Chapter II

THE PROBLEM OF NEGRO HEALTH AS REVEALED
BY VITAL STATISTICS*

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The facts on Negro health are of the greatest interest to workers in the health field for a variety of reasons. Negroes constitute close to one-tenth of the total population of the country. They are a racial group, with very definite health problems that call for solution. Health is basic to the general welfare of the Negro as it is to no other race. An improvement in Negro health, to the point where it would compare favorably with that of the white race, would at one stroke wipe out many disabilities from which the race suffers, improve its economic status and stimulate its native abilities as would no other single improvement. These are the social implications of the facts of Negro health. There is, however, another and very interesting aspect of this discussion, namely, the health of the Negro as a racial problem. The Negro in America has clearly been outside of his normal environment. Just as it has proved difficult for white men to live in the tropics, so have Negroes struggled to adapt themselves to the rigors of our Northern country with its variety of parasitic organisms to which they have had little or no immunity. An opportunity is thus afforded to study the relative susceptibilities and immunities of the Negro to disease as well as the gradual adaptation of these people to their new environment.

Such facts as we have with regard to the health of the Negro, we are compelled to get largely by indirection. But this is equally true for the white as for the colored race. As a nation, we keep only partial records, as yet, of the diseases and disabilities from which individuals suffer. We must resort, therefore, to the facts of mortality, as these are made available to us by the publications of official statistical and health agencies, and more recently by the life insurance companies. At this time, my chief reliance will be on the materials which have been collected for twenty-five years by the Metropolitan Life Insurance Company, which now insures the lives of close to two million Negroes. Fortunately, this coverage is almost country-wide and embraces men, women, and children of all ages and engaged in all occupations. The only serious limitation in this material is that the business is conducted, very largely, in the urban areas. The conditions which prevail in the rural South, where a large proportion of the Negroes still live, are therefore not closely reflected by the insurance experience. Nevertheless, I believe that the picture which I shall draw will be fairly representative of the conditions which prevail among Negroes in the United States.

* Based on an article originally published in The Annals of the American Academy of Political and Social Science, November, 1928. Revised with the latest available statistics.
Excess of Death Rate

Taking the country at large, or rather the Registration States, for the latest census year, namely, 1930, the standardized death rate of white persons was 9.9 per 1,000 of population; that of the colored was 18.0. This means that the colored death rate was 82 per cent higher than the white. This is, in general, the situation at the present time. If we limit ourselves to the rural part of the Registration States, the excess of the Negro over the white mortality is 81 per cent; in the cities of the Registration States the rate for Negroes is 95 per cent higher. There is, therefore, a difference between the mortality of urban and rural Negroes. In view of the fact, however, that the tendency of the Negro population has been definitely away from the farm and toward the city, it is all the more important that we consider the facts for urban Negroes. These facts, fortunately, we have available in considerable profusion.

It is important to determine whether the excess of the colored death rate over that for the white holds true in each sex and for all age periods. The accompanying table contains the very latest data available (that is, for the year 1935), and presents the comparative standardized death rates for more than fourteen million white persons and nearly two million Negroes insured in the Industrial Department of the Metropolitan Life Insurance Company. It brings the following differences into clear relief. At every age period, from infancy to old age, and for each sex, the death rate for colored persons is in excess of that for whites. In every age group the excess is more pronounced for females than for males. Colored infants of each sex suffer from death rates approximately 80 per cent above those of the whites. From five years of age up to adolescence, the margin is 54 per cent excess for males and 63 per cent for females. The most pronounced differences, however, are found between 15 and 25 years, where the death rate for colored boys and young men runs nearly two and a half times that for the whites, and where the mortality among colored girls is more than three times that for young white women. From early adult life to "middle age" (25 to 44 years) the comparison remains extremely unfavorable to the colored. Between 45 and 64 years, the adverse margins for the colored men are not so large as in the earlier age groups. However, the death rate for colored women is 64 per cent above that for white women. In old age, that is, 65 to 74 years, the excess mortality for colored males and females is much reduced, being only 17 and 23 per cent, respectively.

