

NEGRO YEAR BOOK

HEALTH AND HOUSING

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SECTION ONE: HEALTH
VITAL STATISTICS

Health protection and the provision of adequate health and medical facilities constitute a large and difficult program. The wisdom of protecting the whole population by providing health security for all is unquestioned. The Negro has a higher death rate and a shorter life expectancy than his white neighbor. Poor housing, malnutrition, ignorance, and inadequate access to basic health essentials—hospitals, clinics, medical care—are among the social factors contributing to the Negro's health status. This racial group "has a problem of such size and complexity as to challenge the leadership of both the Negro and the white races to intelligently, courageously, and persistently prosecute for the nation a definite program of general health betterment for all people without recrimination or discrimination."

Trend of Births and Deaths

The crude birth rate of Negroes (the number of births, per 1,000 population) in the United States, like that for the total population, has had a downward and an upward trend since 1920. Table 1 shows the figures for Negroes and other colored, which is practically an index for Negroes. In 1920, it was 27.0 births per 1,000 Negro population; in 1930, 21.6; and in 1943, 24.1. "The birth rate for 1943," the Census reports for the whole population, "was

the highest recorded for the birth-registration States since 1924 and was a continuation of the upward movement evident in the birth rate since 1933. Increases in the birth rate have been particularly marked since 1940." The birth rate for Negroes has been consistently higher than that for whites, but the death rate has also been higher.

Infant and Maternal Mortality

The maternal mortality rate has shown an uninterrupted decline since 1930. The Negro rate, while declining, is decidedly higher than the white rate. In 1943, the maternal mortality rate for Negroes was 5.1 per 1,000 live births as compared with a rate of 2.1 for whites. Maternal mortality in the North increases slightly as size-of-city decreases; in the South the Negro rate in small towns and small cities is exceptionally high.

Negro infant mortality though declining, is higher than that of other groups. In 1943, among Negroes there were 61.5 infant deaths per 1,000 live births, as compared with 37.5 for whites on the same basis. Negro still births were 47.3 as compared with 37.5 for whites. On the whole, the infant mortality rate increases as size-of-city decreases, except in the South where the rural Negro rate is lower than the urban in any size-of-city group. Southern infant mortality is higher than northern except for the low rate among southern rural Negroes.

Table 1

Birth and Death Rates Maternal and Infant Deaths and Still Births Ratios By Race: Registration States—For Specified Years*

SUBJECT	1943	1930	1920
Births:			
Total.....	21.5	18.9	23.7
Negro.....	24.1	21.6	27.0
Other.....	21.2	18.6	23.5
White.....			
Deaths:			
Total.....	10.9	11.3	13.0
Negro.....	12.8	16.3	17.7
Other.....	10.7	10.8	12.6
White.....			
Maternal deaths:			
Total.....	2.5	6.7	8.0
Negro.....	5.1	11.7	12.8
Other.....	4.5		
White.....	2.1	6.1	7.6
Infant deaths:			
Total.....	40.4	64.6	85.8
Negro.....	61.5	99.5	135.6
Other.....	37.5	108.4	89.6
White.....		60.1	82.1
Stillbirths:			
Total.....	26.7	39.2	.....
Negro.....	47.3	82.5	.....
Other.....	22.8	24.6	.....
White.....	24.2	34.0	.....

*-Birth and death rates per 1,000 estimated population; maternal death and infant death rates, and stillbirth ratios per 1,000 live births. Birth rates are based on total population including armed forces overseas. Death rates for 1943 are based on total population excluding armed forces overseas.

The largest numerical difference in mortality of Negroes and whites is that for infants and for stillbirths. Table 2 presents in some detail the comparative deaths of infants under one year of age.

Table 2

Infant Mortality For Negroes and Whites By Sex: United States, 1943
(Exclusive of stillbirths. Deaths under 1 year per 1,000 live births.)

Age	Negro			White		
	Total	Male	Female	Total	Male	Female
Under 1 year.....	61.5	67.9	54.8	37.5	42.0	32.7
Under 1 day.....	13.3	14.9	11.6	11.4	12.9	9.7
1 day.....	4.1	4.7	3.5	3.1	3.6	2.7
2 days.....	2.7	2.1	2.3	2.0	2.3	1.6
3 to 6 days.....	5.0	5.9	4.1	2.8	3.3	2.4
1 week.....	3.7	4.0	3.5	1.9	2.1	1.8
2 weeks.....	2.1	2.5	2.2	1.3	1.5	1.2
3 weeks.....	2.0	2.2	1.7	1.1	1.3	0.9
Under 1 month.....	33.1	37.2	28.9	23.7	26.9	20.2
1 month.....	5.0	5.5	4.6	2.7	3.0	2.3
2 months.....	4.3	4.4	4.1	2.2	2.4	1.9
3 months.....	3.5	4.0	3.1	1.8	2.0	1.7
4 months.....	3.2	3.4	3.0	1.4	1.6	1.3
5 months.....	2.7	2.8	2.6	1.2	1.3	1.1
6 months.....	2.5	2.6	2.3	1.1	1.1	1.0
7 months.....	2.0	2.3	1.8	0.9	1.0	0.8
8 months.....	1.7	1.8	1.5	0.8	0.8	0.7
9 months.....	1.3	1.5	1.1	0.6	0.7	0.6
10 months.....	1.1	1.2	1.0	0.6	0.6	0.5
11 months.....	1.1	1.3	1.0	0.5	0.5	0.5

Table 3
Births, Deaths, and Excess of Births Over Deaths, For the Negro Population, For the United States, By Regions: 1941 to 1943
 (A minus sign (—) indicates an excess of deaths over births. By place of residence.)

REGIONS	BIRTHS			DEATHS			EXCESS OF BIRTHS OVER DEATHS		
	1943	1942	1941	1943	1942	1941	1943	1942	1941
UNITED STATES.....	324,865	307,777	294,554	171,247	168,244	176,729	183,618	139,533	117,825
REGIONS:									
The North.....	63,041	57,525	54,448	45,250	41,699	41,838	17,791	15,826	13,110
The South.....	256,724	246,706	227,436	122,680	123,809	132,878	134,094	122,897	104,558
The West.....	5,100	3,546	2,670	3,307	2,736	2,513	1,793	810	157
THE NORTH:									
New England.....	2,456	2,211	1,858	1,626	1,555	1,451	830	656	407
Middle Atlantic.....	28,504	26,708	25,346	19,561	17,790	17,831	9,003	8,915	7,515
East North Central.....	25,084	22,170	21,111	17,840	16,547	16,205	7,254	5,623	4,806
West North Central.....	6,927	6,459	6,133	6,223	5,807	5,851	704	632	282
THE SOUTH:									
South Atlantic.....	126,318	121,728	117,506	60,202	61,015	65,887	66,116	60,713	51,619
East South Central.....	73,600	70,755	67,355	34,182	34,275	37,630	39,418	36,480	29,725
West South Central.....	56,806	54,223	52,575	28,306	28,519	29,361	28,500	25,704	23,214
THE WEST:									
Mountain.....	871	743	557	696	618	581	175	125	—24
Pacific.....	4,229	2,803	2,113	2,611	2,118	1,932	1,618	655	181

In table 3 are indicated the total number of Negro births and deaths, and the excess of births over deaths for the various regions, 1941-1943.

Expectation of Life¹

In 1944, "the expectation of life at birth among colored males was 55.30 years, and among colored females 58.99

years. Their gains since the turn of the century amounted to 22.75 years and 23.95 years, respectively, considerably larger gains than for white persons." However, "among colored persons the average length of life in 1944 was on about the level of that for white persons in 1919-1921."² These data are shown in Table 4.

Table 4
Expectation of Life At Birth and At Age 40 in the United States, According to Color and Sex, For Selected Periods From 1900 to 1944.

Year or Period	Birth				Age 40			
	White		Colored*		White		Colored*	
	Males	Females	Males	Females	Males	Females	Males	Females
1944†.....	63.55	68.95	55.30	58.99	30.39	33.97	26.26	28.92
1943†.....	63.16	68.27	54.655	57.97	29.97	33.47	25.83	28.11
1942†.....	63.65	68.61	54.28	58.00	30.27	33.86	25.92	28.51
1939-1941†.....	62.81	67.29	52.26	55.56	30.03	33.25	25.06	27.19
1930-1939†.....	60.62	64.52	50.06	52.62	29.57	32.24	24.65	26.11
1929-1931†.....	59.12	62.67	47.55	49.51	29.22	31.52	23.36	24.30
1920-1929†.....	57.85	60.62	46.90	47.95	29.35	30.97	24.55	24.67
1919-1921†.....	56.34	58.53	47.14	46.92	29.86	30.94	26.53	25.60
1909-1911§.....	50.23	53.62	34.05	37.67	27.43	29.26	21.57	23.34
1901-1910§.....	49.32	52.54	32.57	35.65	27.55	29.28	22.23	23.81
1900-1902§.....	48.23	51.08	32.54	35.04	27.74	29.17	23.12	24.37
Gain:								
1900-1902 to 1944.....	15.32	17.87	22.76	23.95	2.65	4.80	3.14	4.55

Note—The life tables for 1944, 1943 and 1942 were prepared in the Statistical Bureau of the Metropolitan Life Insurance Company, that for 1944 being on the basis of unpublished data furnished by the United States Census Bureau.

*—Data for periods from 1900 to 1931 and 1939 to 1941 relate to Negroes only.

†—Continental United States.

‡—Registration States of 1920.

§—Original Death Registration States.

The expectation of life, according to color and sex, for each age up to five years, and for every fifth year thereafter is set forth in the left-hand panel of Table 5. The mortality rate is shown in the right-hand panel. "The mortality rates for colored persons are much higher than for white persons at all but the oldest ages, where the quality of the data relating to the colored is uncertain. The differences are rela-

tively greatest among females at ages from 20 to 40 years, where the rates for the colored are more than three times these of whites."

Life expectancy may be extended further with advances in medical science and preventive medicine, and improvement of such factors as housing and nutrition, and a generally better standard of living.

¹From Division on Population by Dr. Oliver C. Cox.

²Statistical Bulletin, Metropolitan Life Insurance Company, May 1946.

