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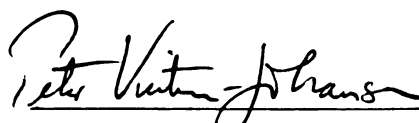
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The Black Cultural Nationalist Alternative to  
Individualistic and Curative-Oriented Medicine

By

Daniel Gene Dutkiewicz II

A Thesis

Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of

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1994

## Abstract

### The Black Cultural Nationalist Alternative to Individualistic and Curative-Oriented Medicine

By

Daniel Gene Dutkiewicz II

Unprecedented consumption of health-care services has been fueled by an Euro-American tendency to solve social problems medically in individuals who no longer value self care. Since the turn of the century, physicians have expanded the demand for health-care services by transforming the need for communal solutions to social problems into a need for medical remedies, specific to individual hosts. In the 1920s, however, W.E.B. Du Bois identified and promulgated a black cultural nationalist alternative to this medical delivery system in which demand for services would not expand the health-care marketplace. Instead, African American physicians collaborated with black workers to preserve self-care autonomy within the black community and to solve social problems by equitably restructuring political and economic relations. This thesis explores such a model of preventative and community-based medicine, particularly the conjunction of blacks in the medical profession and Du Bois' argument about the role of black cultural nationalism in creating distinctive minority communities.

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For Kim, who would rather kiss a fire-breathing dragon on  
the nose than slay it with a sword.

## ACKNOWLEDGMENTS

I wish to express a profound debt of gratitude to Peter Vinten-Johansen, who sees the germ, in spite of the manure.

I also desire to thank my imperfect parents for tolerating and supporting their imperfect son.

Additionally, I must acknowledge three Professors, Richard Thomas, Harry Reed, and Darlene Clark Hine, for teaching me that if white is the absence of color, the color of history is certainly not white.

Finally, I want to communicate my appreciation to Eric Leaman for helping me to understand the intricacies of personal computing. I suspect that Eric is one man actually served by technology.



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## Introduction

One ever feels his twoness,-an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder.

The history of the American Negro is the history of this strife,-this longing to attain self-conscious manhood, to merge his double self into a better and truer self. In this merging he wishes neither of the older selves to be lost. He would not Africanize America, for America has too much to teach the world and Africa. **He would not bleach his Negro soul in a flood of white Americanism, for he knows that Negro blood has a message for the world.**<sup>1</sup> He simply wishes to make it possible for a man to be both a Negro and an American, without being cursed and spit upon by his fellows, without having the doors of Opportunity closed roughly in his face.

W.E.B. Du Bois, 1917

So we are called to wholeness and simultaneously to recognition of our incompleteness; called to power and to acknowledge our weakness; called to both individuation and interdependence. Thus the problem-indeed, the total failure-of the "ethic" of rugged individualism is that it runs with only one side of the paradox, incorporates only one half of our humanity. It recognizes that we are called to individuation, power, and wholeness. **But it denies entirely the other part of the human story: that we never fully get there and that we are, of necessity in our uniqueness, weak and imperfect creatures who need each other.**<sup>2</sup>

M. Scott Peck, M.D., 1987

The high cost of health-care is a major problem in the United States today. Most reform efforts are designed to

pressure providers (physicians, hospitals, insurance companies, and pharmaceutical manufactures) into lowering expenditures. Few initiatives, however, attempt to curb expansion of the health-care market by reducing consumer demand. Unprecedented consumption of health-care services has been fueled by a Euro-American tendency to solve social problems medically in the individual. A devaluation of self care primarily by Euro-Americans has permitted physicians to expand the demand for health-care services by transforming the need for communal solutions to social problems into a need for medical remedies, specific to individual hosts. Many Euro-Americans, who depended on black workers to endure industrial pain, moreover, rarely understood the need for communal efforts to equitably restructure political and economic relations between blacks and whites. As a result, Euro-Americans have generally not valued attempts to solve social problems nonmedically by improving the disease-causing conditions of impoverished environments.

In the 1920s, however, W.E.B. Du Bois identified and promulgated a black cultural nationalist alternative to this medical delivery system in which demand for services would not expand the health-care marketplace. Instead, African American physicians collaborated with black workers to preserve self-care autonomy within the black community and to solve social problems by equitably restructuring political and economic relations between rich and poor African Americans. This collaborative effort in the 1920s

between African American physicians and black workers to develop preventative and community-based medicine that emphasizes public health and restores a measure of self care and tolerance to solve social problems in political-economic ways offers an alternative to pervasive loss of autonomy and consequent medicalization in the Euro-American health-care system.

In an effort to uncover this black cultural nationalist alternative to the Euro-American system of individualistic and curative-oriented medicine, I rejuvenated the terminology of W.E.B. Du Bois (ruling class and propaganda) and Alain Locke (leisure class and working class) to challenge contemporary historians in the United States who have sanitized our language in order to create a fictional society in which class ostensibly does not matter and in which race is an important measure only within the context of discrimination.<sup>3</sup> The use of language by Du Bois and Locke supplied me with the necessary analytical tools to empathetically explore the conjunction of blacks in the medical profession and Du Bois' argument about the role of black cultural nationalism in creating distinctive minority communities.

## Chapter 1

### **Failings of Euro-American Health Care and Advantages of an African American Medical Delivery System**

A largely unexamined ideological attachment to the ethic of rugged individualism has biased the manner by which Euro-Americans, members of the dominant culture in the United States, conceptualize the problem of black dispossession. The internalization of this belief has left even the most liberal Euro-Americans believing that only the denial of individual opportunity, via discriminatory practices, offers a plausible explanation for the disadvantaged conditions of many African Americans. Implicit in this view, according to Manning Marable, is the assumption that Euro-Americans, through their own individual initiatives, have somehow accumulated an unprecedented amount of capital without assistance from African Americans. Marable debunks this notion by reminding his readers that black workers, as evidenced by an unbroken three hundred and fifty-year legacy of slavery, sharecropping, convict-leasing, and labor exploitation, have played an integral role as unwilling suppliers of free or marginally compensated labor in capital accretion by Euro-Americans. The authentic cause, argues Marable, of black

underdevelopment is "[t]he constant expropriation of surplus value created by black labor."<sup>1</sup> The argument that black dispossession has resulted from discriminatory practices, therefore, provides members of the dominant culture with a means to avoid the recognition of African Americans as distinctive and integral participants in the U.S. system of political economy. That is, an assumption that African Americans have never fully entered the marketplace has enabled Euro-Americans to evade the admission of their own dependency in this historic monopolization of black labor.

*The Euro-American Dependency on Black Labor Exploitation*

According to Walter A. Johnson, Gunnar Myrdal instituted this modern view of black exclusion in liberal ideology "by arguing that the 'Negro problem' was really a 'white man's problem,' a massive social problem of national dimensions caused by white racial discrimination."<sup>2</sup> Academics who internalized this belief have relegated African Americans to victimhood by discrimination. As a consequence of not exploring the central role of African Americans in the political economy of the United States, moreover, these scholars have promulgated a skewed view of the American marketplace by failing to examine how this Euro-American dependency has shaped general patterns of consumption. In the realm of the medical market, for example, Paul Starr views blacks only in the context of exclusion: "deliberate policies of discrimination against

Jews, women, and blacks [in the medical profession] promoted still greater [Euro-American] social homogeneity."<sup>3</sup> By advocating the view that the modern medical delivery system has developed in spite of black exclusion, Paul Starr automatically discounted how the Euro-American dependency on black labor has affected the way Americans consume health-care services.

*The Loss of Political-Economic and Self Care Autonomy: The Development of Individualistic and Curative Medicine and the Undermining of Public Health Efforts*

Successful efforts by many Euro-Americans to avoid the suffering attendant industrial organization ironically eventuated in a loss of political-economic autonomy when Euro-Americans became dependent on others. Similar efforts by Euro-Americans to avoid physical suffering via dependent relationships on white physicians eventuated in a loss of self-care autonomy. That is, the loss of Euro-American self-care autonomy--the ability of individuals and households to diagnose and treat many maladies without consulting professionals--inadvertently granted white physicians unprecedented authority over the health-care market. Euro-American doctors utilized this new power to expand the demand for health-care services by transforming the need for communal solutions to social problems (such as inadequate food supplies, unhealthy working conditions, and unsanitary living arrangements) into the need for medical remedies to diseases in individual hosts. Public health

efforts to improve the material conditions of the entire human community and consequently end the prevalence of diseases born out of impoverished and dangerous environments were not viewed as necessary by Euro-Americans who relied on black workers to suffer.

At the beginning of the 20th century, the preferred response to black ill-health, as stated by Darlene Clark Hine, "linked the general deterioration in the health of black Americans to the absence of adequate health care-delivery systems."<sup>4</sup> Accordingly, some black leaders, in conjunction with white philanthropists, set out to improve black health by replicating the white model of medicine in the minority community.<sup>5</sup> This well-intentioned effort, which focused on the organic aspects of ill-health and virtually ignored the need to improve the unhealthful and dangerous environments of African Americans, proved palatable to many Euro-Americans. For white doctors, it validated expansion of the health-care market and the assumption that diseases were best combated in individual hosts. For other Euro-Americans, it proposed a solution to black morbidity and mortality that did not challenge them to restructure their economic and political relations with black workers.

