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**“Sick and tired of being sick and tired”: Black women and the  
National Negro Health Movement, 1915–1950**

Smith, Susan Lynn, Ph.D.

The University of Wisconsin - Madison, 1991

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**A dissertation entitled**

"SICK AND TIRED OF BEING SICK AND TIRED":  
BLACK WOMEN AND THE NATIONAL NEGRO HEALTH MOVEMENT,  
1915-1950

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by

Susan Lynn Smith

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"SICK AND TIRED OF BEING SICK AND TIRED":  
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A thesis submitted in partial fulfillment of the  
requirements for the degree of

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(History)

at the

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1991

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*Abbreviations*

<b>AKA.</b>	<b>Alpha Kappa Alpha Sorority</b>
<b>NAACP.</b>	<b>National Association for the Advancement of Colored People</b>
<b>NMA.</b>	<b>National Medical Association</b>
<b>YMCA.</b>	<b>Young Men's Christian Association</b>
<b>YWCA.</b>	<b>Young Women's Christian Association</b>
<b>USPHS.</b>	<b>United States Public Health Service</b>

## *Chapter 1*

### *Introduction: African-Americans, Gender, and*

#### *Public Health in the South, 1890-1920*

Fannie Lou Hamer, the youngest of twenty children born to sharecropping parents in rural Mississippi, emerged as a leader in the black civil rights movement of the 1950s and 1960s with her rallying message that she and all black people were "sick and tired of being sick and tired." Health issues have been, and continue to be, a major focus of black women's political activity, as witnessed most recently in the National Black Women's Health Project, which took Hamer's words as its slogan.<sup>1</sup> So, too, earlier in the twentieth century black women saw their struggle for improved health conditions as part of a political agenda for black rights.

This story of the National Negro Health Movement from 1915 to 1950 emerges at the intersection of women's history, African-American history, and the history of medicine. It examines the gender and class dynamics of one phase of the history of the black struggle for health care. This project addresses the question: How did African-Americans respond to the inadequate provision of health services in the twentieth century? The search for answers led to government records at the state and national level, especially the records of the United States Public Health Service (USPHS). Records at historically black

colleges, including manuscript collections of national black organizations and individuals active in the movement, also provided valuable information. This work analyzes black struggles over the distribution of health resources, social welfare services, and basic survival needs.

Historians have illustrated the ways that racism and segregation restricted black access to existing health services and social welfare institutions, as well as severely limiting the number of black health professionals. Edward Beardsley, in particular, demonstrated the neglect and outright denial of health services to African-Americans in the South. Yet, scholars have not paid adequate attention to the health services that African-Americans created for themselves.<sup>2</sup>

While poverty and discrimination limited opportunities for health services, these same factors increased the health needs of African-Americans. Public health practitioners and historians use a number of measurements to evaluate the health status of a given population, including morbidity, mortality, and life expectancy rates. Consistently throughout the twentieth century black morbidity and mortality rates were higher than corresponding white rates. For example, in 1900 the black death rate was 25 per 1,000 people, while the white rate was 17 per 1,000, and although the black rate dropped in 1930 to 14 per 1,000, it was still considerably higher than the white rate of 10.<sup>3</sup> In addition, although black and white life expectancy increased over the course of the twentieth century, a gap between them has remained with white rates always higher than black, and the

rate for women higher than for men among both black and white Americans. Despite the fact that curative medicine and technological advances have taken much of the credit for the increasing longevity, preventive medicine and public health may have been more important.<sup>4</sup>

From 1890 to 1920 the health activities of organized black club women laid the foundation for the black health movement, which did not officially begin until 1915. The National Negro Health Movement grew out of black club women's health work, and became a catalyst for black community organizing from 1915 to 1950. The leaders of the National Negro Health Movement tried to coordinate the health activities of black communities around the country into a national movement. Thus, twentieth-century black health activism originated in black women's club work in the 1890s and developed into a national black health movement in the twentieth century, which some activists labelled the National Negro Health Movement.

Black women, as both health professionals and layworkers, formed the backbone of the black health movement. Women were integral to the founding, maintenance, and sustenance of black health programs. Although men held most formal leadership positions, women did most of the grassroots organizing. As Charles Payne has argued for the modern black civil rights movement, "men led, but women organized."<sup>5</sup> There was a continuous, unbroken line of black women's health activism since the 1890s, without which the entire black health movement

would have collapsed.

Black women did not work in isolation but within a community network of female health advocates, including mothers, midwives, nurses, teachers, home demonstration agents, and sorority and club women. Just as Judith Walzer Leavitt proposed that recent trends in medical history have broadened definitions of healers, research on black health reform suggests that the health care system in general, and public health in particular, involved much more than medical experts. Although some black men contributed to the movement as doctors, ministers, and educators, most of the grassroots activists were black women. Female health advocates were the links between black communities and health services, and their primary contacts were poor black women. A wide range of black health reformers, including midwives, female professionals, and middle-class laywomen created a black health movement through connections and interactions with each other and poor black women.<sup>6</sup>

This study also demonstrates that African-Americans were not a monolithic group, and that class differences influenced individual and community actions. Indeed, the insistence on diversity within black communities was one of the most clearly articulated messages of the rising black middle class at the turn of the twentieth century. Tensions and competing interests existed among African-Americans, as in all populations. Reform efforts were not simply altruistic endeavors by the middle class to help the poor. Members of the black middle

class stood to gain previously denied legitimacy by constructing a position for themselves as the moral superiors and leaders of poor black people.<sup>7</sup> Therefore, historians of African-Americans must challenge the concept of "self-help" as individualized, and show how racial uplift efforts were most often enmeshed in community activism that was in turn influenced by competing class interests.

Examination of this early twentieth-century black health movement raises questions about the political meanings of health reform. Was there a specifically feminist impulse to health reform? When was health reform civil rights activity? To answer questions about the degree of "feminist" and "civil rights" goals in the movement requires clarity of the meaning of these terms. My interpretation is that both terms describe efforts not only to defend perceived rights, but also to change existing social relations.<sup>8</sup> This work on black health activism suggests that there were feminist and civil rights elements to the movement; however, the participants never fully articulated their goals in these terms. Although changing historical contexts alter political strategies, there were lines of continuity from early twentieth-century black health activism to later feminist and civil rights activity.<sup>9</sup>

Much of the contemporary black and white feminist movements focus on health issues, with an insistence that health is much more than the absence of disease, but is also about quality of life, self-respect, freedom, and safety. Black women in the early black health movement, concerned with the survival of black

Americans, also tried to improve black health and quality of life. Although black women generally did not hold national leadership in the movement, there were autonomous woman-run health projects, such as the Alpha Kappa Alpha Sorority Mississippi Health Project of the 1930s. It is only after World War II that a self-consciously feminist black women's health movement emerged, and with it a shift from black women organizing for their communities to organizing for themselves. Yet, there were important ideological linkages from the earlier twentieth-century black health movement to the black women's health movement of the 1980s.<sup>10</sup>

Black women health activists, along with some men, not only attempted to improve black health conditions, but also used the health care arena as a site to advance the black civil rights struggle. This activity took place during the period of legalized segregation from 1890 to 1950, prior to the black civil rights movement of the 1950s and 1960s. In defending their right to health services, middle-class African-American women and men challenged the racially segregated health care system. The historiography of the modern civil rights movement has raised the question, according to Steven F. Lawson, of whether the freedom movement of the later period "continued a previous protest tradition or started a new one."<sup>11</sup> My research on black health activism suggests that there are important continuities in black people's challenges to racial discrimination, but that strategies changed within changing historical contexts.

The National Negro Health Movement marked a complex transition period

between the compensatory, separate black health organizing efforts from 1890 to World War I, and the integration efforts of the post-World War II period.

Middle-class black health activists of the National Negro Health Movement affirmed the need for universal public health services even as they established separate black health campaigns. The black health movement built upon and continued to rely upon the labor of black women whose grassroots organizing efforts created a mass movement for the improvement of black health.<sup>12</sup>

\* \* \* \* \*

### *Public Health in the South*

Public health movements emerged in the late nineteenth century in the South, yet historians have focused mostly on the role of northern philanthropic foundations, such as the Rockefeller Foundation, and the federal government in sponsoring health campaigns. More attention should be directed at local grassroots efforts to understand further the contributions of Southerners in general, and African-Americans in particular, to the development of southern public health. By analyzing the organized social welfare activities of African-Americans, especially women, this work provides evidence of some of the indigenous roots of public health activity in the South.

Historical literature on public health in the United States has grown

rapidly, but enormous gaps remain. The current historiography of American health reform generally leaves out both African-Americans and women, thereby making black women's reform efforts doubly invisible.<sup>13</sup> Furthermore, its focus on urban settings has ignored the rural context even though the majority of white Americans lived in rural areas until 1920 and the majority of black Americans until World War II. Even today one-fourth of the United States population is rural.<sup>14</sup>

Public health work in the southeastern United States, commonly referred to as the South, has been influenced by the southern patterns of slaveholding, race relations, one-crop economies, climate and geography, and the self-defined sense of a uniquely southern way of life.<sup>15</sup> Although it seems that most public health work in northern states was centered in the growing cities, the South remained a predominantly rural region because of the slower pace of industrialization. Thus, public health efforts in the South were predominantly rural-based. Rural public health campaigns in northern and western regions also require further exploration.

Currently, the history of organized public health efforts in the South can be divided into roughly three periods: 1) the Civil War to 1890, when epidemics prompted the establishment of southern state boards of health; 2) 1890 to World War I, when private organizations played a major role in sponsoring southern public health campaigns; and 3) World War I through World War II, when wars

and the Great Depression led to the expansion of federal authority over public health.

### *Civil War to 1890*

White Southerners expressed concern with sanitation and adequate health before the Civil War, but not through any systematic, state-wide focus on public health.<sup>16</sup> Following the Civil War, race relations and political and economic reconstruction held the attention of black and white Southerners. However, health concerns did occasionally surface, such as during epidemics or struggles between white planters and freedpeople over the provision of health services in labor contracts. In general, white concern for black health was limited to preventing the spread of disease from black to white populations.<sup>17</sup>

Epidemics, such as yellow fever, prompted public health activities in the South, even as racial politics constrained southern reform efforts in the post-Civil War years. Margaret Warner has argued that southern state boards of health developed in the 1870s and 1880s specifically for the purpose of controlling yellow fever out of concern for its potentially harmful impact on the commercial success of the South.<sup>18</sup> Furthermore, the southern yellow fever epidemic of 1878 led to the establishment of the National Board of Health, which existed from 1879 to 1883.<sup>19</sup> However, white southern fears of black progress and racial equality significantly slowed the development of southern public health campaigns. For

example, when yellow fever struck a town, wealthy white inhabitants had the means to leave even though poor white people and most black people had to remain. Therefore, southern state boards of health only acted to stop the spread of disease to save southern business, not black lives. As Warner pointed out, southern state legislatures did not eagerly finance sanitation programs because white legislators "equated schemes for improving the lot of the poor with the much hated reconstruction programs for assisting the Negro."<sup>20</sup>

### *1890 to World War I*

The period from 1890 to World War I, the so-called Progressive Era, was marked by the rise of a black middle class, a white backlash against African-American progress, and a corresponding growth of black health activism. It was a time of escalating violence by white against black Americans, including an increase in lynchings, and the legal assault on black communities through the disenfranchisement of men and the entrenchment of segregation.<sup>21</sup> Many African-Americans responded by leaving the South, but until World War I 90 percent of all black people remained in southern communities.

The literature on southern public health at the turn of the twentieth century has grown slowly, and most often focused on a single disease, such as hookworm or pellagra, across the entire region.<sup>22</sup> These "southern" diseases brought new attention to the South during this period. Southerners sometimes

responded to northern interest in southern diseases as insulting outside interference. Pellagra, identified in 1906 when an epidemic struck the black inmates of the Mount Vernon Insane Hospital in Alabama, was a disease that came to be identified with dietary deficiency. Joseph Goldberger of the USPHS was a major proponent of the dietary theory but many Southerners resented the stigma of poverty his views suggested. Both northern private foundations and the federal government assisted with studies of pellagra. The USPHS conducted investigations of the disease and two wealthy northern philanthropists donated \$15,000 to study pellagra.<sup>23</sup>

The hookworm eradication campaign from 1910 to 1915, sponsored with one million dollars from the Rockefeller Foundation, added to the perceived assault on southern pride with its implication that the South was worm-infested. Hookworms were blood-sucking parasites that entered between the toes of bare feet and lived in the intestines. Hookworm eradication required the introduction of sanitary privies and the wearing of shoes. Some Southerners even suspected that the Rockefellers just wanted to make money by selling shoes to frightened Southerners. The Rockefeller Hookworm Campaign, which began in 1909 with the prodding of scientist Charles Stiles at the United States Department of Agriculture, encouraged the development of rural health programs by funding local health departments to work in rural communities throughout the South. Indeed, John Ettling argued that the Rockefeller Foundation's "most important

legacy in the South was the network of state and local public health agencies left in its wake."<sup>24</sup>

Southern public health campaigns emerged after the Civil War around epidemics, such as yellow fever, and endemic diseases, such as hookworm disease. By the early twentieth century, the federal government and northern philanthropic foundations assisted the development of an institutional base for public health activity in the South. Yet, health officials continued to neglect the health of black Americans except when they feared that black ill-health threatened white lives.<sup>25</sup>

#### *World War I through World War II*

The USPHS further boosted southern public health activities, as two world wars and the Great Depression profoundly increased federal authority over public health in the United States. In 1902 President Theodore Roosevelt changed the name of the former Marine Hospital Service, founded in 1798 to assist seamen, to the Public Health and Marine Hospital Service in order to acknowledge its expanding activities. In 1912 the institution became the United States Public Health Service, reflecting its exclusive concern with national health issues.<sup>26</sup> During World War I the USPHS led a major campaign against venereal disease in order to safeguard the health of military recruits.<sup>27</sup> Later, under President Franklin Roosevelt, New Deal legislation attempted to aid national recovery through such health and welfare measures as the 1935 Social Security Act.

Edward Beardsley has argued that the federal government rescued the southern health care system and provided the first health reform measures to benefit African-Americans.<sup>28</sup>

The current state of the literature on public health in the South suggests that external forces, such as northern foundations and the federal government, induced health reform. Margaret Warner asserted that it took

the educational efforts of outside influences, such as the Rockefeller campaign and the Public Health Service's crusades against malaria, pellagra and syphilis, to impress the indifference of southern legislators with the region's unhealthiness and the costliness of a diseased population.<sup>29</sup>

Certainly, financial support from private philanthropic foundations and the federal government caught the attention of white southern officials. Furthermore, the particular path that public health efforts took in the South was rooted in the economic and social relations of the region. However, these institutional histories have paid little attention to local grassroots efforts.

A more complex history of southern public health will emerge as historians take into account the health activities of African-Americans whose struggles changed the contours of the southern health landscape. Historians need to examine the presence of and pressure from black Southerners in public health work. Public health activity in the South did not only arise from outsiders but also derived from local interest in health problems. Black people, in particular, had to find their own solutions to the ill health in their communities. Even the limited federal health activity for African-Americans during the 1930s rested on a

foundation of black health programs put into place by black people well before the New Deal.

### *African-Americans and Disease*

The paucity of material about the history of black people's health status and their efforts to improve health conditions is startling. A narrative history of African-Americans in medicine, published in 1967 by Herbert Morais, is still unmatched.<sup>30</sup> Works by Todd Savitt and James Jones have demonstrated the impact of racism on black health, but with little comment on how African-Americans responded to oppression.<sup>31</sup> Edward Beardsley went a step further by providing at least some discussion of the health work of African-Americans on their own behalf.<sup>32</sup>

In the histories of diseases in the South, except for the few above named historians, scholars have been remiss in their failure to analyze how these diseases affected southern black populations. It appears that African-Americans had higher rates of morbidity and mortality in almost all disease categories. Yet, despite the greater health needs of black people, segregation and racism in health care, especially in the South but evident throughout the nation, resulted in the denial of health services to African-Americans. Even when whites were interested in extending care to black people it was usually as a means of self-protection, such as when white fears of the spread of tuberculosis from black to white people lead

to anti-tuberculosis programs for black Americans.<sup>33</sup>

Historians pass off fleeting references to the susceptibility of black people to contracting certain diseases without satisfactorily analyzing how or why white Southerners identified such differences. For example, Margaret Warner indicated that black people had lower mortality rates than whites from yellow fever epidemics until the late nineteenth century, but she did not explore why that perceived change came about.<sup>34</sup> According to Elizabeth Etheridge, in the 1910s researchers for the USPHS found that even though fewer black than white people seemed to be afflicted with pellagra, more black people died from it. Still other investigations found that black people were just as likely as white people to contract the disease, but that their cases had not been reported before. Women and children seemed to be especially vulnerable to the disease.<sup>35</sup>

One of John Ettling's few observations on black Southerners and hookworm disease was that black people were "less susceptible" to hookworm infection than whites. Although he indicated that hookworm campaign organizers never hired a black doctor, he did find scattered evidence suggesting that the Rockefeller Foundation did some hookworm eradication work in black communities.<sup>36</sup> Further details await the development of research that employs a critical analysis of the assumptions of biological differences between black and white people, ideological constructs that have served to justify white supremacy. One possible avenue would be to explore the health commissions on pellagra,

hookworm, and tuberculosis established in 1910 by the National Medical Association, the black medical organization.<sup>37</sup>

### *Black Women's Social Welfare Work*

If historians had considered the organized social welfare activities of African-Americans, especially women, they would have seen a significant part of the indigenous roots of southern public health work. Black health activism from 1890 to 1920 took place within the context of social welfare work for African-Americans, especially the work of black club women who were at the center of such activities in this period. Health work grew out of and continued connections with the social service work of such organizations as the National Association of Colored Women, representing organized black club women, and the National Urban League. Networks of middle-class black activists, including women and men in black medical, nursing, teaching, business, and other religious and secular associations, mobilized to provide health services to black communities.

Both black and white women's civic activism has been central to the creation of social welfare programs in general, and health care provisions in particular. The task was more arduous for black women because racism and segregation meant the creation of a separate, privately funded network of health and social services for African-Americans. Rural and urban black women at the turn of the twentieth century were concerned about a wide range of social issues,

including health care, education, housing, child care, and family life. Much of black women's social service activities developed in communities surrounding southern black educational institutions.<sup>38</sup>

Middle-class black health activists worked under the assumption, first articulated during health reform movements in the nineteenth century, that good health was one characteristic of middle-class respectability.<sup>39</sup> Indeed, middle-class black women argued that as women, the guardians of morality, they were uniquely able to bring about the salvation of the race. As scholars such as Paula Giddings have shown, black women insisted that black progress would only come through their moral influence. Rigid standards of morality and respectability, which were black middle-class responses to racist sexual stereotypes, cast sexually conservative overtones on otherwise progressive health reform efforts in black communities.<sup>40</sup>

Historian Gerda Lerner demonstrated that through women's clubs, black women tried to address the range of problems facing their communities because of segregation and discrimination. Club work was midway between the work of personal charity and professional institutions, and as such, influenced the direction of social welfare work during the Progressive Era. Black club women believed that community improvement would uplift their race and their sex. Club women established day nurseries and kindergartens in response to the needs of mothers in the labor force. They also opened working girls' homes to assist young, black

migrants from rural areas with housing, employment information, job training, and moral instruction.<sup>41</sup>

Furthermore, club women organized community support for the establishment of hospitals and nursing schools throughout the country. The work of historians Vanessa Northington Gamble, Patricia Ellen Sloan, and Darlene Clark Hine has provided insightful analysis of the development of black hospitals and nursing institutions.<sup>42</sup> Historians have focused primarily on health professionals and paid insufficient attention to the contributions of laypeople in the community, especially middle-class black women, to the founding and maintenance of hospitals and nursing schools. The early history of Provident Hospital and Nurse's Training School in Chicago, one of the best studied black hospitals, demonstrates that it was the uncompensated labor of laywomen, along with the student nurses, that sustained such institutions. Laywomen's health activism was characterized by a sweeping approach to health care that informed their belief that the cook's knife was as important to the running of the hospital as the surgeon's knife, and that nurses were as important to the recovery of patients as were physicians.<sup>43</sup>

By the late nineteenth century, ethnic and religious groups commonly organized their own hospitals to meet the needs of their communities.<sup>44</sup> African-Americans were no exception and Provident Hospital provides a good example of the efforts undertaken by black women around the nation. Provident Hospital

opened in 1891 in Chicago, one of the most popular northern destinations of migrating black Southerners. It was the first black-controlled hospital in the U.S. and a major institution of Chicago's black community.<sup>45</sup> Dr. Daniel Hale Williams, who grew up in Janesville, Wisconsin, and practiced medicine in Chicago, was the founder of Provident Hospital.<sup>46</sup> As early as 1888 he had envisioned opening a hospital that would not discriminate against African-Americans, but plans did not get underway until Emma Reynolds arrived in Chicago in 1890. Reynolds, a young black woman from Kansas City, hoped to enroll in a nurse's training school in Chicago, but the schools rejected her because she was an African-American.<sup>47</sup> A number of people attempted to get her accepted, including her brother Reverend Louis H. Reynolds and Dr. Williams, but to no avail. Dr. Williams decided that if the "color line" could not be broken, the only solution was to open a nursing school for black women with an adjoining black hospital.

There were varied motivations for the establishment of Provident Hospital and Nurses Training school. Vanessa Northington Gamble argued that black physicians founded black hospitals, such as Provident, in order to assist the black masses, and at the same time meet their own professional needs. Provident provided a place for African-American physicians to bring their patients and gain clinical experience.<sup>48</sup> Middle-class black community women supported Provident in order to assist the sick poor, especially women and children, and to advance the

position of black womanhood. Community women, such as Fannie Barrier Williams, gave of their time and money because the hospital provided much needed health care to some 15,000 African-Americans in Chicago who were denied treatment at most white hospitals.<sup>49</sup>

Community women also lent their support because the nursing school expanded employment opportunities for black women. Black women seeking professional careers at the turn of the century had very few job options aside from teaching. Black community women believed nursing provided an attractive alternative to domestic service work for the younger generation of women. Black women also hoped that better paid and more respected work would alter the disrespect accorded black women generally by white Americans, a goal of particular importance to middle-class black women. The catalyst for Provident Hospital then, according to black community women, as well as the hospital's annual reports, was the need for the nursing school. The nursing school met the goals of young black women seeking better jobs, the requirements of the hospital for inexpensive staffing, and the desire of middle-class black women to "uplift" young women and elevate black womanhood.<sup>50</sup>

While Dr. Williams oversaw the efforts to establish Provident, black middle-class women presided over most of the community organizing and fund-raising work, tasks which were essential to the survival of all voluntary institutions. Even though wealthy white Chicagoans donated money to Provident, women

raised much of the necessary funds from within one of the very poorest populations in the city, black community neighborhoods.<sup>51</sup> The black middle-class women who organized the ladies' auxiliaries and fund-raising events, such as Mrs. J. C. Plummer and Fannie Barrier Williams, did this unpaid work in addition to their own jobs and family responsibilities.<sup>52</sup> As one national leader of black club women pointed out, black women's voluntary contributions were indeed noteworthy "when one reflects that few Negro women are women of leisure, or, of large means; and that the time and money they give to public work is usually at a sacrifice practically unknown to the women of other races engaged in similar work."<sup>53</sup>

Laywomen, as both individuals and representatives of their churches and clubs, donated the majority of goods and services to Provident. Provident became the center of much of the charity work of the black community, work primarily carried out by the organizational activities of middle-class black women.<sup>54</sup> Black churches, in which women were often the most active members, held fund-raising meetings on behalf of the hospital and furnished the hospital with cots.<sup>55</sup> Women made small cash donations and contributed everything from fruit, coffee, bread and ice cream to a parlor stove and a clothes wringer. The ladies' auxiliaries provided lace for nurses' caps and furnishings for nurses' rooms, while the linen clubs made sheets, pillow cases, towels and table cloths for the hospital and nursing school.<sup>56</sup> The accumulation of each contribution saved Provident

enormous sums of money over the years. In addition, such gifts made the nursing school and the hospital a more comfortable place and no doubt encouraged favorable impressions of the hospital among patients. Good publicity was essential to an institution struggling to establish its own legitimacy, especially at a time when many people still associated hospitals with almshouses and places one went to die.

Community women's maintenance of the infrastructure of Provident became even greater when they institutionalized their role in the administration of the hospital by forming the official Woman's Auxiliary Board.<sup>57</sup> Women may have formed this organization after being squeezed out of their earlier participation on the "regular" advisory board. For example, in 1896 at least four women served on the regular board, including Ida B. Wells-Barnett. The seventy members of the Woman's Auxiliary Board, including the wives of hospital staff, spent most of their time on fund-raising efforts. The board provided thousands of dollars worth of goods, everything from surgical tools and equipment to a vacuum sweeper and kitchen utensils. For laywomen, no item was outside the boundary of hospital and nursing school maintenance if it kept Provident running smoothly. In 1911, no doubt to encourage the continuation of such voluntary work, the trustees admitted that "were it not for the efforts of this band of noble women . . . it would indeed be difficult to surmise the fate of the institution itself."<sup>58</sup>

The women board members also expanded their efforts beyond the walls of

the institution into public health programs designed to lower high infant mortality rates and improve the health of children. Concern for children, a major theme of Progressive Era reformers, led to the development of a national child welfare movement.<sup>59</sup> Both black and white women reformers believed that bettering the lives of children would ensure healthier, more productive adults, and middle-class women were drawn to helping the children of the poor. Black women, in particular, argued that the survival and uplift of the race depended on healthy children.<sup>60</sup> In 1910 the women's board took over Provident's infant feeding program in order to provide free, pure milk to babies in poor black neighborhoods.<sup>61</sup> Milk programs--a popular public health strategy for addressing the high mortality rates of infants--were especially needed by black infants, whose mortality rate was generally twice that of white infants.<sup>62</sup> In 1911 the Woman's Board initiated a second public health program for children when they erected a "fresh air tent" on the roof of Provident Hospital. A number of voluntary groups in Chicago set up children's tents or "fresh air stations" in poor neighborhoods so that sick children, especially those with tuberculosis, could receive nursing care outside of crowded tenement houses. Erected during the summertime, the tent provided a place where "scores of babies find in hot weather their only chance for life."<sup>63</sup>

The early history of Provident Hospital and Nurse's Training School demonstrates that even as the survival of the black medical profession depended

upon the existence of black hospitals, black hospitals depended upon the unpaid labor of black middle-class laywomen and student nurses.<sup>64</sup> Women linked Provident to the black communities of Chicago. Community women gave of their time and their households in order to sustain a service they saw as vital to the health needs of African-Americans. Their endless fund-raising efforts were an attempt to provide to black people of all classes what white people sometimes received from tax-supported city services.<sup>65</sup> Their work for Provident was typical of the projects of black women activists campaigning for public welfare at the turn of the century.

Southern black club women, like black women in Chicago, also directed their attention to improving the lives of poor African-Americans through health projects. From 1895 to 1925 Margaret Murray Washington, wife of Booker T. Washington, headed the Tuskegee Woman's Club, which performed social welfare work for the poor in the surrounding countryside. The members were teachers or the wives of teachers at Tuskegee Institute, a black educational facility in Alabama.<sup>66</sup> In 1897 the club established a social settlement on the Russell Plantation, several miles from campus, to improve the physical, spiritual, moral, and educational life of the residents. For twelve years club women taught at the plantation every weekend until residents could run the programs themselves. They organized Sunday schools, boys' clubs, girls' sewing classes, mothers' clubs, and newspaper reading clubs for men. In 1920 Margaret Washington boasted that the

people on the plantation were "a pride to themselves and a pride to those of us who have given our time."<sup>67</sup>

Members of black women's clubs believed that health work was "peculiarly woman's work." The Tuskegee Woman's Club, and hundreds like it around nation, initiated and supported public health programs. They sent members into people's homes to promote cleanliness and teach hygiene and homemaking.<sup>68</sup> In 1911 Dr. John Kenney, medical director of the hospital at Tuskegee, described the work of the club with the poor:

The smallest details are looked after, as how to prepare and serve their food, how and when to bathe, how to ventilate their houses, how to care for their hair, the washing of their clothing, cleaning of their teeth, sleeping between sheets, and all such subjects as tend to improve their home conditions. The special subjects of tuberculosis and typhoid fever have been discussed before the people in the most elementary manner possible.<sup>69</sup>

This type of house-to-house reform and uplift work, with all its middle-class trappings, was a hallmark of the social welfare work of club women at Tuskegee and elsewhere.

Class differences clearly influenced club women's work and prompted Tuskegee women's great concern over every last detail in their educational mission. Black middle-class women believed they had a stake in the "improvement" of the poor because white America did not differentiate among African-Americans by class status. Members of the black middle class believed that their fate was tied to that of poor black people. As journalist and national

club leader Fannie Barrier Williams observed in 1904, "the status of the race is fixed by the impoverished conditions of the majority and not by the noble achievements of the ever increasing few."<sup>70</sup> Middle-class black women believed that they had to uplift poor African-Americans in order to elevate themselves, as well as the poor.

By 1915 the health reform efforts of black club women in places like Chicago and Tuskegee became part of a larger movement to improve black health. The National Negro Health Movement, which began with annual Negro Health Week celebrations, nationalized health activities that had existed since at least the late nineteenth century. When Booker T. Washington launched the observance of Negro Health Week in 1915, more black men began to take an interest in black health activities, which many had seen as "women's work" during the previous decades. Building on black women's social welfare work, black health activists tried to turn self-help ventures into state-sanctioned programs. They were not usually successful, but they nevertheless applied constant pressure for government accountability to black health needs.

Black health reform was explicitly public health reform because the well-being of individual African-Americans could not be separated from the overall health of black America. Poverty, segregation, racism, sexism, labor patterns, and other social and economic issues affected black American lives. As the history of black health reform shows, there are important connections between public and

private health. Current calls for the transformation of the national health care system are not new but are deeply rooted in the tradition of black health activism, which is an integral part of the history of American health reform.

1. See Byllye Y. Avery, "Breathing Life into Ourselves: The Evolution of the National Black Women's Health Project," in *The Black Women's Health Book: Speaking For Ourselves*, ed. by Evelyn C. White (Seattle: Seal Press, 1990), pp. 4-10.
2. Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987).
3. Herbert Morais, *The History of the Negro in Medicine* (N.Y.: Publishers Company for the Association for the Study of Negro Life and History, 1967), pp. 86 and 122. See Beardsley, *A History of Neglect*, chapter 1.
4. Judith Walzer Leavitt and Ronald L. Numbers, eds., *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison: University of Wisconsin Press, 1985), p. 5, figure 2; Thomas McKeown, *The Modern Rise of Population* (N.Y.: Academic Press, 1976); and Thomas McKeown, *The Role of Medicine: Dream, Mirage or Nemesis?* (Princeton: Princeton University Press, 1979).
5. Charles Payne, "Men Led, But Women Organized: Movement Participation of Women in the Mississippi Delta," in *Women in the Civil Rights Movement*, ed. by Vicki L. Crawford, Jacqueline Anne Rouse, and Barbara Woods (N.Y.: Carlson Publishing, 1990), pp. 1-11. See also, Paula Giddings, *When and Where I Enter: The Impact of Black Women on Race and Sex in America* (N.Y.: William Morrow & Co., 1984); David J. Garrow, *The Montgomery Bus Boycott and the Women Who Started It: The Memoir of Jo Ann Gibson Robinson* (Knoxville: University of Tennessee Press, 1987); and Karen Brodtkin Sacks, *Caring by the Hour: Women, Work, and Organizing at Duke Medical Center* (Urbana: University of Illinois Press, 1988).
6. Judith Walzer Leavitt, "Medicine in Context: A Review Essay of the History of Medicine," *American Historical Review* 95 (December 1990): 1471-1484.
7. See Darlene Clark Hine, *When the Truth is Told: A History of Black Women's Culture and Community in Indiana, 1875-1950* (n.p.: National Council of Negro Women, 1981), p. 45; and the commentaries on class by James Oliver Horton and Nell Irvin Painter in *The State of Afro-American History*, ed. by Darlene Clark Hine (Baton Rouge: Louisiana State University Press, 1986), pp. 80-81, and 133.
8. My thinking on the distinction between defending rights and changing conditions has been influenced by Temma Kaplan, "Female Consciousness and

Collective Action: The Case of Barcelona, 1910-1918," *Signs* 7 (Spring 1982): 545-566.

9. Works that have influenced my thinking on the feminist and civil rights nature of black women's activism include Gerda Lerner, "Community Work of Black Club Women," in *The Majority Finds Its Past* (N.Y.: Oxford University Press, 1979); Hine, *When the Truth is Told*; Giddings, *When and Where I Enter*; and Linda Gordon, "Gender, Race and Class in Welfare Activism, 1890-1945," Paper presented at American Studies Association conference, 10/13/89, author's possession. Some may prefer the term "womanist" to describe black feminists and their work. See Alice Walker, *In Search of Our Mothers' Gardens* (N.Y.: Harcourt Brace Jovanovich, 1983), p. xi.

10. The black women's health movement has been most visible since the establishment of the National Black Women's Health Project in the early 1980s. For a collection of essays about the politics of health from the perspective of this movement see White, *The Black Women's Health Book*.

11. Steven F. Lawson, "Freedom Then, Freedom Now: The Historiography of the Civil Rights Movement," *American Historical Review* 96 (April 1991): 464-465.

12. For a slightly different periodization that sees the era from World War I to World War II as far more static, see David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989).

13. Few public health historians have tackled race and gender analysis. For a discussion of white women's health activities, see Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (New Jersey: Princeton University Press, 1982), chapter six; and Regina Morantz, "Making Women Modern: Middle-class Women and Health Reform in 19th-Century America," in *Women and Health in America*, ed. by Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), pp. 346-358. For work on black health activities, although lacking a gender analysis, see Marion M. Torchia, "The Tuberculosis Movement and the Race Question, 1890-1950," *Bulletin of the History of Medicine* 49 (Summer 1975): 152-168. For discussion of the health work of black women see Earline Rae Ferguson, "The Woman's Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History* 84 (September 1988): 237-261; and Beardsley, *A History of Neglect*, pp. 101-112.

14. U.S. Bureau of the Census, "The Social and Economic Status of the Black Population in the U.S.: An Historical View, 1790-1978," Special Studies, Series P-23, No. 80 (1979), table 6 on "Black and White Population in Urban and Rural Areas, 1890-1980." On current figures see "Farm population stabilizes at 5 million--2% of nation," *Jackson Clarion-Ledger*, 14 September 1989, p. 4A, which reports statistics from the Census Bureau and U.S. Department of Agriculture indicating that 65 million people, or 25 percent of the United States population, lived in rural areas.
  
15. John Harley Warner, "The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South," in *Sickness and Health in America*, pp. 53-70.
  
16. On black health issues in the antebellum period see Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Chicago: University of Illinois Press, 1978).
  
17. Jude Thomas May, "The Medical Care of Blacks in Louisiana During the Occupation and Reconstruction, 1862-1868: Its Social and Political Background" (Ph.D. thesis, Tulane University, 1971), see especially pp. 52, 72, and 154. See also Marshall Scott Legan, "The Evolution of Public Health Services in Mississippi, 1865-1910" (Ph.D. thesis, University of Mississippi, 1968); and Leslie Schwalm, "The Meaning of Freedom: African-American Women and Their Transition from Slavery to Freedom in Lowcountry South Carolina" (Ph.D. thesis, University of Wisconsin-Madison, 1991).
  
18. Margaret Ellen Warner, "Public Health in the New South: Government, Medicine and Society in the Control of Yellow Fever" (Ph.D. thesis, Harvard University, 1983). See also, John Duffy, "Social Impact of Disease in the Late 19th Century," in *Sickness and Health*, pp. 414-421.
  
19. Leavitt and Numbers, *In Sickness and Health*, p. 383; Duffy, "Social Impact of Disease in the Late 19th Century," p. 418.
  
20. Warner, "Public Health in the New South," p. 76, see also pp. 7 and 376.
  
21. For example, the U.S. Supreme Court upheld segregation in its decision in *Plessy v. Ferguson* in 1896. Mississippi led the effort for disenfranchisement when it passed its law in 1890. See August Meier, *Negro Thought in America* (Ann Arbor: University of Michigan Press, 1963); and Herbert Shapiro, *White Violence and Black Response: From Reconstruction to Montgomery* (Amherst: University of Massachusetts Press, 1988).

22. See, for example, John Ettlign, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981); and Elizabeth Etheridge, *The Butterfly Caste: A Social History of Pellagra in the South* (Westport, Conn.: Greenwood Publishing Co., 1972). These works give little space to gender or race analysis.
23. Etheridge, *The Butterfly Caste*, pp. 4, 9, 13, 16, and 41; Legan, "The Evolution of Public Health Services in Mississippi," p. 152; Daphne A. Roe, *A Plague of Corn: The Social History of Pellagra* (Ithaca: Cornell University Press, 1973), pp. 77 and 78; and Bess Furman, *A Profile of the United States Public Health Service, 1798-1948* (Washington: Government Printing Office, [1973]), pp. 300-301.
24. John Ettlign, *The Germ of Laziness*, quote p. 220, see also p. 132. While Ettlign focused on the religious methods of evangelical Christianity used by the hookworm campaign organizers, E. Richard Brown emphasized the economic motivations of northern capitalists in promoting a healthy southern work force. E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Los Angeles: University of California Press, 1979). See also Etheridge, *The Butterfly Caste*, p. 14.
25. Savitt, *Medicine and Slavery*; and Beardsley, *A History of Neglect*.
26. On the history of the USPHS see Ralph Chester Williams, *The United States Public Health Service, 1798-1950* (Washington: Commissioned Officers Association of the United States Public Health Service, 1951); Bess Furman, *A Profile of the United States Public Health Service*; and Fitzhugh Mullan, M.D., *Plagues and Politics: The Story of the United States Public Health Service* (N.Y.: Basic Books, 1989).
27. Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (N.Y.: Oxford University Press, 1987).
28. Beardsley, *A History of Neglect*, chapter 7.
29. Warner, "Public Health in the New South," p. 379.
30. Herbert Morais, *The History of the Negro in Medicine*.
31. Savitt, *Medicine and Slavery*; and James Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981).
32. Edward H. Beardsley, *A History of Neglect*, see especially chapter 5.

33. Beardsley, *A History of Neglect*; and Marion M. Torchia, "The Tuberculosis Movement and the Race Question, 1890-1950," pp. 156 and 160. See also Stuart Galishoff, "Germs Know No Color Line: Black Health and Public Policy in Atlanta, 1900-1918," *Journal of the History of Medicine and Allied Sciences* 40 (January 1985): 27 and 29.
34. Warner, "Public Health in the New South," pp. 35-36, and footnote 22 on page 190.
35. Etheridge, *The Butterfly Caste*, pp. 48, 59, and 131.
36. Ettling, *The Germ of Laziness*, pp. 4, and 175-176.
37. Morais, *The History of the Negro in Medicine*, p. 87; and Etheridge, *The Butterfly Caste*, p. 57.
38. Cynthia Neverdon-Morton, *Afro-American Women of the South and the Advancement of the Race, 1895-1925* (Knoxville: University of Tennessee Press, 1989). For black women's social welfare activism see Lerner, "Community Work of Black Club Women"; Hine, *When the Truth is Told*; Sharon Harley and Rosalyn Terborg-Penn, eds., *The Afro-American Woman: Struggles and Images* (Port Washington, N.Y.: National University Publications, Kennikat Press, 1978); Giddings *When and Where I Enter*; Kathleen C. Berkeley, "'Colored Ladies Also Contributed': Black Women's Activities from Benevolence to Social Welfare, 1866-1896," in *The Web of Southern Social Relations: Women, Family & Education*, ed. by Walter J. Fraser, et al (Athens: University of Georgia Press, 1985), pp. 181-203; and Anne Firor Scott, "Most Invisible of All: Black Women's Voluntary Associations," *Journal of Southern History* 61 (February 1990): 3-22.
39. Morantz, "Making Women Modern," p. 353.
40. Giddings, *When and Where I Enter*. For an illuminating argument on a similar thread in Afrocentric ideology see E. Frances White, "Africa on My Mind: Gender, Counter Discourse and African-American Nationalism," *Journal of Women's History* 2 (Spring 1990): 73-97.
41. Lerner, "Community Work of Black Club Women"; Giddings, *When and Where I Enter*; Susan Lynn Smith, "The Black Women's Club Movement: Self-Improvement and Sisterhood, 1890-1915" (Master's thesis: University of Wisconsin-Madison, 1986); and Dorothy Salem, *To Better Our World: Black Women in Organized Reform, 1890-1920* (N.Y.: Carlson Publishing, 1990), pp. 74-78.

42. On the history of black hospitals see the work of Vanessa Northington Gamble, "The Negro Hospital Renaissance: The Black Hospital Movement, 1920-1940," (Ph.D thesis, University of Pennsylvania, 1987), and "The Negro Hospital Renaissance: The Black Hospital Movement, 1920-1945," in *The American Hospital*, ed. by Diana Long and Janet Golden (Ithaca: Cornell University Press, 1989), pp. 82-105. On the history of black nursing schools and organizations see Patricia Ellen Sloan, "A History of the Establishment and Early Development of Selected Schools of Nursing For Afro-Americans, 1886-1906" (Ph.D thesis, Teachers College, Columbia University, 1978); and Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989).
43. Much of this section on Provident is drawn from Smith, "The Black Women's Club Movement," chapter 5. See also Hine, *Black Women in White*, introduction. For similar discussion of white women's contributions to medical institutions see Mary Roth Walsh, "Feminist Showplace," in *Women and Health in America*, ed. by Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), pp. 392-405.
44. On the history of white hospitals see: Morris J. Vogel, *The Invention of the Modern Hospital, 1870-1930* (Chicago: University of Chicago Press, 1980); Charles Rosenberg, "Inward Vision and Outward Glance: The Shaping of the American Hospital, 1880-1914," *Bulletin of the History of Medicine* 53 (1979): 346-391; and David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Cambridge: Cambridge University Press, 1982).
45. Descriptions of the history of Provident Hospital and nursing school can be found in Theresita E. Norris, "An Historical Review of Provident Hospital," unpublished manuscript, Wisconsin State Historical Society, Madison, n.d., but probably 1946; Helen Buckler, *Daniel Hale Williams* (N.Y.: Pitman Publishing Corporation, 1954, reprint 1968); Allan H. Spear, *Black Chicago: The Making of a Negro Ghetto, 1890-1920* (Chicago: University of Chicago Press, 1967); Morais, *The History of the Negro in Medicine*, pp. 70, and 74-75; Sloan, "A History of the Establishment And Early Development of Selected Schools of Nursing for Afro-Americans, 1886-1906,,"; and Hine, *Black Women in White*, pp. 27-34.
46. Dr. Williams performed one of the first successful open-heart surgeries in 1893. This publicity also increased the prestige of Provident Hospital. See Dr. U. G. Dailey, "Daniel Hale Williams," *Journal of the National Medical Association* 23 (October-December 1931): 173-175; Irene Gaines, "Dr. Dan Williams: His Life," *Crisis* 39 (January 1932): 461; and Frank Lincoln Mather, ed. *Who's Who of the*

*Colored Race* (Chicago: Frank Lincoln Mather, 1915), pp. 284-285.

47. Emma Reynolds is discussed in a newspaper article by Lois Wille, "Emma Reynolds--Chicago Symbol," *Chicago Daily News*, 21 January 1961, p. 6(?), courtesy of Provident Medical Center, Chicago [obtained before the hospital closed in 1987].

48. Gamble, "The Negro Hospital Renaissance," both her dissertation and her article in *The American Hospital*.

49. The one exception was Cook County Hospital. Norris, "An Historical Review of Provident Hospital," p. 1. Information on Chicago's black population is from census data in Philip M. Hauser and Evelyn M. Kitagawa, *Local Community Fact Book for Chicago 1950* (Chicago: Chicago Community Inventory, 1953), p. 2, table D.

50. Darlene Clark Hine in *When the Truth is Told*, p. 45. The importance of the nursing school is discussed in *First Annual Report of Provident Hospital and Training School* [hereinafter *PHTS*] (Chicago: The Desplaines Press, P. F. Pettibone & Co., 1892), p. 16; Robert McMurdy, "Negro Women As Trained Nurses," *Southern Workman* 43 (January 1914): 33; George C. Hall, "Negro Hospitals," *Southern Workman* 39 (October 1910): 551; and "Hospital for the Colored," *Chicago Times*, 5 May 1891, p. 2. For an excellent overview of the history of black hospitals, along with extensive bibliographical information, see Vanessa Northington Gamble, *The Black Community Hospital: Contemporary Dilemmas in Historical Perspective* (N.Y.: Garland Publishing, 1989).

51. Even the contributions of wealthy whites were obtained in part through the business skills of black women, such as nurse Nanahyoke Sockum Curtis who is credited with gaining the support of meatpacking giant Philip D. Armour. Information on Curtis in S. G. L. Dannett, *Profiles of Negro Womanhood*, vol. 2 (Yonkers: Negro Heritage Library, Educational Heritage, 1966), p. 104; Joyce Ann Elmore, "Black Nurses: Their Service and Their Struggles," *American Journal of Nursing* 76 (March 1976): 435. Curtis is also mentioned in Sloan, "A History of the Establishment and Early Development of Selected Schools of Nursing for Afro-Americans," p. 86; and by Hine, *Black Women in White*, p. 28. Other wealthy whites who contributed money to Provident included George M. Pullman of the railcars industry and merchant Marshall Field. Some of the patients treated at Provident came there as a result of accidents incurred at the same railways and stockyards owned by these men. See James Clark Fifield, ed., *American and Canadian Hospitals* (Minneapolis: Midwest Publishers Co., 1933), p. 291.

52. Information on black women's activities can be found in *PHTS, First Annual Report*, (1892), pp. 6 and 29; *PHTS, Fifth Annual Report*, (1896), pp. 6-7, 14, and 23; Buckler, *Daniel Hale Williams*, pp. 70 and 73; Sloan, "A History of the Establishment And Early Development of Selected Schools of Nursing For Afro-Americans, 1886-1906," p. 88; and Mrs. N. F. Mossell, *The Work of the Afro-American Woman* (Freeport, N.Y.: Books for Libraries Press, 1971, first published in 1894), pp. 30 and 45.

53. Josephine Silone Yates, "The National Association of Colored Women," *Voice of the Negro* 1 (July 1904): 286.

54. On the charity work of Provident see Junius B. Wood, *The Negro in Chicago* (Chicago: Chicago Daily News, 1916), p. 17; Hall, "Negro Hospitals," p. 551; St. Clair Drake, *Churches and Voluntary Associations in the Chicago Negro Community* (Chicago: Works Projects Administration, 1940); Spear, *Black Chicago*, p. 97; and August Meier, *Negro Thought in America*, p. 134.

55. A *Chicago Times* reporter noted that, "The Quinn chapel, St. Stephen's church, Bethesda Baptist church, and Bethel chapel have each fitted up a room." See "Hospital for the Colored," *Chicago Times*, p. 2; Buckler, *Daniel Hale Williams*, p. 70; *PHTS, Seventh Annual Report*, (1898), p. 32; and "Hospital for Colored People," *Chicago Tribune*, 5 May 1891, p. 3.

56. The value of such items did not go unnoticed by the trustees of Provident who saw fit to publish long, detailed lists of donors and their contributions in the annual reports of the hospital, no doubt to encourage their continuation. For example, the first annual report in 1892 included several pages of donation lists, broken down by month with line after line of contributions, over 90 percent from women. See *PHTS, First Annual Report*, (1892), pp. 22-28; *PHTS, Seventh Annual Report*, (1898), p. 30-32; *PHTS, Ninth Annual Report*, (1900), pp. 34-37; and *PHTS, Twelfth Annual Report*, (1903), pp. 17-21. Community contributions are discussed in Buckler, *Daniel Hale Williams*, pp. 73-75. See also Hine, *Black Women in White*, p. 35; and Mary Roth Walsh, "Feminist Showplace," pp. 392-405.

57. *PHTS, Fifth Annual Report* (1896), p. 7.

58. Quote from *PHTS, Twentieth Annual Report* (1911), p. 11. For information on the Woman's Board see *PHTS, Fourteenth Annual Report* (1905), pp. 11-12, and 34; *PHTS, Fifteenth Annual Report* (1906), p. 17; *PHTS, Seventeenth Annual Report* (1908), p. 12; and Norris, "An Historical Review of Provident Hospital," p. 9.

59. See Elvena Bage Tillman, "The Rights of Childhood: The National Child Welfare Movement, 1890-1919," (Ph.D thesis, University of Wisconsin-Madison, 1968); John Mayer, "Private Charities in Chicago from 1871 to 1915," (Ph.D thesis, University of Minnesota, 1978), p. 525; and Linda Gordon, *Heroes of Their Own Lives: The Politics and History of Family Violence* (N.Y.: Viking, 1988), chapter 3.
60. Such expressions are most clearly expressed by Mary Church Terrell, *The Progress of Colored Women* (Washington, D.C.: Pamphlets in American History, 1898), p. 15; and Mary Church Terrell, "What Role is the Educated Negro Woman to Play in the Uplifting of Her Race?," in *Twentieth Century Negro Literature*, ed. by David W. Culp (Naperville, Ill.: J. L. Nichols and Co., 1902), p. 175.
61. By 1903 the Children's Hospital Society had established a milk station at Provident. *PHTS, Twelfth Annual Report*, (1903), p. 14. The work of the Woman's Board in the milk station is described in the *PHTS, Nineteenth Annual Report*, (1910), pp. 12, 20, and 37; and *PHTS, Twentieth Annual Report*, (1911), pp. 11 and 20.
62. A number of milk programs began in Chicago after a 1903 commission found problems with the production and distribution of the city's milk. See Kathleen D. McCarthy, *Noblesse Oblige: Charity and Cultural Philanthropy in Chicago, 1849-1929* (Chicago: University of Chicago Press, 1982), pp. 127-28; and John Mayer, "Private Charities in Chicago from 1871 to 1915," p. 283. See also Leavitt, *The Healthiest City*, chapter 5 on pure milk campaigns in Milwaukee.
63. Quote from McMurdy, "Negro Women As Trained Nurses," p. 34. See also *PHTS, Twentieth Annual Report* (1911), p. 20; Mayer, "Private Charities in Chicago," p. 289; and Marion Hunt, "Women and Childsaving: St. Louis Children's Hospital, 1879-1979," *Bulletin Missouri Historical Society* 36 (January 1980): 65-79.
64. Gamble, "The Negro Hospital Renaissance" in *The American Hospital*; and Gamble, *The Black Community Hospital*.
65. Linda Gordon, "Gender, Race and Class in Welfare Activism, 1890-1945," p. 16.
66. Monroe Work, "How Tuskegee Has Improved a Black Belt County," [1909?], box 3, Monroe Work Papers, Tuskegee University, p. 8; and "Tuskegee Woman's Club," *National Notes* 30 (January 1928): 8.

67. Mrs. Booker T. Washington, "The Negro Home," address presented at the Interracial Conference in Memphis, October 1920, published by the Woman's Missionary Council, finding aids folder, Margaret Murray Washington Papers, Tuskegee University; and Work, "How Tuskegee Has Improved a Black Belt County," p. 9. See also Neverdon-Morton, *Afro-American Women of the South*, p. 133.
68. "Synopsis of the Lecture by Mrs. Booker T. Washington on the Organizing of Women's Clubs," 6/22/10, box 132A, Margaret Murray Washington Papers; "National Association of Colored Women," *Southern Workman* 45 (September 1916): 492; and Adah Thoms, *Pathfinders: A History of the Progress of Colored Graduate Nurses* (N.Y.: Kay Printing House, 1929), p. 184.
69. John A. Kenney, M.D., *The Negro in Medicine* (John A. Kenney, 1912), p. 59.
70. Fannie B. Williams, "The Negro and Public Opinion," *Voice of the Negro* 1 (January 1904): 31.

## *Chapter 2*

### *Spreading the Gospel of Health and Interracial Cooperation:*

#### *Tuskegee Institute and National Negro Health Week, 1915-1930*

During the early decades of the twentieth century, middle-class African-Americans created a black public health movement to improve the health of black America. Several months before his death in 1915, Booker T. Washington organized black health activities, which had existed since at least the 1890s, into a black health week observance called National Negro Health Week. Between 1915 and 1930 this clean-up week celebration grew into a year-round program called the National Negro Health Movement. Tuskegee Institute, which "was the center of things relating to the Negro," served as headquarters for the movement in these early years.<sup>1</sup> The black health week and the year-round program were both part of a black public health movement that sought to reduce the high black morbidity and mortality rates by cleaning up black communities and by lobbying the state to extend health and welfare services to African-Americans.

This chapter analyzes the origins and early history of National Negro Health Week during the 1910s and 1920s, and demonstrates that middle-class black activists created this campaign not only to deal with health concerns, but also to secure a place for themselves as the rightful representatives of African-Americans in the burgeoning welfare state at the turn of the twentieth century.<sup>2</sup>

Through nuanced political maneuvering, members of the black middle class positioned themselves as the bridge between the survival needs of black people and the health services of white society. The South was the center of the black health efforts and became the focal point of a movement that spread with black migration to urban areas in other regions, making black health a national issue.<sup>3</sup>

National Negro Health Week was a coordinated form of black social welfare organizing through which middle-class black health activists made claims on the state in a period when most African-Americans were without formal political and economic power. At the national level, black health leaders set two goals for the movement: 1) to expand black health week into a year-round health program, and 2) to convince the United States Public Health Service (USPHS) to take over the movement. At the local level, health activists organized Negro Health Week observances and negotiated with city and county agencies for social services in black neighborhoods.

A hierarchical division operated within the movement and participation divided along gender lines. Black men were more prominent at the national level where they held most of the formal leadership positions, whereas black women were more active at the local level where they did most of the grassroots organizing. Men's efforts nationalized the movement and brought black health to the attention of the federal government, while women mobilized communities and turned black health campaigns into a mass movement. The first section of this

chapter describes the health activists; it is followed by discussion of the content of early health campaigns, and finally by consideration of the establishment of National Negro Health Week.

*Duty Calls: Black Activists in Health Care*

Building on black club women's social welfare work, black health activists affirmed the need for universal public health services, even as they established separate black health campaigns. Black health activists claimed that the nation had an obligation to extend its social services to all of its citizens, which southern local governments in particular resisted, and they asserted that health care and decent living conditions should be a universal right, not a privilege. African-Americans waged similar struggles through a black education movement, hospital movement, and birth control movement.<sup>4</sup> Although black Americans received a vastly unequal share of the segregated system, their efforts in this period did open some doors within the existing structure.<sup>5</sup>

Black health issues caught the attention of thousands of middle-class African-Americans in the early twentieth century, including followers of Booker T. Washington and W. E. B. Du Bois. Historians have classified the early twentieth-century debates about black political strategy within two distinct positions: the Booker T. Washington accommodation model and the W. E. B. Du Bois integration model.<sup>6</sup> Although these men came to symbolize different approaches

to the struggles against racism, black activists and social movements rarely operated exclusively within one or the other framework. The men themselves also differed from each other much less than their popularized images would suggest.<sup>7</sup>

Even though white and black Americans associated the black health movement with the work of Washington, many members of the National Association for the Advancement of Colored People (NAACP) participated in the movement, and Du Bois himself played a major role in at least one Negro Health Week program.<sup>8</sup> However, Dr. Montague Cobb, a black health activist and NAACP member, concluded that there were significant differences in the health efforts of the two men. Cobb believed that Du Bois represented the scientific approach to health, as exemplified by his 1906 publication on *The Health and Physique of the Negro American*, and Washington represented the "lay educational approach," as illustrated by the National Negro Health Movement.<sup>9</sup>

Whatever their political inclinations, most black health activists were middle-class educators or health professionals in or from the South. In 1910, of approximately 10 million African-Americans, 90 percent resided in the South. Class status among black Americans is perhaps more difficult to determine because racism ensured that even affluent African-Americans enjoyed few class privileges within white society. However, by 1910 about 3 percent of the black population, some 300,000 African-Americans, had educational training, a degree of economic security, and careers in business or various professions, factors, which

along with skin color, influenced class position.<sup>10</sup> Tens of thousands of "race men" and "race women" struggled to improve the living and working conditions of African-Americans. Given that health work was always a key component of their social welfare agendas, it seems likely that there were thousands of black health activists.<sup>11</sup>

Members of the black middle class often felt an urgent sense of responsibility to assist poor black people. Parents and grandparents instilled such sensibility at home, as did religious teachings that emphasized concern for the less fortunate. In addition, many of those involved in the black health movement studied at black educational institutions, such as Howard University and Hampton Institute, which also reinforced in students a sense of duty to their race and obligation to help the poor.<sup>12</sup> Club woman Frances Albrier, a 1916 graduate of Tuskegee Institute, remembered that "all the teachers told us that we owed something to the race--we owed something to other black people."<sup>13</sup> After returning to his home in rural Virginia from Hampton Institute, future Tuskegee leader Robert Moton recalled: "I was convinced that whatever else I might do, there was nothing more worth while than helping just such people in just that kind of a community."<sup>14</sup>

Black activists created the black health movement through their local and national organizational networks. The development of a critical mass of educated African-Americans at the turn of the twentieth century led to the establishment of

national organizations for racial uplift, such as the National Association of Colored Women in 1896 and the National Urban League in 1910. Men participated in the movement through their membership in such organizations as the National Medical Association (NMA), the National Negro Business League, and the National Urban League. Black women joined the movement through women's clubs and the National Association for Colored Graduate Nurses. Women were also active in the National Negro Business League and the NAACP. For example, in 1917 seventeen of the fifty-one delegates to the NAACP convention were women, and in 1924 women from the Committee of One Hundred formed the Women's Auxiliary of the NAACP.<sup>15</sup>

Overall, there is little evidence of dissension between men and women regarding the division of labor within the movement, although this may reflect a hesitancy on the part of black women at this time to publicly criticize men rather than the absence of conflict.<sup>16</sup> Though few women had access to national leadership roles within the movement, they had more opportunity to exert their influence at the local level, where they did the less glamorous grassroots work behind the scenes or within local planning committees. Black women formed the backbone of the black health movement, in part because they saw this work as an extension of the activity that black women had been doing since the 1890s in the social welfare work of their clubs. What had once been "women's work" now interested men who claimed much of the leadership.

