Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in Progressive Era American South

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Abstract. Race proved not merely a disadvantage in securing access to prompt and appropriate medical care, but often became a life and death issue for blacks in the American South during the early decades of the twentieth century. This article investigates the impact some of the new academic disciplines such as anthropology, evolutionary biology, racially based pathology and genetics had in promoting scientific racism. The disproportionately high morbidity and mortality rates among blacks were seen as a consequence of inherent racial deficiencies that rendered any attempt to ameliorate their situation as futile. While the belief in a different pathology in blacks initially deterred most health officials from taking any action, advances in medicine and microbiology, in particular the germ theory, stirred a variety of responses out of sheer self preservation, as fears among whites at the first sign of an epidemic initiated sporadic and limited actions. Ironically, in an era of deepening scientific racism, public health initiatives based on a better understanding of disease causing microorganisms, gradually improved black health. However, some public health measures were hijacked by eugenicists and racists and, rather than addressing the ill health of blacks, public health policy complied with the new laws of heredity by promoting drastic measures such as involuntary sterilization or even abortion. This further complicated the strained relationship between southern blacks and health care professionals and effected ongoing distrust towards public healthcare services.

Keywords: African American, eugenics, germ theory, health and hygiene – public health history, medical care, Progressive Era, public health, race relation, scientific racism, southern states – segregation
In the early years of the twentieth-century, popular theories from newly emerging academic disciplines lent a distinctly scientific aura to pre-existing racial views in the Progressive Era American South. Scientists proclaimed that innate physiological and biological differences separated the races. Disproportionately high morbidity and mortality rates among blacks were viewed as a consequence of inherent racial
deficiencies. The new discipline of anthropology, dedicated to the “study of primitive races of mankind,” as well as scientific advances in evolutionary biology, genetics and pathology promoted, rather than deterred racist beliefs and practices, and therefore most in the medical establishment believed that rendered any attempt to ameliorate this situation as futile. Rather than addressing the ill health of blacks, public health policy complied with the new discoveries on the laws of heredity by promoting drastic measures such as involuntary sterilization or abortion.¹

Yet, while the scientific and medical community blamed the dire state of black health on biological inferiority, advances in microbiology and, more particularly, the development of the germ theory gradually led to the improvement of black health. In an era of deepening scientific racism, ironically, germ theory stirred a variety of responses from the traditional scientific and public health community. Most of these responses, which were sporadic and limited, were motivated by sheer self-interest in order to protect the health of whites at the first sign of an epidemic. Nonetheless, the eventual outcome for southern blacks was positive, as it prompted public health measures that gradually improved their health. In the pages below, I discuss how physicians, politicians, and public health officials justified the utter lack of medical care given to blacks in the American South at the turn of the twentieth century by invoking scientific theories that promoted the medicalization of racism. Secondly, I will examine how an increased understanding of the germ theory and disease causing microorganisms led to the development of public health services that began to include blacks and instigated a steady decline in mortality and morbidity in the black community. While microbiology of course did not bring an end to scientific or medical racism, it did, in an era of Jim Crow discrimination, initiate some remedies to the precarious state of black health. Finally, I will show how some public health measures, though initially well intended, were hijacked by eugenicists and racists, further complicating the strained relationship between southern blacks and health care delivery and affecting ongoing distrust towards public healthcare services.

¹ Throughout this paper, I deliberately use the term “black” rather than “African American,” as the time period covered in my work precedes the use of the term. The black community referred to themselves as “blacks,” “Africans,” “colored Americans,” “Afro-American,” “Negros,” or “New Negro” – each bearing specific cultural and historic connotation. At that time “Negro” and “New Negro” had become the preferred terms, but their use has since the Civil Rights Era become derogatory.
"The Rapid Dying Out of the Negro is Natural"

The poor health and medial care of southern blacks during the Progressive Era was a direct consequence of racial discrimination. Health conditions for southern blacks had worsened since the end of Reconstruction, but rather than attributing the decline to social, economic, and political factors that had created a highly structured racial caste society in the South, scholars relied on biological determinism and maintained that differences between the races in regards to health, as well as social and economic disparities, arose from inherited inborn distinctions, making society a mirror of biology. The triumphs of nineteenth-century science had created an unshaken confidence in the accuracy of science, and the application of "sound" scientific theories to preexisting cultural and social prejudices promoted a medicalization of racism, where science increasingly had "to be understood as social phenomenon."²

When the scientific and medical community looked for empirical evidence to justify their claims of black biological inferiority, they needed to look no farther than mortality and morbidity rates. In 1890, the mortality of blacks in the five largest southern cities averaged 35.2 per 1000, compared to 19.6 per 1000 for whites. While mortality rates improved slowly but steadily, the black mortality rate in 1930 remained almost two-thirds higher than that of whites, with a life expectancy for white men of 54 years compared to forty for black men. Likewise, infant mortality consistently decreased from 579.77 per 1000 in 1890 to 110.8 in 1930. Throughout the entire period, however, it constituted an alarming number and proved nearly twice as high as the infant death rate of whites.³

The general conditions of health in the black community appear even more perilous when placed in the context of the various diseases afflicting blacks during this period. The death rate for waterborne diseases, such as cholera, typhoid, and dysentery, together with

² Gould, 1996, pp. 52, 55–57; Baker considers this period a defining moment in the history of both racial formation and university-based anthropology. He argues that the Supreme Court decision Plessey vs. Ferguson which delegated blacks into separate and most often inferior institutions, found its justification in the insistence that anthropology "offers a positive basis for legislation, politics and education as applied to a given ethnic group." Baker, 1998, pp. 17, 37; Proctor argues that the social Darwinism of the late nineteenth century in America and Europe eventually gave rise to theories of racial hygiene. Proctor, 1988; Tucker, 1994 for social, political, and economic conditions of blacks during what Litwack calls "the nadir of black life," see Litwack. 1999; Woodward, 1971.

³ Chase, 1903, p. 8; Bureau of the Census, 1943, p. 150; Du Bois, 1906, p. 72.
whooping cough and puerperal difficulties, was approximately twice that of whites. Respiratory diseases like pneumonia, bronchitis, and influenza caused two and a half times more deaths, and acute nephritis, malaria, and pellagra were three to eleven times more devastating for blacks. In addition, blacks suffered a disproportional burden from heart and kidney disease, venereal diseases, and parasites such as hookworms.⁴

Among all the diseases, the most prevalent and devastating was tuberculosis. Over 50% of the urban black population became infected with the disease at one time or other while growing up. In 1906, one of every six deaths resulted from tuberculosis and it claimed five out of seven lives between the ages of eighteen and twenty-eight. Even though the death toll from tuberculosis began to decline after 1920, it remained two to three times higher than that of whites. While tuberculosis underwent a steady decline, however, heart diseases such as endocarditis, myocarditis, angina pectoris, and diseases of the coronary arteries increased at an alarming rate and soon became the second largest threat to black health. The third major killer of southern blacks, associated with childbirth and infancy, might have been prevented by sanitary water supply and adequate prenatal and postnatal care. While maternal mortality among blacks was not nearly approaching the death rate connected with tuberculosis or heart disease, infant deaths, as evidenced in the mortality statistics, were rampant.⁵