*The Medicalization of the Dominant Culture and the Emergence of Anti-Communitarianism in the Euro-American Community*

By the 1920s, the transference of political and economic suffering to African Americans, via their



historical consignment to the most labor intensive and least compensated jobs, had left many members of the dominant culture unaware of the actual industrial pain associated with rapid economic development in the United States.<sup>6</sup> As a result, Euro-Americans did not understand the need for communal initiatives to share in the responsibility of improving the miserable housing and working conditions of African Americans as an essential pre-condition for repoliticalizing their medical conditions. Instead, these Euro-Americans assumed individual problems were best handled via fee-for-service arrangements and private contractual relationships with a medical profession concurrently pruning itself of most members other than upper-middle class Euro-Americans. According to Ivan Illich, this type of medical organization, based on an intimate doctor/patient relationship, permitted white physicians to personalize political problems, taking the form of biological ailments and requiring medical cures. Under this arrangement, illnesses born out of impoverished environments, like tuberculosis, were thought to be best treated in individual hosts. That is, Euro-American loss of medical autonomy and the subsequent medicalization of all individual conditions depoliticalized most whites. Members of the dominant culture remained in a state of denial over their dual loss of autonomy by adapting the ethic of rugged individualism to hold that it was possible for an individual to simultaneously escape both the political-economic and

physical manifestations of pain. By valuing an individualistic and curative-oriented medical delivery system, most Euro-Americans did not recognize a need for communal solutions to social problems. Consequently, they did not understand the need for public health efforts to more equitably restructure political and economic relationships between members of the dominant culture and black workers as a means to control the unnecessary expansion of their health-care market, to establish healthy environments, and to subsequently prevent diseases.

*The Black Cultural Nationalist Alternative: Preventative and Community-Based Medicine with an Emphasis in Public Health*

According to the social philosopher, W.E.B. Du Bois, many blacks of the 1920s due to frequent relegation to the subsistence occupations, particularly as farm laborers and industrial workers, were well-aware of the human costs of industrial re-organization. As a consequence of regularly having to endure difficult circumstances, members of this minority culture in the United States appear to have accepted the impossibility of eliminating all economic and social hardships. Instead, these black workers were compelled to survive on what small amounts of income their labor brought them. This forced ability to independently persevere without depending on other blacks to suffer, ironically, left African Americans free to restructure political and economic relations more equitably within the

minority community and to consequently solve social problems nonmedically outside the individual. In the 1920s, Du Bois identified and publicized a black cultural nationalist system of health care in which African American physicians and black workers were expected to collaborate in an effort to end the prevalence of diseases born out of impoverished and dangerous environments and in which African American physicians and black workers were expected to value self care.<sup>7</sup> Such preventative and community-based health-care, emphasizing public health initiatives to relieve poor living and working conditions, suggested a way to decrease black morbidity and mortality without depoliticalizing black workers and unnecessarily expanding the health-care market. This communal solution to black ill-health reflected a strong black cultural nationalist orientation, defined critically by Wilson Jeremiah Moses: "If there is one essential quality of black nationalism, however, it is the feeling on the part of black individuals that they are responsible for the welfare of other black individuals..."<sup>8</sup>

#### *Euro-American Efforts to Obscure the Minority Culture's Alternative*

The black cultural nationalist alternative to the individualistic and curative oriented medical delivery system never reached the Euro-American public consciousness because white capitalists exercised their control over financial, educational, and publishing institutions to

manufacture a perception of African American as inhuman creatures unfit for anything other than menial work. Moreover, white physicians and philanthropists further undermined the credibility of black medical practitioners in Euro-American popular culture by arguing that blacks were ill-prepared and ill-equipped to practice Euro-American style medicine. Two influential figures of the Harlem Renaissance, Alain Locke and W.E.B. Du Bois argued that capitalists justified their role in the exploitation of African Americans as a inexpensive source of labor by waging a propaganda war in the popular media, depicting blacks as physical, hyper-sexualized beasts, devoid of higher reasoning capacities, and best controlled by a relegation to the most arduous jobs. Capitalist foundations further damaged black credibility by helping the medical profession to establish new standards for legitimate medical education that were impossible for most black medical schools to meet. Criteria for certification by "scientific" training considered necessary to prepare physicians to diagnose all ailments as diseases, specific in individual hosts, required medical schools to make large capital outlays for expensive upgrades of their physical plants (e.g., the construction of new laboratories).<sup>9</sup> When black medical schools failed to meet these requirements--an impossible task for a materially dispossessed race--white male physicians and philanthropists judged blacks incompetent to practice individualistic and curative-oriented medicine. With the establishment of one

standard of medical education and the near elimination of this alternative set of educational institutions, which had trained several generations of black physicians since the middle 19th century, white capitalists and Euro-American physicians failed to acknowledge the value of other medical delivery systems. As a result, the black cultural nationalist system of health-care, based on the assumption that black morbidity and mortality were best countered by improving the material conditions of unhealthful environments, went unacknowledged as a viable alternative to the problems of black ill-health.<sup>10</sup>

*Preserving the Black Cultural Nationalist Alternative and Its Contemporary Significance*

African Americans were left with no other option than to preserve their commitment to preventative and community-based medicine while participating in an antipathetic set of Euro-American controlled educational institutions.<sup>11</sup> Included in this Euro-American controlled group were the two remaining black medical schools, Howard and Meharry, which conformed to Flexnerian standards by accepting foundation capital. Throughout his prolific career, W.E.B. Du Bois encouraged the better-off members the black working class, who skillfully managed to accumulate the resources necessary to obtain adequate training, to pursue education at these institutions for the purpose of entering the medical profession. Du Bois, however, urged African American

physicians (after their establishment in the professional world) to depart from the typical behavior of Euro-American doctors by investing any wealth they generated from medical practice in the vital institutions of the black community, like schools and small businesses.<sup>12</sup> This collaborative relationship between African American physicians and black workers, where it existed, strengthened the financial, educational, and publishing capacity of this minority culture to challenge the dominant culture's control of the image of African Americans (as inhuman workhorses) in the Euro-American public consciousness. Du Bois and others publicized Harlem of the 1920s as a shining example of a black community that accurately reflected a black cultural nationalist orientation. This kind of communal commitment to improve unhealthy and dangerous environments by restructuring political and economic relations, if ever acknowledged by whites, offers Euro-Americans an effective strategy to control the unnecessary expansion of their health-care market.<sup>13</sup> Such actual retention of black political-economic autonomy provides members of the dominant culture with an alternative to their current method of solving all social problems medically in the individual.

## Chapter 2

### **A Collaborative Relationship between African American Physicians and Black Workers: The Retention of Political-Economic and Self-Care Autonomy**

At a time, in the late 1910s, when most Euro-Americans were beginning to grant white physicians the professional authority to solve social problems by focusing on the organic aspects of health, black workers sought to collectively improve their poor working conditions and living arrangements by leading a migration to the new industrial centers of the North in search of better economic opportunities. By breaking the yoke of Southern economic victimization themselves, these black workers attempted to improve their unhealthy environmental conditions. As a result, black workers accepted responsibility to relieve their own suffering and consequently never granted African American doctors the opportunity to unnecessarily expand the demand for individual treatment as a solution to black ill-health.

It is the 'man farthest down' who is most active in getting up. One of the most characteristic symptoms of this is the professional man, Himself migrating to recapture his constituency after a vain effort to maintain in some Southern corner what for years seemed an established living and clientele. The clergymen following his errant folk, the physician or lawyer

trailing his clients, supply the true clues. In a real sense it is the rank and file who are leading, and the leaders who are following. A transformed and transforming psychology permeates the masses.<sup>1</sup>

Black workers restructured their economic and political relations with Euro-Americans (in hopes of ending black dispossession) by seizing what they then perceived as an opportunity created by the outbreak of World War One for economic independence. When the war began, many newly transplanted Europeans in the United States left their jobs vacant in the Northeast and Midwest sections in order to enter the U.S. armed forces; some returned home to fight under their respective flags. Such departures created a substantial dearth in the Northern labor market. Labor agents from that region, who desired to provide heavy industry with the manpower to furnish the warring countries with munitions and supplies, combed the South to replenish the lost supply of workers with black laborers. African Americans, part of the resulting exodus from the South, arrived in the industrial centers of the North. Subsequent waves of black migration ended in cities like Detroit, Cleveland, and Pittsburgh, as industry expanded to meet the needs of the a wartime economy. Many black physicians were forced to follow their patients up North if they wished to preserve their practices. These black doctors were never granted the professional authority by black workers to transform the need for communal solutions to black ill-health into a need for individual medical treatment, because



black workers remained politically able to improve their disease-causing environments, when an opportunity emerged in the North for economic independence.<sup>2</sup>

Although black workers successfully preserved their communal ability to solve social problems politically, the African American dream of laboring toward the coveted goal of economic independence in the North, however, typically met with a disillusioning reality. Euro-American workers, rather than challenging capitalists for better wages and working conditions, refused black workers admittance into labor unions. That is, white workers improved their own material conditions by consigning black workers to the least skilled, most repetitious, and lowest paying jobs.

In contrast, African American physicians who moved North in the 1920s numbered among the very few members of the black community who escaped subordination to either the Euro-American capitalist or working class. In fact, such members of the medical profession in the 1920s were deeply involved in the process of establishing themselves as small capitalists. Like Euro-American doctors, African American physicians quickly learned to exploit the newly developing consumer economy. The effects of the industrial revolution, especially the division of labor, transformed most Euro-Americans from self-sufficient producers into specialized consumers. Health, like oil or steel, became a commodity, subject to the rules of the market. The medical profession

recognized the lucrative potential of this new commodity and moved to manipulate the market for its strongest advantage.

