoy the Conference and will get some information or inspiration that will result in improving the health of your community.

On behalf of the North Carolina Health Council I would like to express my appreciation to the several committees that have worked so hard in planning and executing the details of preparing for the Conference. I will not take the time to read the names of those who have served on the several committees since they are listed on the program. You will find on your program also a list of the organizations and agencies that are members of the North Carolina Health Council, one of the co-sponsors of this Rural Health Conference.

Since the North Carolina Health Council is a relatively new organization I would like to take a few minutes to tell you about it. In 1947 and then again in 1948 the Good Health Association, which is no longer active, held a meeting to which many people throughout the State interested in health were invited. The need for a State Health Council was discussed and a committee was selected to study the matter. In September 1949 the North Carolina Health Council was officially organized, a constitution was adopted and Dr. W. P. Richardson was elected the first president. Membership in the Council was limited during the first two years to State agencies and organizations. A change in the Constitution, however, has opened the membership to local organizations and groups with clearly defined interest in the field of health. At the present time, membership in the Council includes 32 State agencies and organizations and two local organizations.

The purpose of the North Carolina Health Council is to serve the health interest of the State as a planning, study and coordinating agency. Its basic functions are as follows:

1. To provide a means for bringing together all organizations engaged in or interested in any health work or problem of a professional or social welfare nature in order that joint studies may be made;

2. To provide a means for representatives of these operating official and voluntary health organizations and interests to pool thinking, to develop mutual understanding, and to arrive at effective working relationships;

3. To provide a means whereby the organizations and citizens interested in and active in the field of health may take joint action to bring about improvements in state and community programs and may be represented in other state and community planning activities.
Currently the North Carolina Health Council is engaged in:

1. Keeping member agencies and other interested groups informed of each other's programs and major activities in the field of health.

2. Serving as a clearinghouse for public health information and health activities through a newsletter, conferences, newspapers, radio and other media.

3. Studying the unmet health needs of the people of North Carolina and making these needs known.

4. Surveying and publicizing the needs of member agencies of the Council with respect to health facilities and personnel in order to assist them in meeting these needs.

5. Promoting joint action and coordination of activities by member agencies and other groups in those instances when more effective health programs can thus be achieved.

I have just been informed by Mrs. Bessie Ware, Chairman of the North Carolina Health Council Directory that the "Directories" have just come from the press. Copies of this publication may be secured from the Health Publications Institute, Raleigh, N. C. at a cost of 75 cents per copy. This organization has volunteered to serve as the distributing agent for the North Carolina Health Council for the "Directory."

Before closing my few remarks I would like to introduce the two people who have heretofore had so much to do with former Rural Health Conferences, Dr. W. P. Richardson, Past President of the North Carolina Health Council, and Dr. Fred Hubbard, former Chairman of the Rural Health Committee of the North Carolina Medical Society. I would like to ask both of the men to come up to the front and make a few remarks.
My stint this morning is very much like that of the colored bishop who was invited to deliver an address on a certain occasion; and each night all the week before, he was going to prepare his speech. Something happened and he didn't get around to it. Finally the night before, something had to be done. So, he got down to it and along about twelve or one o'clock he got tired and sleepy and he had to go to bed. He got up to speak the next day, and he said, "Brothers and sisters, I'm here to make my speech, and some of it is ready but most of it has never been seen by the eye or mind of man and I'm more anxious than you are to hear what I'm going to say!"

Being president of the Medical Society entails a lot of hard work but it also has some advantages, one of which is that the president has the authority to appoint a lot of committees to help him out in his work. He ten always call on some of the chairmen of some of those committees to come along and do the speaking for him. That you can see, we've done here today. The American Medical Association has been kind enough also to help me out by sending a man down.

I'm glad to be privileged to come here and bring greetings from the organized medical profession of North Carolina. The Medical Society of the State of North Carolina is vitally interested in the rural health program for North Carolina. Evidence of that fact is the Rural Health Committee, composed of sixteen doctors representing the various sections of North Carolina. This committee is spending ten thousand dollars a year of the Medical Society funds to further this program in rural North Carolina.

Our doctors and the Medical Society are not only interested in rural health, but we're also interested in all phases of the rural health program. We have more than forty committees organized which operate primarily toward the goal of better health and better and more complete medical care for the people of North Carolina. It is incorporated in the charter, the original charter of the Medical Society of the State of North Carolina that this Society is organized to promote the scientific knowledge of the doctors of the state and to promote the health of the people of this state.

The other day in Greensboro when preparing for a radio-television program to emphasize this Rural health Conference, the program narrator asked me, "What is a rural health program?" I said, "It's a program designed to teach rural people how to help themselves to better health." And it is just that. Every home and every community has within its own reach much of the needs to better health. This is not a costly program, rather it is a money-saving one. The rules of health are simple things. They are within the grasp of most individuals; they're within the grasp and means of every community and every home.

Just a few days ago, I had in my office one afternoon in the space of two hours, three patients who should not have been there. The first was a young man about eighteen years old with a worm in his foot, the so-called creeping eruption, larva migrans. If he had worn shoes, he would not have
been in the doctor's office! The next was a child about four or five years old who had drunk kerosene oil. Well, keep kerosene oil and other dangerous agents out of the way of small children! The third was a child four years old who had stepped on a nail. All boards with nails in them should be put aside - not left lying around the yard for small children to step on! Three simple things - yet they all had to come to a doctor because in their immediate homes they had neglected just the common-sense principles of good living and good health.

Well, that night between eleven and twelve (it always happens, you know, just about the time you get ready to go to bed), I got called out into the country to see a child, a two-year old child with the croup. Well, we got there; we woke the child up so I could examine him. The mother said, "I knew he was going to have the croup because day before yesterday afternoon when it was raining, he went with his father down to the tobacco barn, barefooted and bareheaded. I knew he was going to have an attack of the croup." Well, after I had administered to the child and she put him back to bed, she reached under the bed and found his bottle lying under the bed and got it out and handed it to him. I said, "Well, is that baby still on the bottle?" and she said, "Yes." I said, "You just leave it lying around that way?" She said, "Well, I didn't see a fly on it," and that reminds me when I came in the front door, the screen door was propped back open. There were flies all over the bed and all over the kitchen table.

On the way back home, I began to wonder, "Why are these things?" After as much has been said in North Carolina through our public health programs and through our doctors, why was that? Why would a woman this day and time have the screen door propped open and let the flies in the house? Why the bottle under the bed? In fact, why a two-year old child on the bottle when he should have been weaned long ago? Then I thought of something that I had read a few days before. It seems that someone recently asked Governor Warren of California, "Governor, have you folks ever figured out how it was that you and Governor Dewey got defeated in '48 when it looked to everybody like you were going to be elected?" He said, "Yes, I think so. We didn't repeat ourselves enough. We made a lot of speeches and we talked about various things. Governor Dewey made from about twelve to fourteen major addresses - each one of them on a pertinent subject but a different subject. Well, along about that time came President Truman along his Whistle Stop Tour. He didn't have much of a program. He only had one speech but he spread that all over the land. He made it day in and day out. The Republicans are mean people. The do-nothing 80th Congress is the worst Congress we ever had. The Taft-Hartley Act is a slave labor law. We've got to repeal it. The Republicans want to go back to the days of Hoover and McKinley. The Devil will get you if you vote for the Republicans." Well, the President went up and down the land (this is Governor Warren talking) preaching that thing, repeating it day in and day out almost hour after hour. Apparently the people believed it because they voted for him and elected him.

So maybe after all, our program here of rural health or health anywhere is one of repetition. Maybe we have just got to repeat ourselves. Just keep saying: Don't throw boards around for children to step on. Don't leave kerosene and other dangerous agents around for children to drink. Wear shoes, and better than that, do as our Rural Health Committee is doing and Charlotte Ricker is doing, go to the individual communities and meet with the people and help the people and teach them to repeat those things.
over and over again to themselves. Maybe after awhile it will sink in and we'll see the day.

I just bring out these stories to emphasize how simple and how it doesn't cost anything to promote good health in any community and in any home and with any individual.

I want to say just a few words about doctors in rural areas. We hear a lot of talk about having doctors in rural areas these days and the great shortage of doctors. Well, there is some shortage but some of the proposals for increasing the doctor shortage would be worse than not having any doctors. One idea from some folks who read about the shortage in the papers is, "Well, we'll just enlarge the medical schools and build some more medical schools and finance medical education. If we can graduate so many doctors, the competition will force them out of the city and back into the country." Well, that wouldn't do because, first of all, you might force the less able and those who felt less secure to face competition back into the rural areas. Competition, of course, is the life of a trade but too much competition may be the death of an efficient medical profession. I once heard Dr. L. A. Crowell, Sr., of Lincolnton say the most dangerous man in any community was a hungry doctor. He is liable to forget the ethics of his profession. If his children need shoes, he may give too many shots or he may make two extra visits when he can get along with two less. So, let us remember that I don't think the answer to this thing is too many doctors but rather a better distribution of doctors.

