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OBSERVATIONS ON THE HEALTH PROGRESS OF NEGROES IN THE UNITED STATES DURING THE PAST TWO DECADES*

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It is generally stated that the health of the Negro population is getting better, but seldom is anything said about how fast this is being accomplished or how this progress compares with that of the white. The answer to this query is of particular value, since it serves as a measure of evaluation of health programs which have been developed for the Negro in the United States and should provide suggestions for the development and formulation of future plans designed for his health improvements.

It is obviously impossible to consider the progress that has been made in the morbidity and mortality of every major disease affecting the Negro. However, a consideration of certain of these will be sufficient to show the trends of all. We shall, therefore, consider only the progress in the general mortality rate and the expectation of life of the Negro supplemented by a discussion of the forward or backward movement of certain selected causes.

In a recent survey by Gover,¹ in which the general mortality rates for whites and colored are compared for the periods 1921-23 and 1931-33, in ten Southern and ten Northern states, it is shown that in the South the mortality rates have decreased 2.5 per cent for the colored and 7.7 per cent for the whites. It is interesting to note here that the mortality decline in the urban areas of both Negroes and whites has been about the same: 7.8 per cent and 8.4 per cent, respectively. But in the rural areas, the decrease for the Negro has been 4.7 per cent as compared

to 10 per cent for the white population. This is significant, since the bulk of the Negro population lives in the rural South.

Of particular interest has been the progress in mortality of the various age groups in these ten Southern states. The colored rates have declined at every age under 30 years, while the whites at every age under 45 years. Above these ages during these ten years there is no improvement or a discouraging set-back which is intensely more acute in the Negro population. For instance, from 45 to 54, it is 18.9 per cent higher for the Negroes and 2.8 per cent higher for the whites, while from 55 to 64, this is 22 per cent and 7.7 per cent higher, respectively. Thus, it is to be emphasized that for both whites and Negroes health progress has been marked during childhood, adolescence and young adulthood, but little has been accomplished in the ages beyond 25 when the individual is most productive.

Although it is impossible to state definitely the amount of change in the average length of life of the Negro population, the available data indicate that except for the first few years of life there has been very little improvement since the beginning of the century. This is well seen in the comparison of statistical data for 1920 and 1930. Since 1920, the Negro males between 20 and 50 years have suffered a loss in expectation of life of more than 3 years at every age. This represents a decrease of about 10 per cent. This practically holds true also for the Negro females. Only at birth has the expectation of life for this sex shown an appreciable increase. At all other ages, the increments were insignificant or replaced by losses. On the other hand, when we look at the white population for the same period, we discern a different story. The gains in expectation of life have been substantial for the white male under 20 and the white female under 70. There has been some loss for the white male between 30 and 70 just as with the Negro male, but this has indeed been much smaller, never reaching a loss of one whole year at any age period. These facts are well supported in a recent article by Dorn.²

This consideration of the progress made in the general mortality rate and the expectation of life of the Negro in the United States has shown that this has not been comparable with that of the white group; in fact, in some instances, it has been highly unfavorable. In order to complete this picture, let us examine the

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trends of certain major causes of diseases in both white and colored individuals.

Tuberculosis.—During the past 40 years, the tuberculosis mortality for the nation as a whole has decreased from 202 in 1900 to 47 per 100,000 in 1939. This is a decrease of about 75 per cent. This assuredly has been a great achievement for public health workers; yet, it conceals a number of problems. Tuberculosis is still the first or second cause of death in every Negro community in the land; and therefore, it behooves us to scrutinize the results of the encounter between the Negro population and this disease. A recent publication by the National Tuberculosis Association³ shows certain interesting facts. It clearly demonstrates first of all that the ratio of colored to white mortality has increased rather than decreased, due to the fact that since 1930 the downward progress has been much slower for the Negro than for the white, as shown by percentage decreases of 41.1 and 50.3, respectively. This study also shows that the disparity between the colored and white mortalities in the North is much greater than that between the two racial groups in the South. Furthermore, the percentage decrease in the Northern Negro rate during the 14 years from 1920 to 1933 has been 32.5 as compared to 55.2 for the Northern white rate; while the figures for the South have been 43.5 and 48.9, respectively.