Table 5

Expectation of Life and Mortality Rate Per 1,000 At Specified Ages, By Color and Sex, General Population in the United States 1944*

Age	Expectation of Life				Mortality Rate Per 1,000					
	Total Persons	White		Colored		Total Persons	White		Colored	
		Males	Females	Males	Females		Males	Females	Males	Females
0	65.12	63.55	68.95	55.30	58.99	39.79	40.80	32.12	65.49	55.06
1	66.80	65.23	70.23	58.14	61.40	3.60	3.44	2.98	6.49	5.91
2	66.04	64.46	69.43	57.52	60.76	2.05	2.04	1.71	3.30	3.08
3	65.18	63.59	68.55	56.70	59.95	1.56	1.58	1.29	2.41	2.23
4	64.28	62.69	67.64	55.84	59.08	1.26	1.25	1.10	1.87	1.75
5	63.36	61.76	66.71	54.94	58.18	1.08	1.10	.94	1.52	1.40
10	58.64	57.06	61.95	50.27	53.47	.78	.90	.57	1.18	.85
15	53.89	52.35	57.14	45.65	48.79	1.25	1.41	.78	2.47	2.18
20	49.30	47.83	52.39	41.38	44.48	2.16	2.92	1.15	4.75	4.05
25	44.87	43.58	47.71	37.46	40.43	2.56	3.35	1.44	6.39	4.92
30	40.42	39.22	43.06	33.66	36.43	2.68	2.82	1.79	7.14	5.85
35	35.97	34.76	38.47	29.87	32.57	3.40	3.31	2.41	8.71	7.84
40	31.63	30.39	33.97	26.26	28.92	4.73	4.77	3.26	11.76	10.29
45	27.44	26.18	29.56	22.90	25.47	6.77	7.24	4.62	16.13	13.15
50	23.45	22.23	25.30	19.92	22.28	10.02	11.11	6.84	23.32	18.69
55	19.71	18.57	21.24	17.38	19.51	14.52	16.64	10.15	29.54	24.81
60	16.24	15.24	17.41	14.96	17.04	21.34	24.90	15.76	35.04	31.95
65	13.09	12.27	13.91	12.69	14.93	31.81	36.76	25.16	46.18	41.21
70	10.30	9.65	10.80	10.81	13.14	46.92	53.36	39.65	60.63	49.93
75	7.85	7.35	8.08	9.13	11.41	69.42	77.93	62.76	68.92	53.81
80	5.76	5.42	5.83	7.21	9.42	108.84	120.27	103.78	81.35	62.42

*-Computed in the Statistical Bureau of the Metropolitan Life Insurance Company, on the basis of unpublished data furnished by the United States Census Bureau.

Trend of Age-Specific Mortality

The trend of colored and white mortality, specific for age, has been computed by the Bureau of the Census for the expanding death registration States from 1910 to 1940.³ Prior to 1920, the trend of age-specific rates for ages 1-45 years was interrupted by the influenza epidemic of 1918. For both colored and white, mortality for all ages has declined since 1910; the colored rates continue to be higher than the white but the rate of decline has been slightly more rapid for the former. In 1910, the colored rates were approximately 50 per cent higher than the white, while in 1940 they were only about 33 1/3 per cent higher. The rate of decline in mortality has been most rapid at 1-4 years for both groups. Under 25 years of age there was no apparent difference in the rate of decline in mortality for colored and white; from 25 to 44 years the decline in the white rates was somewhat more

³From "Negro Mortality—Mortality From All Causes in the Death Registration States," By Mary Gover, Statistician, Division of Public Health Methods, United States Public Health Service.

rapid than the colored; from 45 to 64 years there was very little change in the colored rates, whereas the white declined slightly; at ages over 65 years, the decline in the colored rate was somewhat greater than in the white.

On the whole the rate of Negro mortality shows decline particularly at ages under 25 years; in adult ages, however, 25-64 years, the rate of decline in Negro mortality has not equaled that of the white population, 1920-43.

Rate of Negro Mortality

A general decline was noted in the mortality rate (deaths per 1,000 population), and that of both Negroes and whites in the decade, 1930-1940. For the latest Census year (1940) the standardized death rate of whites was 8.2 per 1,000 population, while that of the Negro was 14.0. The Negro death rate in 1940 was 71 per cent higher than the white; the excess of Negro deaths was 82 per cent in 1930.

Chief Causes of Negro Mortality

Table 6 shows age adjusted rates of Negro and white mortality from all causes in the various States, 1939-1941.

Table 6
Rates of Negro and White Mortality From All Causes in Separate States 1939-1941

State and section	Negro population	Proportion of colored population that is Negro	Mortality from all causes		
			Crude 1939-41	Age-adjusted† 1940	
				Negro	Nonwhite‡	White
	Number	Percent	Rate per 1,000		
New England.....	1,509,509	93.9	14.2	15.3	10.1
Maine.....	1,304	48.6	19.7	9.2	10.2
New Hampshire.....	414	77.4	16.1	20.7	10.0
Vermont.....	384	90.4	18.2	10.2	10.3
Massachusetts.....	55,391	93.7	14.3	14.6	10.2
Rhode Island.....	11,024	95.5	16.3	17.9	10.4
Connecticut.....	32,992	97.5	13.2	15.4	9.7
Middle Atlantic.....	1,268,366	97.4	13.9	17.3	10.7
New York.....	571,221	95.3	12.7	16.2	10.7
New Jersey.....	226,973	99.1	14.9	17.5	10.4
Pennsylvania.....	470,172	99.4	14.9	17.9	11.0
East North Central.....	1,069,326	97.4	15.0	16.9	10.0
Ohio.....	339,461	99.5	15.2	16.7	10.1
Indiana.....	121,916	99.5	15.9	16.6	10.1
Illinois.....	387,446	98.6	15.9	17.3	10.3
Michigan.....	208,345	96.2	12.7	15.8	10.0
Wisconsin.....	12,158	49.0	13.9	17.6	9.1
West North Central.....	350,992	86.6	16.6	16.5	8.8
Minnesota.....	9,928	42.6	15.9	15.4	8.7
Iowa.....	16,694	95.0	15.7	15.1	8.5
Missouri.....	244,386	99.6	17.0	17.3	9.6
North Dakota.....	201	1.9	34.8	15.8	8.4
South Dakota.....	474	2.0	13.4	15.4	7.9
Nebraska.....	14,171	77.8	14.3	14.6	8.4
Kansas.....	65,138	97.9	15.7	14.6	8.5
South Atlantic.....	4,698,863	99.4	13.8	17.4	10.5
Delaware.....	35,876	99.7	17.2	19.6	10.2
Maryland.....	301,931	99.7	16.3	19.0	11.0
District of Columbia.....	187,266	99.2	15.8	18.6	11.6
Virginia.....	661,449	99.9	15.5	18.0	10.6
West Virginia.....	117,754	99.9	13.9	17.4	10.2
North Carolina.....	981,298	97.7	11.7	15.2	10.1
South Carolina.....	814,164	99.8	13.3	17.8	10.8
Georgia.....	1,084,927	99.9	13.6	16.8	10.3
Florida.....	514,198	99.8	14.5	17.9	10.4
East South Central.....	2,780,635	99.9	13.7	16.4	10.2
Kentucky.....	214,031	99.9	18.2	17.3	10.2
Tennessee.....	508,736	99.9	15.0	16.8	10.2
Alabama.....	983,290	99.9	13.5	16.8	10.4
Mississippi.....	1,074,578	99.7	12.3	15.0	10.1
West South Central.....	2,425,121	97.2	12.3	14.8	9.9
Arkansas.....	482,578	99.8	10.6	12.6	9.1
Louisiana.....	849,303	99.7	13.3	16.0	10.9
Oklahoma.....	168,849	72.7	12.6	14.1	8.9
Texas.....	924,391	99.7	12.2	14.6	10.3
Mountain.....	36,411	21.3	16.8	17.1	10.6
Montana.....	1,120	5.9	24.4	15.8	10.0
Idaho.....	595	10.7	20.7	15.1	9.8
Wyoming.....	956	23.1	23.4	19.3	9.6
Colorado.....	12,176	72.5	19.4	16.0	10.2
New Mexico.....	4,672	11.8	15.4	8.5	12.0
Arizona.....	14,993	20.7	13.0	14.9	12.5
Utah.....	1,235	16.7	20.8	12.6	10.0
Nevada.....	664	10.7	32.1	22.5	12.4
Pacific.....	134,295	37.0	14.1	14.5	10.1
Washington.....	7,424	19.5	21.5	18.0	9.8
Oregon.....	2,565	18.4	18.6	17.7	9.5
California.....	124,306	40.0	13.6	13.6	10.2
United States.....	12,865,518	95.6	13.7	16.5	10.2

†-Adjusted rates for States are taken from Vital Statistics—Special Reports, vol. 23, No. 1. Rates are adjusted to the age distribution of the population of the United States as enumerated in 1940.

‡-Adjusted rates for the United States and for geographic sections are Negro. Table from "Negro Mortality From All Causes," Public Health Reports, February 22, 1946. Vol. 61, No. 8.

Specific Death Rates By Race, Sex and Age

In 1943 the crude death rate of 10.9 per 1,000 estimated population marked the first increase in the annual rate

since 1940. The non-white mortality rate (predominantly Negro) was 12.8 per cent, as against 10.7 per cent for whites. Table 7 shows specific death rates by race, sex and age for 1943.

Table 7

Specific Death Rates By Race, Sex, and Age: United States, 1943*
(Exclusive of stillbirths and of armed forces overseas. Rates per 1,000 estimated population in a specified group)

Age Group	All races, both sexes	White males	White females	Nonwhite males	Nonwhite females
	1943	1943	1943	1943	1943
All ages.....	10.9	12.2	9.2	14.0	11.6
Under 1 year.....	43.0	44.6	34.3	78.5	62.6
1-4 years.....	2.6	2.5	2.1	4.5	3.9
5-9 years.....	1.0	1.1	0.8	1.3	1.1
10-14 years.....	0.9	1.0	0.7	1.6	1.3
15-19 years.....	1.6	1.7	1.0	3.5	3.3
20-24 years.....	2.5	3.1	1.4	5.3	4.9
25-29 years.....	2.6	2.7	1.7	6.2	5.3
30-34 years.....	3.0	2.9	2.1	7.8	6.8
35-39 years.....	4.1	4.0	2.9	10.4	9.1
40-44 years.....	5.7	5.9	3.9	13.8	12.1
45-49 years.....	8.3	9.0	5.8	19.2	15.5
50-54 years.....	12.4	13.8	8.5	27.4	23.5
55-59 years.....	17.7	20.4	12.7	32.7	29.5
60-64 years.....	26.3	30.5	20.1	39.5	36.9
65-69 years.....	39.2	44.8	32.0	55.1	48.3
70-74 years.....	58.7	66.3	51.1	70.3	55.5
75 years and over.....	126.4	137.0	122.1	102.0	81.1

*—"Deaths and Death Rates for Selected Causes: By Age, Race and Sex: United States, 1943." Bureau of the Census, November 7, 1945.

Changes in Mortality Rates

Inasmuch as only partial records are available for diseases and disabilities from which individuals suffer, such facts as are available with regard to Negro health must be derived largely by indirection. Broad characteristics of Negro morbidity rate—their variations by age, sex, urbanization, economic status, etc.—have not been precisely defined. It is customary to resort to facts of mortality, as made available by publications of official statistical and health agencies, and more recently by life insurance companies.⁴

Another phase of Negro health has to do with heredity. Higher or lower death rates for white and colored persons cannot correctly be interpreted *prima facie* to indicate racial immunity or susceptibility to the dis-

⁴During the war considerable information became available on the nature and extent of defects among males of military age; such data are frequently used to indicate health of a particular group.

eases in question. It has not been conclusively proved that there is absolute racial immunity to any disease. While color does undoubtedly exert more or less influence over the prevalence of many diseases, it is difficult to determine how much is due to racial immunity or susceptibility and how much should be attributed to social factors arising from race—low economic status, improper housing, inadequate diet, lack of hospitalization and general unfavorable environment. Negroes suffer especially from diseases in which care and sanitation are of primary importance. Examples of diseases in which mortality rates are undoubtedly affected by unfavorable environment—and which cause a higher death rate among Negroes—are tuberculosis, typhoid fever, pellagra and puerperal conditions.