We're never going to see the day when we have the doctor at every crossroads again. We don't need that. But the community, the rural community, that wants a doctor or wants to keep the ones they have, must be a community in which it is a good place to live, in which a doctor and his wife, as well as other citizens, will be willing to bring up their children. It must be a community of good churches and of good schools and the good roads that we have most everywhere now. In other words, this community must just be a community of spiritual goodness where it is a fine place to live.

The doctor who locates in a rural area must be close to a good hospital where he may take his seriously ill patients for treatment, where he may take his obstetrical patients for delivery of their babies. The day of home delivery of babies is over and rightly so. You must have these things if you keep the young doctor in the community.

Then, the community must respect its doctor as an individual, respect him as a professional man. The modern young doctor is a highly educated and a highly trained person. A community must respect him as such and not look upon him as a hireling who may be imposed upon any hour of the day or night as suits the convenience or whim of some person. Dr. Bond has said and rightly so that too many communities work their doctors to death. I remind you here of an instance that happened in one of the North Carolina medical schools. The dean was talking to a student one day, who had expressed an interest in going into general practice rather than into one of the specialties, and he began to talk to him about going back into some of the rural sections to practice medicine rather than entering into some of the cities to practice. So this boy said to him, "Doctor, I was raised out in a small town in South Carolina. I've seen all I ever want to see of the life of a country doctor." He had seen that poor old man down there out in all sorts of weather and had known of him coming in at all times of the night. Many times he had to do as I did the other night, wake up the patient to examine him, after he got there.
Then it’s another thing - to get a doctor out into the rural community, sponsor and support him. Let him do for you the things he’s capable of doing! He knows more about what he can do and what his limitations are than you do, and the young doctors of today are educated and trained to know their limitations and not to exceed them. Too many people out in rural communities want a doctor there for foul weather so they can call him when the weather is bad and the night is cold, and the next day they get up and go to the city to see the specialist to see what he has to say about it.

Not long ago, a friend of mine who practiced in a small town in a rural area told me that he was called one night about two o’clock to see a baby five or six months old, and was asked what he might do for it. He said, “Well, what do you think is the matter?” They said, “Well, we had the baby up at Raleigh today to the pediatrician. He vaccinated him and he’s sick tonight, and woke up. He’s fretful and his arm seems sore and we want to know what to do about it.”

Well, they took offense when the doctor suggested that maybe if he could not vaccinate him that he was not capable of advising what to do in case he had a reaction from the vaccination, and it might be a good idea to call up the specialist in Raleigh and ask him what he would do. Now, you understand how doctors feel about those things. They’re human. And as I said a while ago, the young doctor today is a highly educated man, well trained; he’s conscientious; he has some pride in his profession; and country people, rural people, are not going to keep doctors there, they’re not going to even get them to come there if they conduct themselves in that way toward their local physicians.

One other thing, and I’m going to be through. There’s a vast difference between medical care and good health. Good health is something that you earn. You buy medical care. Sanitation, good food, proper living conditions, personal hygiene, all go to help you earn good health. It’s when you get sick, when you violate some of the rules of good health, or when nature inadvertently or unfortunately for you has violated some of the rules of good health that you call in the doctor for medical care which is remedial and, we hope, most times cures you.

We have a man in our town who is about 75 years old who is the picture of health. He’s vigorous and active and a year or so ago, one of his friends said to him, “Frank, you certainly ought to be thankful for the good health you enjoy,” and Frank said, “Well, I don’t know. Who am I going to be thankful to? I’ve never dissipated. I’ve always obeyed the rules of health. I’ve eaten proper food, I’ve gotten proper rest. I’ve never exposed myself unnecessarily. I’ve taken care of my physical body. I don’t feel that I’m obligated to anybody for my good health. I feel like that I have earned it.”

That’s what people can do and that’s the purpose of our rural health program - to go out and help people and to try to teach them to help themselves, and to understand that good health is a thing you earn, that the price is cheap. It doesn’t cost anything hardly in dollars and cents.

I must close now before I tire you. There’s a lot to be said here today and you’re going to hear a lot of things and I don’t want you to get too tired and worn out - which reminds me of the story of the traveling salesman who checked in late one evening at a commercial hotel that sort of catered to travelling men. He went up to his room and, of course, he saw the Gideon Bible lying there on the table. He opened it and on the front leaf, these words were beautifully printed, “If tired and weary and lonesome, read Psalm 23:27.” So he turned over to Psalm 23:27 and read and then there at the end of the passage, someone had written in pencil, “If still tired and lonesome, telephone 356/71.”
WHY A RURAL HEALTH CONFERENCE?

George F. Bond, M.D., Chairman
Committee on Rural Health
Medical Society of the State of North Carolina
Bat Cave, North Carolina

I don't need any notes on paper, because what I have to say, you all will say for me before this day is out if we're successful. I'm supposed to explain to you why we have a rural health conference and I'd like to say just a few words about it, but the ultimate answer will be found in your minds and hearts at the end of this day.

I think that one prime reason for a rural health conference is to do what Street Brewer had to do with his patient - to wake them up. In that connection, I remember, if you forgive me, one anecdote.

A few years ago, back on Bearwallow Mountain out about fourteen miles from Bat Cave, I received an urgent call to come out and see a sick woman. It was late at night and I drove the jeep out. Jeeps make enough noise; their lights are bright. I drove into the man's front yard and the lights were all out as I had anticipated. I got out of the jeep and stepped over a sleeping hound, walked up and beat on the door for awhile, first the porch (that's better courtesy) and then the door; and I heard a great deal of snoring but I didn't hear any activities to get up and meet the doctor. So I stood back from the house and began to throw rocks at it and that, too, was in the limits of courtesy at two o'clock in the morning. I threw rocks until I got tired of that and I realized I was going to have to drive fourteen miles back home without getting in the house and probably would receive an urgent call at five o'clock that morning. So in a moment of total disgust, I looked at that watchdog hound lying there on the porch and gave him a swift boot in the place that would do a hound the most good and woke him up in a hurry. He took a quick snap at me and made so much noise, it woke up the whole household and then the place was open. For the next hour and a half I spent my time about as follows: There was about forty-five minutes of tongue lashing from the owner of the dog on the sense of brutality that I had shown his beast; I spent about ten minutes examining the sick woman, who was not very sick; and then, having gotten home, I spent a good while patching up my own rips and tears. But anyhow, we got them waked up if we had to kick the hound to do it! It may be that sometimes in these conferences it'll be necessary to kick a few dogs around.

The great thing about America, we all know, is that we have the resources and we have the know-how, and this combination has produced some very fine results. I'd like you to think for one moment, though, of the fact that the only time that we have failed in democratic endeavor together, either on a community, county, state, or national basis, was when we took the resources and took the know-how, put them together and left out the spirit. I'm not trying to speak for Reverend Hendricks, but I will say this - if the working materials of any rural health conference are made up of the brains and the available resources, then the true spirit which will make that conference work, must come from your hearts and souls.

You're here probably because you want to be here. I hope that you're here because you have questions in your mind which will be in some way...
answered before you return home today, or at least we will give you an
inkling or you will find an inkling which will help carry you on for the
next year of work.

These rural health conferences have come about because country people
are scattered. They don't all live together. They can't talk together
very often. Sometimes we in the western part of the state forget how things
are down east. Sometimes without knowing it, we all have the same problem
and we have worked at odds rather than together on that problem.

Today, our idea is to get together to discuss the major things which
you, as the rural people and their representatives, have given to us over
this past year, the questions which have come from the farm people, I assure
you. Take those questions, examine them, test them with the resources that
you have, search them in your mind, add the spirit, and come out with the
answers! That's the purpose of a state or national rural health conference.
If we utilize our resources and our know-how and add the spirit of this
session to it, I shall be more than satisfied. Thank you.
I'm delighted to get to come to North Carolina and to meet with you people who have done so very much in this whole field of improving the health of the people - in getting together for a common understanding and in united effort to improve the health that we have.

When I started over this way, I said to my little wife, "Now about unfolding some of my stories for the North Carolina group?"

She said, "How listen, don't be crazy. Don't get out any of those old threadbare, unfunny stories to unwind on those good people over there. Remember my ancestors came from over there and we don't want to damage the reputation any."

I said, "Shouldn't I even tell them the story about the time that you lost the set out of your ring and I found it in my pants pocket where I normally carry my change?" and she said, "Heaven, no, don't tell that, so I can't tell it."

I said, "Can't I tell them about the time that I read in the newspaper that married men live longer than single men and I related that fact to your father and he said, "Well, they don't live longer, it just seems longer!""

She said, "Heaven, no, don't tell that," so I can't tell it.

