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A study of the Negro nursing services in Atlanta, Georgia

Ernestine Marie Wallace
Atlanta University

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A STUDY OF NEGRO NURSING SERVICES IN ATLANTA, GEORGIA

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL
OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

ERNESTINE MARIE WALLACE

ATLANTA, GEORGIA
JUNE 1945
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CHAPTER I

INTRODUCTION

Significance of this Study

The urgent need for nurses in military and civilian areas has resulted in much attention being turned toward nurses and nursing activities. This study was prompted by certain general problems involving alleged discriminatory practices in the local nursing picture in Atlanta, which have been brought to public attention by a group of Negro nurses in Atlanta. The immediate stimulus for inquiry was a number of complaints concerning student training at Grady Hospital.

There may be a question of validity of any study of the nursing situation made in an abnormal war period such as is now prevalent, but the purposes of this study will be served best because of their currency. Post war planning requires that the present situation be evaluated at this time. Because relatively few Negro nurses have been enlisted into military service, the present situation is not as abnormal as might be expected.

The Purpose of this Study

The purposes of this study are as follows:

1. To present a picture of Negro nursing in America.

2. To evaluate the present Negro nursing program of Atlanta in comparison with nationally recognized standards.

3. To study the labor practices within the nursing profession in Atlanta.

4. To suggest plans and recommendations for the stimulation
of community interest in helping to make nursing recognized as professional, and to make nursing in general basically and socially sound, universally beneficial, and of value to local community improvement.

5. Studies have been made of health and welfare of the Negro in Atlanta during the last ten years. There have also been pertinent and timely articles written about the present nursing shortage, nursing practices and changes in standards. It is one of the purposes of this study to gather these materials, and to compile a bibliography for further study.

6. It is hoped that this study will assist the Atlanta Urban League Health Committee in interpreting the health needs of the Negro population in Atlanta. It is further hoped that the study will be of benefit to the League in making a broader and more intensive survey regarding the subject of health facilities for Negroes in Atlanta, Georgia.

The Scope of the Study

The contribution of this study is meant to be only a small part of a proposed larger health survey. The scope is limited to the organization, working conditions, labor practices, administration, and problems regarding all nursing services utilizing registered Negro nurses working in Atlanta, and student nurses now in training in Atlanta.

Method of Collecting Data

The methods of collecting data for this study were:

2. The use of national agencies (The National Nursing Council
For War Services, The National Association Of Colored Graduate Nurses, The Nursing Information Bureau, United States Public Health Service, and the United States Department of Labor) for the purpose of obtaining nursing standards and practices throughout the country. This was done through correspondence.

3. Interviews with certain key persons in Atlanta who are familiar with the subject, in order to throw light on the problems "hampering" the present growth of nursing in Atlanta, Georgia. Grateful acknowledgements are expressed to these persons: The Executive Secretary of the Atlanta Urban League; the Executive Secretary of the State Board of Examiners; the Personnel Director of the Atlanta Health Department; the Director of Atlanta Public Health Nurses; the Assistant Director of Nurses at Grady Hospital; the Matron in The Colored Nurses' Home at Grady Hospital; the City Statistician in the Health Department; the Boys' Director of Physical Education at The Butler Street Y.M.C.A.; Officials of both Negro private hospitals in Atlanta, the Harris Memorial Hospital and Dwelle's Infirmary; and the President of the Atlanta Association of Colored Graduate Nurses.

An element of error, due to bias, may be present in the material gained through interview about possible discriminatory practices. Data about salaries were not obtainable in some instances. Such instances are indicated in the study.
CHAPTER II

DEVELOPMENT OF NURSING IN THE UNITED STATES

Historical View

"Religion - war - science. By so paradoxical a succession of social agencies has nursing been called forth."¹ Nursing as a branch of modern medicine traces some of its services to the earlier influence of primitive religions, early Christianity practices, and wars. Primitive religions assigned to evil spirits the mysterious origin of disease, and set up their own system of therapy. As early as the 12th century B.C., there were Greek temples where ill persons, under religious guidance, carried out a regime of diet, rest, and baths.

Early Christianity brought a new spirit of charity and compassion into human relationships. Monasteries were built with accommodations for the sick poor; but, the monks and nuns owed their first allegiance to the rites of the Church, not to the patient's needs. Nursing became a disagreeable drudgery performed for an ultimate reward in heaven.

The Crusades stimulated nursing organization, as wars generally do. The traditional strict discipline of nurses' training had its origin in this long association of nursing with authoritative regimes of mediaeval religious and military life. Semi-religious military orders, like the Knights Hospitallers of St. John of Jerusalem, built hospitals along the route from England to Palestine, equally famous for the beauty of their

architecture and for the wealth and aristocracy of the men and women who served in them as nurses.¹

The rise of humanism with its interest in science and its defiance of ecclesiastical formalism encouraged free groups of nurses. The Beguines of Belgium are the most famous of these secular nursing orders, living un-cloistered under their own rule from the 12th century to the present. The Protestant Reformation, and the expansion of wealth based on communications and manufactures, sapped power from the feudal church and transferred the care of the sick largely to tax-supported hospitals.

Nursing was born of the desire to protect and cherish the weak, and any expression of this desire is nursing in its broadest sense. Nursing is being practiced in some form wherever there are human beings, and it has existed in all ages; on the other hand, nursing as a profession is a product of approximately the last 75 years.

Current View

World War II has focused national attention on the health of the population with awful recognition of the shortcomings of the present health status of the country. For example, the large number of Army rejections since 1941 show evidences of a low health ebb and a need for more health and medical services throughout the country. The demand for nursing services, both civilian and military, and the new recognition of value of the services of nurses have been given impetus by the war situation. At this point in its history, the nursing profession has reached a place of

recognition that other professions have not yet reached. (Specifically, registered nurses who enter with a rank of second lieutenant). This period of recognition has come during the war emergency, and only by proper planning of the use of nursing services by nurses themselves and by the public will nurses continue to enjoy this recognition.

In the national picture of public health nursing, the wartime standard is that of a ratio of one public health nurse to each 5,000 population, while the normal standard is one public health nurse for each 2,000 population. Figures not yet available for the wartime ratio of all nurses to population; however, the ratio of nurses to population during the period from 1900 to 1940 is shown in TABLE 1.

TABLE 1
RATIO OF NURSES TO POPULATION IN THE UNITED STATES FROM 1900 TO 1940 *

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Number of People Served by One Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>6,389</td>
</tr>
<tr>
<td>1910</td>
<td>1,116</td>
</tr>
<tr>
<td>1920</td>
<td>708</td>
</tr>
<tr>
<td>1930</td>
<td>416</td>
</tr>
<tr>
<td>1940</td>
<td>357</td>
</tr>
</tbody>
</table>


The present demand for nursing services for use in military and civilian activities has caused the training program of nursing schools to be

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greatly accelerated. In schools of nursing where there were only two classes prepared to graduate annually, there are now four classes each year prepared for graduation. This acceleration of training and free education is provided by the government under a program known as the United States Cadet Nurse Corps.

There is a particular need for Negro nurses all over the country and for military purposes here and abroad. It is felt by some national authorities on health that the Negro population, because of the low economic standards to which it has been subjected, needs far more health service than the population as a whole. Although health services are available to Negroes from other than Negro personnel, the segregation pattern prevails with sufficient monotony North, South, East, or West, to prevent any hope that the general standards of Negro health can improve until more and better Negro doctors and nurses are available.

The urgent need for 10,000 nurses for the Army Nurse Corps, and 4,000 nurses for the Navy Nurse Corps has intensified efforts to eliminate discrimination, a distinction which has thwarted the availability of capacity services of the Negro nurse.¹ There are over 8,000,000 men in the Army, and 701,678 of them are Negroes.² There are only one-tenth as many Negro nurses in the Army Nurse Corps, in proportion to the total Corps, as there are Negroes in proportion to the Army as a whole.

