Some aspects of the Atlanta Urban League's campaign for a negro hospital, 1947-1952

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The purpose of this research is to recount and analyze the role of the Atlanta Urban League in securing the Negro hospital—Hughes Spalding Pavilion of the Grady Hospital Center. The campaign took place in the late 1940's when Atlanta was strictly segregated, and non-indigent Negroes had only small private hospital facilities with no place for training Negro physicians. The Hill-Burton Act provided the impetus for the cooperation of the League and the Fulton-DeKalb Hospital Authority in the struggle for the hospital. Mrs. Grace Towns Hamilton as Executive Secretary of the League, and Mr. Hughes Spalding as Chairman of the Authority combined their efforts and enlisted the support of local and national Negro and white leaders in this successful campaign for a Negro hospital.

While employing the techniques of oral history and the historical method, the investigator interviewed several prominent Atlantans including doctors and other professionals to ascertain the lifestyle of Negroes in Atlanta in the 1940's as well as the plight of the Negro insofar as medical facilities were concerned. The bulk of the material on the
Atlanta Urban League was found in the Grace Hamilton Collection at Atlanta University, although the minutes of the League proved to be an invaluable source and may be examined by permission at the Atlanta Urban League offices.
SOME ASPECTS OF THE ATLANTA URBAN LEAGUE'S CAMPAIGN
FOR A NEGRO HOSPITAL, 1947-1952

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CHAPTER I

ATLANTA IN THE 1940'S: AN OVERVIEW

The Atlanta Urban League, as defined by its charter is:

A social agency functioning primarily in the field of community organization. Its purpose, procedure, and program seek to develop, to maintain, to extend, and to coordinate social welfare resources in order that they may be increasingly available to meet the needs of the Negro population.¹

Therefore, it may be stated that the primary function of the Atlanta Urban League is that of "preventive social work." The Urban League regards its responsibility to be that of a fact finding, public opinion building organization and agency concerned with the improvement of economic, industrial, social, and cultural conditions of the Negro population.²

In the 1940's the Urban League in Atlanta had as one of its concerns the improvement of the Negro community through the establishment of a much needed health facility.

At this time, according to the U. S. Census Reports, Negroes comprised a considerable portion of the Atlanta population, however, the white citizens were clearly the majority. The reports evidence that the total population of Atlanta, Georgia in 1940 was 302,228. The Negro

²Ibid., p. 6.
population constituted $\frac{1}{3}$ of the total or 104,533; 46,027 males and 58,506 females.\(^3\)

During the 1940's, it was clearly to be seen that Negroes were concentrated in segregated areas of the city, however, this concentration was a result of custom rather than of an authoritative or arbitrary order. The color line was drawn in the residential areas of Atlanta as well as in other aspects of the city. Negro Atlantans lived in communities such as Battle's Alley, Beaver's Slide, Brownsville, Buttermilk Bottom, Darktown, East Atlanta, Johnsontown, Kirkwood, Lightning, Macedonia Park, Mechanicsville, Northside Drive, Peoplestown, Pittsburgh, Plunket Town, Reynoldstown, Summerhill, Tanyard Bottom, Thomasville, Vine City, and Washington Park. It must be noted that topography played a very important part in determining the residential areas of Negro Atlantans. Most of them lived in low lying areas because this meant cheaper land values.

Negroes followed the general population movement to the West Side. The most significant movement of Negroes to the area began during the Depression years and the World War II period, and it accelerated during the 1950's.

Negro Atlantan's communities, which were dispersed across the city, provided safety from bodily harm, protection to life, and the brotherly attitude of its residents during the period of the 1940's. To completely ignore the negative aspects of urban life would be utopian, as Negro

communities were plagued by crime, fires, and inadequate housing, streets and sanitation.

On the social front of Negro Atlanta one will find that many community and church organizations served as vehicles of self help. Among these organizations, which were primarily churches and benevolent societies in Negro Atlanta were: The Helping Hand, organized in 1872, the First Congregational Church, organized in 1867, the Rising Star of Wheat Street Baptist Church, organized in 1879, the Daughters of Bethel Church, organized in 1870, the Ladies Court of Calanthe, organized in 1891, Friendship Baptist Church, organized in 1869, the Fort Street Benevolent Mission, Daughters of Plenty, Pilgrim Progress of Park Street Church formed in 1891, the Sisters of Love of Wheat Street Baptist Church and the Colored Men's Protective Association No. 3 was organized in Shiloh African Methodist Episcopal Church in 1888. The First Congregational Church, founded in 1867 was one of the most socially-conscious churches during the period. The Neighborhood Union, another Negro charitable organization, reinforced the community oriented functions. The major objectives of this organization were to encourage the moral, social, intellectual, and religious uplift of the Negro community.

Auburn Avenue, situated on the east side of Negro Atlanta, within what was known as the "Old Fourth Ward" was referred to as the richest street in the United States, that is where Negroes resided and owned businesses. Auburn Avenue was known as Wheat Street until 1894, and has not always been conceived of as Negro Atlanta's major commercial thoroughfare, for in 1890 Auburn was primarily a racially-mixed residential area that contained five Negro businesses and two white businesses.
One should be aware of the fact that Auburn Avenue was not the only street on the east side of Negro Atlanta that contained Negro enterprises owned and operated by Negroes during the 1940's. The Negro-occupied sections of streets such as Bell, Butler, Edgewood, Houston, Harris, Courtland, Ellis, Piedmont, Fort, Black and College and had such small businesses as barbershops, lunchrooms, restaurants, cleaners and dyers, drugstores and soft drink stores. Although these Negro enterprises were small and of the personal service type, they were significant to the Negro communities of Atlanta; for the price of freedom from the physical abuse and the social segregationist practice of racially biased white Atlantans was at a premium.  

The racial segregation of 1940 Atlanta, which the locations of various social institutions and residential patterns reflected, was attributable in a great extent to the availability of the motor vehicle. Combined with the anti-Negro sentiment that for so long had been a part of Atlanta, the automobile enabled white Atlantans to segregate themselves from unwanted residential and social interaction with Negroes. The automobile helped quicken the pace of residential "Jim Crowism" in Atlanta, and thereby influenced the directional growth that the city would take in the years to follow.  

Within less than one year after the end of World War II, Atlanta 

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witnessed the formation of another self styled benevolent and patriotic order, similar to the Ku Klux Klan, "The Columbians Incorporated." The Columbians developed in a climate of insecurity and fear manifested by the aftermath of World War II. Before the war had ended, many whites were beginning to fear the possibility of the "new Negro" and the need to find a way of keeping Negroes in their place.

At their meetings, the Columbians made better and vigorous attacks on minority groups—against Negroes, Jews, communists, the rich, the newspapers, labor unions and, in fact, anyone who opposed the Columbians. They were typical of the hard-core segregationist sentiment in Atlanta. 6

Atlanta was strictly segregated. Mr. R. A. Thompson, former Secretary of Housing for the Atlanta Urban League recalling this period in an interview stated. "There existed in the 1940's a distinct color line between white and Negro Atlanta, and only under the cover of darkness did the two races meet." 7

The Jim Crow laws circumscribed every aspect of Negro life in Atlanta. C. Vann Woodward, the noted historian, describing these laws in general as they affected the South states in his monograph:

The Jim Crow laws put the authority of the state or city in the voice of the streetcar conductor, the railway brakeman, the bus driver, the theater usher, and also into the voice of the hoodlum of the public parks and playgrounds. 8

Racial discrimination in the voting practices was still quite


7 Interview with R. A. Thompson, 1375 Peachtree Street, N. E. Atlanta, Georgia, 21 July 1976.

prevalent throughout the South, although the Fifteenth Amendment to the Constitution gave universal suffrage to the Negro, the grandfather clause was declared unconstitutional in 1915, and a Texas statute that excluded Negroes from the Democratic primaries in the state was declared null and void by the Supreme Court of the United States. From 1908 to 1943 can well be considered the "Dark Ages" as far as Negro political participation in Atlanta was concerned. Denied the right to vote in the primaries, the Negro was more or less a political outcast.

