An Interview with

Mrs. Mary Louise Young
March 3, 1976

Interviewed by
Mrs. Frances M. Oberschmidt

Mississippi
Department of Archives and History
and the
Lincoln-Lawrence-Franklin County Library System
Oral History Project
Brookhaven and Vicinity

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Interviewee: Mary Young
Interviewer: Frances M. Oberschmidt

Title: An interview with Mary Young, March 3, 1976 / interviewed by Frances M. Oberschmidt

Scope Note: The Lincoln-Lawrence-Franklin Regional Library System conducted oral history interviews with local citizens. The interviewees included long-term residents of the Lincoln, Lawrence and Franklin County areas.

OBERSCHMIDT: Mrs. Young, I understand that you started work with the Health Office in 1948.

YOUNG: That's right.

OBERSCHMIDT: Could you tell me anything that was told you in the past of the services of this department?

YOUNG: Well, I know that it was started on January 1, 1929, and Dr. W. R. May was the first Health Officer, and he remained Health Officer of this Health Department until he retired in March of 1967. At that time when he started, there was only one nurse and that was Mrs. Sid Schneideau. They had one registrar and I don't know just exactly what other personnel they had, but I do know later they had a sanitarian and they had a registrar; and I do know that they had a big pre-school program whereas, Dr. May would go at the beginning of each school year into various communities and set up what he called a pre-school clinic, and all children that would begin school that year would be brought in to have their examination before they entered school and of course necessary shots. At that time it was compulsory that smallpox be given. Of course, the others would be given or taken on a voluntary basis. But back then, really, people really liked to get their children immunized against all communicable diseases possible. They also had a big dairy program. They always have had in this county since in being a dairy belt; and I don't know how many they had, but at the time I went to work we had two hundred (200) dairies, active dairies. The sanitarians were required to take monthly milk samples from each dairy and in-

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spect the dairy monthly too.

And also, the nurses had a big maternity case-load back then and these patients were visited routinely; also they had a big case-load of crippled children and those were the main thing back then. The maternity clinic, also they had a big venereal disease clinic. They even treated the patients here at the health department in Brookhaven. They would take their treatment twice a week and sometimes it took them a year to get adequate treatment for the disease.

OBERSCHMIDT: What immunization did they have other than smallpox?

YOUNG: Okay, at that time, they had diphteria, whooping cough, tetanus, and typhoid.

OBERSCHMIDT: Was this in one shot?

YOUNG: No, diphteria, tetanus and whooping cough was in one shot--typhoid was a separate shot, then smallpox. That's all the shots they had at that time.

OBERSCHMIDT: This was given to the pre-school child?

YOUNG: Right.

OBERSCHMIDT: Well, they had a health clinic along then for the pre-school children I remember.

YOUNG: They examined, that's right, they examined each pre-school child.

OBERSCHMIDT: Do you know what all they were examined for?

YOUNG: They would be checked for heart; they would check their ears, the throat, check them for skin diseases; they would check

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their eyes - do a vision test and that's about the extent of it.

OBERSCHMIDT: Later on, I understand they started taking blood tests - not blood tests, but blood pressure and diabetic tests.

YOUNG: Well now, that has started since 1948.

OBERSCHMIDT: It has?

YOUNG: Yes, the blood pressure and the diabetes has been since 1948 and in fact, it's been since we've been in this building.

OBERSCHMIDT: When did you move into this building?

YOUNG: We moved in this building in 1955. When we first moved in this building, the first program started - other than the ones that had already been started - family planning program, which means birth control (and that has grown and grown). And at that time, we were furnishing birth control pills to the patients that could not afford to go to their doctor and have this service. And that program has grown so we have approximately six hundred (600) people at this time. They have to be examined by the doctor before they can be given any birth control.

OBERSCHMIDT: Their individual doctor or the health officer?

YOUNG: We have a family planning clinic twice a week. On Mondays and Tuesdays we have a doctor that comes in and they have to be examined. And this examination consists of a paps smear yearly, and they have a blood test for sugar; they have a blood test for veneral disease; they also have a test for gonorrhea; and they are given a breast examination for cancer and of course, that included the paps smear. But they have to have this yearly in order to be able to get the birth control pills. And we feel it has really helped a lot, especially in the low income, you

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know, people.