¹Facts About Negro Nurses and the War, prepared jointly by the National Association of Colored Graduate Nurses and The National Nursing Council For War Service. (New York, 1945).

²Ibid.
The Navy Nurse Corps, currently seeking additions, has begun to accept Negro nurses. The first Negro nurse to be assigned to the navy was inducted March 8, 1945.

Because nurses, like physicians, have in the past been concerned more with curative than with preventive medicine, many persons think of nurses only in connection with the care of the sick. They conceive of nursing as being made up solely of manual skills used to bring about physical comfort and well-being. This is a limited conception of nursing. Professional groups - nurses, physicians, social workers, nutritionists - interpret their function to include not only the care of the sick, but also the care of normal persons in the prevention of disease, and the care of the mind as well as of the body. Since health conservation is the ultimate aim of all medical groups, any definition that excludes preventive nursing is not only incomplete but misleading.

Nursing may be defined as that service to the individual that helps him to attain or maintain a healthy state of mind or body; or, where a return to health is not possible, the relief of pain and discomfort.1

The status of nursing and nursing education is still a subject of controversy. Esther Brown of the Russell Sage Foundation has made a study of this question, a report of which is published under the title, Nursing as a Profession.2 She presents data that show that nursing, like journalism, and social work, is generally recognized as one of the new and "emerging

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2Esther L. Brown, Nursing As A Profession. (New York, 1936).
professions". The American Nurses Association gives the following definition of professional nursing and the professional nurse:

Professional nursing is a blend of intellectual attainment, attitudes, and mental skills, based upon the principles of scientific medicine, acquired by means of a prescribed course in a school of nursing affiliated with a hospital recognized for such purposes by the state, and practiced in conjunction with curative and preventive medicine by an individual licensed to do so by the state.

A professional nurse, therefore, is one who has met all legal requirements for registration in a state and who practices or holds a position by virtue of her professional knowledge and legal status.  

A definition of nursing can not at all times be confined to the work of the professional nurse, because there are other classes of nurses, such as the "practical nurse" and the "nurse attendant", existing in very large numbers. There are about 154,000 practical nurses and attendants with some hospital experience in the United States, most of them finding employment among families who can not afford a registered nurse but who, because of chronic illness or other unusual circumstances, require constant nursing attendance. The term "nursing" will be limited to the professional group for the purpose of this study, however.

Types of Nursing Service

There are four major divisions in the nursing field: private duty, institutional, public health, and industrial nursing.

Private Duty Nursing.-- The majority of nurses during the 1930s entered private duty nursing. On the one hand, there are many nurses who prefer private duty nursing, as they feel they can lead more normal lives, live where and as they please, and usually average as much money as the

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1B. Harmer and V. Henderson, op. cit., p. 5.
institutional nurse who is tied down to her job. On the other hand, this type of employment is undesirable because the work is slack during economic depressions. It offers irregular employment and unsatisfactory living conditions, and the private duty nurse serves from eight to twelve hours of day or night, whether in a private home or in a hospital. The fee for private duty nursing is usually about six dollars to eight dollars per day.

**Institutional Nursing.**—includes a wide range of activities, from routine care of patients in the public wards of a hospital, or care of an orphanage, or infirmary, to the complete responsibilities of a hospital superintendent, who is also head of a training school. Hours of duty may be continuous, day or night, or may be restricted to eight hour periods. Salaries range from about $1000 a year with a meager maintenance, to $4,000 a year with a comfortable apartment and automobile.¹

**Public Health Nursing.**—The demands for public health nurses have increased rapidly since the medical statistics of World War I revealed the nation's health deficiencies. Nurses qualified for public health work have taken an additional post graduate course in public health after completing their regular course in nursing training. In 1931 there were 15,866 graduate nurses with public health training, not including about 3,000 industrial nurses. In 1945 there were 19,450 in the same category. Salaries range from $1,500 a year for staff duty to $2,400, as a median, for executives, with a few individuals receiving $5,000, or more. Opportunities for normal living conditions and for stimulating professional associations are found in this field of nursing, as a result of the usual seven or eight hour working day.

Public health nursing has become the dynamic expression of modern humanitarianism. It has been defined by the National Association for Public Health Nursing as, "An organized community service rendered by graduate nurses to individuals and families. It includes the interpretation of medical, sanitary, and social procedure for the correction of defects, prevention of disease, and the promotion of health, and may include skilled care of the sick in their homes." "Bedside" is the term usually used in connection with Public Health nursing, to denote service for the sick in their homes by the Public Health Nurse. "Public Health Nursing" is the term applied to an organized nursing service which provides service to individuals in their homes along with services at health centers and schools, whether under governmental or private auspices.

Industrial Nursing.— The industrial nurses keep war workers on the job and are always on hand when there are emergency accidents in plants and industries. The standardized pay in this service is $.60 to $1.00 per hour for a 48 hour week.

Retirement pensions and unemployment insurance for nurses in the United States and Canada are available only in the case of a few private or philanthropic agencies. Outside of the military and naval service, no government system as yet exists.

Standards

Qualifications for registration of all nurses are determined by the individual states. Salaries are approved by state nurses associations and are not determined by the American Association Of Nurses.

1_Refer to page 407._
Wages.— TABLE 2 shows the ranges in salary for nurses in the United States in 1944.

TABLE 2

SAIYAL RANGES FOR NURSES IN THE UNITED STATES — 1944 *

<table>
<thead>
<tr>
<th>Services</th>
<th>Cash Salaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military positions</td>
<td>$1,800 - $4,000 Plus subsistence and allowances</td>
</tr>
<tr>
<td>Civil Service positions</td>
<td>1,620 - 5,600 Without allowances</td>
</tr>
<tr>
<td>Hospital and institutional positions</td>
<td>825 - 7,200 With or without allowances</td>
</tr>
<tr>
<td>Public health positions</td>
<td>840 - 7,200 Without maintenance</td>
</tr>
<tr>
<td>Nursing education positions</td>
<td>825 - 7,200 With or without maintenance</td>
</tr>
<tr>
<td>Other positions</td>
<td>600 - 8,000 Without maintenance</td>
</tr>
</tbody>
</table>


Hours.— Hospitals in the United States and Hawaii have adopted an eight hour schedule for private duty nurses.¹ The predominating hour schedule per day in homes as reported by the state nurses associations to the American Nursing Association was between eight and twelve hours in 1944.²

¹Ibid., p. 70.
²Ibid., p. 70.
The American Nurses Association recommends:

That unbroken periods of eight hours, exclusive of time for meals, be considered as the desirable goal toward which institutions should be working.¹

The range of hours per week in municipal public health nursing agencies in January of 1943 was between 33 and 50 hours. The median per week was 41.2 hours.²

The most generally used unit of measurement for the nursing staff of a hospital is the number of patients per nurse. In hospitals without schools, the ratio of patients to total nursing personnel giving direct service to patients was 2.7 per nurse. In hospitals with schools the ratio to total nursing personnel giving direct service to patients was 1.8 patients per nurse.³

Effects of the War on Student Training

The number of students enrolled in schools of nursing in 1944 was 112,249. The estimated number of students graduated from schools of nursing in 1944 was 28,900.⁴ The majority of these students are receiving free education plus a monthly stipend of fifteen to thirty dollars provided by the United States Government. This training is known as the United States Cadet Nurse Corps.

¹Ibid., p. 71.
²Ibid., p. 71.
The Cadet Nurse Corps was inaugurated in July, 1943, and came into being as a result of the Bolton Act. The purpose of the Bolton Act is to produce more nurses for military and civilian needs. This purpose is to be achieved in two ways:

1. By recruiting more young women into nursing through the establishment of the U. S. Cadet Nurse Corps.

2. By accelerating the essential instruction and experience in the nursing school curriculum from 24 to 30 months.

Nurses under the plan are provided courses of study and training which meet standards prescribed by the Surgeon General:

The curriculum of the school must include all those units in instruction necessary to conform with accepted present practices in basic nursing education. It must be arranged so that the required program of combined study and practice will be completed in the first 24 to 30 months. In the case of students admitted previous to January 1st, 1942, this period may extend to 32 months.