In Atlanta, Negroes were permitted to vote in some general elections and Negroes occasionally ran for the lower offices, however, the first time a Negro was elected to the school board, with the aid of white voters was in 1953.

January 12, 1943, marked a new era in Georgia politics and the beginning of the third quarter of Negro participation in Atlanta politics. On that date Lewis Arnall was inaugurated governor, having defeated Eugene Talmadge in the Democratic primary. Further, on April 1, 1946 a new day dawned for Negroes, for it was on this day that the U. S. Supreme Court in the case of Chapman versus King invalidated the white primary in the state. According to C. A. Scott, editor of the Atlanta Daily World,


and political activist, Negroes in Atlanta waged a difficult battle to obtain the right to vote, and he perceived his responsibility to insure that every Negro eligible to vote registered.\textsuperscript{13}

Although Negroes in Atlanta in 1940 were severely undereducated in comparison with the white population, there did exist a significant percentage of what might be considered a Negro middle class or a "black bourgeoisie". E. Franklin Frazier states that: "It has been chiefly in the segregated schools in the South that the black bourgeoisie has received its education. . . ."\textsuperscript{14}

The Atlanta University system consisting of the undergraduate institutions of Clark, Spelman, Morehouse, Morris Brown, as well as the graduate school, Atlanta University, were of extreme significance to the perpetuation of the Negro middle class in Atlanta. The university system graduated more Negro students than any other institution in the country.\textsuperscript{15} Dr. C. A. Bacote of Atlanta University, states that: "its impact was widespread, for many of these students returned to their local communities to occupy places of leadership, especially in educational circles."\textsuperscript{16}

The graduates of these institutions were the leaders of the Negro community, and the economic backbone of Atlanta. The male descendants of

\textsuperscript{13}\textit{Interview with C. A. Scott, editor, Atlanta Daily World, 21 March 1977.}

\textsuperscript{14}E. Franklin Frazier, \textit{Black Bourgeoisie} (New York, 1975), p. 32.

\textsuperscript{15}\textit{Ibid.}, p. 86.

the social and economic elite who were recognized as important social leaders were those who had successfully made their places in the economic world and whose chief enterprises were the Atlanta Life Insurance Company, the Citizens Trust Company, and the Mutual Federal Savings and Loan Association. 17

It was the members of this class that was in need of additional health facilities although there existed several small private hospitals serving their needs, the facilities were by no means adequate. Thus, the push for a Negro hospital was led by the members of this group.

It must not be inferred, however, that most of the Negro population in Atlanta were of a middle class status.

One of the greatest problems facing Negroes in the South was that of seeking gainful employment is a gross understatement. For the real problem was not that of securing a job, as that of securing a permanent job that yielded a decent wage. It is likewise not superficial, and not entirely inaccurate to maintain that Negro workers in the South were the last hired and the first fired. 18

Of the 104,533 Negroes in Atlanta in 1940, 6,666 were unable to work due to health reasons. There were approximately 1,800 Negroes in mental and correctional institutions. The bulk of the Negro population was engaged in public emergency work according to U. S. Census Reports. Negroes were employed as caterers, manual laborers, domestics, and other blue collar occupations. 19

The severity of racial discrimination in Atlanta made it necessary


18 Ibid., p. 134.

19 U.S. Department of Commerce, Bureau of the Census, Sixteenth
for Negroes to work, live, and socialize within the confines of the Negro community. In the area of recreation the laws were less stringent. An Atlanta law of June, 1940 dictated that only in the presence of the lower anthropoids could Negro and white citizens consort together.  

By the mid-1940's, Gunnar Myrdal observed that: "Segregation is now becoming so complete that the white Southerner never sees a Negro except as his servant, and in other standardized and formalized caste situations." Moreover, a Negro could seldom claim the protection of the police and the courts if a white man knocked him down, or if a mob burned his house or inflicted bodily injuries on him or any of his family. If he defended himself against a minor violence, he might expect major violence.

Justice in the South was thought of in terms of protecting the Negro from some of the inequities of the economic system, while leaving it easy for the tantrums of race to be indulged in with impunity; but problems of justice were not without cause and effect. The denial of civil rights to Negroes exposed Southern whites to civic insecurity. Despite the plain guarantees of the Federal Constitution and the "sacredness" of the Constitution to Southern politicians, millions of Negroes were politically disinherited by law, by election practices, and by economic and social habit.

It was not surprising that the South was given to political

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demagoguery and chicanery; that mobs rode, that lynchings occurred, and that lynchers were almost never punished. Negroes were subjected to Jim Crow Laws, residential segregation, denied the right to adequate educational and health facilities, denied the right to trial by jury and the right to be represented when taxed. However, the overriding issue was that they were denied the right of self preservation under a democracy.

The Negro could seek aid from several organizations, such as the National Association for the Advancement of Colored People and the National Urban League. Guichard Parris and Lester Brooks wrote in their manuscript, *Blacks in the City: History of the National Urban League*, that:

> With uncommon perseverance and determination, the Urban League has opposed the apostles of fear, division, and social destruction of whatever hue. It has, with the incredibly staunch faith and devotion of its board, staff and volunteers, struggled incessantly for equal opportunity, equal life chances, and equal life results for black Americans.22

The Atlanta Urban League under the leadership of Grace Towns Hamilton, Executive Secretary, sought to uplift the socially, economically, and politically downtrodden. It was within the province of racial discrimination and injustice that the Atlanta Urban League was motivated to impress upon the white and Negro communities the exigency of improved hospital facilities.

The Atlanta Urban League believes that salvation for a race, nation or class must come from within. . . for freedom is never a final fact,

but a continuing evolving process to higher and higher levels of human, social, economic, political and religious relationships.²³ And it was with this belief in mind that the League sought and received a Negro hospital in Atlanta.

CHAPTER II

THE NEED FOR A NEGRO HOSPITAL

It must be noted that there were a few medical facilities in Atlanta prior to the campaign of the Atlanta Urban League. The existing facilities were quite inadequate and served only a small portion of the Negro population in need of health care.

There were in fact approximately twenty clinics and hospitals in the Atlanta area in 1947, and of these twenty clinics and hospitals, thirteen were available to Negroes. They were as follows:

The DeKalb Clinic, Incorporated established in 1940 as a private agency controlled by a nonsectarian board and supported by voluntary contributions. All white and Negro residents of DeKalb County who were not able to pay were eligible to attend.

The DeKalb County Department of Public Health was established in 1941 and was controlled by a board of health inspectors, and supported by Fulton County. It provided a general health program for all white and Negro children of school age who could not afford to pay.

Grady Memorial Hospital, named for the illustrious editor of the Atlanta Constitution, Henry Woodfin Grady, was established in 1890 and provided general hospital care and outpatient clinic service for white and Negro residents of Fulton and DeKalb counties who might be considered
indigent. The maximum bed capacity was 720.\(^1\)

The Steiner Clinic came into existence in 1924. It provided treatment and prevention of cancer and allied diseases to white patients only.