This picture of morbidity and mortality that characterized the general condition of black health in the late nineteenth and early twentieth centuries led many to conclude that the disease-causing factors were racial rather than social or economic. White supremacists used it as argument for the inferiority of the black race and maintained that in a matter of time the disease-ridden “Negro” would lose the struggle for survival and become extinct. They cited the gradual decrease of the black population from 20% of the total population in the 1820s to fewer than 10% in 1920 to support their contention of “the rapid dying out of the Negroes.” Indeed, many southern cities reported a greater death than birth rate in 1912, such as Jefferson City, Missouri, where ninety more blacks died than were born in the month of February alone, and where the black population had decreased gradually for the last decade. This phenomenon, repeated in other cities throughout the South, prompted the southern medical fraternity to propose that “one sure and easy way of solving the race problem would be to huddle all the Negroes

⁴ Crisis 40, 2 (Feb. 1933), p. 31.
into our cities," where the biological inferiority of blacks would inevitably lead to their "complete race extinction in this country."6

Due to the scientific and social views of most whites who conceived of blacks as disease-ridden because of their biological and moral inferiority, few efforts were made to curb disease among blacks. Crisis, the official organ of the NAACP, published a discussion of the black health problem among six southern lawyers in Atlanta, which was indicative of the public attitude pervasive in the South. These men perceived the ill health of blacks as a blessing rather than a predicament, and one suggested in explicitly social Darwinist terms that the "Negro" problem "was working itself out in a satisfactory way without further legislation." He argued that tuberculosis and pulmonary diseases would reduce Negroes "to inconsiderable numbers" until they eventually became extinct. The lawyers expressed their hope that "the increased use of cocaine among the Negroes would greatly hasten this result," and voiced their disappointment over the State's decision to abolish the sale of liquor, as it could have accelerated the extinction of blacks. Social Darwinists even faulted charity organizations for providing health services, "because these efforts only contributed to the artificial preservation of the weak." This attitude was clearly demonstrated by Montgomery health officials who, confronted with the vital statistics report of 1910 where the mortality of blacks was over twice that of whites, declared that "the heavy death rate among blacks is natural."7

During the early decades of the twentieth century, some diseases were considered almost exclusively racial, such as syphilis, sickle-cell and polio. Blacks were portrayed as members of a "notoriously syphilis-soaked race" who lacked "stamina and resisting power;" sickle-cell was used as a marker for racial identity; and the fact that "the complex and delicate bodies" of whites were afflicted with polio to a much greater degree than blacks led many to conclude that the "primitive" races

6 Crisis 36, 3 (March 1929), pp. 84, 97; The Tuskegee Institute News Clippings File, Reel 1, 1912, p. 566 (Chattanooga News, July 20, 1912); Reel 1, 1912, p. 573 (Jefferson Tribune, Jul. 6, 1912); Reel 4, 1915, p. 199; for more on the social role of science see Cravens, 1978, p. 11; Craven maintains that much of the appeal of the new experimental biology was the notion that "one could observe nature at work." Quantifiable data such as vital statistics were interpreted as evolution in progress and scientists "proclaimed that they had unlocked the secrets to a science of social control."

7 Crisis 1, 6 (April 1911), p. 23; Clippings, Reel 1, 1912, p. 566 (Chattanooga News, July 20, 1912); Clippings, Reel 1, 1911, p. 251 (Montgomery Advertiser, Mar. 3, 1911); Baker, 1998, p. 28; for further discussion of the application of evolutionary methodology to the study of man and the notion of "natural extinction" see Haller, 1971; Gossett, 1997.
seemed less susceptible to this disease than the "civilized" descendants of Northern Europe.⁸

The majority of black physicians and civil rights leaders were outraged by reports like these and initiated a civil rights fight on the health care front, attempting to stem the tide of racialized medicine by pointing out the apparent environmental factors contributing to the poor health of blacks, such as discrimination and poverty. W.E.B. Du Bois created a new dialogue on race with his research program at Atlanta University and Franz Boas, who had an immense influence on Du Bois, challenged the prevailing views of racial inferiority in both anthropology and society, fragmenting the nascent discipline by assuming an egalitarian position and explaining human differences in terms of cultural conditioning.⁹

Dr. Charles V. Roman, a black physician and former head of the National Medical Association, called on doctors, lawyers, and teachers to "battle with the AVATARS of prejudice who have entered the arena of public discussion to serve Cast and Discrimination under the banner of Medicine." Noting severe discrepancies in public resources allotted to whites and blacks in Nashville, Tennessee, he established that "Conduct and Conditions, Not Race are the Determining Factors in Disease and

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⁸ Jones, 1993, p. 29; Jones' book provides an excellent discussion on racialized medicine and pathology due to the continued confusion over what role biology, culture, and environment played in the contraction of disease; for further discussion on sickle-cell and the assigning of racial identity see Tapper, 1999; for a discussion on polio cases that were not diagnosed as a result of medical racism, neglect and inadequately trained black physicians, thus skewing the health statistics, see Rogers, 2007; for further evidence on inherited differences in blacks that were used to justify slavery in the nineteenth century see Gould, 1996, pp. 101–103; for contemporary views of racial differences in medicine see Coates, 2005, p. 36; David, 2007, pp. 13–19; Baptiste-Roberts, 2007, pp. 907–913; today's health disparities between whites and blacks are often seen as a result of genetic differences, fueling a reinvention of the concept of genetic "race," while continuing to ignore that health statistics primarily take into account ethnicity rather than social class and the fact that minorities in the United States continue to receive lower-quality health care than whites.

⁹ Baker, 1998, pp. 119, 121–124; Stocking, 1968, pp. 306–307; see also Stocking, 1974, for a discussion on Boas' influence on black leadership that helped construct a concept of racial equality and cultural relativity, contrasting with those evolutionist notions. Boas' impact, however, was limited within science and the public in general at that time, due to the extent that racism dictated social relations, and because the new emphasis on cultural anthropology by Boas was viewed as unscientific; see a detailed discussion on the substantial resistance to Boas, supported by influential capitalists, such as Carnegie and Gilder, who had the financial resources to control the media and articulate notions of racial inferiority, Baker, 1998, pp. 148–150; nevertheless, Boas eventually succeeded in creating a paradigmatic shift in the discipline, Baker, 1998, p. 100, Stocking, 1968, p. 306; Barkan, 1992, p. 67.
Death, Nature is Impartial as well as inexorable.” According to the records, whites enjoyed more than 93% of the public parks and all the playgrounds, while blacks had none. Likewise, the majority of the 180 miles of paved streets and 98 miles of public sewers were available only to the “favored” population. Considering that typhoid and malaria were more prevalent in regions without sewer systems, it was “not unreasonable to suspect that agencies other than race may account for the difference in mortality rate.” Segregation policies confined the majority of blacks to “the worst alleys in the world.” In Jackson Ward, the black section of Richmond, Virginia, blacks were “piled upon each other like rats in a trap.” They had to live in blind alleys where houses in the back could only be accessed by walking through someone else’s house in the front. Instead of playgrounds or parks, a public refuse dump and “a crematory for diseased, dead and putrefying animals” added to the unsanitary and unhealthy living conditions, making “the undertaker the most popular business man and the grave digger the most overworked individual in our community.” Jackson Ward illustrated the working of segregation, in which “colored people are by law actually murdered that the separation of the races may be an unqualified success.” Other examples can be drawn from other southern communities.10

“Germs Know No Color Line”

Only the advances in microbiology, and in particular the notion that disease causing microorganisms did not differentiate among their victims, led to the gradual development of public health services that addressed and to some extent improved the ill health of blacks in the South. Concern for white health could no longer ignore black health and fear of epidemics and contagious disease spurred some action out of sheer self-interest. Such was the case in Louisiana, where Senator Huey Long proudly claimed, “Whites have decided nigras have got to have public health care. Got to give ‘em clinics and hospitals. Got to keep ‘em healthy. That’s fair and it’s good sense. I said to them: ‘you wouldn’t want a colored woman ... watching over your children if she

