



Federal Government and African#American Communities Identifying and Defining African-American Health Disparities Through Intervention: The National Negro Health Week Movement and Office of Negro Health Work From 1915--#1951.

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Glossary of Abbreviations

AMA	American Medical Association
JAMA	Journal of the American Medical Association
JNMA	Journal of the National Medical Association
PHS	United States Public Health Service
NMA	National Medical Association
NAACP	National Association for the Advancement of Colored People
NNHN	National Negro Health News
NNHW	National Negro Health Week

Section 1: Introduction

In 1998, the U.S. Department of Health and Human Services' called for the elimination of health disparities, underscoring the existence and persistence of health disparities as a national policy issue.¹ While this modern-day federal response to evidence of health disparities demonstrated a new and progressive commitment to these issues from the federal government, knowledge of these disparities at the federal level existed long before 1998, and the federal government has made previous commitments in response to research documenting the dramatic disparities that have always existed in US health care between races.²

In 1906, in the face of emerging statistics documenting high rates of African-American illness and mortality, African American activist and scholar W.E.B. DuBois published his report *The Health and Physique of the Negro American* to argue for the role of social conditions, not inherent biology, in the poor state of African American health.³ His report was part of a movement that galvanized African-American leaders, such as Booker T. Washington, who ultimately recommended the formation of local health leagues to promote preventive medicine and specifically address the health care needs of African Americans. This conference eventually led to the informal establishment of Negro Health Week, from 1915-1930. By 1930, the United States Public Health Service assumed operation of what African-American leaders termed “National Negro Health Week,” and, in 1932, the USPHS founded the Office of Negro Health Work as part of the Public Health Service. For the first time since the end of the Civil War, black health care issues were institutionalized within federal bureaucracy. After the dissolution of this office in 1950 in the setting of the integration efforts of the Medical Civil Rights movement, the next concerted federal effort to document health disparities in the U.S. would not take place until 1985, with the 10-volume report of health disparities from the Secretary’s Task Force on Black and Minority Health and the establishment of the Office of Minority Health in the same year.⁴

¹ US Department of Health and Human Services. Healthy people 2010: Understanding and improving health. Washington DC: US Department of Health and Human Services; 1998.

² Dell JL, Whitman S. A history of the movement to address health disparities. In: Whitman S, Shah AM, Benjamins MM, editors. Urban health: Combating health disparities with local data. New York: Oxford University Press; 2011. p.8-27

³ DuBois WEB. The Health and Physique of the Negro American. Report of a Social Study Made under the Direction of Atlanta University; Together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems Held at Atlanta University, on May the 29th, 1906. New York: Arno Press; 1968.

⁴Gamble V, Stone D. U.S. Policy on Health Inequities: The Interplay of Policy and Research. Journal of Health Politics, Policy and Law. 2006;31(1):93-126.

The persistence of health disparities, now into the 21st century, and the continued federal goal to eliminate such disparities, underscores the importance of analyzing the evolution of past federal efforts to address these issues. In this scholarly project, I analyze and contextualize evolving perspectives on race, health, health disparities, and the burden of disease from the African-American academic and physician communities, the mainstream academic community, and the United States Public Health Service in order to further understand the motivations and forces that led to the formation and dissolution of a federal office dedicated to minority health. By contextualizing how the priorities of these various groups came together to form the Office of Negro Health Work during such a politically, socially and medically dynamic point in American history, this project will uncover themes that can be applicable for evaluating and reflecting on current federal and research approaches aimed at addressing health care disparities.

This scholarly project, originally a 66-page historical analysis (condensed here), is divided into four chronological chapters addressing the various players and themes present throughout the creation of the National Negro Health Week and the rise and dissolution of the Office of Negro Health Work from the early to mid 20th century.

In Chapter One, “Documenting and Interpreting Health Disparities in the early 1900s: Vital Statistics and ‘the Negro problem’,” I analyze the academic white perspective on African-American health and health disparities, described as “the Negro Problem,” as well as the emerging African-American voice and perspective of socioeconomic status or “matters of condition” as a significant cause of health disparities in the African-American community. I also discuss the societal preoccupation with and fear of infectious disease and how African-Americans became associated with infectious diseases through their increased prevalence of stigmatizing diseases such as syphilis and tuberculosis. Finally, I argue how evolving explanations for health disparities between whites and African-Americans and the heightened awareness of infectious diseases provided a backdrop for the beginnings of the National Negro Health movement.

In Chapter Two, “The Response: The Rise of National Negro Health Week,” I describe the birth of the Negro Health Week and its development into the National Negro Health Week in the wake of the Atlanta Conferences in the early 1900s and on the strength of W.E.B. DuBois’ work in documenting African-American vital statistics, with its emphasis on “the matters of condition” as the main culprit in the community’s poor health. I discuss the characterization of

African-American health in the *National Negro Health News*—the National Negro Health Week’s quarterly publication—as well as its characterization in the popular press and in the African-American community itself. I also demonstrate how the centerpiece of the grassroots effort in the African-American community had a strong focus on infectious disease, and how this focus is reflected in both the African-American and white perspectives on the aspects of African-American life and health that both communities believed could feasibly be addressed in a public health intervention.

In Chapter Three, “The National Negro Health Week movement as a Public Health Movement, the Role of the Physician, and the Involvement of the United States Public Health Service,” I demonstrate the parallels between the rise of the National Negro Health Week movement and the rise of the public health movement and the formation of the United States Public Health Service (PHS). I compare the relationship between the broader public health movement and physicians and speculate on the relationship between the National Negro Health Week movement and the National Medical Association, the dominant African-American physician organization of the time. I discuss the establishment of the Office of Negro Health Work within the context of the administration of the PHS at the time and its focus on venereal disease. And finally, I attempt to reconcile the PHS’ public, federal support of an African-American public health movement with its calculated creation and perpetuation of the notorious Tuskegee Syphilis Experiment, and the PHS’ ultimate ethical ambivalence regarding African-American health.

In Chapter Four, “The Rise of Chronic Disease, Integration and the Dissolution of the Office of Negro Health Work,” I explore how the changing burden of disease in the twentieth century from infectious to chronic disease, and the strong association between African-American health and infection that had been carried over from the late 19th century, contributed to the growing irrelevance of the National Negro Health Week and Office of Negro Health Work. I will also discuss the increasing frustration and move toward integration within the African-American community and how both the interests of the PHS and the African-American physician community were served in the dissolution of the Office.

Significance of Historical Health Disparities Research

Past attempts to study and intervene on health disparities have largely been ignored in the current mobilization of health disparities research, but careful study of the successes, failures and outcomes the Office of Negro Health Work, could help strengthen current and future attempts at addressing health disparities. Because health disparities research seeks to describe and interpret disparities in a society, health disparities research is inherently embroiled in the socio-political climate and the definitions of race and ethnicity of its day. Given how dynamic and loaded the conception and construction of race and definitions of equality have been throughout US history, contextualizing previous translations of health disparities research into federal health disparity interventions through historical analysis can give us insight into how we frame disparities research and race today and further reveal how to generate thoughtful research and approaches that will have a meaningful and productive impact on health care policy and health outcomes.⁵

Methodologically, health disparities research has long been dominated by analysis of quantitative data sets, exhaustively demonstrating instances of health disparities between races in the United States. This approach ignores the dynamic definitions and conceptions of race over time and underestimates the nuanced insight offered by more qualitative approaches to the subject, such as historical analysis.⁶ In conjunction with this quantitative research, historical analysis can enhance the depth of the study of existing health disparities beyond simply documenting the disparities themselves. The dynamic definitions and conceptions of race in the 1900s through 1950s in popular and academic discourse provide a unique backdrop to investigate how the assumptions and ideals of those societies dictated the existence and legacy of the Office of Negro Health Work.

The rise of the National Negro Health Week, and the founding and fall of the Office of Negro Health Work, are unique in that they occurred during the dynamic early and mid 20th century, an era of evolving ideas about race and health, with a growing intellectual force within the African-American community, and pointed efforts by the United States Public Health Service to address infectious disease and African-American health. By comparing the language, motivations and health disparity definitions used by mainstream academics, African-American

⁵ Woolf S, Braveman P. Where Health Disparities Begin: The Role Of Social And Economic Determinants--And Why Current Policies May Make Matters Worse. *Health Affairs*. 2011;30(10):1852-1859.

⁶ Chowkwanyun M. The strange disappearance of history from racial health disparities research. *Du Bois Review: Social Science Research on Race*. 2011;8(01):253-270.

community leaders, black professional organizations and the federal government to tell the story of the National Negro Health Movement, this project highlights unexpected differences and similarities in the values upheld by these communities and how they changed over time. Investigating the evolution and interaction of these shifting values over the 50-year life of this public health movement will provide the context to shed more light on this little-known yet significant moment in African-American health history, ultimately contributing to the health disparities literature that works to not just identify but to appreciate and illuminate the complexity of race, health and social justice in American society.

Section 2: Methods

For this scholarly project, I began with an extensive literature review of health disparities research, both current and during my time period of interest. I reviewed works by historians of medicine who write prolifically on race, health and health disparities, past and present, including David S. Jones, Susan L. Smith, Vanessa Gamble and Deborah Stone, Keith Wailoo, Susan Reverby and Anne Pollock, in order to ground my scholarly work in the current, relevant health disparities discourse. I also reviewed works by historians of medicine and health policy, such as Paul Starr, Allan Brandt and George Weisz, to more deeply understand the broader context of the history of medicine and discern an appropriate approach and level of granularity for the historical details of my scholarly project. Dr. Scott Podolsky, Director for the Center of History of Medicine at the Francis A. Countway Library of Medicine, provided expert guidance on my approach, investigation, and written analysis of both primary and secondary sources.

