

# Reaching the Negro Community

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**US Army Colonel (Retired) Midian O. Bousfield receiving the Legion of Merit from Brigadier General John A. Rogers, April 1946. (Photo courtesy of the National Archives)**

## THE NEGRO FURNISHES

one-tenth of the population of the United States, and as such his health problems should be important to public health workers. Three-quarters of these 12 million Negroes still live in southern states and the majority of them in rural areas where there are most often inadequate medical facilities for either white or black.

About 1915 there began the migration of Negroes from the rural areas and small towns to industrial centers.... Such a large and rapid movement, of a group of the population, into new living and working conditions, into crowded, segregated areas of bad housing, left a marked impression on the vital statistics of the people, from which they are now showing signs of recovery.

In the typical industrial city the Negro quarter is along the railroad, as in New Haven, Conn., or along the banks of some dirty stream as in Akron, Ohio. Again, it is in some abandoned section which is being gradually converted from residence to business, as in South Philadelphia. Occasionally, to be sure, a whole great city area, as on the south side of Chicago, or Harlem in New York City, is occupied by Negroes ... Bound in, as they are, by natural or social barriers, with little opportunity for expansion, overcrowding is a certain result.

Negroes are for the most part unskilled or semiskilled, low-paid workers, living in houses 2 or

3 generations old, which, in a recent survey, are reported to be on an average of only 16% in good repair.... There is lack of sunshine, fresh air, cleanliness, play space and normal recreation. There is nearly always a prevalence of influences which tend to destroy.

This concentration of Negroes in compact, segregated areas has generally had the disadvantage, in most cities, of allowing to exist a great disparity of health effort between Negro and white communities.... It is not popular to spend money on Negro health and the Negro is quite unable to finance his own needs. This, coupled with racial prejudice, accounts for the generally demoralized condition of health efforts in colored neighborhoods. This applies equally to official and voluntary agencies.

Many hospitals and clinics refuse to treat colored patients and it is only with great difficulty that even tax supported medical facilities are made available for Negroes, especially in the South. This keeps the average Negro from knowing very much about the use of medical facilities for the treatment or prevention of disease.... This very segregation also makes it relatively easy to correct the situation, because it affords an opportunity for concentrated efforts in health work. It becomes apparent that there is a sociological problem as a part of the health picture, and that a program planned for educating

colored people must also be planned for white people to show them that in maintaining their social responsibilities and self-preservation, they must include for the Negro, not merely health education, but participation in medical facilities....

[L]et us proceed to look for a contact point within the community itself. The Negro community is not unorganized. There will be leaders and pseudo-leaders. There will also be the usual proportion of fools, objectors, politicians, ambitious self-seekers and obstructionists. In this you will unfortunately recognize a normal condition for any community. But there will also be intelligent, earnest, unselfish, racial-minded leadership too. Naturally, it is important to make the right contact. Begin with your Council of Social Agencies which will very likely be able to point out a trained social worker of color who will be an invaluable guide. ...

If there is a colored hospital in the community it will of course be of inestimable help. There is great interest in the development of these colored hospitals and, with their out patient, and often social service departments, they are invaluable, especially in follow-up work after a campaign involving physical examinations or treatment....

Pioneer work in health education among Negroes has already been done by the National Negro Health Movement, now under the supervision of the US Public

# Midian Othello Bousfield: Advocate for the Medical and Public Health Concerns of Black Americans

Vanessa Northington Gamble, MD, PhD and Theodore M. Brown, PhD

On October 10, 1933, Midian Othello Bousfield, MD, then president-elect of the National Medical Association, an organization of Black physicians, spoke at the annual meeting of the American Public Health Association. In his presentation, "Reaching the Negro Community," he called on increased public health attention to the plight of Blacks in the United States and outlined his views on how to accomplish this goal. Bousfield's appearance underscored his stature as one of the nation's leading Black physicians and his prominence as an influential advocate for the needs of Black patients and health care professionals.

Bousfield was born on August 22, 1885, in Tipton, Missouri, the son of Cornelia and Willard Bousfield, a barber. He received his bachelor's degree in 1907 from the University of Kansas and graduated from Northwestern University Medical School in 1909. After graduating, Bousfield began his internship at Freedmen's Hospital in Washington, DC, the facility affiliated with the Howard University School of Medicine. Upon the completion of his residency, he moved to Kansas City, Missouri, where he was one of the first Black doctors appointed to the city's Black municipal hospital.<sup>1</sup>

Bousfield moved to Chicago in 1912 and immediately

began to develop the strong relationships in the city's medical, labor, business, and civic communities that helped launch his national career. He joined the staff of Provident Hospital, the country's first Black hospital, and maintained a private practice. From 1915 to 1920 he worked as secretary of the Railway Men's Association, a Black labor organization. In 1919 he became one of the incorporators of Liberty Life Insurance, a Black insurance company where he assumed various responsibilities, including that of medical director and president. Ten years later, the company merged with two other companies to become Supreme Life Insurance Company; Bousfield worked there as vice president and medical director until his death. His work at the insurance companies led to his appointment as chairman of the public health committee of the National Negro Insurance Association. In 1935, Bousfield became director of the Negro Health Division of the Julius Rosenwald Fund, a Chicago-based philanthropy. He served in that capacity for seven years and pushed an ambitious agenda that included training Black public health personnel, establishing scholarships for Black nurses and physicians, creating demonstration projects to promote health education, and influencing public opinion about the health needs of Blacks.<sup>2</sup> In 1936, Bousfield

was elected president of the Chicago Urban League. Three years later he became the first Black person appointed to the Chicago School Board.