10 This statement is taken from an address to the National Medical Association at Raleigh, North Carolina, Clippings, Reel 2, 1914, p. 947–948 (National Baptist Union Review, Sep. 19, 1914); Du Bois, 1906, pp. 89–90; Crisis 8, 6 (October 1914), pp. 277–278; Du Bois frequently used the Atlanta University Publications and Crisis, both of which he edited, as forum to voice his concerns about black health; see Beardsley, 1987, pp. 12–13, 28–29; Beardsley argues that racism and segregation in the South “held blacks to the very bottom rungs,” when compared to poor whites and northern blacks.
had pyorrhrea, would you?” The idea that “disease germs know no color line” meant that health improvement in the South increasingly became an interrelated rather than a race problem. Consequently both white and black leaders made frequent use of the slogan in order to force action. Economic concerns, due to the continuous ill health of much of the South’s labor force, also contributed to a growing health concern for blacks. The southern progressive movement was instrumental in the initiation of health reforms, passage of sanitary laws, and establishment of hospitals, laboratories and state boards of health. Clean-up and Better Babies campaigns, midwife control, and the Rockefeller Sanitary Commission for the Eradication of Hookworm were some of the initiatives launched in an effort to improve southern health across the color line. Disease and alleged ignorance among blacks were “liabilities and dangers” to all and amidst the realization that “Jim Crow laws do not hold for germs of measles, tuberculosis, pneumonia and typhoid” and won’t follow rules of segregation, the lives of blacks and whites increasingly overlapped, especially in matters of health.11

Demands increased for action that included blacks in public health. The Virginian Pilot appealed to the municipalities throughout the State and the South in general to apply one standard of sanitation in residential sections regardless of race. Atlanta’s Constitution claimed that “the careless or ignorant Negro... is likely to nullify the scrupulous sanitary safeguards with which the white man surrounds his home and his business establishment” until there is one, strictly enforced, sanitary law for “high and humble, Peachtree and Peters Street.” Prominent Atlanta businessmen found out that “no man liveth to himself, nor dieth, either,” when they lost family members to smallpox and diphtheria. Incidents like these emphasized the importance of a black facility for contagious diseases, because “as we owe the Negro himself something in the way of protecting him from his ignorance, we owe a graver duty to the white population.” Edwin R. Embree, president of the Julius Rosenwald fund, remarked that “anything that affects the Negro today concerns the American nation as a whole.” Reverberating the notion

11 Crisis 42, 2 (Feb. 1935), p. 52; Crisis 36, 3 (March 1929), p. 84; see Savitt, 1988, for a discussion of how the advent of the germ theory, an improving economy, and the southern progressive movement initiated health reforms that resulted in sanitary campaigns, hospitals, sanitaria, bacterial laboratories, and boards of health. By 1913 every state in the South had some form of health agency. The discovery of insect carriers for malaria (1898) and yellow fever (1899), together with the diagnosis of hookworm disease (1902) and pellagra (1906), spurred efforts to control and eradicate conditions responsible for those ailments.
that germs were the “original democrats.” Embree demanded that attention to be paid to diseases affecting all Americans.\(^{12}\)

High morbidity and mortality rates thrust the South into the national limelight and stigmatized the region, and persistent notions of southern deficiency and backwardness irritated southern politicians and business men. In the 1920s, Joseph Goldberger, who had established that pellagra was caused by southern diet, appealed to the United States Public Health Service for national assistance to aid the region and prevent famine, yet southern leaders vehemently denied that hunger existed and consequently refused any northern aid. Dr. Elton S. Osborne of Savannah claimed the condition was due to ignorance and not poverty. The *Washington Herald* echoed this view, suggesting that the proper remedy came not from northern funds but “in dissemination of common every-day, horse sense, and knowledge as to how to live and what to eat.” These defenses had a distinctly racial edge. For instance, hog and hominy, staples of black diet which “no self-respecting weevil will eat” were said to be at the bottom of the southern health problem. Others even suggested southern superiority in matters of health and blamed blacks for the picture of morbidity that haunted the South and relegated it to an inferior station. The *Montgomery Advertiser* angrily disputed a report stating that women in Ohio were 50% healthier than typical southern women. It charged that the study took into account the total population, including “the Negroes who since the war have become an unhealthy race,” and requested a comparison between the mortality rates of northern and southern whites, convinced that “southern white people will get the best of it.”\(^{13}\)

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\(^{12}\) *Clippings*, Reel 2, 1914, p. 946 (*Virginia Pilot*, Nov. 28, 1914); Reel 2, 1914, p. 910 (*Atlanta Constitution*, Jun. 28, 1914); Reel 2, 1914, p. 916 (*Atlanta Constitution*, Feb. 3, 1914); Reel 2, 1914, p. 229 (*Richmond Times Dispatch*, Nov. 21, 1914); Crisis 36, 3 (March 1929), pp. 84, 97; also see above, FN9; Carnegie and Gilder used financial resources to control the media and articulate notions of racial inferiority; despite their charitable support of blacks, northern philanthropists maintained their racial bias and support for the eugenics movement. Johnson writes on southern white resistance to northern funding for blacks in Green, 1999, pp. 168–169; the southern reform movements generally were intended for whites only. Southerners even refused northern aid if it included blacks, thereby sacrificing and risking improvement of overall social and economic conditions. The only exception to this was public health issues, when assistance was deemed necessary in order to save whites.

\(^{13}\) Savitt, 1988, pp. 14, 17; *Clippings*, Reel 13, 1921, p. 342 (*Atlanta Constitution*, Aug. 28, 1921); Reel 2, 1913, p. 163 (*Montgomery Advertiser*); Pellagra results from niacin and/or tryptophan deficiency and can cause dermatitis, severe damage to the digestive tract and nervous system; for more discussion on southern resistance to public health services, see Link. 1992.
As much as southerners loathed the fact, they became increasingly dependent on assistance from northern philanthropies and the federal government. The Rockefeller Sanitary Commission, dedicated to the control of hookworm, served as an incentive for the establishment of numerous county health departments. While it failed to eradicate hookworm in the South, it helped create a network of state and local public health agencies and propelled state expenditures by 81% between 1910 and 1914. Again, blacks were charged to be the culprits for hookworm disease. As John Ettling reports, Charles Wardell Stiles, the zoologist who brought to national attention the prevalence of hookworm in the South in 1902 and helped establish the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, argued that the apparent greater immunity to the disease in blacks made them “better carriers and spreaders” and concluded that “the white man owes it to his own race that he lend a helping hand to improve the sanitary surroundings of the negro.” Yet the degree to which blacks were examined and treated remains debatable. No black doctor was ever employed with the organization and white agents in the field, trained to work predominantly amid whites, were ill adapted to overcome racial stereotypes, as evidenced in a leaflet distributed among Mississippi planters.