While many skilled crafts were losing monopoly power, the physicians were establishing theirs. In the same period as the crafts were being subordinated to larger corporations, the medical profession was institutionalizing its autonomy. The doctors escaped becoming victims of capitalism and became small capitalists instead.<sup>3</sup>

Corresponding to this general conversion in the marketplace from producers to consumers, members of the dominant culture permitted white doctors to take over the diagnosis and treatment of medical ailments. In their new role, Euro-American physicians quickly established and monopolized a market for medical-care, where none existed before, by eliminating competition from within the profession (stringent educational requirements reduced the number of practicing physicians) and from outside it (rival medical sects were either incorporated into the mainstream profession or pushed to the periphery of medical practice).<sup>4</sup>

African American physicians, guided by the black cultural nationalist ideal, used this wealth to decrease the prevalence of black morbidity and mortality.<sup>5</sup> By supporting the development of public health initiatives to prevent the occurrence of disease-causing conditions in the black community, African American physicians voluntarily restructured their political and economic relations with

black workers and thereby willingly reduced the demand for individual medical treatment.<sup>6</sup>

Together with J.O. Hopkins he (Dr. Conwell Banton, a black physician) conducts a drug business and outside his regular work had held health week exhibitions, at which physicians, teachers, and social workers have spoken, and also conducted a tuberculosis clinic at a local hospital. As a result of his efforts the Delaware Anti-Tuberculosis Society has erected Edgewood Sanitarium for colored patients. The colored people are fortunate in having Dr. Banton to represent them on the Board of Education.<sup>7</sup>

According to Du Bois, Dr. Banton, a successful physician and druggist, applied his access to resources for the service of the black community. By sponsoring "health-week exhibitions", he openly encouraged blacks to educate themselves about ways to prevent environmental-born illnesses; teachers and social workers of that time often stressed the importance of healthful diets and hygienic living conditions. Efforts by these public health educators to acknowledge the problems of the minority community as being essentially political in origin (eg., poor living and working conditions) and their subsequent recommendations to train black workers to withstand these difficulties by taking care not to fall victim to dangerous environmental conditions never permitted the unnecessary expansion of the health-care market. Furthermore, Dr. Banton supported public health initiatives by using his lucrative position to help found a sanitarium designed to temporarily supply black

workers, stricken with Tuberculosis, with a more healthful living environment.

W.E.B. Du Bois, via the publication of such examples, reminded African American physicians of their special responsibility to serve the black community and warned them against undermining the ability of black workers to find communal solutions, via political means, to structural problems in the economy. Such respect for the political ability of black workers tempered the growth of their health-care market. However, some black physicians, exhausted from their own struggle to establish themselves in the American middle-class and worn out from the process of circumventing the obstacles that blocked their access to medical education, were tempted to profit from the way Euro-American physicians expanded the need for their services.<sup>8</sup> Any effort by African American doctors to medicalize their community, according to Du Bois, not only jeopardized the very existence of the black cultural nationalist ideal, but also threatened to undermine the existing collaborative relationship between African American physicians and black workers.

Negroes in the United States, being on the one hand American and on the other hand members, more or less integrated, of the Negro group, will not have so clear a duty before their eyes. They may think of their preferment chiefly as their personal accomplishment and therefore as a chance to escape unpleasant environmental and hateful conditions. They may look upon their careers as American, not Negro; withdrawing themselves from the Negro group as far as possible.<sup>9</sup>

As an alternative, Du Bois urged African Americans with an access to capital to improve the squalid conditions of black laborers, who required assistance from black professionals through the efforts of public health to ameliorate their state of material dispossession. No other group with the adequate resources possessed the will to help. Euro-Americans, who transferred their political-economic suffering to black workers, were unavailable to undertake this mission, because their belief, that individual success impacted no individual or group adversely, rejected the black cultural experience, which held that the material condition for most members of the dominant culture remained elevated at the expense of black workers.

Some African American physicians, however, practiced medicine by focusing on fee-for-service arrangements and private contractual relationships. These black doctors, like their white counterparts, profited from expanding the health-care market by attempting to undermine the need for communal, political solutions to the structural problem of black dispossession.

If they do this, they fail to recognize how much that cultural group has meant to them, how tremendously it has inspired them to effort and how a large sum has been given by poor unlettered black folk to the education and training of outstanding young men and women of Negro descent.<sup>10</sup>

African American professionals, according to Du Bois, were obligated to cooperate with black workers, whose material

sacrifices made the success of African American physicians possible. Black laborers denied themselves badly needed resources by paying for expensive tuition at professional schools. African American physicians who attempted to profit from the Euro-American expansion of the health-care market failed to recognize the essential role black workers played in their own advancement. The establishment of a collaborative relationship with black workers, then, was the way that African American physicians shared in the collective political-economic suffering of the minority community.

In addition to his encouragement of African American physicians to respect the ability of black workers to effect political change as a strategy to decrease black morbidity and mortality, Du Bois appealed directly to black workers and asked them to protect their ability to take care of themselves medically as an additional safe-guard against the medicalization of the minority community. Du Bois argued that black workers were capable of providing their own care, in spite of the fact that most of them were denied access to formal education at the beginning of the twentieth century. Despite these obstacles, the black masses proved extremely willing to take responsibility for their own well-being.

Meantime, there are certain matters we can stress even in our poverty: 1). Fresh air; 2). More nourishing food with less hot bread and greasy meat; with more vegetables, eggs, milk, and greens; 3). Cleanliness in body and in crowded homes; in clothes; and 5). The systematic use of physicians, dentists and hospitals;

not simply to recover from disease but to prevent illness; especially the use of hospitals for births, severe illnesses and necessary operations."<sup>1</sup>

Du Bois counseled black workers to take care of themselves in the preceding recommendations. In addition, Du Bois argued (as early as 1910) for the necessity of black youths to take responsibility for their sexual activity in an effort to curb the spread of venereal diseases. Du Bois listed last the utilization of the Euro-American style treatment (the use of the latest technology), then, only when treatment options clearly existed outside the bounds of the laymen's competency. For black workers the usage of hospitals to give birth represented less of a willingness to have others provide them with care and more of a wish to have a baby in a safer environment: Hygienic conditions there greatly reduced the possibility of infection when compared to giving birth in impoverished conditions. Outside the hospitals, the emphasis on hygiene and ventilation also proved effective for combating tuberculosis, a disease particularly virulent to an impoverished population. Furthermore, the emphasis of preventative medicine by Du Bois encouraged black laborers to take responsibility for their own health by adopting a healthful lifestyle as a preemptive measure against illness.

Du Bois found fault with the individualistic and curative model of medicine for its tendency to foster dependency on Euro-American physicians, and he mistrusted

the tendency by white physicians to only solve social problems by treating individuals medically.

My chief indictment against the modern physician is the reluctance he has in turning from the old idea of curative medicine and dosing and wheedling of patients to the modern idea of medicine [in which public health takes an increasingly predominant role over individual curative medicine], and reasonable confidence between patient and medical adviser. I find in my own experience that it is almost impossible to get a physician to give me rational advice which shall keep me from getting ill. He insists on writing a prescription.<sup>12</sup>

Curative and individualistic-oriented medicine required patients to rely on others to take care of them, resulting in the unconscious relinquishment of their self-care autonomy. Under the tenets of this medical delivery system, individuals who took no precautions themselves to avoid the occurrence of illness (and probably contributed unintentionally to its cause) waited for sickness to arrive. In contrast, Du Bois insisted that members of the minority culture participate in the maintenance of their own health. This strategy protected black workers from forming dependent relations with the medical profession. In addition, Du Bois demanded that physicians recognize that ill-health frequently resulted from causes originating outside of the body. Without this fundamental admittance, he argued that physicians were incapable of giving preventative advice. Du Bois expected both lay people and doctors to retain "reasonable confidence" in the others' capacity to distinguish between what problems were best treated in the



individual and what problems were best handled via public health.

Those African Americans who committed themselves to improve unhealthful environments and to value medical autonomy never over-consumed health-care services. Both working class blacks and African American physicians accepted responsibility for collectively coping with their own suffering and asserted their determination to relieve black ill-health by collectively improving the material conditions of the entire black community. Du Bois encouraged Euro-Americans to adopt this African American model of cooperation by restructuring political and economic relations between whites and blacks and to end the disastrous effects of black dispossession by making black welfare a public responsibility. "Health and housing, social security, facilities for recreation and human intercourse should be public responsibilities."<sup>13</sup> White physicians objected to the use of public funds for black welfare, for this solution to black ill-health challenged the assumption that diseases were best isolated to the individual and threatened to check the growth of the health-care market.

From the start of coherent public health activity in the South-about 1910-private physicians opposed for economic reasons any health program which approached too close to their domain of curative medicine. Dominating the policy-making bodies of state and local health departments, physicians were always in a position to make sure that public programs did not go far outside desired bounds-and accordingly did not provide black people the kind of help they most needed.<sup>14</sup>

Euro-American doctors refused to acknowledge that the poor health of black workers originated from sources outside the body. W.E.B. Du Bois, to the contrary, understood that the solution to black morbidity and mortality required Euro-Americans to end their transference of political and economic suffering to the black community.