The Crippled Children's Clinic was established in 1937 and provided all consultant services needed to restore a child to health. White and Negro children from birth to age twenty-one were welcomed and no fees were charged.

Good Samaritan Clinic was established in 1923 as a private clinic controlled by a non-sectarian board and supported by an annual appropriation from the City of Atlanta, Fulton County and the city of Decatur. Any white or Negro resident of any age who were unable to pay for medical care and was referred by clinics, hospitals, county officers, schools, or who applied of their own volition were eligible.

Milledgeville State Hospital, founded in 1842, provided in-patient care for the mentally ill persons, white or Negro, who were residents of Georgia, and were referred for care by a physician or adjudged to be mentally ill by a jury of the Ordinary Court of the County.

The Battle Hill Sanitarium, established in 1910, provided hospital care and treatment of tuberculosis patients, and was closed in 1946. The closing of this sanitarium left DeKalb and Fulton Counties without local facilities for the care of tuberculosis patients. The residents of these counties had to rely solely upon the facilities of Battley State Hospital

\(^1\)Karen Woods, "Hospital Care for Negroes in Atlanta, Georgia" (Master's thesis, School of Social Work, Atlanta University, 1948), p. 8.
in Rome, Georgia.

Crawford W. Long Memorial Hospital, Piedmont Hospital, Emory University Hospital, Georgia Baptist Hospital, Henrietta Egleston Hospital for Children, St. Joseph's Infirmary, and the Scottish Rite Hospital serviced only the white population of Atlanta.

Dwelle's Infirmary, established in 1940, was staffed by white and Negro doctors. There were eighteen beds available to Negroes and only three bassinettes. Obviously inadequate in size, in comparison to the total Negro population, the staff of Dwelle's Infirmary worked tirelessly to provide health care to those Negroes who could afford to pay for hospitalization.

McLendon's Medical Clinic, established in 1945, and William A. Harris Memorial Clinic, established in 1942, were larger clinics that served the Negro segment of the population. With a combined bed capacity of 69 beds and 10 bassinettes, the two clinics worked, indefatigably, to meet the needs of the Negro population.

The Catholic Colored Clinic received notable recognition as still another medical facility for Negroes. Organized in 1941 as the Catholic Colored Mission and established as a clinic in 1944, it was owned and operated by the Diocese of Savannah with a staff of medical mission sisters. The Catholic Colored Clinic was designated primarily to render medical services to Negroes who were financially unable to obtain service elsewhere.²

A variety of diseases, illnesses and physical conditions requiring

medical attention were treated at the clinic. In the first two months of 1944, there were 407 patients cared for at the clinic. However, by 1945 this number had increased to about 5,650, over ten times the original number, and in 1946, 8,559 patients were under treatment with the outpatient department. In the four-bed ward, over 200 operations had been performed in the year 1945, which increased to 250 the following year.

The size of the hospital was no determinant of good medical care or efficient hospital service. Although limited by space and facilities, the clinic attempted to meet medical needs for its patients as far as possible; but it was quite necessary that some applicants be referred elsewhere for service. Most notably, this was true in the case of prenatal patients where most of the prospective mothers had to be referred to other sources for delivery because the clinic did not have facilities for confinement. Frequently, many of the clinic patients were ineligible for maternity care at Grady Hospital because of their lack of residency requirements.

Those patients who were financially able to meet the cost of the confinement period through private sources were referred to private physicians at Harris Memorial Hospital or McClendon Medical Clinic.3

The Omega Psi Phi Fraternity, Incorporated, a national organization committed to civic and political projects, compiled and edited, The Health and Hospital Needs of Atlanta's Negro Population, a report that was published in 1940. This report examined the hospital facilities in Atlanta and recommended that improved facilities be constructed in Fulton

3Ibid., p. 81.
County to meet the ever-increasing hospital needs of the Negro population.

The survey committee consisting of Drs. Samuel M. Nabrit and Ira De A. Reid of Atlanta University; and Jesse O. Thomas, in collaboration with local physicians, Doctors E. D. Bowden, W. D. Harper and H. E. Nash wrote:

"... It is easily possible to compare the status of Negroes and whites in the city, but the attendant evidence thereon may be reduced to this simple formula—if the social characteristic or attribute being studied is a desirable one, it is reasonably certain that the white rate is higher than the Negro; if this characteristic or trait is an undesirable one, it is reasonably certain that the Negro rate is higher than the white..."

Further, the survey committee wrote:

"In Atlanta we have not only the greatest center of higher learning for Negroes in the world, on the one hand, but on the other, an intelligent citizenry that has never gained the opportunity of full civic and social expression, save to prevent some unseasonable legislation or act. There is no field that seems to represent so clearly the relationship between the problems and facts than that of health."

It was demonstrated by the Omega Psi Phi Fraternity that the hospital needs of Atlanta's Negro population were great, and in 1947, the Atlanta Urban League, under the auspices of Attorney Austin T. Walden, an outstanding leader of the Negro community and Mrs. Grace Towns Hamilton, executive secretary, began its campaign for a Negro hospital in Atlanta.

Attorney Walden wrote to Miss Rhoda Kaufman, Executive Secretary of the Social Planning Council to seek cooperation from that agency.

He wrote:

Written records indicate that annually, for forty-seven years, the colored population of Atlanta has discussed, frequently with representatives of the white population...

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4 The Health and Hospital Needs of Atlanta's Negro Population, Ira De A. Reid, Chairman (Atlanta, Georgia, 1940), p. 12.
and public agencies, the problem of its health and medical
treatment. Relatively no less pointed today than it was
in 1896 is this problem of medical care and public health
as it relates to the Negro population. In fact, because of the
exigencies of war and its demands for military and industrial
manpower, and, because of the economic status of Atlanta's
Negro population as compared with the white population, and
because of the increasing significance of preventive health
programs in community welfare, the need is greater today than
ever before.5

Further, Mr. Walden stated that the venereal disease rate among
Negroes in Atlanta was so high, and the disease control program so inade-
quate that public warnings were issued to the Fourth Service Command of
the United States Army. The State Department of Public Health's Venereal
Disease Service and the Venereal Disease Service of the Atlanta Department
of Health's Division of Venereal Disease Control were alarmed over the
inadequacy of programs, equipment, personnel and sites for handling the
problem.

Proposed was the establishment on the westside of Atlanta, in the
area of greatest Negro residence, a health center—a community organiza-
tion to provide venereal disease services, tuberculosis services, child
health services, nursing services, dental services, and health education
for the Negro residents of that area.

The venereal disease services would work to control the disease in
all persons including pregnant women; to search for and examine all con-
tacts and suspected sources of infection. In addition, a physician, well-
rounded in the fundamentals of syphilology, gonorrhea and other venereal
diseases would be designated as the physician in charge.

5A. T. Walden to Rhoda Kaufman, 19 March 1943. Grace Hamilton
Papers, Atlanta University, Atlanta, Georgia, Box 5.
It was maintained by the board of directors of the Atlanta Urban League that the primary purpose of public health education was to close the gap between scientific knowledge and the application of this knowledge to daily life. To achieve this purpose, it was felt that not only must the individuals who composed the public be made to understand the various principles of hygiene as they affect health, individually and collectively, but these same individuals should be motivated to put such hygienic principles into practice.\(^6\)

In 1947 the Atlanta Urban League published, for the first time, a definitive work on the existing hospitals for Negroes and their role in the treatment of illnesses. The report discussed national aspects of the health problems as well as the need for more Negro medical personnel. Moreover, its primary concern was to expose the inadequacies and inequities of health care in Atlanta. The Atlanta Urban League recommended that:

1. Adequate and competent hospital care should be available without restriction, to all people, regardless of race, creed, color or economic status.
2. Facilities for the care of Negroes should be provided in hospitals that serve white patients rather than in separate facilities.
3. In those communities where segregation was required by law, good hospital service should be maintained for Negro patients as is provided for white patients.

