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The Sandy Mush Rural Health Study: Helpful Health Clinic or Laboratory for Cultural
Experimentation?

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by
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In the 1960s Americans were reintroduced to the culture of poverty that surrounded them, and various programs surfaced to provide the poor with the aid they needed to get on their feet and help themselves. The North Carolina Fund was created to address issues across the state of North Carolina, from the Appalachian Mountains to the eastern coast. The Opportunity Corporation was a community action program created under The North Carolina Fund that specifically targeted Asheville and Buncombe County with programs designed to provide families with the skills they needed to help themselves out of poverty. This research focuses on a unique case study in Sandy Mush, North Carolina during the mid-1960s. By considering the way the health of an individual affected his or her overall wellbeing, including their ability to break out of the cycle of poverty, the researchers involved in the Sandy Mush Rural Health Study attempted to understand poverty from a dimension rarely, if ever, considered before. This is a story about the Sandy Mush Rural Health Study, the people who lived there, and the people who entered the community claiming to want to help. In their attempt to help the people of Sandy Mush by addressing health care, an issue that was dire in the community, the workers and researchers of The Opportunity Corporation were accomplishing more than just their explicit goal.

The Opportunity Corporation workers intended to improve the lives of those Southern Appalachian people by attempting to understand what they perceived as a cultural backwater. The health clinic became a center for collecting data about these mountain people in a way that was reminiscent of a medical experiment. Examination of the Sandy Mush Rural Health Study raises the question: Was this program actually based on the needs of the community as it claimed to be, or was it a laboratory for the War on Poverty that ultimately reinforced previously held ideas about the rural poor in Southern Appalachia? By conducting studies of the people of Sandy

Mush, researchers were not only trying to improve the health of the community, they were piloting a cultural study of a community of people they considered to be ignorant mountaineers.

Much like the researchers working for The North Carolina Fund and The Opportunity Corporation, many scholars took an interest in anti-poverty efforts throughout the twentieth century, studied them from many different angles, and presented their research in a myriad of published sources. Michael Harrington first published his book, *The Other America*, in 1962, and it quickly achieved its status as the definitive work on poverty in the United States during the mid-twentieth century. Prior to Harrington's work, many Americans were unaware of the "other Americans," those plagued by a seemingly endless cycle of poverty and sentenced to live their lives in poverty pockets across the country, living in their midst. He defined poverty "in terms of those who are denied the minimal levels of health, housing, food, and education ... whose place in society is such that they are internal exiles who ... develop attitudes of defeat and pessimism and who are therefore excluded from taking advantage of new opportunities." Harrington's book analyzed the reasons for persistent poverty in a nation of general prosperity, and addressed the problems that came with the invisibility and negligence of the poor.¹

Often, studies of poverty focused their attention on urban enclaves, which were frequently underserved and plagued by scarcity. Rural poverty in America presented a unique set of problems. A collection of essays edited by Cynthia M. Duncan, titled *Rural Poverty in America*, examined the dynamics of poverty and mobility in rural America, and considered policies to help the rural poor. Published in 1992, this collection focused on the 1980s and early 1990s, twenty years after the Sandy Mush study. Many of the essays in this collection are

¹ Michael Harrington, *The Other America: Poverty in the United States* (New York: Touchstone, 1962), 179.

valuable for their information regarding the causes of rural poverty in general. *Rural Poverty in America* focused mainly on labor markets and how they affected the rural poor. As was frequently the case with works about rural poverty, the essays in this collection concerning Appalachia often concentrated on coal mining towns.²

Among those rural areas most blighted by the epidemic of poverty was Appalachia. The region was often overlooked as America progressed, but Dwight B. Billings and Kathleen M. Blee examined the problem of poverty in the region in their book *The Road to Poverty: The Making of Wealth and Hardship in Appalachia*. Their research focused on a case study in a rural Appalachian county, and examined how poverty developed and why it still remained when their study was published in 2000. Much like the health study conducted in Sandy Mush, the focus of this book was on a particularly poor and rural area, Clay County, Kentucky, and how the social relations in that small area were implicated in the grand scheme of poverty. Billings and Blee addressed the stereotypes of mountain culture as being “egalitarian and homogenous,” and rooted in “frontier lawlessness and individualism.” Their book focused on a long-term view of the social dynamics of poor rural Appalachia, considered it as it related to the capitalist market, and criticized the tendency of policy makers to treat symptomatic problems while overlooking systemic ones.³

Former director of the University of Kentucky Appalachian Center, noted Appalachian scholar Ronald D. Eller examined Appalachia during the second half of the twentieth century in his book *Uneven Ground: Appalachia Since 1945*. Eller’s book looked at the contradictory role

² Cynthia M. Duncan, ed., *Rural Poverty in America* (Westport: Auburn House, 1992).

³ Dwight B. Billings and Kathleen M. Blee, *The Road to Poverty: The Making of Wealth and Hardship in Appalachia* (Cambridge: Cambridge University Press, 2000), 1-23.