The Negro cannot be interested in, nor can they readily understand the situation. They cannot be reached through regular channels, yet unless they are reached, treated and cured, they will continue to infect the soil and perpetuate the disease among the whites. So, for self protection, every PLANTER WHO HAS NEGRO TENANTS, EVERY PERSON HAVING NEGRO SERVANTS, EVERY COMMUNITY HAVING NEGRO FAMILIES LIVING NEAR THEM, should induce these negroes to seek treatment at once.14

14 Ettling, 1981, pp. 172–175, 220–221; The quote can be found in its entirety in Ettling’s excellent book on the Rockefeller’s Sanitary Commission and Northern Philanthropy in the South; Ettling discusses articles published in the Mc Clure’s Magazine “The Vampire of the South,” and The World’s Work “The Health Menace of Alien Races” that clearly reveal how southern whites perceived hookworm disease as “act of treachery” on the part of blacks, calling attention to their “sanitary sins” and the “damage that has been done to the white people of the South by the diseases brought by this alien race.” Ettling further reports that there is little evidence that the Commission worked specifically in black communities. While the Commission “offered quiet encouragement” to extend the campaign to black schools and communities, it also “invoked the principle of nonintervention when called upon to employ the financial clout of the Sanitary Commission to force work toward that end.” For more on similar strategies employed by social welfare progressives to avoid racial confrontation see Lasch-Quinn, 1993, and Green, 2003.
In the age of Jim Crow segregation, forced integration in terms of public health had its clear limitations. The cautious approach of the Commission, intended to avoid racial strife, and open antagonism of southern whites hampered the extent to which blacks would benefit, especially considering that the treatment with Thymol and Epsom salt was relatively complicated and potentially lethal. In addition, unless hookworm disease was attacked at its source, by preventing soil contamination through an extensive privy construction program, recurrence of an infection was very likely.  

The city of Atlanta, Georgia, serves as another example where blacks were included out of fear of these “democratic germs,” but the half-heartedness of the effort also limited its success. Much of the water supplied to the black community came from surface wells, usually polluted by human feces. Forty per cent of the population relied on open-backed privies, attracting flies that spread intestinal diseases and typhoid fever throughout the community. Naturally, the poor and predominantly black neighborhoods were mostly in want of modern sanitary facilities. The drainage of the elevated white residential districts polluted their surroundings, creating unbelievable filthy conditions. Wastes piled up in small stagnant streams and foul-smelling pools in backyards and alleys, providing hazardous breeding grounds for malaria-bearing mosquitoes. Atlanta had no sewage treatment facilities until 1910, and raw sewage of some 80,000 people was dumped into small streams in close proximity to black residential areas, being both offensive and unhealthy. The city exceeded the national mortality rate by 47%.  

In 1909, the Atlanta Constitution reported that frequent outbreaks of epidemics not only endangered the health of its white population, but also jeopardized Atlanta’s prosperity that largely depended on tourism and business investments.

15 Ettling, 1981, pp. 166, 170, 172, 177; the illiteracy rate was about 12% for whites and 50% for blacks; half the rural homes inspected had no privy and the majority of the existing ones were of the least sanitary kind; for more on the complications and restrictions placed on northern philanthropists, such as expanding involvement in southern affairs without antagonizing whites and state institutions, see Link, 1996; for more on the United States Public Health Service, see Savitt, 1988; the USPHS increased its total expenditures from $230,496 in 1902 to $4,217,997 in 1930 and although healthcare improved overall through public health measures, by the 1930s, the South was still considered the nation’s unhealthiest region and remained below national standards in life expectancy, mortality continued to be higher and poverty-related disease more frequent. Rural areas were especially burdened with inferior health care and throughout this time period blacks were found persistently among the least healthy southerners.  

16 Galishoff, 1985, pp. 25, 33, 37.
The disease germ knows no color or race line, no class distinction and has little respect for distance, when it can fasten on a human carrier. To purge the Negro of disease, is not so much a kindness to the Negro himself as it is a matter of sheer self-preservation to the white man. Philanthropy doesn’t enter into this battle of life and death; grim, primitive self-interest, the conservation of the health of the white race is the controlling factor. If the people of the south expect to fight a winning war with the death rate they must recognize this as the fundamental principle in the campaign.

As a result the city issued a $3,000,000 bond issue to improve the city’s water supply and sewer system, a measure that resulted in a 70% reduction of the typhoid death rate. Unfortunately, the measure did not affect most of the inexpensive rental properties, largely occupied by blacks, and 1000s did not profit fully from the sanitary reforms because they were poor and black. Three years later, the Constitution still complained that Atlanta financed sanitary measures in the more privileged neighborhoods and business sections, while neglecting those areas where the germs came from.17

While some of the measures aimed at blacks were no doubt beneficial, limited as they were, other examples of new health regulations took the form of persecution and added yet another dimension, gender, to the debate. Addressing the poor health of blacks was said to be necessary in order to protect the white women of the South. For example, a candidate for mayor of Atlanta called for the creation of a municipal servants’ bureau which in cooperation with the city health board would protect our “little women [who] are made to suffer and worry and fret their souls out trying to handle incompetent worthless, diseased and irresponsible Negroes.” In addition to vouching for the good health of black servants, the bureau would collect records of the servants’ character and work performance and be responsible for detecting “worthless and diseased” servants and ordering them out of town. Servants suffering from tuberculosis or a certain “filthy blood disease,” as well as those found irresponsible or stealing, would be deemed vagrants. The proposed measure met with the enthusiastic approval of lawyers, city officials, doctors, and Atlanta’s “delicate and frail” women and was hailed as “an absolute and positive means of treating the servant question.” The city of Mobile, Alabama, along with numerous cities throughout the South, began to register washerwomen through the

17 Ibid., pp. 29 30, 33, 40 41; Atlanta Constitution (March 17, 1912), Sec. F, p. 4, (January 01, 1914), p. 6; Clippings, Reel 1, 1912, p. 563 (Atlanta Constitution, Sep. 1, 1912).
office of the City Health and Sanitary Department, issuing health certificates to those who passed a rigorous medical examination. The measure there was prompted by a smallpox outbreak, in which a wealthy citizen contracted the disease through his clothes washed by an infected black woman.\(^{18}\)

Blacks themselves were eager to point out that "no section is immune from danger, if any section is neglected and left to suffer the ravages of preventable disease." In order to force some action, blacks played on white fears and frequently reminded officials that improvement of black living conditions was "of vital concern to the well-being of the white people," because germs did not recognize segregation. If for no other motive than self-interest, whites should provide their black tenants with "decent houses." A 3-year old black boy in Lynchburg, Virginia, became violently ill with typhoid fever in 1935, after drinking contaminated well water. He was forced to drink it, because the city had turned off the family's water supply for an unpaid water bill. City health officials then worried that "for the sake of a few dollars water bill," an epidemic may have been started and "white residents of the city would be equally in danger of infection."\(^{19}\)

No doubt, instilling anxiety over indiscriminate and contagious disease germs had the potential to spur much needed action, but also served to foster racist ideology by characterizing blacks as notoriously diseased and careless or ignorant about personal hygiene. Addressing a convention of teachers in Montgomery, Dr. J. A. Kenny, of the Tuskegee Institute, warned that whites ignored a serious danger to their health by remaining unconcerned about the lives of their black neighbors, because "ignorance and indifference of one had an effect upon the general health of the other." Similarly, Dr. Charles H. Johnson, a black physician in Atlanta, appealed to the self-interest of the white community, demanding increased powers of the board in order to report and segregate tubercular blacks, because "Negroes living in or near the highest class of residential sections menace the lives of both races by their ignorance and violation of the ordinary laws of sanitation." In spite of the apparent success these fear tactics affected, some in the black

\(^{18}\) *Crisis*, 8, 1 (May 1914), pp. 30–31; *Clippings*, Reel 1, 1912, p. 571 (*Atlanta Constitution*, Sep. 15, 1912); Reel 2, 1914, p. 932 (*Montgomery Advertiser*, Jan. 27, 1914); Hickey argues that the ideal of a "democratized language of equality" in response to disease germs that didn't recognize the color line and necessitated healthcare for both blacks and whites, was contradicted by the white fears of black women as "agents of contagion" and their "conception of washerwomen as dangerous and ignorant." see Green, 1999, p. 187.