The school must provide adequate clinical experience, a well balanced weekly schedule of organized instruction and experience, well equipped classrooms, laboratories, library and other necessary facilities for carrying out the educational program.

The school must provide adequate and satisfactory living facilities and adequate student health service which must continue throughout the entire period of training.

The proposed draft of nurses is now a subject of discussion the

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2U. S. Army Surgeon General, Procurement and Assignment Service Report, Section 28:2P.
country over. Franklin Delano Roosevelt, President of the United States, in his message to Congress on January 6, 1945 said:

Since volunteering has not produced the number of nurses required, I urge that the Selective Service Act be amended to provide for the induction of nurses into the armed forces. The need is too pressing to await the outcome of further efforts at recruiting.

The Board and Advisory Council of the American Nurses Association, on January 14, 1945, approved and endorsed the recommendation as made by the President to the Congress.
CHAPTER III

THE PRESENT NEGRO HEALTH PICTURE IN THE UNITED STATES

Mortality and Morbidity

Negroes comprise one-tenth of the entire population of the United States. The Negro death rate today is 13.9 per 1,000 - less than half that of 50 years ago - but it is still more than 33 per cent above the white rate of 10.4 and 29 per cent higher than the annual rate of 10.8 for the United States as a whole.1

The following excerpt from Dr. Edwin R. Embree's new edition of "Brown Americans" gives his views on the comparison of white and Negro mortality rates:

This higher mortality is reflected in a lower expectation of life. A white baby born today may expect to live 65 years; a Negro baby can expect 53 years of life. The 12 years between the Negro and the white expectancy constitute a valuable productive period of life. Twelve years difference in life span means the curtailment of productive work, broken homes, families without mothers or fathers, orphans, dependent upon the community and without the training and guidance which is now recognized as all-important in the development of personality and ability.

While there are 20,000 hospital beds for Negroes in the country, in some areas where the population is heavily Negro there are as few as 75 beds set aside for over one million of this group. On the average there is one hospital bed to every 1,286 Negroes, while the white average is one for every 110. There is only one colored physician to every 5,654 Negroes compared to one physician to every 196 of the general population, and these Negro doctors are heavily concentrated in the Northern States, leaving many large and densely populated Negro areas in the rural South with no medical service other than that provided by the charity of these white neighbors.2

Negro mortality from tuberculosis is more than three times that for whites, while Negro mortality is more than six times as great from syphilis.


2 Ibid., pp. 40-41.
Death rates from other major causes - maternal and child ills, heart disease, pneumonia - when compared with those of the white group, show a disproportion in many instances high as ten to one.

There have been many discussions about the peculiar susceptibility of Negroes to certain diseases and their relative immunity to others. There may be slight inherent differences, but the great discrepancies between illnesses among the colored and white are caused chiefly by living conditions rather than by biological inheritance. Both whites and Negroes will respond quickly and effectively to improved health facilities wherever they are offered.

The great causes of suffering among Negroes are tuberculosis, the venereal diseases, deaths of mothers and babies at childbirth, and disease and death in infancy. These are the ills that grow in poverty and are the most expensive to handle.

While tuberculosis is rated seventh among the causes of death in the United States as a whole, it is the first or second cause of death in the most congested Negro centers. Almost 16,000 Negroes die of it each year - 123.5 of every 100,000 as contrasted to the tuberculosis death rate of 36.6 per 100,000. For example, in Atlanta, Georgia, during 1944, there were 124 deaths from tuberculosis in the Negro population and only fifty deaths in the white population. Venereal diseases are known to be rampant among Negroes, as among all groups low in the economic and social scale. Of the

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2 International Code Classification of Deaths in Atlanta, Georgia for 1944, City of Atlanta Health Dept., Chas C. Turner, Statistician.
first million draft registrants in the Second World War, 241.2 Negroes per thousand were found to have syphilis, as compared to 18.5 per thousand among whites. Studies of the general population have shown that the venereal disease rate for individuals in the low income group (less than $1,000 annually) are highest.

The great number of deaths of both mothers and infants at the time of childbirth is caused by lack of proper medical care, and the shocking methods of midwives who are reported to be very numerous in the South.

Death rates and life span are the reflection of disease. The great amount of daily sickness is a heavier handicap than the high death rate. There is the incapacity for work, the suffering and worry, the cruel blows of sudden, acute illness, and the drag and discouragement of slow or chronic ills. The fact that the health of the Negro group is far below American standards shows that it is a liability to the race, as well as a menace to the nation. As a whole, Dr. Thomas H. Parron, Surgeon General of the United States Public Health Services has emphasized this by saying, "We cannot exist as a nation, half whole and half diseased."2

While deaths are still much higher than those in the white group, within fifty years, (1890-1940), the Negro death rate has been cut more than half.

Efficient and cheap methods of detecting tuberculosis in its early stages are now being developed in many cities, and hospitalization and home care are being offered increasingly to all the population, as a public means

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1Edwin R. Embree, op.cit., p. 44.

to prevent spread of this infection.

Fortunately, also, it is now known that syphilis and other venereal diseases respond to specific treatment. Treatment is usually slow and tedious, but some improvement has been seen through health services offered in cities and counties throughout the nation where new, rapid treatment, sulpha drugs, and penicillin are being used.

The cure for ills at childbirth is proper medical care. It is believed that the rural masses, white or colored, may be deprived of the services of doctors for many years to come. The only practical answer for them seems to be the use of a well-trained midwife. A school for training public health nurses in "midwifery" of the care of childbirth - has been established at Tuskegee Institute, Alabama. This may point to the way toward better care of infants and mothers among the white as well as the colored population of rural America.

Medical Care

Negro doctors and nurses are becoming qualified to care for the health of their own people. The 1940 census shows over 3,500 colored physicians, and almost 7,000 trained and student nurses. If Dr. Farron is right in declaring that "the well-qualified Negro nurse and physician are much more successful in caring for their own people than are the well-qualified and well-intentioned white nurse and physician"¹, then it is time more of them were prepared to fight the diseases that are so often the cause of death through the nation.

¹E. M. Riddle, op.cit., p. 4.
According to the Council on Medical Education and Hospitals of the American Hospital Association, there are two excellent all colored medical schools that have been graduating seventy doctors each year; and, of a total of 110 Negro hospitals in the United States some 25 have been accredited, and 13 of them have been approved for the full training of internes.\(^1\)

In 1927 there were no facilities in any Negro hospital for resident training in medicine and surgical specialties; in 1940 there were 34 such approved residences for 8 specialties. These hospitals show increasingly high standards of service and of opportunities for Negro professional personnel.

Many Negro doctors received aid from the government in obtaining their medical training under the Army Specialized Training Program. A large number of these are now serving with the Army with ranks of first lieutenant, captain, and major.

**Nursing Care**

According to the 1940 census, there were 7,192 graduate and student Negro nurses in this country. It is interesting to note that of this number 7,065 are women and 127 are men.\(^2\)

Graduate Nurses.—The following is a partial report from the 1941 National Survey of Registered Nurses, showing distribution of active Negro

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\(^1\)E. R. Embree, *op. cit.*, p. 46

nurses in fields of Nursing:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>2,250</td>
</tr>
<tr>
<td>Institutional</td>
<td>1,414</td>
</tr>
<tr>
<td>Private Duty</td>
<td>133</td>
</tr>
<tr>
<td>Public Health</td>
<td>623</td>
</tr>
<tr>
<td>Industrial</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
</tr>
</tbody>
</table>

The small figure representing the number of hospital beds available in certain areas for the use of Negroes, mentioned in the quotation by Dr. Edwin R. Embree, on page 16 of this study, shows the increasingly important need for public health nurses. Yet, the distribution of Negro public health nurses does not at all coincide with distribution of Negro population. For example, Mississippi, with about half its population Negro, had only five public health nurses in 1942.2 The following excerpt from Mrs. Riddle's article on, "What Price Quota?" gives an example of a recent observation in California. Mrs. Riddle says:

Reading an optimistic account of how the number of Negro nurses in Public Health had increased faster than all public health nurses, I was startled to see that California had jumped 500% from 1938 to 1942. I had just come from California where alarmed health workers of both races had told me that venereal disease and tuberculosis are increasing to a staggering height in the areas where Negro war workers facing the usual hostility from landlords are jammed incredibly.

