

Movement Before the Movement: Black Hospitals in Kansas City,
1890-1940

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Abstract

In the 1890s, Black physicians from the South began to move West due to westward expansion and Black population growth. The Black population in the Greater Kansas City Area expanded, creating the need for Black physicians and medical facilities. Segregation prevented Black physicians from treating white patients, and Black patients were barred from receiving medical care at public health facilities. In response, Black physicians, philanthropists, and communities in the Greater Kansas City Area began to establish Black medical facilities. They created these facilities to address two main problems: (1) Black physicians and nurses needed a space to practice their profession and hone their skills, and (2) Black patients needed access to modern medical treatment, free from judgment and racial prejudice. Black physicians established these hospitals as early as 1898, and the Black communities in the area supported them throughout the twentieth century. This paper argues that community grassroots organizing, and support of these hospitals resulted in a parallel medical profession in the Greater Kansas City Area. Nurses, churches, women's organizations, auxiliaries, and philanthropists all played an integral role in developing the Black medical profession in the West.

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Introduction

Hospitals, as we understand them today, are a relatively recent phenomenon in the history of medicine. In the early twentieth century, the medical profession moved to professionalize hospitals, moving away from these operations acting as charity centers, mainly for the indigent, and towards an establishment where physicians could train while providing medical care for the public. At this time the medical professions, including the American Medical Association, excluded African Americans from their ranks. White physicians and public hospitals refused to treat Black patients, who, consequently, received very little, if any, medical care outside of traditional home remedies. Systemic exclusion from the medical profession and treatment resulted in the establishment of Black hospitals and medical schools beginning in the late 1800s.

During this period, the Exodus of Black people out of the South strained the meager medical resources available to African Americans, even in large cities and as a result in the Kansas Cities, a perfect storm of opportunity presented itself. Black physicians graduating from the medical schools of Howard University in Washington D.C. and Meharry Medical College in Nashville Tennessee began to move to the Greater Kansas City Area (referring to Kansas City, Kansas, and Kansas City, Missouri, as no distinct physical landmark separates the cities and people have historically lived and worked across the fluid state boundary), to care for the burgeoning Black population. According to Asa M. Martin in, *Our Negro Population: A Sociological Study of the Negroes in Kansas City, Missouri*, there were 23,566 African Americans in Kansas City, Missouri, and 9,286 in Kansas City, Kansas in 1912, representing 9.7 and 11.2 percent of the population, respectively.¹ Black physicians provided care to these

¹ Asa Earl Martin, *Our Negro Population: A Sociological Study of the Negroes of Kansas City, Missouri*, (Kansas City, Missouri: F. Hudson Publishing Company, 1913,) pg. 25.

populations across state lines, and community organizations supported one another irrespective of geographical boundaries.

In addition to providing medical care, these physicians established hospitals that operated on a charitable basis. While the hospitals welcomed all, the physicians designed them in response to the segregated nature of medical care in the United States. The Black community needed access to modern medical care, and Black medical professionals, including physicians, administrators, and nurses, needed a place to practice. However, it was not enough to open a hospital; they required community support and trust. From the outset, churches, community organizations, nurses, and the physicians' wives supported the establishment of Black hospitals in the Kansas Cities. For example, in Kansas City, Kansas, the American Methodist Episcopal Church supported and later became a patron of the Douglass Hospital. The AME church encouraged its members to financially support the hospital and use it for their medical needs. The Douglass Hospital Auxiliary supported the hospital by raising funds, donating food, and buying furniture to outfit the facility.

Similarly, the Wheatley Provident Hospital, founded by Dr. John Edward Perry on November 1, 1910, as Perry Sanitarium, received community support throughout its tenure.² Fredericka Perry, Dr. Perry's wife, established the Wheatley Provident Auxiliary to operate alongside the hospital, which remained open until 1972. Both hospitals received funds from

² John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Lincoln University; Jefferson City, Missouri), pg. 322; "Dr. John Edward Perry" Undated Article. Dr. John Edward Perry Vertical File, Lincoln University Collection; Inman E. Page Library, Jefferson City, Missouri.

various community sources, including the Community Chest and local and federal governments, at multiple historical points.

Community support extended to the local governments in the Kansas Cities. Drs. S. H. Thompson, T. C. Unthank, and John Edward Perry, three prominent Black doctors, petitioned their local governments throughout their lifetimes and worked with white physicians to garner support for Black medical establishments. In Dr. Perry's memoir, he recounts meeting with white physicians in the city to convince them to support Black physicians and hospitals on several occasions. Black physicians' intervention on behalf of Black hospitals led to the creation of the Black Hospital Movement in the Greater Kansas City Area during the early twentieth century. This movement succeeded because physicians could integrate themselves into local politics early on.³ They were able to mobilize the community for support, not only of their hospitals but also for the Black population more broadly.

Newspapers around the city, such as *The Kansas City Sun* and *Our Negro Population*, called for the support of Black professionals. Below is a chart of occupations among Black Kansas Citians in 1912:

³ Kim Warren writes that “black parents and leaders, acting on behalf of the younger generation, protested against inequality through legal channels because they wanted to effect systematic shifts toward legal integration.” Kim Cary Warren, *The Quest for Citizenship: African American and Native American Education in Kansas, 1880-1935*, (Chapel Hill: The University of North Carolina Press, 2010), 7. Black physicians in Kansas City protested medical inequities by successfully navigating political avenues. While their initial efforts led to segregated medical facilities, these facilities followed the trajectory of Black parallel institutions as outlined by Darlene Clark Hine. Hine writes “Without the parallel institutions that the black professional class created, successful challenges to white supremacy would not have been possible.” Darlene Clark Hine, “Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950,” *The Journal of American History* 89, no. 4 (2003), 1279–94, <https://doi.org/10.2307/3092543>.

Table 1: Chart of Occupations Among Black Kansas Citians - 1912

Occupations	Number	Average Income	Wives who worked
Barbers	8	\$800.00	4
Dentists	3	1150.00	0
Draymen	4	800.00	3
Doctors	12	1100.00	1
Janitors	19	820.00	10
Laborers	41	701.00	25
Laundresses	10	600.00	0
Lawyers	3	1800.00	0
Porters	12	710.00	5
Porters R. W.	20	1100.00	4
Teachers	24	800.00	4
Tailors	5	770.00	3
Teamsters	6	800.00	4
Waiters	22	1000.00	7

Source: Asa Earl Martin, *Our Negro Population: A Study of the Negroes of Kansas City, Missouri*, (Kansas City, Missouri, F. Hudson Publishing Company, 1913) pg. 37. Martin's work is not all-encompassing; the data from his study comes from a survey of 500 heads of families in Kansas City, Missouri, only, along with information from the city assessor and collector. Nevertheless, his work helps readers understand some of the people that the *Kansas City Sun* addressed, though Martin credits the Black churches for encouraging patronage of these businesses.⁴

These newspapers helped readers understand African Americans in the Greater Kansas City Area and show that Black hospitals' community support was but one aspect of a larger community-building strategy.

The Kansas City Sun, a Black-run newspaper, illustrated the vibrancy of Black communities in the Greater Kansas City Area during this period. Every issue demonstrated their dedication to community building, support of Black businesses, and racial uplift. Further, their attention to Blacks in the Greater Kansas City Area and surrounding areas in Kansas and Missouri demonstrate that activists were dedicated to racial uplift and civic activism regardless of geographical boundaries. Throughout its weekly publications, the *Kansas City Sun* described

⁴ *Our Negro Population*, 42.

events related to African Americans in Excelsior Springs, Maryville, Brunswick, Moberly, Keytesville, and Chillicothe, Missouri, and Rosedale, Tonganoxie, and Reno, Kansas.⁵ The Negro Business League of Kansas City also provided a directory in the newspaper of African American businesses in the area and urged readers to patronize them. These businesses included lawyers, bakers, barbers, physicians, cleaners, clergy members, cafes, restaurants, blacksmiths, grocers, drugstores, dressmakers, insurance agencies, hotels, and even inventors in the Kansas City area, but also surrounding areas such as Mexico, Missouri.⁶ Advertisements urged readers to patronize Black businesses, stating, "Your groceries and meats will cost you less and give you better satisfaction if you buy them here," while an ad for the Lincoln on 12th and Vine streets claimed, "The most of the best for the least in motion pictures."⁷ In her work, Kim Warren describes the importance of Black newspapers in the Kansas Cities, stating that "Newspapers, in particular, provided a forum for blacks to make claims on citizenship and to highlight the achievements of model citizens. Editors published accounts of successful blacks in the belief that readers would emulate individual pioneers."⁸ Warren's work helps demonstrate that the *Kansas City Sun* served several purposes in addition to the promotion of Black businesses. The *Sun*

⁵ National Endowment for the Humanities, "The *Kansas City Sun* (Kansas City, Mo.) 1908-1924, March 07, 1914, Image 8," March 7, 1914, <https://chroniclingamerica.loc.gov/lccn/sn90061556/1914-03-07/ed-1/seq-8/>.

⁶ National Endowment for the Humanities, "The *Kansas City Sun* (Kansas City, Mo.) 1908-1924, January 17, 1914, Image 4," January 17, 1914, <https://chroniclingamerica.loc.gov/lccn/sn90061556/1914-01-17/ed-1/seq-4/>.

⁷ National Endowment for the Humanities, "The *Kansas City Sun* (Kansas City, Mo.) 1908-1924, March 07, 1914, Image 8," March 7, 1914, <https://chroniclingamerica.loc.gov/lccn/sn90061556/1914-03-07/ed-1/seq-8/>.

⁸ Kim Cary Warren, *The Quest for Citizenship: African American and Native American Education in Kansas, 1880-1935*, (Chapel Hill: The University of North Carolina Press, 2010), 107.

helped Black Kansas Citizens assert their place in society and create a bustling parallel community.

In addition to providing ads and directories of Black businesses in the area, the *Sun* updated locals on community events. The newspaper dedicated a section every week to "Women's Club Notes," providing details on meetings and fundraising opportunities.⁹ Businesses and civilians published thank you notes, which the *Sun* positioned in various sections throughout the newspaper. National and local news were often situated together on the front page. Information about the war in 1918 shared space with news on the new Wheatley Hospital building, the success of which the *Sun* credited to "superior" Black physicians in the city.¹⁰ This type of support and community engagement allowed for the burgeoning movement among hospitals and the medical profession to come.

In this dissertation, I argue that community support and Black physicians' advocacy of local Black hospitals led to the precursor of the national Black Hospital Movement of the 1920s. This movement was successful in the Kansas Cities due to the early efforts of Black physicians, who used the cities' ambiguous racial policies to their advantage. Using memoirs, newspapers, community organization's documents, and NAACP records, I demonstrate the methods Black physicians, women's organizations, and activists used to bolster support of the hospitals in cities

⁹ National Endowment for the Humanities, "The *Kansas City Sun* (Kansas City, Mo.) 1908-1924, March 14, 1914, Image 1," March 14, 1914, <https://chroniclingamerica.loc.gov/lccn/sn90061556/1914-03-14/ed-1/seq-1/>. These Women's Club Notes sections did not follow a specific format. On this day, the notes were published on the front page. Other dates, the notes are located on pages four or five.

¹⁰ National Endowment for the Humanities, "The *Kansas City Sun* (Kansas City, Mo.) 1908-1924, June 15, 1918, Image 1," June 15, 1918, <https://chroniclingamerica.loc.gov/lccn/sn90061556/1918-06-15/ed-1/seq-1/>.

that straddled the North/South lines, adopting practices from both, but maintaining a distinct racial environment, that ultimately led to the success of the movement.

The study of Black hospitals in the Kansas Cities augments the history of medicine related to the national Black Hospital Movement of the 1920s. What little has been produced on the movement focuses on the Black male physicians who established hospitals to gain professional experience. In *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, Vanessa Northington Gamble examines the Black Hospital Movement and argues that the movement, beginning in the 1920s, was a way for Black medical professionals to "make a place for themselves," within a segregated medical profession. She chronicles local and national movements, including those in Tuskegee, Chicago, and Cleveland, noting that the availability of records from Black hospitals played a role in the communities she examined. As the hospital became increasingly central to the medical profession, Black physicians were systematically excluded. Gamble documents the events surrounding the establishment of the Tuskegee Veterans Administration Hospital while delineating the role philanthropic organizations played in supporting segregated medical facilities nationwide. She writes that as the nation moved toward a second world war, Black support of segregated medical institutions waned, as the "separate but equal" fallacy led to harmful outcomes for Black hospitals, medical professionals, and patients. Though Gamble's focus is on the Black male physicians, particularly those associated with the National Hospital Association and the National Medical Association, she writes that "The contributions of women were important in establishing and maintaining black hospitals. Women led fundraising campaigns for the institutions, made significant donations, worked as physicians and nurses, ran hospital nurse-training programs, and, in some cases, even established

hospitals."¹¹ This work builds on Gamble's by exploring further the role of community and women's organizations in the development of the Black medical profession in the West.

Evelyn Brooks Higginbotham's work on Black women behind the National Baptist Convention informs my research methodologically. In *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920*, Higginbotham writes about Black women reformers who established the Woman's Convention of the National Baptist Convention (NBC) and asserts that these women reformers were the backbone of the NBC. These reformers established schools, daycares, newspapers and devoted themselves to women's suffrage. Though the physicians involved in the hospitals left behind papers or memoirs, the women often did not. Very few of them left written documentation on their involvement in the Black hospitals in the Greater Kansas City Area. Higginbotham demonstrates the ways historians have uncovered and told stories about relatively unknown actors and shows how Black women helped create a professional class while navigating the intersections of race and gender. Higginbotham writes that African American women formed a space within the National Baptist Convention where discourse involving public matters such as race and gender were explored. Not only did these women's contributions expand the work of the National Baptist Convention, their contributions to the uplift of women and girls specifically helped move toward the creation of a professional class of Black men and women in Louisville, Kentucky, during the early twentieth century.¹² Like the National Baptist Convention, the medical field was a male-dominated profession during

¹¹ Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, (New York: Oxford University Press, 1995.)

¹² Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920*, Revised edition (Cambridge, Mass.: Harvard University Press, 1994).

the early twentieth century. Higginbotham's work illustrates how to illuminate these women's narratives and place them within their corresponding histories.

In *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870-1940*, K. David Hanzlick writes about women's activism in Kansas City against the eastern thesis of the evolution of women's organizing.¹³ Hanzlick's reexamination of women's activism in Kansas City helps us understand how activism empowered women in Kansas City, as they challenged gender boundaries and fought for the rights of disadvantaged populations. Though Hanzlick devotes only a few paragraphs to African American women's activism and clubs in Kansas City and doesn't cite Black newspapers outside of the *Kansas City Call*, their analysis of the development of white women's organizations is useful, despite its limited scope. Additionally, their assertion that "As a result of the divergent views of the people who coexisted in the region, the city on the border of a slave and a free state became a simmering political cauldron fed by the arrival of anti-slavery settlers from the East who often mixed uneasily with the proslavery population,"¹⁴ supports my argument that Black physicians were able to influence local politics due to the vacillating status of Jim Crow in the cities.

Priscilla Dowden-White and Susan L. Smith have written about Black women's social welfare work and activism during the early twentieth century. Dowden-White focuses on social welfare reform in another Midwestern border city, St. Louis, describing reformers' methods to

¹³ Hanzlick writes that "The conventional narrative traces ladies' benevolent associations that functioned for a time but became overwhelmed by a rapid increase in the demand for aid. A male-led charity organization then stepped in to meet the growing need." Hanzlick states that this argument does not hold true for charity organizations in the West. K. David Hanzlick, *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870 to 1940*, (Columbia, Missouri: University of Missouri Press, 2018), 5.

¹⁴ Ibid.

promote democracy for African Americans. Like the physicians in the Greater Kansas City Area, Dowden-White writes that reformers in St. Louis worked with white elites and residents who believed in equality. These reformers fought for and received a high-quality, tax-supported hospital dedicated to African Americans in the city.¹⁵ Similarly, Smith writes about grassroots health care activism in the early twentieth century and uses case studies to argue that this activism helped improve health care for African Americans and was led by Black women. She examines the efforts of clubwomen in Tuskegee, Chicago, and Atlanta, arguing that their actions led to more extensive national health reform movements.¹⁶ My work situates the Kansas City movement alongside those described by Dowden-White and Smith, creating a clearer view of health care reform and activism in the United States.

Similar to Gamble, Mary Kaplan documents the work of Black male physicians in *The Tuskegee Veterans Hospital and its Black Physicians: The Early Years*. Kaplan begins her monograph by describing the African American experience in the United States Armed Forces. She outlines the history of Black military service, explains its segregated nature, and provides details on the fight for democracy as described by W. E. B. Du Bois in 1917. Additionally, she explains Black troops' struggle for equal rights following their service during World War I and the lack of medical facilities designed to treat Black soldiers following service overseas. Kaplan writes that "Prior to World War I, the federal government provided no system of medical care to veterans," which meant that the development of a hospital specifically for Black soldiers would

¹⁵ Priscilla A Dowden-White. *Groping toward Democracy: African American Social Welfare Reform in St. Louis, 1910-1949*. (Columbia: University of Missouri Press, 2011).

¹⁶ Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, (Philadelphia: University of Pennsylvania Press, 1995).

be a monumental endeavor.¹⁷ She then examines the political upheaval caused by the idea of a Black hospital in Tuskegee, the challenges related to staffing the hospital, and details about the Black physicians who worked there. Though Kaplan does not describe community involvement in the hospital or the status of Black nurses or women's organizations, that is likely due to the status of the hospital as a government institution. The government-funded the hospital; thus, community fundraising was unnecessary initially. However, Kaplan delineates the role of the Black physicians and Black national organizations, such as the NAACP, in the fight for medical access at the commencement of the national Black Hospital Movement of the 1920s. While also documenting the establishment of Black (civilian) hospitals, this dissertation takes into account community engagement.

Outside the focus on Black established hospitals and medical institutions, many scholars have produced studies on the development of white controlled hospitals in the United States during the early twentieth century, many of which cover the geographical areas of the Northeast and South. In *The Invention of the Modern Hospital, Boston, 1870-1930*, Morris J. Vogel considers the changing characteristics of hospitals in Boston, Massachusetts. Vogel begins his study in 1870 and traces the history of the hospital from the home to the public institution. He demonstrates that medical advancements as a singular explanation for the transformation of American hospitals lack depth in their analyses. Vogel uses sources including interviews, medical records, newspapers, and journals to examine all the factors that influenced the transformation of Boston's hospitals. This transformation, Vogel argues, was influenced by the

¹⁷ Mary Kaplan, *The Tuskegee Veterans Hospital and Its Black Physicians: The Early Years*, (Jefferson: North Carolina, McFarland & Company, Inc., Publishers, 2016).

emergence of paying middle-class patients.¹⁸ His methodology and the factors he considers in the transformation of Boston's hospitals, including political and religious influences, make his social history a valuable guide for my work on hospitals in the West during the same period.

Charles Rosenberg, too, writes on the development of the hospital in the United States before 1920. His all-encompassing work, *The Care of Strangers: The Rise of America's Hospital System*, traces the trajectory of the hospital from its beginning as an almshouse to its current status as a modern hospital. Rosenberg provides descriptions of early hospitals as almshouses and centers of charity, noting that these centers focused on providing care to the poor and protecting them from death. He describes the transition of the hospital, beginning in 1860 with the emergence of public health movements, paying particular attention to the hospitals' changing status once many of them became affiliated with universities. At the turn of the century, Advances in technology cemented the hospital as a public institution.¹⁹ Paul Starr's research on medical reform similarly informs my work on medical technologies during the early twentieth century.²⁰ While informative, these studies are lacking. They fail to adequately consider how racial relations during this time affected the medical profession and medical treatment for Black Americans around the country.

The development of new medical technologies and institutions did not necessarily positively impact the health of Black communities nationwide. David McBride has published

¹⁸ Morris J. Vogel, *The Invention of the Modern Hospital, Boston, 1870-1930*, (Chicago: University of Chicago Press, 1980).

¹⁹ Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System*, (New York: Basic Books, 1987).

²⁰ Paul Starr, *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform, Revised Edition*, (New Haven: Yale University Press, 2013).

extensively on African American health care during the twentieth century. In *From TB to AIDS: Epidemics Among Urban Blacks since 1900*, McBride focuses on the epidemic diseases that affected the African American population during the twentieth century and the multifaceted explanations for why these diseases disproportionately affected African Americans. Briefly, McBride argues that persistent racist ideology prevented advancements in medical care for Black Americans and contributed to recurring epidemics.²¹ His work sets the context for the status of medical care for African Americans during the twentieth century.

Darlene Clark Hine has written on the status of medical care and professionalization of Black physicians and nurses during the twentieth century. In *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, Hine describes the rise of the Black nursing profession in the North and South beginning in 1890. She explains the differences between Northern and Southern nursing trends, stating that nurses in the North focused on professionalization. In contrast, nurses in the South focused on the care of communities, though care of community played a central role in developing agency for Black nurses. Hine writes, "The patient was part of a multilayered system of social and interpersonal relations. Thus the student and the trained nurse had to concern themselves with issues pertaining to family, kin, and the health environment of the broader community...."²² The Black medical profession in the

²¹ David McBride, *From TB to AIDS: Epidemics Among Urban Blacks since 1900*. (Albany: State University of New York Press, 1991); David McBride, "Black America: From Community Health Care to Crisis Medicine." *Journal of Health Politics, Policy and Law* 18, no. 2 (1993); David McBride, *Caring for Equality: A Concise History of African American Health and Healthcare*. (Lanham: Rowman & Littlefield, 2018); David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965*. (Philadelphia: Temple University Press, 1989).

²² Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, (Bloomington, Indiana: Indiana University Press, 1989), 187.

Greater Kansas City Area followed these trends, though training schools for Black nurses in Kansas and Missouri did not exist as they did in the North. The absence of nurses' training schools in the Greater Kansas City Area compelled Black physicians to establish them alongside their institutions.

In one of the first works of its kind, Barbara Gorman, Richard McKinzie, and Theodore Wilson's *From Shamans to Specialists: A History of Medicine and Health Care in Jackson County, Missouri*, provides a discussion on the development of modern medicine in Jackson County, Missouri, beginning with Indian shamans in the nineteenth century. They discuss the establishment of hospitals in the area and the racist policies that excluded Black physicians from practicing and Black patients from obtaining treatment in whites-only hospitals. Their work provides insight into health care options and medical professionalization in the Greater Kansas City Area during the early twentieth century.²³

In "Race and Medical Practice in Kansas City's Free Dispensary," Christopher Crenner examines the role of race in medical practice at the Kansas City Free Dispensary from 1906 to 1912. In his work, Crenner considers the physicians who treated Black patients at the racially integrated medical clinic, which operated alongside the University of Kansas. Using medical records from the clinic, Crenner describes physicians' treatment plans, explaining that they recommended different treatment options based on race, showing apparent inequities in care. Despite these inequities, the medical records these physicians left did not justify the

²³ Barbara M. Gorman, Richard D. McKinzie, and Theodore A. Wilson, *From Shamans to Specialists: A History of Medicine and Health Care in Jackson County, Missouri*, (Kansas City, Missouri: Jackson County Medical Society, 1981).

differentiation of treatment.²⁴ Crenner's work adds to our understanding of the medical facilities available to African Americans in Kansas City in the early 1900s. His work helps explain Blacks' fears about medical treatment and the lack of respectful medical care from white physicians.

Several scholars have produced Kansas City area-focused works, including Charles Coulter's *Take Up the Black Man's Burden: Kansas City's African American Communities, 1865-1939*, Kevin Fox Gotham's *Race, Real Estate, and Uneven Development: The Kansas City Experience, 1900-2010*, Sherry Lamb Schirmer's *A City Divided: The Racial Landscape of Kansas City, 1900-1960*, Kim Warren's *The Quest for Citizenship: African American and Native American Education in Kansas, 1880-1935*, and Diane Mutti Burke's *Wide Open Town: Kansas City in the Pendergast Era*.²⁵ Together, these works provide a comprehensive view of race, racism, politics, community building, and citizenship in the Greater Kansas City region. Combined with an analysis of accessible primary documents, these works helped produce a thorough depiction of community building in the Kansas City Area.

Lack of access to records on the Black Hospitals in the Kansas Cities created significant barriers to my research on the topic. To my knowledge, extensive records on the John Lange Hospital no longer exist. Newspapers reference the hospital fleetingly, so we know that Dr. T. C. Unthank established the hospital, which he dedicated to philanthropist John Lange. John Lange

²⁴ Christopher Crenner, "Race and Medical Practice in Kansas City's Free Dispensary." *Bulletin of the History of Medicine* 82, no. 4 (2008), 820–47. <http://www.jstor.org/stable/44449626>.

²⁵ Charles E. Coulter, *Take Up the Black Man's Burden: Kansas City's African American Communities, 1865-1939*, (Columbia: University of Missouri, 2016); Kevin Fox Gotham, *Race, Real Estate, and Uneven Development, Second Edition: The Kansas City Experience, 1900–2010*, (Albany: State University of New York Press, 2014); Sherry Lamb Schirmer, *A City Divided: The Racial Landscape of Kansas City, 1900-1960* (Columbia; University of Missouri, 2002); Diane Mutti Burke, Jason Roe, and John Herron, eds., *Wide-Open Town: Kansas City in the Pendergast Era*, (Lawrence, KS: University Press of Kansas, 2018).

provided most of the funding for the hospital, which closed four years after his passing in 1916. The Missouri Valley Special Collections at the Kansas City Public Library has a minute book that provides meeting minutes detailing the adoption of the hospital charter, the resignation of the board president, and donations. Additionally, they have a copy of a page from a pamphlet about the hospital and a description of a benefit for the hospital featuring Paul Dunbar.²⁶ But unlike the Douglass Hospital, which has the hospital history and charter located at the Kenneth Spencer Research Library at the University of Kansas, or the history of Wheatley Provident Hospital, which its founder, Dr. J. E. Perry, documents in his memoir, the history of the John Lange hospital is largely undocumented due to the lack of primary sources.

Also largely unavailable are the Urban League of Greater Kansas City (ULGKC) annual reports before the 1930s. Kenneth Spencer Research Library at the University of Kansas houses ULGKC annual reports for a few years, beginning in 1938, and the Kansas City Public Library has reports from 1935 on.²⁷ Additionally, the Library of Congress has ULGKC annual reports from the 1940s. Communication with the current President of the Urban League of Greater Kansas City revealed that they do not have annual reports, particularly from the 1920s (as the ULGKC was established in 1919) or the 1930s. Newspaper articles affirm Urban League involvement in health clinics held by the Black hospitals in the area, and the Missouri State Archives has a photograph collection of 91 photographs documenting 1922-1959.²⁸ These

²⁶ “John Lange Hospital Minute Book (SC21),” July 21, 1902-December 12, 1902, Missouri Valley Special Collections, Kansas City Public Library, Kansas City, Missouri.

²⁷ Urban League of Kansas City, 1931 – 1967, Box: 27, Folder 16. Katherine Goldsmith papers, RH MS 1093. University of Kansas. Kenneth Spencer Research Library; Urban League of Kansas City, Box 4, Folder 8. Ramos-Lincoln Collection-Vertical Files, Missouri Valley Special Collections, Kansas City Public Library.

²⁸ Urban League of Kansas City Photograph Collection, Missouri State Archives. https://www.sos.mo.gov/archives/mdh_splash/default.asp?coll=kcurbanleague.

photographs reveal further Urban League involvement in the health care of Blacks in the area and gifts from the Urban League Board of Directors to Wheatley Provident Hospital. As ULGKC annual reports from the late 1930s reveal a steadfast dedication to the health care status of Black communities in the Greater Kansas City Area, I believe that annual reports from the 1920s would augment work on the Black hospitals in the area during this period, were they to be located. Finally, the State Historical Society of Missouri Research Center-Kansas City holds the Thomas A. Webster Papers.²⁹ Thomas A. Webster became the Director of the ULGKC in 1935; however, his papers do not house any Urban League annual reports. Most of his collection consists of documents from the 1970s and 1980s, with little material referencing prior years. The National Urban League website references recent ULGKC annual reports, but their archives are with the Library of Congress, as referenced above.

Integral to the completion of this dissertation were the national and local, Black-produced newspapers. Local newspapers, including the *Kansas City Call* and the *Kansas City Sun*, provided valuable insight into life and culture in Kansas City. They indicated which local and national topics were meaningful to the community and named local figures who created a parallel community during the early twentieth century. In a way other sources did not, these newspapers helped unearth the work women's organizations engaged in during this period. In particular, the *Sun* centered women's community work, which helped fill gaps in current scholarship on the Black hospitals.

National Black newspapers, including the *Philadelphia Tribune*, *Pittsburg Courier*, *Chicago Defender*, *Afro-American*, *New York Amsterdam News*, *New Journal & Guide*, *Los*

²⁹ Thomas A. Webster (1907-1988) Papers (K1219), The State Historical Society of Missouri Research Center-Kansas City.

Angeles Sentinel, and *Cleveland Call & Post*, all reported on either the development of Black hospitals in Kansas City or professionalization of Black medicine during my study period. Reporters from various Black newspapers visited the Greater Kansas City Area on several occasions to report on the Black hospitals, including General Hospital No. 2 and Wheatley Provident Hospital. They interviewed the doctors, but also the nurses, staff, and women's organizations, which provided readers a fuller picture of the community building project the Black hospitals were.

Equally essential was Dr. John Edward Perry's memoir, *Forty Cords of Wood: Memoirs of a Medical Doctor*.³⁰ Perry's work provided valuable insight into his motivations for establishing Black medical facilities. He described his work, but he also provided details into the lives of the doctors who worked alongside him and Fredericka Perry's advocacy, down to detailed conversations, which researchers have frequently used in their scholarship on the Black hospitals. Supporting documentation from Black newspapers (including the *Lincoln Clarion*,)³¹ articles from the *Journal of the National Medical Association* and surviving hospital documents gave credence to the events Perry outlined in his memoir. Together, these sources helped contextualize historical events and strengthen my dissertation argument.

A Black hospital movement occurred in Kansas City during the early twentieth century, predating the nationally known Black Hospital Movement of the 1920s. During this period,

³⁰ John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Lincoln University, MO, 1947).

³¹ The *Lincoln Clarion* was a student-run newspaper from Lincoln University in Jefferson City, Missouri. "The Lincoln Clarion (Jefferson City, Mo.), 1935-05-01, Lincoln University Clarion, 1935-1975 - Digital Collections," <https://digital.shsmo.org/digital/collection/LUClarion/id/15/rec/1>.

numerous Black physicians relocated from the South to the Greater Kansas City area.³² While the motivations were unique to each individual, a few threads connected them. Most of the doctors who relocated to Kansas City hailed from the South, which many doctors left during Reconstruction. Medical journals at the time encouraged doctors to seek opportunities in the western areas of the United States, citing better opportunities to practice. As early as 1854, medical journals encouraged westward expansion, naming Kansas specifically as an area needing physicians.

Chapter one examines the development of medicine in the United States, including the use of Black bodies for medical experimentation and activists' calls for greater representation in American medicine. In early medicine, racism made enslaved African Americans unwitting participants in medical misconduct. Dr. Marion Sims compelled enslaved women to participate in unmedicated gynecological surgeries on other enslaved women under the guise of advancing medicine while simultaneously attempting to reinforce racial theories of the time.³³ These experiments fueled African American distrust of the medical profession and provided activists the impetus to call for Black-established medical facilities. While chapter one examines the early history of American medicine, chapter two focuses on the beginning of a hospital movement in the West, beginning with westward expansion.³⁴

³² Thomas J. Ward writes on Black physicians in the South and the dissolution of medical schools in Thomas J. Ward, *Black Physicians in the Jim Crow South* (University of Arkansas Press, 2010).

³³ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*, (Athens, GA: University of Georgia Press, 2017).

³⁴ Despite its current status as the Midwest, I refer to my study's geographic location as the West, which it was referred to at the time.

Chapter two explores physicians' motivations for relocating from the South to the Greater Kansas City Area. Intrinsic and extrinsic motivations convinced newly graduated Black physicians to open medical practices in Kansas City during the early twentieth century. Many physicians who established themselves as leading medical figures in the Black community graduated from colleges such as Meharry and Howard and immediately moved West. They moved at the tail-end of the Exoduster Movement in search of jobs. The influx of African Americans from the South called for additional medical professionals to treat them. Still, as mentioned above, the medical profession also participated in westward expansion during the second half of the nineteenth century. The Exoduster migration of the 1860s strained the already meager medical resources available to Blacks in the state, and the burgeoning population was in desperate need of medical care. Familial practices of community activism and uplift proved to be a common thread for some physicians, including Drs. Unthank and Perry grew up knowing they would live a life of service in whatever profession they chose. External calls by public figures, including Booker T. Washington, encouraged African American physicians to open their practices and nurses training schools and for communities to financially support them. These factors helped create a micro-Black Hospital Movement in Kansas City decades before the national Black Hospital Movement.

Chapter two also considers the Black hospitals in Kansas City and the communities that supported them in greater detail. Community support of these hospitals was integral to the movement's success. Local churches and Black newspapers encouraged members to patronize Black businesses, and women's organizations coordinated fundraising events for several decades, which supported hospital operations. For years, Black nurses almost singlehandedly ran

the hospitals (particularly Wheatley and Douglass) while the doctors tended to political maneuvering and patient care³⁵.

While chapter two provides insight into the work and initial efforts to found Black hospitals in the Kansas Cities, chapter three explores national movements. World War I exacerbated medical access issues for African Americans, with activist efforts initially focused on Black veterans. The Black Hospital Movement of the 1920s occurred following the government's establishment of Tuskegee Veterans Hospital, which they founded to treat wounded WWI veterans. National and local organizations and activists focused on Black community health during this decade, and the government partnered with communities in support of National Negro Health Week, which Booker T. Washington founded in 1915. But by the end of the decade, the negative consequences of segregated hospitals became more apparent, particularly in rural areas and the South. Hospitals that once served African Americans in emergencies began to refuse treatment altogether, citing the availability of Black hospitals, which resulted in preventable deaths. National headlines documented these occurrences and questioned the necessity of separate medical facilities.

Following the height of the National Black Hospital Movement, the 1930s represented a period of transformation for the Black hospitals in the Kansas City area. In chapter 4, I examine the national discussion surrounding segregated public facilities. The National Black Hospital movement intensified medical disparities, particularly among Blacks in the South. The NAACP

³⁵ For additional information on African American politics in Missouri, consult Larry Henry Grothaus. "The Negro in Missouri Politics, 1890-1941." Order No. 7108331, (PhD. Diss., Columbia, Missouri: University of Missouri, 1970).
<https://www2.lib.ku.edu/login?url=https://www.proquest.com/dissertations-theses/negro-missouri-politics-1890-1941/docview/302426228/se-2?accountid=14556>.

amplified their arguments against segregation, using physicians and Black medical students as agents to publicize their stance. Nationally, activists and physicians demanded the integration of public medical facilities. In the Kansas Cities, political intrusion affected daily operations at General Hospital 2. Indeed, since the beginning of the Kansas City movement in the early 1900s, Black physicians were required to mix medicine with politics to establish their facilities, political involvement in the 1930s negatively affected patient care. The Great Depression negatively affected economics at Wheatley Provident Hospital and Douglass Hospital in Kansas City, Kansas, but their respective auxiliaries and other community organizations supported them for several more decades.

Chapter four also examines American medicine's continuation of forced medical misconduct in the Tuskegee Syphilis experiment. While national philanthropies and the United States federal government played a significant role in the Tuskegee experiment, Black physicians and nurses willingly recruited Black men in Alabama for the study. While simultaneously promoting "National Negro Health Week," the federal government, by way of local health departments, actively prevented Black men in the study from obtaining adequate health care, going as far as to track them across the country and intervene when necessary.³⁶ Black physicians and nurses recruited men from churches, provided meals and rides to and from the facility, and provided "treatment" to study participants. Though outside the scope of this dissertation, additional scholarship on the role of racism in making African Americans culprits in medical terrorism is essential to our understanding of the American medical profession.

³⁶ Susan M. Reverby, ed., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (The University of North Carolina Press, 2012).

This dissertation explores how Black physicians in the Greater Kansas City Area used their political acumen to create a professional space for themselves in American medicine. Once created, nurses, community organizations, churches, and activists united to support Black medical facilities. Together, their efforts created a parallel medical community in the Greater Kansas City Area that predated the National Black Hospital Movement by two decades.

Chapter 1: African Americans in Medicine, 1860-1900

The mortality figures of a group of people depend upon many things, and in the case of [sic] Negro, all the short comings of a life abridged by segregation and discrimination finally show up in the greater death rates. - M. O. Bousfield³⁷

Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death. – Ruth Wilson Gilmore³⁸

Thirty-five years after doctors in Kansas City began concerted efforts to provide modern medical care for the African American population, Black newspapers were still publishing reports regarding the lack of medical resources available to the Black population. As was the case in 1900, in 1935, doctors were still concerned with the higher rates of tuberculosis, syphilis, and death among the Black population compared to whites. For decades, Black medical professionals, activists, and institutions advocated for better health care access for African Americans in the United States. Why was access to adequate medical care a persisting issue decades after these efforts began? In 1906, W.E.B. Du Bois, Atlanta University professor, spoke of the state of health care of the Black population in the United States, claiming that "The general organizations throughout the country for bettering health ought to make special effort to reach the colored people. The health of the whole country depends in no little degree upon the health of Negroes."³⁹ Du Bois gave his talk at the Atlanta Conference for the Study of the Negro Problem, a conference he organized annually which was dedicated to addressing and solving the

³⁷ M. O. Bousfield, "Race Health an Important Factor in Community Health, Says Doctor." *The Chicago Defender*, May 4, 1935.