OBERSCHMIDT: That's a wonderful service that's given.

YOUNG: It really is.

OBERSCHMIDT: Now, when did you say the family planning clinic was established?

YOUNG: That started back in 1964, about 1964, we started it.

OBERSCHMIDT: That's a good long time.

YOUNG: This was going on before Dr. May retired. And of course, you know, back in 1964 was the first oral polio vaccine was administered here in the county. And then after that it was - well, I guess it was maybe about a year or so before we had it in the Health Department to give and we still give oral polio. Of course, we are still carrying on the maternity program which has kind of decreased since the birth control program has come along, which we think is good, because it has helped a lot of people that are in the low income group that don't feel like or shouldn't have any more children.

We have added home health program. I don't know whether you are familiar with this program or not, but this is for people that are on Medicare and they say they've had a stroke and they have been in the hospital and are ready to be discharged. Well, they're going home and they don't have anybody, you know, to help them or they don't have equipment to take care of them and all. If their doctor will fill out a referral and then refer them to us, then they can go home and have the nurse visit them say once or twice a week or however often the doctor feels it is necessary to maybe give shots or take blood pressure. And also they can,

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they are eligible to get this equipment that helps them in the home, like hospital beds, commode chairs, lifts, or what have you, you know, that they would not be able to carry on if they didn't have that.

OBERSCHMIDT: This equipment - is it owned by the health clinic?

YOUNG: No, they get it through the drug store and Medicare - Blue Cross, who is the insurance company for Medicare - pays rent on this equipment for them. It doesn't cost the patient anything and as long as they need it, Blue Cross pays the rent on it until they are able to do without it, which not very many are able to do without it. Right now, we have seventy (70) home health patients.

OBERSCHMIDT: That's wonderful.

YOUNG: The nurses set up visits and most of them are visited at least twice a week.

OBERSCHMIDT: How many nurses do you have in the department?

YOUNG: We have five (5) nurses right now.

OBERSCHMIDT: That's Lincoln County?

YOUNG: Lincoln County. We just got one the other day. A new nurse came on and we have two (2) Home Health aides. Now, they help in giving baths wich really helps because a lot of these old people go home and they have, you know, their relatives don't really know how to give baths and this really helps their feelings a lot and they visit these patients at least once or twice a week.

OBERSCHMIDT: That's a wonderful service.

YOUNG: It really is and these people are entitled to this. It's not, you don't have to be indigent to get this; anybody can get it.

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OBERSCHMIDT: But this is government service?

YOUNG: This is people who are on Medicare that are sixty-five (65) years and over. That's right. It's really a good program.

And we have a hypertension program - I believe you asked about that earlier (pre-interview conversation). We have right about ninety (90) people on our register and what I mean by that is we furnish them with drugs. Of course a lot of them come in that are under a private physician's care. Well, we don't like to fool with the private doctor's patients, but if he wants to refer his patient over here, well, then all he has to do is sign a referral and say, "I want to file so and so." We have a doctor that comes out of Jackson once a month that monitors these patients, checks their blood pressure, checks their drugs, and sees how they are doing on whatever they're taking at the time. And they get an EKG and they get a chest x-ray.

OBERSCHMIDT: Through this service? I didn't know that. I think that's wonderful.

YOUNG: Through this service. We also have an arthritic program which has really helped a tremendous lot of people. Don't know exactly how many patients we have right now, but we have Dr. Stephens who has been coming for, oh, I think he's been coming a good ten (10) years we've been having this and they also get their drugs free through here. The Arthritis Foundation pays for these drugs.

OBERSCHMIDT: All arthritics or just Medicare?

YOUNG: No, they don't have to be on Medicare. Anybody that...

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We started out with a long, long list of people wanting to get on and of course it might be a little easier right now. But we have a clinic and he sees about twelve (12) or fifteen (15) people once a month.

OBERSCHMIDT: Now, what's the dates of those?