Women's ability to mobilize community participation was vital to the success of health programs and the expansion of health week into a mass movement. As mothers and community caretakers, women provided the personal contact between health week activities and those who attended health programs. This was especially true in rural areas where midwives, teachers, home demonstration agents, club women, and nurses disseminated vital health information about hygiene and sanitation to poor women.<sup>17</sup> Black female health professionals and laywomen, such as Dr. Mary F. Waring and Lugenia Burns Hope, founded and sustained black health programs at the local community level.

Black men, such as Tuskegee Institute leaders Robert Russa Moton and Monroe Nathan Work, helped to nationalize the black health movement as they coordinated black health efforts out of Tuskegee during the 1910s and 1920s. Through annual national planning meetings for National Negro Health Week they lobbied government agencies and voluntary organizations to extend health and welfare services to African-Americans. Such services had previously been denied to black people because of white fears of racial equality.

Lay people played a prominent role in the black health movement because of the racial uplift goals shared by the black middle class, and because of the scarcity of black health professionals. The shortage of health professionals was a result of the educational disadvantages of many African-Americans and the segregationist policies of most nursing and medical schools. In 1910 there were

approximately 3000 black doctors and 3000 black nurses, most trained at the few available black institutions, and scarcely an adequate number to meet the health needs of ten million African-Americans.<sup>18</sup> Black health activists represented a wide variety of occupational backgrounds, a characteristic of American health reform since the antebellum period. Women participated in the movement as nurses and doctors, but also as teachers, home demonstration agents, club women, and midwives.<sup>19</sup> Men promoted health efforts as doctors, but also through their work as ministers, farm agents, journalists, businessmen, teachers, and principals. They all shared a commitment to educating the public in some form or another.

Lay workers were also important to the promotion of public health efforts because within the black, as well as white, medical profession, public health work remained a relatively low priority. Historians Edward Beardsley and Todd Savitt have asserted that most black male physicians paid more attention to their private practices than to improving black health conditions.<sup>20</sup> We must be cautious about generalizations that characterize black physicians this way until further research permits comparisons by race and gender among medical professionals. By and large, black doctors were very aware of black health needs, but like most white doctors, they did not define public health projects as their primary interest.

Public health work took a back seat for most doctors because of the curative focus of twentieth-century American medicine in general, and because in the United States, like any other business, medicine operated under the profit-

motive. Although the NMA heartily endorsed Negro Health Week efforts, the president of this black medical association occasionally expressed concern that doctors were not doing enough. In his presidential address in 1927 Dr. Carl Robert commended the health work of Tuskegee Institute but noted:

It is regrettable that they have not received the co-operation to which they are entitled from the medical profession. It is true that in scattered localities the response has been excellent, but the attitude of the medical men has varied from perfunctory participation to actual indifference.<sup>21</sup>

The NMA continually reminded local medical societies to do their share in promoting Negro Health Week.<sup>22</sup>

Some black doctors may have felt too burdened with their private practices to participate in Negro Health Week projects, even though they were interested. Others found time to assist with clinics despite their own difficulties. For example, in Louisville, Kentucky, several doctors gave health lectures for black health week in churches, at eighteen black schools, and at meetings of the Young Women's Christian Association (YWCA) and of black club women. Others, however, followed through with less than they promised. Several doctors had agreed to give health lectures in over forty black churches on the Sunday opening health week, but health week organizers reported that "not all of the physicians kept their appointments. . . ." Health week organizers arranged for physicians to give talks in five factories, "but only one physician kept his appointment."<sup>23</sup>

Even as many black doctors seemed less than dedicated to public health

efforts, there were some who actively supported Negro Health Week. Black doctors were more visible in health programs in urban areas, such as Chicago and Baltimore, than rural communities where fewer black doctors lived. Some doctors considered public health work an ideal opportunity to promote their profession as well as their own private practices.<sup>24</sup> In Birmingham, Alabama, the local black medical society took part in a health week program, leading one doctor to comment that he was glad to see the men finally performing their duty to their community. As a result of this health week activity, the doctors formed a welfare committee within their medical society.<sup>25</sup>

A few doctors even argued that the black medical profession should take control over the direction of the black health movement. The issue of appropriate medical authority arose in early 1915, several months before the first Negro Health Week observance. Dr. Algernon B. Jackson of Philadelphia, later director of the Department of Public Health at Howard University Medical School, wrote Booker T. Washington that he thought the proposed health campaign should be under the guidance of doctors not laymen. Meanwhile, Washington intended to use the National Negro Business League, an organization he had founded in 1900 to promote black economic independence, as the sponsor of Negro Health Week. "In fact I wonder if the Business League is not trespassing upon the grounds of the National Medical Association?" questioned Dr. Jackson. "I am not prepared to say how active that body is, but to me such a movement seems their work." Dr.

Jackson advised that at the very least the program "should be placed in the hands of a physician or committee of medical men who understand public health problems, or scientifically and practically it will be a failure."<sup>26</sup> There is no evidence that Washington followed up on Dr. Jackson's concern; however, during the 1930s Dr. Jackson became one of the National Negro Health Movement leaders.

Control over the direction of the health movement remained in the hands of those who had started it--laymen, mostly educators--until the early 1930s when they turned it over to the USPHS and the NMA. In 1929, perhaps unaware that this change was being negotiated, Dr. C. A. Lanon of Pennsylvania attacked Tuskegee leaders for not turning over to the black medical profession a movement that they had created. What concerned him was that the NMA had not been "invited or accredited a place of authority in the original scheme." As a member of the NMA he believed that the health week organizers had insulted the medical profession by not inviting it to direct the health program. He concluded that "failure to consider the N.M.A. means failure of those earnestly desiring the hygienic and economic success of Negro Health Week."<sup>27</sup> Ironically, he raised this issue at the time that educators at Tuskegee were turning over movement leadership to Dr. Roscoe C. Brown of the NMA.

*Cleanliness and the Color Line: Early Black Health Campaigns*

During the early decades of the twentieth century, black health campaigns focused on health education, individual hygiene, and environmental sanitation, with special emphasis on housing conditions. Activists spoke of spreading the gospel of health to black America and the gospel of interracial cooperation to white America.<sup>28</sup> Health activists held health education campaigns among black people in both rural and urban areas, especially in the South, but also in cities in the North, the Midwest, and even in the West. These campaigns, often structured around Negro Health Week, included health education programs in schools and churches, sanitation projects through home and community clean-up efforts, and by the 1920s, preventive medicine measures through medical and dental clinics. Black health activists coordinated some of this activity with the health education work for mothers and babies of the U.S. Children's Bureau.<sup>29</sup>

Black health activists used appeals for interracial cooperation as a way to integrate black Americans into existing health and welfare services. They enlisted government officials, such as state and county health officers, and leaders of national health and welfare groups, such as the National Tuberculosis Association and the American Red Cross, to attend health week organizing meetings and assist with black health campaigns. In the process of working together they hoped to convince white leaders of African-Americans' need for the services provided by both government agencies and private social welfare organizations.<sup>30</sup>

Faith in the power of education and the possibilities for inter-group cooperation were representative of early twentieth-century beliefs about social change, and hallmarks of the so-called Progressive Era. Indeed, the emphasis on public education and cooperation between voluntary organizations and health departments marked the emergence of the "new public health" after 1910.<sup>31</sup> The emphasis on education and interracial cooperation was also characteristic of black activism in the early twentieth century, as seen in the work of black club women, the operation of Washington's "Tuskegee Machine," as Du Bois called it, and the early development of the NAACP and the National Urban League.<sup>32</sup>

Black health campaigns combined the strategies of the sanitation movement of the nineteenth century, with its focus on cleaning up the environment, and the new public health tactics of the early twentieth century, with attention to personal hygiene and germs.<sup>33</sup> Black health projects varied according to the resources available in a given community, but most incorporated a commitment to racial uplift and pride through programs geared toward cleaning up and beautifying premises; removing trash and garbage; whitewashing or painting homes, schools, and churches; planting gardens; and generally removing any "symptoms of slovenliness."<sup>34</sup>

"Cleanliness" was the primary theme of black health campaigns directed at poor African-Americans during the early twentieth century. The black health activists' desire for cleanliness was as much a part of the efforts of sanitary

movements to remove dirt as with the proponents of the germ theory to eradicate germs through individual hygiene. As a strategy, it transferred easily from nineteenth- to twentieth-century public health campaigns. Middle-class black health activists associated cleanliness with health and morality. By 1900, personal and household cleanliness had become a habit of the American middle class, and a major message of reformers who worked among the poor.<sup>35</sup> Black health activists, like many health advocates in the early twentieth century, sometimes clung to nineteenth-century beliefs that dirt and crowded living conditions contributed to poor health and immorality.<sup>36</sup>

Dr. Mary Fitzbutler Waring, a physician and Chicago school teacher who headed the health and hygiene department of the National Association of Colored Women for several decades, encouraged club women to join in black health campaigns even if they had no medical expertise. Dr. Waring, who earned two medical degrees, one from Louisville National Medical College in 1894 and the other from Chicago Medical College in 1923, wrote frequent articles on public health work for the black club women's journal, *National Notes*. In 1917 she urged club women to organize observances of Negro Health Week to help the poor, and to "go into the backways and the tenement houses, into the alleys and basements, into the places unfrequented by garbage wagons and street cleaners and here help teach and preach 'cleanliness.'" She explained that "the work of cleaning up does not require a learned discourse on streptococcipyogenses aurem or any other

microbe,--it just means soap, water, screens and energy."<sup>37</sup>

The emphasis on cleanliness conveyed the idea of moral as well as physical health, and carried with it social purity overtones. Members of the black middle class, especially women, preached messages of sexual respectability in response to the sexual assaults on black women and the lynching of black men. White Americans justified such violence with racist stereotypes about black sexual promiscuity and black women countered with an assertion of their moral and sexual restraint. One of the major goals of the organization of black club women, the National Association of Colored Women, was to counter negative images of black women's sexuality.<sup>38</sup>

Black activists equated sexual respectability with moral cleanliness. Both Booker T. Washington and his wife Margaret Murray Washington, a national leader in her own right, supported a health agenda that called for people to be clean in mind, body, and soul. Black health activist, club woman, and educator, Nannie Helen Burroughs, used the metaphor of cleanliness as a guiding motto for the National Training School for Women and Girls that she established in 1909 in Washington, D.C. She taught her students to follow "the three B's--the Bible, the bath, the broom: clean life, clean body, clean home."<sup>39</sup> Even the 1905 "Declaration of Principles" from the Niagara Movement, the precursor to the NAACP, included the following: "We plead for health--for an opportunity to live in decent houses and localities, for a chance to rear our children in physical and

moral cleanliness."<sup>40</sup>

Black health activists attempted to improve black health not only by preaching cleanliness to poor African-Americans, but also by preaching that "germs know no color line" to white Americans.<sup>41</sup> Robert Moton and other leaders called for interracial cooperation by applying germ theory to social relations and invoking the threat of cross-racial contagion. Germ theory, which grew out of the discoveries of the bacteriological era in the late nineteenth century, focused on identifying disease-causing agents. The idea that germs caused diseases became a part of the popular understanding of illness, leading to public concern that individual sick people could transmit their diseases to others. Black activists used germ theory to their own political ends--they pointed out that germs did not respect segregation and therefore white people were at risk for contracting disease from black people.

Black health activists used germ theory to critique segregation. They challenged the rhetoric of "separate but equal" by insisting that black and white health problems were not separate but interconnected. Although they were motivated by the belief that health care was a basic right, they chose to emphasize white self-interest in and benefits from improving black health. Rather than shifting the focus of public health work from the environment to the individual, as supporters of bacteriology proposed, black activists expanded their definition of the environmental factors that contributed to ill-health to include segregation.

Unlike white health efforts under the new public health, which historian Barbara Rosenkrantz wrote exhibited an "explicit denial of responsibility for social reform," black health activists continually addressed the issue of the impact of economic and social inequality on health.<sup>42</sup>

The strategy to use germ theory to gain white support for black health programs sometimes led to victim-blaming. In conveying the message that germs could be transmitted from black to white people, black leaders employed stories that portrayed poor black people as ignorant. Such stories were a trademark of leaders such as Booker T. Washington. Many of the tales told by black male leaders targeted black women as the prime culprits of disease transmission, perhaps because white people had regular contact with black women workers in their homes. For example, Robert Moton, as head of the Negro Organization Society in Virginia, told the following story one evening to an audience during a black health campaign:

There was a colored woman in Atlanta who had been washing for a white family for 20 years. She had three grandchildren. She took the clothes home one Friday afternoon, and the mistress of the house met her and said, "Aunt Hannah, you mustn't come into the house, my little grandchild has scarlet fever, so leave the clothes out on the porch. I do not want your grandchildren to get the fever." Aunt Hannah said, "Laws, Honey, don't you worry about having scarlet fever. I have three grandchildren, and the last one is peeling now."<sup>43</sup>

Moton designed his story to manipulate white people, especially white women, and in his estimation it proved to be very successful. He reported to a black audience

that the Negro Organization Society of Virginia received widespread white cooperation for their health campaigns "because if we die; they die; if we get diseased, they will get diseased, and they know it."<sup>44</sup>

Black leaders repeatedly warned white audiences that they had many interactions with African-Americans, especially women, in order to expose the contradictions of segregation in the South. In 1914 Booker T. Washington reminded a black audience of the hypocrisy of southern segregation, as well as the importance of health education for black women:

When food is being prepared, the Negro touches the white man's life; when food is being served, the Negro woman touches the white man's life; when children are being nursed, the Negro woman touches the white man's life; when clothes are being laundered, the Negro woman touches the white man's life. It is mighty important, in the interest of our race as well as in the interest of the white race, that the Negro woman be taught cleanliness and the laws of health. Disease draws no color line.<sup>45</sup>

Black leaders used these warnings as devices to elicit white support for black health campaigns; however, these messages also reinforced white stereotypes about black women and blamed them for disease transmission.

Early in the century, an editorial in the *Atlanta Constitution* offered a strikingly similar explanation for why white citizens had to support improved health provisions for the city's black population. The author advised that despite segregation, white people were not safe from the diseases in black neighborhoods,

Because from that segregated district negro nurses would still emerge from diseased homes, to come into our homes and hold our children in their arms; negro cooks would still bring bacilli from the

segregated district into the homes of the poor and the rich white Atlantan; negro chauffeurs, negro butlers, negro laborers would come from within the pale and scatter disease.<sup>46</sup>

According to the author, "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."<sup>47</sup>

Black leaders insisted that segregation itself created health hazards. In a 1915 health week speech in Baltimore, Washington asserted that segregation was unjust because it left African-Americans without public health provisions. As he explained elsewhere, it was wrong that urban black people did not have "proper streets, sewerage, lighting and other modern conveniences and necessities, . . . notwithstanding, in many cases, they pay a large proportion of the taxes that provide for the city government." In 1915 he observed, with no little irony, that "before we go far in segregating the Negro we should study the effects of segregation upon the Indian."<sup>48</sup> Washington's comparison to the harmful consequences of the U.S. reservation system for Native Americans may have been influenced by his years at Hampton Institute, which educated both American Indians and African-Americans.

Black journalists also discussed residential segregation in the context of health. Many black newspapers printed articles showing that segregation created unhealthy living conditions by forcing African-Americans to live in the most unimproved and unsanitary parts of cities. However, there were instances when

black journalists engaged in victim-blaming. A 1915 editorial in a black St. Louis newspaper, which endorsed Negro Health Week, blamed poor black people for segregation. The piece stated that segregation would end only when black people cleaned up their homes and became self-respecting, thereby countering white claims that black homes were run down and depreciated white property values. "Poverty is no excuse for dirt or disease," preached the editorial.<sup>49</sup>

Black health activists combined the strengths and weaknesses of nineteenth-century public health efforts--the former in their practice of addressing health problems within a context of social welfare concerns, and the latter in their propensity for elitism and moralism.<sup>50</sup> They differed, however, from many earlier public health activists in that they shared racial oppression with those they assisted. The distance between "helper" and "helped" was less great among African-Americans than among many white people, except perhaps for Jews and other recent immigrant groups. Although certainly aid to the poor has been a part of all public health efforts, such assistance carried different meanings for middle-class African-Americans. In the United States, where racism blinded many white people from acknowledging class differences among black people, members of the black middle class had a more personal stake in the betterment of poor black people because their fate as a race was linked.<sup>51</sup>

The health work of the Neighborhood Union in Atlanta, an organization established in 1908 by black women under the leadership of Lugenia Burns Hope,

illustrates how middle-class health activists tried to convey their messages about cleanliness and their critiques of inequality and segregation.<sup>52</sup> It also shows the type of social welfare organizing within which Negro Health Week campaigns occurred. Hope, who took part in most of the major social reform, black feminist, and racial uplift organizations of her day, was the central force behind the establishment of the Neighborhood Union. Through the Union, which provided the first public health programs for African-Americans in Atlanta, faculty wives of Spelman and Morehouse colleges along with other local women organized lectures on cleanliness and health care, investigated the sanitary conditions of homes and streets in black neighborhoods, and enacted what historian Jacqueline Rouse called "the moral cleanup of the community."<sup>53</sup>

The women of the Union created their own local health clinics, and then exerted political pressure on the Atlanta city government by petitioning to extend city services to segregated black neighborhoods. The Neighborhood Union held its first health clinic in 1908, and by 1930 over 4000 people relied on the basic health services it provided.<sup>54</sup> From 1917 to 1921 neighborhood volunteers assisted the Union with a housing survey that documented the lack of city services, including the absence of street lights, as well as inadequate garbage removal, water supplies, and toilet facilities. The Union succeeded in obtaining municipal action to secure improvements on twenty streets, including repairs in lighting and plumbing.<sup>55</sup> Until the health campaigns of the Union, the city ignored the social

service needs of segregated black neighborhoods.

Much of the success of the Neighborhood Union was due to the women's direct contact with neighborhood people, and their ongoing efforts to involve local people in the projects. Women organized the work of the Union in sixteen zones, each of which had a chairwoman and ten female supervisors. Each of the supervisors appointed ten other women to assist them, therefore providing every zone with 110 women workers or a total of over 1700 women volunteers. Also, students from local black colleges increased the number of assistants as they aided the campaign through inspecting homes for sanitary conditions. In 1919 Hope directed 140 volunteers to inspect 5400 homes. The neighborhood campaigns and projects in schools and elsewhere resulted in contacts with some 45,000 people, approximately three-fourths of the black population in Atlanta.<sup>56</sup>

The women of the Neighborhood Union used their elaborate organizational structure to facilitate the participation of much of Atlanta's black population for National Negro Health Week activities. The Neighborhood Union did not operate alone, but persuaded a wide range of black and white organizations, including the city government, to join in to improve the health of the city.<sup>57</sup> The women of the Union oversaw the actual implementation of the plans under their health week slogan, "Burn, Bury and Beautify." For each observance of Negro Health Week beginning in 1915, the women of the Union provided health lectures at schools and churches, films, and distributed thousands of health pamphlets,

often door-to-door. They targeted the unsanitary conditions of businesses owned by white merchants in black neighborhoods, and directed the clean-up work of boys and girls who turned vacant lots into playgrounds. They also created medical and dental clinics, including a clinic in 1917 that travelled for sixteen weeks around the city providing health services to poor black people.<sup>58</sup>

In 1929 Atlanta held its most elaborate Negro Health Week observance under the auspices of the Neighborhood Union with wide support from the community, including schools, churches, black women's clubs, the city health department, insurance agencies, and numerous voluntary organizations. Many people helped to organize the event, including the twenty-one members of the executive committee. Over 200 employees heard health lectures at four industrial plants, 9000 people heard lectures at churches, and 10,500 children heard lectures at schools, where organizers selected a boy and girl as "Mr. and Miss Health."

According to Atlanta's health week report:

A monster parade through downtown streets climaxed the health week observance participated in by fully 1,000 boys and girls, public school pupils bearing banners and posters with appropriate slogans for the promotion of better health.<sup>59</sup>

Forrester B. Washington, director of the Atlanta University School of Social Work, wrote to Tuskegee in praise of the campaign:

I know the claims of a lot of other cities and I know how much of their programs are simply on paper, but if you could have seen these activities in Atlanta as I saw them first-hand, I believe you would feel as I do--that this was the most complete Negro Health Week achievement so far.<sup>60</sup>

The type of grassroots support illustrated by Atlanta's black health campaigns was only possible because of middle-class women's efforts to involve poor black people in their neighborhoods.

Negro Health Week campaigns provided a vehicle for the black middle class to become the official representatives of black interests to the local government. Atlanta's black middle class, especially through organizations such as the Neighborhood Union, kept some of the basic survival issues of black people before city officials. In 1929 the black health week executive committee even presented the Atlanta city council with suggestions on ways to improve housing conditions and health facilities in the form of a proposed amendment to the city building codes and a rooming house law.<sup>61</sup>

From their perspective, middle-class black health activists in Atlanta believed they acted in the best interests of the poor when they inspected homes and neighborhoods and requested the extension of city services to black communities.<sup>62</sup> Yet, black health leaders may have not been sympathetic toward the sacrifices required of working-class African-Americans and small business owners when leaders involved the state in efforts to improve black health conditions. For example, in 1928 Robert Moton contacted Mary McLeod Bethune, then president of the National Association of Colored Women, to suggest that "local committees of women be asked to inspect all restaurants and eating places among our people." He believed that neglect by the city

governments had led to the continued unsanitary conditions of these businesses, and "while it might work hardships on some of our restaurant owners I think that the leaders among our people should bring pressure on local boards of health to carry out the sanitary regulations regarding our restaurants."<sup>63</sup> Black health leaders believed that the clean up of black America had to proceed whatever the short-term cost to the poor.

*The Tuskegee Connection: The Point of Origin*

When Booker T. Washington launched National Negro Health Week in 1915 he built upon, and continued to rely on, the health work of women's organizations such as the Neighborhood Union. Washington's contribution lay in his ability to coordinate a nationwide effort to improve black health through his Tuskegee connections to a variety of black organizations. The hundreds of graduates of Tuskegee Institute were among the most active supporters of the black health movement, spreading it across the country as they worked as farm agents, nurses, teachers, etc. Although Washington had long emphasized sanitation and hygiene at Tuskegee Institute, it was not until 1915 that Washington set in motion a black health movement that would continue to grow over the next thirty-five years. With the death of Washington that same year, leadership of the movement and Tuskegee Institute passed to Robert Russa Moton, although sociologist Monroe Nathan Work did most of the administrative work for the

movement out of his Department of Records and Research at Tuskegee.<sup>64</sup>

National Negro Health Week was rooted in the health projects of many black Southerners, but its most immediate predecessor was a health program developed by the Negro Organization Society of Virginia under the direction of Robert Moton who then worked at Hampton Institute. Moton claimed that the most significant accomplishment of the society was uniting diverse groups within the black population into a united effort for black advancement. The Negro Organization Society, founded around 1910, claimed to be a coalition of over 250 black religious and secular organizations representing 350,000 African-Americans in Virginia, about one-half of the black population of the state.<sup>65</sup>

Members of the Negro Organization Society, many of whom were Hampton Institute graduates, believed that health promotion was one of the cornerstones upon which an uplifted race depended. Their motto for racial uplift was: better farms, better homes, better education, and better health. In 1912 the society launched a clean-up day throughout the state, recruiting support from the Virginia Board of Health, and in 1913 and 1914 the health campaigns expanded into a health week project. As with most black health campaigns, a gender division operated in the organization with the men in leadership and the women organizing at the local level.<sup>66</sup>

Washington also drew on the health work of Monroe Work in creating a national black health week campaign. Work, a 1903 graduate from the University

of Chicago with a master's degree in sociology, was active in a number of racial uplift movements. In 1905, while teaching at a college in Savannah, Georgia, he helped develop a city-wide health campaign. At that time he was active with W. E. B. Du Bois in the Niagara Movement, which later became the NAACP.<sup>67</sup> In 1908 Washington hired Work to head the new Department of Records and Research at Tuskegee Institute, and to provide Washington with the "facts" that he needed for his speeches and writings.

Monroe Work relied on the use of statistics, long a favored method of public health reformers and sociologists, to gather his evidence about black health conditions.<sup>68</sup> In January 1914 he presented a series of charts depicting statistics on black health conditions in the South at the Annual Tuskegee Negro Conference, a forum for local black farmers and black educators to discuss social problems affecting rural African-Americans.<sup>69</sup> Work believed in the power of statistical information to motivate people to action.<sup>70</sup> The health statistics he presented at the 1914 conference had an impact well beyond the conference participants, for they attracted national attention as black and white newspapers repeated his findings. Tuskegee leader Albon Holsey recalled that "Mr. Work had some estimated figures that rather shocked the colored people of the country."<sup>71</sup>

Work's statistical compilations demonstrated that African-Americans had exceedingly high morbidity and mortality rates, which not only reduced the quality and length of life, but also resulted in an economic burden on southern African-

Americans and the South as a whole. His calculations indicated that nearly half of all black deaths were premature and could have been prevented. Furthermore, his evidence suggested that black sickness and death cost the South \$300,000,000 annually. Work explained his purpose: "At the same time that our appalling health conditions were pointed out, attention was called to the possibility of health improvement," primarily through application of sanitary science and preventive medicine.<sup>72</sup>

Washington believed the time was right to launch a major black health campaign, given the interest shown in Virginia's health work and in Work's findings. In November 1914 he wrote Robert Moton: "I am planning to start a little agitation in the way of a National Health Day among our people. I do not want to interfere with your own plans," explained Washington, "but rather to emphasize what you have been doing so well in Virginia."<sup>73</sup> Moton agreed to support the plan, which expanded from a health day to a health week, so Washington approached Anson Phelps Stokes, a northern industrial philanthropist, to assist with costs of publicity for the campaign. Stokes, a long-time supporter of Tuskegee, donated \$500 through the board of the Phelps-Stokes Fund.<sup>74</sup>

In 1915 Washington issued a "call" for a Negro Health Week observance for that March, and turned it into a call for racial unity. In his announcement, which he signed as president of the National Negro Business League, Washington advised on the necessity of good health to racial advancement:

Without health . . . it will be impossible for us to have permanent success in business, in property getting, [and] in acquiring education. . . . Without health and long life all else fails.

Continuing, Washington avowed:

We must reduce our high death-rate, dethrone disease and enthrone health and long life. We may differ on other subjects, but there is no room for difference here. Let us make a strong, long united pull together.<sup>75</sup>

He believed that health and unity were essential to the improvement of the race.

Evidently, Washington's urgent message struck a responsive chord. The proposed movement received the endorsement of a wide-range of black national organizations, including those representing black doctors, nurses, teachers, and club women. Black health week received favorable coverage in both the white and black press, especially in southern cities, and hundreds of letters and newsclippings poured into Tuskegee describing health campaigns from around the country. In all, sixteen states held health week activities the first year, including communities throughout the South and several northern cities.<sup>76</sup>

Booker T. Washington presented the closing address for the Baltimore Negro Health Week at a mass meeting, which became a hallmark of health week programs. It was the only place he ever delivered a health week speech. Some 3000 African-Americans, along with a few white people, crowded into the Bethel A.M.E. Church, no doubt motivated more by the desire to see the famous Booker T. Washington than to hear about black health.<sup>77</sup> It might have pleased Washington to know that twelve years later W. E. B. Du Bois followed in his

footsteps as the speaker for a mass meeting at the opening of Negro Health Week in Cincinnati.

Booker T. Washington did not live long enough to witness even a second Negro Health Week, but he believed in its importance and tried to ensure its continuation. Shortly before his death Washington wrote to Anson Phelps Stokes to ask about funding for the next year's health week.<sup>78</sup> In November 1915 Booker T. Washington died, and for a time the National Negro Health Week movement seemed to have been abandoned: no health week call went out from Tuskegee in 1916. However, later that year at a conference of the National Negro Business League, the executive committee revived the movement and together with Tuskegee Institute put out a call for a black health week for April 1917. That year Nannie Helen Burroughs, a member of the business league, wrote to fellow member Emmett Scott at Tuskegee with some ideas for health week. Scott was eager to hear her suggestions. "We must keep the movement alive," he agreed, "not for the sake of the Business League so much as for the sake of this race of ours."<sup>79</sup> Black leaders felt compelled to carry on the work of promoting the black health week.

Negro Health Week became such a well-known program that conflict soon developed over the right to claim credit for it. A member of the National Negro Business League challenged Tuskegee Institute's right to leadership, much as doctors had done on behalf of the NMA. Robert E. Jones, chair of the executive

committee of the business league, wrote Moton that Tuskegee Institute was "trespassing upon the imminent [sic] domain of the Business League," by taking control of a movement that Washington began as part of the work of the league. Jones wanted the league to get credit for the success of a movement that he believed it had started, even polling other executive committee members of the league to support his cause. After months of correspondence from Jones, Moton finally responded with his own assertion that the health week had originated with the Negro Organization Society, and he advised Jones to drop the matter.<sup>80</sup>

The period from Booker T. Washington's death in 1915 until 1920 was a rocky and unstable time for the Negro Health Week movement. Tuskegee leaders faced challenges to their authority from the black medical profession and black businessmen. Robert Moton struggled to establish his own place in the shadow of Washington, the Tuskegee "wizard." He attempted to carry out Washington's health program despite such interruptions as the first world war and the influenza epidemic of 1918-19.<sup>81</sup>

The world-wide influenza epidemic, which killed over one-half million people in the United States alone, ironically provided an unexpected opportunity for some black physicians and nurses. Because the government eagerly recruited white nurses and white physicians for service overseas during the war, fewer were available at home when the epidemic struck. Therefore, the services of black nurses and physicians, rejected for the most part by the military, were in great

demand.<sup>82</sup> Dr. W. G. Alexander of New Jersey, the general secretary of the NMA, wrote in 1920 that his local North Jersey Medical Society would have a small observance of health week, but at a later time "owing to the fact that we have been so much over worked with the Influenza Epidemic, that we have not been able to get together for public work."<sup>83</sup>

By the 1920s, black health leaders concluded that local organizing efforts were not enough to make the kinds of larger changes needed to improve black health conditions. Although black health activists did not abandon community health campaigns, they turned increasingly to the state for assistance.

#### *Calling on the State: Negro Health Week in the 1920s*

During the 1920s middle-class black health leaders, such as Robert Moton and Monroe Work, developed a formal organizational structure of annual planning meetings to set the direction of the black health movement, including the promotion of National Negro Health Week. One of their first decisions was to honor Booker T. Washington as founder of the movement by celebrating black health week over April 5, his birthday.<sup>84</sup> Their main goals were to expand health week activities into an official year-round program, and to push for black health rights within the federal government by having it take responsibility for the black health movement. Leaders concluded that best way to achieve these goals was to get the USPHS to take over the National Negro Health Week program and,

according to Monroe Work, "thereby insure its permanence."<sup>85</sup> By the early 1930s, black health leaders could claim victory when the USPHS took responsibility for Negro Health Week and the new year-round program, called the National Negro Health Movement.

The first step toward institutionalizing the black health movement occurred in 1921 when black leaders at Tuskegee Institute convinced officials at the USPHS to assist with the national promotion of Negro Health Week. That year Robert Moton, with assistance from Monroe Work, persuaded the federal government to play a role, albeit a minor one, in supporting Negro Health Week.<sup>86</sup> Moton requested the official endorsement of U.S. Surgeon General Hugh Cumming for health week programs in order to pressure public health officers to assist with black health campaigns across the country. Cumming agreed to assist Moton and also offered government printing facilities for publishing a health week bulletin to assist with publicity. The bulletins initially provided information about specific diseases, but gradually focused more on explaining how community leaders could organize the week's activities, such as having home hygiene day on Monday, community sanitation day on Tuesday, children's health day on Wednesday, etc. Government printing facilities printed the bulletin after 1921, although apparently Tuskegee continued to cover most of the cost, which amounted to about \$550 each year.<sup>87</sup>

Tuskegee leaders also organized annual National Negro Health Week

planning meetings in order to bring together national black and white leaders. Beginning in 1921, Moton invited representatives from national black organizations and white organizations, such as the National Urban League and the American Red Cross, to attend these meetings at the Annual Tuskegee Negro Conferences. Black men dominated the meetings, at least numerically. In 1927 nearly forty people attended the planning meeting, including twenty black men, eight black women, seven white women, and three white men.<sup>88</sup> Tuskegee leaders also convinced the U.S. Surgeon General to also hold planning meetings at the USPHS every fall beginning in 1925. Although there were a few years of overlap, eventually Tuskegee leaders held all health week planning meetings at the USPHS, marking another small step toward incorporation of the program into the federal government.<sup>89</sup>

Black leaders thought that interracial cooperation would improve black access to services from the government and private voluntary organizations so they recruited white, as well as black, leaders to assist in planning national health week promotion. Eight national black organizations sent members to planning meetings and endorsed the black health movement throughout the 1920s, promoting health week among their members, including the National Association for Teachers in Colored Schools, and the National Association of Colored Graduate Nurses.<sup>90</sup> The NAACP is notable for its absence, but members of the organization were visible in health week programs, including Dr. Roscoe C. Brown and W. E. B. Du

Bois. The National Urban League and its local chapters also put a tremendous amount of time and resources into the health week movement from the very beginning.<sup>91</sup> Furthermore, fifteen white organizations, such as the American Social Hygiene Association and the National Tuberculosis Association gave their endorsement.<sup>92</sup>

Throughout the 1920s, these black and white organizations sent representatives to national health week planning meetings at the USPHS. About twenty people attended these annual meetings, which men dominated. For example, in 1928 eighteen people attended the meeting, eight of whom were white men, seven black men, three white women, and no black women. Even during the 1930s only two black women regularly attended the planning conferences, nursing leader Mabel Keaton Staupers and health educator Modjeska Simpkins.<sup>93</sup>

Over the decade the topics at health week planning meetings began to extend beyond Negro Health Week to include a wide variety of issues affecting black health. Participants discussed the need to promote birth and death registration of African-Americans, to encourage studies about the diseases of black people, to expand training and opportunities for black physicians and nurses, to encourage periodic physical exams, to improve urban housing conditions, and to increase health care facilities in rural and urban areas. Participants also recommended that government representatives be asked to sit on health week planning committees at the local level.<sup>94</sup>

Dr. Roscoe C. Brown, one of the most active black health leaders, became the liaison between the USPHS and Tuskegee Institute by attending these health week planning meetings. Dr. Brown, a 1906 graduate of Howard University Dental School, was an active member of the NMA. In 1919 the recently established Division of Venereal Disease in the USPHS hired Dr. Brown to provide health education for African-Americans, following his field service work for the Office of the Surgeon General of the Army the year before. Dr. Brown had two black assistants, Dr. Ralph Stewart and Walter J. Hughes, and together they prepared pamphlets, exhibits, and public lectures.<sup>95</sup> According to Dr. Pierce, then head of the division, "we thought it was not wise to put out a program devoted entirely to one phase of preventive medicine, so we made it a broad disease prevention program in which venereal diseases were given a place."<sup>96</sup> No doubt the stigma associated with venereal disease led the division to couch its work in general public health terms.

Dr. Brown was one of very few black professionals at the USPHS during the early 1920s, an opportunity made possible by World War I, but one not without its difficulties.<sup>97</sup> He worked for the USPHS until 1923 when loss of funding and the pressure of a "decentralization" policy forced him to quit, as conservatives reasserted state's rights in the post-war period.<sup>98</sup> For black health programs in the federal government, this move spelled disaster, and Dr. Brown charged that without federal control over health work in the states their efforts

were doomed. Personnel as well as policy problems haunted him, for Dr. Mark J. White, Assistant Surgeon General in charge of the Division of Venereal of Disease, wanted to discontinue Dr. Brown's office at the USPHS. In a letter to Robert Moton, Dr. Brown wrote emphatically about his immediate supervisor:

I am firmly convinced that Dr. White is neither intelligent nor sympathetic toward our health needs and accomplishments, and that something must be done to preserve the contacts and organization which we have established. If something does not develop to take the work out of the control and direction of Dr. White, I shall retire from the present situation and undertake the work under more favorable auspices. . . . It is an intolerable predicament with an impossible executive.<sup>99</sup>

Satisfactory changes did not occur, apparently, for in 1923 Dr. Brown officially left his position at the USPHS and did not return full-time there until almost a decade later.

Yet, despite his official resignation, Dr. Brown continued to work as a lecturer and special consultant for the USPHS throughout the 1920s, even representing the federal government at National Negro Health Week planning meetings. Dr. Brown had a long history of public health work. During the 1910s he lived in Richmond, Virginia, and taught hygiene and sanitation at Richmond Hospital, served as a visiting dentist at the St. Francis de Sales Institute, and assisted the work of the Negro Organization Society.<sup>100</sup> By the 1920s he spent much of his time supporting black health week campaigns. For example, in 1923 he spent two weeks in Texas promoting black health for the Texas Public Health Association, and in 1927 he travelled several weeks, presenting about thirty-four

lectures on venereal disease and general health to some 14,000 people for Negro Health Week in North Carolina, Tennessee, Georgia, and Alabama.<sup>101</sup>

Black health leaders, especially those in the NMA, helped ensure that Dr. Brown kept a high profile at the USPHS because they wanted an "insider" to advocate for federal health policy that was attentive to the needs of African-Americans. As early as World War I the NMA had pushed for the employment of a black doctor at the USPHS, and black doctors finally received a representative in Dr. Brown.<sup>102</sup>

Even when Dr. Brown was not a full-time employee, he still had an impact on the work of the USPHS. In the late 1920s he convinced Surgeon General Cumming to authorize the first study on black mortality by the USPHS. Dr. Brown used the old refrain about disease and the color line in order to get the investigation. "You know of course, that this is not only a protective service for our group," he pointed out, "but also a means of security for all people in view of the fact that health and disease alike have an interdependence affecting both groups." Dr. Cumming endorsed the study but cautioned Dr. Brown that "other important studies" had priority. Two years later the USPHS did complete the investigation and published a health bulletin on "Mortality Among Negroes of the United States," thus illustrating one of the many ways that black activists affected federal health work.<sup>103</sup>

One of the constant struggles of black health leaders was to convince

government health agencies to hire black personnel in order to get more attention to black health needs.<sup>104</sup> A steady stream of correspondence from Robert Moton urged agencies to hire black health workers. In 1923 he suggested to Assistant Surgeon General Thomas Parran that the USPHS follow the lead of the Department of Agriculture, which employed several hundred black men and women agents in the South through the Extension Service.<sup>105</sup> That same year National Urban League leader Jesse O. Thomas, a 1911 graduate of Tuskegee Institute, suggested to Moton that black leaders embark upon a careful, sustained push for state health appointments for African-Americans similar to the black assistant superintendents of education. "I do not believe we are going to ever arrive unless we increase our personnel in this whole health effort," he explained.<sup>106</sup> Black leaders believed that hiring black health professionals was one way to expand health week activities into year-round programs.

Black leaders were never satisfied with the limitations of a once-a-year, week-long focus on black health, and spent the decade of the 1920s pushing for a year-round black health program, an idea first proposed at the 1921 health week planning meeting. Jesse Thomas believed that Negro Health Week was an important catalyst for other more permanent health programs. The establishment of local health week committees was one way of keeping attention focused on black health. By 1926 many of these committees became permanent health councils advocating for black community health needs. Jesse Thomas suggested to

Moton that every local committee contact "the State, County and Municipal Boards of Health with a view of calling specific attention to certain unsanitary and unwholesome conditions effecting [sic] the Negro in particular and the whole people in general."<sup>107</sup> Black health personnel and permanent health councils were ways black leaders tried to inject black health concerns into local and national health policy.

Although the black health movement did not offer an explicit critique of a profit-oriented health care system, leaders did insist that the state had an obligation to meet the health needs of all of its citizens. Unlike other industrialized nations, no publicly funded health care system developed in the United States in the twentieth century, in part because of the resistance of the white medical profession to "socialized medicine."<sup>108</sup> Black health leaders saw themselves as representing the interests of all black Americans, including the many poor, therefore most believed that the state had to assume responsibility for the health needs of those without financial resources. Robert Moton insisted that "in the last analysis, it is the state's business to see to the people's health."<sup>109</sup> Monroe Work echoed this sentiment, stating that the preservation of health "was a public matter and that it was the duty of public health agencies, Municipal, State and National to take the lead."<sup>110</sup>

Some government health officials did assist black health leaders in promoting Negro Health Week through state boards of health. In 1925 Alabama

state health officer Dr. S. W. Welch wrote a letter to all southern state health officers asking them to remind their health workers about Negro Health Week, and that Tuskegee wanted to focus this year's work on "the building of sanitary privies as a protection against flies and hookworms."<sup>111</sup> The following year Assistant Surgeon General Draper wrote a letter of endorsement to the state health officers of twenty states, and received assurances that they would observe health week. Assistant Surgeon General Pierce reported at a health week planning meeting, with no doubt some exaggeration, that "all of the state boards of health, and the city health departments are in sympathy to advance the idea of public health among negroes." Many of them may have been interested if for no other reason than to safeguard the health of white people.<sup>112</sup>

Individual white health workers also responded positively to appeals for black health programs, some exhibiting genuine interest in Negro Health Week. In 1929 when Tuskegee leaders contacted Dr. C. W. Garrison, state health officer of Arkansas, about promoting Negro Health Week, he responded: "I am pleased to advise that this office has already ordered bulletins and posters."<sup>113</sup> In Warrensburg, Missouri, a white county nurse who received the Negro Health Week bulletin wrote to Tuskegee explaining that the nursing service, which had been in the county a year, had "not done very much health work among the negroes," but that she planned to assist the black communities with their health week plans.<sup>114</sup>

By the late 1920s Tuskegee received hundreds of letters requesting health week information from black teachers, ministers, doctors, nurses, and club women, and from a surprising number of white professionals. In 1929 J. T. Irby, medical director of Crittenden County Health Department in Arkansas, requested that Tuskegee send him health literature

available for distribution among civic and other organizations of your people in my county. I am anxious to get the people of the various communities interested in this health movement as early as possible. Last year during health week some very good work was done in several places in this county and this year we hope to accomplish much more.<sup>115</sup>

By encouraging white representatives from private organizations and government agencies to participate in Negro Health Week, black leaders hoped to integrate black concerns into health policy. They also hoped to improve race relations by fostering an interracial component to the movement.<sup>116</sup>

Robert Moton became convinced that health work was a particularly effective method for advancing racial cooperation and improving the attitude and behavior of white people toward African-Americans. "Health work," he noted, "has been found to be one of the most effective methods of bringing the two races together on a platform of mutual confidence and respect and with a mutual desire to help."<sup>117</sup> When Mrs. W. L. Thompson, superintendent of social services in Wrightsville, Georgia, wrote to Tuskegee requesting health information to help black people in her town, Moton responded with great encouragement. He suggested she initiate black health week activities, stating: "You will be interested

to know that in a number of communities in the South White Women's Clubs are taking the lead in this effort for the Health Improvement of the Colored people."<sup>118</sup> White women's cooperation may have been motivated by fears that "germs know no color line," as well as genuine interest in black health reform. Yet, black health leaders maintained that white assistance was important to improving black health, and white motivation was only a secondary concern.

The reports of Negro Health Week campaigns in a few cities indicate that black health activists believed that some degree of interracial health work was possible. Although the health week program in Louisville, Kentucky, was similar to health week observances elsewhere in the country, organizers represented their accomplishments in terms of interracial cooperation. This concern was something national black and white social welfare leaders commented on increasingly by the end of the decade. In 1927 the Young Men's Christian Association (YMCA) organized black health week in Louisville under the leadership of Dr. James Bond, director of the Interracial Commission of the black division of the YMCA in Kentucky. In correspondence with Tuskegee, Dr. Bond indicated that "it is impossible of course in a report like this to get over entirely the fine spirit of Interracial cooperation that characterized the campaign both in Louisville and throughout the state." He continued: "The by-product of interracial good will and cooperation was probably as valuable an asset as the health work messages themselves."<sup>119</sup> The emphasis given to white cooperation is one indication of the

degree to which some black Americans remained hopeful that social change toward racial equality would be possible through black and white people working together for a common purpose.

Black health week in Cincinnati demonstrated more clearly the interracial component commented on in the Louisville health week report. In 1927 the Negro Civic Welfare Association, a department of the Community Chest and Council of Social Agencies, directed Negro Health Week in the city. The members of the association, half of whom were women, had the cooperation of eighteen other organizations for the campaign. Both black and white people, Christians and Jews, sat on the executive committee. Members of a Jewish temple provided their building for the opening and closing mass meetings, and Dr. W. E. B. Du Bois gave an address at the opening event. In addition to films, distribution of literature, baby clinics, vaccination programs, and school lectures, representatives of the health week project visited nearly six hundred homes in a house-to-house health education campaign. Organizers convinced the city health department to inspect shops and restaurants in the black district of the city, and "nine landlords owning property in the Negro district cooperated by making structural repairs and assisting in the removal of rubbish."<sup>120</sup>

In many communities, health week organizers secured city services that the local government had not previously extended to black neighborhoods. For example, in Waco, Texas, the Volunteer Health League procured the involvement

of the local health department, which then "furnished trash trucks to take away all trash." The health league, according to Mrs. R. V. Estelle, next planned to establish a free clinic, playgrounds, provisions for better drainage and lighting in black neighborhoods, and secure a black truant officer, school nurse, county nurse, and police woman.<sup>121</sup>

The middle-class women who organized the Negro Health Week campaign in Seattle chose to focus on the health needs of black children and then establish city services to meet those needs. Their strategy was to develop contact with every black child in the area. Ten women each took charge of a city district and obtained the names and addresses of all black children in that area. The women of the health week committee then provided free transportation to the clinics in order to ensure a high turn out. Mrs. Gordon Carter, a black woman who chaired the health week committee, reported that a nurse from the city's Department of Child Hygiene provided free physical examinations for preschool children at the black branch of the Young Women's Christian Association (YWCA). The committee used the information gained from the clinic "as a factual basis for determining the social service activity needed by our children," according to Carter. She explained that the data gathered assisted the women in dealing with the local government and allowed them to "present any claim for service with a degree of accuracy."<sup>122</sup>

Black women used black health week campaigns to mobilize their

communities to make demands on the state. In coming together around health week, some black communities decided that they wanted a county or city health officer to meet the black health needs of their locality. Thomasville, a small rural community in Alabama, celebrated health week with a health meeting one night at the First Baptist Church and another at the Methodist Church. At the closing meeting the people attending drew up a petition requesting a health officer be appointed to their community. Mrs. M. N. Dickinson, a black female president of the county Parent-Teachers Association and principal of the Marvin District School, chaired the nine-member health week committee. Dickinson wrote to Tuskegee Institute for information about how her community could go about getting a health officer "to look after the health of school children, and sanitary conditions of the town." Monroe Work responded to her inquiry by advising her to "consult the Probate Judge and have a conference with some of the leading Physicians in your community along with some influential citizens and discuss this matter carefully." He told her that if all agreed that the health officer is needed, she could file an application with the Alabama Department of Health.<sup>123</sup> Whether or not black communities received all that they wanted from the state, they continually challenged governments to provide equal services to black Americans.

Middle-class black women also played a prominent role in one of the largest National Negro Health Week campaigns of the decade, which took place in

Chicago. In 1929 forty community organizations joined with the black Cook County Physician's Association to put on a three-week health campaign. Chicago's forty-two page health week report provides evidence of the type of massive mobilization it was possible to achieve when many segments of a community united toward a common goal. One of the campaign's features was the extensive participation of women on planning committees and in leadership roles. These women, in turn, increased the involvement of community-based organizations and local residents. A variety of organizations supported Chicago's health project, including black women's clubs, local black nurses' associations, the Douglas League of Women Voters, the Phyllis Wheatley Association, the South Side Settlement House, and the NAACP.<sup>124</sup> According to one participant, the campaign was "without a doubt one of the most intensive campaigns of its kind ever conducted in the city of Chicago."<sup>125</sup>

Chicago's health week report singled out two black women for their contributions to the success of Chicago's health week, which reached 50,000 people with a budget of \$115. Maude A. Lawrence, a member of the Chicago Urban League, and Isabel Lawson, a member of the Chicago YWCA, succeeded in rounding up twice as many organizations to participate in the health campaign in 1929 as did the year before.<sup>126</sup> They both served on several committees, including the committee to arrange for speakers, and the committee to select health topics, which chose to focus on respiratory diseases, heart disease, cancer,

venereal disease, rickets, nursing care, and dental disorders.

A number of black people, especially health professionals and community women, donated their time to health week. The committee on speakers sent out over 250 letters to dentists, physicians, and nurses to arrange for volunteers, and ended up with health presentations by forty-five physicians, thirty-three dentists, and seven nurses. These volunteers gave talks to eleven fraternal groups, twenty-two women's clubs, thirteen industrial groups, nineteen high schools, twenty-two grammar schools, and twenty-nine churches.<sup>127</sup> Approximately sixty African-Americans sat on twelve planning committees. About one-half of the committee members were women and one-half were male doctors. Four black women doctors participated, including Dr. Mary F. Waring.<sup>128</sup>

Chicago's health campaign went beyond public educational programs by also providing dental and medical clinics. In addition to the health talks, health pageant, baby contest, and presentations of twenty-six different health films borrowed from the Illinois Board of Health, the health campaign also offered free clinics in the evenings.<sup>129</sup> The health report noted that "interest of the public in the periodic examination exceeded our most sanguine expectations." Over 250 women and men received free dental examinations from twenty dentists who donated time for four-hour shifts. Over 300 people, most likely working class, sent in their applications for appointments at the medical clinic, and the clinic staff members were surprised when as many as 275 of these people showed up. About

35 percent of those seen by the staff were in perfect health, and many of the remainder had only minor health problems. Some of the people exhibited heart disease or high blood pressure, but there were almost no cases of tuberculosis, and only five of the 171 people given Wassermann tests to check for venereal disease tested positive.<sup>130</sup>

In these clinics, held during the evening, most of the staff support were women. Some twenty-five nurses assisted dentists and physicians, while twenty-four laywomen distributed applications for clinic appointments out in the community, contacted patients with appointment times, and acted as scribes for the physicians and dentists during examinations. Patients gave a complete history, describing their living and working conditions, before the medical examinations. Staff notified all patients of the findings, and if doctors detected any problems, they advised people to consult their family physician--advice that rested on the faulty assumption that all patients wanted or could afford one. Medical staff at these clinics gave no treatments or prescriptions, thus limiting their services to detection of disease only.<sup>131</sup> Although it is likely that even this was more health care attention than many of these people had received previously, it points up one of the limitations of public health programs that were unable to challenge the boundaries between private practice and public medicine.

The thousands of health week reports sent to Tuskegee Institute by health week committees during the 1920s attest to the widespread observance of National

Negro Health Week. Tuskegee leaders enticed local communities to submit such reports by turning them into entries for an annual health week contest. A variety of volunteers, such as Alice Dunbar Nelson, a public school teacher and journalist from Delaware, and Jessie Fauset, a novelist from New York, served as judges for these contests.<sup>132</sup> In 1917 the Clean-up and Paint-up Campaign Bureau, an organization supported by paint manufacturers, began providing trophies for the best health week observances, at least as judged from the reports.<sup>133</sup>

Health week activities were even more numerous than such reports indicated, however, because many communities, perhaps most, never bothered to send in reports of their health campaigns. For example, in 1929 Tuskegee received only 46 formal health week reports: 7 from cities over 100,000, 12 from cities under 100,000, and 27 from rural districts.<sup>134</sup> Yet, Tuskegee received notices of health week observances from 470 communities.<sup>135</sup> Some people, such as Ruth Henderson of the American Red Cross, pointed out that it was too difficult for volunteers to write up the details.<sup>136</sup> F. Rivers Barnwell, director of colored work for the Texas Public Health Association, wrote Monroe Work: "You have often heard me say that I am not ashamed of the work done by the Texas group during the WEEK but they just fall down on the making of their reports."<sup>137</sup> It remains, then, extremely difficult to estimate the number of communities that participated in National Negro Health Week during the 1920s, but hundreds, perhaps thousands, did.

Despite the lack of money to finance a full-time coordinator for the national promotion of Negro Health Week, the movement under Tuskegee Institute reached millions of African-Americans. In 1929 Monroe Work declared that the health week movement had grown so much that now "it can be regarded as an institution."<sup>138</sup> In 1930 Tuskegee Institute provided figures, no doubt produced by Monroe Work, drawn from correspondence, newsclippings, and formal health week reports of the number of communities observing Negro Health Week. The figures indicated that there were health week programs in several hundred communities each year from 1925 to 1930, including observances in Montreal, Canada, and in British colonies in West Africa. Not surprisingly, southern states had the most communities reporting health week campaigns, although an average of 32 states each year held campaigns, ranging from California to Wisconsin to Mississippi. However, because most communities did not notify Tuskegee of their programs, Work concluded that at least 2500 communities celebrated health week each year.<sup>139</sup>

Even more important, health week leaders believed that National Negro Health Week improved black health. In 1924 Monroe Work reported that since the beginning of the black health week campaigns, the black death rate dropped from 23 deaths per 1000 people to 15 per 1000. Furthermore, black life expectancy increased from thirty-five to forty years. "This means," explained Work, "that in the 10 years since National Negro Health Week was established,

the lifespan of Negroes of the United States has been increased 5 years. This is a great achievement."<sup>140</sup>

For leaders such as Moton and Work, ultimately black health conditions could best be improved when the federal government took responsibility for the health of all citizens. They wanted the USPHS to take over National Negro Health Week and make it into a year-round program under the supervision of medical experts. By the end of the decade they began to see signs of their lobbying paying off, for in 1929 the national health week planning committee passed a resolution to make National Negro Health Week into "a year-round, full-time, self-perpetuating movement in order that there might be a clearing-house for coordination of the several health activities" supporting black health improvement. Surgeon General Cumming endorsed the decision to place the movement "upon a more substantial basis. As now conducted the work is rather sporadic and not as continuous as it should be."<sup>141</sup>

In 1929 plans were also underway to secure an underwriter to cover the expenses of running a national black health program and to pay the salary of someone to administer it.<sup>142</sup> Dr. Will W. Alexander, secretary of the NMA, wrote to Acting Surgeon General C. C. Pierce of the need for a black administrator:

It seems to me highly desirable that there should be a Negro staff member of the Public Health Service who could work with the Department, first, in keeping Negro organizations working together on health education and, second, such a man could be of great value

in keeping in close personal contact with the state departments of health, particularly in the South, and with other health agencies that are trying to meet the special problems involved in Negro health conditions.

Alexander concluded with a reminder that efforts to improve black health would ultimately benefit the entire nation. "Of course," he noted, "I need not emphasize to you the special importance of Negro health in the general health program of the country."<sup>143</sup>

In the early 1930s the state finally answered the call from black health leaders for formal support of the black health movement when the USPHS, with financial assistance from the Rosenwald Fund, took over responsibility for the National Negro Health Week. The Rosenwald Fund was a private philanthropic foundation established by Julius Rosenwald, owner of the Sears Department Store Company and a trustee of Tuskegee Institute. This fund, which Booker T. Washington had encouraged Rosenwald to establish in 1912, now kept Washington's movement afloat.<sup>144</sup>

It pleased Robert Moton and Monroe Work to relinquish Tuskegee's responsibility for the black health week program and see it turned into an official, government-sponsored black health movement. Moton told Surgeon General Cumming "that the time has come when it should be taken over by agencies primarily interested in health improvement and able to furnish the expert direction necessary to its further development."<sup>145</sup> Most important, Moton insisted that someone must be appointed to the staff of the USPHS to carry out the new black

health program, a position Dr. Roscoe Brown desperately wanted, and eventually received.

Middle-class African-Americans believed that improving health was a way to advance the race. What they termed racial uplift work would be called civil rights activity in later decades. Summing up the goals of the movement, Eugene Kinckle Jones of the National Urban League concluded that "the Negro's struggle for health might be considered an effort of the race to survive."<sup>146</sup>

The leaders of the black health week movement ended the decade of the 1920s on a note of great optimism. The National Negro Health Week movement was a catalyst for black community organizing on the local level, and led to the creation of a nation-wide network of black health activists. Black health activists, in turn, exerted sustained pressure for government accountability to the health needs of African-Americans. Having met their major goals during the 1920s, black health leaders remained hopeful that their achievement would bring about the expansion of opportunities for black health workers, the creation of ever more health institutions, and the eventual development of a health care system with no color line.