I said, "Can't I tell them about the fact that baldheaded men are more virile than those with hair, but they never get a chance to prove it?" and she said, "No, for goodness sake, don't tell that!"

I said, "Can't I tell them about the traveling man and the redheaded school teacher?" and she said, "No, sir, that one's out."

And I said, "Not even the fellow that pulled up to the farmhouse in the dead of the night, lost out in the back country here in the Ozarks, and the farmer said, "Well, you can come in and spend the night but we only have one extra bed and the redheaded school teacher is sleeping in that."

To which the traveling salesman in an unusual vein, pulled himself up to the full height of his dignity, and said, "I'll have you know, sir, that I am a gentleman!" and the farmer replied, "Well, I'll have you know, sir, that the redheaded school teacher is also a gentleman."

Since Doctor and Mrs. Bond have been in my home and know my wife and know what kind of a girl she is, I dare not tell you any of these stories and I'll launch into the subject that I have been assigned.

First of all, however, I should like to make some acknowledgments. I first want to bring you the greetings of the Council on Rural Health of the American Medical Association, that group who have dedicated themselves to going out across America and helping in some way, in whatever way we can find, to bring the lay people of this country and the medical profession of
this country to the conference table to discuss mutual problems. They are happy to participate in conferences of this kind because they're further dedicated to the proposition that the job we have to do is not only to add more years to our lives but to add more life to our years.

We're much indebted to you, Dr. Hubbard, Dr. Brewer, and Dr. Bond, for the fine pattern that the Medical Society of the State of North Carolina has set for other states in this country. The unique arrangement that you have in this very capable and very efficient young lady, Miss Rickman, in working with all of these groups on a local level is giving us information and guidance which we greatly need in this relatively new endeavor. We're indebted to you, Dr. Brewer, to Dr. Hubbard, and to Dr. Bond, as the past chairman and chairman of the Rural Health Committee for all of the pioneering that you have done.

We're indebted to North Carolina for the fine leadership that has been provided by Mr. Flake Shaw, your outstanding agricultural statesman. We depend upon him heavily and the group that he represents in the American Farm Bureau Federation for a lot of guidance and counsel which we have always found abundant and sound.

We're indebted to Jim Barnes, your executive secretary in this state, for the fine job that he's doing. It has been my privilege as an Extension worker to work with Director Dave Weaver and Miss Current for many years and to know something of the fine Extension program in this state. I have had opportunity to know your Health Department and something of the work of some of the other groups on your State Health Council. It is an inspiration as well as a privilege to come back to this state where so much fine work is going on.

I shall not say anything new to you in the next few minutes. It will indeed be a repetition, Dr. Brewer, a repetition of what I've said before in this state and of what you and Dr. Bond have just said. But I suppose on the thesis that you presented it, it's sound go-ahead. In fact, it's a little bit too late for me to change my notes anyway.

I should like to submit to you that there is a vast difference between health and medical care. We recognize health as a personal and a community responsibility in which you and I as individuals have the primary responsibility and our communities around us. We recognize medical care as a service which we get from a highly skilled, highly trained individual at a time when something goes wrong that is beyond our control or because of our negligence. We know that medical care - good medical care - is highly essential to the best health of the people. We must recognize here, too, that we have the best health and the best medical care in the United States of any place in the world. But this is no time for us to break our own backs because we can make such a claim. We know that there are soft spots. There are places that need to be shored up in the rural communities of this country and we know that health is a lot of business, and we know that there's opportunity to do a great deal about it. So, let's get the distinction made between health and medical care and let's not detract from one in order to add glamour to the other, but to recognize them in their proper relationship, and then we work from there.

Let's employ the U-H Club motto that is used by these millions of U-H Club youngsters in the United States. Even if we have the best health and
the best medical care, let's strive to make the best better. I think that would be a theme on which we could go. So taking that, let's see what constitutes good health and good medical care for just a few minutes.

There are six, at least six (and, please, don't accept these as a package), undergirding supports to a good health program.

Dr. Brewer mentioned nutrition. We live here in an area of the country (and I'm a native of Arkansas) where we suffered for many years from the regional disgrace, shall I say, of having pellagra among our people. Yet, pellagra is a relatively rare disease today. The medical schools all over the South tell me that it's very difficult to get enough clinical material now to teach the medical students the symptoms of pellagra, for which we are very, very thankful. Any physician in the South will acknowledge that he cured pellagra only in the individual patient. He did not cure pellagra in the masses of the people. He could not. In the free enterprise system, that is beyond his ability. He handled as well as he could the individual patients as they presented themselves to him. It was a medical care problem only when malnutrition had gone into the disease of pellagra. But there is little pellagra in the South today and what became of it? It disappeared because people like you - the Home Demonstration Agents in the Extension Service, the teachers in the public schools, the public health departments, the churches, the newspapers, all of the organizations that we have, campaigned for years to educate our people to eat better foods. The canning programs, the gardening programs, and all of those things have been brought to bear on the job of wiping out diseases caused by malnutrition. Let us not get any idea, and I'm sure you're fully aware of it, that we have achieved any measure of perfection yet. We've got a long, long way to go.

I have had physicians, Dr. Brewer, tell me that anywhere from forty to seventy per cent of the prescriptions that they write contain either a vitamin and/or a mineral. So long as that condition exists, we people, who are in education, still have a big health job to do in nutrition education. But what I eat is my personal responsibility. It's not the responsibility of anyone else and it will be determined by my attitude and by my knowledge that I can apply to myself, and even though I may have the notion that it doesn't affect me, it will. So I must learn and I must change my eating habits. That we have done to a great extent but we still have a long, long way to go.

The second undergirding support to a good health program is this whole field of environmental sanitation. It can be flies, fleas, rats, mosquitoes, impure water, impure milk, animal diseases or any other of those factors but it's still important to the people who live on farms. Doctor, there again, like the patients that you saw the other day, is a job of education to prevent illness. Any unnecessary illness that we can possibly avoid, means not only preserving the good health of the people but leaving them a less expensive job. It must be tedious to a man of medicine to have to treat, over and over, cases of dysentery that originate from a well on a farm, when it would be so simple to seal it over and avoid that contamination and that source of infection. In this field of environmental sanitation which so many of you have been working on for so long, there is still so very, very much to do.

We had a situation out in Arkansas just a year ago. A young man was a candidate for his Master's Degree in bacteriology. He went out and sampled
the water in 216 wells and springs outside the corporate limits of the city of Fayetteville and came in and reported that 169 of them were contaminated with ecoli bacteria, and the major professor to whom he reported said, "You must have artificially contaminated your samples. It couldn't be that bad here high up in the Ozarks." Yet, when the sanitarian went with him and they re-checked his work, it was found to be just that way. Ladies and gentlemen, I submit to you that a doctor at every crossroads in Washington County cannot guarantee good health to the people of Washington County, Arkansas, unless they themselves take the necessary personal and community responsibility to avoid infection.

And so we've distinguished between health and medical care and I think it's one of the jobs that we need to help rural people think through as constructively as we possibly can in launching these broad educational programs to insure health against the hazards that we can avoid.

The third undergirding support to a good health program is the whole field of immunization. There isn't any emergency to have people immunized unless, of course, there is an outbreak of some kind. But against the diseases that we can prevent, against the diseases that we can avoid, we can get to the public health department or our own family physician soon enough to get that done. It's tragic how many people still just hold off and hope for some mysterious reason that it won't happen to them.

I was in Georgia a little more than a year ago and we were in a conference not as large as this but in which one woman in the group kept rising to her feet to damn the public health nurse and the local doctors; and the Home Demonstration agent sitting next to me said, "Don't take any public issue with her and I'll tell you about her a little bit later." Then she told me this tragic story. That the woman had had two children to die the winter before with diphtheria and she was holding the public health nurse and the local doctors responsible for the loss of those two children. It's very difficult to reason with a heartbroken mother as we can well understand that it would be. When she came to me a little bit later in her charges, I said, "Let's think for a minute. Did you present your children to the physician or to the nurse for immunization?" She said, "No, I didn't know I was supposed to." Then I said, "If I were your county agent or your Home Demonstration Agent or your minister or your school teacher, and I had not mentioned it to you and emphasized it to you in public meetings and privately on contacts with you, then I would feel the responsibility."

We've got a big job to get people just to break that thin barrier between action and inaction in the whole field of immunization because it's so simple and so easy and so inexpensive.

The fourth undergirding support to a good health program is the matter of medical care itself, its availability, its quality, its quantity. We know that there are not enough rural doctors in some spots of the country, but I agree with you, doctor, that we'll not see them back out in the small villages where we once saw them.

