

Healthcare before the Civil War

Nineteenth century healthcare was not the industry it is today. Before the Civil War, in both the North and South, illnesses and injuries were generally treated at home. Doctors made house calls if the family could afford it, otherwise home remedies and medicines were used.

Hospitals were a form of charity, where the poor and those who did not have a kinship network to support them, went for treatment. Their objectives were to provide basic medical support to those without family and served as a shelter, providing clothing and support.

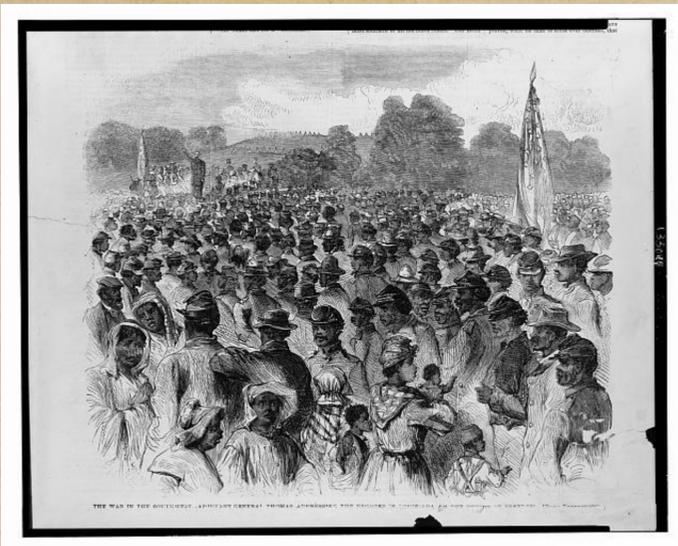


Hampton, Va. Chesapeake Hospital and Grounds. This picture was taken in the early 1860s and is an example of a Southern hospital before the Civil War. *Courtesy of the Library of Congress.*

In the South, enslaved peoples' only source of health care was their enslavers. Enslavers did pay doctors for the treatment of their enslaved, but it rarely went beyond ensuring the majority of the enslaved stayed alive, and enslaved people never would have been taken to a hospital. However, when doctors or medical students needed human subjects for medical experiments, it was the enslaved they would use.

Healthcare resists Freedpeople

After the Civil War, healthcare changed dramatically in the South. As the economy transitioned from enslaved to free labor, former enslavers refused to include payment of health care in the contracts negotiated with freed African Americans. This raised the important question of who would pay for healthcare.



Harper's Weekly illustration showing a crowd of African Americans listening to General Thomas's speech in Louisiana. *Courtesy of the Library of Congress.*

The administration of President Andrew Johnson pushed through policies that made it clear the federal government would not be paying for the treatment and care of its four million newly freed citizens. Yet freed persons could not pay for themselves because agriculture wages were extremely low. Even after the war, some African Americans were still unpaid.

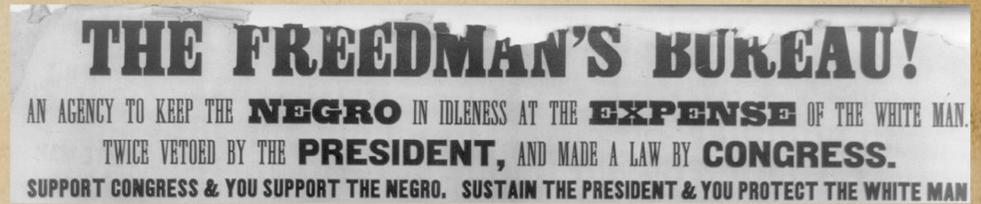
"Fredericksburg, Virginia. Burial of federal dead." This photograph, taken in May 1864 by Timothy O'Sullivan shows African American men digging graves. *Courtesy of the Library of Congress.*



It was difficult to find employment, and the former enslaved that had fled the Deep South had spent years living in cramped, unsanitary conditions. Freedpeople were starving and illnesses turned into epidemics including the fall 1865 smallpox epidemic. Soon, people were left dying in the streets when medical institutions denied African Americans aid.

Freedmen's Bureau: Medical Division

Conditions eventually became dire enough that cities asked the federal government for help, and the Medical Division of the Freedmen's Bureau was created by O. O. Howard, the leader of the Bureau, on June 1, 1865. This division was meant to provide the care private institutions refused to African Americans.



Attack on Freedmen's Bureau playing into fears around charity, perpetuating false stereotypes, and linking President Andrew Johnson to protecting the hard work of white men. *Courtesy of the Library of Congress.*



Picture of General O.O. Howard, creator of the Medical Division of the Freedmen's Bureau, taken in the early 1860s. *Courtesy of the Library of Congress.*

However, there was a real fear of what was termed “dependence on charity” at the time, substantiated by falsely negative stereotypes regarding African Americans’ work ethic that had been perpetuated by racism and the Jim Crow minstrel shows. Capitalizing on fear, the Johnson administration constantly defunded the Medical Division.