### Chapter 3

#### **The Preservation of the Black Cultural Nationalist Alternative: The Tripartite Role of Blacks as Physicians, Capitalists, and Cultural Gate Keepers**

In an effort to promulgate more realistic images of African Americans and to consequently challenge the Euro-American justification for transferring industrial pain to blacks, the African American press in the 1920s cited examples in widely circulated periodicals (e.g., the magazine, Crisis) of black professionals who reflected a strong black cultural nationalist orientation.<sup>1</sup> The actual identity of African American doctors defied Euro-American images of blacks as simpletons. W.E.B. Du Bois collected and publicized examples of successful African American physicians to counter the image of blacks in the Euro-American public consciousness as inhuman work horses, unequipped with the necessary intelligence to enter the professions or the capitalist ranks, and naturally suited for subsistence occupations. Publicized stories of African American physicians frequently emphasized their efforts to improve the political and economic conditions of black workers.

Dr. Lowery...has built up a large practice of

Donaldsville and made considerable investments in real estate. Recently he headed the movement for securing better accommodations on the railroads for colored people. Through the efforts of his committee the State Railroad Commission had ordered equal accommodations for the races on the railroads of the state.<sup>2</sup>

Dr. Lowery is one example of many African American professionals who committed themselves to forming a complex series of collaborative political and economic relations with black workers. These professionals frequently utilized their financial resources to secure better living conditions for black workers and used their political clout to advance civil rights initiatives for all members of the minority community.<sup>3</sup> Dr. Lowery, through his standing as both a successful businessman and a professional, challenged the fiction that African Americans were only fitted to menial labor. But, more importantly, he reflected a strong personal commitment to preserve the uniqueness of the black cultural nationalism through his political activities. By utilizing his access to wealth and leisure time to secure better conditions for all blacks on the railways, Dr. Lowery uplifted fellow members of the minority community.

As an additional strategy to contest the pejorative image of black workers, Alain Locke utilized Harlem in the 1920s as an example of city that epitomized the success of a minority culture. African Americans in Harlem established an economically independent community that actually reflected the unique assumptions of black cultural nationalism (that is, a community in which blacks accepted responsibility for

the welfare of other blacks). Harlem and other cities like it transmitted the value of communal responsibility to all of its residents, including African American physicians. Harlem blacks overcame their material dispossession by pooling their resources to found their own businesses, mainly real-estate companies. African American leaders assisted this effort by encouraging black workers to buy and rent property. For the first time, this strategy provided some blacks, outside the professions, with an opportunity to accumulate surplus wealth from their work. These enterprises were designed, not to help enrich a few selected individuals, but to create economic opportunity for black workers.

It is true that Harlem is a Negro community, well-defined and stable; anchored to its fixed homes, churches, institutions, business and amusement places; having its own working, business, and professional classes. It is experiencing a constant growth of group consciousness and community feeling. Harlem is, therefore, in many respects, typically Negro.<sup>4</sup>

African Americans in Harlem, emphasizing the preservation of a collective awareness and a sense of responsibility towards fellow members of the community, worked in concert towards the same goal of strengthening the vital institutions of their community. Unlike Euro-Americans, black business owners, guided by their black cultural nationalist perspective (as reflected by their "group consciousness" and "community feeling"), refused to exploit black workers to advance their narrow material interests. Similarly, African

American professionals were taught in these black communities to accept responsibility for improving the material conditions of black workers.

Although Harlem succeeded as a sanctuary for African American culture, members of the black intelligentsia, out of necessity, reminded African American professionals of their responsibility to the black community and with a guiding hand pressured them to assume the role of cultural gatekeepers. The black intelligentsia numbered too few and lacked the necessary capital themselves to be charged with the awesome responsibility of persuading the powerful Euro-American leisure class to end the propaganda onslaught and acknowledge the inherent value of black cultural nationalism. Alain Locke feared that the absence of a more formidable leisure class to record and distribute accurate representations of African American culture undermined the black community's ability to challenge Euro-American stereotypes about black workers.

The Negro race has yet no leisure class. There are no scholars or 'literati' devoted to the pure love of learning whose ulterior aim is to influence public thought and opinion through the subtle influence of letters. By reasons of the material poverty of the race every educated Negro must first make a living for himself.<sup>5</sup>

Most members of the minority culture, including business owners and laborers, remained too preoccupied with the difficulties of community building to undertake the tremendous responsibility of engaging in a propaganda war

with members of the dominant culture. Many intellectual leaders of the Harlem experience, who traced black dispossession directly to the slavery experience, explained the absence of an effective leisure class by arguing that African Americans in the 1920s were still participating in their first full century of wealth accumulation. Euro-Americans, in a striking contrast, were engaged in the process of accumulating surplus amounts of capital, the prerequisite for the development of a strong leisure class, since the middle of the seventeenth century.

African Americans, then, discovered an alternative group to perform some of the same functions usually reserved for members of the leisure class: Professionals accepted the responsibility of supporting the vital institutions of the minority community that preserved the black cultural nationalist ideal. "The leadership of the Negro race must be found in professions which furnish the leader with a livelihood in the meantime."<sup>6</sup> African American professionals were charged with the difficult task of simultaneously earning a living and utilizing their wealth to uphold a separate set of financial, educational, and publishing institutions. Such institutions, whenever possible, produced complex images of African Americans who diluted the harmful effects of their political and economic suffering within the black community by spreading it around as much as possible.

African American professionals in Harlem and elsewhere accumulated the necessary capital to found a vital leisure

class by taking advantage of a unique window of opportunity opened by industrial re-organization: Urbanization created a need for services and information, a vacuum quickly filled by the emergence of professions. A new market for health-care services, particularly in the North and South, was quickly dominated by the medical profession. The American Medical Association's efforts to vehemently discourage contract practice with both private corporations and labor organizations permitted physicians to generate income from their practices without fearing economic reprisals from either Euro-American capitalists or white workers. Similarly, African American physicians, unlike black workers, were free from the threat of economic subjugation to white industrialists or Euro-American labor unions. Black doctors used the wealth they generated from their practices to support the black institutions which reflected a black cultural nationalist orientation and consequently challenged Euro-American popular opinion. The A.M.A. objected to contract practice, because it required physicians to compete against each other via a bidding process. Any competition, which potentially allowed an additional party (labor organizations or corporations) to enter the market, undermined the medical profession's advantageous position as sole mediator of individual health.

The American Medical Association insisted that physicians act uniformly to determine the nature of compensation to the doctor/patient relationship. A strong



sense of solidarity protected the medical profession from establishing subordinate relationships with capitalists and laborers, thereby protecting the new independence and sovereignty of physicians.

Though medical societies recognized the necessity of contract practices in remote areas, they regarded it elsewhere as a form of exploitation because it enabled companies to get doctors to bid against each other and drive down the price of their labor.<sup>7</sup>

The medical profession usually viewed contract practices with companies as a direct threat to their ability to control the health-care market. In the early decades of the 1900s, however, western expansion still required some companies, especially in the railroad and timbering industries, to operate in unpopulated areas. Contracts with these companies, which usually provided a salary in exchange for a doctor's exclusive services, guaranteed physicians a livelihood. Outside this exception, physicians who entered into these agreements were usually severely sanctioned by their local medical associations and shunned by their peers. The adoption of this anti-contractual position was the official and preferred response of the medical profession to the subordination of their labor to the hierarchical control of the corporation. The A.M.A. applied a similar policy in relation to labor organizations.

The A.M.A. could see no 'economic excuse or justification' for lodge practices, objecting to the unlimited service for unlimited pay and the 'ruinous competition' it invariably introduced. Many county

medical societies refused membership to any doctor contracted with a lodge. From Norristown, Pennsylvania, a doctor reported that the county medical society had called upon the seven doctors performing contract for two fraternal orders to give it up; though three acceded, the other four refused and were expelled from the society"<sup>8</sup>

Lodges, the predecessors to modern labor unions, were organized by employees mostly in the form of fraternal organizations. Initially, membership proved attractive for workers seeking a crude form of life insurance. From the collection of dues, these groups, which spread the risk over the entire lodge population, paid out death benefits. Later, lodges expanded their benefits to include an early form of life insurance. Dues were, then, utilized to hire a physician to provide health-care services to the worker and, sometimes, his dependents. Occasionally, physicians aggressively competed against each other for the rewarding of these contracts. This competition placed laborers in a position to dictate the terms of employment to physicians. County medical societies moved to end this practice by controlling inter-professional competition with punitive measures and pressure from peers.

By avoiding the establishment of an exclusive patronage with either corporations or labor unions, Euro-American professionals protected their economic independence and maximized their sovereignty. For the better-off members of the black working class, who skillfully managed to preserve the minimum amount of resources necessary to obtain adequate training, the professions offered them a new

opportunity in America for wealth accumulation. For those same fortunate few, then, professions also provided a potential entering wedge to challenge those Euro-American controlled institutions that helped define the distorted perceptions of African Americans in Euro-American public opinion. With black workers unable to profit from their own labor, only African American professionals were left in a position to support the alternative institutions of the black community.