These higher death rates necessarily mean curtailed longevity. This is true, especially because one of the important items in the excess mortality of Negroes is their high infant death rate. The death of a colored infant cuts off, at one stroke, 48 years of life, and when there is a heavy infant mortality, the life expectation is very seriously affected. The latest reliable figures relating to the general population for the period 1929–1931 show a life expectation at birth of 47.52 years for colored males and of 49.53 for colored females, as compared with 59.31 years and 62.83 years, respectively, for white persons.
The higher mortality and shorter expectation of life of the Negro result, very largely, from their high death rate from a number of conditions. Tuberculosis is an outstanding cause of death among Negroes. In 1930, we computed the loss in life expectation for colored persons caused by the ravages of this disease. We found that nephritis for 1.34 years to the male and 1.12 years to the female.

In 1935, organic heart disease was the leading cause of death among the colored Industrial policyholders of the Metropolitan Life Insurance Company. Their death rate was 208.1 per 100,000, or a little more than one and a half times that for the whites.

Tuberculosis followed very closely

### Death Rates per 100,000 from All Causes
**Experience of Metropolitan Life Insurance Company, Industrial Weekly Premium-Paying Business, 1935**

<table>
<thead>
<tr>
<th>Age</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Negro</td>
<td>Per cent Negro of White</td>
<td>White</td>
</tr>
<tr>
<td>Ages 1 to 74*</td>
<td>838.6</td>
<td>1,273.9</td>
<td>152%</td>
<td>617.7</td>
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<td>Under 1</td>
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<td>3,725.7</td>
<td>174</td>
<td>1,638.6</td>
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<td>1 to 4</td>
<td>353.1</td>
<td>532.6</td>
<td>151</td>
<td>323.2</td>
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<td>5 to 14</td>
<td>152.8</td>
<td>234.8</td>
<td>154</td>
<td>121.2</td>
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<td>15 to 24</td>
<td>223.9</td>
<td>540.4</td>
<td>241</td>
<td>183.0</td>
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<td>1,143.8</td>
<td>207</td>
<td>400.6</td>
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<td>2,972.7</td>
<td>138</td>
<td>1,437.9</td>
</tr>
<tr>
<td>65 to 74</td>
<td>6,620.3</td>
<td>7,717.7</td>
<td>117</td>
<td>5,280.3</td>
</tr>
</tbody>
</table>

* Standardized on "Standard Million," England and Wales, 1901.
rate was more than double. Certain other causes like typhoid fever, malaria, pellagra and homicides run from two and a half to eight times higher than for white persons.

The record of improvement for conditions arising from pregnancy and childbirth is not as favorable for colored females as for whites. Among white women insured in the Metropolitan's Industrial Department, the death rate from these causes showed a decline of 57 per cent between 1911 and 1935. With our insured colored women, the rate declined 40 per cent.

No comment on the health status of the Negro would be complete which did not take into account the ravages of syphilis. This disease is a significant factor in the high Negro death rate. In fact, syphilis and its sequelae account very largely for the great excess of the Negro death rate today over that for the whites. Among the latter, the general trend for syphilis has been downward during the last two decades. Among the colored, the picture is a very different one. For colored males, the upward trend, since the year 1919, has been very marked, and among females, the rates for 1934 and 1935 were as high as those prevailing twenty-five years ago. Since the World War, state and municipal health departments, the United States Public Health Service and the American Social Hygiene Association have cooperated in putting before the public the best measures for the prevention and treatment of syphilis. These agencies have been successful in a limited degree in checking the mortality among the whites, but syphilis is actually taking a greater toll of Negro lives than it did in pre-war years. It is obvious that the movement for the control of venereal disease must concentrate more attention on the Negro population.