The Organization of the Medical Division

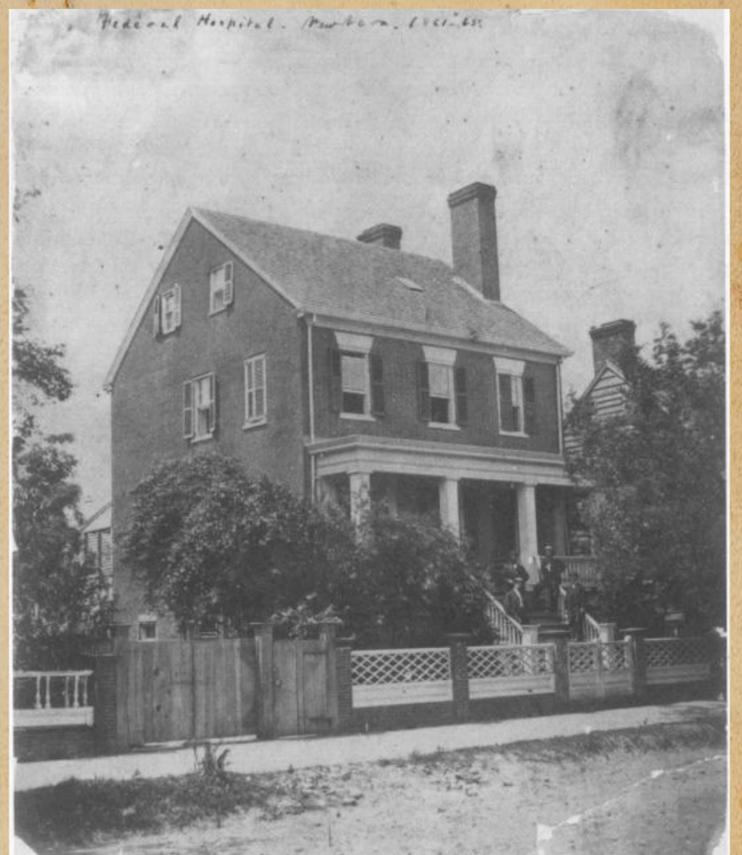
O. O. Howard designated Caleb Horner as Chief Medical surgeon. Horner organized the division in the style of a military bureaucracy. Doctors reported to the regional assistant surgeon who reported to the state's chief medical surgeon, who reported yearly to the bureau officials in D.C.

To order supplies and funding, doctors had to use new military-style requisition forms they did not understand and that had to be reviewed frequently. Paperwork slowed down the process of treatment and poor infrastructure led to delayed mail, isolating doctors.



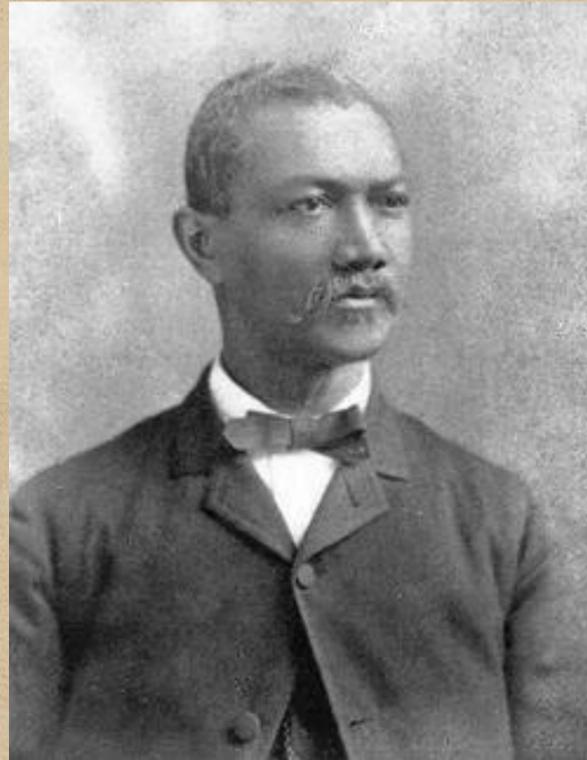
Dr. Daniel Williams was a surgeon who opened the first interracial hospital. He reorganized the Freedman's Hospital in D.C. in 1894, and helped to form the National Medical association in 1895. *Courtesy of Daniel Hale Williams, MD: "A Moses in the profession" from the Department of Surgery, East Tennessee University.*

Federal hospital in New Bern North Carolina, circa 1863. *Courtesy of "There Are Many Sick, Feeble, and Suffering Freedmen": The Freedmen's Bureau's Health-Care Activities during Reconstruction in North Carolina, 1865-1868 by Reggie L. Pearson in the North Carolina Historical Review, Vol 70, No. 2.*