³⁸ Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*, (Berkeley: University of California Press, 2007), 28.

³⁹ W E Burghardt Du Bois, "The Health and Physique of the Negro American. 1906." *American Journal of Public Health* 93, no. 2 (2003), 272-276.

many problems plaguing African Americans during that period. Sadie T. Mossell Alexander echoed this sentiment in a paper published in 1914 in a study of African Americans in Philadelphia. During an eight-year period, not only did she find that the use of Black physicians and nurses encouraged the Black population in Philadelphia to obtain and continue their treatment for tuberculosis, but her study also indicated that the overall better health of the Black population benefitted the entire population of the city of Philadelphia as a whole.⁴⁰

During the early twentieth century, numerous other prominent Black figures spoke out about the medical care crisis, including Booker T. Washington, Marcus Garvey, and Ida B. Wells-Barnett.⁴¹ Washington founded National Negro Health Week (NNHW) in 1915, stating that "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."⁴² National Negro Health Week, managed by a committee at Tuskegee Institute, was an 8-day week every April where organizations, churches, and prominent Black leaders focused on the current health care needs of the Black population.⁴³ It began and ended

⁴⁰ Sadie Tanner Mossell Alexander, "A Study of the Negro Tuberculosis Problem in Philadelphia," (Philadelphia, PA: Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, 1923), 17-20.
https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cdocument%7C3176883.

Sadie's uncle, Nathan Francis Mossell, founded the Mercy Douglass Hospital in Philadelphia in 1895. Sadie was the first African American woman to receive a PhD in economics in the United States in 1921 and the first woman to receive a law degree from the University of Pennsylvania School of Law in 1927.

⁴¹ Ida B. Wells-Barnett was an activist, journalist, co-founder of the National Association for the Advancement of Colored People, and founder of Chicago's Alpha Suffrage Club. Ida B. Wells-Barnett, Alfreda Duster, Editor, and Eve L. Ewing, *Crusade for Justice: The Autobiography of Ida B. Wells*. (University of Chicago Press, 2020.)

⁴² Monroe N. Work, "Booker T. Washington, Pioneer." *The Journal of Social Forces* 3, no. 2 (1925): 313. doi:10.2307/3005293.

⁴³ Sandra Crouse Quinn and Stephen B. Thomas, "The National Negro Health Week, 1915-1951: A Descriptive Account," *Minority Health Today*, April 2001, 45.

on a Sunday to take advantage of the church's role in the Black community. Every year until 1951, Tuskegee Institute and its partners organized community events surrounding Black health, the 36-year streak demonstrating the determination of a community dedicated to racial uplift by way of healthcare expansion.⁴⁴ Washington claimed that sickness cost Black Americans 100 million dollars annually,⁴⁵ indicating that his economic motivations were different from those of the health care professionals involved in the very same movement. Physicians voiced concern for professional development and the healthcare needs of the Black population, while Washington focused on how adequate healthcare correlated with positive economic growth. Though their motivations and methods differed, the objective of both parties was the same, the expansion of modern medical care for African Americans.

The problem of modern healthcare access remained pervasive throughout the early twentieth century, as public figures continued to advocate and appeal to the government to address this issue. In 1920, Marcus Garvey spoke about the lack of resources available to Black physicians.⁴⁶ Similarly, Mary McLeod Bethune in 1937 gave a speech about the lack of federal job opportunities available to Black nurses, charging the government with discrimination calling

⁴⁴ Washington also founded the School of Nursing at Tuskegee University in 1891 and the John A. Andrew Memorial Hospital in 1892, which was a teaching hospital located on the Tuskegee University campus. Booker T. Washington, "Training Colored Nurses at Tuskegee," *The American Journal of Nursing* 11, no. 3 (1910), pg. 167–71, <https://doi.org/10.2307/3403116>; Eugene H. Dibble, Louis A. Rabb, and Ruth B. Ballard, "John A. Andrew Memorial Hospital," *Journal of the National Medical Association* 53, no. 2 (March 1961), 103–18.

⁴⁵ *Ibid*, 44.

⁴⁶ Marcus Garvey was a Black nationalist and founder of the Universal Negro Improvement Association. "Marcus Garvey (August 17, 1887 - June 10, 1940)," National Archives, December 22, 2017, <https://www.archives.gov/research/african-americans/individuals/marcus-garvey>.

for change.⁴⁷ These issues were nationally systemic and lasted for decades despite the rapidly advancing health care system. The work of community leaders, churches, activists, and organizations such as the NAACP and the National Negro Business League regarding health care access so early in the twentieth century demonstrates a long history of medical activism within and on behalf of the Black community. Along with Black medical professionals, they helped advance the national restructuring of hospitals in the United States.

Hospitals and medical care underwent a process of redevelopment during the late nineteenth and early twentieth centuries. Before the twentieth century, many hospitals were associated with poverty, uncleanliness, and charity and often doubled as almshouses. Often, they provided palliative care rather than actual medical care and were frequently religiously based. The structure of medical care and the economic immobility of African Americans during this time explain the lack of access to modern health care facilities for the Black population. Many did not have the means to pay for a doctor, and if they did, finding one who *would* treat African Americans proved to be a laborious task. Middle- and upper-class patients received medical treatment in the comfort of their homes, often paying doctors to make house calls. These patients gave birth, were treated for severe illnesses, and underwent surgery in private homes, as the idea of the hospital as a major social institution had not yet caught on. Sociologist Robert N. Wilson claimed that "The rise of scientific medicine in the late nineteenth and early twentieth centuries

⁴⁷ Marcus Mozhiah Garvey Jr., "Declaration of Rights of The Negro Peoples of the World," (New York: Frank Cass and Company Limited, 1920); Mary McLeod Bethune, *Report of the National Conference on the Problems of the Negro and Negro Youth Held in The Government Auditorium, Department of Labor, January 6th, 7th and 8th, 1937*. District of Columbia, https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C3180686; Mary McLeod Bethune was an educator, founder of Bethune Cookman University, and founder of the National Council of Negro Women. Joyce Ann Hanson. *Mary McLeod Bethune & Black Women's Political Activism*, (Columbia: University of Missouri Press, 2003).

transformed the hospital from a sanctuary of simple food and warmth into a workshop of the physician and an accepted destination for the ill of diverse ailments and social standing."⁴⁸

Though medical care remained unregulated until the second decade of the nineteenth century, medical care and the role of hospitals in society began to slowly take on a new role, with physicians at the forefront of this process of redevelopment.

White physicians, that is. During the nineteenth century, women and minorities were almost entirely excluded from medical practice. Historian James Cassedy wrote that there were two main groups of doctors during this period: "mainstream," and the rest comprising a second group.⁴⁹ The second group, more specifically, consisted of those who were called "quacks," those who practiced non-traditional medicine, or the uneducated, but women and African American physicians were displaced to this group as well, medical degree or not. It comes as little surprise that physicians disliked the idea of women and Blacks practicing medicine. The idea that women belonged in the home was prevalent during this time, but some women did receive medical degrees after 1849 and thus, were thought of as a threat to the livelihood of white, male physicians.⁵⁰ The few free Black doctors who practiced were often educated abroad and came back to work in larger cities, but there were even fewer African American physicians than women physicians. The medical profession's redevelopments that occurred during this period were overwhelmingly influenced by white men and the ideologies they held during the time.

⁴⁸ Robert N. Wilson, "The Social Structure of a General Hospital," *The Annals of the American Academy of Political and Social Science* 346 (1963), 67-76.
<http://www.jstor.org/www2.lib.ku.edu/stable/1032618>.

⁴⁹ James H. Cassedy, *Medicine in America: A Short History*, (Baltimore: Johns Hopkins University Press, 1991), 25.

⁵⁰ *Ibid*, 30.

Technology and the needs of medical workers drove the restructuring of the nature of hospitals during the late nineteenth century. Public health consistently remained an afterthought, as the demands of physicians and administrators prompted drastic changes. Public and professional acceptance of science in the late nineteenth century was the driving force behind these changes. Though Louis Pasteur discovered germ theory between 1860-1864, the American medical field did not accept his theory as fact until around 1885.⁵¹ Historian Phyllis Allen Richmond attributes this to the lack of interest in science and research during this time.⁵² Though Americans exhibited an interest in science during the first half of the nineteenth century, this interest waned by 1850, seemingly because of mounting political tension and the Civil War. Physicians focused on practice rather than research, and the government did not support organized research as the governments of European countries did.⁵³ It was not until after the era of Reconstruction that public interest in science regained attention. Immunology was gaining acceptance, as doctors such as Robert Koch (1875) and Pasteur experimented with inoculation, and Wilhelm Conrad Roentgen developed x-ray technology in 1895 at Wuerzburg University in Germany.⁵⁴ The need for laboratories and spaces that housed new medical equipment and tools drove the need for a specialized treatment center for disease. Doctors, recognizing this need,

⁵¹ N. J. Tomes, "American Attitudes toward the Germ Theory of Disease: Phyllis Allen Richmond Revisited," *Journal of the History of Medicine and Allied Sciences* 52, no. 1 (January 1, 1997): 20, <https://doi.org/10.1093/jhmas/52.1.17>.

⁵² Phyllis Allen Richmond, "American Attitudes Toward the Germ Theory of Disease (1860-1880)," *Journal of the History of Medicine and Allied Sciences* 9, no. 4 (1954): 437. <http://www.jstor.org.www2.lib.ku.edu/stable/24619485>.

⁵³ *Ibid*, 438.

⁵⁴ Steven Greenberg, "A Concise History of Immunology," <http://www.columbia.edu/itc/hs/medical/pathophys/immunology/readings/ConciseHistoryImmunology.pdf>.

advocated for these types of centers, and the hospital as we understand it today, became a known physical structure in cities all around the United States by 1900.

The Black body posed a unique role in the process of redevelopment. Experimentation on Black bodies during the nineteenth century led to medical advancements, but these advancements only occurred with the assistance of enslaved subjects. In 1844, James Marion Sims began his work in what is now known as gynecology, becoming well-versed in treating traumatic birth injuries.⁵⁵ Sims gained experience practicing on enslaved women, who were also compelled to work as his surgical assistants.⁵⁶ Historian Deirdre Cooper Owens examines the lack of recognition these women received as nurses and illuminates the contradictions between slavery and racial science of the nineteenth century. In this case, racial science deemed Black Americans inferior to the white race, yet Sims used Black women as surgical assistants, an occupation that required a high level of intelligence and judgment.⁵⁷ Without using their bodies and their assistance during surgery, Sims would have been unable to expand knowledge of gynecological procedures in the 1840s. Historically, Sims is known as the "Father of American Gynecology," and Cooper situates these enslaved patients as his maternal counterparts in creating this field.⁵⁸ These enslaved women's successful tenure as surgical nurses undermined the racial theories of the time and helped to modernize American health care.

⁵⁵ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. (Athens: University of Georgia Press, 2017), 1.

⁵⁶ For more on Dr. Marion Sims, consult Dana D. Nelson, *National Manhood: Capitalist Citizenship and the Imagined Fraternity of White Men*, (Durham, NC: Duke University Press, 1998).

⁵⁷ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. (Athens: University of Georgia Press, 2017), 2.

⁵⁸ *Ibid*, 3.

In the eighteenth and nineteenth centuries, physicians held prominent roles in developing racial theories and the construction of racial differences. The rise of modern health care and the medical profession is rooted in the construction of racial difference, the deleterious effects, which are something that descendants of enslaved Africans contend with today. In the eighteenth and nineteenth centuries, the planter class, blinded by its drive to make a profit, tasked physicians with uncovering the most effective care methods for enslaved Africans. Historian Rana Hogarth writes that enslavers distrusted the medical profession during the early 1800s, preferring in-home care to the care of physicians.⁵⁹ Physicians felt compelled to demonstrate their competence, which they did by emphasizing the differences they saw between the white and Black races' health and the weaknesses of enslaved African people. Hogarth writes, "The more they commented on illnesses to which only black people were allegedly vulnerable, compared black and white suffering from disease, and offered expert knowledge on how to care for black patients, the more they validated the belief that blackness influenced health and sickness. In the most reductive of terms, black people's bodies came to function as unwilling repositories for physicians to generate new kinds of professional knowledge." This new professional knowledge validated the planter class's beliefs regarding their racial superiority and reinforced the notion that Black people were suited to slavery. Additionally, while it strengthened the status of physicians and helped lead to the modernization of the medical profession, it also led to enduring myths regarding the health of the Black race. But these new professional ideas were also contradictory to the many complaints enslavers wrote about their

⁵⁹ Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840* (Chapel Hill: University of North Carolina Press, 2017), 11.

slaves regarding their lack of ambition, laziness, and everyday resistance to their condition, inconsistencies which they either failed or refused to acknowledge.

Despite these inconsistencies, the medical profession continued to develop in a way that exaggerated so-called "racial differences." In 1846, an English surgeon named John Hutchinson invented the spirometer, a device that tested lung capacity. For years, Lundy Braun notes that men such as Thomas Jefferson had theorized on the supposed differences between the lungs of enslaved Black people and those of white men. Still, the invention of the spirometer gave men such as Jefferson the apparatus to "prove" their theories.⁶⁰ Within a few years of its creation, slaveholders and physicians in the United States began to use the spirometer, specifically as it related to enslaved people. Notably, Samuel Cartwright, a Louisiana-born physician and slaveholder, built his spirometer to prove his theory that Black people were "designed for enslavement," even though his spirometer noted a 20% deficiency in the lung capacity of his slaves. These nineteenth-century inventions consistently exaggerated differences between enslaved and free people, often conflating "difference" and "deficiency." These early ideas describing Black Americans as deficient only exacerbated medical issues in the Black community during the early twentieth century, leading to higher rates of morbidity, mortality, and infant death than whites during the same period. Indeed, newly invented diagnostic tools led to the continual validation of racial differences between Black and white bodies.⁶¹ These apocryphal theories illuminate the many reasons African Americans chose to avoid seeking treatment when they fell ill and explain why Black men during this period chose not only to

⁶⁰ Lundy Braun, "Race, Ethnicity and Lung Function: A Brief History." *Canadian journal of respiratory therapy: CJRT = Revue canadienne de la therapie respiratoire: RCTR* vol. 51,4 (2015): 99-101. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631137/#b3-cjrt-51-99>

⁶¹ Hogarth, 14.

receive medical degrees but to open their practices and found hospitals explicitly dedicated to the treatment of Black patients.⁶²

Doctors in Kansas City actively began founding their hospitals to create better opportunities and provide a safe space for their target demographic to receive care. They achieved both goals, but they also became a part of the national movement to restructure medical care. Sociologist and historian Paul Starr claimed that "The reconstitution of the hospital involved its redefinition as an institution of medical science rather than of social welfare, its reorganization on the lines of a business rather than a charity, and its reorientation to professionals and their patients rather than to patrons and the poor."⁶³ Indeed, during the early twentieth century, the Black professionals in Kansas City actively claimed that they sought to create professional opportunities for themselves and other African American professionals, including nurses and administrative workers. Not only did these doctors have the foresight to understand their place in the future of the profession should they not create their own opportunities, but they were the very ones influencing the shift in society related to how health care professionals operated. Physicians in Kansas City reshaped the hospital as a social institution. They focused not only on the care of patients of all economic backgrounds but also on the training of future medical professionals. They contributed to the national restructuring of medicine and were at the forefront of the Black Hospital Movement of the 1920s.

⁶² For more on Samuel Cartwright, consult David R. Roediger and Elizabeth D. Esch, *The Production of Difference: Race and the Management of Labor in U.S. History* (New York: Oxford University Press, 2012); Christopher D. E. Willoughby, "Running Away from Drapetomania: Samuel A. Cartwright, Medicine, and Race in the Antebellum South," *The Journal of Southern History* 84, no. 3 (2018): 579–614, <https://doi.org/10.1353/soh.2018.0164>.

⁶³ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 2017), 147-148.

The future of a career in medicine for Black Americans during this time had a meager outlook. In 1900, there were ten schools African Americans could attend to obtain a medical degree; by 1923, there were two⁶⁴.

Table 2. Black Medical Colleges, 1868 – 1923

Name	City	Year Opened	Year Discontinued
Howard University Medical Dept.	Washington, DC	1868	-
Lincoln University Medical Dept.	Oxford, PA	1870	1874
Straight University Medical Dept.	New Orleans	1873	1874
Meharry Medical College	Nashville	1876	-
Leonard Medical School of Shaw Univ.	Raleigh	1882	1918
Louisville National Medical College	Louisville	1888	1912
Flint Medical College of New Orleans Univ.	New Orleans	1889	1911
Hannibal Medical College	Memphis	1889	1896
Knoxville College Medical Dept.	Knoxville	1895	1900
Chattanooga National Medical College	Chattanooga	1899	1904
State University Medical Department	Louisville	1899	1903
Knoxville Medical College	Knoxville	1900	1910
University of West Tennessee College of Medicine and Surgery	Jackson/Memphis	1900/1907	1907/1923
Medico-Chirurgical and Theological College of Christ's Institution	Baltimore	1900	1908

⁶⁴ Todd Savitt, "Abraham Flexner and the Black Medical Schools. 1992.," *Journal of the National Medical Association* 98, no. 9 (September 2006), 1416, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569717/pdf/jnma00196-0017.pdf>

Meharry Medical College and Howard University Medical Department were the only two Black schools to survive progressive era movements to standardize health care.⁶⁵ Although many schools suffered from poor funding and inadequate facilities, the remainder of them closed after the Carnegie Foundation published the Flexner Report in 1910. The Flexner Report was a book-length publication written by Abraham Flexner. The goal of the Flexner Report was to standardize medical education in the United States. One-third of all medical schools in the United States closed following the Flexner Report, but Black schools were disproportionately affected because they did not have the resources to remain open. However, the Flexner Report was not the first time Black medical schools were threatened. Beginning in 1904, the American Medical Association's (A.M.A.) Council on Medical Education began evaluating medical schools around the country to encourage growth and make positive changes to the curriculum. The medical field was rapidly advancing, and medical schools needed to restructure their programs to keep up. The A.M.A.'s suggested changes included more challenging entrance and graduation requirements and improving hospital and laboratory facilities.⁶⁶ Black medical schools worked to meet these proposed changes, but many could not keep up with the new standards with limited funding.

Out of the ten Black medical schools in the nation, two survived the post-Flexner era, but Black schools were not the only schools affected by the report. When the report was published, there were 148 medical schools in the United States, 141 of them serving the white

⁶⁵ For more on the history of professionalization, see Robert H. Wiebe, *The Search for Order, 1877-1920* (New York: Hill and Wang, 1967).

⁶⁶ Savitt, 1416.

population.⁶⁷ By 1925, 64 of the white schools remained open.⁶⁸ Though the Carnegie Foundation hired Flexner to write this report, the American Medical Association (A.M.A.) secretly funded his study; some argue to keep new physicians out of the profession.⁶⁹ In his report, Flexner maintained that there were three central tenets medical schools should adhere to become or remain a reputable institution, which includes the following: (1) Medical schools should maintain proper equipment and a relationship with a teaching hospital (2) The qualifications for incoming students should be top rate (3) the school should maintain a commitment to original research.⁷⁰ These standards disproportionately affected Black schools for numerous reasons. Many incoming students did not receive a high-quality, high school education, so their qualifications appeared sub-par compared to white students in the same cohort. Additionally, many incoming Black students could not afford high tuition rates, so Black schools charged less, which inevitably led to sub-standard classroom equipment. Flexner's suggested requirements proved too heavy a burden to bear and resulted in the shuttering of the majority of Black medical schools.

The Flexner Report came when Black medical schools had, for years, felt pressure from the A.M.A. to improve medical education at their institutions. The Flexner Report was the first time that specific schools were publicly denounced for lacking adequate resources. Todd Savitt

⁶⁷ Lynn E. Miller and Richard M. Weiss, "Revisiting Black Medical School Extinctions in the Flexner Era," *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012): 219. www.jstor.org/stable/24632042.

⁶⁸ Ibid, 219.

⁶⁹ Jessie Wright-Mendoza, "The 1910 Report That Disadvantaged Minority Doctors," *JSTOR Daily*, May 3, 2019, <https://daily.jstor.org/the-1910-report-that-unintentionally-disadvantaged-minority-doctors/>.

⁷⁰ Howard Markel, "Abraham Flexner and His Remarkable Report on Medical Education: A Century Later," *JAMA* 303, no. 9 (March 3, 2010): 888–90, <https://doi.org/10.1001/jama.2010.225>.

wrote that previously, when the A.M.A. made reports on particular schools, they would send these reports to the schools and the state licensure board examinations in an attempt to elicit change, allowing the schools to correct persistent issues without public vilification.⁷¹ The actions of the A.M.A. and state licensing boards, along with inadequate pre-medical school education, paired with the Flexner Report, proved to be fatal for Black medical schools.⁷² Once the Carnegie Foundation for the Advancement of Teaching published the report, the results were disastrous and long-lasting. The report named specific schools that prospective medical students should avoid; it also stated that only two schools that served the Black population were worthy of rehabilitation.⁷³ By 1923, these two schools, Howard University Medical Department and Meharry Medical College were the only surviving institutions African Americans could attend to receive a medical degree; the implications abound. Not only did this prevent African Americans from entering the medical profession, but the Flexner Report also contributed to lasting economic disparities as a result of the condemnation of these schools. And though many Black schools closed before the Flexner Report due to other changes occurring in medical education at

⁷¹ Savitt, 1416.

⁷² Nearly 100 years later, the AMA would accept responsibility for “reinforcing segregated and unequal medical education for blacks and for failing to advocate for the training of more rather than fewer, doctors to serve minority communities.” They issued an apology, citing the Flexner Report as one of the main causes of the curtailing of Black physicians’ careers during this period. The other cause they noted was the AMAs 1870 refusal to accept an integrated delegation from Washington, D.C., which resulted in the creation of the African American National Medical Association and, subsequently, reinforced professional segregation. Lynn E. Miller, and Richard M. Weiss, "Revisiting Black Medical School Extinctions in the Flexner Era." *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012): 217-43. www.jstor.org/stable/24632042.

⁷³ Abraham Flexner, “Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching,” *The Carnegie Foundation for the Advancement of Teaching*, 1910.

the time, it was the final straw in a series of changes that adversely affected Black medical professionals.

The Flexner Report prevented African Americans from gaining access to the professional class as very few Black medical students could find colleges that would accept them during an era of ongoing Jim Crow law. If they were able to graduate from medical school, many were unlikely to obtain an internship required to begin their practice. In the 1920s, there were around 150 to 200 African Americans graduating from medical school, yet the number of required residencies available to them was around 40 or 50.⁷⁴ Additionally, the number of practicing doctors was disproportionate to the number of patients they were expected to treat. In 1927, a Virginian doctor claimed only "170 Negro physicians for a colored population of more than 600,000."⁷⁵ He claimed that if one doctor could adequately serve around 2000 patients, Virginia needed at minimum 1800 more Black doctors. Physicians of all races agreed with these claims. In August 1929, Dr. H.M. Green, president of the National Medical Association, wrote that "the Negro is abominably under-hospitalized and exceedingly poorly hospitalized."⁷⁶ Dr. Green also commented on the status of internships for recent Black medical graduates, and advocated for "...more and better hospitals competent to instruct internes [sic] and nurses; the opening up of more hospitals to negro physicians and surgeons, and a school where hospital executives may be trained."⁷⁷ Two years earlier, Dr. Green stated that without financial and advisory assistance

⁷⁴ "Negro Hospitals Are Facing A Crisis," *Pittsburgh Courier*, Pittsburgh, Pa., September 17, 1927.

⁷⁵ "The Richmond Hospital Project," *New Journal and Guide* Norfolk, Va., November 19, 1927.

⁷⁶ "National Medical Association and Allied Organizations in Session: Dr. H. M. Green of Hospital Association Says Hospital Facilities for Negro Are Grossly Inadequate for Needs," *The New York Amsterdam News* New York, N.Y., Aug. 28, 1929.

⁷⁷ *Ibid.*

from the "white race," the task of erecting new hospitals was a burden too heavy for the African Americans to bear alone.⁷⁸ The issues that plagued African Americans in Virginia undoubtedly affected Black people all over the United States, and the hardships challenging Black medical students were a national problem. While these issues prevented Black doctors from practicing their trade, they also negatively impacted the health of the Black population, as many African Americans avoided treatment for preventable illnesses due to fear of mistreatment by white doctors.

Their fears were not unfounded. Though what is now known as the Black Hospital Movement officially began in the 1920s, the rise of Black hospitals around the country did little to change the health outcomes of African Americans. Following World War One, the United States had to answer the question regarding what to do with returning veterans. Not only did they need jobs, but they also desperately needed health care. The government created centers dedicated to the care of returning veterans, but these centers primarily did not treat Black soldiers. Eventually, the federal government agreed to help establish the Tuskegee Veterans Hospital in 1923 at Tuskegee University, which was dedicated to the care of returning Black veterans. Many small Black hospitals opened in the years following Tuskegee, despite public disapproval regarding the creation of segregated hospitals. Prominent figures, community organizations, and medical associations believed advocating for segregated hospitals set the precedent for segregation. Opponents understood that segregation did not mean that the facilities for African Americans were equal; it often meant that most of the money and resources were allocated to facilities that treated white patients. One of the more devastating outcomes of the

⁷⁸ "Negro Hospitals Are Facing a Crisis," *Pittsburgh Courier*, Pittsburgh, Pa., September 17, 1927.

creation of separate health care facilities is the number of African Americans who died in rural areas due to the lack of timely treatment. Hospitals close to the location where they were injured or ill would not treat them because there were facilities a few hours away. These rural hospitals often did not have wards dedicated to the treatment of African Americans or did not have doctors willing to treat Black patients. The creation of dedicated medical facilities gave rural hospitals a ready excuse not to treat Black patients. As a result, many African Americans died from causes that they otherwise would have survived had they received prompt treatment.⁷⁹

Despite the advocacy of Dr. Green and the National Medical Association, access to adequate medical facilities remained inadequate, and the death rates of African Americans compared to whites were astronomical, being 62% above that of whites.⁸⁰ A public health broadcast prepared by the United States Public Health Service the following year claimed that the death rate of African Americans was one and two thirds that of whites.⁸¹ Additionally, an annual publication issued by the United States Public Health Service during the Eleventh Annual

⁷⁹ “Segregated Medical Care in the South as Factor in Automobile Accident Death of Juliette Derricotte”. *American Medical Association, Commission on Interracial Cooperation*. From Library of Congress, 1-30, *NAACP Papers: Special Subjects*, <https://congressional.proquest.com/histvault?q=001421-020-0858&accountid=14556>; “Segregated Medical Care in the South as Factor in Automobile Accident Deaths of Juliette Derricotte and Nina Johnson”. *American Medical Association, Commission on Interracial Cooperation*. From Library of Congress, 1-69, *NAACP Papers: Special Subjects*, <https://congressional.proquest.com/histvault?q=001421-020-0788&accountid=14556>; J.A. Rogers, “Man Shot By White Bandits Goes 40 Miles For Treatment: Another Instance of the Way the South Treats Her Thrifty Colored Citizens; Owner of Barbershop Refused Treatment [sic] at Local Hospital Dies from Loss of Blood Caused By Long Ride,” *Philadelphia Tribune*, May 1, 1926.

⁸⁰ “Race Doctors Need So-Called ‘Negro’ Hospitals: Edwin Embree, Head Of Rosenwald Fund, Gives Reply To Criticism Not Advocating Segregated Hospitalization For Negroes, He Says--Claims Our Physicians Need Own Hospitals,” *The Pittsburgh Courier* (1911-1950), City Edition; Pittsburgh, Pa., January 3, 1931.

⁸¹ United States Public Health Service. *Health Problem of American Negro* (T27.35-406) Available from: Proquest Congressional.

Observance of National Negro Health Week claimed that the infant mortality rate among African Americans was 96 out of 1000 compared to 69 per thousand for whites.⁸² Issues that plagued the Black population in the mid-nineteenth century persisted throughout the twentieth. The same profession that used Black bodies to advance simultaneously excluded them from benefitting from modernized medical care.

⁸² “National Negro Health Week: 11th Annual Observance.” *United States Public Health Service*, January 01, 1925, 1, <https://congressional-proquest-com.www2.lib.ku.edu/congressional/docview/t66.d71.t27.2-25.3?accountid=14556>.

Chapter 2: Early Black Medical Activism: Kansas City

“If I went West, I think I would go to Kansas.”

-Abraham Lincoln

“Our people (refugees) here number from 700-800, principally Texans, poor, simple, field hands, the poorest of the exodites... no money, large families, and devout Christians, about nine-tenths of them requiring aid. Fifty sick. Coughs, pneumonia, ague, are the common sickness. What we need most is medicine for the sick and help for the aged widows, then warm bedding and clothing.”⁸³ On December 23, 1880, in a flyer for the Southern Refugee Relief Association in Chicago, W.S. Newlon described the conditions of newly arrived immigrants from the South in a plea for assistance on behalf of the refugees. Unequipped for the large numbers of immigrants relocating from the area, relief organizations in Kansas appealed for help. Donations arrived from across the world, but the lack of adequate medical care for the Black population persisted. Though the pinnacle of the Exoduster movement occurred in 1879, Blacks began immigrating to Kansas in the 1860s. The Kansas Territory Census lists 343 Blacks in Kansas in 1855, and number jumped to a staggering 17,108 in 1870.⁸⁴ The influx of immigrants strained the meager available resources and caused immense suffering among the Black population. Around this same period, newly graduated Black physicians from universities including Meharry Medical College, Howard University Medical School, and the Post-Graduate Medical School of Chicago, searched for populations in need of medical care. For several

⁸³ Horatio Nelson Rust, “An Appeal for Help in Behalf of the Colored Refugees in Kansas,” *Southern Refugee Relief Association*, January 22, 1881, <https://www.kansasmemory.org/item/210537>

⁸⁴ “Exodusters,” *Kansas Historical Society*, October 2019, <https://www.kshs.org/kansapedia/exodusters/17162#:~:text=By%201880%20the%20number%20of,from%20Egypt%20during%20Biblical%20times.>

reasons, many of these new doctors settled in the Greater Kansas City Area, which was sorely in need of their expertise. The Black communities in the Kansas Cities welcomed and supported their arrival.

Medical journals encouraged physicians to migrate west as early as 1854,⁸⁵ but the migration of African Americans from the South provided additional impetus for the physicians that followed. There were 909 Black physicians in the country in 1890, which illuminated the need for qualified Black doctors. Quite often, Black patients could not receive services at hospitals that served white patients, and even if they could, were weary of the service they would receive from white physicians. In her work, Deidre Cooper Owens outlines myriad reasons why Black patients were dissatisfied with medical care from white physicians, which includes widely acknowledged discrimination and mistreatment. To advance their knowledge of the field, white doctors had forced medical experimentation on Black bodies with little regard to whether they lived or died, further dissuading Black patients from seeking out their medical assistance.⁸⁶ Black physicians were similarly barred from practicing in most general hospitals and treating white patients.

Many Black doctors grew up in households where community, racial uplift, and activism were emphasized. Their fierce desire to uplift their communities, coupled with their communities' support of them, led to a micro-black hospital movement in Kansas City. Together, these factors contributed to the influx of newly graduated Black physicians to the Kansas City

⁸⁵ J.V.C. Smith, M.D., and Geo. S. Jones, M.D., "Schools of Medicine and Medical Practitioners," *The Boston Medical and Surgical Journal*, Vol. L, (1854): 443.

⁸⁶ Deidre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA: University of Georgia Press, 2017), 32.

area in the late nineteenth and early twentieth centuries.⁸⁷ To better understand the experience of Black medical practitioners during this time, this chapter explains the exodus of Black southerners into Kansas and tells the stories of three doctor emigres who arrived in Kansas City during this same era. Dr. S.H. Thompson was one of the first, migrating to the area immediately following his graduation from medical school in 1892. Dr. Thomas Unthank arrived in 1898, and Dr. John Perry arrived shortly after in 1903. It is through their lives and careers, as well as the nurses and women's organizations who served as medical advocates for their communities, that we can gain a more thorough understanding of the commencement of the national Black hospital movement in the United States.

Into Kansas

As Nell Painter opines in *Exodusters: Black Migration to Kansas after Reconstruction*, Kansas was not only a wayward point on the move north or west, but a destination location for African Americans moving out of the South during the late nineteenth century. Blacks sought to escape the political repression and Ku Klux Klan terrorism in the South, and churches, labor unions, and other organizations sent representatives to Kansas to examine the climate and report back their findings. In 1871, the State Labor Union of Alabama sent George F. Marlow to Kansas to personally assess the location. In his report, he noted a pleasant climate and short winters as well as plentiful harvests.⁸⁸ He also noted the availability of accessible land, stating,

⁸⁷ For more on racial uplift, see Jacqueline M. Moore, *Booker T. Washington, W.E.B. Du Bois, and the Struggle for Racial Uplift*, (Wilmington, Delaware: Rowman & Littlefield Publishers,) 2003, and Kevin Kelly Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century*, (Chapel Hill: University of North Carolina Press, 1996.)

⁸⁸ "Report of the Minority, in Report and Testimony of the Select Committee to Investigate the Causes of the Removal of the Negroes from the Southern States to the Northern States, in Three Parts - X - Kansas Memory." Page XII, *Kansas Historical Society*, <https://www.kansasmemory.org/item/210633/page/4>.

“It is within the reach of every man, no matter how poor, to have a home in Kansas. The best lands are to be had at from \$2 to \$10 an acre, on time... You can get good land in some places for \$1.25 an acre.”⁸⁹ Promises of land and political freedom lured Blacks from Kentucky and Tennessee to places such as Kansas City, Nicodemus, or Pap Singleton’s colonies in southeast Kansas.

Pap Singleton was born into slavery in Tennessee in 1809. He escaped in 1846 and arrived in Ontario Canada before settling in Detroit. Following the Civil War, Singleton moved back to Tennessee where he became known as a community activist. He is known as a pioneer of the Exoduster movement.⁹⁰ Pap Singleton began work to move Blacks out of the South and into Kansas as early as 1869, spending a total of \$600 on circulars which he distributed widely across the Southern states.⁹¹ In his pamphlets, he extolled assurances of “large tracts of land, homes, and firesides, undisturbed by any one” in “sunny Kansas.”⁹² Upon receiving the

⁸⁹ Ibid, XIII.

⁹⁰ “Benjamin ‘Pap’ Singleton - Kansapedia” *Kansas Historical Society*, <https://www.kshs.org/kansapedia/benjamin-pap-singleton/12205> June 2017; “Benjamin ‘Pap’ Singleton, circa 1870s, Box: 1, Folder: 2. Doris Kerr Larkins papers, RH MS 895. University of Kansas. Kenneth Spencer Research Library.

⁹¹ “Report of the Minority, in Report and Testimony of the Select Committee to Investigate the Causes of the Removal of the Negroes from the Southern States to the Northern States, in Three Parts - X - Kansas Memory.” Page XIII, Kansas Historical Society, <https://www.kansasmemory.org/item/210633/page/5>.

