Poverty War In 2nd Year

The Baltimore War on Poverty — attacked, praised, ridiculed and looked to with hope by the poor and the politically minded from the far right to the far left — was officially born on Feb. 8, 1965.

On that date the City Council passed Ordinance No. 438, which established the Community Action Agency and the Community Action Commission under Title II of the Federal Economic Opportunity Act of 1964, the bill which made possible poverty programs all over the country.

The City Council approval was the culmination of more than a year's work by a Steering Committee appointed by Mayor McKeldin, which came up with a 207 - page document called "A Plan for Action."

It outlined the need for the program with sharp and sometimes startling statistics and proposed specific programs and a target area for the poverty war.

THE STEERING Committee — composed of seven members from public life, business and the church, including one colored minister — worked closely with six advisory panels representing a wide range of public and private agencies and groups who would be involved in the programs operations.

The Committee settled on an "Action Area" bounded roughly by North Ave. on the north, Pulaski St. on the west, Pratt St. and the Inner Harbor on the south and Chester St. on the east. The area includes most of the worst sections of the colored ghetto, and, according to the 1960 census, contained more than half the total non-white population of Baltimore City.

In all, the area holds nearly one quarter of the city's people, with 48,000 white and 171,000 colored residents.

* * *

AMONG the statistics which convinced the City Council of the need for a poverty war were:

—40 percent of the 46,000 families in the area had annual incomes of less than $3,000 a year — the so - called "poverty level" — in 1959. Another 41 percent had incomes of between $3,000 and $6,000.

— More than half the 115,000 persons over 25 had less than eight years of education, while 86 percent in all failed to finish high school.

—The rate of unemployment for men was 12 percent, nearly double that for the city as a whole.

—45 percent of the 64,000 housing units in the area were considered "not sound" in 1960, while another three percent were sound but lacking some plumbing facilities.

* * *

AFTER extensive and sometimes heated hearings by the City Council during the winter of 1964 - 65, Ordinance No. 438 was passed and a 14 - man commission set up to establish policy and approve programs.

The mayor and president of the City Council and the city comptroller are ex-officio members, and 11 additional members were appointed by the mayor.

In late May the Commission had only ten "working" members, not including the public officials mentioned above. Nominations for an 11th member had been submitted to the mayor.

* * *

FIVE OF the 10 members were colored: Parren J. Mitchell, executive director of the Community Action Agency, which runs the poverty war under the Commission's direction; the Rev. Robert T. Newbold Jr., vice chairman of the Commission and pastor of Grace Presbyterian Church;

Kenneth O. Wilson, vice president in charge of advertising of the AFRO; Dr. Oakley Saunders, a pediatrician; and Mrs. Madeline Murphy.

Chairman of the Commission is Albert Berney, president of Hamburgers Department Store.

In addition, the inclusion of four residents of the Action Area — two from East Baltimore and two from West Baltimore — have been approved by the City Council. Elections have been held among neighborhood groups to nominate names to be submitted to the mayor for appointment.

* * *

THE HEART of the poverty program lies in the Community Action Centers, which are run through the Agency.

There are currently 10 of these centers in operation, all in the East Baltimore section of the Action Area, and authorization has been given for five more in East Baltimore and five in West Baltimore, which are to be set up during the summer.

These centers are staffed by a neighborhood counselor with professional social work experience and as many as four neighborhood assistants, who are in most cases residents of the community in which the center is located.

* * *

THE COUNSELOR and his assistants go out into the area covered by the center — 10 square blocks, on the average — contact residents, explain the program and the services provided, and make referrals to cooperating agencies or give specific aid whenever possible.

Those who ask the center for help may be referred to any one of almost 20 separate community action programs ranging from day care to consumer protection to the Neighborhood Youth Corps, or to federal programs such as the Job Corps and training projects under the Manpower Development and Training Act.

In the majority of cases, applicants for help are also given personal aid on problems such as trouble with landlord, a late welfare check, family difficulties, or simply a need for someone to take an interest in their situation.

* * *

ACCORDING to Lenwood M. Ivey, neighborhood development supervisor, an average center — some are bigger and busier than others — will help or refer 50 to 75 persons during an average week. Some cases may be resolved quickly, while others may require extensive investigation and follow-up.

To foster community organization and solidarity, weekly meetings are held at the centers.

Centers also have clubs for youth and small lending libraries — usually magazines and paperback books on a drugstore - type stand. Neighborhood counslors are given some flexibility to organize and provide other small services as they are needed.

* * *

IT IS privately agreed among many of the Community Action Agency staff that the program's major success so far has been among youth.