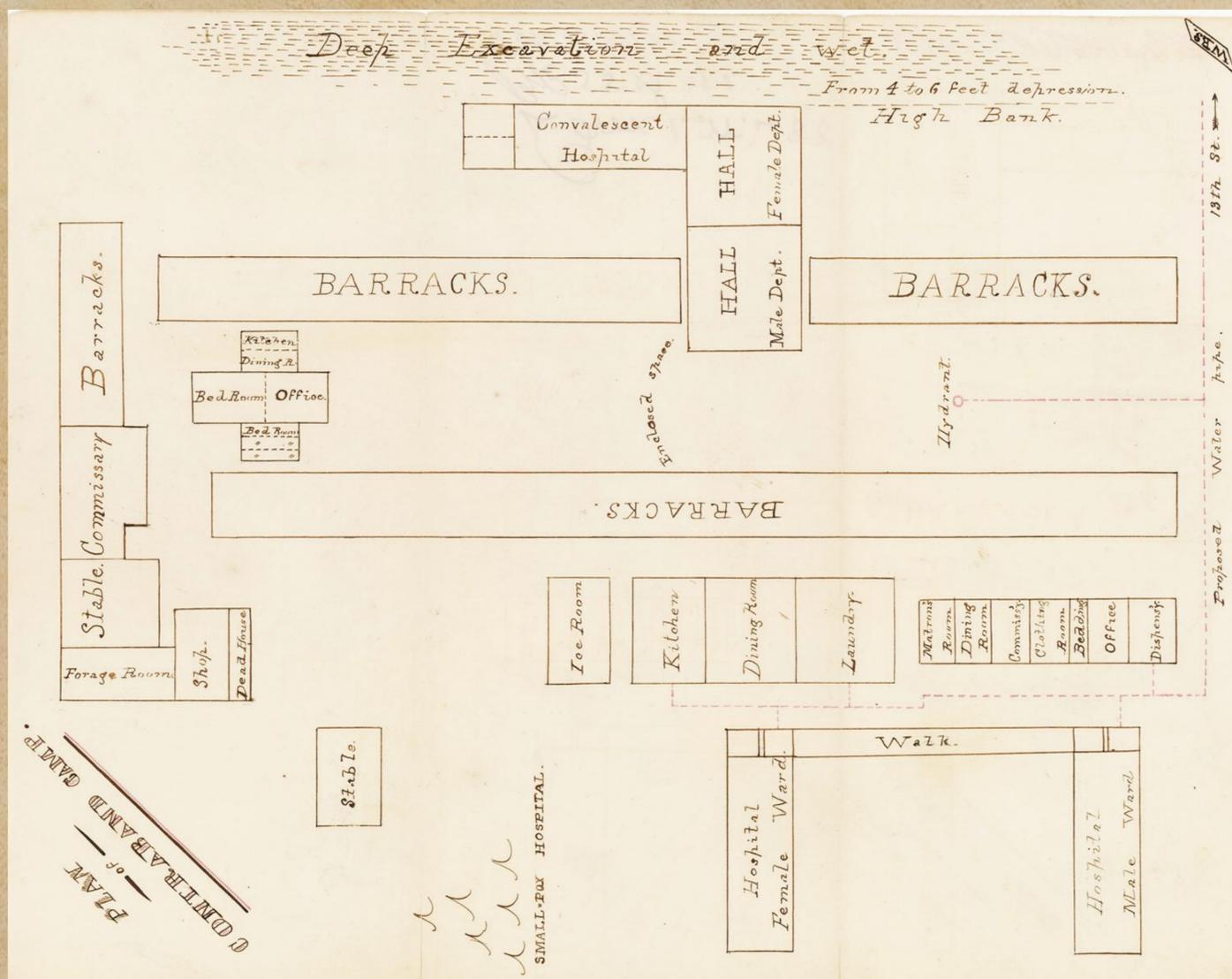


The Medical Division: Doctors and Hospitals

While some of the Freedmen's Bureau doctors were overwhelmed with the number of patients and fled the South, others worked around the system to keep their hospitals open. Doctors ignored regulations and hired freed African Americans as attendees, cooks, and nurses, who they often paid in food rations.



Alexander Augusta, the first African American Doctor to administer a (freedmen's) hospital. *Public domain image courtesy of blackpast.org.*



Plan of refugee camp where Alexander Augusta's hospital was located. *Courtesy of the National Archives and Records Administration.*

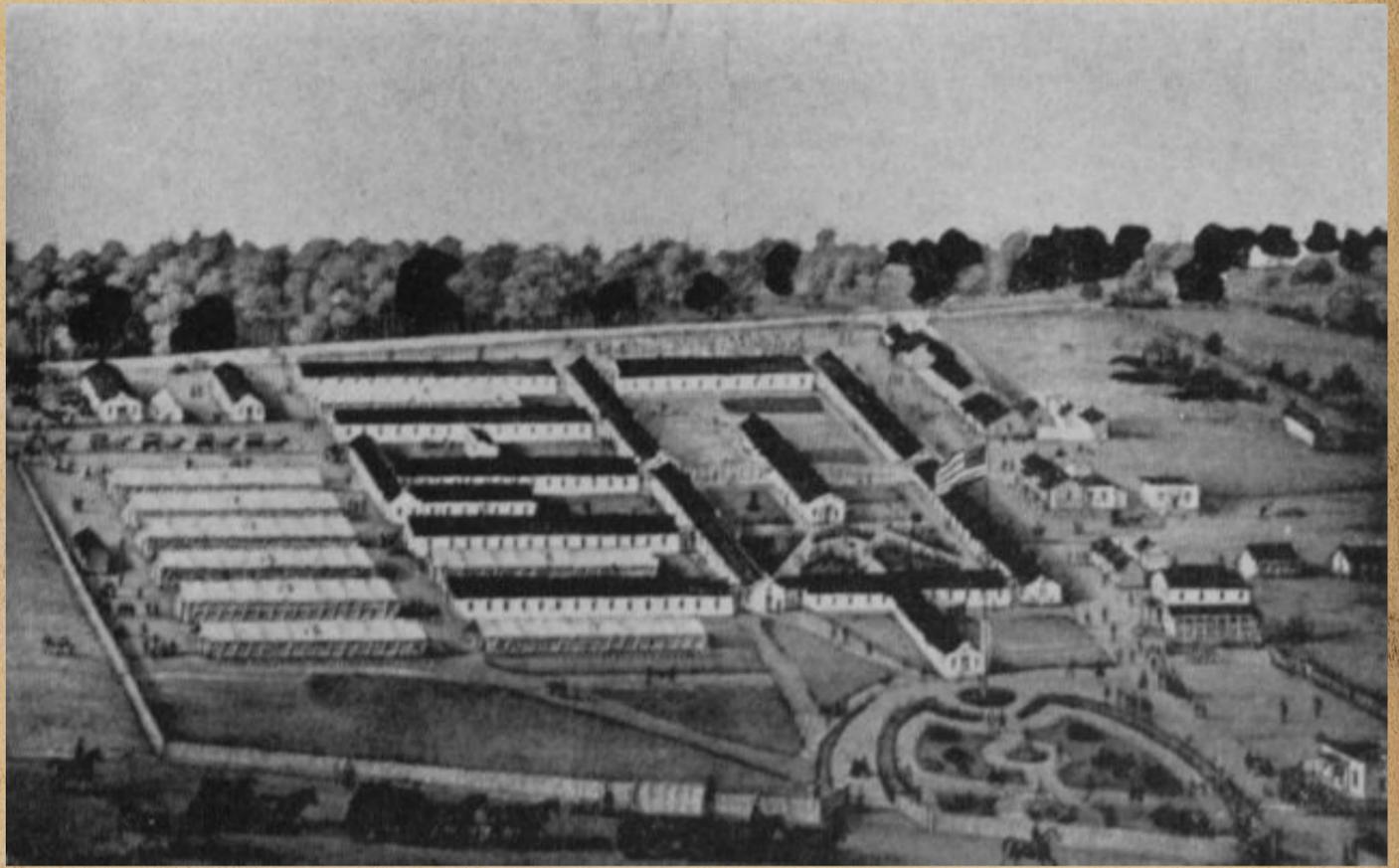
Doctors also employed a practice used in the North, assigning tasks to patients to decrease the number of attendees needed. Bureau doctors hoped this would provide patients with basic training to enter the workforce while helping them keep hospitals running as their requests went unanswered by D.C. officials.