\(^{19}\) *Clippings*, Reel 20, 1924, pp. 600, 604, 609.
community were incensed by attempts to blame “ignorant” blacks for the ill health of whites. P. Samuel, pastor of New Mount Moriah Baptist Church in Philadelphia, vehemently denounced a plea for improved housing for blacks to limit the spread of disease among the “rich and popular,” insisting that this “slavish, cringing and begging” to ensure better homes and health “to serve the whites” was intolerable. Instead, blacks should demand decent housing as their undeniable right as citizens. He asserted that some blacks seemed all too willing to surrender their human rights to secure charity and “humiliating favors,” because prejudice had placed them in the worst possible position.  

As tuberculosis was one of the most prevalent and devastating diseases, whites increasingly recognized that the only way to curb this highly contagious disease effectively was to aggressively attack its spread among blacks. However, while public health efforts in regards to tuberculosis were no doubt successful in reducing the overall death rate, they also demonstrate the difficulties in terms of racial discrimination, funding, and cooperation between whites and blacks. The attitude toward black patients and the unwillingness to accept black leadership in some of the anti-tuberculosis efforts were largely responsible for the continued disparity in the mortality statistics.

Steps taken by the Anti-Tuberculosis Association demonstrate the complexity of the problems involved in southern public health projects. At the same time, anti-tuberculosis efforts highlight some of the positive and negative aspects of black and white cooperation in trying to stamp out contagious diseases. In Atlanta, the association began to admit black patients to its clinic on alternate days and it solicited the support of black civic and religious organizations to educate black families in a systematic cleanup campaign to guard against the spread of tuberculosis. Sanitation inspectors visited homes, encouraged ventilation, removal of unsanitary conditions, regular disinfecting with lime, and gave explicit instructions for bodily hygiene and diet. Anti-tuberculosis associations throughout the South were organized by the joined efforts of physicians, the Nurses’ Association, the Neighborhood Union, the churches and ministers, the school teachers, the Parent-Teacher Association, the Kindergarten Association, and several Life Insurance companies. Montgomery, Alabama, was one of the pioneer cities of the South to form such an organization in 1908. Its officials included a permanent secretary, at least two visiting nurses, and a black nurse who

20 Clippings, Reel 2, 1913, p. 165 (Montgomery Advertiser, Apr. 7, 1913); Reel 1, 1912, p. 573 (Atlanta Constitution, Sep. 15, 1912); Reel 11, 1920, p. 550 (Letter to the Editor of the Public Ledger, Feb. 7, 1920).
cared for the blacks in that city. Initially, the League focused mainly on an educational campaign, and in its first 2 years reduced the tuberculosis death rate by over 20%. In 1912, it added a Fresh Air Camp with nine cabins for whites and five for blacks, even though the majority of tubercular patients came from the black community.21

The possibility of treatment, however, continued to depend on the ability to afford it. Two years later, the League demanded that “Negroes must aid or forfeit” their admission to the Camp. Blacks were charged with “indifference” and called to either support the Anti-Tuberculosis League financially or “find some other treatment among their race.” The Montgomery Advertiser claimed that whites were placed on a waiting list even though they were the sole supporters of the Fresh Air Camp, while blacks had donated less than $75 during its entire existence. Even though the League emphasized that it regretted such action and meant no discrimination, it apparently ignored the fact that such decisions resulted in the continued contraction of the disease by whites as well as blacks. Another example in Charleston, South Carolina, showed the financial difficulties faced by public health officials and the black community. There the president of the Anti-Tuberculosis League had solicited only $125.25, in over 2 months, towards the establishment of a $5000 tuberculosis sanatorium for blacks. With the exception of the mayor’s donation of $50, most contributions were between fifty cents and one dollar.22

The benefits of these organizations were seriously contested for additional reasons. Dr. Louis T. Wright criticized the National Tuberculosis Association for being concerned with the symptoms of the disease rather than eliminating its causes. Crisis also had its reservations. It denounced the cooperative nature of the Anti-Tuberculosis Association, clearly stating that it would refuse to “support an association to help the Negro which takes the control of that organization away from the colored people themselves.” The issue was a plan by the Tennessee Anti-Tuberculosis Association to create a “Negro auxiliary” that duplicated the white organization, except that its policy, finances, and personnel were managed by the white association. The magazine especially criticized the claims made by the Association’s executive secretary who maintained that only white guidance and control could “guarantee that the work will be standardized and that the finances will not be dissipated.” The Crisis angrily responded to the secretary’s claim

21 Galishoff, 1985, p. 28; Clippings, Reel 1, 1912, pp. 569–570 (Montgomery Advertiser).
22 Clippings, Reel 2, 1914, p. 939 (Montgomery Advertiser, June 27, 1914); Reel 1, 1912, p. 563 (The Southern Reporter, Sep. 21, 1912).
that the "Negro race as yet is unable or unwilling to organize such a movement," and called it "a libel upon the race." While the secretary's notions were certainly patronizing and pervasively racist, he may have been right in pointing out that "in the South there are many conditions that cannot be removed by the Negro alone." Many black movements were stopped short when they encountered the opposition of white city officials, white medical personnel, and other white organizations that were either indifferent to the plight of blacks or outright racist. As with most of the philanthropic efforts, blacks often faced the dilemma of either compromising their racial independence or rejecting much-needed funds and support. Dr. H. Johnson, a white physician in Atlanta, called for a city ordinance endorsing strict segregation of tuberculosis victims. He recommended that a black representative might be considered to make this segregation effort more successful. Aware of the fact that most public health services were reluctant to employ blacks, Johnson expressed the hope that this "progressive idea" would meet no hostility.

How fragile these cooperative efforts sometimes proved to be, became evident in a Louisville, Kentucky incident where a black sanitary inspector, Dr. J. C. Colbert, had fumigated the home of a white citizen. The owner, irate over this "disloyalty" and "lack of harmony," demanded the immediate dismissal of the black sanitary inspector. The episode prompted the mayor to write letters to both the Board of Safety and health officer, insisting that blacks were appointed solely to work among blacks. Public health projects could only be successful in the South if they maintained the color line.

White public health agents also encountered considerable opposition. The Better Housing Association in Richmond, Virginia, organized to alleviate the unhealthy living conditions that led to the spread of tuberculosis, experienced so much government resistance that it discontinued its efforts and relieved its agent. A concerned white southerner, Cally Ryland, wrote a letter to the Richmond News Leader. She complained that similar work for the Red Cross abroad was both funded and aided in any possible way, yet efforts for more sanitary homes to ensure the health of an entire city was "for some

23 Crisis 42, 9 (Sep. 1935), p. 264; 17, 3 (January 1919), pp. 113–114; Clippings, Reel 1, 1912, p. 572 (Atlanta Constitution, Sep. 15, 1912); for more on opposition to interracial cooperation, from both sides of the color line, see Green, 2003, p. 138; Green cites the failure to establish black corps in Richmond's Salvation Army due to the opposition of local pastors, when whites, while offering assistance and support, rejected black leadership.

