

THE NATIONAL NEGRO HEALTH WEEK, 1915 TO 1951: A DESCRIPTIVE ACCOUNT

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Abstract

In 1914, Booker T. Washington, founder of Tuskegee Institute, viewed the poor health status of black Americans as an obstacle to economic progress and issued a call for "the Negro people... to join in a movement which shall be known as Health Improvement Week" (Patterson, 1939). Health Improvement Week evolved into the National Negro Health Week, observed annually for 35 years. This article provides an overview of the structure and activities of the National Negro Health Week and suggests implications for public health in the black community today.

The disparity in health status between black and white Americans was not new when it was so well documented in the 1985 Secretary's Task Force Report on Black and Minority Health (US Department of Health and Human Services, 1985). The task force identified the six leading causes of preventable excess death for minority populations: cancer, cardiovascular disease, diabetes, infant mortality, chemical dependency, and homicide/unintentional injury. The report developed the descriptive term "excess death," which was defined as the difference between number of deaths in minority populations and what would be expected in the majority population; by this standard, blacks experienced 42% excess mortality compared to whites. In 1985, these findings lead to the creation of the Office of Minority Health in the US Department of Health and Human Services.

While the 1985 Task Force Report was heralded as the first comprehensive assessment of minority health, in the early part of the 20th century the health status gap between whites and blacks was clearly chronicled from local and state health data. In 1906, W.E.B. Du Bois edited a volume, *The Health and Physique of the Negro Ameri-*

can, that documented that disparity. In 1914, Booker T. Washington, founder of the Tuskegee Institute, addressed this issue:

"At the last session of the Tuskegee Negro Conference, some startling facts were brought out concerning the health of the colored people of the United States...45 percent of all deaths among Negroes were preventable; there are 450,000 Negroes seriously ill all the time; the annual cost of this illness is 75 million dollars; that sickness and death cost Negroes annually 100 million dollars." (Patterson, 1939, p.13)

These data provided ammunition for an emerging public health leadership in the black medical and lay communities that launched a 35-year national movement to improve the health of black Americans. Known as the National Negro Health Week (NNHW), the history of this effort has long gone unnoticed in the public health literature. This article will examine the origins of the Week and provide an overview of its activities. Implications for public health activities in the black community today will be discussed. However, a full and critical examination of the Week and the resulting National Negro Health Movement is beyond the scope of this article.

Origins of National Negro Health Week

In the early 20th century, much of the black population lived in poverty and was concentrated in the rural South. Formal health care was often nonexistent, sanitation was poor, nutrition was inadequate, and housing substandard. The great black migration to urban areas in the north began as a search for greater economic opportunity. However, the poverty that accompanied the migrants, combined with poor housing conditions and lack of access to health care, contributed to the continuation of a disproportionate burden of illness and death from chronic and infectious diseases. Death rates in 1915 were 20.2 per 1,000 for blacks as compared to 12.9 for whites (US Public Health Service [USPHS], 1950). The infant mortality rate for blacks was 180.6 per 1,000 live births compared to 98.6 for white babies (USPHS, 1950). Summarizing this disparity, Louis Dublin of the Metropolitan Life Insurance Company stated, "...it is only fair to say that the Negro is by the usual measures of mortality at a point where the white race was only thirty years ago" (Dublin, 1924, p. 198).

Blacks were also poorly represented in the health professions. According to Dublin, there was only one black physician per 3,000 blacks compared to one physician for every 670 whites. The ratios for black dentists and nurses were comparable. However, emerging in the early part of the century was a spark of leadership in black medical and nursing associations and a strong lay public health movement predominantly spearheaded by educated black women. In 1905, under the leadership of Monroe Work, the Men's Sunday Club in Savannah, Georgia, with its focus on improving community health, was one of numerous lay efforts to address the black community's health needs. In 1906,

the Atlanta Conference for the Study of the Negro Problem called for "the formation of local health leagues among colored people for the dissemination of better knowledge of sanitation and preventive medicine" (Du Bois, 1906, p. 110). Concerned with tuberculosis and syphilis, black health professionals, hospitals, churches, and civic organizations cooperated in a variety of efforts to improve the health status of black Americans.