Changes in mortality rates, 1929-31; 1939, by cause of death, for whites and non-whites are shown in Table 8.

Table 8

Number of Deaths Per 100,000 Population From Selected Causes, By Color, United States, 1929-31, 1939, and the Percentage Change 1929-31 to 1939 (Rates Are Standardized On the Total United States Population 1940)

Cause of death	White		Nonwhite		Percentage change 1929-31 to 1939	
	1929-31	1939	1929-31	1939	White	Nonwhite
Influenza.....	32.7	14.5	75.2	37.5	-56	-50
Pellagra.....	2.6	1.2	36.9	9.6	-54	-74
Diarrhea and enteritis.....	19.1	10.4	37.7	19.7	-46	-48
Homicide.....	5.6	3.2	40.0	34.2	-43	-15
Tuberculosis.....	60.1	37.0	205.8	133.2	-39	-35
Pneumonia.....	76.3	54.3	269.6	166.8	-29	-60
Cerebral hemorrhage.....	99.5	72.7	161.5	137.1	-27	-15
Nephritis.....	97.5	76.7	208.1	164.6	-21	-21
Accidents.....	83.5	69.8	95.7	78.1	-17	-18
Syphilis.....	5.4	4.5	43.7	40.3	-17	-8
All causes.....	1,144.5	1,006.5	2,018.8	1,603.3	-12	-21
Suicide.....	16.7	14.9	6.2	4.6	-11	-26
Cancer.....	113.9	118.4	86.0	97.1	13	13
Heart disease.....	244.3	273.7	333.0	308.8	12	-7
Diabetes.....	22.7	25.4	18.8	23.3	12	24

Source: Changes in Mortality Rates, 1930-1940, by Harold F. Dorn, Division of Public Health Methods, United States Public Health Service.

Tuberculosis Mortality

Since 1930 there have been pronounced changes in death rates from the principal respiratory causes of death: Influenza, pneumonia and tuberculosis. Although tuberculosis continues to be an outstanding cause of death among Negroes, and the Negro death rate from tuberculosis is three times as high as that for whites, in the general population the rate of tuberculous infection is almost the same for both races, according to release (09-45844) week of March 31-April 7, 1946 of the Federal Security Agency, United States Public Health Service. "The chief reason advanced for the high death rate from tuberculosis among Negroes is that among non-white persons, tuberculosis, once

it starts, progresses rapidly into advanced disease more frequently than it does in white persons. Many Negroes discover their tuberculosis only after it has reached serious proportions, when little can be done to stop the infection. The delayed diagnosis means that the patient has lost his best chance for recovery. The rapid course of tuberculosis among Negroes, with frequent premature death, also decreases opportunity for spreading the disease to others over a long period of years. This may account for the no-higher-than-average rate of tuberculosis among Negroes in the general population." Tuberculosis mortality, as Table 9 shows, has been declining generally at a relatively rapid rate, especially among non-whites, who are predominantly Negro.

Table 9
Death Rates For Tuberculosis (All Forms) By Race and Sex
Death-Registration States, 1910-1944*

Year	Total	White			Nonwhite		
		Total	Male	Female	Total	Male	Female
1944	41.3	33.7	45.0	23.3	106.2	122.7	91.3
1943	42.6	34.3	44.4	24.7	112.9	126.4	100.0
1942	43.1	34.4	43.3	25.6	118.4	131.4	106.0
1941	44.5	35.4	43.3	27.4	124.2	134.3	114.5
1940	45.8	36.5	44.7	28.2	127.6	138.7	116.9
1935	55.1	44.9	51.7	37.8	145.1	155.4	135.0
1930	71.1	57.7	63.4	51.9	192.0	194.3	189.8
1925	84.8	71.6	75.8	67.2	221.3	215.8	226.7
1920	113.1	99.5	104.1	94.8	262.4	255.4	269.6
1915	140.1	128.5	144.0	112.2	401.1	420.2	380.5
1910	153.8	145.9	158.2	132.8	445.5	479.3	406.8

*-Source: Derived from the Tuberculosis Control Division, United States Public Health Service, and the Division of Vital Statistics, United States Bureau of the Census.

Chief Causes of Negro Mortality

Table 10 indicates that in 1944 chief causes of deaths among Negroes were:

- (1) heart disease, (2) intra-cranial lesions of vascular origin, (3) tuberculosis, and (4) nephritis.

Table 10
Mortality From Selected Causes, By Race and Rank 1944
(Crude Rate Per 100,000 Population)

Nonwhite			White		
Rank	Cause of death	Rate	Rank	Cause of death	Rate
1	Heart diseases	246.51	1	Heart diseases	323.51
2	Intra-cranial lesions of vascular origin	110.35	2	Cancer and other malignant tumors	134.39
3	Tuberculosis (all forms)	106.23	3	Intra-cranial lesions of vascular origin	91.79
4	Nephritis (all forms)	106.16	4	Nephritis (all forms)	64.84
5	Cancer and other malignant tumors	84.32	5	Accidents (except motor-vehicle)	53.59
6	Pneumonia (all forms)	79.64	6	Pneumonia (all forms)	45.01
7	Accidents (except motor-vehicle)	53.03	7	Tuberculosis (all forms)	33.68
8	Syphilis (all forms)	39.56	8	Diabetes mellitus	27.21
9	Diabetes mellitus	19.18	9	Motor-vehicle accidents	18.38
10	Motor-vehicle accidents	17.76	10	Suicide	10.80

Source: Division of Public Health Methods, United States Public Health Service.

Various factors, applicable to both Negroes and whites, should be taken into consideration in explaining the changing mortality rates, as well as the declining death rate. Increased discovery and use of serums and drugs cause many diseases to be less fatal than previously. Undoubtedly public

provisions for prenatal care have helped to reduce the rates of maternal and infant mortality. As the age composition of society changes and there is longer life expectancy, the degenerative diseases contribute more heavily to the death toll. Private and public agencies have aided in stressing

the importance of early discovery and treatment of diseases, and ever-expanding public health measures and services better protect the general health. As the Negro shares more adequately in the progress which communities are making in public health and personal hygiene, it may be expected that his general health will improve.

SELECTIVE SERVICE EXAMINATIONS—DISQUALIFYING DEFECTS

The prevalence of physical defects

among men of military age (18-37 years) sufficient to constitute principal cause for their rejection is indicated in Table 11 (a) and (b). According to Selective Service and Army records one of the major health problems among Negroes is venereal disease. The prevalence of defects indicates that all too frequently good medical care has been lacking. Table 12 affords data on types of defects, per 1,000 registrants by race.

Table 11 (a)
Estimated Principal Causes For Rejection of Registrants 18-37 Years of Age in Class IV-F and Classes With F Designation,¹ June 1, 1944²

Principal causes for rejection	Number			Percent		
	Total	White ³	Negro	Total	White ³	Negro
Total	4,217,000	3,393,000	824,000	100.0	100.0	100.0
Manifestly disqualifying defects	443,800	383,600	60,200	10.5	11.3	7.3
Mental disease	701,700	622,400	79,300	16.6	18.3	9.6
Mental deficiency ⁴	582,100	322,700	259,400	13.8	9.5	31.5
Physical defects	2,426,500	2,013,400	413,100	57.6	59.4	50.1
Musculoskeletal	316,300	281,000	35,300	7.5	8.3	4.3
Syphilis	283,800	115,000	168,800	6.7	3.4	20.5
Cardiovascular	273,300	228,700	44,600	6.5	6.7	5.4
Hernia	238,400	211,900	26,500	5.7	6.3	3.2
Neurological	214,800	192,800	22,000	5.1	5.7	2.7
Eyes	212,700	188,700	24,000	5.0	5.6	2.9
Ears	162,900	158,300	4,600	3.9	4.7	.6
Tuberculosis	113,200	101,700	11,500	2.7	3.0	1.4
Lungs	72,800	64,100	8,700	1.7	1.9	1.0
Underweight and overweight	62,200	57,900	4,300	1.5	1.7	.5
Feet	54,000	42,000	12,000	1.3	1.2	1.5
Abdominal viscera	53,600	51,200	2,400	1.3	1.5	.3
Kidney and urinary	44,200	40,100	4,100	1.0	1.2	.5
Varicose veins	42,700	38,000	4,700	1.0	1.1	.6
Genitalia	42,300	33,100	9,200	1.0	1.0	1.1
Endocrine	40,300	38,600	1,700	1.0	1.1	.2
Teeth	36,100	33,800	2,300	.9	1.0	.3
Neoplasms	26,100	23,700	2,400	.6	.7	.3
Skin	26,000	23,100	2,900	.6	.7	.3
Nose	25,400	24,300	1,100	.6	.7	.3
Gonorrhea and other venereal	18,300	7,300	11,000	.4	.2	1.3
Hemorrhoids	17,200	14,400	2,800	.4	.4	.3
Mouth and gums	11,100	10,300	800	.3	.3	.1
Infectious and parasitic	4,500	3,900	600	.1	.1	.1
Throat	4,100	3,500	600	.1	.1	.1
Blood and blood-forming	3,900	3,400	500	.1	.1	.1
Other medical	26,300	22,600	3,700	.6	.7	.4
Nonmedical	62,900	50,900	12,000	1.5	1.5	1.5

¹Includes registrants in classes II-A, B and C with F designation.

²United States Congress. Senate. Subcommittee of the Committee on Education and Labor. A Resolution Authorizing an Investigation of the Educational and Physical Fitness of the Civilian Population as Related to National Defense. Part 5. Hearings, 78th Congress. 2d Session on S. Res. 74, July 10, 11, and 12, 1944. Washington, United States Government Printing Office, 1944. p. 1625.

³Includes all races other than Negro.

⁴Includes (1) registrants with more than one disqualifying defect who were rejected for educational deficiency prior to June 1943; (2) registrants rejected for failure to meet minimum intelligence standards beginning June 1, 1943; (3) morons, imbeciles, and idiots rejected November 1940-April 1944.

Table 11 (b)
Estimated Principal Causes For Rejections of Negro Registrants 18-37 Years of Age in Class IV-F and Classes With "F" Designation† August 1, 1945 (Preliminary)*

Principal Causes for Rejection	Number	Percent
Total.....	919,000	100.0
Manifestly disqualifying defects.....		
Mental disease.....	67,700	7.4
Mental deficiency†.....	97,800	10.6
Physical defects.....	308,600	33.6
Musculoskeletal.....	430,600	46.9
Cardiovascular.....	40,200	4.4
Hernia.....	51,300	5.6
Syphilis.....	29,800	3.2
Neurological.....	154,800	16.8
Eyes.....	24,300	2.6
Ears.....	26,500	2.9
Tuberculosis.....	5,400	0.6
Lungs.....	13,100	1.4
Underweight and overweight.....	10,100	1.1
Feet.....	4,400	0.5
Abdominal viscera.....	14,800	1.6
Kidney and urinary.....	2,600	0.3
Varicose veins.....	5,200	0.6
Genitalia.....	5,300	0.6
Endocrine.....	9,900	1.1
Teeth.....	1,700	0.2
Neoplasms.....	2,300	0.2
Skin.....	2,700	0.3
Nose.....	3,500	0.4
Hemorrhoids.....	1,100	0.1
Gonorrhea and other venereal.....	3,000	0.3
Mouth and gums.....	11,100	1.2
Infectious and parasitic.....	800	0.1
Throat.....	600	0.1
Blood and blood-forming.....	600	0.1
Other medical.....	500	0.1
Nonmedical.....	2,000	0.5
	14,300	1.5

†Includes registrants in Classes II-A, B and C with "F" designation.