Little Support

Despite Freedmen's Bureau hospitals and doctors, newly freed African Americans continued dying in large numbers. The number of doctors employed by the Bureau was low, by fall of 1865 there were eighty doctors and twelve hospitals to treat four million people. In Georgia, the Freedmen's Bureau started five hospitals to serve the entire state.

Unfortunately, few people drew the conclusion that more doctors and assistance was needed. Instead people in the scientific community concluded that because African Americans were dying of preventable diseases, there was something wrong and inferior with their health as a group. This became the basis for racial Darwinism and eugenics.

Freedman's Hospital 1865 to 1869, from a colored print. This drawing shows the Freedmen's hospital in D.C. The hospital became the teaching hospital for Howard University Medical School. *Courtesy of A Short History of Freedmen's Hospital in the Journal of the National Medical Association, May, 1962.*

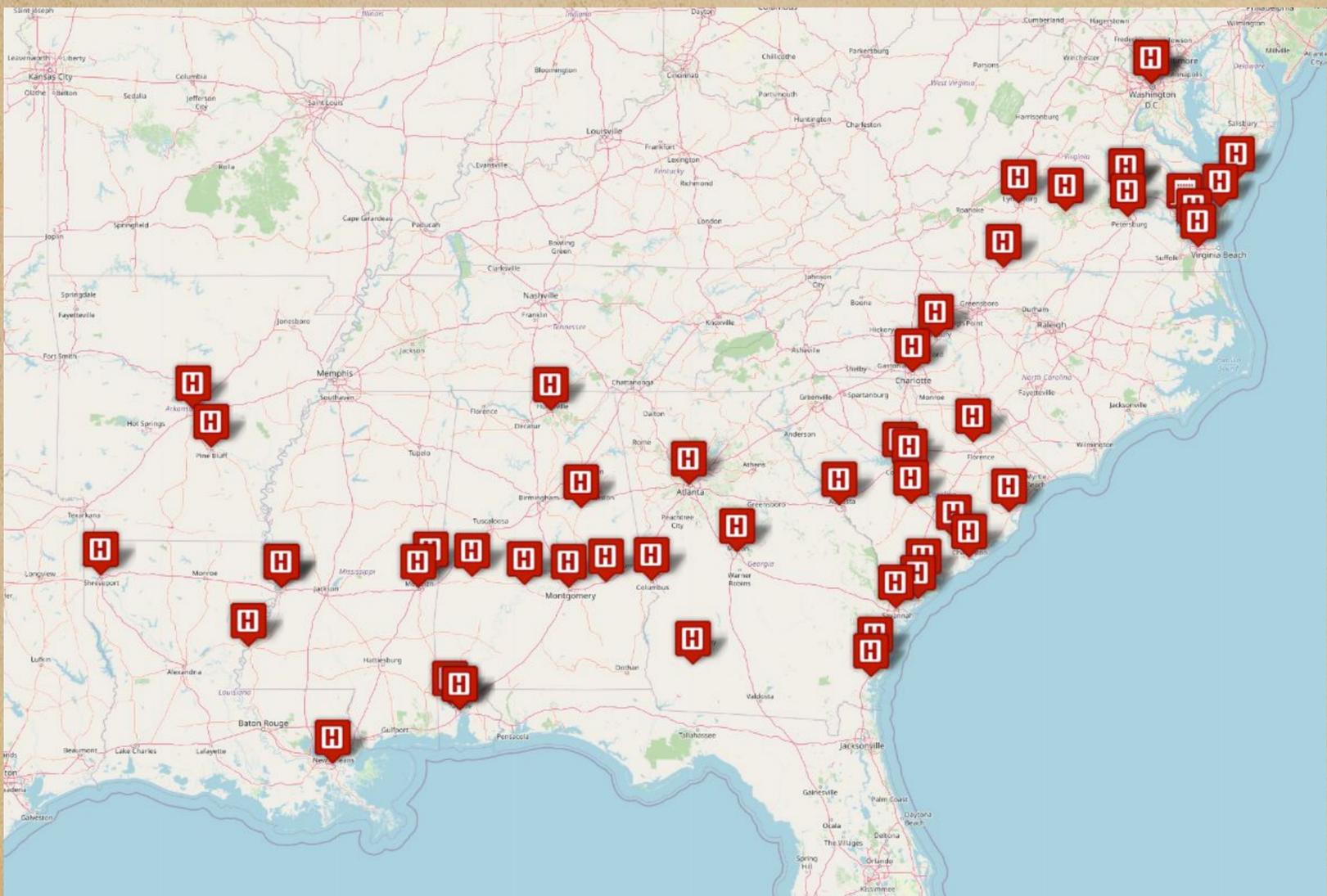


Eugenics Defined: Eugenics is the idea that the human race can be improved through the control of inherited traits. In positive eugenics, people with 'positive traits' (coded white) were encouraged to reproduce. In negative eugenics it became important to 'weed out' 'negative' or 'unfit' traits. African Americans were targeted through a focus on 'crime' and the idea of specific 'unfit' races. Asian and Southern European immigrants were also labeled 'unfit'.