\(^6\)Ibid.
(4) Qualified Negro physicians should be admitted to membership on the medical staffs of hospitals.

An analysis made by the Atlanta Urban League showed that in 1944, of the 124 hospitals in the United States which admitted Negro patients, those hospitals had about 20,000 beds and only 800 bassinette. Most of these hospitals were privately operated and only twenty-three of them were fully approved by the American College of Surgeons. Three of these institutions had provisional American College of Surgeons approval, nine were approved for the training of interns by the Council on Medical Education and Hospitals of the American Medical Association. Seven hospitals were approved for residency training, and only two were approved for graduate specialty training. Only eight of these hospitals were located in Georgia and none of these had been approved for internship, residency or graduate specialty training.

Grady Hospital was the only public general hospital serving the residents of Fulton and DeKalb Counties. Its treatment and service were offered to white and Negro patients. The "Negro side" was owned by Emory University and leased to the Hospital Authority.

Grady Hospital, because of its relationship with Emory University Medical School served as a teaching hospital. It was approved for 110 interns, residents, and fellows in various services.

Prior to 1946, the Hospital Authority of Fulton and DeKalb Counties operated Battle Hill Sanitarium, which provided hospital care and treatment of indigent tuberculosis patients of both races. When this facility closed, Fulton and DeKalb Counties had to send their patients to Battey State Hospital.
Beds at Battey were not allocated to residents of the city of Atlanta, nor to the Atlanta area, but of the 1,319 patients hospitalized in 1947, 179 were residents of Atlanta and Fulton Counties.

Atlanta's death rate from T.B. was 60.5 per 100,000 population. The rate for Fulton and DeKalb Counties including Atlanta was 46.6. Although progress had been made in reducing the death rate from T.B. in the area, the rate in Atlanta was still 50 per cent higher than the national average. During the period 1940-44 there were 1,123 or an average of 224.6 annual deaths from T.B. in the city of Atlanta.  

Dr. Homer E. Nash, former President of the Negro Medical Association and a long time resident of Atlanta, confirms that tuberculosis, dyptheria, syphilis, and smallpox reached epidemic proportions in the 1940's. According to Dr. Nash, vaccinations were available to Negroes for smallpox and dyptheria infections, however, the uneducated did not take advantage of these services. His summation of medical conditions in Atlanta was that, "the problem was good medical care for all Negroes, but more specifically the poorer classes of Negroes." Poverty was a contributing factor to the spread of T.B. infection. It is the antecedent of overcrowding, malnutrition and poor housing conditions.

The lack of local facilities to care for tuberculosis cases that could not be accepted at Battey created a public health hazard of major proportion in Atlanta because of the highly infectious nature of the disease.

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8Interview with Dr. Homer Nash, 982 Simpson Street, NW., Atlanta, Georgia, 26 June 1976.
The Atlanta Urban League in conjunction with the health officers and tuberculosis specialists recommended that because the Atlanta area had a high rate of tuberculosis should have at least 60 beds at the local general hospital for diagnostic purposes, for emergency medical treatment and for terminal cases. Further, the committee recommended that there should be an institution located in the Atlanta area for the chronic tuberculosis patients.  

According to the Atlanta Urban League Report the 1940 population census indicated that there were 479,828 persons in DeKalb and Fulton Counties. Hence, there were on this basis 3.8 beds available for each 1,000 inhabitants. And if the estimated population for Metropolitan Atlanta for April 1947 (498,109) was used there were 3.7 beds available for each 1,000 persons. Neither of those ratios compared favorably with the national standard of 4.5 general beds per 1,000 population. However, only 397 or 21 per cent of the 1,850 beds were available to Negroes. Three hundred of which were ward beds at Grady Hospital, the other 91 were the facilities of private institutions. Using the 1940 population census as a base, the 137,112 Negroes residing in DeKalb and Fulton Counties had 2.8 general beds per 1,000 population as compared with 4.3 for every 1,000 white persons.

There were 261 beds available for maternity care for the total population of DeKalb and Fulton Counties, 18 of these were public beds and the remaining 163 were located in private hospitals. Only 43 or 16.5 per cent of these beds were available to the Negro population. If they

9 Atlanta Urban League, Hospital Care 1947, p. 29.
10 Ibid., p. 32.
were distributed on the basis of the Negro percentage of the population approximately 87 or 33.3 per cent would have been available to Negroes. Thirty of the 43 beds were at Grady Hospital which left 13 maternity beds in proprietary hospitals to which the non-indigent had access.

Many limitations in service for Negroes were pertinent to the problem of community health. Grady Hospital, the only tax-supported hospital, admitted only indigent Negro patients. This provided beds for less than half of the areas of Negro population. Whereas, the non-indigent Negro population, those with annual incomes of $1,500 or more, had access to only 87 hospital beds, all of which were located in proprietary institutions, operated by Negroes.

Prior to March 1947, the A. G. Rhodes Home for Incurables, and Our Lady of Perpetual Help Free Cancer Home were providing care for the chronically ill. The A. G. Rhodes Home, a private agency controlled by a non-sectarian board, had a bed capacity of fifty and provided care for indigent white adults who had incurable diseases other than cancer, mental illness and contagious diseases.

Our Lady of Perpetual Help Free Cancer Home was an agency controlled and owned by the Dominican Sisters. It provided institutional care for incurable cancer patients. Destitute men and women, white and Negro were accepted without restriction to church affiliation or residence. 11

According to data gathered by the Atlanta Urban League in 1947, there were 2.6 general hospital beds per 1,000 Negro population. The

11 Ibid., p. 36.
standard used by the United States Public Health Service to determine adequacy of hospital service is 4.5 beds per 1,000 population.

Applying this standard to the 1947 population estimates, the following estimates of need were obtained.

<table>
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<th>Total</th>
<th>1947 Estimate Population</th>
<th>Estimated Total Number of Beds Needed</th>
<th>Existing Beds</th>
<th>Additional Beds</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td>498,109</td>
<td>2,241</td>
<td>1,850</td>
<td>391</td>
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<td>White</td>
<td>356,254</td>
<td>1,602</td>
<td>1,459</td>
<td>143</td>
</tr>
<tr>
<td>Negro</td>
<td>142,855</td>
<td>639</td>
<td>391</td>
<td>248</td>
</tr>
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</table>

The existing general hospital facilities were distributed inequitably among racial and economic groups. Of the 1,850 general hospital beds available in the Atlanta area only 391 or 21.7 per cent could be used by Negroes. There were 300 general hospital beds for the Negro indigent population in the tax supported municipal hospital. More than half of the Negro population family incomes exceeded the eligible level required for service at Grady Hospital. There were 87 general hospital beds available to the non-indigent Negro in three proprietary hospitals operated by Negroes.\(^\text{12}\)

The League's study further showed that special hospital and clinic services were inadequate for the Atlanta Negro population. There were no local provisions for the hospitalization of white or Negro tuberculosis patients. There were no local facilities for the psychiatric treatment or hospitalization of mental patients. The facilities for the hospital care of the chronically ill were inadequate. There was no evidence

\(^{12}\text{Ibid., p. 37.}\)
of a coordinated health service or health education program conducted by public or private institutions serving Negroes in Atlanta.\textsuperscript{13}