At present, on the railroads, in manufacturing, in the telephone, telegraph and radio business, and in the larger divisions of trade, it is only under exceptional circumstances that any Negro, no matter what his ability, gets an opportunity for position and power. Only in those lines where individual enterprise still counts, as in some of the professions...can a Negro expect a narrow opening.<sup>9</sup>

Du Bois emphasized the fact that the actual contributions of black workers seldom were acknowledged with a fair wage or position. As a result of this expropriation of surplus value from black workers (to borrow Marable's terms), poor blacks lacked the necessary resources to participate in a propaganda war. African American professionals, to the contrary, remained in a position to act as a countervailing force to the Euro-American leisure class. African American professionals used their independent and autonomous position to participate in a collaborative effort with the black labor force to rehabilitate the image of the black worker.

If the leading Negro class cannot assume and bare the

uplift of their own proletariat, they are doomed for all time. It is not a case of ethics; it is a plain case of necessity. The method by which this may be done is, first for the American Negro to achieve a new economic solidarity.<sup>10</sup>

Du Bois stressed the importance and necessity of one African American group seeking the assistance from the remainder of the black community's population to escape the disastrous effects of the Euro-American stereotype. Du Bois argued that since all African Americans were victimized by their pejorative image in the Euro-American public consciousness, no African American group would ever be recognized in their full complexity until all blacks were free from the propaganda of the dominant culture.

## Chapter 4

### **Euro-American Propaganda: The Myth of Rugged Individualism and Suppression of the Minority Culture's Alternative**

Rich and poor Euro-Americans, alike, promulgated the notion within the white community that black workers were unfit to receive the full benefits of their labor. By justifying the exploitation of black workers without recognizing the lift that this ill-treatment provided to the material conditions of the white community, most Euro-Americans never challenged their mythical belief in the unqualified success of rugged individualism. Their largely unexamined attachment to rugged individualism and their inaccurate and uninformed perceptions of African Americans, moreover, prevented Euro-Americans from acknowledging the distinctive ideological assumptions of black cultural nationalism and the actual otherness of the black community's political-economy, including the black health-care delivery system. W.E.B. Du Bois outlined the process by which Euro-Americans transmitted this seemingly unchallengeable myth throughout the white community.

It is the power, wishes, opinion of certain persons which rule the world. These dominant wills may rule by physical force, or superior intelligence or greater wealth, or logical persuasion, and consequently may be

regarded as dominant powers or dominant wishes or dominant intelligence or highest good--but always whatever rules exhibits itself as will--action, effective deed.<sup>1</sup>

W.E.B. Du Bois mapped a general methodology that dominant groups employed to suppress materially dispossessed populations. Successful perpetuation of a myth required the existence of an ideological delivery system, a leisure class and the accompanying institutions. Specific justifications used to legitimize subordination were not particularly important as long as the ideological delivery system consistently provided evidence to support a myth. Euro-American racial justifications of black suppression, therefore, succeeded, not because these justifications were true or untrue, but because whites possessed the means (access to the appropriate institutions) to distribute them without challenge from a competing black ideological delivery system. "To these dominant wills... there must be, as long as it rules, the submission of all individuals to its mandate."<sup>2</sup> Du Bois argued that Euro-American capitalists who profited heavily from their political and economic relations with black workers believed in the myth themselves and encouraged the rest of the white community and others to remain ideologically faithful to rugged individualism.

Du Bois claimed that noncapitalist Euro-Americans unquestionably accepted the tenets of rugged individualism (that is, wage-earning whites identified closely with the

ideology and methodology of income-receiving capitalists), because white workers were inculcated to believe that industrial organization offered a real opportunity for social mobility, despite the fact that Euro-American capitalists frequently attempted to exploit white workers.

The income receiving persons form a small but intelligent and highly specialized minority of men, while the mass of men are wage-earners or community workers in organized industry. So powerful and persuasive is the ruling class most people identify its will with civilization and its industrial aims with life itself.<sup>3</sup>

The capitalist class successfully perpetuated a myth that the modern organization of industry provided access to wealth for everyone. In reality, the accumulation of money and credit by the capitalist class permitted its members to support the illusion that an improvement in material conditions for other Euro-Americans depended only on the strength of individual initiative and not at the expense of black labor.

The American system of education, according to Du Bois, transmitted the myth that rugged individualism worked for all Americans to its students and, in the process, inadvertently sanctioned the material dispossession of the African Americans and devalued black culture. Du Bois counseled members of the African American professional class to forget the counterproductive influence of this insidious socializing experience. In this educational system, whether

advocated by Booker T. Washington or a Euro-American philanthropist, African Americans were only fit to be trained as workers, and members of the dominant culture were trained to assume occupations providing more social mobility.

To make the object of education simply for manual labor, and not for these other admittedly higher things is a curious perversion of the objects of human training. But, on the other hand, to train men for art, literature, and thought, and to leave the necessary technicality of manual toil to be done by ignorant people, is to undermine the basis of civilization and to work towards caste and slavery.<sup>4</sup>

In most schools Euro-Americans students were taught to believe that if they worked hard enough, they would find an opportunity for social advancement. In addition, they learned that African Americans were only suited to the most undesirable jobs. This system of education, "a curious perversion" to Du Bois, remained the normal state-of-affairs for most whites. In other words, this system of Euro-American education was designed to condition Euro-Americans to the normalcy of black labor exploitation.

W.E.B. Du Bois also warned professional African Americans to expect from the Euro-American leisure class additional evidence to support the myth that rugged individualism succeeded without hurting black workers. "In other words, the white public today demands from its artists, literary and pictorial, racial prejudgement which deliberately distorts truth and judgment, as far as coloured races are concerned, and it will pay for no other."<sup>5</sup> Du Bois



recognized the strength of the Euro-American dependency on the consignment of black workers to the worst jobs. Most whites preferred to ask the Euro-American leisure class to justify black labor exploitation, via their patronage of racist art and literature, rather than acknowledging that the extraction of surplus value from black workers provided Euro-Americans social opportunity.

W.E.B. Du Bois argued that Euro-American art was limited to the domain of propaganda by the capitalist class, the white leisure class, and the remainder of the dominant culture's population; consequently, he demanded the same right for African Americans to produce and disseminate their own source of countervailing propaganda.

Thus, all art is propaganda and ever must be, despite the wailing of purists. I stand here with utter shamelessness and say that whatever art I have for writing has always been used for propaganda for gaining the right of black folk to love and enjoy. I do not care a damn for any art that is not used as propaganda. But I do care when propaganda is confined to one side while the other is stripped and silent.<sup>6</sup>

As long as the black community continued to endure a virtually total state of social, economic, and political inequality, Du Bois argued that all white art remained nothing more than a thinly veiled attempt to validate an Euro-American set of customs, values, and habits; and African American art endeavored to legitimize the uniqueness of black culture. In other words, white art tended to support the material dispossession of black labor by

producing an image of African Americans as ill-fitted for enjoying the same rights and privileges that most whites assumed to be a birthright. "For worse than completely ignoring him, American art...treated the Negro subject with a distorting and condescending disdain."<sup>7</sup> Black art, to the contrary, produced an image of African Americans as individuals fully capable of participating and collaborating in the re-invention of industrial capitalism. "In less than twenty years, however, the Negro subject has matured significantly in American art."<sup>8</sup> Du Bois argued that members of the Euro-America leisure class, who denied the existence of black culture, attempted to undermine the inherent challenge that African American art presented to industrial organization. This group wished to "Americanize" black art, a process of re-interpreting African American art in a manner that distilled its threat to the comfort of the dominant culture. As a result, members of the white leisure class tended to only validate black art that conformed to Euro-American customs, mores, and habits.

Just as true art emerges; just as soon as the black appears, some one touches the race on the shoulder and says, "He did that because he was American, not because he was a Negro; he is not a Negro--what is a Negro anyways? He is just human; it is the kind of thing you should expect."<sup>9</sup>

Du Bois revealed that most members of the dominant culture believed that only Euro-Americans were human. In their view, being African American equated to being non human. Blacks

were only acknowledged as being human when they were recognized as being Euro-American. By recognizing only the African American art that conformed to the Euro-American standard, members of the dominant culture denied the existence of black culture.

Similarly, black physicians were measured only by their capacity (or lack of) to emulate white doctors. As a result, the "otherness" of black physicians and the minority community's medical delivery system remained virtually invisible to the dominant culture. The multifaceted role of blacks as physicians, capitalists and cultural gatekeepers; the collaborative relationship between African American doctors and black workers; and community-based preventative medicine with an emphasis in public health never mirrored the Euro-American medical delivery system, based on individualist and curative oriented medicine. For that reason, the black cultural nationalist alternative simply was never comprehended in the Euro-American public consciousness.

## **Chapter 5**

### **The High Cost of Euro-American Ignorance: The Over-consumption of Health-Care Services**

An inability to acknowledge their dependency on black labor exploitation and their subsequent inability to recognize the inherent value of black cultural nationalism prevented many Euro-Americans from investigating communal ways (via political and economic restructuring) to solve problems involving individuals. The Euro-American bias toward solving social problems medically in the individual has fueled the expansion of the health-care market in the United States. Most Euro-Americans have failed to understand that the establishment of dependent relationships on black workers eventuated in a loss of their ability to effect political and economic solutions to social problems. Euro-Americans, who mistakenly attributed their material comfort to the strength of their own individual initiatives, unknowingly transferred the responsibility of coping with the painful effects of industrial organization to black workers. Blinded by the ethic of rugged individualism, many Euro-Americans have often been incapable of recognizing the role that black workers played in their own material

advancements. Such a failure to accept any measure of responsibility for their participative role in the exploitation of black workers left Euro-Americans powerless to reinvent their system of political economy in a manner to redistribute suffering more equitably.