'Little Tokyo', in Los Angeles, for example, formerly housing 7,500 Japanese, now must accommodate 30,000 Negroes who can find homes nowhere else. The Negro population in Los Angeles, as a whole, has jumped from 63,774 to an estimated 100,000 between 1940 and 1944; in San Francisco from 4,846 to an estimated 25,000.

I turn hopefully to that 500% increase in California's Negro Public Health Nurses. That vast state had one public health nurse

1American Journal of Nursing, August, 1942, p. 731.
in 1938 and six in 1942.¹

Negro nurses are increasing in numbers rapidly and seem to recognize the fact that their services are needed to fight disease at home and abroad. As members of a minority group in America they meet with difficulties such as wage differentials because of race and other handicaps in personnel policies, and opportunity for promotion. Still it is felt that attitudes are changing toward them and additional provisions are being made for their training and employment.

As the whole picture presents itself, the Negro nurse meets with many handicaps in all sections of the country, but especially in the South. It is believed that public health nurses in the South receive three-fourths of the pay of white nurses with equal training. It is also believed that opportunities for promotion on "mixed" staffs are circumscribed by race. In some situations where Negro nurses are serving in supervisory positions in public health nursing, the term "supervisor" is often used when neither responsibilities, nor preparation warrant it. For instance, a Negro nurse working alone is referred to as a supervisor. Evidences exist in some instances of these discriminatory handicaps being not too subtly expressed. The mentioned beliefs become facts in Chapter IV of this study.

Military services, hospitals, and health are suffering from wartime shortages of nurses, yet there is still reluctance on the part of institutions and organizations to meet these personnel shortages by hiring the professional Negro nurses who are available. There is, to be sure, no vast reservoir of unemployed Negro nurses upon which to draw.

¹E. M. Riddle, op.cit., p. 4.
For those Negro nurses who are ambitious, educational opportunities are limited. The universities to which they are admitted for advanced study are in the North and West, while concentrations of Negro population are in the South. Before Federal scholarships were available, the rank and file Negro graduate nurses were offered little in the way of financial aid toward professional advancement.

As a result of these handicaps, the total of Negro women who are professional nurses is far too small, and many of those trained as nurses have grown discouraged after graduation, and entered more lucrative fields. While a tenth of the people of the United States are Negroes, only a little over one per cent of the graduate nurses in the country are Negro.

_Student Nurses._— Problems such as these faced the coordinating Committee on Negro Nursing of the National Nursing Council for War Services when it was organized early in 1943. The task of these committee women was to interpret nursing as a career to hundreds of college and high school students. Urging more girls to enter schools was a task which gave the women a moral responsibility to see that the girls do not, in later years, come to the bitter realization that the training had been inadequate, or that they were no longer needed at the end of the war.

Some of the achievements of the Committee are as follows:

...a centralized school of nursing that promises fine things for the future has been set up at Hampton Institute, Va., with Dixie, Whittaker Memorial, and Norfolk Commimity, as participating hospitals. A few more nursing schools which heretofore have not accepted Negro students are now expressing their willingness to do so.

There have been other achievements as specific, if less extensive in scope. Six young graduate nurses have been selected and accepted for federal postgraduate scholarships, and are being prepared for specific positions in new situations. At our suggestion, an educational directorship was credited in a school that has needed the reshaping the new appointee can give it, and so on.
Yet, some of the committee's most important achievements have been not in the realm of action, but of change in attitudes. These changes are hard to put into words. Many of them are as intangible as the warming of an individual climate from indifference or obliviousness to interested and generous cooperation. Many of them are as seemingly unimportant as having one picture of Negro nurses among the illustrations for a leaflet about the profession of nursing. Such inclusion is not unimportant. It may mean all the difference between convincing the Negro girl who reads the leaflet that she should study nursing and having her throw it down with, "They don't mean me".1

This Committee was dissolved during the winter of 1944 when the Board of the National Nursing Council for War Service voted to integrate all Negro Nursing programs into the total war program.

Free education is offered through membership in the United States Cadet Nurse Corps. Approximately 2,000 Negro student nurses who are members of the Cadet Nurse Corps represent all but 500 or 600 of the total number of young Negro women enrolled in schools of Nursing admitting Negro students. Sixteen hundred of these Cadet Nurses are studying in 20 all-Negro schools, the remainder are enrolled in 22 participating schools having both white and Negro students. One year after the inauguration of the Corps, 42 schools of nursing (out of a possible 55 which admit Negro students) are preparing these young women to provide skilled nurse power for essential civilian and military services - and to assume positions of leadership in their own communities.2

In 1943, 32 state accredited schools of nursing admitted 1,918 Negro students. Of the 32 schools, approximately 10 were receiving federal scholarship aid, a fact which might account for a 21 per cent increase in Negro

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1E. M. Riddle, "Colored Nurses Can Take More Active Part", The Trained Nurse and Hospital Review, (May, 1944).

students in the same number of schools in 1942-43. By 1944, however, with
the United States Cadet Nurse Corps entering its second year, a survey
showed that the full federal nursing education scholarships offered by the
Corps have boasted enrollment figures 10.9 per cent in 22 of the schools
admitting Negro student nurses.¹

To date there are 225 graduate Negro nurses serving with United
States Army Nurse Corps, more than are being called. One unit is stationed
in Australia, another, returned from Liberia, is being reactivated for over-
seas duty. Other Negro nurses are to be found in army camps in Louisiana,
North Carolina, Alabama, Arizona, and Iowa.

The first Negro nurse in history of the United States to be admitted
to the Navy Nurse Corps took oath to receive an ensign commission, on
March 8, 1945, in New York City, along with four white nurses from New York
State.²

It is significant that the Negro nurse (and physician in many
instances) has a dual role to play during the present crisis; not only must
she experience the horrors of war from a "close-up-view", but at the same
time, she is a member of a minority group still struggling for recognition,
and she must remember that future opportunities for her race depend a great
deal on the wise use she makes of her present opportunities.

If human needs are to be the criteria, the proportion of trained
health workers among the Negro people should be higher than among the

¹Ibid.

²The Atlanta Daily World - "New Navy Nurses", p. 1., Wednesday,
March 14, 1945.
population as a whole; for, as is true of any group subject to low income, disease and death rates are high. Yet disease and death do not recognize racial lines, and it is not reasonable to assume that a nation's total health problem can be divided along those lines. Nursing, as an important approach to the health problem, cannot have a segregated group with differing standards without weakening its total effectiveness.
CHAPTER IV

NURSING SERVICES AVAILABLE TO THE NEGRO POPULATION IN ATLANTA, GEORGIA

The Atlanta Negro Population

The nursing and health facilities for Negroes in Atlanta could be conditioned by the size and needs of the Negro population. United States Census reports since 1870, show that Negroes have consistently constituted about one third or more of the total population of Atlanta. The 1944 figures show a total population in Atlanta of 315,058; white population of 205,710, and Negro population of 109,348. These figures include only residents of metropolitan Atlanta.

Since there exists a segregation pattern in Atlanta causing a large number of the health services available to Negroes to be administered by Negro health personnel, and since the doctors, nurses, and patients are members of a group which has certain socio-economic characteristics, it seems appropriate to consider briefly some of the characteristics of the population to which they belong.