In terms of primary sources, I analyzed the discussion and interpretation of health disparities-related press and research and the Office of Negro Health Work in the early to mid 20th century in the primary literature of conventional American medical journals such as the *Journal of the American Medical Association* and the *American Journal of Public Health*, as well as in newspapers including the *New York Times*, all of which are available online. I also investigated the interpretation of the same topics and efforts in the black press, including the *Baltimore Afro-American* and *Philadelphia Tribune*, and the conventional black medical literature of the *Journal of National Medical Association*, all resources that are readily accessible online. I also extensively studied and analyzed the journal of the National Negro Health Movement, the *National Negro Health News*, available at The Francis A. Countway Library. I also conducted archival research at the University of Alabama, Tuscaloosa Alabama in conjunction with Tuskegee University National Center of Bioethics Archives and Museums to investigate the three cubic feet of the records of National Negro Health Week.

Section 3: Results and Discussion

Here I will present abbreviated versions of each of my four chapters of my scholarly work as described in the introduction of this report.

Chapter 1:

Documenting and Interpreting Health Disparities in the early 1900s: Vital Statistics and “the Negro problem”

The National Negro Health Week, an African-American grass-roots health movement that helped to bring African-American health issues, leaders and physicians together in Washington D.C. in the 1930s, was born during a time of transitions. At the turn of the 20th century, long-held American ideas about the inherent biological inferiority of African-Americans were being questioned by the African-American community; American society declared war on infectious diseases, even as the diseases were steadily becoming less prevalent; and African-Americans and white Americans, both faced with the overwhelming poverty and illness in the recently-emancipated African-American community, wondered how to address African-American health.

Race Traits and the “Negro Problem”

The broad collection of data on the health of the American population at the turn of the 20th century allowed American society to recognize and interpret health disparities within the context of a post Civil-war America.⁷ The recording of vital statistics, the births and deaths of Americans via registered certificates, was in its infancy in 1900 and by 1902, Congress made the Bureau of the Census a permanent, full-time federal agency.⁸ Insurance companies would seize the access to vital statistics to analyze new potential clients, such as post-emancipation African-Americans. In 1896, Frederick L. Hoffman, statistician for the Prudential Life Insurance Company, published his *Race Traits and Tendencies of the American Negro*. This book

⁷ While the recording and analysis of vital statistics marked a new era for identifying and interpreting health disparities, health disparities in the Americas were recognized by the 16th century in American Indian populations. See Jones DS. The Persistence of American Indian Health Disparities. *Am J of Public Health*. 2006;96(12):2122-34.

⁸ Hetzel AM. History and organization of the vital statistics system. Hyattsville (MD):National Center for Health Statistics (US); 1997 Feb. 75 p. DHHS Publication No. (PHS) 97-1003.

demonstrated the vast health disparities between African-Americans and whites in rates of tuberculosis, diseases, and infant mortality, among other outcomes.⁹ Ultimately, Hoffman concluded that African-American health was caused by “the fact of an immense amount of immorality, which is a race trait, and of which scrofula, syphilis, and even consumption are the inevitable consequences... It is not in the conditions of life but in the race traits and tendencies that we find the causes of the excessive mortality.”¹⁰

Acknowledgement of health disparities of any kind between African-Americans and Whites occurred within the scope of “the Negro problem,” a phrase that emerged in the late 19th century to encompass mainstream America’s conundrum with the newly emancipated African-Americans.¹¹ “The Negro problem” was, in its broadest form, defined by the assumed inferiority of the African-American people, their inherent lack of reason and intelligence, their assumed tendency towards violence, and the question of what to do with them within American society.¹² These assumptions, rooted in long-standing racism, were held even by academics and social progressives of the early 20th century, and pervaded popular approaches to solving “the Negro problem.”

Both physicians and academics attempted to make sense of the Negro problem, with explanations for health disparities ranging from biological inferiority to reversible,

⁹ Hoffman FL. *Race Traits and Tendencies of the American Negro*. New York: Macmillan; 1896: p. 83.

¹⁰ Throughout *Race Traits and Tendencies of the American Negro*, Hoffman describes immorality as a “tendency” or a “trait” of African-Americans. While Hoffman does not explicitly state that tendencies or traits are irreversibly inherited, and calls immorality one of the “social tendencies of the colored race,” (p. 209) he does allude to the possibility that these traits and tendencies may be heritable, or at least, exceedingly difficult, if not impossible, to change: “So long as immorality and vice are a habit of life of the vast majority of the colored population, the effect will be to increase the mortality by hereditary transmission of weak constitution,” (p. 95). Hoffman argues that the differences in tuberculosis mortality between whites and African-Americans, on close study, “will convince the reader that only the most radical changes in the race traits and tendencies of the colored race can accomplish this, if it is at all possible,” (p. 86).

¹¹ The “Negro Problem” as a phrase was widely used in literature by academics, social scientists, and sociologists. It was used as early as 1864 by abolitionists. See *Miscegenation: the theory of the blending of the races, applied to the American white man and negro*. In: Wilson Anti-Slavery Collection. The University of Manchester: The John Rylands University Library; 1864. It was seen in a book title in 1890 in *An Appeal to Pharaoh. The Negro Problem and its Radical Solution* by an anonymous author, as reviewed in *Science*. 24 Jan 1890:15(364);61. Current sociological and historical discourse uses this phrase in the direct quotations from sources and titles of articles from the late 19th to mid 20th century, when the phrase was used, but they do not use this phrase alone to describe the racial dilemma of the late 19th and early 20th century. In this paper I cite historians Susan Lynn Smith, Susan Reverby, Vanessa Gamble and Anne Pollock, who all write extensively on African-American health in the late 19th and early 20th century, and their use of the term is also limited to citation of sources and quotations in the literature I have reviewed.

¹² Bryce J. Thoughts on the Negro Problem. *The North American Review*. 1891;153(421):641-60.

environmental causes. “Syphilis and the American Negro”, an article published in *The Journal of the American Medical Association* in 1910, marked an early attempt by the medical profession to understand the Negro problem in the context of health and disease. According to Murrell, after emancipation, without the care of their slave owners, African Americans became, “as a rule, a sorry specimen for disease and dissipation have done their work only too well...” While Murrell somewhat reluctantly advocated treatment, beyond this, he had little hope for the African-American population, since “teaching him the hygiene of disease is so hopeless that when we instruct him, it would be a farce were it not a tragedy.”¹³ In contrast, in her article “A Suggestion on the Negro problem,” Charlotte Perkins Gilman — an American sociologist and feminist— clearly held the white race responsible for “a list of injuries against” African-Americans, and acknowledged that the current state of African-American society was, in theory, reversible.¹⁴ She did, however, suggest that “the Negro problem” was a practical problem for the white majority, rather than an opportunity to support African-Americans.¹⁵

Voice of the African-American Community: The Matters of Condition

The intellectual African-American community argued against biological inferiority or susceptibility and instead blamed dismal sanitary conditions for African-American poor health. “Our Preventable Death Rate,” published in *JNMA* in 1917, declared “conduct and condition, not race, are the determining factors in disease and death...The disproportionate death-rate arises from disproportionate distribution of sanitary benefits and is therefore preventable.”¹⁶ It was these “conditions of life,” reversible through education, which African-American leaders such as Booker T. Washington, W.E.B. DuBois and Monroe Work sought to address from within the African-American community.

Washington (1856-1915) and DuBois (1868-1963) were African-American intellectual contemporaries, both with significant contributions to shaping the African-American health disparities narrative. In 1881, Washington founded the Tuskegee Institute, which became an important educational center for African-Americans in the rural South.¹⁷ Economic

¹³ Murrell TW. Syphilis And The American Negro: A Medico-Sociologic Study. *JAMA*. 1910:846-49.

¹⁴ Gilman CP. A Suggestion on the Negro Problem. *Am J Sociol*. 1908;14(1):78-85.

¹⁵ *Ibid.*, 79.

¹⁶ Our Preventable Death-rate. *J Natl Med Assoc*. 1917;9(1):28-29.

¹⁷ Smith SL. *Sick And Tired Of Being Sick And Tired: Black Women's Health Activism in America*. Philadelphia: University of Pennsylvania Press; 1995. p. 35.

independence, education and self-sufficiency were at the center of Washington's approach to the needs of the African-American community. DuBois, meanwhile, a Harvard-trained sociologist, academic, and activist, grounded his approach in academic credentials and sociological data. DuBois was the first African-American to earn a doctoral degree from Harvard, and was recruited by Atlanta University in 1897 as the director of the sociology laboratory.¹⁸ There, his major work focused on collecting comprehensive data on a variety of aspects of African-American life. As part of his comprehensive look at African-American life, DuBois published his own treatise in 1906: *The Health and The Physique of the American Negro*. DuBois proposed that instead of Hoffman's fatalistic, biologically based claims about the demise of the African-American race, "the Negro death rate and sickness are largely matters of condition and not due to racial traits and tendencies... [With] the improved sanitary condition, improved education and better economic opportunity, the mortality of the race may and probably will steadily decrease until it becomes normal."¹⁹

With DuBois' health disparities research as a centerpiece, the Eleventh Conference for the Study of Negro Problems convened at Atlanta University in 1906. The conference concluded that there was no scientific basis for the inferiority of African-Americans, and that the "present differences in mortality seem to be sufficiently explained by conditions of life."²⁰

Through Monroe Work (1866-1945) and his sociological and statistical training under DuBois, the Tuskegee Institute in rural Alabama began to take a leading role in the African-American community to collect data, publicize, and explain the health disparities. Work assisted DuBois in his health disparities work and was soon after recruited by Washington in 1908 to head the Department of Records and Research, where he was the first to begin compiling data on African-Americans throughout the country.²¹ Focusing primarily on African-American health

¹⁸ DuBois WEB, Green DS. W.E.B. Du Bois on Sociology and the Black Community. Chicago: University of Chicago Press; 1978. p 11.