As one neighborhood assistant who has proved active and interested youth club put it: "These kids are our real hope. They are what really keep us going.

It is fitting — though some may say, "not enough" — that Baltimore's poverty program has been most effective in helping young people to find themselves and their places in society.

It is a young program, little over a year old, and the vast majority of its staff members, from bottom to top, are under 40.

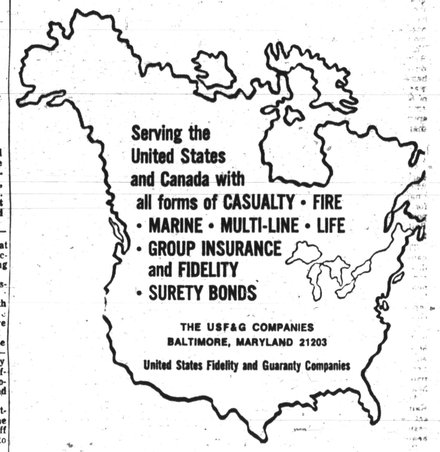
As it gets older and more experienced, it may well begin to make real headway against the older and more entrenched conditions which keep people poor.

POVERTY FILM — Members of a teenage club at the Wolfe St. Community Action Center are the actors in a fictionalized documentary about teen life in the ghetto which was inspired by poverty program staff members. Completion of film is expected this summer by movie-maker William Hancock, a Maryland Institute student who wields camera at right. Girls are, left to right: Marsha Veney, 15 1821 E. Fairmount Ave.; Beverly Edmonds, 18, 106 N. Wolfe St.; Josephine Veney, 17, 1821 E. Fairmount Ave.; Comaleta Mack, 16, 115 N. Wolfe St. Boys are Ronald Pendleton, 16, 824 N. Chapel St.; Emory Wyche, 18, 214 N. Wolfe St.; James Jordan, 16, 1809 N. Register St.; Linwood Branch, 18, 1912 E. Fairmount Ave.; and Wallie Jones, 18, N. Washington St.

DEMOCRATIC POWWOW — This was the scene at a recent weekly meeting of the 4th District Democratic Organization, at its 1524 W. North Ave. headquarters. This organization won control of the district in the 1962 gubernatorial elections.

LLOYAL RANDOLPH

Assistant chief clerk and second in command at the city's Supervisors of Elections is Lloyal Randolph, veteran Democratic leader. Mr. Randolph is the first of his race to be elevated to this sensitive post.



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WILSON ST. SMOKESTACK EYESORE GOES — Since those living can recall, this smokestack stood on Wilson St. near Madison Ave. It was originally built as a smoke outlet for Pennsylvania Railroad trains when steam engines were in use, going through the Baltimore-Washington tunnels. This year, 4th District city Councilmen were successful in getting it demolished, for it stood on the site of a proposed school playground. Photos show stages of its demolition.

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GUARDING PEOPLE'S HEALTH—A KEY AGENCY

Results Of Medical Progress Show

By JOSEPH GORDON
Director, Health Information

One by land and one by sea — and this enemy — must not pass!

The year was 1792. The War of the Revolution had ended only a short 11 years previously. But instead of British redcoats, a new enemy was threatening the lives of courageous colonists — the threat of pestilential fever — the dreaded yellow fever that racked men's bodies and left them dead or dying.

"Baltimore came reports that the 'fever' had struck neighboring Philadelphia. There was only one solution — Don't let it happen to Baltimore!

Without further delay Governor Thomas Sim Lee appointed two quarantine physicians: Dr. John Worthington — to fend off the threat by land, and Dr. John Ross — to check the spread of the contagion from those who travelled on the sea. This, then, was the root beginning of Baltimore's health department which through the years in the pursuit of better health for Baltimore's citizens was to grow with the city to a staff of 661 full - time and 175 part - time employees, the latter chiefly public spirited physicians participating in maternal and child health clinics.

OFFICIAL BEGINNING

Officially, Baltimore's health department did not start until 1793 when Governor Lee signed into law Chapter 56 of the Laws of Maryland for that year titled, "An act to appoint a health officer for the port of Baltimore - town, in Baltimore County."

The Act, no doubt, was passed because of the increasing danger of disease. Records show that one person in ten died of yellow fever in nearby Philadelphia in what has been called one of the most devastating outbreaks of pestilence ever recorded on this side of the Atlantic.

Yet in the midst of this tragedy in Philadelphia, the Board of Health of Baltimore on Sept. 17, 1793 reported Baltimore "free from Yellow Fever." This, indeed, is a magnificent tribute to the work of the early health officers.

And so from its earliest beginnings Baltimore's health department has set and achieved health goals for its residents that are acknowledged by health officials everywhere.