Appalachia played in “the struggle to define progress in America.” Eller scrutinized the spread of modernization and economic development to Appalachia during the twentieth century, and argued “that Appalachia’s struggle with modernity reflects a deeper American failure to define progress in the first place.” One area the book examined was the anti-poverty programs launched in the 1960s, including the North Carolina Fund, the effect they had on cultural identity in the region, and their failure to eliminate the perception of “Appalachian otherness.” Eller explored the politics of progress and development in Appalachia since 1945 with a special interest in the idea of progress in modern America.⁴

The most extensive published study of the North Carolina Fund is *To Right These Wrongs: The North Carolina Fund and the Battle to End Poverty and Inequality in 1960s America*, written by Robert R. Korstad and James L. Leloudis of Duke University and The University of North Carolina at Chapel Hill, respectively. In their book, Korstad and Leloudis published the findings of their research on the North Carolina Fund and its role in revolutionizing the politics of race and poverty in 1960s America. Like many secondary sources written on the topic of anti-poverty programs in twentieth century America, these authors made note of the uniqueness of the “neglected and forgotten poor in a nation that celebrated itself as an affluent society.” The book traced the North Carolina Fund from its beginning in private philanthropy and federal dollars through its unique approach to democratic mobilization of the poor. Much of the focus in this work was on the politics of poverty, and how the political climate

⁴ Ronald D. Eller, *Uneven Ground: Appalachia Since 1945* (Lexington: The University Press of Kentucky, 2008), 1-15.

of 1960s America affected the War on Poverty. Their publication provided an excellent overview of the work of The North Carolina Fund during its five year lifespan.⁵

Upon examination of the existing scholarship regarding the War on Poverty and the work of anti-poverty programs in mid-twentieth century America, it becomes clear which areas have been researched exhaustively and which ones call for further exploration. There is no available scholarship that focuses on the work of The Opportunity Corporation in the Buncombe County area. This research contributes unique scholarship to the field because it concentrates on a study of the health of Sandy Mush, North Carolina, analyzes the approach taken by the rural health initiative to intervene with the cycle of poverty in that distinctive region, and examines the motives for such a program.

A sense of confidence permeated American society in the 1960's. The nation had "overcome the Depression, conquered fascism, and harnessed unprecedented technology." The future held endless opportunities. With the rise of the suburban household came the formation of a new American ideal, including two-car households, gleaming new appliances, happy housewives, and successful careers for all. According to Ronald D. Eller, "within this ideology of certainty, there was no place for poverty and little excuse for economic failure."⁶ In the haze of the progress of the nation it was difficult to recognize the other Americans, who had long been invisible to the affluent society. As modernization spread across the country, leaving behind those affected by poverty, America had little choice but to face the poor.

⁵ Robert R. Korstad and James L. Leloudis, *To Right These Wrongs: The North Carolina Fund and the Battle to End Poverty and Inequality in 1960s America* (Chapel Hill: The University of North Carolina Press, 2010).

⁶ Eller, 91.

Appalachia had always been a unique region in the struggle with progress and poverty. Eller suggested that, “discovered or, more accurately, created by urban journalists in the years following the Civil War, the idea of Appalachia provided a counterpoint to emerging definitions of progress at the turn of the twentieth century.” Since that time Appalachia has been both romanticized as a remnant of a simpler time in America, indicative of the frontier life long forgotten in favor of modernity; and stigmatized as a stagnant cultural backwater, home to backward mountain people in need of modernization.⁷ The rising affluence of the American people left depressed areas known as “poverty pockets” in its wake.⁸ “Poor people lacked the skills and motivation necessary to get ahead in modern society, [and] ... increasingly, poverty was viewed as a deviant condition.”⁹ Among the areas that poverty held most firmly in its grasp was rural America, particularly Appalachia. In 1962 based on annual income guidelines that defined poverty as an annual income of under \$4000 per family or under \$2000 per individual, the Conference of Economic Progress determined that over one-fifth of the nation was living in poverty.¹⁰ In Appalachia in 1960 the average annual income per capita was only \$1400, with rural counties averaging less than \$1000. Forty percent of families living in Appalachian North Carolina lived below the poverty line.¹¹ George Esser pointed out that “characteristically this

⁷ Eller, 1-2.

⁸ Alice O'Connor, *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth-Century U.S. History* (Princeton University Press, 2001), 100.

⁹ Eller, 91.

¹⁰ Terry Sanford, “Poverty’s Challenge to the States,” in “Antipoverty Programs,” special issue, *Law and Contemporary Problems* 31, no. 1 (Winter 1966): 78.