1. As told to Lewis W. Jones, graduate student in sociology at the University of Chicago, by Monroe Nathan Work, 5/15/32, Typescript "Monroe Nathan Work," finding aids folder, Monroe Work Papers, Tuskegee University, Alabama, p. 4.
2. My argument about the motivations of black activists is influenced by the insights of Vanessa Northington Gamble in her work on black physicians and the black hospital movement. Vanessa Northington Gamble, "The Negro Hospital Renaissance: The Black Hospital Movement, 1920-1940" (Ph.D thesis, University of Pennsylvania, 1987). Much of my conceptualization about the creation of the twentieth century welfare state is derived from the work of Linda Gordon. Linda Gordon, "Family Violence, Feminism, and Social Control," *Feminist Studies* 12 (Fall 1986): 453-478; and "Gender, Race and Class in Welfare Activism, 1890-1945," Paper presented at American Studies Association conference, 10/13/89, author's possession.
3. On the impact of migration on nationalizing the issue of black health see Vanessa Northington Gamble, M.D., *Germes Have No Color Line: Blacks and American Medicine, 1900-1940* (N.Y.: Garland Publishing, 1989), introduction.
4. James D. Anderson, *The Education of Blacks in the South, 1860-1935* (Chapel Hill: University of North Carolina Press, 1988), chapter 5; Gamble, "The Negro Hospital Renaissance"; and Jessie M. Rodrique, "The Black Community and the Birth-Control Movement," in *Unequal Sisters: A Multicultural Reader in U.S. Women's History*, ed. by Ellen Carol DuBois and Vicki L. Ruiz (N.Y.: Routledge, 1990), pp. 333-344.
5. Anderson, *The Education of Blacks in the South*. Dr. Paul Cornely, interview by author, tape recording, Howard University Medical School, Washington, D.C., 12/13/90.
6. See August Meier, *Negro Thought in America, 1880-1915* (Ann Arbor: University of Michigan Press, 1963, paperback 1966). Textbooks have repeated this characterization. See Bernard Bailyn, et al, eds., *The Great Republic: A History of the American People*, vol. 2 (Lexington, Mass.: D. C. Heath and Co., 1981), pp. 686-688.
7. Louis Harlan, *Booker T. Washington: The Wizard of Tuskegee, 1901-1915* (N.Y.: Oxford University Press, 1983), pp. ix and 417; Anderson, *The Education of Blacks in the South*, p. 104; and Meier, *Negro Thought in America*, p. 196. See also Mrs. Jessie Guzman, an employee of Tuskegee Institute since the 1920s and Monroe Work's successor as director of the Department of Records and Research at Tuskegee Institute, interview by author, tape recording, Tuskegee, Alabama,

9/10/89.

8. W. E. B. Du Bois, *The Autobiography of W. E. B. Du Bois* (N.Y.: International Publishers, 1968), pp. 236-37; and Cincinnati Health Week Report, 1927, box 132, general correspondence, Robert Moton Papers, Tuskegee University, Alabama.
9. W. Montague Cobb, "Fifty Years of Progress in Health," reprint from *The Pittsburgh Courier*, 1950, Health Sciences Library, Howard University, p. 4.
10. There is no agreement among historians over how best to analyze class positions within black communities. See the commentaries by James Oliver Horton and by Nell Irvin Painter in *The State of Afro-American History*, ed. by Darlene Clark Hine (Baton Rouge: Louisiana State University Press, 1986), pp. 80-81, and 133. See also Bart Landry, *The New Black Middle Class* (Berkeley: University of California Press, 1987), pp. 19-21.
11. Mrs. Lugenia Burns Hope, "Declaration of Principles Adopted at the Baltimore Convention," *National Association Notes* (October 1916), p. 11; Meier, *Negro Thought in America*, chapter 8; Landry, *The New Black Middle Class*, p. 62; and Jacqueline Anne Rouse, *Lugenia Burns Hope: Black Southern Reformer* (Athens: University of Georgia Press, 1989), footnote 4, page 137.
12. On the influence of family, church, and schooling on racial uplift efforts see Louis Harlan, *Booker T. Washington: The Making of a Black Leader, 1856-1901* (N.Y.: Oxford University Press, 1972); and Robert Moton, *Finding A Way Out* (Garden City, N.Y.: Doubleday, Page & Co., 1921). See also Neverdon-Morton, *Afro-American Women of the South*; and Darlene Clark Hine, "Rape and the inner lives of Black women in the Middle West: Preliminary thoughts on the culture of dissemblance" *Signs* 14 (Summer 1989): 919.
13. Interview with Frances Albrier conducted by Malca Chall, Black Women Oral History Project (Cambridge: Schlesinger Library, Radcliffe College, 1984), p. 18.
14. Moton, *Finding A Way Out*, p. 76. On the uplift work of black women see Charlotte Hawkins Brown, "Cooperation Between White and Colored Women," *The Missionary Review of the World* 45 (June 1922): 486, box 11, Monroe Work Papers, Tuskegee University.
15. On the NAACP see material in box 1 of the correspondence file and box 416 of the administrative file, Records of the NAACP, Manuscript Division, Library of Congress, Washington, D.C. There were also many women members of the National Negro Business League, including Margaret Murray Washington, Nannie Helen Burroughs, Mary McLeod Bethune, and Alice Dunbar-Nelson. See

"Recognizes Cambridge Business League the Equality of the Sexes in Business," reprint from the *Cambridge Daily Standard*, 7/30/15, box 989, Tuskegee Records, Booker T. Washington Papers, Manuscript Division, Library of Congress; *The Southern Letter* 44 (September 1928): 3; and annual reports of the National Negro Business League.

16. This apparent lack of conflict between men and women may be due to a conscious muting of feminist critiques by black women in the post-World War I era or it simply may reflect the inadequacy of the available sources to tell this part of the story. Gordon, "Gender, Race and Class in Welfare Activism," p. 33.

17. Guzman, interview by author; Jessie P. Guzman, "The Woman's Role in Advancing the Status of the Negro," 5/17/52, Paper presented at a Chicago YMCA, p. 16; Cornely, interview by author; "National Negro Business League," *Southern Workman* 44 (October 1915): 519-520; and "National Association of Colored Women," *Southern Workman* 45 (September 1916): 492-493. See also Neverdon-Morton, *Afro-American Women of the South*, especially pp. 120 and 161; Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), chapter 5; and Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton: Princeton University Press, 1982), p. 255, and chapter 6.

18. Herbert Morais, *The History of the Negro in Medicine* (N.Y.: Publishers Co. under the auspices of the Association for the Study of Negro Life and History, 1969), pp. 85, 86, and 100; *National Notes* 31 (April 1929): 6; Todd Savitt, "Entering A White Profession: Black Physicians in the New South," *Bulletin of the History of Medicine* 61 (Winter 1987): 510, note under table; and Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987).

19. I recognize that midwives are not middle-class professionals as their placement within this group suggests, but their contributions to public health promotion in rural areas necessitates their inclusion. I explore the unique role of midwives in black health work in chapter 5.

20. The sex of these black physicians is unspecified, but I think it is safe to assume that they are speaking of men. See Savitt, "Entering A White Profession," pp. 507-540; and Beardsley, *A History of Neglect*, chapter 4.

21. Carl G. Robert, National Medical Association Presidential Address, 1927, box 19, Louis T. Wright Collection, Moorland-Spingarn Research Center, Howard

University, Washington, D.C.

22. Dr. T. Spotuas Burwell to Robert Moton, 12/3/28, box 156, general correspondence, Moton Papers; and Dr. D. W. Byrd to Emmett J. Scott, 7/7/17, box 7, local correspondence, Moton Papers.

23. Louisville, Kentucky, Health Week Report, 1927, submitted by Mary L. Hicks, secretary of the Kentucky Inter-racial Commission, box 132, general correspondence, Moton Papers.

24. For descriptions of health week events see *The Howard Medical News*, 3 (March 20, 1927): 3; *The Howard Medical News*, 4 (March 20, 1928): 3; *The Howard Medical News*, 4 (May 20, 1928): 3; *Journal of the National Medical Association*, 9 (July-September 1917): 142; and C. C. Jones to Albon Holsey, 2/15/29, file cabinet 3, drawer 1, Department of Records and Research Collection.

25. Dr. Boothe to Booker T. Washington, 4/15/15, reel 379, Washington Papers.

26. A. [Algernon] B. Jackson to Booker T. Washington, 1/11/15, micro reel 382, general correspondence, Washington Papers.

27. Dr. C. A. Lanon to Robert Moton, 11/9/29, file cabinet 3, drawer 2, Department of Records and Research Collection, Tuskegee University.

28. "Gospel of health" was a phrase used throughout the early twentieth century to refer to messages about the laws of health. For an example of its use during the black health movement, see Bernice Scott to Albon Holsey, 3/6/29, file cabinet 3, drawer 1, Department of Records and Research Collection. See also Barbara Melosh, *"Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), chapter 4.

29. On Washington's racial philosophy see August Meier, *Negro Thought in America*, p. 106. The Sheppard-Towner Maternity and Infancy Protection Act ran from 1922 until funds ran out in 1929. See Molly Ladd-Taylor, *Raising A Baby the Government Way* (New Brunswick: Rutgers University Press, 1986). On Children's Bureau work with Negro Health Week see Robert Moton to Grace Abbott, 12/15/21, and Memorandum from Anna Rude, M.D., director of the Division of Hygiene, to Grace Abbott, 1/5/21, box 225, Central File, 1921-1924, Record Group 102, Children's Bureau, National Archives, Washington, D.C. See also *National Association Notes* (April 1918), p. 3.

30. For an example of the interactions between white organizations and Tuskegee see Philip Klein, associate director of field studies for the American Red Cross, to Monroe Work, 2/8/21, and W. Frank Persons to Monroe Work, 2/23/21, box 18, Thomas M. Campbell Papers, Tuskegee University. *The Red Cross Courier* advertised Negro Health Week to members of the American Red Cross during the 1920s. Copies provided by Mary D. Doering, Curator, National Headquarters of the American Red Cross, Washington, D.C.

31. C. E. A. Winslow, *The Evolution and Significance of the Modern Public Health Campaign* (New Haven: Yale University Press, 1923). Judith Walzer Leavitt notes similar early 20th-century emphases on education and cooperation among agencies in her study on public health reform in Milwaukee. Leavitt, *The Healthiest City*, pp. 204 and 228. See also Barbara Gutmann Rosenkrantz, *Public Health and the State: Changing Views in Massachusetts, 1842-1936* (Cambridge: Harvard University Press, 1972), p. 130.

32. Charlotte Hawkins Brown, "Cooperation Between White and Colored Women," *The Missionary Review of the World* 45 (June 1922): 484-487. Harlan, *Booker T. Washington: Wizard*; Du Bois, *The Autobiography of Du Bois*; and Meier, *Negro Thought in America*. The establishment of the Commission on Inter-racial Cooperation in 1918, partly in response to World War I, is another indication of efforts to forge interracial work, although women did not gain a role in the organization until 1920. Neverdon-Morton, *Afro-American Women of the South*, pp. 185 and 226-33.

33. Gert H. Brieger, "Sanitary Reform in New York City: Stephen Smith and the Passage of the Metropolitan Health Bill," pp. 399-413, and "Changing Public Health Concerns," p. 473 in *Sickness and Health in America*, ed. by Judith Walzer Leavitt and Ronald L. Numbers (Madison, University of Wisconsin Press, 1985); and Paul Starr, *The Social Transformation of American Medicine* (N.Y.: Basic Books, 1982), part 1, chapter 5.

34. For descriptions of early Negro Health Week programs see Tuskegee Institute News Clippings File, Health Week-1915, Tuskegee University; and Booker T. Washington Papers, box 943, Library of Congress.

35. Richard L. Bushman and Claudia L. Bushman, "The Early History of Cleanliness in America," *Journal of American History* 74 (March 1988): 1213-1238.

36. Charles E. Rosenberg and Carroll Smith-Rosenberg, "Pietism and the Origins of the American Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," in *Sickness and Health in America*, pp. 385-398.

37. Mary Fitzbutler Waring, M.D., "Sanitation," *National Association Notes* (April-May 1917), pp. 8-9. See also issues of *National Notes*, including volume 16, November 1913, page 12, and volume 26, November 1923, page 8; and W. Montague Cobb, "Henry Fitzbutler," *Journal of the National Medical Association* 44 (September 1952): 403-407.
38. Gerda Lerner, *Black Women in White America* (N.Y.: Random House, 1972), chapter 3; Bettina Aptheker, "Woman Suffrage and the Crusade Against Lynching, 1890-1920," in *Woman's Legacy* (Amherst: University of Massachusetts Press, 1982); and Hine, "Rape and the inner lives of Black women in the Middle West," p. 917.
39. Burroughs quoted in Anne F. Scott, "Most Invisible of All: Black Women's Voluntary Associations," *Journal of Southern History* 41 (February 1990): 13. See also Evelyn Brooks Barnett, "Nannie Burroughs and the Education of Black Women," in *The Afro-American Woman: Struggles and Images*, ed. by Sharon Harley and Rosalyn Terborg-Penn (Port Washington, N.Y.: Kennikat Press, 1978), pp. 97-108. On Margaret Murray Washington see Rouse, *Lugenia Burns Hope*, p. 8; and Neverdon-Morton, *Afro-American Women of the South*, pp. 132-37.
40. "The Niagara Movement: Declaration of Principles, 1905," box 2, Work Papers. See also Elliott Rudwick, "The Niagara Movement," in *The Making of Black America*, vol. II, ed. by August Meier and Elliott Rudwick (N.Y.: Atheneum, 1969), pp. 131-148.
41. For discussion of this idea in an important collection of primary documents on black health see Gamble, *Germs Have No Color Line*.
42. Rosenkrantz, *Public Health and the State*, p. 179.
43. Robert Moton, Proceedings of the Negro Health Week planning meeting, Washington, D.C., 11/1/26, file cabinet 3, drawer 1, Department of Records and Research Collection, p. 3. Dr. Algernon Jackson used the same plot line in a story about Amanda, a black washerwoman, and the measles. Algernon B. Jackson, "The Need of Health Education Among Negroes," *Opportunity* 2 (August 1924): 235-240, courtesy of Leslie Schwalm.
44. Robert Moton, "Nationalizing the Negro Organization Society Movement," *Proceedings of the National Negro Business League*, 19th annual convention, Boston, 1915, pp. 159-160.

45. Booker T. Washington, "What Co-operation Can Accomplish," *Southern Workman* 43 (December 1914): 661. He delivered this speech before the Negro Organization Society in Norfolk, Virginia, 11/12/14.
46. Quoted in Stuart Galishoff, "Germs Know No Color Line: Black Health and Public Policy in Atlanta, 1900-1918," *Journal of the History of Medicine and Allied Sciences* 40 (January 1985): 29. I have repeated the lower-case spelling of "Negro" as in the original.
47. Quoted in Galishoff, "Germs Know No Color Line," p. 29.
48. Harlan, *Booker T. Washington: Wizard*, quotes from pp. 427 and 425.
49. For discussion in the black press, including the St. Louis newspaper, see the Tuskegee Newsclippings File, Health Week 1915, Tuskegee University.
50. Starr, *The Social Transformation of American Medicine*, p. 196.
51. Neverdon-Morton, *Afro-American Women of the South*, pp. 2 and 4.
52. Lugenia Hope was active in the National Association of Colored Women, the National Council of Negro Women, the International Council of Women of the Darker Races, the Commission on Interracial Cooperation, the National Urban League, the YWCA, and the NAACP. Rouse, *Lugenia Burns Hope*.
53. Quote from Rouse, *Lugenia Burns Hope*, p. 70, see also chapter 4. Information on the Neighborhood Union, one of the more thoroughly studied black women's community organizations, also can be found in Lerner, *Black Women in White America*, pp. 497-512; Lerner, *The Majority Finds Its Past*, pp. 88-92; Beardsley, *A History of Neglect*, pp. 104-08; and Neverdon-Morton, *Afro-American Women of the South*, pp. 145-62.
54. "Atlanta's Public Health Program," Typescript, box A6, general office file, National Urban League Southern Regional Division Collection, Library of Congress; Lerner, *Black Women in White America*, p. 501-09; and Rouse, *Lugenia Burns Hope*, chapter 4.
55. Lerner, *Black Women in White America*, p. 506.
56. Beardsley, *A History of Neglect*, p. 105; and Neverdon-Morton *Afro-American Women of the South*, p. 160. The Union claimed similar success in 1917. *Proceedings of the National Negro Business League* (1917), p. 66.

57. Secretary for the Mayor of Atlanta to Jesse Thomas, 4/5/22, and other correspondence for the 1922 Atlanta Clean-Up Campaign, box A6, general office file, National Urban League Southern Regional Division; Mary Dickinson, Executive Secretary of the Tuberculosis Association of Atlanta, to Robert Moton, 3/19/26, file cabinet 3, drawer 2, Department of Records and Research Collection.
58. Proceedings of the Negro Health Week planning meeting, at Tuskegee University, 1/20/27, box 18, Campbell Papers; Atlanta Health Week Report, 1927, box 132, Moton Papers; *Proceedings of the National Negro Business League* (1917), p. 64; Rouse, *Lugenia Burns Hope*, p. 81; and Neverdon-Morton, *Afro-American Women of the South*, pp. 160-163.
59. Quote from Forrester B. Washington to Albon Holsey, 5/3/29, and see also Atlanta Health Week Report, 1929, file cabinet 3, drawer 1, Department of Records and Research Collection.
60. Forrester B. Washington to Albon Holsey, 5/3/29, Department of Records and Research Collection.
61. Forrester Washington to Albon Holsey, 5/3/29, and Atlanta Health Week Report, 1929, Department of Records and Research Collection.
62. See also Rouse, *Lugenia Burns Hope*, pp. 89-90, and 132.
63. Robert R. Moton to Mary McLeod Bethune, published in *National Notes* 30 (April 1928): 16.
64. Guzman, interview by author; Copy of questionnaire filled out by Monroe Work for *Who's Who in Alabama*, box 1, Work Papers; and Linda O. McMurry, *Recorder of the Black Experience: A Biography of Monroe Nathan Work* (Baton Rouge: Louisiana State University, 1985), pp. 112-117.
65. *Journal of the National Medical Association* 6 (January-March 1914): 68-69; *Journal of the National Medical Association* 7 (January-March 1915): 51-54; *Survey* 34 (May 15, 1915): 158; Moton, *Finding A Way Out*, pp. 169, 172, and 177; Neverdon-Morton, *Afro-American Women of the South*, p. 119; and Meier, *Negro Thought in America*, p. 123.
66. Virginia Health Bulletin, "Handbook of Health for Colored People," vol. 6 (April 10, 1914), prepared and issued at the request of the Negro Organization Society and adapted for clean-up week, microfilm reel 61, special correspondence, Washington Papers; "The Negro Organization Society," *Southern Workman* 43

- (December 1914): 651-653; "Better Health for Negroes," *Southern Workman* 44 (January 1915): 9-11; "Negro Organization Society," *Southern Workman* 44 (April 1915): 202-203; and Neverdon-Morton, *Afro-American Women of the South*, p. 120.
67. For details of the life Monroe Nathan Work see McMurry, *Recorder of the Black Experience*. For information on the Georgia health campaign see Monroe N. Work, "A Health Week in Savannah Georgia in 1905," box 2, Work Papers; and McMurry, *Recorder of the Black Experience*, pp. 35-38, and 112.
68. George Rosen, *A History of Public Health* (N.Y.: MD Publications, 1958), pp. 259 and 395.
69. Robert Moton's secretary to Allen Clark, 10/10/22, box 89, general correspondence, Moton Papers; Newsclipping from the *Montgomery Advertiser*, 1/18/24, box 1, and Program for 1924 Tuskegee Negro Conference, box 6, Tuskegee Institute Extension Service Collection, Tuskegee University; and McMurry, *Recorder of the Black Experience*, p. 113.
70. McMurry, *Recorder of the Black Experience*, quote page 52, see also pages 21, 28, and 96.
71. Albon Holsey's statement, Proceedings of the Negro Health Week planning meeting, Washington, D.C., 11/1/26, file cabinet 3, drawer 1, Department of Records and Research Collection, p. 14.
72. Quote from Monroe Work, "Life Span of Negroes in Past Ten Years Increased by Five Years: National Negro Health Week One of the Most Important Factors in this Improvement," box 4, p. 1; Monroe N. Work, "The South and the Conservation of Negro Health," an advanced section from the 1914-15 edition of the *Negro Year Book*, box 11; and Monroe Work, "The Economic Waste of Sickness," Paper presented at health conference in Gulfside, Mississippi, 6/5/29, box 4, all in Work Papers.
73. Booker T. Washington to Robert Moton, 11/25/14, microfilm reel 61, special correspondence, Washington Papers.
74. Robert Moton to Booker T. Washington, 12/15/14, microfilm reel 61, special correspondence, Washington Papers; Anson Phelps Stokes to Booker T. Washington, 11/24/14, microfilm reel 79, special correspondence, Washington Papers; and Harlan, *Booker T. Washington: Wizard*, p. 235.
75. Galley proof, "A Great National Health Week to Be Observed from March 21st to 27th, 1915," box 943, Washington Papers.

76. The sixteen states were: Georgia, South Carolina, North Carolina, Tennessee, Kentucky, Alabama, Mississippi, Oklahoma, Missouri, Texas, Louisiana, Virginia, Maryland, Pennsylvania, New York, and Illinois. See the hundreds of news stories on Negro Health Week in the Tuskegee Institute News Clipping File, Health Week 1915, Tuskegee University; Galley proof, "A Great National Health Week to Be Observed From March 21st to 27th, 1915, and newsclippings and other materials located in box 943, Washington Papers; Booker T. Washington, "First Call for National Negro Health Week," form letter, 2/1/15, file cabinet 6, drawer 1, Department of Records and Research Collection. Correspondence reporting on health week activities included Mr. F. Nichols, Ocean Springs, Mississippi, to Tuskegee, 3/29/15; and Eugene Kinckle Jones, New York City, to Booker T. Washington, 5/20/15, box 510, general correspondence 1915, Washington Papers.

77. "Negroes Flock to Health Exhibition," *Baltimore News*, 3/25/15, Tuskegee Institute News Clipping File; and Harlan, *Booker T. Washington: Wizard*, p. 235.

78. Harlan, *Booker T. Washington: Wizard*, p. 236.

79. Nannie Helen Burroughs to Emmett Scott, 7/17/17, and Scott to Burroughs, 7/21/17, box 14, general correspondence, Moton Papers; Galley proof, "Conservation of Negro Health," call for 1917 Negro Health Week, box 943, Washington Papers; and *The Southern Letter* 34 (March 1917): 1.

80. Robert E. Jones to Robert Moton, 3/17/20; Jones to Moton, 3/31/20; Jones to Moton 4/6/20; and Jones to Moton, 4/22/20, all located in box 4, Albon Holsey Papers, Tuskegee University.

81. Moton, *Finding A Way Out*, chapter 11; and *The Southern Letter*, (January 1919), p. 3. On the influenza epidemic see Leavitt, *The Healthiest City*, chapter 7; and K. David Patterson and Gerald F. Pyle, "The Geography and Mortality of the 1918 Influenza Pandemic," *Bulletin of the History of Medicine* 65 (Spring 1991): 4-21.

82. Approximately 33,000 nurses served during World War I, but only about 30 of them were African-Americans. About 350 black men were commissioned as medical officers during the war, but only about 100 saw active service, and the Army made about 60 black dentists officers in the Dental Reserve Corps. *The Journal of the National Medical Association* 10 (January-March 1918): 51; *Journal of the National Medical Association* 11 (January-March 1919): 26; Adah Bell Thoms, R.N., *Journal of the National Medical Association*, 11 (April-June 1919): 86; John P. Turner, "Epidemic Influenza and the Negro Physician," *Journal of the National Medical Association* 10 (October-December 1918): 184; Darlene Clark

Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), p. 103; and Morais, *The History of the Negro in Medicine*, p. 111.

83. W. G. Alexander, M.D., general secretary of the NMA, to Robert Moton, 3/16/20, box 4, Holsey Papers.

84. In April 1916 Emmett Scott first proposed the idea of honoring Washington, which the executive committee of the National Negro Business League agreed to in 1919. Historian McMurry claims that the idea actually belonged to Monroe Work. Emmett Scott to Dr. A. M. Brown, 4/12/16, box 1, and Robert Moton to F. Rivers Barnwell, 1/20/20, box 59, general correspondence, Moton Papers; *The Southern Letter* 37 (May 1920): 3; and McMurry, *Recorder of the Black Experience*, p. 115.

85. Monroe Work, "An Autobiographical Sketch," box 1, Work Papers, p.5.

86. Robert Moton to Roscoe Brown, 10/2/20, box 59, general correspondence, Moton Papers; Robert Moton to Hugh Cumming, 1/24/21, box 66, general correspondence, Moton Papers; and Gertrude H. Bowling, *The Public Health Nurse* 19 (February 1927): 85. See also Rosen, *A History of Public Health*, p. 382.

87. Proceedings of the Negro Health Week planning meeting, 11/1/26, pp. 8-9; Robert Moton to T. E. Edwards, National Health Council, 2/11/26, box 132, general correspondence, Moton Papers; *The Southern Letter* 43 (March 1927): 1; Robert Moton to Roscoe Brown, 9/22/28, file cabinet 3, drawer 1, Department of Records and Research Collection; Moton to Superintendent of Documents, Government Printing Office, 12/12/28, box 156, general correspondence, Moton Papers; and McMurry, *Recorder of the Black Experience*, pp. 115-116.

88. Proceeding of the Negro Health Week Planning Meeting, Tuskegee Institute, January 1927.

89. Robert Moton to Surgeon General Cumming, 1/6/26, file cabinet 3, drawer 2, Department of Records and Research Collection. The first mention of National Negro Health Week by the Annual Report of the Surgeon General was in 1924. *Annual Report of the Surgeon General of the Public Health Service of the United States for the Fiscal Year 1924* [hereinafter *Annual Report of the USPHS*] (Washington, D.C.: Government Printing Office, 1924), p. 289.

90. The Black organizations that supported Negro Health Week were: National Negro Business League, Circle for Negro Relief (New York), National Association of Colored Women, National Association of Colored Graduate Nurses, National Medical Association, National Urban League, North Carolina Mutual Life Insurance Company, and the National Association of Teachers in Colored Schools. For citations see correspondence from Moton to these organizations throughout the 1920s, such as the file on "affiliating agencies" in drawer 2, file cabinet 3, Department of Records and Research Collection. See also the list of sponsors printed on the health week bulletins in 1922 and 1923: "Program of the Eighth Annual National Negro Health Week, April 2 to 8, 1922," [hereinafter cited as *Negro Health Week Bulletin*] (Washington, D.C.: Government Printing Office, 1922), and "National Negro Health Week, April 1 to 7, 1923," box 89, general correspondence, Moton Papers. See also specific histories of these organizations, such as Thelma D. Perry, *History of the American Teachers Association* (Washington, D.C.: National Education Association, 1975), chapter 8, courtesy of Michael Fultz.

91. *New York Urban League, Report 1920 3* (January 1921) and Eugene K. Jones, "Report of the Executive Secretary of the National Urban League to the Executive Board," 5/23/21, box 79, general correspondence, Moton Papers; and Jones to Moton, 1/26/23, and Jones form letter to "friends," 6/5/23, box 90, general correspondence, Moton Papers.

92. The white organizations that supported black health week during the 1920s included: the American Social Hygiene Association, the National Child Welfare Association, the Child Health Organization, the Texas Public Health Association, the Clean-up and Paint-up Campaign Bureau, the Commission on Interracial Cooperation, the National Tuberculosis Association, the National Health Council, the National Organization for Public Health Nursing, the International Health Board of the Rockefeller Foundation, the American Red Cross, the National Health Council, the YMCA, the YWCA, and the Cleanliness Institute. For citations see correspondence from Moton to these organizations throughout the 1920s in the Robert Moton Papers and health week bulletins.

93. See proceedings of Negro Health Week conferences from 1926 to 1941, especially Proceedings of the Negro Health Week Planning Meeting, Washington, D.C., 1928.

94. Proceedings of the Negro Health Week planning meeting, 11/1/26, p. 12; Robert Moton to Hugh Cumming, 9/23/27, box 138, general correspondence, Moton Papers; "Thirteenth Annual Negro Health Week To Be Observed April 3-10," call for health week, box 132, general correspondence, Moton Papers; and

form letter from Moton to participating agencies with planning meeting agenda items, 10/8/28, file cabinet 3, drawer 1, Department of Records and Research Collection.

95. Brown was editor of the dental section of the *Journal of the National Medical Association* during the 1910s, a founder of the Old Dominion State Dental Society of Virginia in 1913, and one of the eighteen trustees to sign the certificate of incorporation for the NMA in 1923. "Employees of the Division of Venereal Diseases," 1/16/22, box 165, general records, Division of Venereal Diseases, 1918-36, Record Group 90, Public Health Service Records, National Archives, Washington, D.C.; G. James Fleming and Christian E. Burckel, eds., *Who's Who in Colored America*, 7th ed. (Yonkers-on-Hudson, N.Y.: Christian E. Burckel & Associates, 1950), p. 88 ; Clifton O. Dummett, D.D.S. and Lois Doyle Dummett, *Afro-Americans in Dentistry: Sequence and Consequence of Events* (n.p.: Clifton Dummett, 1978), pp. 20, 22, and 26-27.

96. C. C. Pierce in Proceedings of the Negro Health Week planning meeting, 11/1/26, p. 2.

97. Dr. Brown worked mostly under Dr. Hugh Cumming, who was surgeon general from 1920 to 1936, and Dr. Thomas Parran, who held the position from 1936 to 1948. Bess Furman, *A Profile of the United States Public Health Service, 1798-1948* (Washington: Government Printing Office, [1973]), p. 389.

98. Roscoe Brown to Robert Moton, 1/2/22, and Brown to Moton, 2/8/23, box 80, general correspondence, Moton Papers; and C. C. Pierce, Proceedings of the Negro Health Week planning meeting, Washington, D.C., 10/29/30, file cabinet 3, drawer 2, Department of Records and Research Collection.

99. Roscoe Brown to Robert Moton, 3/26/23, box 91, general correspondence, Moton Papers.

100. John A. Kenney, *The Negro in Medicine* (n.p.: John A. Kenney, 1912), p. 31; and *Who's Who in Colored America*, p. 68.

101. Brown to Moton, 3/26/23; C. C. Pierce, Acting Surgeon General, to Roscoe Brown, 3/26/27, and Brown to Assistant Surgeon General Thomas Parran, 4/16/27, box 174, general records, Division of Venereal Diseases, 1918-36, RG 90-USPHS. For further discussion of his role in the movement see chapter 3.

102. G. E. Cannon to Surgeon General Blue, 3/2/17, box 197, general files, 1924-1935, RG 90-USPHS.

103. Mary Gover, "Mortality Among Negroes in the United States," no. 174, Public Health Bulletin (Washington, D.C.: U.S. Government Printing Office, 1928). Brown had requested a study of morbidity and mortality, but was pleased that at least something was done. Roscoe Brown to Surgeon General Cumming, 2/20/26, and Cumming to Brown 3/2/26, and Brown to Cumming, 3/8/26, box 197, general files, 1924-35, RG 90-USPHS; and Roscoe C. Brown, "An Open Letter to Those Interested in the Health of the Negro in This County," *National Notes* 30 (May 1928): 18.
104. I have extrapolated these goals through analysis of the proceedings of national health week planning meetings. See, for example, Proceedings of the Negro Health Week planning meeting, Washington, D.C., 11/1/26, file cabinet 3, drawer 1, Department of Records and Research; Proceedings of the Negro Health Week planning meeting, Tuskegee Institute, 1/20/27, box 18, Campbell Papers; and Proceedings of the Negro Health Week planning meeting, Washington, D.C., 10/19/29, file cabinet 2, drawer 1, Department of Records and Research.
105. Robert Moton to Hugh Cumming, 1/22/23, box 80, general correspondence, Moton Papers.
106. Jesse Thomas to Moton, 1/26/23, box 90, general correspondence, Moton Papers; and biographical information from *The Southern Letter* 32 (March 1916): 2.
107. Jesse Thomas to Robert Moton, 1/26/23, Moton Papers; and Proceedings of Negro Health Week planning meeting, 11/1/26, p. 15.
108. Ronald Numbers, "The Third Party: Health Insurance in America," in *Sickness and Health in America*, p. 238; and Ronald Numbers, *Almost Persuaded: American Physicians and Compulsory Health Insurance* (Baltimore: Johns Hopkins University Press, 1978).
109. Robert Moton in Proceedings of Negro Health Week planning meeting, 11/1/26, p. 12.
110. Work, "An Autobiographical Sketch," p. 5.
111. S. W. Welch form letter to southern state health officers, 3/5/25, file cabinet 3, drawer 2, Department of Records and Research Collection.
112. W. F. Draper to Monroe Work, 3/5/26, box 74, general files, 1924-35, RG 90-USPHS; and Proceedings of the Negro Health Week planning meeting, 11/1/26, p. 2. See also affirmative replies Robert Moton received from state

boards of health, as well as departments of education, in 1920 when he asked them to support health week, located in box 59, general correspondence, Moton Papers, and box 4, Holsey Papers; *Annual Report of the USPHS (1925)*; and Alabama Health Officer to Moton, 2/6/29, file cabinet 3, drawer 1, Department of Records and Research Collection.

113. C. W. Garrison to Moton, 2/6/29, file cabinet 3, drawer 1, Department of Records and Research Collection.

114. F. Papenhausen to Moton, 3/18/29, file cabinet 3, drawer 1, Department of Records and Research Collection.

115. J. T. Irby to Tuskegee, 3/16/29, file cabinet 3, drawer 1, Department of Records and Research Collection.

116. There were no efforts by black leaders to join forces with other racial/ethnic minorities, although organizations such as the Texas Public Health Association had a health lecturer for "Mexicans," as well as African-Americans.

117. Robert Moton to Hugh Cumming, 1/22/23, box 80, general correspondence, Moton Papers.

118. Mrs. W. L. Thompson to Tuskegee, 3/16/29, and Moton to Thompson, 3/20/29, file cabinet 3, drawer 1, Department of Records and Research. See also *National Notes* 17 (May-June 1915): 23.

119. James Bond to Robert Moton, 5/4/27, and Louisville Health Week Report, box 132, general correspondence, Moton Papers.

120. Cincinnati Health Week Report, 1927, submitted by James H. Robinson, box 132, general correspondence, Moton Papers. Identification of membership and affiliation of the Negro Civic Welfare Association from letterhead, John M. Ragland to Monroe Work, 7/15/29, file cabinet 3, drawer 1, Department of Records and Research.

121. Waco, Texas, Health Week Report, 1929, submitted by Mrs. R. V. Estelle, president of the Volunteer Health League, file cabinet 2, drawer 1, Department of Records and Research Collection.

122. Seattle, Washington, Health Week Report, 1929, submitted by Mrs. Gordon Carter, file cabinet 3, drawer 2, Department of Records and Research Collection.

123. Thomasville, Alabama, Health Week Report, 1929, submitted by Mrs. M. N. Dickinson, letter from Dickinson to Moton 4/12/29, and from Work to Dickinson 4/18/29, file cabinet 3, drawer 1, Department of Records and Research Collection.
124. Chicago Health Week Report, 1929, part I, pp. 8-9, file cabinet 3, drawer 1, Department of Records and Research. For information on the Cook County Physicians Association see Morais, *The History of the Negro in Medicine*, p. 144.
125. H. R. Crawford, YMCA, to Monroe Work, 7/20/29, file cabinet 3, drawer 1, Department of Records and Research Collection.
126. Chicago Health Week Report, part I, p. 3.
127. Chicago Health Week Report, part I, pp. 4-6, and part II, p. 7.
128. Chicago Health Report.
129. Chicago Health Week Report, part II, pp. 12, 15, and 25-26.
130. Chicago Health Week Report, part II, pp. 10, and 16-21.
131. Chicago Health Week Report, part II, pp. 16-21.
132. Galley proof, "Judges Selected to Award Prizes to Healthy Cities," box 132, general correspondence, Moton Papers. Fauset is mentioned as a judge in *The Southern Letter* 44 (September 1928): 4. For information on Dunbar-Nelson see Gloria T. Hull, ed., *Give Us Each Day: The Diary of Alice Dunbar-Nelson* (N.Y.: W. W. Norton & Co, 1984).
133. The National Clean-up and Paint-Up Campaign Bureau, established in 1912 and supported by five trade associations of paint and varnish manufacturers, used the slogan: "Cleanliness, thrift, and civic pride--the essentials for homes and towns beautiful." See material in box 195, general files, 1924-35, RG 90-USPHS; and "Reports of the National 'Clean Up and Paint Up Campaign, 1922," box 89, general correspondence, Moton Papers.
134. Memo to Monroe Work, 6/29/29, file cabinet 2, drawer 1, Department of Records and Research Collection; and *The Southern Letter* 44 (September 1928): 4.
135. Monroe Work, "The Economic Waste of Sickness," p. 7.

136. Ruth Evelyn Henderson to Robert Moton, 5/2/28, file cabinet 3, drawer 1, Department of Records and Research Collection.
137. F. Rivers Barnwell to Monroe Work, 12/26/28, and also Barnwell to Work, 5/10/29, file cabinet 3, drawer 1, Department of Records and Research Collection.
138. Monroe Work, "The Economic Waste of Sickness," Paper presented at health conference in Gulfside, Mississippi, 6/5/29, box 4, Work Papers.
139. The largest number of campaigns were held in Alabama, Georgia, Kentucky, Texas and Virginia. Chart, "Negro Health Week Observance for the six years 1925-30," file cabinet 3, drawer 2, Department of Records and Research Collection. For information on Negro Health Week in West Africa see *The Southern Letter* 43 (March 1927): 4; and on Canada see *The Southern Letter* 45 (March-April 1929): 3.
140. Monroe Work, *Proceedings of the National Negro Business League* (1924), p. 89.
141. Hugh Cumming to Robert Moton, 10/25/29, and see Proceedings of the Negro Health Week planning meeting, Washington, D.C., 10/19/29, file cabinet 3, drawer 1, Department of Records and Research Collection. See also Brown to Moton, 12/31/29, box 156, general correspondence, Moton Papers.
142. Brown to Moton, 10/21/29, file cabinet 3, drawer 1 Department of Records and Research Collection.
143. Will W. Alexander to C. C. Pierce, Acting Surgeon General, 10/8/29, box 156, general correspondence, Moton Papers.
144. *The Southern Letter* 43 (August 1927): 2-3; and Harlan, *Booker T. Washington: Wizard*, p. 197.
145. Moton to Cumming, 11/14/29, file cabinet 3, drawer 1, Department of Records and Research Collection; and Guzman, interview by author.
146. Eugene Kinckle Jones, "The Negro's Struggle for Health," *National Conference of Social Work Proceedings* (1923), p. 72.

### *Chapter 3*

#### *A New Deal for Black Health: Community Activism and the Office of Negro Health Work, 1930-1950*

By the end of the 1920s, national black health leaders, such as Robert Moton and Monroe Work of Tuskegee Institute, were hopeful that their years of lobbying the federal government would finally pay off and the United States Public Health Service (USPHS) would assume responsibility for organizing national observances of Negro Health Week. In 1932 the U.S. Surgeon General announced that the USPHS would become the headquarters for Negro Health Week and the clearinghouse for black health activities, which national health leaders named the "National Negro Health Movement." The USPHS opened the Office of Negro Health Work and hired Dr. Roscoe C. Brown to coordinate federal support of black health efforts. Over the next two decades, however, assistance from the USPHS proved to be very limited, even though it did provide the National Negro Health Movement with a few benefits.

Ultimately, the federal government merely supplemented the ongoing voluntary labor of African-Americans, who created their own "new deal" for black health through community activism. When federal activity reached black communities, it invariably rested on a foundation of black health programs put into place by middle-class black activists well before the New Deal, programs that

provided the primary assistance to black people throughout the 1930s and 1940s. Black activists continued to create and maintain black health services, and perform health work for the poor through their organizations and in their work as educators and health professionals. Black leaders had very few opportunities to shape health and welfare policy from within the federal government and make it more responsive to black health needs. Community voluntary labor continued to provide most of the essential black health services.

Middle-class black women's organizing efforts at the community level sustained a black health movement that targeted health improvement as a means to racial advancement. Although not a confrontational protest movement, the cumulative effect of health activism in thousands of rural and urban communities around the country was to create a mass movement that used the health arena to keep alive the black struggle for equality. Furthermore, black women's grassroots health organizing during the 1930s and 1940s laid part of the foundation for community mobilization that was essential to the civil rights struggles of the post-World War II era.<sup>1</sup>

*Dr. Roscoe C. Brown and the Office of Negro Health Work*

Dr. Roscoe C. Brown became the director of the Office of Negro Health Work at the USPHS because of his involvement in the National Negro Health Movement.<sup>2</sup> Born in Washington, D.C. in 1884, Dr. Brown earned a dental

degree in 1906 from Howard University, practiced dentistry for nearly a decade, and then turned his full attention to public health work.<sup>3</sup> He joined the USPHS during World War I, continued his affiliation on an informal basis during the 1920s, and in 1932 the USPHS rehired him to run the Office of Negro Health Work.<sup>4</sup>

Although the USPHS never provided the financial support to enable Dr. Brown to create a "new deal" for black health, he played an important role as a public health advocate for African-Americans, and as the liaison between black community health work and the USPHS. Dr. Brown became the sole black official in the USPHS during the 1930s, and also the only public health official in the "Black Cabinet" of President Roosevelt's administration. Dr. Brown remained diligent in his efforts to bring black health needs to the attention of the country. Indeed, it is a testimony to the efforts of men like Dr. Brown that black needs achieved such national visibility that in 1940 *Time* magazine reported that Negro health was the nation's "No. 1 public health problem."<sup>5</sup>

The federal government increased its involvement in public health work at all levels during the Great Depression and World War II, and the locus of control over public health issues shifted from the states to the federal government. The health care arena took on increasing importance during the Great Depression because the New Deal expanded the U.S. welfare state. In line with other New Deal programs, the activities of the USPHS reached into the South, where most

African-Americans continued to live, and attempted to override some of the resistance to extending state services to black people. The federal government did provide more health benefits to African-Americans than southern state governments had provided previously.<sup>6</sup> However, racism and segregation restricted black access to and benefits from many, if not all, New Deal programs.<sup>7</sup>

The establishment of the Office of Negro Health Work is evidence of the impact, albeit limited, of black health activism on the federal government. For a decade black activists had argued for black entitlement to government services. The creation of the office marked the first time since the Freedmen's Bureau of the post-Civil War era that the federal government had institutionalized black health needs within the federal bureaucracy. However, the office, with a staff of only Dr. Brown and his secretary, did not so much create health policy and black health projects as house the National Negro Health Movement and serve as an informational clearinghouse for the health activities of local communities. The office's main purpose was health education. It produced radio broadcasts and health week sermons for National Negro Health Week. It provided voluntary organizations, health activists, and government agencies, such as state boards of health, with promotional materials for Negro Health Week, including posters, bulletins, and a newsletter called *National Negro Health News*. Dr. Brown edited the newsletter, a thick quarterly journal published from 1933 to 1950. It contained reports about health week and a range of black health issues, including

information about hospitals, health professionals, health status, and health reform.

Dr. Brown became a paid organizer for National Negro Health Week and the broader National Negro Health Movement. He spent much of his time travelling around the country speaking to black organizations about health issues, holding workshops, and assisting health campaigns. He was a dynamic, enthusiastic public lecturer, often called upon to speak at health week observances.<sup>8</sup> For example, in 1933 he spent over one hundred days out in the field visiting forty-six communities in eight states, and in 1938 he travelled for over 150 days to thirty communities in fifteen states.<sup>9</sup> He tried to raise the "health consciousness" of African-Americans, as well as promote interest in black health within white health agencies. He encouraged black Americans to take an active interest in their own health, stating: "Do not wait for the health department and other health agencies to seek you. The initiative should be exercised by the individual person, the home, and the neighborhood."<sup>10</sup>

Dr. Brown's rise to leadership over the National Negro Health Movement was part of a transition from lay leadership at Tuskegee Institute in the 1910s and 1920s, to medical leadership at Howard University Medical School from 1930 to 1932, and then to the USPHS.<sup>11</sup> The two years at Howard University marked a turning point in the national leadership. Dr. Brown worked as field secretary, or national organizer, out of the Department of Public Health at Howard University Medical School for two years under Dr. Algernon Jackson. Dr. Jackson was the

same doctor who had challenged Booker T. Washington back in 1915 with his contention that doctors should be in charge of any new black health program and in 1930 he got his wish. Dr. Brown only received the job after urgent lobbying efforts. Facing dire financial troubles in 1930 as the Depression hit, Dr. Brown desperately wanted the job as field secretary. For ten years he had promoted Negro Health Week, often without pay or minor reimbursement from the USPHS, and he argued that he had earned the position. "I must ask for the aid I deserve and now need," he explained. "I have been efficient, industrious and loyal in my work. It is asking too much to have me suffer loss and deprivation."<sup>12</sup>

A white philanthropic organization, the Julius Rosenwald Fund, provided the financial support for Dr. Brown's salary, as well as assisting with the hiring of several black public health personnel around the country. The Rosenwald Fund donated \$10,000 to cover part of Dr. Brown's salary as field secretary for a few years.<sup>13</sup> About 10 percent (one million dollars) of the fund's budget went to black health issues from 1928 until financial allocations ended in 1942. Most of the money, over \$800,000, went to the establishment and improvement of black hospitals, but the fund also provided some salary assistance to health departments to encourage the hiring of black doctors. The fund claimed credit for the hiring of thirteen black doctors in state health departments across the country, including in the South.<sup>14</sup>

The fund also took credit for providing financial encouragement to the

federal government so it would hire black personnel, including Dr. Brown at the USPHS in 1932 and Dr. Walter Maddux at the Children's Bureau in 1936. Dr. Maddux worked in the pediatric department at Provident Hospital in Chicago until 1936 when the Children's Bureau hired him to provide education to southern black physicians about maternal and child health. His work was no doubt part of the bureau's efforts to lower infant and maternal mortality rates. For several years he travelled in Mississippi, Alabama, and Georgia, meeting with black doctors, all with the endorsement of state health departments.<sup>15</sup>

Even though layworkers continued to dominate local health organizing, doctors played an increasing role in the formulation of the national policy for Negro Health Week and the National Negro Health Movement. For example, an executive committee of the annual health week planning committee formed in 1927 to make recommendations for the direction of Negro Health Week. The health week planning committee, which met annually at the USPHS, consisted of leaders from national black and white health and welfare organizations. The executive committee included Dr. Brown, Monroe Work of Tuskegee Institute, R. Maurice Ross of the National Urban League, Dr. James Bond of the Kentucky YMCA, and Dr. Algernon B. Jackson of Howard University.<sup>16</sup> The same group continued for several years with additional doctors: Dr. George W. Bowles, who had a private practice in Pennsylvania; Dr. Numa P. G. Adams, who in 1929 became the first black dean of Howard University Medical School; and Dr.

Midian Othello Bousfield, who in 1934 became Director of Negro Health at the Julius Rosenwald Fund.<sup>17</sup> The prominence of black male doctors, all active members of the National Medical Association (NMA), and the paucity of black women characterized national leadership patterns over the next two decades. Indeed, the only black women ever to play a role in this decision-making body, even after the committee became a fifteen-member advisory committee, were National Association of Colored Graduate Nurses leader Mabel Keaton Staupers, who attended meetings from 1935 to 1945, and South Carolina health educator Modjeska Simpkins, who attended from 1936 to 1941.<sup>18</sup>

The executive committee maintained that black doctors were essential to the improvement of black health, both as leaders and as those best able to create black health policy. In 1931 the committee concluded that even though local community organizations needed autonomy over how they carried out the National Negro Health Movement, doctors were the rightful national leaders.<sup>19</sup> That same year, Dr. Brown drafted a five-year plan for the National Negro Health Movement, which the executive committee adopted. The plan identified the need to increase the number of black doctors, as well as nurses, hired by government and voluntary organizations. The plan, which drew on discussions from previous health week planning committee meetings, also called for the continuation of Negro Health Week observances, promotion of health education in black schools, and assistance to the health projects of voluntary organizations. It also

recommended analysis of the 1930 U.S. census to determine black health status and access to health services.<sup>20</sup>

Dr. Midian Othello Bousfield, a member of the executive committee, put the emphasis on doctors into practice in health week observances in Chicago. In 1933 Dr. Bousfield, one of Chicago's Negro Health Week organizers, encouraged the two-week health program to stimulate business for local black doctors, both physicians and dentists. At health week lectures around the city doctors provided audiences with lists of the names of members of the Cook County Physicians Association and the Lincoln Dental Society, indicating that people could receive a free examination by visiting one of the doctors. Instead of holding public health clinics that required organizing and publicity, Chicago tried to bring people to the doctors, as a convenience to doctors and with the hope that they would become regular customers.<sup>21</sup> Although the idea of annual health examinations was consistent with the twentieth-century public health focus on individuals, such efforts occasionally appeared to be little more than free advertising for doctors in private practice.<sup>22</sup>

Even though Dr. Brown and other members of the executive committee had no power to enforce their decisions on local community organizers, they still discussed priorities for black health programs. Twentieth-century health reformers and public health personnel paid most attention to four black health issues: tuberculosis, venereal disease, infant mortality, and maternal mortality.<sup>23</sup> In 1932

the executive committee decided that although it would not discourage communities from addressing these issues, there were enough government and voluntary organizations focusing on them so that the black health movement could work on a wide range of health issues.<sup>24</sup> Dr. Brown identified three components to annual Negro Health Week observances: clean-up work, such as painting, planting, and repairing homes and community buildings; educational work, such as health lectures, films, newspaper articles, and health literature; and practical work, such as health clinics, examinations, and inoculations. Throughout the 1930s and 1940s communities placed increasing emphasis on the "practical work," although they did not eliminate sanitation and educational work.<sup>25</sup>

Dr. Brown kept detailed records documenting the growth of the National Negro Health Movement, as indicated by the number of communities observing Negro Health Week each year. Apparently, the Depression of the 1930s did not slow interest in Negro Health Week programs--if anything, interest seemed to increase. Following the 1932 health week celebration, Dr. Brown wrote to Robert Moton: "You will be pleased to know that the results of the last Health Week observance excelled those of prior years, though many difficulties beset most communities and groups during the year."<sup>26</sup> Dr. Brown reported dramatic growth in the number of communities after 1930, perhaps because he stimulated interest through his numerous community visits or because more communities decided to submit health week reports. Dr. Brown also continued Tuskegee's practice of

issuing health week awards to the best community reports.

Health week growth was impressive. Whereas in 1925 Tuskegee received notices of health week observances in 140 communities, in 1935 Dr. Brown received announcements from 2,200 communities at the Office of Negro Health Work. The number of reports of health week, many of which included photographs of health week organizing committees or programs, peaked in 1945 when some 12,500 communities indicated that they held Negro Health Week celebrations. Dr. Brown reported that the number of people reached with National Negro Health Week activities also increased, from 500,000 in 1933 to five million in 1942. These figures suggest that it was indeed a mass movement.<sup>27</sup> [See Figure 1 at end of chapter]

Health week observations took place in every state where African-Americans lived, in small rural counties in Mississippi and major metropolitan areas, such as Chicago. For six years during the 1930s, the Civilian Conservation Corps held Negro Health Week programs at its camps, and the National Youth Administration in Louisiana observed health week.<sup>28</sup> Even areas outside of the United States, including the Virgin Islands, observed Negro Health Week, and during World War II Dr. Brown reported that "Health Week programs also were conducted among soldiers overseas," especially in England.<sup>29</sup>

In the 1930s and 1940s, black leaders continued to use the same arguments employed by black leaders earlier to get white cooperation in addressing black

health problems. In the 1910s and 1920s black health leaders used the idea that "germs know no color line" to point out white self-interest in improving black health. They used germ theory to critique segregation, pointing out that it led to poor health for black Americans, forced to live in the worst neighborhoods, and it failed to protect white Americans because germs crossed the color line. Black leaders during the 1930s and 1940s attacked segregation with appeals to white self-interest as they had in previous decades. Many pointed out that the nation was only as healthy as its sickest members. They also repeatedly argued that the state had an obligation to meet the health needs of all of its citizens. In 1947 Walter White contacted President Harry S Truman on behalf of the National Association for the Advancement of Colored People (NAACP) to protest the ill-health of black America. "It is our belief that the country's health can be no better proportionately than that of the most neglected health segment of its population," he proclaimed.<sup>30</sup>

By the 1930s statistical information on morbidity and mortality was available for every state for the first time, enabling public health officials to better determine demographic breakdown for health problems. Vital statistics increased the visibility of black health needs, but it sometimes resulted in blaming black people for diseases. Cities and states with large black populations often showed higher disease rates, which alarmed health officials hoping to prove health progress from their departments, so they justified it by blaming high rates on the

black communities. For example, in 1931 the USPHS made a survey of venereal disease in Baltimore and identified high rates, especially among the black population, which white health officials interpreted as confirming white beliefs about black sexual immorality. The city responded with health campaigns, including observances of Negro Health Week, that stressed the dangers of sexuality. Ten years later when blood tests of enlistees for the military demonstrated that Baltimore had the second highest syphilis rate in the country, the health department justified the situation by blaming the rate on the city's large black population.<sup>31</sup> Black leaders often responded to such accusations by pointing out that health officials could not dismiss the high rates of disease among black people as merely unavoidable. Health institutions, they argued, had an obligation to serve all members of the community.<sup>32</sup>

Some black activists also pointed out the connections between racial advancement and black health. They argued that the attainment of equal rights depended, first of all, on the survival of the race. An 1944 editorial in the *Philadelphia Afro-American* reminded its readers that the end of World War II would not end the causes of ill-health, such as malnutrition and poor housing. Therefore, the author argued, black people had to continue to fight against the conditions that give rise to poor health because "all our hopes for racial freedom and security in the post-war world are founded on the measure of our physical ability to survive."<sup>33</sup>

By World War II, many national black health leaders, like their white counterparts, were inclined to support health professionals, hospitals, and medical technology as key weapons in the fight against disease, and this led to the demise of the National Negro Health Movement with its focus on preventive medicine. Men like Dr. Montague Cobb and Walter White of the NAACP turned most of their attention to the integration of white institutions, such as hospitals and medical schools. This activity became known as the medical civil rights movement.<sup>34</sup> In 1947 Walter White summed up his philosophy for racial advancement when he stated that Negroes deserved to share "identically" with other citizens in all medical institutions and health programs.<sup>35</sup> Part of the emphasis on hospitals derived from federal financial assistance available through the 1946 Hill-Burton Hospital Survey and Construction Act. This legislation provided federal funds through grants-in-aid to states for the construction of hospitals throughout the nation.<sup>36</sup>

The resistance to hospital segregation came from black community people as well as leaders. For example Pearl Miles of Washington, D.C. lodged a formal complaint when the white hospital denied her sister admission. At 5:00 AM on December 22, 1944, Pearl Miles watched her sister give birth on a sidewalk in Washington, D.C., within half a block of the Sibley Hospital because the hospital had a white-only policy and refused to admit the black woman even though she was in labor. The women had been walking to Gallinger Hospital, which accepted

black patients, when the pregnant woman collapsed on the sidewalk just outside of Sibley Hospital. Pearl Miles ran into Sibley to get assistance and encountered a white nurse who refused to summon a doctor and would only offer first aid in the basement. Insulted and rejected by the hospital, the sisters waited outside in subfreezing weather for twenty minutes until an ambulance came and took them to Gallinger Hospital.<sup>37</sup> Later, Pearl Miles filed an affidavit with the National Council of Negro Women, an umbrella organization of black women's groups with headquarters in Washington, D.C.<sup>38</sup> There is no indication that any formal action was taken on Miles complaint.

Yet, as Dr. Paul B. Cornely of Howard University Medical School pointed out, emphasis on scientific medicine came slowly to black America in general, and black rural Southerners in particular, because of the extreme shortage of medical personnel and facilities, as well as white resistance to integration. Until such time as medical facilities and personnel were available, everyone who had some skills contributed to black health, even in the post-World War II era.<sup>39</sup>

To Dr. Brown, integrating white medical institutions was an admirable but long-term goal. As black calls for integration in the post-World War II era gained ascendancy, he continued to believe that black Americans needed separate black services because they needed immediate assistance, as well as public health measures to prevent health problems in the first place. In 1949 he acknowledged legal efforts to force integration, but emphasized that "while State and Federal

legislation may be necessary to give the Negro a better chance to enjoy good health and long life, the National Negro Health Week and other voluntary movements offer immediate programs through which the Negro and his community can secure some improvement in present conditions."<sup>40</sup>

Too often historians have accepted the language of contemporary critics in identifying a stance like Dr. Brown's as "accommodationist" in opposition to the more progressive stance of the "integrationist." Both positions sought racial advancement and increased access to needed services. From the "integrationist" viewpoint, activists such as Dr. Cobb wanted complete equality, while the accommodationist strengthened segregation with a willingness to settle for less. People like Dr. Brown, however, saw themselves as middle-class black people working to meet the immediate needs of poor black Americans by whatever means possible, while they saw integrationists seeking lofty goals that were meaningful only to the middle class. Dr. Brown described his work and that of others in the National Negro Health Movement as assistance from "those who know and serve" to "those who need and seek."<sup>41</sup>

Dr. Brown watched his life's work in the National Negro Health Movement draw to a close in 1950 as the USPHS declared the end of the black health program. Surgeon General Leonard Scheele, who replaced Thomas Parran in 1948, appointed Dr. Brown head of a new Special Programs Branch of the Division of Health Education in the USPHS. The position, undoubtedly a

concession to Dr. Brown, who was approaching retirement anyway, involved working with all minority health concerns. He also continued to provide consultation to black community organizations.<sup>42</sup> Dr. Brown retired in 1954 at age seventy after a distinguished career in public health.<sup>43</sup>

Black health activities at the grassroots level no doubt continued even after the formal administration of the National Negro Health Movement ended. The tradition of community organizing for social welfare issues continued throughout the 1950s, a period greatly unexplored by historians of community activism.<sup>44</sup> Yet, 1950 did mark a turning point when the USPHS declared the National Negro Health Movement over and the Office of Negro Health Work closed. Concerned with the future of public health work for African-Americans, in 1950 Dr. Brown suggested that local communities take inventory of Negro Health Week accomplishments in their areas and evaluate future needs. He asked health week participants to

determine what next steps to take to maintain the benefits derived from the Health Week activities and to use more largely and effectively the health resources available to them in their own communities--their family doctors, health departments and voluntary health agencies, and the community institutions and organizations related to health education, conservation, and promotion.<sup>45</sup>

He wanted the struggle to continue, even if he was no longer able to help organize it.