‡Includes (1) registrants with more than one disqualifying defect who were rejected for educational deficiency prior to June 1, 1943; (2) registrants rejected for failure to meet minimum intelligence standards beginning June 1, 1943; (3) morons, imbeciles and idiots rejected November 1940-July 1945.

*Source: National Headquarters, Selective Service System.

Table 12
Rate of All Recorded Defects, Per 1,000 Registrants Examined, By Race¹

Defect	Bulletin No. 1 ² all races ⁴	Bulletin No. 2 ³		
		All Races	White ⁵	Negro
Total.....	1,356.8	1,583.3	1,595.0	1,493.9
Eyes.....	115.7	123.5	130.5	70.6
Ears.....	44.5	50.1	54.0	20.0
Teeth.....	140.3	167.8	176.9	98.5
Mouth and gums.....	63.9	84.2	81.3	106.3
Nose.....	68.9	81.5	89.0	24.1
Throat.....	66.3	81.5	81.2	84.0
Lungs.....	16.4	16.2	17.1	8.6
Tuberculosis.....	5.7	9.7	10.3	5.2
Cardiovascular.....	100.4	83.1	84.6	71.8
Blood and blood-forming.....	1.0	1.3	1.4	.4
Hernia.....	64.6	79.7	83.0	54.5
Kidney and urinary.....	14.0	9.0	9.2	7.9
Abdominal viscera.....	12.2	44.5	48.3	14.7
Genitalia.....	59.0	81.3	80.0	91.5
Syphilis.....	27.5	30.8	11.7	176.7
Gonorrhea and other venereal.....	7.4	7.3	3.4	36.5
Skin.....	115.8	88.0	94.0	42.2
Hemorrhoids.....	30.6	35.1	36.5	24.8
Varicose veins.....	26.7	32.1	33.6	20.4
Educational deficiency.....	3.6	21.2	12.4	89.0
Mental deficiency.....	8.4	15.3	15.7	12.1
Mental disease.....	18.2	23.7	25.7	7.8
Neurological.....	22.8	22.4	23.9	11.0
Musculoskeletal.....	101.3	113.9	119.3	73.8
Feet.....	145.0	172.4	158.9	275.7
Endocrine.....	16.0	19.7	21.3	7.4
Neoplasms.....	11.3	14.1	14.2	13.0
Infectious and parasitic.....	.4	.6	.7	.2
Underweight, overweight, and other.....	48.9	73.3	76.9	46.0

¹—United States Congress. Senate. Subcommittee of the Committee on Education and Labor. Wartime Health and Education, Part 5. A Resolution Authorizing an Investigation of the Educational and Physical Fitness of the Civilian Population as Related to National Defense. Hearings, 78th Congress, 2nd Session on S. Res. 74, July 10, 11, and 12, 1944. Washington, United States Government Printing Office, 1944. p. 1627.

²—Based on sample of forms 200 covering 19,923 registrants examined at local boards November 1940 through May 1941.

³—Based on sample of forms 200 covering 121,966 registrants examined at local boards November 1940 through September 1941.

⁴—Race breakdown not available.

⁵—Includes all races other than Negro.

NEGROES IN THE MEDICAL PROFESSIONS

The health welfare of Negroes is provided in large measure by professional members of the Negro race.⁵ Many problems attend the efforts of professional personnel to render adequate health service to the Negro people. Insufficient numbers of physicians, dentists and nurses, medical-social workers, laboratory technicians, and other professionals and their inequitable distribution in the nation; the lack of adequate training facilities in Negro medical schools and the lack of opportunities in white medical schools and hospitals; the restricted admission to established institutions for medical care and public health, limit both the preparation of professional persons and the health services they might render.

⁵The Negro professional groups have their own local and national organizations. Some few Negroes have been admitted to membership in white professional organizations.

Negro Physicians

With reference to Negro physicians, in the decade 1932-1942 there was a decrease of 5 per cent in the total number, while the Negro population increased by about 8 per cent. In 1942 there were 3,810 Negro physicians, or a rate of 1 for every 3,377 Negroes; as compared with a total of 176,191 physicians in the United States serving 132,000,000 persons, or a ratio of 1 to 750. The suggested wartime minimum for civilian safety of 1 physician to 1,500 persons indicates the serious disadvantage of the Negro population. The lowest ratio of Negro physicians is to be found in the South. As is true of physicians generally, there is a concentration of Negro physicians in the large cities, North and South. Nearly 600 Negro physicians served in the Armed Forces during the war.

Dr. Midian O. Bousfield, Chicago, served as commanding officer of Station Hospital No. 1 (staffed completely by nearly 100 Negro officers) at Fort Huachuca, Arizona.

Table 13

Distribution of Negro Physicians and Population and the Population Per Physician, According to States and Major Geographic Divisions of the United States*

	Negro Population 1940	Number of Negro Physicians 1942	Negro Population per Physician 1942
UNITED STATES.....	12,865,518	3,810	3,377
New England			
Maine.....	1,304	0	.....
New Hampshire.....	414	0	.....
Vermont.....	384	0	.....
Massachusetts.....	55,391	31	1,787
Rhode Island.....	11,024	6	1,837
Connecticut.....	32,992	18	1,832
Middle Atlantic			
New York.....	571,221	269	2,123
New Jersey.....	226,973	146	1,555
Pennsylvania.....	470,172	220	2,137
East North Central			
Ohio.....	339,461	182	1,865
Indiana.....	121,916	70	1,742
Illinois.....	387,446	311	1,246
Michigan.....	208,345	131	1,590
Wisconsin.....	12,158	11	1,105
West North Central			
Minnesota.....	9,928	3	3,309
Iowa.....	16,694	13	1,284
Missouri.....	244,386	244	1,002
South Dakota.....	201	0	.....
Nebraska.....	474	0	.....
Kansas.....	14,171	8	1,771
Kansas.....	65,138	37	1,760
South Atlantic			
Delaware.....	35,876	9	3,986
Maryland.....	301,931	117	2,581
District of Columbia.....	187,266	252	743
Virginia.....	661,449	183	3,614
West Virginia.....	117,754	52	2,285
North Carolina.....	981,298	170	5,772
South Carolina.....	814,164	67	12,152
Georgia.....	1,084,927	152	7,134
Florida.....	514,198	85	6,049
East South Central			
Kentucky.....	214,031	109	1,964
Tennessee.....	508,736	246	2,068
Alabama.....	983,290	125	7,860
Mississippi.....	1,074,578	58	18,527
West South Central			
Arkansas.....	488,578	58	8,320
Louisiana.....	849,303	98	8,666
Oklahoma.....	168,849	71	2,378
Texas.....	924,391	166	5,569
Mountain			
Montana.....	1,120	0	.....
Idaho.....	595	0	.....
Wyoming.....	956	0	.....
Colorado.....	12,176	10	1,218
New Mexico.....	4,672	3	1,557
Arizona.....	14,993	5	2,999
Utah.....	1,235	0	.....
Nevada.....	664	0	.....
Pacific			
Washington.....	7,424	5	1,485
Oregon.....	2,565	1	2,565
California.....	124,306	68	1,828

*-Source: Distribution of Negro Physicians in the United States in 1942, by Paul B. Cornely, M. D., Head, Department of Bacteriology, Preventive Medicine and Public Health, Howard University School of Medicine, Washington, D. C.

Table 14

Distribution of Negro Physicians and Population, and the Population Per Physician, in Cities With 50,000 or More Negroes 1942

City	Negro Population 1940	Percentage of Total Negro Population of State	No. of Negro Physicians 1942	Percentage of Total Negro Physicians in the State	Population per Physician
Atlanta, Ga.....	104,533	9.6	43	28.3	2,431
Baltimore.....	165,843	54.9	83	70.9	1,998
Birmingham, Ala.....	108,938	11.1	19	15.2	5,734
Chicago.....	277,731	71.7	264	84.9	1,052
Cincinnati.....	55,593	16.4	25	13.7	2,224
Cleveland.....	84,504	29.4	51	28.0	1,657
Dallas, Texas.....	50,407	5.4	19	11.4	2,653
Detroit.....	149,119	71.6	97	74.0	1,537
Houston, Texas.....	86,302	9.3	21	12.7	4,110
Indianapolis.....	51,142	41.9	25	35.7	2,046
Jacksonville, Fla.....	61,782	12.0	17	20.0	3,634
Los Angeles.....	63,774	51.3	50	73.5	1,275
Memphis, Tenn.....	121,498	23.9	58	23.6	2,095
New Orleans.....	149,034	17.5	54	55.1	2,760
New York.....	458,444	80.2	250	92.9	1,834
Philadelphia.....	250,880	53.4	131	59.5	1,915
Pittsburgh.....	62,216	13.2	32	14.5	1,944
Richmond, Va.....	61,251	9.3	23	12.6	2,663
St. Louis.....	108,765	44.5	142	58.2	766
Washington, D. C.....	187,266	.....	252	.....	743

Negro Dentists

The shortage of Negro dentists is even more marked than that of Negro physicians, with the disparity especially acute in the South. In the Negro population of 12,865,518 there are only

1940 Federal Census of Occupations. As of February 28, 1945, 120 of these were serving in the Armed Forces. There were fewer than 300 Negro dental students in training as of April, 1945. Table 15 gives the number of employed Negro male dentists for the United States and by regions for 1940.

Table 15

Employed Negro Male Dentists (Except on Public Emergency Work), For the United States, By Divisions and States 1940

Region, Division, and State	EMPLOYED (except on public emergency work)	Average Negro Population per Negro EMPLOYED male dentist (exc. on pub. emerg. work)
UNITED STATES.....	1,463	8,794
REGIONS:		
The North.....	711	3,924
The South.....	708	13,990
The West.....	44	3,880
THE NORTH:		
New England.....	49	2,072
Middle Atlantic.....	325	3,903
East North Central.....	265	4,035
West North Central.....	72	4,875
THE SOUTH:		
South Atlantic.....	375	12,530
East South Central.....	170	16,357
West South Central.....	163	14,878
THE WEST:		
Mountain.....	7	5,202
Pacific.....	37	3,630

Negro Nurses

In 1940, 7,191, or 2 per cent of all the trained and student nurses in the United States were Negroes. The National Association of Colored Graduate Nurses, formed in 1908, had 980 members in 1940, and 1,200 in 1944. Principal outlets of these Negro nurses prior to the war were Negro hospitals and institutions, the large public hospitals of the North, and local official and voluntary public health agencies serving large numbers of Negro patients. The majority of active Negro nurses in 1941 (63 per cent) were in hospital and institutional work, while 28 per cent were in public health. Little opportunity was afforded them in private practice and industrial training, where 6 per cent and 1 per cent, respectively, were engaged.