¹¹ Appalachian Regional Commission, *Appalachia: Twenty Years of Progress* (Washington, DC: Appalachian Regional Commission, 1985), 13.

poverty is reflected not only in lack of income but too frequently in lack of education, poor health and an unsatisfactory environment.”¹²

Terry Sanford inherited North Carolina’s crumbling economy when he became Governor in 1961. Sanford saw hopelessness in the faces of North Carolina’s culture of poverty. The situation in North Carolina “cried out for institutional, political, economic, and social change designed to bring about a functioning, democratic society.” Sanford saw the need for a unique new approach to the battle against poverty. He sought an innovative program that would combine elements of anti-poverty programs already in place with ground-breaking new ideas. He described his approach to innovation as being “likened to a supermarket, with a varied display of programs from which to choose, along with the ingredients to mold a whole new program. The particular mix desired and developed depends on the definition of poverty brought to the market by the community.” He believed that it was essential to include the poor themselves in any new community action program. He sought to design an organization that would “cut across all the vertical strands of government, such as welfare, health, education, and so forth, and to join with those in the non-governmental sphere.”¹³ The solution came in the form of the North Carolina Fund, established by Sanford and his associates in July of 1963 with grants from the Ford Foundation, Reynolds and Babcock Foundations, and state and local funds.

The North Carolina Fund was introduced with a predetermined five-year lifespan during which it would involve the communities in North Carolina most affected by poverty in a community-based effort to break the cycle of poverty. Sanford believed that “to fight poverty is

¹² George Esser, “Perspectives,” n.d., in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1.

¹³ Sanford, 81.

to struggle for democracy.” He reasoned that as long as the citizens of North Carolina were trapped in the cycle and lacking the necessary skills and motivation to participate in the work force and in their own communities, the state would remain isolated from the economic mainstream.¹⁴ Sanford and others involved in The Fund sought input from communities across North Carolina in order to determine how best to alleviate the problems. Sixty-six of the state’s 100 communities submitted self-analyses and proposals. Sanford charged the state with the responsibility of responding to the needs of the people in order to break the poverty cycle.¹⁵ The Fund was to take action to improve “education, economic opportunities, living environment, and general welfare of the people of North Carolina.” To do so it would study the problems associated with improving the aforementioned aspects of North Carolinian’s lives; recommend grants for research and pilot improvement projects; offer professional and knowledgeable staff to provide public services; encourage cooperation between state and community; and encourage wise use of any funds made available to any of these purposes. In short, The Fund sought to “create the possible.”¹⁶

Amidst the climate of success that dominated American society in the 1960s, poverty was increasingly viewed as “a deviant condition, the result of the deficits of poor people and poor places themselves, rather than as the product of inequities fostered by society or economic modernization.”¹⁷ Michael Harrington referred to those struck by poverty in the 1960s as living in the “other America” because of the intense polarization among those above the poverty line

¹⁴ Korstad and Leloudis, 1-10.

¹⁵ Sanford, 7-13.

¹⁶ George H. Esser, Jr. “The Role of a State-Wide Foundation in the War on Poverty,” in “Antipoverty Programs,” special issue, *Law and Contemporary Problems* 31, no. 1 (Winter 1966): 90-92.

¹⁷ Eller, 91.

and those below it. He argued that the existence of the other America was an embarrassment that brought shame to American society. Poverty was “so general and so extreme, [that] it [should be] the passion of the entire society to obliterate it.”¹⁸ The challenge facing the whole generation was to bring the other Americans into the mainstream, and to do so would require a comprehensive government initiative to provide the poor with what President Johnson referred to as a “hand up” rather than a “hand out.”¹⁹

Much of Johnson’s Great Society legislation was aimed at the educated middle class, but it was the programs created under his War on Poverty “that reflected the era’s highest goals and deepest failures” because of the unique nature of poverty in America.²⁰ Appalachia was identified as a prime target in the Great Society’s antipoverty campaign because of the region’s reputation as “a land where time stood still.” Popular images of Appalachia painted a portrait of an “economic and cultural backwater” whose otherness could be eradicated through development and assimilation. The Office of Economic Opportunity was established to bring “hope and empowerment” to the millions of other Americans living in Appalachia. The Economic Opportunity Act sought to change the behavior of the poor through a series of programs that focused on helping the poor break out of the cycle of poverty. In an effort to help the poor find ways to help themselves and to develop community services to fight poverty, the act called for the establishment of community action agencies run by local people, including the poor themselves. Such community action agencies served as channels through which federal funds would be directed into local neighborhoods where nonprofits, such as the North Carolina Fund,

¹⁸ Harrington, 158-159.

¹⁹ Harrington, 93-95.

²⁰ Harrington, 90.

would identify the needs of individual communities and “receive grants for a wide range of education and cultural enrichment projects.”²¹ Terry Sanford had identified poverty in North Carolina as a major problem and created The North Carolina Fund several years before President Johnson set his sights on fighting the problem on a national level. Once it began however, Johnson’s War on Poverty made it easier for The Fund and its community action programs to do their work.