Apparently, the USPHS wanted the black health program to end, according to federal health officials, because the nation was moving toward integration. Dr.

Brown's own feelings about the conclusion of the program are difficult to decipher from his official reports. In the final issue of *National Negro Health News* in 1950, Dr. Brown reported:

Eighteen years ago there was a pressing need to focus attention on the particular health problems of the Negro and to concentrate efforts in a national Negro health movement. Today, we know that this movement has been successful . . . so successful that there is not the same urgency to emphasize separate needs. Rather the trend now is for all groups to work together for mutual welfare.<sup>46</sup>

According to Dr. Brown, a government evaluation of the Office of Negro Health Work determined there was "the need for integration" of the work previously performed separately for black health by the office.<sup>47</sup> In announcing the termination of the black health program at the USPHS, Federal Security Administrator Oscar R. Ewing said the decision was "in keeping with the trend toward integration of all programs for the advancement of the people in the fundamentals of health education and welfare."<sup>48</sup>

Some black leaders, such as Dr. Montague Cobb of Howard University, were glad to see the demise of the National Negro Health Movement, believing that "the idea of a special 'Negro Health Week' has become outmoded."<sup>49</sup> Dr. Cobb commented on the termination of the *National Negro Health News* in an article in the national black medical journal stating that

now that it is accepted generally that "health is everybody's business," the need for such a publication is no longer apparent. The Journal congratulates Health News for its valuable service and the Public Health Service for its foresight in establishing an integrated program of survey and activity schedule. Other fields of daily life activity may well take notice of

this forward step.<sup>50</sup>

Dr. Cobb and his black medical organization in Washington, D.C., the Medico-Chirurgical Society, believed that separate health programs and facilities "no matter how good do not compensate for failure of integration. The ghetto no matter how beautiful is still a ghetto."<sup>51</sup>

Dr. Louis T. Wright, who was active in the NAACP along with Dr. Montague Cobb and Walter White, had publicly opposed National Negro Health Week as early as 1938. Dr. Wright, a 1915 graduate of Harvard Medical School, made his reputation at Harlem Hospital in New York.<sup>52</sup> Dr. Wright helped organize the Manhattan Medical Society in 1930, breaking away from the original black medical group over political beliefs because he and other doctors wanted full integration and criticized the Rosenwald Fund for supporting Jim Crow hospitals.<sup>53</sup> In 1938 Dr. Wright spoke out against Negro Health Week in a newspaper interview, saying that black Americans deserved the same year-round health programs as white Americans, and that the Manhattan Medical Society refused to observe Negro Health Week. According to the newspaper article, entitled "Dr. Wright Socks Health Week in the Eye," Wright remarked: "Why should we be singled out for a health week celebration any more than any other group?"<sup>54</sup>

Leaders such as Dr. Wright argued that separate health programs could not be endorsed, no matter what the short-term loss to individuals, because they

supported ideas of black inferiority. In 1938 Dr. Wright and T. Arnold Hill of the National Urban League presented a joint statement at a National Health Conference in Washington, D.C. opposing the second-class status of black Americans. They stated: "There is no such thing as Negro health. Disease draws no color line, but one would never know this from the way in which health services are administered in most places in this country." Their position was that there could be "no compromise with segregation if the Negro's health is to be permanently bettered."<sup>55</sup> In 1952 Dr. Wright repeated this position by arguing that no separate black health projects could be supported even for humanitarian reasons. "This is a case where the greater good was served by denying to some of our group the immediate benefit of a segregated set-up, and it represents a casualty in this all-out war against discrimination and segregation," he explained.<sup>56</sup>

Other doctors continued to believe that programs such as National Negro Health Week provided important benefits. Dr. Paul Cornely of the Department of Public Health at Howard University Medical School, and past president of the American Public Health Association, believed that the movement played a vital role, especially among the poor in southern rural communities. Dr. Cornely, active in the National Negro Health Movement since the 1930s, occasionally spoke at Negro Health Week celebrations. He remembered that integrationists increasingly criticized the National Negro Health Movement as contrary to efforts

for racial equality. Yet, according to Dr. Cornely, the National Negro Health Movement became a catalyst, even if only to a limited degree, in advancing black rights. He said it brought black and white people together to work for improved health, which was a topic that did not threaten white people. Although he pointed out that the movement did not have confrontational moments like later civil rights struggles, he believed that it opened doors for some black Americans within the existing social structure.<sup>57</sup>

Dr. Brown provided black leadership in the USPHS for over thirty years, yet his authority was still circumscribed by the white public health establishment. Ultimately, the USPHS never paid serious attention to Dr. Roscoe C. Brown and the Office of Negro Health Work. Because of limited USPHS support, explained Dr. Cornely, the National Negro Health Movement had great but unrealized potential to save lives. Dr. Cornely believed that the USPHS merely tried to appease African-Americans with an underfunded, understaffed program, instead of any serious commitment to improving black health. He claimed that the Office of Negro Health Work was marginalized and isolated from the rest of the health departments. He, as well as Dr. Montague Cobb, concluded that the USPHS merely tolerated Dr. Brown. To Dr. Brown's great disappointment, even after years of service the USPHS never made him a commissioned officer, as it did for many white health officials. As was standard practice before 1947, the USPHS classified him as a Negro specialist with no rank.<sup>58</sup>

Many middle-class black activists hoped to shape federal health and welfare policy through black government appointments, believing that black officials would best represent black interests in the development and administration of government policy. Dr. Roscoe C. Brown's effort at the USPHS is an example of how middle-class African-Americans tried to secure a place for themselves as representatives of black people in the welfare state. Seen in this light, President Franklin Roosevelt's "Black Cabinet" was as much a concession to black demands as a sign of his liberalism. Having black advisors was a significant departure from previous administrations, but one African-American had a hand in creating.<sup>59</sup>

A few black women occupied similar positions in the federal government, although only Mary McLeod Bethune headed an office. Bethune was head of the Office of Minority Affairs of the National Youth Administration from 1936 to 1944.<sup>60</sup> Vinita Lewis, a black social worker, worked as a Negro child welfare specialist at the Children's Bureau from 1936 to 1945. The bureau hired her with funding from the 1935 Social Security Act.<sup>61</sup> A graduate of the University of Chicago School of Social Services with a master's degree from Columbia University School of Social Work, Lewis became the advocate and contact at the Children's Bureau for African-Americans during this period. She worked on social welfare programs for black children in the rural South.<sup>62</sup> During World War II she acted as a consultant in race relations and assisted migrating black families on the west coast, in places like Seattle and San Francisco where African-Americans

moved into neighborhoods from which Japanese-Americans had been evacuated.<sup>63</sup> She worked in U.S. and international child welfare for over thirty years, including for the United Nations Relief and Rehabilitation Administration in China, the International Refugee Organization in Europe, and the U.S. Bureau of Indian Affairs.<sup>64</sup>

Historians have paid little attention to black women's role in the federal government, except for minor interest in Mary McLeod Bethune. Susan Ware's path breaking work, *Beyond Suffrage: Women in the New Deal*, did not even examine Bethune on the erroneous conclusion that she represented African-Americans and not women, as if black women had no gendered interests.<sup>65</sup> Yet, black women clearly articulated their concerns as African-American women for a greater role in the nation's leadership, especially through the National Council of Negro Women, a coalition of numerous national black women's organizations founded in 1935 by Mary McLeod Bethune.<sup>66</sup>

The National Council of Negro Women actively promoted black health concerns. It supported the National Negro Health Movement among its member organizations, while women such as Mabel Staupers of the National Association of Colored Graduate Nurses and Dr. Dorothy Boulding Ferebee of the Alpha Kappa Alpha Sorority sat on the council's health committee.<sup>67</sup> The council was among a number of organizations, such as the NAACP and the NMA, that supported the various national health bills proposed from the 1930s to the 1950s.<sup>68</sup>

The National Council of Negro Women also challenged the federal government on its failure to hire black women in government positions, especially because departments hired many white women during the New Deal. As early as 1925 black women leaders, such as Hallie Q. Brown, had appealed for a greater role for black women in the administration of federal government programs, but with little success.<sup>69</sup> In 1938 Bethune organized a conference of the National Council of Negro Women on "The Participation of Negro Women and Children in Federal Programs" in Washington, D.C.<sup>70</sup> Sixty-five black women leaders attended, including Lugenia Burns Hope of Atlanta, Mary E. Williams of Tuskegee, and Dr. Dorothy Boulding Ferebee of Washington, D.C.<sup>71</sup> They argued that black women's interests would not be represented in health and welfare policy until black women held positions in the federal government. They pointed out that black women had limited access to federal relief programs, and they challenged the exclusion of agricultural and domestic workers, over half of all black workers, from social security benefits.<sup>72</sup>

Bethune divided the conference into two parts, first a chance for the women to discuss the issues among themselves, and second to present their recommendations at the White House to Eleanor Roosevelt and federal department administrators, such as Mary Anderson of the Women's Bureau and Katharine Lenroot of the Children's Bureau.<sup>73</sup> The conference members, through the resolutions committee, reported their conclusions:

Our deliberations have indicated that Negro women and children do not participate in Federal Welfare programs to any extent in proportion to their need. It is our advised opinion that this condition is the direct result of our virtual exclusion from the administrative policy forming offices of various Federal department bureaus set up for the administration and execution of the programs for women and children.<sup>74</sup>

The women criticized the government for sex and race discrimination, stating that "it is impossible for any other than a Negro female representative to understand and appreciate the problems of the unemployed Negro woman."<sup>75</sup> Bethune captured the spirit of the conference when she declared that "the day has come now, not tomorrow, but the day has come *now* for us, as Negro women, to be counted among the women of this country who are making the plans and administering the program to the people of America."<sup>76</sup>

The response of the department heads and Eleanor Roosevelt was somewhat defensive. Roosevelt, although conceding that Negro women needed more representation, still maintained that not everyone could be included in every department. Mary Anderson and Katharine Lenroot argued that they had a few black women on their staffs, ignoring the fact that they did not hold positions of authority. It is unclear whether real changes occurred in departmental hires because of this conference, yet such a meeting demonstrated that middle-class black women struggled to shape the New Deal and tried to gain what they believed was their rightful role as representatives of poor black women.

*Black Women and Community Activism*

Black female health professionals and laywomen made black needs visible at the community level in urban areas and rural counties across the country. They successfully mobilized community support for National Negro Health Week, and then turned their health week committees into permanent health councils that played a vital role in advocating for black entitlement to health and welfare services. Their organizations created health services previously denied to black citizens, and lobbied local governments and Community Chests to integrate black Americans into existing local programs.

The Community Chest, usually run by wealthy white businessmen, was a favorite target of black health councils seeking funding.<sup>77</sup> For example, in 1930 in Seattle, Washington, women promoted Negro Health Week and, according to one woman, helped black people "secure our rightful share from the organizations which work for social betterment, the Welfare League and the Community Chest."<sup>78</sup>

Black nurses, home demonstration agents, teachers, Jeanes Supervisors (black supervisors of teachers), and club women dominated health education and public health work at the community level.<sup>79</sup> They worked with local chapters of national organizations, such as the National Urban League, the NAACP, and the American Red Cross, to sponsor black health week, hire black personnel in health departments, and establish clinics for African-Americans.<sup>80</sup> They promoted much

of this health reform through local churches and women's clubs.<sup>81</sup> One club woman in Jackson, Mississippi, wrote in 1935 that women's clubs were active in Negro Health Week observances because "the responsibility for the health of the family is largely upon the women."<sup>82</sup>

The voluntary labor of black women professionals and laywomen in the 1930s and 1940s was essential to the creation of a mass movement to provide a new deal for black health. Despite the efforts of national black male leaders, especially doctors, to control the direction of the National Negro Health Movement, it remained a locally based grassroots movement. Although Dr. Roscoe C. Brown and members of the annual planning committee meetings selected themes for Negro Health Week, such as the 1943 theme of "Health on the Home Front--Victory on the War Front," each community had full autonomy over its specific health programs.<sup>83</sup>

Black women provided free health services to the poor in their communities, in part through lobbying local governments and voluntary agencies. For example, the Savannah Federation of Colored Women's Clubs, with over one hundred separate clubs by the early 1930s, created the Cuyler Children's Free Clinic. The Federation had full control and financial responsibility for the clinic. The women convinced black and white physicians to donate their services, and they lobbied city and county commissioners to cover the costs of the clinic and the salary of a nurse. Throughout the 1920s and 1930s the clinic provided free health

services to about four hundred poor children each month, and a Tuesday clinic for adults, mostly the unemployed or those who worked as domestics and laborers.<sup>84</sup>

Black laywomen exhibited great interest in health education, both for themselves and their communities. For example, in Boston in 1929 forty black women, ranging from age twenty to sixty, attended the first Red Cross home nursing course created for black women by a black public health nurse from the Boston Tuberculosis Association. The women learned about the course through their churches, settlement houses, and the Boston Urban League. After completing the course, the women formed their own organization, the Health Guild of the Boston Tuberculosis Association to promote health education in black neighborhoods.<sup>85</sup>

Permanent health councils, which promoted health week observances, often grew out of women's participation in community health education courses. For example, in 1930 in Detroit the city health department sponsored twelve-week health education classes throughout the city in churches and women's clubs. Two hundred black women from these classes formed the Daniel H. Williams' Health Guild. The women of this group sponsored Negro Health Week with assistance from the city department of health, black physicians, teachers, and ministers. They created a number of programs as part of black health week, including the establishment of health clinics for eight weeks to protect children against diphtheria. These clinics, held in churches immunized over 5,000 children. The

women in the guild also divided the city into fourteen districts, each with a chairwoman and twenty women assistants who organized the schools, churches, and women's clubs for health lectures and health examinations. Furthermore, they oversaw the cleaning up of each neighborhood block and visited every home in their district, handing out literature on family health to mothers.<sup>86</sup>

One of the ways public health nurses worked to improve health services was through working with black community women. Nurses played a vital role in promoting Negro Health Week programs and other black health projects.<sup>87</sup> In 1929 in Virginia, financial assistance from the Rosenwald Fund enabled the state health department to hire Rosa Taylor, a black nurse. Because she was responsible for the health needs of black people in eight counties, an impossible task to perform alone, she organized health clubs so she could work with more local women. Through the clubs she could reach many women at one time, especially mothers and midwives. The women of each club studied health education, met with the nurse every three months, and ran their own health projects, such as a program to immunize children against diphtheria.<sup>88</sup> From 1932 to 1937, nurses with the Virginia Department of Health organized health clubs for black mothers and midwives in thirty-two counties.<sup>89</sup> In 1940, Hyacinth Reid, a black nurse in Pennsylvania who served as chair of the health committee of the local branch of the NAACP, directed a group of young black women of the Pennsylvania Tuberculosis Society in organizing black health week.<sup>90</sup>

Nurses believed that working with women in their communities would encourage local interest in ongoing health work, as well as ease the nurses' burden. As Pearl McIver, a nursing director with the USPHS, noted:

The efficient rural public health nurse realizes that the success of her program is largely dependent upon the interest and co-operation of the citizens of the community which she is serving. She knows that one is not greatly interested in a movement unless one has had a part in that movement and that assisting or participating in some small way is the surest way to create and to sustain interest in a program. She will make use of already organized clubs, lodges, or even ladies aid societies, getting these groups to form health committees, if such committees are not already in existence.<sup>91</sup>

Nurses and community women needed to work together because the task, especially in rural areas, was so great.

In southern Virginia, laywomen not only assisted the rural nurse with community health care, but they also defended the health department against the economic downturn of the depression. One year the local black Mothers' Club assisted a woman whose husband had abandoned her, leaving her pregnant with no one to help her. The midwife who delivered her had reported the case to a county nurse at the health department. The nurse gave the club leader a card that enabled her to get funds for the woman from the county poormaster, and six of the club women cleaned the woman's house and cooked her food. They also gave the baby a layette of baby clothes the club women had made from sugar and flour sacks. Each day one of the club women came to the house to look after the mother and baby. According to Pearl McIver, "when the county health officials

decided to do away with the health department a few months later, as an economy measure, these women and many others, made such a protest that the idea was soon abandoned and the health department was retained, in spite of the depression."<sup>92</sup>

It is also clear that the success of the black health movement, both in terms of observances of Negro Health Week and the establishment of permanent health organizations, was due to the commitment of people at the grassroots level to improving black health conditions. For example, in Saint Mary's County, Maryland, twenty-three local people helped with their sixth observance of Negro Health Week, and according to the health week report,

what we have accomplished has been done entirely through the country people themselves, working in cooperation with the Chairman and Secretary of this organization. There were no trained workers, other than these two. The work was done after school hours, at night, and on Sundays.<sup>93</sup>

The volunteers were both Protestants and Catholics, including six priests. Evidently this cooperation was a major accomplishment in itself, for the health week report stated that "this seems worth mentioning in a territory where religious feeling has always been pronounced. One backward minister forbade his congregation to participate, but they participated anyway." According to the health week report, their county health officer was an alcoholic who failed to assist either the black or white citizens, so they had to create their own health services.<sup>94</sup>

Community people demonstrated a strong interest in health education. In 1930 in Wicomico County, Maryland, the county ran health week by organizing every black school and providing children with health examinations. There were also public meetings with health lectures in five communities, and according to Dr. R. H. Riley, director of the Maryland health department, "the discussion went well into the night, showing that the negroes were interested and wanted to know what they could do to improve their health." Black community members established several permanent health committees to work on black health issues year-round, and they assisted the health department by providing transportation to health clinics, as well as reporting the existence of contagious diseases. Nurses also conducted health education classes for black women who in turn provided health information to their neighbors.<sup>95</sup>

Even the poorest of the poor took an active part in improving health conditions. In East Carroll Parish, a small delta county in Louisiana, most of the inhabitants were black tenant farmers working on cotton plantations. According to Dr. M. V. Hargett, director of the county health department, the department sponsored Negro Health Week in 1930, but "it was 100 percent in the hands of the colored people and the accomplishments recorded represent what they did under their own leadership and initiative." A black nurse, Ala Mae Stephens, supervised the work and assisted in contacting churches, schools, and newspapers to promote health week. According to the health week report, organizers tried to instill an

interest in "washing teeth, taking baths, cleaning homes, sunning beddings, killing bed bugs, repairing privies, cleaning up yards and papering houses." They also secured garbage removal services from a local town.<sup>96</sup>

Health activists continued to equate health with cleanliness, and cleanliness with respectability. Club women placed great emphasis on creating attractive home surroundings, explained a woman from Jackson, Mississippi. She indicated that club women wanted black neighborhoods to be as nice as any other section in town, and she emphasized that "there is no reason why a stranger coming into Jackson should be able to identify a neighborhood as being the home of Negroes by sagging fences, broken window panes, dirty premises, lack of sidewalks, and dusty streets."<sup>97</sup> In 1930 in Nashville, Tennessee, Negro Health Week included a definite interest in clean-up work. Black women from twenty-five women's clubs inspected fourteen of the "most backward areas of the city," and urged the "housewives" to clean up the premises. The city health department also inspected barber shops, beauty parlors, meat shops, grocery stores, restaurants, and theatres in black neighborhoods. When health week ended, the one hundred black women and men of the health week committee created a permanent Negro Health Council to continue their health activities.<sup>98</sup>

Throughout the 1930s and 1940s black women helped to create new health services and sustain existing ones in their communities. For example, in 1948 women in Montgomery County, Maryland, assisted their health department. They

formed their own health councils and assisted public health nurses at clinics in the local health department. They also raised money to purchase incubators for babies, and even bought cars in order to drive patients to the health clinics.<sup>99</sup>

In Richmond, Virginia, Negro Health Week in 1930 served as a catalyst for the creation of previously unavailable health services. Members of the local Urban League and eighteen other organizations sponsored Negro Health Week under the black female president of the Richmond Medical Society, Dr. Zenobia G. Gilpin. Doctors, ministers, and many women served on nine organizing committees. Doctors and church members gave health talks in each of the fifty-three black churches, reaching over 10,000 people. With no black hospital, the health week focused on providing adult and children's clinics in the Baptist churches and a Presbyterian mission for Negroes. The female members of the committee on clinics organized subcommittees of women in each neighborhood to assist physicians and nurses at the clinics, and to secure adult and child attendance by advertising campaigns and registering every child in the neighborhood on a card. About 150 adults and 180 children received medical examinations at the clinics. The members of one church even decided to make their building the site of a monthly clinic where black physicians could practice and black patients could receive treatment, unlike at the local white hospital.<sup>100</sup>

Black community health activism during the 1930s and 1940s, often led by black women, provided a measure of health provisions to communities often

neglected by the white health establishment. Health issues became one of the major items on the agendas of black political organizing during the decades prior to the "modern" civil rights movement. According to Richmond's health week report, the black health week campaign "awakened in the Negro awareness of his condition and his power to do something about these problems." It also demonstrated to white people "that Negroes can organize and carry through programs of welfare for and among themselves."<sup>101</sup>

In the last issue of the *National Negro Health News* Dr. Roscoe C. Brown tried to sum up the accomplishments of black health activism during the first half of the twentieth century. He pointed to statistics that indicated black morbidity and mortality rates had dropped significantly over the decades, despite the fact that they were always higher than white rates. For example, he reported that black infant mortality rates declined from 180 per 1,000 live births in 1915 to 48 per 1,000 in 1947, the latest year for which he had figures. Yet, he reminded his readers that the black infant mortality rate was 60 percent higher than the white rate. He told readers that life expectancy increased for black Americans, from about 34 years for men and 38 for women in 1910 to about 58 years for men and 62 years for women in 1947. Despite such gains, he noted that black people did not live as long as white.<sup>102</sup>

Still, black health activism at the community level and, to a lesser degree, within the federal government did make a difference. Dr. Brown concluded in

1950 that "the health of the Negro and his community has improved through the years of the National Negro Health Week movement."<sup>103</sup> National Negro Health Week encouraged black and white Americans to examine the serious health problems of black communities, but the people living in those communities were the ones to struggle for changes, and black women's efforts were integral to that struggle.

*Figure 1.*

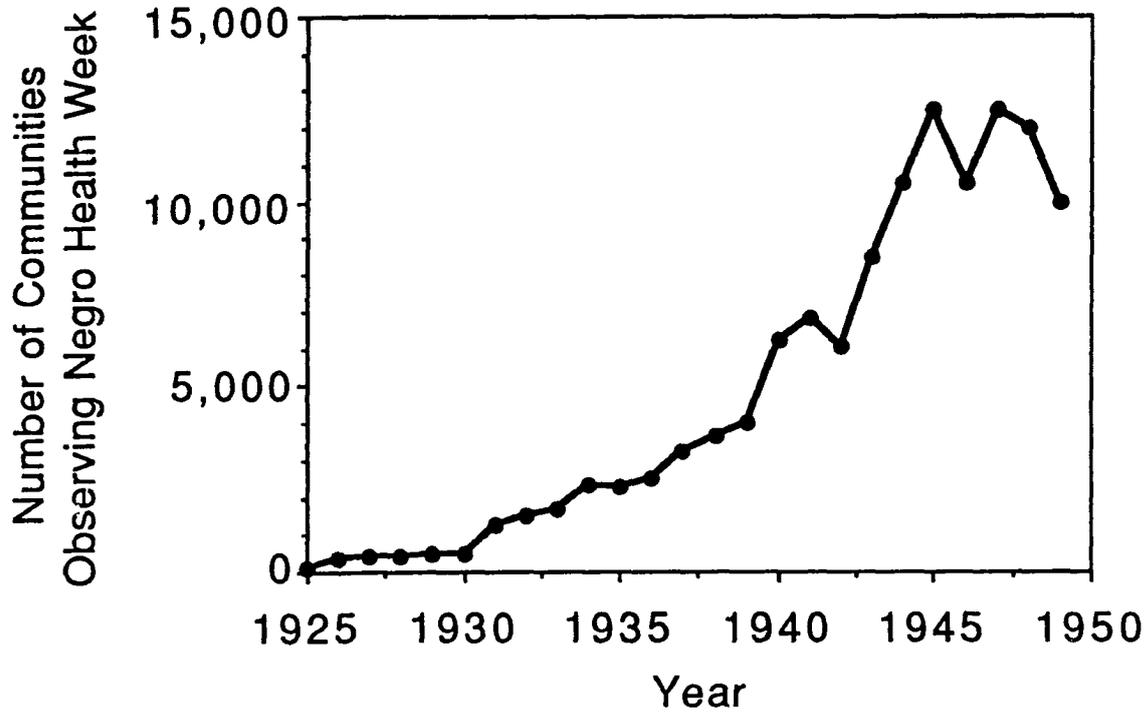
**"National Negro Health Week Participation, 1925-1950"**

This graph illustrates the growth of community interest in black health programs by indicating the number of communities, ranging from rural counties in the South to large cities in the North and Midwest, that observed Negro Health Week.

**Sources:** Annual Reports of the United States Public Health Service, Bulletins for Negro Health Week, and *National Negro Health News*

[Preparation of graph by Daniel Schneider]

Figure 1.  
National Negro Health Week Participation  
1925-1950



1. See Aldon Morris, *The Origins of the Civil Rights Movement: Black Communities Organizing for Change* (N.Y.: Free Press, 1984), introduction; and Darlene Clark Hine, "Lifting the Veil, Shattering the Silence: Black Women's History in Slavery and Freedom," in *The State of Afro-American History*, ed. by Darlene Clark Hine (Baton Rouge: Louisiana State University Press, 1986), p. 244.
2. After years of searching, with assistance from Aloha South of the National Archives and Peter Hirtle of the National Library of Medicine, I was never able to locate the records of the Office of Negro Health Work at the USPHS or the personal papers of Dr. Roscoe C. Brown. Dr. Roscoe Brown Jr., son of the late Dr. Brown and president of Bronx City College, remembered that the family donated his father's papers to Howard University in the early 1960s, but archivists of Moorland-Spingarn Research Center were unable to locate them or any records of deposit. All indications are that both sets of records have been lost or destroyed.
3. "National Negro Health Program Ends," *Journal of the National Medical Association* 43 (May 1951): 199; and "Dr. Roscoe C. Brown Receives High Federal Awards," *Journal of the National Medical Association* 44 (March 1952): 151-152.
4. "Dr. Roscoe C. Brown Receives High Federal Awards," pp. 151-152; Memorandum, Negro Health Week Planning Meeting, Washington, D.C., 10/30/28, and Proceedings of Negro Health Week Planning Meeting, Washington, D.C., 10/19/29, Department of Records and Research Collection, file cabinet 3, drawer 1, Tuskegee University.
5. "Negro Health," *Time* 35 (April 8, 1940): 41.
6. Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), chapter 7; and Edward H. Beardsley, "Race as a Factor in Health," in *Women, Health and Medicine in America*, ed by Rima D. Apple (N.Y.: Garland Publishing, 1990), pp. 121-140.
7. Raymond Wolters, *Negroes and the Great Depression: The Problem of Economic Recovery* (Westport, Conn.: Greenwood Press, 1970); and Harvard Sitkoff, *A New Deal for Blacks* (N.Y.: Oxford University Press, 1978). For the number of black Southerners see U.S. Bureau of Census, "The Social and Economic Status of the Black Population in the U.S.: An Historical View, 1790-1978," series P-23, no. 80 (1979), table 6 entitled, "Black and White Population in Urban and Rural Areas, 1890-1980."

8. Dr. Montague Cobb, interview by author, written notes, Washington, D.C., 7/26/89; Dr. Paul Cornely, interview by author, tape recording, Howard University Medical School, Washington, D.C., 7/24/89; and Mabel Keaton Staupers, interview by author, tape recording, Washington, D.C., 7/30/89.

9. *Annual Report of the Surgeon General of the Public Health Service of the United States for the fiscal year 1933* [hereinafter *Annual Report of the USPHS*] (Washington, D.C.: Government Printing Office, 1933), p. 19; *Annual Report of the USPHS* (1938), p. 106.

10. *National Negro Health News* 12 (July-September 1944): back cover.

11. Roscoe C. Brown to Robert Moton, 12/31/29, box 156, Robert Russa Moton Papers, general correspondence, Tuskegee University; Surgeon General Cumming to Robert Moton, 1/2/30, and Acting Surgeon General Pierce to Monroe Work, 2/18/30, Department of Records and Research Collection, file cabinet 3, drawer 1; Michael M. Davis of Rosenwald Fund to Dr. Numa Adams, 4/7/31, Department of Records and Research Collection, file cabinet 3, drawer 2; and Edwin R. Embree, *Annual Report of the Julius Rosenwald Fund* (1931), box 356, Record Group 51-Mississippi Department of Health, Mississippi Department of Archives and History, Jackson, Mississippi.

12. Roscoe Brown to Robert Moton, 9/3/30, Department of Records and Research Collection, file cabinet 3, drawer 2. See also Assistant Surgeon General Pierce to Robert Moton, 9/3/30, Department of Records and Research Collection, file cabinet 3, drawer 2.

13. Michael M. Davis to Robert Moton, 10/2/30, file cabinet 3, drawer 2, Department of Records and Research Collection; Dr. Numa Adams to Monroe Work, 4/6/32, box 58, Moton Papers, local correspondence; and [Dr. Midian Bousfield], "Recent Progress in the Program of the Julius Rosenwald Fund in Negro Health," [1939?], box 599, Record Group 102-Children's Bureau, Central File, 1937-1940, National Archives, Washington, D.C.

14. [Bousfield], "Recent Progress in the Program of the Julius Rosenwald Fund in Negro Health"; and Montague Cobb, "Fifty Years of Progress in Health," reprint from *The Pittsburgh Courier* (1950), Health Sciences Library, Howard University, Washington, D.C., p. 6.

15. See correspondence in box 35, central file, 1941-1944, RG 102-Children's Bureau; Dr. Martha M. Eliot to Rufus E. Clement, 1/11/39, box 133, RG 102-Children's Bureau, correspondence and reports, 1917-1954; and [Bousfield], "Recent Progress in the Program of the Julius Rosenwald Fund in Negro Health,"

p. 3.

16. *Negro Health Week Bulletin* for 1927, 1928, and 1929, located in government documents, Wisconsin State Historical Society Library, Madison, Wisconsin.

17. Proceedings of the Negro Health Week Planning Meeting, Washington, D.C., 10/29/30, Department of Records and Research Collection, file cabinet 3, drawer 2; W. Montague Cobb, "Numa P. G. Adams, M.D., 1885-1940," *Journal of the National Medical Association* 43 (January 1951): 43-52; Dr. George Williams Bowles, *Journal of the National Medical Association* 44 (January 1952): 69-70; and Peter Marshall Murray, M.D., "Midian O. Bousfield, M.D., 1885-1948," *Journal of the National Medical Association* 40 (May 1948): 120.

18. See *National Negro Health News*, 1935 to 1945; Cornely, interview with author; and Staupers, interview with author. On Mabel Staupers see Darlene Clark Hine, "Mabel K. Staupers and the Integration of Black Nurses into the Armed Forces," in *Women and Health in America*, ed. by Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), pp. 497-506; and on Modjeska Simpkins see Beardsley, *A History of Neglect*, pp. 108-112.

19. Roscoe C. Brown, Minutes of the executive committee meeting, 3/17/31, Department of Records and Research Collection, file cabinet 3, drawer 2.

20. Roscoe C. Brown, "Program for the National Negro Health Movement," (1931), box 13, Peter Marshall Murray Papers, Moorland-Spingarn Research Center, Howard University, Washington, D.C.; and copy also located in the Department of Records and Research Collection, file cabinet 3, drawer 2.

21. Dr. Bousfield to Dr. C. C. Cater of Atlanta Life Insurance Company, 3/27/33, box 4, Murray Papers, Series C-Correspondence.

22. Paul Starr, *The Social Transformation of American Medicine* (N.Y.: Basic Books, 1982), p. 193.

23. This statement is based on extensive reading in primary and secondary sources on twentieth-century black health. See also Cornely, interview by author; Radio broadcast by Dr. Felix J. Underwood, "Public Health and the Mississippi Negro," 4/7/43, box 356, RG 51-Mississippi Department of Health; Radio broadcast by Roscoe C. Brown, "The Health Problem of the American Negro" 3/15/32, box 199, Record Group 90-USPHS, general files 1924-1935, National Archives; Roscoe C. Brown, Minutes of executive committee, 1/19/32, Department of Records and Research, file cabinet 3, drawer 3; Minutes for the Subcommittee on Negro Health, Washington D.C., 12/17/40, box 91, RG 235-

Department of Health, Education and Welfare [hereinafter HEW], general classified files, Office of the Administration of the Federal Security Agency, National Archives; and *National Negro Health News*, 1933-1950.

24. Roscoe C. Brown, Minutes of the executive committee, 1/19/32, Department of Records and Research, file cabinet 3, drawer 3.
25. Roscoe C. Brown, "The National Negro Health Week Movement," reprint from *The Health Officer* 1 (Sept and Oct. 1936): 146-151, and 206-212. See also *National Negro Health News* from 1933 to 1950; and Cornely, interview by author.
26. Roscoe C. Brown to Robert Moton, 9/16/32, box 58, Moton Papers, local correspondence.
27. Brown, "The National Negro Health Week Movement," pp. 146-151, and 206-212; "Negro Health Week Observance for the Six Years, 1925-1930," health week bulletin for 1931, Department of Records and Research, file cabinet 3, drawer 2; annual reports of the USPHS for the 1930s and 1940s; and *National Negro Health News* from 1933 to 1950.
28. *National Negro Health News* 4 (April-June 1936): 14; *National Negro Health News* 7 (July-September 1939): 22; and *National Negro Health News* 8 (October-December 1940): 30.
29. *Annual Report of the USPHS* (1939), p. 106; *Annual Report of the USPHS* (1945), p. 24; and *National Negro Health News* 13 (July-September 1945): 8.
30. Walter White to President Harry S Truman, 10/21/47, box 25, general files, office of the administrator, alphabetical series, 1944-1950, RG 235-Department of HEW.
31. Elizabeth Fee, "Sin vs. Science: Venereal Disease in Baltimore in the Twentieth Century," *Journal of the History of Medicine and Allied Sciences* 43 (April 1988): 141-164, especially pp. 145, 148, and 154.
32. [Dr. John Kenney?], "Recognition of the Negro Medical Profession in Public Health Work," *Journal of the National Medical Profession* 27 (February 1935): 29.
33. Editorial, "Health Week 1915-1944," *Philadelphia Afro-American*, 8 April 1944, p. 5.
34. Herbert Morais, *The History of the Negro in Medicine* (New York: Publishers Company for the Association for the Study of Negro Life and History, 1967),

chapters 8 and 9; Beardsley, *A History of Neglect*, chapter 11; and correspondence, such as Walter White to Peter Marshall Murray, 6/16/32, box 6, Murray Papers, Series C-Correspondence.

35. Walter White to President Harry S Truman, 10/21/47, box 25, RG 235-Department of HEW, general files, office of the administrator, alphabetical series.

36. Cobb, "Fifty Years of Progress in Health," p. 6; and Beardsley, *A History of Neglect*, chapter 7.

37. Affidavit by Pearl Miles, box 15, Records of the National Council of Negro Women, Series 5, Subject Files, 1942-1949, National Archives for Black Women's History, Washington, D.C.

38. For background on the National Council of Negro Women see Dr. Bettye Collier-Thomas, *N.C.N.W., 1935-1980* (Washington, D.C.: National Council of Negro Women, 1981).

39. Cornely, interview by author. For a similar pattern in rural areas see Frederick D. Mott, M.D. and Milton I. Roemer, M.D. and M.P.H., *Rural Health and Medical Care* (N.Y.: McGraw Hill Book Co., 1948), p. 468.

40. [Roscoe C. Brown], "Fact Sheet for the 1949 National Negro Health Week," box 356, RG 51-Mississippi Department of Health.

41. *National Negro Health News* 11 (April-June 1943), inside cover. For a discussion of black politics and class differences within civil rights struggles see Whitney M. Young Jr., executive director of the National Urban League, "The Role of the Middle-Class Negro," *Ebony* 18 (September 1963): 67-71.

42. Jessie Parkhurst Guzman, ed., *The Negro Year Book* (N.Y.: William H. Wise & Co., 1952), p. 169; Letterhead on letter from Roscoe Brown to Mary McLeod Bethune, 10/10/49, box 5, National Council of Negro Women Records, series 5; and [Cobb], "National Negro Health Program Ends," p. 199.

43. Before his death in 1962, Dr. Brown received many honors from his peers, including awards from Howard University, the USPHS, and the American Public Health Association. "Dr. Roscoe C. Brown Receives High Federal Awards," pp. 151-152; "Dr. Roscoe C. Brown Retires from Public Health Service," *Journal of the National Medical Association* 47 (July 1955): 274 and 283; Poem by Dr. Roscoe C. Brown, "At Seventy-Five," reprinted from *The Dragon* (November 1959), courtesy of Dr. Roscoe C. Brown, Jr.; "Brown, Roscoe Conkling," *Washington Post-Herald*, 28 October 1954, Vertical File, Moorland-Spingarn Research Center Library,

Howard University; and Roscoe C. Brown, Jr., telephone conversation, 9/29/88.

44. Marie A. Laberge, "The Forgotten Era: Wisconsin Women's Political Activism in the Post-World War II Period," (Ph.D thesis, University of Wisconsin-Madison, in progress).

45. 1950 National Negro Health Week announcement and "Fact Sheet," box 356, RG 51-Mississippi Department of Health.

46. *National Negro Health News* 18 (April-June 1950): 1. See also "National Negro Health Week," *American Journal of Public Health* 40 (February 1950): 240.

47. Quote from Roscoe Brown in [Dr. Montague Cobb], "National Negro Health News Ceases Publication," *Journal of the National Medical Association* 43 (January 1951): 59.

48. "National Negro Health Program Ends," pp. 198-199.

49. Cobb, "Fifty Years of Progress in Health," p. 4; Cobb, interview by author.

50. [Cobb], "National Negro Health News Ceases Publication," p. 59.

51. W. Montague Cobb, "Numa P. G. Adams, M.D., 1885-1940," *Journal of the National Medical Association* 43 (January 1951): 48.

52. Louis T. Wright, autobiographical manuscript, no date, box 1, Louis T. Wright Papers, Moorland-Spingarn Research Center.

53. Louis T. Wright, "Health Problems of the Negro," *Interracial Review* (January 1935), p. 7, box 6, Wright Papers; and [Montague Cobb?], "Louis T. Wright, M.D.," *Journal of the National Medical Association* 30 (August 1937): 112-113.

54. "Dr. Wright Socks Health Week in the Eye," *Philadelphia Afro-American*, 26 March 1938, p. 13; and William N. Jones, "Day By Day," *Philadelphia Afro-American*, 2 April 1938, p. 4.

55. Joint statement by Dr. Louis Wright and T. Arnold Hill at the 1938 National Health Conference in Washington, D.C., box 6, Wright Papers.

56. Louis T. Wright, "Report on the Health of the Negro" (1952), box 6, Wright Papers.

57. Cornely, interview by author. For biographical information on Cornely see Hildrus Poindexter, *My World of Reality* (Detroit: Balamp Publishing, 1973), p. 119; Beardsley, *A History of Neglect*, pp. 93-94 and 261-263; and Morais, *The History of the Negro in Medicine*, pp. 100 and 130.
58. Cornely, interview by author; Cobb, interview by author; and Poindexter, *My World of Reality*, p. 170.
59. Harvard Sitkoff says that by 1935 there were 45 black people working for Roosevelt in federal departments and New Deal agencies. Sitkoff, *A New Deal for Blacks*, pp. 78 and 80. See also Alvin White, "What Has Become of the New Dealers?" *Philadelphia Afro-American*, 5 April 1947, p. M-4.
60. Mary McLeod Bethune, "My Secret Talks with FDR," *Ebony* 6 (April 1949): 43-51; Collier-Thomas, *N.C.N.W., 1935-1980*, pp. 1-4; Rackham Holt, *Mary McLeod Bethune: A Biography* (Garden City, N.Y.: Doubleday & Co., 1964); and B. Joyce Ross, "Mary McLeod Bethune and the National Youth Administration: A Case Study of Power Relationships in the Black Cabinet of Franklin D. Roosevelt," in *Black Leaders of the Twentieth Century* ed. by John Hope Franklin and August Meier (Chicago: University of Illinois Press, 1982).
61. Information on Vinita Lewis contained in box 35, RG 102-Children's Bureau, Central File, 1941-1944.
62. *Aframerican Woman's Journal* (Sept 1945): 31; and *The Washington Post*, 11/26/69, Vertical File, Records of the National Council of Negro Women.
63. Mayor Angelo J. Rossi, San Francisco, to Aleta Brownlee, Regional Field Deputy for the Children's Bureau 6/24/43, and Brownlee to Rossi 6/30/43, and Memo from Miss Brownlee to Miss Arnold, 11/11/43, all in box 35, RG 102-Children's Bureau, Central File, 1941-1944.
64. *Aframerican Woman's Journal* (Sept 1945): 31; Vinita Lewis to Miss Lenroot, 7/26/50, box 341, RG 102-Children's Bureau, Central File, 1949-1950; Announcement card from Lewis, 1/14/52, box 336, RG 102-Children's Bureau, Central File, 1949-1952; and *The Washington Post*, 11/26/69, and *Washington, D.C. Evening Star*, 11/26/69, Vertical File, Records of the National Council of Negro Women; and White, "What Has Become of the New Dealers?" p. M-4.
65. Susan Ware, *Beyond Suffrage: Women in the New Deal* (Cambridge: Harvard University Press, 1981), p. 12.

66. Holt, *Mary McLeod Bethune*; and Collier-Thomas, *N.C.N.W., 1935-1980*, pp. 1-4. See also the publication of the National Council of Negro Women, *African American Woman's Journal*.
67. On Council health activities see boxes 15 and 16, Records of the National Council of Negro Women, Series 5, Subject Files, 1942-1949; and *African American Woman's Journal* 1 (Spring 1940): back cover.
68. On the Council's support of national health programs see box 15, Records of the National Council of Negro Women, Series 5, Subject Files, 1942-1949. For discussion of African-Americans and national health proposals see: George A. Moore, M.D., "Socialized Medicine: Pro and Con," *Journal of the National Medical Association* 37 (May 1945): 86-89; W. Montague Cobb, M.D., "Statement in Support of National Health Bill, S. 1606, on behalf of the National Association for the Advancement of Colored People," *Journal of the National Medical Association* 38 (July 1946): 133-137; "Views and Opinions Concerning National Health Bill," *Journal of the National Medical Association* 38 (July 1946): 149-150.
69. Hallie Q. Brown and two other women on the Republican National Committee, after helping to elect President Calvin Coolidge in 1924, wrote Coolidge requesting that black women receive positions in the federal government currently only held by white women, including in the Department of Labor, the Children's Bureau, the Bureau of Education, and the Department of Agriculture. Hallie Q. Brown, M. C. Lawton, and Myrtle Foster to President Calvin Coolidge, 5/6/25, box 2, RG 16-Office of the Secretary of Agriculture, Correspondence 1924-1939, Negroes, National Archives.
70. Proceedings of the "White House Conference of the National Council of Negro Women, Inc., Monday, April 4, 1938," box 1, Records of the National Council of Negro Women, series 4.
71. See photo of the women in *African American Woman's Journal* 1 (Spring 1940): 5.
72. Sitkoff, *A New Deal for Blacks*, p. 52.
73. The government administrators who attended were: Lawrence A. Oxley of the Department of Labor, Robert C. Weaver and Frank S. Horne of U.S. Housing Authority, Ellen S. Woodward of Works Progress Administration, Dr. Louise Stanley of the Bureau of Home Economics in the Department of Agriculture, Mary Anderson of the Women's Bureau, Katharine Lenroot of the Children's Bureau, Atha C. Jordan of the National Youth Administration, and Mary (Molly) Dewson of the Social Security Board. Proceedings of the 1938 National Council of Negro Women (NCNW) White House Conference"; and "The National Council

of Negro Women of The United States of America, Inc.," *African American Woman's Journal* 1 (Spring 1940): 3; "Large Group of Alpha Kappa Alpha Women Attend," and "Conference on the Participation of Negro Women and Children in Federal Welfare Programs," *Ivy Leaf* 16 (June 1938): 3-4; and Form letter from Bethune, 3/17/38, and Agenda, both in box 1, Records of the National Council of Negro Women, series 4.

74. Proceedings of the 1938 NCNW White House Conference, afternoon session, p. 6.

75. Proceedings of the 1938 NCNW White House Conference, p. 89.

76. Bethune's emphasis, Proceedings of the 1938 NCNW White House Conference, p. 13.

77. On the Community Chest in rural areas see Mott and Roemer, *Rural Health and Medical Care*, p. 463.

78. From unknown to Robert Moton, 2/22/30, and Lodie M. Biggs to Moton, 1/11/30, Department of Records and Research, file cabinet 3, drawer 2.

79. The Department of Records and Research Collection at Tuskegee University is a rich reservoir of material about black health activism. For just a sampling of the available correspondence see: Mary Foster McDavid, Department of Education, Alabama, to Monroe Work, 2/10/30, file cabinet 3, drawer 2; Helen Hewlett, Home Demonstration Agent in charge of Negro work, Gulfport, Mississippi, to Robert Moton, 3/15/30, file cabinet 3, drawer 1; and Mary L. Ray, Home Demonstration Agent, Little Rock, Arkansas, to Tuskegee Institute, 2/24/30, file cabinet 3, drawer 2.

80. There is much evidence on the participation of local chapters of these organizations. For a brief sampling see Mary M. Vickens, Ashbury Park New Jersey Branch of the NAACP, to Tuskegee Institute, 1933, Department of Records and Research, file cabinet 3, drawer 4; Reports from sixteen cities on health week in Eugene Knickle Jones, "Statements on the Health Programs of Some of the Affiliated Branches of the National Urban League," 9/18/40, box 10, National Urban League Records, Series 5-Public Relations Dept, C. Historical Information File, Library of Congress; and *The Red Cross Courier* for March 1944, April 1945, April 1946, and April 1947, courtesy of Mary D. Doering, Curator at National Headquarters of the American Red Cross, Washington, D.C.

81. See, for example, Monroe Work to Mrs. M. M. Hubert, chair of Civic Committee of City Federation of Colored Women's Clubs, Jackson, Mississippi, 1/29/32, file cabinet 3, drawer 3; and Mrs. Nellie Bird, Frances Harper Woman's Club, Ithaca, New York, to Tuskegee Institute, 3/18/30, file cabinet 3, drawer 1.
82. Mrs. M. M. Hubert, "Club Women's View of National Negro Health Week," *National Negro Health News* 3 (April-June 1935): 3.
83. *Annual Report of the USPHS* (1943), p. 106.
84. Dr. William George Tyson, "The Incidence of Syphilis in Negroes," *Journal of the National Medical Association* 27 (February 1935): 8-9.
85. Hassie A. Towler, "Health Education in Ward 9," *Public Health Nurse* 21 (August 1929): 417-418.
86. Detroit Health Week Report, 4/28/30, Department of Records and Research, file cabinet 3, drawer 2.
87. Memo from Roscoe Brown to Robert Olesen, 9/2/36, box 195, RG 90-USPHS, general files 1936-1944; and "The Negro Nurse in 17 Agencies," *The Public Health Nurse* 33 (1941): 463; Anne Arundel County, Maryland, Health Week Report, 1930, Department of Records and Research, file cabinet 3, drawer 2.
88. Emily W. Bennett, "The Work of a Rosenwald Nurse," *The Public Health Nurse* 23 (March 1931): 119-120.
89. "Health Clubs for Negro Women," *National Negro Health News* 5 (October-December 1937): 16, reprint from the Health Bulletin, Virginia Department of Health, August 1937.
90. *National Negro Health News* 8 (July-September 1940): 31.
91. Pearl McIver, "Rural Nursing," *Journal of the National Medical Association* 28 (May 1936): 87.
92. McIver, "Rural Nursing," pp. 87-89.
93. Cardinal Gibbons Institute, Saint Mary's County, Maryland, Health Week Report, 1930, submitted by Victor H. Daniel, chairman, and Constance E. H. Daniel, secretary, to Tuskegee Institute, 4/21/30, Department of Records and Research, file cabinet 3, drawer 2.

94. Cardinal Gibbons Institute, Saint Mary's County, Maryland, Health Week Report, 1930.
95. R. H. Riley, M.D., director of the Maryland Department of Health, to Robert Moton, 5/13/30, and Wicomico County, Maryland, Health Week Report, 1930, submitted by Seth H. Hurdle, M.D., County Health Officer for Wicomico County, Department of Records and Research, file cabinet 3, drawer 2.
96. M. V. Hargett, M.D., Director of East Carroll Parish Health Unit, 5/3/30, and East Carroll Parish, Louisiana, Health Week Report, 1930, Department of Records and Research, file cabinet 3, drawer 2.
97. Hubert, "Club Women's View of National Negro Health Week," p. 5.
98. Dr. H. S. Mustard, Assistant Commissioner of the Department of Public Health, Tennessee, to Robert Moton, 2/10/30, and Nashville Health Week Report, 1930, submitted by James H. Robinson, executive secretary of Health Week Committee, Department of Records and Research, file cabinet 3, drawer 2.
99. Elizabeth White Tipton, "Sure Progress in Montgomery County, Maryland," *National Negro Health News* 16 (July-Sept 1948): 10; and "How to Form a Health Council," *National Negro Health News* 16 (July-Sept. 1948): 11-12.
100. Wiley A. Hall, Executive Secretary of Richmond Urban League, to Monroe Work, 5/13/30, and Richmond Health Week Report, 1930 Department of Records and Research, file cabinet 2, drawer 2.
101. Wiley A. Hall, Executive Secretary of Richmond Urban League, to Monroe Work, 5/13/30, and Richmond Health Week Report, 1930.
102. [Roscoe C. Brown], "The National Negro Health Week Movement," *National Negro Health News* 18 (April-June 1950): 2.
103. [Brown], "The National Negro Health Week Movement," p. 2.

#### *Chapter 4*

### *Good Intentions and Bad Blood in Alabama: From the Tuskegee Movable School to the Tuskegee Syphilis Experiment, 1906-1940*

Middle-class African-Americans interested in improving black health in the early twentieth century positioned themselves as representatives of black interests within the burgeoning welfare state, and also as representatives of the state within black communities. As the previous chapters demonstrated, middle-class black health activists insisted that the state had an obligation to meet all people's health needs and asserted black entitlement to health services. National Negro Health Week became a vehicle through which black activists called on the state, specifically government agencies and private organizations, to address black health needs. At the same time that members of the black middle class negotiated with the state for the extension of health services to black communities, they negotiated with poor African-Americans at the local level for their participation in state-sanctioned programs.

This chapter analyzes the gender and class dynamics of the efforts of black professionals to bring state benefits to black Southerners through rural development programs, such as the Tuskegee Movable School. This school was part of the extension service work of the United States Department of Agriculture, the state of Alabama, and Tuskegee Institute. Such programs tried to improve

agricultural production and reduce migration out of rural areas. As the school added black female workers to the staff, they played an integral role in carrying out this rural development project, and in shaping its health component. The women workers, including home demonstration agents and public health nurses, focused their efforts on Alabama's poor black rural women. Although some of the men's activities had important health ramifications, women carried out most of the Movable School's health work. Thus, within the constraints of the southern economic system and legalized segregation, middle-class black women created health programs and became a crucial link between state-sanctioned health services and poor African-Americans. Black women implemented health policy at the local level.

The participation of both middle-class black professionals and poor rural African-Americans in the Tuskegee Movable School and the Tuskegee Syphilis Experiment can best be understood in the context of the self-defined health needs of the poor and the middle-class goals of the early twentieth-century black health movement. The syphilis study, an experiment of the United States Public Health Service (USPHS) endorsed by Tuskegee Institute, received support from black professionals because they saw it focusing federal attention on black health problems--central goals of the black health movement. Poor rural black people participated in the travelling school and the syphilis study, despite fears of exploitation, because they believed that they benefitted from the services it

provided. Furthermore, the efforts of the poor to try to set the terms of their participation affected the syphilis study itself. The study was designed to leave syphilitic men untreated, yet in the first few months the study provided men and women with some treatment, although it was still limited and inadequate. Thus, once poor African-Americans determined that the benefits of the state outweighed the risks, they readily participated in state-sanctioned programs. Placing the Tuskegee Syphilis Study in its historical context provides a fuller understanding of the meanings of federal government involvement to the black middle class and to the poor.

#### *The Tuskegee Community and Rural African-Americans*

Tuskegee Institute in Macon County, Alabama, served as a headquarters for black educators and professionals who wanted to bring their vision of the benefits of the twentieth century to those at the bottom of the socio-economic ladder in the southern countryside. Until the Great Depression most black people lived in rural areas of the South, working in agriculture. Many teachers, public health nurses, and extension service agents, including male farm agents and female home demonstration agents, assumed an unquestioned right as middle-class leaders to determine what was in the best interests of poor rural African-Americans. They saw themselves as the people best able to bring enlightenment to the rural poor. They defined their clients as "farmers," thereby collapsing

important differences between black landowners and tenant farmers. Their goal was a better standard of living and quality of life for rural African-Americans, including improvement in crops, houses, education, morals, mothers, and health.

Sensitive to the limitations of extreme poverty on local black self-help efforts, many middle-class black people emphasized their responsibility as black representatives of the state to intervene in the lives of the rural poor. They wanted rural African-Americans to become independent landowners and homeowners. Unable to alter the economic system in which rural black people lived, they provided educational programs, including individual attention and advice, that offered a vision of how to cope with the oppressive nature of the southern agricultural system of tenant farming. Much of their work took place through rural adult education programs provided by extension service agents supported by black educational institutions, state governments, and the Department of Agriculture.

Based on previous experiences with the state, many poor black men and women initially were reluctant to participate in rural development programs for fear of being exploited. Many were particularly distrustful of the state given its history of upholding white supremacy at their expense. For example, southern black people faced mistreatment and discrimination at the hands of landlords, the courts, railroads, and lynch mobs.<sup>1</sup> The rural poor were cautious in their interactions with outsiders, including black as well as white representatives of the

state. However, once they concluded that programs were in their interests, they tried to establish the terms under which they would participate in projects. They selectively incorporated aspects of rural development programs. They insisted that black extension service agents and public health nurses take time to get to know them as human beings and not as social problems.

Black extension agents and public health nurses were very aware that they faced polite suspicion, if not always direct opposition, from rural black people wary of special schemes that promised much but disappointed frequently. One southern agricultural and mechanical (A&M) school president warned those interested in black uplift work that "the underprivileged group for whom the program is planned must believe in it. Their suspicions of being exploited must be early allayed."<sup>2</sup> Black professionals knew that to reach black tenant farmers, as well as landowners, they had to proceed slowly and respectfully. They understood that rural black people were afraid of the state, and that included its public health arm. "They would rather drink the worst kind of water than report to the state," observed home demonstration agent Laura Daly.<sup>3</sup>

Landownership among black Southerners, the key to freedom from white control, increased between 1880 and World War I. However, most farms owned by African-Americans in the early twentieth century were small and on poor soil. There was the danger of white objections to apparent black economic success, with white efforts to force black people to lose their land or sell it at a loss. In

1910 of the 850,000 African-Americans who farmed land in the South, nearly 200,000 were landowners. In 1925 in Macon County, Alabama, the home of Tuskegee Institute, about 270 of the 2,500 African-Americans who farmed land were landowners, with the rest tenant farmers. Among the 570 white people in the county, 250 were landowners and the rest tenants.<sup>4</sup>

The organization of southern agricultural labor provided structural constraints on the programs that black professionals could develop, as well as on the participation of rural black people. Because most black people did not own land, they worked as tenant farmers, usually for white landowners. As tenants they rented land from a landlord and paid rent either in cash or in a share of the crop, known as sharecropping. Many black tenant farmers were sharecroppers, people who farmed another's land for a share, usually one-half, of the crop. Sharecroppers were even more vulnerable to exploitation from white people, particularly their landlords. Some people worked as farm laborers for a very small wage. Black tenants often paid higher rent and interest rates than white tenants. There were about half a million black tenant farmers in the southern cotton region, including Alabama, during the early decades of the twentieth century. In 1925 in Macon County, one of eleven counties in the cotton-growing black belt of Alabama, 90 percent of the rural African-Americans in the county were tenant farmers.<sup>5</sup>

The living conditions of many rural black Southerners ranged from bad to

worse. One black extension agent said he encountered

hundreds of squalid, ramshackled cabins, tenanted by forlorn, emaciated, poverty stricken Negroes who year after year struggled in cotton fields and disease-laden swamps, trying to eke out a miserable existence.<sup>6</sup>

Homes had few screens, window panes or even windows, and few sanitary toilets.

T. J. Woofter of the Commission on Interracial Cooperation reported that "it has been said of some of the houses that the school children can return home and study geology through the floor, botany through the sides, and astronomy through the roof." One black extension leader argued that the shacks of these people "conveyed a generally bad impression of shiftlessness and backwardness." He said that "the squalor, filth, disease and dilapidation of their surroundings reflect not only upon them, but upon the whole South; and this condition constitutes not only a Negro problem, nor a Southern problem, but a national one."<sup>7</sup>

Rural African-Americans, both landowners and tenants, lived under poor health conditions. Malaria, typhoid fever, hookworm disease, pellagra, and venereal disease, along with malnutrition and high infant and maternal mortality rates, were the major health concerns in rural Alabama, including Macon County, in the early decades of the twentieth century. Black educators tried to address these problems by promoting diversified farming, including vegetable gardens to improve the diet, screening homes against insects that carried diseases, building sanitary privies to minimize contact with human wastes, and educating people about sex and personal hygiene.<sup>8</sup>

Although black professionals did not directly address the poverty that contributed to poor health, their programs provided health education and efforts to improve the living conditions of poor African-Americans. In Alabama, as throughout the rural South, there was little government public health work until after World War I, and even then black people did not share equally in its benefits. Rural white physicians did not usually show interest in the health needs of poor black people, and there were very few black physicians, and most of them located in urban areas. Therefore, health services to Alabama's rural black population came from within black communities through female family members, local healers, and midwives. The agricultural extension movement and the efforts to increase public health nursing in rural areas supplemented these traditional health services.

