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The National Medical Association's Call For Responsibility During the Progressive Era: The Duty of Black Physicians to Improve Conditions in Black Communities to Combat Tuberculosis Mortality Rates.

Abstract

The National Medical Association (NMA) was founded in 1895 after the American Medical Association denied a group of black physicians membership. Black physicians used this organization as a platform to launch a three-tiered approach to combating the tuberculosis epidemic: debunking popular beliefs of black biological inferiority, proactive education of the black community on proper hygiene and behavior, and lobbying to gain support from social reforms and campaigns by targeting white anxieties and morals.

The NMA identified the causes of high death rates among black populations from tuberculosis as environmental, economic and social conditions. They placed the primary responsibility of changing these conditions and improving health on black physicians rather than depending solely on white run social reforms and aid. In order to improve the conditions and health of blacks, the NMA encouraged black physicians to educate the black community about tuberculosis causes, prevention and treatment. As tuberculosis mortality rates in black communities held constant, the NMA realized they needed the support of established social reform movements to effectively combat the disease. Many Progressive Era social reform movements improved environmental and economic conditions for whites but often excluded black communities. Whites dominated the Anti-Tuberculosis Movement's campaigns and usually excluded blacks from the aid they provided to tuberculosis patients. The NMA in turn played off of white anxieties concerning contamination and moral obligation in order to gain resources to improve black conditions. The NMA felt that black physicians' held the responsibility to educate the public and gain support from previously racially exclusive social movements.

Keywords

The National Medical Association, tuberculosis, black physicians, Progressive Era, tuberculosis mortality rates in black communities, community education

The National Medical Association's Call For Responsibility During the Progressive Era: The Duty of Black Physicians to Improve Conditions in Black Communities to Combat Tuberculosis Mortality Rates

Elizabeth R. Daniels

Tuberculosis was a major health concern in the black community during the Progressive Era. For every four black people who died of tuberculosis in the South only one white person perished of tuberculosis, and in the North five blacks perished for every white that died.¹ Despite these statistics, white officials dominated the national and local aid combating the disease and only served to aid the white community. The National Medical Association (NMA) was founded in 1895 after the American Medical Association denied a group of black physicians membership. Black physicians used this organization as a platform to launch a three-tiered approach to combating the tuberculosis epidemic: debunking popular beliefs of black biological inferiority, proactive education of the black community on proper hygiene and behavior, and lobbying to gain support from social reforms and campaigns by targeting white anxieties and morals.

The NMA identified the causes of high death rates among black populations from tuberculosis as environmental, economic and social conditions. They placed the primary responsibility of changing these conditions and improving health on black physicians, rather than depending solely on white-run social reforms and aid. In order to improve the conditions and health of blacks, the NMA encouraged black physicians to educate the black community about tuberculosis causes, prevention and treatment. As tuberculosis mortality rates in black communities held constant, the NMA realized they needed the support of established social reform movements to effectively combat the disease. Many Progressive Era social reform movements improved environmental and economic conditions for whites, but often excluded black communities. Whites dominated the Anti-Tuberculosis Movement's campaigns and usually excluded blacks from the aid they provided to tuberculosis patients. The NMA in turn played on white anxieties concerning contamination and moral obligation in order to gain resources to improve black conditions. The NMA felt that black physicians held the responsibility to educate the public and gain support from previously racially exclusive social movements.

Tuberculosis is an infection, usually in the lungs, caused by bacteria called *Mycobacterium tuberculosis*. It is spread from person to person by breathing air

¹ J. Madison Taylor, "Remarks on the Health of the Colored People," *Journal of the National Medical Association* 7, no 3 (July-September 1915): 162.