⁹² “Benjamin ‘Pap’ Singleton - Kansapedia” *Kansas Historical Society*, <https://www.kshs.org/kansapedia/benjamin-pap-singleton/12205> June 2017; “Benjamin ‘Pap’ Singleton, ‘Benjamin ‘Pap’ Singleton Scrapbook - Peace and Harmony Circular,” *Kansas Historical Society*, <https://www.kansasmemory.org/item/211642>.

circulars, African Americans packed up their belongings and headed west in hopes of land, prosperity, and an escape from the recovering, yet still damaged

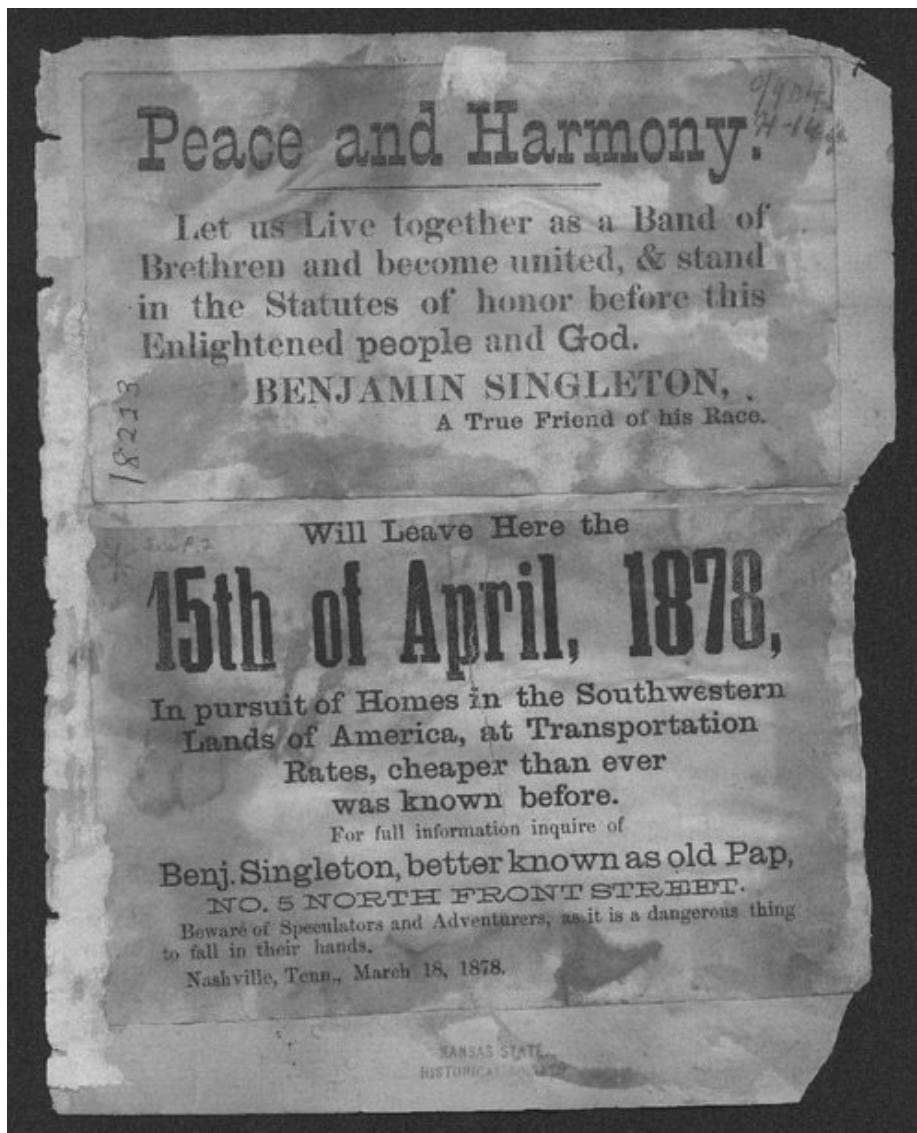


Figure 1: *Source:* “Benjamin ‘Pap’ Singleton, “Benjamin ‘Pap’ Singleton Scrapbook - Peace and Harmony Circular,” *Kansas Historical Society*, <https://www.kansasmemory.org/item/211642>. This photograph depicts a circular produced and distributed by Benjamin “Pap” Singleton to Blacks in the South during the 1870s and 1880s.

southern states. The first wave of African American immigrants from the South brought nearly 300 to Kansas from 1877 to 1879, eventually settling in Wyandotte, Topeka, and Emporia. Between 1879 and 1880, twenty thousand Blacks relocated to the area in the second wave,

considerably stretching the new state's resources. Singleton summed up his pride in his efforts to move Blacks out of the South, stating that the 7,432 people he moved to two colonies in Kansas were "happy and doing well."⁹³ Despite his claims, Kansas Governor, John St. John established the Kansas Freedman's Relief Association (K.F.R.A.) in 1879 in response to the influx of immigrants from the South. The K.F.R.A. assisted Black migrants in locating housing and jobs but was forced to rely upon private donations once state and federal support ceased following anti-Black sentiment in the state.⁹⁴ The Kansas Freedman's Relief Association assisted Black refugees fleeing the South, but lack of funding prevented the organization from assisting many of the emigrants that arrived in 1879 and 1880. Anti-emigrant sentiment in Kansas and Missouri caused federal and state aide to cease. The organization relied upon private donations to aide incoming refugees.

While Pap Singleton's colony near Dunlap, Kansas, experienced relative comfort, other refugees across Eastern Kansas were not as lucky. Governor St. John wrote letters detailing the plight of Black refugees from the South. In one such missive to Reverend Henry Smith, St. John explains that many emigrants relocated to Kansas with few resources and the belief that

⁹³ "Report of the Minority, in Report and Testimony of the Select Committee to Investigate the Causes of the Removal of the Negroes from the Southern States to the Northern States, in Three Parts - X - Kansas Memory." Page XIII, Kansas Historical Society, <https://www.kansasmemory.org/item/210633/page/5>.

⁹⁴ Nell Irvin Painter, *Exodusters Black Migration to Kansas After Reconstruction*, (New York: W. W. Norton & Company, 1992) 231-232; Steven Hahn, *A Nation under Our Feet: Black Political Struggles in the Rural South, from Slavery to the Great Migration* (Cambridge, Mass.: Belknap Press of Harvard University Press, 2003); David J. Peavler, "Creating the Color Line and Confronting Jim Crow: Civil Rights in Middle America: 1850-1900", (PhD diss., University of Kansas, 2008).

Kansas would be able to aid them in finding homes and work.⁹⁵ He cautioned Smith that the benefits of emigration to Kansas were exaggerated, a notion that he echoed in a letter to prospective emigrant, Roseline Cunningham. Cunningham wrote to St. John on June 18, 1879, requesting financial assistance for emigration to Kansas. In his response, St. John informs Cunningham that “40 acres and a mule”⁹⁶ is an exaggerated tale, and that Kansas does not cover travel costs associated with emigration to the state.⁹⁷ St. John advised Cunningham against moving to Kansas without financial resources.

In response to the influx of people into northeast Kansas, the K.R.F.A. built barracks in Topeka for temporary housing, as well as assisting the recent transplants in securing jobs and permanent residences. In a letter to the secretary of the Southern Refugee Relief Association Horatio N. Rust, Governor St. John wrote that the barracks accommodated around 200 emigrants in need of shelter during the winter.⁹⁸ During a meeting in Chicago days earlier, however, John A. Owen revealed that over 700 refugees were staying at the barracks and needed “immediate relief.”⁹⁹ Horatio Rust called the meeting to assess the possibility of creating a relief

⁹⁵ John Pierce St. John, “Governor John Pierce St. John to Rev. Henry Smith,” May 13, 1879, *Kansas Historical Society*, <https://www.kshs.org/km/items/view/210548>.

⁹⁶ The idea to distribute “40 acres and a mule” to newly freed slaves came from a group of 20 Black Baptist and Methodist ministers who suggested the idea to General William T. Sherman on January 12, 1865. General Sherman issued Special Field Order No. 15 four days later. Forty acres of land was redistributed to 400,000 newly free Black Americans – General Sherman later ordered that the army could “lend” mules to the new settlers, which is where the phrase “40 acres and a mule” originated. Henry Louis Gates, Jr., “The Truth Behind ‘40 Acres and a Mule,’” *PBS*, <https://www.pbs.org/wnet/african-americans-many-rivers-to-cross/history/the-truth-behind-40-acres-and-a-mule/>

⁹⁷ John P. St. John, “Governor John P. St. John to Roseline Cunningham,” June 24, 1879, *Kansas Historical Society*, <https://www.kshs.org/km/items/view/210547>.

⁹⁸ John P. St. John, “Governor John P. St. John to Horatio N. Rust,” January 16, 1880, *Kansas Historical Society*, <https://www.kshs.org/km/items/view/210538>.

⁹⁹ “The Colored Exodus: Suffering Negroes in Barracks at Topeka, Kas.--Movement for Their Relief. Almost a Starving Condition. Emigrating from the South,” January 13, 1880,

organization for African American emigrants in Kansas. Owen also stated that in a letter he received from Mrs. Elizabeth L. Comstock, a K.F.R.A. agent, there were an estimated 15,000 emigrants in Kansas at the time, with 25 to 50 arriving daily. He noted that only a fifth of the incoming emigrants could afford to buy land, and the rest arrived in “a starving condition.”¹⁰⁰ Attendees additionally considered the condition of emigrants arriving from the South, their immediate needs, and their motivations for fleeing. A woman referred to as Mrs. Titus traveled to Kansas the previous December and relayed her observations to those gathered. In Titus’s estimation, there was an immediate need for lumber for building additional barracks. Further, clothing was an essential necessity, as many emigrants arrived in Kansas in “rags.”¹⁰¹ During her time in Kansas, she collected personal statements from the refugees, and claimed that, “...they all told her the same story. They left because they could not possibly live any longer in the South; that they would rather freeze and starve in Kansas than stand the pistols and the bowie-knives of the South.”¹⁰² Meeting attendees also discussed the prospect of building a hospital near the barracks to address the needs of the infirm. Before the meeting adjourned, they had declared a motion to form a provisional committee of thirteen, to organize a public meeting to raise funds and supplies. The K.R.F.A. relied upon organizations such as these to provide relief to the thousands of emigrants arriving in Kansas each month.

Chicago Daily Tribune.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² “The Colored Exodus.: Suffering Negroes in Barracks at Topeka, Kas.--Movement for Their Relief. Almost a Starving Condition. Emigrating from the South,” *Chicago Daily Tribune.*

This influx of Southern refugees clearly strained resources in Kansas, contributing to the need for additional physicians in the Greater Kansas City area. From 1880 to 1900, the population of Wyandotte County, KS, more than tripled, growing from 19,143 to 73,227.¹⁰³ However, the number of registered physicians in Wyandotte County during that time was 214.¹⁰⁴ A directory from the era lists two homeopathic physicians in Wyandotte in 1886, though newspaper articles from the time allude to more.¹⁰⁵ Though the United States saw a rise in the practice of homeopathy during the 1860s, and was a practice favored by patients due to the doctor patient relationship it encouraged, by the 1870s, the medical profession began to oust homeopathic doctors from its ranks, citing violation of professional ethics.¹⁰⁶ Despite its favor among the public, regular physicians outnumbered homeopathic doctors throughout the country during the late nineteenth century, representing around 80% of the profession.¹⁰⁷ Thus, each

¹⁰³ “Historical Census Data - Metro Dataline,” <https://www.marc.org/Data-Economy/Metrodataline/Population/Historical-Census-Data>.

¹⁰⁴ “Kansas Physicians and Midwives, 1881-1900 - Kansas Historical Society,” https://www.kshs.org/genealogy/genealogy_physicians/search/surname:/county:WY/submit:SEARCH.

¹⁰⁵ Paul Starr writes that homeopathy was founded by a German physician named Samuel Hahnemann and subsequently delineates their three central doctrines. “They maintained first that diseases could be cured by drugs which produced the same symptoms when given to a healthy person. This was the homeopathic ‘law of similars’ – like cures like. Second, the effects of drugs could be heightened by administering them in minute doses. The more diluted the dose, the greater the ‘dynamic’ effect. And third, nearly all diseases were the result of a suppressed itch, or ‘psora.’ The rationale for homeopathic treatment was that a patient’s natural disease was somehow displaced after taking a homeopathic medicine by a weaker, but similar, artificial disease that the body could more easily overcome.” Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, (New York: Basic Books, 2017), 96-97; H. A. (Henry A.) Mumaw, *Directory of Homoeopathic Physicians in Illinois, Indiana, Iowa, Kansas, Kentucky, Missouri, Nebraska, and Ohio, 1885-6* (Nappanee, Ind. : Published by H.A. Mumaw, 1886), <http://archive.org/details/101182849.nlm.nih.gov>.

¹⁰⁶ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. 2nd edition. (New York: Basic Books, 2017), 96-99.

¹⁰⁷ *Ibid*, 99.

doctor in Wyandotte was then attending to roughly 342 patients. Since house calls and personal visits by physicians were the model of treatment during the time, the doctor-to-patient ratio was inadequate in providing a consistent and satisfactory standard-of-care. This led to a larger discrepancy in the care of minority and low-income populations who had already suffered with insufficient and unequal access to modern, medical care. These figures demonstrate the state of medical care in Kansas but do little to illuminate the expectations of Black medical students in the South. They undoubtedly witnessed, heard, or read about the mass exodus of African Americans from the South in newspapers or the pamphlets circulating throughout their towns.

National newspapers reported the destitute conditions the emigrants found upon their arrival in Kansas and detailed the efforts organizations in cities around the country were taking to help. In the classifieds section of the *New York Times*, placed directly above the obituaries, Benjamin Sherman of President Mechanic's Bank called on New Yorkers to provide contributions to relieve Kansas of the burden refugees placed on the state.¹⁰⁸ Governor Talbot of Boston Massachusetts persuaded meeting attendees to provide relief to immigrants in Kansas, emphasizing that, "Kansas was the foster-child of Massachusetts."¹⁰⁹ Committee members at the meeting expressed outrage at the "spirit of injustice and persecution" that forced African Americans from their homes in the south.¹¹⁰ Members of the National Emigration Society in

¹⁰⁸ "The Colored Refugees.: A Movement Among New-Yorkers to Aid Them in Their Efforts to Settle in Kansas." *New York Times* Feb 19, 1880.

¹⁰⁹"Aid for the Kansas Immigrants: Boston Preparing to Help the Sufferers—Speeches by Governor Talbot and Others an Appeal Made in Philadelphia Kansas to Aid the Sufferers Money Sent from Cleveland." *New - York Tribune*, Apr 25, 1879.

¹¹⁰ Ibid.

Philadelphia appealed to raise funds as well, and citizens of Cleveland raised over \$1,200, which they sent to Governor St. John.¹¹¹ Additional worldwide efforts sought to mitigate the crisis, as well, with philanthropists as far away as England sending donations.¹¹²

In November 1880, L.S. Haviland, secretary of the K.F.R.A., wrote a letter to the editor of the *Chicago Daily Tribune* to communicate facts on the condition of immigrants in Kansas. He stated that more than 19/20 of the 40,000 refugees that arrived in the past two years were self-sustaining, raising corn and cotton with great success.¹¹³ Reports of the end of the exodus, he claimed, were false, as immigrants who arrived during the summer claimed more Southerners planned to follow. In his letter, Haviland pondered the motives of Southern immigrants, suggesting, as many before him had done, that the immigrants fled persecution. He called the convict system, "...a sort of new slavery, practiced in the greater portion of the whilom Slave States. These flagrant wrongs have existed too long without deserved rebuke."¹¹⁴ Incoming immigrants arrived penniless, often without shoes and dressed in tatters. While churches in Detroit had donated hundreds of dollars, secretary Haviland appealed for additional donations of food, clothing, and money to help assist coming immigrants during the winter months. The cold Kansas winters would not only increase the need for more material items, but also add pressure on the few medical practitioners in the area who were already stretched-thin. Despite these conditions, African Americans moved from rural to urban areas in droves during this period. In

¹¹¹ Ibid.

¹¹² Nell Irvin Painter, *Exodusters: Black Migration to Kansas After Reconstruction*, (New York: W. W. Norton & Company, 1992), 231.

¹¹³ "The Refugees: The Colored Refugees in Kansas: The Exodus From the South Still Proceeding." *Chicago Daily Tribune*, Nov 23, 1880.

¹¹⁴ Ibid.

Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870 to 1940, K.

David Hanzlick notes that “This urban concentration in Kansas can be ascribed to General Ewing’s encouragement of freed slaves to settle in Kansas, the availability of employment in the urban areas, and the former slaves’ lack of resources to move elsewhere or to set up independent farming operations. The relative safety of living in a town and opportunities for educational, social, and cultural activities also account for the concentration of African American populations in Kansas cities.”¹¹⁵

The migration of Southern Blacks to the Kansas City metropolitan area placed a strain on the available and meager medical resources, an issue which affected many major northern cities during the early twentieth century.¹¹⁶ Like the Kansas City physicians, prominent African Americans around the country met to address the lack of medical resources and training facilities for Blacks. As noted previously, in 1890, there were only 909 African American physicians in the United States to serve the entire Black population.¹¹⁷ Black physicians were barred from treating white patients. Moreover, in most cases, hospitals did not serve Black patients. African Americans instituted major medical reforms beginning in the 1890s, founding their own medical and teaching establishments. In 1900, however, hospitals were still relatively new and unknown social institutions, and not widely accepted by society at large. Society ultimately viewed

¹¹⁵ K. David Hanzlick, *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870 to 1940* (Columbia, Missouri: University of Missouri Press, 2018), 33.

¹¹⁶ In Philadelphia the high death rate among Black Americans from tuberculosis was the subject of various studies and programs.

¹¹⁷ Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y: Carlson Pub, 1996), 187. The census records for 1890 were largely destroyed in a fire, according to an archives.gov statement. “Most of the 1890 population schedules were badly damaged by a fire in the Commerce Department Building in January 1921.” <https://www.archives.gov/research/census/microfilm-catalog/1790-1890/part-08>

hospitals as institutions for the indigent, and accepting charity was humiliating.¹¹⁸ In his work, Charles E. Rosenberg wrote that, “Only the destitute and friendless would look to a hospital for relief from pain and want. Few entertained a twentieth-century faith in the necessary efficacy of medicine, while surgeries inspired a well-founded horror.”¹¹⁹ Despite widespread public distaste for hospitals, they began emerging in cities throughout the country.

Within a five-year period, from 1890 to 1895, African Americans founded six hospitals or nurse-training schools in the United States. These included Provident Hospital and Training School in Chicago in 1891, founded by Daniel Hale Williams, Booker T. Washington’s nurses’ training school at Tuskegee in 1892, Williams’ Freedmen’s Hospital Nursing School in Washington D.C. in 1894, a nursing program at Provident Hospital in Baltimore the same year, and another at the Frederick Douglass Memorial Hospital and Training School in Philadelphia in 1895.¹²⁰ Black communities’ support of these hospitals indicate that despite societal rejection and suspicion of public hospitals, these communities were desperate for a solution to common medical conditions that often went untreated. Contagious, curable diseases ran rampant through poor communities and spread to the wider populations of major cities. Black Americans suffered from higher rates of morbidity and mortality than whites¹²¹ but in confined spaces the health of

¹¹⁸ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (Baltimore: The Johns Hopkins University Press, 1995), 25.

¹¹⁹ *Ibid*, 25.

¹²⁰ Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y: Carlson Pub, 1996), 188.

¹²¹ This has been the case during the twenty and twenty-first centuries and has been subject of various research studies. J H Richardus and A E Kunst, “Black-white differences in infectious disease mortality in the United States,” *American Journal of Public Health* vol. 91,8 (2001): 1251-3. doi:10.2105/ajph.91.8.1251; Kenneth G. Manton, Clifford H. Patrick, and Katrina W. Johnson. "Health Differentials between Blacks and Whites: Recent Trends in Mortality and Morbidity." *The Milbank Quarterly* 65 (1987): 129-99. doi:10.2307/3349954;

Black Americans affected that of whites as well. Whites who understood that the health of the Black communities affected their own supported the establishment of hospitals, albeit segregated hospitals.

Historical scholarship on African American history during the 1890s until the 1920s primarily focuses on efforts to reduce lynching and other racial violence that escalated during what historians commonly call the "Nadir."¹²² Popular figures, including Mary McLeod Bethune, W.E.B. Du Bois, Booker T. Washington, and William Monroe Trotter, are well represented in scholarship, and their activism surrounding segregation, disenfranchisement, and racial violence is thoroughly documented. Moreover, historical focus on the urban North, the South, and the first great migration largely discounts the role of the Midwest as a destination point during periods of the burgeoning exodus. Recent works from scholars, including Charles E. Coulter and Kevin Fox Gotham, have explored African American life in Kansas City during

Recently, as of 2015 this was still the case – Blacks had higher rates of all-cause mortality in all age groups compared to whites. TJ Cunningham, JB Croft, Y Liu, H Lu, PI Eke, WH Giles, “Vital Signs: Racial Disparities in Age-Specific Mortality Among Blacks or African Americans — United States, 1999–2015,” *MMWR Morb Mortal Wkly Rep* 2017;66:444–456. DOI: <http://dx.doi.org/10.15585/mmwr.mm6617e1External>. Additionally, in 2020-2021, CDC data showed that COVID-19 death rates among Black Americans were higher than whites in every age category. Co-morbidities, geography, and access to health care provide some explanation for the current disparities. Centers for Disease Control and Prevention, “COVID-19 Provisional Counts - Weekly Updates by Select Demographic and Geographic Characteristics,” April 21, 2021. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm. Finally, U.S. Census Bureau life expectancy projections show that whites are expected to live 3-5 years longer than Black Americans on average every year through 2060. U.S. Census Bureau, “Projected Life Expectancy at Birth by Sex, Race, and Hispanic Origin for the United States: 2015 to 2060 (NP2014-T17),” <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t17.xls>

¹²² Historian Rayford Logan coined this term in 1954 in his work Rayford W. Logan, *The Negro In American Life And Thought; The Nadir, 1877-1901*, (Dial Press, 1954.) The Nadir refers to the period immediately following the end of reconstruction where white power politics emerged to disenfranchise and terrorize African Americans. The Nadir lasted well into the early twentieth century and cemented African Americans’ status as second-class citizens.

this period, and Darlene Clark Hine and Vanessa Northington Gamble, have expanded our understanding of how Black communities were actors in the creation of the Black medical profession.¹²³ A 1913 sociological study, *Our Negro Population, a Sociological Study of the Negroes of Kansas City, Missouri* by Asa E. Martin, provides an in-depth review of the life of the 23,566 African Americans in Kansas City, Missouri, at the time but largely concentrates on everyday life with little mention of physicians, medical facilities, or services.¹²⁴ Public institutions together with the Black Archives of Mid-America and the Kansas City Public Library have well documented the role of Black medical facilities in their cities, but an expansive undertaking of the history of Black medicine in the Midwest has yet to be established. My dissertation seeks to add to our understanding of the role African American physicians, nurses, activists, and their communities in the Greater Kansas City Area played in the creation of the Black medical profession during the early twentieth century.

In this chapter, I discuss both Kansas City, Kansas, and Kansas City, Missouri, together. While the physicians involved in the creation of these hospitals moved between the two cities, the lines denoting the separation of the two cities were importantly indefinite, both in terms of geography as well as community. Civic activists did not limit themselves to working for the betterment of their communities based on imperceptible geographical boundaries. As Charles

¹²³ Charles E. Coulter, *Take Up the Black Man's Burden: Kansas City's African American Communities, 1865-1939*, (Columbia: University of Missouri, 2016); Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y.: Carlson Pub, 1996); Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, (Indiana University Press, 1989); Kevin Fox Gotham, *Race, Real Estate, and Uneven Development, Second Edition: The Kansas City Experience, 1900-2010*, (Albany: State University of New York Press, 2014); Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, (New York: Oxford University Press, 1995).

¹²⁴ Asa Earl Martin, *Our Negro Population, a Sociological Study of the Negroes of Kansas City, Missouri*, (Kansas City: Missouri, Franklin Hudson Publishing Company, 1913).

Coulter asserts, "No physical feature separates much of Kansas City, Missouri, from Kansas City, Kansas, or the rest of the Kansas suburbs. The result has been, historically, a blurring of the lines of community. Particularly in the African American community, the boundary between the two Kansas Cities consistently appeared permeable."¹²⁵ Documents relating the activities of Black activists support this assertion. Women's organizations, nurses, philanthropists, and doctors responded to the needs of their communities with little regard for geographical limits. Additionally, Chester H. Fischer documents the hospitalization of Blacks in both Kansas Cities, noting that Blacks in either city received care both in Kansas City, Kansas, and Kansas City, Missouri.¹²⁶ This was partially due to the nature of their work; Black people working at industrial facilities in Kansas City, Missouri, would often be sent to the hospital there following an injury, even when they lived on the Kansas side. The result of this permeability between the two cities was a robust group of community-led activists, that culminated in the 1910s and 1920s.

A discussion of this area illuminates one of the many reasons why Black activism and community building in the area were successful during the first half of the twentieth century. Missouri's status as a former slave state, in conjunction with Kansas' as a free state, created an intangible boundary between both states' status as a part of the Midwestern region. The region of this era illustrates the pressure exerted by Jim Crow in these cities was both a mix of the North and the South though unique in their own right. For example, beginning in 1880, Blacks, whites, and white ethnic minorities lived in integrated neighborhoods in Kansas City, Missouri, and documents from boardinghouses and hotels listed both Black and white occupants as

¹²⁵ Ibid, 19.

¹²⁶ Chester H. Fischer, "Hospital Care for Negroes in Kansas City, Kansas" (Master's Thesis, Ohio State University, 1937), 45.

cohabitants.¹²⁷ Years after the official end of reconstruction, Blacks and whites in Kansas City, Missouri, continued to live amongst one another. Though there were areas with an African American population as high as 90%, as Charles E. Coulter notes, "No one block ... contained nothing but African American families."¹²⁸ Packinghouses, stockyards, and railroads also employed a racially-combined workforce, though some packinghouses limited the types of jobs African Americans could occupy and they were excluded from many railway crafts.¹²⁹ The flexibility of Jim Crow laws in the region created the conditions under which Black citizens could more easily influence the development of their communities. Though they possessed little influence politically due to their low numbers, members of the Black community still practiced their right to vote, influenced school board decisions, founded a Y.M.C.A. for Black citizens, and participated in women's club movements beginning in the 1880s.¹³⁰ Identifying the ways race and racism worked in Kansas City, Kansas, and Kansas City, Missouri, helps illuminate the distinct regional differences between the Midwest, and the South, and the North. My work serves as an example of the specific ways race operated in the Midwest, adopting practices of both the North and the South, both combining and rejecting accepted practices/ideologies, becoming its own, distinct, historically significant region in the history of Black freedom struggles. Historian Clarence Lang argues that "explorations of black social movements north of Dixie allow historians to observe the regional particularities of white supremacy, and black resistance, negotiation, and accommodation – which actually allows us to view the particularity of events in

¹²⁷ Charles E. Coulter, *Take Up the Black Man's Burden: Kansas City's African American Communities, 1865-1939* (Columbia: University of Missouri, 2016), 24-25.

¹²⁸ *Ibid*, 27.

¹²⁹ *Ibid*, 24.

¹³⁰ *Ibid*, 36-37.

both the South and North in bolder relief."¹³¹ As the status of Black communities in the Kansas Cities was permeable, a discussion including the development of the Black medical profession in both of these cities is necessary to help explain the region as distinct from both the North and the South. The Kansas Cities' peculiar geography provides the perfect opportunity to conduct an in-depth historical inquiry of social structures in the Midwest, "...since, as a border state, Missouri embodied many historical characteristics that are frequently associated with both the North and the South."¹³²

The influx of migrants from the South to Kansas City during the late nineteenth and early twentieth centuries intensified the need for physicians and modern health care facilities, particularly for underserved populations. In 1900, African Americans in Kansas City, Missouri, accounted for 10.7% of the population, while in Kansas City, Kansas, they accounted for 12.7% of the city's population.¹³³ Across the nation, tuberculosis and other contagious diseases posed a significant threat to the health of African Americans. As they moved from the South to larger northern cities, they congregated in close quarters, often living multiple families to a home without electricity or running water. Tuberculosis spread rapidly in these communities, a problem which affected Black communities in the two Kansas Cities, as well. Prompted by the rapid spread of contagious diseases and high mortality and morbidity among African Americans,

¹³¹ Clarence Lang, "Locating the Civil Rights Movement: An Essay on the Deep South, Midwest, and Border South in Black Freedom Studies." *Journal of Social History* 47, no. 2, (2013,) 390.

¹³² Jeffrey D. Howison, "'This Is Not a Cotton Picker's Dream': Reapportionment, Conservative Ideology, and the Urban–Rural Divide," *Journal of Urban History* 37, no. 5, (2011,) 684.

¹³³ Cambell Gipson and Kay Jung, *Historical Census Statistics on Population Totals By Race, 1790 to 1990, and By Hispanic Origin, 1970 to 1990, For Large Cities and Other Urban Places In The United States*, "Historical Census Data - Metro Dataline," 56, 71, 2020. <https://www.marc.org/Data-Economy/Metrodataline/Population/Historical-Census-Data>.

Black medical personnel founded their own parallel medical institutions as a means to both professionalize their own and to quell the plight of disease that affected Black communities.

Black doctors, while still finding ways to confront societal inequalities in Kansas, also supported segregated hospitals. Historian David Trowbridge rightly asserts that Black communities in Kansas were not accommodationist, but rather, challenged Jim Crow via boycotts, meetings, and other activism;¹³⁴ while these Black physicians in Kansas City sought to create separate, segregated medical facilities, they did so (partially) as a challenge to medical authorities, who, at the time, sought to ostracize Black physicians from the field. Additionally, in her work on Black hospitals in Cleveland, Ohio, Nishani Frazier writes that “The movement for black hospitals, though in part a response to issues of inequality in the medical field, also reflected the rising tide of pure necessity, black-empowerment and self-help, and black institution building.”¹³⁵ In the Greater Kansas City Area, Black communities continually confronted both de jure and de facto Jim Crow as it related to medical reform and care. The organizational efforts of Black Kansas Citians at the turn of the twentieth century serves as an example of the ways in which Black communities helped blur the creation of the color line in the Midwest. This becomes clearer through an examination of the lives of three doctors, Dr. John Edward Perry, Dr. Thomas Unthank, and Dr. S. H. Thompson, and their communities.

Prominent Figures

¹³⁴ David J. Peavler, "Creating the Color Line and Confronting Jim Crow: Civil Rights in Middle America: 1850–1900," (PhD diss., University of Kansas, 2008).

¹³⁵ Nishani Frazier. 2009. “Hopelessly Separated: The NAACP and Black Nationalism,” *Association for the Study of Afro-American Life and History Conference, 2009*.

In Kansas City, African Americans had meager access to adequate, modern health care, an issue that doctors in the area wanted to remedy. The three Black doctors whose experiences I highlight moved from the South to the greater Kansas City area immediately following their graduation from medical school. A thorough examination of Dr. John Edward Perry's life and medical training illuminates his commitment to his profession and service to his race. In his memoir, Dr. Perry describes his early life growing up on a farm in Texas with his parents, siblings, and maternal grandmother, where he heard stories of his parents' and grandparents' experiences during slavery. Their dedication to improving their economic status through hard work shaped his beliefs throughout his lifetime. In the first chapter of his memoir, Dr. Perry writes of the hardships his mother and grandmother endured during slavery, and the efforts they made to improve their lives post-emancipation. He described how it took 7.5 years making \$8.00 a month for his grandmother to save enough to buy land and build a home. She turned her home into a rental property and, as a "master weaver" used her weaving skills to make a living. Perry describes her as "economic, thrifty, generous, ambitious, and patient."¹³⁶ The women in his life served as positive examples that both laid the foundation for his life of service and influenced him to join the medical profession. Early during his childhood, Dr. Perry recognized the lack of adequate medical care that Black people, especially Black women, could access, as he mentions their maladies, and his desire to help, on numerous occasions throughout his memoir.

Though both of his parents were born into slavery, their experiences varied greatly. His father, Anderson Perry, was born to a wet nurse in Missouri, and was brought up in the "Big House" alongside his "young mistress." He was a "home boy" and attended the needs of the

¹³⁶ John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Lincoln University; Jefferson City, Missouri, 1947), 4.

family. His mother, Luisa White, however, worked on cotton and cane fields in Louisiana where she developed an infection in her knee, which caused a lifelong handicap (Perry called it ankylosis.) Both of his parents were relocated to Texas and shortly thereafter, emancipated. Perry described the difficulties his father faced once emancipated, writing, “Their condition of being unlettered, untutored, and untrained in any of the main features of economy proved an almost insurmountable difficulty for practically all those emancipated. In addition to the unpreparedness for the battles of life, imagine one with freedom, but no experience of making provision for himself, no place of abode, limited clothing, and in many instances not sufficient food for two days’ rations.”¹³⁷ His father worked for his former owners until they could no longer afford to pay him, at which point he was cast out to find employment on his own. Perry wrote that while his father was a “stranger” to manual labor, he quickly learned that it was one of the only ways to survive. He described his father’s work securing oxen, hauling wood, and sharecropping until he had saved enough to buy 100 acres of land.¹³⁸ Their experiences shaped their son’s perspective on the world and future goals for himself.

Dr. Perry’s view of his parents was one of admiration and respect, acknowledging the sacrifices they made for their children. Their commitment to hard work and service to others impressed upon him similar desires from a young age. He often referred to his mother and his adoration for her. Despite her physical disability, she performed all the household chores and worked in the family’s fields. According to Perry, she “would toil until exhausted.”¹³⁹ Both of his parents wanted for their children what they did not possess: an education. Perry wrote that his father often said, “I can’t be anything but I will be satisfied if I can educate my children so

¹³⁷ *Forty Cords*, 5.

¹³⁸ *Forty Cords*, 6.

¹³⁹ *Forty Cords*, 7.

they may help themselves and others.”¹⁴⁰ Similarly, when discussing her dedication to her work, his mother said that her goals included, “...trying to get ahead, possess the type of home I desire, and educate my children.”¹⁴¹

Dr. Perry witnessed his parents’ commitment to their family, but also to their community. The Perry’s and the six other Black families who had bought adjoining land in Texas were all devoted to helping each other succeed. The community uplift Perry witnessed as a child served as his introduction to public service and community organizing. He described a period when, recognizing the lack of educational opportunities for their children, the community hosted public meetings, raised money, and secured land and materials to build a schoolhouse. The schoolhouse also served as a place of worship, a Sunday school, and a community center. His parents unfaltering dedication to their family and community became second nature to the young Perry, who strove to adhere to these values as he advanced through his education.

Two final examples drive home the dedication his parents held towards educating their children, a topic which Perry explained was a common cause for discussion in their home. His parents often worried about the quality of education their children received and worked to provide as best they could. Perry’s mother, Luisa, sold surplus farm products at the market. With her earnings, she hired a laborer to work on the farm so that her children could stay in school. Her actions prevented them from ever missing a day of school, a common problem among farming families in their community. In a quote Dr. Perry seemingly took to heart, Luisa

¹⁴⁰ *Forty Cords*, 11.

¹⁴¹ *Forty Cords*, 7.

said, “If you will work and study hard and earnestly, someday you will be prepared to perform some noble deed and help our race in many fields that are beyond my reach.”¹⁴²

Perry’s father, Anderson, also worked outside of the home to earn extra funds for his children’s growing educational needs. While raising money to send his children to an advanced school in Marshall, Texas, his father would walk four miles to cut “forty cords of wood at fifty cents per cord...”¹⁴³ Dr. Perry grew up witness to his parents sacrifices for his education and dedication to community uplift. Their impassioned devotion to their values, hard work, honesty, frugality, humor, and generosity governed Perry’s actions for the rest of his life and influenced the relationships in which he chose to engage. “Their industrial traits, interpretation of justice, sympathetic attitude, ambition for their children, and humble submission to the Supreme Ruler of the universe, have been to me a guiding star during my pilgrimage along life’s highway. It was not the heights to which they ascended but the depths from which they came. Untutored and unlettered, yet they thirsted for knowledge, a unification of the efforts of the community factors, which are the essence of peace.”¹⁴⁴ Dr. Perry’s parents instilled in him a strong desire to obtain an education paired with the commitment to lifelong community uplift. Following years of preparation, the next step in his journey was medical school.

Dr. Perry attended Meharry Medical College in Nashville, Tennessee, and graduated in 1895, but that would not be the end of his medical education.¹⁴⁵ Following graduation, and at the advice of a friend, he moved to Mexico, Missouri, to begin his practice as a physician.

¹⁴² *Forty Cords*, 19.

¹⁴³ *Forty Cords*, 19. A cord of wood is 18 ft long, 4 ft high, and 4 ft wide.

¹⁴⁴ *Forty Cords*, 21.

¹⁴⁵ For more on Meharry Medical College see James Summerville, *Educating Black Doctors: A History of Meharry Medical College* (University, Alabama: University of Alabama Press, 1983).

Following a couple years of practice in Mexico and later in Columbia, Perry decided that his level of medical expertise was insufficient to practice alone, and resolved to reenter medical school, this time in Chicago.¹⁴⁶ Among the examples Perry provided, he notes a lack of knowledge of gynecology as a major source of discontent, stating, “In common parlance, I was getting by, and also was being highly commended and usually appreciated, but it appeared to me that the work should be more thoroughly done... The greatest problem as heretofore stated was in the subject of gynecology....”¹⁴⁷ This instance is but one of many he mentions throughout his memoir of the medical issues from which Black women suffered that he yearned to be able to treat. At the time, however, gynecology was a relatively new field, and one that, ironically, profited from the abuse of enslaved African American women to further the field. The “Father of American Gynecology,” Dr. James Marion Sims, began his practice in 1844, so at the time of Perry’s schooling, the field would have been less than 50 years old.¹⁴⁸ Nevertheless, his desire to acquire additional knowledge of gynecological complications led him to graduate medical school shortly following his graduation from Meharry Medical College.

¹⁴⁶ For the history of African Americans in Missouri, see Gladys Caines Cogswell, *Stories from the Heart: Missouri's African American Heritage*, (Columbia, Mo.: University of Missouri Press, 2009,) and Gary R. Kremer *Race and Meaning: The African American Experience in Missouri*, (Columbia, Missouri: University of Missouri Press, 2014.)

¹⁴⁷ *Forty Cords*, 185.

¹⁴⁸ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*, (Athens, GA: University of Georgia Press, 2017),1-2. Cooper Owens’ work illuminates how white physicians during the nineteenth century viewed their enslaved patients as disposable, often experimenting on them until they found cures. Their experimentation on Black people contributed to the fear and suspicion Black people had towards physicians during the nineteenth century, suspicions that have persisted throughout the twentieth and twenty first centuries. Perry’s intimate understanding of how enslaved people with medical conditions were treated likely contributed to his desire to become a physician. For more on Dr. Marion Sims, see Dana D. Nelson, *National Manhood: Capitalist Citizenship and the Imagined Fraternity of White Men*, (Durham, NC: Duke University Press, 1998.)