Tuskegee Institute prided itself on improving the lives of both its students and the African-Americans who inhabited the surrounding countryside, especially in terms of health. Robert Moton, successor to Booker T. Washington as head of the school, observed that "in some ways the most important extension activity at Tuskegee Institute is the work that we have been doing to improve health conditions, not only of our student body, but more particularly for the people who live in the rural districts of this county."<sup>9</sup>

Tuskegee Institute began the black extension movement in 1906, even before launching the black health week movement in 1915. Booker T.

Washington relied on a solid network of black educators and former students to garner support for his various campaigns, and together with lucrative connections to wealthy white philanthropic businessmen and government officials, Washington and his assistants carried out a numbers of programs for rural black Southerners, one of which was the Tuskegee Movable School.<sup>10</sup>

Tuskegee's efforts in agricultural extension work had roots in the Annual Tuskegee Negro Conferences, which began in 1892 for rural African-Americans in Macon County. Hundreds and later thousands of black landowners and tenant farmers came to these annual conferences that drew regional attention at the turn of the century. Tuskegee added a "Workers' Day" after a few years to the one-day farmers' conference as an opportunity for teachers, ministers, nurses, social workers, and extension service agents to discuss solutions to the problems of rural African-Americans. By the twentieth century the Annual Tuskegee Negro Conference included a health component, with lectures by state and federal public health officials, health exhibits, and free physical examinations by nurses.<sup>11</sup>

Class and gender expectations of Tuskegee leaders influenced the conferences. For example, conference agendas were infused with a middle-class morality that opposed sexual and alcoholic indulgence. Tuskegee leaders boasted that the conference had replaced an annual camp-meeting held near Tuskegee Institute. According to Monroe Work, a sociologist at Tuskegee, the camp-meeting was popular with local people, and

there was much about this meeting that was demoralizing and immoral. Whiskey in large quantities was sold in the near by woods. There was a loosening of moral restraints and the people were generally debauched.<sup>12</sup>

Washington abhorred black Americans wasting time or money, especially in standing around town on Saturdays drinking. At the 1904 conference he even proclaimed that "one of the most disgusting sights to me is to see a man, a great big man going around the streets eating a red stick of candy on Saturdays." That money, he believed, should be invested in black uplift programs, such as schools.<sup>13</sup>

Gender expectations influenced the shape of the conferences. Washington initially forbade women to speak at the annual conferences, although the wives of black landowners and tenant farmers did attend. Margaret Murray Washington, Washington's wife and a prominent educator and club woman, was so frustrated by the policy that she began a separate woman's conference in 1894 to meet at the same time. This group discussed issues of child care and the need for public rest rooms for women in the town of Tuskegee. Such rooms would provide a place where women could feed their children and rest while waiting for their husbands when they came into town on Saturdays.<sup>14</sup>

Meanwhile, the Annual Tuskegee Negro Conferences pushed an agenda that stressed women's influence on the physical and moral health of their families. Washington claimed that the conferences were simply a forum for rural black people to discuss their problems and identify solutions, but he pushed his own

vision of solutions to rural black poverty and oppression. He wanted to create independent, self-sufficient farmers who raised their own food on their own land, lived in nice homes, were free from debt, and led "respectable" lives.<sup>15</sup>

Washington saw women, as did many of his middle-class contemporaries, as responsible for improving the health and morality of their families. The issue of morality was a key component of much of the racial uplift work performed by middle-class African-Americans who believed that respect from white America required sexual purity. The conferences passed a number of resolutions in the 1890s about black women, suggesting that they should insist on living in cabins with more than one room, presumably because children should not witness their parents' sexual activity. Resolutions urged women to dress and behave more modestly in public. They urged women to help lower black mortality rates by providing proper clothing, food, and a clean home for their families, implying that women's irresponsibility, not financial constraints, had jeopardized the lives of their children.<sup>16</sup>

The gender prescriptions that appeared at these conferences were apparent in other rural development programs of Tuskegee Institute, including agricultural extension work. Sociologist Monroe Work expressed the idealized role for women in 1910 when he wrote that

the women are spending the greater portion of their time, not in working in the fields, but in attending to household duties. They are making their homes neat and comfortable. They have a place and a special time to eat. The food is properly prepared, placed upon a table, and served in suitable

dishes.<sup>17</sup>

The agenda of black and white extension work, a racially segregated system, shared an insistence upon a sexual division of labor in which male agricultural agents would train men how to improve the farm while female home demonstration agents would train women how to improve the home. These professionals did not question women's primary responsibility for meeting the health needs of their families and therefore directed the vast majority of their health programs toward women. The training started early with the 4-H agricultural movement--hand, head, heart, and health--in which extension agents taught boys to think as future farmers and girls as future homemakers who would one day be in charge of the health of their families.

#### *The Tuskegee Movable School and Black Extension Work*

The establishment of the Tuskegee Movable School marked the beginning of organized black agricultural extension work in the United States and served as a catalyst for work among rural black Southerners by the United States Department of Agriculture. Other states, such as Mississippi, copied the program and it even became a model for assisting the rural poor in other parts of the world, such as India. This travelling school, founded in 1906, provided adult education programs in agriculture, home economics, and health for rural African-Americans in Alabama.<sup>18</sup> This section describes the development of the

Movable School and is followed by separate discussions of the role of the farm agent, the home demonstration agent, and the public health nurse with the Movable School. Although it is difficult to uncover the voices of rural African-Americans who participated in extension service programs, and much of what follows draws on the reports of a few Movable School leaders, general patterns of interactions between the "students" and the instructors are discernable.

Tuskegee Institute, with financial support from government and private organizations, hired black extension service agents for the school, which operated from 1904 to 1944. The number of school instructors grew over the years: from 1906 until 1915 the school had one or more male farm agents, in 1915 the school added a female home demonstration agent, and in 1920 the school added a public health nurse to the crew of farm agent and home demonstration agent.

Building on the Annual Tuskegee Negro Conferences, the agricultural demonstrations by George Washington Carver, and the home economics activities of the Tuskegee Woman's Club led by Margaret Murray Washington, the Movable School took adult education out into the black belt counties of Alabama. The first Movable School was a mule-drawn wagon built by students at Tuskegee Institute. It was known as "the Jesup Agricultural Wagon" in honor of the New York banker Morris K. Jesup who assisted with the expenses of building it. The school began operation in 1906, first under George R. Bridgeforth of Tuskegee's agricultural department, and then under the direction of Thomas Monroe Campbell, the first

black extension agent of the U.S. Department of Agriculture.<sup>19</sup>

Thomas Monroe Campbell was a major leader of agricultural extension work for African-Americans, starting as a farm agent with the school and becoming the head of black extension work for the U.S. Department of Agriculture for states throughout the lower South. Campbell, whose grandparents had been slaves, believed his own rural background assisted him in reaching poor black tenant farmers. He was born in 1883 in Elbert County, Georgia, on a white-owned farm. His mother convinced his father, who was a tenant farmer and Methodist preacher, to buy a small tract of land outside of town. His mother died when he was five years old, leaving six children and a large doctor's bill. In order to pay the bill his father mortgaged his home and the land, only to eventually lose them. Campbell remembered that "from that time on I worked with my father on various plantations until I was 15 years old, and then I decided definitely to get an education at any cost." He calculated that by age fifteen he had received less than twelve months of schooling, given that black children in his county, as in many parts of the South, only went to school during the slow time for farming--January, February, August, and September.<sup>20</sup> This off-season became the months for operation of the Movable School during its early years.

Thomas Campbell was a product of Tuskegee Institute. He attended Tuskegee for seven years and graduated in 1906 with a diploma in agriculture, even though his initial desire had been to learn a trade such as carpentry. He

discovered that the Tuskegee registrar assigned students who had no money to their areas of study, agriculture for boys and domestic science for girls--divisions that he would enforce as an extension service agent. When the registrar told Campbell that he should study farming, Campbell recalled:

I told him promptly that I had worked enough on a farm and did not care to learn anything more about it. He then asked me if I would like to take agriculture. I said that I thought I would like that very well. So he assigned me to the livestock division. Imagine my surprise when I learned that agriculture was farming.<sup>21</sup>

Campbell assisted with the annual farmers' conferences and drove the carriage for Booker T. Washington. After his graduation Washington hired him to operate the Jesup Wagon or Movable School.

Booker T. Washington and his assistants turned Tuskegee Institute into an arm of the state. In the early twentieth century the school became an institutional model of the kind of relationship middle-class black Americans sought between the state and poor African-Americans. The institution came to represent black interests to government and private organizations, and to bring resources of the state to African-Americans. The Movable School and National Negro Health Week are examples of how Tuskegee leaders turned self-help ventures into state-sanctioned programs. From the start Washington secured endorsement and financial support for the Movable School from Dr. Seaman Knapp of the U.S. Department of Agriculture and John D. Rockefeller's General Education Board.<sup>22</sup>

National extension service work expanded when Congress passed the Smith-Lever Act in 1914, which provided federal funds to land-grant colleges for rural extension work. Motivated by concern with the boll weevil, this act led to the expansion of home demonstration work for black and white women. However, it proved to be a mixed blessing for black extension workers. Although the act stimulated state government funding, it secured local control over programs and made no specific provisions for black extension work, authorizing only white colleges to receive the funds and to distribute the money for black extension work as they saw fit. Alabama Polytechnic Institute in Auburn assumed responsibility for the extension work in Alabama. Thomas Campbell and other black agents came under the control of state director John F. Duggar, even though Tuskegee Institute continued as headquarters for black extension work. Campbell claimed that black leaders believed that the government had "dealt them a very unkind blow" by ignoring provisions for black people.<sup>23</sup>

The Movable School underwent a number of transformations during the period around World War I. First, the Smith-Lever Act made it possible to add a home demonstration agent to the Movable School in 1915. Then in 1918 Tuskegee replaced the old cart and mules of the Jesup Wagon for an automobile called the Knapp Agricultural Truck, named after Seaman Knapp, who founded U.S. farm demonstration work. The Knapp Truck, purchased with financial assistance from the state of Alabama, became the new Movable School and eased

transportation difficulties tremendously while providing more space for equipment and personnel. This led to the addition of a public health nurse to the school in 1920. Then in 1923, after the Knapp Truck broke down, 30,000 black farmers and a few white people donated a total of \$5000 to buy a new truck, which was called the Booker T. Washington Agricultural School on Wheels.<sup>24</sup>

In the spirit of Washington's racial uplift philosophy, the black extension agents of the Movable School and of the general state extension program tried to turn black tenant farmers into thrifty landowners as a way to free them from the exploitation of the sharecropping system. White agricultural extension agents often geared their crop improvement work toward assisting those farmers who owned their land, especially in fighting the boll weevil. Extension workers for African-Americans faced that fact that most black people were tenant farmers and did not own land or had lost it. Thus, while white extension agents focused on cash crops and commercial farming, black agents focused on subsistence farming and economic independence.<sup>25</sup>

There were other differences between black and white extension agents, such as inequalities in salaries. By World War I, white male agents received about \$135 per month compared to \$75 for black men. White women received about \$75 per month, much less than their male counterparts, but still more than the usual \$60 received by black women. Edward R. Lloyd, state extension director of Mississippi, admitted that when it came to salary, "we allowed these agents just as

little as we thought they could possibly get along with," leading some white women in Alabama to complain that "the expense of doing the work was greater than the salary."<sup>26</sup>

The number of black extension agents stationed in counties across the South increased in the early twentieth century. There were a handful of black agents in the 1910s, and nearly 200 by World War I, up to nearly 400 black male and female agents in the 1930s. All of these agents, including the few with the Movable School, came under the supervision of the U.S. Department of Agriculture. Many of these agents were graduates of Tuskegee Institute, Hampton Institute, and Florida Agricultural and Mechanical College. Despite the fact that the number of black agents remained small in comparison with the number of white agents, black agents managed to reach thousands of rural black Southerners with their messages about improving the quality of southern rural life.<sup>27</sup>

Many black activists pushed for black rights in the post-war period, including Marcus Garvey and the Universal Negro Improvement Association (UNIA), an international organization with millions of members in the early 1920s. This movement, labeled a back-to-Africa movement, sought racial advancement through black separatism and an emphasis on black pride. Membership dues provided sickness and death benefits, and women created the Black Cross Nurses, a female auxiliary of the UNIA.<sup>28</sup> Often thought of as a northern, urban mass movement, the UNIA reached deep into the rural South.

Some white Southerners and government agricultural leaders feared that the black agricultural labor force would be attracted to the movement and leave the South for Africa. In 1923 the U.S. Department of Agriculture learned from a black extension agent's report that four farmers' clubs in his county in Alabama had folded and that

this movement brought a great setback to these communities, as many of the farmers did nothing but walk around and talk about going to Africa and made no effort to progress as farmers. Not one of these farmers ever left, but they lost the year talking about it.<sup>29</sup>

For some rural people the UNIA offered more attractive possibilities than the programs provided by extension service agents.

There may not have been a mass exodus to Africa, but during the 1910s and 1920s many black Southerners left the countryside for urban centers in the South, and especially the North. Black leaders, such as Thomas Campbell and Monroe Work, explained that poor health conditions, inadequate educational facilities, and overall mistreatment were the primary causes of migration and that white people had to improve these factors if they wanted to slow the loss of black workers.<sup>30</sup>

Campbell used white fear of black migration as a reason for hiring more African-Americans as extension agents, arguing that agents were useful to the state in slowing the black exodus. Black agents had to negotiate a fine line between conforming to southern racial customs and benefitting black people. Campbell asserted that black extension work helped African-Americans by

improving their living conditions and making agricultural labor more profitable, productive, and pleasurable. He insisted that extension work improved race relations between black and white people "and above all, it is doing untold good towards gaining for the South an intelligent, peaceful and contented farm laborer."<sup>31</sup>

In 1921 the Extension Service of the U.S. Department of Agriculture made a film entitled *Helping Negroes to Become Better Farmers and Homemakers* in order to encourage rural African-Americans to stay on the farm. Thomas Campbell, the Movable School, and Tuskegee Institute appeared in the film, which the government made in Macon County, Alabama. This thirty-minute silent film told a fictional story of Rube and Hannah Collins, black tenant farmers in Macon County who discovered that they could prosper in the South with the help of the U.S. Extension Service. When Rube discovered a boll weevil in the cotton, he properly notified his landlord who called in the white extension agent to get rid of it. The film also showed the arrival of the Movable School and people coming from miles around to attend sessions. Black extension agents then assisted the tenants, including a home demonstration agent who taught Hannah the proper way to set a table and the public health nurse who taught home nursing. Black agents showed this government film regularly at sessions of the Movable School around the state. An agent used a film projector in the Movable School truck and directed it on a sheet pinned up on a cabin's outside wall. The rural people

apparently enjoyed watching the film for the novelty of it and because they recognized Tuskegee Institute and Thomas Campbell.<sup>32</sup>

This film encapsulates some of the limitations of black extension work. Most rural African-Americans were not landowners but tenants working under an oppressive economic system in which many were caught in a cycle of debt. The rigid racial hierarchy meant they were often at the mercy of white law enforcement officials and landlords. The program provided by extension workers to poor black Southerners never got to the root of the problem. In their government reports black extension workers sometimes appear to deny the importance of deeper structural barriers, and imply that black tenants could all be landowners if they would just alter their behavior. This government film concluded with a scene that meant to convey the image of "happy darkies," as the film ended with black people eating watermelon, dancing, and singing to the strains of "Swanee River" on the phonograph. Black extension agents knew this was a white fantasy not black reality, yet they were forced to work within a system that insisted on these myths or they risked being fired.<sup>33</sup>

### *The Farm Agent in the Field*

The black male farm agent with the Movable School was in charge of addressing agricultural problems, although some of his projects had health ramifications. The major goal of the agent was to instruct men, both tenants and

landowners, in how to deal with the boll weevil, a beetle that destroyed cotton crops in every county in Alabama by 1916. Throughout the 1910s and 1920s black farm agents, whether with the school or elsewhere in the South, taught men crop diversification, growing crops other than just cotton, as a way to limit the damage done by the boll weevil to one's total agricultural production.<sup>34</sup> Agents provided instruction in using modern farm equipment, terracing land, pruning fruit trees, raising pigs, building steps, measuring and cutting lumber, mixing concrete, and making whitewash to use on houses and fences. Many of their projects had ramifications for the improvement of the health and safety of rural people, especially screening windows to guard against flies and mosquitoes and building sanitary toilets to prevent disease.<sup>35</sup>

Extension agents with the school tried to be sensitive to the dynamics of the communities in which they worked as they travelled around the state. Thomas Campbell, and later other farm agents, travelled with the Movable School for several weeks at a time seeing hundreds of people. In 1915 the school travelled for six weeks in eight counties and made contacts with 5,000 African-Americans, many of whom were tenant farmers and sharecroppers. In 1922 the Movable School reached 1,885 people in four northern Alabama counties in only a few weeks. In 1928 the school held sessions in 54 communities reaching 4,600 people. Initially they held sessions in community institutions, such as churches, but by 1920 they decided they would reach more people by going directly to their homes,

either on plantations or the home of a black landowner. They worked out an arrangement in which the Movable School met for a day as a transitory school at someone's home during the crop seasons and met for several days as a stationary school in a home or community institution in the off seasons when people could be away from the fields. In order to improve attendance, the agents tried not to hold sessions during the planting and harvesting crop seasons. They held most school sessions during the winter break from December to February before people planted their crops, and during the summer break from July to September before people gathered their crops. One of the two dozen black agents stationed in Alabama sometimes assisted the Movable School agents.<sup>36</sup>

Agents usually selected one of the poorer homes for their extension service demonstrations, concluding that a tenant farmer would not try to match the farm and home improvements made by a landowning neighbor. They sometimes used the homes of black landowners, who then agreed to pay for all necessary materials, and sometimes homes of tenants, in which case the white landlord paid for any needed materials. Agents tried to select the homes of residents who were on good terms with the rest of the community so as to ensure that people would come to the demonstrations. Agents hoped to allay any misapprehension of favoritism regarding their selection of one home over another.<sup>37</sup>

People who agreed to have the Movable School demonstrations held at their house received free labor from people in their community who carried out

the various farm and home improvement "lessons" at their place. It was a form of schooling for adults that Washington called "A Farmers's College on Wheels," which educated the farmer while Tuskegee Institute taught the farmer's children. The educational philosophy of the Movable School, like all agricultural extension work, was to teach by example and to win the trust of those who were to be taught. Extension service agents with the school did not just hand out literature or lecture to men and women, but presented information with illustrations, demonstrations, and common terminology. Campbell wrote: "We realized that many farmers could not read or write, and for that reason we adhered to methods that they could see and hear and understand."<sup>38</sup>

Campbell warned that agents had to gain the trust of rural people in order to get them to cooperate. The rural clients, both black landowners and tenant farmers, insisted that the agents take time to get to know them. Campbell explained:

The workers get into the lives of the farmers, and their families, first of all, by gaining their confidence. They converse with them in their own language about their problems, real and imaginary; they encourage parents to send their children to school; they often spend nights around the fireside with them and listen to interesting stories pertaining to the local history of their communities.<sup>39</sup>

According to Campbell, rural black people would best learn in their own environment from members of their own race about modern methods of farming and housekeeping. He believed that black extension workers "possess a natural kinship with the farmer's mind and spirit, which brings the two together on a

common level of appreciation and understanding."<sup>40</sup>

Extension agents believed that they were most successful at changing people's behavior when they were able to develop personal relationships with them. When Campbell travelled alone with the Movable School during the early years he slept and ate at rural people's homes, often among the poorest in the community in order to make connections with them. He considered his very presence an opportunity to teach by example. One time when he stayed with a family, two young boys took an interest in his use of a toothbrush and tooth soap (toothpaste). After they asked how they could purchase the items, Campbell made a special trip back to their farm, and presented the two boys with their own toothbrushes and soap. "As I look back over the years in which I have been trying to teach by example," Campbell wrote, "I have come to consider this one of the most valuable pieces of demonstration work I ever performed."<sup>41</sup> Agents could be both health advocates and promoters of consumer culture in spreading their messages of a "better" life to the poor.

Rural people approached the arrival of extension agents in their communities with cautious interest. On the one hand they were genuinely interested in improving their working and living conditions, but on the other hand they had reasons to be suspicious of outsiders, even those from the famous Tuskegee Institute. Although some people were not enthusiastic about the idea of spending their spare time performing manual labor, others found the educational

opportunity very appealing because they had received little formal education. In 1915 Thomas Campbell reported on what he perceived to be expressions of gratitude from rural people for the Movable School. He said that one man spoke up after a day with the Movable School and declared: "I aint no speaker but I jes wan'a tell you how much I has been steamilated [stimulated], this has been my two days in school."<sup>42</sup> In 1922 when extension agents held the school on a large plantation they discovered that instead of teaching only one community, tenant farmers had come from two areas where the school had just been. Many of the people travelled ten to fifteen miles by foot and mule to attend the extra classes. In 1924 a public health nurse with the Movable School reported she had met people who had already attended the school's classes but were coming again because "they were very anxious to hear the same lectures they had heard before."<sup>43</sup>

Some black landowners and tenant farmers were wary of participating in a program that seemed to offer something for nothing, even if other African-Americans promoted it. Thomas Campbell reported that some people doubted the truthfulness of agents' claims that the program was free, having been swindled too often by travelling salesmen.<sup>44</sup> Once when Campbell was in Wilcox County talking to people to drum up support for the Movable School session he was planning to hold, he brought up the subject of the boll weevil. Campbell, attempting to recreate the rural dialect, wrote that a man in the audience rose and

said:

Fesser, we sho enjoyed yo talk, but we naturally don't believe dere is any sich thing as a boll wesell. We bleve de store keepers and de fertilize fokes done paid you all to come out here and tell us bout dese bugs so as to make us work harder and buy more stuff fum dem.<sup>45</sup>

These people had a sophisticated analysis of their place in the economic hierarchy and had reason to fear exploitation.

Possibly the greatest concern of tenant farmers and sharecroppers, some of whom lived in involuntary servitude, was to avoid further exploitation from white landlords. Peonage was pervasive throughout the southern cotton belt in the early twentieth century. Landlords created peonage by using indebtedness to forbid sharecroppers to leave plantations, and they enforced it with the threat and reality of violence. Many white plantation owners continued to treat the black people who worked for them as their own private property.<sup>46</sup> Some of these rural people, when approached by extension service agents, feared that agents were spying on them for white landowners. Others insisted that they would sign no formal agreements that might lock them into an oppressive relationship. Thomas Campbell remembered that after he finished speaking at one meeting of farm workers, a man from the audience said:

We is mighty glad to hab Dr. Washington to send you out to help us, but we don't see how he kin afford to give us free seed to plant our fields and pay you to come out here and see us once a month; so we thanks you fur your talk, but we can't sign no contract.<sup>47</sup>

These people had a realistic understanding of their situation and were not about

to compound it by incurring additional expenses or obligations.

Black extension agents encountered plantation owners who resisted participating in programs that might alter their present arrangement with tenants. Black agents had to maintain working relationships with white planters, who expected them to exhibit proper deference, in order to keep their jobs and their access to tenant farmers. Campbell and others discovered that "most plantation owners were pretty well satisfied with the existent tenant system and therefore were not so enthusiastic in encouraging Negroes to try new methods of farming." Some of them feared that rural extension work would "disturb the established plantation relationships."<sup>48</sup>

Still, some white landowners gave approval for the Movable School to come to their plantations once they were convinced that the education programs and improvements would "make the tenants more contented and appreciative of their surroundings." Some of these white planters even appeared at sessions to offer "words of encouragement" to their tenants in order to secure a stable labor force.<sup>49</sup> In 1922 C. A. Patillo, a white plantation owner who had many black tenants, urged his renters to attend the Movable School and agreed to pay for the cost of materials, such as lumber. He wrote to the white county agent that he thought the project would help tenants to "realize that they can make a great deal more net profit by improving their methods."<sup>50</sup> Clearly, it was easier for him to blame the "methods" of tenant farmers for their poverty than an agricultural labor

system from which he benefited.

One of the ways agents convinced local people to participate in the Movable School, in addition to whatever pressure plantation owners brought to bear, was through contacting local black community leaders, especially preachers, school teachers, and Jeanes Supervisors.<sup>51</sup> Jeanes Supervisors, most of whom were black women, were educators supported by the Anna T. Jeanes Fund to improve the quality of education for black children and adults in the rural South. Jeanes Supervisors, many of whom graduated from black institutions such as Tuskegee, travelled throughout rural counties assisting black teachers, extension service agents, and public health workers. They provided women and girls with lessons on home economics, sanitation, and cleanliness, and organized them into homemakers clubs. One Jeanes Supervisor, Rhoda Warren, a 1912 graduate of Tuskegee Institute, described her work as trying "to teach the people the practical things of life."<sup>52</sup>

Preachers were very important contacts because the church was generally the center of social activity for rural black communities. Preachers, many of whom performed agricultural labor, could influence a community's response to the Movable School because of their respect in the community. When the minister preached from the health bulletin prepared for Negro Health Week, the information went further and gained more legitimacy than bulletins handed out door-to-door.<sup>53</sup> Furthermore, uncooperative ministers could sabotage a program

if they believed that it interfered with their own work. Campbell remembered one time when a preacher told his congregation that the Tuskegee farm wagon was outside but that they "can't afford to engage in worldly affairs while we are busy engaged in saving souls, and I advise you not to take up any time with the wagon." With the preacher's closing warning about "silver tongued speakers," most of the people passed right on by the school.<sup>54</sup> Still, other preachers lent their support to the work, leading the people in prayer during Movable School sessions. The agents tried to begin each session with "verses of scripture" and a prayer from rural preachers. According to Campbell, one preacher offered his endorsement of the work of the school when he led those present in a prayer, saying: "O Lord, have mercy on this Removable School, may it pumernate [permeate] dis whole lan an country."<sup>55</sup>

A few black landowners were able to implement the numerous suggestions for modernizing farms and homes that they received from extension service agents. Some had sizable land holdings but lived in poor shacks.<sup>56</sup> After examining a house fixed up with advice from agents, Tom Moss and his wife decided to invest \$1800 to purchase modern conveniences for their own house, a former camp house for mill hands. Moss reported that

in the beginning our neighbors did not think well of the idea of spending that much money for a house. . . . They said the Movable School and the county agents would lead me to the poor house and that I would have to beg bread. But now they see differently, and one man who has since built a nice home says he got the idea from us.<sup>57</sup>

Extension service agents used improved homes to serve as models to be emulated by others in the community.

Rural people with some money were often attracted to the consumer culture that extension service agents introduced to them, and some managed to scrape together enough money to make changes in their living conditions. When Mary Simpson's house in Macon County burnt down she approached a home demonstration agent for advice on building a new modern one. According to Simpson:

My house burned a few years ago and my neighbors told me to take my insurance money and buy a big car. But I wouldn't listen. As soon as I could, I got in touch with Mrs. L. R. Daly, my home demonstration agent, because I know of how she had helped to improve the Hill Taylor place in another community.<sup>58</sup>

Simpson and Moss, although not wealthy, had more resources than many rural African-Americans and were able to incorporate those aspects of rural development that they saw as useful. Others, such as her neighbors, saw the transportation benefits of a car as more beneficial than investing in a place from which white people might force one to leave.

For black people who did not own their land or house, some of the instructions they gained from Movable School agents were impractical. Unable to alter the economic system, agents tried to "stimulate the desire of a tenant farmer to own property" and improve their homes as a way to alter their living conditions.<sup>59</sup> Yet, there seemed little reason for tenant farmers to fix up their

homes because so many had to move every year. Sociologist Charles Johnson argued that changing residence, often within the same county, was tenant families "one outstanding means of asserting freedom." Furthermore, some tenants found that landlords only increased the rent after they improved their place.<sup>60</sup>

Black extension agents were aware of the economic constraints on the work they performed. Many of them had come from tenant farming families themselves. They were probably not surprised by the living conditions they encountered, and only presented shocking descriptions of southern rural poverty to government officials in order to garner support. Thomas Campbell, one of the most prolific writers on black extension work, agreed that there was no use in painting a rosy picture of southern living to the rural black Southerner "who is constantly in debt, hungry, sick and cold, and without civil protection."<sup>61</sup> In 1922 George F. King observed that black reformers had to keep in mind the actual conditions of the people they wanted to assist:

Many of the dilapidated shanties in which the Negroes live on plantations haven't windows. . . a mere space cut or made in the side of the house with shutters. . . . It is rather humorous to ask these poor people to sleep with their windows up without helping them to first make it possible to screen these openings. . . . We talk to the fellow out in the country who is up against conditions hard to describe at times about dieting or food values. Mighty good things to talk about, but thousands of these fellows are working under a system which keeps them from even raising a few collards --their gardens and pantries are the store of the owner of the plantation.<sup>62</sup>

Black leaders occasionally reminded each other of the limitations of their work, which provided only limited material benefits for the rural poor. Yet, black agents

believed that the assistance they provided, limited as it was, still provided benefits to the poor, given the context of such economic deprivation.

*The Home Demonstration Agent: Production and Preservation*

The lessons of the home demonstration agent in home economics were as essential to rural development and the work of the Movable School as that of farm agents' sessions on agriculture. Their work takes on even greater meaning by examining their public health contributions, for they brought health education, especially information on nutrition, sanitation, and hygiene, directly to the countryside through the woman of the house and the fields. Their messages from World War I to World War II were cleaner homes, cleaner bodies, better food, better clothing, and better health.<sup>63</sup>

In several respects home demonstration agents were to rural women what settlement house workers were to urban women.<sup>64</sup> Home demonstration agents, including the agent with the Movable School, worked with rural women on methods for increasing food production and preservation. Canning programs and canning clubs were very popular among both black and white women, especially as part of the war effort during World War I.<sup>65</sup> Home demonstration agents during the 1910s and 1920s taught poor women how to cook, clean, sew, and make soap, handicrafts, and cotton mattresses for sale and personal use. They provided instructions in how to repair clothing and bed linen, make curtains and rugs, do

laundry, and raise poultry. They taught women how to make a fireless cooker, or slow cooker, and then make a balanced meal in it. Sometimes agents ran an electric line from the Movable School into the house to demonstrate such appliances as a washing machine, cream separator, butter churn, and electric iron. By the 1940s some agents also included birth control education in their work.<sup>66</sup>

The passage of the Smith-Lever Act made it possible for Tuskegee to hire a home demonstration agent for the Movable School, so in 1915 Thomas Campbell hired the first female agent, N. Juanita Coleman. Coleman was a graduate of Tuskegee Institute. She entered in 1904 after earning the entrance fee and railroad fare by running a kindergarten in her home state of Texas. She graduated in 1908 and Margaret Murray Washington subsequently sent her to teach school at the Russell Plantation, a local plantation assisted by the Tuskegee Woman's Club. After working there, she taught school for several years in Texas. She worked as a home demonstration agent with the Movable School for six years until she became Margaret Washington's secretary in the early 1920s. In 1923 she opened a hospital, which she operated in Demopolis, Alabama, at a cost of \$6,000, money she raised from donations.<sup>67</sup>

In her first year with the Movable School Juanita Coleman travelled with Thomas Campbell and C. W. Greene, both farm agents, around the countryside in the Movable School wagon. They went to eight counties in six weeks, making contacts with 3,800 rural African-Americans, half of whom were women. She and

the other agents took the names of women and men who came to their sessions in order to follow-up on their instruction through the mail.<sup>68</sup> Before 1920 they held the Movable School sessions in churches, schools and courthouses, but Coleman and others realized that they had to go directly to the plantations and farms if they wanted to reach the poorest class of farmers, the sharecroppers and tenants.

Coleman explained:

We noticed that the class of people who needed these instructions most, were not attending these meetings and we were not coming in contact with them, because this class went to church only when there was preaching; rarely went to the schoolhouse because in too many cases they didn't like the teacher and the last time they were at the courthouse they felt that they had not been given a fair chance or justice.<sup>69</sup>

Coleman found that attendance increased and she could demonstrate her lessons more easily by going into people's homes.

The home demonstration agent assisted women in increasing their home furnishings. Most of the women had virtually no money, yet with the help of home demonstration agents they developed many useful items. According to Thomas Campbell: "With a few boards and dyed sacks they have made clothes closets; orange crates and packing boxes have been converted into dressing tables, kitchen cabinets, book cases, wash stands, etc." Through garden and poultry sales women were able to remodel their kitchens and "install simple water systems" that had "a barrel on the outside of the house with faucet and sink on the inside." After filling the barrel with fresh water each morning, the family had indoor plumbing.<sup>70</sup>

Women in both landowning and tenant farming families went to great lengths to make their dilapidated homes more comfortable. Many of them lived in shacks with "a little make-believe porch, wooden blinds for windows, [and] a block of wood or an old bucket turned upside down for steps," according to Movable School home demonstration agent Laura Daly. Daly, who replaced Coleman in the 1920s found that

usually there is an attempt at a flower yard, but it and the [vegetable] garden if there is one, have a hard struggle for existence during the work season, for there is no time to attend to either of them, the chickens or the children save Saturday afternoon.<sup>71</sup>

These rural women were constantly busy with some task, whether working in the cotton fields, tending to the gardens, chickens, and children or cooking, cleaning and nursing the sick.

Southern rural black women, like poor women in general, made a little go a long way even before lessons from extension agents. Most of the black women Laura Daly encountered had absolutely no modern conveniences but had managed to cover exposed rafters and walls in their homes with newspapers, magazine covers, and circus posters. Pages from the Sears catalogue proved useful for blocking holes in the wall, as well as for toilet paper. Daly saw women use lard buckets "to cook in, milk in, wash dishes in, and bathe in." Many women had to do their family's laundry down at the spring. Daly reported that rural people had little leisure time or entertainment opportunities, yet she observed that some homes had a phonograph, piano or organ, even if in poor condition.<sup>72</sup>

One of the major concerns of the home demonstration agent was to teach nutrition and improve the rural diet, which featured "just one fried meal after another," according to Daly. Luella C. Hanna, Alabama state home demonstration agent for black women, explained that "the busy farm women must prepare three meals a day and must prepare them in the quickest possible way-- which is to fry breakfast, fry dinner, and fry supper." Rural people who lived and worked on plantations often ate mainly pork meat, corn bread, and molasses because these items were inexpensive and could be purchased at the plantation store.<sup>73</sup>

Home demonstration agents knew that women did agricultural labor on top of household labor, so they geared their educational programs toward helping women cope with their burdens. As one solution to women's busy day, the agents encouraged women to serve their families at least one boiled meal each day. Women could prepare food, such as cereals, meat, fruit or vegetables, in a fireless cooker while they were out working in the cotton fields. Agents taught women how to make this slow cooker using a wooden lard tub, shredded corn shucks as liner for insulation, a kettle for holding the food, a zinc bucket in which to place the kettle, and a two-inch thick flat rock placed in the bottom of the bucket.<sup>74</sup> Agents also taught women how to prepare a variety of vegetable dishes from the garden. No doubt some women attended canning clubs and agents' demonstrations in order to receive a good meal. One woman in Shorter, Macon

County, explained to an outside visitor, "You just come in time or I wouldn't be here. I just come from the Farmers' Canning Club. We sure had good eatin's today. We done stuffed salads with beets, raw cabbage, and made this here mayonnaise to go on it."<sup>75</sup> Material benefits, such as food, were often the most meaningful to the rural poor.

In families with some financial resources, rural women tried to negotiate with their husbands for changes in the household by invoking the authority of extension service agents. Thomas Campbell saw evidence to suggest that women in the family were the ones who convinced their men to carry out home and farm improvements recommended by agents, such as repairing steps, whitewashing the house, and improving the outhouse. Women who cooked in iron pots or frying pans over the fire hearth, which provided the only light at night, tried to find ways to purchase a stove.<sup>76</sup> Laura Daly recalled:

I like to think of how happy one woman was over her first stove. She had put off having the home demonstration club meeting at her house because she cooked on the fireplace. Finally the next meeting was appointed for her home. The husband, embarrassed, brought his wife to town on the Saturday previous to the meeting day and purchased their first stove. They had been married more than fifteen years.<sup>77</sup>

The resources of many families were so limited that even purchasing on credit may have been an impossibility, but there were women who achieved these little victories.

Home demonstration agents acted as advocates for rural women in other ways, including around health care issues. Agent Laura Daly believed that rural

black women's heavy work burden was responsible for women's poor health. She saw women working from early in the morning until late in the night caring for their families and laboring in the fields. During National Negro Health Week one year she tried to focus attention specifically on women's health issues, "to make the farm woman more conscious of her duty towards keeping herself well, especially emphasizing what she herself could do in that direction." Daly said that the problem was that "mothers and wives are given to thinking only in terms of comfort and consideration for their husbands and children."<sup>78</sup> In this respect, women agents sometimes provided a critique of women's position within families.

Home demonstration agents, like their urban counterparts, were both social welfare workers and public health advocates for rural women. They targeted women as key to improving the health of families. Sometimes they seemed to blame women for unhealthy conditions and poor diets, yet at other times agents indicated they understood the constraints on women's ability to provide for their families. Agents geared their education programs in general, and in the Movable School in particular, toward altering behavior within the limitations of current economic conditions. Yet, simple tasks could have important health ramifications, such as destroying manure piles, screening windows, and using individual drinking cups instead of communal dippers as a way to prevent the spread of tuberculosis. Daly's work with the Movable School included promoting observances of National Negro Health Week, assisting with baby clinics, and providing information on

personal hygiene, such as bathing, washing one's hair, and brushing one's teeth.<sup>79</sup>

Despite the optimism and enthusiasm of home demonstration agents and farm agents, their assistance was always circumscribed by the limited resources of the Movable School. Jessie Guzman, an employee of Tuskegee Institute from the 1920s until her retirement in the 1960s, remembered the work of the Movable School as very important, not because of its material resources but because of the people. These agents genuinely believed that as black professionals they could improve the lives of the rural poor. Guzman recalled one time when Laura Daly, who lived in the same dorm with her, asked if Guzman would mind taking a package to someone in the "rurals." Upon arriving, Guzman discovered that the person had died so she just left the package with the family. When Daly learned that the person was dead she wanted that package of food and medicine back to give to someone else. Guzman declared: "I mean that was the situation and I was astounded, you know, that here's this package that was so important that if someone dies you give it to someone else."<sup>80</sup> Clearly both rural women and home demonstration agents learned to make do with whatever resources they had.

There was a tension in the work of extension service agents between a desire to introduce rural African-Americans to the benefits of modern living and the knowledge that the kind of transformation they sought was unrealistic given the persistent poverty of the rural South. In her public pronouncements agent Laura Daly asserted:

The demonstration agents try to inspire the rural people "to want," to want more convenient, livable homes, more beautiful surroundings, to want health, education and to want, to a more appreciable degree, to enjoy the civilization in which they live.<sup>81</sup>

Despite knowledge of the larger economic picture, black extension agents still preached unrealistic messages that suggested that wanting a better life would make it so.

### *The Public Health Nurse: Mothers and Midwives*

Although farm agents and home demonstration agents addressed health issues informally as part of their other duties, the inclusion of a public health nurse with the Movable School marked the entry of formal health work. Health concerns were integral to the work of the Movable School, as well as other rural development programs. Tuskegee hired the first public health nurse with the Movable School in 1920, Uva M. Hester, a Tuskegee graduate. Her job was to look after the health of the people who attended Movable School sessions and inspect the sanitation of their homes and farms. In addition, she assisted members of the Movable School guard against disease.

Not everyone supported the hire of a nurse. Thomas Campbell reported that some physicians and nurses initially objected to the idea of a nurse travelling with the school and "predicted many difficulties and dangers that failed to develop."<sup>82</sup> Part of their concern may have been fears of local physicians that the public health nurse was going to take away clients. To address this issue,

Campbell suggested that the Alabama Health Department explain to physicians the nature of the nurse's work with the school. His argued that "if this nurse goes out and begins to give advice and the local doctor finds out and does not understand what it's all about he's going to raise a complaint. But if the State Health Department understands and passes the word to county units that this nurse is working for the State everything works fine."<sup>83</sup>

Thomas Campbell recalled that he decided to hire a nurse because as the school travelled from county to county evidence mounted of pervasive ill-health among black people. Campbell wrote in his 1936 autobiography and history of the Movable School:

The truth of the matter is, we seriously considered abandoning the practice of going into the homes because of the constant danger and exposure of our workers to diseases and unsanitary conditions which we found in these homes. Being, however, so thoroughly conversant with this standard of living and so recently emerged from a similar atmosphere, I felt confident that these people were susceptible to the practical teaching we were taking to them. Instead of quitting the homes and returning to the public meeting places to conduct the schools, I sought the appointment of a registered nurse as a member of the Movable School force.<sup>84</sup>

Thus, nursing came to the travelling school, and Alabama received one of its first black public health nurses.

Across the country few black women went into nursing because of such factors as discrimination in training and wages, yet by the mid-1920s there were 2,500 black graduate nurses. About one-third of these women entered public health work, some working for voluntary agencies and others for health

departments. By 1930 black women accounted for about 10 percent of the 5,000 public health nurses in the country, and in the South the 190 black public health nurses made up 20 percent of all public health nurses.<sup>85</sup>

Many health departments hired nurses in the 1920s with funding from the Sheppard-Towner Act of 1922, designed to address maternal and child health issues through federal matching grants to states. In Alabama, funding from this resource doubled the number of people who had access to health care. By 1923 Tuskegee Institute began receiving \$100 per month from the Alabama Department of Health, most likely from Sheppard-Towner funding, to assist with the salary of the Movable School nurse.<sup>86</sup>

The public health nurse was a key figure in spreading the gospel of health to African-Americans. As the field of public health nursing expanded in the twentieth century, and public health workers placed more emphasis on individual hygiene, nurses came to symbolize the ideal teachers. Leaders of the black health movement agreed that "one of the greatest needs as related to public health work among Negroes is an adequate supply of well trained public health nurses."<sup>87</sup> Monroe Work believed that the public health nurse was "one of the most, if not the most," effective instructor in health education for the masses of black people.<sup>88</sup>

Like other public health nurses, the Movable School's nurse Uva Hester focused on health education, along with advice and personal attention to the sick.

Public health nurses worked primarily with midwives and mothers, those with primary responsibility for family health care. They instructed women how to care for their children and sick family members, and taught midwives how to insure safe deliveries by using rubber gloves and insisting that women give birth lying on the bed. Nurses were also supposed to discourage the use of herbs and roots to treat illnesses.<sup>89</sup> Uva Hester worked with midwives and mothers, and distributed state health department literature, presented parents with talks about the care of children, focusing on feeding and bathing, and lectured to school teachers on how to handle playground accidents. During her first week on the job in Montgomery County she found many of the homes of rural families simply unbearable. Apparently, she was most appalled by the flies, the dirt, and the small rooms in the cabins.<sup>90</sup>

Hester's first report chronicled the inadequate health services available in rural Alabama:

Tuesday: I visited a young woman who had been bedridden with tuberculosis for more than a year. There are two openings on her chest and one in the side from which pus constantly streams. In addition, there is a bedsore on the lower part of the back as large as one's hand. There were no sheets on her bed. . . . The sores had only a patch of cloth plastered over them. No effort was made to protect the patient from the flies that swarmed around her.<sup>91</sup>

These same themes of inadequate bedside care recurred again and again in Hester's travels throughout the county. While travelling in Pickett Springs Hester found a young girl with intestinal hemorrhages who needed medical attention.

The house was dirty and there were no screens on the windows to stop the flies from coming in from the cow pen in the back yard. Hester reported:

With my limited time there was little I could do to make her comfortable, however, I made a few suggestions as to diet, made her bed and tried to impress the importance of keeping out flies.<sup>92</sup>

In Capitol Heights nurse Hester found a seventeen-year-old girl who had undergone an operation in a hospital for abscesses on the chest and side. Hester explained:

I found her lying in a bed of wheat straw, too filthy for description, with a profuse discharge of pus from these undressed wounds. The flies were over her in such numbers that I could hardly see her face, and she with a branch from a tree was making a feeble attempt to keep them off. There was an old cot on the little porch, so I suggested that we make it as comfortable as possible and put her on it. We did. I gave her a bath and while doing so I found she had a pressure sore on the sacral region of her back, the size of my hand, with backbone protruding. I dressed the wound with material from my first aid bag.<sup>93</sup>

The girl thanked Hester with tears in her eyes and told the nurse that if she could she would ask her grandmother to give Hester a pig for all her help.

It is unclear how long Uva Hester worked with the Movable School, but a series of financial difficulties led to a brief period where once again the school was without a public health nurse.<sup>94</sup> Then in January 1922 Tuskegee hired nurse Mary E. Williams to work with the travelling school through financial support from Tuskegee Institute, the Alabama State Board of Health, an anti-tuberculosis association, and the U.S. Extension Service of the Department of Agriculture.<sup>95</sup> Williams, a graduate of Hampton Institute and Richmond Hospital Nurses

Training School, worked as a school nurse for Henrico County, Virginia, during World War I. In 1924 she received a scholarship from the American Child Hygiene Association and studied public health for a short time at Simmons College in Boston. In the 1930s she won a scholarship from the Rosenwald Fund, a philanthropic organization established by Sear's founder Julius Rosenwald, to take course work at the Harvard University School of Public Health. Williams was very active in social service work, organizing a settlement house in New Orleans in 1927, attending the National Negro Health Week planning meetings in Washington, D.C., and working with projects of the Tuskegee Woman's Club and the Alpha Kappa Alpha Sorority.<sup>96</sup>

Mary Williams continued the nursing work for the travelling school started by Uva Hester. In her travels with the Movable School she inspected the sanitation of churches and schools, and gave health lectures to children, including tooth brush drills. She taught women home nursing techniques, including how to prevent bed sores, provide bed baths, make mustard plasters and poultices, and to provide proper ventilation and eliminate the dangers of flies and mosquitoes. In April 1922 Williams reported that "most of the homes visited are very humble and the people very appreciative."<sup>97</sup>

In September 1922 her supervisors transferred Mary Williams from the Movable School, through which she provided health services to counties throughout Alabama, to full-time public health work for Tuskegee and Macon

County.<sup>98</sup> In January 1923 Eunice Rivers became the next Movable School nurse. Meanwhile, Mary Williams opened the Tuskegee Institute Health Center. Before turning to the work of Eunice Rivers, Tuskegee's health institutions warrant a brief discussion. Prior to the establishment of the health center, Tuskegee Institute provided health services to students and people in the surrounding countryside through its hospital and nurses training school. The first hospital opened in 1891 and Tuskegee replaced it with the John A. Andrew Memorial Hospital in 1913, named after the abolitionist Civil War governor of Massachusetts whose granddaughter donated \$55,000 to Tuskegee in his honor.<sup>99</sup>

Tuskegee Institute opened its health center in 1922 under the direction of Mary Williams. It was part of a nationwide neighborhood health center movement that began in the United States about 1910 with the premise that health professionals could best reach people in their own communities.<sup>100</sup> After World War I the American Red Cross assisted communities around the country in establishing such centers, and it provided Tuskegee with money to build a one-room building for the health center on the campus. Tuskegee Institute, the Red Cross, and a local anti-tuberculosis organization covered the salary for its director, Mary Williams.

Williams gained the confidence of the people, or at least the women, of Macon County. The health center, which received no government funding, provided free community health care for Macon County, which had no health

department until 1928. Most of the center's clients were women and their children. She and her student nurses provided visiting nursing, health lectures, Red Cross home service work, prenatal and postnatal care, and family case work to families throughout Macon County.<sup>101</sup> Within a year after the health center opened she had a steady clientele of women and children coming to the center, in addition to her visits to homes and schools in the surrounding countryside. At the health center she offered weekly health conferences at which she measured, weighed, and examined babies, and provided mothers with information about babies and their food, feces, baths, and need for exercise and fresh air.<sup>102</sup> By 1925, 3,000 people each year, many of them children, registered at the health center for assistance, and she provided an additional 1,400 school children with health examinations. In 1928 5,000 people registered at the health center for assistance, and an additional 2,000 school children received health examinations.<sup>103</sup> In only a few years the number of clients and scope of the work increased dramatically, reaching three-fourths of the residents of Macon County.

Williams attributed the large client attendance at the center to the "winning of the confidences, both of the mothers and the children in the communities that we touch." She explained that women learned to trust her services and they "look us up in place of our looking them up." Williams not only directed Negro Health Week for the campus and the county, but she organized mothers' clubs and girls'

health clubs. The mothers' club meetings were popular with older women. At these club meetings she presented health lectures, often using visual aids, explaining that posters worked well with "women who cannot read, and whom pictures, when explained to them, impress so forcibly." After the health lectures she always allowed time for discussion, when women freely and frankly discussed their health needs.<sup>104</sup>

In 1925, Ethel Johns, a white Englishwoman trained in nursing in Canada, came to Tuskegee as part of her investigation for the Rockefeller Foundation of black nursing in the United States.<sup>105</sup> She travelled around the countryside with Mary Williams, making visits to various homes. At one stop they found two families living in a three-room cabin in which both mothers were sick in bed:

One was pregnant and approaching her delivery. She was suffering from a partial paralysis of the lower limbs and was obliged to crawl from her bed to the open fire in order to heat food for the three children.<sup>106</sup>

This woman's husband had notified the health center of his wife's condition before leaving for the day to observe a murder trial at the court house. Williams took the woman to a hospital, explained Johns, and then "the recalcitrant husband was encountered on the way home and given the most impressive scolding I have ever heard. Miss Williams is a post mistress in the picturesque phrasiology [sic] of her race."<sup>107</sup>

Ethel Johns was impressed by the excellent relationship that Mary Williams had cultivated with rural people, despite her criticism that Williams was not

capable of training other nurses in public health work. Johns observed that "she has gained their confidence, they like her and trust her, they allow her to tyrannize over them." She admitted that even with her failings, "the obstinate fact remains that Miss Williams has 'sold' the public health idea in a most unpromising negro community."<sup>108</sup>

In January 1923, while Mary Williams was busy at the Tuskegee Health Center, Thomas Campbell hired Eunice Rivers to work with the Tuskegee Movable School. Like Uva Hester and Mary Williams before her, Eunice Rivers travelled in the Movable School truck along with the home demonstration agent and the farm agent. At the time she was one of four black nurses in the state.<sup>109</sup>

Like others who worked with the travelling school, Eunice Rivers was a product of Tuskegee Institute. Born in 1899 in rural Georgia, Rivers graduated from Tuskegee Institute's School of Nursing in 1922. Before her mother died, Rivers remembered that she told her "to get a good education, so that I wouldn't have to work in the fields so hard."<sup>110</sup> Her father had encouraged her to study nursing at Tuskegee, despite her protesting, "but Papa, I don't want to be no nurse, I don't want folks dying on me."<sup>111</sup> She caught the attention of Tuskegee Institute leaders and secured the position with the Movable School after caring for Monroe Work's sick wife Florence.<sup>112</sup>

The work of Hester, Williams, and Rivers was similar--they all focused on

health education for rural African-American women, especially mothers and midwives. Rivers travelled with the school from county to county, working in over twenty counties in her first year. She saw hundreds of people every month, focusing her efforts on women and girls because they were the ones responsible for the care of sick family members. In one month alone she made contacts with 1100 people, although on average she saw about 500 people each month. She believed that the school enabled her "to reach perhaps a larger number of people than any other nurse in the field."<sup>113</sup> People so appreciated her work that they asked her to return. J. D. Barnes, a white agent in Greene County, reported to Tuskegee in 1928 that "Miss Rivers made a fine impression among the midwives and other people with whom she came in contact." He said that "one woman asked me when I was going to have that sweet little woman come back to the county again." He wrote that the women remembered her and the way she made people feel good in her company. Her assistance inspired residents of at least one county to hire their own black nurse.<sup>114</sup>

Throughout the 1920s Rivers taught women about sanitation, ventilation, and cleanliness. She provided information about specific diseases, such as malaria and typhoid fever, and taught women how to make bandages from old clothes, care for bedridden patients, and take a temperature. Women often asked questions at these meetings and seemed eager for information. She gave lectures to children on brushing their teeth, handing out tubes of Colgate toothpaste

donated by the company. Sometimes she gave social hygiene lectures to men, most likely about the dangers of venereal disease. When the school was stationary for a week she would hold a baby clinic, which often turned into a clinic for adults too. Although local doctors did not always agree to provide their services for free, sometimes black and white physicians donated their time to the clinics.<sup>115</sup>

Rivers attempted to combat high infant mortality rates by giving special attention to pregnancy and childbirth, advising pregnant women and midwives to consult a physician at least once during pregnancy. She showed them "Well Born," a film borrowed from the Children's Bureau. She urged mothers to breastfeed their babies. She taught midwives to have clean hands, nails and clothing and use rubber gloves during deliveries, and tend to infants' eyes after delivery. Despite contracting malaria one month while on her rounds, she maintained a steady pace of presenting public health programs and attending national conferences of public health nurses, extension service agents, and teachers.<sup>116</sup>

Rural women incorporated the free services of public health nurses, such as Eunice Rivers, into their existing health care system of midwives and home remedies, turning to them even as nurses tried to convince people to use physicians more often. Eunice Rivers found that many rural African-Americans relied on doctors as their last resort, because they did not have much trust for doctors or hospitals and because of the expense. As Rivers explained:

Maybe I get a call that such and such a person is very sick. A lot of my patients would not call a doctor until I had come to see them to see how

they were doing, and see if they needed a doctor. I had an awful time training them to go ahead and get their own doctor.<sup>117</sup>

Black people were hesitant to call on rural doctors, most of whom were white, because many did not treat black people respectfully, and because many required payment in cash. Home demonstration agent Laura Daly found a fear of doctors and hospitals among rural women attending the 1930 commencement exercises at Tuskegee Institute. When asked to leave their babies with nurses in the hospital, "some expressed fear less the doctors use their babies for experiments or something like that, [while] others were made afraid by the idea of a hospital."<sup>118</sup>

The 1920s marked the beginning of a close connection between southern midwives, nurses, and public health. This growing connection because of the regulation of midwives affected the work of Eunice Rivers with the Movable School. In 1926 the state transferred her from the Alabama Bureau of Child Welfare, under which she did her Movable School work, to the Bureau of Vital Statistics. Tuskegee hired an additional nurse, A. L. Bostick, for the child welfare position, and both women continued to travel with the school. The Bureau of Vital Statistics hired Eunice Rivers to assist the state in creating a system of registration for births and deaths. By the 1920s southern states actively collected vital statistics on births and deaths so that they could be a part of the federal registration area. It was not until the mid-1930s that all states met the federal requirements for their inclusion.<sup>119</sup>

Eunice Rivers relied on midwives in designing a birth and death registration system for African-Americans. "Granny" midwives, most of whom were mothers and agricultural workers, had a long tradition of serving their communities and were at the center of traditional healing networks in the rural South. Black midwives in the South delivered most of the black babies, and many of the white babies. Rivers worked among the tenant farmers, especially in southern Alabama where "midwives did most of the work" and "there were many, many births and deaths that were not reported," she explained. Rivers attempted to "get a record of every child from six on down, make a birth certificate and get all the records of deaths." She spent nine months travelling from plantation to plantation meeting with each midwife to show her how to fill out a birth certificate and how to keep records. She found that midwives already kept an accurate record of the deliveries they made. "The midwives usually kept a little notation on a pad," explained Rivers, and undertakers kept the records of local deaths.<sup>120</sup> One year after she started teaching midwives how to register births, Alabama officially joined the federal registration area for births.<sup>121</sup>

Public health nursing and extension service work shared a social work philosophy that emphasized respect for the individuality of clients at the same time as they addressed the needs of an impoverished group. Eunice Rivers attributed her ability to connect with rural people to her attitude toward them. "As far as I was concerned, every individual was an individual of his own. He

didn't come in a lump sum, see."<sup>122</sup> She remembered that sometimes people would ask her how she ever received entry into certain homes where visitors were not welcomed. Rivers would reply:

Well, darling, I don't know. I was brought in there. They're people as far as I'm concerned. I don't go there dogging them about keeping the house clean. I go there and visit a while until I know when to make some suggestions. When I go to the house I accept the house as I find it. I bide my time.<sup>123</sup>

Her approach, she concluded, was nothing more than mutual respect between herself and those she assisted. Her skills in interpersonal relations were typical of successful agents and nurses in the field. When asked by an interviewer why she became a nurse and not a doctor she responded: "I was interested in the person. . . . I always felt that the nurse got closer to the patient than the doctor did."<sup>124</sup>

The health component of the Tuskegee Movable School provided a vital service to a population of women who had little access to formal health care provisions, including services of the state health department. Even when the health department provided clinics near their communities, many poor black rural women hesitated to attend. Movable School nurse Bostick observed, as had extension service agents earlier, that the women "hesitate to visit the Court House where most health units are located." Transportation difficulties compounded their discomfort with the location of clinics. Bostick pointed out that "few of these women have any means of visiting these places with due regularity. The average farmer provides no conveniences in the way of travel for his wife to get to and

from a health unit."<sup>125</sup>

Thus, workers for the Movable School became black representatives of the state in rural communities, struggling to bring health programs directly to African-Americans as part of their larger rural development goals. Despite class differences, many poor rural African-Americans in the Alabama black belt came to trust these middle-class professionals such as Eunice Rivers and to look forward to their arrival. Female home demonstration agents and nurses, whose work focused most directly on health issues, were particularly interested in reaching poor women with their health messages because women as mothers and midwives had responsibility for the health of their families and communities.