¹⁹ DuBois WEB. The Health and Physique of the Negro American. Report of a Social Study Made under the Direction of Atlanta University; Together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems Held at Atlanta University, on May the 29th, 1906. New York: Arno Press; 1968.

²⁰ DuBois WEB. The Health and Physique of the Negro American. Report of a Social Study Made under the Direction of Atlanta University; Together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems Held at Atlanta University, on May the 29th, 1906. New York: Arno Press; 1968.

²¹ Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America*, 37.

issues, he too argued for reversible causes of health disparities, using data and compelling charts.²²

While Work, Washington and the other academic leaders at The Tuskegee Institute may not have been representative of the typical African-American of the time, these men provided the dominant African-American voice in the early national conversation about health disparities, questioning contemporary explanations of health disparities and shaping subsequent interventions on a national level, eventually leading to the foundation of the National Negro Health Week as discussed in the following chapter.

Burden of Disease in the Early 20th Century: The Prevalence and Concern for Infectious Disease

At the turn of the 20th century, the United States was plagued by infectious disease, placing these diseases prominently on the agenda and in the fear and imagination of the public's and medical establishment's consciousness.²³ Tuberculosis was the number one killer in the US, followed by pneumonia of any cause, and diarrhea and enteritis.²⁴ American society responded to the rise of the germ theory of disease by waging public health and sanitary wars on diseases like tuberculosis and syphilis. Venereal diseases, including syphilis and gonorrhea, were seen as attacks against the American family.²⁵ As organized efforts against the spread of infectious diseases increased in the early 1900s, vital statistics collected during this time demonstrated differing rates of infection and mortality between whites and African-Americans. Not surprisingly, much of the literature from this era discussing "the Negro problem" focused on the disproportionately high rates of African-American mortality from infectious diseases, with TB and syphilis dominating the discourse.²⁶ Tuberculosis, newly discovered to be contagious, was

²² Ibid.

²³ It is important to note, however, that heart disease was the leading cause of death in the U.S. by 1910.

²⁴ Met Life Insurance Company. 1934. 'Progress In Public Health Since 1900'. Article. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 12, ff 1.

²⁵ Brandt, AM. No Magic Bullet: A Social History of Venereal Disease in the United States since 1880. New York: Oxford University Press; 1985.

²⁶ Murrell, "Syphilis And The American Negro: A Medico-Sociologic Study," 846-49.

carefully studied among African-Americans in Hoffman's *Race Traits*, providing a lasting association between the disease and African-Americans.²⁷

Who was responsible for intervention?

While the causes of the health disparities of African-Americans ranged from biological inheritance to “matters of condition,” leaders from both the white and African-American communities agreed that some reversible aspect of the health problem existed, and that the reversible aspect should be addressed. But by whom?

Even when asserting the reversibility of the African-American health disparities, the white majority continued to evoke the inherent inferior nature of African-Americans by suggesting pragmatic, paternalistic and government-initiated approaches to intervention. Gilman's suggested solution—at the level of the society and the government—allowed for the “the decent, self-supporting, progressive negroes” to participate in society while the rest were to be “enlisted” by the state to work on farms or mills to support and better themselves.²⁸ The answer to “the Negro problem” from the white majority perspective involved a practical, self-interested acceptance of social responsibility for a race that was incapable of improving itself from within and required government-sanctioned, externally imposed discipline and control.

The African-American public health movement dubbed the National Negro Health Week, would ultimately reflect both the African-American initiative for self-help, and the white majority's desire for pragmatic government intervention, though not in the way imagined by Gilman. National Negro Health Week, initiated by the African-American community, focused on education, self-help and initially relied on the motivation of African-American leaders and private organizations for popularization and proliferation of the movement. Soon, organizers would desire public support, legitimacy and government recognition as the movement grew.

²⁷ Brown J. Purity and Danger in Color: Notes on Germ Theory, and the Semantics of Segregation, 1885-1915. In: Gaudillière JP, Lowy I, editors. *Heredity and Infection: The History of Disease Transmission*. New York: Routledge; 2001. p. 130.

²⁸ Gilman, “A Suggestion on the Negro Problem,” 78-85.

Chapter 2:

The Response: The Rise of the National Negro Health Week

In the wake of the Atlanta Conferences and the strength of W.E.B. DuBois' work in documenting African-American vital statistics with its emphasis on "the matters of condition" as the main culprit in the community's poor health, the vision for the Negro Health Week was born at the Tuskegee Institute in the early 1900s. Reflecting both the African-American and white perspectives on the aspects of African-American life that could feasibly be addressed, improved sanitation, improved living conditions, personal hygiene, and health education became the centerpiece of the grassroots effort in the African-American community to intervene and improve the health status of African-Americans.

Birth of the Negro Health Movement

The first recorded call in the African-American intellectual community for a health movement was at the 1906 Atlanta Conference, in the form of local health leagues and a rally for support from existing health organizations.²⁹ In 1913, the Virginia affiliate of the National Negro Business League established one of the first local health weeks. This health week publicized the high morbidity and mortality rates of black Virginians and worked to empower African-Americans and to educate them on the basics of public health and hygiene.³⁰ In promoting the movement, Washington took the movement one step beyond health, introducing the importance of health in the efforts towards African-American social mobility, hinting at his own beliefs on the importance of economic success on the road to racial equality or at least acceptance: "Without health, and until we reduce the high death rate, it will be impossible for us to have permanent success in business, in property getting, in acquiring education... Without health and long life all else fails. We must reduce our high death-rate, dethrone disease... We may differ on other subjects, but there is no room for difference here."³¹ The Tuskegee Institute declared itself

²⁹ Du Bois WEB, *The Health and Physique of the Negro American*. Report of a Social Study Made under the Direction of Atlanta University; Together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems Held at Atlanta University, on May the 29th, 1906.

³⁰ Quinn SC, Thomas SB. *The National Negro Health Week, 1915-1951: A Descriptive Account*. *Minority Health Today*. 2001;2(3):44-49.

³¹ United States Public Health Service. *The Conservation of Negro Health*. *National Negro Health Week*. 1923 April 22-28:17.

the administrative center of the new movement in an effort to raise its profile to a national level.³²

In 1915, the first official Negro Health Week, with central administration and support from the Tuskegee Institute, took place. The first health week, with its programming depending on local health departments, public health nurses, and local leaders, had two primary goals: “1) to provide practical suggestions for local Health Week committees that conduct the observance; and 2) to stimulate the people as a whole to cooperative endeavor in clean-up, educational, and specific hygienic and clinical services for general sanitary improvement of the community and for health betterment of the individual, family and home.”³³ Each day of the health week had its own focus, ranging from Home Hygiene Day on Mondays to “establish a sanitary home,” to Reports and Follow-up Day on Sunday, which encouraged civic gatherings and capitalized on the church’s central role in the African-American community.³⁴

Practically, National Negro Health Week was a week of public health education and awareness for African-American communities to understand issues related to their health, and in turn, served to raise awareness of these specific issues among the American Society. The Week, at a local level, was usually spearheaded by an existing African-American association, such as a branch of the National Negro Business League in Baltimore, or local health commissions, such as in New York as well as the Philadelphia Department of Health.^{35 36}

While the events of the Week were suggested by accompanying educational material supplied by The Tuskegee Institute and USPHS, the execution of the Week very much relied on the local community supporting the event. One early Health Week in New York in 1917 involved distributing 1,000 copies of “Food Economics,” published by the Department of Health, to agencies and “individuals who could spread the information contained therein most effectively in the community.” The Week also included two theaters showing visiting nurses at work in New York, including African-American nurses.³⁷ In 1937, an official report from the National Negro Health Week Committee chaired by Dr. Roscoe Brown reported that “over 2,500 communities” participated in the prior year’s health week activities: “Over 65,000 schools, households, or

³² Gamble V, Stone D. U.S. Policy on Health Inequities: The Interplay of Policy and Research. *Journal of Health Politics, Policy and Law*. 2006;31(1):93-126.

³³ Brown, “The National Negro Health Week Movement,” 553-64.

³⁴ Quinn and Thomas, “The National Negro Health Week, 1915-1951: A Descriptive Account,” 44-49.

³⁵ Congratulations. *Afro-American* (Baltimore Ed.). 1926 Aug 14: 13.

³⁶ Dublin LI. Vital Statistics. *Am J Public Health*. 1923;13(8): 694-696.

³⁷ Items of Interest. *J Natl Med Assoc*. 1917;9(3):158-165.

communities took part in the clean-up campaigns; over 35,000 in the insect and rat control projects; more than 8,000 sanitary toilets were installed; and over 20,000 plant and flower projects were carried on. There were 264 radio talks given, and the educational exercises were attended by over 418,000 persons.”³⁸

Those in charge of the National Negro Health Week at the Tuskegee Institute and United States Public Health Service (PHS) seemed to mostly measure the Week’s successes in the level and growth of participation, with limited attention paid to health outcomes (I will discuss more on the relationship between PHS, the Tuskegee Institute and the National Negro Health Week in Chapter 3). While some members of the African-American press, like the *Philadelphia Tribune*, gave the movement credit for the slowly improving African-American rates of syphilis and tuberculosis, others, like the *Baltimore Afro-American* chastised the movement for focusing on “prizes” and “propaganda” and acting with insufficient urgency.³⁹ This article questioned the effectiveness and ultimately the existence of an African-American centered public health movement, foreshadowing one of the underlying questions that gnawed at the African-American leadership towards the end of the Negro Health Movement and the Office of Negro Health Work: Are we intervening at the right level? Are we doing enough?