Of interest in this discussion is the tuberculosis mortality experience in New York. In 1905, only 5 per cent of the tuberculosis deaths were Negroes; in 1937, this was 25 per cent. The death rate for 1905 for whites was 233 as compared to 606 for Negroes, while in 1937 the figures were 45 and 300, respectively. Thus, there has been a decrease of 80 per cent for the whites and only 50 per cent for the Negroes. Of even greater significance has been the progress during the past 10 years. Whereas, the curve of mortality has been downward for the whites, that for the Negro suggests an upward movement. This may be gleaned from the figures in *Table 1*.⁴

The tendency for an upward direction in the Negro tuberculosis mortality rate is not the experience of New York City alone, but is shared by many other communities. Godias J. Drolet, of the New York Tuberculosis and Health Association, has for many years collected the tuberculosis statistics for 46 large American cities, and in *Table 2*, which is abbreviated from one

TUBERCULOSIS DEATH RATE AMONG THE NEGRO AND WHITE POPULATION IN NEW YORK CITY 1927-37

Year	Death Rate per 100,000 Population	
	Negro	White
1927.....	262	70
1928.....	251	70
1929.....	295	67
1930.....	300	62
1931.....	284	59
1932.....	286	53
1933.....	280	53
1934.....	300	50
1935.....	309	48
1936.....	309	50
1937.....	300	45

Table 1

of his recent reports⁵ shows that in none of the 15 cities listed has there been a consistent decline from 1935 through 1938. Furthermore, cities like Chicago, Philadelphia, Atlanta, Pittsburgh and Louisville show a decidedly upward trend.

On the basis of these data which have been examined, it would seem fair to assume that much needs to be done in the prevention and control of tuberculosis among Negroes and that unless more facilities, personnel and money are allocated for combating this health hazard in this racial group, the disproportion which has been shown will continue to increase.

CHANGES IN THE TUBERCULOSIS MORTALITY RATES OF THE NEGRO FOR 1935-38 IN 15 LARGE CITIES

Cities	Percentage Changes in Rate Over Preceding Year			
	1935	1936	1937	1938
New York City.....	+ 9	+ 4	- 2	-16
Chicago	+ 4	+ 2	+ 6	- 5
Philadelphia	-10	+ 9	- 5	+11
Baltimore	- 4	+ 2	+ 3	-20
New Orleans	+17	+ 4	-13	- 9
Washington, D. C.	0	+ 2	-14	+ 6
Detroit	+ 0.4	- 3	+12	-13
Birmingham	-12	+26	-12	+ 2
Memphis	+ 8	- 0.8	- 7	- 6
Atlanta	+ 0.6	+ 5	- 8	+28
St. Louis	- 6	+25	-16	- 6
Cleveland	+11	0	- 9	- 4
Houston	- 6	-36	-16	+24
Pittsburgh	+ 6	+ 2	- 0.8	+ 6
Louisville	-35	+34	+15	+ 9

Table 2

CORNELY: HEALTH PROGRESS OF NEGROES

Diseases of the Heart.—Very little has been done by public health authorities for the prevention and control of heart disease in the United States. Yet, during the past thirty years there has been a gradual increase in the deaths from this constellation of diseases, so that today this group stands as the first cause of death, claiming upwards of 350,000 individuals every year. This, therefore, offers an excellent contrast to tuberculosis, against which there has been an organized effort. What, then, has been the comparative progress in the two races? Let us examine *Table 3*, the data for which was compiled from mortality figures published by the Bureau of Census.

It is shown that for the two periods, 1920-22 and 1930-32, the mortality from heart disease is higher among Negroes than whites. However, in the first period the Negro death rate was about 60 per cent higher than that for the white population, while in the second this had been reduced to about 40 per cent. It is also noticed that whereas in this 10-year interval the mortality for whites in these 12 Southern cities has in most instances increased over 40 per cent, the rise in the Negro rates has been for the most part below this figure, and in two cities there has been a small decrease.