Decline in Death Rate

After evaluating all of the relatively unfavorable items we have noted above, the fact still stands out that a remarkable decline in the mortality of the American Negro has taken place in a little less than two decades. In 1911, the standardized mortality rate of the colored Industrial policyholders of the Metropolitan was 18.5 per 1,000. In 1935, the death rate of these insured Negroes had declined to 11.8, which represents a drop of 36 per cent in this period. There would have been almost ten thousand more deaths of colored policyholders than actually occurred, in 1935, if the 1911 death rate had prevailed. This marked decline is due, for the most part, to improvements in the death rates from tuberculosis, pneumonia, malaria, typhoid fever, diphtheria, diarrhea and enteritis, and pellagra. A number of factors are clearly at work which are operating favorably on the life and health of our Negro population. Particularly noteworthy has been the great development of health activities in the South and Southwest. The betterment has been a broad one, affecting virtually all areas, with scarcely a state (in which there is a significant Negro population) failing to show a decided decline in the total death rate. While it is true that the mortality among Negroes is still high, reflecting marked deficiencies in the health provisions for them, we cannot but conclude that the public health movement is making a favorable im-
press upon our colored population.

The following graph shows the course of the death rate among both colored and white policyholders in the Metropolitan since 1911.

The general tendency of the lines of mortality, it will be observed, is very much the same for both colored and white. Both races show significant improvement. The greatest gains were made immediately after the influenza epidemic, that is, from 1918 to 1921. After 1921 the death rate among the colored showed a rising tendency, especially among the males. Beginning with 1930, however, an improvement was again registered for both sexes.

The general improvement in the death rate is, of course, reflected in the figures for expectation of life. In the two years 1911–1912 the expected life span for Metropolitan colored male policyholders at age 10 was 41.32 years; in 1935, the expectation was 46.97 years, an increase of almost 6 years, or 14 per cent. The expectancy of Negro females at age 10 was 41.30 years in 1911–1912 as compared with 49.38 in 1935. This is a gain of 8 years, or 20 per cent, which is a better record than the increase of 7 years, or 14 per cent for insured white females.

There can be no mistake in the conclusion that the last twenty-five years have seen a pronounced improvement in the health situation of the colored people; and this, in spite of the fact that these years included the periods of the war, of the influenza epidemic, and of the recent economic depression, as well as an immense migration to Northern cities, often undertaken under the most unfavorable conditions.

**Future Indications**

What are the indications for the future? In the first place, the pessimism concerning the Negro which
prevailed in many places a few decades ago is no longer justified. The Negro in America, far from being destined for extinction, is steadily lowering his death rate and adding to his life span. The appalling mortality of the reconstruction period following the Civil War, with its death rate of 35 to 40 per 1,000 had been cut to about 15, in 1934. This is no higher than prevailed in a number of European countries before the World War. The Negro is getting a share, if not his full portion, of the benefits of sanitation and public health work in this country. His expectation of life in 1930 was the same as that of the white man about thirty years earlier. The male Negro in the general population who lives to reach the age of 50 has a life expectation within 3 3/4 years of that of the white man—and the Negro woman of the same age has about 4 3/4 years less of life expectation than the white woman. Our figures prove that the Negro race is physically well organized, and with improving environment will continue to increase its life expectancy.

I consider the outlook for the future of the Negro as very hopeful, provided environment improves and the race shares in the progress which communities are making in public health and personal hygiene. It should be possible, for example, to add fully two years to the expectation of life through intensification of public health work, whereby tuberculosis and infant mortality can be reduced by 25 percent.

Racial Immunity

We have an opportunity to consider, also, another phase of Negro health, namely, the question of susceptibility and immunity to certain diseases. We have already given the main facts as to higher or lower death rates for white and colored persons. Shall we interpret these differences as reflecting, in any degree, racial immunity or susceptibility to the diseases in question?

I do not believe that there is such a thing as absolute racial immunity to any disease. But color, doubtless, does exert more or less influence over the prevalence of, and the death rate from many diseases. Just how much of this influence is due to racial immunity or susceptibility, and how much to racial customs, economic status and environment, is difficult if not impossible to determine. The factor of the "crossing" of the white and Negro bloods also beclouds the issue—since the mulatto, the octoroon, etc., have both white and Negro blood, although they are classified as "colored."

The Negro death rates for practically all diseases in which care and sanitation are of paramount importance are much higher than among the whites. It is probable that their higher death rate is due more than anything else to ignorance, poverty and lack of proper medical care. Pulmonary tuberculosis, typhoid fever, pellagra, malaria, and puerperal conditions are examples of such diseases in which the mortality rates are much affected by unfavorable or insanitary environment—or by low economic status—and all of them have higher death rates among Negroes.

