

The Progressive Era: The Foundations of Germ Theory and Poor Water, Sanitation, and Health Among Black Communities in the South

My workshop is for American public health professionals working globally with the United Nations (UN) and its various member groups. The focus of the workshop will be on the origins of germ theory in the Progressive Era and Water, Sanitation, and Health (WASH) in American history, paying special attention to the poor public health among African-American communities. This workshop, in discussing this topic, will tackle themes of marginalization, weak government support, inaccessibility to education and healthcare, and poverty. First, germ theory refers to the identification of bacteria and other microorganisms as transmitters of disease, as opposed to humoral imbalances or bad air directly causing disease in humans. The development of this knowledge established a precedent of maintaining clean water and promoting sanitation for the sake of ensuring better health and reduced transmission of disease. Unfortunately, black communities in the South in this period faced remarkably poor sanitation and water cleanliness, contributing substantially to greater presence of disease in black communities compared to white ones.

I picked this topic because this period for black communities is a troubling one because of the much higher morbidity and mortality of people in black communities compared to white ones, largely due to racist ideologies and motivations. Galishoff's work, "Germs Know no Color Line," elaborates on this in highlighting how, for example, black deaths were 69% greater than white deaths in 1900. We must learn about and acknowledge former Americans' inhumane actions so that we can reflect on our past and be better our humanity in the future—especially given that health disparities between blacks and whites still exist today. In attending this workshop, I hope that the professionals will examine poor black health in the past and how it is not an issue that has been resolved so that they can help make better and more targeted adjustments to the system to improve black WASH and public health. Further, this example serves as a lens through which the target audience can better understand the relationship between WASH and public health as it pertains to refugee health, as many present-day refugee camps mirror similar WASH issues, such as poor education and access to healthcare, little government support, and poverty.

Introduction (15 Minutes)

To begin the workshop, I will have everyone go around and introduce themselves, including their name, brief professional background, and any personal or professional experiences they have had with WASH in a given community. This is important for the audience, as knowing with whom you are interacting in this workshop is critical to fostering meaningful discussion. Further, hearing from these professionals about their experiences can help me better guide discussions related to the workshop topics and serve as ways for the professionals to connect and better understand the themes of the workshop using a familiar example.

Germ Theory: Background and Origins, Seminar-Style (20 Minutes)

I will use a powerpoint with information and media (pictures of historical figures, diagrams of timelines and scientific methods, etc.) to facilitate this section, which will serve as the public health backbone in understanding the rest of the workshop. Through this part of the workshop, the professionals may solidify their knowledge on the foundations of germ theory, preparing them to learn about WASH in segregated black communities. Because most of the professionals should have at least some understanding of germ theory, this component of the workshop will serve as a seminar-style discussion, in which I will have the professionals contribute their understanding of the origins of germ theory, microbiology, and pathology. Following 15 minutes of discussion, I will fill in any gaps in their knowledge, making sure to explain how: this time served as a transition from theories of humoral imbalance and miasmatic transmission of disease to bacteriology; Antonie van Leeuwenhoek's discovery of microorganisms and Louis Pasteur's proving of their role as agents of disease cemented this concept of germs as transmitters of disease; and how the development of this new theory resulted in behavioral changes among Americans towards prioritizing cleanliness and sanitation so as to inhibit the spread of germs—and thus disease.

WASH in Black Communities and Mechanisms of Health (40 minutes: 25 for information, 15 for activity and discussion)

This section of the workshop is intended to teach the professionals about the growth of segregated, black communities following emancipation and Reconstruction, such communities' poor living conditions, and, using interaction with the audience, highlight social determinants and mechanisms of health and illness. I will use Stuart Galishoff's "Germs Know No Color Line: Black Health and Public Policy in Atlanta, 1900-1918" as a case study to help the audience

understand the ways in which these communities suffered from poor sanitation and thus experienced greater morbidity and mortality related to greater burden of disease. These communities often existed in “nobody’s alleys” that were not official streets, meaning that local governments did not recognize them as such and therefore did not provide them with proper water and sewage services. Further, blacks in this period experienced racist Jim Crow laws, meaning they faced poor education and healthcare access, poverty, racism, and little government support—they could do little to ameliorate their situation. These areas were thus not only overcrowded, but they lacked running water and sewage systems, had insect-infested privies that were not well-maintained, and existed on clay that, after a rain, “became a quagmire of mud and garbage” (Galishoff 24).