Perhaps in this as it should be, for Baltimore in 1793 established the first continuously operated health department in the United States preceding Philadelphia by a year and New York City by three years.

Even Boston was six years later in organizing a Board of Health headed by Paul Revere, the patriotic silversmith who alerted Yankee citizens with the never - to - be - forgotten, "The British are coming!"

As a matter of note the first British health officer was appointed in 1842, 54 years later than Baltimore and the Maryland State Board of Health was not established until 1878, almost a hundred years after the Baltimore City Health Department.

HEALTH COMPARISONS

Man's greatest achievements in the prevention and conquest of disease have come chiefly during the last 50 years.

These advances have been through a welding of increased knowledge in scientific, health and medical fields — through improvement in public health education, through sanitation, by preventive medicine and immunization — and by the public's acceptance of new measures for treatment and prevention.

Uniquely, Baltimore's pestilential diseases were conquered before the turn of the present century. By 1900, the mosquito borne diseases — malaria and yellow fever, posed little threat.

Their control was the result of the elimination of breeding places through the gradual improvement of drainage in the city and the elimination of standing water in streets, gutters, alleys and in cellars — activities constituting major Health Department efforts.

Malaria's highest rates were noted for the period 1821 - 1825 with 370 deaths recorded for 1822; the last yellow fever epidemic of serious consequence was in 1819 with 1,200 cases and 250 deaths.

Cholera, a serious acute intestinal infection that can kill within 24 hours, was present in Baltimore periodically from 1832 - 1879. A total of 853 persons died of this disease in the peak epidemic year of 1832.

Again upgrading the environmental conditions — improving the water supply, and control of insects and human wastes contributed to the city's relative freedom from serious outbreaks.

CAUSES OF DEATH

Most Baltimoreans today die of causes different from their predecessors of over 100 years ago. In a report of deaths for 1849 the leading cause of death was consumption (tuberculosis) with 668 deaths; next were 618 infant deaths of unknown cause while an additional 411 infants were stillborn and 290 died of cholera infantum.

Other deaths included: old age, 171; croup, 162; dysentery, 148; scarlet fever, 154; and typhus fever, 143. Whooping cough accounted for 59 deaths; measles, 31 deaths; and cancer, 20.

The population of the city at this time was 139,594.

Leading causes of death today are somewhat different. A total of 4,708 residents died of heart disease in 1965; 1,989 succumbed to the various cancer causes and 868 persons died of stroke or related cerebro - vascular disease. Other leading causes today include accidents, certain diseases of infancy, influenza and pneumonia and diseases of arteries and veins.

While the causes of death have changed it is well to point out that the average life expectancy for a baby born in Baltimore today is 70 years. In 1900 the average life expectancy was 47 years.

POPULATION AND AREA

The population of Baltimore in 1790 was 16,363; in 1800 it was 26,514; in 1850 it was 169,054; in 1900 it was 508,957; in 1950 it was 949,708; in 1960 it was 939,024; in 1965 it was estimated at 910,000. The city area is 91.9 square miles of which 13.2 square miles is water.

In 1900 Baltimore had 4.2 per cent of its people over 65 years of age; in 1965 this figure was 9.7 per cent, in 1900 the colored population constituted 15.6 per cent of the city's total and in 1965 this was 40.3 per cent of the population.

INFANT DEATHS

The infant death rate is the number of infants under one year of age that die each year per thousand born alive. This specific death rate is generally considered to be one of the most delicate of the indices of general community health.

In 1900 Baltimore's infant death rate was 179.1. In 1964 the city infant mortality rate was 31.0, at the 1900 infant mortality rate had prevailed in 1964 a total of 3,256 babies would have died in their first year of life whose lives were saved in 1964.

This phenomenon reflects clean milk, pure water, improved medical practice and child hygiene and general community sanitation on a city-wide basis.

MATERNAL DEATHS

Maternal mortality is the specific death rate among child - bearing mothers and represents the number of deaths in this group for every thousands children born alive in a year.

In 1900 Baltimore had 126 deaths in childbearing mothers, or a maternal mortality rate of 86 per 10,000 live births.

In 1964 there were 12 such deaths in the city, or a maternal mortality rate of 3.5. If the 1900 maternal mortality rate of Baltimore had prevailed in 1964 a total of 177 mothers would have died in childbirth whose lives were saved.

SMALLPOX

A thousand and forty - three persons died of smallpox in Baltimore in the year 1872. During the winter ten years later smallpox killed 1,184 persons i the city which had a population of 352,674.

In 1900 there were 17 cases of smallpox in Baltimore, in 1914 there were 325 cases, three of which died; and in 1924 there were 39 cases of smallpox in the city.