24 Clippings, Reel 8, 1918, p. 499 (Louisville News, Apr. 6, 1918).
unaccountable reason, discouraged at every turn by the city government.” Blacks experienced adversity from within their own community as well. The Colored Nurses Service found that many parents objected to the examination and education of their children by the nurses. Apparently, children were kept at home if their parents had prior knowledge of the examination. Others denied that they suffered from tuberculosis and needed to be convinced to sleep in fresh air or consent to their children being removed from their beds. Often it was the ill, unable to work, who stayed at home caring for the children. Tuberculosis educators had to appeal to the entire community, preaching that “educated consumptives” were safer companions and neighbors. Despite the many obstacles, the tuberculosis mortality rate gradually decreased and there were numerous successful attempts of cooperation between whites and blacks.25

Still, public health policies addressing the spread of contagious disease were continually impeded by racial segregation restrictions that made a dual health system necessary, a fact that weighed heavily on the cost of southern public health agencies and ultimately doomed blacks to poor health. Blacks had little or no access to white hospitals and access to very few and often deficient black hospitals. This combination of discrimination and neglect was responsible for the continued racial disparities in mortality and morbidity and the persistent spread of contagious diseases. Atlanta, for instance, desperately needed hospitals for both blacks and whites in 1919. The few existing facilities were, as reported in Crisis, “hopelessly inadequate and inefficient,” and this pertained to a greater degree to “colored people.” The City Hospital prevented black physicians from entering the building, forcing black patients to leave their regular doctor behind, and delivering them instead to “a physician certainly less interested.” Du Bois, among others, stressed the racial factor dictating hospital policy. An improvement “with regard to air, sleep, food, clothes and medical attention, and even increased income will not entirely settle our problem of sickness and death, so long as race discrimination continues.” He reported that “even for those of us who are able to pay, hospital doors are today half-closed in our faces.”26

25 Crisis 9, 2 (Dec. 1914), p. 73; Clippings, Reel 11, 1920, p. 541; the opposition towards health officials from within their own community is similar to that of poor whites who resented interference from progressive reformers, see Green, 2003, p. 132; the poor relied on the wages of their children and couldn’t afford to have them removed or ordered to stay at home; see also Link, 1992.

26 Crisis 18, 2 (Apr. 1919), pp. 90–91; 40, 2 (Feb. 1933), p. 44.
Although advances were modest, public health policies also initiated improvements in infant mortality rates. Infant death was another major killer, which besides inadequate prenatal and postnatal care was contributed to a significant degree to unsanitary water supply, thereby starting epidemics such as infantile cholera, dysentery and typhoid fever more frequently in the black community. Infantile cholera was responsible for more death than any other children’s disease and especially feared, because “perfectly healthy children may carry the germs and give the disease to other children who are less hardy.” Health reforms that increasingly included blacks affected a gradual decline. For instance, in 1913, the Infant Welfare Association in Birmingham, Alabama, was organized to campaign against the intolerable death rate of babies in that city. It launched a 6-month program providing a white visiting nurse, obstetric services in the homes, and instructions in baby care and food. The nurse focused on prevention, referring patients who required treatment to hospitals. Only one of the hospitals admitted black children, however, and consequently was continuously overcrowded. Equally, there was no institutional care for contagious diseases for blacks, and the visiting nurse was merely “permitted” to tend to those where no arrangements could be made.27

In subsequent years, the “Better Babies” campaign drew attention to the plight of black mothers and infants and resulted in numerous measures such as the appropriation of funding for free baby clinics in Topeka, Kansas. The clinics were the result of cooperation between the president of the Public Health Nursing Association, the city physician, and the health officer. Free baby clinics were held twice a week in a city building, and mothers were encouraged to have their babies examined every week. Posters instructed black mothers not to kiss, drug, wake, or rock the baby, while the white nurses educated them in regard to proper baby foods. It is difficult to infer the meaning of these instructions, and one can only assume that they were intended to emphasize a modernized and scientific approach to motherhood. It certainly attests to the assumption of superiority on the part of white health care providers, who felt entitled to prevent black mothers from kissing their babies, perhaps based on their notion that they would spread germs.28

27 Clippings, Reel 2, 1914, p. 920 (Montgomery Advertiser, May 28, 1914); Reel 4, 1915, p. 204.
28 Clippings, Reel 7, 1918, p. 898 (Jackson Mississippi News, Sep. 5, 1918); more on the dynamics between “teacher and student,” between professional health care providers, midwives and mothers, who had to submit to the authority under the “threat of punishment should there be resistance,” see Fraser, 1998, p. 107.
Because of the racial dynamics of southern society, these clinics did not always run smoothly. White nurses were not likely to suppress their prejudice and condescension in their conduct with black mothers and children. One nurse described six black babies that had come to her care as “some of the cutest pickaninnies you ever saw.” Remarks like these suggest the complicated relationship between the white healthcare personnel and the black women who were generally perceived as ignorant and diseased. One black woman angrily spat “upon her handkerchief and rubbed the baby’s face so the nurse could get a better view of his healthy skin.” She insisted that the white nurses were meddling in her affairs and she should surely know how to care for her children, having given birth to ten of them. In a similar program in Maryland, black mothers refused to cooperate with the nurses, because they were afraid to have their babies weighed. The child welfare committee, angered over this “distinct lack of patriotism,” tried to reassure the mothers that they would not be forced to comply, nor would the state take away their children. The reference to the “unpatriotic” black mothers provides some insight into the motivation on the side of white health care professionals, who often half-heartedly attempted to improve black health in order to curb the spread of disease to the white population. Black mothers were urged to “be as interested in the welfare of their babies as white mothers are,” again implying that black mothers were to blame for the high morbidity and mortality among black infants and the spread of disease. The health of black mothers and infants might have been of particular concern to whites, considering the widespread custom of employing black wet nurses for white infants and hence “protection of the black nurse may save its white charge.”

Legacy of Suspicion

Notwithstanding some meager gains, many of the public health initiatives proved racially biased and inadequate. Health officials continued to be preoccupied with racial differences and black sexual behavior, and some measures were not only discriminatory but even involved

29 Clippings, Reel 7, 1918, p. 898 (Jackson Mississippi News, Sep. 5, 1918); Reel 7, 1918, p. 891; the quotation from Keystone, March 1909, is taken from Johnson in Green, 1999, p. 169; for more on social workers whose ability to reach blacks was compromised by the fact that they clearly held racial stereotypes such as the belief in the “white burden” to help inferior blacks, see Lily Hammond, 2008, and Gordon, 1991, pp. 559-590; Gordon notes that whites view all blacks, irrespective of their class, as poor and uneducated.
experimentation and efforts of extermination. The Tuskegee Study of Untreated Syphilis in Macon County, Alabama, and eugenics disguised as medical science which eventually led to the Negro Project in Nashville, Tennessee, and Berkeley County, South Carolina are among the most infamous examples of the manipulation of black health. Subjects of the Tuskegee experiment were black men in the late, tertiary state, of syphilis. The objective of the study was to investigate the serious complications during the final phase of the disease in blacks. The organism responsible for syphilis, the stages of the disease, the complications resulting from non-treatment were all known prior to the beginning of the study. Thus the study was based on the fact that there were medical differences between the races, as “syphilis in the Negro is in many respects almost a different disease from syphilis in the white.”

Efforts to improve black health during the Progressive Era were further compromised by the prevailing attitude among many white reformers that the best solution to the Southern black health crisis would be to prevent blacks from being born in the first place. Particularly disturbing is the degree to which some black healthcare professionals and black leadership shared in this view. In 1918, one of the most popular books on eugenics, Applied Genetics, was published. It included a chapter on the inferiority of the black race, based on the data from health statistics and IQ test scores. Devoted eugenicists, such as the publisher of the American Journal of Physical Anthropology Aleš Hrdlička, promoted eugenics as “one of the greatest manifestations of humanity” and claimed that it is “merely applied anthropological and medical science – applied for the benefit of mankind.”