It was the belief of the Atlanta Urban League that the health of the Negro population compared unfavorably with that of the white population of the city. The infant death rate for Negroes in 1946 was 53.36 per 1,000 live births as compared with the white infant death rate of 26.46. The maternal death rate for Negroes in 1946 was 3.11 per 1,000 births while the white maternity death rate was 0.43. The death rate for Negroes in 1946 was 13.02 per 1,000 population compared with the white death rate of 7.48. The Negro death rates in Atlanta were higher than the white deaths for the seven leading causes of death except cancer. That was due to the fact that the health of Atlanta's Negro population was directly affected by the limitations which handicapped the Negro members of the medical profession, and by the limitations in available facilities for their hospital care.\textsuperscript{14}

The Negro professional personnel of the city was lacking in number. According to the 1946 census, there were thirty-seven Negro physicians or a ratio of one physician to each 3,368 persons as compared with the standard of one physician to each 1,000 to 1,500 persons. There were nine Negro dentists or one to each 12,722 persons as compared with the standard of one dentist to every 2,000 persons. And, there were only ninety-eight registered Negro nurses available for all the public health institutional, educational and other community nursing needs.

Opportunities for the professional growth of Negro physicians were

\textsuperscript{14}\textit{Ibid.}, p. 61.
non-existent. Negro physicians were unable to obtain post-graduate training in any hospital in the city. There were no Negro interns, assistant residents or residents in the services of the municipal tax-supported hospitals, nor Negro physicians in the clinical services. There were no hospitals approved for in-service and post-graduate training which admitted Negroes to professional staffs, or extended to them the usual professional courtesies of the institutions. These limitations deterred Negro physicians who might otherwise choose to practice in Atlanta, thus making it difficult for the number upon whom the majority of the Negro population depended for medical care. Moreover, the one approved school of nursing which admitted Negroes could only admit a small portion of the applicants and Negro nurses could not secure advanced or specialized training in any school of nursing in the city.

The Atlanta Urban League corresponded with the staff of Howard University in December 1947 to understand the plight of Negro education in the country. In addition to President Mordecai Johnson, the others included Joseph Johnson, Charles R. Drew, Montague Cobb and Paul Cornely who comprised a committee responsible for developing a program of action to cope with the serious shortages of Negro medical personnel. The committee believed that the key to the demise for Negro medical education is in the lack of scholarships available to Negroes. There existed no express statutory authority for an undergraduate medical education scholarship program within the Federal Security Agency. Further, it was felt that the Federal Security Agency should request $100,000 for award of scholarships to persons attending medical schools.\(^\text{15}\)

\(^{15}\)President Mordecai Johnson of Howard University to the Atlanta Urban League, 1 December 1947. Grace Hamilton Papers, Box 7.
Section 314 (C) of the Public Health Service Act authorized the Surgeon General to provide demonstrative aid to train personnel for State and local health work. The program was to be set up to deal with urgent needs for additional medical personnel among the underprivileged groups in rural areas. There should be a clear understanding that in the administration of the program, priority should be given the most underprivileged group, the Negro.

The committee felt that efforts should be made to reach working agreements with the other 75 medical schools in the United States to admit qualified Negro applicants. Consultation should be had with the Deans of the 48 medical schools in the Northern states, with a view to having them reserve three places in their admission list for qualified Negroes.

In the Southern states, consultation should be had with some of the Governors, with a view of their taking the initiative in making medical education available to Negroes with the various states.

The committee felt that in order to assure effective and continuous consultation with the states and the medical deans, and to assist the Advisory Committee on Medical Education in the expansion and improvement of medical education for Negroes, the Public Health Service should provide adequate staff to carry on their functions. 16

W. Montague Cobb, Professor of Anatomy at Howard University wrote: "Although the Negro has shared in the benefits of modern medical advances, he has never done so as fully or as rapidly as the rest of the population and he brings up the rear of backward regions." In 1940 the life expectancy

16 Ibid.
of Negroes at birth was 52.26 years for males and 55.6 years for females; that of whites 62.81 years for males and 67.29 years for females.

The Negro mortality rate had declined from 24.1 in 1910 to 14.0 in 1940, but the latter figure was 71 per cent higher than the rate of 8.2 for whites. Nearly all diseases which show excess mortality in the Negro are classed as preventable. Conditions like tuberculosis, maternal and infant mortality and venereal disease, regularly show high incidence in any group of low economic status, where there is ignorance, overcrowding, poor nutrition, bad sanitation and lack of medical care.17

Negro professional personnel consisted of approximately 4,000 physicians, 1600 dentists, 9,000 nurses and 1,400 pharmacists, a grossly inadequate number by any standard. It was accepted as a minimal standard of safety that there should be one physician to 1500. The national average is about one to 750.

The Negro medical man had to work out his problems in a nationally dispersed professional "ghetto." Many had become so conditioned to the arrangement that too often they thought it the only one possible.

The heart of the "medical ghetto" was Howard University's Medical School in Washington, D. C. and Meharry Medical College in Nashville, Tennessee. The field centers were about 10 Negro hospitals and about 10 whites in the North and West, where most of these graduates served their internships and obtained advanced training in residencies and specialties. These few institutions determined to a large extent the type of medical service the public could receive.18

17 W. Montague Cobb, "Medical Care and the Plight of the Negro," Crisis 54 (July 1947): 201-11.
18 Ibid., p. 15.
The health plight of Atlanta could be solved as the health plight of the nation was solved. The Negro in Atlanta could no more view himself as a creature apart than he could permit others to do so. In solving the total health problem, Negro physicians and community had to assume a more responsive role, and this role was assumed by the Atlanta Urban League.
CHAPTER III

CAMPAIGN AND CONSTRUCTION OF A NEGRO HOSPITAL

The preparation of A Report on Hospital Care of the Negro Population by the Atlanta Urban League, was the first of many steps toward the securing of a Negro hospital in Atlanta. The Fulton-DeKalb Hospital Authority, an agency created to manage all municipal hospital facilities and to grant funds for the construction of all new facilities is important because it was with this organization that the Atlanta Urban League petitioned and negotiated for the Negro hospital.

Preceding the creation of the Authority, Grady Memorial Hospital, the only municipal tax supported hospital, had been operated by a group of trustees and its finances were provided by the city of Atlanta. DeKalb County which had no similar institution depended largely on the Emory University Hospital.¹

Although the Authority was thus established in 1941 and although it had leased from the city of Atlanta the properties and facilities of Grady Hospital, the actual contracts of operation were not signed until June 4, 1945. This delay was caused by the conditions existing in World War II.

¹First Annual Report of Fulton-DeKalb Hospital Authority, by Hughes Spalding, Chairman (Atlanta, Georgia, 1946), p. 4.
A special joint meeting of Fulton and DeKalb County Commissioners was held February 10, 1945, and resignations were accepted from Thomas K. Glenn, Frank Thomas, P. S. Arkwright, Edgar Schukraft, Joseph Hirsch, L. L. Gellerstedt, Frank Wilson and Earl Plunket. Since the immediate activation of the Authority was contemplated, the Fulton County Commission proceeded at once to appoint the seven all white members of the Board from Fulton County—Thomas K. Glenn, Hughes Spalding, I. Carl Milner, Morgan Blake, Cicero Kendrick, Edwin R. Haas, and R. W. Schilling.

The Authority agreed to maintain, create and operate a modern medical center, to furnish medical aid and hospitalization to the indigent sick and to foster and sponsor medical research for the benefit of the citizens of the two counties and their environs.²

Both Fulton and DeKalb Counties jointly entered into a contract with the Authority for the use of those medical facilities and hospital services. It was agreed that the contract should become effective upon signing. Operation under this contract should begin January 1, 1946 and continue for a period of thirty years.