Mounting interest in improvement of black health status spawned two events that constitute the origins of National Negro Health Week. First, a community-wide sanitation campaign, conducted by the Negro Organization Society of Virginia in 1913, caught the attention of Booker T. Washington, who believed "The future of the race depends upon the conservation of its health" (USPHS, 1950, p. 2). The Virginia campaign helped to stimulate the 1914 Worker's Day at the Annual Tuskegee Negro Conference, during which exhibits and programs focused on the theme "Fifty Years of Negro Health Improvement in Preparation for Efficiency." Charts prepared by Monroe Work at Tuskegee Institute projected a reduction in death rates from 24 per 1,000 for blacks in 1913 to 12 per 1,000 in 1963. Posters featured the economic losses from disease and premature death and noted that "length of life increases wherever sanitary science and preventive medicine are applied" (Brown, 1937, p. 554).

These two events underscored Washington's understanding of the role of health in the economic development of the black community. He stated, "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, or to show other evidences of progress" (Jackson, 1942, p. 236). Washington viewed economic success, built on racial solidarity and group unity, as a key to acceptance into the mainstream of American society. From this vantage point, he launched the National Health Improvement Week in 1915:

"Because of these facts I have thought it advisable to ask the Negro people of the whole country to join in a movement which shall be known as 'Health Improvement Week' beginning April 11 to April 17, inclusive, 1915. By means of these organizations and agencies, all the colored people can be reached and influenced. They can be taught what to do to aid in improving their health conditions. Thus the amount of sickness among us can be lessened and the number of deaths annually greatly decreased" (Patterson, 1939, p. 13).

The week, which ultimately became known as National Negro Health Week (NNHW), was initially promoted by Washington and the National Negro Business League, an organization founded by Washington with the backing of industrialist Andrew Carnegie. While Robert R. Moton, principal of Tuskegee Institute following Washington's death, stated that although National Negro Health Week "originated with the race itself," it was meant to be a cooperative effort between whites and blacks (Brown, 1937, p. 553). Washington, in a 1915 address to the First Public Health Conference for black Marylanders in Baltimore, stated "...white people and black people throughout this State can cooperate in encouraging the Negro wherever he lives to have a clean, sanitary, healthy community" (Brown, 1937, p. 555). This theme was echoed years later during a National Negro Health Week radio broadcast by R.A. Vonderlehr, a white USPS officer, when he stated, "Quite obviously the color line cannot be drawn where the prevention of disease is concerned" (Vonderlehr, 1939, p. 1).

The NNHW was managed by an oversight committee at Tuskegee Institute. There were two primary objectives: "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" (Brown, 1937, p. 555). Ulti-

mately, a week in early April, running from Sunday to Sunday, was chosen as a memorial to Booker T. Washington, whose birthday was April 5.

Community Mobilization for National Negro Health Week

In the early years, the annual *Health Week Bulletin*, published by Tuskegee Institute, included: 1) the objective for the specific year's observance; 2) suggestions for each day's activities; 3) a list of organizations that could be potential collaborators; and 4) a plan of organization for local communities. The strategy for community mobilization included the following steps: 1) win the support of all public-spirited agencies; 2) if there is an official health department, consult the executive officer of that department and ask for him to convene a meeting; 3) invite representatives from churches, schools, health agencies, medical and nursing associations, civic groups such as Rotary and Kiwanis, fraternal orders, women's clubs, business leaders, chambers of commerce, and all other interested groups; and 4) organize a central committee, choose officers, and appoint necessary subcommittees (USPHS, 1926, p. 4).

This community mobilization approach was not unlike strategies advocated for contemporary efforts to develop community partnerships for public health programs. It was suggested that a central committee conduct a needs assessment survey of the community to determine the most significant health problems. The central committee then utilized the findings to prioritize issues to be addressed during the week. While the Tuskegee oversight committee recommended an organizational structure for the week's activities that included a central committee and separate committees for each day, they also recognized that individual communities would ultimately determine their own organizational structure. This call for community mobilization, sensitive to the needs of individual communities, allowed for involvement of a broad array of organizations and institutions, both white and black.