Army investigators\(^1\) state that the nervous system of Negroes shows

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fewer cases of instability than that of the whites. Only about one-third as many cases, per 1,000 examined, of neurasthenia and "constitutional psychopathic state" was found in Negro troops as in the white. There were fewer eye and ear defects, and only half as many cases of functional cardiac disturbances of nervous origin. There was less diabetes and gall-bladder infection and fewer cases of urinary calculus. The skin of the Negro was found to be more resistant to micro-organisms than that of the whites. Only one-third as many acute abscesses and infections of the connective tissues of the skin, and only one-quarter as many boils were found; there was much less dermatitis arising from traumatism. Venomous bites and stings were found to have less effect on the Negro, who has a thicker, tougher, more active and more highly pigmented skin than the white man; and this is doubtless both a mechanical and a chemical protection against micro-organisms which are responsible for certain diseases.

During the World War, the medical examinations of white and colored troops seemed to indicate that the Negro possessed a certain degree of immunity to diabetes. Within the last ten years, however, there have been important developments both in the treatment of this disease and in the mortality statistics for it. In the general population, and more especially in the rural sections, the diabetes death rate has always run much higher among the whites than for the Negroes. This still holds true for the population, in general. But among nearly two million Negroes insured by the Metropolitan Life Insurance Company, the diabetes death rate in very recent years has been going up rapidly and now equals that of the white policyholders. It should be borne in mind that these insured Negroes live, almost altogether, in the cities. The fact that the standardized diabetes death rate among them is now about equal to that of the whites may be due, in part, to their failure to obtain the benefit of the insulin treatment to the same extent as do the whites. Whether or not this be the case, the evidence is that there is little or no racial immunity among the Negroes to diabetes; for, even if the more or less carefree rural Negro is more immune than the white man, it now appears that in urban surroundings the Negro is subject to much sickness and high mortality from this disease.

**Disease Comparisons**

It is much more common to find Negroes than Anglo-Saxons who, at 20 to 30 years, have teeth that show no sign of decay, even though they have had very indifferent care. Negro teeth are naturally resistant to the organism of caries. There is, undoubtedly, less prevalence of diphtheria, scarlet fever and German measles among colored children than among whites, and there seems to be no doubt whatever that colored people are less apt to be attacked by the organism of acute anterior poliomyelitis. The best evidence is that measles is not so common in Negroes as in other races; but once attacked by this disease, the Negro has less resistance than the white child—and the same is true for diphtheria. The Negro child is more susceptible and less resistant to whooping cough than
the white. The Negro attack-rate is much higher up to five years of age, where the disease is most common, most contagious and most fatal. The whooping cough death rate for Negroes is higher for all age groups where there is a significant mortality; and the Negro case-fatality rate is also higher.

Cancer of the skin is another condition in which the Negro death rate is relatively low. This holds true year after year; and it is very probable that the pigmentation in the Negro contains some protective element against skin cancers.

The death rate from cancer of the breast runs slightly higher among Negro women than among whites; and the former also sustain a higher mortality rate from rectal and anal cancers, although in other parts of the intestinal tract the opposite is true.

Erysipelas is one of the few diseases which shows a much lower death rate among Negroes. Their mortality from this disease, in fact, is only about two-thirds that for the whites. A very important difference, in favor of the Negro, also obtains for anemia.

There is good evidence that Negroes have extraordinary power to survive both wounds and major surgical operations and that, once convalescent, they are less liable to the reactions of fever and other complications. With wounds there is less suppuration. Mental defects among Negroes often take the form of idiocy, and cases of acute mania run sooner into imbecility. The Negro, by and large, is of a more cheerful and carefree temperament than the white man. The rural Negro seldom commits suicide, but this cannot be said of the urban colored man. In our most recent Metropolitan Life Insurance Company experience, the Negro suicide rate is nearly two-thirds as high as the white.

I doubt whether we really know just what part of the higher mortality of the Negro is attributable to racial susceptibility and what part to the effects of racial customs and environmental conditions.

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