After describing this information, I will ask the professionals to choose a partner and brainstorm specific social determinants of health present in this example and mechanisms of how these conditions could contribute to poor health and death. After a couple of minutes, each pair will write down 2-3 main thoughts on post-it notes and hang them on a wall at the front of the room. I will then moderate a brief discussion of commonly chosen mechanisms, why they came to people’s minds, and again provide other mechanisms that the professionals may have left out. I will end this section with a chart showing statistics from Galishoff’s work that demonstrate the stark disparities in morbidity and mortality rates among whites and blacks in Atlanta during this period.

Activity: WASH, Black Communities, and Ads (10 Minutes)

I will show the professionals a series of images from around this time period relating to WASH and perceptions of blacks. After the display of images, I will the audience the following questions: What aforementioned themes are represented in these images? How did whites interpret blacks regarding WASH? How did these interpretations complement other stereotypes and notions of the racial inferiority of blacks? Through this activity, the professionals will be able to visualize ways in which blacks’ poor WASH was used as another pathway for racism and white superiority, rather than an opportunity to help such communities. The activity will finish with me explaining how whites sometimes supported greater WASH in black communities for the sake of their own health rather than that of blacks’, as many blacks worked as servants in white homes and could carry in germs. (Sample Images have been attached below.)

WASH & Health Today: What did you find? (20 minutes)

The purpose of this section is to use the themes discussed in the workshop thus far to examine the continuity of them into the present day. Without giving specific examples, I will reinforce how these racist tendencies disparities in health between whites and blacks are still rampant today. I will then have everyone form groups of 4-5 and lookup and find examples of media displaying these ideas, whether that be ads or in communities. For example, one group could cite one of many present-day ads accused of being racist, including the racist-deemed Dove soap ad that displayed a black woman transitioning into a white woman. With 7-8 minutes remaining, allow each group the opportunity to present what they found, including what did or did not surprise them about their findings. I will make sure to acknowledge such health disparities in seeking health care services, infant and maternal mortality, heart disease, incarceration and related morbidity, etc.

Conclusion: (15 minutes)

To end the workshop, I shall summarize core themes, including germ theory, poor WASH in black communities in progressive era and related discrimination of blacks as “dirty”, and connections to current WASH-related public health concerns. I will remind the officials that these themes are extremely important to follow and understand when working with the UN, as similar issues have existed today in marginalized communities, like refugee camps and other impoverished communities domestic and abroad. At the end of the workshop, I will pass out notecards to each professional and ask them to write down one policy, idea, or initiative that may help combat these disparities rooted in history and racism. After offering people to share their ideas, I plan to end the workshop by thanking them for their time, encouraging them to hold onto their initiatives, and urging them to propose them as legitimate action steps.

Annotated Syllabus

1. Leker, Hannah Gordon. "Relationship between race and community water and sewer service in North Carolina, USA," *National Institute of Health: Public Library of Science*, 2018 Mar 21.

This paper highlights how, even in the past 20 years, predominantly black and low-income communities in North Carolina counties are significantly less likely to have access to community water and sewage services. This serves as an important role in helping the audience connect historical discriminatory practices to those of the present that are continuing to implicate their health.

2. Astor, Maggie. "Dove Drops an Ad Accused of Racism," *New York Times*, 2017 October 8, <https://www.nytimes.com/2017/10/08/business/dove-ad-racist.html> .

In this article, the New York Times reports on a Dove ad released in 2017 that received widespread criticism for displaying a black woman transitioning to a white woman during the ad for the company's soap products. Again, this serves as a present-day example of how poor WASH in black communities perpetuated a stereotype that blacks are 'dirty', and this article demonstrates how that ideology still exists in society today.

3. Astor, Maggie, "Soap Ad Images," *New York Times*, 2017 October 8, https://twitter.com/kawrage/status/917036041076396033?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwtterm%5E917036041076396033&ref_url=https%3A%2F%2Fwww.nytimes.com%2F2017%2F10%2F08%2Fbusiness%2Fdove-ad-racist.html .

