

THE NEGRO HEALTH PROBLEM IN RURAL COMMUNITIES.

A. G. FORT, PH. B., M. D.,

Director of Field Sanitation, Georgia State Board of Health, Atlanta, Ga.

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Many interesting articles have been printed relative to negro health problems. A large percentage of these have been presented by those who live in cities or educational centers, and view the subject from the standpoint of the city man or woman. Many statistics are presented as to the relative death-rate of the white and black races, but so far as the subject assigned to me for discussion is concerned, these articles are of no practical value except as a matter of comparison,

Ignorance and poverty on the part of the negro and indifference caused by ignorance on the part of the landlords and voters, are the prime factors in the "Negro Health Problem in Rural Communities" as I view the situation. The statements which I make in this article are based on my experience of six years as a practicing physician in a representative section of rural Southwest Georgia, U. S. A., and five years as Director of Field Sanitation of the Georgia State Board of Health, fighting hookworm disease.

Ignorance, lack of knowledge of practically all of the sanitary laws, is responsible for many diseases among this race. Typhoid fever and diseases produced by infection in the alimentary tract caused me the greatest concern. The natural resistance of the negro to these diseases was in my experience far below that of the white race. You have but to visit the homes, churches and schools in any rural section to get your answer,—Why the prevalence of such infections? Less than 50 per cent. of the negro homes inspected have privies of any type and a very small per cent. of the schools and churches. The springs and wells become contaminated and these diseases of "soil pollution" become endemic. Screens are almost an unknown proposition and flies carry disease germs to their food, particularly the infant and small child, and many suffer and die. The proper disposal of infective material is unknown except in a few instances, and then it is improperly executed through ignorance. With sanitary conditions as to soil pollution as they are, who can wonder that hookworm disease, typhoid fever and other infectious diseases of the intestines are prevalent.

Another problem with which they have to deal is tuberculosis. While this may not exist to so great a degree among this race in rural

communities as in crowded sections of cities, it is a great menace, and takes its toll of thousands. But few negroes know that this is, as they call it a "catching disease." They consider it purely a matter of heritage. Believing thus, they put forth but little effort to prevent it. Visit with me, if you please, a typical negro community. There are probably one dozen houses, of from one to three rooms. Many of them have two families in the same house. These houses are scattered over a few acres of land and are known as "the quarters." One or two wells, and often a spring furnishes water for all of them. The woods and underbrush furnish a place of privacy, and this area reeks with the vilest of human waste. In one house, we find a case of typhoid; in another, a case of tuberculosis and often a case or two of active syphilis; one or two will probably harbor the *plasmodium malariae*. The family washing is done near the spring and as small puddles of water are ever present, mosquitoes abound.

It is a peculiar failing of this race that where sick and sorrow are, there friends and neighbors render all aid in their power, so after a day of hard work, their resistance at its lowest, may come to sit up with the sick. Under these conditions, is it any wonder that many contract these diseases?

Are they financially able to help themselves? Why the average annual income of these families is not more than \$240!

Typhoid fever, hookworm disease, malaria and all of the infectious and contagious diseases spread from these foci of infection.

Picture the school-house and church a few miles away, with the spring or well and with sanitary conditions on a par with the homes. These, then, become the places for dissemination of disease as well as knowledge. Why I have seen them at their churches and schools with smallpox.

We have paid dearly for these conditions in both life and money, but what are we going to do and how shall we do it? Educate them and at the same time educate all along proper lines and poverty will cease to be the menace it now is. The landlord will begin to understand that health of his employees pays. The voter will instruct his representative to support health laws and appropriations. Then with the health laws we now have, supported with necessary funds, place in operation the laws of sanitation and completely change the habits of a people which will demand much time and patience, but it is well worth the price.

The state boards of health, the national public health service, the national and state departments of education, antituberculosis associations, civic leagues, women's clubs, the press, etc., have already done much in this line of education, but the knowledge disseminated through these agencies has not reached the homes of the negro in the country districts to any appreciable extent. We must ever be mindful of the fact in spreading the gospel of health that disease is no respecter of persons or

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race. Doctor Kennedy of Tuskegee, Ala., very nicely expresses it when he says, "It cannot be denied that, whatever may be done for the uplift of the negro as a race, at the same time helps the general public." So we must reach them by direct teaching.

It has been stated, and I believe is generally accepted, that we have sufficient knowledge which, if properly applied, would stamp out preventable disease. If this is true, then why do we not stamp it out? The answer has been given—ignorance. How are we to reach the rural negro, teach him and protect him? Teach the simple laws of hygiene and sanitation in the schools and begin this subject early, say the second grade. This will, in due time, make it easy for the health officer in his work. Then give to the rural districts modern standards of cleanliness and modern local and state machinery for applying sanitary methods everywhere, supported by local and state taxation.