The Post Graduate Medical School in Chicago accepted Dr. Perry, and in 1897, Perry moved to Chicago. He noted immediate resistance to his arrival; the superintendent of the school told him, “Dr. Perry, when we were corresponding with you [sic] we did not know that you were a colored man. We cannot tell you that we will not take you because it would be a violation of the laws of the state, but I can tell you that we would rather not have you, and further, there is not much we can do for you.”¹⁴⁹ Despite this inauspicious beginning, Perry went on to take classes in gynecology, surgery, and bacteriology from Edwin Klebs, a microbiologist famous for his work on infectious diseases.¹⁵⁰ Perry described the distinct differences between the way Edwin Klebs and his classmates treated him. Klebs, he stated, was not prejudiced towards him, and he received great benefit from his unbiased instruction. On the other hand, his classmates ignored his presence at the school, which created a hostile atmosphere. Undeterred, Perry observed surgical procedures performed by Nicholas Senn, then world renowned, and worked closely with Edwin Klebs studying bacteria and infectious diseases. Though his classmates clung to their discriminatory mistreatment of him, Perry gained invaluable knowledge while at the post graduate school in Chicago, especially as it related to gynecology, eye, ears, nose, and throat, bacteriology, nervous diseases, and general surgery.¹⁵¹ His experiences attending medical school for a second time provided him with the skills necessary to provide medical care to the Black population in Kansas City, but also enabled him to educate Black medical students, as well. At a time where Black students were barred from entrance into white medical schools, Perry serves as an exceptional outlier. He gained knowledge, training, and skills from some of the leading

¹⁴⁹ Perry, 194.

¹⁵⁰ "Edwin Klebs (1834-1913) Peripatetic Bacteriologist." *JAMA: The Journal of the American Medical Association* 204, no. 8 (1968), 729-30.

¹⁵¹ Perry, 197.

medical experts in the world, later using this knowledge to import medical expertise to the Black community.

Once graduating from the Post Graduate Medical School and serving in the military during the Spanish War, Perry moved back to Columbia, Missouri, for a short period, before finally settling in Kansas City in 1903, the same year the city suffered a catastrophic flood. Many African Americans were left homeless, and without adequate health care. In 1910, he opened Perry Sanitorium and Training School for nurses. Dr. Perry stated in an interview that one of the major obstacles he faced when beginning his practice was getting prospective Black patients to believe in his abilities as a doctor. He said, "...they were not quite ready to receive one of their own for medical aid."¹⁵² Not only were Black physicians unable to practice in most public hospitals, but they were also forbidden to treat white patients, and faced discrimination and harassment from whites daily.¹⁵³ It is ironic then, that they had to work to gain the trust of the one group of people they actually could treat.

Dr. Perry stated that the idea to create a private Black hospital came to him 13 years before it came to fruition, indicating both how early doctors began efforts to create Black medical institutions, and how forward thinking they were. In Dr. Perry's case, the process of moving through medical school proved to him how difficult practicing medicine would be once he graduated. Not only did he and his cohort receive a sub-par education that lacked the resources in white medical schools, they were also subjected to "...insurmountable difficulties,

¹⁵² Goldie M. Walden, "How Idea Developed Into Great Project: Kansas City Hospital Now One of State's Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles," *The Chicago Defender*, May 13, 1933.

¹⁵³ Charles E. Coulter, *Take up the Black Man's Burden: Kansas City's African American Communities, 1865-1939*, (Columbia: University of Missouri Press, 2006), 209-210.

such as discrimination, discouraging advice, and even insults.”¹⁵⁴ He claimed that after graduating medical school the first time, he was unable to cope with the needs of the patients who sought medical advice from him, at which point he found it necessary to re-enter school for additional training. Dr. Perry’s ideas are in line with the actions of the other doctors who arrived in Kansas City before him, as many of them immediately began efforts to establish Black medical institutions.

In 1898, Dr. Thomas C. Unthank graduated from Howard University Medical School and moved to Kansas City. Dr. Unthank was the son of formerly enslaved parents who were heavily involved in community uplift in Greensboro, North Carolina. His father, Harmon Unthank, was the first newly freed slave to purchase land in what later became known as Warnersville, a subdivision of Greensboro. Yardley Warner, a Quaker from Pennsylvania, bought land in Greensboro to establish an African American community.¹⁵⁵ When Yardley left to establish Black communities in other areas, he left Harmon Unthank in charge. Harmon became the unofficial mayor of Warnersville, opening his home to orphans, and lecturing children on the importance of education. Harmon also served as a director of the People’s Five Cent Savings Bank and, notably, on the all-white school board, and on the all-white board of the First National Bank of Greensboro.¹⁵⁶ His father’s influence, along with his time spent under the direction of Howard University doctors, undoubtedly had a positive effect on

¹⁵⁴ Goldie M. Walden, “How Idea Developed Into Great Project: Kansas City Hospital Now One of State’s Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles,” *The Chicago Defender*, May 13, 1933.

¹⁵⁵ "FRIENDS' FREEDMAN'S ASSOCIATION OF PHILADELPHIA." *Friends' Review; a Religious, Literary and Miscellaneous Journal* (1847-1894) 42, no. 39 (1889), 618.

¹⁵⁶ “Harmon Unthank History,” *News and Record*, February 11, 2004, https://www.greensboro.com/life/harmon-unthank-history/article_764f9888-5a5a-5928-95d7-164347091487.html.

Thomas Unthank and influenced the role he would later play in his adopted community in the Greater Kansas City area. Dr. Unthank co-founded Douglass Hospital in Kansas City, Kansas, in 1898, and later founded the John Lange Hospital in 1903.

Though Unthank's upbringing played a role in his decision-making processes, activists including Booker T. Washington and Daniel Hale Williams, among others, implored Black communities during the late nineteenth and early twentieth centuries to support the development of Black medical institutions and schools for the betterment of their communities.¹⁵⁷ Since these institutions were largely funded by their communities, graduates of the newly established training centers were expected to "give back" by providing service. Like his contemporary Dr. Perry, Dr. Unthank's immediate family dedicated their lives to community activism, uplift, and organizing. Though his educational trajectory did not immediately indicate his career path, he was initially a teacher, what is clear was his intention to live a life of service. His family's influence, combined with societal factors, including migration patterns and calls for medical reform, encouraged Dr. Unthank, and several other Black physicians, to relocate to the Kansas

¹⁵⁷ Dr. Daniel Hale Williams was the first Black cardiologist, performed the first successful open-heart surgery in the United States in 1893, opened the first Black hospital – Provident Hospital and Training School in Chicago in 1891, and was the first Black physician admitted to the American College of Surgeons. Similar to the Black physicians in Kansas City, Dr. Williams served on numerous boards, taught at several Black colleges and training institutions, and worked with civil rights organizations throughout his life. "History – Dr. Daniel Hale Williams," *The Provident Foundation*, <https://provfound.org/index.php/history/history-dr-daniel-hale-williams>, "Who was Dr. Daniel Hale Williams?" *Jackson State University*, <https://www.jsums.edu/gtec/dr-daniel-hale-williams/>; for Booker T. Washington see Marion M. Torchia, "The Tuberculosis Movement and the Race Question, 1890-1950," *Bulletin of the History of Medicine* 49, no. 2 (1975): 152–68; Monroe N. Work, "Booker T. Washington, Pioneer." *The Journal of Social Forces* 3, no. 1 (1924), 310.

City metropolitan area during the early twentieth century to provide their communities with modern and respectful medical care.

Dr. S. H. Thompson's early life was very similar to that of Dr. Unthank. He, too, was born to formerly enslaved parents, Dolly and Jasper, in 1870. The oldest of fifteen children, he was encouraged from a young age to pursue his education. He attended Storer College in Harpers Ferry, West Virginia, and later Howard University, where he graduated with his M.D. in 1892. Thompson moved to the Kansas City area the same year he graduated, and immediately began working as a physician. Within three days of his arrival, the new doctor had opened a practice after locating a suitable office for his practice. Dr. Thompson, along with Dr. Unthank, Dr. H. S. Howell, and a lawyer, I. F. Bradley, co-founded Douglass Hospital, the first hospital dedicated to the care of African Americans in Kansas City, Kansas, in 1898. Located at 312 Washington Boulevard in Kansas City, Kansas, Deborah Dandridge writes that "the building previously housed a white Protestant Hospital. Fully equipped, it provided ten beds for patients on the first floor, and a nurse's quarters on the second floor."¹⁵⁸ Thompson also became the owner of a drug store, organized the Twin City Medical Society in 1900, and was one of the first subscribers to the newly organized Y.M.C.A. in 1898. Like his contemporaries, Drs. Unthank and Perry, Dr. Thompson was heavily involved in his community outside of the medical services he provided. The creation of this parallel community in Kansas City boosted the export of medical knowledge across the states during a period when Black physicians and patients alike were blacklisted from modern medicine. The formation of Black hospitals created the conditions under which both the export of medical knowledge and the national Black hospital movement

¹⁵⁸ Deborah Dandridge, "Kansas City's Douglass Hospital: The First Black Hospital West of the Mississippi River," *Inside Spencer: The KSRL Blog, Kenneth Spencer Research Library*, February 23, 2022, <https://blogs.lib.ku.edu/spencer/>.

could occur. These Black hospitals were paramount in the development of the Black medical profession during the early twentieth century.

The struggles these doctors experienced both before and during medical school gave them the foresight to understand how their future would unfold should they not establish their own hospitals. Black physicians were barred from almost every medical association in the country during this time, forbidden from treating white patients, refused internships at most major hospitals, and labeled incompetent by white physicians all over the country. Once they finished medical school, their job outlook was meager, at best. While many doctors stated that their goal was to create opportunities for Black physicians to practice, Dr. Perry opined that he had three main goals in mind for the creation of a Black medical institution: (1) first class service to the people; (2) the training of men to a higher degree of efficiency in medicine; and (3) preparing young women for the nursing profession. His contributions to the underserved in his city demonstrate his commitment to community uplift. Dr. Perry worked at the hospital for twenty years without compensation, while also serving the larger community, as chair of the board of managers for the Paseo Y.M.C.A, the curator of Lincoln University in Jefferson City, Missouri, and as a board member of the National Hospital Association.

While Black doctors in the area hold much of the acclaim for their activism efforts, these efforts would have been unsuccessful without the support of nurses, women's clubs, and other Black institutions. One could hardly write about Black medicine without mention of Black nurses, who, as historian Darlene Clark Hine writes, "became one of the most highly respected and visible members of the health care team"¹⁵⁹ While the doctors were at the forefront of

¹⁵⁹ Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y: Carlson Pub, 1996), 189.

founding new public institutions, nurses held together the very fabric of the hospital, and women's clubs provided the financial support that kept the hospitals afloat. Fredericka Perry, activist, teacher, and social worker lobbied for expanded medical care and facilities for African Americans in the Greater Kansas City area. Perry was a student of the Rochester Institute of Technology and worked as a teacher and government clerk in Washington, D.C. She moved to Kansas City from the Washington, D.C., in 1906 to accept a teaching position, and married Dr. John Edward Perry in 1912.¹⁶⁰

Fredericka Perry organized the Wheatley Provident Hospital Auxiliary (also known as the Ladies Auxiliary No. 1) in 1907, which was a community organization founded to support the Perry Sanitorium, later known as Wheatley Provident Hospital in 1918.¹⁶¹ The Auxiliary established an annual fashion show, the proceeds of which benefitted the hospital. The fashion show was so successful that it became an annual event and one of the highlights of Kansas City

¹⁶⁰ Eric Gardner, "Perry, Fredericka Douglass Sprague." *African American National Biography*, edited by Ed. Henry Louis Gates Jr, edited by Evelyn Brooks Higginbotham, *Oxford African American Studies Center*, <http://www.oxfordaasc.com.www2.lib.ku.edu/article/opr/t0001/e3489>; "Mrs. Rosabella Douglass Sprague Jones" Undated Article. Fredericka Douglass Sprague Perry Vertical File, Lincoln University Collection; Inman E. Page Library, Jefferson City, Missouri. This source provides details about Fredericka Perry's life despite being named after her sister, Rosabella.

¹⁶¹ A Source from the *Chicago Defender* in 1933 says that she founded the organization in 1918. A source from the same newspaper in 1935 says that she founded it in 1907. Goldie M. Walden, "How Idea Developed Into Great Project: Kansas City Hospital Now One of State's Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles." *Chicago Defender* (Chicago, Ill. May 13, 1933); "Mrs. Fredericka D. Perry Outstanding Civic Worker." *Chicago Defender* (Chicago, Ill. May 4, 1935.)

social life.¹⁶²



Figure 2: *Source*: "Kansas City Stages Fashion Show," *Chicago Defender*; Chicago, Ill., April 24, 1926. This photo depicts models in the ninth annual fashion show held by the Wheatley Provident Auxiliary in 1926.

During the 1920s, Perry continued to host and support the fashion shows and balls. She was assisted by Mrs. Minnie L. Crosthwaite, who served as the president of the Wheatley Provident Auxiliary and was the hospital's social worker for twenty years. The fashion shows

¹⁶² "Mrs. Fredericka D. Perry Outstanding Civic Worker." *Chicago Defender*, May 04, 1935.

raised \$1,200 to \$1,600 annually.¹⁶³ Together, with M.P. Alexander, the Superintendent of Nurses, and Alma Morrison, secretary of the board of control, and the greater Kansas City community, these women and their organizations both raised money to keep the hospital functioning, but also coordinated hospital administrative operations. Their annual fashion show raised much of the money they needed to operate, as they relied mainly upon community support and donations to stay afloat, and was so successful it received national attention. A 1926 article from the *Chicago Defender* called the event the most “...outstanding social event from the season,” where hundreds of social elites crowded the convention hall in anticipation of the seasons latest styles.¹⁶⁴ Claude Barnett also took note of the immense community support Wheatley Provident had, stating, “The entire community has been behind every movement, every one, men, women and children, taking an interest; the subject was on every lip: all seemed to make it a personal obligation and to be anxious to do their bit.”¹⁶⁵ While they faced criticism, the strong community support across racial lines in Kansas City indicates how necessary and wanted these institutions were. Indeed, throughout the country support for Black hospitals increased throughout the 1920s. This support was bolstered by the numerous women’s clubs and organizations that were committed to improving the quality of life for African Americans through voluntary social work.

¹⁶³ Elizabeth Lindsay Davis, "Biography of Mrs. Rosabellae Douglass Sprague Jones." In *Lifting As They Climb*, 373-74. (District of Columbia: National Association of Colored Women, 1933.)

https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cdocument%7C2533470. This biography combines information from the lives of Rosabella and Fredericka Douglass Sprague. Only the first paragraph contains information about Rosabella, the following eight paragraphs contain biographical information about Fredericka.

¹⁶⁴ “Kansas City Stages Fashion Show,” *Chicago Defender*; April 24, 1926.

¹⁶⁵ Claude A. Barnett, “Some Impressions of Greater Kansas City,” *Chicago Defender* January 19, 1918.

Fredericka Perry remained heavily involved in medical activism throughout her life, despite maintaining numerous jobs and founding social welfare organizations. She organized the Wheatley-Provident Hospital Beacon Club,¹⁶⁶ an organization of women who supported the nursing school at Wheatley Provident. This club consisted of a small group of women who raised money to purchase a building to house nurses who worked at the hospital. Though the institution was sponsored by the Chamber of Commerce in 1918, which provided funds for hospital maintenance, Perry's organizations found it necessary to continue their fundraising efforts.¹⁶⁷ The Ladies Auxiliary raised \$5000 to pay off the mortgage of the building, and the Beacon Club raised \$2500 to purchase the nurse's home, while other local organizations supported the hospital by donating furniture.¹⁶⁸ While nurses ran the internal hospital operations, community organizations played a significant role in the hospital's success.¹⁶⁹ Without community organizations and activists, Wheatley Provident would have failed due to a lack of financial support.

Fredericka Perry also opened a home for girls to prevent juvenile delinquency. In addition to continuing work as a substitute teacher, Perry was chairman of the Kansas City Civic Protective Association, supervisor of the Missouri Association of Colored Girls, and national

¹⁶⁶ Goldie M. Walden, "How Idea Developed Into Great Project: Kansas City Hospital Now One of State's Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles," *The Chicago Defender* (Chicago, Ill., May 13, 1933).

¹⁶⁷ Minnie L. Crosthwaite, "Private Sanitarium Becomes An 'A' Grade Hospital: Perry Sanitarium Became Wheatley-Provident Hosp'l Founder-Supt. Asst. Director Business Manager Pres. Of Board Wheatley-Provident Hospital In Kansas City, Missouri Supt. Of Nurses Sec'y Board Social Worker." *Chicago Defender* (Chicago, Ill. December 3, 1938).

¹⁶⁸ *Ibid.*

¹⁶⁹ Shirley Marie McCarther writes about Black nurses at General Hospital 2 in Shirley Marie McCarther, "A Black Who Wore White-A Look Back: Reflections of a Segregated Nursing Education Program at General Hospital No. 2 in Kansas City, Missouri," *American Educational History Journal* 37, no. 1/2 (2010), 291-311.

chairman of the National Association of Colored Girls. She established the Big Sister Association and Big Sisters Home for homeless girls and organized the John Brown Memorial Association while participating in the YWII.¹⁷⁰

In her work as chairman of the Kansas City Civic Association, Perry became frustrated by the refusal of the local NAACP to support the fair trial of an African American man accused of murder. Perry raised funds herself through the Civic Protective Association and saved his life.¹⁷¹ According to her biography, she led "...five different groups in securing funds for legal service all in life saving cases winning each time."¹⁷² Perry also served as the state treasurer, and later, state organizer of the Frederick Douglass Historical and Memorial Association. Fredericka Perry dedicated her life to community uplift, as so many of the women associated with the hospital did. Dr. Perry described her as a devoted mother and wife, who opened her home to anyone in need. In his memoir, he states, "Fredericka was always willing to wait. To wait without complaint was one of her chief assets. She never despaired in any objective sought. If failure greeted her once, she tried and tried again, until success was in her grasp."¹⁷³ Perry was raised under the guidance of her grandfather and namesake, Frederick Douglass, with whom

¹⁷⁰ "Mrs. Fredericka D. Perry Outstanding Civic Worker," *Chicago Defender*, Chicago, Ill., May 4, 1935, sec. Woman and Her Achievements. For more information on Fredericka Douglass Sprague Perry, please see Wilma Peebles-Wilkins, "Fredericka Douglass Sprague Perry and Rosabelle Douglass Sprague Jones," in *Black Women in America: An Historical Encyclopedia*, ed. Darlene Clark Hine (1993); Sharon Harley and Rosalyn Terborg-Penn, *The Afro-American Woman: Struggles and Images*, (Baltimore, MD.: Black Classic Press, 1997), 17-27.

¹⁷¹ "Mrs. Fredericka D. Perry Outstanding Civic Worker." *Chicago Defender* (May 4, 1935.)

¹⁷² Elizabeth Lindsay Davis, "Lifting as they Climb: History of the National Association of Colored Women," *National Association of Colored Women*, (1932) 279.

¹⁷³ *Forty Cords*, 320.

she lived during periods of her life as a child. His influence, along with societal expectations, likely inspired her commitment to community uplift.

In an excellent study of Perry's achievements in social work, Wilma Peebles-Wilkins explains that the life of Fredericka Perry "provides invaluable insight into the role played by black women activists in organizing and caregiving efforts in the black community through voluntary associations."¹⁷⁴ Support of her husband's hospital was one of many of the ways Perry supported her community in Kansas City.¹⁷⁵ She was involved in countless voluntary organizations both locally and nationally, many, of which, relied upon the success of her husband's hospital.¹⁷⁶ The hospital was but one piece of the puzzle connected to the larger community. Peebles-Wilkins writes that Fredericka Perry's life should be "publicized and reclaimed as significant for inclusion in the study of American social welfare."¹⁷⁷ She says that the activities Perry was involved in, "...contributed to the betterment of social conditions for black Americans and created cooperative efforts that stimulated other social welfare services."¹⁷⁸ Most importantly, Peebles-Wilkins states that, "Today, social work students learn a great deal about black women recipients of social welfare services but little about the role of black women

¹⁷⁴ Wilma Peebles-Wilkins, "Fredericka Douglass Sprague Perry and Rosabelle Douglass Sprague Jones," in *Black Women in America: An Historical Encyclopedia*, ed. Darlene Clark Hine (1993), Sharon Harley and Rosalyn Terborg-Penn, *The Afro-American Woman: Struggles and Images*. (Baltimore, MD.: Black Classic Press, 1997), 17-27.

¹⁷⁵ Ibid, 39; "Mrs. Fredericka D. Perry Outstanding Civic Worker," (*Chicago Defender* 1921-1967), May 4, 1935, sec. Woman and Her Achievements. Perry helped found the Civic Protection Agency in response to the local NAACP refusing to take on the case of a Black man in Kansas City accused of murdering a white woman. The man was acquitted of charges and freed.

¹⁷⁶ Clients of Perry's charitable organizations often received medical care at her husband's hospital.

¹⁷⁷ Ibid, 42.

¹⁷⁸ Ibid, 42.

as developers and providers of services.”¹⁷⁹ Black women were often the backbone of Black social institutions during the early twentieth century, and, in this case, often provided the only support these institutions in Kansas City received.

Without the organized efforts of Black professionals in Kansas City, African Americans would not have benefitted from easier access to modern health care during the early twentieth century. While Black doctors were heavily involved in the process, black professionals and institutions created the conditions under which their medical activism could be successful. Many of the organizations involved provided economic support to the Black medical institutions in Kansas City, without which the institutions would have undoubtedly foundered.

Numerous scholars have outlined the contributions of Black women’s organizations to society, and the story of the Kansas City hospitals fits those narratives.¹⁸⁰ Without the work of Fredericka Perry, Minnie L. Crosswaite, M.P. Alexander, and Alma Morrison, and others, physicians at Wheatley Provident would have been unable to pursue their work in the development of the Black medical profession.

This examination of Dr. Perry’s life and motivations not only illuminates his personal commitment but can also offer insight into the lives of the other doctors, nurses, and activists involved in the movement who did not leave behind personal memoirs. Drs. Perry, Thompson, and Unthank, and Fredericka Perry all came from families that experienced and dealt with the effects of slavery. Their strong attentiveness to community uplift hail directly from their

¹⁷⁹ Ibid, 43.

¹⁸⁰ Evelyn Brooks Higginbotham. *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920* (Cambridge, Mass.: Harvard University Press, 1993); Cheryl Gilkes. *"If It Wasn't for the Women--": Black Women's Experience and Womanist Culture in Church and Community* (Maryknoll, N.Y.: Orbis Books, 2001).

upbringing. While Dr. Perry's experiences cannot directly provide for any of the others, it can contribute certain truths behind their desires to engage in a life of public service. Not only did they seek educational opportunities for themselves, but they also worked to the benefit of future students, as well, understanding that the more expertise they gained, the more medical knowledge they could disseminate across the United States.

Dr. Unthank, Dr. Thompson, and Fredericka Perry also served in varying capacities, often without pay, as well. While Dr. Perry clearly indicated his intentions, Thompson, Unthank, and Perry's actions indicate similar goals. While they often served and worked together, their individual actions encouraged the creation of a parallel medical community in Kansas City, which was supported by their communities. A thorough examination of their organizations and hospitals will illuminate how community support helped lead to the creation of both a parallel medical community and a micro-Black hospital movement in Kansas City during the early twentieth century.

Ahead of their Time: The Kansas Cities' Black Hospital Movement

Before the official start of the national Black Hospital Movement (BHM) communities in Kansas City had petitioned the mayor for support of a modernized, fully equipped hospital for the service of Black Americans in the Greater Kansas City area. In 1920, Dr. A. E. Perry served as the head of a delegation requesting support for a new municipal hospital for Blacks, which the mayor at the time, James Cowgill, promised to support.¹⁸¹ Ahead of this petition, organizations and physicians across state lines in the Kansas Cities advocated for modernized health care

¹⁸¹ "Mayor Promises New Hospital: Kansas City Delegation Gets Pledge in Return For Promise To Support Loan." *Afro-American*, October 16, 1920.

facilities for African Americans, often donating their own money and time to the cause. The petition to the mayor came years before Black doctors created the National Hospital Association (NHA) which served as a catalyst that sparked the BHM. The goals of the NHA were to create spaces for Black doctors and nurses to be formally educated and to practice in the profession. These goals aligned with the personal goals Dr. Perry championed throughout his life. The call for the development of separate institutions in Kansas City was not a call for segregation, rather, it provided an opportunity for Black professionals to develop and control their own institutions, create networks, and eventually, integrate into society. These physicians did not want segregation, they wanted to practice their craft without fear of harm or mistreatment. They quickly realized that society's rejection of them as professionals meant that they needed to adapt or find a new profession, something these physicians in Kansas City mentioned during the early 1900s. Separate institutions became the means to an end of segregated medical facilities.

Throughout the 1920s, doctors in the Kansas City area, including Drs. Unthank and Perry, persistently worked to create and improve accessible spaces for Black physicians, nurses, and patients. The creation of these facilities had many positive and negative consequences. Immediately, they provided a space for Black doctors and nurses to practice their profession and gain needed experience without the threat of harm or racial terrorism. Additionally, they provided spaces for Black members of the community to receive medical care. In Kansas City, many hospitals did not serve African Americans, whether by law or behavioral constraints imposed by medical institutions. Even if they did serve Blacks, many in these working-class communities could not afford to pay for medical services. The two Kansas Cities benefitted immediately from the creation of these institutions.

At the same time, prominent organizations, including the NAACP, vocally denounced segregated institutions for numerous reasons. Segregated schools and other public facilities often lacked financial support and basic supplies needed for upkeep. Privately funded Black hospitals and medical facilities in the Kansas City area were no strangers to these common issues. Additionally, the creation of these Black medical facilities in larger cities often had a deleterious effect on Black populations in rural areas. Despite the criticisms and lack of support from prominent national groups and figures, Drs. Perry, Thompson, and Unthank, Fredericka Perry, and others, continued their work in their respective hospitals in the Kansas Cities.

Douglass Hospital

Though historians have largely focused on hospitals in Kansas City, Missouri, Doctors and philanthropists founded the first Black-endowed hospital in Kansas City, Kansas, in 1898. Dr. S.H. Thompson, Dr. T. C. Unthank, and lawyer I. F. Bradley initiated plans for a hospital and training school for nurses with the support of Reverend George W. McNeal.¹⁸² Though the aforementioned each provided \$100 of their own money to purchase a building, the establishment and maintenance of the hospital relied heavily upon the community, including the generosity of private donors and sponsors, money from the state of Kansas, and donations from the First African Methodist Episcopal Church.¹⁸³ The hospital's status as a charitable institution

¹⁸² I.F. Bradley was one of the only African Americans to graduate from the University of Kansas Law School in 1887. He served in varying capacities during his career, including First Assistant County Attorney in Wyandotte, County, charter member of the Niagara Movement, City Justice of the Peace in Kansas City, Kansas, owner and editor of the *Wyandotte Echo* newspaper, and also established a private practice in Kansas City, Kansas. "Biography of I.F. Bradley, Sr.," I. F. Bradley, Sr. Family Collection, Kansas Collection, RH MS P838, Kenneth Spencer Research Library, University of Kansas Libraries.

¹⁸³ Eugene H. Kelly, "Douglass Hospital history," RH MS P214, (*Kenneth Spencer Research Library*, University of Kansas, 1957), 1-5.

entitled it to \$300 per year from the state of Kansas, and though the institution was founded and supported by the Black community, the charter for the hospital indicates service to the community “without regard to race.”¹⁸⁴ The charter for the hospital was filed in 1899 and stated, “The purpose for which this corporation is formed, is the establishment of a Hospital and Training School for Nurses, on a charitable basis, to care for the unfortunate, sick and wounded without regard to Race, Creed, Color or previous condition.”¹⁸⁵ Mention of the training school adjacent to the hospital in the hospital's charter indicates the desire for professionalism of Black nurses. Though Black women were relegated to the occupation of nurse, physicians, administrators, and philanthropists understood that their hospitals would not succeed without the assistance of Black women and thus, created spaces for them in their institutions. Additionally, no nurses’ training schools west of Chicago accepted Black women into their programs, further exasperating the need for professional development opportunities for Black nurses.¹⁸⁶ Though the status of Jim Crow fluctuated in the Kansas Cities, Black physicians and nurses were still prevented from treating white patients or working in most major public institutions during the early twentieth century. White medical organizations' exclusionary practices prohibited access to the entire medical field, a problem which Black physicians sought to remedy. While care of patients remained high on their list of priorities, medical activism in the early 1900s focused on professionalization of Black physicians and nurses as their primary objective. These primary objectives shifted over the course of a twenty-year period, beginning with an intense focus on

¹⁸⁴ Ibid, 2.

¹⁸⁵ Ibid, 1.

¹⁸⁶ Chester H. Fischer, “Hospital Care for Negroes in Kansas City, Kansas” (Master’s Thesis, Ohio State University, 1937), 55.

professionalization, and shifting to care of communities and Black health following the Great War.

The decision to establish hospitals at the turn of the twentieth century to help professionalize Black physicians and nurses was risky for the time. Public hospitals were a relatively new concept in the United States, and the stigma they carried as alms houses carried into the new century. But the lack of opportunity in public hospitals meant that Black medical professionals would either have to create their own opportunities or be forced to find an alternative profession. Further, fear of treatment prevented Black people from accessing medical care in only the most serious cases. Darlene Clark Hine writes, "During slavery, a fatalistic attitude existed among African Americans toward illness."¹⁸⁷ Rather than receive treatment from planters, they preferred to rely upon slave nurses and doctors or homemade remedies. Hine states that this antipathy towards hospitalization continued into the twentieth century.¹⁸⁸ Profound apprehension of medical experimentation and mistreatment contributed to mistrust of the medical profession. From Dr. Thomas Hamilton's torture of enslaved men to examine effects of heatstroke, to Dr. Marion Sims gynecological surgeries on enslaved Black women without the use of anesthesia, and medical schools' proclivity of robbing the graves of Black people, African Americans held valid concerns regarding the ethics of the medical profession at the turn of the twentieth century. Vanessa Northington Gamble writes, "During the early 20th century, African-American medical leaders protested the abuse of Black people by the white-dominated medical profession and used their concerns about experimentation to press for the establishment of Black

¹⁸⁷ Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y: Carlson Pub, 1996), 182.

¹⁸⁸ *Ibid*, 183.

controlled hospitals."¹⁸⁹ Black physicians, with community support, sought to remedy these issues, holistically addressing them by creating separate medical institutions and training schools for African Americans.

Black populations in the Kansas Cities led efforts to support and sustain the advancement of newly established hospitals and the physicians, nurses, and administration who worked in them. Community organizations, women's clubs, doctors' wives, nurses, and churches supported Douglass Hospital in numerous ways, including sponsorships, private donations, fundraisers, and potlucks. In one instance, Gertrude Unthank organized a dinner for packinghouse employees and raised fifty dollars to hire a nurse and buy equipment for the hospital.¹⁹⁰ Though these groups supported the hospital by fundraising, they also worked to sustain the development of the nurses training school by locating housing for nurses who lived off-site and securing finances for supplies. The nurses training school offered a two-year curriculum with two groups of nurses: one group lived on-site, and the other group off-site. Lack of adequate funding prevented the hospital from housing every nursing student they accepted.

In her seminal work, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, Darlene Clark Hine delineates the importance of Black nurses in the establishment of Black hospitals during the early twentieth century. Indeed, without them, these establishments would have failed very early on due to the all-encompassing nature of work these women performed. But, as Hine contends, "Without the institution-building initiative of black leaders and the material and moral support of the black community, the trained black nurse

¹⁸⁹ Vanessa Northington Gamble, "Under the Shadow of Tuskegee: African Americans and Health Care." (*American Journal of Public Health* 87, no. 11 November 1997), 4.

¹⁹⁰ Eugene H. Kelly, "Douglass Hospital history," RH MS P214, (*Kenneth Spencer Research Library*, University of Kansas, 1957), 2.

would not have existed."¹⁹¹ This symbiotic relationship between Black physicians, communities, and nurses existed in the Kansas Cities during the early twentieth century as part of the larger, national movement to establish Black medical facilities. Additionally, it was during this period that, as Shawn Alexander concludes, "...the black community turned inward to try to transform segregation to their own advantage. As the nation adopted an ideology of white supremacy and black inferiority, African Americans countered by asserting racial solidarity, racial pride, and self-reliance."¹⁹² Blacks' establishment of a parallel medical community was born from this national adoption of white supremacist thought, with Black communities at the forefront of the movement. Early twentieth-century Black nurses and physicians were progenitors of the national Black hospital movement, which occurred during the 1920s following the creation of Tuskegee Veterans' Hospital. Their efforts to professionalize Black medicine beginning in the 1890s created the conditions that made it possible for the national movement to occur.

Though Black physicians worked with local white physicians and politicians to garner support for their hospitals, Black nurses' role in the development of the Black medical profession cannot be understated. Black nurses, both nationally and locally, were integral in the development of the medical profession in the early twentieth century. Community support of nurses, especially during the early years of these institutions, created an environment where nurses felt compelled to give back to said communities once they completed their training, and it was expected that they do so. Frances E. Booth graduated from the Douglass Hospital Nurses Training School on July 5, 1906, and the following day was appointed superintendent of the

¹⁹¹ Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950*, (Indiana University Press, 2020), IX.

¹⁹² Shawn Alexander, *W.E.B. Du Bois: An American Intellectual and Activist*, (Lanham, Maryland: Rowman & Littlefield, 2017), 21.

hospital.¹⁹³ Booth worked at the hospital for 50 years, serving as superintendent for the first 12, before retiring in 1956.¹⁹⁴ Another graduate of the training school, Frances E. Kitchen, served for at least 38 years, taking over Frances Booth's position as superintendent in 1920.¹⁹⁵

As Hine argues, the medical profession expected much of Black nurses, both personally and professionally. In the April-June 1909 edition of the *Journal of the National Medical Association*, Dr. N. F. Mossell provided guidance for hiring a superintendent, writing, "First, she needs unlimited enthusiasm for the work with entire confidence in the ability and skill of the physicians in charge; second, a thorough education; third, executive ability; fourth, experience. In addition to these sterner qualities [sic] it is well that she should have a goodly supply of those other God-given virtues that make women fascinating and attractive."¹⁹⁶ He continues, writing that upon securing a superintendent, the "whole department should be under her control. She should arrange the course of lectures, recitations, and examinations."¹⁹⁷ Finally, Dr. Mossell provided a word of caution, stating, "A boisterous, loud-mouth, coarse woman, it matters not what literary attainments may be claimed for her, should not be allowed within speaking distance of a training school for she is an abomination."¹⁹⁸ The medical profession placed a significant

¹⁹³ "Frances E. Booth, R.N., Submits Resignation to Douglass Hospital," (*Kansas City Call*, Kansas City: 1956).

¹⁹⁴ *Ibid.*

¹⁹⁵ *Ibid.*

¹⁹⁶ N. F. Mossell, "The Modern Hospital: Its Construction, Organization and Management," *Journal of the National Medical Association* vol. 1,2 1909, 101. Dr. Nathan Francis Mossell was a graduate of Lincoln University in Pennsylvania, and the Medical School of the University of Pennsylvania. He was the first African American to receive a medical degree from the university. He graduated from medical school in 1882 and later became the first African American physician with membership in the Philadelphia County Medical Society in 1888. "Nathan Francis Mossell," University Archives and Records Center, <https://archives.upenn.edu/exhibits/penn-people/biography/nathan-francis-mossell>.

¹⁹⁷ *Ibid.*, 101.

¹⁹⁸ *Ibid.*, 102.

amount of responsibility on nurses, who were not only expected to conduct their duties as nurses, but also to keep the hospital operating and conduct all administrative duties, all while maintaining the sense of composure and decorum expected of "respectable women."

Sections within Chester H. Fischer's work indicate that the superintendent at Douglass Hospital performed similar duties to those outlined above. On various occasions throughout his work, Fischer notes that he was unable to access specific information because the superintendent at the time, Nurse Kitchen, was away for training.¹⁹⁹ Fischer also notes that Kitchen kept her own records for hospital patients due to the lack of a formal record-keeping system and that Kitchen was expected to collect patient payments and manage debt collection for the hospital.²⁰⁰ Due to the status of the hospital as a charitable institution, lack of funds prevented it from hiring administrative support, so that the above duties were the superintendent's responsibility. At Wheatley Provident Hospital in Kansas City, Missouri, the Superintendent, Miss Nellie Palmer, R.N., also served as a cook and housekeeper during the institution's early years.²⁰¹ Nurses at early, Black-established hospitals were responsible for a multitude of tasks that kept the hospitals running.

Not dissimilar to leaders of the Civil Rights Movement in the 1960s, Black physicians stood at the forefront of the early movement for Black professionalization in medicine. At the same time, the nurses, physician's wives, women's clubs, and other community organizations performed the work that kept the movement alive. The nature of this relationship, as noted

¹⁹⁹ Chester H. Fischer, "Hospital Care for Negroes in Kansas City, Kansas," (Ohio State University, 1937).

²⁰⁰ "Hospital Care for Negroes."

²⁰¹ John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Lincoln University, 1947), 326.

above, was symbiotic. Physicians and their peers founded the training schools, without which, Black women west of Chicago would have been unable to become professional nurses. But following the initial founding of these centers, Black hospitals became increasingly dependent upon the women involved in their institutions, so much so that they would have undoubtedly foundered without them.