Structure and Breadth of National Negro Health Week Activities

The Tuskegee oversight committee published and distributed a set of goals and activities for each day of the week. Sunday was termed Mobilization Day with a heavy focus on health sermons during church services and popular mass meetings. While the mass meetings had as one goal to announce the schedule for the remainder of the week, specific topics were also suggested by the Oversight Committee. While one address was to focus on the human and economic cost of tuberculosis, venereal diseases, and other prevalent health conditions, another speaker would emphasize the effectiveness of prevention in reduction of the morbidity and mortality of these diseases. Finally, a third theme stressed the "value of buoyant health" (USPHS, 1926). The organizers stressed the need for good speakers and good music. Sunday was specifically chosen because the church played a pivotal role in mobilizing community involvement.

“An eight-day week, beginning and ending on Sunday, was deliberately established to take advantage of the role of the church as a major convener of community groups.”

The focus of Monday, Home Hygiene Day, was on the "establishment of a sanitary home" (USPHS, 1926, p. 4). Lectures, pamphlets, and demonstrations, both for adults and children, were the suggested educational methods. Tuesday, Community Sanitation Day, used the same educational methods to focus activities on assuring safe water, food and milk supplies, waste disposal, clean streets, safe wells, and destruction of swamp breeding grounds for insects. Collaboration with the local health department was suggested in order to carry out these activities.

As Special Campaign Day, Wednesday concentrated on the specific health problem identified in the community needs assessment conducted by the Health Week Central Committee. Activities suggested included a "noon-day" conference focusing on the specific problem with the goal of developing and immediately implementing a plan of action. For example, "...if a community decided to make a renewed attack on tuberculosis, it may conclude at the noon-day conference that an additional public health nurse is necessary. With the support of the business men and others, it may be possible, before the day closes, to raise funds with which this nurse may be employed" (USPHS, 1926, p. 7).

Adult Health Day on Thursday emphasized annual health examinations for adults through health education programs with men's and women's organizations and clinics operated by the local medical society. Maternal and infant health clinics were also the focus for adult health day. Friday, School Health Day, included health education programs and school-based health services. Clinics established in the school conducted screenings and provided vaccinations. Health education programs utilizing health essays, songs, games, and plays focused on good health habits, and parental involvement was heavily emphasized. School cleanup activities were organized. Emphasizing health first as a primary aim of education was a theme.

Designated General Cleanup Day, Saturday focused on cooperative, large scale cleanup activities and inspection of community health campaign results. Collecting data and taking pictures for reports and newspapers stories was a key activity. As Reports and Follow-up Day, Sunday had, as its focal point, community gatherings through the church and large civic meetings. An eight-day week, beginning and ending on Sun-

day, was deliberately established to take advantage of the role of the church as a major convener of community groups. The week culminated in a review of all activities and achievements, intermingled with food, music, and inspirational speeches.

Involvement of the USPHS

From its inception in 1915, the Tuskegee oversight committee organized the Week's activities with the support of other organizations (Brown, 1937). In a 1921 letter to Surgeon General H. S. Cumming, Moton requested assistance from the USPHS in promoting National Negro Health Week and implementation of a year-round program. In response, Roscoe Brown, a dentist who had become a USPHS lecturer and consultant on health education, attended the Annual Tuskegee Negro Conference. In 1921, the USPHS assumed publication of the *NNHW Bulletin*, and beginning in 1927 produced the Health Week Poster. Also in 1921, the first Annual NNHW conference, convened by the US Surgeon General, was held in Washington, DC. The purpose of the meeting, which included representatives of all cooperating agencies, was planning and evaluation of campaign activities. The conference itself also included exhibits of Health Week reports, poster contest entries, and a public meeting on health issues.