Let's take a modern concept of modern living. Where do rural people buy their major farm supplies? Not in the little village where they once bought them. Where do they sell their farm commodities? Not in the little village next door where we once sold them. We go a little bit further these days even to church and to many of our other activities. We are still accustomed to measuring time distance in miles rather than in minutes. It would
be a great deal better if we would recognize what constitutes high-quality medical care and where the physician can render it best, in a well-equipped, well-staffed clinic or hospital for which the people in the community have some responsibility and that we go there to him.

So many of us remember the fine old country doctor that we had whose heart was a great deal larger than was his skill. In those days, perhaps he could render just as good medical care in the home as he could back in his office. It's not true today with modern medical care. Let's recognize what we have and where it can best be rendered and go there to get it. Let's recognize that perhaps it will cost more per visit to do it that way. No doctor is going, we hope, to refuse to make a house call. You have heard it stated here this morning that that's still a necessary part of good medical care, but when a doctor drives sixty or seventy per cent of his time across country roads, he is wasting a great percentage of his time and talent that could be given.

I'm saying, Mr. Shaw, to rural groups all over this country that the program that we've worked on for so many years is still a good one. Anything that we can do to improve the life and lot of the people in the rural community, to give them the kinds of educational and spiritual advantages, the social opportunities that we want all people to have, will also attract and keep a doctor. And there are many things that we need to counsel with our people on this.

There are some who believe now, and I believe rightly so, that if a community is too small to have two doctors, it's perhaps too small to have one because you have a man there who has little opportunity for advanced study, to get away for a little recreation. It is a constant grind which kills medical men. If two could be associated together, even though they were a little further out, it would be far better for the people and for the physicians. All of these things need to be understood in what constitutes good medical care in this day.

The fifth undergirding support is this matter of facilities, hospitals or clinics or what have you. I don't know what the correct number of beds per thousand people are in the population. Under the Hill-Burton program, we started on the thesis that four and one half to five beds per thousand people was correct. I'm not sure because I've seen the wonder drugs, the antibiotics, and early ambulation reduce the average stay of people in hospitals from eleven to seven days on an average in this country. We have seen the modern techniques of surgery, early ambulation, and number of combinations of things that we witness today change the picture on the length of stay. There are many people who once went to the hospital because of pneumonia that never get there, I don't see why in the world it is that the doctors can't find something that will cure a common cold when you can let it go into pneumonia and cure it in two days. We need a careful re-examination of our whole philosophy toward hospitals and toward these modern facilities in which physicians can work and the individual member's responsibility in those things in rural communities. I'm not saying what's right and what's wrong, but we need to sit down around the table with the medical profession and re-examine our whole philosophy on it. Too many people feel that a hospital is the physician's responsibility because physicians in the past have supported these institutions in order to have a reasonably good workshop and to give better medical care than they were able to give otherwise. I think we should look at a hospital or a clinic in a community as
we look at the fire department in a town. It's something that we hope we'll never have to use but we wouldn't be without it and we're willing to support it in order to have it there when we need it. And so, we've got a big educational job to do in this field, too.

Then the sixth undergirding support is the matter of prepayment. How many people have you seen that have gone from ownership to tenantry because of one catastrophic illness? And yet much of that can be avoided if we can sell to people on farms, if we can devise and sell a good voluntary prepayment insurance program against the hazards of illness. You know, we see farm people, Mr. Shaw, buying casualty insurance on their automobiles and it's fine, and fire insurance on the buildings and life insurance on themselves; and down in my country, we buy a lot of burial insurance; but it's awfully hard to sell folks health insurance and there's a job. It's one of salesmanship. It's one of education. It's one of just good common sense. As the newspaper reporter said to me downstairs this morning, "Common sense has no price tag. You don't know what it's worth."

So here are six at least of the undergirding supports to a good health program. They are nutrition, sanitation, immunization, good medical care, adequate facilities and prepayment. Add to that if you wish, mental health, safety, or whatever you feel is important. The key to the whole thing was presented to you by Dr. George Bond here a moment ago. Let's sit around the table. There's enough resourcefulness, there's enough inventiveness in American people and I believe there's enough will to do, to get in groups and work these things out locally. You have demonstrated it under Charlotte Hickman's fine leadership in this state in five counties at least and many more, I am sure. It's been demonstrated all over the country in one way or another.

We're not so much dedicated to a council as we are to the idea of counseling together where men and women of good will and of willingness sit down together to work these things out. What are your resources? The greatest resource of all is the people themselves and then you have at your beck and call the Extension Service, the Health Department, the local officials, the Farm Bureau, the Grange, the church groups, and ad infinitum. If I haven't mentioned some that you particularly think a great deal of, forgive me because they're all important. It's the getting together of the minds and the willingness and the spirit of people to do this job.

Again let me congratulate you on the fine things that you've done in North Carolina and acknowledge our debt to you in giving us some information and some inspiration in carrying this program to other states, and let me thank you again for the privileges of having been invited here to spend this very pleasant few minutes with you. Thank you very much.
I consider it a distinct privilege to be here today to tell you some of the health activities in Alexander County. As Dr. Bond has told you, we are a small rural county with a population of 14,400. I'd like to say that interest in better health began to grow approximately ten years ago, and I was reminded today when I spoke to Dr. Branch that it goes back a lot longer than that time when he came to our county to talk to something like two or three hundred Home Demonstration Club women on better dental health. So, it began and grew through the years.

It was in the early part of 1947 that business men, farm men and women, and professional workers, met in my office to discuss the possibility of going about getting a county health department. I've never seen a finer group of people to work with than those in my county. And I think each one of us should feel that way, really. We began to work, and it was in July of that very year that our health department was opened.

After we accomplished that goal, then we said, "Well, let's go further and get us a county hospital!" The interest was just as fine and greater on that. So, we went to work and it was at that time that Miss Rickman came to our county to guide and direct and assist us with going forward with the program. We have had continued interest in our twenty-bed county hospital, and I'd like to stress that even though it is small, the interest of the people is perhaps one of the most significant things that I could mention. At the time we only had one surgeon. The hospital authorities told me this week that since April of this year, the outpatients have doubled. There was a ten per cent increase in the in-patients during the first six months of this year over last year for a similar period of time.

In 1951, four-tenths of our white and colored patients were covered with hospitalization. Since the beginning, the Home Demonstration Club women have had high interest in the hospital — we call it "our hospital." For two years, they have been taking turns in taking food to the hospital. The food has been things like eggs, dressed chickens, fresh fruits and vegetables, and things that people would have which would mean much to the hospital. That is done every week of the month, and we've been doing it for two years. Other things which they have done have included taking flowers and bed linens and things of that type. At the present time, the Home Demonstration Clubs, Women's Clubs, and Garden Club are working cooperatively on a plan to beautify the hospital grounds with trees and shrubs. This has already been begun and a very nice project is being carried out. Another indication of interest is that a local country church gave $200 to buy laundry equipment for the hospital. The Alexander County Railroad (You know we own it!) gave subscriptions to eighteen of the very finest magazines for reading by the patients and visitors.

I'd say that the Red Cross Bloodmobile program has meant much to our hospital as well as to our patients. It was eighteen months ago that our county came under that program. If any of you have ever worked with the Bloodmobile program, you know that it takes cooperation from community workers.
The interest in the Tuberculosis Chest X-ray program has really grown. In 1948, when the unit first began to come to Alexander County, the workers knew that they would have an afternoon of rest with just a few people coming in. Last year there were 2,845 chest x-rays made, and I think it is going to exceed that number this year. Now, this has been encouraged by educational programs on how to control the TB germ.

Wonderful improvements have been made in our county schools this year. In every school, toilets, heating, and lighting have been over-hauled with many new fixtures put in. Each school owns the visual and hearing equipment for testing the children. Every school in our county is under the federal lunchroom program, including the colored.

It was last fall that our farm women began requesting help on first aid. The request was filled with our Red Cross leaders in that field of work, and we found that we did not have a person qualified to teach the Red Cross first aid course in our county. And so, as I think is typical of our county (they go about working to help themselves), eight people were contacted and took the Red Cross first aid instructions course. These people right now are conducting first aid courses in the communities over our county.

Our health department has continued to be active, and they have a very fine immunization and sanitation program. The public health nurse told me this week that they have had the highest number of immunizations of school children this fall that they have ever had.

Alexander County did one of the best jobs in the state in the cancer program according to the State Cancer Society. The educational program included how we can get people to overcome the fear of cancer and how to educate people as to how their money that goes into the Cancer Society is used. There is a State Cancer Home in Robeson County and our county was one of the first to send linen for the opening of that hospital. Three hundred and fifty dollars in linen was sent to the home. The drive was conducted by the Home Demonstration Club women and the church organizations in the three small towns in our county. The Home Demonstration Clubs gave one hundred dollars for cancer research in memory of one of its members. The fund raising for this drive exceeded the quota by three and one-half times.

In 1950 and 1951, we had only thirteen women to report to the cancer detection center in Wilkesboro. This year we have already had 120 to report.