This loss of political-economic autonomy, which resulted from the Euro-American effort to avoid the pain of industrial organization by establishing a dependent relationship on black workers, paralleled the loss of self-care autonomy, which resulted from the Euro-American effort to avoid physical suffering by patronizing the curative services of white physicians. In short, members of the dominant culture structured their participation in the Euro-American system of political economy in a manner to avoid pain in both its physical and industrial manifestations. Just as the transference of the burden of industrial organization to black workers yielded the unintended loss of political-economic autonomy for most members of the dominant culture, the transference of power and responsibility to the medical profession yielded the unintended consequence of undermining the Euro-American capacity to control their consumption of health care services. Ivan Illich argued that the prevalence of unnecessary treatments, an unexpected outcome of an expanded medical marketplace, actually made people sick. According to Illich, those who were not victimized by the treatments directly found themselves (as consumers of health-care services) removed from the

difficult effort to solve social problems communally via economic and political restructuring.

Medical practice sponsors sickness by reinforcing a morbid society that encourages people to become consumers of curative, preventative, industrial and environmental medicine. On one hand defectives survive in increasing numbers and are only fit for life under institutional care, while on the other hand, medically certified symptoms exempt people from industrial work and hence remove from the political struggle to reshape the society that had made the sick.<sup>1</sup>

For most Euro-Americans, the individual consumption of health-care services divorced them from the struggle to redistribute the suffering attendant industrial organization across all racial-economic lines. By establishing a crippling dependency on both black workers and white doctors, many Euro-Americans unintentionally relinquished their capacity to solve social problems by any other means than as individual consumers of health-care services. Some whites experienced incapacitation directly from harmful and unnecessary medical procedures. These 'defectives', conveniently institutionalized and out of sight, no longer drew attention to the fact that unnecessary medical treatment harmed people. Most Euro-Americans, however, were spared from direct victimization by medical therapies. Instead, white physicians simply dismissed Euro-Americans from the political struggle by certifying them some time off from work. As a result, Euro-American doctors removed whites from the domain of political-economic activity and transported them into the passive role of health-care

consumers. White physicians transformed the need for political and economic solutions to communal problems into the need for medical solutions to individual problems by prescribing rest in lieu of rebellion.

The Euro-American bias toward solving social problems medically in the individual created an unprecedented demand for the consumption of health-care services. This depoliticalization of Euro-Americans transformed them from full collaborators and participants in the process of defining the relationships between capitalists, labor, and the medical profession into patients, who relied on the judgment of white physicians to protect their best interests. Most Euro-Americans, who remained dependent on the monopolization of black labor to escape political-economic pain, hoped to improve the quality of their life even more by consuming the services of the Euro-American medical profession, whose members promised, via the application of scientific medicine, to eradicate physical pain from their daily existence. This additional effort to relieve suffering, according to Illich, created an artificially high intolerance for pain, a condition which the Euro-American medical profession exploited to its best advantage.

Social iatrogenesis designates a category of etiology that encompasses many forms. It obtains when medical bureaucracy creates ill-health by increasing stress, by multiplying disabling dependence, by multiplying new painful needs, by lowering the level of tolerance for discomfort or pain, by reducing the leeway that people are want to concede to an individual when he suffers

and by abolishing even the right to self-care.<sup>2</sup>

As Euro-Americans increasingly relinquished their capacity to cope with their own suffering, the process of avoiding pain assumed a new level of importance. No longer accepted as inevitable, no longer accepted as a meaningful part of the life experience, and no longer tolerable, the fear of pain mastered the Euro-American. And, as physicians claimed to be the masters of pain, members of the medical profession moved into a very powerful position in American society. Euro-American physicians realized tremendous benefits from this new attitude that members of the dominant culture developed about pain by way of their increased authority and control over a very lucrative health-care market, even if their success involved administering to artificially created needs; needs that individuals may have met for themselves if they were not so crippled by the dependency on others.

In an effort to legitimize the monopolization of the health-care market by Euro-American physicians, some commentators, like Paul Starr, argued that white physicians, as professionally trained objective outsiders, were more qualified to diagnose and treat patients than potentially over-involved and pre-occupied family members. Expertise and professional distance supposedly insulated the physician from indulging dubious claims from patients, which overexcited family members failed to recognize. Relatives were no longer qualified to identify or manage the presence of illness within their own family.



The sick are ordinarily not the best judge of their own needs, nor are those close to them. Quite outside of specialized knowledge, professions possess an advantage in judgment. Furthermore, effective therapeutic measures frequently require not only difficult and repellent tasks, such as violating the integrity of the body, but also rechanneling the unconscious urges of some patients to be sick or cared for. Their families often cannot handle, indeed may be responsible for such urges--hence the need for some outside party to mediate recovery. Professionals are ideally suited to this role because they can refuse to indulge such tendencies in patients without threatening their relations with them. And so professional authority facilitates cooperation in recovery besides compensating for the often impaired and inadequate judgment of the sick.<sup>3</sup>

The inability of Euro-Americans to perform such "difficult" and "repellent" tasks testified to the nearly complete loss of self-care autonomy for Euro-Americans. The argument was that a relative or other individual in the closest proximity to the patient no longer remained sufficiently familiar with the patient to distinguish between a biological or psychological ailment; such a task was ostensibly better left to a complete stranger. Moreover, Starr suggested that a family member may even unintentionally undermine the patient's health for some secret reason only visible to the doctor. Incredibly, he blamed both the patient and the family as a source of ill-health; nowhere did he suggest that the expansion of the health-care market contributed to sickness by undermining the ability of the patient to improve dangerous working conditions and unhealthy living arrangements which bred ill-health. Physicians found themselves in an ideal position, according to Starr, to

identify and deny the unconscious urges of patients, which represented a desire from the patients for someone else to take care of them. Patients or family members may have defined these unconscious urges differently--as respites from dangerous environments. In addition, Starr applauded the physician's capacity to dismiss the patient's plea without damaging relations in the family, without considering what harmful effects (the inability to take responsibility for suffering) the over-consumption of health-care services had on the family. Finally, he ignored the possibility of professional authority undermining self-care autonomy by accusing patients of possessing poor judgment in diagnosing and treating themselves.<sup>4</sup>

Members of the industrial class proved especially willing to support the efforts by white physicians to undermine Euro-American self-care autonomy. Both the capitalist and professional classes shared the common interest of encouraging Euro-Americans to develop an intolerance to pain in both its political and physical manifestations. The medical profession provided industry with a safety valve: Disgruntled workers were classified as sick, not revolutionary. For their part, the capitalist class promoted the dominant culture's dependency on the monopolization of black workers, which taught Euro-Americans how to transfer their responsibility for suffering on to others, a lesson that opened a very profitable market for

health-care services. Not surprisingly, ideological similarities developed between the two classes.

Members of any society or social class whose existence is intimately tied to industrialism will find scientific medicine's explanations of health and disease more appealing than mystical belief systems. The precise analysis of the human body and its component parts is analogous to the industrial organization of production. From the perspective of an industrialist, scientific medicine seems to offer the limitless potential for effectiveness that science and technology provide in manufacturing and social organization.<sup>5</sup>

In this passage, Richard Brown established the relationship between medicine and industry by claiming that science and technology bound the industrialist to the medical professional. Medicine and industry, however, were inextricably entwined in much more important and devious ways. The Euro-American intolerance for pain created huge profits for both classes. Their success depended on their ability to convince Euro-Americans to transfer their responsibility for coping with political and physical pain to black workers and white physicians. Industry shared with medicine, then, the incentive to undermine Euro-American political-economic autonomy and self-care autonomy to advance their narrowly defined interests.

The African American population, to the contrary, never dreamed of escaping industrial pain. As survivors of the slavery experience, the failure of Reconstruction, and the hateful radicals of the 1890s, members of this minority population expected suffering to remain a daily occurring

presence. Instead of structuring the economic and political relations between capitalists, professions, and workers to avoid experiencing pain, African Americans utilized the entire community to redistribute suffering in a manageable way. With an emphasis on community building, African American professionals and black workers collectively toiled to improve disease-causing conditions. This collaborative effort permitted African Americans to limit expansion of the health-care marketplace by establishing a balance between solving problems medically in an individual and solving problems communally by political and economic means. According to Wilson Jeremiah Moses, the otherness of black nationalism and the distinctiveness of the black community's political-economy held the potential to transform the Euro-American attachment to rugged individualism and its attendant system of political economy.

It [black bourgeois nationalism] has evolved into an alternative structure, a functional tradition created for the purpose of publicizing black aspirations, giving them political force, and institutionalizing them in forms that might ultimately transform [Euro-] American civilization.<sup>6</sup>

The black cultural nationalist alternative (promoted by W.E.B. Du Bois) to Euro-American medicine reflected a model health-care system that encouraged the protection of self-care and political-economic autonomy. In this system, every singular member of the black community was expected to accept the responsibility of sharing equally in the collective suffering of African Americans and no subgroup

was allowed to disproportionately bare this uniquely painful burden. By taking cues from this alternative system of health-care, Euro-Americans may someday learn to solve social problems in nonmedical ways. To halt the unnecessary expansion of the health-care market, Euro-Americans must first learn to end their crippling dependency on others to endure industrial pain and to end their unproductive reliance on physicians to define health-care needs.