Two questions were asked when determining Buncombe County’s eligibility to receive a North Carolina Fund grant for a pilot project that was designed to help those trapped in the cycle of poverty. They were: “Does there exist in Buncombe County a poverty problem of sufficient magnitude to justify the project?” and “Is the community leadership of the city and county so alerted and motivated that it can support the project?” The answer to both questions was yes.²²

Though Buncombe County was prospering at least moderately in the 1960s, poverty held many of the county’s forgotten occupants firmly in its grasp. According to data gathered by The North Carolina Fund’s study “The Dimensions of Poverty in North Carolina,” in 1960 the median family income in Buncombe County was \$4,419, ranking the county 14th in the state, and the unemployment rate in 1963 was 4.8 percent of the labor force, compared with 6.1 percent in 1960.²³ Based on these findings, the county was “reasonably prosperous, reasonably well educated, and in reasonably good health.”²⁴ A comparative look at data gathered by the same

²¹ Eller, 93-95.

²² Proposal to The North Carolina Fund for a pilot program in Asheville and Buncombe County, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1. (Referred to hereafter as Pilot Proposal).

²³ The Dimensions of Poverty in North Carolina, June 1964, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 5.

study revealed the bleakness of the poverty problem in the region. The annual family income beneath which poverty was determined to exist was \$3,000 at the time of the study. Buncombe County had 10,100 such families in its total population of 130,074 families in 1960, or 30.1 percent, giving Buncombe a rank of 15th in the state. The 10,100 families living below the poverty line gave Buncombe County a rank of 95th among North Carolina's 100 counties, meaning that only five counties in the state had a greater number of families living in poverty.²⁵ The figures for educational achievement in Buncombe County looked much the same, revealing a "massive subculture of poverty in the midst of relative prosperity."²⁶ The need for action was clear.

The Opportunity Corporation was created in response to the culture of poverty that plagued Asheville and Buncombe County. The Community Research Associates, a consulting firm from New York City, was employed to survey the performance of health and welfare agencies in the Buncombe County area. In all, the survey made 127 recommendations for improving agency services such as public health and medical care, daycare facilities, and public welfare. According to the proposal submitted to The North Carolina Fund, The Opportunity Corporation would seek new methods to "establish communications, to understand the problems of marginal and submarginal living, to carry to the children of deprived families new skills and hope which will enable them to escape from the trap of their birth." Their plan of action involved initiating pilot projects in a handful of well-defined neighborhoods that needed assistance. Each neighborhood would feature a community center staffed by professionals who would offer their expertise to the families of the community in an effort to "establish a well-recognized and well-

²⁴ Pilot Proposal, 2.

²⁵ The Dimensions of Poverty in North Carolina, 6.

²⁶ Pilot Proposal, 3.

identified center from which services and information will radiate through the community,” and to “improve the level of living of the families living in the neighborhood and to motivate them and equip them so that the improvement becomes self-sustaining.” Much of the work of the Opportunity Corporation focused on breaking the cycle of “poverty, ignorance, and disease” by working with young children and their families to better prepare them for entry into the school system.²⁷ One project that The Opportunity Corporation embarked upon sought to address unique issues in a rural area of the county, and attacked the cycle of poverty with a different approach than any other community action program at the time.

Beginning in 1966 in a rural community in Western North Carolina known as Sandy Mush, an anti-poverty effort took shape with a different attitude towards the poor. The cycle of poverty was debilitating and hard to escape, and its effects were easily confused with laziness. It was observed in the Prospectus for a Demonstration Project at Sandy Mush that, “the poor are often apathetic, prone to be more content with their plight than interested in improvement.”²⁸ Lack of motivation was most often cited as the cause of this attitude. As anti-poverty workers observed poor communities they noticed a consistent trend of apathy, failure to respond to opportunity, and “people trapped in miserable circumstances who make no move to improve those circumstances.”²⁹ The guiding principle of The Opportunity Corporation was that the poor could break out of the cycle of poverty if given the opportunity. The Sandy Mush Rural Health Study was launched in an effort to study the health of the community members and draw

²⁷ Pilot Proposal, 4-9.

²⁸ A Proposal for a Rural Health Study by the Buncombe County Health Department and the Opportunity Corporation, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1. (Referred to hereafter as Study Proposal).

²⁹ Esser, Perspectives, B-1.

connections between the overall health of a community and its economic wellbeing. By providing the residents of Sandy Mush with access to decent health care they were considering a new argument: perhaps the poor were not lazy, maybe they were sick.³⁰

Sandy Mush consisted of a series of cove communities along the Big Sandy Mush Creek in the northwest corner of Buncombe County, and to the outsiders assessing its need for improvement; it was in desperate need of help. Though only a short drive from Asheville, North Carolina where urbanization, industrialization and the ever-growing tourism industry were booming during the 1960's, Sandy Mush was a world apart. Winding roads cut through the misty valleys of the Blue Ridge Mountains, past grazing cattle and fertile farmland. The short trip transported one into a land considered by outsiders to be primitive, backward and isolated. According to an assessment by the Opportunity Corporation, an offshoot of the North Carolina Fund, "in these coves, in squalid cabins by polluted mountain streams, live people of ignorance, surprisingly glad hearts, contrary folkways, and need."³¹ Such an undesirable assessment of the Sandy Mush community both reinforced the popular image of Appalachia as a forgotten land of squalor and strengthened The Opportunity Corporation's argument that their work was desperately needed there. Further research conducted by a medical team strengthened their argument even more.