We've had significant nutrition programs in addition to other things — trying to train our people as to what a good diet is, and how to produce and conserve, and how to enjoy eating a well-balanced diet.

In summarizing, I'd like to say that we still have health problems in Alexander County, but I do think that we have people that are mighty fine to work with, and who respond very fine to leadership and guidance in better health programs.
We're on the jumping off place. Of all of North Carolina, we're out on the end. So, if you're not good swimmers, you won't stay in Brunswick County when you come our way.

It's a very great pleasure to me to be able to bring this report from Brunswick County, and especially since I've been one of the Home Demonstration women who have worked so much, and we'll just tell you to begin with that we like the honor of what we've done.

Prior to the year 1949, Brunswick County had a very meager health program. The Health Department at that time consisted of one nurse, Mrs. Lou H. Smith, and her only attendant was the county doctor who did health and welfare and every other thing that happened to come along for a country doctor to do. And we are one of the largest counties in the state. This nurse was paid a salary, her mileage and a very small allowance for medical supplies and drugs. In her office at that time there was no refrigeration at all. All the drugs and all toxoids that she used that needed to be refrigerated, had to be bottled up and carried home to her refrigerator every night, and carried back the next day.

In 1948, after being with us approximately thirty years, Mrs. Smith decided that it was time for her to retire, and she did. It was about this time that the Brunswick County Home Demonstration women decided that they should honor her, and this we did by giving her a donation of money in form of a county-wide picnic. At this picnic the idea came up that it was time for somebody to do something about the health problem in Brunswick County. Of course, that was how the Home Demonstration Club women came on the scene. Mrs. Smith retired and, of course, immediately a nurse was appointed to replace her. But the Home Demonstration Club women still said, 'We're going to do something!' So, among themselves and their friends they began to talk and decide what steps they could take to establish a health department.

In September, when we had our regular county council meeting, we appointed a board of three women to appear before our county board of commissioners and ask their cooperation in establishing a state-approved health department. I hope there are no politicians here now to hear what I say. We appeared before them and we got the usual answer, 'No funds.' Just no funds available in Brunswick County to help with the establishment of a health center! So, we went back home just like we started. But somebody got the little idea under their shirt that we were going to have some new commissioners in December. So, you know, the election came around and we had some new ones, too! We went about looking up facts and deciding what we were going to present the new commissioners with.

In December, when they took office, we were still planning and talking, and planning and talking, and it got around to the Southport Woman's Club what the Home Demonstration women were doing, and so they pledged their support to us. And so, we just kept talking and talking. Women will always do this thing, you know, but we meant business this time! Mrs. Joe Ramseur
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was the county council president at that time, and she by talking to her husband, got him interested. He went down to the auditor's office in Southport and investigated the records and expenditures and just what was being spent in Brunswick County for health and what it seemed fit for. He found out in going through the auditor's records that we could have a health program with what help we would get from the State on the same cash outlay that the county was spending at that time. So, he passed it on to the women to get it done.

Mr. James M. Harper, who's editor of the big "Southport Pilot," which is the only paper in our county, became interested; and Mr. Ramsaur and Mr. Harper condensed the findings and made it available to the club women and offered their assistance. With the club women they appeared before the board of commissioners with all their information. There wasn't much the commissioners could say then. This time, when we left the commissioners, the chairman of the board finally said, "Well, we'll contact the State Board of Health, and if we can do anything to establish a health department in this county on what money is already available in the budget, we'll act in favor of a health department." So we left them there.

On the first day of April, 1949, a state-approved full-time department was opened, operating on the state standards, with one full-time nurse, a secretary, and a part-time doctor. In July of that same year, the second office was opened with a full-time nurse and a part-time secretary, and at this time a sanitarian was added to the staff, which brought the county staff up to two full-time nurses, one full-time secretary, one part-time secretary, a part-time doctor, and a sanitarian. Incidentally, we have another doctor sort of like Dr. Brewer was talking about this morning. We use him on the side whenever the other one isn't available at night and so forth. As time passed on, with assistance from the State, we had the services of a venereal disease investigator, a health supervisor, and a nutritionist. The cash output for all the health purposes set up in the budget this year is three times what it was the year of 1948, but the benefits and health received have been manifold.

Incidentally, I happened to talk with the chairman of the county board of commissioners this week and he said, "Well, have you seen any results from this money we're spending?" I said, "Wait till I come back from that meeting and I'll tell you about it!"

After we had gotten our health department set up in the summer of 1949, we didn't have our sanitarian, and the insects were about to carry us off down there. So we decided that something had to be done. The Home Demonstration women felt that the responsibility was upon their shoulders, and they set out for a county-wide insect spraying and control program. Of course, we got it done! We had a time collecting the money, though, but we got it after a while, and we had a spraying campaign throughout the county.

Right near that time, the Southport Woman's Club saw the need for a mobile X-ray unit which we had never had in the county of Brunswick. Nor had we ever had a unit of any kind in our county except what you paid for down at the hospital. They donated the funds for a mobile X-ray unit to come to our county, and again the responsibility fell on the Home Demonstration Club women to be the boosters for that unit and to furnish the transportation for people who didn't have it. Of course, this went over, and we are very grateful to the Southport Woman's Club for that.
When 1950 came and it was time for the cancer drive, you know how it is — "I can't" and "I can't" and somebody else can't, but somebody has it to do. Again, it fell to a woman to do. And so she did it! She did a wonderful job! I know everybody in the county liked it, because in 1952, they asked her to do it again. So she was chairman of the cancer drive a second year, and, of course, all the club women assisted her, and we went over the top with our quota.

Then, there just wasn't time for us to stop; and when we had the health department done, we had people that were sick and we had to hospitalize them and so we had to do something else. Now, we have a hospital over there, but it's a tiny little place and Brunswick County is a large county, so somebody got it in their mind that we must do more at the hospital. We took on ourselves the responsibility of helping to get donations for the Hospital Expansion Fund. To the Southport Home Demonstration Club, we will have to give the most credit for this. They donated $500 at one time for the expansion of that hospital! We would like to say "Well done!" to them, but we would also like to say "Well done!" to all the club women in our county for all the untiring efforts that have made possible the vast health improvements in Brunswick County since 1918.
The Central Health Council of Buncombe County has done a wonderful job. Our council is divided into areas. These areas have been divided into zones. They have done their own organization. Each zone has its chairman, and they have their meetings once a month. The Central Council has its meeting, and in this way the zones can report to them.

We have been very active in Red Cross work and the Clean-Up Campaign that we have so often throughout the city.

We were proud of the success we had during the chest x-ray drive. We divided our zones into blocks with leaders. The block leaders appointed their co-workers, and these co-workers reported to the chairman of the zone, and the chairman of the zones assured the materials from the council, and the block leaders together with their co-workers worked each street of the city. In that way we were able to approach everyone in the city. From this we had great results.

We were very fortunate in having with us in some of our meetings, Mrs. Velma Joyner. She is Field Secretary for the Tuberculosis Association here in Raleigh. Mrs. Joyner brought to us some very good information toward working together for better health.

From time to time, we have had other different speakers in our meetings. From these speakers we have secured information as to the promotion of better health in our area. We have as our chairman Mr. W. C. Allan. We have as our advisor, Miss Maxine Shafer.

We have worked together successfully, and during the last two years, we have organized Red Cross classes, and have progressed nicely by our participation.

I'm hoping that in the next few years, we will have progressed much more than we have in the past few. We appreciate all the speakers that we have to come to us to give us this valuable information, because we feel that we need every bit that we can get.

I hope today that I have brought to you some of the important things that we have been doing in our council. It has been indeed a pleasure for me to come to you on this program to show the little bit that we have been doing.

We are very well represented here today. We try to bring a representative group down with us. We have with us Miss Shafer, our advisor, and we have Mr. Clark who is working with Miss Shafer, and we have Miss Pate who is working with the Tuberculosis Association, and we also have two zones represented - Zone 1 and Zone 4. Thank you.
"PROGRESS PARADE" - HAYWOOD COUNTY

Miss Mary Cornwell
Waynesville, North Carolina

It is indeed a pleasure for me to have this opportunity to bring to you some of the community development program in Haywood County. Of course, in only five minutes, I have to barely touch these phases, because it is a program that covers all types of rural living.

It was in February 1949 that crystallization of much thinking and planning took place when the program was first set up with six major objectives: to increase per capita income; to provide greater security; to improve educational opportunities; to seek greater spiritual values; to develop a stronger community life; and to gain more dignity and contentment in rural living. With these objectives before the organized communities, which now number twenty-seven in all with a coverage of the county, we find that our main thought and our main philosophy of life could be centered in what Seman A. Knapp has said, "You may doubt what you hear, you may even doubt what you see, but you will never doubt what you hear, see, and are permitted to do." Now it is upon this basis that our people work - participation in all of the activities.