Soon after the activation of the Hospital Authority, a federal law was passed to encourage the construction of hospitals through finances by the federal government. Public Law 725, the Hospital Survey and Construction Act, better known as the Hill-Burton Act of 1946, had as its purpose to: "provide federal assistance to the necessary physical

facilities for furnishing adequate hospital clinic and similar services to all people." State-wide surveys would be administered to determine hospital and public health center needs. State programs would be developed for the construction of facilities and necessary facilities would be constructed which were in conformity with a State-wide plan.

To obtain federal funds for the construction of hospitals under the provisions of this bill, a state plan was required which had to be approved by the Surgeon General of the United States.

Section 10.62, the non-discriminatory clause, stated that before a construction application was recommended by a State agency for approval, the State agency had to obtain assurance from the applicant that the facilities to be built with the aid under the Act would be available, without discrimination on account of race, creed, or color to all persons residing in the area to be served by the hospital.

A state-plan for Georgia was approved by the Surgeon General in November, 1947. This plan set up twenty-nine general hospital areas which formed the groundwork for a coordinated hospital system for the entire state. The plan indicated that 6,992 additional beds were needed in order to make available a total of 13,898 beds which were required for adequacy. Further, under the provisions of Public Law 725, Georgia was allocated $2,978,400 annually for a period of five years to assist in the construction of hospitals and public health centers.

The State Health Department was designated as the agency to handle the hospital building program and an advisory council was named. The

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survey showed that the 156 hospitals in Georgia had 6,906 beds; 431 of these hospital beds needed to be replaced because of the inadequate size of the hospital.\footnote{Ibid., p. 56.}

From the inception of the movement in favor of a Hospital Authority in Fulton and DeKalb Counties, the construction of a new hospital with a Negro wing had been a primary concern, however, the Atlanta Urban League maintained that it was its responsibility to insure the construction of the hospital.

As soon as the Authority was activated the Atlanta Urban League undertook the task of determining the need for a Negro hospital in 1947. Mr. Hughes Spalding, an Atlanta lawyer, but more importantly, the Chairman of the Fulton-DeKalb Hospital Authority, gave a sympathetic ear to the cause of adequate medical facilities for Negroes.

It was the responsibility of the Atlanta Urban League to sensitize the white hierarchy to the deplorable conditions of medical care in Atlanta. Moreover, it was the responsibility of the Atlanta Urban League to gather the facts of the medical situation in Atlanta and compile the data in the form of a report. It must be noted, that prior to the compilation and publishing of the Atlanta Urban League Report of 1947, the Social Planning Council published \textit{A Report on Health and Welfare in DeKalb and Fulton Counties}, in which the Council exposed the inadequate health facilities in the two counties.

As early as April, 1946 the Atlanta Urban League supported National Negro Health Week in Atlanta by presenting a health film at three neighborhood theaters, and sponsored Health Week in Greater Atlanta in the
fall of that year.

Also concerned with health care of Negroes in Atlanta, as well as in other states, was the Commission on Interracial Cooperation. A statement from the Commission included in the Hamilton papers read:

The picture in Negro health is brighter today than it was fifteen years ago. . . . While there are 10,000 hospital beds for Negroes in this 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. Health facilities and services for the colored people continue to be shockingly inadequate. The Negro death rate is still 32 per cent above that for the United States as a whole. Greatly enlarged public health programs are needed to attack effectively the major scourges of syphilis, tuberculosis, and maternal and infant ills and to bring to Negroes the same facilities that are available to other Americans.5

The Atlanta Urban League supported a health project at Davis Street School, located in a section of the city which had a very high tubercular rate. In cooperation with the Anti-Tuberculosis Society, all the pupils enrolled in the school were given an x-ray at the Westside Health Center.

In January 1947, Mrs. Grace Hamilton of the Atlanta Urban League received from Mr. Hughes Spalding, Chairman of the Fulton-DeKalb Hospital Authority, a letter expressing his support of the Negro hospital:

With respect to the Negro hospital, I am having prepared a factual statement, giving the existing health situation in Atlanta as it involves our colored population and making certain suggestions and recommendations to the authority. Also, I am preparing two proposed charters, one for the hospital and the other for a fund raising agency for the hospital.6

5Grace Hamilton Papers, Box 7.

6Hughes Spalding to Grace Hamilton, 20 January 1947, Hamilton Papers, Box 7, Grace Hamilton Papers, Atlanta University, Atlanta, Georgia. Hereafter cited as Grace Hamilton Papers.
In December of that year, Attorney Walden wrote Mr. Gellerstedt of the Fulton-DeKalb Hospital Authority to recommend that a meeting be held to discuss the possibility of a Negro hospital.

The Atlanta Urban League during the past year has been working upon a survey of our community's facilities for the hospital care of Negroes. . . . In accordance with a recommendation of our Board, we are asking representatives of the Atlanta University Center, Emory University Medical School, the Atlanta Hospital Authority, and business leadership of the Negro community to meet with us informally, to consider the recommendations. The purpose of the meeting is to discuss possibilities for remedial action, before releasing the report for the whole public's consideration. . . . This meeting will be held on Thursday, December 18 in the Conference Room at Atlanta University . . . 7

At the meeting, prominent Negro and white citizens assembled to discuss ways and means of taking one of the many steps needed to improve the health conditions of Negroes in Atlanta. Present were representatives of business, education, the legal profession, the Medical School of Emory University, the Hospital Authority of Fulton and DeKalb Counties, and the State Hospital Service Division of the State Department of Health. It was decided at this meeting that a Citizens Advisory Committee on Hospital Care of Negroes be established and the date for the next meeting was set for January 16, 1948.

The Atlanta Urban League proposed that a private hospital be built adjacent to Grady Hospital and the proposed hospital be staffed entirely by colored nurses and physicians. Further, it was proposed that there be community planning and organization directed toward increasing the quantity of hospital services, beds and other facilities, general and specialized services for the non-indigent Negroes in Atlanta.

Planning for an increase of facilities included the development of an integrated program of health education and public health services for the Atlanta community with special emphasis upon the equitable inclusion of the Negro population, in terms of need as indicated by mortality and morbidity experience.

The Atlanta Urban League proposed that Negro professionals be granted in-service and post-graduate training in the clinical and non-clinical medical teaching centers of Atlanta and the State. Qualified Negro physicians were to practice at Grady under the direct supervision of the Emory University staff. Research by the Atlanta Urban League had determined that such arrangements were in effect at Homer G. Phillips Hospital in St. Louis in cooperation with Washington University; at Provident Hospital in Chicago, and at Provident Hospital in Baltimore, in cooperation with Johns Hopkins University. Through teaching programs outlined by the medical staff of Emory University, Negro physicians could serve as associate directors of various services concerning Negroes, until they reached a level of hospital efficiency that would warrant a promotion.

Negro interns, assistant residents and residents within Grady Hospital should be assigned to services concerning Negro patients and the Atlanta Urban League advocated the development of community facilities for the proper hospital care of private patients by Negro physicians. The League further proposed that Negro medical students be admitted to Emory University's School of Medicine, and the University of Georgia's Medical School.8

8Grace Hamilton Papers, Box 9.
The League sought and received support from influential Negroes in and outside of Atlanta. This is revealed by the numerous correspondence to be found in the Grace Hamilton Papers. Among the influential Negro Atlantans who wrote letters of support and encouragement to Mrs. Hamilton were doctors Asa Yancey, W. N. Harper, J. B. Harris, and Mark A. Thomas. Correspondence ensued with Howard University Medical School, Meharry Medical College, Emory University Medical School, Homer G. Phillips Hospital, the National Association for the Advancement of Colored People (N.A.A.C.P.), and many other organizations to seek support.  