Hard-liners proposed sterilization of the unfit as a “biological necessity,” convinced that the Mendelian laws of biology refuted the nurture argument of social reformers. Popularizers of racist eugenics such as Madison Grant condemned the cultural anthropologists for promoting the “fatuous belief in the power of environment.” The promotion of eugenic principles, cloaked in the mantel of scientific authority and represented by people with apparently immaculate credentials, was not easily rebutted. Yet in spite of the popularity of these ideas in the North and West, and their consequent implementation such as in compulsory sterilization of the criminal and mentally ill and the

30 Jones, 1993, pp. 1–2, 4, 106; the longest non-therapeutic experiment on human beings in medical history involved 399 black men with syphilis and an additional 201 controls. It lasted for nearly 40 years, from 1932 to 1972.

31 Baker, 1998, pp. 92–94; this quote is taken from a speech given at the America University in 1921.
passing of anti-immigration laws, their influence in the South was initially less severe, especially in regards to blacks.  

Southern eugenicists, concerned with the preservation and improvement of the Caucasian race, did not perceive blacks as a threat to their “racial purity,” since segregation and anti-miscegenation laws prevented the racial mixing so dreaded elsewhere. Ironically, the concept of black inferiority, which promoted eugenic activism elsewhere, served to lower the risk of enforced sterilization for blacks in the South, at least initially. The majority of white victims would be found among the mentally ill, who were either segregated permanently by institutionalization or had to undergo sterilization procedures as part of the eugenic program to rehabilitate patients. Blacks found protection from the eugenics campaign there as well due to the fact that there were no mental health hospitals available for blacks, and only a few that offered segregated wards with very limited capacity for black inmates.

Northern eugenicists, of course, never meant to exclude blacks from their assault and beginning in the 1930s, northern philanthropists funded greatly expanded sterilization programs and worked closely with Margaret Higgins Sanger to develop eugenic birth control programs as part of the public health service throughout the South, leading to the Negro Project. Amidst efforts to improve the well-being of babies and reduce infant mortality, there was a growing sentiment that in order to preserve the health of blacks, family size should be limited. In the racial climate of that time, however, birth control soon became entangled with population control. Extremist racial propaganda, backed by leading scientists, proclaimed the biological and moral inferiority of the “Negro,” and these views often invaded the work of white health care providers.

Sanger, a lifelong crusader for birth control and its most noted promoter, became heavily influenced by the anti-black and anti-immigrant propaganda of her time, embracing the prevailing racist ideology of the eugenics movement. By 1932, Sanger would voice her approval of the successful implementation of compulsory sterilization laws in at least twenty-six states. The American Birth Control Federation planned a “Negro Project” in 1939, specifically targeting the “careless and disastrous breeding of Negroes” in the South. It envisioned “experimental” clinics that aimed at decimating the black population through

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33 Ibid., pp. 93, 116, 122–123, 154–155; Larson argues that southern whites didn’t expect blacks to contribute intellectually to their caste society and saw an eugenic improvement of the black race as a violation of the status quo.
sterilization and birth control. The plan was devised by Margaret Sanger and her public statements and private letters clearly showed her racist views and strong commitment to eugenic ideals. She wrote that the “great biological menace to the future of civilization ... deserved to be treated like criminals.” Still, she was able to recruit black ministers to lead the local birth control committees, thereby rendering blacks as vulnerable as possible to its propaganda. Sanger disclosed the agency’s strategy in a letter to a colleague, stating her hope that black ministers would lend their support to the campaign and dispel the charge of genocide. She believed that “the most successful educational approach to the Negro is through a religious appeal. We do not want the word to get out that we want to exterminate the Negro population, and the minister is the man who can straighten out that idea if it occurs to any of their more rebellious members.” Sanger insisted on training black ministers and doctors at her clinic in New York before they go south “until they are oozing with birth control as well as population.” In fact, many distinguished black leaders like W. E. B. Du Bois championed the birth control movement.34

Members of the growing black middle class shared white middle-class fear in regards to the reproductive rates of the poor who they held responsible for aggravating the race problem. Their views were clearly informed by the eugenic rhetoric of the times. Editorials on eugenics began to appear in the black press in the 1920s, such as Albert Beckham’s article “Applied Eugenics,” published in the Crisis in 1924. Beckham was convinced that blacks could greatly benefit from eugenics:

Eugenics is interested in breeding for tomorrow a better negro. One more anxious, more capable, and more courageous to assume a larger share of our economic, political and social responsibilities.

Many black activists could be found in support of Sanger’s campaign. As early as 1922, a Crisis editorial had promoted birth control as

34 Davis, 1981, pp. 203–215; Ordover, 2003, p. 153; Simmons, 2002, p. A23; Simmons reports that as late as 1966, in his acceptance speech of the Margaret Sanger Award, granted by Planned Parenthood Federation of America, Martin Luther King mentioned a striking “kinship between our civil rights movement and Margaret Sanger’s early efforts.” Some prominent blacks who were on Sanger’s Advisory Council: Michael J. Bent, M.D., Meharry Medical School, Nashville, Dr. Mary McLeod Bethune, president, National Council of Negro Women, Washington, D.C., Dr. Dorothy Boulding Ferebee, president of Alpha Kappa Alpha Washington, D.C., Charles S. Johnson, president, Fisk University, Nashville, Arthur Spingarn, president, National Association for the Advancement of Colored People; for a discussion of Sanger’s support of ‘negative eugenics,’ or the weeding out of the unfit, see Chesler, 1992.
“science and sense applied to the bringing of children into the world,” stating that “of all who need it we Negroes are first.” It stated that nearly twice as many black infants died, as compared to whites because of those who “have endless children.” Du Bois had begun preaching birth control years before the project, arguing that only racial “fitness” would ensure racial progress. He shared his concerns in the Birth Control Review in 1932, maintaining that “the mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to rear their children properly.”

It would be misleading, however, to see black support for birth control solely as a misguided acceptance of white attempts to “improve” the race, or even conclude that blacks actively promoted eugenic sterilization. No doubt, many blacks considered unwanted pregnancy as a financial burden and birth control as a solution to both poverty and maternal and infant health. Others wanted an end to women’s dangerous attempts to self-abort and the tragic consequences of illegal abortions. Louanne Ferris, a black nurse at a municipal hospital, witnessed the tragedy of unwanted pregnancies daily. She recalled a young black girl, hemorrhaging from an incomplete illegal abortion. The patient was near death, but two young white interns refused to help her, because she did not disclose the name of the person who had performed the procedure. About half of the female patients of that hospital were abortion cases gone wrong, and the women received little help and less sympathy from most of the white doctors. Many of the women were married, but ill health or poverty discouraged them from facing another pregnancy. Some carried to term and then deserted the baby. This situation certainly increased acceptance for birth control.