We do realize the very necessary importance of bringing into the picture all organizations working in the county and cooperating in every way with our civic groups. We do have a board of directors which serves as an advisory committee, made up of three male rural leaders of the county, three women, three business men, and three ladies from the civic organizations. With this group, we have a great deal of advice and advising in order to promote our program. There are the commissions and all the enterprises as the money-making crops - beef cattle, dairy cattle, tobacco, poultry, and these several money enterprises. We also have our home commission which works not only with home improvements, community improvements, health, sanitation, and clothing, but all phases of home life. And, of course, our recreation commission is of great importance, too, because a happy person always works. We feel that our recreation program has been justified in many ways because as I said in the beginning, we see, hear, and then we are permitted to do.

We travel each year in the annual farm tour to some different section of the States in order to see what people are doing and what problems they face. This past summer, 181 of our farm people were permitted to make the nine-day out-of-state farm tour through the New England States and into Canada. They came home with an even greater love for their own native land as well as many ideas and inspiration.

Within the county, we feel that our inter-community tours are of vast importance. Each summer, the communities visit a community across the county, and in turn, entertain still another community. In speaking of politicians, this certainly is a wonderful way for the people to understand the problems which exist in other sections, to know why roads are needed in a certain section of the county, why telephones are needed, and why better health problems are greater in another area than in some.

As a result of one of our tours, I was confronted with a Home Demonstration group which asked that I meet their group at night in order to give
up their afternoon so a certain community could have a club. The spokesman for the group said, "On our community tour down there last week, we realized those people are missing much and have not had the work that we would like for them to have in a specialized form." From there we are developing a very active Home Demonstration Club.

Along with our recreation program come the spring, winter, fall, summer sports that give participation for all members of families. And I do feel that in some cases maybe our health problems have been lessened by the fact that people's minds were diverted into other channels rather than staying home to brood on themselves or whatever problems they might have there. Recreation does play a very vital part.

Now, as some of the results are being noted from this community development program, we will say that we do have a good per cent of our farms electrified, about 98 per cent; and in this period of time, twelve additional communities have been able to secure telephone services with about 1200 families being involved. Now all major communities have this service.

I think one of the interesting outgrowths of our program from the spiritual value last year was the back-to-church movement. If you have not read the August issue of the "World Outlook," you might be interested in seeing how rural people cooperated with the Ministerial Association in order to have a wonderful county-wide revival so to speak and encouragement to go back to church.

In working with the health program, our community development program sponsored one day the Red Cross Blood Bank. And with having this type of cooperation, we were able to secure 367 pints of blood in one day, or the largest amount that had been collected in one day in western North Carolina. They also worked closely and, I think, carried through on the educational program which made it possible to pass a bond election to add a hundred-bed addition to the county-wide hospital, as well as to pass a two-million dollar school bond issue.

But to centralize our thinking, one of the greatest outgrowths of this community development program, has been our rural insurance program. I said that one of the major objectives was an increased per capita income. Many of you will think of that in dollars and cents - for corn, tobacco, or whatever it may be. But increased income can come from a prepaid hospital insurance program. And by working very steadily with the several agencies, we do have now a well-established, I think, insurance program where 1565 farm families do have prepaid hospital insurance. It is a very great benefit to the rural people to have this security and assurance. It was only Friday of last week that one homemaker in a Home Demonstration Club asked if she might speak a word for the hospital insurance and to say just what it had meant to her family. Her son had an accident, a very serious automobile accident, had been hospitalized 71 days, and of course, 70 days of that had been cared for. So she really had something to speak from and said how much it had meant materially to her family.

To sum up all we have said, the community development program does have possibilities or the functioning for carrying through on any of the major programs of health improvement. And Dr. Bond, it is a privilege to have had a chance to tell this story.
Because of the limitation of time, I am going to use a slip instead of talking with you as I would like to do for at least an hour.

I have been asked to tell you of the Inter-Agency Organization of Robeson County and the Smith's Community demonstration. I think the work of the schools in the county helped lay the foundation for the present Inter-Agency movement in that we worked with the guidance of Dr. Richard L. Weaver, Director of the Resource-Use Education of our state until this fall, and at that time, 1949, had a meeting of representatives of several agencies to discuss community problems and resources.

During the winter of 1950-51, the Health Department and the Medical Society's Rural Health Committee called all the agencies together in the interest of county-wide cooperation on rural health problems.

The present movement for closer agency cooperation came to a head in July 1951 when the county farm agent suggested a practical demonstration in one community. The organization is like Topsy - "It just grew." I wish I had the time to tell you the details because they would show you how a movement develops democratically, how slowly things move, and how necessary it is to be able to abandon today an idea which yesterday we thought was the only way.

An original plan for a booklet which listed what more than two hundred county citizens thought were our main problems was changed to the positive approach in this booklet, "How Strong Are We?", which sets forth many good things which were already being done in Robeson County.

The agencies concerned - Health, Education, Welfare, Agriculture - Farmers Home Administration, Soil Conservation, Production and Marketing Administration, and Forestry - prepared a chart I'd like to show you. This chart lists the agencies, the personnel, the boards and consultants, and the purposes of each agency. We found among 75 people that we had not all known each other before.

Another committee presented a report suggesting the name of the organization, its purposes and duties, its membership and officers, and a recommended procedure for carrying out its purposes.

This is the first inter-racial organization in our county to work on common problems. Our welfare is mutual and we are stronger because of the added interest, ideas, and leadership contributed by our Indian and Negro members.

Members of the organization volunteered to explain our hopes and ideals in fifty-two school centers. Fifty-two mass meetings were held last winter between January 1 and February 10. Fliers taken home by school children, the press, the radio, and letters to all ministers in the county helped bring people out for these meetings. Miss Charlotte Rinaman and Miss Emma Carr Byrnn prepared a flipchart which the committee revised in a number of ways as a guide to be used for the speakers at these meetings. Six charts were reproduced because six was the largest number of meetings on any one night. Members of the organization painted
the chart. Each community at these meetings elected a committee and a chairman. At a mass meeting later in Lumberton, twenty-one communities sent representatives.

In May, the chairman from six communities presented to the Inter-Agency Group their needs and plans and why they thought their community should be chosen for the demonstration. When Smith's Community was selected, a letter to their chairman, Mrs. Barnes, gave these reasons for the organization's choice: (1) You secured community-wide opinion in selecting the most important needs. (2) All of the people in your community were consulted and will be represented. (3) You included all phases of community life—health, education, welfare, agriculture, and so forth—rather than a single need. (4) You enumerated the vital problems affecting the life of your community—hookworm, malaria, farming, housing, recreation, a community center, and a stronger high school. (5) You had good committee representation and have shown your willingness to do something for yourselves.

At a Smith's Community meeting with the Inter-Agency Group later, three committees were elected. First, a Boundary Committee, which has already determined the exact area—approximately 22 square miles for the demonstration. They have mimeographed maps, like these, showing churches, schools, highways, roads, ponds, swamps, etc. This map shows how all the agencies are using the map for recording basic data which is already available. This one was prepared by our county forester, Mr. Braddie Pait, showing a fire tower, a forest thinning demonstration area, fall fires in 1951, and spring fires in 1952, which burned from one fourth to nine and nine tenths acres to more than one hundred acres. These are represented by different colored dots. This spring there were four fires in this area which burned more than a hundred acres. A second committee, a survey committee, is now in the process of revising questions submitted by each agency. A heavy survey card is to be printed. Miss Rickman is coming back to assist with the survey and to train the people who will go from house to house. The third committee, a project committee, will help determine the most important areas for action as needs are revealed by the survey.

Citizens in the community have not waited until after the survey to start work. They have cleared, enlarged, and drained the school campus. Sown grass, taken up unsightly shrubbery, made plans for landscaping the grounds, and planned for converting an abandoned gymnasium into a community center. All races are locating families on these spot maps. The people in the community are showing initiative and leadership. Mr. B. E. Littlefield, Superintendent of the Robeson County Schools, is our chairman. Miss Gaynelle Hogan, Health Educator for the Health Department, secretary.

I have a firm belief in our organization and a deep faith in people and their ability to improve themselves, and to work cooperatively and democratically. This movement is much bigger and more important than the people who initiated it. I believe the possibilities for worthwhile and far-reaching outcomes from what is happening in our county are limitless.