Closure of Freedmen's Hospitals

Despite the evidence that when proper care was administered, African Americans' health would improve, the Johnson Administration continued to defund the medical division. Inspectors were dispatched to hospitals throughout the south. If there was any sign of improvement, the hospital was closed on the premise that health had improved so federal assistance was unnecessary.

If an inspector recorded no health improvements, the hospital was closed on the basis that the conditions were so abysmal the hospital was inoperative. Reports of outbreaks like cholera were labeled exaggerations. By 1868 only eleven bureau hospitals remained open. All except the hospital in D.C. were closed in the next four years.



This map shows all the hospitals that the Freedmen's Bureau opened.
Courtesy of Mapping the Freedmen's Bureau.

Healthcare and Jim Crow

No system of health care for African Americans replaced the closed Bureau hospitals. By the early twentieth century, hospitals remained segregated; a position legitimized by the American Medical Association. Hospitals for African Americans were scarce, by 1910 only fifty had been opened in the country. Many African Americans were treated in the colored ward of white hospitals.

In white hospitals, doctors treated their white patients first. African Americans were overwhelmingly subjected to unethical medical experiments and were the targets of eugenics practices. During the 1930s, thirty states passed laws requiring sterilization in response to a 'flaw' (usually a physical or mental disability). In practice, these laws disproportionately affected African American women.



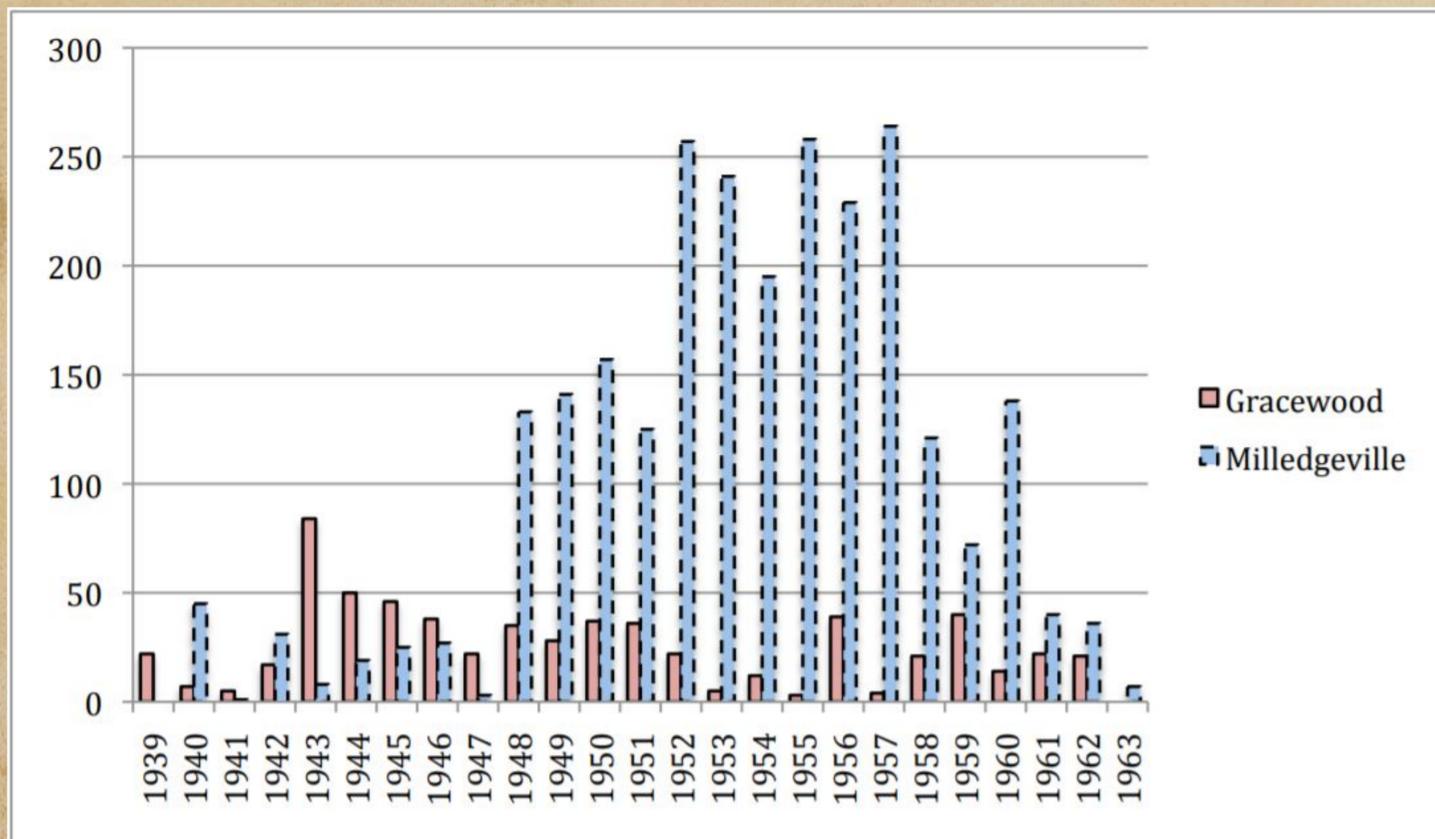
The Freedmen's Bureau hospital in D.C. was the only one to remain open through the 20th century. In this photo, a senior aid is shown entertaining four African American patients. Photo taken in 1943. *Courtesy of the Library of Congress.*

Only life insurance was available at the time and it was also segregated. In response, African American doctors formed the integrated National Medical Association and opened more medical schools. However, it was African American midwives who served most communities and responded to the needs of friends and neighbors, most often assisting mothers and babies through pregnancies.