Dr. C. Hampson Jones, the distinguished commissioner of health of Baltimore who served the City Health Department with little interruption from 1896 until his death in 1932, put in force an effective compulsory vaccination program in accordance with the State law that had been passed in the year, 1864 during a smallpox epidemic which counted among its victims the President in the White House, Mr. Lincoln.

No case of smallpox has been reported in Baltimore City since March 9, 1928.

TYPHOID FEVER

In 1900 the City typhoid fever death rate was 37 per 100,000 population and there were 189 persons who died of typhoid fever that year. Roughly there were about ten times that many cases of this disease in the year.

In 1964 there was not one typhoid fever death in Baltimore City. The last typhoid fever death was in 1955.

If the 1900 typhoid fever death rate of Baltimore had prevailed in the year, 1964, a total of 341 persons would have died of typhoid fever, whereas not one person succumbed to this disease.

TUBERCULOSIS

In 1900 there were 1,077 tuberculosis deaths inBaltimore, for which the death rate was 212 per hundred thousand. In 1964 the tuberculosis death rate of the city dropped to 10.4.

Had the rate for the year, 1900 prevailed in 1964, a total of 1,859 persons would have died of this disease whose lives were saved.

DIPHTHERIA

In 1900 Baltimore had 279 deaths and 1,858 known cases of diphtheria. In 1964 with the city population almost doubled that of 50 years ago, there was one case of diphtheria which terminated fatally.

If the 1900 death rate had existed in 1964 a total of 506 persons, mostly children, would have died of diphtheria in 1964 whose lives were saved. The last previous case was in 1958.

DEPARTMENT SERVICES

The Baltimore City Health Department conducts a complete public health program organized into six major services.

These are:

1 — Local Health Services, which include five health districts with district health centers, Health Information, Public Health Nursing, Communicable Diseases, Dental Care and Nutrition;

2 — Maternal and Child Health Services, which provide a comprehensive medical and health program for mothers and preschoolers in families unable to afford a physician, and programs of Child Day Care, School Hygiene, and a Division for cluding an Alcoholism Coordinator and Clinic, two mental health clinics for children and a Psychiatric Day Center for selected mental patients who can be treated on a five - day week basis;

4 —Medical Care Services, which provide home and office treatment for the indigent, and the aged over 65 within certain income limits;

5 —Sanitary Services, with city - wide programs in Environmental Hygiene, Food Control, Industrial Hygiene, Meat Inspection and Milk Control;

6 — Research and Planning Services, which comprise a Bureau of Biostatistics and a Bureau of Vital Records, both of which aid in giving direction to Health Department programs. The city's public health laboratory services are now funded by the Maryland State Department of Health.

* * *

AUTHORITY for the legal aspects of the Department's program, chiefly in relation to Communicable Diseases and Sanitary Services, is vested in the commissioner of health who is appointed by the Mayor for a term of six years.

Dr. Robert E. Farber, the city's present commissioner, was appointed by Mayor Harold Grady in July, 1962. He is assisted by a deputy commissioner, Dr. Matthew Taylor, and five assistant commissioners who direct the work of the department's major subdivisions.

In 1965 the total funds appropriated for the work of the Baltimore City Health Department amounted to $10,295,855. The source of these funds was as follows: State, Federal and Special Funds — $5,345,614; City General Funds — $4,950,241. Departmental Revenues chiefly from food permit fees and birth and death transcripts was $192,300.

THE GREAT CHANGES

Ever mindful of the great changes taking place in the fields of medicine and the conquest of disease the Baltimore City Health Department has kept in the forefront of the fray to bring good health to more citizens.

Always with the close cooperation of the medical profession, through the medical societies and the hospitals and its teamwork with the many city health, education and welfare agencies — official and non - official — the City Health Department has waged a continuing war against ill health, disability, and premature death.

A successful campaign to eradicate diphtheria achieved its goal with a first "no diphtheria year" in 1958.

This was matched in recent years by the polio campaign with the Salk and Sabin vaccines so that there has been no polio in Baltimore since 1962.

Whooping cough and tetanus are at extremely low levels. Only 20 cases of whooping cough and 1 case of tetanus were reported in 1965. Both accomplishments were made possible through immunication programs for preschoolers.

Dental health is being achieved through fluoridation of water supplies begun in 1962 and the provision of services through clinics to needy school children.

Child lead paint poisoning, caused by nibbling painted surfaces, is another disabling illness that is slowly disappearing. The year, 1965 was the first year without a single death from this cause since 1931 when records were started.

Air pollution, radiation hazards, and other environmental hazards — all of which can contribute to the dangers of our ever growing metropolitan populations are in the process of control.