Already, offers of financial assistance and workers from outside of our state have come to work through the Inter-Agency Organization. We turned them down because we feel that we ourselves must start our own work.
This is a Rural Health Conference. Today, we know that health is not just the absence of disease. We know that health not only means physical, but also mental and social well-being. The needs delineated by the people of my county point up this trinity. The best mental health I know is for people to believe in themselves and to have confidence in their ability to work out their own problems with help maybe, yes. Each agency member is a better person today and a more sincere worker, I think, because of participation in this movement. Each person feels a real responsibility. I don't want to give you the idea that what has happened has come about easily, or that we expect Smith's Community to become a Utopia. We are well aware that the demonstration is just in its infancy and that the work maybe yet to come.
If you travel due west from Winston-Salem and go up the mountain as far as you can go and go over the crest and view rolling fields, that's Watauga. That's my adopted home. I'm not a native of Watauga so I feel that I'm free to sing the praises of the mountain people. If your conception or your mental picture of a mountaineer is a lanky gentleman leaning against a tree, sleeping in the noon-day sun, the jug of corn by his elbow and his rifle by the other, then you're in for a rude awakening. Corn is kinda' hard to get.

But really and seriously, if you think the words mountaineer and backwardness are synonymous, you're badly mistaken. There was a period of time when I finished college, until I located for the practice of veterinary medicine, that I kept my eyes open for a place to locate. And what impressed me most about Watauga County and was the prime reason for my locating there, was the intense eagerness of the people in that area to grasp new ideas. They had an intense desire to better themselves. It was apparent immediately. I thought right then - that's for the place for me.

So, it was from this intense desire to better their lot, that the people of Watauga County formed the Watauga Health Council. In 1949, the council was born. It is a little different from the usual county health council in that our representatives are elected from each community. At the beginning, meetings were held in thirty-five different communities scattered throughout the county, and from each community, one or more representatives were elected. These representatives were to serve as a medium for dissemination of information from the health department, and also as our contact with the needs of each community. These elected representatives from the communities elected then a president, vice-president, secretary, and eight executive committee members who were the governing body. This group formed the constitution and by-laws. It was set up in the by-laws to have quarterly meetings, one in the summer, spring, fall, and winter. And each meeting was to be held and are held in different locations - one meeting in this community, the next meeting in another.

Well, we think that we've made a great deal of progress. We have good representation. Each of the eight members of the executive committee is elected for a period of two years. Four elected one year and four the next, so there are four going out and four new coming in each year.

Soon after organization in 1949, we think we were very instrumental in securing a health officer for our county. At that time we had none. After that we made a concerted drive and aided other groups in the development of a hospital for the county. Prior to that time, we had none. That is, we had a clinic, but not a hospital. So we put that over and we think we played a major part.

At each quarterly meeting we have programs. These may consist, as at one meeting, of films, or panel discussions, with members of various occupations and professions of the communities participating. Following each meeting we are entertained with refreshments by the local clubs of that
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community, maybe the PTA or Home Demonstration Club.

Another thing that we were proud of was a skit prepared, written, and presented by the college students in Boone, one of the classes at Appalachian State Teachers College, which showed the proper and improper way of using the family physician. They very aptly described or acted in two scenes, the right way and the wrong way of using the family physician.

Now this brings us to our present project, one on which we are working very intensely. That is the obtaining of a health center for our county. At the present time the health department is crowded into three small rooms, and we know that we badly need a health center. We are working very hard, having started last summer, and we think we are making great progress. We know we will get it because if the people of Watauga want something, they get it! And anyway, we do know there is an election coming up in November.

Anyhow, borrowing from a great statesman from England and one of his wartime mannerisms, you remember Winston Churchill used to say, "V for victory? Well, in Watauga County, we changed that a little bit. We say, "WW, Watch Watauga!"
...
The closing afternoon session of the Rural Health Conference was devoted to summaries from the eight discussion groups which met early in the afternoon. Many of the reports presented colorful and detailed accounts of the afternoon discussion and opinions of some 150 people—too lengthy to be transcribed herein. Only highlights of the discussion are summarized.

The report from Group 2, "How Can Farm Families Finance Medical Care?" was given by Mr. E. M. Herndon, Mr. Wayne Corpening and Dr. O. Norris Smith had led this group. Mr. Herndon told the Conference that the group had discussed the Medical Society's plan which had been approved in May. This discussion included a description of service benefits and indemnities in connection with medical care. The question was raised as to means of payment for medical care at various income levels. The question was not answered, however, Mr. Brown of the State Board of Public Welfare defined indigent and medical indigent. He told the group that pay patients in hospitals were paying part of the bill of the indigent and medically indigent. The pooled fund idea for public assistance cases was discussed, with its advantages being pointed out.

Mr. Herndon reviewed the comments made by Mr. Caldwell concerning Blue Cross. He said that local collectors for Blue Cross in rural areas should be paid something. Rural people should be encouraged to pay through rural groups, such as the Grange, Home Demonstration Clubs, etc. It is good underwriting procedure to enroll groups with fixed membership rather than mixed groups.

Mr. Carl Hicks suggested a survey in rural areas to determine health and medical services which people really need most and in what amount they are needed. Not only hospitalization and surgical care are needed. A program to provide for all needs could be worked out after the survey is completed.

Group 3, "How Can We Get and Hold Medical and Health Personnel in Rural Areas?" was summarized by Dr. W. P. Richardson, Miss Flora Wakefield and Dr. J. Street Brewer had led this discussion. Dr. Richardson pointed out that the group did not find any magic formula to answer the question. Several factors were discussed.

1. Financial assistance to those who want to study medicine from rural areas and to those who want to practice in rural areas. Loan funds are now available in medical schools and the Medical Care Commission has a loan fund for medical, dental, pharmaceutical, and nursing students. Now that the G. I. Bill is not available to as many as formerly, there has been great demand on this fund. The legislature will be asked for $200,000 for this purpose. The Commission has authorization to modify the conditions of the loan and make service in rural areas a condition for cancellation of part of the loan.

2. The providing of facilities as a responsibility of the community and the State. In some areas physicians do not have the necessary facilities and resources; provision of these facilities would help in attracting doctors.
(3) The better, more efficient use of physicians in rural areas.
Education of people to make the most effective use of physicians in rural areas should be stressed. The process of education is a responsibility not only of the doctors, but also of intelligent leadership in the communities.

(4) The indices needed in learning which communities have the interest and support necessary to maintain physicians. Population and income level must be considered. Another factor to be considered is community-mindedness as indicated by the interest of the people in the community as a whole.

The group discussed briefly the problem of other personnel, such as nurses. In rural areas there are often inactive nurses who can be available for part-time work. That resource should be canvassed.

Group 5, "How Can We Get Safe Water and Sewage Disposal Facilities?" was led by Mrs. N. S. Coplar and Mrs. Harriet Lane. Mr. Nelson H. Stephenson served as reporter for this group. Several questions were discussed by Group 5.

(1) Are there county laws on sewage? There is a privy law which provides for an inspection by a sanitarian every three months. The problem results because of lack of personnel in the Health Department. Problems should be reported to the Health Department and the people living in rural areas should be educated so that conditions of sanitation will be maintained.

(2) The problem of open sewers was discussed, with an illustration from Alamance County. There is a stream pollution law and a Stream Pollution Commission is preparing to inspect all streams within the next five years. The solution for communities now being troubled by waste from communities is to sue.

(3) How can water supplies be tested? The Health Department will do this. If pollution is shown, the sanitarian will work with the family on clearing up the problem.

(4) How can people be reached concerning sanitary facilities? Groups needing to be reached most are reached least. One of the best ways is through the schools. The radio and newspaper should also be used. Education, health, and other community facilities should work together. Welfare and civic clubs should be brought in.

(5) There was a discussion of sanitary facilities for tenant farmers. Edgecombe County has worked through the extension service with the landlords. The problem is not a one-sided situation.

(6) Problems frequently arise with regard to septic tanks. Inspections are not adequate. The Health Department will work with any interested person. However, inadequate personnel is again a problem.
Group U. "How Can We Get Farm Families to Produce and Use Foods Necessary to Health?" was led by Miss Ann A. Cain, Mrs. Jewell Go Fessenden, and Mrs. Irene Yeates. The report was given by Mrs. Cannon.

The group discussed the ways in which to get people to change food habits. Direct educational efforts are helpful. Better use of radio and newspaper is also advocated. Personal contact through work with organizations is an extremely helpful means of getting ideas across. Work can also be done through ministers and educating the men in the communities. Work should also be carried on through the schools. The positive, not negative, approach should be used at all times.

The group also discussed production of the right foods. Farmers should be encouraged to plant the right foods and foods which will not interfere with the cash crop matures. Pockets of seeds with new vegetables are means of introducing changes in food patterns. The advantages of healthy animals should be made clear to all farmers. New improved methods of conservation of food, such as freezing and of canning, should be known throughout the community.

Group G, "What Can We Do For Mental Health in Rural Communities?" was led by Mrs. John Williamson and Dr. C. Mac Ryan. Dr. Mac Ryan gave the report from the group.

Dr. Park stated that the group discussed ways of getting help for teachers who have disturbed children in their classes. The need for more psychiatrists and psychologists was pointed out. The Public Health Department has services in the field of mental health and carries on an educational program. There are seven community mental health clinics in addition to university clinics. Dr. Park told of the psychological services available through the 100 county departments of public welfare. Referrals are made to the local welfare department by teachers, juvenile court judges, health officers, etc. Psychological examinations are available where needed.