The National Negro Health Week and the characterization of Negro Health in the National Negro Health News, the popular press, and the African-American Community

To further promote and provide support for participating and interested communities, the Tuskegee Institute began publishing a bulletin for the National Negro Health Week, an annual periodical reporting on the progress, growth and mission of Negro Health Week, and also providing a new source and outlet for the latest research and editorials on African-American health issues.⁴⁰ In 1921, at the request of the new principal of the Tuskegee Institute, Dr. Robert R. Moton, for help in promotion and guidance of the movement, the PHS began printing a health bulletin for Negro Health Week, which became *The National Negro Health News (NNHN)* by 1933.⁴¹ The *NNHN* remained the main source of historical documentation of this movement and the subsequent Office of Negro Health Work.

³⁸ Discussion. *Am J of Public Health and the Nations Health*. 1937; 27(2):125-132.

³⁹ Congratulations. *Afro-American (Baltimore Ed.)*. 1926 Aug 14: 13.

⁴⁰ Brown, "The National Negro Health Week Movement," 53-64.

⁴¹ *Ibid.*

The *NNHN* was the main method of information dissemination for the Negro health movement. A small, hand-held quarterly usually of 20-30 printed pages, perhaps the *NNHN*'s most important purpose was in serving as a curated academic journal, and its role in communicating the latest public health research to the broader African-American community, particularly to farm workers in the rural south who otherwise might be isolated from the movement.⁴²

When the *NNHN* first began as a bulletin distributed and published by the Tuskegee Institute, the main articles (presumably from the editors at Tuskegee themselves) consisted mostly of reports on the events of the health week, with didactic articles written in the second person on topics ranging from pellagra to tuberculosis to hygiene. The bulletin contents were the editors' way of saying that the responsibility was in the community's hands.⁴³ In a 1923 *NNHN* article entitled "The White People Will Co-Operate with Us in This Clean-Up Movement," the author used third person for "The White People," juxtaposing this with the first person collective used when discussing the African-American community: "They are anxious not only for their own account, but also for our sake. We, therefore, should...do all we can to cooperate among ourselves and with them to the end that there may be for all a fuller day of health and contentment."⁴⁴ Again, this demonstrated the *NNHN*'s view of their African-American community's responsibility to rally together to address health disparities, and the importance of the community's effort to cooperate with the white majority to help improve health overall.

The perspectives represented in the *NNHN* also demonstrated the African-American community's own struggle to unite and make sense of racist stereotypes. This dissonance in perspectives illustrated a struggle within the African-American community to separate itself from the predominant racial stereotypes of the day. Particularly in the earlier issues of the *NNHN*, the publication acknowledged the well-established stereotype of the "disinclination of

⁴² Treasury Department, Bureau of the Public Health Service. 'National Negro Health Week Conference 1926'. Meeting Documentation. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. In 1920, the African-American illiteracy rate, defined as "Black and other" 14 years and older who were unable to read or write in any language, was at 23%. Source: U.S. Department of Commerce, Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1970; and Current Population Reports, Series P-23, Ancestry and Language in the United States: November 1979. (This table was prepared in September 1992.) Web site: http://nces.ed.gov/naal/lit_history.asp. Accessed on 2/27/2015.

⁴³ United States Public Health Service. National Negro Health Week. 1923 April 22-28:17: 7.

⁴⁴ Ibid.

the negro to seek medical advice” without rebuttal or nuance.⁴⁵ In a 1934 *NNHN* radio broadcast, “insanitary[sic] living conditions” are listed just after “ignorance, superstition” and “poor personal hygiene” as causes of disease, indicating again the various ways the African-American community internalized the majority’s view of race and social responsibility of the day.⁴⁶

Outside of the *NNHN*, other African-American publications were also promoting the efforts of the National Negro Health Week, while the white popular press remained relatively silent on the issue. African-American newspapers such as the *Baltimore Afro-American* and the *Philadelphia Tribune* regularly printed National Negro Health Week announcements and ran editorials on the Week’s success or lack thereof.⁴⁷ The popular press, on the other hand, seldom publicized the plight of the National Negro Health Week in the 1920s and 1930s.⁴⁸ The *New York Herald Tribune*’s small 1927 article entitled “Planning to Survive” stated that the theory of the inevitable extinction of the African-American race “may leave out account a possible improvement in living conditions,” and “Negroes, at all events will not accept with fatalistic resignation the idea that they cannot flourish,” and are preparing for the National Negro Health Week.⁴⁹

National Negro Health News and the Focus on Infectious Disease

Not only did the *NNHN* provide a public stage and historical record for the voices of the health-disparity conversation of its time, but it also reflected its various editors’ priorities in this conversation as it evolved. Descriptive health disparity research was heavily represented in each issue throughout the publications’ existence, with emphasis placed on vital statistics, particularly as they related to infectious disease and hygiene.

In particular, syphilis and tuberculosis were common subjects for both research and instruction in the *NNHN*. The National Tuberculosis Association frequently advertised screening

⁴⁵ Clark T. The Negro Burden of Disease Problem. In: United States Public Health Service. National Negro Health News. 1933;1(2):17.

⁴⁶ United States Public Health Service. Health Week Radio Broadcasts: National Negro Health Week Committee. National Negro Health News. 1934;2(1):5.

⁴⁷ Reports of National Health Week are Received. Philadelphia Tribune (Philadelphia Ed.). 1918 June 22:1.

⁴⁸ 37 Years of Work Ending. Boston Globe (Boston Ed.). 1966 Aug 21: B-40.

⁴⁹ Planning to Survive. New York Herald Tribune (New York Ed.). 1927 Mar 27:B6.

programs in the *NNHN*, depicting African-American children with the caption “Protect them from TB,” appealing to the sensibilities of the tuberculosis-stricken African-American adults.⁵⁰

Venereal disease was also prominently featured in the *NNHN*, not only to promote interventions and awareness campaigns, but also to assess the popular press’ own portrayal of African-American health issues like syphilis. By the mid-1930s, although the American public was clearly still concerned with infectious disease, rates of tuberculosis in the white majority population were on the decline, and the public awareness of chronic disease was on the rise.⁵¹ While discussions of infectious disease remained prevalent throughout the *NNHN*’s history, evidence of the shift of the burden of disease from infectious to chronic disease within the African-American community was already mounting.⁵² However, even when heart disease was listed as one of the leading causes of death for African-Americans, it was tied to syphilis and the diseases’ “widespread prevalence among the Negro race.”⁵³

⁵⁰ United States Public Health Service. National Negro Health News. 1933. 1(1).

⁵¹ Met Life Insurance Co. 1929. 'Health Record For April, 1929'. Statistical Bulletin X (8):9. Found In: Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 1, ff 11.

⁵² United States Public Health Service. Study of Negro Health Status Reveals Progress but Much More Improvement Is Needed. National Negro Health News. 1951;18(1).

⁵³ 'Health Hazards Of New Orleans'. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 3, ff 5.

Chapter 3:

The National Negro Health Week movement as a Public Health Movement, the Role of the Physician, and the Involvement of the United States Public Health Service

The rise of the National Negro Health Week movement corresponded to the rise of the public health movement and the formation of the PHS. The National Negro Health movement grew at a time when the public health movement was evolving as well, and the PHS was in a state of transition, growing from the health providers to the Merchant Marines, to the gatekeepers of America's health at its borders as well as the field scientists exploring the bacterial and environmental basis for human health and disease in the U.S.

The National Negro Health Week as a Public Health Movement

In the late 19th century, the practice of public health gained a new frontier in the prevention of the spread of disease with the rise of bacteriology, changing the focus of its practices as well as its relationship with physicians. The early 20th century also marked an important moment of tension between the public health movement and private medical practitioners. Physicians were focused on developing and maintaining a patient panel, and “while they favored public health activities that were complimentary to private practice, they opposed those that were competitive.”⁵⁴

While the American Medical Association (AMA) worked to provide boundaries for public health efforts, similar tensions were playing out within the African-American community between the National Negro Health movement and the NMA, the African-American equivalent of the AMA. The Negro health movement aligned itself with the public health movement of the early 20th century, using similar approaches such as advertising preventative health strategies.⁵⁵ Meanwhile, the NMA was formulating its own approach to health disparities, spearheaded by physicians. As I will discuss, the NMA engaged in a more subtle turf war with leaders of the National Negro Health Week to claim what its leaders saw as its rightful place on the executive committee and at the center of the national African-American health movement.

⁵⁴ Starr P. *The Social Transformation Of American Medicine*. New York: Basic Books; 1982. p. 180.

⁵⁵ Welch, WS. 3/5/1925. 'Letter Mailed To All Southern State Health Officials'. Letter. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 1, ff 1.

The National Negro Health Movement and the role of the Medical Establishment

It was the National Negro Health Week, in fact, that appealed eventually to the medical establishment for support and participation in the movement.⁵⁶ The Tuskegee Institute eventually succeeded in gaining the attention the NMA. The NMA might have been the natural organization to be involved in the growth of the National Negro Health Week, though articles and archival documents show that the NMA was officially not involved with the Week at its inception. The earliest mention of Negro Health Week activities in the *JNMA* was in 1917, with a brief description of events and no mention of intention of involvement.⁵⁷

Despite little mention of the Negro Health Week, the NMA was clearly aware of the health disparities that inspired the movement, and was proposing its own methods for addressing the African-American health issues. Early on in the 20th century, the NMA was already calling for an organized, racially integrated effort to combat the “matters of condition” that plagued the African-American community, strategies that closely resembled that of the National Negro Health Week with the significant exception of the racially integrated approach.⁵⁸

The NMA first took note of National Negro Health Week in their organization’s journal in 1922, promoting and supporting the movement, but not without introducing a tone of resentment towards the leadership at Tuskegee that had seemingly failed to include them in the movement’s inception.⁵⁹ The organization continually used metaphors like “sleeping on the job” as to why physicians “permitted laymen to father the National Negro Health Movement.”⁶⁰

The first mention of contact between the NMA and the movement was in a 1929 letter from the NMA to Tuskegee, with the NMA confronting Tuskegee about the organization’s absence from the planning of the Week. The NMA official noted specifically that the NMA’s leadership and consultation were lacking from this African-American movement that had been advised for years by organizations such as The Negro Business League.⁶¹ While no further

⁵⁶ Office of Education, U.S. Department of the Interior. Suggested Remedies for Solution Of Health Problems For Negroes, Fundamentals In The Education Of Negroes. In: United States Public Health Service. National Negro Health News.1936;4(1).