National Negro Health Week Strategies

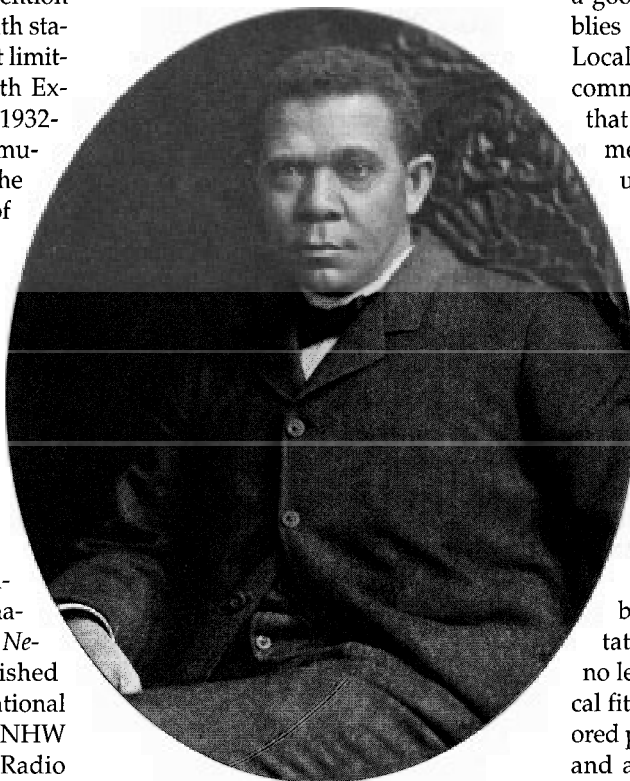
Clearly, one of the most impressive aspects of the Week was the scope of activities and the breadth of target audiences reached through a truly comprehensive effort to improve community health. The strategies utilized constitute an effective health communication campaign conducted through a variety of channels to reach large audiences. From church, school, clinic, and community settings, a multitude of blacks from childhood through adult years were mobilized. Use of radio, newspapers, posters, and brochures was extensive. For example, in 1933, sixty-one radio broadcasts

were reported, and in 1937, the *NNH News* applauded newspapers for their **extensive coverage of the Week**. That coverage included editorials, announcements, photographs, schedules, special news articles, and, in some areas, special editions during Health Week (USPHS, 1933, 1937). Interpersonal communication through mass meetings, health education sessions, and individual contacts with public health professionals reinforced the theme and messages during the Week. Themes chosen for the annual observance illustrated an appreciation for the multiple levels of intervention necessary to improve black health status. They included, but were not limited to: 1929—"A Complete Health Examination for Everybody"; 1932—"Help Yourself and Your Community to Better Health"; 1936—"The Family and Home as the Unit of Community Health"; 1936—"The Child and the School as Factors in Community Health"; and 1939—"The Citizen's Responsibility for Community Health" (Brown, 1937; Vonderlehr, 1939).

Each year, the USPHS created a set of standardized materials that were supplemented with local materials from public health departments and voluntary organizations. Standard materials included: 1) the *National Negro Health Week Bulletin*, published quarterly after 1933; 2) The National Negro Health Poster; 3) the NNHW school leaflet; 4) the NNHW Radio Broadcast; and, 5) the NNHW Sermon. The materials featured that year's theme and were available to NNHW committees at no cost. For example, for the twentieth anniversary of National Negro Health Week, the official poster featured a photograph of Booker T. Washington with the theme, "Let Us Honor Him With The Fruits of Our Endeavors" (USPHS, 1934). Illustrated leaflets were specifically prepared for students to stimulate participation in the Health Week poster contest for the upcoming year's observance (USPHS, 1943). School leaflets illustrated to engage children's

interest featured a health education message.