Yet endorsing contraceptives and abortion or even voluntary sterilization in the context of black health often proved less effective than promoting it by using eugenic rhetoric and arguments for population control, as the latter more successfully secured financial and legislative

35 Hasian, 1996, pp. 64–69; Du Bois, 1932, pp. 166–167; Crisíis 24, 6 (Oct. 1922), pp. 248–250; DuBois had been deeply influenced by European theories of racial progress and national destiny when he was a post doc, see Sundquist, 1996; this is not to say that DuBois embraced radical racist eugenics as promoted by white supremacists such as Aleš Hrdlička, Madison Grant, and Lothrop Stoddard. English maintains that while black intellectuals “tailored a discourse of eugenics and “natural selection” to a project of intraracial uplift,” they were acutely aware that white eugenicists considered all blacks as inferior, see English, 2000, pp. 291–319, and English, 2004.

support for birth control clinics. Similar to the exploitation of the white phobia surrounding contagious germs that prompted public health services to preserve white health, engaging popular eugenic concepts often encouraged support for birth control clinics that extended services to blacks in order to preserve racial superiority for whites. “Bad genes” had to be attacked as aggressively as dangerous disease germs and, as with the spreading of germs, it was blacks and their presumed ignorance and immorality that posed the greatest danger. Again, blacks sometimes had to engage in self-castigation and accept humiliation, playing to the stereotypes of racial ideology, in order to gain access to services otherwise denied to them. Prescribing to the eugenic jargon was a dangerous path to tread, though, as it opened the doors for subsequent abuse. It has been documented elsewhere that the black press and Du Bois, while actively promoting birth control to better the destitute situation of black women and children and sometimes entertaining eugenic ideas in an understanding that they could improve any race, were wary of eugenic sterilization and its potential for further exploiting the social and economic vulnerability of blacks. And indeed, over the next decades blacks and other non-whites were targeted disproportionately for eugenic sterilization.37

Many health officials and northern philanthropists, such as Clarence Gamble, who worked with Sanger on the Negro Project, participated in and financed many population control experiments, and established over twenty sterilization clinics in the 1940s, believed that providing birth control programs in black communities that required user participation was a misuse of funds. General belief in the inferiority of blacks and their presumed inability to use contraceptives such as sponges, foam powders or diaphragms correctly, often led to a half-hearted approach in providing supplies and proper training.

37 Schoen, 2005, pp. 3, 71; see Jesse Rodrique in DuBois, 1990, and Ordover, 2003, pp. 153–154, 165–166, on the black press’ resistance to eugenic sterilization: the Pittsburgh Courier described the passage of Georgia’s sterilization bill “as another club over the heads of black serfs” and Du Bois warned that the “burden of this crime will, of course, fall upon colored people, and it behooves us to watch the law and the courts and stop the spread of the habit.” In North Carolina – the state that initiated more sterilizations per capita than any other, the percentage of black women approved for sterilization by the Eugenics Board rose from 21% of the victims in 1929 to 65% in 1964. In one particular North Carolina town black girls were sterilized at age fifteen, if the mother received welfare. As blacks gained increased access to health care and welfare services, state-supported sterilization rates increased dramatically and also targeted other non-whites such as Puerto Ricans and Mexicans; for further discussion of the notion that promoting good health is a moral responsibility, regardless if it involves genes or germs, see Pernick, 1997, pp. 1767–1772.
Other programs lost funding or were terminated, as was the case in Florida where Dr. Lydia DeVilbiss offered a range of birth control services, including folk remedies, commercial contraceptives and experimental sterilization to both impoverished whites and blacks in Miami. While her services where no doubt in great demand, her differential treatment of blacks also revealed her racist views. She withheld funds from "southern darkies," claiming their inability to regularly use birth control and closed one of her clinics run by a female black physician, stating that clinics without "white supervision" could not function properly. Sterilization, then, was often the answer to all these concerns and increasingly over the next decades blacks, who were less likely to obtain other reliable means of contraception and desperate to protect their health and limit their family size, often opted for it voluntarily. Acceptance for birth control, legalized abortions and sterilization did not, however, address the effect of racial discrimination on the health and healthcare of blacks.  

Conclusion

Rather than attacking the core causes of the disproportional high morbidity and mortality among blacks, diseases, poverty, and most of all discrimination and racism, the medical community, supported by anthropologists, geneticists, pathologists and evolutionary biologists blamed biologic and moral inferiority for the dire state of black health. The passive attitude of city, state, and federal authorities combined with black powerlessness magnified the black health dilemma. Mortality and morbidity were higher in the South than in the North, and southern blacks were measurably worse off than even poor whites. The principal factors for disease were poverty and the South lagged behind in both numbers of doctors and hospitals. Its segregation policies required a costly dual health care system that proved especially devastating to blacks who were relegated to substandard facilities and negligent care. Public health responses to the dire state of southern black health ranged from indifference and inaction to inadequate and often racially motivated efforts to curb disease. Many in both the lay and medical community considered blacks as physically distinct. Some linked excessive

morbidity to their alleged immorality. And Social Darwinists viewed it as proof for the gradual extinction of the race, claiming that blacks were an "unfit" race.

Still, at a time when scientific racism backed neglect and even entertained hopes of extinction, public health policies for blacks and, as a consequence, the health of southern blacks made unprecedented advances during the Progressive Era. Among the newly developing scientific disciplines, microbiology alone provided scientific support for the inevitability of addressing the ill health of blacks, prompting measures by foundations and public health services that gradually effected a steady decline in the mortality rates. Some of the public health initiatives, however, were not only racially biased or inadequate, but proved abusive and even detrimental to blacks. Persistent prejudice and a belief in racially distinct physiology and pathology overshadowed the positive impact the "democratic germ theory" could have had in regards to black health. The racist ideology of the eugenics movement influenced the discourse on birth control; sickle cell anemia was used as indicator for race pollution; and racial distinction and inferiority justified the medical experimentation in the Tuskegee Study.

Furthermore, this legacy of neglect and exploitation shaped the long-term relationship of blacks with the medical profession and public health service. As reported elsewhere, the memory of the Tuskegee experiment continues to give rise to conspiracy theories. Blacks are at a disproportionately high risk for both HIV and AIDS and a survey in 2005 showed that over half of the blacks polled believed that a cure for AIDS exists, but is withheld, while 15% believe that the disease was created by the government to affect black population control. This lingering distrust and fear of experimentation and extermination surely reflects the historical realities of health care policies aimed at the black community, and has severe implications for clinical trials with antiretroviral drugs for AIDS, the first heart drug approved specifically for blacks, BiDil, and long term birth control devices such as Norplant and Depo-Provera.39

As the twentieth century drew to a close, we could observe a renewed scientific legitimacy of racial differences in the revival of eugenics, albeit

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39 The survey was conducted by the Rand Corporation in cooperation with Oregon State University; see Bogart, 2005, pp. 213–218; for a further discussion on fears and suspicions surrounding BiDil see Coates, 2005, p. 36; in the 1990s Norplant was immediately associated with the targeting and coercion of minority women; legislators in 13 states proposed bills to mandate Norplant to curb welfare costs and the devise was used as condition of probation and financial incentive in welfare programs; see Davidson, 1997, pp. 550–551.
carefully disguised under the beneficial cloak of "personalized medicine" or "gene therapy." With the completion of the Human Genome Project in 2003 and the beginning of genomic medicine and pharmacogenetics, medical research aims at finding a "race drug" for heart disease or a "preterm birth gene" to explain racial differences in infant death, rather than evaluating socio-economic factors and minority status as contributors to disease. A recent study has shown that nearly two-thirds among a black sample population for type II diabetes were on low income, had little education and nearly one half was not employed. Clearly, confusion over what constitutes race and racial difference persists within the scientific, medical and social discourse. In addition, recent research into the role of fatalism and its association with decreased black health and healthy behaviors among blacks sheds more light on some of the psychological causes for disease and disease management, such as the negative aspects of prolonged minority status expressed in "feelings of powerlessness, worthlessness, meaninglessness, and social despair."40

Nearly a century after the decision was made to extend public health care to blacks, a decision that improved black health through the Progressive and into the Civil Rights Era, we again observe increased disparities in health and health care of blacks. Today blacks are at a higher risk for almost all diseases and constitute the leading group in both infant and adult mortality statistics. However, these statistics do not support the popular and convenient conclusion of racially-based biological differences. The genetic theory of race seems to be contradicted by the rapid improvement black health experienced during the Progressive Era, once public health initiatives targeting blacks had been put in place.

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