that contains droplets of infected sputum. There is also a form of tuberculosis that can be transmitted by drinking unpasteurized milk or eating the contaminated meat of an infected bovine. Tuberculosis may enter the body and remain in a dormant state for years without spreading or causing symptoms. If the immune system of an infected individual is weakened, the tuberculosis can become active, which allows the infection to spread. Before access to X-rays and skin tests, tuberculosis was difficult to diagnose as its symptoms, including fatigue, fever, weight loss, and coughing are common to other illnesses.² Tuberculosis often went undiagnosed until very advanced stages during the beginning of the Progressive Era. Without treatment, tuberculosis can be fatal. The Anti-Tuberculosis Movement of the Progressive Era treated tuberculosis with fresh air, proper nutrition and rest. The Movement helped turn its efforts towards educating the public about tuberculosis and developing sanatoriums, or facilities built in rural areas designed to allow fresh air and proper nutrition for patients infected with tuberculosis.³ Historian Michael A. Teller explains that the Anti-Tuberculosis Movement rarely helped blacks.⁴ Very few tuberculosis facilities admitted blacks for treatment, and the few that did accept blacks were segregated. Teller states that blacks were slow to organize their own tuberculosis societies and facilities. Although communities attempted to form black tuberculosis leagues, they lacked funding and shut down. The Anti-Tuberculosis Movement did not turn its attention to aiding blacks until the 1930s, even though blacks had higher mortality rates from tuberculosis than whites. This paper will examine the NMA's involvement in the Anti-Tuberculosis Movement.

The NMA is America's oldest organization of black physicians and health professionals.⁵ Despite the emphasis the *Journal of the National Medical Association* placed on the subject of tuberculosis from 1909-1931, no scholarly sources on the Anti-Tuberculosis Movement have explored the NMA's involvement in the movement in depth. Through my analysis of articles concerning tuberculosis published in the *Journal of the National Medical*

² George Schiffman, "Tuberculosis (TB)" <http://www.medicinenet.com/tuberculosis/article.htm> (accessed April 10, 2012).

³"The Tuberculosis Movement," *American Decades* (2001) <http://www.encyclopedia.com/doc/1G2-3468300234.html> (accessed April 10, 2012).

⁴ Michael Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988), 51.

⁵The National Medical Association, "History," The National Medical Association. http://www.nmanet.org/index.php?option=com_content&view=article&id=3&Itemid=4. (accessed March, 2012).The National Medical Association Website

Association and a review of secondary sources concerning the Anti-Tuberculosis movement, I discovered the NMA's unique position on how black physicians dealt with unequal opportunities and resources.

The first obstacle the physicians of the NMA approached was the popular medical, and consequently public, opinion that racial and biological inferiority caused the increased mortality rate among the black population. Karl Pearson, a celebrated biologist, mathematician, and eugenicist taught that immunity and susceptibility to tuberculosis was hereditary and discouraged the reproduction of individuals prone to the disease.⁶ His philosophy of innate biological weakness was reflected in medical journals across the country and was viewed by physicians and the public. *The Journal of the American Medical Association* presented blacks as uncivilized, prone to disease and on their way to extinction.⁷ *The Atlanta Journal Record of Medicine* in 1903 presented tuberculosis as a way to "settle the race problem by elimination."⁸ NMA physician Dr. C.W. Birnie explained, "Almost daily we find newspapers, and magazines teeming with articles endeavoring to prove that the Negro race stands as a menace to the white men socially, morally and physically... Public sentiment is being educated against us."⁹

To combat this public sentiment, the NMA published articles on what they viewed as the causes of high tuberculosis mortality rates among blacks. In "A Brief Review of Tubercular Peritonitis," Dr. A.W. Cheatham wrote:

A closer, a more broad and a more unbiased investigation of the subject will reveal the fact, that tuberculosis in the most common form is in general a disease of condition and environment and not attributed to any race. I will admit, however, that the Negro is one of its greatest victims, which fact is unfortunately due to conditions and environments in which this grand and glorious free, and Christian country, the United States of America, forces the Negro to exist.¹⁰

⁶ Teller, *The Tuberculosis Movement*, 95-95.

⁷ Samuel Kelton Roberts Jr, *Infectious Fear: Politics, Disease, and The Health Effects of Segregation* (Chapel Hill: The University of North Carolina Press, 2009), 47.

⁸ Roberts, *Infectious Fear*, 47.

⁹ C.W. Birnie, "The Influence of Environment and Race on Disease," *Journal of The National Medical Association* 2, no. 4 (October-December 1910): 243.