Kansas City, Missouri Hospitals

As Dr. John Edward Perry wrote, "In June, [sic] 1903, Kansas City was visited with a flood, the most devastating in the history of this section. Many individuals were swallowed in the reckless, turbulent waves, causing a loss of millions in property damage sustained, as well as hundreds of people made homeless." He continued "The Union Station was near both the Kaw and Missouri Rivers. The markings on the walls of the station building were five feet from the floor."²⁰² Those left homeless due to the flood were sent to a hall that was built in 1900 for the Democratic National Convention. While caring for African Americans affected by the flood, the attending physician, Dr. Thomas C. Unthank, devised a plan to build a hospital for African Americans in the city.²⁰³ Having successfully established the John Lange Hospital in 1902, Unthank understood the challenges associated with creating a medical facility.

Though it is unclear how the two met, Perry described Unthank as a "shrewd politician," and an excellent organizer, albeit with a temper.²⁰⁴ Unthank worked relentlessly to persuade the city to develop a general hospital for African Americans. In Perry's words, Unthank, "...became so imbued with this idea that it became his daily thoughts and frequent discussions... Led by

²⁰² John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor* (Lincoln University, 1947), 360.

²⁰³ *Ibid*, 360.

²⁰⁴ *Ibid*, 360-361.

Unthank, there was no cessation of effort to achieve the goal of securing the hospital. Not only publicly was the matter discussed but it was taken privately to men of affluence and influence."²⁰⁵ Finally, in 1908, a new General Hospital for whites was built, and Unthank convinced city leaders to dedicate the next new hospital for the care of the minority population.²⁰⁶ It was not until 1911 that General Hospital no. 2 hired Black physicians, and in 1914, it became the first hospital in the United States with an all-Black staff.²⁰⁷

African American control of a general hospital during this period was a monumental achievement and reflected the influence Black physicians had on local politics. Physicians' documents reveal collaboration with white physicians and the medical board who eventually supported Black physicians in the city. The president of the health board in 1910, "... a Democrat from Mississippi," supported Black physicians on the staff at General Hospital No. 2., stating "...there was no legitimate reason why there should not be colored men on the staff at the Negro hospital."²⁰⁸ Dr. Jabez N. Jackson²⁰⁹, a white physician who expressed doubt regarding Black physicians' ability to perform surgery, later supported Drs. Unthank and Perry in their endeavor to open a general hospital, and stated, "I can't see, to save my life, what you men want with this work, but you desire it and there is nothing left but for us to give it to you; so come on

²⁰⁵ Perry, *Forty Cords*, 360.

²⁰⁶ Samuel U. Rodgers, "Kansas City General Hospital No. 2." *Journal of the National Medical Association* 54, no. 5 (September 1962): 527.

²⁰⁷ *Ibid*, 527.

²⁰⁸ Perry, *Forty Cords*, 363.

²⁰⁹ Dr. Jabez N. Jackson served as president of the American Medical Association in 1926, and City Health Director of Kansas City, Missouri, in 1932. He served as a trustee, president, and consulting physician of the Kansas City General Hospital.

"Dr. Jabez N. Jackson, Noted Surgeon, Dies; Headed the American Medical Association in 1926 -- Long Taught in Kansas City." *New York Times*, March 19, 1935. <http://timesmachine.nytimes.com/timesmachine/1935/03/19/93462343.html>.

and let's get started."²¹⁰ Dr. Jackson's acquiescence was likely due to a multitude of reasons; many white physicians at the time supported Black hospitals for disease control. They believed that if Black physicians kept their communities healthy, they could prevent communicable diseases from spreading to the white population; a sentiment Abraham Flexner expressed, as well. But physicians in Kansas City campaigned for years for a general hospital for minority communities, it is likely that their dedication to the work and commitment to public health served as additional motivation for white physicians and the medical board to support their efforts.

Black physicians also found an advocate in Dr. W. P. Motley.²¹¹ In 1912, visiting white medical and surgical staff fought to hire white interns rather than Black interns at General Hospital No. 2.²¹² They claimed that the Black interns' examination grades did not support their employment at the hospital. Dr. Perry cited evidence of discrimination towards Black medical staff, stating that the white staff were hostile towards the Black physicians that already worked there in a learning capacity. Perry stated, "We began to realize that there existed more barriers to surmount before we could feel secure as to permanency in the hospital. The attending surgeons had their assistants, who were given preference relative to assisting and supervising cases."²¹³ White physicians stymied the Black interns' chance to learn as they passed them over for white assistants at the hospital.

²¹⁰ Perry, *Forty Cords*, 363.

²¹¹ Dr. W. P. Motley was the president of the Hospital and Health Board of Kansas City, Missouri in 1912.

²¹² Perry, *Forty Cords*, 364.

²¹³ *Ibid*, 364.

The physicians who displayed discriminatory treatment towards Black medical staff were the same physicians who graded the intern examinations. The five Black physicians who took intern examinations received scores ranging from 30-35% out of 100. A 75% was required for a position at the hospital. White physicians used the exam scores as their rationale for the removal of Black interns at the hospital. Upon learning of the petition and the exam scores, W. P. Motley examined the papers himself and submitted them for blind grading. Motley asked physicians unrelated to the hospital to grade the papers. He removed names and did not tell the graders that the students were African American. When Motley received the regraded papers, the scores ranged from 83-89%.²¹⁴ Motley uncovered obvious signs of discriminatory behavior towards Black physicians, and while he used the new scores to hire the Black interns, the hostile behavior towards them continued.

Dr. Perry believed that President Motley “always favored” the hiring of Black physicians at the hospital, and Motley’s influence in the city and support of Black physicians in the area helped eventually lead to an all-Black staff at the hospital in 1914.²¹⁵ The Black physicians that served as the first interns at the hospital continued to experience hostile, discriminatory treatment from their peers, and were forced to prove their intelligence, commitment, and skill on a daily basis. Even influential figures who supported them doubted their end goals, at one point telling Dr. Perry and his cohort, “You may do the same work and just as well. If the patient recovers, very little, if anything, will be said. If the patient succumbs, they will say you killed her. I cannot see how on earth you can succeed against such great odds.”²¹⁶ Despite continual racism,

²¹⁴ Ibid, 366.

²¹⁵ Samuel U Rodgers, “Kansas City General Hospital No. 2” *Journal of the National Medical Association*, 54, no. 5 (September 1962), 527.

²¹⁶ Perry, *Forty Cords*, 373.

mistreatment, and suspicion, Black physicians persevered, and eventually petitioned the board to hire a Black superintendent, Dr. William J. Thompkins.²¹⁷ Following Dr. Thompkins' accession, seven Black physicians served as superintendent of the hospital until 1958.²¹⁸ Black physicians' willingness to petition their local government and develop working relationships with white physicians and politicians supported the development of the Black medical profession in the Kansas Cities during the early twentieth century.

Within a period of twelve years, Black physicians in the Kansas Cities founded four hospitals: the Douglass Hospital in 1898, John Lange Hospital in 1902, General Hospital no. 2 in 1908, and Perry Sanitorium in 1910, later known as Wheatley Provident Hospital, in 1916. During this time, the future of medical education for African Americans was uncertain owing to a multitude of medical developments. In Kansas City, Black physicians and communities supported training schools that operated alongside these hospitals. These training schools served various purposes: they encouraged professionalization of Black medical practitioners and provided nurses to run the hospitals' daily operations. As Darlene Clark Hine asserts, training

²¹⁷ Dr. Thompkins was educated at both the University of Colorado at Boulder and Howard University for his medical education. He moved to Kansas City, Missouri in 1906 to open a medical practice before relocating to Washington D.C. in 1913 to serve as the surgeon in chief at the Freedmen's Hospital. He moved back to Kansas City after securing the position as superintendent of General Hospital No. 2 in 1914. Under his tenure, General Hospital No. 2 gained recognition from the American Medical Society, the National Hospital Association, and the American College of Surgeons. Gary Kremer, "William J. Thompkins: African American Physician, Politician, and Publisher," *Missouri Historical Review* (vol. 101, 3, 2007), 169-170.

²¹⁸ Eleven physicians served as superintendent of the hospital, the first one, George P. Pipkins, was the first and only white superintendent of the hospital. The following superintendents were Black. Dr. Thompkins and Dr. Unthank both served two terms. Samuel U Rodgers, "Kansas City General Hospital No. 2" *Journal of the National Medical Association*, (54, no. 5 September 1962), 528.

schools for Black nurses did not exist further west than Chicago²¹⁹; these hospitals and nurses training schools provided the only opportunity in the area for professionalization.

While Drs. Unthank, Thompson and others worked to sponsor and dedicate hospitals for minority patients, Dr. Perry planned to establish a private hospital, as well. Upon his arrival in Kansas City, Missouri, in 1903, Dr. Perry immediately began to work with his community to establish updated medical facilities for minority patients. Dr. Perry supported Unthank and others in the quest to acquire a general hospital, making connections with physicians and community leaders along the way. In 1910, Dr. Perry opened the Perry Sanitorium, a private hospital for African American patients, fulfilling a 13-year ambition.²²⁰ He hired one nurse, Miss Nellie Palmer, as the first superintendent of the hospital. Nurse Palmer served in varying capacities, focusing not only on patient care, but also on hospital maintenance, cooking for the staff and patients, and supervising the student nurse. She even offered to accept a reduced salary to keep the hospital afloat financially.²²¹ Decades later, Perry expressed gratitude to Nurse Palmer, stating, “This could not have been accomplished without the unusual loyalty of the nurses, who from time to time have been in charge of the sympathetic administration of care to the patients. The individual nurses have made sacrifices which are too numerous to mention, but a tribute of respect and remembrance should be paid to Nellie A. Palmer, the mother of the institution...”²²² Physicians’ papers and memoirs, as well as period studies and newspapers all

²¹⁹ Darlene Clark Hine, *Speak Truth to Power: Black Professional Class in United States History*, (Brooklyn, N.Y: Carlson Pub, 1996), 188.

²²⁰ Samuel U. Rodgers, “Kansas City General Hospital No. 2” *Journal of the National Medical Association*, (54, no. 5 September 1962), 526.

²²¹ Perry, *Forty Cords*, 322-324.

²²² Goldie M. Walden, “How Idea Developed Into Great Project: Kansas City Hospital Now One of State’s Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles.” *Chicago Defender* (May 13, 1933.)

acknowledge the critical role Black nurses played in the creation of the Black medical profession in the Midwest.

In the Kansas Cities, Black hospitals relied on nurses to remain in operation, but their expectations of the nurses were exceedingly high. Black nurses were *expected* to make numerous, substantial sacrifices to the hospitals at which they worked for the betterment of the race. Like hospitals in the North and South, and as documented by Darlene Clark Hine, Black hospitals in the Midwest functioned under comparable operating guidelines including heavy reliance upon nurses employed by these institutions. A key difference in the Midwest was that Black hospitals were compelled to endow nurses training schools alongside their institutions, as nurses training schools for Black women did not exist in the area. This added burden on hospitals placed additional strain on communities and organizations that supported them. Not only did they need to financially support the hospitals, but they also needed to locate women for the nursing school, financially support them, establish or construct housing, procure equipment, and attend to any additional needs that might arise. Community and hospital expectations extended past the point of graduation, as nurses were expected to repay the support they received with service to the community via the hospital, which often lasted their entire careers.

By the 1920s Wheatley Provident Hospital was well-established, and the administration began work with Dr. Katherine B. Richardson, founder of Mercy Hospital, to build a children's ward, pediatric department, and develop a class for the study of childhood diseases. For over 30 years, Dr. Richardson tried unsuccessfully to establish a ward for African American children in her own hospital, but the board of directors refused. The culmination of her efforts occurred when the board finally agreed, but Dr. Richardson learned of plans to close the ward upon her

death.²²³ She decided, instead, to collaborate with Wheatley Provident to build a ward for the care of African American children. Frank B. Niles and William Volker made financial contributions to construct a building that would house new clinical, pathological, and X-ray laboratories, in addition to pediatric and outpatient departments.²²⁴ The new ward at Wheatley Provident opened in 1923 with the full support of Dr. Richardson, who developed the childhood diseases class herself.

In addition to the childhood diseases class, pediatrics department, and children's ward, specialists in Kansas City developed curriculum and trained classes of Fellows, American College of Surgeons (F.A.C.S.) and American College of Medicine in numerous specialties, including diseases of the nose, throat, eye, and ear. Following its' founders tradition of service to the race, students of Wheatley Provident went on to make outstanding contributions in their field across the United States.²²⁵ Dr. Hugh A. Brown, trained at Wheatley Provident and later became the superintendent of the tuberculosis sanitorium in Alexander, Arkansas. State officials in Arkansas made a public statement claiming that Dr. Brown's tuberculosis sanitorium was the best in the state. An unnamed physician served as chief of surgical service at a veterans hospital, and another unnamed physician served as a roentgenologist (radiologist) at a veterans hospital.

²²³ Minnie L. Crosthwaite, "Private Sanitarium Becomes An 'A' Grade Hospital: Perry Sanitarium Became Wheatley-Provident Hosp'l Founder-Supt. Asst. Director Business Manager Pres. Of Board Wheatley-Provident Hospital in Kansas City, Missouri Supt. Of Nurses Sec'y Board Social Worker," *Chicago Defender*, December 3, 1938, sec. The National Association of Coloured Women Inc.

²²⁴ Goldie M. Walden, "How Idea Developed Into Great Project: Kansas City Hospital Now One of State's Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles," *Chicago Defender* (1921-1967), May 13, 1933.

²²⁵ Minnie L. Crosthwaite, "Private Sanitarium Becomes An 'A' Grade Hospital: Perry Sanitarium Became Wheatley-Provident Hosp'l Founder-Supt. Asst. Director Business Manager Pres. Of Board Wheatley-Provident Hospital in Kansas City, Missouri Supt. Of Nurses Sec'y Board Social Worker," *Chicago Defender*, December 3, 1938, sec. The National Association of Coloured Women Inc.

Dr. George W. Adams served as an instructor of clinical surgery at Howard University Medical School, and Dr. Vernon Wilson served as a professor of bio-chemistry at Howard University. While many stayed on as physicians at Wheatley after successfully completing their internships, graduates of Wheatley were found across the United States, in Portland, Chicago, Washington D.C. and in Texas. Additionally, all of the chiefs of surgical services at General Hospital No. 2 at the time were trained at Wheatley Provident, and many served both Wheatley and General Hospital No. 2.²²⁶

Creating their own medical institutions was the only way for black physicians to gain needed medical expertise in a field that strategically and regularly excluded them from practicing. But these hospitals also served as motivation for the national Black Hospital Movement. Wheatley Provident was a leader in the Greater Kansas City Area in training Black physicians and sending them across the country to provide services to communities in need. The hospital, and the physicians and partners who supported the institution, were exporters of medical knowledge and health care to Black communities nationally. Black physicians in Kansas City had the foresight to understand what the profession needed decades before the rest of the country, and quickly worked to rectify these deficiencies.

Dr. Perry served was not only the founder and superintendant of Wheatley Provident, he also served as the chief surgeon of the hospital, as well. In August 1922, he was elected president of the Colored National Medical Association. Perry demonstrated his lifetime commitment to service to his race through his dedication to Wheatley Provident Hospital and the health of African Americans in Kansas City.

²²⁶ Ibid.

Indeed, family influence and societal messaging likely played a role in many of these figure's lives. Dr. Unthank's father opened his family home to homeless families in Warnersville, North Carolina, and acted as a lifelong public servant. Dr. Perry grew up in a tight-knit African American community in Texas. In Fredericka Perry's case, Evelyn Brooks Higginbotham's delineation of the Female Talented Tenth is useful. Though she writes about Black women and the church, her description that the Female Talented Tenth "...disseminated middle-class morals and values among the masses and, at the same time, generated financial support..." also pertains to the women involved in the creation of Black hospitals in the Kansas Cities.²²⁷ It was during the first few years of the twentieth century that W.E.B. Du Bois introduced his concept of the Talented Tenth. He stressed the importance of educating the brightest of the race, that they might guide African Americans into "higher civilization."²²⁸ Through their work in their organizations in Kansas and the Kansas Cities, Black women used their education and middle-class status to promulgate middle-class values among the systemically excluded.

National Medical Reforms: 1900-1920

While Black women, nurses, community organizations, and physicians in the Greater Kansas City Area worked to establish their hospitals, national medical organizations increased their dedication to reforms of both medical training and hospitals. Black leaders had been advocating for professionalization of Black physicians and nurses as early as 1865, but prior to

²²⁷ Evelyn Brooks Higginbotham, *Righteous Discontent: the Women's Movement In the Black Baptist Church, 1880-1920*, (Cambridge, Mass.: Harvard University Press, 1993,) 20.

²²⁸ Shawn Alexander, *W.E.B. Du Bois: An American Intellectual and Activist*, (Lanham, Maryland: Rowman & Littlefield, 2017), 40.

that time, as Brian Powers, et al. argues, "Black physicians were able to join a mainstream American medical profession that was undergoing its own debate over the nature of professionalism and, as a result, had not developed the mechanisms for systematic exclusion based on race."²²⁹ Following the Civil War and the increase in Black professional development, along with medical advancements and increased medical regulations, a new American medical profession began the process of ousting Black professionals from their ranks. In 1895, a group of Black physicians created the National Medical Association (NMA) in response to the exclusion of Black professionals from the American Medical Association (AMA). According to the NMA, "The AMA determined medical policy for the country and played an influential role in broadening the expertise of physicians."²³⁰ Similar to Black hospitals and training schools, the NMA was born out of necessity. During the same period, prominent African American figures advocated for the establishment of Black controlled hospitals and training schools.

Both Daniel Hale Williams and Booker T. Washington remained persistent advocates for Black professionalization and community health throughout their lives. Washington created National Negro Health Week in 1915, an 8-day program in April focused largely on self-help and public health. While each day focused on a different aspect related to community or personal health, much of the guidance published in newspapers encouraged personal cleanliness. In an excerpt taken from the *Chicago Defender* in March 1915, Washington offered suggestions

²²⁹ Brian W. Powers, Nancy E. Oriol, and Sachin H. Jain, "Practice and Protest: Black Physicians and the Evolution of Race-Conscious Professionalism," *Journal of Health Care for the Poor and Underserved* 26, no. 1 (February 2015), 74.

²³⁰ "History," *National Medical Association*, <https://www.nmanet.org/page/History>.

intended to "secure better health for our people."²³¹ Recommendations included waste removal, scrubbing floors and walls, airing out homes, cleaning the yard, maintaining a tidy home, repairing barns and stables, and taking care of wells and outhouses.

While Washington focused on community and personal health through self-determination, Dr. Williams advocated for the development of hospitals, training schools, and increased professionalization of Black medical professionals. A significant figure in the American medical profession, Dr. Williams is known for performing the first successful open-heart surgery in Chicago in 1893.²³² Along with founding multiple hospitals and training schools, Williams also co-founded the National Medical Association, and was the first African American physician admitted to the American College of Surgeons in 1913. In a speech given to the Phillis Wheatley Club in 1900, Dr. Williams stated:

The young man who has had the advantage of a hospital training is ten years ahead of his brother who may be deprived of such an advantage. The doors of the Southern hospitals do not open to admit the young colored woman in whose breast yearns the desire to learn the most scientific methods for alleviating human suffering. In view of this cruel ostracism, affecting so vitally the race, our duty seems plain. Institute Hospitals and Training Schools. The exigencies of the times demand it. Let us no longer sit idly and inanely deploring existing conditions. Let us not waste time trying to effect changes or modifications in the institutions unfriendly to us, but rather let us seek to promote the doctrine of helping and stimulating our race.²³³

²³¹ "National Health Week Program: Dr. Booker T. Washington Offers Some Suggestions For Cleanup Week Commencing March 21 –Some Ideas That Should be Carried Out Continually." *Chicago Defender* (Mar 06, 1915).

²³² "Daniel Hale Williams and the First Successful Heart Surgery," *Columbia Surgery*, <https://columbiasurgery.org/news/daniel-hale-williams-and-first-successful-heart-surgery>.

²³³ Daniel H. Williams, M.D., "The Need of Hospitals and Training Schools for Colored People of the South," *National Hospital Record*, Detroit, Michigan, 1900.

Physicians around the United States shared his views. Together with their communities, they founded at least 118 Black hospitals by 1919.²³⁴

The American Medical Association actively prevented the development and success of Black-owned and operated hospitals, as well as the professionalization of Black physicians. A series of reports and updated medical standards during the first two decades of the twentieth century created roadblocks for Black medical professionals who sought to create better access to modern medical facilities for patients and professionals, alike. In 1904, the AMA's Council on Medical Education began evaluating the nation's schools and publishing the failure rates in the *Journal of the American Medical Association (JAMA)*,²³⁵ resulting in increased pressure to modernize Black medical schools. All six Black schools CME assessed placed in the bottom 30%. In response to the CME's suggestions to increase entrance requirements, "Most black schools responded by lengthening their terms, improving hospital and laboratory facilities, and, at least in written documents, toughening entrance and graduation requirements."²³⁶ Pre-Flexner CME reforms effectively ousted Black medical schools from existence, and the Flexner report, and Abraham Flexner himself, sealed their fate.

Not only did Black medical schools experience reputation corrosion, but Black practicing physicians, who were alumni of these schools did, as well. The CME's charges of ill-preparation damaged physician's reputations in society and created an atmosphere of distrust among

²³⁴ Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, (Oxford University Press; New York, 1995), 3.

²³⁵ Todd Savitt, "Abraham Flexner and the Black Medical Schools." *Journal of the National Medical Association* 98, no. 9 (September 2006), 1416.

²³⁶ *Ibid*, 1417.

prospective patients. Dr. Perry wrote about the difficulties he experienced trying to convince African American patients he was competent, stating, "One of the first struggles at that time was to educate our people to having physicians of their own race as they were not quite ready to receive one of their own for medical aid."²³⁷ In addition, white physicians often did not support Black medical schools because they did not believe that African Americans held the capacity to learn advanced procedures. In an initial meeting with Dr. Unthank, also of Kansas City, a white physician, Dr. Jabez N. Jackson, stated that he did not believe Black physicians could think quickly enough to adequately perform surgeries.²³⁸ Abraham Flexner displayed similar sentiments, encouraging Black physicians to become public health sanitation advisors rather than waste time trying to learn surgical procedures.²³⁹ At a time when Black health professionals were desperately needed, medical reform and societal attitudes thwarted any potential future development.

When Abraham Flexner published his report on medical schools in the United States in 1910, Black medical schools were already searching for ways to increase funding, acquire advanced equipment, and provide additional resources for students. In 1910, seven of these schools had survived earlier reforms, but by 1923, only two remained.²⁴⁰ Though Flexner spent scarcely two pages describing the condition of Black medical schools, his opinion that, "Of the seven medical schools for negroes in the United States, five are at this moment in no position to

²³⁷ Goldie M. Walden, "How Idea Developed Into Great Project: Kansas City Hospital Now One of State's Finest Health Achievements Dr. Perry Succeeds in Spite of Most Severe Obstacles." *Chicago Defender*; (May 13, 1933).

²³⁸ Perry, *Forty Cords*, 362.

²³⁹ Todd Savitt, "Abraham Flexner and the Black Medical Schools." *Journal of the National Medical Association* 98, no. 9 (September 2006), 1419.

²⁴⁰ *Ibid*, 1418.

make any contribution of value"²⁴¹ held immense sway among the medical profession, which already fostered discriminatory beliefs about Blacks in medicine. The medical schools at Howard and Meharry survived, partially due to Flexner's personal support, but also because of government and private funding. Abraham Flexner's reputation in the medical community, combined with his recommendation that donors support only Meharry and Howard, created an atmosphere in which the five other schools, West Tennessee, Louisville National, Knoxville, Leonard Medical School, and Flint Medical College of New Orleans University, could not survive. Additionally, the AMA and the Carnegie Foundation for the Advancement of Teaching initiated reform years before the Flexner report and played a significant role in school closures. As Miller and Weiss state, "...the quieter work being done by professional associations and licensing boards also created challenges that threatened some of the schools' longevity."²⁴² Nevertheless, Flexner's refusal to support any of the remaining Black schools (aside from Howard or Meharry) or recommend that white schools accept Black students proved a detriment to Black medical education at a period when contagious disease posed a significant threat to the health of the Nation.

During this period, changes in hospital requirements provide another reason why Black women and their organizations in the Kansas Cities worked on financing the Black hospitals. On December 20, 1919, the American College of Surgeons Board of Regents adopted the first document for hospital standardization in the United States.²⁴³ Updated standards placed

²⁴¹ Abraham Flexner, "Medical Education in the United States and Canada," *Carnegie Foundation for the Advancement of Teaching*, (1910), 180.

²⁴² Lynn E. Miller and Richard M. Weiss, "Revisiting Black Medical School Extinctions in the Flexner Era." *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012), 243.

²⁴³ American College of Surgeons. "The 'Minimum Standard' Document." <http://www.facs.org/about-acs/archives/pasthighlights/minimumhighlight>.

additional strain on already precariously situated Black hospitals. The minimum standard document called for updated, modern diagnostic and therapeutic facilities and adoption of complete medical records for all patients; these standards made necessary the hiring of additional staff and purchase of expensive equipment. These changes aligned with medical reforms of the era, but effectively ousted Black physicians, schools, and hospitals from the medical profession. Lack of financial support was often the main cause in the shuttering of Black medical facilities during this period. Physicians' wives, nurses, activists, and community organizations created financial buffers that saved Black hospitals in the Kansas Cities from financial ruin, carrying them through a worldwide pandemic, a world war, and numerous medical reforms.

These communities in the Greater Kansas City Area were built and strengthened by Black physicians, their families, and their extended communities. The lifelong commitment to the betterment of their race fueled their actions, despite the equal commitment of their profession to exclude them. This commitment can be explained, in part, by the Black helping tradition as it is explained in social work theory. In *The Helping Tradition in the Black Family and Community*, Joanne Mitchell Martin and Elmer P. Martin explain that the Black helping tradition originated in Africa and evolved in the United States through the extended family.²⁴⁴ Key tenets of the tradition include mutual aid, social-class cooperation, male-female equality, and prosocial behavior in children.²⁴⁵ Dr. Perry and Fredericka Perry perfectly illustrate the ways in which this tradition operated in Black families, which ultimately contributed to the success of their institution.

²⁴⁴ Joanne Mitchell Martin and Elmer P. Martin, *The Helping Tradition in the Black Family and Community*, (Silver Spring, Md.: National Association of Social Workers, 1985), 4.

²⁴⁵ *Ibid.*

Additionally, these three Kansas City hospitals can serve as an example of the development of parallel institutions as explained by Darlene Clark Hine. Hine states that parallel institutions are institutions created by the Black professional class meant to educate and train those in their specific profession.²⁴⁶ They provided Blacks the chance to develop and control their institutions, without which, "...successful challenges to white supremacy would not have been possible."²⁴⁷ The Black helping tradition, in the case of the Kansas City hospitals, helped pave the way for the creation of Black parallel institutions and the Kansas City Black Hospital Movement.

²⁴⁶ Darlene Clark Hine, "Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950." *The Journal of American History* 89, no. 4 (2003), 1279-294. doi:10.2307/3092543.

²⁴⁷ Ibid, 1279.

Chapter 3: The Black Hospital Movement: World War I, Medical Access, and Civil Rights

"We declare it an injustice to our people and a serious impediment to the health of the race to deny to competent licensed Negro physicians the right to practise in the public hospitals of the communities in which they reside, for no other reason than their race and color."²⁴⁸ – Marcus Garvey

Marcus Garvey, in a speech given to a convention at Liberty Hall in New York City in 1920, outlined grievances on behalf of many Black people in the United States, making special note of the lack of resources available to the majority of Black physicians.²⁴⁹ Garvey presided as chairman of the Universal Negro Improvement Association's (UNIA) First International Convention, and his speech, given to members of the UNIA, addressed numerous injustices he claimed, Black people suffered, "...at the hands of their white brethren."²⁵⁰ Similarly, Mary McLeod Bethune, in a speech given in the government auditorium of the Department of Labor, claimed that out of four federal nursing services, Black women were "confined" to service at Tuskegee Veterans hospital.²⁵¹ She said, "We recommend that these limitations be removed from Negro nurses. We further recommend that the U. S. Government do this as an example to

²⁴⁸ Marcus Moziah Garvey Jr., "Declaration of Rights of The Negro Peoples of the World," (New York: Frank Cass and Company Limited, 1920).

²⁴⁹ Tony Martin, *Race First: The Ideological and Organizational Struggles of Marcus Garvey and the Universal Negro Improvement Association*, 2nd edition (Dover, Mass., U.S.A: The Majority Press, 1986).

²⁵⁰ Ibid.

²⁵¹ Mary McLeod Bethune, *Report of the National Conference on the Problems of the Negro and Negro Youth Held in The Government Auditorium, Department of Labor, January 6th, 7th and 8th, 1937*. District of Columbia.

https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C3180686.

city and state services which new [sic] discriminate against Negro nurses.”²⁵² Though Bethune spoke seventeen years after Garvey, they both addressed a topic that was immensely important to many African American people during that time; medical access. Since the Carnegie Foundation for the Advancement of Teaching published the Flexner Report in 1910, many Black physicians and medical students experienced extreme difficulty obtaining internships, residencies, and jobs.²⁵³ Abraham Flexner’s goal for the Flexner Report was to reform and standardize medical education in the United States. After its publication, one-third of medical schools were forced to close, since they could not meet the required standards. This negatively impacted many Black medical students, as the schools they could attend did not have the resources available to remain open. Prominent activists, organizations, and doctors took note of the problem and began to devise plans to remedy the situation, but the outbreak of World War I exasperated the issue. Returning veterans experienced difficulty obtaining the medical care they so desperately needed, an issue which affected Black veterans disproportionately. The National Medical Association (NMA), the National Hospital Association (NHA), and The National Association for the Advancement of Colored People (NAACP) specifically began to advocate for more modern healthcare facilities for Black patients, physicians, nurses, and professionals in the United States. Though many of these groups had advocated for the cause much earlier, World War I and the

²⁵² Ibid. See also Audrey McCluskey and Elaine M. Smith, eds., *Mary McLeod Bethune: Building a Better World, Essays and Selected*, Reprint edition (Bloomington: Indiana University Press, 2002).

²⁵³ Thomas P. Duffy, “The Flexner Report--100 years later” *Yale Journal of Biology and Medicine* vol. 84,3 (2011), 272, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178858/>; Todd Savitt, “Abraham Flexner and the Black Medical Schools. 1992.,” *Journal of the National Medical Association* 98, no. 9 (September 2006), 1415–24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569717/pdf/jnma00196-0017.pdf>

need to acquire immediate treatment for Black veterans sparked what became known as the Black Hospital Movement.

The plight of Black World War I veterans exacerbated the need for updated medical facilities. Black veterans were even less likely to receive care than white veterans were, and the results were disastrous. Numerous reports detailed Black veterans committing acts of violence as a result of untreated illnesses they acquired during their service. Diseases such as tuberculosis, hookworm disease, and diphtheria spread rampantly in densely populated communities due to the lack of available facilities where Black people could receive treatment.²⁵⁴ The Black Hospital Movement sought to remedy this problem. Advocates of the Black hospital movement claimed that separate facilities for African Americans would serve numerous purposes. First, African Americans would have a place they would feel safe going to for treatment. Many Black people avoided medical treatment for fear of being neglected, misdiagnosed, or mistreated. Advocates for the Black hospital movement claimed that these new facilities would help address this problem. Secondly, Black physicians, nurses, and administrators would have places where they could practice and obtain experience, without the fear discrimination. Hundreds of Black medical students graduated per year during the 1920s

²⁵⁴ U.S. Public Health Service. *National Negro Health Week April 1 to 7, 1923, The Ninth Annual Observance*. Washington: Government Printing Office, January 1923.

<https://congressional.proquest.com/congressional/docview/t66.d71.t27.2-25.1?accountid=14556>
 In 1923, Sadie T. Mossell, Ph.D., published an article on the issue of Tuberculosis among densely populated areas of Philadelphia, and how it affected the African American population. They conducted a study for a period of eight years, from 1914 to 1922, and determined that the use of Black physicians and nurses was an effective solution for preventing the spread of TB. The study mentions that there was a lack of available beds in hospitals where African Americans could be treated, and that these hospitals suffered from inadequate resources, as well. Sadie Tanner Mossell Alexander, "Introduction." In *A Study of the Negro Tuberculosis Problem in Philadelphia*, 2-4. Philadelphia, PA: Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, 1923.
https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cdocument%7C3176878

and 1930s, yet the number of available residencies was inadequate. Opponents of the movement claimed that separate but equal hospital facilities were not something they wished to support, as separate but equal strategies were never successful. They were partially correct.

While the movement pushed for the creation of facilities in which Black physicians could practice medicine and addressed the needs of a segment of the Black population, the community as a whole did not benefit. Rather, these hospitals provided little benefit to Blacks in rural communities and furthered increased medical segregation by providing a ready excuse for existing white hospitals to refuse treatment to residents in both rural and urban Black communities.²⁵⁶

²⁵⁵ Todd Savitt, "Abraham Flexner and the Black Medical Schools. 1992.," *Journal of the National Medical Association* 98, no. 9 (September 2006), 1415–24, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569717/pdf/jnma00196-0017.pdf>.

²⁵⁶ In 1930, health surveys still claimed that health issues were due to unsanitary living conditions rather than to lack of access to health facilities. Edith Louise Allen, Cooperative Extension Work Office, Department of Agriculture, *How colored home demonstration agents attacked problems of health and sanitation in 1930; summary including abstracts from Negro agents' reports [on home economics extension activities in Southern States]* January 1, 1930, <https://congressional-proquest-com.www2.lib.ku.edu/congressional/docview/t66.d71.a43.5-2.3?accountid=14556>.

An investigation into the automobile accident of Fisk students provides information about nurses and hospital employees turning away African American patients in rural areas because they had access to integrated hospitals in nearby cities. Commission on Interracial Cooperation, "Segregated medical care in the South as factor in automobile accident deaths of Juliette Derricotte and Nina Johnson," NAACP Collection, Library of Congress. <https://congressional.proquest.com/histvault?q=001421-020-0788&accountid=14556>; See also J.A. Rogers, "Man Shot By White Bandits Goes 40 Miles For Treatment: Another Instance of the Way the South Treats Her Thrifty Colored Citizens; Owner of Barbershop Refused Treatment [sic] at Local Hospital Dies from Loss of Blood Caused By Long Ride," *Philadelphia Tribune* (1912-2001); Philadelphia, Penn., May 1, 1926.

Without World War I and the pressure placed on the US government to care for returning veterans, the Black Hospital Movement nationally never would have come to pass. African Americans suffered from the same issues regarding medical access for many decades before the Great War. Now, doctors, medical associations, activists, and civil rights leaders' concerns over these issues were elevated, as they saw that African Americans' lack of access to modern medical care held deleterious repercussions for all of society. Due to modern medical care, soldiers survived injuries that were fatal in previous wars. More soldiers returned home and required immediate medical attention, which created a dilemma for the US government. Not only did they need to create jobs for returning soldiers, but they also needed to locate adequate medical facilities to house them for the duration of their recovery. Nevertheless, the medical needs of Black veterans quickly fell to the wayside. Inadequate medical facilities for Black veterans, combined with the issues affecting Black medical students and physicians, created the conditions under which the Black Hospital Movement was born. Immediately following WWI, the calls for Black community reform intensified for a number of reasons. The Great Migration and the spread of contagious diseases played a role, and the government was obligated to address the needs of Black veterans who grew increasingly vocal following their military service in the war. Moreover, medical associations and physicians saw an increased need within the Black community for facilities and training to address the specific concerns of Black medical professionals and the patients they served, the outcome of which was Tuskegee Veterans' Hospital.

While the national Black Hospital Movement gained traction throughout the 1920s, prompted by the outcome of World War I, the Greater Kansas City area experienced their own movement beginning twenty years earlier. The Black Hospital Movement in the Kansas City

Metropolitan area was the result of the mass migration to Kansas beginning around 1879. This migration continued into the early twentieth century, increasing, once again, at the onset of the first world war. Black hospitals in the two Kansas Cities were well established by the time the national movement occurred, and communities used the moment to organize and advocate for updated equipment, funding, and facilities. While the Black Hospital Movement occurred throughout the country during the 1920s, physicians, community partners, and activists in Kansas City worked to improve on their existing facilities for the future benefit of their community.

World War I

The national Black Hospital Movement occurred partially because of the outcomes of the Great War, but Black communities across the United States began organizing before the US even entered the war. One of the most prevalent debates occurred around Black participation in the armed forces. At the outset of the First World War, prominent African American leaders fiercely debated whether they should encourage African American men to help the United States fight the war for democracy. For those who championed Black participation in World War I, the goals they wished to accomplish were not actualized by the end of the war. Some believed that if they proved themselves as men and loyal patriots, the government would finally pass needed legislature such as anti-lynching bills. Others hoped that the government might finally consider them full citizens and treat them as such. W.E.B. Du Bois and Joel Spingarn, Chairman of the NAACP board from 1913 to 1919, hoped that service for the military during the Great War would help them achieve two objectives; win the war for democracy in Europe and achieve civil

rights for Black Americans in the United States.²⁵⁷ Spingarn, a major in the Military Intelligence Branch of the Army since April 1918, convinced Du Bois to accept a captaincy in the same branch, hoping that they could serve as liaisons between the US government and its citizens. Du Bois' decision to accept caused controversy in the NAACP, with many of the board members threatening to lead their branches out of the association.²⁵⁸ Aside from Du Bois' personal friends, Mary White Ovington, Charles Young, and Joel Spingarn, the majority of the board opposed to his commission in the Army. They claimed that Du Bois should not maintain editorship of the *Crisis* (the official magazine of the NAACP) while serving for the U.S. Army.