⁵⁷ Items of Interest. J Natl Med Assoc.1917;9(3):158-165.

⁵⁸ Negro Health. J Natl Med Assoc. 1919;11(3):107-108.

⁵⁹ Pennsylvania on Top. J of Natl Med Assoc. 1922;14(3): 163–164.

⁶⁰ The Washington Meeting of the National Medical Association. J of Natl Med Assoc. 1922;14(1):100-101.

⁶¹ This letter was likely archived by Monroe Work, the founder of the Department of Records and Research at Tuskegee University. Lassow, CA. 11/9/1929. ‘From CA Lassow, member N.M.A to ‘Doctor’.’ Letter. Tuskegee,

written record from this exchange exists in the *National Negro Health News* records, this exchange suggested a tension between the two organizations that may have set up a component of the demise of the African-American public health movement.

National Negro Health Week and the United States Public Health Service

The relationship between the PHS and the Tuskegee Institute dates back to the 1920s, with interactions that laid the foundation for their future partnership in African-American health.⁶² Meetings between leadership at Tuskegee, prominent physicians of Howard University, and the PHS began as early as 1926 a conference that was requested by the Tuskegee Institute and formally called by the US Surgeon General.⁶³ The leaders of Tuskegee had succeeded in raising awareness within the community, and managed to put together a publication that could serve as their national sounding board, bulletin board, and academic journal. The leaders at the PHS, representing the federal government, and charged with the nation's mission to alleviate infectious disease and environmentally-mediated disease, saw the Negro health movement as an opportunity to engage and support the African-American community in its own health while helping to solve the elusive "Negro problem," with an emphasis on addressing infectious disease.

The Establishment of the Office of Negro Health Work

With all its efforts of promotion, and the growing national interest in finding a solution to "the Negro problem," the National Negro Health Week was gaining considerable momentum. By 1923, just 8 years after the first official "Negro Health Week" took place, 15 states, 89 counties, 32 cities and 97 rural communities claimed participation.⁶⁴ Chronologically, the creation and rise of the National Negro Health movement paralleled the creation and evolution of the PHS. Formed originally in the late 18th century, by 1912, Congress had expanded the Public Health Services' jurisdiction to include medical inspection of arriving immigrants, investigations into human diseases, largely infectious, and sanitation.⁶⁵

AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 1, ff 1.

⁶² Reverby, *Examining Tuskegee*, 18-19.

⁶³ Treasury Department, Bureau of the Public Health Service. 1926. 'National Negro Health Week Conference 1926'. Meeting Documentation. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 1, ff 2.

⁶⁴ United States Public Health Service. Special Features. National Negro Health Week Bulletin April 1 To 7, 1923.

⁶⁵ Mullan F. *Plagues And Politics*. New York: Basic Books; 1989.

The PHS' involvement with the movement coincided with its establishment of the Division of Venereal Disease in 1918.⁶⁶ The Division, including two of its employees, African-American doctors Dr. Roscoe Brown and Dr. Ralph Stewart, grew interested in promoting venereal disease control to African-Americans in the US, especially in the South. Brown, a dentist and a long-time proponent of the NNHW as well as health disparities research in Washington, was also the force behind the authorization of the first study on black mortality by the federal government entitled "Mortality Among Negroes in the United States." With his experience in the PHS and relationships with its leadership, Brown was the ideal candidate for the position of national organizer for the National Negro Health Week movement.⁶⁷ During this time, the federal emphasis on infectious disease through the PHS provided a finite window of opportunity for the public health and hygiene approach to gain this level of federal visibility.⁶⁸

For about ten years, from his full-time employment at the PHS and even after his position with the Division of Venereal Disease was terminated, Brown heavily promoted National Negro Health Week, and served as national organizer.⁶⁹ With the support from the leaders within the African-American community, much personal persistence, and outside funding from the Rosenwald Fund secured, Brown became the chairman on the newly formed Office of Negro Health Work in 1932.⁷⁰

The Office of Negro Health Work served as the national coordinating headquarters of health week and curator of the *NNHN*.⁷¹ Though now headquartered in Washington D.C. and increasingly led by the African-American medical community, the National Negro Health Week maintained its self-help, grassroots foundation. More than 12,500 communities—more than 5 million people—observed National Negro Health Week at its peak in 1945.⁷²

Although it was the first black office in the PHS, led by the first African-American official in the PHS, and it did succeed in raising public awareness of health disparities in the

⁶⁶ "...for 9 years the Public Health Service had endeavored to make a definite and helpful contribution to National Negro Health Week observance." Assistant Surgeon General C. C. Pierce. Treasury Department, Bureau of the Public Health Service. 1928. 'National Negro Health Week Conference 1928'. Meeting Documentation. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 2, ff 7.

⁶⁷ Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America*.

⁶⁸ Brown, "The National Negro Health Week Movement," 559.

⁶⁹ Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America*, 66.

⁷⁰ *Ibid*.

⁷¹ Gamble and Stone, "U.S. Policy on Health Inequities: The Interplay of Policy and Research," 93-126.

⁷² Smith, *Sick And Tired Of Being Sick And Tired: Black Woman's Health Activism in America*, 70.

African-American community, the Office of Negro Health Work did little in terms of affecting political change for African-Americans. Smith argues that The Office's creation was less a gesture of solidarity from the Federal Government to the African-American than it was a testament to the leadership and organization of the African-American community.⁷³

The United States Public Health Service and Venereal Disease

Dr. Thomas Parran, Surgeon General from 1936 to 1948, is widely known as the champion of the PHS' major campaigns against syphilis and tuberculosis.⁷⁴ His mission, which began with his leadership in the Division of Venereal Disease in 1926, received a boost in 1930, when the Julius Rosenwald Fund, a private philanthropic group that focused about 10 percent of its budget on black issues in the south, agreed to fund syphilis study in and distributed treatment in poor African-American communities in the rural south. With this, Parran's PHS was able to increase its focus on venereal disease.

In *No Magic Bullet*, Allan Brandt argues that Parran's approach to venereal disease marked a concerted effort to move away from the moral call to arms that defined the social hygiene efforts prior to the 1930s.⁷⁵ Despite evidence supporting socioeconomic factors as explanations for the prevalence of disease in African-Americans, and despite his efforts to move away from the 1930s' moralized conceptions of these diseases in the broader population, Parran, like many physicians, held the view that the African-American race was inherently different when it came to infectious disease. This persistent medical-moral tension is what allowed Parran and the PHS, without much cognitive dissonance, to address African-American venereal disease through the public health and education efforts of the National Negro Health Week as well as through the notorious Tuskegee Syphilis Experiment.

Reconciling the Tuskegee Syphilis Experiment with National Negro Health Week

The era of PHS' focus on infectious disease not only coincided with the PHS' support of the National Negro Health Week, but also with the notorious Tuskegee Syphilis Study that began in 1932. The study, conceived by the PHS as a prospective, observational study of the natural

⁷³ Ibid.

⁷⁴ Reverby, *Examining Tuskegee*, 31.

⁷⁵ Brandt, *No Magic Bullet*, 140.

history of syphilis in African-American males, was guided by the underlying assumptions of racial differences in the disease by the medical community, the presumed lack of treatment in rural African-American males either by circumstance or choice, and uncertain efficacy of the available treatment at the time.⁷⁶ What resulted was 40 years of the PHS withholding standard-of-care treatment from syphilitic rural African-American males and deceiving participants into believing they were participating in a treatment program rather than a long-term clinical study.⁷⁷ When considering this darker side of health disparities research, it is difficult to imagine how an institution could carry out such an experiment while also partnering with the African-American community in the National Negro Health Week. The PHS was able to support a grass-roots African-American public health effort while also executing the Tuskegee Syphilis study because of the persistence of the PHS physicians' implicit biases despite emerging explanations for health disparities and the PHS' staunch commitment to the eradication of venereal disease from multiple approaches.

Many of the physicians at the PHS, particularly those from the Division of Venereal Disease, were trained in medical school to use a eugenic approach to explain inherited differences in disease manifestations and intelligence between the races. Despite suggestions that the PHS regarded socioeconomic factors such as poverty as potential explanations for disease disparities, the eugenic training, could not be overcome.⁷⁸ This tension between assumed biological difference based on race and reversible causes of health disparities manifested in the PHS approach to the Tuskegee Syphilis Study, with eugenic theory motivating the design and execution of the experiment and reversible explanations for disparities allowing for the generalizability of the results.⁷⁹

⁷⁶ "Infectious disease was the focus, racial differences were the underlying assumption; obtaining knowledge about the disease was the central action." In Reverby, *Examining Tuskegee*, 28.

⁷⁷ For a more in-depth discussion about the PHS' motivations and justifications for initiating and continuing the Tuskegee Study, please see Allan Brandt's "Racism and research: The case of the Tuskegee Syphilis study for a 8-page review," or Reverby's *Examining Tuskegee*. Brandt AM. Racism and research: The case of the Tuskegee Syphilis study. *The Hastings Center Report*. 1978;8(6): 21-29.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

The various academic projects, from the Rosenwald Demonstration Project⁸⁰ to the Tuskegee Syphilis, were part of the PHS' two-pronged approach to attacking syphilis: initiating research to understand the disease's natural history and engaging in public awareness and discussion.⁸¹ To the PHS and Parran in particular, the key to promoting clinical knowledge about syphilis was public discussion and awareness. Engaging in both efforts allowed for what the PHS saw as a holistic approach to the battle against syphilis.