*Bad Blood in Alabama: The Tuskegee Syphilis Experiment*

In 1922 Dr. Ralph Stewart, a black physician who worked with Dr. Roscoe C. Brown in the Venereal Disease Division of the United State Public Health Service (USPHS), assisted with the Movable School for a week in Union Springs, Alabama. He provided information about venereal disease and treatments to rural African-Americans.<sup>126</sup> Ten years later and only a few miles away, nurse Eunice Rivers assisted with a study by the USPHS to follow the course of untreated syphilis until death in four hundred poor black men, known as the Tuskegee Syphilis Study. Although historians James Jones and Allan Brandt have documented the role of white physicians and the USPHS in the study, historians

have yet to explain adequately why African-Americans participated in the study and what impact they had on it, both the middle-class professionals and the poor tenant farmers.<sup>127</sup> Analysis of their actions can benefit from placing their participation within the context of the goals of the black health movement, which asserted black entitlement to government services, and within the context of the responses of poor African-Americans to rural development programs.

The federal government first became interested in the control of venereal disease during World War I when tests of military recruits showed that many men were infected.<sup>128</sup> The USPHS hired black men, such as Dr. Brown and Dr. Stewart, to work for the Division of Venereal Disease among the black population, and these men developed educational exhibits geared toward African-Americans, such as "Keeping Fit" for black boys and "Youth and Life" for black girls.<sup>129</sup> In the 1920s Dr. Brown and Dr. Stewart continued to spread the word to black communities, including Tuskegee Institute, about the dangers of venereal disease and the importance of sex education. Black representatives of the USPHS promoted education about venereal diseases as part of National Negro Health Week observances. They even worked among midwives with the expectation that they "will help to spread information regarding venereal diseases not only to expectant mothers but to others and that they will become valuable aids in preventive work."<sup>130</sup>

In the late 1920s the Rosenwald Fund, a philanthropic foundation, became

involved in venereal disease control work when it provided financial assistance to develop a demonstration control program for African-Americans in the South. The project began in 1928 in Bolivar County, Mississippi, among thousands of black tenant farmers and sharecroppers, and indicated to Dr. Paul Carley of the Rockefeller Foundation and Dr. O. C. Wenger of the USPHS that nearly 20 percent of the men and women had syphilis.<sup>131</sup> From 1929 to 1932 the Rosenwald Fund provided about \$73,000 to the USPHS to expand the syphilis control program from Mississippi to include one county each in Georgia, North Carolina, Tennessee, Virginia, and Macon County in Alabama. Dr. Thomas Parran served as a consultant and director of the studies and found that about 20 percent of the black people tested had syphilis.<sup>132</sup>

White assumptions about the health and sexuality of African-Americans influenced the way medical authorities interpreted statistical data on venereal disease. Some contemporary black leaders were critical of the high syphilis figures always cited for black people, as well as the assumption that syphilis was endemic to black populations because of sexual promiscuity. Dr. Louis T. Wright, an NAACP member and surgeon at Harlem Hospital in New York, wrote that if there were high rates "this is not due to lack of morals, but more directly to lack of money, since with adequate funds these diseases can be controlled easily."<sup>133</sup> In 1935 Dr. Wright expressed concern that organizations, such as the Rosenwald Fund, were too eager "to use the Negro group of a particular community for

purely experimental purposes, such as they would prefer not to do with the white group."<sup>134</sup>

In 1932, as Rosenwald Fund assistance to provide treatment for syphilis ended, the USPHS launched the Tuskegee Syphilis Study. It was the same year that the USPHS opened the Office of Negro Health Work. The study, designed to leave patients untreated, followed the course of syphilis in about 400 black men in Macon County, Alabama, an area identified as having the highest rate of syphilis of all the Rosenwald study groups.<sup>135</sup> Plus, Tuskegee Institute, located in the county, provided an important link for the USPHS. Believing racial differences affected health, white physicians of the USPHS expected that the Tuskegee study could provide a useful comparison to the 1929 report of an Oslo study in Norway. However, the Oslo study was a retrospective study examining previous case records of white people whose syphilis went untreated, not a study designed to deliberately not treat people.<sup>136</sup> It is perhaps no coincidence, given white ideas about racial differences and venereal disease, that Dr. Raymond Vonderlehr of the USPHS, a key figure in the syphilis experiment at Tuskegee, suggested in a report that "similar studies of untreated syphilis in other racial groups might also be arranged." He proposed that large clinics could provide white subjects and that "should the Office of Indian Affairs desire to begin a program in syphilis control in a group of previously untreated Indians, a similar study might also be undertaken in this racial group."<sup>137</sup>

Historian James Jones has called the Tuskegee Study "the longest nontherapeutic experiment on human beings in medical history."<sup>138</sup> How could it have happened and who knew about its existence? The experiment, which lasted from 1932 to 1972, was publicized widely in the white medical community without evoking any protest.<sup>139</sup> Members of the black medical establishment also knew that the experiment followed the course of untreated syphilis in a group of poor black men, but did not see it as problematic. For example, in the mid-1930s Dr. Roscoe C. Brown convinced the organizers of the annual conference for the black medical organization, the National Medical Association (NMA), to display a USPHS exhibit on "Untreated Syphilis in the Male Negro." He argued that it "would be an excellent opportunity for the use of this timely exhibit on one of our major health problems."<sup>140</sup> White medical conventions, including that of the Southern Medical Association, also displayed the exhibit, which included a manikin, photographs, and cards. Not until 1973 did the NMA denounce the study as morally, ethically and scientifically unjustified.<sup>141</sup>

Historian Tom Shick argued that the black medical profession did not challenge the experiment because "black physicians were clearly subordinates, never co-equals, within the medical profession" and the process of professionalization in medicine led them to defend the status quo.<sup>142</sup> Although second-class status no doubt influenced black physician response, members of the black medical profession challenged other injustices. They did not view this study

as unjust. Dr. Paul Cornely of Howard University, a black public health leader and activist in the National Negro Health Movement since the 1930s, remembered with regret that he knew about the experiment right from the beginning and that it denied treatment to several hundred men with syphilis. He had followed it all along, but never questioned it. He explained: "I was there and I didn't say a word. I saw it as an academician. It shows you how we looked at human beings, especially blacks who were expendable."<sup>143</sup>

Dr. Cornely taught about the study in his classes at Howard University, yet no student ever raised a challenge to what he now sees as its racist premise. He asked himself why he did not see the full ramifications of the project. "I have guilt feelings about it, as I view it now," he explained, "because I considered myself to be an activist. I used to get hot and bothered about injustice and inequity, yet here right under my nose something is happening and I'm blind."<sup>144</sup>

What did some of these black leaders see in this experiment? Robert Moton, then head of Tuskegee Institute, agreed to assist the USPHS in carrying out the study by allowing its employees to perform examinations at Tuskegee's John A. Andrew Memorial Hospital with the hope that federal attention to black health conditions in the county would help the school get more funding for programs.<sup>145</sup> Dr. Eugene Dibble, the Medical Director of the Tuskegee's Hospital, echoed the justifications provided by the USPHS, supporting the experiment on the grounds that it might demonstrate that costly treatment was

unnecessary for people who had syphilis for years. However, he emphasized to Robert Moton that Tuskegee Institute "would get credit for this piece of research work," and that it would "add greatly to the educational advantages offered our interns and nurses as well as the added standing it will give the hospital."<sup>146</sup>

These black leaders were a part of a black health movement that had pushed for a decade for federal attention to black health issues. As far as they were concerned, this was a study that focused the objective gaze of science on the health of African-Americans. It was one more way to increase the visibility of black needs to the USPHS. Furthermore, these leaders may have believed that the men in the study did not have resources to get treatment anyway so that the study was just examining what was already occurring "naturally." However, USPHS leaders intervened over the next several decades to ensure that the subjects of the study did not receive treatments from anyone, even after World War II when penicillin became available.<sup>147</sup>

One of the key players in the study, nurse Eunice Rivers, believed it benefitted the subjects of the study. Without her assistance it is doubtful that the experiment would have taken place in Macon County, and most certainly not for such an extended period. Paradoxically, it is a tribute to her years of hard work at developing relationships with people in the surrounding counties while she was a nurse with the Movable School that the men of the experiment continued to cooperate year after year. The USPHS hired Eunice Rivers as a scientific

assistant for the project in 1932 at the recommendation of Thomas Campbell and Dr. Eugene Dibble. Dibble noted that she had worked for the state health department for nearly ten years and had "personally done more effective Public Health work with that department than any of our group."<sup>148</sup> Eunice Rivers accepted the job and thereafter worked part-time for the USPHS and part-time for Tuskegee's hospital.

Her need for employment, as well as her interest in black health conditions, affected her decision to take the job. At the time, in the early 1930s, the Alabama Department of Health had dismissed her from her work with the Bureau of Vital Statistics because of cutbacks caused by the onset of the Depression. Facing unemployment, she accepted a job as night supervisor at Tuskegee's hospital and worked there eight months when she learned of the position with the USPHS. Asked in later years why she went to work with the study she replied: "I was just interested. I mean I wanted to get into everything that I possibly could."<sup>149</sup> An equally compelling reason, no doubt, was her statement: "I was so glad to go off night duty that I would have done anything."<sup>150</sup>

Men and women in Macon County turned out in large numbers at the government clinics because they wanted medical attention, and they had come to trust Eunice Rivers of the Tuskegee Movable School as someone who provided it. The study began in October 1932 when Rivers assisted the USPHS in recruiting and testing rural black people in Macon County for syphilis so that physicians

could identify candidates for the study. She had assisted with this kind of program for the Rosenwald Fund's syphilis control program held earlier in Macon County. The white physicians of the USPHS and Eunice Rivers were overwhelmed by the number of people who showed up at the sites to have their blood tested. Despite their history of suspicion of the state, poor African-American men and women came to the clinics because they wanted treatment for their ailments and they expected black professionals such as Eunice Rivers to assist them.<sup>151</sup>

Equal numbers of women and men appeared at the clinic sites seeking medical attention from the government physicians, which proved to be a problem because the USPHS physicians had decided that only men with syphilis would be included in the study. Dr. Joseph Earle Moore of Johns Hopkins University School of Medicine suggested only studying men because women's symptoms of syphilis at the early stage were usually mild, and it was more difficult for physicians to examine internal organs.<sup>152</sup> Yet, as much as they tried to test only men, "as many women as men showed up at the field clinics and efforts to segregate the men often aroused suspicion." According to Dr. Vonderlehr: "In trying to get a larger number of men in the primary surveys during December we were accused in one community of examining prospective recruits for the Army."<sup>153</sup> Eunice Rivers reported that some of the women, especially the wives of the men selected for the study, were mad that they were not included because "they were sick too." Some even told her: "Nurse Rivers, you just partial to the

men."<sup>154</sup>

There can be little doubt that the men who participated in the study did so because they believed that they received certain benefits and free treatment for their illnesses, described by the USPHS doctors with the vague term "bad blood." The men did not know they were part of an experiment predicated on the idea of the nontreatment of syphilis until death.<sup>155</sup> Sociologist Charles S. Johnson in his 1934 investigation of African-Americans in Macon County, *Shadow of the Plantation*, found people were eager to take part in the syphilis clinics. One person was even unhappy about his diagnosis. "They said my blood was good. You don't get no treatment if your blood is good, but sometimes I wish it was bad 'cause they gives away a salve up there and I wanted some of it so bad," the person explained.<sup>156</sup> Eunice Rivers herself found that the people who joined the study "had all kinds of complaints" about what ailed them.<sup>157</sup> One woman offered her own recommendation of how the clinics could be improved. "I hope you all will be successful and help those that is sick. They give you shots, but I think they ought to give you something to eat." One doctor with the experiment observed with obvious frustration that "the old Uncles and Aunties asked a million unnecessary questions and all that."<sup>158</sup>

Historian James Jones mentioned that the men who participated in the syphilis study did so because they wanted medical attention, but citing Charles Johnson, he emphasized the major reason was their tradition of dependence and

obedience to authority.<sup>159</sup> Yet Jones' own work suggests that these people in fact questioned authority, including that of the white physicians. For example, he described one man who criticized the way a government doctor drew blood samples and recounted how "he lay our arm down like he guttin' a hog," and "I told him he hurt me. . . . He told me 'I'm the doctor.' I told him all right but this my arm."<sup>160</sup> Eunice Rivers remembered that sometimes the young white doctors would behave rudely toward the men and the men would ask her to intervene. A man told her once: "Mrs. Rivers, go in there and tell that white man to stop talking to us like that." So she went in and said: "Now, we don't talk to our patients like this. . . . They're human. You don't talk to them like that." The doctor even apologized.<sup>161</sup>

Poor African-Americans tried to establish the terms under which they would cooperate with the government. One of the most telling indicators of the impact that the subjects of the experiment had on the process was the fact that many of them received some kind of treatment, even though completely inadequate to cure syphilis, in a study designed to follow people with untreated syphilis. Dr. Vonderlehr explained the reasons the government ended up providing some appeasement to the men:

First, when the study was started in the fall of 1932, no plans had been made for its continuation and a few patients were treated before we fully realized the need for continuing the project on a permanent basis. Second, it was difficult to hold the interest of the group of Negroes in Macon County unless some treatment was given. This was particularly true in the patients with early syphilis. In consequence, we treated practically all of

the patients with early manifestations and many of the patients with latent syphilis.<sup>162</sup>

Unless they saw some benefits, the men were not willing to participate in the government program, which they never knew was an experiment. Rural people who had little formal education and lived in extreme economic deprivation nevertheless tried to enforce the terms under which they would take part in the work of the United States government.

The men of the Tuskegee Syphilis Study never gave "informed consent" to be the subjects for an experiment, but they did agree to take part in a study on "bad blood" in exchange for medical assistance. As a 1973 investigation of the experiment by the National Medical Association reported: "All evidence points to the likelihood that they were never told in any meaningful way exactly what disease they had and the possible dangers of not being treated."<sup>163</sup> Yet, the men stayed with the study for forty years because the men believed that they did receive something worthwhile in return: regular physical examinations, aspirin, free meals on the day the government physicians came to see them, and financial support for burial expenses. In a rural community where there was almost no formal health care available, and if poor black people could locate it they could not afford it, the study did provide certain types of limited medical attention.

The USPHS recognized Eunice Rivers for her contributions to the study and she received several honors during her lifetime for her assistance to the Tuskegee Syphilis Study. In 1952 Dr. Sidney Olansky, senior surgeon at the

USPHS, wrote:

The work of Nurse Eunice Rivers has been invaluable to the success of our research project. Through her tireless efforts and abundant good-will with the farmer patients, more examinations were possible than had been predicted.<sup>164</sup>

In 1958 she received an award from the Department of Health, Education and Welfare "for outstanding contribution to health, through her participation in the long-term study of venereal disease control in Macon County, Alabama." In 1963 she received the Oveta Culp Hobby award "for notable service covering twenty-five years during which through selfless devotion and skillful human relations she has sustained the interest and cooperation of the subjects of the venereal disease control program in Macon County, Alabama." Eunice's response to these awards: "I was working for the patients and tried to do the best for the patients who needed it."<sup>165</sup>

Eunice Rivers stayed with the study for so many years because she believed that the benefits to the men outweighed the risks. James Jones argued that Rivers participated because she could not have understood the full ramifications of the study and that as a black, female nurse she was in no position to challenge the authority of white, male physicians. Based upon the evidence of how Eunice Rivers operated as a nurse, arguments about her deferential behavior are not convincing. Eunice Rivers did understand that these men were to receive no treatment for syphilis, but she worked with the study anyway because she believed there were benefits to the study, not because of her obedience to authority.<sup>166</sup>

Despite the racial, gender, and medical hierarchies under which Eunice Rivers operated, she saw herself as an advocate for her patients. She reminded white physicians to treat black patients with respect. In her interactions with doctors and interns at Tuskegee she did not hesitate to intervene on behalf of her patients, even consulting one doctor if she questioned the procedures of another.<sup>167</sup> She genuinely cared for the men she worked with in the experiment and one of the government physicians even told her that she was too sympathetic with the men. As Rivers explained: "I was concerned about the patients 'cause I had to live here after he was gone."<sup>168</sup> Indeed, she knew each man individually and after he died she attended the funeral service with the man's family. She recalled, "I was expected to be there" because "they were part of my family."<sup>169</sup>

Health care was her life and even after she officially retired in 1965 from her work with the USPHS she spent the next ten years working with maternal and child health clinics for the Macon County Health Department. In nominating Rivers for an award in 1972 Thelma P. Walker revealed that Rivers "has been my inspiration for entering public health. She made her own work so attractive because of her enthusiasm. . . . She inspired such confidence in her patients and they all seemed so endeared to her." Walker discovered "how deeply loved she was by the men in her follow-up program. They felt that there just was no one like Mrs. Rivers."<sup>170</sup>

Ironically, 1972 was the year that Eunice Rivers experienced a great shock

in her "fall from grace" after a reporter exposed the syphilis study in the press as an unethical experiment. It was heartbreaking for her to hear the criticism after receiving so much praise for her work with the government. She responded by defending her participation. "A lot of things that have been written have been unfair," she insisted. "A lot of things."<sup>171</sup> First, Rivers argued that the effects of the experiment were benign. In her mind it was important that the study did not include people who had early syphilis because those with latent syphilis would be less likely to transmit it to others. As she explained, "syphilis had done its damage with most of the people."<sup>172</sup>

Second, Rivers argued that the study had scientific merit. With great exaggeration, she depicted Macon County as "overrun with syphilis and gonorrhea. In fact, the rate of syphilis in the Negro was very, very high, something like eighty percent or something like this."<sup>173</sup> She recalled that the USPHS doctors planned to compare the results of the study with one in Norway on white people and that the "doctors themselves have said that the study has proven that syphilis did not affect the Negro as it did the white man, you see."<sup>174</sup>

Her third argument is the most telling, for it reveals the fundamental reason why black professionals, such as herself, cooperated with the study. She believed, based on her own access to medical care, that the benefits of the study to the men outweighed the risks. She emphasized:

Honestly, those people got all kinds of examinations and medical care that they never would have gotten. I've taken them over to the hospital and

they'd have a GI series on them, the heart, the lung, just everything. It was just impossible for just an ordinary person to get that kind of examination.<sup>175</sup>

She continually asserted that the men received good medical care despite the fact that the men received mostly diagnostic not curative services. Yet, she maintained:

they'd get all kinds of extra things, cardiograms and . . . some of the things that I had never heard of. This is the thing that really hurt me about the unfair publicity. Those people had been given better care than some of us who could afford it.<sup>176</sup>

Her view was unmistakable. What bothered her was not the plight of the men in the study but of the women and men who came to her begging to be included, even leading her to occasionally sneak in some of these additional people. As for the men in the experiment, Rivers concluded that they received more, not less, than those around them: "They didn't get treatment for syphilis, but they got so much else."<sup>177</sup>

For Eunice Rivers, Tuskegee leaders, and members of the black medical profession, the fact that the USPHS wanted to study black men in Macon County indicated that black health mattered and was a serious concern for the federal government. Rivers remained convinced that she had acted in the best interests of poor black people. She declared:

I don't have any regrets. You can't regret doing what you did when you knew you were doing right. I know from my personal feelings how I felt. I feel I did good in working with the people. I know I didn't mislead anyone.<sup>178</sup>

As a middle-class professional she was willing to weigh the costs and benefits of the study to the black male subjects without their informed consent.

Middle-class black professionals, especially women, and poor black people attempted to negotiate a minimum level of health services within the constraints of a segregated health care system. The participation of middle-class and poor African-Americans in the Tuskegee Movable School and the Tuskegee Syphilis Experiment can best be understood in the context of the self-defined health needs of the poor and the goals of the early twentieth-century black health movement. Both groups believed that these projects assisted them in achieving their goals: black professionals saw government attention focused on black health problems, and rural black Southerners saw the provision of health benefits previously unavailable. Black middle-class people who supported the philosophy of the National Negro Health Movement counted on the benefits of calling on the state to outweigh the costs to the poor because they believed that as black leaders they could control the outcome. In the Tuskegee Movable School, they were undoubtedly right, but as the Tuskegee Syphilis Experiment shows, the poor were the ones to pay the price for the fact that the federal government was not a trustworthy ally.

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9. Robert Moton, form letter to over twenty national organizations for fund raising for the health center, 10/13/22, general correspondence, box 89, Robert Moton Papers, Tuskegee University.
10. Louis Harlan, *Booker T. Washington: The Wizard of Tuskegee, 1901-1915* (N.Y.: Oxford University Press, 1983), chapter 9.
11. Campbell, *The Movable School*, pp. 82-85; T. M. Campbell, "The Movable School in Agricultural Extension Work," in *Proceedings of Session on Negro Social Work*, 4/9/29, p. 15; Cynthia Neverdon-Morton, *Afro-American Women of the South and the Advancement of the Race, 1895-1925* (Knoxville: University of Tennessee Press, 1989), pp. 123-126; and Paul Jefferson, "Working Notes on the Prehistory of Black Sociology: The Tuskegee Negro Conference," *Knowledge and Society: Studies in the Sociology of Culture Past and Present* 6 (1986): 134-136, courtesy of Alfred Skerpan. *The Southern Letter*, published by Tuskegee Institute, contains many references to these annual conferences. See for example the issues for February 1915, January 1924, and February 1925.
12. Monroe Work, "How Tuskegee Has Improved a Black Belt County," no date but possibly 1909, box 3, Work Papers, p. 18.
13. Quote from Harlan, *Booker T. Washington: Wizard*, p. 206. See also *The Rural Messenger* 1 (August 1920): 8; and Campbell, *The Movable School*, pp. 82-85.
14. "Synopsis of the Lecture by Mrs. Booker T. Washington, on The Organizing of Women's Clubs," June 22, 1910, box 132A, Margaret Murray Washington Papers, p. 8, Tuskegee University; "Tuskegee Woman's Club," *National Notes* 30 (January 1928): 8; Work, "How Tuskegee Has Improved a Black Belt County," p. 7; and Jefferson, "Working Notes on the Prehistory of Black Sociology," p. 136.
15. Campbell, *The Movable School*, pp. 84-85 and 101-102; Harlan, *Booker T. Washington: Wizard*, p. 206; and Jefferson, "Working Notes on the Prehistory of Black Sociology."
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17. Work, "How Tuskegee Has Improved a Black Belt County," pp. 25 and 29-30.
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27. Crosby, "Limited Success Against Long Odds," p. 281, footnote 5; Statement, 3/14/25, Correspondence 1909-1923, Negroes, box 2, RG 16-Office of the Secretary of Agriculture; Jones, "The South's First Black Farm Agents," p. 643; Mayberry, "The Role of Tuskegee University," p. 39; and Debra Newman, *Black History: A Guide to Civilian Records in the National Archives* (Washington, D.C.: National Archives Trust Fund Board, 1984), p. 22; and Gladys Baker, *The County Agent* (Chicago: University of Chicago Press, 1939), p. 197.
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29. Office of the Secretary of Agriculture to L. N. Duncan, 2/5/23, correspondence 1909-1923, Negroes, box 1, RG 16-Office of the Secretary of Agriculture.
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32. Eugene Tucker, *Helping Negroes to Become Better Farmers and Homemakers* (U.S. Extension Service, Washington, D.C., 1921), a two-reel silent film, Accession 1431, RG 33.156 Extension Service, Motion Picture Reference Room, National Archives. For contemporary descriptions of the film see *The Rural Messenger* 2 (May-June 1921): 9; *The Rural Messenger* 1 (August 1920): 6; and "Booker T. Washington Agricultural School on Wheels Awakens A Stir Among Negro Farmers of the South," *The Southern Letter* 41 (September 1925): 1, and 3-4.
33. Baker, *The County Agent*, pp. 200-203.
34. John M. Gaus and Leon O. Wolcott, *Public Administration and the United States Department of Agriculture* (N.Y.: Da Capo Press, 1975, reprint of 1940), p. 19.
35. Campbell, *The Movable School*, pp. 118, 121, and 126; Interview with Eunice Rivers Laurie, conducted by A. Lillian Thompson, Black Women Oral History Project (Cambridge: Schlesinger Library, Radcliffe College, 1984), p. 11; information contained in Correspondence 1916-17, Alabama, box 12, RG 33-Extension Service; Jones, "Thomas M. Campbell," p. 45; and Marable, "The Politics of Black Land Tenure," p. 150.
36. "Movable Schools for Negro Farmers," *The Southern Letter* 32 (November 1915): 1; *The Southern Letter* (January 1915): 3; Thomas Campbell Report of Movable School Work to J. F. Duggar, 10/2/15, Correspondence 1915-16, box 8, RG 33-Extension Service; Correspondence for Alabama in 1918, box 16, RG 33-Extension Service; Thomas Campbell Report of Movable School Work to Washington, D.C., August 1922, box, 6, Tuskegee Institute Extension Service Collection, Tuskegee University; and Annual Report of the Movable School Work, December 31, 1928, box 50, Campbell Papers.
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39. Campbell, *The Movable School*, pp. 153-154. See also Campbell, *U.S. Farm Demonstration Work Among Negroes in the South*; and M. M. Hubert, "Extension Work in Mississippi Helps Negro Farmers," *The Rural Messenger* 1 (July 1920): 4.
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45. Campbell, *U.S. Farm Demonstration Work Among Negroes in the South*, p. 5.
46. Daniel, *The Shadow of Slavery*, pp. 24, 30, 36, and 139.
47. Campbell, *U.S. Farm Demonstration Work Among Negroes in the South*, p. 6.
48. Campbell, "Writer Tells of Demonstration Work Carried On Among Colored Farmers by U.S. Government"; and Baker, *The County Agent*, p. 203.
49. Campbell, *The Movable School*, pp. 118 and 147. See also "Booker T. Washington Agricultural School on Wheels Awakens A Stir Among Negro Farmers of the South," *The Southern Letter* 41 (September 1925): 1-4.; C. A. Patillo to G. W. Goodwin, 4/24/22, in "Agricultural Extension Work Among Negroes in Alabama," April 1922 summary of work, Correspondence 1909-23, Negroes, box 1, RG 16-Office of the Secretary of Agriculture; and Thomas Campbell's Report of the Movable School Work to J. F. Duggar, 10/2/15, Correspondence 1915-16, box 8, RG 33-Extension Service.
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56. Thomas Campbell, "Extension Work Among Negroes in the South," Correspondence 1935, box 290, RG 33-Extension Service.
57. Campbell, *The Movable School*, p. 142.
58. Quoted in Campbell, *The Movable School*, p. 139.
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62. George F. King, "Some Phases of Health Conditions Among Rural Negroes," *The Rural Messenger* 3 (October 1922): 1.

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70. Thomas Campbell, "Extension Work Among Negroes in the South," Correspondence 1935, box 290, RG 33-Extension Service.
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78. L. R. Daly, "Report for Macon County," 1935, p. 7, Extension Agents Reports, microfilm reel 58, RG 33-Extension Service.
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81. Daly, *Proceedings of Session on Negro Social*, 4/9/29, pp. 14-15.
82. Campbell, *The Movable School*, pp. 111-112.
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85. Stanley Rayfield, "A Study of Negro Public Health Nursing," *Public Health Nursing* 22 (Oct. 1930): 525; Darlene Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), pp. 100 and 227, endnote 26. See also Genevieve

H. McKinney, "Comments on the Study of Negro Public Health Nursing," *Public Health Nursing* 23 (April 1931): 188; and Carter Godwin Woodson, *The Negro Professional Man and the Community* (Washington, D.C.: Association for the Study of Negro Life and History, 1934), p. 141.

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88. Monroe Work, "National Negro Health Week," *The Public Health Nurse* 18 (March 1926): 120.

89. *The Rural Messenger* 1 (March 1921): 16; and Campbell, *The Movable School*, pp. 122-23, 129, and 131. Urban health campaigns also focused on mothers. See Leavitt, *The Healthiest City*, p. 222.

90. Uva M. Hester's report for her work in Montgomery County for the week of 6/19/20 is reprinted in Campbell, *The Movable School*, pp. 113-115.

91. Hester's report reprinted in Campbell, *The Movable School*, p. 113.

92. *The Rural Messenger* 1 (August 1920): 11, and repeated by Campbell, *The Movable School*, p. 114.

93. *The Rural Messenger* 1 (August 1920): 11, and repeated by Campbell, *The Movable School*, p. 115.

94. Neverdon-Morton, *Afro-American Women of the South*, p. 128.

95. Thomas Campbell to John Kenney, 1/27/22; Campbell to Kenney, 2/21/22; and Campbell to Albon Holsey, 3/24/22, box 6, Tuskegee Institute Extension Service Collection.

96. Ethel Johns, "A Study of the Present Status of The Negro Woman in Nursing," (1925), Rockefeller Archive Center, Record Group 1-1, Series 200, box 122, Exhibit M, Tuskegee, Alabama, p. M-6, courtesy of Vanessa Northington Gamble. Biographical information on Mary E. Williams in "An Appreciation," *Ivy Leaf* 15 (March 1937): 19; and "Soror Mary Williams," *Ivy Leaf* 16 (Sept 1938): 7-8. On the Rosenwald Fund see *The Southern Letter* 43 (August 1927): 2-3.

97. Statement on the Movable School Work, April 1922, Correspondence 1909-23, Negroes, box 1, RG 16-Office of the Secretary of Agriculture.

98. John Kenney to Thomas Campbell, 7/10/22, box 6, Tuskegee Institute Extension Service Collection.

99. Johns, "A Study of the Present Status of The Negro Woman in Nursing," p. M-2; Neverdon-Morton, *Afro-American Women of the South*, pp. 37-38; and Edith P. Chappell and John F. Hume, *A Black Oasis: Tuskegee Institute's Fight Against Infantile Paralysis, 1941-1975* (Tuskegee University, unpublished manuscript, 1987), pp. 3-4 and 118, courtesy of Edith Chappell.

100. George Rosen, "The First Neighborhood Health Center Movement: Its Rise and Fall," in *Sickness and Health In America*, ed. by Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1985), pp. 475-489; and Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton: Princeton University Press, 1982). For information about a travelling health center see Marian Strong, "A Health Center On Wheels," *The Wisconsin Magazine* 1 (March 1923): 25-27. This Wisconsin health service began in 1922 and focused on child welfare.

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102. John Kenney to S. W. Welch, 2/22/22, general correspondence, box 89, Moton Papers.

103. Mary Williams, "Annual Report of the Tuskegee Institute Health Center," *The Southern Letter* 44 (December 1928): 4; and "Institute, City, and Veterans' Hospital Give Freely to Florida Relief Fund," *The Southern Letter* 44 (November 1928): 4.

104. [Mary Williams,] "Health Center Report Shows Improved Health conditions in Macon County," *The Tuskegee Messenger* 1 (August 1, 1925): 1.
105. Darlene Clark Hine, "The Ethel Johns Report: Black Women in the Nursing Profession, 1925," *Journal of Negro History* 67 (Fall 1982): 212-228.
106. Johns, "A Study of the Present Status of The Negro Woman in Nursing," p. M-7.
107. Johns, "A Study of the Present Status of The Negro Woman in Nursing," p. M-7.
108. Johns, "A Study of the Present Status of The Negro Woman in Nursing," p. M-8.
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110. Rivers, oral history, p. 3.
111. Cited in Hine, *Black Women in White*, p. 134.
112. Rivers, oral history, pp. 8-9, and 19; and Linda O. McMurry, *Recorder of the Black Experience: A Biography of Monroe Nathan Work* (Baton Rouge: Louisiana State University Press, 1985), p. 138.
113. Eunice Rivers, "Health Work with a Movable School," *Public Health Nursing* 18 (November 1926): 575; Henry Howard, Report of Movable School for 1923, reports by Extension Agents, Alabama, microfilm reel 11, p. 2.
114. Letter from J. D. Barnes, "Serving the Community," printed in *The Southern Letter* 45 (March-April 1929): 2; and Proceedings of the Negro Health Week Planning Meeting, 11/1/26, afternoon session, p. 9.
115. Eunice Rivers, Reports on her Movable School Work, monthly reports for 1924, box 6, Tuskegee Institute Extension Service Collection; Proceedings of the Negro Health Week Planning Meeting, 11/1/26, afternoon session, pp. 5 and 11; Rivers, oral history; and Rivers, "Health Work with a Movable School," pp. 575-577. For a report that discusses the failure of physicians to cooperate see December 31, 1928 annual report of the Movable School Work, box 50, Campbell Papers.

116. Eunice Rivers, Reports of Movable School Work, monthly reports for 1924, box 6, Tuskegee Institute Extension Service Collection; Proceedings of the Negro Health Week Planning Meeting, 11/1/26, afternoon session, p. 5; Rivers, oral history; and Rivers, "Health Work with a Movable School," pp. 575-577.
117. Rivers, oral history, p. 21.
118. Laura Daly, 1930 Report for Macon County, microfilm reel 38, p. 9. See also Johnson, *Shadow of the Plantation*, p. 197; and Logan, *Motherwit*, pp. 101-102.
119. *Proceedings of Session on Negro Social Work*, 4/9/29, p. 15; and Woofter, *National Conference of Social Work Proceedings* (1923): 72.
120. Quotes from Rivers, oral history, p. 18. See also James Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (N.Y.: The Free Press, 1981), p. 111.
121. L. L. Lumsden, Joseph Mountin, and C. C. Applewhite, "Report of Public Health Administration of the State of Alabama," January 1932, State Boards of Health, Alabama, box 1, RG 90-USPHS; and Thelma P. Walker, nomination letter for Eunice Rivers Laurie, 1/11/72, folder on "Eunice Rivers Laurie," Biographical Files, Tuskegee University.
122. Rivers, oral history, p. 17.
123. Rivers, oral history, p. 17.
124. Rivers, oral history, p. 23.
125. Nurse A. L. Bostick, "Making a Baby Bed," *Proceedings of Session on Negro Social Work*, 4/9/29, p. 18.
126. W. C. Blassingame to R. B. Stewart, 5/10/22, and Thomas Campbell to J. A. Evans, 5/11/22, Correspondence 1922, box 101, RG 33-Extension Service.
127. Jones, *Bad Blood*; and Allan Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," in *Sickness and Health* ed. by Leavitt and Numbers, pp. 331-343. Tom W. Shick raised the question of the role of black leaders in his review of *Bad Blood* by James Jones. Tom W. Shick, "Race, Class and Medicine: 'Bad Blood' in Twentieth-Century America," *Journal of Ethnic Studies* 10 (Summer 1982): 97-105. I wish to thank Vanessa Northington Gamble, Leslie Schwalm, and the Women's History Dissertator's Group for helping to clarify my thoughts about this experiment.

128. *Annual Report of the Surgeon General of the Public Health Service of the United States for the fiscal year 1918* (Washington, D.C.: Government Printing Office, 1918), p. 97, [hereinafter *Annual Report of the USPHS*]; and Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (N.Y.: Oxford University Press, 1987), pp. 56 and 77.
129. *Annual Report of the USPHS* (1919), pp. 281 and 297; *Annual Report of the USPHS* (1920), p. 337; *Annual Report of the USPHS* (1923), p. 268; and *Annual Report of the USPHS* (1924), p. 244.
130. Quote from *Annual Report of the USPHS* (1925), p. 246. See also *Annual Report of the USPHS* (1922), p. 300; *Annual Report of the USPHS* (1926), p. 263; *Annual Report of the USPHS* (1927), p. 287; and Roscoe C. Brown to Robert Moton, 9/25/20, and Roscoe C. Brown to Albon Holsey, 8/31/20, general correspondence, box 59, Moton Papers.
131. Paul Carley and O. C. Wenger, "The Prevalence of Syphilis in Apparently Healthy Negroes in Mississippi," *Journal of the American Medical Association*, 6/7/30, box 356, Record Group 51-Mississippi Department of Health, Mississippi Department of Archives and History, Jackson. See also *Annual Report of the USPHS* (1929), p. 273.
132. *Annual Report of the USPHS* (1930), p. 292; *Annual Report of the USPHS* (1931), pp. 287 and 289; and "Recent Progress in the Program of the Julius Rosenwald Fund in Negro Health," [1938?], Central File 1937-1940, box 599, Record Group 102-Children's Bureau, National Archives, p. 9.
133. Louis T. Wright, "Factors Controlling Negro Health," *Crisis* 42 (September 1935): 264.
134. Wright, "Factors Controlling Negro Health," pp. 165 and 280. See also [W. E. B. Du Bois], "The Health of Black Folk," *Crisis* 40 (February 1933): 31. Biographical information on Wright in Herbert Morais, *The History of the Negro in Medicine* (N.Y.: Publishers Co. under the auspices of the Association for the Study of Negro Life and History, 1969), p. 107. There were also indications that white rate was higher than was commonly acknowledged due to underreporting. Clark Tibbitts, "The Socio-Economic Background of Negro Health Status," *Journal of Negro Education* 6 (July 1937): 426. For historical analyses of venereal disease see Brandt, *No Magic Bullet*; Jones, *Bad Blood*; and Elizabeth Fee, "Sin vs. Science: Venereal Disease in Baltimore in the Twentieth Century," *Journal of the History of Medicine* 43 (April 1988): 141-164.

135. Johnson, *Shadow of the Plantation*, p. 14.
136. Jones, *Bad Blood*, pp. 92-93, and 167. Thanks to Vanessa Northington Gamble for clarifying the ways in which the Oslo Study differed from the Tuskegee Syphilis Study.
137. Report to the USPHS by Dr. Vonderlehr, 7/10/33, Division of Venereal Disease, general records 1918-1936, box 182, RG 90-USPHS. There was at least one syphilis control program by the USPHS and the Office of Indian Affairs among American Indians, a project involving 1200 people of the Red Lake Indian Reservation in Minnesota, which argued that Indians had a high disease rate and reacted differently than white people to treatment. *Annual Report of the USPHS* (1932), p. 164.
138. James Jones, *Bad Blood*, p. 91.
139. Brandt, "Racism and Research," p. 340; and Jones, *Bad Blood*, p. 7.
140. Roscoe Brown to W. Harry Barnes, president of the National Medical Association, 5/27/36, and see also Roscoe Brown to Assistant Surgeon General Robert Olesen, 9/2/36, Group IX, general files 1936-1944, box 195, RG 90-USPHS.
141. "Final Report of the National Medical Association Tuskegee Syphilis Study Ad Hoc Committee," 8/1/73, Moorland-Spingarn Research Center, Howard University, p. 13.
142. Shick, "Race, Class and Medicine," pp. 104-105.
143. Dr. Paul Cornely, interview by author, tape recording, Howard University, Washington, D.C., 7/24/89.
144. Cornely, interview by author.
145. Robert Moton to Hugh Cumming, 10/10/32, general correspondence, box 180, Moton Papers; and Jones, *Bad Blood*, p. 76.
146. Eugene Dibble to Robert Moton, 9/17/32, general correspondence, box 180, Moton Papers. For the official view of the USPHS see Surgeon General Hugh Cumming to Moton, 9/20/32, general correspondence, box 180, Moton papers. See also Dibble to Moton, 11/6/33, general correspondence, box 180, Moton Papers; and "Who's Who," *Journal of the National Medical Association* 35 (September 1943): 175.

147. Jones, *Bad Blood*, pp. 162 and 178.
148. Eugene Dibble to Robert Moton, 9/17/32, general correspondence, box 180, Moton Papers. See also Assistant Surgeon General C. C. Pierce to Eugene Dibble, 11/14/32, folder-"Eunice Rivers Laurie," Biographical Files.
149. Rivers, oral history, p. 13.
150. Jones, *Bad Blood*, p. 111.
151. Eugene Dibble to Monroe Work, 9/9/33, general correspondence, box 180, Moton Papers; *Annual Report of the USPHS* (1933), pp. 96-97; Jones, *Bad Blood*, pp. 111 and 114; and Brandt, "Racism and Research," p. 335.
152. Jones, *Bad Blood*, p. 104.
153. Jones, *Bad Blood*, p. 120.
154. Jones, *Bad Blood*, p. 165.
155. Jones, *Bad Blood*, pp. 6, 71, 73 and 91; Brandt, "Racism and Research," p. 339; and Hine, *Black Women in White*, pp. 155-156.
156. Quoted in Johnson, *Shadow of the Plantation*, p. 203.
157. Jones, *Bad Blood*, p. 114.
158. Quoted in Jones, *Bad Blood*, pp. 81 and 85.
159. Jones, *Bad Blood*, pp. 68-69.
160. Quoted in Jones, *Bad Blood*, p. 80.
161. Rivers, oral history, p. 15.
162. Dr. Vonderlehr to Dr. Deibert, 12/5/38, Group III, states 1936-44, Alabama, box 3, RG 90-USPHS.
163. "Final Report of the National Medical Association Tuskegee Syphilis Study Ad Hoc Committee," pp. 5-6.
164. Dr. Sidney Olansky to Dr. D. G. Gill, 5/27/52; and see also Dr. Phillip Utley to Mrs. Eunice R. Laurie, 11/3/65, folder - "Eunice Rivers Laurie," Biographical Files.

165. Rivers, oral history, p. 20.
166. Jones, *Bad Blood*, pp. xi, 163, 164, and 166. Jones acknowledged that there were health benefits, but not as part of his argument for why Eunice Rivers participated. In her reference to the experiment Darlene Clark Hine wrote that she found Jones' explanations "compelling" but she suggested the possibility that Rivers "viewed the study as a way of ensuring for at least some blacks an unparalleled amount of medical attention." Hine, *Black Women in White*, p. 156.
167. Rivers, oral history, p. 23.
168. Jones, *Bad Blood*, p. 128.
169. Jones, *Bad Blood*, p. 155.
170. Thelma P. Walker, nomination letter for Eunice Rivers Laurie, 1/11/72, folder-Eunice Rivers Laurie, Biographical Files; and Rivers, oral history, p. 16.
171. Rivers, oral history, p. 14; and Guzman, interview by author.
172. Rivers, oral history, pp. 13-14.
173. Rivers, oral history, p. 13.
174. Rivers, oral history, pp. 13-15.
175. Rivers, oral history, p. 14.
176. Rivers, oral history, p. 15.
177. Jones, *Bad Blood*, pp. 164-165.
178. Article in *Jet* magazine [1973?], folder--"Eunice Rivers Laurie," Biographical Files.

*Chapter 5**Call and Response: Midwives and Public Health  
in Mississippi, 1920-1950*

Black midwives were important health workers well beyond their midwifery practice in southern rural areas in the first half of the twentieth century. They were part of a black community health network, including ministers, teachers, home demonstration agents, club women, and a few black nurses and doctors, that provided health education and health services to African-Americans.

Midwives were as important as nurses in implementing public health programs at the local grassroots level. Midwives worked primarily with women and children, key targets of public health work, and they also provided health education to the entire community. The success of official state and county health projects among African-Americans depended on black midwives.

At the same time that official policy from the Mississippi State Board of Health devalued midwives' childbirth work and instituted restrictions on midwifery practice, health officers and public health nurses discovered that midwives provided valuable assistance in implementing health policy in black communities.<sup>1</sup> Southern health departments identified midwives as a public health problem, claiming midwives did not maintain clean environments and that they used unscientific, and therefore unsafe, folk medicine. Although health departments

continued to define the midwife as at best a "necessary evil," some public health nurses and physicians came to recognize the valuable public health work of midwives in rural counties. This chapter explores the ambivalent relationship between state public health workers and black midwives in Mississippi based on records of the Mississippi State Board of Health, including public health nurses' reports and correspondence from midwives.

Examining the health work of midwives demonstrates the significant contributions made by poor black women to the implementation of state health programs. Health reform in Mississippi developed out of a dynamic relationship between health professionals and clients.<sup>2</sup> The public health nurse and the midwife worked closely together. The position of midwives is particularly interesting because their own communities recognized them as health experts, even though state policy viewed them as ignorant birthing attendants in need of training from skilled public health nurses. Yet, even though nurses never treated midwives as equals, they did frequently note midwife contributions to public health work.<sup>3</sup>

### *The Midwives of Mississippi*

Across the nation, midwives delivered half of all babies as late as 1910. Much of their practice was among European immigrant women and southern black women. By 1930, with immigration restrictions and the preference of urban

women for childbirth attendance by physicians, midwives delivered only 15 percent of all births.<sup>4</sup> At that time, 80 percent of all remaining midwives practiced in the South, and midwives delivered over one-fourth of all babies and over one-half of black babies in the following states: Mississippi, Alabama, Georgia, Florida, Louisiana, North Carolina, South Carolina, and Virginia. Even as midwifery declined in significance in northern, urban areas, the number of practicing midwives did not drop significantly in the South until after 1950 when their number began to decline.<sup>5</sup> Fewer practicing midwives in the urban North and the post-World War I expansion of public health nursing in rural areas by the American Red Cross and the United States Children's Bureau shifted interest in the "midwife problem" to the South.<sup>6</sup>

In Mississippi, where half the population was black, the vast majority of midwives were black women. Black midwives, called "granny" midwives by white health officials, delivered most of the black babies and even a few of the white babies in the state. Across the nation in the early twentieth century, midwives delivered nearly 90 percent of all black babies, and by the late 1930s still over 50 percent. In Mississippi in the late 1920s midwives delivered eight percent of white babies and 80 percent of black babies, and although they delivered only five percent of white babies by the 1940s, they continued to deliver 80 percent of black babies.<sup>7</sup>

Black midwives provided basic health services to rural black women and

children, while doctors, most of whom were white, supplemented their work.<sup>8</sup>

Alabama midwife Onnie Lee Logan recalled that, in general, white doctors did not treat black people like human beings, and they had little interest in delivering black babies. Jessie Guzman, a retired employee of Tuskegee Institute, remembered the situation faced by black women in rural Alabama. "The doctors didn't go out there," she explained. "It was through the midwives, only through the midwives that these mothers were able to get any attention at all."<sup>9</sup>

Some of the black midwives in Mississippi occasionally reported cordial working relationships with white doctors. Some women even learned part of their birthing skills under the guidance of a doctor, in addition to apprenticing with midwives. Midwives and doctors sometimes worked together delivering babies. Doctors had midwives assist them, especially in cleaning up after delivery, and sometimes midwives called in doctors to take over difficult births, as required by the state.<sup>10</sup>

In the past few decades, the burgeoning interest among scholars in the study of lay midwives has deepened our understanding of the history of midwifery in the United States. Much of the literature has focused on native-born whites and European immigrants, although there is a growing body of material about African-American midwives.<sup>11</sup> Other midwife populations, such as Seminole Indian midwives in Florida, Japanese midwives in Washington state and Hawaii, and Mexican midwives in Texas and New Mexico, warrant further attention.<sup>12</sup>

Research by Molly C. Dougherty and Linda Janet Holmes has demonstrated the important role midwives played in their communities, both in cultural transmission and community leadership.<sup>13</sup> Midwives were highly respected, prestigious members of the communities they served, even if they were at the bottom of the medical hierarchy. Midwives were trusted leaders and the female counterparts to preachers as the most influential members of the community. They were at the center of traditional healing networks in rural black communities of the South, and served as advisers and spiritual leaders. Midwifery was only part of the work they performed, for most midwives also cared for their own families, tended crops in the fields, and worked as domestic servants or sometimes even teachers. For example, midwife Onnie Lee Logan of Alabama worked as a domestic servant for white families.<sup>14</sup>

Black women, and some white, preferred midwife over physician deliveries for economic and cultural reasons. Midwives were cheaper than doctors and would travel to remote places. Midwives provided comfort and support to pregnant women before, during, and after delivery. They even looked after the cooking and cleaning, in addition to caring for the mother and newborn. Finally, many women preferred delivery by another woman, especially one with a reputation for skillful service. Midwives treated birthing women with dignity rather than disregard.<sup>15</sup>

Even during the 1950s, when over 90 percent of all women nationally had

their births in hospitals and black women in Mississippi had more access to hospitals than before, some women still found comfort in midwives.<sup>16</sup> In 1954 Ade Mae Fullwiley of Coahoma County commented: "I went to the hospital to have my baby. She die in the hospital. I am go to have my next baby in my home and Mrs. Edna Shannon go to be my doctor."<sup>17</sup> Women consciously sought the best care they could find, and many chose to remain with midwives.

When black women in Mississippi became midwives they usually explained their calling as originating from one of two sources: God or a female relative. Many women reported that they were called to midwifery by God through a vision or dream. Others indicated that they followed their own mothers or grandmothers into midwifery. Many times a midwife's first delivery occurred when she had to attend to a birthing woman in the absence of her midwife mother or grandmother. Mittie Patterson of Corinth, who practiced midwifery for 45 years, made her first delivery because her midwife mother was ill.<sup>18</sup> Historically, the midwives of a given community controlled the recruitment of new midwives by encouraging certain women to join them.<sup>19</sup>

The "call and response" of black religious worship is an apt metaphor for the spiritually inspired work of midwives. Midwives interpreted their midwifery skill as a calling from God. Believing that they performed God's work, they often called on God to assist them during deliveries. Bessie Sutton, who delivered her first baby in 1922, revealed that she had no trouble with her deliveries because she

prayed about them. "The Lord was good to me," she explained. Another midwife attributed her success in birthing women to God. "I do thank the Lord for being with me through my work," she commented.<sup>20</sup>

Because they believed that they did God's work, many midwives did not insist on payment, although a few dollars or payment in kind, such as a gift of pigs, was typical. One woman in Alabama gave her cow to the midwife for her delivery because her husband could not pay the fee.<sup>21</sup> In the 1920s, midwife Bettie Sutton received about \$1.50 for a delivery, and when she retired in 1962 the fee had increased to \$20. She explained that she did not do the work for the money but because she loved people. She emphasized, "if I'd a stopped 'cause they didn't pay me, I'd a stopped a long time ago."<sup>22</sup>

Some midwives did expect payment, and when it was late they grew impatient with their clients. In 1939 Mamie Reed of Leflore County delivered a baby,

collected part of her fee and waited for the rest. After several weeks of waiting she requested the rest of the fee, and when refused took the baby as collateral. But officers in the county did not agree that Mamie had a lien on the youngster she helped pilot into the world, and promptly put the mid-wife in jail at Greenwood charged with kidnapping.<sup>23</sup>

Midwives may have ministered to the needs of the sick and the poor, but they were not completely self-sacrificing.

*Midwife Training Campaigns and Public Health Nurses*

Midwives and public health nurses together implemented the development of a modern public health care system in Mississippi. As midwives came under state regulation during the 1920s they developed a working relationship with public health nurses who were responsible for midwife training campaigns to "modernize" midwifery. Intervention of the state into the previously unregulated practice of midwifery meant the creation of a division between state-sanctioned midwives and those midwives identified by the state as unfit to practice and therefore vulnerable to prosecution, such as uncooperative women and all men. Whether or not midwives abided by the new regulations, the state placed limitations on the health services midwives were entitled to perform, during childbirth and in general. Despite regulation, midwives in rural Mississippi maintained responsibility for the care of pregnant women, and may have provided a variety of health services to women and children.

In 1921 Laurie Jean Reid, a white nurse with the United States Public Health Service (USPHS), came to Mississippi to survey the midwives of the state. Reid travelled around the 82 counties of Mississippi tracking down the names of midwives and registering them county by county. She identified over 4,000 midwives in Mississippi, plus the state located an additional 1,000 midwives a few years later.<sup>24</sup> As she explained to the white Mississippi State Medical Association, her purpose was to address the fact that the United States had higher

infant and maternal mortality rates than many other European countries. Reid advised that these rates were caused by poor health care for pregnant women from "careless physicians and by illiterate and ignorant midwives."<sup>25</sup> Sidestepping the issue of physician care, she proposed that the state eliminate those midwives who were too old to be educated, and register and train those who remained. Health officials hoped to improve the safety of childbirth by limiting the practice of midwifery to normal deliveries only and making it more aseptic.

Targeting midwives was an easier solution for public health officials dealing with an impoverished rural population than criticizing physician care or altering the economic and living conditions that contributed to ill-health. In an effort to improve black health conditions, the state placed new restrictions on the work of midwives, major health providers for the poor. In her study of Milwaukee, Judith Walzer Leavitt demonstrated that even as public health activity tried to alleviate suffering, "it also put added burdens on people whose lives were already beset by hardships."<sup>26</sup>

Despite the fact that health officials blamed midwives for maternal and infant deaths, their safety record was not any worse than physicians. According to historian Judy Litoff, "several early twentieth-century studies revealed that maternal mortality rates were lowest in those localities reporting the highest percentage of midwife-attended births."<sup>27</sup> Indeed, in 1923 nurse supervisor Lois Trabert of Mississippi's Bureau of Child Welfare proclaimed: "I firmly believe

that when we do get these midwives properly trained, in as far as that is possible, that they will do better and cleaner work than the average country doctor."<sup>28</sup>

In the early 1920s states across the South began programs to register and train midwives with help from the federal government. Financial support came from the Sheppard-Towner Maternity and Infancy Protection Act of 1921, which provided states with federal funding for maternal and child health programs. States applied for matching grants to the U.S. Children's Bureau, which administered the act.<sup>29</sup>

From 1910 to 1930 health reformers and medical professionals engaged in a debate over the future of midwives, with some obstetricians arguing for their immediate elimination and public health officials arguing that midwives were needed, even if only temporarily.<sup>30</sup> Most public health doctors and nurses in Mississippi supported the gradual, not immediate, elimination of midwives, believing that they were a "necessary evil" until there were enough hospitals and doctors to care for rural women. For at least three decades, Mississippi and other southern state boards of health attempted to systematize the practice of midwifery to provide trained childbirth attendants to poor women in order to improve death rates.

The decision to regulate, and only rarely eliminate, lay midwives rested on the fact that southern, rural areas had an inadequate number of practicing physicians to serve as the sole childbirth attendants. Midwives were available

where physicians were not. Between 1920 and 1950 there were consistently twice as many midwives as physicians in Mississippi, with at least 2,000 to 4,000 registered black and several hundred white midwives, and only 1,000 to 1,800 practicing physicians, less than 75 of whom were black.<sup>31</sup> Other southern states reported equal or greater numbers of practicing midwives, including approximately 3,000 in Alabama, 4,000 to 9,000 in North Carolina, 5,000 to 6,000 in Georgia, and perhaps as many as 10,000 in Florida. All of these figures are rough estimates because health officials had no definite idea of the number of midwives who delivered babies but did not register with the state.<sup>32</sup>

Not all health professionals in Mississippi supported state efforts to regulate midwives. Some private physicians and county health officers, who were doctors employed by the state board of health to oversee public health work in a given county, thought it was a waste of time. They did not think that midwives could be educated in proper birthing techniques, and they did not want the state to sanction midwifery.<sup>33</sup> The board of health countered by arguing that training midwives lowered mortality rates. For example, Dr. Felix J. Underwood, the executive officer of the Mississippi State Board of Health from 1924 to 1958, pointed to the decline in state maternal and infant mortality rates. The total maternal mortality rates for the state dropped from 9.5 per 1,000 deliveries in 1921 and 6.5 in 1935 to 4.4 in 1942, with black rates dropping from 12 in 1921 to 7 in 1935, and then to 5.5 in 1942. A similar pattern held for infant mortality rates,

which are the number of deaths per 1,000 live births in the first year of life. These rates dropped from 68 in 1921, 54 in 1935, and 47 in 1942 for the state as a whole, and from 85 to 59 to 54 for black infants in the corresponding years.<sup>34</sup>

Supporters of midwife training did not necessarily maintain a respectful opinion of the women. For example, in 1925 Dr. Felix Underwood read a paper before the Southern Medical Association in which he described the black midwife as "filthy and ignorant and not far removed from the jungles of Africa, laden with its atmosphere of weird superstition and voodooism."<sup>35</sup> Despite his obvious racial prejudice, Dr. Underwood represented the more "progressive" of Mississippi's executive health officers in supporting the continuation of midwife practice in the state.<sup>36</sup>

The death of his mother in childbirth when he was ten motivated him to go into public health work. He earned his medical degree from the University of Tennessee in 1908, and returned to Mississippi where he combined private practice with work as a county health officer. In 1921 he went to work for the Mississippi State Board of Health at the Bureau of Child Hygiene and became the executive officer of the board in 1924.<sup>37</sup>

Dr. Underwood was involved in state and national health promotion for over three decades, including overseeing the regulation of midwifery. During his career, Dr. Underwood was a health adviser to President Roosevelt's Committee on Economic Security, which resulted in the 1935 Social Security Act, and he

served as president of the Mississippi State Medical Association, the Southern Medical Association, and the American Public Health Association. In Mississippi, he promoted health education for the general public through his public talks, newspaper articles, and radio broadcasts. He also encouraged the board of health to sponsor annual May Day child health programs and National Negro Health Week.

Like health officials of his day, he appealed to white economic self-interest in promoting black health programs, arguing that "healthy tenants are the most profitable."<sup>38</sup> Notably, most of the first counties to establish health departments had large black not white populations, such as counties in the Delta region. Perhaps white fears of the spread of disease from black to white people, combined with the availability of planter wealth created from black labor, led to the development of county health departments.