In the midst of the controversy over who should head the *Crisis*, Du Bois published an editorial titled "Close Ranks," which served multiple purposes. Published in July 1918, "Close Ranks" was a call to arms for the Black readership of the *Crisis*. Du Bois claimed that German power, should the Germans win the war, represented death to the darker races of the world, and that for the moment, African Americans needed to "forget our special grievances and close our ranks shoulder to shoulder with our own white fellow citizens and the allied nations that are fighting for democracy."²⁵⁹ Not only did this statement create additional controversy, it caused many to believe that Du Bois only wrote the piece to secure his position in the Military Intelligence branch. Members of activist organizations and the African American press including William Monroe Trotter, Harry Smith, Archibald Grimke, Byron Gunner, George

²⁵⁷ David Levering Lewis, *W.E.B. Du Bois: A Biography 1868-1963*, (New York: Holt Paperbacks, 2009), 360-361.

²⁵⁸ *Ibid*, 364.

²⁵⁹ W.E.B. Du Bois, "Close Ranks," the *Crisis*, July, 1918, 111; Chad Louis Williams, *Torchbearers of Democracy: African American Soldiers in World War I Era*, John Hope Franklin Series in African American History and Culture, (Chapel Hill: University of North Carolina Press, 2010), 53-54.

Crawford, and A. Philip Randolph and Chandler Owen, criticized Du Bois for his editorial.²⁶⁰ Trotter called it a mistake, while the editor of the *New York News* claimed that it was an act of moral cowardess.²⁶¹ Additionally, most of the board members and editors at NAACP condemned the editorial, Du Bois' stance, and his commission in the U.S. Army. After much controversy, MIB rejected Du Bois' application for a commission, but not before prompting a nation-wide debate regarding African American manhood and patriotism.

Du Bois' stance caused national controversy, but ultimately had little effect on the overall outcome of Black men's military service, as the Secretary of War implemented discriminatory draft policies aimed to prevent Black men from serving in combat roles. Tasker Bliss, army chief of staff, presented a memorandum to the Secretary of War, Newton Baker, in August 1917, concerning the use of Black men in the armed forces.²⁶² While he presented six potential plans, he vocally supported the plan that suspended the number of Black draftees, at which point they could selectively call upon men to serve for the Quartermaster Corps.²⁶³ The engineer corps provided the perfect opportunity to use Black men for labor while simultaneously refusing to address issues of race and racism within the armed forces.

Eventually, over 400,000 Black men served for the U.S. Military during World War I, 200,000 of them overseas, and 42,000 in combat roles.²⁶⁴ While many soldiers felt they had proved themselves loyal citizens, the welcome they received was unexpected. They continued to

²⁶⁰ David Levering Lewis, *W.E.B. Du Bois: A Biography 1868-1963*, (New York: Holt Paperbacks, 2009), 361-362.

²⁶¹ *Ibid*, 362.

²⁶² Williams, *Torchbearers*, 53-54.

²⁶³ *Ibid*.

²⁶⁴ Betty L. Alt and William E. Alt, *Black Soldiers, White Wars – Black Warriors from Antiquity to the Present* (Praeger: Westport CT, 2002), 78.

experience disrespect and racist treatment, and lynchings of Black veterans rose. Historian Chad L. Williams argues that the mere sight of Black men in uniform caused anger in white Americans. In the South, many Black veterans were met by white mobs at train stations and forced to remove their uniforms. Robbing Black veterans of their uniforms served multiple purposes. Not only did these mobs seek quite literally to strip them of their dignity, they also wanted to eliminate Black veterans' identities as U.S. veterans.²⁶⁵ While membership to the NAACP rose dramatically during this period, KKK membership did as well, and race riots began to occur all over the country.²⁶⁶ The Red Summer of 1919 saw 25 race-related riots break out across the country, many of which started after a series of struggles related to access over public amenities.²⁶⁷ Red Summer began in Chicago in July 1919, when a Black teenager, Eugene Williams, swam in an area of Lake Michigan reserved for white people and drowned after a white man struck him in the head with a rock.²⁶⁸ Williams' death, along with preexisting tension regarding public amenities in Chicago, caused the Chicago Race riot. At the end of the riot, 38 people had died, 23 of those African American, 537 people were injured, and over 1000 Black

²⁶⁵ Williams, *Torchbearers*, 239.

²⁶⁶ William Tuttle claimed that economic distress caused turmoil all over the world immediately following the Armistice, and contributed to the Red Scare, the Red Summer, rebellions all over Europe, and Racial violence in Johannesburg, South Africa and London. William M. Tuttle, *Race Riot: Chicago in the Red Summer of 1919*, (Urbana: University of Illinois Press, 1996), 13-14.

²⁶⁷ James Weldon Johnson coined the term "Red Summer" in early autumn 1919, referring to the blood that was shed by African American victims of race riots. These race riots occurred in 25 cities across the United States between April and October 1919. See also David F. Krugler, *1919, The Year of Racial Violence: How African Americans Fought Back* (New York, NY: Cambridge University Press, 2014); Lee E. Williams, Lee E. Williams II, and Roy Wilkins, *Anatomy of Four Race Riots: Racial Conflict in Knoxville, Elaine (Arkansas), Tulsa, and Chicago, 1919-1921* (Jackson: University Press of Mississippi, 2008); Elliott Rudwick, *Race Riot at East St. Louis, July 2, 1917* (Urbana: University of Illinois Press, 1982).

²⁶⁸ Tuttle, *Race Riot*, 6-7.

families were left homeless.²⁶⁹ Riots occurred in cities including Houston, Omaha, Charleston, Tulsa, East St. Louis, and Elaine, Arkansas, and hundreds of Black people died as a result. At the end of this period of race riots, numerous public figures including Claude McKay, James Weldon Johnson, and George Edmund Haynes wrote about the causes and effects of The Red Summer, stating that it marked the beginning of a test of the morality for the United States. The government would either respond and do what was right for all of its citizens, or it would let race relations continue to fester.²⁷⁰

Despite the federal government's unwillingness to focus on the needs of African American communities across the United States, they still needed to address the issue of the returning veteran. Veterans, in general, posed a problem for the U.S. government. In addition to wartime injuries, the government needed to find jobs for the flood of veterans returning home from Europe. Who was responsible for the injuries veterans sustained while fighting a war, the soldiers' country of origin or the enemy combatants? Ultimately, in this case, the U.S. government [or policymakers in the federal government] eventually accepted its role in the rehabilitation of veterans injured during World War I. Because of advances in medicine, more and more veterans survived their injuries, which, in turn, made their care more costly.

Despite the burden on the federal government, many Americans recognized care of the wounded, those who suffered physical and psychological damage, as an essential part of the contract between citizen and state—as long as that citizen was white. In *Paying with Their Bodies: American War and the Problem of the Disabled Veteran*, historian John M. Kinder notes

²⁶⁹ *Britannica Academic*, s.v. "Chicago Race Riot of 1919," <https://academic-eb-com.www2.lib.ku.edu/levels/collegiate/article/Chicago-Race-Riot-of-1919/23985>.

²⁷⁰ Tuttle, *Race Riot*.

that "...the Problem of the Disabled Veteran was imagined in response to one type of casualty: young white men."²⁷¹ Even though many African Americans did serve the military during World War I and were injured, both mentally and physically, their problems were invisible to the federal government. On the face of it, this might have made sense. Since young, white men comprised the majority of the soldiers who fought in combat roles, policymakers focused their attention on the men who would become the most significant burden on postwar society.²⁷² Even more, Kinder writes that society considered battle neuroses to be at "the bottom of the wound hierarchy," because they did not represent the ideal qualities of American manhood.²⁷³ So Black men suffering from shell-shock or other battle neuroses had an even harder time getting treated due to society's lack of recognition of these illnesses. The government's inadequate attention to Black veterans added to the many problems plaguing African Americans during the post-war period. Not only were their wounds invisible to the government, but they also continued to experience sub-par medical care and treatment.

In the years immediately following the armistice, the need for adequate care for African American veterans became increasingly apparent to veterans, physicians, and activist organizations such as the NAACP, and the Black press. The need for psychiatric care specifically was something for which African American activists, the NAACP, and the National Negro Press Association fought. The media published numerous reports of Black veterans involved in violent crime, crimes which were linked, in part, to their service in the military during the Great War, and the lack of medical care they received following the Armistice. In

²⁷¹ John M. Kinder, *Paying with Their Bodies: American War and the Problem of the Disabled Veteran*, 1 edition (University of Chicago Press, 2016), 9.

²⁷² *Ibid*, 9.

²⁷³ *Ibid*, 72.

December 1921, the *New York Times* published an article about a Black veteran whom they claimed was a shell shock victim. According to the newspaper, the veteran walked up to a police officer and shot at him four times before running away.²⁷⁴ Before the incident ended, the man, Ernest Williams, had fired over 50 rounds at his pursuers. The *New York Times* later learned from neighbors that numerous attempts had been made to commit Williams to an “asylum.” Neighbors and families were concerned about his odd behavior and feared that he would soon cause trouble. Williams was never committed to an asylum or veterans’ hospital before his attack.²⁷⁵ This incident was just one of many documented cases where Black veterans with untreated conditions committed violent crimes.

Another instance of violent crime committed by a Black veteran was attributed to racial qualities, rather than the lack of access to modern medical care. In 1922, the *Los Angeles Times* reported on another Black veteran on trial for murder. Lawrence Joaquin, a veteran of the 339th regiment was accused and convicted of slashing a woman’s throat, which his battalion major blamed on “negro instinct.”²⁷⁶ Though there is no indication whether or not Joaquin was treated for any kind of psychological illness following his time spent in the military, the likelihood of him having accessed treatment before the time of his crime is small. Many hospitals did not want to treat Black veterans and the ones that did only admitted low numbers. Tuskegee Hospital had not been opened yet, so his access to adequate treatment was limited. Anthony Lucas was 25 at the time of his death and had spent two years serving overseas in France during

²⁷⁴ “Patrolman Killed by Crazy Negro: Fifty Shots Are Fired in Long Branch Streets to Subdue Shell-Shock Victim. Crowd Menaces Assailant Cries of ‘Lynch Him!’ Follows Arrest of Ex-Soldier in Unprovoked Attack on Officer.,” *New York Times*, 1921.

²⁷⁵ *Ibid.*

²⁷⁶ “Negro War Veteran Jailed for Slaying.: Slashed Woman’s Throat Attorney Blames Race Instinct.,” *Los Angeles Times*, February 18, 1922, sec. Editorials-News-Business-Society-The Drama.

WWI. In 1927, an article in the *Afro-American* claimed that Lucas had been living with his parents after separating from his wife, which caused him immense distress.²⁷⁷ The newspaper indicates that the cause of his death was due to his relationship status with his wife, but due to Lucas's age at the time he was overseas, it is likely that his military service and lack of treatment following his service led to his troubled relationship and eventual suicide. Lucas was 25 at the time of his death in 1927, meaning that when he served overseas in France, he was 15 or 16 years old. In this instance, Lucas' age and maturity likely played a role in the immense distress he experienced following his service.

In addition to lack of medical access and untreated illnesses, racial turbulence also likely exacerbated mental illnesses assumed during military service. Sergeant Edgar Caldwell, another African American WWI veteran, was also charged and convicted of violent crime following his service in the military. In December 1918, Edgar Caldwell killed a streetcar conductor by the name of Cecil Linton after Linton ejected him from the streetcar.²⁷⁸ According to some reports, Caldwell attempted to sit in the "whites only" section of a streetcar, an assertion which later proved false. An article in *The Crisis* claims that the conductor accused Caldwell of not paying his fare and ordered him off the car.²⁷⁹ Caldwell asserted that he had, indeed, paid his fare, and refused to leave unless his fare was returned. The conductor and the motorman threw Caldwell off the car, striking him twice in the face in the process. Once on the ground, the motorman began to kick him in the stomach, at which point Caldwell drew his weapon and shot at the

²⁷⁷ "Love Sick Vet Jumps 75 Feet Off D. C. Bridge," (Baltimore) *Afro-American*, January 15, 1927.

²⁷⁸ "Caldwell's Death Hour Is ...: Attorneys Ask Gov. Kilby to Save Life of Army Sergeant," *Chicago Defender*, November 29, 1919.

²⁷⁹ "The Caldwell Case," *Crisis. A Record of the Darker Races*. Vol. 19, No. 3, *The Modernist Journals Project*, 130-134, <https://modjourn.org/issue/bdr512704/>.

conductor and the motorman. Linton was killed and the motorman was injured.²⁸⁰ Caldwell's case received national attention, with reporters and activists from all over the country weighing in on the story. While varied sources attribute the killing to different motives, lack of access to treatment, regardless of the type, is a central focus in Caldwell's case. Not only does this speak to the lack of immediate medical care for veterans, it also proves the necessity for safe public amenities for African Americans during this period. Black veterans came home after World War I and experienced an immediate hostile reaction from many racist Southern whites, which caused violent responses from some soldiers in return. African American physicians recognized these problems, and realizing that the government, nor their profession, were likely to resolve them, sought to address their concerns themselves.

Tuskegee Veterans Hospital

The Black Hospital Movement began in the 1920s through the efforts of veterans, activists, civil rights organizations, doctors, and medical associations, which encompassed a diversity of efforts around the common cause of medical reform for African Americans. Though all groups agreed that medical reform was necessary, their motivations differed. Doctors and medical associations felt the need to address the lack of medical schools Black students could attend following Flexner report. The lack of access to medical schools kept African Americans out of the medical profession, and left the African American population without access to adequate medical care. Vanessa Gamble Northington, author of *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, writes that there were two types of Black hospitals,

²⁸⁰ Ibid, 131.

segregated and Black-controlled.²⁸¹ Segregated hospitals were Black hospitals created and controlled by white people to serve only African Americans, and were located, for the most part, in the South. Black-controlled hospitals, on the other hand, were hospitals founded by “Black physicians, fraternal organizations, and churches,” and though they were created to serve the African American population, did not discriminate against any patient who needed medical care.²⁸²

Tuskegee Veterans Hospital falls into the segregated hospital category. Designed by the government to address the needs of Black WWI veterans, Tuskegee Veterans Hospital caused controversy from its inception. Initially, and contrary to promises they had made during the planning stages, the government hired an all-white staff for the hospital, but after organizations including the National Medical Association (NMA), the National Association for the Advancement of Colored People (NAACP), and the National Negro Press Association (NNPA) demanded that the government uphold its promises, a mostly all Black staff later replaced white workers at the hospital. Though the government eventually hired Black staff, it did not take place before an intense, heated debate occurred between white officials in Alabama and African American leaders. In *The Crisis*, Du Bois wrote, “Any Negro in such a hospital, under Southern white men and women of the type who are now fighting like beasts to control it, would be the subject of torture and murder rather than of restoration and health.”²⁸³ He also claimed that whites wanted the hospital to be controlled by white staff solely for economic and racist reasons. Particularly, “The only interest of white people in Alabama in this hospital is

²⁸¹ Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*. (New York: Oxford University Press USA - OSO, 1995), xiv.

²⁸² *Ibid*, xv.

²⁸³ W.E.B Du Bois, “The Tuskegee Hospital” *The Crisis*, July 1923, 107.

economic and racial. They want to draw the government salaries and they do not want any Negro officials in Alabama whom the state cannot dominate. To illustrate this: the contract for burying soldiers was given to a white undertaker from Greenville, South Carolina, before the bids of local colored undertakers had a chance to even be submitted.”²⁸⁴ They did not want Black physicians and nurses to benefit from the jobs there, and they did not want Black officials whom they could not control moving to Alabama.²⁸⁵

Regardless of reports from the government claiming that Tuskegee was the perfect environment for the new veterans’ hospital, the atmosphere was hostile. In a letter to President Robert Moton, Edward Clifford, former Secretary of the Treasury, wrote that officials, including himself, believed that placing the hospital in Tuskegee was in the best interests of all groups involved. In asking President Moton to donate land to the government for the hospital, they assumed that the hospital would be under the guidance of the Institute.²⁸⁶ He wrote, “...we knew that it was an ideal community for a hospital for the treatment of colored veterans of the World War.”²⁸⁷ According to A. Holsey, secretary to the principal at Tuskegee Institute, Edward Clifford was the first one to suggest the creation of a separate Black veterans hospital, and that the government build it adjacent to Tuskegee Institute.²⁸⁸ Clifford claimed that the hospital would benefit from the prestige and leadership of Tuskegee University. Regardless of the many

²⁸⁴ Ibid.

²⁸⁵ Ibid. Du Bois claimed that they did not want African Americans to benefit from government salaries. He claimed that jobs were outsourced to white companies before African Americans even had the chance to bid.

²⁸⁶ Edward Clifford letter to Robert Moton, March 15, 1926, page 4, Claude A. Barnett Papers, Part 3: Subject Files on Black Americans, 1918-1967, Series B: Colleges and Universities, 1918-1966, *Chicago Historical Society*.

<https://congressional.proquest.com/histvault?q=001588-015-0376>

²⁸⁷ Ibid, 4.

²⁸⁸ Ibid, 5.

problems that occurred at the Veterans Hospital, Clifford tried to instill confidence in Dr. Moton that the hospital was a success, likely because failure would reflect on himself. But the problems began long before the hospital even opened. President Harding initially promised Black leaders that the hospital staff would consist of African American personnel. Then, claiming that the appropriate staff was proving difficult to locate, Harding reneged on his promise and hired white officers to head the hospital. In a newspaper column from early 1923, the official White House explanation claimed, “selection of a Negro personnel requires time, and mean time, it was said, it may be necessary to retain white officers.”²⁸⁹ This explanation incensed parties on all sides, all of whom wanted President Harding to uphold his previous promises. African American leaders wanted the hospital staffed by Black professionals “from top to bottom,” while whites did not want Black personnel in the hospital at all.²⁹⁰ It is safe to argue that President Harding caused much of the controversy surrounding the hospital during the early years.

The act by the government of hiring Black employees enraged white Tuskegeans and the local Ku Klux Klan (KKK) chapter, even though the hospital served only Black veterans. Negative attention directed towards the creation of the school also caused controversy for Tuskegee Institute, which, Gamble claims, had existed peacefully within the community for over 40 years. Not only did the KKK threaten the Veterans Hospital, but they also threatened Tuskegee Institute, its president, Dr. Moton, African Americans in the community,

²⁸⁹ “Full Negro Staff Is Hospital Plan,” White House Says, Newspaper clippings on Tuskegee Institute, May 15, 1923, page 4, Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA, <https://congressional.proquest.com/histvault?q=001422-030-0590>.

²⁹⁰ “Hot Clash Arises Over Hospital for Negro Veterans,” Newspaper clippings on Tuskegee Institute, May 13, 1923, page 3, Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA, <https://congressional.proquest.com/histvault?q=001422-030-0590>.

and the Black staff at both the Institute and the Veterans Hospital. Tensions between Tuskegee Institute and the white community had been mounting for the past few years, and the creation of the Tuskegee Veterans Hospital proved to be a decisive moment for this relationship. Before his death, Booker T. Washington fostered a relationship between the Institute and the white Tuskegees, but when President Moton became president, he did not follow suit. His actions peeved some in the white community, which caused the relationship to become strained. Additionally, the creation of Black-owned businesses for Black students and staff at Tuskegee Institute contributed to the already contentious relationship. Before, white Tuskegees profited from the business of Black patrons from the Institute and the community, which perhaps served as a calming mechanism. White Tuskegees tolerated the Institute as long as they were profiting from the business of the people there. The creation of Black businesses eliminated this buffer, which contributed to increasing racial tension in Tuskegee.

Tensions regarding the staffing of Tuskegee Veterans Hospital continued to escalate as the opening date grew closer. President Moton received numerous letters and visits from white Tuskegees, who wanted him to change his position regarding the staffing of the hospital. Albion Holsey, secretary of Tuskegee Institute, in a letter to Claude Barnett wrote that in one exchange, white Tuskegees confronted Dr. Moton to persuade him to withdraw from his position regarding the staffing of the hospital, to which Dr. Moton said that he would rather sacrifice his life “in defense of the principles which he believed in,” and that he would never back down.²⁹¹ Other leaders protested the hiring of white staff for a Black veterans’ hospital as

²⁹¹ A. Holsey letter to Claude Barnett, April 26, 1923, page 2, Claude A. Barnett Papers, Part 3: Subject Files on Black Americans, 1918-1967, Series B: Colleges and Universities, 1918-1966, Chicago Historical Society. <https://congressional.proquest.com/histvault?q=001588-015-0376>.

well. W.E.B. Du Bois stated that Alabama was not even safe for a “Black man’s hog pen,” and that “...the last place on God’s green earth to put a segregated Negro hospital was in the lynching belt of mob-ridden Alabama...”²⁹² He then claimed that the hospital should be torn down and “rebuilt within the confines of civilization...” in the North because Black veterans would die under the care of an all-white staff.²⁹³ On July 4, the first Black personnel, John Calhoun, arrived in Tuskegee, but due to a massive KKK rally, fled the same day.²⁹⁴ Over 700 KKK members marched through Tuskegee to protest the appointments of African American staff at the hospital, though they stopped short of entering the grounds of Tuskegee Institute. They burned a 45-foot high cross and claimed to represent the opinions of 50,000 Klansmen in Alabama.²⁹⁵ Calhoun fled to Atlanta, but General Hines, the head of the Veterans Bureau, ordered him back a couple of weeks later with the promise of military protection.²⁹⁶

The KKK held numerous parades during the month of July, claiming that they protested hiring practices at the Tuskegee Veterans Hospital, but in reality, they terrorized the new staff and Black citizens of Tuskegee. On July 17, over 1000 KKK members paraded through the streets at night, carrying banners, burning crosses, and making threats. In an editorial from Shreveport, Louisiana, a white man questions the reasons why the KKK tried so hard to prevent

²⁹² W.E.B. Du Bois, “The Tuskegee Hospital,” *The Crisis*, July 1923, 107.

²⁹³ Ibid.

²⁹⁴ “700 Klansmen Parade Tuskegee to Protest Negro Appointments,” Newspaper clippings on Tuskegee Institute, July 5, 1923, page 6, Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA, <https://congressional.proquest.com/histvault?q=001422-030-0590>.

²⁹⁵ Ibid.

²⁹⁶ “Hines Orders Negro Back to Tuskegee.” *Washington Post* Washington, D.C. July 23, 1923.

Black physicians from working at the hospital.²⁹⁷ He wrote, “Though why the white people should have bothered themselves about such a detail, or interfered with it at all, is by no means clear, except on the assumption that negro-baiting is as safe and popular a pastime there as in other quarters.”²⁹⁸ Another editorial from New York City’s the *Nation* claimed that the sole reason behind intense KKK activity regarding the hospital was economic. It said that despite laws preventing white nurses from treating Black men, dollar signs had calmed the KKK of their “historical delicacies.”²⁹⁹ This editorial claimed that the KKK wanted the hospital under white control because of the amount of money the United States’ Treasury allotted it. The physician in charge would receive \$10,000.00 yearly and supervise the annual 1.2 million dollar budget.³⁰⁰ Numerous articles and editorials from around the country addressed the staffing issue at Tuskegee Veterans’ Hospital. For a period, the controversial topic consumed the United States, all sides offering their multifaceted suggestions for the hospital, and the problems continued years after the hospital opened. President Harding’s indecisiveness concerning staffing, the racial hostility both in Tuskegee and around the United States regarding the issue, and KKK terrorism contributed to a hostile environment for the 600 Black soldiers that would be rehabilitated at Tuskegee Veterans Hospital.

²⁹⁷ For information on the KKK in Kansas, refer to Tim Rives, *The Ku Klux Klan in Kansas City, Kansas*, (The History Press, 2019), and Tim Rives, “The Klan on the Kaw: The Ku Klux Klan in Wyandotte County Kansas.” *Historical Journal of Wyandotte County*, Vol. 3, No. 14 (Winter 2015-2016).

²⁹⁸ “The Negro Hospital,” Newspaper clippings on Tuskegee Institute, July 11, 1923, page 31, Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA, <https://congressional.proquest.com/histvault?q=001422-030-0590>.

²⁹⁹ “The Week’s Editorials,” *The Nation*, Newspaper clippings on Tuskegee Institute, July 18, 1923, page 27, Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA, <https://congressional.proquest.com/histvault?q=001422-030-0590>.

³⁰⁰ *Ibid*, 27.

Once Tuskegee hospital opened, rumors, racial controversy, sabotage, and KKK terrorism continued to plague the institution. The issue over staffing was never fully resolved, though the Veterans Bureau did hire African American physicians and nurses. Though the Tuskegee Veteran's Hospital was a segregated hospital, it was a unique case due to the integrated staff that the Veteran's Bureau hired to work there. Although President Harding promised the NAACP that he would retain an all-Black workforce, he reneged on that promise and appointed a white officer to head the hospital during the first year, and additional supporting staff who were white.³⁰¹ Not only did this cause problems between the staff, it also caused problems between the hospital and the townspeople, and the hospital and Tuskegee Institute. After months of protest by the NAACP, the executive office replaced white staff with African American personnel. During the first few months of operation, the head officer of the hospital was a white man named Colonel Robert C. Stanley, who was not in favor of hiring Black physicians and personnel³⁰². Immediately turbulence between the Black and white staff ensued. Issues related to staff housing negatively affected Black staff, while the white staff were allotted much more favorable living quarters, often in excess of their needs or rank. African American workers were subjected to numerous other abuses during their time at the hospital. In addition to segregated and inadequate housing, they experienced racial abuse both from white workers and the white community in Tuskegee. The KKK threatened Black physicians continually, causing the NAACP and other organizations to call on the government to protect the Black workers.³⁰³ One

³⁰¹ NAACP, "NAACP on the Tuskegee Institute," NAACP Papers: Special Subjects, Jul 01, 1923 - Aug 31, 1923, Library of Congress.

<https://congressional.proquest.com/histvault?q=001422-030-0491&accountid=14556>

³⁰² Clifton O. Dummett and Eugene H. Dibble, "Historical Notes on Tuskegee Veterans Hospital," *Journal of the National Medical Association* 54, no. 2 (1962), 134-135, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2642384/pdf/jnma00684-0005.pdf>.

³⁰³ *Ibid*, 70.

man, John C. Calhoun abandoned his post and fled the city after being terrorized by the KKK.³⁰⁴ General Hines, head of the Veterans Bureau ordered armed guards to protect President Moton after the KKK and residents of Tuskegee made numerous threats on his life.³⁰⁵ The hostile environment within which Black physicians worked undoubtedly affected the level of treatment they were able to provide to Black veterans.

Noticing these abuses, the NAACP repeatedly called on President Coolidge to replace Stanley as head of the hospital.³⁰⁶ In January 1924, Dr. Joseph H. Ward was appointed to oversee the hospital. A WWI veteran who served in the 92nd Division's Medical Corps, Dr. Ward wrote that his first goal was to lift the hospital out of the class of "insane asylum" and into the class of a "general hospital."³⁰⁷ Despite his admirable intentions, the beginning of his term at the hospital was not without its challenges. A year before Dr. Ward arrived, a group of African American staff began to spread rumors about him to white Tuskegeens. As a way to secure the position for himself, Dr. T. Edward Jones, the Chief Engineer at the hospital, warned white Tuskegeens that the appointment of a veteran as the head of the hospital "would result in armed opposition to the whites."³⁰⁸ Not only did this add to tension surrounding the hospital, but it also created fierce opposition to Dr. Ward's appointment by white citizens of Tuskegee. Despite this, the Veteran's Bureau hired Dr. Ward, who started his 12-year tenure in January 1924.

³⁰⁴ "Hines Orders Negro Back to Tuskegee," *The Washington Post*, July 23, 1923.

³⁰⁵ *Ibid.*

³⁰⁶ NAACP, "NAACP on the Tuskegee Institute," NAACP Papers: Special Subjects, Jul 01, 1923 - Aug 31, 1923 Library of Congress. <https://congressional.proquest.com/histvault?q=001422-030-0491&accountid=14556>

³⁰⁷ Mary Kaplan, *The Tuskegee Veterans Hospital and Its Black Physicians: The Early Years*. (McFarland & Company, Inc., Publishers: Jefferson, North Carolina, 2016), 89-90.

³⁰⁸ Morris Brown, "Jones May Not Get Chance to Head Hospital: Selfish Race Members Would Defeat Appointment of ExService Man to Put Over Native Civilian Doctor. Tell Whites Army Man Would be Dangerous." *New Journal and Guide* Norfolk, Va. July 7, 1923.

Once Dr. Ward began his term as head of Tuskegee Veterans Hospital, Dr. Jones continued his plot to sabotage Ward's career. Jones enlisted the help of his colleagues to keep careful watch over Dr. Ward's activities, and in June 1925, filed charges against Ward and his administration with the Veteran's Bureau.³⁰⁹ The long list of charges includes the use of government property for personal use, larceny, incompetence, and failure to encourage a moral atmosphere at the hospital.³¹⁰ Jones also claimed that Ward gave Dr. Moton and Tuskegee Institute too much power over the hospital. According to historian Mary Kaplan, Jones distorted information used to charge Ward, and once the charges were proved false, the Veteran's Bureau suspended Jones. The controversy lasted until May 1926, when Dr. Jones eventually resigned from his position at the hospital. Newspapers all over the country followed the story for years, many claiming that Jones' allegations were contrived from selfish reasons and untrue. Others praised Dr. Ward and his accomplishments at the hospital, writing that his conduct was "... a great object lesson in the Race's capacity for executive responsibility."³¹¹ Despite Dr. Ward's ability to overcome staffing issues at the hospital, the years of controversy contributed to a hostile environment for the veterans the hospital treated. Not only were they in a town that did not want them, subjected to racial discrimination and segregation, they also had to contend with a hostile environment within the hospital, one that was explicitly made to help them recover from physical and mental ailments contracted during the war.

³⁰⁹ Mary Kaplan, *The Tuskegee Veterans Hospital and Its Black Physicians: The Early Years*. (McFarland & Company, Inc., Publishers: Jefferson, North Carolina, 2016), 90.

³¹⁰ "Shake-Up Tuskegee Hospital: Major Ward is Under Fire At Tuskegee Commandant At U. S. Veterans Hospital May Be Replaced Despotism Rule And Fraud Are Charged Six Others Involved In Investigation And May Be Ousted Is Report." (Baltimore) *Afro-American* June 20, 1925.

³¹¹ "Tuskegee Hospital Greatest Achievement of G.O.P.: Government Institution Launched in Face of Concerted Opposition Coolidge Commends Major Ward for Fine Work Done by Staff in the Short Period of One Year." *Chicago Defender* November 1, 1924.

The Black Hospital Movement

Following the opening of the Tuskegee Veterans Hospital, Black doctors and civil rights organizations began to call for additional facilities and hospitals specifically for Black patients all over the country. Publishers printed hundreds of newspaper articles dedicated to the topic, and African American doctors, community organizers, and churches began to create organizations devoted to this cause. Once the government established Tuskegee Veterans Hospital in 1923, activist organizations realized that they had the perfect opportunity to demand the construction of additional hospitals for disenfranchised people and better care for all patients. Despite initial turbulence following the opening of Tuskegee Veteran's hospital, many African Americans believed the creation of hospitals staffed by Black physicians and personnel would help solve the problem of the lack of access to medical care for Black people all around the country. Many African Americans around the country suffered from lack of adequate medical care, due to a plethora of reasons. These reasons include refusal of treatment at segregated hospitals, mistrust of white physicians, stigma related to certain illnesses, and the distance between themselves and the closest facility that accepted Black patients. Black physicians, nurses, activists, publishers, and journalists raised money and resources dedicated to these new hospitals, and for at least ten years after the opening of Tuskegee Veterans hospital, the need for new hospital facilities for African Americans was a prominent topic of debate all over the United States.

Key stakeholders in the black hospital movement spent the first few decades of the twentieth-century discussing access to adequate and modern medical facilities for African-

American patients/veterans.³¹² Numerous documents from this era outline the many reasons African Americans and their supporters called for health care reform for Black communities. In July 1927, the *New Journal and Guide* wrote that many African Americans in the South felt a sense of uneasiness when advised to “take hospital treatment,” leading to higher death rates in those Black communities.³¹³ In September 1927, the *Pittsburgh Courier* called Black hospital facilities “unbelievably old-fashioned and inadequate.”³¹⁴ The author also reported that while there were 150 to 200 Black doctors graduating per year, the number of internships available to them numbered only 40 to 50.³¹⁵ These internships (residencies) were required for them to practice medicine, yet the majority of medical graduates were unable to secure one. In an article about the establishment of a hospital for Black patients in Richmond, Virginia, the *New Journal and Guide* quoted a Virginian doctor who claimed that there were only “...170 Negro physicians

³¹² In a study of African American migration to the North conducted by the Negro Economics Division, Department of Labor, the widespread health issues among many African Americans in urban centers caused increasing concern as more African Americans migrated North. Health Departments in cities such as New York, Cleveland, and Chicago began to conduct health surveys among African Americans in densely populated areas of their cities.

Negro Economics Division, Department of Labor, *Negro migration in 1916-17 [on social and economic causes of migration from Southern to Northern States; with data on employment, earnings, migration, health, and crime, by State or locality]* January 1, 1919, Negro Economics Division General Publications, 154. <https://congressional-proquest-com.www2.lib.ku.edu/congressional/docview/t66.d71.11.8-2.1?accountid=14556>. See also, Edith Louise Allen, Cooperative Extension Work Office, Department of Agriculture, *How colored home demonstration agents attacked problems of health and sanitation in 1930; summary including abstracts from Negro agents' reports [on home economics extension activities in Southern States]* January 1, 1930, <https://congressional-proquest-com.www2.lib.ku.edu/congressional/docview/t66.d71.a43.5-2.3?accountid=14556>;

Andrew W. Mellon, Public Health Service, Department of Treasury, *Annual Report of the Surgeon General of the Public Health Service of the United States for the fiscal year 1926*, December 6, 1926, https://congressional-proquest-com.www2.lib.ku.edu/congressional/docview/t47.d48.8745_h.doc.492?accountid=14556.

³¹³ “Negro Hospital Projects,” *New Journal and Guide* (1916-2003); Norfolk, Va., July 2, 1927.

³¹⁴ “Negro Hospitals Are Facing A Crisis,” *Pittsburgh Courier*, September 17, 1927.

³¹⁵ *Ibid.*

for a colored population of more than 600,000.³¹⁶ He went on to state that if one doctor could adequately serve around 2000 patients, the state of Virginia needed at minimum 1800 more Black doctors.³¹⁷ Physicians across the color line agreed with these claims. In August 1929, Dr. H.M. Green, president of the National Medical Association, wrote that "...the Negro is abominably under-hospitalized and exceedingly poorly hospitalized."³¹⁸ Dr. Green also commented on the status of internships for recent Black medical graduates, and advocated for "...more and better hospitals competent to instruct internes [sic] and nurses; the opening up of more hospitals to negro physicians and surgeons, and a school where hospital executives may be trained."³¹⁹ Two years earlier, Dr. Green was quoted stating that without financial and advisory assistance from the "white race," the task of erecting new hospitals was a burden too heavy for the African Americans to bear alone.³²⁰ Despite the advocacy of Dr. Green and the National Medical Association, access to adequate medical facilities was inadequate, and the death rates of African Americans compared to whites was astronomical, being 62% above that of whites.³²¹ A public health broadcast prepared by the United States Public Health Service the following year claimed that the death rate of African Americans was actually one and two thirds that of

³¹⁶ "The Richmond Hospital Project," *New Journal and Guide* Norfolk, Va., November 19, 1927.

³¹⁷ *Ibid.*

³¹⁸ "National Medical Association and Allied Organizations in Session: Dr. H. M. Green of Hospital Association Says Hospital Facilities for Negro Are Grossly Inadequate for Needs," *New York Amsterdam News*, Aug. 28, 1929.

³¹⁹ *Ibid.*

³²⁰ "Negro Hospitals Are Facing A Crisis," *Pittsburgh Courier* September 17, 1927.

³²¹ "Race Doctors Need So-Called 'Negro' Hospitals: Edwin Embree, Head Of Rosenwald Fund, Gives Reply To Criticisms Not Advocating Segregated Hospitalization For Negroes, He Says--Claims Our Physicians Need Own Hospitals," *Pittsburgh Courier* (1911-1950), January 3, 1931.

whites.³²² Additionally, an annual publication issued by the United States Public Health Service during the Eleventh Annual Observance of National Negro Health Week claimed that the infant mortality rate among African Americans was 96 out of 1000 compared to 69 per thousand for whites. The higher rates of disease and death in African Americans compared to other races indicate that African Americans did not have equal access to medical facilities around the country and that advocates for the creation of medical facilities had justification for their calls for separate hospitals.