¹⁰ A.W. Cheatham, "A Brief Review of Tubercular Peritonitis," *Journal of The National Medical Association Journal* 8, no. 1 (January-March 1916): 20.

The conditions to which Cheatham referred included the prevalence of poorly ventilated, unsanitary, and crowded housing and workspaces among blacks, low wages, poor nutrition and inferior health care. These conditions created circumstances that provoked the spread of tuberculosis, weakened the immune systems of the population, and decreased the chance of recovery once an individual contracted the disease.

To prove race had nothing to do with tuberculosis susceptibility, Dr. C.W. Birnie compared tuberculosis death rates between the Irish and blacks. He found very little difference between the two and concluded that environment, rather than race, caused high mortality rates.¹¹ Historian Tera W. Hunter explains the abysmal conditions of poor neighborhoods and how these unsanitary conditions led to an increased chance of disease. Hunter claims that city governments gave higher priority to businesses and the wealthy in the distribution of public resources, which exacerbated the risk of disease for the poor. Poor black neighborhoods often had dirty streets, a lack of running water, and served as places for sewage drain off and garbage dumps.¹² Dr. C.W. Birnie explained, "...tuberculosis is largely a disease of poverty."¹³

In 1909 Dr. C.W. Harrison drew on the clear correlation between poor environmental conditions and high tuberculosis rates and wrote an article in the *Journal of the NMA*. It called for improvements in housing of the black laboring classes and conditions in their work places and legislation that provides light and fresh air to all people.¹⁴ Overcrowding allowed tuberculosis to spread quickly between individuals, and lack of ventilation and sunlight eliminated the possibility of natural sterilization of infected sputum droplets in the air. Harrison also explained the need for improved wages and lower prices of food.¹⁵ Without proper wages individuals could not afford the necessary clothing and nutrition to keep them healthy. As mentioned previously, weakened health and immune systems can make already present tuberculosis infections become active or prevent the body from combating newly contracted strains of the disease. Harrison also approached the danger in milk and meat of cows.¹⁶ As blacks

¹¹ Birnie, "The Influence of Environment and Race on Diseases," 251.

¹² Tera W. Hunter, *To' Joy my Freedom: Southern Black Women's Lives and Labors After The Civil War* (Cambridge: Harvard University Press, 1997), 201.

¹³ Birnie, "The Influence of Environment and Race on Diseases," 244.

¹⁴ C.W. Harrison, "Tuberculosis In Massachusetts and Methods for Its Relief and Control," *Journal of the National Medical Association Journal* 2, no.1 (January-March 1910): 18.

¹⁵ *Ibid.*, 18.

¹⁶ *Ibid.*, 19.

received lower wages than whites, they often could only afford the lower grade meat and milk from bovine not tested for tuberculosis.¹⁷ This dangerous food source increased the likelihood of impoverished blacks contracting tuberculosis. As Dr. H.A. Callis summed up in an NMA article, "...the particular economic and social position of the Negro forces him to endure long hours of labor, low wages, and unbalanced diet, poor and unsanitary housing conditions with overcrowding in his homes and schools, and an almost complete lack of community supervision by public health agencies."¹⁸

In addition to poor conditions in the work and home that increased their susceptibility to disease, blacks received inferior health care. White physicians did not treat black patients the same way they treated white patients. Instructors taught white medical students that blacks would not survive tuberculosis, so there was no need to treat them. Hunter believes that predictions that blacks were on the path to extinction slowed the investment of resources for black health care.¹⁹ In the *Journal of the NMA* Dr. Edward Boyle relayed a story of a white physician in Maryland, who said that if his female patient was white, he could have placed her in a sanatorium, but because she was black the sanatorium refused to admit her and she died.²⁰

Due to inadequate medical care provided by white medical personnel, Dr. C.V. Roman of the NMA called for the employment of black nurses and sanitary inspectors, in addition the increased access for black physicians to public hospitals and laboratories.²¹ Although this idea appealed to the NMA, historian Sana Loue remarks that, even if given more opportunity to care for the black community, most black medical officials were less effective in treating patients than their white counterparts. This was due to blacks' inferior medical training and exclusion from membership in many medical associations and societies.²² In a 1921 article in the *Journal of the NMA*, Dr. Algernon Brashear Jackson explained that the public health movement in the U.S. aimed to help all people but failed to do so: "I am convinced that the problems of ill health and high mortality

¹⁷ Teller, *The Tuberculosis Movement*, 68.