One out of every three persons in Atlanta is a Negro, and the total Negro population is 95 per cent Georgia born. The Negroes are predominantly female, with only 78.6 males to every 100 females. They are younger than

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1The term, "nursing services", in this study is limited to include only registered nurses and nurses now in schools of nurses. This is stated under "scope" in Chapter I.

2Interview with Mr. Charles C. Turner, Statistician, City of Atlanta Health Department, March 20, 1945.

3A Report of Public School Facilities for Negroes in Atlanta, Georgia, Atlanta Urban League, 1944.
the white population. The family size of the Negro, as compared with the average white family, is 3.09 and 3.15.

Forty-five and one tenth per cent of all Negro women in Atlanta are gainfully employed. Slightly more than two-thirds of all Negro women workers are employed in domestic work at an average weekly wage in peace time of approximately six dollars. In 1940, two out of every three Negro men were employed. At present, however, it probably is true that "almost all of the Negro male population are either gainfully employed or are in the armed forces."

Less than 15 per cent of the population own the homes they occupy, the average value of which is $1,995. The remaining families, who rent their homes, pay on the average of $9.75 per month. According to a study by Dr. Joseph A. Pierce in 1930, Atlanta was eleventh in size of Negro population; it was also eleventh in the number of Negro-owned homes.

The majority of the Negro families in the city of Atlanta (as is the case in other Southeastern cities) have an annual income well below $1,000; but, their family expenditures for medical care are higher than for

2 Ibid.
4 Eta Omega Chapter of Omega Psi Phi Fraternity, The Health and Hospital Needs of Atlanta's Negro Population. (Atlanta, 1940). p. 11.
white with similar incomes. The average family expenditure for medical care is $42.30 per year.\(^1\) It is also interesting to note, according to a Bureau of Labor Statistics publication on *Family Expenditures in Selected Cities in 1935-36*, Negro families in Atlanta at given income levels up to $2,000 paid out more, on the average, for health and accident insurance than they spent for all medical services, drugs and supplies.\(^2\)

About seventy-seven per cent of Negro families, having incomes within $500 - $999, depend upon the general physician for medical care, and fourteen in every 100 Negro families may visit a dentist. Expenditures for all other forms of medical treatment are relatively negligible.\(^3\) The differences in family income make for a more balanced family health program.

### Health Needs and Nursing Services

A statement made by a leading Negro physician declares:

As a physician I have seen many families living in crowded quarters - five and six persons in one room. Furthermore, when we realize that approximately 80 per cent of the Negroes in Atlanta earn less than $20.00 a week, we can readily see that effective medical treatment for this population must either be strictly charity, or very near the border line of charity. With such meager incomes Negroes are not only forced to live in sub-standard houses, eat insufficient food in many instances, but they are also unable to pay the physician when he is called into their families to treat their illnesses.

\(^1\)Ibid., p. 11.

\(^2\)The Health and Hospital Needs of Atlanta's Negro Population, Omega Psi Phi Fraternity. Atlanta, 1940. TABLE 1.

\(^3\)Ibid., p. 11.
As has been pointed out very frequently in other studies, the health and hospital needs of Atlanta's Negro population are great. There is one public hospital provided in Atlanta to serve the white and colored population. Conditions there are almost always very crowded. There are seven private hospitals for the white population, and two private hospitals for the Negro population. In health facilities, as in social and educational services, there is the bi-racial system of control in Atlanta. The colored unit of Grady Hospital is the only general hospital in Atlanta where the Negro indigent ill may be treated. Negro doctors are not allowed to work in this hospital. Negro nurses are employed in Grady Hospital and student nurses receive training experience here. The two private hospitals which are all-Negro staffed, and have visiting staffs including white and Negro physicians, are entirely owned by Negroes. Other health services utilizing Negro nurses that are available to the Negro population are those offered by the City of Atlanta Health Department, the Atlanta Tuberculosis Association, and the Metropolitan Life Insurance Company.

Health agencies in Atlanta giving services to Negroes but not utilizing Negro nursing services are: Atlanta Southern Dental College Clinic, Steiner Cancer Clinic at Grady Hospital, Sheffield Cancer Clinic at the Georgia Baptist Hospital, the Georgia Branch of National Foundation for Infantile Paralysis, Our Lady of Perpetual Help Free Cancer Home, the Good Samaritan Clinic, and the Crippled Children's League of Georgia.

Registered Negro Nurses in Atlanta.—Each state governs the registration of nurses within its boundaries. The law governing the practice of nursing and the qualifications of applicants for registration as graduate
nurses in Georgia, known as Law #84-1008, is as follows:¹

Each applicant for registration as a graduate nurse shall be at least 21 years of age, of good moral character, a graduate of a regular chartered training school for nurses, connected with a general hospital or sanitorium (in which medical, surgical, obstetrical, and pediatric cases, and where men, women, and children are treated) where three years of training with a systematic course of instruction on the above-mentioned classes of cases is given in the hospital or other educational institution, or shall have graduated from a training school connected with a hospital of good standing, supplying a three years training corresponding to the above standard, which training may be obtained in two or more hospitals. All qualifications of the applicant shall be determined by the State Board of Examiners of Nurses for Georgia, which is empowered to prescribe such examinations for the applicant as will best test their fitness and ability to give efficient care to the sick. All applicants at the same examination shall be subject to the same kind of examination, provided that the Board of Examiners shall have the power to grant advanced credit, not in any case in excess of 12 months, for didactic and laboratory work done in an accredited college, or for credits, either time or scholastic, earned in an institution other than the one from which graduated.

A Georgia registered nurse, actively engaged in nursing in Georgia or elsewhere, is required to pay an annual fee of $1.00 in order to keep Georgia registration up to date and to have her name appear in the Roster of Nurses Qualified to Practice Nursing in Georgia which is published annually. This is applied to nurses who are in the armed forces as well as civilian nurses.

In the most recent edition of this Roster of Nurses for 1944 there were eighty-three Negro registered nurses in Atlanta, Georgia who met the Georgia requirements for registration. To indicate the type of service practiced by the individual nurse at the time of publication of the Roster, TABLE 3 is presented:

¹Acts of Georgia Legislature, #84-1008 1921, p. 251.
TABLE 3

TYPE OF SERVICE PRACTICED BY EIGHTY-THREE NEGRO REGISTERED NURSES IN ATLANTA WHO MET GEORGIA REGISTRATION REQUIREMENTS IN 1944

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>83</td>
</tr>
<tr>
<td>Public health</td>
<td>22</td>
</tr>
<tr>
<td>Institutional</td>
<td>22</td>
</tr>
<tr>
<td>Private duty</td>
<td>12</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
<tr>
<td>*Not active</td>
<td>6</td>
</tr>
<tr>
<td>*Unemployed</td>
<td>6</td>
</tr>
<tr>
<td>Government Service</td>
<td>3</td>
</tr>
<tr>
<td>Educational</td>
<td>2</td>
</tr>
<tr>
<td>Office</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

*It is believed that the numbers in these categories have decreased since the early part of 1944.*

Not included in this account are four industrial nurses who are now employed at the Bell Bomber Plant in Atlanta. Information obtained from the person in charge of health services at the plant was to the effect that there were no differentials in hours and wages, because of race, in regard to Negroes. Standard pay for industrial workers, as determined by the United States Department of Labor Statistics, is from $.80 to $1.00 per hour. The 48 hour week is the accepted minimum time schedule for industrial nurses.

The Negro public health nurses are located at the City Hall Health Office, at the Westside Clinic, Health Center Number One at 11 Hunter Street, the Atlanta Tuberculosis Association, and in Metropolitan Life Insurance Company Nursing Service. The work of the public health nurse consists of clinic work, home visiting, immunization service for combatting
communicable diseases, maternal and infant care, school visiting and school examinations, bedside nursing, and health education. There are 7 public health nurses with headquarters in the City Hall. The program consists of all of these phases of public health nursing. They work directly under the City Department of Health, and cover the entire city.