During the war, efforts were made to increase the number of graduate Negro nurses as well as to expand opportunities for their services. The number of Negro graduate nurses, according to the *American Journal of Nursing* ("Negro Nurses," 44:476-477, May, 1944), was estimated at 8,000. Graduate Negro nurses were employed by the American Red Cross, War Food Administration and the Veterans Administration, besides those serving official and voluntary public health agencies. According to the War Department, with the Army Nurse Corps were 343 Negroes, as of February 28, 1945, some on overseas assignment. The Navy Department dropped its restrictions against Negro nurses in January, 1945, and 4 served with this branch of the Armed Forces.

The greatest gains in civilian service were probably made in the hospitals of New York City where more than 1,250 Negro nurses were employed in 1942.

There has been a steady increase in the number of Negro public health nurses employed by official and non-official agencies. The number increased 20 per cent, from 918 in 1943 to 1,101 in 1945 when Negro nurses represented about 5 per cent of the total of public health nurses. As of January 1, 1946 there were 1,154 Negro nurses employed by 294 public health agencies. (See Table 17). In many localities, Negro communities are served by white nurses.

As of January 1, 1945, only 55 of the 1,101 Negro public health nurses had less than high school training, while 955 (86 per cent) had completed high school and 67 (6 per cent) had one or more college degrees. There continues to be a marked improvement over earlier years of Negro public health nurse training.

Opportunities for nurse training for Negro women were greatly expanded during the war period, with the largest number being provided through the United States Cadet Nurses Corps. As of May 31, 1945 there were, according to the Federal Security Agency, 4,128 Negro student nurses who were receiving free tuition under the Cadet Nurses Corps program.

In the post-war period there is a growing demand for well-prepared Negro nurses, especially in public health services in rural areas in the South, and also in the great cities in the North.

Table 16
Negro Employed Trained Nurses and Student Nurses (Except on Public Emergency Work) and Negro Trained Nurses and Student Nurses Seeking Work (Experienced), By Sex, For the United States, By Regions: 1940.

Regions	EMPLOYED (except on public emergency work)			SEEKING WORK (experienced)			Average Negro population per Negro employed trained nurse and student nurse (except on public emergency work)
	Total	Male	Female	Total	Male	Female	
UNITED STATES.....	6,801	121	6,680	391	6	385	1,892
REGIONS:							
The North.....	2,936	36	2,900	195	3	192	950
The South.....	3,718	82	3,636	177	2	175	2,664
The West.....	147	3	144	19	1	18	1,161
THE NORTH:							
New England.....	61	2	59	6		6	1,664
Middle Atlantic.....	1,919	22	1,897	119	1	118	661
East North Central.....	496	12	484	55	2	53	2,156
West North Central.....	400		400	15		15	763
THE SOUTH:							
South Atlantic.....	2,373	44	2,329	113	1	112	1,980
East South Central.....	878	24	854	28	1	27	3,167
West South Central.....	467	14	453	36		36	5,193
THE WEST:							
Mountain.....	5		5	3		3	7,282
Pacific.....	142	3	139	16	1	15	946

Source: Dr. Joseph R. Houchins, Specialist, Negro Statistics.

Table 17
Number of Negro Nurses Employed by Various Agencies For Public Health Work and Number of Employing Agencies, January 1, 1946.

TOTALS.....	Total Agencies		Total Nurses		Department of Health [†]		Other Official Agencies		Boards of Education		Nonofficial Agencies [‡]	
	294	1154	165	813	14	61	46	90	70	190		

[†]Includes State departments of health.
[‡]Includes "other State agencies."
Source: Division of Nursing, U. S. Public Health Service, Federal Security Agency, Washington, D. C.

NEGRO HOSPITALS

In 1944, there were 124 Negro hospitals located in 23 States and the District of Columbia⁶. Of this number, 12 were governmental (operated by Federal, State or municipal governments) and 112 were non-governmental (operated by Church, fraternal, community or proprietary organizations). The geographical distribution of these hospitals, given below, indicates that the majority of the Negro hospitals were located in the South:

Alabama	9	Mississippi	4
Arkansas	5	Missouri	7
Washington, D. C.	3	New Jersey	1
Florida	11	North Carolina	13
Georgia	8	New York	1
Illinois	2	Oklahoma	4
Indiana	2	Pennsylvania	3
Kansas	3	South Carolina	7
Louisiana	1	Tennessee	4
Michigan	10	Texas	7
Maryland	4	Virginia	10
Delaware	1	West Virginia	4

The few Negro hospitals in the North are usually to be found in the large cities. However, in the North Negroes have access to other hospitals where they are admitted without legal segregation of white and colored patients. Yet, there are comparatively few opportunities in northern white hospitals for the Negro doctor to acquire the experience that is essential to good hospital practice. The majority of Negro physicians take their training in the two Negro medical schools, and have access to the hospitals operated in conjunction with them.

Twenty-three of the 124 Negro hospitals were fully approved by the American College of Surgeons; while 3 were provisionally approved. Nine of these approved hospitals were also approved by the Council on Medical Education and Hospitals of the American Medical Association for the training of interns. Schools of nursing were conducted in conjunction with 20 of the Negro hospitals.

The Negro hospital is a particularly significant factor in Negro health in the South, due not only to the size of the population to be served, but also to the prevailing social pattern. Under the latter conditions, Negro ad-

⁶Cf. Eugene H. Bradley, "Health, Hospitals, and the Negro," Modern Hospital, August, 1945. Abstracted in National Negro Health News, (U. S. Public Health Service) Vol. 14, No. 2, April, June, 1946, pp. 14-15.

NEGRO HOSPITALS

missions to white southern hospitals are generally limited to teaching, to governmental institutions, or to segregated wings of subsidized voluntary hospitals. Southern social tradition does not permit the grouping of white and Negro patients, nor does it permit (with few exceptions) the training of colored medical personnel in white hospitals. In view of the fact that the Negro physician must be able to treat his patients and is denied this practice in white hospitals, the Negro hospital offers his only opportunity.

The Negro's health and hospital problem in the South (where 9,904,619 Negroes constitute 31 per cent of the region's total population) has been illustrated by statistical presentations. For example, the State of Georgia has a total population of 3,123,723 of which 2,038,278 are white and 1,084,927 are Negro. This State in 1944 had only 41 hospitals approved by the American College of Surgeons, and not one of these hospitals was Negro. On the other hand, the State of Wisconsin, with a total population of 3,137,587, had 81 approved hospitals, all of which admit Negroes without segregation.

SOME NEGRO HOSPITALS[†] IN THE UNITED STATES

- AMERICUS HOSPITAL
Americus, Georgia
- BREWER HOSPITAL
Greenwood, South Carolina
- *BREWSTER HOSPITAL
Jacksonville, Florida
- *BURRELL MEMORIAL HOSPITAL
Roanoke, Virginia
- BURWELL INFIRMARY
Selma, Alabama
- *CHARITY HOSPITAL
Savannah, Georgia
- CHILDREN'S HOME HOSPITAL
Birmingham, Alabama
- CHRISTIAN HOSPITAL
Miami, Florida
- *COLLINS CHAPEL CONNECTIONAL HOSPITAL
Memphis, Tennessee
- *COMMUNITY HOSPITAL
Newark, New Jersey
- COMMUNITY HOSPITAL
Wilmington, North Carolina
- *DOUGLASS HOSPITAL
Kansas City, Kansas
- DWELLE INFIRMARY
Atlanta, Georgia
- *EDYTH K. THOMAS MEMORIAL HOSPITAL
Detroit, Michigan
- *FAIRVIEW SANITARIUM
Detroit, Michigan
- *FLINT-GOODRIDGE HOSPITAL OF DILLARD UNIVERSITY
New Orleans, Louisiana

[†]List provided by the National Conference of Hospital Administrators.
*Indicates membership in the National Conference of Hospital Administrators.

- *FLORIDA A. AND M. COLLEGE HOSPITAL
Tallahassee, Florida
- *FRATERNAL HOSPITAL
Montgomery, Alabama
- *FREDERICK DOUGLASS MEMORIAL HOSPITAL
Philadelphia, Pa.
- *FREEDMEN'S HOSPITAL
Washington, D. C.
- FRIENDLY CLINIC
Memphis, Tennessee
- *GEORGE W. HUBBARD HOSPITAL OF MEHARRY MEDICAL COLLEGE
Nashville, Tennessee
- GEORGIA INFIRMARY
Savannah, Georgia
- GILLESPIE HOSPITAL
Cordele, Georgia
- GOOD SAMARITAN HOSPITAL
Selma, Alabama
- *GOOD SAMARITAN HOSPITAL
Charlotte, North Carolina
- *GOOD SAMARITAN-WAVERLY HOSPITAL
Columbia, South Carolina
- GOOD SHEPHERD HOSPITAL, THE
New Bern, North Carolina
- GOODNOW HOSPITAL
Talladega, Alabama
- HALE INFIRMARY
Montgomery, Alabama
- HALIFAX HOSPITAL
Daytona Beach, Florida
- *HOMER G. PHILLIPS HOSPITAL
St. Louis, Missouri
- HOSPITAL & TRAINING SCHOOL FOR NURSES
Charleston, South Carolina
- *HOUSTON NEGRO HOSPITAL
Houston, Texas
- *JOHN A. ANDREW MEMORIAL HOSPITAL
Tuskegee Institute, Alabama
- JOHN F. TAYLOR HOSPITAL
Mobile, Alabama
- JOHNSON MEMORIAL HOSPITAL
Bainbridge, Georgia
- JUBILEE HOSPITAL
Henderson, North Carolina
- *KANSAS CITY GENERAL HOSPITAL NO. 2
Kansas City, Missouri
- KATE BITTING REYNOLDS MEMORIAL HOSPITAL
Winston-Salem, North Carolina
- KIRKWOOD HOSPITAL
Detroit, Michigan
- *L. RICHARDSON MEMORIAL HOSPITAL
Greensboro, North Carolina
- *LINCOLN HOSPITAL
Durham, North Carolina
- MARY LAWSON SANATORIUM
Palatka, Florida
- MEMORIAL HOSPITAL
Oxford, North Carolina
- MERCY HOSPITAL (CITY)
St. Petersburg, Florida
- MERCY HOSPITAL
Wilson, North Carolina
- *MERCY HOSPITAL
Philadelphia, Pennsylvania
- *NORFOLK COMMUNITY HOSPITAL
Norfolk, Virginia
- *PARKSIDE HOSPITAL
Detroit, Michigan
- *PEOPLES HOSPITAL
St. Louis, Missouri
- PINE RIDGE HOSPITAL
West Palm Beach, Florida

- *PINKSTON CLINIC
Dallas, Texas
- *PRAIRIE VIEW STATE COLLEGE
HOSPITAL
Prairie View, Texas
- *PROVIDENCE HOSPITAL
Bluefield, West Virginia
- PROVIDENT HOSPITAL
Fort Lauderdale, Florida
- *PROVIDENT HOSPITAL AND FREE
DISPENSARY
Baltimore, Maryland
- *PROVIDENT HOSPITAL AND TRAIN-
ING SCHOOL FOR NURSES
Chicago, Illinois
- *RED CROSS HOSPITAL
Louisville, Kentucky
- RICHMOND COMMUNITY HOSPITAL
Richmond, Virginia
- *ST. AGNES HOSPITAL
Raleigh, North Carolina
- ST. LUKE'S HOSPITAL, INC.
Macon, Georgia
- *ST. MARY'S INFIRMARY
St. Louis, Missouri
- SAMARITAN HOSPITAL
Rome, Georgia
- SEARCY HOSPITAL
Mount Vernon, Alabama
- TABORIAN HOSPITAL
Mound Bayou, Mississippi
- *TAMPA NEGRO HOSPITAL
Tampa, Florida
- *TRINITY HOSPITAL
Detroit, Michigan
- UNION COMMUNITY HOSPITAL
Union, South Carolina
- *UNITED STATES VETERANS' HOS-
PITAL
Tuskegee, Alabama
- VAN BUREN SANITARIUM
Statesboro, Georgia
- WAYNE DIAGNOSTIC HOSPITAL
Detroit, Michigan
- *WHEATLEY-PROVIDENT HOSPITAL
Kansas City, Missouri
- *WHITTAKER MEMORIAL HOSPITAL
Newport News, Virginia
- WILLIAM A. HARRIS MEMORIAL
HOSPITAL
Atlanta, Georgia

NATIONAL NEGRO HEALTH MOVEMENT

Active in the field of health education and health service is the National Negro Health Movement which grew out of National Negro Health Week, founded in 1915 by the late Booker T. Washington, at Tuskegee Institute.