¹⁸ H.A. Callis, "Importance of Early Diagnosis in Tuberculosis," *Journal of the National Medical Association* 20, no. 3 (July-September 1928): 123.

¹⁹ Hunter, *To' Joy my Freedom*, 215.

²⁰ Edward Mayfield Boyle, "A Comparative Physical Study of the Negro," *Journal of The National Medical Association* 4, no. 2 (April-June 1912): 128-129.

²¹ C.V. Roman, "The Medical Phase of the South's Ethnic Problem," *Journal of The National Medical Association* 8, no.3 (July-September 1916): 152.

²² Sana Loue, *Gender Ethnicity and Health Research* (New York: Kluwer Academic/Plenum Publishers, 1999),91.

among our people cannot receive, for the present at least, the same treatment from our medical men and women, as that administered by the white profession for their group.”²³ He expressed the need for better education of black physicians in order to match the same level of education that white physicians received. An editorial in the journal entitled, “Our Hospital Problems” stated in 1930, “If any reader can cite us to any place in these United States of America where there are no racial discriminations, we shall be glad to visit it as one of the wonder spots on this continent... Segregation IS [*sic*]. We must face it and fight it, not blindly but scientifically and practically.”²⁴ The NMA worked diligently to debunk the popular opinion that the cause of high tuberculosis mortality rates among blacks was an innate racial vulnerability by presenting environment and conditions as the true cause.

In order to combat prejudice and lack of resources available to black communities, the NMA’s physicians took it upon themselves to solve these problems by educating the black community. As Dr. Birnie declared, “We have got to defend ourselves. I think it devolves upon the physician more than any other set of professional men.”²⁵ Physicians in the *Journal of the National Medical Association* expressed that regardless of the reasons for the high death rates in black communities, physicians held the responsibility to combat the disease through direct education, prevention and treatment. Dr. E.P. Roberts, M.D. wrote in the NMA journal in 1909, “The fact that we are the most seriously affected of all other races by this disease should be ample reason for us to consider this subject to be of transcendent importance, and by far the greatest problem of the 20th century.”²⁶ Dr. Robert T. Burt in “Tuberculosis the Negro’s Most Cruel Foe” called for black physicians to make a stand against the disease, “What—yes what—is his [the black population’s] future hope unless our own physicians take a stand with other men and make an uncompromising fight?”²⁷

Dr. S. Quinland of the NMA believed education of the black population was the best way to destroy racist stereotypes. He explained:

²³ Algernon Brashear Jackson, “Public Health and the Negro,” *Journal of The National Medical Association* 15, no.4 (October- December 1923): 256.

²⁴ Editorial, “Our Hospital Problems,” *Journal of The National Medical Association* 21, no.3 (July-September 1929): 115-116.

²⁵ Birnie, “The Influence of Environment and Race on Diseases”, 250.

²⁶ E.P. Roberts, “Causes and Prevention of Tuberculosis,” *Journal of The National Medical Association* 1, no.2 (April-June 1909): 81.

²⁷ Robert T. Burt, “Tuberculosis: The Negro’s Most Cruel Foe,” *Journal of The National Medical Association* 1, no. 3 (July-September 1909): 150.

Tuberculosis is universal, affecting people of all races without regard for age or sex; and the most that can be done is for us as physicians, nurses and social workers to go out into the field, particularly among the poorer and less fortunate classes who have never heard of sanitations, and there preach prophylaxis and hygiene so that in the end the old stigma that 'Negros are more susceptible to tuberculosis than any other race' will pass into oblivion.²⁸

Quinland connects education of the black community to the education of the white community. If blacks decrease their mortality rates by improving their behavior, they prove to the white public that race has nothing to do with disease.