In June 1966 Dr. W.N. Fortescue, Jr. did a series of preliminary screenings to find out more about the health of the members of the Sandy Mush community. A collection of stool samples from children at the Sandy Mush Elementary School revealed that of those sampled,

³⁰ Study Proposal, 1.

³¹ Study Proposal, 2.

50% had parasite infestations.³² A nutrition survey done at the same school by nutritionist Ann Wentworth revealed that 96% of the children sampled consumed adequate amounts of protein, yet only 13% ingested adequate sources of vitamin A, 17% ingested adequate sources of vitamin C, and 23% ingested adequate amounts of “bread or cereal.”³³ Dr. Fortescue also employed the Bender-Gestalt method to test the visual-motor perception of the children participating in the study. In doing so he intended to draw conclusions about the children’s language ability, memory, motor coordination, temporal and spatial concepts, organization, and other similar functions associated with intelligence that may help predict school performance and mental retardation. Upon analyzing the results of the Bender-Gestalt test, Dr. Fortescue concluded that a surprisingly large percentage of the children sampled had serious problems with visual-motor perception.³⁴ These tests fortified the researchers’ argument that the people of Sandy Mush were a forgotten culture, living in squalor and desperate for modernization.

The Opportunity Corporation selected Sandy Mush as the focal point of its sole rural study because of its uniqueness as a rustic Appalachian community mostly untouched by urbanization and still primitive in its ways. Most of the anti-poverty efforts that had been put into motion under the North Carolina Fund were aimed at more urban areas across the state. Sandy Mush was a rare exception. At the time of the study Sandy Mush “contained about one hundred forty five families, was relatively isolated in that it was located about thirty miles from the

³² Preliminary Report: Parasite Survey – Sandy Mush Elementary School, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1.

³³ Preliminary Report: Nutrition Survey—Sandy Mush Elementary School, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1.

³⁴ Preliminary Report: Bender-Gestalt Performance by Sandy Mush Elementary School Students, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1.

nearest town, consisted of six separate coves in a valley, had a fourth grade educational level, had an income of \$750 per family per year and was rural with farming the dominant occupation.”³⁵ The poverty threshold for a family of four in 1966 was set by the United States Census Bureau at \$3,317, or more than four times the average income of a family in Sandy Mush.³⁶ Estella “Grandma” Surrett, matriarch of the Surrett Clan of Surrett Cove in Sandy Mush illustrated the need for improvement in the region. She explained to the Board of Directors of The Opportunity Corporation that life in Sandy Mush was hard, and she knew it because she raised a family of fourteen there. According to Ora Spaid, executive director of The Opportunity Corporation, upon hearing the proposal for a health initiative in Sandy Mush, Grandma Surrett stood up and exclaimed, “This is the best thing I’ve hear’d this afternoon.”³⁷

It was stories like Grandma Surrett’s, along with the negative prognosis based on Dr. Fortescue’s findings, and the dire demographics that led the Opportunity Corporation to propose a health study in the Sandy Mush Community in 1966. According to *The Highlights of the Sandy Mush Health Study*, a document produced by The Opportunity Corporation, the study “was based upon two assumptions: 1. Adequate state of health is a prerequisite for motivation for social change, and; 2. That a clear definition of the current level of health in a community is necessary before realistic goals and intervention toward social change can be formulated.” Many programs had been created under the Economic Opportunity Act with the goal of fighting poverty, but most all of them had completely ignored health as a significant contributing factor. It was the

³⁵ The Highlights of the Sandy Mush Health Study, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1. (Referred to hereafter as Highlights).

³⁶ Weighted Average Poverty Thresholds for Families of Specified Size: 1959 to 2010, U.S. Census Data.

³⁷ Ora Spaid to Tom Hartman, November 3, 1965, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

belief of those designing the Sandy Mush Health Study that “a community’s health is, in fact, intimately related to almost every facet of community life, and that all too often illness impedes or actually blocks any attempt at socio-economic change.”³⁸ The Sandy Mush Health Study set out to determine the relationship between the social structure of the community and the health of the people who made up that community. In this particular study, “health” was defined broadly as “the total potential of the individual, his physiological health status, his ability to obtain his hopes and aspirations in life, his creative ability, and so forth.”³⁹ Opinions about what was best for the people of Sandy Mush emphasized the difference in attitudes between insiders and outsiders in the community, and change was often difficult for the community members to handle.

While the health clinic was the focal point of the Sandy Mush study, another issue that was considered crucial to its agenda was to encourage school attendance among children. This portion of the program was aimed at improving the ability of the individual to improve the quality of his health as it was defined by those conducting the study, and to foster social connections outside the family. Opportunity Corporation workers observed that very few children in Sandy Mush attended school, and even fewer of them graduated from high school. The only organized group functions available to community members were church gatherings and only about fifty percent of adolescents regularly attended those. The workers conducting the study concluded that one of the problems of the social structure of Sandy Mush was that there was very little opportunity for adolescents to get together as a peer group. The Partial Progress Report released in October of 1966 attributed many of the problems associated with the lack of

³⁸ Highlights, 1.