As National Negro Health Week grew in extent and in the very evident need of continuous rather than interrupted activities for the maintenance and promotion of an effective program, ways and means were considered, which, at a Health Week Conference in Washington, March 19, 1929, resulted in adoption of the following objectives for a year-round health movement:

1. Consultation with State health officers to learn first-hand of the public health problems relating to the colored population.

2. Contact with State and local Negro organizations to secure their aid in promotion of the health of the Negro, and their support of measures sponsored by the State and local health authorities.
3. Stimulation of the training and employment of Negro public health personnel, by State and local health departments and other agencies.
4. Consistent efforts to elevate the standards of training for Negro personnel, and to induce persons with good educational background and aptitude to fit themselves for public health work.
5. Special efforts to emphasize health work in Negro schools, and to encourage the employment of trained personnel for health work in the schools.
6. Maintenance of a comprehensive register of speakers qualified to give talks on public health subjects.
7. Establishment in the central office of the National Negro Health Movement of a list of qualified Negro health workers.
8. The development of a depository of health information relating to the colored population, this library to include an abstracting and reference section.
9. Analysis of census data and vital statistics to determine the distribution of population and the nature and extent of health problems.
10. Promotion of the National Negro Health Week as a period for emphasis on the general health status of the Negro population and the program for health improvement.

This movement effected a permanent year-round program at Howard University through the sponsoring agencies, including, in addition to Tuskegee Institute and Howard University, the National Medical Association, the National Negro Business League, and the National Negro Insurance Association. It is now resident at the United States Public Health Service (since 1932) as part of the National public health organization and serves as a "clearing house" for matters on Negro health. It offers its service to State, County, and City health departments and various voluntary health and civic organizations.

SECTION TWO: HOUSING

The relationship of housing to health cannot be reduced to an exact formula, but there is substantial evidence and fairly general agreement that a healthy house helps to make a healthy family. Many factors are involved—location, condition of neighborhoods, customary and legal restrictions on better houses, cost, crowding, sanitary facilities, and the like. Only an

intelligent, just, and economically sound program of housing—private and public—can effect the remedy of a long-standing housing problem aggravated by war-time dislocations of population, and limited construction of houses.

THE HOUSING PROBLEM

The essential problems to be faced are poverty and space restrictions growing out of racial discrimination. It is the problem of the racial restrictive covenant and the resultant ghetto. It is the problem of blight and slum living which have become associated with race. One residential phenomenon familiar to even the casual observer of American cities today is the concentration of most Negroes into one or two or more severely constricted areas, with a little scattering of colored families in other sections of the city. In fact, it has been established that the larger the proportion of Negroes in the total population, the higher is the degree of their concentration. Two, three, and four Negro families are forced to live where one white family lived before. According to 1940 Census definition, 8 per cent of urban units occupied by whites were overcrowded, while the comparable figure for Negroes was 25 per cent.

Ghetto people are usually poor people. Of the 35,000,000 families reporting income in the 1940 Census, 54 per cent of the white and 85 per cent of the non-white were below \$1,000 in income per year. Median annual income for urban whites was \$1,064; and for non-whites, \$457.

Ghetto people are also, a low-rent paying people. Of the total occupied dwellings in 1940, approximately 61 per cent of the total occupied by whites and 80 per cent of the total occupied by non-whites were in the rental group. Further, for all urban localities, 32 per cent of all white tenants and 71 per cent of the non-white paid monthly rents below \$20; 46 per cent white and 80 per cent non-white below \$30. For all urban units, the median rents in 1940 were \$25.98 for whites and \$12.59, non-whites. Here is a people relegated to a physical environment which becomes a drain upon the moral, physical, and financial resources of the entire community. Enforced segregation begets discrimination and exclusion from the benefits of

community life. Further, these slum islands be-devil and adversely affect urban re-development. Here is created much of the frustration and bitterness that brew tension and conflict.

Informed observation and available facts indicate that the vast majority of Negroes and other non-whites live in substandard housing and in slum or blighted areas, and that they are bound to such housing and neighborhoods by reason of their income limitations, resulting from racially restricted job opportunities, and imposed residential segregation reinforced by racial restrictive covenants, traditions, or law.⁷

Relationship Between Condition Of Dwellings and Rentals, By Race

1. The non-white group receives proportionately more substandard housing, or less housing value, for the same price than does the white group, which has access to the open housing market.
2. The progressive increase in the ratio of non-white to white occupancy in substandard housing for each succeeding rental bracket from the lowest to the highest clearly indicates that operation of the discriminated housing market, as a factor independent of comparable rent-paying ability, is a major cause for the excessive occupancy of non-whites in substandard housing.
3. The fact that the ratio of non-whites to whites in substandard housing is markedly greater for the tenant-occupied units as compared with those occupied by owners indicates that the non-white tenant suffers an even greater disadvantage than does the non-white owner when competing for decent housing. The importance of this is amplified by the fact that white tenants receive a lower proportion of substandard housing than do white owners in the rental ranges between \$40 and \$75.
4. The ratios of non-whites to whites in substandard housing is greater in the northern and western cities than in the southern metropolitan districts between the \$20 and \$75 rental levels; and, above the \$40 rental level, the proportion of substandard housing occupied by the non-white group in the northern and western cities is markedly greater than is the proportion for the same racial group in the southern metropolitan districts.
5. Contrary to the experience of non-white tenants in any category, the white tenants in the northern and western areas occupy less substandard housing in the rental brackets above the \$40 level than do white owners in these brackets.

⁷B. T. McGraw, Principal Housing Analyst, Office of the Administrator, National Housing Agency.

6. In the northern and western areas, the proportion of non-white tenants to non-white owners in substandard housing is double in the brackets between \$20 and \$40, where almost half of the non-whites in this area are concentrated.
7. The general rank order from the highest to the lowest proportion of occupancy in substandard housing, by regions and tenure, is (1) white owners in northern and western cities, (2) white owners in southern districts, (3) white tenants in northern and western cities, (4) non-white owners in northern and western cities (5) white tenants in southern districts, (6) non-white tenants in northern and western cities, (7) non-white owners in southern districts, (8) non-white tenants in southern districts. The only instance in which the non-white group occupies a smaller proportion of substandard housing than the white group is in the case of non-white owners in northern and western cities which ranks higher than do the white tenants in southern districts.
8. The differentials revealed in this analysis may be imputed to the effect of residential racial restrictions. The fact is that the proportionate differentials between the two racial groups are greatest in the higher rental value brackets where racial restrictive practices result in highly discriminatory market. Differentials are also striking in the northern and western cities where the influx of non-whites has accentuated racial restrictions.⁸

THE SOLUTION OF THE HOUSING PROBLEM

Consideration of the scope, magnitude, and complexity of the housing task ahead has made it increasingly plain that, if the goal of a decent home for every American family is to be achieved, there must be:

1. Extensive supply of adequate housing adapted to family sizes and incomes of all the various economic and racial groups;
 2. Necessary living space to relieve congestion and accommodate normal and orderly expansion of all the various economic and racial sectors of the population;
 3. Utilization of all available resources—public and private—local, State, and national.⁹
- These considerations lead inevitably to a few basic principles for adequately

⁸Corienne K. Robinson, Housing Analyst, (Race Relations), National Housing Agency.

⁹B. T. McGraw, Principal Housing Analyst, Office of the Administrator, National Housing Agency.

meeting the housing needs of Negroes and other racial minorities:

1. The housing needs of minorities at various income levels should be specifically defined and recognized as an integral part of the total housing need of the community.
2. Housing developments in the community, under private or public auspices, should be held to meet the needs of minorities, comparable to those of other groups in the community.
3. Any land assembly or housing development made possible by the use of governmental powers or assistance should provide equity of participation by all racial groups in accordance with their housing needs and ability to pay the costs.
4. No private or public housing program should proceed in such manner as to reduce in any degree the land area and living space now available to Negroes and other racial minorities in the community. Opportunity should be sought constantly to increase the land area open to Negroes wherever there is excess density. This will require careful reappraisal of the urban land use policies of all agencies—Federal, local and private.
5. Wherever public funds or powers are used in the recruitment, training and employment of off-site or on-site building construction labor, a policy of equitable employment of racial minorities at levels of their skill should be mandatory.
6. The full resources of the racial minority sector of the community should be marshaled in support of a national policy and program for community and housing development.¹⁰

Public Housing Available For Negroes

As of July 31, 1945, 145,584 or 19 per cent of the 769,000 active low-rent and war-housing units of the Federal Public Housing Authority were programmed for or occupied by Negroes.¹¹

"In the low-rent housing program, 46,522 or 35.1 per cent of all units were occupied by or programmed for Negroes. The estimated development cost for these units was \$219,000,000 or about one-third of the total cost of the low-rent program. In projects built under the United States Housing Act, 36.5 per cent of the units were available to Negroes." (A list of the permanent public housing projects making provisions for Negro tenants is given at the end of this section.)

¹⁰Frank S. Horne, Special Assistant to Administrator, National Housing Agency.

¹¹Report S-602 "Public Housing Available for Negroes," Statistics Division, National Housing Agency, Federal Public Housing Authority, November 9, 1945.

"In the war-housing program (excluding conversion management properties) 96,461 or 16.4 per cent of all units were occupied by or programmed for Negroes. The estimated development cost of these units was more

than \$313,000,000. The proportion of units for Negroes was approximately the same for projects under management and for projects under development." (See Table 18.)

**Table 18
War Housing Units**

War Locality	Units for Negroes	Total Number of Units
Portland-Vancouver	6,191	34,678
Detroit	5,619	19,270
San Francisco, San Pablo Bay	5,611	24,797
District of Columbia	5,176	26,730
San Francisco, East Bay	4,784	13,753
Norfolk-Portsmouth	4,320	18,309
Chicago	4,147	4,881
Los Angeles	3,825	20,938
Baltimore	3,359	11,421
Cleveland	3,209	6,031
San Francisco, West Bay	3,205	14,274

In the conversion management program, 2,601 or 5.3 per cent of all units were designated for Negro occupancy. (See Table 19.)