The NMA heavily focused on the need for early diagnosis of tuberculosis among blacks. Dr. Joseph J France explained that most individuals infected with tuberculosis were not aware they had anything wrong with them.²⁹ It became the black physicians' responsibility to educate the public on the symptoms, causes and spread of tuberculosis as a way to identify the disease before it reached advanced stages and became nearly impossible to cure.

Dr. R.S. Grant published in the *Journal of the NMA*, "If there is to be any appreciable decrease in the mortality of this disease, it will be very largely a work of the general practitioner—the education of the public relative to its dangers."³⁰ To help change the behavior of blacks, Dr. A. Wilberforce Williams suggested that the NMA physicians inform the public about the dangers of spreading tuberculosis by spitting in public and working or living in poorly ventilated, damp and dirty rooms. He encouraged the gospel of proper ventilation in buildings, and the benefits of sanitizing infected individuals' homes. He also encouraged physicians to educate churches and local officials in order to increase the amount of educators for the public. He warned against the dangers of patent medications

²⁸ William S. Quinland, "Tuberculosis from the Standpoint of Pathology," *Journal of The National Medical Association* 15, no. 1, (January-March 1923): 4.

²⁹ Joseph J. France, "The Early Diagnosis of Pulmonary Tuberculosis," *Journal of the National Medical Association* 12, no. 4(October- December 1920): 27.

³⁰ R.S. Grant, "Tuberculosis and Climate," *Journal of the National Medical Association* 10, no. 1 (January-March 1918): 19.

and the use of alcohol, as these substances were unregulated and weakened the immune system.³¹

A unique tactic used by the NMA, but not mentioned with any of the twenty-seven anti-tuberculosis organizations in *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* by Michael E. Teller,³² was the effect of moral behavior on tuberculosis. Some black physicians of the NMA integrated the topic of morality into their educational campaigns. Many whites connected a conception of black immorality to a high tuberculosis death rate. As Hunter describes, whites believed blacks stayed up late at night in dance halls and theatres, which deprived them of sleep and made their health suffer. Whites claimed blacks frivolously spent money on fancy clothes instead of on medicine, food and other essentials to maintain their health.³³ White physician Eugene Harris believed tuberculosis attacked blacks because they were enfeebled and broken down by sexual immoralities.³⁴ To show the white popular opinion and prove the necessity for an educational campaign concerning morality, the NMA published white physician J. Madison Taylor's view that blacks are simpler beings that act on impulse. Taylor claimed it took generations to acquire self-restraint and predicted blacks would die off before they developed it.³⁵ Whites saw these immoral activities as instinctual to blacks just as they saw blacks' tuberculosis vulnerability as racially and biologically innate. Black physicians educated the black communities about the risks of these behaviors and encouraged them to stop. They did so for the protection of the people, and to prove that these actions were not innate and could be avoided.

Black physicians sought to prove that these immoral behaviors were not instinctual to their race, just as they sought to prove their race was not innately susceptible to tuberculosis. NMA physicians ran an educational campaign based on the idea that the black community could improve their health if they changed their behavior. In an attempt to associate the idea of behavior rather than race as the cause of disease vulnerability, Dr. C.W. Birnie wrote in the *Journal of the NMA*, "Excessive use of alcohol will certainly lower his vitality and make him a rich prey for any disease that comes along."³⁶ This was in response to fact that

³¹ A. Wilberforce Williams, "The Nature, Prevention and Treatment of Tuberculosis," *Journal of the National Medical Association* 2, no.2 (April-June 1910): 87.

³² Teller, *The Tuberculosis Movement*, 1-137.

³³ Hunter, *To' Joy my Freedom*, 190.

³⁴ Roberts, *Infectious Fear*, 53.

³⁵ Taylor, "Remark on the Health of the Colored People," 163.