Radio broadcasts, prepared for use by local stations, often featured an interview with a USPHS official such as the Surgeon General. Representatives from other sponsoring groups such as the National Association of Colored Graduate Nurses also participated in broadcasts ((USPHS, 1945). Topics included the history of the Week, health status of blacks, and a call for more effective health practices. Local broadcasts featuring individuals involved in a specific community's observance



Booker T. Washington,
founder of Negro Health Week.

expanded beyond a discussion of the history and health status of blacks to announce local activities. The local broadcast also reflected the breadth of involvement at the community level. John Turner, a physician in Philadelphia, during his broadcast interview on station WPEN on April 8, 1944, stated:

"During the week from April 9 to 16, practically every Negro agency for uplift in Philadelphia was or will be the center of activity featuring some phase of program relating to National

Negro Health Week. Some of these agencies are our 2 hospitals—Douglass and Mercy—YWCA and YMCA, Health Centers, churches, beautician and barber headquarters" (USPHS, 1944, p. 9).

In recognition of the key role of the black church, an official sermon was published and distributed to communities for their use. As the 1933 *NNH News* editorial stated, "The church can render a most helpful service in the Health Week Anniversary by making occasional announcements and by starting the Health Week proper with a good message to the church assemblies of the day" (USPHS, 1933, p.9). Local committees often had a subcommittee for church involvement that would issue a call for involvement of local pastors. Building upon the Week's theme, the official sermon combined health education with scripture and religious support for the week's activities.

The modern concern with cultural sensitivity in public health programs was certainly a critical issue during NNHW. In 1923, Roscoe Brown describes an exhibit created for the 1922 Health Week activities. He states, "The 'Keeping Fit' exhibit for colored boys and young men is an adaptation of the original exhibit with no less content of the ideals of physical fitness but with subjects of the colored population to make the challenge and appeal more personal" (Brown, 1923, p. 13). **Announcements for each year's observance** included photographs of activities conducted at the local level in the previous year's observance.

Program Evaluation Methods

The NNHW provided a model for process and impact evaluation across multiple communities and organizations. THE USPHS distributed standardized reporting forms that included the following broad categories for activities: 1) Objectives; 2) Community and home clean-up activities; 3) Educational activities, including numbers

of lectures, exhibits and sermons, attendance, and the number of educational brochures distributed; 4) Practical — clinic visits, attendance, community health events; 5) Local prizes awarded; 6) Other accomplishments; 7) Field service, which included the number of organizations participating, community exhibits, other lectures and conferences; and, 8) Media coverage (articles, photos, etc). While the final report on activities was dependent on reporting by local or state NNHW committees, the 1933 statistical report provides evidence of the breadth of activities. From 25 participating states, there were 2,941 lectures attended by 269,572 people; 3,872 outhouses improved or constructed; and 477 health clinics conducted (USPHS, 1933). In recognition of community efforts for the Week, the Awards Committee gave Certificates of Merit, trophies, or medals for various levels of effort.

Implications for Health Promotion in the Black Community Today

Ultimately, National Negro Health Week evolved into a comprehensive year-round program, entitled the National Negro Health Movement, that integrated community development, health education, professional training, and health policy initiatives all designed to improve black health status. The Movement came under the auspices of the Office of Negro Health Work in the USPHS, and when the move toward integration led to the dismantling of the office in 1951, the National Negro Health Movement came to an end. While, during its time, the Week and the Movement were not without their critics, its 35-year history represents the longest sustained health promotion and disease prevention campaign for black Americans in public health history. A historical look at the Week provides some valuable lessons for public health professionals seeking to reduce the excess morbidity and mortality experience by the African-American community today.

Too often today as we work in the arena of categorical funding for programs, the broader scope of issues that

affect the health of a community are neglected. The NNHW broadly defined its scope to range from environmental and sanitation issues and individual behavior to concern with increasing the numbers of black health professionals and promoting access to care. This range is not inconsistent with the recommendations of the Secretary's Task Force Report (Department of Health and Human Services, 1985) that included emphasis on health education, research on individual risk factors, and training of black health professionals. The broad scope of the NNHW also reflects more closely the breadth of issues uncovered today when community members are full participants in defining their own health agenda.

Addressing the disparity in health status is an awesome task that is too frequently undertaken by local health departments and a few community organizations. The NNHW was sustained and flourished by the broad-based participation of a multitude of organizations: schools, churches, businesses and worksites, local health departments, professional associations, the media, and civic groups. While the Week originated at Tuskegee Institute, the support from the USPHS was critical to sustaining the effort over time. However, while there existed standardized materials and a framework for the Week, there was also the freedom for local observances to modify their activities to suit their needs. This combination of governmental support, collaboration among a multitude of organizations, and freedom to develop a campaign appropriate to individual communities suggests a model for community based public health campaigns today.