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## Introduction: Endnotes to pages 1-3

<sup>1</sup>The author bolded the type to emphasize that for most whites black culture remains a largely unexplored repository of alternative ideological perspectives and distinctive modes of social organization.

<sup>2</sup>The author bolded the type this time to suggest that a society organized around the principle of rugged individualism is incomplete, incapable of acknowledging the need for communal solutions to social problems.

<sup>3</sup>Du Bois' conception of "ruling Class" referred to a group of influential Euro-American capitalists who defined American society primarily through the role of the individual; that is, success or failure in America depended solely on the strength of individual initiative and not on the nature of political and economic relations that connected individuals to the whole (other Euro-Americans or African Americans). This individualistic conception of America was frequently promulgated by the Euro-American leisure class, defined by Locke as a group of independently wealthy members of the dominant culture who devoted their time to influencing public opinion via scholarly writing and journalism. Locke argued that African Americans--for reasons of economic exploitation--lacked an adequate leisure class to challenge the Euro-American vision of America. As a result, only a handful of African American intellectuals found themselves in a position to publicly argue that the political and economic relations which bound together black and white and rich and poor dramatically impacted both the success and failure of individuals.

## Chapter 1: Endnotes to pages 4-13

<sup>1</sup>Manning Marable, How Capitalism Underdeveloped Black America (Boston: South End Press, 1983), 7.

<sup>2</sup>Walter A. Jackson, Gunnar Myrdal and America's Conscience; Social Engineering and Racial Liberalism, 1938-1987 (Chapel hill and London: The University of North Carolina Press, 1990), preface.

<sup>3</sup>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, 1982), 124.

<sup>4</sup>Darlene Clark Hine, Black Women In White (Bloomington and Indianapolis: Indiana University Press, 1989), 7.

<sup>5</sup>Darlene Clark Hine detailed the committment by white philanthropists, including John D. Rockefeller, Andrew Carnegie, and Julius Rosenwald, to reconstruct Euro-American style hospitals and nurse training schools in the black community. (Hine, 8).

<sup>6</sup>Individuals work first for self-preservation and second for a surplus. Wealth accumulation and improvements in material conditions are not possible if individuals do not receive the full benefits of their labor. Many Euro-American capitalists and working class whites experienced improved conditions by appropriating the surplus from black workers. These rich and poor whites, alike, credited their own initiative and

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industrial organization for eliminating economic and social misfortune without acknowledging the role black workers played in their material advancement. "Industrial pain" is a term of my own devising, by which I mean to capture the miseries--reflected in poor working and living conditions--transferred to black workers who have rarely realized the complete advantages of their labor.

<sup>7</sup>The black cultural nationalist alternative to individualistic and curative-oriented medicine is very similar to what the Europeans define as social medicine. According to Rene Sand, "So long as the doctor remains true to the Hippocratic tradition, and takes no account of his patients' occupation or social condition, he is practicing pure clinical medicine; once he begins to worry about the occupational, economic and domestic element, he is using social medicine." Rene Sand, The Advance to Social Medicine (London and New York: Staples Press, 1952), 563. Euro-American physicians practicing individualistic and curative oriented medicine largely have not concerned themselves with the social conditions of their patients. Many African American physicians in the 1920s, to the contrary, not only concerned themselves with the social aspects of their patients' conditions, but they also participated directly in a wide variety of efforts to improve those circumstances by redistributing the wealth they generated from medical practice to poor blacks.

<sup>8</sup>Wilson Jeremiah Moses, The Golden Age of Black Nationalism (New York: Oxford University Press, 1988), 20.

<sup>9</sup>The Carnegie Foundation sponsored Abraham Flexner in 1910 to author a report on the state of medical education in the United States and Canada. In his famous Bulletin #4, Flexner established the modern standard for medical education in the United States, part of which required medical schools to possess adequate laboratory facilities for the proper training of physicians.

<sup>10</sup>In Paul Starr's major work on American medicine, for example, there is no mention of a black cultural nationalist alternative.

<sup>11</sup>Although admitting: "To Southern doctors' credit, many did considerable charity and public health work," Edward H Beardsley argued that average African American physicians in the South failed to adequately support preventative, public health initiatives, such as vaccinations and prenatal clinics, because their training in Euro-American controlled institutions encouraged these doctors to practice individualistic and curative-oriented medicine. "...the unremarkable performance of the average Southern black doctor, especially in the area of public health, was a function more than social environment. As was the case for the average white physician, the black doctor's training conditioned him to be conservative in his approach to his art. It taught him that treatment of individual patients was his primary task. Grappling with broader social questions or challenging restraints on professional growth was not his role. By its very nature, professional education (for white and black, alike) encouraged individualism and a disregard, if not disdain, for preventative medicine. In addition, Negro medical students, even at black schools, were often subjected to the view that the Negro race was a sick race and that its ills were grounded either in wasteful living or in some inherent physiological weakness. The chances of changing circumstances such as these were slim, at best, and so the black doctor often began his practice with the kind of

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fatalistic attitude that killed real effort." Edward H. Beardsley, A History of Neglect; Health Care for Blacks and Mill Workers in the Twentieth-Century South (Knoxville: The University of Tennessee Press, 1987), 98 and 99, respectively. Beardsley seemed absolutely correct that black doctors were trained to practice individualistic and curative medicine. He failed to acknowledge, however, that African American physicians were also influenced by a black cultural nationalist orientation from within the black community. In all probability these two modalities competed against each other within the psyche of many black doctors (explaining why Beardsley, himself, found evidence of many black doctors practicing preventative and community-based medicine). Some rejected one in favor of another, and others probably blended the two together, practicing curative medicine when an individual was sick and practicing social medicine in the interval of good health. There was no foundation for Beardsley's belief that black doctors internalized the belief that something was inherently wrong with the Negro race, and, as a result, black doctors fatalistically ignored preventative measures. In fact, the black community experienced a renaissance in the 1920s, based on the idea that a promising future awaited African Americans who took responsibility for improving their own conditions.

<sup>12</sup>Medical education was not the only factor affecting the development of African American physicians. The community exhibited a range of influences on black doctors that often directly contradicted what they learned in medical school. A purely organic focus on disease learned in medical school by African American physicians, then, was frequently tempered by pressure from within the black community to shift emphasis to the social aspects of ill-health.

<sup>13</sup>Du Bois considered socialism a problematical solution to black labor exploitation; for this ideology, most ardently advocated by Messenger editor, A. Philip Randolph, ignored the existence of the black cultural nationalism in the labor force. Randolph, unlike Du Bois, failed to recognize the fundamental incompatibility that prevented the establishment of a united labor front between the black labor tradition, based on the belief of a collective responsibility to the race, and the white labor tradition, based on a belief of individual responsibility. Randolph, who assumed that black and white labor suffered from the same type of exploitation, counseled a strategy of direct confrontation by black and white workers against the capitalist class. Randolph made the following assumption: "self-interest is the only principle upon which individuals or groups will act if they are sane." [Randolph quoted in August Meier, Negro Protest Thought in the Twentieth Century (Indianapolis: Bobbs-Merrill Company, 1971), 68]. Du Bois recognized the danger of denying this fundamental difference in cultural heritages. The capitalist class exploited this distinction by encouraging white labor to exclude their black counterparts to pursue the interest of the individual white worker. At the same time, the capitalists encouraged black workers to challenge the domination of white labor unions to uplift the race. This struggle between the two groups seriously inhibited their collective ability to mount a challenge to the capitalist class. "We have been made tools of oppression against the working man's cause—the puppets and playthings of the idle rich. Fools! We must awake!" [Du Bois quoted in Meier, 53]. Du Bois drew attention to the process that industrialists utilized against both white and black workers to weaken the demands of labor unions. Frequently, when white laborers challenged the supremacy of the capitalist class, black workers were offered badly needed economic incentives to act as



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strike breakers. By fanning the economic fears of white labor, the capitalist class created tension between the races, which distracted labor from its original intention to challenge the hegemony of industrial capitalism.

In addition, Du Bois rejected Marcus Garvey's version of black cultural nationalism, which advocated relocation to Africa, as a solution to the problem of black labor exploitation, on the grounds that national boundaries failed to protect African Americans.

## Chapter 2: Endnotes to pages 14-25

<sup>1</sup>Alain Leroy Locke, The New Negro (New York: Atheneum, 1968), 7.

<sup>2</sup>In 1925, Alain Locke enumerated the contributory reasons for black migration to the North: the demand for Northern labor in a wartime economy, coupled with Southern crop failure and white violence against blacks in the South. Locke carefully noted that blacks migrated primarily for the reason to improve their conditions: "The tide of Negro migration, northward and city-ward, is not to be fully explained as a blind flood started by the demands of the war industry with the shutting off of foreign migration, or by the pressure of poor crops coupled with increased social terrorism in certain sections of the south and southwest. Neither labor demand, the boll-weevil nor the Ku Klux Klan is a basic factor, however contributory any or all of them may have been. The wash and rush of this human tide on the beach line of the northern city centers is to be explained primarily in terms of a new vision of opportunity, of social and economic freedom, of a spirit to seize, even in the face of extortionate and heavy toll, a chance for the improvements of conditions." (Locke, 6).

<sup>3</sup>Starr, 25.