Health Center Number One at 11 Hunter Street employs five Negro public health nurses along with twelve white nurses. This center is also known as the City Venereal Disease Clinic as it specializes in working with venereal disease cases of both races. Their work is done in clinic and in field visiting and follow-up of cases. The Westside Clinic, opened in July of 1944 as a city venereal disease clinic for Negroes, is being developed into a general medical clinic for Negroes and is entirely staffed by Negroes. At this clinic are eight nurses: one supervisor (a public health nurse), four public health nurses, and three clinic nurses. It is now known as the Westside Health Center.

According to information obtained from the Supervisor of Nurses in the City Health Department, the public health and clinic nurses under this department work 44 hours per week (eight hours a day for five days and a half day on Saturdays). The salaries of all registered nurses on the city payroll are under Civil Service regulation. Salaries of these nurses are shown in TABLE 4.

At the Atlanta Tuberculosis Association there are five Negro nurses and three white nurses. The ratio of the number of known tuberculosis cases among Negro and white is 3 to 1. The nurses do clinic work, home visiting, and health education work. The wages and hours are regulated by the private association and salaries are paid through the use of the Community Fund. The exact amount paid the five Negro and three white
nurses was not obtainable. At the time of this interview, plans were being undertaken by the City Health Department and the Atlanta Tuberculosis Association for the transfer of operation of the Atlanta Tuberculosis Association clinic to city administration. This change is expected to take place by July of 1945.

The Metropolitan Life Insurance Company provides skilled nursing care without charge to ill policyholders in communities where nursing service has been established. This service is paid for by the company. The visiting nurse calls at the home and stays long enough to give to the policyholder the necessary care as ordered by the doctor. She also teaches the family how to give care to the patient, and how to prevent the spread of disease. This service is carried on by graduate, registered nurses who are employed by the company; or, by local public health nursing agencies having a contract with the metropolitan, and rendering this service at Company expense. The former plan is used in Atlanta.

There are three Negro nurses employed by the Metropolitan Life Insurance Company in Atlanta. The salaries of these nurses are considerably different from those paid the visiting nurses on the city payroll. It is reported unofficially that the monthly salary is $130.00 with an $80.00 bonus every two years; also the company pays the down payment on a car and one half of the monthly upkeep expenses on the car of the nurse.

Nurses who specialize in institutional nursing are employed in the two Negro private hospitals and at the Colored Division of Grady Hospital, Atlanta's only public hospital. The two private hospitals are Dwelle's Infirmary and William A. Harris Memorial Hospital.
Dwelle's Infirmary, a fifteen bed institution which provides care for all illnesses except contagious diseases, is located in northeast Atlanta. There are two registered nurses on the staff of this institution as full time employees. Other nurses may be brought in accompanying patients. From information received from the superintendent, the hours are regulated to eight hour shifts as far as possible. The superintendent was unwilling to give information concerning the salaries paid the nurses. The hospital is supported by private funds and is owned by a small corporation. There are no resident physicians at Dwelle's Infirmary, but there is a visiting staff of eighteen physicians including both races. The superintendent is a woman who has had some medical training but has not a degree of Doctor of Medicine. She is one of the two registered nurses on the staff. The institution utilizes the services of many "practical nurses".

The Harris Memorial Hospital employs six registered nurses on a full time basis. This institution is located in the southwest section of Atlanta and has facilities for twenty-six (26) patients; however, at times there can be accommodated thirty-five (35) patients. In addition to the 6 full time nurses, a male orderly acts as a nurse. There are no resident physicians on the staff. Three physicians are called in when necessary and the Visiting Physicians Staff consist of not less than twenty doctors of both races.

Anyone is eligible for treatment here who can afford to pay the fees. It is reported that the eight hour shift schedule for nurses is observed as far as possible. It was also learned that the night shift is seldom less than twelve hours.¹

¹Personal interview with a nurse, formerly employed at Harris Hospital. March 28, 1945. Informer asked that identity be withheld.
At the time of this interview the informer did not care to disclose the amount of salary paid the nurses. Support for the hospital comes from fees paid by the patients or from companies sending industrial or compensation cases. The institution operates on a cash basis, save in cases accepted from the Department of Public Welfare, which Agency pays only the overhead charges for charity patients.

The Colored Unit of Grady Hospital has a bed capacity for 250 colored patients. The total bed capacity for both races is 650. The entire service of the colored unit operates under the supervision of the Emory University Medical School.¹

Generally speaking, Grady Hospital is regarded by authorities in the field as a well conducted and well kept hospital, approved by standard accrediting agencies in the medical field. Deviation from the standard of service that might be expected have been noted:

1. The colored bed hospital is in a four story building, the interior of which is entirely of wood. It is much overcrowded and threatens a possible disaster involving heavy loss of life. Some idea of how crowded the colored unit is can be gathered from the fact, that although beds have been placed as close together as access to patients will permit. Eight hundred patients are on the waiting list for tonsilectomies and 16 waiting to be admitted to the gynecology department. (1937)

2. The Colored Nurses Home takes care of 120 nurses in a space that should accommodate 70.

3. The bulk of the record in the Colored Unit are filed in paper boxes in the basement of the colored building and adds to the fire hazard.

4. The precipitate clearing of the colored maternity wards (three days after the birth of the child) to make room for fresh cases is responsible in part for the exceptionally high death rate of mothers in Atlanta.¹

Grady Hospital renders emergency service 24 hours per day throughout the year to white and Negro patients. Clinical service is rendered to white and colored six days each week. This service is held daily for some people, while for others it is less often.

In March, 1945, Grady Hospital was operating with one-third as many physicians as used before the war began. The same situation existed with nurses, because of the shortage in this profession; the demands of the Army and private nursing needs are being met, although indications show that very few Negro nurses from Atlanta have entered the armed forces.

There are at present 16 Negro graduate nurses who serve in the capacity of "assistant head nurses", according to the information received from the Office of the Director of Nurses in the hospital.²

On each ward of the Colored Unit there is a white ward Supervisor or Head Nurse. The colored graduate nurses on each ward and in the clinic serve as her assistants. The qualifications and training requirements are the same for both groups. Salaries are said to be based on qualifications and duties, but it is found that there are salary differentials existing in the hospital on the basis of race. The hospital authorities state that the salaries are determined by the City Government.

¹Eta Omega Study., op.cit., p. 24.
²Statement by the Assistant Director of Nurses, Grady Hospital, Atlanta, Georgia, personal interview, March 23, 1945.
It was learned that duties of the Assistant Head Nurse and the Head Nurse are practically the same, except for the title and the fact that the assistant does more actual nursing along with some supervising. In the absence of the Head Nurse the Assistant has been known to carry on the duties of both for as long as a three week period, with no addition in pay. It was reported that the nurses are paid by the City according to their classification and the Hospital classifies the 16 Negro nurses as "graduate nurses", and the white nurses in the Negro unit as "supervisors". No "assistant supervisor" classification is given.

There are 133 students in training who receive their practice on the wards of the Colored Unit. White students receive practice and experience in the White Unit of the hospital. It is reported that the load is sometimes as heavy as one nurse to 40 patients in the Colored Unit, while in the White Unit the load is $1/9$ as heavy. At the present time the number of colored patients is very much greater than the number of white patients.

The hours were regulated in eight to ten hour shifts in normal times, but there are many deviations from this rule at the present time.

The information, suggested by a representative of the Negro Graduate Nurses Association in Atlanta, concerning two separate rating scales for nurses on the city payroll, is verified by the list of salaries in TABLE 4,

1 Personal interview, Statements of two Negro graduate nurses on the staff at Grady Hospital, Atlanta, Georgia, March 23, 1945.
2 Ibid.
3 Statement by Mrs. Eula Benning, President, Atlanta Negro Graduate Nurses Association, Atlanta, Georgia, personal interview, March 13, 1945.
as given by the City of Atlanta Office of Personnel, Civil Service Division. The institutional nurse and the public health nurse are included.