**Table 19
Public Housing Programmed For Or Occupied By Negroes, By Type of Program and Construction Status of Dwelling Units¹
(As of July 31, 1945)**

Program and construction status	Number of dwelling units		Percent Negro	Estimated development cost of dwelling units available for Negroes (\$000)
	Total	Occupied by or programmed for Negroes		
Low-rent and war housing				
All dwelling units.....	769,131	145,584	18.9	536,624
Dwelling units under management.....	730,730	139,459	19.1	507,730
Dwelling units under development.....	38,401	6,125	16.0	28,894
Under contract.....	19,168	2,925	15.3	15,328
Not under contract.....	19,233	3,200	16.6	13,566
Low-rent housing (excluding, PWA limited dividend projects) ² Dwelling units under management	132,602	46,522	35.1	219,182
War housing, including projects built under U. S. Housing Act, and transferred to war use				
All dwelling units.....	636,529	99,062	15.6	317,442
Dwelling units under management.....	598,128	92,937	15.5	288,548
New construction.....	548,758	90,336	16.5	284,133
Conversion management.....	49,370 ³	2,601	5.3	4,415
Dwelling units under development.....	38,401	6,125	16.0	28,894
Under contract.....	19,168	2,925	15.3	15,328
Not under contract.....	19,233	3,200	16.6	13,566

¹Based on number of assigned units where definitely programmed for Negro tenants. For all other projects, with 95 percent occupancy or more, based on number of occupied units, and for projects with less than 95 percent occupancy, on proportion of total occupied units occupied by Negroes.

²All units under management.

³Data as of June, not available for July.

Table 20
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
REGION I			
CONNECTICUT			
Bridgeport	Yellow Mill Village	1,239	88
	Marina Village	516	80
	Black Rock Village	176	16
	Success Park**	1,000	50
	Huntington Homes	250	18
	Lincoln Terrace	150	8
(Fairfield)	Canaan Village	324	32
	Knapps Highway	200	6
(Stratford)	Melville Avenue	200	4
East Hartford	Stonybrook Gardens	400	42
Hartford	Mayberry Village	500	1
	Nelton Court**	156	6
	Bellevue Square**	501	
	Charter Oak Terrace	1,000	1
(Manchester)	Orford Village	375	3
(Glastonbury)	Welles Village	200	1
(Rocky Hill)	Drum Hill Park	125	1
Middletown	Long River Village	190	15
New Britain	Mount Pleasant	340	4
(Plainville)	Ledgecrest	300	12
New Haven	East Mountain Terrace	200	3
	Elm Haven	487	326
	Farnam Courts	300	32
Norwalk	West Hills	300	35
Stamford	Washington Village	136	46
	Southfield Village	250	70
Windsor Locks	Fairfield Court	148	4
	Elm Plains	85	5
MAINE			
Bangor	Fairmont Terrace	150	5
Portland	Sagamore Village	200	4
MASSACHUSETTS			
Ayer	Devencrest	300	42
Boston	Lenox Street	306	
	Orchard Park	774	93
Cambridge	East Boston	414	1
	Washington Park	324	1
Fall River	New Towne Court	294	3
	Sunset Hill	356	2
Hingham	Harbor Terrace	223	2
New Bedford	Old Colony Village	78	2
Springfield	Bay Village	200	95
(Chicopee)	Mallory Village	300	4
	Curtis Terrace	250	8
NEW HAMPSHIRE			
Portsmouth	Wentworth	800	12
RHODE ISLAND			
Newport	Tonomy Hill	538	17
Providence	Williams Homes	744	46
REGION II			
DELAWARE			
Wilmington	Southbridge	180	
MARYLAND			
Annapolis	College Creek Terrace	108	
Baltimore	McCulloh Homes	434	
	Edgar Allen Poe Homes	298	
	Frederick Douglass Homes	393	
	Gilmor Homes	587	
	Somerset Court Homes	420	
	Lyon Homes	304	
Frederick	Cherry Hill Homes	600	
Havre de Grace	Lincoln Apartments	50	
	Concord Fields	500	30

*-This column used only for projects partially occupied by Negro tenants.
 **-Two projects.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
NEW JERSEY			
Asbury Park	Asbury Park Village	126	
Atlantic City	Stanley S. Holmes Village	277	
Beverly	Delacoe Homes	71	24
Burlington	Dunbar Homes	90	40
Camden	Clement T. Branch Village	279	
	Chelton Terrace	200	
Dover	Victory Gardens	300	1
Elizabeth	Pioneer Homes	495	72
Jersey City	Lafayette Gardens	490	1
	Marion Gardens	462	4
	Booker T. Washington Apts.	234	
	Hudson Gardens	224	2
Long Branch	Holland Apartments	192	2
	Garfield Court	128	36
	Grant Court	82	
Newark	Pennington Court	236	60
	James M. Baxter Terrace	614	408
	F. D. Roosevelt Homes	275	
Paterson	Felix Fuld Court	300	150
Trenton	Riverside Terrace	300	23
	Lincoln Homes	118	
	Prospect Homes	120	
NEW YORK			
Buffalo	Willert Park**	473	
Hempstead	Mitchell Gardens	200	4
Lackawanna	Baker Homes	271	9
	Albright Court	200	155
Mineville	Grover Hills	100	1
New York City	Williamsburg Houses	1,622	33
	Harlem River Houses	576	
	Red Hook Houses	2,545	146
	Queensbridge Houses	3,148	121
	Vladeck Houses	1,531	14
	South Jamaica Houses	448	340
	East River Houses	1,170	122
	Kingsborough Houses	1,166	552
	Clason Point Gardens	400	8
	Markham Houses	360	34
	Wallabout Houses	207	3
Syracuse	Pioneer Homes	678	52
Yonkers	Mulford Gardens	552	2
PENNSYLVANIA			
Aliquippa	Griffith Heights	50	
	Mount Vernon	50	
Allentown	Hanover Acres	322	1
Beaver Falls	Harmony Dwellings	50	
Chester	Lamokin Village	350	
	Fairground Homes	350	
Clairton	Blair Heights	148	
Coatsville	Carver Homes	100	
Duquesne	Cochrandale	83	
Erie	Lake City Dwellings	40	
Harrison Twp.	Sheldon Park	200	11
Johnstown	Prospect Homes	111	51
McKeesport	Harrison Village	50	
McKees Rocks	McKees Rocks Terrace	288	20
Midland	Midland Heights	280	12
Mifflin Twp.	River View Homes	450	73
	Monongahela Heights	342	163
Moon Twp.	Mooncrest	400	32
North Braddock	North Braddock Heights	200	48
Philadelphia	Johnson Homes**	535	575
	Tasker Homes	1,000	100
	Allen Homes	1,324	1,300
Latrobe-Greensburg	Westmoreland Homestead	225	1
Pittsburgh	Addison Terrace	802	405
	Bedford Dwellings	420	405
	Wadsworth-Aliquippa	1,851	961
	Arlington Heights	660	108
	Allegheny Dwellings	282	60
	Broadhead Manor	448	46

*-This column used only for projects partially occupied by Negro tenants.
 **-Two projects.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
PENNSYLVANIA (Continued)			
Pulaski Twp.	Glen Hazel Heights	999	212
Rankin	Pulaski Homes	100	1
Reading	Hawkins Village	182	48
Scott Twp.	Glenside Homes	400	8
Sharon-Farrell	Chartiers Terrace	200	47
South Union Twp.	Steel City Terrace	150	50
Van Port	Grossland Place	40	
Washington Co.	Van Buren Homes	400	38
Wayne	Lincoln Terrace	46	
	Highland Homes	50	25
REGION III			
ILLINOIS			
Cairo	Pyramid Courts	240	
Chicago	Ida B. Wells Homes	1,650	1,648
	Cabrini Homes	586	123
	Robert Brooks Homes	834	831
	Altgeld Gardens	1,500	1,413
	Wentworth Gardens	422	
	Ill-11208	250	232
Danville	Jane Adams Houses**	1,027	43
Decatur	Beecher Terrace	50	
East St. Louis	Longview Place	434	54
Madison Co. (Venice)	Robinson Homes	144	
Peoria	Jones Homes	37	
Quincy	Warner Homes	487	93
Rockford	Ball Homes	49	
Springfield	Central Terrace	150	34
	Hay Homes	599	147
INDIANA			
Evansville	Lincoln Gardens		
Fort Wayne	Samuel Morris Homes	191	
Gary	Delaney Community	88	34
Indianapolis	Lockfield Gardens	305	
Muncie	Munस्याna Homes	748	114
New Albany	Crystal Court	278	
		18	
MINNESOTA			
Minneapolis	Field Homes	464	119
MISSOURI			
St. Louis	Carr Square Village	658	
NEBRASKA			
Omaha	Southside Terrace Homes	522	65
	Fontenelle Homes	284	108
	Logan-Fontenelle Addition	272	103
WISCONSIN			
Milwaukee	Parklawn		6
		518	
REGION IV			
ALABAMA			
Birmingham	Southtown	480	
	Smithfield Courts	512	
Fairfield	Fairfield Courts	90	
Mobile	Orange Grove Homes	298	
Montgomery	Cleveland Courts	150	
	Faterson Courts	150	
Phenix City	Frederick Douglass Homes	206	
FLORIDA			
Daytona Beach	Pine Haven**	167	
Ft. Lauderdale	Dixie Court	150	
Jacksonville	Blodgett Homes	708	
	Durkeeville	215	
Key West	Fort Village	84	
Lakeland	Lake Ridge Homes	160	
Miami	Liberty Square	243	
	Liberty Square Add**	730	

*-This column used only for projects partially occupied by Negro tenants.
 **-Two projects.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
FLORIDA (Continued)			
Orlando	Griffin Park	250	
	Carver Court	160	
Pensacola	Attucks Court	120	
St. Petersburg	Jordan Park**	446	
Sarasota	Newtowne Heights	60	
Tampa	North Boulevard Homes	534	
	College Hill Homes	500	
West Palm Beach	Dunbar Village	246	
GEORGIA			
Albany	Hines Homes	56	
Athens	Broad Acres	126	
Atlanta	University Homes	675	
	John Hope Homes	606	
	Henry Grady Homes	616	
	John J. Egan Homes	548	
Augusta	Alonso F. Herndon Homes	520	
	Sunset Homes	168	
	Gilbert Manor	278	
Brunswick	McIntyre Courts	144	
Columbus	Booker T. Washington Apts.**	392	
	Williams Homes	160	
Decatur	Allen Wilson Terrace	200	
Macon	Tindall Heights	444	
Marietta	Fort Hill Homes	120	
Rome	Altview	94	
Savannah	Fellwood Homes	176	
	Yamacraw Village	480	
MISSISSIPPI			
Biloxi	Bayou Augusta Homes	96	
Clarksdale	Magnolia Courts	120	
Hattiesburg	Robertson Place	120	
Laurel	Triangle Homes	125	
McComb City	Burglund Heights	76	
Meridian	Frank Berry Courts	113	
	George H. Reese Courts	97	
NORTH CAROLINA			
Charlotte	Fairview Homes	452	
Fayetteville	Cape Fear Courts	56	
	Washington Square	75	
High Point	Daniel Brooks Homes	200	
Kinston	Mitchell Wooten Courts	142	
New Bern	Craven Terrace	253	
Raleigh	Chavis Heights	231	
Wilmington	Robert R. Taylor Homes	246	
	Hillcrest**	216	
SOUTH CAROLINA			
Charleston	Anson Borough Homes	162	
	Wragg Borough Homes	128	
	Cooper River Courts	137	
Columbia	University Terrace	122	74
	Allen Benedict Courts	244	
Spartanburg	Hartwell Homes	150	
	Spartanburg Defense Homes	10	
TENNESSEE			
Bristol	Johnson Court	68	
Chattanooga	College Hill	497	
Jackson	Merry Lane Courts	96	
Kingsport	Riverview	56	
Knoxville	College Homes	320	
	Austin Homes	200	
Memphis	William R. Foote Homes	900	
	LeMoyné Gardens**	842	
	Dixie Homes	636	
Nashville	Andrew Jackson Courts	398	
	John Napier Homes**	480	
VIRGINIA			
Hopewell	Davisville	96	

