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Black Public Health

Since March 2020, COVID-19 has made racial health disparities and inequalities visible in profoundly devastating ways. Studies have shown that Black, Latinx, and Indigenous people have been disproportionately affected by COVID-19 and are over-represented in its casualties.¹ We can make sense of these disparate harms by situating COVID-19 in a much longer history of disease and marginalization. Specifically, we can locate the disparities we face today, and possible means of addressing them, in a century-old tradition of Black public health. African American physicians, nurses, and activists have been studying and fighting racial health inequality for decades, and their work—scientific, medical, and political—lays the groundwork for how we think about and respond to the inequalities COVID-19 has both revealed and exacerbated.

In the early twentieth century, African Americans collectively faced health problems that were numerous and severe. There were disproportionately high rates of infectious diseases such as tuberculosis, high rates of venereal diseases such as syphilis, and high rates of mental illness. African Americans had disproportionately high morbidity and mortality when facing diseases other groups survived. The question for medical professionals and community members alike was: Why? Some of the most influential answers came from racist

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The following abbreviation is used: NNHW, National Negro Health Week.

1. Akilah Johnson and Talia Buford, "Early Data Shows African Americans have Contracted and Died of Coronavirus at an Alarming Rate," *ProPublica*, 3 Apr 2020, <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>.

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strands of eugenic thought that prevailed through the Second World War.² But another set of answers emerged from a discourse of Black public health and, indeed, Black eugenics, which sought to explain and address these disparities to improve the collective health of the race. Black eugenics was a hereditarian approach to racial improvement that relied on reproductive control, public health, and social reform as ways of biologically uplifting the race. It rejected the racism of the eugenics movement while embracing some of its ideas and tools to address health inequality.³

Central to this work was the view that such disparities were not due to innate racial qualities. White physicians and eugenicists often argued that high rates of disease morbidity and mortality were evidence of biological inferiority. They believed that African Americans were susceptible to certain conditions, and that this susceptibility itself was a racial characteristic. African Americans resisted these racialized assumptions of Black inferiority, asserting instead that high morbidity and mortality were products of social and environmental conditions. In today's parlance, we might say that biological racial difference was not the primary cause for the architects of Black public health—rather, structural racism constituted the most important pre-existing condition they could identify.

A 1923 editorial in the *Journal of the National Medical Association* (JNMA) made the case as clear as possible. Acknowledging that African Americans had higher rates of tuberculosis based on data from eleven states, the editorial argued that “there is no special inherent tendency on the part of the Negro people to tuberculosis.” The high rates were explained, instead, by “ignorance, superstition, unwholesome and unhygienic living conditions.” The language in this piece may seem judgmental if not pathologizing by today's standards—but in their resistance to a racial etiology for infectious disease, we see how

2. See Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth Century South* (Knoxville: University of Tennessee Press, 1987); Samuel K. Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009); Lundy Braun, *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics* (Minneapolis: University of Minnesota Press, 2014); James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981); Martin Summers, “Diagnosing the Ailments of Black Citizenship: The African American Medical Profession and the Politics of Mental Illness, 1895–1940,” in *Precarious Prescriptions: Contested Histories of Race and Health in North America*, ed. Laurie Green, John McKiernan-Gonzalez, and Martin Summers (Minneapolis: University of Minnesota Press, 2014).

3. Ayah Nuriddin, “The Black Politics of Eugenics,” *Nursing Clio* (blog), 1 Jun 2017, <https://nursingclio.org/2017/06/01/the-black-politics-of-eugenics/> (accessed 6 Dec 2020).

Black public health challenged prevailing interpretations based in biological inheritance in favor of attention to structural issues with social causes.⁴

Black public health operated on several fronts. African American physicians, nurses, and activists advocated for improved access to health care, developed community health programs, and provided various forms of health education. Much of this work emphasized structural dimensions of health and healthcare. The success of these efforts was further evidence that racial inequality was the real culprit, and not biological racial inferiority. One of the longest and most significant Black public health efforts was National Negro Health Week (NNHW). Originating from the National Negro Health Movement in 1910, NNHW launched as a national health campaign in 1915 and continued through the early 1950s. It was initiated by Tuskegee Institute president Booker T. Washington and Tuskegee sociologist Monroe Work in response to the findings of Work's research on the many health, social, and environmental problems facing Black populations.⁵

NNHW observances were typically annual, community-led events aimed at specific local issues and contexts. NNHW largely focused on providing health education in the form of lectures, sermons, and demonstrations, as well as offering health services such as physical examinations and vaccinations. Building from a racial uplift tradition, NNHW observances also emphasized the importance of cleanliness, social hygiene, and sanitation as essential to community health and racial improvement. Its longevity and impact, like many Black public health efforts in the twentieth century, demonstrated that improving African American health required addressing the environmental conditions created by racial inequality.⁶

The history of Black public health illustrates how African Americans have understood their collective wellbeing in relation to racial equality. Black public health resisted white supremacy by highlighting and addressing environmental conditions borne of racial inequality. Practitioners consistently called out the racial assumptions that cast these conditions as innate racial

4. "Mortality from Tuberculosis 1921," *Journal of the National Medical Association* 15, no. 1 (Jan–Mar 1923): 47. The National Medical Association (NMA) was founded in 1895 because African Americans were not allowed to join the American Medical Association (AMA); see Vanessa Gamble, *Making A Place for Ourselves: The Black Hospital Movement, 1920–1945* (New York: Oxford University Press, 1995), 37.

5. Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890–1950* (Philadelphia: University of Pennsylvania Press, 1995), 36–39, 41–44, 46–49.

6. *Ibid.*

qualities. COVID-19 has revealed and made visible the same inequalities that African Americans have been discussing and resisting for a century. This history of resistance provides useful models for our own moment, examples of how health has been redefined in structural terms in the past—and how it might be again.