Dr. Paul B. Beeson of the Emory University School of Medicine was anxious to see a Negro hospital constructed, and wrote to Dr. Charles Drew, a most renowned Negro physician of Howard University School of Medicine to seek his support. Dr. Beeson stated that some of the influential citizens in the Atlanta community were beginning to think of better medical service for the Negro population in Atlanta and of better training for Negro doctors. The private Negro hospitals were inadequate in every respect. Dr. Beeson sought suggestions from Dr. Drew.  

Dr. Drew responded:

I plan to be in Atlanta from Sunday, February 2, at 2:00 p.m. until Monday at 6:00 p.m., February 3. I should like very much to talk with you at sometime during this period and if an opportunity presents itself to talk with other members of your faculty concerning the great need for better hospitals for Negroes in Atlanta and particularly about better opportunities for the modern practice of medicine by Negro physicians.

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9Ibid.

10Dr. Paul B. Beeson to Dr. Charles Drew, December, 1946, Grace Hamilton Papers, Box 7.
Dr. Drew pointed out that more than ninety per cent of all Negro physicians were graduated from two schools—Meharry Medical College in Nashville, Tennessee and Howard University in Washington, D. C. He pointed out that during the period 1932–40 when the general economic level of the people was low, the rate at which Negro medical students were being graduated, was one-half the number of practitioners who died each year. In 1946 nearly 1,200 white physicians took specialty boards of one kind or another, and only four Negro physicians took specialty boards.

In the state of Georgia at that time there were approximately 150 Negro physicians and only fifty of them were in Atlanta. Only a few of the fifty had specialty training, and none of them had sufficient training to qualify as a specialist.

Dr. Drew expressed admiration for the Atlantans who showed a desire for better hospital care for Negroes. He felt that since Atlanta had long been known as a cultural center for Negroes, it was only fitting that improved medical facilities be designated.\(^\text{11}\)

The NAACP aided the Atlanta Urban League by writing President Harry S. Truman, petitioning that the doors of existing medical schools be opened to qualified Negro applicants. They further suggested that better pre-medical training be given to Negro students.

The NAACP felt that the public health service should particularly extend its program to Negroes in the South where it was most needed and Negro professional personnel should be integrated in hospital service

\(^{11}\text{Dr. Charles Drew to Dr. Paul Beeson, 20 January 1947, Grace Hamilton Papers, Box 7.}\)
programs, including the policy making level.

Further, the NAACP stated that there existed an acute need for medical care for Negroes in the South. Negro physicians tended to concentrate in the North and urban centers and were not willing to move their families to many areas of the South where their services were most needed. Negro physicians would not go into those regions unless they were made habitable for trained physicians and their families lived in an atmosphere free from mob violence and the humiliation of second class citizenship.  

On January 16, 1948, the first of many meetings of the Citizens Advisory Committee on Hospital Care of Negroes was held. Present at the meeting were, A. T. Walden, R. E. Clement, President of Atlanta University, W. A. Fountain, President of Morris Brown College, J. R. Henderson, B. E. Mays, President of Morehouse College, G. A. Howell, R. C. Mizell of the Citizens and Southern Bank, Dr. J. E. Paullen, J. E. Ransom, Hughes Spalding, F. B. Washington, Dr. Hugh Wood, C. R. Yates and Grace Hamilton.

At the meeting, Mr. Spalding recommended that the proposed hospital be built and operated in the vicinity of the Grady Center. The Hospital Authority, which had a "trustees fund" which was not tax money, would make available from the fund, money to secure a site and would recommend such action to the Hospital Authority. He further felt that a tax free organization should own the land and hospital, and be responsible for its 

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12 N.A.A.C.P. to President Harry S. Truman, 21 October 1947, Grace Hamilton Papers, Box 7.
operation. A board of trustees might be composed entirely of Negroes, and there might be organized an advisory committee composed of the Dean of the Emory School of Medicine, the Superintendent, or Assistant Superintendent of Grady Hospital, the Chairman of the Hospital Authority, and the Chairman of the Fulton and DeKalb Commission of Roads and Revenues.  

Mrs. Hamilton presented a letter from Dr. W. Montague Cobb of Howard University's School of Medicine in which he disapproved of the establishment of a separate hospital for Negroes.

I am in receipt of a letter from Dr. R. Hugh Wood, Dean of Emory University Medical School. He wrote on our N.A.A.C.P. pamphlet agreeing with all that was said and stating his very deep interest in the problem of health care for Negroes in Atlanta. I was particularly interested to note that he thought apparently in terms of a separate Negro hospital in Atlanta. As you know, I am deeply concerned that we get away from the established pattern and that now is the time to make a start. . . .

Through every channel we hope to instill in the minds of young Negro students that they have a right to attend such schools as Vanderbilt, Duke, Tulane, Louisiana, Emory, and Georgia just as much as Howard and Meharry.  

Mrs. Hamilton contacted Lombard Kelly, Dean of the School of Medicine at the University of Georgia to obtain his support for training Negro physicians at white hospitals. He wrote:

I believe that the only solution for giving post graduate training to young Negro physicians would be in the Negro units of our large city hospitals. The principal difficulty that arises in the South is due to the fact that white supervisors in such hospitals might object to receiving orders from Negroes. Possibly some way could be found to avoid this complication.

13 Grace Hamilton Papers, Box 8.
14 W. Montague Cobb to Grace Hamilton, 16 January 1948, Grace Hamilton Papers, Box 8.
Dr. Kelly continued that for little more than a decade, the University of Georgia had given specialty training in the summer to Negro physicians, but could not allow Negro students to attend the University of Georgia's Medical School.  

An editorial of the Atlanta Daily World, praised the work of Mrs. Hamilton and stated that there were too few Negro doctors, dentists and nurses to meet the community needs, and that the health of all Atlanta's citizens was directly affected by the health and well being of the Negro portion of the population.

The Atlanta Journal gave support to the Urban League's campaign. An article of January 25, 1949 stated:

The proposed additions to Georgia Baptist will not ameliorate in the slightest the deplorable situation that has always existed in Atlanta in regards to the lack of hospital facilities for Negro families with incomes too large to qualify them to enter Grady Hospital. . . .

As part of his campaign for the hospital, Hughes Spalding sent a letter to numerous influential citizens seeking their support. He wrote:

We have approximately 192,000 Negroes in the Atlanta community. About 100,000 of these are eligible for medical and nursing care at Grady Hospital; the remainder, or approximately 92,000 have no adequate hospital facilities. The result is a health menace, not only to our Negro population but also to the whites. . . . Conditions are so bad at Grady that Negro mothers are frequently sent home within three hours after giving birth to a child. Furthermore, it often happens at Grady that Negro women undergo the ordeal of childbirth on cots in the corridors of the hospital. A private pay hospital for Negroes would relieve this situation.

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15 Dr. Lombard Kelly To Grace Hamilton, 22 January 1948, Grace Hamilton Papers, Box 8.