TABLE 4

WAGES FOR INSTITUTIONAL AND PUBLIC HEALTH NURSES UNDER CIVIL SERVICE IN ATLANTA, GA.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Monthly salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional:</td>
<td></td>
</tr>
<tr>
<td>Graduate Nurse I</td>
<td>$ 50-$ 70</td>
</tr>
<tr>
<td>&quot; II</td>
<td>75- 100</td>
</tr>
<tr>
<td>&quot; III (Supervisor)</td>
<td>105- 130</td>
</tr>
<tr>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td>Graduate Nurse I</td>
<td>70- 90</td>
</tr>
<tr>
<td>&quot; II</td>
<td>125- 150</td>
</tr>
<tr>
<td>Supervisor (only one)</td>
<td>160- 200</td>
</tr>
</tbody>
</table>

*Plus 22½% bonus given by city in January, 1945 to last for the duration of the war. Graduate Nurse I is the Negro graduate nurse in Atlanta. Graduate Nurse II is the white graduate nurse in Atlanta.

Each year a five dollar raise is given until the maximum is reached.

The two nurses listed under Educational service in TABLE 3, are employed by the Public Health Department of the city and are located in two Atlanta Negro Public Schools where they do clinic work and teach first aid.

The three nurses listed under Government Service in TABLE 3 are serving in the Army Nurses Corps. This small number indicates that the

1Personal interview with secretary of City Personnel Director, Atlanta City Hall, Atlanta, Georgia, March 30, 1945.
abnormality of the Atlanta Negro nursing picture is not directly due to ex- haustion of the supply for use in the armed forces.

To obtain a private duty nurse, a Negro patient in Atlanta has to seek information as to her whereabouts from the hospitals and from practicing physicians, because there is no organized registry established. There is a Nurses' Professional Registry in Atlanta, Georgia maintained by dues of the private duty nurses association of the white population. This registry places only private duty nurses for periods of eight to twenty hours in homes and hospitals. The salaries received are as follows: $6.50 and meals for eight hours of hospital duty, $8.50 for twelve hours of home service, and $12.50 for twenty hours of home service. Calls from persons needing private duty nursing care are received at the Registry, and these calls are filled by placing nurses on these cases from a list of nurses registered there. The nurse is required to pay a small fee to the Registry.

It is difficult and sometimes involves a loss of time to locate a Negro private duty nurse. The need for such a registry has been seen by the Atlanta Colored Association of Graduate Nurses. During the pressing need for more nurses in Atlanta, the white nurses' Professional Registry has shown a desire to enlarge their services by placing Negro nurses on private assignments in some cases where white families will accept Negro services when there are no white nurses available. But, the Registry has added that this plan would only exist for the duration of the present crisis, after which time it could guarantee no placements because white nurses would always be placed first. To date, the Atlanta Colored Association of Graduate Nurses has refused this offer and is making plans for the establishment of a separate registry in the near future.
CHAPTER V

ORGANIZATION AND GRIEVANCES OF NEGRO NURSES IN ATLANTA

The Atlanta Association of Colored Graduate Nurses

The Negro registered nurses in Atlanta are organized to form The Atlanta Association of Colored Graduate Nurses. All of the 85 nurses who are qualified to practice nursing in Atlanta are eligible for membership, and are considered members of the organization but only about one half of this number are financially active members. This organization meets once every month to discuss their work, to plan together for nursing improvements in Atlanta, to review the News Letter of the National Association of Colored Graduate Nurses (the News Letter is the official monthly publication), and to keep abreast of the times, locally and nationally. The organization is always represented at state, regional and national meetings of nurses. A number of the members have had some postgraduate training. The establishment of a nurses' registry, utilizing the services of Negro nurses, and the beginning of a program for the purpose of organizing a citizens' committee to work, in cooperation with the local nurses' association, in community interpretation and in improvement of nurses' status in the community are the two foremost interests of the organization at the present time.

It was reported that during the month of December, 1944, the Association made an appeal to the superintendent of Grady Hospital to improve the general facilities for the student nurses, including housing and supervision. No consideration was given the appeal, it was stated. The Association then made contacts with one of Atlanta's community leaders and educators, who in turn called a meeting of a group of leading citizens to discuss the problems of the nurses. It was reported that at a meeting held at the Atlanta Life Insurance Company office, a group of citizens, after discussing the
grievances with representatives from the Association, decided to ask the Atlanta Urban League to make an investigation of the Grady situation and report its findings to the group.

It was also reported that an appeal was made to the Director of Nurses and further conferences with the Superintendent of the hospital were held. The appeal was not considered and the conferences were unsuccessful, it was reported.

Negro Student Nurses in Atlanta

The Grady Hospital Colored School of Nursing is one of the three Georgia Schools of Nursing, out of fourteen schools, which admit Negro students. The school meets the minimum requirements of the Board of Examiners of Nurses for Georgia and the minimum requirements of the American Red Cross Nursing Service for the basic nursing course. It is a member of the United States Cadet Nurse Corps and has been since the inauguration of the Corps in July, 1943. The hospital with which the school is affiliated is approved by the American College of Surgeons and registered by the American Hospital Association. The committee on grading of nursing schools of the League of Nursing Education of the American Nurses Association reviewed the work of the Grady nursing schools in 1937, and ranked it in the top third of nursing schools in the United States.¹ Grady Hospital maintains two separate nursing schools - one for white students and one for colored students.

¹Thomas H. Reed. The Governments of Atlanta, op.cit., p. 141.
Grievances of Nursing Students.— The immediate stimulus for this study was list of grievances of Grady student nurses which were being discussed by members of The Atlanta Association of Colored Graduate Nurses. These grievances were brought to the attention of a group of citizens in an attempt, on the part of the Association, to get some community action in helping to secure better facilities and more provisions for the Negro nurses now in training at Grady Hospital.

The following are the grievances in question:

At present 8 units of the Grady Homes Housing Project are being used to house Negro nurses and 8 girls are placed in each unit. There is no supervision in these homes, and girls are free to go and come as they please. The remainder of the 140 cadet nurses are housed in the old nurses home at Grady.

Construction of the new nurses home on property owned by Emory University has begun. The new home will accommodate eighty-five nurses. Plans to remodel the old nurses for Negro nurses has been changed. The old nurses home will be used for Negro patients. The old V.D. clinic will be used to house nurses that can not be accommodated in the new nurses homes.

There is only one Negro matron at Grady and she resides in the nurses home. The nurses are offered no guidance in placement, but according to their contract they must remain in essential public employment. The Board of Examiners for the State of Georgia follow up to see that the nurses, after graduation, work within the regulations.

Additional matrons were refused, although $40,000 was returned to the city last year.

Grady nurses who work the afternoon or night shift work seven days a week, whereas white nurses on the same shift work only six days a week. The excuse is made that there are 50 per cent less Negro nurses than whites and the Negro patient load is 70 per cent more than the white load. There is also a total of 10 white supervisors for 140 Negro cadet nurses.

There are differences in salary for Negro graduate nurses employed and white graduate nurses employed.
The attitude of the Superintendent of the hospital indicates that he is opposed to receiving citizens' groups who come to point out to him the inadequacies of the facilities for Negro nurses at Grady. He suggests that if the citizens are so interested in the nurses they should come to Grady and plan activities in the nurses' home for them.1

At a conference with two members of the Atlanta Urban League staff, members of the Association discussed these problems. The above facts were referred to the Health Committee of the Atlanta Urban League. At this date the Health Committee has not begun its investigation.

It was learned from the president of the Colored Nurses Association that after the conference with the Urban League representatives, one nurse took it upon herself to inform a small group of women church workers of some of these problems, and of the attitude expressed by the Superintendent of the hospital. They decided to do something about it. These women have begun their activities with the nurses by planning programs for them during their leisure time. At present, they hold weekly vesper services in the nurses' home every Friday evening for one half hour. The service of these women meets with the approval of the hospital authorities.