During World War II, Bousfield commanded the first Black army hospital, located at Fort Huachuca, Arizona. His appointment, however, prompted the National Medical Association to officially censure its former president for contributing to the perpetuation of segregation. Bousfield, the first Black colonel in the Army Medical Corps, countered that the hospital provided Black physicians with unprecedented professional opportunities.<sup>3</sup> In 1945, after a difficult tenure at the hospital, he retired from the military and returned to Chicago. He died of a heart attack on February 16, 1948, and was survived by his wife Maudelle, the first Black high school principal in Chicago, and their daughter, Maudelle Evans.

The controversial end of Bousfield's career should not overshadow the accomplishments of his pioneering and multifaceted career. As a physician, insurance executive, and foundation official, he developed several initiatives to improve the health status of Black patients and to expand the professional opportunities for Black nurses and physicians. These activities contributed to Bousfield's emergence during the early decades of the twentieth

century as one of the most prominent voices articulating the medical and public health concerns of Blacks and set the stage for his invitation to address the American Public Health Association in 1933. ■

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Health Service. This organization was founded by Booker T, Washington in 1915, and has developed from an early emphasis on clean-up activities, until today, in the various communities, according to their resources and leadership, it has assumed every phase of health conservation including pageants, keeping-fit methods, athletic contests, periodic health examinations and clinics for treatment. A *Health Week Bulletin* is issued and there is an annual poster contest. This annual observance is usually held in the spring at about the same time as the Early Diagnosis Campaign of the National Tuberculosis Association.... The importance of this movement lies in the fact that it has stimulated and kept alive the interest of colored people in health education....

The National Negro Health Week celebration has been an effort coming from within the Negro community itself, financed from within the community, in most instances, and its direction and leadership emanating from the Negro group. Almost always it has the cooperation of the official and volunteer agencies.... In Chicago this work has been done in the name of a Health Council, under the leadership of the Cook County Physicians Association, The Lincoln Dental Association, the Wabash Avenue Y.M.C.A. (which are colored organizations), and cooperating agencies. It is always well to get the medi-

cal men in early, and taking the lead....

The actual planning is kept in a small executive committee. Speakers are sent to churches, schools, and other public meetings several weeks in advance of the active campaign. Agents of the colored life insurance companies are called together in a mass meeting and interested in the work. They distribute pamphlets, posters and window cards advertising the meetings and the health examination clinic.... During the 2 weeks of the campaign an effort is made to reach every church, school, and social gathering with a speaker or motion picture.

The campaign centers about a clinic for periodic health examinations at the Y.M.C.A. Motion pictures on health subjects are kept going for the waiting patients and a fine exhibit of educational posters and mechanical apparatus helps to hold their interest. The Municipal Tuberculosis Sanitarium erects a model fresh air school room and a model sleeping porch. We use at least 6 examining rooms. Local surgical houses contribute tables, scales, test tubes, sterilizers and what-not for examination purposes. The dental equipment houses contribute 2 dental chairs and equipment for dental examinations. Many national agencies supply literature for distribution. Publicity is given by the white and colored press....

On his first visit, the patient's history is taken by nurses who give their services. Charts furnished by the American Medical Association are used. A specimen of urine and a blood Wasserman are taken from every applicant for examination. Provident Hospital and the Health Department take care of the laboratory work. These reports are assembled and the patient returns in a week, is examined, and advised according to his physical and laboratory findings....

The foregoing should make it apparent that there are within the Negro community about the same elements for health educational efforts as are to be found in other communities. It is important to stress this point for 2 reasons. First, because it dispels any idea that different methods are necessary, and lets us see the problem as being one of similar design and unity. This is very important. Secondly, it also demonstrates that no new or different agencies are necessary to deal with the problem but, instead, it needs merely a broadening of the usual program to include the Negro. Perhaps one of the greatest hindrances to public health work among Negroes is the gradually failing notion that the Negro is biologically different. Often he is thought to be so different, indeed, that the public health worker just stands back and asks the question, "What shall I do for the Negro?" and does nothing....

The best way to begin, is to begin. The best answer to the question of what shall I do for Negroes, is to ask the question "What have you done?" It is inconceivable, under any other circumstances, than those associated with race prejudice, that health officers can so complacently review, year after year, the unfavorable vital statistical reports of one-tenth of the population and make no special effort to correct it.... It should be realized that the Negro community today has a death rate comparable to that of the white rate 20 years ago. Even this lagging behind is a great gain over the Negro rate of 30 years ago....

There is evident today a greater willingness than this country has ever known to experiment in social changes, under the inspired leadership of President Franklin Delano Roosevelt. The national administration stands emphatically for equality of wages, under the NRA, regardless of race, or color, despite the widespread inequalities heretofore responsible for so much of the low economic standing of the Negro which in turn contributed to low health standards. This has a certain appositeness for the most desirable health conditions, and unless health officers plan a New Deal of equality of facilities, they must expect to be charged with plain stupidity....■