³⁹ Highlights, 1.

social interaction to the attitudes of parents in the community.⁴⁰ An example is the story that began the *Prospectus for a Demonstration Project at Sandy Mush, North Carolina* prepared by The Opportunity Corporation for The North Carolina Fund:

The two men bumped drunkenly against each other as they crowded through the schoolhouse door. “Le’s fix the bastard,” one said to the other, his speech slurred by moonshine. The other one nodded grimly and tightened his grip on the knife in his hand as they staggered up the steps.⁴¹

The two men were members of the Sandy Mush community, and “the bastard” they were after was the school principal. The men were reacting to the regulations designed to enforce regular school attendance. This occasion illustrates the tenacity of resistance to education that was typical of the community, yet it also speaks to the agenda of The Opportunity Corporation. In choosing such language to begin their proposal to The North Carolina Fund, Opportunity Corporations workers were revealing their perceptions of the otherness of these Appalachian people. Though their colorful description of the Sandy Mush residents may have been exaggerated to prove a point, their assertions about the lack of emphasis on education in the community were true. Children were discouraged from participating in sports or school because they were needed for work in the home. Parents’ rigid attitudes toward their children dating were also blamed for the early age of marriage, which averaged about 17-20.⁴² Regular school attendance was prescribed as a solution to the lack of social interaction. Though very little is known about the educational aspects of the Sandy Mush study, the story of the two Sandy Mush

⁴⁰ Rocky Creek Health Report: Partial Progress Report, October, 1966, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 12 (“Rocky Creek” is a fictitious name used to refer to Sandy Mush anonymously in the Progress Report).

⁴¹ Prospectus for a Demonstration Project at Sandy Mush, North Carolina, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 1. (Referred to hereafter as Prospectus).

⁴² Rocky Creek Health Report, 12.

men accosting the new school principal is a good indicator of the community's reaction, indicative of the dynamics among insiders and those considered to be outsiders.

The Opportunity Corporation's proposal for funding for the Sandy Mush project outlined four main objectives. They set out to examine the human resources of Sandy Mush, particularly the aspects of physical and emotional health with the intention of relating health status to potential for economic development, and to identify specific areas in which poor health debilitated "upward social mobility." They hoped to gather enough information to formulate a scientific foundation on which future community action and public health programs in various other rural Appalachian communities could be based, and to comprehensively measure the pattern of disease within Sandy Mush so that the results of the work there could be determined. They also sought "to provide a modicum of medical care to the residents of Sandy Mush ... especially in the area of maternal and child care."⁴³ It was determined that the best way to get to know the community, particularly the specific aspects on which the study would focus, and also to address a dire need within the Sandy Mush community, was to establish a health clinic. The need for a health clinic was expressed in a letter written to Ora Spaid and Dr. Stevens by Betty Garrett on behalf of Grandma Surret and two of her children. Grandma Surret was unable to read or write, but signed her name with an "X," which supported her assertion that she did not "cater much to schoolin'."⁴⁴ She wrote, "One of the things we have needed bad in Sandy Mush for a long time is a doctor. Many of us can't afford to have our own, and trips to town cost a lot of money and take a lot of time. ... We would like for Dr. Fortescue to come out on his free day

⁴³ Rocky Creek Health Report, 1-2.

⁴⁴ Prospectus, 2.

and maybe even have a clinic like the one in town. ... We need something like this real bad.”⁴⁵

Based on the data collected about the Sandy Mush community, she was right. However, aside from setting up a health clinic, operative for only a brief time, there is no evidence that any lasting programs were actually created.

In a Partial Progress Report sent to The North Carolina Fund in October of 1966 by The Opportunity Corporation, Betty Sue Johnson, R.N., and Dr. Nicholas Fortescue explained the process of staffing the facility and obtaining the necessary equipment. They sought financial assistance from the local representative of the Office of Economic Opportunity and the North Carolina Fund. Prior to opening the clinic, Opportunity Corporation workers worked closely with Buncombe County health officials and citizens of the community. The decision to hold the health clinic in the local school was made by Sandy Mush residents. The staff of the clinic consisted of a receptionist, two public health nurses, and a lab technician, all of whom were hired either from within Sandy Mush or a neighboring community. Opportunity Corporation workers hired a dentist, physician, and two nurses from outside the community to conduct socio-psychiatric testing. The Opportunity Corporation prided itself on the fact that they were utilizing locals, or “insiders” to staff the health clinic. In the Progress Report the receptionist, two public health nurses, and the school principal were referred to as “cultural experts,” and much of the success of the clinic was attributed to this unique aspect. The other noteworthy feature pointed out in the Progress Report was that the people in charge of administrative efforts for the Health Clinic were “people who not only were particularly empathetic with the culture of Western North Carolina by virtue of a number of years of living in that area, but also people who have many years of

⁴⁵ Estella Surrett, Edith Surrett, and Jackson Surrett to Ora Spaid and Dr. Stevens, trans. Betty Garrett, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

working together.” These two factors contributed significantly to the distinctive nature of the Sandy Mush Health Clinic. According to Opportunity Corporation workers, such distinguishing features allowed them to design the clinic with a focus on the specific needs of their clients within the community rather than based on traditional health care models. “The nature of [their] cultural resources and the nature of [their] working relationships together set it up so that [they] were allowed a maximum of flexibility, and a maximum of ability to be spontaneous to the needs of the client at the time they were either expressed or determined.”⁴⁶ In short, maximum feasible participation was the stated intention of the Sandy Mush Rural Health Study.