White public health nurses had the most frequent contact with black midwives, for they were the ones who implemented programs to "modernize" lay midwives. Public health nurses had more independence and autonomy than nurses in other fields.<sup>39</sup> The number of public health nurses in the nation grew dramatically in the first half of the twentieth century. By the 1930s there were nearly 20,000 public health nurses in the nation, most of whom were white, and many of whom assisted with regulating midwives.<sup>40</sup> At that time in Mississippi, the state board of health employed 125 white public health nurses and six black

public health nurses.<sup>41</sup>

Many of the white nurses were from outside of the South. Their backgrounds may have created further cultural distance from the black southern midwives with whom they were expected to develop working relationships; however, it sometimes led a nurse to be more critical of white traditions in the state. When Edna Roberts, a white public health nurse originally from Missouri, first came to Sunflower County in 1947, she encountered an incident that stayed with her for over forty years. She had attended a midwife meeting with some other nurses and afterward she suggested some changes to a nurse standing near her at the meeting. The nurse's response was sharp, as she shot back: "Well, we don't need any more missionaries in Mississippi." Apparently, the nurse did not appreciate the meddling of an outsider.<sup>42</sup>

Public health nurses in Mississippi worked under the direction of the supervisor of nurses and midwives, Mary D. Osborne. Osborne, a native of Ohio and a 1902 graduate of the Akron City Hospital nurses' program, served the state from 1921 until her retirement in 1946. Her administration was responsible for the development of the midwife training program. She had a close, cordial working relationship with Dr. Felix J. Underwood. He depended on her to run the public health programs, while he was the politician who secured the funding.<sup>43</sup>

Osborne was a strict supervisor in her work with nurses and midwives, but

most apparently respected her knowledge. In 1943 Bessie Ann Swearegan, a midwife in Torrance, wrote to thank Osborne for her recent visit to the county: "I learn a lots of thing that you told us that the doctor did not seems to know. May God let you live a long time because you is upbuilding to the human race." She concluded her letter with: "I love you because you is so kind and taken so much pains to give us good understanding and did not scold us but tried to learn us."<sup>44</sup>

Mary D. Osborne was a hard-working director, but not everyone appreciated her strong leadership. In the 1920s, Lois Trabert who directed the Mississippi State Bureau of Child Welfare, complained to Dr. Anne E. Rude of the Children's Bureau that Osborne "subtly interfered with and undermined my work, and destroyed the discipline and loyalty of the nurses until it is too discouraging to endure."<sup>45</sup> Trabert resigned from her position. Apparently, Osborne did everything with strict efficiency, even dying quietly at her sister's home only one week after retirement.

Board of health records usually do not reveal how midwives viewed public health nurses, especially the state supervisor. However, the death of Mary D. Osborne in 1946 prompted a deluge of letters to the newly hired supervisor, Lucy E. Massey. Massey, who served until 1949, had sent letters to the midwife leaders around the state informing them of Osborne's death. These midwives were often the more literate women in a community who assisted others with filling out birth certificates. Interpreting their replies to Massey is complicated because, read at

one level, the midwives' eulogies to Osborne present a picture of deferential black women bemoaning the loss of their beloved white leader. Such a reading is strikingly reminiscent of white southern fantasies about slave devotion to the plantation mistress. It is possible, however, that some of the midwives liked or respected Osborne. Furthermore, midwives may have wanted to impress their new white supervisor with their high regard for Osborne. It was not unusual for midwives to thank nurses in their reports to the board of health, stating that God and nurses were their two main sources of assistance in their community health work.<sup>46</sup>

This collection of letters from black midwives, whose words are quoted here with the original spelling, is not only a testimony to Mary Osborne. Another way of reading these letters is as a testimony of the faithful to their own good works, an opportunity created by Osborne's death. These letters testify to the authoritative voices of women who lived in poverty but nonetheless were spiritual leaders. This correspondence deserves further analysis by historians, especially those steeped in the religious culture of rural black women.<sup>47</sup>

The midwives wrote of their own personal sorrow upon hearing of the nursing supervisor's death, but usually concluded with a broad message about the meaning of life and death. Hannah Collins wrote, "i am sorry to depth of my hart." She explained that Osborne "have ben advisor for me 18 years. O how i hate to hear of Mrs. Osborne death. Still i know that we all are born to die but

we cant not get used to death. How sorry i am this evening."<sup>48</sup> Mary Cox of Tunica wrote of the news that it "hurt me to my heart to here it. I could not help but cry. Still I new that she had to die and leave us some day but she was a friend to me since 1923 when set up the midwife club in Tunica." Cox noted that "no fault did you fine of my work" and that Osborne was "trying to teach me the good things of life to live for my self, and the mothers and babys. So sleep and take your rest as I says we all love you but God love you best."<sup>49</sup>

Some of the letters read almost like sermons. Midwife Laura E. Scott began with the often repeated refrain that "our loss is heaven's gain." She continued: "I feel like she is gont to a place at rest. Where we all shall be when we shall depart this life. Them who have their garments wash in the Blood of the Lamb. I do believe Miss Osborne sleep away here, and awaked with Jesus. The place he say he was going to prepair for us. In the homeland of the soul."<sup>50</sup> Sarah Crosby of Puckett wrote for her sister midwives: "We certainly did regret much to hear of the death of Miss Mary Osborne. We have lost our leader." She continued: "We shall ever remember that our dear leader watches us from on high. And as she was devoted to us in life, so is she devoted to us in death. God sustain us under this heavy affliction."<sup>51</sup>

The women preached about the inevitability of death and the promise of everlasting life. A midwife from Ruleville wrote: "I want to say we was all shocked very much when we heard of Miss Osborne's death. When I read your

letter the tears ran from my eyes. We all--loved her as our supervisor--we will learn to love you too as well I hope. As we work together we become more acquainted with each other. I know we must give her up, as we all must go in that same direction, as she went."<sup>52</sup>

Their words were not simply deferential praises to a dead white leader. Although not explicitly stated, we can read in these letters how much the midwives valued their own work, as well as see expressions of the nature of their religious faith. The black women's letters presented statements of faith, indicating that they believed deeply in their ultimate arrival in heaven. In 1946 midwife Bessie Ann Swearegan wrote saying that she was sorry to hear of Osborne's death and that

all the good work she has done is over now. We are looking to you as our Supervisor and all good things that you can do to save the lives of Mothers and Babies. She has fought a good fight and has finish her coarse. We will missed her and have been teach under her instruction for 26 years ever since I been a midwife. It our lost but it Heaven gain. Sleep on Mrs. Osborne, sleep on that Everlasting Sleep. I will be there some day!<sup>53</sup>

Midwives believed that God rewarded the faithful in a heaven for black and white believers. The nurses assisted midwives in improving their work, but ultimately the midwives answered to a higher power.

Midwives used their correspondence with the board of health to influence which nurses the board sent to instruct them. They often singled out black nurses for praise. In 1935 a midwife from Claiborne County commented that the midwives in her area were "so thankful for those splendid colored nurses you sent us in June and hope some day they will come again. They made it so plain that

even the person that can't read can understand."<sup>54</sup> Leatha Johnson reported on a successful midwife meeting and that "Mrs. Eliza Pillars really instructed us and we really enjoyed it."<sup>55</sup> In December 1936, midwife Celia Hall spoke highly of Eliza Pillars who had come to instruct them. Hall stated that "she gave a wonderful lecture. I enjoyed every word she said and it was so much needed what she taught. I think all enjoyed for everyone listened with eager ears. I mean to do better another year than I've ever done before if it is possible."<sup>56</sup> Eliza Farish Pillars was the first black public health nurse hired by the Mississippi State Board of Health.

Black nurses faced many difficulties in their struggle for professional recognition, their fight against segregation, and their efforts to meet the health needs of poor black people.<sup>57</sup> In 1931 there were over 500 black public health nurses in the United States, 1,100 by 1946.<sup>58</sup> According to one study, black women accounted for about seven percent of all northern public health nurses and 20 percent of southern.<sup>59</sup> By the 1940s, when only 10 percent of all nurses were in public health work, 28 percent of black nurses found employment in public health.<sup>60</sup> Some black women became Red Cross nurses, including Frances Elliot Davis, who in 1916 was the first official black Red Cross nurse.<sup>61</sup>

The history of black public health nursing, which has yet to be told, is intricately tied to the registration and regulation of midwives. Southern state boards of health hired black nurses specifically to assist with training midwives.<sup>62</sup>

Most of the black nurses in Mississippi were itinerant nurses, that is they worked out of the board of health headquarters in Jackson travelling around to several counties, rather than receiving an appointment in one county. No county was willing to hire a black woman as its one nurse, and only a few counties hired several nurses. Generally, health agencies believed that black nurses worked best assisting black people, and that they were more effective in working with black people than white nurses were.<sup>63</sup>

The Children's Bureau hired one black female physician, Dr. Ionia Whipper, to assist nurses in southern states with the midwives. Dr. Whipper, a 1903 graduate from Howard University Medical School, worked for the Children's Bureau from 1924 to 1929, when the expiration of Sheppard-Towner funds led to her termination. Dr. Whipper, who worked at Tuskegee Institute in the early 1920s, spent most of her time for the bureau travelling from state to state in the South training midwives and locating women the state had missed in its registration drive. Later, she opened a home for unwed mothers after working at a women's clinic in Washington, D.C.<sup>64</sup>

In the 1930s there were only six black public health nurses in Mississippi, but the midwives especially seemed to like working with them. The state employed Eliza Farish Pillars, Beatrice Holmes, Gertrude Hughes, Florence Johnson, Gertrude Perkins, and Nettie Perkins. In 1936 all six women received scholarships from the USPHS to attend a special, four-month public health course

at St. Phillips School of Nursing at the black Medical College of Virginia in Richmond.<sup>65</sup>

Occasionally problems developed between midwives and public health nurses, even the black nurses. In 1938, Eliza Pillars and Gertrude Perkins apparently criticized one midwife for having incomplete midwife birthing equipment. The midwife had left her sterile dressings, used during delivery, at home and they had scolded her. The midwife appealed to Mary Osborne to talk to the black nurses. She asked Osborne to forgive her for forgetting the dressings, indicating that the black nurses were "not to be blame for it either. It really was me because those girls really tells us what we must do. They show us everything you want us to do." She wanted Osborne to tell the black nurses, one in particular, not to be angry with her. She wrote: "I want you to tell my girl that come to my house dont get all mad at me. I wont do her like that any more. I love those girls."<sup>66</sup>

Eliza Farish Pillars was the leader of the black nurses. Born in Jackson in 1891, she graduated from Hubbard Hospital and Nursing School at Meharry Medical College in the 1910s. She worked for a few years as a hospital staff nurse, and then worked for the Mississippi State Board of Health from 1926 to 1945.<sup>67</sup> She was well known for her work with midwives around the state. In 1928 Yazoo County nurse Permelia Harris commented that Pillars demonstrated to a group of midwives "How to Equip the Midwife Bag" and "How to Use the

Equipment," noting that it "was greatly appreciated by all the midwives, as well as myself."<sup>68</sup> She also taught hygiene classes to young black women training to be teachers. Some of these young women even went on to become midwives.<sup>69</sup>

In 1945 Eliza Pillars retired, according to some accounts, because of weakened eyesight and poor health. However, retired nurse Edna Roberts believed that Mary Osborne forced Pillars to leave because Pillars wanted more rights for black nurses than Osborne was willing to give. Pillars was an activist and, according to Roberts, rightly wanted more respect for black nurses. In 1951 she was the last recipient of the Mary Mahoney Award from the National Association of Colored Graduate Nurses, which chose to dissolve that same year because of the integration of black nurses into the American Nurses Association. A black nurses' organization in Jackson is named in her honor and the Mississippi Nurses' Association placed Eliza Pillars in its Nurses' Hall of Fame.<sup>70</sup>

The primary job of the public health nurse, black or white, was education. As Edna Roberts, who served many years as state supervisor of nurses, explained: "We teach people. That's what the public health nurse has always done."<sup>71</sup> She remembered providing midwives with a type of women's health course, including information about sexual reproduction and female anatomy. Nurses often used visual aids, such as anatomical models and pictures, to convey the lessons to illiterate women. Their primary purpose was positive instruction, so nurses tried not to belittle the folk beliefs of midwives, such as putting a hatchet under the

birthing bed to cut the pain. Nurses were not supposed to make an issue of harmless ideas, but pay more attention to promoting an aseptic birthing room.<sup>72</sup>

From 1920 to 1950, nurses implemented the board of health's educational programs using midwife manuals that carried virtually the same message for three decades, with few significant changes.<sup>73</sup> The lessons taught by public health nurses emphasized the limitations on midwives and the ultimate authority of doctors. Above all else, the two issues nurses focused on were 1) the importance of cleanliness, and 2) calling on a physician for complications during delivery.<sup>74</sup> Before state training began, midwives wore whatever they chose and carried the tools of their trade in an assortment of bags, such as flour sacks.<sup>75</sup> Nurses taught the midwife to perform deliveries wearing a clean white dress, with a white mask and white paper cap, which nurses taught them to make to keep hair out of the way. The nurses also insisted that midwives keep their hands and nails clean. Nurses taught midwives a variety of rules and procedures. State boards of health in the North as well as the South followed a similar pattern of midwife instruction. Mississippi mandated that midwives file birth certificates for each birth, so illiterate women had to find someone to fill out the forms for them. Nurses permitted midwives to continue carrying midwife bags, but they had to upgrade them from flour sacks to black leather bags. Nurses forbid midwives from using any folk medicine or herbal remedies. In addition, nurses taught midwives not to perform any digital examination of women during labor as a way to prevent

infection; only doctors could put their hands into the birth canal. If midwives followed this rule, they no doubt had difficulty identifying how far dilated a woman's cervix was and the progression of labor.

One of the only regulations mandated by the state legislature had to do with preventing blindness. Nurses instructed midwives to put two drops of one percent solution of silver nitrate in the eyes of newborns in an effort to prevent blindness caused by passing through the birth canal of mothers with gonorrhea.<sup>76</sup> These eye drops became one of the benefits of being a trained midwife because the state provided them for free. The state believed that their use dramatically lowered the number of cases of infection from 346 in 1925 to 99 in 1933.<sup>77</sup>

Some of the nurses' instructions conflicted with longstanding midwifery practices, resulting in midwife resistance.<sup>78</sup> For example, nurses insisted that midwives deliver women on the bed and not the floor. Mothers and midwives particularly resisted this requirement because many women felt the urge to walk around during labor and found it more comfortable to deliver in a squatting position assisted by gravity. Furthermore, some midwives preferred to keep the bed clean and have all the mess on the floor.<sup>79</sup> Eunice Rivers, a black public health nurse in Alabama, remembered that she "had an awful time trying to train the mothers to use the bed instead of the floor."<sup>80</sup> Alabama midwife Margaret Smith explained why she ignored the rule. As she pointed out, "when you in misery, if there is any way you can ease that misery, you gonna ease it."<sup>81</sup>

Nurses intended to insure compliance with these rules by occasionally supervising deliveries and inspecting midwife bags. However, midwives were not always cooperative. Former county health officer Dr. W. E. Riecken, Jr., recalled that some midwives engaged in the practice of "a bag to show and a bag to go." Midwives used this strategy to circumvent the rules when they kept "a clean, properly organized bag for inspection and licensing and had another that was used for deliveries."<sup>82</sup> Nurse Elsie Davis mentioned in 1931 that some of the midwives she worked with refused to bring their bags for inspection, while others did not maintain their bags in sterile condition, offering the excuse that they just came off duty.<sup>83</sup> Nurses even inspected midwives' homes to see that they understood the principles of cleanliness. Nurses Abbie G. Hall and Caroline Bourg of Sharkey-Issaquena counties reported: "We try to always keep in mind our midwives and never miss an opportunity to stop at their homes and inspect bags whenever we are in the neighborhood."<sup>84</sup>

Midwives resented nurses' implications that they did not do good work before regulation by the state. As midwife Otha Bell Jones of Itta Bene explained in 1938, she had learned how to be a midwife twenty-three years before through working with midwife Nancy Wright. "And dear friends," she wrote the board of health, "I had nursed 36 womens before I got any permit and I has fill the sum of 15 books with 25 leaves each." Despite her long lists of women she had delivered, she "never lose a woman in childbirth since I have started out."<sup>85</sup> Midwife Onnie

Lee Logan attended her midwife training classes and received some instruction, but she emphasized that "two-thirds of what I know about deliverin, carin for mother and baby, what to expect, what was happenin and was goin on, I didn't get it from the class. God gave it to me. So many things I got from my own plain motherwit."<sup>86</sup> Still, another midwife observed that even though she had a great deal of experience, she could still learn more. "Each time I attend my monthly meeting I learn something new, and I am happy to admit that because so many won't."<sup>87</sup>

Beginning in the 1920s, the state required midwives to have monthly club meetings at which they were to further their knowledge. Dressed in their white delivery outfits, the women were supposed to read from the state's midwife manual, have their bags inspected, receive a supply of eye drops, and discuss any delivery problems they encountered. Although public health nurses initially organized the local clubs, the meetings were run entirely by midwives. Each midwife club selected a leader or president and a secretary who were in charge of reporting the minutes of the meeting to the county public health nurse or, if there was none, to the state supervisor of midwives. The midwife leader ran inspection of the midwives' bags and fingernails, and handed out the eye drops, the latter providing a major incentive for midwives to attend meetings.<sup>88</sup>

Midwife meetings had definite religious overtones. Usually midwives held the meetings in churches, one of the few public buildings controlled by African-

Americans in rural communities. For example, the midwives of Hub, Mississippi, met "every first Wednesday at Sweet Valley Baptist Church."<sup>89</sup> Midwife leaders also ran the meetings like a church service, complete with opening prayer and song, a reading from the Bible, short readings from "the Book" or midwife manual, and singing of the midwife songs. Midwife songs included "Protect the Mother and Baby," sung to the tune of "Mary Had A Little Lamb," which had hand motions to go along with the lyrics describing the importance of clean clothes, clean hands, clean midwives.<sup>90</sup> In 1937 John Lomax, a native of Holmes County and curator of folk songs at the Library of Congress, recorded a dozen midwives singing such songs at the Mississippi State Board of Health.<sup>91</sup>

Even though midwives seemed to have enjoyed the opportunity to socialize with each other, share stories, and sing together, they could not always attend every monthly meeting. Attendance was always down during times of heavy field labor, and when weather made travel difficult, especially for women who had to walk several miles to the meetings. In 1923 nurse Agnes B. Belser reported: "I have had but one midwife meeting as they begged off because of the cotton picking season."<sup>92</sup> Another nurse, Louise James, mentioned that her "greatest trouble in having a full attendance was caused by this season being cane grinding season and most all old women are used to skim cane syrup. Very often I had to go to the mill to get my entire class."<sup>93</sup> Despite the difficulty maintaining attendance, the number of midwife clubs increased over the years, growing from

290 clubs in the state in 1928 to 505 in 1942.<sup>94</sup>

Midwives both resisted and assisted with various aspects of state control. The Mississippi State Board of Health required midwives to register with the state and attend training classes where they were taught state regulations. In 1919 Ellen Woods Carter, a black nurse in lowcountry South Carolina, faced a group of midwives who refused to register, possibly because they had enough work to do without being bothered with more. They complied only after she "enlisted the services of the local registrar and the policeman to round up the group."<sup>95</sup> In other cases, registered midwives were a major source for the identification of unregistered midwives. In the 1920s the Mississippi State Board of Health located 1000 unregistered midwives with their help. This assistance continued over the decades. For example, in 1939 a midwife club leader reported to nurse Mary D. Osborne that Minerva P. of Jefferson County was practicing without a permit.<sup>96</sup>

Sometimes midwives used state regulation to gain advantages for themselves, such as setting standard fees. In 1944 a midwife club in Monroe County, under the leadership of midwives Sallie Mae Brock and Virginia Thompson, met at City Hall and voted to set the county fee for deliveries. They drew up resolutions that repeated state requirements, and their decision to set a fee, stating the price was "to be fifteen dollars for the duration." They published their announcement in a local newspaper for a few weeks to inform all midwives in the county, concluding with the warning: "Now, if you feel you are unable to do

this, just bring your permit to the City Hall and we will thank you."<sup>97</sup> They wanted all midwives to abide by the new fee or resign.

Midwives were careful about state rules regarding registration for permits and regulation of midwife practice. They took the issue of registration very seriously, identifying themselves in correspondence by their permit numbers, as requested by the state. Midwives were cautious because the state threatened to revoke the permits of women who did not follow the regulations, including restrictions on midwife practice. In 1923 nurse Mae Reeves indicated that some nurses "found one midwife treating gynecological cases and children. We revoked her permit."<sup>98</sup> In 1924 a nurse in Washington County reported: "In follow up work for midwives found that one had delivered case without cap and gown, and had also made [digital] examination. Her permit was revoked for one month and at the end of that month she is not to take a case unless I can be with her at time of delivery."<sup>99</sup> Punishment for performing digital exams and failing to wear regulation uniforms could be swift. When one nurse revoked the permit of a midwife at a conference for the renewal of permits, it "was so upsetting to the midwife that long wailing sobs penetrated the air. The sympathy of the other 75 midwives brought on more sobbing--needless to say I wondered just what I'd do to restore order and continue with the meeting."<sup>100</sup>

Midwives in Mississippi may have lost their permits for helping women get abortions. Although historians have found that some immigrant midwives met

women's demands for abortions, there is almost no historical literature on black midwives and abortion. Recent work by Leslie J. Reagan has demonstrated how the identification of midwives with abortion in Chicago in the early twentieth century paved the way for the regulation of immigrant midwives.<sup>101</sup> In 1950 Dr. James H. Ferguson of the Department of Obstetrics at Tulane University, New Orleans, suggested that "the less sophisticated rural midwife never acquired the reputation of abortionist as did her urban sister."<sup>102</sup> Debra Anne Susie in her work on black midwives in Florida suggested that black midwives in the state did not perform abortions, or more accurately, the women she interviewed did not tell her that they ever performed abortions.<sup>103</sup>

However, some black midwives did induce miscarriages, which may have been difficult for the state to detect. Alabama midwife Onnie Lee Logan indicated that although women asked her to do abortions, she never did them. Yet, she remembered a midwife, her husband's grandmother, who performed abortions by inducing miscarriages. She remembered that the Alabama board of health suspected that some of the midwives deliberately caused miscarriages and revoked their permits.<sup>104</sup> The issue of abortion was strikingly absent in the board of health records in Mississippi. Retired nurse Edna Roberts believed that most midwives did not do abortions, but she indicated that if a nurse caught a midwife performing abortions the woman would lose her permit.<sup>105</sup>

Midwives had their permits temporarily revoked if they tested positive for

syphilis. Nurses kept watch over midwives' health, fearing that they would spread diseases to birthing women and infants. The nurse required the midwife to have a Wassermann test for syphilis, and vaccine against typhoid fever and smallpox.<sup>106</sup> Nurses administered Wassermann tests before they renewed permits each year, and nurses forbid midwives who had syphilis from performing any deliveries. If the midwife tested positive for syphilis, she had to undergo treatment and a doctor had to indicate when it was safe for her to perform deliveries.<sup>107</sup> In 1928, nurse A. E. McDaniel of Tishomingo County reported that "the one who had a positive Wassermann is taking treatment regularly and we hope we can give her a permit before long. She asks about her permit each time she comes in."<sup>108</sup>

Nurses often penalized midwives by removing permits from women they caught disobeying the state's rules. One rule stated that midwives were not to deliver any pregnant woman who had syphilis unless she received treatment at the county health department. The state believed that syphilis was the cause of many miscarriages among pregnant women.<sup>109</sup> Midwives were responsible for getting their patients to treatment appointments. If a woman refused treatment, the midwife was supposed to deny her service. In Adams County in 1931 nurse Ethel B. Marsh mentioned that "one midwife this month has had her permit revoked for waiting on a case she had been told not to take. This is her first offense and, therefore, her permit is only being temporarily held."<sup>110</sup>

In extreme cases health departments called on police power to force

compliance with the rules. In 1931 nurse Josie Strum of Clarke County chose to handle one midwife with extraordinary measures as a warning to all midwives. Strum indicated in her report: "Another midwife was discovered practicing midwifery without a permit, warnings did not seem to do any good so we had her arrested. She was convicted and fined. Now she is very anxious for a permit as well as several others in that same neighborhood."<sup>111</sup>

The Mississippi Board of Health prosecuted men, black and white, who engaged in the practice of midwifery. Although health officials did not indicate their motivations, they may have believed that women were easier to regulate, or perhaps that, except for doctors, men had no place in the birthing room. In 1927 Rose T. Coursey, a welfare worker in Jones County, advised Mary D. Osborne that Joe Hatten, Jr., a young black man, was working as a midwife in the county. "I am told he gets all the business," she explained, "and the women have no business at all, among the colored people." The county health officer called Hatten into his office and informed him he was not to practice any longer. Evidently the warning was not very effective for in 1933 the welfare worker again contacted Osborne about his midwifery practice. This time Osborne referred the complaint to Dr. R. N. Whitfield, Director of Vital Statistics at the State Board of Health, for prosecution.<sup>112</sup>

It is not surprising, then, to find midwives taking pains to follow administrative rules. In 1945 Georgette Smith contacted the state supervisor of

midwives to let her know that she had married, changed her last name, and moved. She concluded her letter by stating: "Just want to Let you know Because i want to do rite and what the State say do."<sup>113</sup> Midwives had a stake in convincing the state that they followed the regulations, even if in some of aspects of their practice, such as childbirth position, they did not.

In later years the state even used its regulatory power to punish midwives engaged in civil rights activity. A former midwife living in Greenville in the 1960s claimed she lost her permit "because I demonstrated and sat in down at Jackson."<sup>114</sup>

#### *The Midwife as Public Health Worker*

Ironically, Mississippi's regulation of midwives, which limited the health services that midwives were permitted to provide, led to the creation of an unexpected cadre of public health workers for the state. Gradually health department officials, especially public health nurses, realized that midwives were assets in black community health work. In the early 1930s, executive officer Dr. Felix J. Underwood indicated that supervision, which was "primarily designed to render least harmful to the public health the services of these midwives, has converted them into important allies in the cause of human well-being."<sup>115</sup>

Midwives and public health nurses had a reciprocal relationship. Midwives helped public health nurses as much or more than nurses helped them. Midwives

assisted nurses with health education, the promotion of clinics and immunization programs, and efforts to encourage women to receive prenatal and postnatal medical examinations. Midwives were a vital link between poor African-Americans and health departments. They facilitated rural black participation in public health projects in Mississippi, even as they came under state regulation and faced restrictions on their health services.<sup>116</sup>

Midwives seized upon the resources public health nurses provided to reach various sectors of their communities. Midwives served as an important conduit for health education. They provided health instruction to individuals and to groups through the churches and schools. The activities of midwife Mollie Gilmore of Vicksburg during 1936 and 1937 illustrate the range of midwives' health work. Gilmore accompanied the public health nurse in her home visits to mothers, and she encouraged people to go to a local church for typhoid shots. "By my influence," she reported, "Dr. Smith was able to protect 80 people from typhoid fever." She gave health lectures at church and "prayed to the congregation after service." In the fall of 1936 she "talked to 100 different people on prenatal care, and health and care of the baby. During that time I referred 5 expectant mothers to doctor." In addition, she assisted a doctor with the home deliveries of four white women, and she worked on the annual May Day child health program.<sup>117</sup>

Midwives provided communities with information about proper home birthing environments through model delivery room demonstrations. Beginning in

the early 1930s the board of health required that twice a year midwives set up a model room in their homes and invite their clients and other people in the community to visit. The purpose was to force the midwife to demonstrate to the public the correct birthing room, and to educate future mothers and community members about modern childbirth requirements. The delivery room was supposed to be a neatly organized, clean bedroom with newspapers spread on the floor, a paper pad placed on the bed with a drip sheet leading into a bucket, and adequate lighting and heating.<sup>118</sup>

It was a clever way of insuring that midwives were familiar with state regulations, and it also provided publicity about the state board's work with midwives. Plantation owners, insurance agents, doctors, teachers, students, mothers, and tenant farmers all attended the demonstrations. A sizable number of midwives complied with the demonstration requirement. For example, in 1934 over 1,300 midwives sent in reports of their model delivery rooms.<sup>119</sup>

The model delivery room was similar to other demonstration projects of the time, such as those of the agricultural extension service, which shared the principle of teaching people through showing them first-hand. It was not uncommon for a midwife to report that she had over 100 visitors to her demonstration. Black and white, male and female guests examined the room and listened to a description of it by the midwife. Midwives provided paper for people to write down their testimonials or they requested that visitors send in their responses to the board of

health.

Letters to the board of health attest to the care that midwives put into these demonstrations, and illustrate community interest. In 1934 J. M. Boyd, a white registrar and businessman in Louin, indicated that he had inspected the room and equipment of midwife Bertha Smiley and found that "she is doing a great work among her race to raise the standard of her profession and her work is very commendable. She should be given the very highest rating. I trust your department will continue to give her every help and encouragement possible."<sup>120</sup>

Evaluations seemed to repeat what midwives must have explained about the rooms. White visitors to a model room responded that they "gladly testify that the demonstration was very interesting, sanitary, and modern."<sup>121</sup> Mrs. B. S. Peques of Itta Bena was very impressed with the layout of Matilda Holt Mitchell's room, and commented to the board: "I am not overstressing it when I say considering the arrangement of the room, preparation of the bed, the neat and sanitary surroundings it was a fair rival to most hospitals." She continued, "Old ideas and methods have been relegated and replaced by the modern, scientific and streamlined ideas and methods."<sup>122</sup> A doctor who attended this same midwife's room commented that "Aunt" Matilda Holt Mitchell had done an excellent job. He prophesied that "if and when the practice of midwifery conforms to the pattern of this room, in all the cabins and cottages, where negro babies are born, over the south, infant mortality and puerpural sepsis, can and will be largely reduced."<sup>123</sup>

It was clear to black visitors that midwives tried to use what little resources they had available to them to improve the childbirth experiences of poor mothers. In 1941 Mrs. Elliott Thompson visited a model delivery room set up by Lula B. Hudson at Rust College for student teachers. Thompson indicated that "it was a source of inspiration to see what could be accomplished with so little." Mat Jones wrote of the same room that he "enjoyed it because it was the best poor mothers could have when they do not have things they need most."<sup>124</sup>

Midwives encouraged women to receive prenatal and postnatal care, often bringing them to the health department or mothers' clinics themselves. Retired county health officer Dr. W. E. Riecken, Jr. wrote that midwives often accompanied their clients to the county health department for check ups and "frequently assisted in the exam room."<sup>125</sup> Midwives also aided the work of nurses by notifying them when a woman had a baby. In 1931 nurses in Sharkey and Issaquena counties reported that they "have tried to visit more lying-in cases this month but it is hard to know when they are confined. Quite a number of midwives report their cases to us right after delivery and in that way we have come in contact with more mothers during the lying-in period."<sup>126</sup> A 1953 Georgia Department of Health midwife training film, "All My Babies," illustrated the important role of midwives in promoting such preventive care, even as it reinforced the idea that midwives were to defer to the wisdom of nurses and doctors.<sup>127</sup>

Midwives saw themselves as an important liaison between black communities and white health professionals. They advocated for increased care from doctors and nurses for poor women. Midwife Maude Bryant in North Carolina remembered that during one unusually difficult labor she called in a doctor to help the woman. The doctor made a rather cursory examination, explained to the onlookers that nothing was wrong and that "Maude's just scared." As he proceeded to leave, she picked up his bag and walked him outside where she firmly told him the woman was very sick, the delivery was not going along well, and "something must be done, and I want you to go back in there." She convinced him to go back to the woman and take her to a hospital.<sup>128</sup>

In one case in Mississippi a midwife made requests of the local public health nurse to tend to a sick woman. In 1939 midwife Estelle W. Christian notified nurse Viola M. Jones that a woman had come to see her at the house where she had just delivered a baby. The middle-aged woman had sores on her arms, legs, and buttocks. The midwife explained to the woman that she could not visit with the new mother or baby because she might infect them. Then the woman told the midwife that the family across the road from her had the same symptoms. The midwife wrote the nurse:

Now could you go out there at once to see about this. I made a lecture on the 4th Sunday in August at a church at Willows, Miss. to the people about their health. . . . I advised them if they had any sores or the least suspicion they were infected with that dreaded disease syphilis to please tell some one before it is too late. So she says she heard me talk that day and when she heard I was in the

neighborhood she came to tell me about it. So I advised her to stay at home until I talked with you. So if you could come out here one day I could go to their homes with you.<sup>129</sup>

The nurse was so impressed by the midwife that she sent Mary D. Osborne a copy of the letter indicating that "this is from one of the midwives who is doing so much to educate her people that I feel real proud of her and I wanted you to see this letter."<sup>130</sup>

Midwives assisted with venereal disease control work by encouraging pregnant women and other people in the community to have their blood tested. Venereal diseases, particularly syphilis, were a major public health concern throughout the period from 1920 to 1950.<sup>131</sup> In 1944 nurses wondered why attendance at a venereal disease clinic was increasing until they discovered that "a leader of a midwife club who had received literature on syphilis had made talks at churches, schools and in the homes. This midwife was instrumental in sending in several young girls under sixteen years of age who had infectious syphilis."<sup>132</sup> As discussed in chapter 4, public health officials believed black Americans to be particularly prone to venereal disease. Indeed, in the early 1920s Mississippi had a venereal disease control nurse whose sole purpose was to work with the black population, although the nurse only had resources to identify positive cases, not get them treated.<sup>133</sup>

Midwives assisted health department efforts to protect African-Americans against typhoid fever and diphtheria. They promoted this preventive work at their

midwife club meetings, churches, and schools.<sup>134</sup> In 1931 nurse Ethel B. Marsh of Adams County mentioned that her county sponsored an anti-diphtheria campaign among black infants and preschool children. She explained that "the midwives in the various sections of the county are assisting by informing parents of the various stations and dates on which toxin-antitoxin will be given."<sup>135</sup>

Elsewhere in the state, nurse Nell E. Austin of Forrest County indicated that

the midwives are very helpful in getting the colored people immunized against typhoid fever. At the last midwives meeting they were asked to round up all the children in their neighborhoods and bring them to the health department and have them inoculated against typhoid fever. One midwife was in the office the very next morning with fifty-five children.<sup>136</sup>

Nurse Edna U. Edwards in Pearl River County repeated a similar story when she found that two midwives of the Dinkmans Midwife Club assembled a large crowd for typhoid vaccines by canvassing the neighborhood and notifying people of the time and place.<sup>137</sup>

Mothers and other community members independently expressed interest in improving their own health and that of their children. Connie Peak Higdon, a nurse in Covich County, commented on interest in protection against diphtheria, typhoid fever, and smallpox. "The colored mothers are asking for the toxin-antitoxin for their children" to guard against diphtheria, she explained. "In one community almost all the colored people had typhoid vaccine last year and had not been sick since so they came back for more. We vaccinated almost all of them against smallpox."<sup>138</sup> In 1937 a nurse at Massey Island in Leflore County

reported that "although everyone was very busy picking cotton, these mothers left the fields long enough to bring the babies to the public health nurse to be protected against diphtheria."<sup>139</sup>

Midwives not only assisted with health department programs, they ran their own. They ran May Day programs on child health and the state health board noticed that midwives "participated freely in the yearly Negro Health Week activities."<sup>140</sup> In 1935 a midwife in Smith County reported that at their May Day program "a talk was given about the care of the teeth. A few weeks later the peddler who sells extracts, spices, and tooth paste asked the leader of the midwife club what in the world had caused so many of the people in the community to buy tooth paste."<sup>141</sup>

Midwives quite consciously developed their public health programs. Health conferences or clinics were a favorite public health tool of nurses and midwives. In 1928 in Coahoma County six midwife clubs organized preschool children's health conferences.<sup>142</sup> In 1935 midwives offered their homes for health conferences, and one midwife even "had a special examining table built." Another midwife worked up such interest in the physical examinations that "upon arrival the physicians and nurses found a house filled with patients. . . . Two white women, one an antepartum and the other a postpartum case, hearing of the conference were so desirous of this service they asked and were of course permitted to come to the home of this midwife."<sup>143</sup> In 1936 in Monroe County

midwife Virginia Thompson reported:

We as midwives decided to do some real health work in the rural district besides the May Day program and continue this work twelve months in the year. So with the cooperation of our churches, schools, communities, 4H Clubs, home demonstration agent, health officials and nurses, we organized a health center in each community where expectant mothers meet once per month for examination and advice.<sup>144</sup>

Midwives managed to mobilize their communities to support public health work.

Midwives provided valuable information and assistance to government agencies. In the 1930s they assisted with statewide surveys of the blind for the Mississippi State Commission for the Blind, and a survey of the disabled for the Civilian Rehabilitation Division of the Mississippi State Department of Education. They also aided county studies on venereal disease, hookworm, and tuberculosis.<sup>145</sup>

Midwives were extremely proud of their health care contributions, and saw themselves as part of a great health crusade. A Simpson County midwife wrote to Mary D. Osborne, "yes the sisters is praying the time to hasten so they can meet you again for further instruction. They think it so grand that old as they are they can do this great work to help foster in this great battle field of deficiency."<sup>146</sup>

One midwife even contacted the board of health asking for official public recognition of the work performed by midwives. She pointed out that there was a Thanksgiving Day, Christmas Day, Mother's Day, and Father's Day and "it look to me we could have a Midwife Day--i ben on this job sense September 1900 an my work been close to a 1,000, an i am workin in my 81 year."<sup>147</sup>

Even though individual nurses commented in their reports on the valuable public health work performed by midwives, the official policy of the board of health remained to ultimately eliminate midwives. In 1948 nurse supervisor Lucy E. Massey instituted a retirement program, first suggested to her by county nurses, in an effort to accelerate the elimination of midwives.<sup>148</sup> The plan was strongly encouraged the retirement of older midwives by informing them and their families that they were too old to renew their permits, and then honoring them with ceremonies, complete with badges and the title of Mary D. Osborne Retired Midwife. According to the new policy, "the midwife must promise not to practice and must hand in her permit when she receives the badge."<sup>149</sup> From then on not only was there a policy of retiring midwives, but all new midwives had to get a physician to testify that there was a need for their services in their community before they could receive a permit.

The retirement ceremonies probably never fooled the midwives forced out of practice, but they did provide an opportunity for the nurses and people in the community to honor the women. The public health nurse usually held the event at a local church where the midwife "would sit queen for the day."<sup>150</sup> Sometimes people would drop money in her lap, especially women the midwife had attended. In November 1948 midwives Mollie Merrill and Josephine Franklin were honored in a retirement ceremony at St. John Methodist Church in Forrest County. According to a newspaper report of the event, "the aged pair, clad in white

uniforms and caps, and clutching small American flags, sat solemnly in pink and white decorated chairs of honor, placed near the altar." The white county nurse and the black midwife club leader each offered speeches of praise for the women. Those attending sang hymns as the members of the local midwife club led a procession, "robed in white uniforms and caps, and also carrying tiny American flags". Midwives sang, read scripture, offered up prayers, and presented gifts to the retiring midwives.<sup>151</sup>

After 1950 the Mississippi State Board of Health enacted a general policy of directing midwives away from delivery services and toward only assisting women before and after hospital births. In 1951 health officials stated:

We believe that as soon as possible and as rapidly as possible midwives should be prohibited from delivering any patients either white or colored. . . We believe that our time and effort is better spent in educating people to use our hospital and medical facilities and in redirecting and retraining midwives to carry out the simple functions for which they are fitted.<sup>152</sup>

Other factors, such as urban migration, meant that fewer black midwives lived on the surrounding plantations. Retired nurse supervisor Edna Roberts did not view the end of midwifery as a loss. Although she granted that women might have received less personal contact, she believed that better and more enlightened care replaced midwife services.<sup>153</sup>

By the post-World War II era, the number of Mississippi midwives registered with the state began to decline. By 1966 only 600 midwives had permits in the state, and they delivered 10,000 to 12,000 babies. By 1975 there were only

220 registered midwives who delivered about 1,000 babies. In 1982 the state had a mere 13 registered lay midwives, by which point the state no longer issued permits or held training sessions.<sup>154</sup>

Mississippi midwives played an important but overlooked historical role as public health workers for rural African-Americans. As with other laywomen and female professionals, the local community work of midwives was vital to the success of health programs because of their interactions with community members. State regulation created an opportunity for midwives, long concerned with the health of their communities, to assist with state public health work. Because regulation put midwives into constant contact with public health nurses, they became the links to black communities, assisting nurses in implementing state health policy. From 1920 to 1950 midwives broadened their responsibilities for community health care, despite official state policy to set limitations on the activity of midwives.

1. Although not directly parallel, a similar argument has been made about the important public health role prostitutes could play in the current AIDS epidemic. Gloria Lockett, "Black Prostitutes and AIDS," in *The Black Women's Health Book: Speaking For Ourselves*, ed. by Evelyn C. White (Seattle: The Seal Press, 1990), pp. 189-192.
2. Molly Ladd-Taylor, "Women's Health and Public Policy," in *Women, Health, and Medicine in America*, ed. by Rima D. Apple (N.Y.: Garland Publishing, 1990), p. 398.
3. One must be careful not to overdraw the respect the board of health in general, and nurses in particular, held for midwives. For example, the nursing division of the health board had a habit of collecting lists of examples of midwife illiteracy drawn from midwife club reports. Typewritten sheet of quotes, no date, box 27, Record Group 51 - Mississippi Department of Health, Mississippi State Department of Archives and History, Jackson.
4. The major works on the history of lay midwifery include Frances K. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," in *Women and Health in America*, ed. by Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), pp. 318-326; Jane B. Donegan, *Women and Men Midwives: Medicine, Morality and Misogyny in Early America* (Westport, Conn.: Greenwood Press, 1978); and Judith Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn.: Greenwood Press, 1978). See also Charlotte G. Borst, "Catching Babies: The Change From Midwife to Physician-Attended Childbirth in Wisconsin, 1870-1930" (Ph.D thesis, University of Wisconsin-Madison, 1989).
5. "Percentage of births attended by physicians and midwives and others, in certain states, as reported by State Bureaus of Child Hygiene for 1925," central files, 1925-1928, box 274, Record Group 102-U.S. Children's Bureau, National Archives; and Elizabeth C. Tandy, "The Health Situation of Negro Mothers and Babies in the United States," Children's Bureau, March 1941, box 27, RG 51-Mississippi Department of Health. Although my focus is on black midwives in the southeast, specifically in Mississippi, midwives in the southwest faced similar historical patterns.
6. Litoff, *American Midwives*, p. 113; and Barbara Melosh, "*The Physicians Hand*": *Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), p. 118; and Onnie Lee Logan as told to Katherine Clark, *Motherwit: An Alabama Midwife's Story* (N.Y.: E. P. Dutton, 1989), introduction. Helpful discussions with Leslie Reagan facilitated my understanding of this important shift.

7. See chart on white and black births in Mississippi, box 27, RG 51-Mississippi Department of Health; and "The Relation of the Midwife to the State Board of Health," Mississippi State Board of Health, 1/1/44, box 57, RG 51-Mississippi Department of Health. For one midwife's accounting see "History of Della Falkner: Mid-Wife and Register of Her Patients," published in Holly Springs, 2/26/37, and newsclipping, "State Midwife Tells All In Booklet," 12/15/37, box 27, RG 51-Mississippi Department of Health. In ten years from 1926 to 1936 she delivered 120 black babies and thirteen white. See also Litoff, *American Midwives*, p. 27; Judy Barrett Litoff, *The American Midwife Debate: A Sourcebook on Its Modern Origins* (N.Y.: Greenwood Press, 1986), p. 4; and Tandy, "The Health Situation of Negro Mothers and Babies in the United States."
8. Similarly, Laurel Thatcher Ulrich has shown that physician services supplemented the health service provisions of midwives in a New England community at the turn of the nineteenth century. Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (N.Y.: Alfred A. Knopf, 1990), p. 28. For positive assessments of Ulrich's contributions to the literature see Judith Walzer Leavitt, "Medicine in Context: A Review Essay of the History of Medicine," *American Historical Review* 95 (December 1990): 1482-1484; and Judy Barrett Litoff, "Midwives and History," in *Women, Health, and Medicine in America*, p. 452.
9. Mrs. Jessie Guzman, interview by author, tape recording, Tuskegee, Alabama, 12/13/90; and Logan, *Motherwit*, p. 58.
10. Dr. Wesley W. Hall Jr. to "To Whom It May Concern", 11/7/36, box 27, RG 51-Mississippi Department of Health; Brenda Boykin, "Midwives Recall Way Childbirth Used To Be," *Clarion-Ledger Jackson Daily News*, 2/15/76, and Beulah M. D'Olive Price, "'Birthin': A Past Life For An Alcorn Midwife," *The Daily Corinthian*, 11/10/76, folder-midwives, Subject File, Mississippi Department of Archives and History.
11. For an excellent historiographical essay on midwives see Litoff, "Midwives and History," in *Women, Health, and Medicine in America*, pp. 443-458. On black midwives see Molly C. Dougherty, "Southern Midwifery and Organized Health Care: Systems in Conflict," *Medical Anthropology: Cross Cultural Studies in Health and Illness* 6 (Spring 1982): 113-126; Linda Janet Holmes, "African American Midwives in the South," in *The American Way of Birth* ed. by Pamela S. Eakins (Philadelphia: Temple University Press, 1986), pp. 273-291; and Debra Anne Susie, *In the Way of Our Grandmothers: A Cultural View of Twentieth-Century Midwifery in Florida* (Athens: University of Georgia Press, 1988).

12. Susie, *In the Way of Our Grandmothers*, p. 244, endnote 17; Fran Leeper Buss, *La Partera: Story of A Midwife* (Ann Arbor: University of Michigan Press, 1980); Judy Barrett Litoff, "'Granny' Midwifery," in *Handbook of American Women's History*, ed. by Angela Howard Zophy (N.Y.: Garland Publishing, 1990), p. 238. For primary sources see the records in central file, 1925-1928, boxes 274 and 275, RG 102-Children's Bureau, such as the letter from Dr. Vivia Bell Appleton, Board of Health for the Territory of Hawaii, to Dr. Blanche M. Haines, Children's Bureau, 12/22/25; and see the records of the Commonwealth Fund at the Rockefeller Archives Center, New York.
13. Dougherty, "Southern Midwifery and Organized Health Care"; and Holmes, "African American Midwives in the South."
14. "The Relation of the Midwife to the State Board of Health," Mississippi State Board of Health, 1/1/35, box 2, RG 51-Mississippi Department of Health. Oral interviews and autobiographical accounts of midwives illustrate these points. See Logan, *Motherwit*; and Susie, *In the Way of Our Grandmothers*, chapter 1.; and Linda Janet Holmes, "Thank You Jesus to Myself: The Life of a Traditional Black Midwife," in *The Black Women's Health Book*, pp. 98-106. I also learned much about black midwives from Mrs. Edna Roberts, a retired white public health nurse and former state supervisor of nursing in Mississippi. Mrs. Edna Roberts, interview by author, tape recording, Mississippi, 9/17/89.
15. Logan, *Motherwit*, p. 52; Litoff, *American Midwives*, p. 28; Litoff, *The American Midwife Debate*, p. 4; "Report on the Midwife Survey in Texas," Bureau of Child Hygiene, Texas State Board of Health, 1924, central file, 1925-1928, box 275, RG 102-Children's Bureau, and reprinted in *The American Midwife Debate*, pp. 67-81.
16. Litoff, *American Midwife Debate*, p. 12; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (N.Y.: Oxford University Press, 1986), p. 269; and Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), pp. 256-257.
17. Ade Mae Fullwiley in Coahoma County to board of health, 4/9/54, box 26, RG 51-Mississippi Department of Health.
18. See photographs of mothers and daughters in boxes 21 and 27, and "The Relation of the Midwife to the State Board of Health," Mississippi State Board of Health, 1/1/35, box 2, RG 51-Mississippi Department of Health. Brenda Boykin, "Midwives Recall Way Childbirth Used To Be," *Jackson Clarion-Ledger*, 2/15/76, and Beulah M. D'Olive Price, "'Birthing': A Past Life For An Alcorn Midwife,"

*The Daily Corinthian*, 11/10/76, and Jack Bleich, "Midwife's Delivery 82 Years Ago Began Tradition for Bessie Sutton," *Jackson Clarion Ledger*, 9/17/78, all in folder-midwives, Subject Files, Mississippi Department of Archives and History. See also Susie, *In the Way of Our Grandmothers*, pp. 10-13; Litoff, *American Midwives*, p. 32; and Emily Herring Wilson, *Hope and Dignity: Older Black Women of the South* (Philadelphia: Temple University Press, 1983), p. 42.

19. Dougherty, "Southern Midwifery and Organized Health Care," p. 116.
20. Jack Bleich, "Midwife's Delivery 82 Years Ago Began Tradition for Bessie Sutton,"; and Holmes, "African American Midwives in the South," pp. 275-281.
21. Thordis Simonsen, ed., *You May Plow Here: The Narrative of Sara Brooks* (N.Y.: Touchtone Books, 1986), p. 172.
22. Jack Bleich, "Midwife's Delivery 82 Years Ago Began Tradition for Bessie Sutton.,"; "Grannies: The roots of midwifery," *Jackson Clarion-Ledger*, 1/31/82, folder-midwives, Subject File, Mississippi Department of Archives and History; Wilson, *Hope and Dignity*, p. 43; Holmes, "African American Midwives in the South," pp. 280-281; and Logan, *Motherwit*, pp. 103-104.
23. "Leflore Mid-Wife Fails on Fee, Takes Baby," newsclipping from *Jackson Daily News*, 11/8/39, box 27, RG 51-Mississippi Department of Health; Price, " 'Birthin': A Past Life For An Alcorn Midwife"; and Susie, *In the Way of Our Grandmothers*, p. 47.
24. Dr. Felix Underwood, director of the Bureau of Child Welfare of the Mississippi State Board of Health, to Jesse O. Thomas, 5/3/21, general office file, box A6, Records of the National Urban League Southern Regional Division, Library of Congress.
25. Laurie Jean Reid, "The Plan of the Mississippi State Board of Health for the Supervision of Midwives," 1921 speech, box 354, RG 51-Mississippi Department of Health. See also Grace L. Meigs, *Maternal Mortality from All Conditions Connected with Childbirth in the United States and Certain Other Countries*, U.S. Department of Labor, Children's Bureau Publication, No. 19 (Washington, D.C.: Government Printing Office, 1917), reprinted in Litoff, *The American Midwife Debate*, pp. 50-66; and Litoff, *American Midwives*, pp. 50-51, and 55.
26. Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton: Princeton University Press, 1982), p. 8.
27. Litoff, *The American Midwife Debate*, p. 5.

28. Lois Trabert, Bureau of Child Hygiene of Mississippi State Board of Health, to Dr. Anna E. Rude, Children's Bureau, 4/2/23, central file, 1921-1924, box 248, RG 102-Children's Bureau.
29. Grace Abbott, Children's Bureau, to Governor Lee M. Russell, 12/12/21, 1921-1924, Central File, box 249, RG 102-Children's Bureau; and "Plan for the Division of Maternity and Infant Hygiene For 1922," Correspondence and Reports, 1917-1954, box 17, RG 102-Children's Bureau. See also Molly Ladd-Taylor, *Raising A Baby the Government Way* (New Brunswick: Rutgers University Press, 1986).
30. Litoff, *American Midwives*, p. 80; and Litoff, *The American Midwife Debate*.
31. Mississippi State Board of Health, "Plan for the Division of Maternity and Infant Hygiene For 1922," 1917-1954, Correspondence and Reports, 1917-1954, box 17, RG 102-Children's Bureau; Mississippi State Board of Health, "Study of Midwife Activities in Mississippi, July 1, 1921-June 30, 1929," 6/30/29, box 36; Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 7/1/37, box 356; and Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/44, box 57, all in RG 51-Mississippi Department of Health. See also Neil R. McMillen, *Dark Journey: Black Mississippians in the Age of Jim Crow* (Urbana: University of Illinois Press, 1989), p. 169.
32. Proceedings of the Negro Health Week Planning Meeting, Tuskegee, 1/20/27, box 18, Thomas Monroe Campbell Papers, Tuskegee University. See also H. G. Perry, State Registrar of Vital Statistics, Alabama State Board of Health, to Jesse O. Thomas, 4/25/21; and State Epidemiologist of North Carolina Board of Health to National Urban League, 5/12/21, general office file, box A6, National Urban League Southern Regional Division; Wilson, *Hope and Dignity*, p. 39; Susie, *In the Way of Our Grandmothers*, p. 35; and Beardsley, *A History of Neglect*, p. 39.
33. Nurse Agnes B. Belser, Narrative and Statistical Report, April 1924, Mississippi State Board of Health, Bureau of Child Hygiene and Public Health Nursing, central file, 1921-1924, box 249, RG 102-Children's Bureau; Mississippi State Board of Health, "Midwife Activities in Mississippi," [1928?], State Boards of Health, Mississippi Cities and Counties, box 42, Record Group 90-USPHS, National Archives.
34. These figures should be taken as merely rough estimates. Edna Roberts, interview by author; Dr. Felix J. Underwood, "Midwife Activities in Mississippi," [1932?], box 354; Mississippi State Board of Health, "The Relation of the Midwife

to the State Board of Health," 7/1/37, box 356; and infant and maternal mortality rates drawn from the U.S. Bureau of the Census, reported in "The Relation of the Midwife to the State Board of Health," by the Mississippi State Board of Health, 4/27/38, box 36; U.S. Bureau of the Census, reported in "The Relation of the Midwife to the State Board of Health," by the Mississippi State Board of Health, 1/1/44, box 57, all in RG 51-Mississippi Department of Health.

35. Dr. F. J. Underwood, "The Development of Midwifery in Mississippi," read before the Southern Medical Association, 1925, box 36, RG 51-Mississippi Department of Health. Also quoted in Litoff, *American Midwives*, p. 78.

36. Underwood's predecessor, Dr. Archie Lee Gray, was a staunch segregationist who served from 1958 to 1968. The unprocessed papers of Dr. Felix J. Underwood, both boxes and scrapbooks, are located at the current Mississippi State Department of Health. I wish to thank Theresa Hanna and Connie Bourgeois for making them available to me.

37. Biographical information on Dr. Felix J. Underwood, folder- "Underwood, Felix Joel," Subject File, and box 36, RG 51-Mississippi Department of Health; newsclipping from *Memphis Commercial Appeal* 8/14/49, unprocessed Underwood Papers; and Lucie Robertson Bridgforth, "The Politics of Public Health Reform: Felix J. Underwood and the Mississippi State Board of Health, 1924-1958," *The Public Historian* 6 (Summer 1984): 5-26.

38. Quoted in Bridgforth, "The Politics of Public Health Reform," p. 13. See also Dr. Felix J. Underwood folder- "Underwood, Felix Joel," Subject File, and box 36, RG 51-Mississippi Department of Health; and unprocessed Underwood Papers.

39. Melosh, *The Physicians Hand*, chapter 4.

40. Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), p. 109; Karen Buhler-Wilkerson, *Nursing and the Public's Health: An Anthology of Sources* (N.Y.: Garland Publishing, 1989); and Karen Buhler-Wilkerson, "False Dawn: The Rise and Decline of Public Health Nursing in America, 1900-1930," in *Nursing History: New Perspectives, New Possibilities* (N.Y.: Teachers College Press, 1983), ed. by Ellen Condliffe Lagemann, pp. 89-106.

41. Mary D. Osborne, "Public Health Nursing," 9/17/38, box 317, RG 51-Mississippi Department of Health.

42. Roberts, interview by author.

43. Dr. Felix J. Underwood, "Mary D. Osborne," *Mississippi Doctor* 24 (October 1946): 147-148 in box 354, and Adda Osborne to Beatrice Butler, 7/31/50, box 36, both in RG 51-Mississippi Department of Health. See also Edna Roberts, "Biographical Sketch, Mary D. Osborne," courtesy of Edna Roberts; Roberts, interview by author; and Edna R. Roberts, "The Role of the Southern Nurse in Public Health," presented at the Third Barnard-Millington Symposium on Southern Science and Medicine, Jackson, 3/22/85, courtesy of Edna Roberts. Nurse Jules Graves had a parallel career in Florida as the state supervisor of midwives from 1926 to 1946. Susie, *In the Way of Our Grandmothers*.
44. Bessie Ann Swearegan, midwife club leader in Torrance, to Mary Osborne, 8/1/43, box 27, RG 51-Mississippi Department of Health. I have retained the spelling of the midwife letters, but added punctuation and capital letters at the start of sentences to ease reading.
45. Lois Trabert, Bureau of Child Hygiene of Mississippi State Board of Health, to Dr. Anna E. Rude, Children's Bureau, 8/10/23, central file, 1921-1924, box 248, RG 102-Children's Bureau.
46. See, for example, Lillie Bell Hill, "Annual Report For Lee County Midwife Club," 1937, box 27, RG 51-Mississippi Department of Health.
47. All letters are in box 36, RG 51-Mississippi Department of Health.
48. Hannah Collins to Lucy Massey, 7/17/46, box 36.
49. Mary Cox in Tunica to Massey, 7/23/46, box 36.
50. Laura E. Scott of Lessley to Massey, 7/26/46, box 36.
51. Sarah Crosby in Puckett to Massey, 7/22/46, box 36.
52. W.G. Crowley to Massey, 8/16/46, box 36.
53. Bessie Anne Swearegan of Torrance to Massey, 8/3/46, box 36.
54. Midwife leader of club in Claiborne County, in "The Relation of the Midwife to the State Board of Health," by Mississippi State Board of Health, 1/1/35, box 2, RG 51-Mississippi Department of Health.
55. Leatha Johnson to board of health, (1935?), box 27, RG 51-Mississippi Department of Health.

56. Celia Hall to Mary D. Osborne, 12/23/36, box 27. See also several photos of a Holmes County midwife meeting, October 1938, including photo of nurse Eliza Pillars with midwives, box 27, RG 51-Mississippi Department of Health.

57. Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989).

58. Stanley Rayfield, "A Study of Negro Public Health Nursing," *Public Health Nursing* 22 (October 1930): 525; Hine, *Black Women in White*, p. 227, endnote 26; and Dr. Paul B. Cornely, and M. S. Briscoe, "Public Health as a Professional Career," *Journal of the National Medical Association* 36 (May 1944): 77; "The 1946 Census of Public Health Nursing," *National Negro Health News* 14 (October-December 1946): 17; and "Negro Public Health Nurses in the United States," *National Negro Health News* 6 (July-September 1938): 24-25.

59. Rayfield, "A Study of Negro Public Health Nursing," p. 525.

60. Philip and Beatrice Kalisch, *The Advance of American Nursing* (Boston: Little, Brown and Co., 1978), p. 558.

61. Jean Maddern Pitrone, *Trailblazer: Negro Nurse in the American Red Cross* (N.Y.: Harcourt, Brace & World, 1969).

62. Ruth A. Dodd, "Midwife Supervision in South Carolina," *Public Health Nurse* (1920), p. 863, courtesy of Leslie Schwalm and Vanessa Northington Gamble; and Susie, *In the Way of Our Mothers*.