YOUNG: It's the third Friday of each month. But they have to come in and talk to the nurse that's in charge of that clinic and they have to be worked at, because the different types of blood tests that they have to have. And this Dr. Thomas Stephens, this doctor that comes from Jackson, he is very good and has helped a lot of people.

OBERSCHMIDT: I notice that you have had several drives for taking the pap smears.

YOUNG: Right. The Home Demonstration Club sponsored one and I believe the Junior Auxiliary - no, the Peripetetic Club, I believe, sponsored one and we got pretty good response, pretty good response. And we have not found too much, too many positive, but the ones we have found were early and they were able to have surgery and everything was alright.

OBERSCHMIDT: That was a wonderful service!

YOUNG: Surely was. We also have what we call a chronic illness clinic. We have, like people or children maybe with heart murmurs or diabetics or whatever, you know, and we have the doctor who comes from University Hospital once a month. That's on the second Tuesday, I believe, of each month. And we pick up a lot of times, we have picked up, like when we used to do the football boys, we picked up one child who had a heart murmur who didn't know he had it. It has shown real good results.

OBERSCHMIDT: That's worth the cost of the service to find just one.

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YOUNG: Right! We have a pediatric clinic. We have a pediatrician that comes once a month, Dr. Byron Alexander, and he's very good. Now, we take babies who have defects, not just any baby that comes along. They have to have a defect before he will see them.

OBERSCHMIDT: Has to be recommended by a doctor?

YOUNG: Right. Now, we usually pick these up. No, not necessarily recommended by the doctor. We have enough that we pick up from our own clinic, you know, from our maternity clinic. Say, people with the babies or even from the family planning program, you know, people with babies might ask about, we pick a lot up from there.

OBERSCHMIDT: Do they have to be indigent in order to...?

YOUNG: No, not necessarily, but most of the people we see are. You know, I mean it is designed for those that really are not able to go to the doctor to see.

OBERSCHMIDT: Now, you had a diabetic clinic one time. Who sponsored that?

YOUNG: We did, but now they have kind of cut back on that. That kind of got out of control. Well now, we do have about twenty (20) patients that we furnish free insulin to. And they have to be approved and they have to be referred by their doctor to get the free medicine and they are supposed to be indigent - not able to buy it themselves, you know. Use to, those patients were screened through the welfare. Well, they stopped that and the state office can tell, you know, when the patient can buy it himself or can't. But we do take blood sugar tests on anybody that comes in, that is if they have the symptoms or if they are a family of parents that

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have diabetes or if they are overweight or some symptom, we do take a blood test. We do blood sugar tests.

OBERSCHMIDT: Does that have to be through their personal doctor?

YOUNG: Well, we'd like for it to be, because we send the report back to him on the diabetes tests. They have asked us to slow down. We were doing so many and getting high blood sugars and it was beginning to cost the state more than they could afford to run the blood sugar tests. But we don't turn anybody down if they come in and ask us.

OBERSCHMIDT: That is supposed to be one of the most prevalent diseases that...

YOUNG: Right, right. And of course we do pre-marital blood tests for anyone getting married. And of course we do the blood test, that is the test for venereal disease.

OBERSCHMIDT: That is a state law, isn't it?

YOUNG: Yes, that's a state law. Right. It surely is. Also, since we've been in this building, you know, it is a state law that children have to have all these immunizations before they start to school; it is required. When they first started, it was required - of course smallpox, copper tetanus, diphteria, polio, but now smallpox is not required any more. Oh, typhoid was also required, but now typhoid isn't required any more. They feel that they have those two things under control. They have added to the list measles, only for the first graders. Before they start they have to have measles, mumps, and rubela. That's all three (3) types and we give that. Smallpox, they do not have to have. And a certificate is only required for the first grader now, because the shots are good. Diphteria and tetanus booster is good for ten (10) years now.

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Used to, when I first started to work, it was every year. Then it got to be two (2) years; then it got to be four (4) years. Now it's ten (10) years. They are over-immunizing our children, but...

OBERSCHMIDT: I feel safer.