In response to criticism, Edwin R. Embree, the president of the Rosenwald Fund in Philadelphia, provided additional justification for the creation of Black hospitals.³²³ Embree claimed that advocates of separate facilities for Black doctors and patients were not advocates of segregation, rather, they merely wanted modern hospitals where Black physicians could practice and Black patients would feel welcome and comfortable. He stated that there were only ten hospitals approved by both the American College of Surgeons and the American Medical Association that offered Black medical students the required internships needed to practice.³²⁴ Additionally, Embree claimed that other “special interest” groups created hospitals so that they could practice, and the same should apply to African Americans. Jewish patients, he claimed, were widely accepted for treatment at hospitals across the United States, but Jewish physicians and internes [sic] “found great difficulty” in acquiring posts at general hospitals.³²⁵ He claimed

³²² United States Public Health Service. *Health Problem of American Negro* (T27.35-406) Available from: Proquest Congressional.

³²³ The Rosenwald Fund donated money towards the creation of new buildings for African American doctors and patients at Mercy hospital in Philadelphia.

³²⁴ “Race Doctors Need So-Called ‘Negro’ Hospitals: Edwin Embree, Head Of Rosenwald Fund, Gives Reply To Criticisms Not Advocating Segregated Hospitalization For Negroes, He Says--Claims Our Physicians Need Own Hospitals,” *Pittsburgh Courier*, January 3, 1931.

³²⁵ Ibid.

that women experienced similar issues which women-specific hospitals alleviated.³²⁶ Embree concluded by noting that the African American death rate from tuberculosis was three times that of whites, and the death rate for Black children in Tennessee was ten times that of white children.³²⁷ Even if they had the money, there was not one private healthcare facility during that time that African Americans could go to for treatment of tuberculosis, despite their higher rates of infection from the disease.³²⁸ Better health care for African Americans meant a healthier society. Embree stated that contagious diseases could not be segregated, and that “No community can maintain health with one great group harboring contagious disease.”³²⁹ This particular article illuminated many additional aspects of the fight towards healthcare equality. Many sources from this time highlighted the need for Black doctors, nurses, and interns to have a place to practice medicine and gain experience. Hundreds of doctors of all races, the American Medical Association, the American College of Surgeons, activist organizations, journalists, and publishers advocated for health care reform for African Americans.

Undoubtedly, African Americans during this period needed better access to modern health care providers and facilities. The disease and death rates from curable illnesses were astronomical compared to whites, and even if they could, Black physicians were rarely given a chance to treat these patients. The development of new health care facilities during the 1920s and 1930s was a step in the right direction. Not only did it give Black medical personnel the

³²⁶ Ibid.

³²⁷ Ibid.

³²⁸ “Noted Physician Outlines Needs Of Race Hospitals,” *Pittsburgh Courier*, September 20, 1930.

³²⁹ “Race Doctors Need So-Called ‘Negro’ Hospitals: Edwin Embree, Head Of Rosenwald Fund, Gives Reply To Criticisms Not Advocating Segregated Hospitalization For Negroes, He Says--Claims Our Physicians Need Own Hospitals,” *Pittsburgh Courier*, January 3, 1931.

ability to gain experience, but it also helped many in the Black community to obtain the care they needed, regardless of if they could pay for it. With the elimination of discriminatory practices and financial concerns, all classes of African Americans in densely populated areas of the United States were given a slightly better chance of obtaining adequate health care than they were just a decade prior. While many did oppose the creation of separate hospitals for African Americans, they opposed them because they thought it set a precedent for segregation to continue, which they did not want to advocate. Opponents were well aware that segregation did not mean that the facilities for African Americans were equal; it often meant that most of the money and resources were allocated to facilities that treated white patients. One of the more devastating outcomes of the creation of separate health care facilities is the number of African Americans who died in rural areas due to the lack of timely treatment. Hospitals close to the location they were injured or ill would not treat them because there were facilities a few hours away that would. These rural hospitals often did not have wards dedicated to the treatment of African Americans or did not have doctors willing to treat Black patients. The creation of dedicated medical facilities gave rural hospitals an additional excuse to not treat Black patients. As a result, many African Americans died from causes that they otherwise would have survived had they received prompt treatment.

On November 6, 1931, a car driven by Juliette Derricotte collided with another car driven by Roy Helton about a mile and a half south of Dalton, Georgia. There were three passengers in Miss Derricotte's car; Edward Davis, Nina Johnson, and Miriam Price. All four passengers were students at Fisk University. Roy Helton and his passenger, Mrs. Helton, were locals of Dalton Georgia. Derricotte, Davis, and Johnson were thrown from the car, and Price climbed out from under the overturned car, which had landed in a ditch. Mr. and Mrs. Helton were unhurt, and

Mr. Helton left the scene to call an ambulance, while Price and Davis tended to their friends Johnson and Derricotte. Johnson was unconscious, having landed on the pavement, and Derricotte was intermittently conscious. In a report detailing the investigation into the accident, The Commission on Interracial Cooperation stated that an ambulance never arrived at the scene.³³⁰

The report claimed that both Johnson and Derricotte were critically injured and described the accident's events. The two ambulances in Dalton were privately owned, so Mr. and Mrs. Mann, also locals and witnesses of the accident, drove Johnson to a doctor's office in town. Derricotte, Price, and Davis were also transported by private car into town. Rather than take Johnson and Derricotte to the hospital, Mr. and Mrs. Mann took them to local doctors after inquiring about where African American patients could be treated. Dr.'s Steed and Wood worked with Johnson for an hour. The report stated that they immediately feared she was dying, but rather than immediately transport her to a hospital, they elected to transport her to the private home of Mrs. Alice Wilson.³³¹ In Dalton, Mrs. Wilson owned the most spacious home in the Black population, so doctors sent them to her when African Americans were ill or needed to recuperate.³³²

³³⁰ "Segregated Medical Care in the South as Factor in Automobile Accident Death of Juliette Derricotte". *American Medical Association, Commission on Interracial Cooperation*. From Library of Congress, 1-30, *NAACP Papers: Special Subjects*, <https://congressional.proquest.com/histvault?q=001421-020-0858&accountid=14556>; "Segregated Medical Care in the South as Factor in Automobile Accident Deaths of Juliette Derricotte and Nina Johnson". *American Medical Association, Commission on Interracial Cooperation*. From Library of Congress, 1-69, *NAACP Papers: Special Subjects*, <https://congressional.proquest.com/histvault?q=001421-020-0788&accountid=14556>

³³¹ "Segregated Medical Care-Nina Johnson", 30-31.

³³² "Segregated Medical Care-Juliette Derricotte", 13.

According to the Commission on Interracial Cooperation report, doctors even performed surgeries in her home and had been doing so for years.³³³ After settling in Mrs. Wilson's home, Miss Price decided to move Johnson and Derricotte to Chattanooga. She decided hours after the initial accident and against their doctor's orders. Miss Johnson never regained consciousness and died on the way to Chattanooga, a 31-mile drive from Dalton. Miss Derricotte died the following evening in Chattanooga. From the description of both the accident and Miss Johnson's injuries, it is unclear whether or not Johnson would have ever recovered from her injuries. She was thrown from the back of the car at the time of the accident and landed on the pavement. Regardless of whether she would have lived or not, the more critical issue is that the people providing her care did not consider taking her to the closest medical facility, knowing that it only treated white patients, and knowing that there were hospitals in nearby cities that would treat her. Doctors in Dalton did examine Miss Johnson, but no attempt was made to save her life until her peer, Miss Price, decided to transport her to the hospital in Chattanooga, at which point it was too late. African Americans in the South had to rely on their friends and families to advocate for them as they could not trust that medical professionals would make the most moral decisions in regards to their care.

Similar events took place throughout the United States. George S. Moore, clinical director of the Tuskegee Veteran's Hospital, lost his son under similar circumstances. His son, George C. Moore, was involved in an automobile accident in rural Alabama and suffered life-

³³³ "Race Doctors Need So-Called 'Negro' Hospitals: Edwin Embree, Head Of Rosenwald Fund, Gives Reply To Criticisms Not Advocating Segregated Hospitalization For Negroes, He Says--Claims Our Physicians Need Own Hospitals," *Pittsburgh Courier*, January 3, 1931.

threatening injuries as a result.³³⁴ The accident occurred between the cities of Athens and Decatur, and in an attempt to acquire care for him, he was rushed to hospitals in both cities. Both hospitals refused to treat him, claiming that “...there were no hospital facilities for colored patients, regardless of the severity of the disability.”³³⁵ After several hours, his caretakers acquired the use of an ambulance to take him to a hospital 30 miles away in Huntsville, Alabama, where he was treated for “fracture dislocation of the third cervical vertebrae with compression of the spinal cord.”³³⁶ He died the following evening from “...pneumonia induced and aggravated by unnecessary exposure” and lack of adequate medical care and treatment.³³⁷

Dr. Moore’s son died due to the lack of access to health facilities in the area where he acquired his injuries. Numerous reports from all over the country explain that events like these were common during this time. In Chicago, a man died from gunshot wounds following a robbery when a hospital refused to admit him, despite police demanding that they do so. The report claims that police engaged in an altercation with hospital authorities while Moses Williams bled to death.³³⁸ Shelley Lee of Burlington, North Carolina, died following a highly similar set of circumstances. He was closing his barbershop for the night when he was robbed and shot. Rather than take him to the nearest hospital, authorities transported him to a hospital 40 miles away in Durham, North Carolina. Lee’s doctor, Dr. J.W.V. Cordice, stated that Lee would have survived had he been treated immediately. The long, rough ambulance ride led to

³³⁴ “Refuse Dying Student Aid in Hospital,” *Chicago Defender* Chicago, Ill., November 12, 1927; “Noted Physician Outlines Needs Of Race Hospitals,” *Pittsburgh Courier*, September 20, 1930.

³³⁵ *Ibid.*

³³⁶ *Ibid.*

³³⁷ *Ibid.*

³³⁸ “Did Washington Park Hospital Kill this Man?: Bandit Victim, in Police Hands, Driven from Institution; Was Near Death,” *Chicago Defender* January 21, 1922.

his demise.³³⁹ A Black man in Kansas City died from heart failure when St. Luke's hospital refused to treat him, despite the superintendent's claim that it was not the hospital's policy to turn away African American patients during emergencies.³⁴⁰ These situations occurred all over the country and were not limited to southern states or rural areas, although rural patients often had to travel longer distances to be treated.³⁴¹ These circumstances affected all economic classes, as well. Even if an African American person had the money to be treated, a medical facility could, and often did, refuse to treat them.

World War I catalyzed the Black hospital movement. The returning veteran posed a problem for American society as a whole. More soldiers recovered from their injuries due to medical advancements, which placed a strain on society's available resources. The country had to quickly figure out how to care for its disabled veterans returning from a war it was ill-prepared to fight. This, paired with a segregated society, created dangerous conditions for Black WWI veterans. Many African American veterans went untreated for conditions they acquired during their service in the military. Numerous reports describe incidents where Black veterans hurt themselves or others after going untreated for psychological disorders. As referenced above, newspapers often reported cases of Black veterans committing suicide or fatally injuring friends

³³⁹ J. A. Rogers, "Man Shot By White Bandits Goes 40 Miles For Treatment: Another Instance of the Way the South Treats Her Thrifty Colored Citizens; Owner of Barbershop Refused Treatment at Local Hospital Dies from Loss of Blood Caused By Long Ride," *Philadelphia Tribune (1912-2001)*; Philadelphia, Penn., May 1, 1926.

³⁴⁰ "Hospital Refused Treatment, Man Dead," *Pittsburgh Courier* November 6, 1926.

³⁴¹ Additional reports of similar events occurring throughout the US.

"Barred by Hospital, Man is Near Death: Negro's Case Is Diagnosed as 'Drunk' at Casualty After Truck Fall.," *Washington Post* September 1, 1931. This case occurred in Maryland.

"Catholics Hear of Unchristian Acts Of Church: Western Catholic Hospital Refused Dying Negro Woman," *New Journal and Guide* September 9, 1933. This case occurred in Washington, D.C.

or family once they returned home from the war. Though these occurrences were not exclusive to Black veterans, Black veterans were more likely to go untreated for these issues.

Tuskegee Veterans' hospital experienced a tumultuous beginning, but it successfully treated hundreds of African American World War I veterans. The creation of this hospital set off a chain reaction, prompting many activists, doctors, and civil rights leaders to call for the development of additional medical facilities to address the needs of Black physicians and patients all over the country. Over 400 Black medical students graduated every year, but they had to compete for 50 available spots as interns at approved hospitals. The low number of internships either decreased the chances of Black physicians continuing their practice once they graduated, or lengthened the amount of time it took for them to begin work as doctors in public health facilities. Advocates also called for new medical facilities due to the number of African Americans going untreated for diseases and medical emergencies. African Americans often died during medical emergencies due to the lack of facilities that would treat them. Hospitals claimed that they either did not have a special ward dedicated to treating Black patients or that there were facilities in nearby towns or cities that would treat them. Additionally, African Americans often would not seek treatment due to fear of being misdiagnosed or mistreated by white personnel and physicians. Numerous reports indicate the maltreatment or neglect of African American patients by white physicians and nurses. These contributed to the medical crisis affecting the Black population during the 1920s and 1930s.

Unfortunately, new medical facilities for Black patients mainly benefitted African Americans in urban centers. Part of the reason these new hospitals were built was due to the activism of community members in major cities, which meant that large cities with hospitals that already had separate Black wards gained new medical facilities for the sole treatment of Black

patients. Rural communities did not gain any of these benefits. African Americans in rural areas continued to travel for hours to receive the most basic medical care. In the event of an emergency, hospitals in these areas could relinquish responsibility and claim that African Americans now had medical facilities where they could receive treatment, even if these facilities were hours away. Blacks in rural areas continued to die at higher rates than that of their white counterparts, despite the development of new medical facilities all over the country. Not only did they die from curable injuries and illnesses, but they also rarely received the chance to receive prompt treatment during emergencies. Though the development of Tuskegee Veteran's Hospital in 1923 prompted a Black hospital movement that continued through the 1920s and 1930s, the newly created medical facilities did little to solve the medical crisis plaguing the African American population during this time. Though these facilities improved the quality and accessibility of medical care in urban areas, rural residents still faced the same challenges before the movement.

Additionally, opponents of the hospital movement were correct in their assertion that separate facilities and hospitals set a harmful precedent for the future. Many general hospitals began to use these new facilities as excuses for refusing African Americans medical assistance. World War I ushered in the Black hospital movement of the 1920s and 1930s, which operated on a separate-but-equal strategy that, in the end, failed to adequately address the medical needs of Black people in the United States.

While World War I, the creation of the National Hospital Association, and Black veterans' need for medical treatment prompted the national Black Hospital Movement during the 1920s, Black physicians and organizations in the Kansas Cities were advancing their well-established hospitals for African Americans. All three hospitals, Wheatley Provident, General

Hospital No. 2, and Douglass Hospital in Kansas City, Kansas, underwent radical change throughout the decade. Wheatley Provident recently moved to a new building funded by the community and created a new curriculum for interns who became successful in their profession nationwide following the completion of their internships. The community in Kansas City, Kansas, raised funds for a new building for the Douglass Hospital in 1924, expanding their facility and increasing the number of patients they could house. General Hospital No. 2 operated with an entirely African American staff beginning in 1924, worked closely with physicians and interns from Wheatley Provident and became well-known as a training facility for medical interns. The hospital received national accolades for its service to the race, despite the architectural concerns accompanying the over 50-year-old building. Prominent physicians and philanthropists also petitioned for a new building for General Hospital No. 2 early in the decade, and by 1930, the city had built a new facility. The founding physicians' dedication to service, paired with community support strengthened by women's organizations, and city philanthropists, meant that hospitals with little municipal or state support flourished. These hospitals became interconnected communities within the cities in which they were located.

Chapter 4: The Great Depression and Black Hospitals in Kansas City and Beyond

“All the world has been passing through its darkest economic hour. The spectre [sic] of chaos and confusion, disorder and maladjustment, instability and collapse, hunger and suffering, race, rent and bread riots, insurrection and revolution, stalk abroad the land. Verily, “these are times that try men’s souls.” All the world is in the distressing and disturbing throes of an amazing, bewildering, and distracting economic malaise and breakdown.” – A. Philip Randolph³⁴²

The Great Depression years signaled a shift in the status of Black hospitals in the Kansas Cities. Douglass Hospital received support from the Community Trust, but a damning report conducted by Chester Fischer in the mid-1930s triggered doubt in the board's continued financial support. General Hospital No. 2, though moved to a newly constructed building, suffered from the effects of political corruption.³⁴³ Political infighting measuredly affected the care of patients in both general hospitals in Kansas City, Missouri. Political intrusion was not a new phenomenon in public hospitals, originating as early as the 1920s,³⁴⁴ but the continual

³⁴² A. P. Randolph, "What the Universal Economic Depression has Meant to Members of the Race: Black Workers are Hit Hard because of the Displacement of Labor by Power-Driven Machinery Some Aspects of "Technocracy"." *Chicago Defender*, Jan 14, 1933. <https://www2.lib.ku.edu/login?url=https://www-proquest-com.www2.lib.ku.edu/historical-newspapers/what-universal-economic-depression-has-meant/docview/492382660/se-2?accountid=14556>. A. Philip Randolph was a civil rights activist in the mid twentieth century. He founded the Brotherhood of Sleeping Car Porters and the Negro American Labor Council, and helped organize the March on Washington for Jobs and Freedom in 1963. Cornelius L. Bynum, *A. Philip Randolph and the Struggle for Civil Rights*, (Baltimore: University of Illinois Press, 2010.)

³⁴³ Diane Mutti Burke, Jason Roe, and John P. Herron, *Wide-open Town: Kansas City in the Pendergast Era*, (University Press of Kansas, 2018), 205-206. Changes in superintendents of the hospital regularly coincided with Kansas City elections even prior to 1925. Tom Pendergast often maintained control over hiring in both general hospitals, and some employees listed on hospital payrolls never worked there. Additionally, “The *Call* reported a decline in the quality of medical services” following the appointment of a new superintendent in 1930. “...bedpans sitting unattended for twenty-four-hour periods, hospital staff demanding what amounted to bribes from patients, and a payroll that had been padded in the amount of \$40,000.” The *Kansas City Call* is a weekly African American newspaper in Kansas City, Missouri. Chester A. Franklin founded the newspaper in 1919, and it continues to serve Kansas City and the surrounding area, today.

³⁴⁴ *Ibid.*

disruptions created an unstable environment within the hospital for staff and patients alike.

Additionally, Charles Coulter notes that housing for Black Americans remained much the same in the 1930s as it was in the decades prior and overcrowding "...exacerbated health issues in the African American communities."³⁴⁵

Nationally, changes in the status of Black hospitals and medical care for Black Americans began to occur, as well. The United States government (Public Health Service) began its infamous Tuskegee Syphilis Study in 1932. The United States Public Health Service (PHS) became a sponsor of Booker T. Washington's National Negro Health Week (NNHW) as early as 1921 at the invitation of then Principal of Tuskegee Institute Dr. Robert Moton.³⁴⁶ They promoted the national health week, but they were also involved in planning the yearly event, which resulted in higher numbers of Black Americans reached than in previous years.³⁴⁷ Curiously, in 1932, while simultaneously promoting National Negro Health Week, the U.S. Public Health Service began the Tuskegee Syphilis Study, which ran for forty years. The Public Health Service (PHS) studied 399 African American men who had previously contracted syphilis, telling study participants that they were being treated, while actually documenting the effects of untreated syphilis. Their intention was to prevent the men from obtaining any treatment at all, and the PHS actively intervened in some cases where men went outside of Tuskegee to seek treatment.³⁴⁸ Susan M. Reverby writes that, "The PHS did many things to keep the men from treatment; tracking them to other public health departments across the country, intervening with

³⁴⁵ Charles E. Coulter, *Take up the Black Man's Burden: Kansas City's African American Communities, 1865-1939*. (Columbia: University of Missouri Press, 2006), 256-257.

³⁴⁶ United States Public Health Service, *National Negro Health Week, 9th Annual Observance*, (Washington: Government Printing Office, 1923.)

³⁴⁷ Ibid.

³⁴⁸ Susan M. Reverby, "More than Fact and Fiction: Cultural Memory and the Tuskegee Syphilis Study." *The Hastings Center Report* 31, no. 5 (2001), 22-28.

local physicians and even the local draft board, perpetuating the falsification that they were being treated by providing aspirin and vitamins, and lying.”³⁴⁹ Any positive health outcomes gained by African Americans because of the PHS’s involvement in NNHW were undermined by their intentionally unethical treatment of Black men in Tuskegee. Though Reverby notes several positive outcomes of the study, mandatory IRB training, a presidential apology, and a National Bioethics Institute, the effects of the Tuskegee Syphilis experiment have contributed to Black Americans’ continued distrust of both the American medical profession and government.³⁵⁰

Several additional institutions and individuals who actively supported advances in health care for African Americans were complicit or actively engaged in the Tuskegee Syphilis study. The Rosenwald Fund³⁵¹ provided financial support for the Tuskegee study for the first two years and withdrew due to financial concerns during the Great Depression.³⁵² The Rosenwald Fund hired a Black physician, H. L. Harris, Jr., to conduct a study on the health of African Americans in Macon County, Alabama, the results, of which, led to the syphilis study.³⁵³ Additionally, the

³⁴⁹ Ibid, 24.

³⁵⁰ Susan M. Reverby, "More than Fact and Fiction: Cultural Memory and the Tuskegee Syphilis Study." *The Hastings Center Report* 31, no. 5 (2001), 22-28.

³⁵¹ The Rosenwald Fund was created by Julius Rosenwald in 1917 for “the benefit of mankind.” Up until 1948 when all funds had been dispersed, the Rosenwald fund provided financial support for artists, scientists, Jewish charities, museums, universities, and Black institutions. The public-school building program for African American children in the South was one of its most extensive programs. In total, the Rosenwald Fund donated 50,000,000; approximately 1 billion in today’s dollars, half of which benefitted African Americans.

³⁵² Mary Kaplan, *The Tuskegee Veterans Hospital and Its Black Physicians: The Early Years*, (Jefferson, North Carolina, McFarland & Company; 2016), 99.

³⁵³ Ibid, 104. Following the results of his survey, Dr. H. L. Harris suggested a comprehensive health program aimed at curing tuberculosis, malnutrition, and pellagra in the Black community in Macon County. The PHS did not establish the program and instead used the results of his survey, which stated that 35% of the Black population had syphilis, to initiate the Tuskegee Syphilis Study.

PHS hired a Black nurse, Eunice Rivers, to “...gain the trust of the participants.”³⁵⁴ Rivers recruited Black men to the study by convincing them they had bad blood and needed treatment.³⁵⁵ According to survivor testimony, the PHS used teachers in the community to recruit Black men, as well.³⁵⁶ Despite the development of Black hospitals during the first two decades of the twentieth-century, or perhaps because of it, few Blacks in rural Alabama had ever seen a physician for medical care. The PHS also promoted annual examinations, burial allowance, and hot meals on examination days to convince men to join their study.³⁵⁷ To people who previously had no access to medical care, which was then exacerbated by the development of Black hospitals in urban areas, the promise of annual examinations and additional benefits proved to be an attractive offer. Finally, Dr. George Washington Carver, a prominent American research scientist and inventor, provided consultation and assistance to the study.³⁵⁸ The PHS created an atmosphere of trust, convinced participants they had “bad blood” and were being treated, and used trusted community members to persuade men to join the study.

Political intrusion in medical affairs occurred in the Kansas Cities, as well. The Black vote became increasingly important during the 1920s and 1930s in Kansas City, and politicians

³⁵⁴ Mary Kaplan, *The Tuskegee Veterans Hospital and Its Black Physicians: The Early Years*, (Jefferson, North Carolina, McFarland & Company; 2016), 103.

³⁵⁵ *Ibid*, 103.

³⁵⁶ “Testimony by Four Survivors from the United States Senate Hearings on Human Experimentation, 1973,” In *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study*, edited by Susan M. Reverby, 136-149. Chapel Hill: University of North Carolina Press, 2000. For more on the experiment see Christopher Crenner, “The Tuskegee Syphilis Study and the Scientific Concept of Racial Nervous Resistance,” *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012), 244–80, <https://doi.org/10.1093/jhmas/jrr003>.

³⁵⁷ Kaplan, 103.

³⁵⁸ *Ibid*, 103. Dr. George Washington Carver also taught at Tuskegee University. Among many of Carver’s inventions, he researched the processing of peanut oil into metallic mercury to treat syphilis. Christina Vella, *George Washington Carver: A Life*. (Baton Rouge: Louisiana State University Press, 2015).

like Tom Pendergast used Black physicians to help secure the Black democratic vote.³⁵⁹ Thomas J. Pendergast was the leader of the Democratic Party in Kansas City, Missouri beginning from 1911 to 1939 following the death of his brother, Jim Pendergast. Pendergast held no elected position, but nevertheless controlled what was called the Pendergast Machine, which held immense power over politics in KCMO. Larsen and Hulston write that “He handled almost all private and public welfare functions in Kansas City and achieved a reputation for generosity, dispensing aid to the needy, jobs to the faithful, and holiday turkeys to the hungry.”³⁶⁰ They likened Pendergast to a “despot of a medieval European city-state,” complete with gangster tactics, including widespread voter and election fraud. But political intrusion in healthcare emerged from both Republicans and Democrats in Kansas City, Missouri as early as the 1920s.³⁶¹ Relaying the observations of an intern at General Hospital 2, Jason Roe writes that “...black physicians who wanted a successful career had to do more than possess medical skill; they had to navigate the city’s political environment.”³⁶² According to the intern, Dr. Milton C. Lewis, the superintendent of General Hospital 2 was appointed by whomever won the city election. Black physicians had additional hoops to jump through, as they not only had to be a member of the Johnson County Medical Society, which had its own political ties, but they also

³⁵⁹ Lawrence H. Larsen and Nancy J. Hulston, *Pendergast!* (University of Missouri Press, 1997.)

³⁶⁰ *Ibid*, 5.

³⁶¹ “Mayor Promises New Hospital: Kansas City Delegation Gets Pledge in Return For Promise To Support Loan,” *Afro-American*, October 16, 1920. This brief article notes that in exchange for support of a loan, the Mayor of Kansas City promised Dr. A. E. Perry a new municipal hospital for African Americans. (I think the A. E. is a typo and they mean J. E. Perry. Dr. Perry was John Edward, and his son was Dr. E. B. Perry. I have not seen any other physicians named Perry in the city at this time.)

³⁶² Diane Mutti Burke, Jason Roe, and John P. Herron, *Wide-open Town: Kansas City in the Pendergast Era*, (Lawrence, Kansas: University Press of Kansas, 2018), 200.

had to be recommended by a white physician.³⁶³ Politics and the Black vote became increasingly entwined with healthcare moving into the 1930s with the construction of a new building for General Hospital 2.

A newspaper article published by the *Afro-American* in August 1929 alludes to the link between politics and healthcare in Kansas City, Missouri. In the article, a Dr. Howard Smith refers to himself as a “staunch democrat,” and notes that “...forty-two percent of the colored people of Kansas City voted the Democratic ticket.”³⁶⁴ Another article written by Floyd G. Nelson of the *Pittsburgh Courier* praises the democratic party of Kansas City for the hospital, as well as other charitable facilities for African Americans. Nelson wrote that General Hospital 2 was, “...one of the finest of city hospitals.”³⁶⁵ And one in 1930, also by the *Pittsburgh Courier*, called the superintendent position “...the fattest political plum in the city for Negroes, paying a salary of \$3,000 a year,” and claimed that the superintendent position at the hospital was entirely political.³⁶⁶ Various primary and secondary sources indicate the links between political affiliation and successful medical careers, at least for physicians at General Hospital 2 during the 1920s and 1930s. Changes in city government directly affected the careers of physicians at public hospitals, and in turn, the care of patients at the hospitals. Many physicians became so embroiled in political posturing that care of patients and hospitals facilities became less

³⁶³ Ibid, 200.

³⁶⁴ “Kansas City’s New \$500,000 Hospital Ready November 1,” (Baltimore) *Afro-American*, August 24, 1929.

³⁶⁵ Floyd G. Snelson, “Modern Race Hospital Credit to Kansas City: Fine New Hospital Hasable Staff Hospital Head Leader Benefactor Able Aid Erected Under Democrats,” *Pittsburgh Courier*, October 1, 1932.

³⁶⁶ “Change Kansas City Hospital Superintendent: Dr. D. M. Miller Succeeds Dr. Howard M. Smith,” *Pittsburgh Courier*, August 30, 1930.

significant priorities.³⁶⁷ As was the case at Tuskegee, government intrusion in the medical profession in Kansas City led to negative health outcomes as physicians became more focused on political party affiliation and their careers than care of patients.

Several theories can explain African American participation and complacency in the Tuskegee syphilis study. Though Dr. George Washington Carver did serve as a consultant to the study, we do not know the degree of his participation or knowledge of the study. Among many of Carver's inventions, he researched the processing of peanut oil into metallic mercury to treat syphilis.³⁶⁸ While Carver worked on syphilis treatments, he died within the first decade of the Tuskegee syphilis study. His many inventions were created to assist African American farmers in the rural South; it is unlikely that Carver participated while fully aware of the studies' intentions. James H. Jones, author of *Bad Blood: The Tuskegee Syphilis Experiment*, writes that sex roles and race explains Nurse Rivers' participation and passivity in the study. Jones writes that, "Deference to male authority figures formed a pattern in Nurse Rivers's life," and "Race was the final authority symbol in Nurse Rivers's world. She was black and the physicians who controlled the experiment were white."³⁶⁹ It is unlikely that Nurse Rivers would have questioned aspects of the study due to her status as a Black woman.³⁷⁰ Social class can be used to explain divisions physicians and nurses may have felt between themselves and the local Black community;

³⁶⁷ In *Wide-Open Town*, Jason Roe describes in detail the political corruption, scandal, outright abuse of patients, and difficulty associated with constructing the new building for General Hospital 2.

³⁶⁸ Christina Vella, *George Washington Carver: A Life*. (Baton Rouge: Louisiana State University Press, 2015).

³⁶⁹ James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment, New and Expanded Edition*. (New York: Free Press, 1993), 166-167.

³⁷⁰ In *Bad Blood*, Jones provides a thorough investigation and analysis of Nurse Rivers's participation in the Study in chapter ten, "The Joy of my Life." Jones argues that Rivers's likely believed the men in the Tuskegee Study were being treated equally compared to men in the Oslo Study

however, government intrusion at Tuskegee, as in Kansas City, is a more likely explanation for Black participation in the study. Tuskegee Institute relied upon government funding to operate, and officials may have feared retaliation if they refused to offer assistance in the study. This is not to say that officials, physicians, and nurses at Tuskegee did not have agency; they did, and they chose to participate. They also may have believed that the Institute accomplished more good for the local Black community, and rather than refuse the federal government's request, they would acquiesce so that they could continue to provide services. Overall, it is impossible to know if the PHS relayed their full *intentions* to the Black professionals involved in the study,³⁷¹ many of whom were medical professionals devoted to providing medical care to rural Black southerners at a time when access became increasingly difficult to obtain.

Issues unintentionally manufactured by segregated Black hospitals became more apparent at this time, as well. As previously noted, Black Americans in rural Southern areas experienced delays in medical care, if they received care at all, due to the creation of Black hospitals in urban areas close by. They often traveled hours to receive medical care, even for emergencies, and the increased time it took to receive care resulted in the deaths of many Black southerners. The development of Black hospitals in urban centers directly resulted in increased morbidity and mortality for Black southerners in rural areas. Reports of this appeared in newspapers across the country, including Kansas City, and affected Black Americans regardless of social status. The issues Black physicians and communities sought to address with the creation of Black hospitals

³⁷¹ One physician, Dr. J.W. Williams, stated that the interns involved in the study and the study participants did not know what the study involved. The participants were repeatedly told that they had "Bad Blood" and believed they were being treated for bad stomachs or rheumatism. Additionally, he stated that as a physician involved in the study, he remembered administering to the study participants medication he believed to be a cure for syphilis but was likely a placebo. In *Bad Blood*, 5.

led to numerous outcomes. Black hospitals increased professionalization of Black physicians and nurses, and, in the Kansas Cities, these hospitals became exporters of medical knowledge via training centers. However, Black-founded hospitals in urban areas exacerbated medical access issues for Blacks in rural areas of the country, an unforeseen outcome that led to greater medical inequality in the South. These outcomes became apparent in the 1930s, following the pinnacle of the Black Hospital Movement.

The Allure of the Black Hospital

“You would ask, not why the Negroes here have such a high death rate, not why so many have died, but, how it is that the number has been so small, how is it that so many have survived, when they have not a fighting chance.” – Dr. William J. Thompkins³⁷²

During the first two decades of the twentieth century, Black physicians, nurses, and communities in the Kansas Cities worked to provide medical services to the underserved in the area. Hospitalization was a new phenomenon, as most Black people still obtained medical services at their homes at the turn of the century. An article in the *Journal of the National Medical Association* about Solomon Henry Thompson, co-founder of Douglass Hospital, stated that for most of his career he was a “horse and buggy doctor, finally adopting the automobile in later years.”³⁷³ Modern medicine, however, supported hospitalization, and Black physicians, ousted from national medical associations, were forced to create parallel institutions.³⁷⁴ The

³⁷² “Health; Kansas City,” Ramos-Lincoln Collection-Vertical Files: Health-Kansas City, Box 2, Folder 1, Kansas City Public Library.

³⁷³ “Solomon Henry Thompson, M.D., 1870-1950,” *Journal of the National Medical Association*, Vol. 49, No. 4 (1957), 274-278. S.H. Thompson Family papers, RH MS 510, Box 1, #7

³⁷⁴ For more on hospitalization, see James H. Cassedy, *Medicine in America: A Short History*, (Baltimore: Johns Hopkins University Press, 1991), 92; Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System*, (Baltimore: The Johns Hopkins University Press, 1995), 182; Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, (New York: Basic Books, 2017), 147.

physicians served as representatives of the burgeoning hospital movement, and their wives, along with nurses, women's organizations, and activists worked to support their endeavors. Though the private hospitals never gained the renown of Chicago's Provident Hospital, their communities supported them throughout their tenure, providing the financial support the hospitals needed to survive. During this time, the hospitals earned respect and esteem from their small communities. As the founding physicians, nurses, and activists left, retired, or died, the hospitals' status in their communities faltered. The economic effects of the Great Depression meant that many Black Americans either could not pay their medical bills or went without treatment entirely. The Black hospitals in the Kansas Cities experienced a change in status among their communities during the 1930s, and though many of them remained in operation well into the 1950s, political corruption, financial issues, and the effects of the Great Depression crippled the hospitals during this decade.

In 1937, Chester H. Fischer wrote a Master's thesis on five general hospitals in Kansas City, Kansas, which included an analysis of Wheatley Provident in Kansas City, Missouri. African Americans on the Kansas side often patronized Wheatley Provident due to its proximity

to their work locations in Missouri.