While the PHS' attempt to answer the "the Negro problem" from a health and disease perspective involved supporting the African-American community in their own home-grown movement, its conception, initiation and failure to abort the Tuskegee Experiment exposed more nuanced explanations for the PHS' interest in African-American health. Its role in both African-American public health efforts and the unethical syphilis experiment demonstrate the Service's deep, almost blind commitment to infection control and scientific inquiry through any means necessary.

⁸⁰ The Rosenwald Demonstration Project was a PHS research effort funded by the Rosenwald Fund, a private white philanthropic group that reserved 10% of its funds for work related to southern, rural African-Americans. The Rosenwald Demonstration was an earlier, smaller syphilis study in Tuskegee, AL, that established the high rates of syphilis in the region and provided treatment for study participants. For more on the Rosenwald Demonstration, please see *Examining Tuskegee* by Susan Reverby.

⁸¹ *Ibid.*, 25.

Chapter Four:
The rise of Chronic Disease, Integration and
The Dissolution of the Office of Negro Health Work

Historian Susan Smith discusses the changing attitudes from within the African-American intellectual community in the mid 1900s— shifting from accommodation to integration approach— as the driving force behind the demise of the National Negro Health Week and the Office of Negro Health Work.⁸² The values of the African-American community’s rejection of “separate programs and facilities for African Americans,” formed the beginnings of what eventually became the Medical Civil Rights Movement, a campaign to desegregate hospitals, clinics, professional institutions, and organizations that gained momentum after World War II. While this may be true from within the African-American community, the federal governments focus was changing not so much from segregation to integration as much as it was changing from infectious to chronic disease. Here I will show how the changing burden of disease in the twentieth century from infectious to chronic disease, and the strong association between African-American health and infection that had been carried over from the late 19th century, contributed to the growing irrelevance of the National Negro Health Week and Office of Negro Health Work.

Increasing Focus on Chronic Disease

While American Society focused its medical, scientific and public health attention on infectious disease at the turn of the 20th century, as medical science progressed and public health efforts demonstrated effective approaches to infection control, public and medical attention began turning towards other disease entities. By 1932, heart disease, cancer and nephritis claimed more Americans than tuberculosis and pneumonia, capturing what Abdel R. Omran considered to be the Classical or Western model of what he called “Epidemiological Transition.”⁸³ Epidemiological transitions occur as a shift in disease and health patterns in response to the changing balance of demographic, social, economic, ecologic and biologic forces in society. According to Omran’s model, the era just before and into the early 20th century saw

⁸² Smith, *Sick And Tired Of Being Sick And Tired: Black Woman’s Health Activism in America*, 78.

⁸³ Met Life Insurance Company. 1934. 'Progress In Public Health Since 1900'. Article. Tuskegee, AL. Papers of the National Negro Health Week. Tuskegee University National Center of Bioethics, Archives and Museums. Box 12, ff 1.

the recession of pandemics; diseases that were once considered deadly like cholera, yellow fever, and scarlet fever were now mild or non-existent. Generally, what Omran's transition describes was true in America in the 20th century: the worst of tuberculosis and diarrhea had passed by 1920. In this discussion I will use degenerative diseases interchangeably with chronic diseases, as they both stand in contrast to acute, infectious diseases. However, as I will point out in my discussion of heart disease, the distinction between infectious and chronic disease is not always so clear, such as in rheumatic or syphilitic heart disease, leading to an interesting discussion of racial undertones implicit within the two categories during this "Epidemiological Transition."⁸⁴

This transition to chronic disease, while statistically true in terms of rising rates of heart disease and cancer, is not only a transition of absolute rates of disease, but also a transition of explanation and organization of disease within the larger social consciousness and at an institutional level. For example, although half of heart disease in 1928 was infectious in etiology, an increasing rate of heart disease was due to degenerative causes, with more attention placed on the latter.⁸⁵

Chronic disease, such as heart disease (which I will devote further attention to later in this section), was discussed as early as during World War I, rising to the forefront of American medical and public consciousness as a prominent feature of modern American life by the mid 20th century.⁸⁶ In 1935, while parts of Parran's PHS were clearly focusing on venereal disease as mentioned in the previous section, other components responded to the growing interest and need for further research into the field of chronic disease, launching the National Health Survey of 1935-1936 to determine the incidence of chronic disease and disability in the US. By 1955, the study of chronic disease had fully entered the American medical institution, with the founding of the *Journal of Chronic Disease*.

Infectious disease as the focus of African-American Health Disparities

As discussed in previous sections, the National Negro Health Week movement and its accompanying *NNHN* had a heavy emphasis on sanitation, social hygiene and infectious disease awareness and prevention. Pollock argues that "infectiousness was at the foreground of

⁸⁴ Omran AR. The epidemiologic transition: a theory of the epidemiology of population change. *Milbank Memorial Fund Quarterly*, 1971;29:509–538.

⁸⁵ Pollock, A. *Medicating Race: Heart Disease and Durable Preoccupations with Difference*. Durham: Duke University Press. 2012: Chapter 1.

⁸⁶ Weisz G. *Chronic Disease in the Twentieth Century: A History*. Baltimore: Johns Hopkins University Press;2014.

articulations of black disease by both racist theorists and by advocates of black health.”⁸⁷ She cites the National Negro Health Week as an example of both the African-American community’s and white philanthropic community’s “mass mobilization around black infectious disease” and a preoccupation with “black sickness as infection.”⁸⁸ The National Negro Health Week and the Office of Negro Health Work, in their approach to addressing African-American health disparities, helped to link African-American health to infectious disease on a national level. Chronic disease, however, was increasingly causing morbidity and mortality, making infectious disease, and, perhaps implicitly, African-American health, less relevant to broader health interests and policy as the 20th century progressed. This connection between African-American health and infection and its relationship with chronic disease is best seen through Anne Pollock’s discussion of the rise of cardiology in the early 20th century.

The premise for the rise of cardiology, Pollock states in her book, *Medicating Race: Heart Disease and Durable Preoccupations with Difference*, focused on the increasing rates of degenerative heart disease in the face of the growing mental “stress and strain” of American working life. The founders of cardiology attempted to move the spotlight away from the infectious diseases that dominated medical textbooks in the early 20th century and ignored the wide prevalence of infectious heart disease. An implied distinction, then, was made between infectious and degenerative heart disease, with infectious heart disease, especially syphilitic, being associated with African-Americans, and degenerative heart disease being associated with the modern, American, working whites.⁸⁹ Even when heart disease was found to be the leading cause of death among African-Americans in Metropolitan Life Insurance Company statistics in 1935, tuberculosis was still highlighted as “an outstanding cause of death among Negroes,” refusing to leave African-Americans and infection disconnected.

USPSH Shift in Focus to Chronic Disease

As American society and medical professional institutions turned their focus gradually towards chronic disease, the federal government followed suit as well. The National Institute of Health, started in 1930, began with cancer as part of its main agenda. According to George Weisz’ *Chronic Disease in the Twentieth Century*, the NIH studied diseases almost exclusively

⁸⁷ Pollock, *Medicating Race: Heart Disease and Durable Preoccupations with Difference*, Chapter 1.

⁸⁸ Ibid.

⁸⁹ Ibid.

categorized as “chronic” as an institutional policy.⁹⁰ In his book, Weisz states that Thomas Parran’s syphilis-control campaign (which included efforts with the Office of Negro Health Work) was well underway by the 1936, allowing him to turn his attention to cancer and chronic disease with the deployment of the National Health Survey. In 1937, the federal government passed a unanimous bill that allowed for the creation of the National Cancer Institute,⁹¹ and by 1938 PHS began publicly encouraging cancer programs and offering consultations to states for screenings.⁹² Besides its efforts in cancer, by 1949, the Bureau of State Services of PHS had a Division of Chronic Disease that persists in some form to this day.^{93 94}

Chronic disease was simply not as readily tied to African-Americans as infections were; chronic diseases were not contagious and, despite statistical evidence, the prevailing belief of the day was that African-Americans were less susceptible to chronic diseases. Despite the growing prevalence of chronic disease, its mounting importance in the medical establishment and movement of PHS efforts towards chronic disease, the *NNHN* continued on with its original emphasis on infectious disease. *NNHN* continued to publish multiple articles per publication about venereal disease and tuberculosis, many directly from the PHS, suggesting continued interest and need for education and awareness.

While the *NNHN* mentioned the growing prevalence of heart disease and cancer among African-Americans within its discussions of infectious diseases, other African-Americans, mainly physicians, began calling for more attention to this transition in the burden of disease. By raising awareness of chronic disease in African-Americans, Pollock argues that African-American physicians were vying for a place for both African-American patients and physicians

⁹⁰ Weisz, *Chronic Disease in the Twentieth Century: A History*, 152.

⁹¹ *Ibid.*, 79-80.

⁹² *Ibid.*, 80.

⁹³ *Ibid.*, 149.