*-This column used only for projects partially occupied by Negro tenants.
 **-Two projects.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
VIRGINIA—(Continued)			
Newport News.....	Harbor Homes.....	252	
	Lassiter Courts.....	350	
Norfolk.....	Orcutt Homes.....	148	
	Roberts Park.....	230	
	Oak Leaf Park.....	300	
	Benmoreell.....	1,062	20
Portsmouth (Virginia Beach).....	Nelson Place.....	50	
Richmond.....	Gilpin Court.....	301	
REGION V			
ARKANSAS			
Little Rock.....	Tuxedo Park.....	100	
COLORADO			
Denver.....	Platte Valley Homes.....	77	
KANSAS			
Junction City.....	Pawnee Place.....	40	
LOUISIANA			
Alexandria.....	Carver Village.....	48	
East Baton Rouge.....	Clarksdale.....	50	
Lake Charles.....	Washington Courts.....	72	
New Orleans.....	Magnolia Street.....	723	
	Lafitte Avenue.....	896	
	Calliope Street.....	690	
	St. Bernard Avenue.....	744	
TEXAS			
Austin.....	Rosewood.....	130	
Corpus Christi.....	D. N. Leathers Center.....	122	
Dallas.....	Roseland Homes.....	650	
	Frasier Courts.....	250	
El Paso.....	Tays Place.....	311	
Fort Worth.....	Butler Place.....	250	
Galveston.....	Palm Terrace.....	228	33
Houston.....	Cuney Homes.....	564	
	Kelly Courts.....	333	
Pelly.....	Lincoln Courts.....	30	
San Antonio.....	Wheatley Courts.....	236	
	Lincoln Courts.....	342	
Texarkana.....	Stevens Courts.....	124	
Waco.....	Cain Homes.....	140	
REGION VI			
ARIZONA			
Fort Huachuca.....	ARIZ-2011.....	30	
	ARIZ-2012.....	100	
Phoenix.....	Matthew Henson.....	150	
CALIFORNIA			
Bakersfield.....	Adelante Vista.....	50	9
	Sequoia Courts.....	60	10
	Sierra Plaza.....	70	63
	Funston Place.....	150	63
	Cabrillo Homes.....	600	375
	Pueblo Del Rio.....	400	44
	Rancho San Pedro.....	285	173
	Aliso Village.....	802	88
	William Mead Homes.....	449	88
	Ramona Gardens.....	610	88
	Pico Gardens.....	260	40
	Rose Hill.....	100	2
	Hacienda Village.....	184	97
	Normont Terrace.....	400	2
	Channel Heights.....	600	88
Los Angeles County.....	Naravilla.....	504	50
Monterey (Ft. Ord).....	CAL-4021.....	264	10

*-This column used only for projects partially occupied by Negro tenants.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
CALIFORNIA—(Continued)			
Oakland.....	Peralta Villa.....	396	186
	Campbell Village.....	154	91
Sacramento.....	New Helvetia.....	310	17
	Dos Rios.....	168	1
San Diego.....	Linda Vista.....	5,026	219
San Francisco.....	Westside Court.....	136	131
Vallejo.....	Mare Island.....	250	22
REGION VII			
WASHINGTON			
Seattle.....	Yesler Terrace.....	690	38
	Yesler Terrace Addition.....	178	6
	Ranier Vista**.....	622	32
	Holly Park**.....	1,000	42
	High Point**.....	1,300	13
Tacoma.....	Salishan**.....	1,600	186
	Lincoln Heights.....	400	1
Vancouver.....	McLaughlin Heights.....	4,406	196
REGION VIII			
KENTUCKY			
Covington.....	Jacob Price Homes.....	163	
Lexington.....	Blue Grass-Aspendale Park.....	278	136
	Charlotte Courts.....	206	
Louisville.....	Beecher Terrace.....	808	
	College Park.....	125	
	Sheppard Square.....	423	
Madisonville.....	Rosenwald Homes.....	45	
Paducah.....	Abraham Lincoln Court.....	74	
MICHIGAN			
Battle Creek.....	Prairie View Homes.....	250	22
Detroit.....	Brewster Homes**.....	941	
	Sojourner Truth Homes.....	200	
	Carver Homes**.....	698	
	Selfridge Homes.....	150	1
	Park Ridge.....	100	
OHIO			
Akron.....	Elizabeth Park Homes.....	276	268
Cincinnati.....	Laurel Homes**.....	1,403	602
	Lincoln Court.....	1,015	993
	Valley Homes.....	350	
(Lockland).....	Carver Park.....	1,287	1,278
Cleveland.....	Outhwaite Homes**.....	1,028	1,005
	Cedar Apartments.....	654	16
	Lake Shore Village.....	800	2
	Poindexter Village.....	426	
Columbus.....	Desoto Bass Courts**.....	510	
Dayton.....	Bambo Harris Homes.....	141	51
Hamilton.....	Fulton Homes.....	60	
Lorain.....	Riverside Homes.....	40	
(Elyria).....	Walnut Hills.....	300	20
Massillon.....	G. W. Failey Square.....	135	112
Portsmouth.....	Fairlawn Court.....	100	
Sandusky.....	Branch Whitlock Homes**.....	376	
Toledo.....	Albertus Brown Homes.....	134	
	Port Lawrence Homes.....	195	178
	Trumbull Homes.....	224	38
Warren.....	Westlake Terrace Homes.....	618	218
Youngstown.....	Coopermill Manor.....	324	22
Zanesville.....			
WEST VIRGINIA			
Charleston.....	Washington Manor.....	304	127
Huntington.....	Washington Square.....	80	
Mount Hope.....	Stadium Terrace.....	70	20
Williamson.....	Williamson Terrace.....	38	

*-This column used only for projects partially occupied by Negro tenants.

**-Two projects.

Table 20 (Continued)
Permanent Public Housing Projects Making Provision For Negro Tenants
(As of July 31, 1945)

Location	Project Name	Total No. Units in Project	Est. No. Units Occupied by Negro Tenants*
GENERAL FIELD OFFICE			
DISTRICT OF COLUMBIA			
Washington.....	Langston.....	274	
	James Creek Site.....	278	
	Douglass Dwellings.....	313	
	Stanton Road.....	300	
	Carrollsburg Dwellings.....	314	
	Kelly Miller Dwellings.....	169	
	Barry Farms Dwellings.....	442	
	Parkside Dwellings.....	373	
Washington.....	Hillside.....	440	
	Lucy Diggs Slowe Hall.....	322	
	George W. Carver Hall.....	206	
MARYLAND			
Cabin John.....	Seven Locks.....	120	20
St. Mary's County.....	Carver Heights.....	72	
	Carver Heights.....	120	
VIRGINIA			
Alexandria.....	Parker Homes.....	110	
Arlington.....	Ramsey Homes.....	15	
	Paul Dunbar Homes.....	86	
	George Carver Homes.....	44	
RURAL PROJECTS			
ARKANSAS			
Lonoke.....	East Ark. Reg. Hous. Auth.....	74	7
GEORGIA			
Thomas Co.....	Ga. S. W. Assoc. Hous. Auth.....	140	13
MISSISSIPPI			
Lee County.....	Miss. Reg. Hous. Auth. No. 1.....	186	21
	Miss. Reg. Hous. Auth. No. 2.....	30	3
SOUTH CAROLINA			
Darlington County.....	Darlington County Rural.....	71	17

*-This column used only for projects partially occupied by Negro tenants.

DIVISION XV

THE NEGRO AND WORLD WAR II

By VERA CHANDLER FOSTER AND W. HARDIN HUGHES

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SOME DIFFICULTIES FACED BY NEGROES AS PARTICIPANTS IN DEFENSE INDUSTRIES

The Negro and Defense Industries

During the two years immediately preceding Pearl Harbor, a major problem confronting the American Negro was that of securing an opportunity to participate in the enormous national defense program. The situation had changed materially since World War I when unskilled rather than skilled labor was chiefly in demand. During the depression of the 1930's, however, the supply of skilled workers in the white population was far greater than the demand. Well trained engineers and technicians were actually in the bread lines. These were the first to find skilled employment in the defense industries.

Very soon, however, the surplus of skilled workmen was exhausted and an ever increasing demand for qualified semiskilled technicians followed. To meet the new need a nationwide program of vocational education for national defense was developed under the direction and finances of the Federal Government.

Policy of Federal Government Toward Training of Negroes

It is important to note that the policy of the Federal Government, as announced by the United States Commissioner of Education, August 15, 1940, was to establish practices in which there would be "no discrimination on account of race, creed, or color." When in October of that year additional funds were appropriated for an expanded program of training, the legislation provided that no trainee shall be discriminated against because of sex, race, or color; and where separate schools are required by law for separate population groups, equitable provision shall be made for facilities and training of like quality.

Such provisions for non-discrimina-

tion, however, were not in themselves sufficient to insure large enrollments of Negroes in the vocational schools. Employment opportunities for Negroes in skilled capacities had been so slow materializing that Negroes hesitated to take the training courses. At the same time the relatively rapid absorption of white workers in the well-paying jobs of industry created openings in non-defense, unskilled and service capacities.

Despite the discouraging prospects for Negro participation in the skilled work of the industries, there were many Negroes qualified for the jobs. According to figures presented by Lester B. Granger, in the November, 1942, *Survey Graphic*, there were, at the beginning of 1941, 8,000 Negro machinists, millwrights and tool makers available for the manufacture of tanks, planes and guns; 5,000 plumbers and steamfitters; 6,000 blacksmiths, foremen and hammermen; and 25,000 iron and steelworkers. In 1941 alone, we find that 56,096 Negro students completed trade and industrial courses in technical schools; and 56,706 more enrolled in defense training courses.

Negroes' Approach to Industry Blocked

Throughout the period, 1940 and 1941, Negroes applying for jobs in the defense industries found themselves blocked at almost every turn. Building contractors engaged in the top-speed erection of factories, army cantonments, and other essential defense construction were clamoring for skilled labor. At the same time, 75,000 Negroes, experienced as carpenters, painters, plasterers, bricklayers, and electricians, had the utmost difficulty in securing defense jobs.

Even when defense production was well under way, Negro applicants at industrial plants met with the same reception. A quarter-million workers were needed immediately by the air-