Georgia and Eugenics

Eugenics only increased in popularity during the twentieth century. In the 1930s, several states passed mandatory sterilization laws. Georgia signed a sterilization law in 1937, which was aimed at patients of custodial institutions thought to have children with diseases or deficiencies.

Sterilizations in Georgia per year, 1937-1963



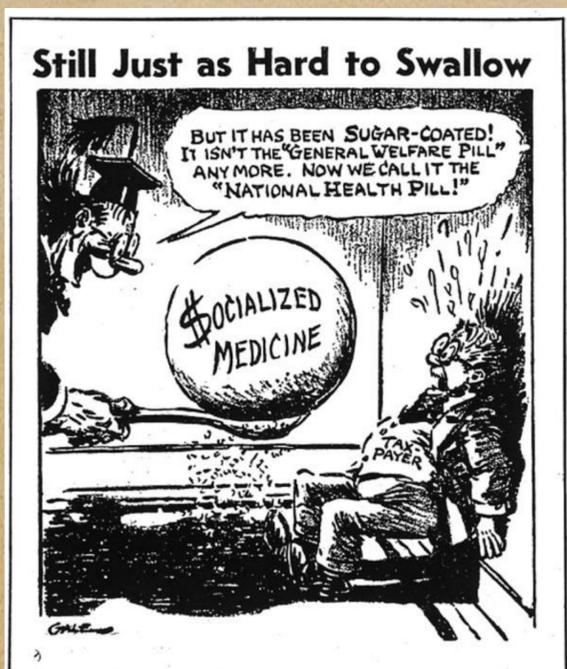
Courtesy of "Eugenic Sterilization in 20th Century Georgia: From Progressive Utilitarianism to Individual Rights" a thesis by Stephen Michael Smith. Using data from ". . . Three Generations of Imbeciles are Enough . . .": State Eugenic Sterilization in American Thought and Practice' by Julius Paul.

In practice these people were the mentally ill, physically disabled, chronically ill, poor, uneducated, and homeless. Central State Hospital, then known as Milledgeville State Hospital, performed the overwhelming number of forced sterilizations, with estimates at 2,573. Over two hundred were performed per year in 1952, 1953, 1955, 1956, and 1957.

African Americans had a higher chance of poor health, poverty, and homelessness. All increased chances of institutionalization at participating facilities. According to the data from *Eugenic Sterilization* a thesis by Stephen Michael Smith, the state of Georgia emphasized sterilizing "oversexed females." This term was overwhelmingly given to African American women. In 1947 a woman was sterilized because she "talked about sexual intercourse all the time."

Healthcare: Truman to LBJ

From the twenties forward, federally backed health care plans were proposed in Congress. Though some of them had popular support, none passed. The American Medical Association (AMA) saw widespread insurance as a threat to their profits and labeled the idea socialist, and anyone who proposed it communist.



Political cartoon, circa 1946.

Courtesy of Photography Collection, Harry Ransom Center, The University of Texas at Austin.

The private insurance sector had expanded so that middle and upper white class families could access health insurance, but African Americans were still barred. In the sixties health care marketed toward the elderly and supported by the National Medical Association defeated the AMA's fear tactics. Lyndon B. Johnson passed an amended act that created Medicare and Medicaid.

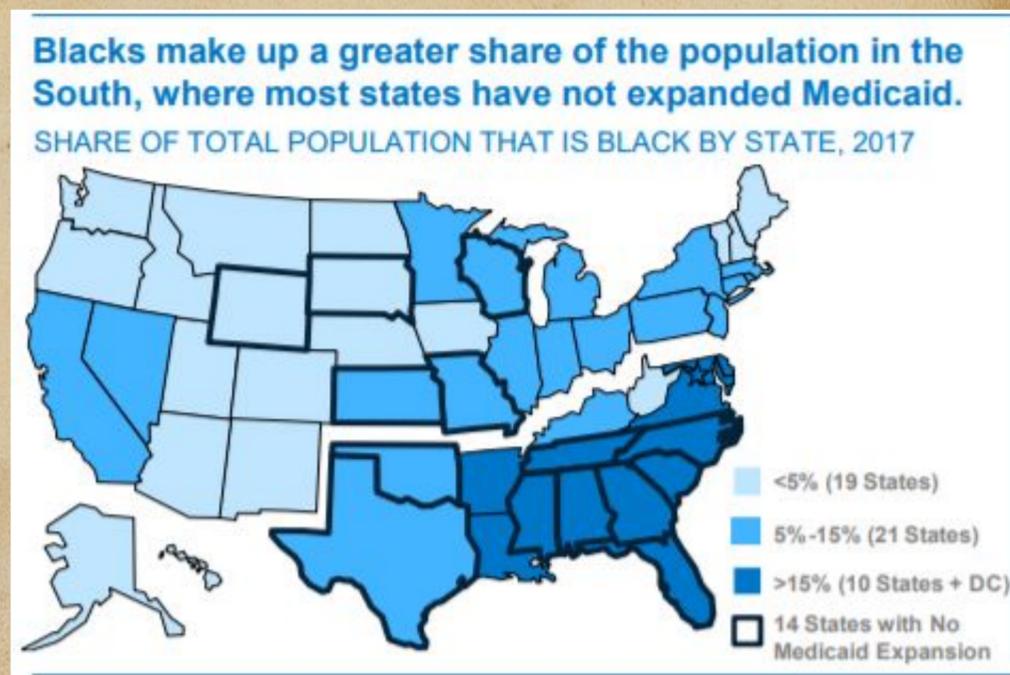
When President Truman (1945-53) again raised health care, this time universal, the AMA killed the bill. The AMA hired a PR firm to make citizens fear the loss of doctors' confidentiality, and again played up fears of socialism and communism, which the Cold War red scare solidified.