<sup>4</sup>According to Paul Starr, Euro-American physicians were competitively threatened by the surplus of doctors churned out by commercial medical schools. "From the viewpoint of established physicians, the commercial schools were undesirable on at least two counts: for the added competition they were creating and for the low image of the physician that their graduates fostered." (Starr, 117). Physicians, via the American Medical Association and the state licensing boards it controlled, eliminated this source of competition by establishing a standard of medical education that these schools found very difficult to meet. "In 1904 the AMA established a Council on Medical Education, composed of five medical professors from major universities, with a permanent secretary, a regular budget, and a mandate to elevate and standardize the requirements for medical education." (Starr, 117). Starr also documented the efforts of Euro-American physicians to eliminate competition from rival medical sects through the dual strategy of incorporation and marginalization. "The AMA's gesture of accommodation toward its old adversaries, the homeopaths and Eclectics, was part of a more general effort around the turn of the century to unify and strengthen the profession." (Starr, 109). Later medical sects, however, were relegated to the fringe of medical practice. "According to a survey of nine thousand families carried out over the years 1928 to 1931, all the non-M.D. practitioners combined--osteopaths, chiropractors, Christian Scientists and other faith healers, midwives, and chiropodists--took care of only 5.1 percent of all cases of illness. Physicians finally had medical practice pretty much to themselves." (Starr, 127).

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<sup>5</sup>Carter Woodson confirmed the commitment by African American physicians to redistribute the wealth they generated from medical practice to the remainder of the black community. "It is popular, of course, for a professional man thus to identify himself in a community because it gives him a high social rating when it is known that he is thus concerned. In this respect, however, we find no better test of the professional man's interest in the community as there is little that he can do to profit by the large amount of time and the money which some of these professional classes give to these institutions [eg., the Urban League]. It is not uncommon for physicians to contribute as much as \$1,000 in the building campaign for welfare organizations." Carter Woodson, The Negro Professional Man And The Community (New York: Negro Universities Press, 1969), 125. Originally published in 1934 by the Association for the Study of Negro Life and History, Inc.

<sup>6</sup>Carter Woodson detailed some of the many ways African American physicians utilized their wealth and time to improve the material conditions of black workers. "The Negro physician in another way has manifested interest in his community. To secure drainage and proper sanitation, additional school facilities and adequate compensation for Negro teachers and the like, the Negro professional man because of his outstanding position in the community has been forced to the front in making the appeal for these things his people deserve. In this way more of them have unselfishly used their influence in politics to secure these very boon for the Negro element in the community." (Woodson, 126).

<sup>7</sup>W.E.B. Du Bois, "Men of the Month," The Crisis (November, 1917), 22, reprinted in The Crisis: A Record Of The Darker Races (New York: Arno Press, 1969), 15-16: 22.

<sup>8</sup>Carter Woodson explained the difficulties African American doctors endured in order to practice medicine. "It is to be noted that Negro physicians are older and begin their careers later in life than other physicians. The main reason is that the Negro is handicapped in his struggle to obtain an education." (Woodson, 88).

<sup>9</sup>W.E.B. Du Bois, "Can the Negro Expect Freedom by 1965," Negro Digest, April 1947, 5: 4-9, reprinted in Du Bois: Writings in Periodicals Edited by Others, 4 Volumes, Herbert Aptheker, ed., (New York: Kraus-Thompson Organization Ltd., 1982), 4: 34.

<sup>10</sup>Du Bois, Writings, 4: 34.

<sup>11</sup>W.E.B. Du Bois, "Postscript," The Crisis, February, 1933, 44, reprinted in The Crisis: A Record Of The Darker Races (New York: Arno Press, 1969), 40: 44.

<sup>12</sup>W.E.B. Du Bois, "On the Modern Physician," Medical Reviews of Reviews (New York) 73 (January 1917): 9, reprinted in Du Bois: Writings in Periodicals Edited by Others, 4 Volumes, Herbert Aptheker, ed., (New York: Kraus-Thompson Organization Ltd., 1982), 2: 105.

<sup>13</sup>Du Bois, "The Talented Tenth: Memorial Address," Writings, 4: 82.

<sup>14</sup>Beardsley, 128.

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### Chapter 3: Endnotes to pages 26-35

<sup>1</sup>Nathin Irvin Huggins argued that African American intellectuals, such as W.E.B. Du Bois, attempted to end racial injustice simply by using their role as journalists to expose the moral contradiction which existed between the ideal of American democracy and the unfair treatment of blacks. In Huggin's view, these black journalists assumed that reason would ultimately triumph over the evil of race injustice and talented, deserving blacks would then be extended first-class citizenship. Du Bois and other Harlemites, according to Huggins, were not interested in more radical solutions. "Like other progressives, Harlem intellectuals saw political issues and reform in moral terms and assumed a high moral tone. Racial problems were social aberrations due to moral corruption, fear, and ignorance. They offered no radical solutions therefore: the system was basically sound. The techniques they choose were familiar enough. The evil of racial injustice in all its varities was exposed through a muckraking journalism that matched the best of that time. The assumption that the moral weight of good would win once evil was exposed. The unreason, the illogic, the craven corruption that bared blacks from a fair chance in society could not stand, for men of good will, under the harsh light of reason. And if reason could lay bare the evils and anomalies of American race practice, the same discipline and logic of mind could plot out remedies by means of social sciences. And this exposure and rationality were not simply negetive. A doubting and skeptical world had to be shown evidence of Negro ability, especially achievements in the arts and literature which all progressives equated to civilization." Nathan Irvin Huggins, Harlem Renaissance (London; New York: Oxford University Press, 1973), 28. To equate Du Bois to the progressives was to deny his black cultural nationalist orientation as an individual and the distinctiveness of the black community as a whole. Du Bois desired to incorporate the ideological underpinning of black cultural nationalism--the belief that a community is responsible for the welfare of its members--into the mainstream of Euro-American political economy. To accomplish this goal, he proposed to radically restructure the political and economic relations between blacks and whites by making black welfare a public responsibility, to forge cooperative alliances between workers and professionals, and endorsed the socialistic notion that workers should receive the full benefit of their labor.

<sup>2</sup>W.E.B. Du Bois, "Men of the Month," The Crisis, May 1, 1918, 15, reprinted in The Crisis: A Record Of The Darker Races (New York: Arno Press, 1969), 15-16: 15.

<sup>3</sup>Carter Woodson argued that African American physicians played a critical role in the struggle to secure civil rights. "As a result of such trends in the community the Negro professional man, especially the Negro physician, has been drawn into equal rights movements like those of the National Association for the Advancement of Colored People and the National Equal Rights League. Unless the Negro can exercise the same rights of citizens in voting and holding office, he cannot transfer the will of the race to the government. In organizing the people toward this end and in stimulating their effort to battle for their rights the Negro physician has contributed more than any other class, with the possible exception of the Negro lawyer, toward enlarging the domain of individual liberty and securing for a despised element a hearing at the bar of public opinion. (Woodson, 126).

<sup>4</sup>Locke, 309.

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<sup>5</sup>Ibid., 316.

<sup>6</sup>Ibid., 317.

<sup>7</sup>Starr, 214.

<sup>8</sup>Ibid., 208.

<sup>9</sup>W.E.B. Du Bois, "A Negro Nation within a Nation," Current History (New York) 42 (June 1935): 265-270, reprinted in Du Bois: Writings in Periodicals Edited by Others, 4 Volumes, Herbert Aptheker, ed., (New York: Kraus-Thompson Organization Ltd., 1982), 3: 4.

<sup>10</sup>Du Bois, Writings, 3: 5.

#### Chapter 4: Endnotes pages 36-42

<sup>1</sup>W.E.B. Du Bois, "The Black Man and the Wounded World: A History of the Negro Race in the World War and After", The Crisis, January 1924, 110, reprinted in The Crisis: A Record Of The Darker Races (New York: Arno Press, 1969), 27-28: 110.

<sup>2</sup>Du Bois, "The Black Man and the Wounded World," 110.

<sup>3</sup>Ibid., 110.

<sup>4</sup>Herbert Aptheker, ed., The Correspondence of W.E.B. Du Bois, 3 Volumes (Amherst: University of Massachusetts Press, 1973-1978), 421. Originally from a March 4, 1930 letter to the president of Howard University.

<sup>5</sup>W.E.B. Du Bois, "Criteria of Negro Art," The Crisis, October, 1926, 297, reprinted in The Crisis: A Record Of The Darker Races (New York: arno Press, 1969), 31-32: 297.

<sup>6</sup>Du Bois, "Criteria," 296.

<sup>7</sup>Alain Leroy Locke, Negro Art: Past and Present (Washington, D.C.: Associates in Negro Folk Education, 1936), 43.

<sup>8</sup>Locke, Negro Art, 57.

<sup>9</sup>Du Bois, "Criteria," 297.

#### Chapter 5: Endnotes to pages 43-52

<sup>1</sup>Ivan Illich, Medical Nemesis; The Expropriation of Health (New York: Pantheon Books, Division of Random House, c.1976), 33.

<sup>2</sup>Illich, 41.

<sup>3</sup>Starr, 25.

<sup>4</sup>Professional judgment possesses some advantage over the family's when physicians limit their practice to the expected range of diseases (i.e., bacterial infections).

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<sup>5</sup>Richard E. Brown, Rockefeller Medicine Men; Medicine and Capitalism in America (Berkeley: University of California Press, c.1979), 119.

<sup>6</sup>Moses, 20.

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