18 Grace Hamilton Papers, Box 8.
Mr. Spalding suggested to the Citizens Advisory Committee that immediate consideration be given to the possibility of securing a site for the hospital. He suggested the possibility of securing the site of Georgia Power Company's former clinic at Piedmont Avenue and Armstrong Streets. A site committee was appointed, consisting of R. E. Clement, W. A. Fountain and B. E. Mays to secure possible sites for the construction of the hospital. 19

Mr. Spalding wanted to inspire the confidence of the Negro leaders. It was the hope of Mr. Spalding that Atlanta would have a good Negro hospital in the community tied in with Grady Hospital, receiving necessary and essential services from it, and at the same time permitting Negroes to take it over, pay for it and operate it, in due time reimbursing the Hospital Authority for its actual cash outlay. 20

In April, 1949 a tract of land adjoining the residence for Negro nurses at Grady which was owned by Emory University, was deeded to the Hospital Authority for the non-indigent Negro population. The Hospital Authority agreed to finance the construction of the hospital with the assistance of Hill-Burton Funds, and possible state assistance. It was proposed that the hospital be governed by a separate board of trustees, under the over-all supervision of the Fulton-DeKalb Hospital Authority. Further, a board would be appointed by the trustees of the Fulton-DeKalb Hospital Authority, and should consist of not less than eleven

19 Ibid., Box 9.
20 Ibid.
members, a majority of which would be Negro.  


Mrs. Hughes Spalding wrote Mrs. Hamilton to sanction the nominations. I have noted the nominations and think it is an exceptionally fine group. . . . You understand of course, that this proposed new hospital will be owned by and be under the direction and control of the Trustees of Fulton-DeKalb Hospital Authority. . . . We hope to get started on the work of building this hospital the latter part of this year. . . .

Mr. Spalding wrote C. A. Scott of the Atlanta Daily World:

I want to take this opportunity to express thanks and appreciation for your news article of September 17 about the Negro Pay Hospital. . . . This hospital is, of course, the most needed project in our whole community. I want to say that there was not a single dissent and this movement has the unanimous support of everyone. I think it speaks well for the relations between the races here in Atlanta that by unanimous consent a pay hospital for Negroes was looked upon as the most needed and most desirable thing in the Atlanta metropolitan community.

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21 Ibid.

22 Grace Hamilton to Hughes Spalding, 21 June 1949, Grace Hamilton Papers, Box 9.

23 Hughes Spalding to Grace Hamilton, 22 June 1949, Grace Hamilton Papers, Box 9.

24 Hughes Spalding to C. A. Scott, 27 September 1949, Grace Hamilton Papers, Box 9.
A resolution was passed by the Trustees of the Fulton-DeKalb Authority in November, 1948 asking Emory University to deed to the Hospital Authority a portion of the city block bounded by Piedmont Avenue, Armstrong Street, Butler Street, and Coca-Cola Place. Although the legal documents are not included in the Grace Hamilton collection, the correspondence and clippings indicate it took place and that the contract for the erection was let in December 1949, and work on the site was begun in February of 1950.

In July 1951 Grace Hamilton and other members of the Advisory Committee made a tour of the new Negro Hospital. It was decided at this time, and recommended by the committee that the new hospital be named Hughes Spalding Pavilion for the illustrious chairman of the Fulton-DeKalb Hospital Authority. It was learned that the hospital was financed by Federal Aid to the amount of $1,030,794 and State Aid to the amount of $343,596 and the total estimated cost of the project was $1,773,984, leaving a net deficit to the hospital of $399,596. Therefore, the new Negro Hospital apparently started out with a deficit.25

The attractive and modern Hughes Spalding Pavilion of Grady Memorial Hospital was dedicated Sunday, June 22, at 3 p.m. Constructed of cream brick with green marble trim, the five story hospital had a capacity of 116 beds and 33 bassinets. The primary purpose of the new hospital was to serve Negroes who were not eligible for medical care in charity hospitals.

The hospital's visiting medical staff was to be composed of both

25 Grace Hamilton Papers, Box 10.
white and Negro physicians and it was hoped that, through the cooperation of Emory University School of Medicine and Grady Memorial Hospital, an accredited resident and intern training program would be established.

A special invitation was extended to doctors throughout the state to attend the dedication of the Pavilion on June 22. The dedicatory program was as follows: Invocation, W. Morgan Blake; presentation of the hospital, Governor Herman Talmadge. Responses: Dr. J. B. Harris, President of the Atlanta Medical Association; Dr. Jack C. Norris, President, Fulton County Medical Society, Dr. David Henry Poer, Secretary, Medical Association of Georgia; Dr. R. Hugh Wood, Dean, Emory University School of Medicine; Mayor William B. Hartsfield, and Fred L. Cannon, Chairman, Advisory Committee.

The principal speaker for the occasion was Dr. Benjamin E. Mays. He extolled the leadership of Mrs. Hamilton, the Atlanta Urban League, and Mr. Hughes Spalding.

The idea was prevalent for many years that an urgent community need in Atlanta was a non-profit hospital available to the non-indigent Negro population. But it was left to the Atlanta Urban League, under the leadership of Mrs. Grace Towns Hamilton, its Executive Secretary and members of the Urban League Board of which Mr. A. T. Walden is chairman, to put this idea in tangible form and dramatize it intelligently. This came in 1947 when the League completed its study under the caption "Health Care of Negroes in Atlanta."

I am sure you would want me to pay special tribute this afternoon to Mr. Hughes Spalding who did more than any single person to make this hospital a reality. It is rightly named: The Hughes Spalding Pavilion of the Grady Memorial Hospital . . . . With respect to this hospital, Mr. Spalding developed a deep sense of mission . . . .
Medicine, like science and religion, is color blind. All three testify to the oneness of all mankind—to the solidarity of the human race. . . .

26 Dr. Benjamin E. Mays, "Address of Dr. Benjamin E. Mays Delivered at Dedication of the Hughes Spalding Pavilion of Grady Memorial Hospital," 22 June 1950, Grace Hamilton Papers, Box 10.
In the 1940's, the City of Atlanta was severely segregated, as white citizens perceived Negroes as second class citizens and relegated them to a "separate" life. While Negroes in Atlanta were severely under-educated, their achievements were many, and a sufficient number were considered to be middle-class. It was primarily those middle-class Negroes that were in need of a hospital.

Provoked by the inequities and inadequacies of the existing medical facilities, the Atlanta Urban League with the capable leadership of Mrs. Grace Towns Hamilton, its Executive Secretary, sought the assistance of the Fulton DeKalb Hospital Authority, the all white governing body of the municipal hospital. As the Hill-Burton Act provided necessary funds for the construction of hospitals, the League negotiated with the Chairman of the Fulton-DeKalb Hospital Authority, Mr. Hughes Spalding to solicit monies for the hospital and a site for its construction.

The Atlanta Urban League published a report that further exposed the medical needs of the Negro community and the severe racial discrimination in the lack of facilities for the training of Negro physicians. It must be noted that prior to the report of the Atlanta Urban League, the Omega Psi Phi Fraternity, a Negro civic and social organization, published a report publicizing the need for additional facilities.

Once the need was made evident, the Atlanta Urban League sought the support for the hospital from influential Negroes such as doctors
Charles Drew, W. Montague Cobb and President Mordecai Johnson of Howard University, as well as other outstanding Negroes and whites in Atlanta.

With money from the Hill-Burton Act and the State of Georgia, construction was begun in 1950 on the Negro hospital. Because of the tireless faith and devotion of Mr. Hughes Spalding, the New Negro Hospital was appropriately named, the Hughes Spalding Pavilion of the Grady Hospital Center and completed in 1952.

As an outstanding social agency, the League had assumed the responsibility to successfully campaign for the construction of a Negro hospital in Atlanta.
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