The special education division of the State Department of Public Instruction was also mentioned. There are now 107 special education teachers. Through school projects, psychologists from the State Board of Public Welfare go to the schools to work with teachers on special cases.

The need for more stress on prevention of mental illness was discussed. The Mental Hygiene Society has done a good deal in this field. The group suggested that the University Hospital place psychiatric interns in rural areas.

Dr. Park referred to the graded course in sex education available through the School Health Coordinating Service.

Group G also discussed school attendance and the fact that more information should be available concerning children who are problem in this respect.

The need for a redirection of humor, so that children do not laugh at handicaps, was stressed.
The group talked about the need for greater coordination of mental health programs in North Carolina. More help to individuals needing help should be the main objective.

Group 7, "What Do We Want from Our School Health Program?" was summarized by Mrs. Annie Ray Moore. The leaders of the group were Mr. D. M. Calhoun and Mrs. H. M. Johnson.

Mrs. Moore stated that Group 7 had discussed use of school funds in the correction of defects in children. Some counties which have funds for this purpose are not using them.

Various plans are used in the several counties for the administration of this program. One problem exists because of the "hands off" attitude of some parents with handicapped children. The need for education of parents is an apparent one. Rural people need to be interested in programs such as this. Many rural people do not go to meetings; the information must be taken to the homes.

A representative of the Commission for the Blind told of eye examinations given school children. The Lions Clubs aid in this work.

The fact that help is available through the departments of public welfare was mentioned. Services in the welfare departments are available to all people, not just the needy.

The School Health Coordinating Service was discussed. This is a joint function of the Education and Health departments. The school health people try to keep up with the cases presenting the greatest problems.

Another point of discussion in Group 7 was the matter of pre-school conferences. It was suggested that immunizations be given before the pre-school conferences.

The matter of preparation of adequate breakfasts for school children was discussed, with the suggestion that visits by nurses, P.T.'s, representatives, etc. be made to encourage parents to prepare adequate breakfasts. The group also discussed the problem of soda and candy sales in the schools, with the idea of asking that these be eliminated.

The teachers' part in physical examinations of pupils is the making of records and notation of signs of deviation from the normal.

A report on Group 8 was given by Miss Grace Daniels. This group, "What Can We Do to Improve the Dental Health of Rural Children and Adults," was led by Dr. Luther M. Massey and Mrs. Charles Graham.

The group discussed the relation of nutrition to dental problems, suggesting that more information be given concerning the matter. "Chair-side" teaching by dentists was mentioned. Public health nurses, teachers, and general practitioners can be helpful allies in this field.
In working with adult groups, the Home Demonstration Clubs are good channels of information. Training schools for club leaders could be used and would be effective if dentists could help train leaders. Recommendations were made that:

1. Social patterns be studied and appropriate changes made. For example, dairies might try out the idea of milk machines to replace coke machines.

2. The State Board of Education should work on the problem of eliminating the selling of sweets in the public schools.

3. The use of fluorides in the water in small communities is practical. For individual families, the teeth might be painted with fluoride solution.

4. Periodic examinations should be made by dentists as part of the school health service.

Last to report was Group 2, "What Are the Most Effective Ways of Solving Rural Health Problems?" Mr. Garland Hendricks and Miss Elizabeth Love were the leaders for this topic. The number to express interest in this group was so large that two sections were held. Mrs. Randall reported for both sections. Two main questions were discussed: (1) What are our community problems, and (2) What are our rural health problems in the communities.

It was suggested that participation through local organizations be utilized. Surveys, personal contacts, and other methods of finding out the needs of the communities should be used. The person on the local bookmobile might be used in helping with this project. Through schools, churches, and other organizations, the reaction of all in the community can be obtained. Long range programs should be developed, working toward the goal of solving rural health problems.

Mrs. Randall stated that the group had suggested that recreation be combined with the desired goal. For example, one community had a social function to which persons would be admitted only if they had had a chest examination.

The total community needs for each age group should be considered. The importance of acting at "the expedient time" was stressed.
By looking at the program and my watch, I see that the hour for this meeting to close has already arrived and I understand that the newspapers have done a pretty thorough job of summarizing the discussions today. Perhaps you would feel much kinder toward me if I simply suggested that you read that summary in the papers in the morning. Because in the final analysis, the duty and the responsibility of the summarizer is not to express his own views, but rather to repeat those things that have already been said and said so much better than the summarizer could possibly do. It's kind of somewhat like the role of a parrot—just simply repeating what you've heard.

Really, I do appreciate the opportunity to attend this meeting and to participate in the program throughout the day. We want to commend the Medical Society, the various agencies and groups that have cooperated in making this meeting possible, the thoughts of some 500 people registered for the meeting this year. I was present when the first conference was held in Chapel Hill five years ago. Some forty or fifty persons attended that meeting. Certainly we've made tremendous progress in our rural health conference during these intervening years.

The discussions today have all been enlightening. We started out, of course, this morning with an address by the President of the Medical Society, in which he pointed out the interest that the Medical Society has in rural health problems here in North Carolina. That was followed by remarks by Dr. Bond. As you observe, I'm going to pass over this very quickly tonight because, as I said a moment ago, the time for the meeting to close has already come. Dr. Bond appeared before us and told us of some of the difficulties that country doctors experience in carrying on the practice of medicine in rural areas and some of the handicaps that we have in securing and maintaining adequate medical personnel and facilities in the rural sections of the state. And then we had the representative from the American Medical Association, as he talked to us and told us about the basic things that are needed in a health program. He presented six things that we can do in improving health, and, of course, Dr. Brewer, Dr. Bond, and the others, all suggested that there is a difference between good health and good medical care, and that the responsibility for good health rests largely with the people themselves, that medical care is something that we purchase from competent and thoroughly trained individuals in the medical profession. The conference this morning closed with a buzz session in which we broke up into small groups and discussed various questions that came before the groups. No reports were given from those small buzz sessions.

This afternoon, the meeting was continued with reports from six counties—"Progress Reports" they were called—and those reports from those six counties pointed up some of the things that people are doing to improve their health services and to improve the health conditions among the rural people within their areas. I'm not going to go into the details of it—I have a complete
summary of the reports that were made by each of the six counties here this afternoon. Those of you who were present were impressed, I am sure, with the great achievements that have been brought about by people working together at the local level and trying to meet their local health needs. Hospitals have been constructed and enlarged in other instances. Blood banks have been established and health education programs promoted, and public health services have been brought into existence, and other things have been done to improve health services and health conditions in the six counties that reported to us here this afternoon. The conference then broke up into eight working groups and questions previously submitted from various areas of the state were referred to the eight conference groups and they came back late this afternoon and gave us a report of their findings.

In the main, the conference can be summarized as very brief. There is a health problem—a rural health problem. That problem is recognized by the medical profession, by the rural people themselves, and by all of the agencies that are performing health services throughout the state. Problems are recognized in terms of a shortage of doctors and nurses and medical personnel, in terms of inadequate facilities for medical services, hospitals and clinics, clinical buildings and facilities of that kind, in terms of the lack of information and understanding on the part of the people themselves, in terms of lack of financial resources to purchase medical care in those instances where it is needed. Some of the groups this afternoon gave considerable thought to the various voluntary financial health plans, Blue Cross and plans of that kind, and all of them recognized that the voluntary programs are adequate, performing a marvelous job down to a certain income level, but that there are income groups within the state who cannot take advantage of the voluntary means. Those groups which considered that phase of the problem came up with no answer to the question that was raised and that remains one of the unanswered questions from this conference here today. There were other things that were emphasized.

Mr. Kline here tonight has talked about the importance of the citizen, the importance of the individual himself in government and in performing services for himself, and has emphasized the dangers that exist when citizens fail to get together in solving old problems. I would simply add this thought to it—that as tragic as the problems may be, the trend will continue to go on in this nation until the rank and file of American people get together at the local level and provide the answers. Here's the fine solution to the problem which really exist and concern the welfare of mankind. We can talk about trends toward socialization but until groups such as we had here today come up with the answers to the problem of medical care for lower income groups, until we face up to those problems and develop the techniques that we can use ourselves for doing the job, the demands will continue to be made upon the government and more and larger and larger groups will add their support to those demands, and the trend toward more government will tend to go forward.

And so, after all, it's largely a problem for you and me—the question for us to consider. We are hoping that meetings of this kind will not only focus attention on the job to be done, but they will likewise bring out the methods
that can be employed in solving the problems and the things that can be
done by people working together in voluntary association towards finding
the answers to those great questions that confront the human race.

It's been a real privilege to be here. I hope that I've not detained
you too long, but certainly I've appreciated the opportunity to sit in on
the discussions throughout the day.