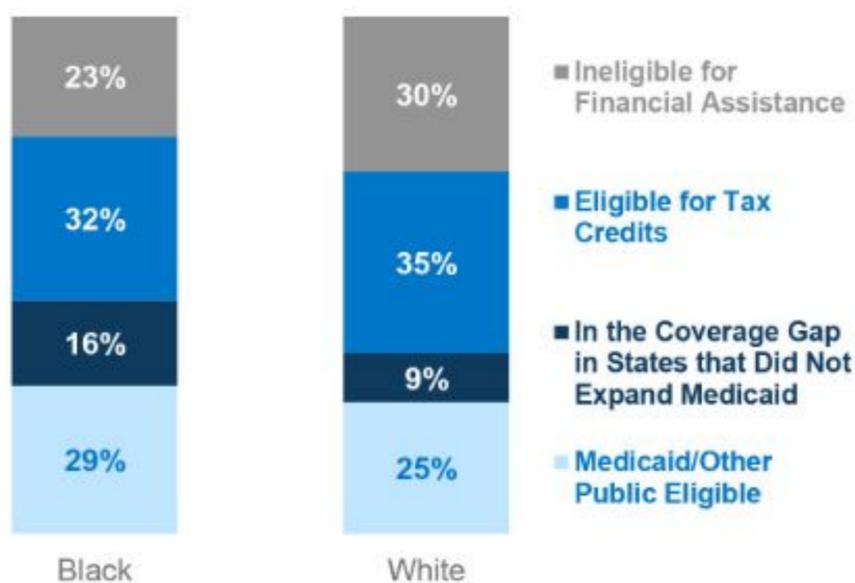
Senior citizens organized to promote healthcare in the 1960s. Here, JFK addresses the National Council of Senior Citizens in 1963. *Courtesy of Abbie Rowe, John F. Kennedy Presidential Library and Museum.*

African American Health after Medicare

The Medicaid and Medicare act forced hospitals to integrate to access this new source of federal money. Unprecedented access to health care did allow for African Americans to see increases in overall community health rates. However, by the 1980s these numbers had started declining again as funding began to dry up.

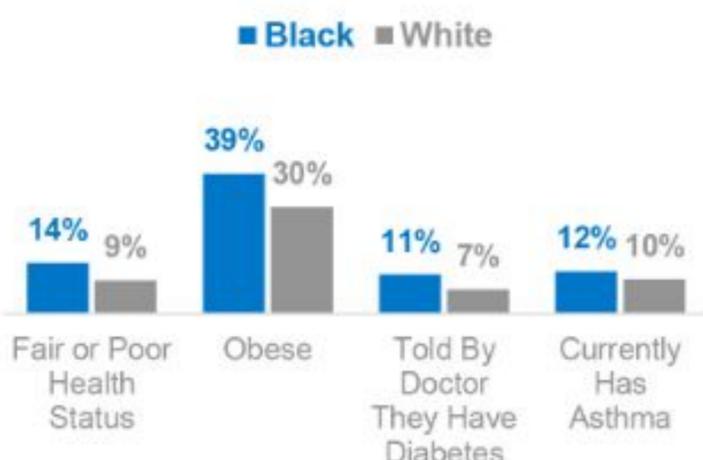


Uninsured Blacks are significantly more likely to fall into the coverage gap than Whites, earning too much for Medicaid but not enough for tax credits.



Above, Left, and below: *Courtesy of Kaiser Family Foundation, Health and Healthcare for Blacks in the United States Infographic, 2019.*

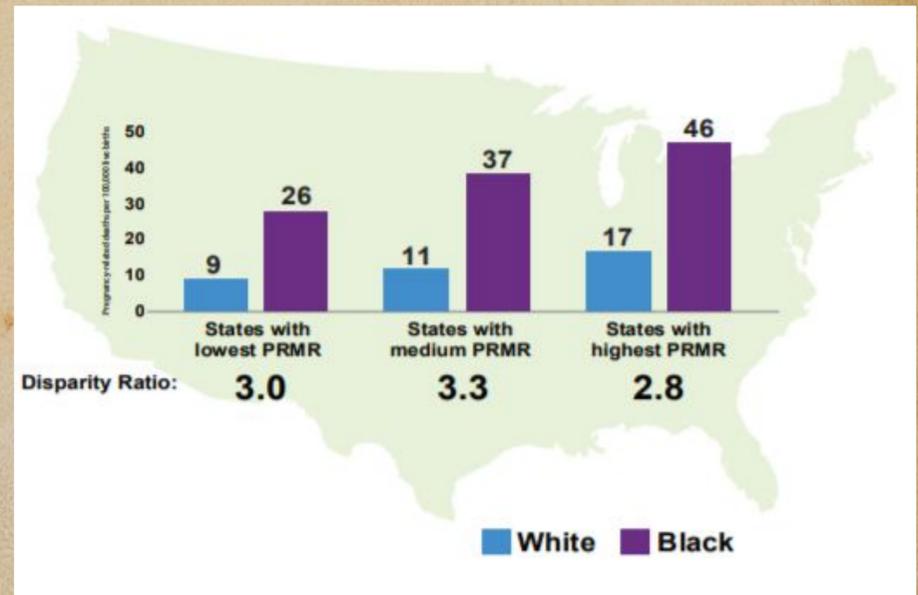
Nonelderly Black adults also face disparities in other health measures compared to their White counterparts.
 HEALTH STATUS & SELECTED HEALTH CONDITIONS AMONG NONELDERLY ADULTS