Does this signify that the Negro is making progress in this field? This is to be doubted. It may be suggested that the markedly increased mortality among the whites is due to the fact that during the past decade there has been a curtailment in the mortality from tuberculosis, typhoid, and other conditions, so that more white individuals live to older ages where diseases of the heart are more prevalent. On the other hand, these same illnesses still plague the Negro, kill him, and thus prevent him from reaching the age levels favorable for the development of heart diseases. Therefore, it may be prognosticated that if marked improvements in the health of the young Negro adult take place and the average expectation of life is increased, no doubt the death rates from heart disease will be greatly augmented in this racial group and the disparity between the Negro and white mortality in future years will be similar or even greater than that existing for tuberculosis at present.

Maternal Mortality.—The maternal mortality rate in the United States has for many years been higher than that of most of the civilized countries in the world, and between 1921 and 1930 it fluctuated very little in both races. During this period the Negro mortality was almost

COMPARISON BETWEEN THE WHITE AND NEGRO MORTALITY RATES PER 100,000 POPULATION FROM HEART DISEASES FOR THE YEARS 1920-22 AND 1930-32 IN SOUTHERN CITIES

		Mean Rate 1920-22	Ratio of Rates C/W	Mean Rate 1930-32	Ratio of Rates C/W	Per Cent of Increase or Decrease
Atlanta	W	124.9	1.76	177.3	1.50	+41.9
	C	220.1		267.4		+21.4
Baltimore	W	181.6	1.62	270.4	1.14	+48.8
	C	294.6		309.5		+ 5.0
Birmingham	W	109.0	1.77	132.1	1.38	+21.1
	C	193.9		182.4		— 6.0
Dallas	W	89.8	1.65	152.6	1.23	+69.9
	C	148.8		189.2		+27.1
Houston	W	98.6	1.71	222.0	.93	+85.3
	C	147.9		206.3		+39.4
Louisville	W	166.5	1.79	263.8	1.63	+58.4
	C	299.4		430.4		+43.7
Kansas City, Kansas	W	119.8	1.71	222.0	.93	+46.7
	C	205.8		206.3		+ 0.2
Memphis	W	124.0	1.61	185.2	1.43	+49.3
	C	200.4		265.7		+32.5
Nashville	W	153.2	2.18	199.2	1.65	+30.0
	C	335.3		330.2		— 1.6
New Orleans	W	210.1	1.64	298.0	1.46	+41.8
	C	346.5		437.9		+26.3
Norfolk	W	135.5	1.70	232.3	1.81	+71.4
	C	231.6		422.4		+82.3
Richmond	W	170.6	1.19	233.8	1.27	+37.0
	C	204.6		298.9		+46.0
Washington, D. C.	W	209.4	1.27	319.9	1.19	+52.7
	C	267.3		383.0		+43.2
Average			1.64		1.36	

Table 3

twice that of the white population. Since 1930, the white mortality has gradually declined so that between 1930 and 1938 there was a drop of almost 40 per cent from 61 to 38 deaths per 10,000 live births. The greatest decline, however, about 30 per cent, has occurred since 1935. There has also been a decline in the Negro mortality during this decade, but this has not been very startling. Between 1930 and 1938 the decrease amounted to 27 per cent from 117 to 85 deaths per 10,000 live births, and in the last five years this was only 10.5 per cent, or one-third the decline for white women. So, whereas the disparity in the rates was a little less than two in 1921, this had increased to 2.2 in 1938. Furthermore, the maternal mortality rate of the Negro in the latter year is still 25 per cent higher than that of the white population in 1915.⁶

SUMMARY AND CONCLUSION

This purview of the present status of the health of the Negro, together with a comparison of the trends of the general mortality, the expectation of life and deaths from three major causes, presents a picture which is not too encouraging. It shows a certain amount of prog-

ress, but it also emphasizes the still too wide hiatus in the mortalities of the two races, and the much faster progress of the white race; so that, in matters of health, the Negro is yearly being outdistanced and the gap gradually widening. The rates for tuberculosis and maternal mortality show this emphatically; and no doubt, in the future this will also be discerned in those for heart disease. Such a delineation raises one important question. What are the motley group of voluntary and official health organizations and the army of health workers planning and formulating to meet this ever-growing challenge? Let us all objectively meet this problem so that the future twenty years will see greater progress.

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