³⁶ Birnie, "The Influence of Environment and Race on Disease," 250.

whites ascribed low tuberculosis deaths among the Jewish community to their temperance of alcohol and the high death rate among the Irish to the group's excessive drinking.³⁷ Dr. Roberts claimed in the NMA Journal that, "This disease, to a great extent, can be prevented by living a moral life. Every immoral act is registered upon the soul and indicated upon the physical man. Wherever immorality stands out in bold relief, the victims of tuberculosis numerically increase, and the death-rate rapidly multiplies."³⁸ He taught that immoral behaviors robbed men of physical and mental strength, making them vulnerable to disease, rather than men being innately vulnerable.

Dr. William A. Thorne's words reflected the NMA's goal to proactively educate the black community: "Our greatest hope must be placed in education... Through it we are able to overcome ignorance and superstition and make an environment which will make possible the utilization of the advancement of tomorrow."³⁹ Although the educational campaigns helped make the black community aware of the facts about tuberculosis, it could only have influence on the personal behavior of black individuals. Unequal, unsanitary and prejudiced conditions still existed for blacks that could not be changed solely by black physicians.

Morality was often a subject of education when discussing venereal diseases in health reform, but not tuberculosis except in the case of the NMA. The NMA used morality to alter the black public's behavior in order to improve their health. They also used morality to encourage, scare, or guilt whites and the government into aiding the black community's fight against tuberculosis. Dr. Robert Burt wrote:

When one class of people live, thrive and are seemingly almost immune from certain maladies, and another class, side by side, is becoming rapidly extinct, it becomes the duty of every citizen to seek out the causes which have led to the betterment of the one and the destruction of the other, and apply whatever remedy there seems to be indicated to extirpate the evil.⁴⁰

³⁷ Teller, *The Tuberculosis Movement*, 103.

³⁸ Roberts, "Causes and Prevention of Tuberculosis," 83.

³⁹ William A. Thorne, "Factors Fundamental in the Growth and Development of a People," *Journal of The National Medical Association* 16, no. 3(July- September 1924): 186.

⁴⁰ Burt, "Tuberculosis: The Negro's Most Cruel Foe," 150.

The NMA attempted to hold whites as morally responsible to help black communities in order to preserve society. Dr. C.W. Harrison agreed with Dr. Burt and explains how physicians needed support of the larger community to combat tuberculosis:

Medical science cannot cope alone and unaided, with his most difficult and prodigious problem. Many forces-economic, sociological, legislative, and humanitarian must be brought to bear. It is now fully realized that to fight successfully this disease of the masses, requires the combined action of a wise government, well trained physicians, and an intelligent public.⁴¹

The NMA played on the patriotic morality of whites in order to gain sympathy. Physicians explained that if given the same opportunity as whites, blacks would improve their lives. Dr. William Quinland saw the success of social reforms in white areas and wrote in the NMA Journal that the death rate could be, “lowered in the Negro race to the same encouraging degree as among the other races, provided the Negroes are given the same chance as the others.”⁴² Dr. Cheatham expressed that disease and hardships of blacks, “would fade into oblivion within a few years if the laws of this land of freedom would emancipate him [blacks] in reality and not only in words...”⁴³ Black physicians called on whites to allow blacks access to their constitutional right of equal opportunity.

Part of the NMA’s campaign emphasized that disease does not discriminate, only people do. The NMA wanted to make whites understand that discrimination affects everyone regardless of race or class. Dr. C.V. Roman wrote in the *Journal of the NMA*, “Disease germs seem tolerably free from cast distinction and race prejudice.”⁴⁴ Hunter explains that fears of contamination from infected blacks already existed among whites. If a wealthy white family became infected with tuberculosis they often blamed their black domestic servants. The NMA promoted the view that domestic servants could spread tuberculosis to whites since they felt this would encourage white employers to see the need for black medical care.⁴⁵

⁴¹ Harrison, “Tuberculosis in Massachusetts and Methods for Its Relief and Control,” 13.

⁴² Editorial, “Mortality from Tuberculosis in 1921,” *Journal of The National Medical Association* 15, no. 1(January-March 1923): 48.

⁴³ Cheatham, “A Brief Review of Tubercular Peritonitis,” 20.