Maximum feasible participation was a key concept in both The Economic Opportunity Act and the various community action programs it created, yet its definition was debated during the anti-poverty programs of the 1960s. Lillian B. Rubin dissected the history, intent, and struggle to determine exactly what defined maximum feasible participation in her article “Maximum Feasible Participation: The Origins, Implications, and Present Status.” Among her conclusions was the statement that “there was disquietude with existing welfare policy and patterns of paternalism that debilitate rather than rehabilitate.”⁴⁷ Her opinion was shared by George Esser when he wrote in *Perspectives* that the delivery-of-services approach taken by The Opportunity Corporation led him to emphasize the value of the “power-for-the-poor” approach which involved the poor directly.⁴⁸ By involving the residents of Sandy Mush in a way that addressed the specific needs of the clients of the clinic, the rural health study claimed to be

⁴⁶ Rocky Creek Health Report, 3-5.

⁴⁷ Lillian B. Rubin, “Maximum Feasible Participation: The Origins, Implications, and Present Status,” in “Evaluating the War on Poverty,” special issue, *Annals of the American Academy of Political and Social Science* 385 (September 1969): 29.

⁴⁸ Esser, *Perspectives*, 1.

pursuing maximum feasible participation of the poor. Clinic workers seemed to prioritize the collection of data for their cultural experiment over actually providing long-term help for Sandy Mush residents, ultimately reinforcing the paternalistic approach of many other anti-poverty programs.

Beginning on Friday July 22, 1966 and for eight subsequent weeks the health clinic was held in the grade school in Sandy Mush. After Labor Day the clinics were held on a monthly basis. The opportunity to receive health care was extended to the entire Sandy Mush community, regardless of class or financial ability. Validity of collected data was emphasized over any other possible outcomes. In order to obtain validity it was clearly expressed to the community that The Opportunity Corporation and the staff at the health clinic were genuinely concerned about the health and welfare of the people.⁴⁹ One of the intended outcomes of collecting such accurate data was to “make some relatively informed recommendations in regard to ‘planned interventions’ in the community’s social structure.”⁵⁰ The fact that there is no record of any of these plans actually coming to fruition suggests that the study was actually focused on collecting information and moving on. The notion of letting the people define for themselves their most pressing needs and concerns remained at the forefront of the clinic’s philosophy. The intention of clinic workers was to withhold their own ideas about lifestyle practices and instead let community members define goals for themselves.⁵¹ However, the methodology employed in the clinic was clearly aimed at gathering specific information about the patients.

⁴⁹ Rocky Creek Health Report, 3.

⁵⁰ Rocky Creek Health Report, 2.

⁵¹ Rocky Creek Health Report, 5.

A visit to the health clinic was generally about three hours long and consisted mostly of interviews and mental health studies, which indicates the nature of the study as a cultural experiment rather than a medical intervention. During a typical visit a patient would register with his or her basic information, have his or her height and weight recorded, and submit various lab samples. These practices were aimed at gathering basic physical health and demographic information about patients. Following these procedures a patient would then proceed to meet with a nurse who would administer the Cornell Medical Index, which consisted of 195 questions about the health of a patient, and either the Army Beta Intelligence Test (for adults,) or the Goodenough [*sic*] Draw-A-Man Test (for children,) which were both designed to measure the mental capacity of patients. Patients would then be interviewed regarding family history. A nurse would obtain information for the Leighton Scale, which asked questions regarding general and mental health issues such as sleep habits, appetite, and outlook on life, and then briefly interview the subject. Following all of these procedures a patient would finally receive a complete physical examination from a physician.⁵² The interviews and intelligence tests were aimed at collecting enough information about a patient's mental health and family history to draw any connections that may link physical health to mental health, and to recognize any patterns that may be present. The majority of procedures were aimed at collecting data, and none of the clinic's records mention prescribing treatment for specific problems diagnosed in patients.

The extensive interview process revealed a considerable amount of information about the family histories of the residents. It was concluded that women gave birth often, resulting in about six to eight children per family. Researchers determined that families in Sandy Mush were matriarchal because women made most decisions resulting in significant impact upon the family.

⁵² Rocky Creek Health Report, 6.