63. "Educational Facilities For Colored Nurses and Their Employment," *Public Health Nursing* 17 (April 1925): 203; Rayfield, "A Study of Negro Public Health Nursing," p. 531; Nina D. Gage, R.N. and Alma Haupt, R.N., "Some Observations on Negro Nursing in the South," *Public Health Nursing* 24 (Dec. 1932): 676, which is reprinted by Darlene Clark Hine in *Black Women in the Nursing Profession* (N.Y.: Garland Publishing, 1985). See also Carter Godwin Woodson, *The Negro Professional Man and the Community* (Washington, D.C.: Association for the Study of Negro Life and History, 1934), p. 138, see also p. 140.

64. Grace Abbott to Salina Shaw, 12/9/30, central file, 1929-1932, box 367; Dr. Blanche Haines to Helen Bond, 6/20/27, central file, 1925-1928, box 279, both in RG 102-Children's Bureau. See also Dr. Montague Cobb, interview by author, Washington D.C., 7/26/89; newsclipping from the *Pittsburgh Courier*, 4/17/48,

Vertical File, Records of the National Council of Negro Women, National Archives for Black Women's History; Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois, 1987), pp. 26 and 132; and Rosalyn Terborg-Penn, "Ionia R. Whipper," in *Dictionary of American Negro Biography*, ed. by Rayford W. Logan and Michael R. Winston (N.Y.: W. W. Norton and Co., 1982), pp. 642-643.

65. See 1936, box 36, RG 51-Mississippi Department of Health; newsclipping from the *Jackson Clarion*, 4/4/36, scrapbooks, unprocessed Underwood Papers; and Mary Elizabeth Carnegie, *The Path We Tread: Blacks in Nursing, 1854-1984* (Philadelphia: J. B. Lippincott Co., 1986), p. 35.

66. Unknown midwife to Mary Osborne, 4/4/38, box 27, RG 51-Mississippi Department of Health.

67. Mississippi State Board of Health, "Midwife Supervision," (1938?), box 36, RG 51-Mississippi Department of Health; box 331, central file, 1925-1928, RG 102-Children's Bureau; Felix Joel Underwood and Richard Noble Whitfield, *Public Health and Medical Licensure in the State of Mississippi, 1938-1947*, vol. II (Jackson: Tucker Printing House, 1951), p. 105; Entry by Bess Blackwell of Eliza Farish Pillars for the "Biennial Nursing Hall of Fame Award of the Mississippi Nurses' Association," 1986, courtesy of Edna Roberts; George Alexander Sewell and Margaret L. Dwight, eds., *Mississippi Black History Makers* (Jackson: University Press of Mississippi, 1977, revised edition 1984), pp. 365-366; and Carnegie, *The Path We Tread*, p. 159.

68. Yazoo County Nurse Permelia Harris, Mississippi State Board of Health, Bureau of Child Hygiene and Public Health Nursing, Public Health Nurses' Narrative Reports, July 1928, box 41, RG 90-USPHS.

69. Nurse Ethel B. Marsh of Adams County, and itinerant nurse Eliza F. Pillars, in "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.

70. Roberts, interview by author.

71. Roberts, interview by author.

72. Roberts, interview by author; and Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, RG 51-Mississippi Department of Health; and interview with Edna Roberts.

73. The first midwife manual in Mississippi was published in 1922. Lois Trabert, Narrative Report of Work with Midwives, June 1921 to June 1922, central file, 1921-1924, box 248, RG 102-Children's Bureau; Mississippi State Board of Health, *Manual for Midwives*, see 1928, 1939, and 1952 in box 354, and Mississippi State Board of Health, "Midwife Supervision," [1938?], box 354, all in RG 51-Mississippi Department of Health. Most southern states published midwife manuals, including Georgia in 1922 and Florida beginning in 1923. See *Lessons for Midwives*, Georgia State Board of Health, Child Hygiene Publication No. 17, Prenatal Series No. 3 [1922], reprinted in *The American Midwife Debate*, ed. by Litoff, pp. 200-207; and Susie, *In the Way of Our Grandmothers*, p. 241, endnote 24.

74. Underwood, "The Development of Midwifery in Mississippi."

75. Photo entitled "A group of midwives in Madison County before any instructions," no date, box 27, RG 51-Mississippi Department of Health.

76. Silver nitrate was first used for newborn's eyes in the 1870s. Susie, *In the Way of Our Grandmothers*, p. 4. See also Roberts, interview by author; Litoff, *American Midwives*, p. 101; and Litoff, *The American Midwife Debate*, p. 10.

77. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35.

78. Dougherty, "Southern Midwifery and Organized Health Care," p. 117.

79. Laurie Jean Reid, "The Plan of the Mississippi State Board of Health for the Supervision of Midwives," 1921, box 354, RG 51-Mississippi Department of Health; Litoff, *The American Midwife Debate*, p. 4; and Holmes, "African American Midwives in the South," p. 286.

80. Interview with Eunice Rivers Laurie, conducted by A. Lillian Thompson, Black Women Oral History Project (Cambridge: Schlesinger Library, Radcliffe College, 1984), p. 11.

81. Quoted in Holmes, "African American Midwives in the South," p. 287.

82. Dr. W. E. Riecken, Jr., July 17, 1990, written responses to questions posed by author.

83. Nurse Elsie Davis, Holly Springs, in "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.

84. Nurses Abbie G. Hall and Caroline Bourg, Sharkey-Issaquena Counties, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.

85. Otha Bell Jones in Itta Bena to board of health, 4/13/38, box 27, RG 51-Mississippi Department of Health. It was not unusual for midwives to keep excellent records of the births they delivered. Della Falkner kept a list of the name of every birth she attended for ten years from 1926 to 1936. "History of Della Falkner: Mid-Wife and Register of Her Patients." See also Wilson, *Hope and Dignity*, p. 39.

86. Logan, *Motherwit*, p. 90.

87. Rosie Bell Rollins of West Point to Lucy Massey, 11/13/48, box 36, RG 51-Mississippi Department of Health.

88. Midwife club reports from 1930s and 1940s, including Melissa Ann Mobley, and J. E. Lucas, of Carlisle Midwife Club, to board of health, [1941?]; midwife report for Claiborne County, 8/9/41; and Irene B. Brisco and Louise Ceal, Humphreys County midwife club report, 9/5/42, all in box 27; and photos of Coahoma County midwife meeting, 5/3/51 box 21, RG 51-Mississippi Department of Health. See also Mary Osborne to Felix Underwood, Narrative and Statistical Report May 1924 of the Mississippi Bureau of Child Welfare and Public Health Nursing, central file, 1921-1924, box 249, RG 102-Children's Bureau. For a discussion of midwife meetings in Florida see Susie, *In the Way of Our Grandmothers*, p. 46.

89. Violor Dorsy and Earline Morris of Hub to board of health, box 36; photos of Holmes County midwife meeting, October 1938; and photos of Forrest County midwife meeting, no date, in box 27, RG 51-Mississippi Department of Health. See also Dougherty, "Southern Midwifery and Organized Health Care," p. 116.

90. Lyrics to "Midwife Song: Protect the Mother and Baby" and "Song of the Midwives" sung to tune of "As We Go Marching On," box 27; and Robert Loftus, "Stork Loses Two Long-Time Forrest County Helpers," *Hattiesburg American*, 29 November 1948, box 36, RG 51-Mississippi Department of Health.

91. John Lomax built a collection of black folk song recordings at the Library of Congress. *The Mississippi Doctor*, 14 (June-May 1936-1937), and "Song's Recorder Here: Midwife Song Taken," newsclipping, 3/9/37, box 36, RG 51-Mississippi Department of Health. See also Dr. James Ferguson who described a visit to a midwife meeting in October 1948 at which a phonographic recording of the entire

meeting was made. James H. Ferguson, "Mississippi Midwives," *Journal of the History of Medicine* (Winter 1950), pp. 90-95, box 36, RG 51-Mississippi Department of Health.

92. Nurse Agnes B. Belser and nurse Inez Driskell, in Report from Mary Osborne to Dr. Felix Underwood, Dr. Anna E. Rude, and Dr. W. S. Leathers, September 1923, central file, 1921-1924, box 248; and excerpts from nurses in "Narrative and Statistical Report, June 1926," Correspondence and Reports, 1917-1924, box 17, RG 102-Children's Bureau.

93. Nurse Louise James, in Mississippi State Board of Health, Nursing Narrative and Statistical Report, November 1923, central file, 1921-1924, box 249, RG 102-Children's Bureau.

94. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 7/1/37, box 356; and Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/44, box 57, RG 51-Mississippi Department of Health.

95. Dodd, "Midwife Supervision in South Carolina," p. 863. A nurse by the same name worked in Holmes County, Mississippi, in 1932. Ellen Woods Carter, Statistical Report, 1932, box 356, RG 51-Mississippi Department of Health.

96. Dr. F. J. Underwood, "The Development of Midwifery in Mississippi"; and Mary Osborne to Dr. Haines, 11/10/25, central file, 1925-1928, box 330, RG 102-Children's Bureau.

97. Sallie Mae Brock and Virginia Thompson of Monroe County, newsclipping of *The Examiner*, (1944), box 36, RG 51-Mississippi Department of Health.

98. Quote from Nurse Mae Reeves, in Mary Osborne report to Dr. Underwood, Dr. Anna E. Rude, and Dr. W. S. Leathers, September 1923, central file, 1921-1924, box 248, RG 102-Children's Bureau.

99. Nurse report from Washington County, in Narrative and Statistical Report of the Mississippi Bureau of Child Welfare and Public Health Nursing, from Mary Osborne to Felix Underwood, May 1924, central file, 1921-1924, box 249, RG 102-Children's Bureau.

100. Mrs. Zona C. Jelks, president of the Mississippi Public Health Association, "My Twenty-Five Years in Public Health in Mississippi," talk at the annual convention, 11/29/67, box 317, RG 51-Mississippi Department of Health.

101. Leslie J. Reagan, "When An Abortion Was A Crime: The Legal and Medical Regulation of Abortion, Chicago, 1880-1973," (Ph.D thesis, University of Wisconsin-Madison, 1991), chapter 3. See also Leslie J. Reagan, "'About to Meet Her Maker': Women, Doctors, Dying Declarations, and the State's Investigation of Abortion, Chicago, 1867-1940," *Journal of American History* 77 (March 1991): 1240-1264.
102. Ferguson, "Mississippi Midwives," p. 86.
103. Susie, *In the Way of Our Mothers*, p. 30.
104. Logan, *Motherwit*, pp. 115-117. Another method rural women used to induce miscarriage was drinking turpentine, according to a black woman from Alabama whose mother died from it. Simonsen, *You May Plow Here*, p. 160.
105. Susie, *In the Way of Our Grandmothers*, pp. 30-31; Litoff, *American Midwives*, p. 30; Litoff, *The American Midwife Debate*, p. 8; and Roberts, interview by author.
106. Mississippi State Board of Health, "Midwife Supervision," [1938?], box 36, RG 51-Mississippi Department of Health. Apparently, domestic servants were also required to be tested for syphilis. See Susan Tucker, *Telling Memories Among Southern Women: Domestic Workers and Their Employers in the Segregated South* (Baton Rouge: Louisiana State University Press, 1988), p. 177.
107. Mississippi State Board of Health, "Study of Midwife Activities in Mississippi, July 1, 1921 - June 30, 1929," 6/30/29, box 36; and Nurse Elois Conn of Amite County, newsclipping of *Southern Herald*, Nov. 12, [1941?], box 27, RG 51-Mississippi Department of Health.
108. See Mississippi State Board of Health, *Manual for Midwives*, 1939, box 354, RG 51-Mississippi Department of Health; and Nurse A. E. McDaniel in Tishomingo County, Mississippi State Board of Health, Bureau of Child Hygiene and Public Health Nursing, Public Health Nurses' Narrative Reports, July 1928, State Boards of Health, box 41, RG 90-USPHS.
109. Dr. F. J. Underwood, "The Development of Midwifery in Mississippi."
110. Nurse Ethel B. Marsh of Adams County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.

111. Nurse Josie Strum, Clarke County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
112. Rose T. Coursey, Welfare Worker in Jones County, to Mary Osborne, 11/26/27; Osborne's secretary to Mrs. Rose T. Coursey, Jones County Welfare Worker, 12/8/33; and Board of Health to Honorable Jack Deavours, County Attorney, 12/1/33, box 36, RG 51-Mississippi Department of Health. Onnie Lee Logan in Alabama reported that she had a brother-in-law who was a midwife and received a permit from the board of health. Logan, *Motherwit*, p. 30.
113. Georgette Smith to the Supervisor of Midwives, 10/29/45, box 27, RG 51-Mississippi Department of Health.
114. Quoted in "State Health Agency Calls Midwifery 'Dying Avocation,'" newsclipping in *Jackson Commercial Appeal*, [1966?], box 36, RG 51-Mississippi Department of Health.
115. Dr. Felix J. Underwood, "Midwife Activities in Mississippi," [1932?], box 354; and Mississippi Department of Health, "Policies Regarding Midwife Supervision," 6/1/48, box 36, RG 51-Mississippi Department of Health.
116. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, RG 51-Mississippi Department of Health; and Dr. Paul Cornely, interview by author, tape recording, Howard University Medical School, 7/24/89.
117. "Report of Work of Mollie Gilmore, Midwife, For July 1936 to December 1937," box 27, RG 51-Mississippi Department of Health.
118. Photo of a midwife and Mrs. Robley, possibly the nurse, showing a delivery room, no date, box 21; Photo entitled "Model Midwife Delivery Room" in Sharkey County, 1953, box 36; sketch of a model delivery room, no date, box 27; and Nurse Elois Conn, newsclipping in *Southern Herald*, Nov. 12, [1941?], box 27, all in RG 51-Mississippi Department of Health.
119. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2; newsclipping entitled "Midwives and Health Work," [1933?], box 36; and Mississippi State Board of Health, "Midwife Supervision," [1938?], box 36, all in RG 51-Mississippi Department of Health. See also Roberts, interview by author.

120. J. M. Boyd to Mary D. Osborne, 5/24/34, box 27, RG 51-Mississippi Department of Health.
121. Excerpts from testimony about model delivery rooms, box 27, RG 51-Mississippi Department of Health.
122. Mrs. B. S. Peques of Itta Bena to board of health, no date, box 27, RG 51-Mississippi Department of Health.
123. Dr. B. B. Harper of Itta Bena to Mary Osborne, 5/6/38, box 27, RG 51-Mississippi Department of Health.
124. Comments from Mrs. Elliott Thompson and Mat Jones about delivery room set up by Lula B. Hudson at Rust College, 8/6/41, box 27, RG 51-Mississippi Department of Health.
125. Dr. W. E. Riecken, Jr. written responses to author's written questions, 7/17/90; and Ferguson, "Mississippi Midwives," p. 89.
126. Nurses Abbie G. Hall and Caroline Bourg, Sharkey-Issaquena Counties, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
127. Midwife training film "All My Babies," Georgia Department of Health, 1953, courtesy of the Department of the History of Medicine, University of Wisconsin Medical School.
128. Wilson, *Hope and Dignity*, p. 43.
129. Midwife Estelle W. Christian to Nurse Viola M. Jones in Claiborne County, 10/5/39, box 27, RG 51-Mississippi Department of Health.
130. Midwife Estelle W. Christian to Nurse Viola M. Jones in Claiborne County, 10/5/39, and attached noted from Jones to Osborne, box 27, RG 51-Mississippi Department of Health.
131. Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (N.Y.: Oxford University Press, 1987).
132. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/44, box 57, RG 51-Mississippi Department of Health.

133. "Plan of Work for Maternity and Infant Hygiene County Nurses and Venereal Disease Control Nurses," Revised October 1922, Correspondence and Reports, 1917-1954, box 17; and Lois Trabert, Bureau of Child Hygiene of Mississippi State Board of Health, to Dr. Anna E. Rude, Children's Bureau, 4/2/23, central file, 1921-1924, box 248, RG 102-Children's Bureau.
134. Letter from unknown midwife in Raleigh to board of health, no date, box 27; and Nurse Fannie Mae Howell of Holmes County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
135. Nurse Ethel B. Marsh of Adams County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
136. Nurse Nell E. Austin of Forrest County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
137. Nurse Edna U. Edwards of Pearl River County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
138. Connie Peak Higdon, Copiah County, "Nurses Narrative Report, Mississippi State Board of Health, Bureau of Child Hygiene, Division of Public Health Nursing, July 1931," box 36, RG 51-Mississippi Department of Health.
139. Folder-"Midwifery, Nursing Conference at Massey Island, Leflore County," September 1937, box 27, RG 51-Mississippi Department of Health.
140. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, RG 51-Mississippi Department of Health. See also nurse Mary L. Gregory, Narrative and Statistical Report, April 1924, Mississippi State Board of Health, Bureau of Child Hygiene and Public Health Nursing, central file, 1921-1924, box 249, RG 102-Children's Bureau.
141. Midwife leader in Smith County, quoted in "The Relation of the Midwife to the State Board of Health," Mississippi State Board of Health, 1/1/35, box 2, RG 51-Mississippi Department of Health.
142. Nurse Ella M. Sayle of Coahoma County, Mississippi State Board of Health, Bureau of Child Hygiene and Public Health Nursing, Public Health Nurses' Narrative Reports, July 1928,

State Boards of Health, box 41, RG 90-USPHS.

143. Nurses reports in "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, RG 51-Mississippi Department of Health.

144. Midwife Virginia Thompson of Hamilton in Monroe County to Mary D. Osborne, 7/21/36, box 27, RG 51-Mississippi Department of Health.

145. Dr. Felix J. Underwood, "Midwife Activities in Mississippi," [1932?], box 354; and "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, RG 51-Mississippi Department of Health.

146. Midwife report from Simpson County, no date but 1930s or 1940s, box 27, RG 51-Mississippi Department of Health.

147. Letter from unknown midwife to board of health, no date, box 36, RG 51-Mississippi Department of Health.

148. Brooksie W. Peters for the nursing staff of the Lauderdale County Health Department to Lucy E. Massey, 7/14/47, box 36; and Dr. Andrew Hedmeg, Jackson County Health Department, reporting on nurses' suggestions to Lucy E. Massey, 9/8/47, box 36, RG 51-Mississippi Department of Health. Florida's midwife retirement efforts also began in the 1940s. Susie, *In the Way of Our Grandmothers*, p. 47.

149. Mississippi State Board of Health, "Policies Regarding Midwife Supervision," 6/1/48, box 36; and memo from Lucy Massey to Underwood, 2/2/48, and memo from Underwood to Massey, 2/2/48, box 36, RG 51-Mississippi Department of Health.

150. Roberts, interview by author.

151. Robert Loftus, "Stork Loses Two Long-Time Forrest County Helpers," from *Hattiesburg American*, 29 November 1948, box 36, RG 51-Mississippi Department of Health.

152. Dr. D. Galloway and Nurse Louise Holmes, Mississippi State Board of Health, to Dr. Lucille Marsh, U.S. Children's Bureau, 12/3/51, box 36, RG 51-Mississippi Department of Health.

153. Roberts, interview by author.

154. In 1951 there were only about 30 white midwives. Dr. D. Galloway and Nurse Louise Holmes, Mississippi State Board of Health, to Dr. Lucille Marsh, U.S. Children's Bureau, 12/3/51; "State Health Agency Calls Midwifery 'Dying Avocation'"; Note to Miss Ferguson on midwife figures as of December 1975, all in box 36, RG 51-Mississippi Department of Health. See also "Grannies: The roots of midwifery"; Jelks, "My Twenty-Five Years in Public Health,"; and Roberts, interview by author. A similar pattern held in Florida, with only a few registered midwives by the 1980s. Susie, *In the Way of Our Grandmothers*, p. 55.

## Chapter 6

### *Sharecroppers and Sorority Women:*

#### *The Alpha Kappa Alpha Mississippi Health Project, 1935-1942*

During the Great Depression, the health needs of rural African-Americans in Mississippi caught the attention of a national organization of middle-class black women. Black sorority women of Alpha Kappa Alpha (AKA) designed, financed, and carried out a health project for two to six weeks every summer from 1935 to 1942. The purpose of the project was twofold: to alleviate the suffering of black sharecroppers in the Mississippi Delta who received little New Deal relief, and to present a model of the types of health and welfare services that the local and federal government ought to provide for poor African-Americans.

The history of the Alpha Kappa Alpha Mississippi Health Project, one of the many health projects of the black health movement, illustrates how middle-class black women addressed both separate black health needs as well as integration goals during the period of legalized segregation from 1890 to 1950.<sup>1</sup> The sorority women volunteers, both health professionals and laywomen, became advocates for black sharecroppers, and a bridge between rural black people and government agencies.<sup>2</sup>

Although the Mississippi Health Project differed from many black health programs in that the organizers did not live in the communities where they

created the project, the sorority project was a part of the larger black health movement. In the AKA health project, as in the health movement generally, middle-class black women took the lead in organizing community health work for the poor. As with the national leaders of Negro Health Week, the sorority women turned to the state and attempted to change their volunteer program into a state-sanctioned one.

Although the members of Alpha Kappa Alpha shared a history of racial oppression with those they aided, they did not share similar class positions. Black female students at Howard University in Washington, D.C., founded Alpha Kappa Alpha, the oldest black sorority in the United States, in 1908. AKA recruited black college leaders and academic achievers from historically black colleges and predominantly white colleges across the country. Many of the college sorority members continued their affiliation as they became professionals. At the time of the health project, the sorority had over 2,000 members in 125 chapters around the country, including both undergraduate and alumnae chapters.<sup>3</sup> The educational background, urban residence, and moderate economic security of the middle-class alumni sorority women separated them from the sharecroppers in Mississippi, many of whom suffered from malnutrition and harsh working and living conditions.

Most African-Americans living in rural Mississippi were sharecroppers working on white-owned plantations where the entire family was involved in the

production of the cotton crop. Sharecroppers had no economic security, and as tenant farmers they were caught in a cycle of debt, earning little cash income. Each plantation had anywhere from one to several hundred families who were bound to the land by their debt and not permitted to leave without the plantation owner's consent. The sharecroppers lived in one to four room cabins, usually with no plumbing and an outdoor privy, or toilet. Malnutrition was a serious problem because most food had to be purchased at the plantation store, which offered limited items, mostly salt, sugar, grits, cornmeal, molasses, and fatback. Their difficulties were compounded by limited formal education and a political and economic system that provided little opportunity for change. Educational facilities were minimal due to a political system characterized by such practices as poll taxes and intimidation from an entrenched white power structure. At this time less than one-half of one percent of black adults ever voted in Mississippi and other Deep South states.<sup>4</sup>

Such distinct class, cultural, and regional differences between the AKA women and the Mississippi sharecroppers both motivated and complicated the sorority's health activism. The sorority women viewed themselves as culturally superior to the Mississippi poor, yet felt a keen sense of responsibility for the welfare of poor African-Americans. In their language, the differences between the "fortunate" and the "unfortunate" had created class tensions they hoped to ease. As one report of the Mississippi Health Project noted:

perhaps the most tragic aspect of these differences . . . is the gap they have created between the Negro masses who have not yet emerged from the sub-standard mode of life and a Negro minority which has attained a high cultural level. Since this minority believes that it has been stigmatized by the status of the sub-standard masses, and they [the poor] feel completely repudiated by the more fortunate, a keen resentment has developed between the two.<sup>5</sup>

The Alpha Kappa Alpha Mississippi Health Project was an attempt to bridge that class gap.<sup>6</sup>

The social welfare work of Alpha Kappa Alpha in Mississippi began with a teacher education program in 1934 directed by Ida Louise Jackson, head of the sorority. Jackson, a native of Mississippi, had moved to Oakland, California, with her family after high school. In the 1920s she fought to become the first black teacher hired in the Oakland public schools. She was a highly educated woman, earning bachelor's and master's degrees from the University of California at Berkeley, and doing doctoral work at Columbia Teachers College. In 1933 Jackson attended a concert by student singers from the Saints Industrial and Literary School of Lexington, Mississippi, headed by AKA member Arenia Mallory, and learned of the bleak conditions faced by black people in rural Mississippi. Motivated to investigate for herself, Jackson visited her home state and found the descriptions of extreme poverty and inadequate educational facilities to be true. Therefore, in 1934 she garnered AKA support and launched the AKA Summer School for Rural Teachers as a way to improve the quality of education for black children.<sup>7</sup> During the summer of 1934, Jackson and her AKA

volunteer teachers were struck by the malnutrition and unsanitary living conditions of the children whose homes they had visited on local plantations. Jackson concluded that health conditions had to be improved before educational opportunities would be meaningful. Her personal contacts with the local people convinced her that basic survival issues and the material conditions of people's lives had to be addressed before poor African-Americans could benefit from improved educational opportunities.<sup>8</sup>

As head of the sorority, Ida Jackson again enlisted the support of her sorority at its annual convention, which agreed to provide \$1500. She then appointed a committee to help her organize the health project for Mississippi. The health committee, composed of doctors, nurses and laywomen, decided the project should start with a focus on children's health, after receiving responses to a questionnaire circulated to all AKA members. Southern children were an appropriate focus, the committee noted, because children were the hope of the future and the South was the most impoverished region.<sup>9</sup> Jackson convinced fellow soror Dr. Dorothy Boulding Ferebee to be the Medical Director of the health project, and Dr. Ferebee in turn selected the volunteers.

Dr. Ferebee directed the work for the Mississippi Health Project on top of her job at Howard University, her private practice, and raising her young twins. Born in Virginia, Dr. Ferebee grew up in Boston. She earned degrees at Simmons College and Tufts Medical College.<sup>10</sup> At Tufts she was one of five women in a

class of 137 medical students. According to Dr. Ferebee, "we women were always the last to get assignments in amphitheaters and clinics. And I? I was the last of the last because not only was I a woman, but a Negro, too."<sup>11</sup> Despite these obstacles, Dr. Ferebee graduated in the top five of her class, and after repeated rejections by white hospitals, secured an internship in Washington, D.C., at Freedmen's Hospital. Following her internship, Howard University hired her as an instructor of obstetrics.

The sorority women volunteers encountered many difficulties in carrying out the plans for the health project, yet they demonstrated resiliency and creativity in the face of white resistance. Dr. Ferebee selected twelve black women to participate in the Mississippi Health Project that first summer in 1935, including one doctor, two nurses, and several teachers and social workers. Because most of the women did not live in the South, they decided to meet at the Washington, D.C., home of Dr. Ferebee and take the train down together to Mississippi. When a white railway agent refused to sell train tickets to Dr. Ferebee and the eleven sorority volunteers, due to the limited seating for African-Americans in segregated trains, the sorority women decided to borrow cars and drive to Mississippi instead. They drove despite the load of medical supplies they had to transport. As Dr. Ferebee recalled, it was "a 2,000 mile run over unknown roads, many without restroom facilities, or over night accommodations, or even gas stations willing to serve black travellers."<sup>12</sup>

The AKA participants again faced white resistance upon reaching Mississippi. Their plan was to establish five centralized clinics for the sharecroppers of Holmes County, with their headquarters at Lexington where they could stay at the Saints School. However, after their first few days of clinic operation in Lexington, the AKA women found clinic attendance was very low. White plantation owners, wary of people they identified as "outside agitators," told the sorority women that they refused to allow "their" sharecroppers to leave the plantations and attend the clinics. Undaunted, the AKA women agreed among themselves that they had not come all this way for nothing, and if the sharecroppers could not come to them, they would go to the sharecroppers.<sup>13</sup> The women turned their cars, which they were forced to bring in the first place, into mobile health clinics and drove out to each plantation. The result was that the health project reached far more people than any centralized clinic ever would have.

Despite the dusty country roads and inadequate facilities, the sorority women ran their clinics professionally and systematically, with as much order and efficiency as possible. They set up clinic tables with crisp, white linen and put on matching white uniforms in order to "give an air of healthfulness and cleanliness." Teachers, such as Marion Carter from St. Louis, and nurses, such as Mary E. Williams from Tuskegee Institute, took patients' health histories and prepared children for immunizations, while Dr. Ferebee gave the injections.<sup>14</sup>

The conditions under which the AKA women worked were not ideal. The women found that the most accessible places to hold clinics were in small black churches, often the only black-controlled institution and the center of black community activities. Ida Jackson remembered that "many of these churches served also as the only school in the area. At other times we set up our equipment under the trees. On one occasion we had to use the porch of a plantation owner's house (under close supervision of the owner)."<sup>15</sup> Dr. Ferebee recalled: "Those at home who thought we were down in Mississippi having a big time should have been there to see what difficulties we experienced."<sup>16</sup>

The AKA volunteers, from New York to Ohio to California, had difficulty crossing the class and cultural boundaries that separated them from rural black Southerners, yet they believed it was their responsibility to "save" poor African-Americans. The relationship between sorority women and sharecroppers was complex. As the authors of the 1935 annual report of the health project explained, it was "absolutely the duty of every Negro who has had advantages to go down to these benighted people and administer--personally--to their needs. There cannot possibly be any hope for perceptible elevation of the racial mass otherwise."<sup>17</sup> Their racial uplift goals were intertwined with efforts to secure their middle-class position. As the health report's authors wrote, "there can be no top--if the bottom is not solidly there."<sup>18</sup>

The health reports demonstrated the elitist attitude of at least some of the

AKA women. AKA reports provided descriptions of sharecroppers who

flounder in the quagmire of poverty, ignorance and abject squalor. . . . Truly they are, for the most part, a saddened, defeated, submissive lot. Illiterate, helpless, they present an apathetic picture as they start from fields and doorways with expressions at once stupid, vacant and void of hope.<sup>19</sup>

Yet, these sorority women believed that their fate as members of the black middle class was tied to the future of poor African-Americans, a belief that led them to try to "save" the sharecroppers.

The professional women of AKA out in the Mississippi Delta encountered folk healers and folk medicine which shocked their modern sensibilities, but they tried to understand them within the context of economic deprivation and political oppression. The AKA health workers regarded as "superstitious" practices such as charms worn around children's necks to make teething easier, and an eighteen-month-old baby boy who wore his hair in plaits because his mother was afraid that in cutting his hair she would "cut" his speech.<sup>20</sup> Dr. Edna Griffin recalled that her "scissors were as busy cutting away conjure bags and moles' feet from the charm strings on the necks of children and grownups as they were cutting bandages."<sup>21</sup> Even if the volunteers did not appreciate or understand the cultural healing traditions of rural people, such observations only further politicized the sorority women into advocating for modern health care for poor black people.

Sorority workers quickly encountered the fact that rural African-Americans had their own health care systems in place long before they showed up. Midwives,

often sharecroppers themselves, were at the center of the traditional healing networks and made the work of the sorority possible. Midwives took on an advocacy role for their communities. They provided the AKA health workers with meals and "horrible tales" about the living conditions of sharecroppers.<sup>22</sup> It did not take long for the sorority women to realize that it was the support of midwives, along with ministers, that guaranteed sharecroppers' attendance at the health clinics.

Midwives were the primary health workers of the Mississippi Delta. There were few black doctors, and rural black people generally avoided white doctors because they were often unwilling to treat black patients or condescending in their approach.<sup>23</sup> In 1935 in Holmes County, the first county in which AKA worked, there were 77 midwives for a population of approximately 24,000 African-Americans. In Bolivar County, where the sorority carried out most years of the health project, there were 113 midwives for some 50,000 African-Americans. Bolivar, for example, had about 33 doctors, and only two of them were black.<sup>24</sup>

It is difficult to uncover the reactions of the black sharecroppers to these health clinics, but given their own healing traditions they most likely felt a mixture of fear and curiosity. The episodic nature of the sorority women's involvement in Holmes County, and then Bolivar County, no doubt hindered the development of trust, which was well established with the midwives.<sup>25</sup> Perhaps most importantly, the sharecroppers feared the reactions of plantation owners to their interactions

with the sorority women. In addition, some sharecroppers may have been unfamiliar with methods of modern medicine. One can well imagine how difficult it was for sharecroppers to seek out services for themselves, and especially for their children, that appeared to be painful. This report from a sorority volunteer in 1936 gives an indication of the apprehension with which sharecroppers arrived at AKA clinics for immunizations of their children:

The psychology of fear is an interesting thing. Hundreds of parents were in almost total ignorance of the methods and results of the treatment, but for some reason were mortally afraid that "sticking needles in the child's arm would hurt." Easily communicating this fear to their children, they were brought to the clinic so wrought up and hysterical that the touch of a warm soapy cotton applicator made them scream and cry.<sup>26</sup>

Yet, sharecroppers did come to the clinics seeking medical attention.

AKA reports indicate that the sorority women tried creative approaches to persuade the sharecroppers to attend the clinics. Knowing that sharecroppers were wary of outsiders due to their fear of repercussions from white plantation owners, clinic staff went to local church services where they advertised their clinics and attempted to allay fears about white retaliation for clinic participation.<sup>27</sup>

The sorority women also emphasized that their clinics were projects by *black* women health workers for black sharecroppers. Aware of the illiteracy of much of this population, the volunteers lined up colorful posters to attract attention and explain their health messages. They also encouraged attendance by providing gifts for the children, including toothbrushes and clothing. They gave nutrition lectures and introduced new food items by offering free meals at the end of the day when

people were most hungry.<sup>28</sup> Dr. Ferebee remembered that "thousands of tenant families came at first timidly as many had never seen a doctor or a nurse. But soon they came in droves."<sup>29</sup> Despite class and cultural differences, the Alpha Kappa Alpha Mississippi Health Project reached thousands of black sharecroppers.

The impact of the health project on the black sharecroppers of Mississippi must be analyzed in terms of both the health services brought by the clinics and the changes the project left behind. The effect on the health of children was perhaps most evident because AKA health staff left well over 15,000 children immunized against smallpox and diphtheria. In addition, the AKA clinics provided sharecropping families with physical examinations, vaccinations, dental services, nutrition and personal hygiene information, clothing, food items, and treatments for malaria and venereal disease. The health workers saw from 150 to 300 people each day at the clinics, for a total clinic attendance each summer of from 2,500 to over 4,000 people.<sup>30</sup>

The health project also made a difference well beyond the clinic work. AKA volunteers demonstrated to other African-Americans the value of modern health services and convinced a fraternal organization in Bolivar County, Sir Knights and Daughters of Tabor, to open a hospital in Mound Bayou instead of following their plans for a new office building.<sup>31</sup> The sorority women organized several meetings on race relations in the Delta with white Methodist women of

Bolivar County, with the result that some of the white women opened a recreation hall for African-American boys run by a black social worker.<sup>32</sup>

Finally, the sorority women believed that their mere presence as black professionals offered hope to poor sharecroppers. One participant, Dr. Edna Griffin, believed that the reason white people did not readily welcome the presence of the sorority was that "it created a restless yearning among the younger colored people--prompted them to migrate from the Delta to more promising parts of the country."<sup>33</sup> According to the sorority's health report, one sharecropper told the AKA women: "When we heard about youall coming, we just ran outside and thanked God. We been praying for someone to be sent in His name to speak for his poor laboring people."<sup>34</sup> The women saw themselves as "saviors" to the poor. AKA dentist Dr. Mary Wright (Thompson) remembered that some of the sharecroppers, the men in particular, told the sorority women, "Abraham gave us our freedom, but you gals gave us a new kind of freedom."<sup>35</sup>

The reports of the sorority women never explicitly stated that AKA regarded this health work as civil rights work. However, AKA sent its reports to white Mississippi health authorities so the sorority women were careful about what they wrote, fearful that antagonizing "white power" would be counterproductive to helping sharecroppers.<sup>36</sup> The changes AKA women attempted to implement in Mississippi through their health project did constitute racial uplift work, what today might be called civil rights activity. The white planters certainly feared that

was the purpose, as was evident in the behavior of plantation owners who had "riders' with guns in their belts and whipping prods in their boots; riders who weaved their horses incessantly, close to the clinics, straining their ears to hear what the staff interviewers were asking of the sharecroppers."<sup>37</sup> In later years Dr. Ferebee recalled that the project was "labelled by those racist Mississippians, as a program organized by meddling, communist black women, coming into their Delta to stir up trouble and to incite tenant farmers."<sup>38</sup>

Even though AKA ended the Mississippi Health Project in 1942, partly because World War II gas rationing restricted travel, the sorority's health work did not end. AKA pushed each of its chapters around the country to develop a health committee that would work with local residents and voluntary agencies to increase black people's access to existing health services. In 1945 the sorority opened a National Health Office in New York City under Estelle Massey Riddle (Osborne), a professor of nursing education at New York University, in order to coordinate the work of this nation-wide network of local AKA health committees.<sup>39</sup>

Perhaps the greatest impact of the Mississippi Health Project was on the more than forty AKA volunteers themselves. According to the 1937 annual report, "each worker emerged from the field of service with a deeper insight and a richer understanding of the life, the needs, and the outlook of the agrarian worker of the South."<sup>40</sup> The annual reports indicate that the women came to a critique of the southern economic system, including sharecropping, in their analysis of how

to improve health conditions, and they believed that real change required altering the living and working environment of the sharecroppers.<sup>41</sup> In 1941 Dr. Ferebee reported that "the Health Project has revealed many significant findings, but none more important than the fact the standard of health is indissolubly linked to all the socio-economic factors of living."<sup>42</sup> The AKA women saw first-hand those factors that hindered the lives of sharecroppers. When asked what she most remembered about going to Mississippi, Dr. Mary Wright (Thompson) said, "the poverty."<sup>43</sup>

Their analysis of the root causes of poor health had an effect on both the programs of the clinics and the direction of future AKA projects. By 1936, the second year of the health project, the sorority expanded the clinics beyond immunizations for children and adults, and included programs on nutrition, gardening and sanitation. In following years, AKA volunteers tried to address topics that related to socio-economic conditions but that could more easily be changed, such as diet, work hours, lavatory facilities, screens on windows, recreational facilities, and home-owning.<sup>44</sup> The approach of the health project became a combination of clinical operation, health education, and research on socio-economic conditions.

As the sorority women came to understand the structural causes of rural black poverty and ill-health, the Alpha Kappa Alpha Sorority moved from providing a direct service to individual communities, to attempting to influence

legislation and public policy. In 1938 the Alpha Kappa Alpha sorority took part in the national conference on black women and federal welfare programs organized by Mary McLeod Bethune through the National Council of Negro Women.

Participants of the conference argued that black women needed a larger role in the formation of government policy in order to receive their share of the benefits of social legislation.<sup>45</sup> In 1940 AKA began a national lobby project, the Non-Partisan Council on Public Affairs, in Washington, D.C., headed by soror Norma Boyd. The lobby, which grew directly out of AKA's public health work, was an effort to ensure that the federal government responded to the social welfare needs of all black people and worked to improve their political and economic conditions.<sup>46</sup>

From the beginning, Ida Jackson and Dr. Dorothy Ferebee had attempted to interest government officials in their work in order to turn their voluntary effort into a permanent, state-sanctioned program. The AKA leaders contacted Dr. Roscoe C. Brown and Surgeon General Hugh Cumming at the United States Public Health Service seeking their endorsement of the project. They approached Dr. Martha Eliot of the Children's Bureau and Secretary of Labor Frances Perkins for funding for the Mississippi Health Project from federal relief programs and the Social Security Act. They also worked with officials of the Mississippi State Board of Health, including Dr. Felix Underwood, Mary D. Osborne, and county health officers. They received the endorsement of Mississippi Senator Pat Harrison and

Representative Will Whittington.<sup>47</sup>

Their efforts to gain federal support even reached into the White House, where on behalf of their sorority, Jackson and Dr. Ferebee critiqued the New Deal for its failure to reach African-Americans. In late 1935 both Ida Jackson and Dr. Dorothy Ferebee met with Eleanor Roosevelt at the White House, at her request, to discuss the first summer's work of the health project.<sup>48</sup> Roosevelt had read of their work and expressed an interest in it. The AKA leaders hoped her support would aid them in securing financial assistance for the health project.

Jackson reported of the meeting:

First of all, we felt safe in saying that in spite of Federal provisions for relief, this relief program was not reaching the rural Negro. Secondly, if the Negro is to profit by the measures introduced by this Administration, it meant that Negroes would have to be given supervisory and other places of responsibility with "Federal Protection."<sup>49</sup>

Jackson indicated that Eleanor Roosevelt responded with the suggestion that "possibly our Health Project might become a Federal Project with AKA Supervision--with the proviso that we could find trained persons on relief who could operate or conduct the Project."<sup>50</sup>

The annual reports of the Mississippi Health Project continually refer to the program as a model to be emulated by the government, as merely a demonstration of the possibilities for reaching those people often missed by relief programs. The authors of the 1937 report observed that "certainly a limited project in a single Southern State could not pretend to have quantitative value."

Yet, "the final achievement of the Mississippi Health Project will be realized only when Federal, State, or County governments adopt the fundamental principles of its technique and expand this service to large-scale proportions."<sup>51</sup>

The sorority never received more than some surplus food items from the federal government for their work in the Mississippi Delta. Although they tried to convince the federal and local governments to take over the work, their requests went unheeded. Not until the 1960s would the federal government provide financial support for a health project in the same region, when the United States Office of Economic Opportunity assisted Tufts University, Dr. Ferebee's alma mater, with its Tufts-Delta Health Center based in Mound Bayou in Bolivar County.<sup>52</sup>

The Mississippi Health Project benefitted the sorority women who participated in it. The project brought national recognition not only to the sorority but to individual members, such as Dr. Ferebee. Many journals, including *Survey Graphic* and *Reader's Digest*, reported on the project. One summer, *Time's* newsreel division made a motion picture of the staff working in the health clinics.<sup>53</sup> The sorority was proud of its accomplishments and widely publicized the project to other clubs and organizations, especially through a CBS radio broadcast and public lectures by Dr. Ferebee.<sup>54</sup> One AKA member remarked to Dr. Ferebee that black fraternities showed a great deal of interest in the work of AKA. She reported: "Some of the Alpha men said, it was too bad that the men

hadn't thought of such a project. I told them the field was very large and we could not stop them."<sup>55</sup>

The Alpha Kappa Alpha Mississippi Health Project politicized the more than fifty sorority women who took part in it at some point over the years. The women engaged in social activism through their health work. Dr. Ferebee reported in her 1941 CBS radio broadcast that the desperate situation of the Depression had motivated the sorority women to take action on behalf of the poor:

Recognizing the distressing problems of the masses of our people, especially at the lowest economic levels, and recognizing the fact that health is one of the primary needs of all underprivileged people, we set out to offer something beyond an academic discussion of the deplorable conditions of this group.<sup>56</sup>

The process of politicization among the sorority volunteers resulted in a shift from AKA women acting as direct advocates for sharecroppers with government officials, to AKA agitating for the political and economic interests of all African-Americans, including the poor, at the federal level through their federal lobbying work.

\*                    \*                    \*                    \*                    \*                    \*

The neglect and denial of health services to black Americans during the period of legalized segregation led black people to create their own health

movement to improve black health conditions. Middle-class black Americans created health programs in communities across the nation, although most were centered in the rural South. Black women's informal public health work at the turn of the twentieth century became a formal health movement by World War I. Activists in the health movement not only provided direct health services, but also asserted that the government had a responsibility to meet black health needs.

From the establishment of Provident Hospital, to the Tuskegee Movable School, to the Alpha Kappa Alpha Mississippi Health Project, middle-class black women were at the heart of health reform. While men were the national leaders of the black health movement, women were the backbone of the movement and performed the grassroots activism that created a mass movement. Women were integral to the founding and maintenance of black health services. Black women's central role in black activism for health care was in part the result of the gendered nature of health care labor for both middle-class and poor women. Middle-class women's key role derived to a great extent from their unquestioned responsibility for their own health and the health of their families.

Middle-class women were also central to health reform because of their concern with sexual respectability as a way to combat the white sexual stereotypes of black Americans. The health movement carried with it social purity overtones about moral as well as physical health. Black health activists, especially women, equated respectability with sexual restraint and moral cleanliness. Middle-class

black women believed that as the guardians of morality they were uniquely able to bring about the salvation of the race. Middle-class Americans, black and white, associated cleanliness and health with morality, while dirt and disease carried connotations of immorality. Middle-class black women believed that the elevation of the race required the moral as well as physical clean-up of black America.

In their promotion of National Negro Health Week and other programs of the black health movement, middle-class black women implemented health policy by serving as a bridge between poor African-Americans and health services. Poor women, and their children, were the main targets of black health programs because black activists believed that in reaching women with health education and services, the entire family would benefit. In the case of Provident, the institution depended on the unpaid labor of laywomen and student nurses who linked the hospital with the surrounding black communities through their fund raising, community organizing, public health programs, and visiting nursing. In the Tuskegee Movable School, home demonstration agents and public health nurses brought health programs directly to the rural poor as part of a larger rural development project. In the Mississippi Health Project, sorority women volunteers advocated for black sharecroppers with white government health agencies, at the same time that they provided an annual health program to black people in the Delta.

Because segregation and discrimination limited the number of black health

professionals, layworkers played a key role in the black health movement and the delivery of health services. Although men assisted in their role as ministers and businessmen, most of the layworkers were women, including teachers and club women. Middle-class black laywomen, concerned with basic survival issues and caretaking on a community level, made health care services available to a larger portion of their community than professionals could ever hope to reach.

Midwives played a vital role in the black health movement as health workers in rural communities. Laywomen themselves, midwives were health experts within their communities. They linked the health projects of black health activists, as well as the state health department, to the poor. As the Mississippi State Board of Health and the Alpha Kappa Alpha women discovered, midwife support was vital to the success of black health programs in rural areas.

Middle-class health activists not only provided health services to black communities, but they turned to the state to ensure the permanency of such programs. The black health movement supported two efforts simultaneously: 1) to meet immediate health needs through separate black health campaigns, and 2) to lobby the state to provide resources to African-Americans through universal health services. Calling on government support was a way to meet racial uplift goals by pushing for integration of African-Americans into the existing health care system. In the Mississippi Health Project, sorority women worked with local county health departments and the Mississippi State Board of Health, and

requested that New Deal federal welfare programs be extended to poor African-Americans.

Furthermore, lobbying the government as representatives of the race provided middle-class black people with an opportunity to assert their class position in relation to white America. The dilemma for the black middle class, given the context of racial and economic oppression, was how to create opportunities for advancement for themselves and the race within a segregated system. Members of the black middle class believed that they had the right and the responsibility to represent the interests of the race to white America because they were "the fortunate," those black Americans who had made it out of poverty. The insistence on class diversity within black America was a key message articulated by the black middle class in the first half of the twentieth century. Black middle-class health reform efforts for the poor, especially calling on the state, reinforced their leadership and created a place of authority for middle-class black Americans who were generally denied a place of respect in white society.

For the most part, when middle-class African-Americans called on the state they received limited benefits at best. The federal government responded with only surplus food to AKA requests for financial assistance. Tuskegee Institute did achieve some minor victories when Tuskegee leaders received government support for the Movable School. Tuskegee also managed to convince the USPHS to take on the National Negro Health Movement and open the Office of Negro Health

Work under Dr. Roscoe C. Brown; however, his efforts were curtailed by few resources. With little economic and political power members of the black middle class could not guarantee government support. As the Tuskegee Syphilis Experiment showed, they could also not control the outcomes of state intervention.

Yet, the black health movement provided benefits to members of the black middle class beyond its health programs for the poor. Focusing on health issues permitted black middle-class women an authoritative voice in the realm of political organizing.<sup>57</sup> They took advantage of their traditional roles as caretakers and exploited the identification of health needs with the domestic realm in order to take on very public roles and engage in a little-recognized form of civil rights work. Health care was always both a private need and a public concern, enmeshed in the politics of the day. By turning to the health care arena during the period of legalized segregation, black middle-class women, and some men, kept alive the black struggle for equality.

1. For an example of another black health project see Sadie Stewart Hobday, R.N., "How the Negro Health Center in Tulsa Came to Be Built," *Public Health Nursing* 21 (October 1929): 526-528.
2. There is much debate among historians over the extent to which New Deal measures benefitted African-Americans. See Raymond Wolters, in *Negroes and the Great Depression: The Problem of Economic Recovery*, (Westport, Conn.: Greenwood Press, 1970); Harvard Sitkoff, *A New Deal For Blacks* (N.Y.: Oxford University Press, 1978); and Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987).
3. Background information on the Alpha Kappa Alpha Sorority and the Mississippi Health Project was drawn from Marjorie H. Parker, *Alpha Kappa Alpha: 60 Years of Service* (n.p.: Alpha Kappa Alpha Sorority, 1966); J. D. Ratcliff, "Cotton Field Clinic," *Survey Graphic* 29 (September 1940): 464-467. For a history of another black sorority see Paula Giddings, *In Search of Sisterhood: Delta Sigma Theta and the Challenge of the Black Sorority Movement* (N.Y.: William Morrow and Co., 1988).
4. Ratcliff, "Cotton Field Clinic," pp. 464-467; *Alpha Kappa Alpha Mississippi Health Project, Annual Report* [hereinafter *AKAMHP, Annual Report*] (1935); *AKAMHP, Annual Report* (1938); and *AKAMHP, Annual Report* (1939).
5. Quote from the "foreword" of the *AKAMHP, Annual Report* (1937).
6. See discussion by Gerda Lerner in "Community Work of Black Club Women," *The Majority Finds Its Past* (N.Y.: Oxford University Press, 1979), p. 93.
7. "Ida Louise Jackson," *Ivy Leaf* 57 (Spring 1980): 10; Marianna Davis, ed., *Contributions of Black Women to America*, v. 2 (Columbia, S.C.: Kenday Press, 1982), p. 406; "Ida L. Jackson," in *There Was Light: Autobiography of a University, Berkeley: 1868-1968* ed. by Irving Stone (N.Y.: Doubleday & Co., 1970), pp. 249-266; and James Willis Jackson, "The Search For Something Better: Ida Louise Jackson's Life Story," unpublished manuscript, [no date], courtesy of James W. Jackson.
8. Ratcliff, "Cotton Field Clinic," p. 465; Ida L. Jackson, "My Reflections on Alpha Kappa Alpha's Summer School For Rural Teachers and the Mississippi Health Project," *Ivy Leaf* 52 (Summer 1976): 11; Parker, *Alpha Kappa Alpha*, pp. 101-02; and "Lexington: A Noble Task," *Ivy Leaf* 13 (March 1935): 12.
9. *AKAMHP, Annual Report*, (1935).

10. Biographical information on Dr. Ferebee drawn from Davis, *Contributions of Black Women to America*, v. 2, p. 407; "A Thumbnail Sketch of Our Supreme Basileus Dorothy Boulding Ferebee," *Ivy Leaf* 18 (March 1940): 4; and "Dorothy Boulding Ferebee," *Tufts Medical Alumni Bulletin* 27 (March 1968), located in the Dr. Dorothy Ferebee folder at the Health Sciences Library, Howard University.
11. Quote from a newspaper interview with Dr. Ferebee by Carolyn Lewis, "Hard Work Can Topple the Barriers," *Washington Post*, no date, located in the folder on Dr. Dorothy Ferebee, Howardiana Collection, Manuscripts Division, Moorland-Spingarn Research Center, Howard University.
12. Dr. Dorothy Ferebee, "The Alpha Kappa Alpha Mississippi Health Project," *Ivy Leaf* 52 (Summer 1976): 14.
13. Interview with Dorothy Boulding Ferebee, conducted by Merze Tate, Black Women Oral History Project (Cambridge, Mass.: Schlesinger Library, Radcliffe College, 1984), p. 28; and *AKAMHP, Annual Report* (1935).
14. Parker, *Alpha Kappa Alpha*, p. 106. See also, Ida L. Jackson, "A Message from Our Supreme Basileus," *Ivy Leaf* 13 (September 1935): 3-4.
15. Ida L. Jackson, "My Reflections on Alpha Kappa Alpha's Summer School for Rural Teachers and the Mississippi Health Project," *Ivy Leaf* 52 (Summer 1976): 13.
16. Ferebee, oral history, p. 28.
17. *AKAMHP, Annual Report* (1935), "Foreword."
18. *AKAMHP, Annual Report* (1935), "Foreword."
19. *AKAMHP, Annual Report* (1935), "Appendix."
20. *AKAMHP, Annual Report*, (1936); typescript by Marjorie Holloman, box 10, Dr. Dorothy Boulding Ferebee Papers, Manuscripts Division, Moorland-Spingarn Research Center, Howard University.
21. Helen Kitchen Branson, *Let There Be Light: The Contemporary Account of Edna L. Griffin, M.D.* (Pasadena, Calif.: M. S. Sen, 1947), p. 103.
22. Newsclipping, unknown Washington, D.C., newspaper, 11/22/35, box 10, Ferebee Papers.

23. Onnie Lee Logan (as told to Katherine Clark), *Motherwit: An Alabama Midwife's Story* (N.Y.: E. P. Dutton, 1989), p. 57.
24. Mississippi State Board of Health, "The Relation of the Midwife to the State Board of Health," 1/1/35, box 2, Record Group 51-Mississippi Department of Health, Mississippi State Department of Archives and History; and Ratcliff, "Cotton Field Clinic."
25. I wish to thank Vanessa Northington Gamble for helping to clarify my thinking on this point.
26. Report by unknown soror to Dr. Ferebee, 1936, box 10, Ferebee Papers.
27. Ella Payne Moran, "A Project Conducted in Mississippi, Alpha Kappa Alpha Sorority Health Project, Mississippi, 1935-1942," dated August 1942, box 10, Ferebee Papers, p. 3.
28. Dr. Dorothy Ferebee, "Proposed Plan for a Demonstrational Dietotherapy Project by the Alpha Kappa Alpha Sorority Health Unit," box 10, Ferebee Papers, p. 6; and *AKAMHP, Annual Report* (1939).
29. Ferebee, "The Alpha Kappa Alpha Mississippi Health Project," p. 15.
30. Parker, *Alpha Kappa Alpha*, pp. 104-107; and see the annual reports of the health project from 1935 to 1942.
31. Ferebee, oral history, p. 27; Ratcliff, "Cotton Field Clinic," p. 467; and "Mound Bayou Erects New Model in Community Health," *Philadelphia Afro-American*, 3 March 1946, p. 5.
32. Moran, "A Project Conducted in Mississippi, Alpha Kappa Alpha Sorority Health Project, Mississippi, 1935-1942," pp. 5-12.
33. Quote from Dr. Griffin in *Let There Be Light*, p. 105.
34. *AKAMHP, Annual Report* (1942), p. 21, see also page 18.
35. Interview with Mary C. Thompson conducted by Cheryl Gilkes, Black Women Oral History Project (Cambridge, Mass.: Schlesinger Library, Radcliffe College, 1984), p. 21.
36. Ida Jackson to Dorothy Ferebee, 6/2/36, box 10, Ferebee Papers.
37. Ferebee, "The Alpha Kappa Alpha Mississippi Health Project," p. 15.

38. Dr. Dorothy Ferebee, "A Brief Review of the Mississippi Health Project of the Alpha Kappa Alpha Sorority," presented February 10, 1973, at the 65th anniversary of AKA sorority, box 12, Ferebee Papers.
39. See Parker, *Alpha Kappa Alpha*, pp. 111-112; Ferebee, "The Alpha Kappa Alpha Mississippi Health Project," p. 15; and Flora B. Chisholm, "Full-time Health Education Program of the Alpha Kappa Alpha Sorority," *National Negro Health News* 15 (October-December 1947): 11-13. Biographical information on Estelle Massey Riddle Osborne in Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), pp. 97, and 118-119.
40. *AKAMHP, Annual Report* (1937), pp. 16-17.
41. See critiques of sharecropping in the *AKAMHP, Annual Report*, (1937).
42. *AKAMHP, Annual Report* (1941), "Foreword."
43. Wright (Thompson), oral history, p. 20.
44. See annual reports of the Mississippi Health Project, 1935-1942.
45. *AKAMHP, Annual Report* (1938).
46. Interview with Norma E. Boyd, conducted by A. Lillian Thompson, Black Women Oral History Project, (Cambridge, Mass: Schlesinger Library, Radcliffe College, 1984); and photo album with text by Portia Nickens, box 10, Ferebee Papers.
47. Some of this correspondence is reproduced in *AKAMHP, Annual Report* (1935). See also AKA folder, box 147, Organizations, Group IX, 1936-1944, General Files, Record Group 90-USPHS; and Mississippi folder, box 133, Correspondence and Reports, 1917-1952, Record Group 102-Children's Bureau.
48. "Ida Louise Jackson," p. 10; Jackson, "My Reflections," p. 13; and *Ivy Leaf* 14 (March 1936): 23.
49. Ida L. Jackson, "The Conference with Mrs. Roosevelt," *Ivy Leaf* 14 (June 1936), p. 4.
50. Jackson, "The Conference with Mrs. Roosevelt," p. 4.

51. *AKAMHP Annual Report* (1937), p. 9. This sentiment is repeated in *AKAMHP, Annual Report* (1938), foreword.
52. See "Dorothy Boulding Ferebee," *Tufts Medical Alumni Bulletin* 27 (March 1968), Ferebee folder, Health Science Library, Howard University.
53. Parker, *Alpha Kappa Alpha*, p. 105.
54. For an example of Ferebee's publicity work see *Philadelphia Afro-American*, 30 March 1940, p. 9.
55. Ella V. Payne to Dorothy Ferebee, 10/9/35, box 10, Ferebee Papers.
56. *AKAMHP, Annual Report* (1941).
57. My thanks to Nellie McKay for her insights on this point.

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# VITA SHEET

Title of thesis	<u>"SICK AND TIRED OF BEING SICK AND TIRED": BLACK WOMEN AND THE NATIONAL NEGRO HEALTH MOVEMENT, 1915-1950</u>
Major professor	<u>Judith W. Leavitt</u>
Major	<u>History</u>
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