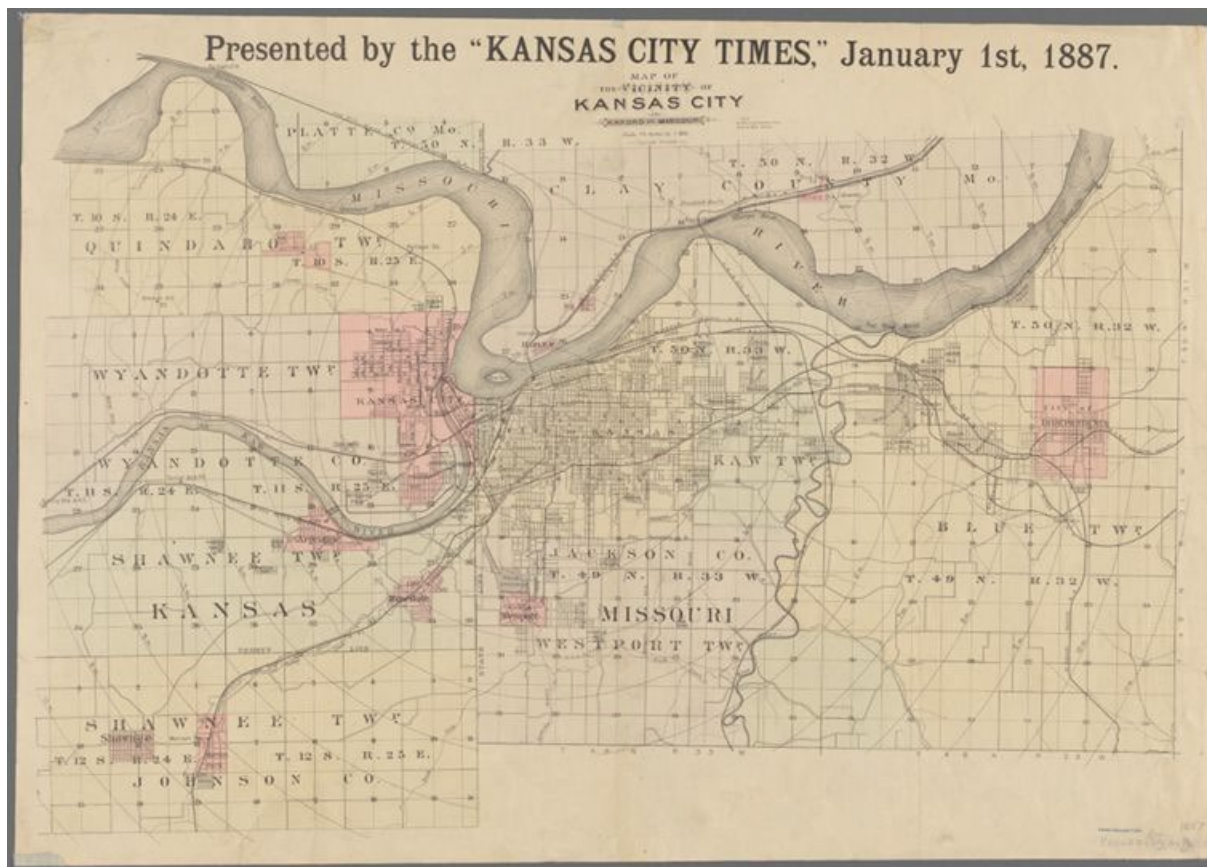


Figure 3: Source: Lionel Pincus and Princess Firyal Map Division, The New York Public Library. "Map of the vicinity of Kansas City in Kansas and Missouri " *The New York Public Library Digital Collections*. 1887. <https://digitalcollections.nypl.org/items/e01343d0-c8ae-0135-2be5-06763fb22a74>

Douglass Hospital was founded by S.H. Thompson in 1898 and at the time of Fischer's study, was still the only hospital in Kansas City, Kansas where Black physicians could admit their patients. Douglass Hospital was a member of the Community Chest Association in Kansas City, Kansas. According to Fischer, it had since 1931 "increased its budgetary demands upon the Community Chest steadily and significantly."³⁷⁵ The increase in funding requests prompted the Community Chest to create a committee called the Douglass Hospital Committee, whose job was

³⁷⁵ Chester H. Fischer, "Hospital Care for Negroes in Kansas City, Kansas" (Master's Thesis, Ohio State University, 1937), 7.

to investigate the increased funding requests and determine the future status of the relationship between the Community Chest and Douglass Hospital.³⁷⁶ Fischer came to various conclusions which include the following: 1. During the period of his study, 46.7 percent was paid to the hospital by private patients out of five possible sources of income.³⁷⁷ 2. There was no need for a modern hospital for African Americans in Kansas City, Kansas, at the time. 3. Blacks did not support Black institutions. 4. Black institutions must be operated by trained professionals.³⁷⁸ Fischer stated that on various occasions that Blacks did not support “their own” institutions, “...nor do they support the staff physicians in these institutions.”³⁷⁹ However, he also noted that Douglass Hospital lacked modern medical equipment and professional staff to serve patients. Additionally, Fischer wrote that the general hospitals’ refusal to allow Black physicians to treat their patients in their hospitals, “...discourages the confidence of the Negro patient in the Negro physicians, and furthermore, it destroys the incentive of the Negro to pay for his hospital care.”³⁸⁰

Absent from Fischer’s work is an analysis of the economic situation that faced many Black households in Kansas City during that time. His work assumes that Black patients simply did not *want* to pay for their care at Douglass Hospital, rather than considering their ability to do so. At the time of the report, the Great Depression disproportionately affected Black Americans. According to Cheryl Greenberg, “The federal government in 1930 estimated that 17 percent of the white population and 38 percent of the black population could not support themselves without assistance. Those figures soon worsened. African Americans were particularly hard hit,

³⁷⁶ Ibid, 9.

³⁷⁷ Ibid, 90.

³⁷⁸ Ibid, 91, 92.

³⁷⁹ Ibid, 93.

³⁸⁰ Ibid, 87.

as white men took jobs formerly held by black men, and white women took the jobs of black women.”³⁸¹ A. Philip Randolph wrote about how the economic crisis affected Black Americans, claiming that, “Today, doctors, lawyers, and businessmen do not only have few patients, clients, and patrons, but those they have don’t pay bills. Many Race churches are facing their mortgages with consternation and despair, since their rallies are realizing smaller and smaller net returns...” He added, “...No group in America is more victimized by this industrial maladjustment than the Negro, the proverbial marginal workers, ‘last hired and first fired.’” Additionally, Black patients often waited until their medical conditions worsened to the point of incapacity, at which point their deteriorating condition required significant intervention. These afflictions demanded vigilant medical care, longer hospital stays, and were more costly.³⁸²

Throughout his report, Fischer notes that not only did Douglass Hospital charge less per patient than the other hospitals in the area, but they also seemingly refused to collect outstanding debts owed to the institution, whether by choice or lack of personnel needed to complete the task. He stated that the admissions policy of the hospital was not strict enough, and that “When a patient goes to the hospital for care the fact that he must pay for his hospitalization is not made emphatic enough.”³⁸³ But the hospital charter filed in 1899 explicitly stated that the hospital was intended to serve those in need, regardless of race or ability to pay.³⁸⁴ The physicians, nurses,

³⁸¹ Cheryl Lynn Greenberg, *To Ask for an Equal Chance: African Americans in the Great Depression*, (Lanham, Md.: Rowman & Littlefield Publishers, 2009), 21.

³⁸² A. P. Randolph, "What the Universal Economic Depression has Meant to Members of the Race: Black Workers are Hit Hard because of the Displacement of Labor by Power-Driven Machinery Some Aspects of "Technocracy"." *Chicago Defender*, Jan 14, 1933. <https://www2.lib.ku.edu/login?url=https://www-proquest-com.www2.lib.ku.edu/historical-newspapers/what-universal-economic-depression-has-meant/docview/492382660/se-2?accountid=14556>

³⁸³ Fischer, “Hospital Care”, 85.

³⁸⁴ Eugene H. Kelly, “Douglass Hospital History,” RH MS P214, Kenneth Spencer Research Library, University of Kansas Libraries, 1-5.

and other personnel at the hospital never changed their original stance on the charitable nature of the institution.³⁸⁵ They founded the hospital to serve the community and the indigent population, and in turn, the community supported the institution however they could. A bulletin from 1929 makes note of the various ways the community donated to the hospital. Some donations included: “Mr. Williams, 208 Greeley, 5lbs oxtails, 1 soup bone, 1 large soap bunch. Judge I. F. Bradley³⁸⁶, 1-2 bu vegetables. Mrs. Dennis Thompson, 8 ½ bu pears, 1 bu sage. Mr. Sprovel, 1-2 bu tomatoes, 1 peck green peppers. Ebenezer A.M.E. Church, \$10.00.”³⁸⁷ Continued support of the hospital by community members, its founders and sponsors indicate that, contrary to Fischer’s analysis, Black people in the Kansas City, Kansas, community did support Douglass hospital for decades after the institution was founded.

Also absent from Fischer’s analysis is acknowledgment of the status of hospitalization of Black people in America. African American creation of separate, community-based hospitals was not a new idea. By 1869, several groups had founded hospitals that catered to their own particular needs. In New York City in 1869, Catholics, Germans, Jewish, and Episcopalian communities had all founded separate hospitals.³⁸⁸ These hospitals officially claimed to serve anyone in need, regardless of race, religion, or ethnicity but catered to their specific community’s needs. Women and children’s specific hospitals were established in the mid-nineteenth century;

³⁸⁵ Ibid, 1-5. Douglass Hospital also operated under the patronage of the African Methodist Episcopal Church beginning in 1905. The hospital moved locations several times before finally moving to the Western University campus in 1937, near John Brown’s Memorial Statue. It was at this time that the nurses’ training program was discontinued.

³⁸⁶ Judge Bradley was a co-founder of Douglass Hospital in 1898.

³⁸⁷ Rev. N. B. Robinson, “Bulletin: Douglass Hospital and Training School, Nov. 1 1929,” Douglass Hospital Training School records, Kansas Collection, RH MS P681, Kenneth Spencer Research Library, University of Kansas Libraries.

³⁸⁸ Jeanne Kisacky, “An Architectural History of US Community Hospitals.” *AMA Journal of Ethics* 21, no. 3 (March 1, 2019), 288–96.
<https://doi.org/10.1001/amajethics.2019.288>.

these included the Women's Hospital of Philadelphia in 1861.³⁸⁹ The first Black hospitals were founded along the same lines, but a minimum of two decades later. The lack of colleges that trained Black nurses and physicians, the economic status of Black Americans, inadequate funding, and the AMA's refusal to accept Black physicians into its organization further exacerbated and slowed hospitalization and advancement of Black hospitals during the early twentieth century. Community-based hospitals were not a new development in the United States, and they relied upon the charity of their communities to succeed. Black hospitals advanced along the same lines as non-Black hospitals, but the economic status of the Black community determined the level of success these hospitals achieved. African Americans had less economic means, so Black hospitals advanced at a slower rate.³⁹⁰

During this period, physicians and organizations that never supported separate institutions became increasingly vocal about the negative effects they had on society. The National Association for the Advancement of Colored People (NAACP) never publicly supported segregated institutions, and vocally spoke out against the establishment of the veteran's hospital in Tuskegee in the 1920s, eventually reluctantly supporting it when concessions were made for an all-Black staff. In a 1931 memo, Walter White wrote that "the National Association for the Advancement of Colored People believes that segregation in education and medical care tends to provide neither the best opportunities for doctors and nurses nor to create standard hospitals on which the general health of the community depends. It firmly believes that Negroes in the North should be admitted without discrimination to public hospitals

³⁸⁹ SJ Peitzman, *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania, 1850-1998*, (Rutgers University Press; 2000), 24.

³⁹⁰ James H. Cassedy, *Medicine in America: A Short History*, (Baltimore: Johns Hopkins University Press, 1991), 95.

and that Negro physicians and nurses should be trained in the great medical schools and hospitals according to the general standards that are applied to members of any other racial group.”³⁹¹

Physicians echoed the NAACP’s sentiments, criticizing misappropriation of funds used to support general hospitals and lack of support of Black hospitals by state governments.

In 1935, Dr. Louis T. Wright wrote an open letter to the *Chicago Defender* stating that “The health of the colored citizen is closely related to his economic and social condition.”³⁹² In the letter, he provided evidence of the adverse outcomes which arose from the establishment of segregated hospitals in the hopes of “...awakening the public conscience.”³⁹³ Wright claimed that surveys promoting the establishment of Black hospitals and training centers came to inaccurate conclusions. Specifically, Provident Hospital in Chicago represented the pinnacle of these erroneous conclusions. Wright stated that because of Provident Hospital, several deleterious outcomes plagued Black health and medicine, which included: Black medical

³⁹¹ “NAACP on Segregation,” Papers of the NAACP, Part 11: Special Subject Files, 1912-1939, Series B: Harding, Warren G. through YWCA Group I, Series C, Administrative File, Subject File Segregation, Hospitals. January 9-April 20, 1931. 64pp, (Library of Congress, 2014, NAACP), 11. <https://congressional.proquest.com/histvault?q=001422-029-0501&accountid=14556>

³⁹² Dr. Wright was a retired Lieutenant Colonel and Black surgeon in Harlem. He worked closely with the NAACP to advocate for integrated hospitals and training schools and was the first to vaccinate using a hypodermic needle. He introduced the intradermal method of vaccination for smallpox and was known as an authority on head injuries. At the time, he was the first African American to become a police surgeon of New York City, and the first African American fellow in the American College of Surgeons. He later became the director of surgery at Harlem’s Hospital. “Louis T. Wright, including branch activities, legislative programs, national health reform proposals, segregated medical schools, veterans affairs, discrimination in hospitals, cooperation among labor and civil rights groups, and National Medical Committee” Papers of the NAACP, Part 16. Board of Directors, Correspondence and Committee Materials, Series B: 1940-1955 Group II, Series A, General Office File, Board of Directors Wright, Louis T .-General, 1945-1947. 110pp. (Library of Congress, 2012, NAACP), 21 and 30. <https://congressional.proquest.com/histvault?q=001447-024-0212&accountid=14556>; Louis T. Wright, “Segregated Hospital System Does Race Great Harm Says Dr. Wright: Prominent New York Physician Exposes Jim Crow Set-Up.” *Chicago Defender*, March 9, 1935.

³⁹³ Ibid.

students were no longer accepted at Northwestern University or Rush Medical College at Chicago University, increased race prejudice, particularly among high school students who no longer wanted to attend school alongside Black students, lower incomes for Black physicians at private hospitals, and less opportunity for employment and increased economic exploitation of Black people.³⁹⁴ Wright called the advent of segregated Black hospitals and training schools “... a moral and intellectual blight” and urged physicians and other healthcare professionals to advocate for integrated medical facilities nationwide. Wright took every opportunity to spread his beliefs on the ills of segregated schools, and his work is documented within hundreds of NAACP files throughout the 1930s and 1940s.

In a letter documenting events that occurred at a dinner party, Wright wrote that he challenged Charles Dollard, a member of the Carnegie Foundation, on the importance of Black medical schools. Dollard claimed that Black students didn’t attend northern medical schools, which justified the continued support of Howard and Meharry. Wright believed that the Carnegie Foundation used these stories to “...justify perpetuation of second-rate medical schools,” and that they must do everything in their power to set the record straight.³⁹⁵ Subsequently, the NAACP developed a list of over a hundred Black graduates of northern medical schools to send to the Carnegie Foundation.³⁹⁶ Along with other physicians and the NAACP, Wright believed strongly that segregated medical facilities caused lasting societal harm

³⁹⁴ Ibid.

³⁹⁵ “Louis T. Wright, including branch activities, legislative programs, national health reform proposals, segregated medical schools, veterans affairs, discrimination in hospitals, cooperation among labor and civil rights groups, and National Medical Committee” Papers of the NAACP, Part 16. Board of Directors, Correspondence and Committee Materials, Series B: 1940-1955 Group II, Series A, General Office File, Board of Directors Wright, Louis T.-General, 1945-1947. 110pp. (Library of Congress, 2012, NAACP), 26.

³⁹⁶ Ibid. List on pages 24 and 25.

and worked to illuminate the ways they contributed to systemic racism and exclusion. Not only were Black hospitals like Wheatley Provident and Douglass Hospital suffering a loss of revenue due to the economic crisis of the 1930s, but they also faced attacks from respected physicians and organizations who believed the work they were doing resulted in more harmful outcomes in society than good.³⁹⁷

Medical students appealed to the NAACP and requested that they act to prevent the exclusion of Black professionals at public hospitals by encouraging current medical students to apply “en-masse” to medical schools in the North.³⁹⁸ In a letter to Gloster Current, Horace Bradfield outlined Black medical students' difficulties obtaining internships; a problem Black officials had been working to remedy since the early twentieth century. Bradfield wrote that officials at public hospitals routinely excluded Black physicians from obtaining internships and that “This lack of training has an intimate relationship to the lack of hospital facilities and the general health level of the Negro community as reflected in general mortality and morbidity statistics and specifically in the fields of infant, maternal and child mortality and morbidity.”³⁹⁹ Dr. Wright responded on behalf of the NAACP, writing that they believed other organizations such as the National Medical Association, the American Medical Association, the American College of Surgeons, and others, shared responsibility for the problems Bradfield outlined and that the NAACP tried for years to influence national and state legislation regarding discrimination in the medical field.⁴⁰⁰ He stated that “most of the opportunities that the Negro

³⁹⁷ The Associated Negro Press (ANP) also worked with the NAACP in the campaign to oust schools that practiced African American exclusion. The ANP’s stance was for integrated medical schools and hospitals.

³⁹⁸ Ibid, 42.

³⁹⁹ Ibid, 42.

⁴⁰⁰ Ibid, 50-51.

medical men now enjoy in non-Negro hospitals has been due to the Association's efforts over a period of many years," but that they also planned to publish statistics on the hospitals that refused to hire Black medical professionals in a continued effort to draw publicity to the issue. The NAACP firmly opposed what they called "Jim Crow" hospitals and worked for decades to promote the inclusion of Black medical professionals in public institutions.

While the NAACP publicly decried segregated institutions, not all members supported their stance. In an essay published by the *Journal of Negro Education* in 1935, W.E.B. Du Bois inquired as to the necessity of separate schools for African Americans. Focusing on education, including postsecondary education, Du Bois wrote, "The plain fact faces us, that either he will have separate schools or he will not be educated."⁴⁰¹ He claimed that the education Black students received in integrated institutions did not qualify as education and that adults should not sacrifice children by "thrusting them into hells where they are ridiculed and hated."⁴⁰² By accepting that American attitudes towards African Americans were unlikely to change drastically in the near future and focusing efforts on supporting separate institutions, Black students could receive a restorative education at an institution that valued them. Du Bois cited the lack of support Black institutions received both by Black Americans and also by the NAACP, which he claimed, "...have spent thousands of dollars to prevent the establishment of segregated Negro schools, but scarcely a single cent to see that the division of funds between white and Negro schools, North and South, is carried out with some faint approximations of justice."⁴⁰³ He wrote

⁴⁰¹ W. E. Burghardt Du Bois. "Does the Negro Need Separate Schools?" *The Journal of Negro Education* 4, no. 3 (1935), 328–35. <https://doi.org/10.2307/2291871>.

⁴⁰² *Ibid*, 331.

⁴⁰³ *Ibid*, 332.

that Historically Black Colleges and Universities were unable to provide the same quality of education because they received one hundred to one thousand times fewer funds than white colleges did, but that the public claimed the fault lay with Black Americans and their abilities, rather than acknowledging the systemic inequities that faced Black universities. He wrote:

theoretically, the Negro needs neither segregated schools nor mixed schools. What he needs is Education. What he must remember is that there is no magic, either in mixed schools or in segregated schools. A mixed school with poor and unsympathetic teachers, with hostile public opinion, and no teaching of truth concerning black folk, is bad. A segregated school with ignorant placeholders, inadequate equipment, poor salaries, and wretched housing, is equally bad. Other things being equal, the mixed school is the broader, more natural basis for the education of all youth. It gives wider contacts; and suppresses the inferiority complex. But other things seldom are equal, and in that case, Sympathy, Knowledge, and the Truth, outweigh all that the mixed school can offer.⁴⁰⁴

The NAACP fought for full integration of public facilities, but institutions such as Wheatley Provident Hospital in Kansas City, Missouri, worked to fulfill the requirements outlined by Du Bois in his essay. Though the institution experienced economic hardship exacerbated by the depression of the 1930s, the people involved with the hospital sought to support their community by providing modern, respectable health care to Black patients in Kansas City.

While the NAACP worked towards the inclusion of Black physicians and nurses at public institutions, medical professionals in Kansas City worked to address the public health crisis that affected much of the Black population in the area. Dr. Thompkins was the first Black superintendent of General Hospital 2 in Kansas City, Missouri. He was a graduate of Lincoln University in Missouri, the University of Colorado, and Howard University School of Medicine. During his

⁴⁰⁴ Ibid, 335.

tenure as superintendent the hospital was improved from a Class D to a Class A institution. He established the *Kansas City American* and served as its editor.⁴⁰⁵ He served as the assistant superintendent of health in the Department of Hygiene and Communicable Diseases in Kansas City where he established a survey of the health conditions of African Americans in the City. In 1934, President Roosevelt appointed him as recorder of deeds for the District of Columbia.⁴⁰⁶ In the 1930s, Dr. William J. Thompkins wrote a letter to a Kansas City health commissioner outlining the issues that affected health outcomes among African Americans. Among myriad issues, Thompkins noted that the death and disease rates in Kansas City, Missouri were higher than in New York City due to the lack of a modern sewer system.⁴⁰⁷ Thompkins noted that most Black households still used outhouses, and many of the schools, sometimes supporting 300-400 students, also used outhouses.⁴⁰⁸ Describing some of the conditions, Thompkins wrote:

One-half of the area of Kansas City, at this present moment, is strewn with scores of thousands of tons of filth and hot-beds of the most deadly germs. It will further show that thousands of tenement-houses have not been papered or painted in the past twelve years. It will further show scores of homes where tubercular patients after tubercular patient has died, after which, no fumigation, disinfection, or sterilizing has ever been done. It will further show that Kansas City has not had an up-to-date health program, nor have the people of this city been given the first

⁴⁰⁵ Dr. Thompkins previously wrote to W.E.B. Du Bois in the 1920s hoping to garner Du Bois' support of General Hospital 2. William J. Thompkins, "Letter from William J. Thompkins to W. E. B. Du Bois, December 16, 1921". W. E. B. Du Bois Papers (MS 312). Special Collections and University Archives, *University of Massachusetts Amherst Libraries*, <http://credo.library.umass.edu/view/full/mums312-b019-i019>.

⁴⁰⁶ "Dr. William J. Thompkins Rites Held: Was Recorder of Deeds for 10 Years; Gained High Praise; was 60 Dies at 60." *New York Amsterdam News*, Aug 12, 1944; "Laud Thompkins for Work as Recorder of Deeds: Thompkins is Making Progress Kansas Man has Made Good in Work in Washington had Big Fight." *Atlanta Daily World*, Jun 17, 1935.

⁴⁰⁷ "Health; Kansas City," Ramos-Lincoln Collection-Vertical Files: Health-Kansas City, Box 2, Folder 1, *Kansas City Public Library*.

⁴⁰⁸ "Health; Kansas City," Ramos-Lincoln Collection-Vertical Files: Health-Kansas City, Box 2, Folder 1, *Kansas City Public Library*.

foundation of a health program. It will further show that the Negroes, as far as health is concerned, have not had a chance.⁴⁰⁹

The city did not carry out sanitary or health inspections in Black neighborhoods or businesses and did not support clean-up work in those areas, either. Thompkins called for routine immunizations and a modernized sewer system, noting that the city would experience epidemics with an increasing population without improved health care. Due to these conditions, the morbidity and mortality rates among African Americans in Kansas City were higher than that of the white population. Thompkins wrote, "The statistics will show that you have a Colored population of 34,966, and a white population of 332,515, in Kansas City. The record will show that 5,100 deaths were recorded last year. 4,172 were white and 928 Colored; and while the population is one to ten, the death rate for colored is 26.54%, as against 12.54% for the whites."⁴¹⁰ These conditions, paired with systemic exclusion from medical facilities and inadequate numbers of Black physicians for the population, created insurmountable challenges for the Black hospitals in the Kansas Cities. Despite national outcry confronting the harms of segregated hospitals, Wheatley Provident Hospital continued operating throughout the 1930s, with strong support from its community and community organizations.

Wheatley Provident Hospital, the institution Dr. J. Edward Perry founded, operated throughout the 1930s and experienced few issues plaguing the other Black medical institutions. The economic effects of the Great Depression notwithstanding, Wheatley Provident received consistent support from the Kansas City community and various organizations throughout the decade. The Wheatley Provident Auxiliary was still hosting the annual fashion show to benefit

⁴⁰⁹ Ibid.

⁴¹⁰ Ibid.

the hospital in the 1930s. On April 17, 1936, the Kansas City American reported that over 10,000 attended the benefit, which consisted of not only the fashion show but a live orchestra, dancing, and displays of “motorcars.”⁴¹¹ Newspapers in the area reported on the event in the weeks leading up and following the fashion show, noting that tickets were selling out quickly for the show’s 19th event.⁴¹² Dr. Perry was in attendance, as were Minnie Crosswaite, Beatrice Johnson, and Etta Davis, the event’s organizers.⁴¹³ Fredericka Perry organized the auxiliary in 1917 and served as the president for two years. She resigned to organize the Beacon Club to support the nurses at the hospital. Minnie Crosswaite had served as the president of the auxiliary since 1919. According to Dr. Perry, the Auxiliary’s work lifted the hospital out of indebtedness, which allowed it to erect an annex, “...which consisted of a boiler room, clinical laboratory, X-ray laboratory, and assembly room for clinical patients, office room for social worker, several clinic rooms, library, room for directors, dressing room, two rooms for isolation in questionable cases, and twenty-five beds for pediatrics.”⁴¹⁴ The efforts of the women associated with the hospital singlehandedly transformed the institution in the 1920s and 1930s.⁴¹⁵

⁴¹¹ "Over 10,000 at Fashion Show the Fashion Show a Hit, New Styles at Big Auditorium." *Kansas Whip* (Topeka, Kansas) IX, no. 53, April 17, 1936: PAGE [ONE]. *Readex: America's Historical Newspapers*.

⁴¹² "Fashion Show Tickets Going Fast, Sponsors Say," *Kansas Whip* (Topeka, Kansas) IX, no. 52, April 10, 1936, 1. *Readex: America's Historical Newspapers*.

⁴¹³ Minnie Crosswaite was the president of the Wheatley Provident Hospital Auxiliary following Fredericka Perry. Etta Davis and Beatrice Johnson were co-chairmen of the event.

⁴¹⁴ John Edward Perry, *Forty Cords of Wood: Memoirs of a Medical Doctor*, (Jefferson City: Lincoln University, 1947), 356.

⁴¹⁵ Women also consisted of 30% of the Board of Wheatley Provident Hospital in 1918. K. David Hanzlick, *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870 to 1940*, (Columbia, Missouri: University of Missouri Press, 2018), 183.

Women's clubs in the area supported all of the Black hospitals. The Kansas City Association of Women donated furniture to Wheatley Provident Hospital,⁴¹⁶ and the National Association of Colored Women (NACW) supported the hospitals in various capacities.⁴¹⁷ The NACW's national notes mention raising money via churches and rummage sales to benefit the hospitals. In *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870-1940*, K. David Hanzlick writes that in 1912 the NACW women in Kansas City organized a Halloween party to raise funds for Perry Sanitorium.⁴¹⁸ Additionally, in March 1934, they began fundraising for additional baby bassinets for the Douglass Hospital in Kansas City, Kansas.⁴¹⁹ The same month, the NACW outfitted a new patient room at Douglass Hospital with a modern patient bed and other equipment in honor of a fellow club woman.⁴²⁰ Decades of support by women's clubs in the area illustrate the community effort required for the successful tenure of the hospitals.⁴²¹ The NACW's diligent recordkeeping provides a record of their commitment to the health and welfare of their community. And while they supported Black hospitals and health, their stance on segregated institutions began to fall in line with that of the NAACP. In an address to the NACW, Dr. Mary F. Waring, president of the association in 1934, stated, "We

⁴¹⁶ "A New Head for Clubs." *Kansas Whip* (Topeka, Kansas) X, no. 6, May 22, 1936: PAGE [FIVE]. *Readex: America's Historical Newspapers*.

⁴¹⁷ Fredericka Perry was a member of the NACW throughout her life and served in varying roles within the organization.

⁴¹⁸ K. David Hanzlick, *Benevolence, Moral Reform, Equality: Women's Activism in Kansas City, 1870 to 1940*, (Columbia, Missouri: University of Missouri Press, 2018), 183.

⁴¹⁹ "National Notes [publication of the NACWC], 1934," *National Association of Colored Women's Clubs*, Records of the National Association of Colored Women's Clubs, 1895-1992, Part 1: Minutes of National Conventions, Publications, and President's Office Correspondence Collection, 23.

⁴²⁰ *Ibid*, 24.

⁴²¹ Douglass Hospital also received support from the Douglass Auxiliary which provided funding and equipment for the hospital. Eugene H. Kelly, "Douglass Hospital History," RH MS P214, (*Kenneth Spencer Research Library*, University of Kansas, 1957), 4.

must continue to keep in mind the fact that so long as we encourage segregation in institutions, in public affairs, etc., we put upon ourselves a mark of inferiority. We believe in ourselves. We must make other people believe in us. There is no reason why our race should have to be segregated in public affairs.”⁴²² For years the NAACP, physicians, and activists spoke out against the creation of segregated Black hospitals and colleges, but it was during the 1930s that the deleterious effects of segregated institutions began to become more apparent, and activists became increasingly vocal in their antipathy for them. While local women’s clubs unwaveringly supported the hospitals, new ideology regarding separate but equal institutions began to gain traction during this decade.

⁴²² “National Notes [publication of the NACWC], 1934,” *National Association of Colored Women's Clubs*, Records of the National Association of Colored Women's Clubs, 1895-1992, Part 1: Minutes of National Conventions, Publications, and President's Office Correspondence Collection, 3.

Conclusion

Hospitals and the medical profession underwent drastic changes during the early twentieth century. National associations, including the American Medical Association (AMA), moved to professionalize medicine and, in doing so, ousted most African Americans from their ranks. In response, Black physicians established the National Medical Association (NMA) in 1895. The NMA set three central goals for the organization: 1. Determine *how* they would address the health care needs of the Black population, 2. Increase the number of Black physicians, and 3. Improve the overall health of African Americans in the United States.⁴²³ Physicians in the Greater Kansas City Area followed these guidelines and unintentionally created a micro-Black Hospital Movement.

The objectives of the physicians were explicit: gain professional experience and provide modern, respectful care to the nascent African American population in the area. Using strategic political maneuvering and with the help of nurses, activists, churches, and community organizations, they created the Kansas City Black Hospital Movement. While physicians initiated alliances with influential white physicians, churches provided funding and encouraged community members to patronize Black established hospitals. Community organizations coordinated potlucks and fundraisers to support the hospitals and identified local women to train as nurses. Once they completed training, nurses maintained hospital operations as physicians provided patient care and trained interns.

The Greater Kansas City region, for several reasons, deviated from the accepted trajectory of Black professionalization in medicine. Major weather events exacerbated health

⁴²³ “History - National Medical Association,” *National Medical Association*, <https://www.nmanet.org/page/History>.

care disparities in Kansas City during the early twentieth century. While medical inequality in health care existed nationally, a major flood in 1903 called greater attention to issues that impacted Black Kansas Citizens. Douglass Hospital in Kansas City, Kansas, was established in 1898, and the John Lange Hospital in 1902, but the 1903 flood illuminated African Americans' lack of public healthcare facilities. Dr. T. C. Unthank provided healthcare to African Americans affected by the flood; this experience prompted him to advocate for a public hospital for Blacks. Dr. Unthank's advocacy launched the creation of a public hospital for African Americans in Kansas City, Missouri, known as General Hospital 2. His ability to influence white physicians and politicians played a significant role in the favorable outcome of the Black Hospital Movement in the Greater Kansas City Area.

In this case, the area's straddling of state lines, a free state – Kansas, and a slave state – Missouri, complicated politics and the status of Jim Crow law. Political fluidity allowed Black physicians to take advantage of these complications, and they inserted themselves early on into the regions' political sphere, rallying white physicians to their cause. While motivations of white support of Black hospitals differed,⁴²⁴ they nevertheless allowed for the creation of a parallel community in the Greater Kansas City Area. Physicians' advocacy on behalf of the Black medical profession and community played a significant role in creating the movement. Still, without the support of community organizations and nurses, the hospitals would have failed early on.

⁴²⁴ A newspaper article reported that the Ku Klux Klan sent \$25.00 to Douglass Hospital in 1922 in an apparent attempt to maintain racial segregation. The hospital sent it back. Still, Dr. Perry also noted white physicians' eventual respect and genuine support in Kansas City. "Ku Klux Visits Colored Churches in Kansas City." (Baltimore) *Afro-American*, Jun 23, 1922.

Creating nurses' training schools that operated alongside the Black hospitals was necessary for the movement. This requirement further set Kansas City apart from the accepted history of Black professional development in medicine, as Black women could not attend medical schools in the area. Determined to exclude one Black woman, Dr. Geraldine Mowbray, the University of Kansas paid her to attend Howard University instead.⁴²⁵ Despite the regions' political fluidity, segregation in health care and professionalization remained steadfast during the early twentieth century. The medical professions' strict adherence to segregation meant that Black physicians had to establish nurses training schools alongside their hospitals. While nurses needed physicians for training and job opportunities, the physicians relied upon the nurses to run the institutions, often serving the community for the duration of their careers.

My work on community creation of Black hospitals in the Greater Kansas City Area is particularly timely given current discussions on health care access for African Americans. The doctors who emigrated to the Kansas City area and opened these hospitals opened them, in part, to stop the spread of infectious diseases among the African American community.⁴²⁶ Due to the lack of access to health care facilities, contagious diseases spread rampantly among Black communities across the United States who often lived in close quarters with numerous families occupying single-family spaces during the early twentieth century. These doctors and their community partners sought to create spaces where African Americans could receive treatment free from discrimination and racial biases. My research illuminates the work that Black doctors and their community partners engaged in to close the gap in health care access between Black

⁴²⁵ The University of Kansas paid her tuition at Howard University from 1939 to 1941. Geraldine Mowbray-Arnett collection, RH MS 1489, *Kenneth Spencer Research Library*, University of Kansas.

⁴²⁶ Tuberculosis, particularly.

Americans and white Americans at the time. Additionally, my work highlights the community organizing that made medical reform in the greater Kansas City area possible and successful.

Though hospitals now are legally prevented from discriminating based on race, inherent biases toward Black individuals persist both in greater society and within the medical community. These biases in medical care specifically stem from long-held beliefs—that is, myths—about the biology of Black bodies. As mentioned in the opening chapter, Dr. Samuel Cartwright and other physicians during the nineteenth century championed these biases to uphold slavery, citing the inferiority of the African race. These biases persisted into the twentieth century; even as Black physicians fought to correct them. Death rates among Black Americans remain consistently higher than whites,⁴²⁷ and one hardly needs to mention the interwar era medical experimentation on Black bodies.

The first official acknowledgment of racial bias in medicine was published in 1985 by the Department of Health and Human Services. The report, “Report of the Secretary's Task Force on Black and Minority Health,” supported the notion that African Americans experienced a lack of adequate health care in the United States, undeterred by the increasing accessibility to modern facilities.⁴²⁸ Despite this and many reports confirming and augmenting the report's findings, medical students over thirty years later continue to hold scientifically disproven beliefs about African Americans, especially as it relates to pain tolerance. A 2016 study of medical students

⁴²⁷ Benjamins MR, Silva A, Saiyed NS, De Maio FG, “Comparison of All-Cause Mortality Rates and Inequities Between Black and White Populations Across the 30 Most Populous US Cities,” *JAMA Netw Open*. 2021;4(1):e2032086. doi:10.1001/jamanetworkopen.2020.32086

⁴²⁸ United States Department of Health and Human Services. Task Force on Black and Minority Health, “Report of the Secretary’s Task Force on Black & Minority Health,” - *National Library of Medicine*, August 1985, <https://collections.nlm.nih.gov/catalog/nlm:nlmuid-8602912-mvset>.

showed that half of the students questioned believed that Black people had thicker skin than white people and thus, experienced less pain.⁴²⁹ Not only is this alarming because these doctors are likely treating patients currently, but this is a direct, persistent myth that racist pseudo-physicians created to uphold the institution of slavery, which researchers have repeatedly invalidated.⁴³⁰

The COVID-19 pandemic illuminated and heightened medical disparities for African Americans. Several organizations, including one by the Centers for Disease Control and Prevention (CDC), have published studies describing the disproportional impact COVID-19 had on African Americans.⁴³¹ The Association for the Study of African American Life and History's (ASALH) theme for Black history month was "Black Health and Wellness," and their annual

⁴²⁹ Kelly M. Hoffman et al., "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites," *Proceedings of the National Academy of Sciences* 113, no. 16 (April 19, 2016), 4296–4301.

⁴³⁰ Tori DeAngelis, "How Does Implicit Bias by Physicians Affect Patients' Health Care?," *American Psychological Association*, <https://www.apa.org/monitor/2019/03/ce-corner>. William J. Hall et al., "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review," *American Journal of Public Health* 105, no. 12 (December 2015), 60–76, <https://doi.org/10.2105/AJPH.2015.302903>. Janice A. Sabin, "How We Fail Black Patients in Pain," *Association of American Medical Colleges*, <https://www.aamc.org/news-insights/how-we-fail-black-patients-pain>; Monique Tello, MD, "Racism and Discrimination in Health Care: Providers and Patients," *Harvard Health Publishing*, January 16, 2017, <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>.

⁴³¹ CDC, "Health Equity," *Centers for Disease Control and Prevention*, January 25, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; Monica E. Peek, Russell A. Simons, William F. Parker, David A. Ansell, Selwyn O. Rogers, and Brownsyne Tucker Edmonds, "COVID-19 Among African Americans: An Action Plan for Mitigating Disparities" *American Journal of Public Health* 111, 2021, 286–292, <https://doi.org/10.2105/AJPH.2020.305990>; Maritza Vasquez Reyes, "The Disproportional Impact of COVID-19 on African Americans." *Health and Human Rights* vol. 22,2 (2020), 299–307, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7762908/>; Sherita Hill Golden, "Coronavirus in African Americans and Other People of Color," *Johns Hopkins Medicine*, April 20, 2020, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-racial-disparities>.

conference is titled the same. Nationally, scholars have created working groups dedicated to reducing disparities in health care for African Americans. American physicians and health care organizations have the responsibility to address inequities in medicine. As my Kansas City Area case study shows, communities and scholars have limited power in addressing health inequities. It is also the responsibility of professional organizations, such as the American Medical Association, to contend with their racist histories and establish guidelines dedicated to addressing health inequities in the United States.

At the turn of the twentieth century, physicians, nurses, activists, churches, and community organizations united to solve a problem that affected an underrepresented population in the Greater Kansas City Area. Many dedicated their entire lives to the service of their community, often performing tasks outside of their traditional roles or providing medical care without compensation. These accomplishments would have been fruitless without the sacrifices of women like Fredericka Perry and Frances Booth. Their efforts helped create the first Black public hospital in the United States, the development of a parallel community, a micro-Black hospital movement, and professional recognition in American medicine.

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