The women were described as “sturdy, muscular-looking people who do a great deal of work on the farm.” The clinic workers had a difficult time gathering information about the men in the area, because they were much less likely to participate in the activities of the clinic. Most of the information about the males was gathered from the women and children of the area. Based on their information it was concluded that “many of the adult males participated in periodical bouts of extreme consumption of alcoholic beverages ... and, in essence [were] unable to function for a number of days due to excessive drinking.” Few children in Sandy Mush attended school, most interaction was among family and close neighbors, rarely outside the cove, and many were married before age 20.⁵³ The Health Study revealed a great deal about patterns among the people of Sandy Mush, and provided enough information to form some hypotheses about such rural communities.

Health clinic workers outlined their theories and recommendations in The Rocky Creek Health Report. They suggested that the best way to break out of the cycle of poverty was to break out of Sandy Mush itself. Escape from the trappings of the community was emphasized as essential to becoming a functioning member of society. In this study, one of the aspects of overall health was defined as the ability to cope, in terms of health, problem-solving, and intellectual skills, with cultures outside of Sandy Mush. Assuming that the transition from Sandy Mush to another community was stressful, it was hypothesized that those who were unable to deal with the stress were most likely to either stay in the community or return to it after an unsuccessful attempt to adjust to life outside Sandy Mush. Based on this thinking, Dr. Fortescue and Betty Johnson, R.N. concluded in the Progress Report issued in 1966 that Sandy Mush was

⁵³ Highlights, 2.

indeed “inbreeding among those people who were less able.”⁵⁴ This inability to adapt and interact with people outside of their community may have also been partially to blame for outsiders’ views of mountain people. The rural poor were often characterized as “aloof” or “suspicious” by outsiders. The findings of the Sandy Mush Rural Health Study indicate that people who grew up in such isolated regions as Sandy Mush were simply having great difficulty interacting comfortably with people unfamiliar to them.⁵⁵ It is interesting to note that, based on conclusions made by the study, many of the people within the community struggled with feelings of isolation, depression, helplessness, and loneliness. It is typical of many discussions of mountain people to characterize them as sturdy, independent individuals, content to be separated from the rest of society. Analysis of survey responses by Sandy Mush residents concludes that this was not always the case and that the rural poor in such areas often suffered as a result. In one of the questionnaires issued by the health clinic, one out of every three individuals responded to the question “Do you wonder if life is worthwhile?” with “often” when given the options of “often,” “sometimes,” and “never.”⁵⁶ Indeed, the stigmatization of the poor, even by those attempting to help them, may have been keeping them trapped in the cycle of poverty, and inflicting upon them the very sense of hopelessness that they were trying to combat.

The conflict between insiders and outsiders has transpired in Appalachia numerous times throughout the course of history, and the Sandy Mush Rural Health Study was no exception. The intentions of the health clinic workers are debatable. Was the Sandy Mush Rural Health Study designed to best serve the needs of community members, or was it an experiment set up to collect information about poor Southern Appalachian mountaineers that ultimately reinforced

⁵⁴ Rocky Creek Health Report, 22.

⁵⁵ Rocky Creek Health Report, 23.

⁵⁶ Rocky Creek Health Report, Adult Leighton’s Scale Responses, 28.

negative stereotypes without providing any real plan for intervention? Regardless of the good intentions of Opportunity Corporation workers, the large majority of them were still outsiders who entered Sandy Mush with preconceived notions of health and wellbeing which they sought to impose upon the individuals they deemed stoic cove people. By stigmatizing the residents of Sandy Mush as inferior, health clinic workers were contributing to the feelings of isolation and hopelessness that they observed in the patients. The study shifted from a medical experiment into a cultural study that diagnosed Sandy Mush as a societal wasteland propagating poverty and a poor quality of life. Recommendations for improvement were made based upon the findings of the study. They included ideas such as a full-time community health worker, a permanent health facility, the establishment of a cottage industry for women, activities for adolescents, and the establishment of an upper-level school.⁵⁷ These recommendations were where the Sandy Mush study stopped. There is no record of any such programs actually being established, with the exception of the brief mention of a new principal being sent to the grade school to enforce attendance. Even less is known about the reaction of Sandy Mush community members to the work of The Opportunity Corporation. Based on the language used in the documents pertaining to the Sandy Mush study, the residents there were never even made aware of the conclusions made by The Opportunity Corporation workers. In The Opportunity Corporation's document, *Poor People's Evaluation of The Opportunity Corporation*, the opinions of Sandy Mush residents affected by the clinic are non-existent.⁵⁸ The Sandy Mush Health Clinic seems to have swooped in, conducted its studies, and vanished into thin air. Based on the lack of any significant follow-through, it is concluded that The Opportunity Corporation established The Sandy Mush

⁵⁷ Rocky Creek Health Report, 25-26.

⁵⁸ Poor People's Evaluation of The Opportunity Corporation, in the North Carolina Fund Records #4710, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

Rural Health Study as a system of gathering information about the rural poor from the unique angle of a health initiative without implementing a plan to break Sandy Mush residents out of the cycle of poverty.

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