⁹⁴ Cancer, much like heart disease, developed its own racialized narrative as the disease gained increasing recognition in the 20th century. While the narrative of cancer does not demonstrate the strong association between African-Americans and infectious disease, it does demonstrate the racialization of a chronic disease, making the disease less relevant to African-Americans. White American claimed cancer and attempted to explain its rising prevalence in African-Americans in a way that would make the disease less relevant to that population. As Keith Wailoo discusses extensively in *How Cancer Crossed the Color Line*, cancer was seen as a disease of modern civilization, and an increasing incidence was seen as a sign of modernity. African-Americans were depicted as “a monolithic, evolving, primitive type, with African-Americans in the south were depicted as “worry-free” and thus protected from cancer. Despite the idea that African-American were immune to cancer, from 1900-1925, the incidence of cancer in African-Americans increased by 120.5%. The post-Civil War African-American migration to the north, to a more civilized society, was thought to explain the increasing incidence of the disease.

in the future, for a place in what she calls “the modern disease experience.”⁹⁵ In reality, the African-American community remained somewhat disconnected from the national chronic disease conversation until later in the 20th century.

Call for Integration

As Susan Smith suggests, African-American physicians were not only frustrated by The Office of Negro Health Work’s and National Negro Health Week’s continued limited focus on infectious disease, but mostly by its persistence as a segregated African-American health movement. In 1938, Dr. Louis T. Wright (1891-1951), a prominent, Harvard-educated African-American surgeon and member of the NAACP, declared at the National Health Conference, “there is no such thing as ‘Negro Health.’” Given his opposition to “negro health,” it is unsurprising that he was staunchly opposed to the National Negro Health Movement, firmly advocating for a need of “the same all-year-round health program given other races, 365 days in the year.”⁹⁶

By 1950, PHS and the NMA presumably wondered if there was such as thing as “negro health” as well. The American medical establishment and PHS was shifting its focus toward chronic diseases, an area inspiring new research, leaving its expensive practice and vast research out of reach to African-American physicians, and targeting a disease category that supposedly did not affect African-Americans as greatly as it affected white Americans. The integrationist movement was gaining considerable momentum, with leaders of the NMA, NAACP, prominent African-American physicians, and even lay members of the community questioning the values implicit in the existence of a separate health week. The Office of Negro Health Work, serving as little more than a public relations and marketing office for the National Negro Health Movement, and standing as a small gesture of support to the African-American community from PHS, was thus dissolved.

The last issue of the *NNHN* was printed without warning of its demise in prior issues. It was an upbeat, positive issue, calling the National Negro Health movement a success. In the “Hail and Farewell” by Ann Arnold Hedgeman, Assistant to the Administrator of the Federal Security Agency, she ultimately repeated Dr. Wright’s words from 12 years prior: “There is, in

⁹⁵ Pollock, *Medicating Race: Heart Disease and Durable Preoccupations with Difference*, Chapter 1.

⁹⁶ No Such Thing as “Negro Health”: Dr. Louis T. Wright Says There’s No Color to T.B. and Syphilis Bugs. *Afro-American* (Baltimore Ed.). 1938 Jul 30:13.

fact, no such thing as Negro health. A given community is either a healthy community with adequate facilities for prevention and care, or it needs to face its lacks and work out plans for necessary social, economic and physical changes to meet these problems.”⁹⁷ While the Office itself was dissolved, its personnel, including Dr. Roscoe C. Brown, continued to provide consultation, information, health education and support for African-American communities as The Special Programs Branch in the Division of Health Education.

The legacy of the National Negro Health Week and the Office of Negro Health Work would not be so quickly dismissed even by its detractors. Dr. Paul B. Cornely, a Howard University physician leader of the Medical Civil Rights Movement, believed that the movement had an important role, particularly in the rural south, in opening doors for African-Americans. Cornely and Cobb both held the PHS responsible for the limitations of the Office, stating that the creation of the Office was merely to appease African-Americans with “an under-funded, understaffed program instead of any serious commitment to improving black health.”⁹⁸ The federal government and American Society as a whole continued to struggle with issues of race, health disparities, and social responsibility, not revisiting the effort at a federal level for another three decades.

⁹⁷ Hedgeman AA. Hail and Farewell. United States Public Health Service. National Negro Health Week. 1950; 18(1).

⁹⁸ Smith, *Sick and Tired of Being Sick and Tired Black Women's Health Activism in America*, 81.

Section 4: Conclusions, Limitations and Suggestions for Future Work

Epilogue

For all of the *NNHN* claims of the National Negro Health Week's growing participation and popularity, the dissolution of the Office of Negro Health Work was not a widely mourned event. While African-American newspapers reported on the end of the office, they also reported on the PHS' and African-American community's exciting steps towards integration. The end of the Office and the National Negro Health Week marked the beginning of a period in African-American history of growing confrontation, integration and the early stages of the Medical Civil Rights movement. Susan Smith writes that many African-American leaders saw the PHS' cooperation with the National Negro Health Week movement as an effort to placate African-American leaders, and that the PHS "never paid serious attention to Brown and the Office of Negro Health Work," given the PHS' limited financial and personnel support.⁹⁹ She also states that despite this characterization of the federal government's view of the Office of Negro Health Week Brown's presence as one of the few African-American serving on President Roosevelt's "Black Cabinet" was nevertheless an important distinction from prior administrations, and was the result of great effort from the African-American community.¹⁰⁰ Also, among the African-American community, the Office's dissolution was seen as a sign of the PHS' commitment toward integration. It would not be until the 1980s that the Federal government would place health disparities back on the national agenda and install a minority-health specific office in Washington D.C.

Vanessa Gamble and Deborah Stone's *U.S. Policy on health Inequities: The Interplay of Politics and Research* reviews federal efforts to address health disparities from the time of the Office of Negro Health Work to the mid 2000s.¹⁰¹ The article delineates important moments of federal and research efforts to influence policy related to health disparities that I will summarize here. Beginning in 1954, the *Brown vs. Board of Education* ruling against the constitutionality of "separate but equal" helped to encourage those in the Medical Civil Rights Movement to target hospital segregation. By 1964, the Civil Rights Act upheld a series of federal court decisions in a blanket ruling to prohibit racial discrimination at any federally assisted program. Gamble and

⁹⁹Smith, *Sick and Tired of Being Sick and Tired Black Women's Health Activism in America*, 81.

¹⁰⁰ *Ibid.*, 82

¹⁰¹Gamble and Stone, "U.S. Policy on Health Inequities: The Interplay of Policy and Research."

Stone discuss the Civil Rights movement’s adoption of health disparities as a civil rights issue throughout the 1960s and 1970s. Disparities remained ignored at least on the federal level until Secretary of Health and Human Service Margaret Heckler took notice of the persistent difference in overall gains in health status between white and minority communities in a 1983 US health report. As a result, Heckler established the Task Force on Black and Minority Health in 1985. Interestingly, the recommendations that resulted from the Task Force’s ten-volume report focused on education, research and data collection, and communication among interested agencies, recommendations that evoke the mission of the National Negro Health movement. However, as Gamble and Stone point out, the report was notably “silent on the question of politics and political will, as if knowledge deficiencies were the only cause of disparities.”¹⁰²

In response to the Task Force’s recommendations, the Department of Health and Human Services established the Office of Minority Health in 1985. The NIH created the Office of Research on Minority Health in 1990 for coordination of NIH policy goals related to minority research. By 1998, Dr. David Satcher, U.S. Surgeon general and African-American physician, successfully led efforts to include the elimination of health disparities as one of the major goals of the Department of Health and Human Services’ *Healthy People 2010* initiative, an ambitious step-up from the *Healthy People 2000* goal of reducing health disparities. All these efforts have brought health disparities— not just in the African-American community but in minority communities more broadly —back to the national stage, this time with a substantive presence in the federal government and a growing research community. Still, the disparities remain. *Healthy People 2020*, in its latest iteration, attempts to encompass the breadth of what health disparities have become and the diversity within the blanket group of “minority” with its new mission “to achieve health equity, eliminate disparities, and improve the health of all groups.”¹⁰⁵

Conclusion

The legacy of the National Negro Health Week and the Office of Negro Health Work may seem minimal with respect to resulting policies or public health impact. The movement has received some academic discussion, mainly by Susan Smith in *Sick And Tired Of Being Sick And*

¹⁰² Ibid., 105.

¹⁰³ U.S. Department of Health and Human Services: HealthyPeople.gov [Internet] Washington D.C.: U.S. Department of Health and Human Services: c2014. Disparities; 2015 Feb 18 [cited 2015 Feb 18];[about 2 screens]. Available from: <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Tired as an excellent historiography and analysis of the movement's relationship to African-American women in early public health efforts, as well as in Vanessa Gamble and Deborah Stone's 2006 article "U.S. Policy on Health Inequities: The Interplay of Policy and Research." It is also mentioned briefly in a variety of works commenting on African-American health disparities in the early 20th century and in historiographies of public health movements.¹⁰⁴ The movement's existence is largely unmentioned in public health and health disparity curricula or lay discussions. However, the negro health movement and the existence of the Office of Negro Health Work remain a testament to the pioneering efforts of the African-American community to define itself in the realm of public health and the professional institution of medicine while simultaneously providing a historical landmark for the federal government's view of African-Americans, health disparities and its role in alleviating these disparities.

The development of the Negro health movement, the rise of the Office of Negro Health Work and its demise, help to illuminate the priorities and motivations of the various communities involved, from African-American intellectuals to the federal government. The movement marked the first organized grass-roots public health movement for African-Americans by African-Americans, and provided a window into the struggles and priorities of the African-American physician. The movement's demise also helped demonstrate the tensions inherent within an accommodationist approach towards African-American health improvement and how this approach gave way to the more confrontational integrationist approach we see emerge through the Medical Civil Rights Movement. With a broader lens, we can also analyze how late 19th century American society conceptions of race and health, particularly when considering infectious diseases, led to the white majority's acceptance —albeit minimal— of this public health movement's approach, and how the association between African-Americans and infectious disease contributed to the rise and fall of this African-American initiated health movement.