Many of these programs are instituted and achieved under the able administration of Dr. Huntington Williams, commissioner of health of Baltimore from 1931 to 1962.

* * *

BUT WHAT of some of the 'die hard' public health problems?

Tuberculosis, a leading cause of death in Baltimore in the early part of this century and in the 1800's, is slowly but surely coming under control.

Constant efforts to find and treat cases, to check contacts and to discover the seeds of hidden tuberculosis plus better living conditions and improved knowledge will ultimately result in its eradication. Likewise with the venereal diseases.

The new killers, heart disease, cancer and accidents will slip to lower levels when Baltimoreans learn how to cope with the pressures of modern day living and become alert to cancer's danger signals.

Inherent in preventing premature death from heart disease and lung cancer is understanding the real danger in smoking cigarettes.

The prevention of accidents, particularly on the highway, remains unanswered. Perhaps the solution lies in the area of driver education, motor vehicle design and more stringent laws to keep the irresponsible driver off the highway.

* * *

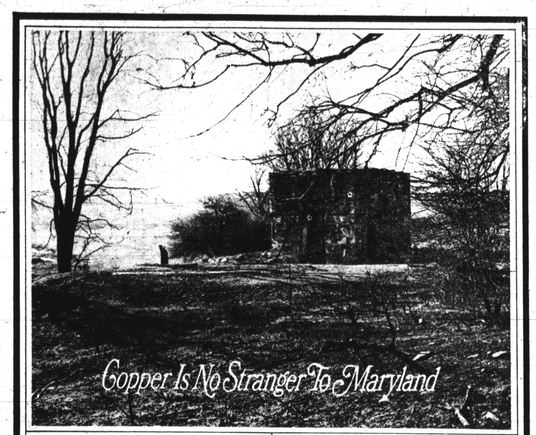
THE FUTURE holds promise for greater strides against mental illness. New drugs, new therapies and new insight should remove the last shackles from those with mental and emotional problems.

With the new measles vaccine this childhood threat that can cause permanent physical or mental damage should join diphtheria and polio to the exit from the lives of our children.

As for our aging population — a start has been made through our State and City Commissions on the Aging to aid in providing a fuller life to those who once were the virile members of our communities.

In this, and in other aspects of living, the continuing joint effort of our public and private agencies — federal, state and local — will make for better and greater living opportunities.

But there is one last point that should be made clear — none of this will happen unless each individual resident of Baltimore assumes a personal responsibility for improving his own health and environment and that of his neighbors and his community. Public health is individual health.



The site of Dolly Hyde Copper Mine, Frederick County, Md.

From Colonial times until after the end of World War I, this peaceful spot on the banks of Dollyhyde Creek in Frederick County was a beehive of industrious activity. Here, copper ore was mined and processed to supply the demand for copper utensils and, later, products for communications and military purposes. The mine was finally abandoned because of water seepage.

Little remains at the site today except a small two-story stone building and traces of a circular horse path where the enterprising Colonials utilized the original "horse power" to operate a winch. The three shaft sites near the building are almost obliterated by erosion.

Small though it was, the Dolly Hyde Copper Mine did its part to help bind this ancient industry to Maryland.

Today, this great Maryland copper tradition is carried on by the Kennecott Refining Corporation on Hawkins Point in Anne Arundel County, where over 16,000 tons of copper (more than 275 times the entire output of the Dolly Hyde Mine) are electrolytically refined each and every month.

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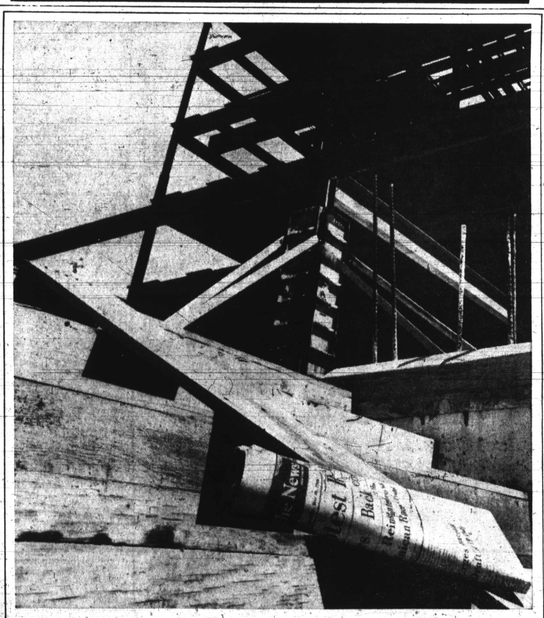

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