⁴⁴ Roman, “Racial Interdependence in Maintaining Public Health,” 155.

⁴⁵ Hunter, *To’ Joy my Freedom*, 196-7.

In 1914, Dr. C.V. Roman of the NMA played upon white anxieties about spreading of infection, and destruction of society to encourage whites to support reform and improvements in the black population. “The health of the southland can be improved permanently,” he wrote,

only by considering all the factors involved, ALL OF THE POPULATION HEALTHY AND FREE IS A MUCH SAFER CONDITION THAN PART OF THE POPULATION DISEASED AND ISOLATED. THERE IS A SOLIDARITY OF INTEREST THAT CAN BE NEITHER EVADED NOR ABROGATED, PREJUDICE MAY RENDER HER DRED SCOTT DECISIONS- BUT FATE REPEALS THEM AT GETTYSBURG [*sic*].⁴⁶

Roman recalled the bloody battle of Gettysburg to remind whites that racial problems have negative consequences for all of society. He continued to reference different historic events and stated,

Unfair distribution of benefits, is the canker that has destroyed civilizations in the past... disease forced upon once class or section will react upon the whole... as long as people are unfair, they will be diseased... Whether rich or poor, black or white, we are equally interested in matter of health. Sanitation, hygiene, the death rate and good morals are important to all.⁴⁷

The NMA also used pseudo science against whites just as it had been used against blacks. Dr. Boyle stated in the NMA Journal that if medical personnel deduced that blacks’ bodies were inferior because more of them die of tuberculosis than whites, then they could also infer whites’ brain structures were inferior to blacks because whites possessed a higher suicide rate.⁴⁸ The NMA mirrored the pseudo scientific method employed by whites to reflect whites in an inferior position. This provided a chance for whites to question the methods used to determine the status of blacks’ biological position and perhaps realize environment, rather than race, caused the high mortality rates among blacks.

⁴⁶ Roman, “Racial Interdependence in Maintaining Public Health,” 154.

⁴⁷ *Ibid.*, 154.

⁴⁸ E. Mayfield, Boyle, “The Negro and Tuberculosis,” *Journal of the National Medical Association* 4, no. 4 (October-December 1912): 344.

The final stage of the NMA's approach to combat tuberculosis was to gain white resources. The NMA's efforts to obtain white sympathies and support included black physicians reminding whites of their moral obligation to help preserve civilization by giving blacks their constitutional rights to equal resources. Black physicians also fed the white fear that tuberculosis would spread from black communities into white homes and used the same pseudo science whites used to hypothetically reverse roles and place whites in an inferior biological position.

Through the employment of their three-tiered approach to battle tuberculosis within black communities, the NMA's physicians achieved some progress. Teller explains that in the beginning of the Progressive Era there were few individuals in the Anti-Tuberculosis movement who felt that environment was the fundamental element of the disease.⁴⁹ After 1914 the dominant view of most minority groups and an increasing number of white groups believed environment, rather than genetics, influenced tuberculosis susceptibility. The NMA's attempt to debunk racist views of black's biological inferiority reached some success.

The NMA's educational campaign led the organization to participate in National Negro Health Week beginning in 1915. The week included lectures given by health professionals to educate blacks about public health and hygiene in order to help them become stronger and more economically productive citizens. The week also held activities to clean up unsanitary and dangerous conditions in black neighborhoods.⁵⁰ This event showed that education and work in the black community could create positive results.

The NMA's call for white support for better medical services for blacks resulted in mild success. Between the years 1891 and 1919, one hundred and nineteen black hospitals opened in the United States. These hospitals provided medical attention for blacks and could not have opened without the support of white organizations.⁵¹ In 1909 the Atlanta Anti Tuberculosis Association began treating blacks every other day. The Atlanta Anti-Tuberculosis Association later formed a black division and the city made provisions for them beginning in

⁴⁹ Teller, *The Tuberculosis Movement*, 101.

⁵⁰ Ronald L. Braithwaite, Sandra E. Taylor, and Henrie M. Treadwell, *Health Issues in the Black Community* (San Francisco: Jossey-Bass, 2009), 28.