YOUNG: I know, I know. We also have a tuberculosis case load and they have decreased in the years since I started to work. When I first started to work, we had anywhere from fifteen (15) to twenty (20) new cases a year. Now, sometimes we don't have maybe two (2) or three (3). So you can say this has decreased.

OBERSCHMIDT: I wondered what the effect of closing the Sanitarium would have.

YOUNG: Well now, we have a district sanitarium so to speak, in McComb for this district is in McComb. They are treated in the hospital down there. The reason they closed was because, as I said, they didn't have the patients any more like they used to have and they were kind of going in the hole, I guess, so to speak, or couldn't keep the personnel, you know, to take care of it. They've got twelve (12) districts over the state and in each district a hospital is designated as a sanitarium and they treat them there.

OBERSCHMIDT: That's wonderful. It shows what education does for you.

YOUNG: And they don't have to stay in the hospital as long as they used to. I know when I first came, it wouldn't be anything for a patient to stay from one (1) to two (2) years and they have home treatment now on drugs, you know. They can take it at home. If they have to have

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a shot, well, they can come in here and get it and those drugs are furnished to them free.

OBERSCHMIDT: The public just doesn't realize what the service is here.

YOUNG: No, they really don't. And when a person finds out, they say, "I didn't know you did all this here." So a lot of people seem to think that the Health Department is just for the poor, but it's not. It's for everybody.

OBERSCHMIDT: It's a wonderful thing.

YOUNG: It's for everybody. Now, Dr. Saffley was our health officer after Dr. May retired. Of course, he only stayed just a short time.

OBERSCHMIDT: Could I ask one question before we get past that? How much of this that you've quoted was set up by Dr. May?

YOUNG: Well now, these new programs were not set up by Dr. May. It has all been set up, this has been since he...

OBERSCHMIDT: Government projects?

YOUNG: No, now we didn't have the arthritis clinic. We didn't have the heart clinic. The only thing we had when Dr. May was here was the family planning. Now, those other things have been set up since he was here, but that's the only program; these others have been since he retired.

OBERSCHMIDT: Let's go back to Dr. Saffley.

YOUNG: Dr. Saffley came in 1967 and stayed until 1969 and he resigned to take another job. And then after that there was another health officer. It's hard to get a health officer for individual counties

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because we all know that doctors can make a lot more than they could working for the health department.

Two (2) years ago, they set up a district for this area of the state which included nine (9) counties, and Dr. Shelby Mitchell is our Health Officer and he comes to our county once a month. He holds a medical clinic for us Tuesday of each week. He sees maternities and whatever else is needed.

OBERSCHMIDT: Well, with that many counties it keeps him quite busy.

YOUNG: It does; it surely does, nine (9) counties. Besides that, he has another district besides this one that he is the health officer. He is the health officer in the Hattiesburg district. They just don't have the doctors to spread around.

OBERSCHMIDT: I don't see how they can do it.

YOUNG: I don't either. They just have, it's real hard to get them.

OBERSCHMIDT: He must be very dedicated because he can't possibly make what the doctors make now in doing that.

YOUNG: No, that's why they can't get doctors to come to the public health, because they can't pay them what they would be making in private practice.

OBERSCHMIDT: When they first set it up, they made about average of what the average doctor would make then. It's marvelous what they are doing for us.

YOUNG: We don't have the dairy program anymore under our county supervision. They have taken it and they have put it into a district and

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it is under district supervision and comes out of Magnolia; one man handles it.

OBERSCHMIDT: That does nothing but handle the dairies, milk barns, and everything?

YOUNG: Right.

OBERSCHMIDT: You mentioned Dr. Mitchell did the health clinic on Tuesday. Who does it on Monday?

YOUNG: Dr. A. L. Lott, a local physician, comes on Monday and holds our clinic.

OBERSCHMIDT: What are all his services?

YOUNG: Well, on that day he does maternity and family clinic. He's very good.

OBERSCHMIDT: Any other services that they find of necessity with indigent where they can't take care of themselves?

YOUNG: Now, he will see - like a mother brings in her sick baby and they don't have anywhere to go he will see anything that comes in - the indigent, he'll see anything that comes in on that day.

(End of Interview)

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