The National Negro Health Week was an African-American public health movement spearheaded not by physicians, but by educators and academics at the Tuskegee Institute, a fact the NMA was well aware of as the popularity of the movement grew. Turf wars between physicians and public health officials have long been a part of the American narrative of

¹⁰⁴ Pollitt, P. From National Negro Health Week to National Public Health Week. *Journal of Community Health*. 1996 Dec 1;21(6):401-07.

medicine, with physicians struggling to assert their professional independence and claim their customer base. The NMA may have also been in a similar struggle to delineate physician territory while also working towards equality and legitimacy in the broader medical landscape. The NMA and National Negro Health Week's relationship hints at the same physician/public health battles that were happening on the national scale, a battle that may have led to the demise of a public health movement at the expense of a more medically centered civil rights movement in the 1950s.

The fundamental difference in approach to health disparities between National Negro Health Week and the Medical Civil Right Movement—from a separate public health movement focused on rural African-Americans to a demand for integration focused at the level of African-American hospitals, health services and professionals—highlights the tensions between the “accommodationist” versus “integrationist” approach to African-American civil rights and how these approaches were applied to health disparities. National Negro Health Week singled out African-Americans and, to a certain extent, perpetuated mainstream racial stereotypes in its efforts to address and intervene on health disparities.

And yet, the Medical Civil Rights movement demanded equality on a social and professional level in order to achieve improved health equality. To what extent can social equality be distinguished from health equality? The National Negro Health Movement, by addressing “matters of condition” marked a major shift in the view of health disparities, serving to highlight the socio-economic conditions of African-Americans compared to whites and making the first steps towards connecting health disparities to social disparities. Americans were finally taking their first, somewhat reluctant steps away from the idea of African-Americans as fundamentally, biologically inferior. Although the federal government seemed acknowledge this paradigm shift with its half-hearted support of the Office of Negro Health Work, efforts such as the Tuskegee Syphilis Experiment demonstrated the actively existing tension between old and new ideas about racial differences and its influences on health research and policy, highlighting the overall lack of political will and moral conviction regarding the elimination of health disparities.

What the movement initially appeared to have achieved with the creation of the Office of Negro Health Work but ultimately failed to do was inspire political will. As Gamble and Stone state: “The influence of research in eliminating disparities is inextricably linked to political

climate, political dynamics, and the moral commitments of scientists as well as political leaders.”¹⁰⁵ The transition to an integrationist approach marked an effort to address social justice and equality more directly, with more specific demands on the government from the African-American community. The demise of the National Negro Health Week was partly due to its ability to allow for the separation of health disparities from efforts towards political change and, in turn, social justice—an important point to consider when analyzing other large-scale efforts to alleviate health disparities.

Perhaps the most surprising theme to emerge from my research was the intimate association that American society, including the federal government, had made between African-Americans and infectious disease, and how the National Negro Health Week and The Office of Negro Health Week upheld this association. Infectious disease pervaded the major academic discourse surrounding African-American health in the late 19th and early 20th century. Of course, African-Americans were in fact disproportionately affected by infectious diseases because of their living conditions and lack of access to medical care; but these diseases, particularly syphilis and tuberculosis, became synonymous with immorality and filthiness, associations that nicely supported the racialization of these diseases. The National Negro Health Week and the federal government’s focus on infectious disease, social hygiene and cleanliness begs the question of whether this health disparity intervention was a reflection and perpetuation of social and political ideas about race and health, or a thoughtful response to the needs of a community.

Historian David Jones argues that the articulation of health disparities in a society can shed light on the society’s true definition of that disparity: “Disparities can be seen as proof of natural hierarchy, as products of misbehavior, or as evidence of social injustice.”¹⁰⁶ Health disparity definitions from the federal government in the form of *Healthy People 2020* are moving towards the latter definition as the motivation behind intervention. My analysis of the National Negro Health Week and the Office of Negro Health Work demonstrates evidence of all three of these interpretations of health disparities, laying them out as if they represented an evolution of interpretation of health disparities, with the demise of The Office of Negro Health Work illustrating the African-American community finally demanding that the disparities be seen as not at “misbehavior” but “evidence of social injustice.” In this view, The National Negro Health

¹⁰⁵ Gamble and Stone, “U.S. Policy on Health Inequities: The Interplay of Policy and Research,” 122.

¹⁰⁶ Jones DS. *Rationalizing Epidemics*. Cambridge, Mass.: Harvard University Press; 2004. p. 3.

Week movement and the Office of Negro Health Work appears to define a transition point through this continuum, ushering in the era of integration and demand for social justice that followed. But how often do we continue to base disparity explanations on “misbehaviors” or “proof of natural hierarchy?” What about our continued efforts to uncover genetic differences between races, efforts that at least hint at a proof of natural order, if not hierarchy? Anne Pollock argues that we continue to use our conceptions of race and difference to motivate our research and interventions, as she discusses the racialized field of cardiology and subsequent racialization of antihypertensive medications: “The preoccupation with “racial characteristics” has not changed: infection, related to hygiene, constitutional susceptibility, and immorality, has been displaced by hypertension that is somehow related to genetics.”¹⁰⁷ This is not to say that efforts to eliminate disparities motivated by social justice do not exist, but that it is important to be aware of how our own definitions of health disparities drive our interventions and what disparity preconception truly drives our health disparity intervention.

By focusing on infectious disease, the National Negro Health Week and Office of Negro Health Work appealed to the “bad behavior” definition of disparities held by the majority. Because these efforts ultimately perpetuated existing, negative associations between health and race, as the African-American community demanded a change in these ideas to support a health disparity explanation based on social justice, they realized the health disparity intervention would also have to change.

While the African-American community ultimately decided that the movement was fundamentally flawed in its approach to health disparities, studying the movement can teach us important points to consider when thinking critically about health disparities research and interventions. We can work to identify existing associations between minorities and diseases and analyze whether an intervention is a perpetuation of a stereotype or racist association, or if it is based on a true effort to understand and help a community. Sometimes, we may even have to look critically at interventions proposed from within the community itself. We can work to support grass-roots efforts within minority communities, as well as leaders within these communities with the same level of funding and institutional respect we would grant to any other organization. We can also reflect on the limitations of the interventions proposed, and identify

¹⁰⁷ Ibid., Chapter 2.

the strengths of our interventions before becoming frustrated with the interventions and abandoning the entire effort.

So was the National Negro Health Movement and the Office of Negro Health Work yet another example of “separate but equal?” Were the critics right in their claims that “there is no such thing as Negro Health?” We learned from health disparity reports in the 1980s that integration of minority health needs with the health needs of American Society as a whole does not allow us to properly address the health disparities that exist in African-American and other marginalized communities. The strength of the National Negro Health Week and the Office of Negro Health Work was its ability to identify the dramatically different needs of different communities, and the benefits of studying and engaging with these communities separately from a very diverse whole. Ultimately we have agreed as a society through initiatives like *Healthy People 2020* that we have a moral obligation to eliminate health disparities in marginalized communities, and that these communities merit focused and committed federal offices, research and interventions. It appears we have come full circle with one major difference: the inclusion of political will motivated by social justice. However, before we condemn the National Negro Health Week, the Office of Negro Health Work, and the PHS for their perpetuation of racial stereotypes and lack of engagement in social justice, we must be willing to look carefully at our own research and interventions, whether from the federal level or from the communities themselves, and think critically about how our existing conceptions of race and disease shape and define our fundamental questions and interventions.

Limitations and Suggestions for Future Work

While the formation of the Office of Negro Health Work has been described in the existing literature, the events surrounding the formation and particularly the dissolution of the office have not been analyzed in the context of the burden of disease transition nor how these events have been shaped by the United States Public Health Service’s and the African-American leaders’ disparate underlying assumptions about race and disease, making this case study valuable and feasible for historical analysis. Because I am limiting myself to public discourse in the media, published research articles and federal documents, I am relying on these perspectives to define society’s conception of race, responsibility and social justice in the 1900s through the 1950s. I am limited to the perspectives that have been preserved and were prevalent and

powerful at the time, which excludes a large, marginalized portion of the population. It is also important to acknowledge that the media can both reflect and produce social expectations, and thus my inferences of social expectations based on sampled newspapers may not accurately represent typical societal values. However, the press is still a direct product of its time and somewhat reflects popular conceptions of the day. Historical research is also limited to the recorded perspectives, and therefore I cannot necessarily determine intention or motivation of the forces beyond what I glean from my data collection.¹⁰⁸ My research, however, is firmly founded on that of the other few historians of health disparities who have also taken on the challenging task of understanding intention and motivation while defining race in American, grounding the basis of my work with their well-studied assertions on race and health in the early and mid 20th century.

This scholarly project, while a rigorous investigation, leaves many questions unanswered and topics ripe for further investigation. My understanding of the NMA's role is based primarily on the organization's journal publications, and during my research I was unable to find a definitive historical NMA resource. Deeper investigation into NMA's relationship with public health and National Negro Health Week and how this relationship influenced the conceptualization and ownership of African-American health disparities within the African-American community would help characterize the NMA's and thus African-American physician community's motivations and goals during the early and middle 20th century. Perhaps the African-American medical professional narrative merits its own detailed analysis at the level of Paul Starr's *Social Transformation of American Medicine*. Additionally, while several works exist discussing the NMA, the Tuskegee Institute, and the United States Public Health Service, it would be helpful and important to know the relative prominence of these institutions: which organization was more powerful, more respected within and outside of the African-American community? Finally, this approach of the contextualization of the major forces and players coming together to form the Office of Negro Health Work could be used to analyze the formation of the Office of Minority Affairs in the 1980s in order to provide a comparative historical investigation of these two moments in history, evaluate their relative failures, successes and their ultimate outcomes in addressing health disparities and shaping conceptions of race in American society.

¹⁰⁸ Jones DS. *Rationalizing Epidemics*. Cambridge, Mass.: Harvard University Press; 2004.