Today, efforts to acquire funding for health promotion programs are dependent upon identifying the needs and deficits of the black community. While it is critical to identify needs, focusing solely on those needs can have a demoralizing effect when communities

are made to feel that only outside assistance can address their concerns. Furthermore, a focus on needs and deficits, particularly as we have seen today in the portrayal of violence in the black community by the mass media, can contribute to confusing those needs with seeing whole communities as deficient or bankrupt. The NNHW pro-

“ Too often today as we work in the arena of categorical funding for programs, the broader scope of issues that affect the health of a community are neglected. The NNHW broadly defined its scope.”

vides a model of building upon the strengths of black communities through its use of internal resources and indigenous organizations. Drawing upon racial pride and the hopes of the black community for progress provided a positive tone and goal for the Week. However, while racial pride was clearly a motivating factor, it was not to the exclusion of collaborative efforts with white organizations. If today's public health campaigns can draw upon racial pride and strengths and assets within the black community, and work in an inter-racial coalition, we will enhance the likelihood of success.

The Week provides a valuable lesson in cultural sensitivity for those seeking to work successfully with the African American community. While cultural sensitivity is too frequently relegated to consideration of materials development for health education programs, the Week's reliance on the credible black institutions and local community leaders demonstrates how sensitivity includes community empowerment. Public health professionals can play a supportive role to those within the black community who have the necessary credibility to reach populations in greatest need.

The complexities of race and health today mirror similar concerns from the period of the NNHW. While the

Week's observance was a prime example of the creation of services and health promotion campaigns embedded within the black community, leaders of the black community simultaneously demanded universal access to care during the days of segregation. This same duality is very much evident today as calls for culturally sensitive and community-based programs must be blended with the continuing demand for full access to health care. Furthermore, the activism of those involved in the Week suggests the model of advocacy necessary to ensure that, as managed care becomes the predominant system of health insurance in the country, those populations most vulnerable, and therefore most costly in the days of capitated care, are fully incorporated into our newly emerging system of care.

Today, many poor black communities have suffered from the flight of those middle class blacks no longer restricted by segregation. Just as the middle class black activists responsible for planning and implementing the Week in many communities saw their fate tied to that of those blacks less educated and poorer, the lesson of the NNHW suggests that middle class blacks today must utilize their resources and skills to work with communities still struggling with poverty and inequality.

Conclusions

While the National Negro Health Week ended over forty years ago, its significance is still honored today. In April 1994, the Ohio Commission on Minority Health called for celebration of the 79th anniversary of National Negro Health Week during their annual Minority Health Month. In identifying National Negro Health Week as "the forerunner to Minority Health Month," the Commission stated, "To the best of our knowledge, Negro Health Week was the beginning of the minority health movement in the US" (Ohio Commission on Minority Health, 1994, back cover).

Just as Booker T. Washington believed that the health of black America was tied to its economic progress and social acceptance into the broader soci-

ety, we believe that the health status of black people is still indelibly bound to the role African Americans play in the nation today and their role in our country's future. Advances in medical science have not removed the possibility that a large segment of black America will continue to suffer from preventable death while standing in the shadow of a medical wonder world. Over fifty years ago, *National Negro Health News* stated:

"It is a time for remembering the health of the race and how essential it is to our racial progress. There is no better time to think of this than now, when we shall need every racial resource to make the progress we should make in these days." (USPHS, 1943, p. 6).

We call upon public health professionals to examine our history for guidance and to join with the black community now in an inter-racial coalition to promote health and prevent disease among African Americans. When we accept the moral imperative to improve the health status of poorly served, under served and never served segments of our society, we truly demonstrate the principles of public health as social justice. From this perspective, the National Negro Health Week represents a significant contribution from African Americans to the history of public health.

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