At the time of an interview with the Assistant Director of Nurses of Grady Hospital for the purpose of completing this study, there were 133 colored student nurses and 161 white student nurses attending the schools. All of these students except one from each school are receiving the cadet course of study. These two students are not cadet nurses because of lack of parents' permission. The training course is the same for them as for the

1These facts were presented in the conference held with representatives from the Graduate Nurses Association and the Atlanta Urban League, and are in possession of the Health Committee of the Atlanta Urban League.
nurses in the Cadet Corps. The only difference is that these two students pay for their own training while the United States Government pays for the training of the others.

The present teaching staff of 5 instructors is inadequate, according to the state law which calls for one educational instructor for each 50 additional students after the first 25. This inadequacy existed to some degree before the war began.

Nurses in the Colored Unit are working a 12 hour shift and the supervisors put in 10 hours a day. Additions to the present staff, however, are complicated by the lack of adequate housing facilities and the need for keeping hospital budget demands within reasonable bounds. The curricula of both schools are identical according to the information received from the office of the Director of Nurses. Students from both schools have the same duties, and pay under the Cadet Corps is the same for all.

Other studies have pointed out the inadequacies of the living facilities for student nurses at Grady Hospital. The colored nurses home is called a "fire hazard" by one writer and this statement has been verified by authorities. The overcrowded conditions existing at the colored nurses home are very obvious and the administration promises that the new nurses home, which is now under construction will alleviate these conditions. The new home is to have laboratory space and an assembly room in

1Personal interview with Assistant Director of Nurses, Grady Hospital, Atlanta, Georgia, March 23, 1945.
3T. H. Reed, op. cit., p. 143.
addition to modern bedrooms and lounge, in order to accommodate eighty-five
girls.

There are no plans being made for an increase in supervision for the
girls in the home. The administration does not see the need for it since there have been no severe disciplinary problems recently. It was learned that the girls who live in the Grady Homes Housing Project because of over-crowded conditions are members of the Senior Class and are put on their honor when allowed to live in the Project without supervision.

Information given by the matron, two graduate nurses, and a number of students indicate that the grievances are not as obvious as they once were. The matron did not feel at ease to discuss the problems. She did not know that the students had contacted the Atlanta Association of Colored Graduate Nurses with their problems. She admits that they are not as close to the matron as they might be. They do not ask her for advice.

It is reported that at times the patient load is as heavy as forty patients on a ward to one nurse, while on the white side there are sometimes as few as four patients to one nurse. The white student nurses are addressed as "Miss - - -", while colored student nurses are addressed as "Nurse - - -". The colored students can not explain the difference in titles when they are receiving the same training, and are at the same level in their training. The nurses said that some of the white nurses have expressed great surprise when told of the many duties the colored nurses have

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1 Personal interviews in the nurses' home with Mrs. Parker, matron, and with two student nurses, Misses Tanner and Johnson, Grady Hospital, Atlanta, Georgia, March 26, 1945.

2 Ibid.
that the white student nurses do not have. There are more orderlies and
attendants employed on the white side to help with the work than there are
employed on the colored side. The food is the same for both schools and
has been improved since the occurrence of a strike in the dining hall during
December of 1944.

The Negro student nurses make use of facilities of two social agen-
cies near the location of the nurses' home. At the Butler Street Y.M.C.A.
they are required to take a course in Physical Education for one hour a
week as a part of their training course. They also participate in dancing,
swimming, and combattant games at the Y.M.C.A. They are members of a social
club under the auspices of the Y.W.C.A., and spend much of their leisure
time at the Y.M.C.A. which is located within two blocks of the nurses' home.

During an interview with the president of the Colored Graduate Nurses
Association, it was learned that the problems, as expressed by the students,
did not come to the attention of the Association first hand. It is interest-
ing to notice the number of steps through which these complaints have come.
The students first mentioned their complaints to the executive secretary of
the Y.M.C.A. He thought the Graduate Nurses Association should be interested
in them and felt that they would know best how to investigate. After mak-
ing unanswered appeals to the officials of the hospital, the nurses sent
representatives to interest the Director of the Atlanta University School of
Social Work, who, at their request, called together a group of Atlanta's
leading Negro citizens. After discussing the problems, this group decided
that the Urban League could make a more satisfactory investigation.
A committee was then appointed to confer with representatives from the Urban League. The facts were then referred to the Health Committee of the Urban League.

After these facts were referred to the Health Committee for investigation, one nurse, who is a member of the Association, decided to interest a group of 4 women church workers in the nurses' plight. So a part of these problems have passed through at least eight hands and still there is only partial and temporary solution.

**Summary of Problems and Solutions.**—The problems or grievances as reported by the Atlanta Association of Colored Graduate Nurses in December of 1944 are not as obvious at this time as they appeared when they were first brought to public attention. Inquiries have indicated that solutions are being planned to erase the problems, some of which are now partially evident. Whether the problems continue to exist, are diminished, or become greater, is yet to be seen.

Some solutions of the problems affecting the nurses which are now partially evident are as follows:

1. The construction of a new modern nurses' home to alleviate the present crowded conditions.

2. Plans for recreational facilities within the new home.

3. The nurses who live in the Grady Homes Project are considered having a "privilege", as only seniors are allowed to live there. At the same time the crowded conditions are being alleviated.

4. The interest of a few citizens has been aroused to help plan for leisure time activities.

5. It is explained that the heavy patient load in the Colored Unit of the hospital is the cause for the fewer colored nurses having heavier duties than the white nurses.
In 1943 the daily patient average for white students was 183 and 232 was the daily patient average for colored students. It is believed that in 1944 the difference was even greater.

6. It is explained that curriculum of the two schools are the same.
CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Good health, long life, and happiness are not accidents that happen to fortunate people. If one has knowledge of how health and disease function, he has in his own hands the choice as to whether or not he will enjoy to full measure the blessings just mentioned. Health education will aid one intelligently to make the necessary choice. For this reason health education must be recognized as one of the most important health needs of the Negroes everywhere—and especially in the South. Sanitation, hygiene and diet are important instruments, which if properly used in our daily lives will serve as disease preventions. Improper health education and improper use of available health facilities, however, prevent many people from enjoying good health.

Any study of nursing services is conditioned by the health conditions, facilities, and needs of the particular community in question. Such a study is also influenced by the conditions, facilities, and needs of other communities on a national scope.

Conclusions and recommendations resulting from this study are:

1. World War II has brought the American Negro, already under a severe health handicap at its outset, into head-on collision with the same social problems that confronted him in other wars. Attention to housing, sanitation, hospitals, clinics, and other medical facilities are imperative. The health nurse has a vital and indispensable role to play in the betterment of these facilities.

2. Because of the low economic standards to which they have been subjected, the 15,000,000 Negroes in the country need far more public health services than the population as a whole.
3. The demands for nurses has increased rapidly during World War II and the present crisis reveals the need for more and better prepared nurses.

4. Because there exists a segregation pattern in many localities in the United States, the picture of Negro health is greatly affected by health services afforded by Negro physicians and nurses.

5. In Atlanta, approximately one of every three persons is a Negro and Negroes receive little nursing care from white nurses.

6. There is an urgent need for increased public awareness in regard to the expansion of the clinic services available in Atlanta.

7. From a standpoint of education standards, the Grady Schools of Nursing, on a whole, meet the requirements as set down by the American Association of Schools of Nursing.

8. Differentials exist in hours and wages in Atlanta for graduate nurses with equal training who belong to different races.

9. The deficiency in the number of Negro nurses is due, in large measure, to discrimination and wage differentials.

10. The situation at Grady concerning supervision can be partially relieved by the employment of instructors and graduate nurses as floor supervisors. Their chief function will be to follow up, supervise, and instruct nurses to carry out, in the wards and clinics, the procedures taught them in the classroom.
11. For aid in the interpretation to the community and for improvement of nurses' status in the community, it would be helpful to have a citizens' committee organized in cooperation with the local nurses' association.
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