⁵¹ *Ibid.*, 27.

1927.⁵² Although the change occurred gradually, blacks gained some support and better medical services in certain areas of the country.

The Northern city of Philadelphia proved to be a site of success for black health reform. By 1920 The Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis in Philadelphia served more blacks than any other institution in the country. Philadelphia had several organizations that helped aid blacks. The Whittier Center concerned itself with black needs and served as a cooperative effort between blacks and whites, and the Rosewald Fund of 1917 expanded in 1928 to help with black community and health. The National Tuberculosis Association Committee on Tuberculosis Among Negroes formed in the 1930s to help with the education and prevention of disease among black neighborhoods. The Philadelphia Health Council helped train black physicians and nurses in the mid 1920s.⁵³

Some areas proved to be less progressive than Philadelphia. During 1920-1932 tuberculosis raised 4.5% among blacks in Baltimore as blacks continued to go without white aid and support.⁵⁴ In the 1920s the South had sanatoriums with 4,130 beds but only 114 were available to blacks.⁵⁵ On September 20, 1923, the Henryton State Sanatorium for Colored Consumptives opened. It held 88 beds, many of which were free. Unfortunately, a series of scandals occurred which put patients at risk, but in 1926 it reformed and began a training program for black nurses.⁵⁶ Sanatoriums only helped the minority that could afford it as well as be away from their families for many months and possibly years. Most patients were not diagnosed before the advanced stages of the disease, which proved to be very difficult to cure even at the best facilities. Life in a sanatorium felt isolating and people were not always willing to go. Although increased medical facilities for blacks were a goal of the NMA it was only achieved in certain areas and beneficial to a small portion of blacks in the United States.

Some of the NMA's approaches backfired. Their concentration on the ability of tuberculosis to spread between races, especially between domestic servants and white employers, proved disastrous for blacks. In 1910 Atlanta put strict regulation on washerwomen and required physical and home inspections before the city allowed a license to work in the field. This fear of contamination proved detrimental to blacks and many women lost their jobs rather than

⁵² Hunter, *To' Joy my Freedom*, 215.

⁵³ Roberts, *Infectious Fear*, 62-64.

⁵⁴ *Ibid.*, 212.

⁵⁵ *Ibid.*, 174.

⁵⁶ *Ibid.*, 192-197.

encouraging whites to provide health aid.⁵⁷ Some whites believed re-enslaving the black population would answer the tuberculosis problem, as these whites believed the disease did not plague blacks until emancipation.⁵⁸ As fear of contamination between the races heightened for whites, they further neglected and isolated black communities, which was the opposite of the NMA's goal.

The NMA employed a three part approach to combating the tuberculosis epidemic by debunking popular beliefs of black biological inferiority, proactively educating the black community on proper hygiene and behavior, and lobbying to gain support from social reforms and campaigns by targeting white anxieties and morals. It had some successes but ultimately blacks continued to experience higher mortality rates than whites. Tuberculosis could only be controlled by extensive and expensive systems of regulation and medical facilities that could only be achieved by public support, so public education of both whites and blacks was vital.⁵⁹ As white physician Herman Briggs explained, "Public health is purchasable. Within natural limits a community can determine its own death rate."⁶⁰ Whites held control of resources and determined the high mortality rate of blacks. Blacks had nearly triple the white number of tuberculosis deaths from 1941-1950, but began to reduce shortly after due to the availability of antibiotic drug treatments.⁶¹ Environmental conditions continued to be substandard and poor housing and health care for blacks lasted well past the 1970s.⁶²

⁵⁷ Hunter, *To' Joy my Freedom*, 205.

⁵⁸ *Ibid.*, 212.

⁵⁹ Teller, *The Tuberculosis Movement*, 53.

⁶⁰ *Ibid.*, 135.

⁶¹ Richard Sucre, "The Great White Plague: The Culture of Death and Tuberculosis Sanatorium,"

<http://www.faculty.virginia.edu/blueridgesanatorium/death.htm> (accessed April 10, 2012).

⁶² Roberts, *Infectious Fear*, 220.