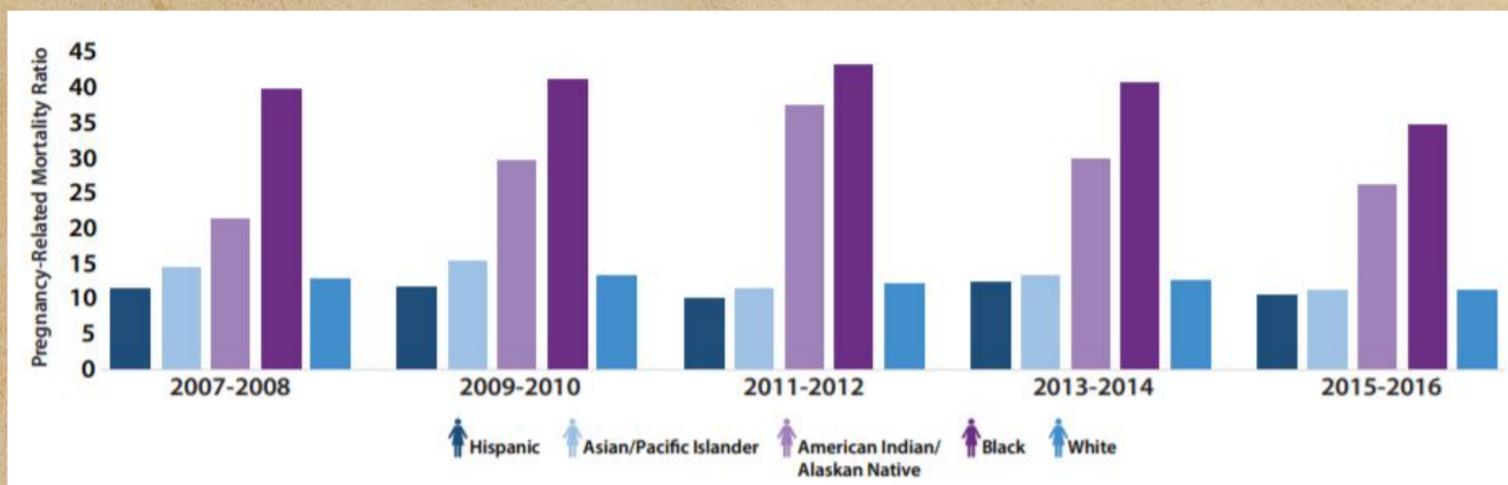
Today there is still a large gap between African Americans and white Americans in health care. As of June 2020's National Vital Statistics release, average life expectancy for white Americans is six years higher than for African Americans. According to data from 2017 and 2018 African Americans are more likely to die from heart disease, cancers, diabetes, and HIV.

Case Study: Maternal Mortality

The maternal mortality rate for African American women is three times higher than white women. The infant mortality rate for African Americans is double the national average. African Americans still face barriers to accessing health care because of implicit bias within the system that results in later diagnoses and inadequate treatment.



Above: This graph shows the pregnancy-related mortality ratio broken down by states. *Courtesy of the Center for Disease Control and Prevention.*



This graph shows the pregnancy-related mortality ratios for the country. *Courtesy of the Center for Disease Control and Prevention.*

Recent legislation has been introduced to mitigate our high maternal mortality rate (higher than any other developed country). If properly implemented, this legislation should lower our maternal mortality rate, but it will not solve the health care system. The promise of Reconstruction, that every U.S. citizen will receive equal protection and opportunities, has not been fulfilled. It has been a 150-year journey, from inadequate hospitals, to African American Medical schools, to the Civil Rights Movement, and it is not a finished story.

Further Resources

- The New York Times 1619 Podcast: Episode 4 How the Bad Blood Started
- *Bad blood: The Tuskegee Syphilis Experiment, New and Expanded Edition* by James H. Jones
- *Miss Evers' Boys* (film)
- *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet A. Washington
- *The Tuskegee Experiment... The Deadly Deception*: a PBS Nova documentary from 1993 available on YouTube (quality is not ideal)
- Black moms share their stories (Short film available on Harvard Public Health Magazine's website)
- NPR's All Things Considered: Black Mothers Keep dying After giving Birth October, 2017
<https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why>
- NPR's Code Switch: This racism is killing me inside (episode and transcript)
<https://www.npr.org/transcripts/576818478>
- NPR's Code Switch Article: Making the Case that Discrimination is Bad for Your Health
<https://www.npr.org/sections/codeswitch/2018/01/14/577664626/making-the-case-that-discrimination-is-bad-for-your-health>
- *Daniel Hale Williams* (Getting to Know the World's Greatest Inventors & Scientists) by Mike Venezia (children's book about Dr. Daniel Williams, an African American doctor who performed one of the first successful open-heart surgery and opened the first African American owned interracial hospital)
- *Black Apollo of Science: The Life of Ernest Everett Just* by Kenneth R. Manning (biography of Ernest Just who was a pioneer in cell research at the turn of the twentieth century)
- *The Vast Wonder of the World: Biologist Ernest Everett Just* by Melina Mangal (a children's book about Ernest Just)
- *Solomon Carter Fuller: Where My Caravan Has Rested* by Mary Kaplan (a biography of Dr. Solomon Fuller, the first African American psychiatrist and a pioneer in Alzheimer's research)
- *One Blood: The Death and Resurrection of Charles R. Drew* by Spencie Love (this book focuses both on the life of Dr. Charles Drew, and his death after an auto accident which caused a legend of malpractice representative of the entire African American experience)
- *Charles Drew* (Getting to Know the World's Greatest Inventors & Scientists) by Mike Venezia (children's book about the life of Dr. Charles Drew, the organizer of the U.S.'s first blood bank)