This series of images will be used in the activity titled "WASH, Black Communities, and Ads." These images serve as sources of racial discrimination towards whites that arises from not just racism but also the poor WASH in black communities that led whites to insult them as being "dirty" because of their own inability to stay clean, as opposed to their institutional inability to do so.

4. Galishoff, Stuart. "Germs Know No Color Line: Black Health and Public Policy in Atlanta, 1900-1918," *Journal of the History of Medicine and Allied Sciences* 40, no. 1 (January 1985): 22-41.

Galishoff's work is taken from our class syllabus because of its importance and detail in describing the relationship between these low-income black communities and WASH. His study on Atlanta highlights for the audience critical themes of poverty, racism, weak government support, and burden of disease that accompanied these communities, and his work serves as a display of the central themes of the workshop. The audience can look to this source for further detail on these communities and related effects on morbidity and mortality.

5. Franklin, Jimmie. "Blacks and the Progressive Movement: Emergence of a New Synthesis." *OAH Magazine of History* 13, no. 3 (1999): 20-23. <http://www.jstor.org/stable/25163288>.

For those seeking more information on the role of blacks during the Progressive Era in a broader sense, this work does a great job of explaining how many Progressive Era policies benefited white men, not people of color. It allows the audience to take a closer look at how blacks mobilized in other ways, aiming to promote some of the same progress seen by their white counterparts; because this is relevant to the workshop but not its focus, this paper will serve as a resource to fill a gap for those interested.

6. Lewis, Femi. "How African Americans Championed for Change in the Progressive Era." ThoughtCo. ThoughtCo, July 2, 2019. <https://www.thoughtco.com/african-americans-in-the-progressive-era-45390>.

Similarly, this article provides a broad overview of the Progressive Era, including major topics the era covered and how different populations, such as African-Americans, were affected. For those audience members seeking further context for the workshop's materials, this article provides a comprehensive background on the topic.

7. "10 Things to Know about the Health of Refugees and Migrants." World Health Organization. World Health Organization, January 21, 2019. <https://www.who.int/news-room/feature-stories/detail/10-things-to-know-about-the-health-of-refugees-and-migrants>.

In this article, the World Health Organization (WHO) discusses the health of refugees and vulnerabilities associated with this marginalized populations. This article will allow the audience to draw upon more familiar examples of vulnerability and health, among other themes discussed in the workshop, to connect these ideas and apply their knowledge from the class in moving forward.

8. "Refugee Camps: Poor Living Conditions and Their Effects on Mental Health." Refugee Mental Health, March 28, 2018. <https://sites.duke.edu/refugeementalhealth/2018/03/27/refugee-camps-poor-living-conditions-and-their-effects-on-mental-health/>.

This article elaborates on the vulnerabilities to which refugees in camps are exposed, including descriptions of the inhumane living conditions experienced by these populations. While not aiming to place this event on the same level as black communities in the South by any means, the audience can again use this example to better understand and apply the themes from the workshop to see how they can further improve these camps and refugee health in their work.

9. Casanova, Jean-Laurent, and Laurent Abel. "The Genetic Theory of Infectious Diseases: a Brief History and Selected Illustrations." Annual review of genomics and human genetics. U.S. National Library of Medicine, 2013. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4980761/>.

This paper provides a brief history and some early examples of germ theory and its application. The audience may seek out this resource to delve deeper into the public health component of this workshop and its origins in history, as the workshop's focus will remain on WASH as it pertains specifically to black communities in the Progressive Era.

10. Byrd, W M, and L A Clayton. "An American Health Dilemma: a History of Blacks in the Health System." Journal of the National Medical Association. National Medical Association, February 1992. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2637749/>.

While this article was published over 20 years ago, it still serves as a powerful tool for understanding the long-lasting effects of health inequality during the Progressive Era between blacks and whites. The article provides an overview of black health in a white-dominated society and explains how, despite improvement throughout the twentieth century, health disparities between blacks and whites are still apparent and widespread.

11. Minority Health Disparities | Michelle's Story. Johns Hopkins University, 2017. <https://www.youtube.com/watch?v=vIVZKZNXyBA>.

The last source I want to leave the audience with is a video of a woman named Michelle's experiences with medicine and healthcare growing up in a low-income, black family. After engaging in the final activity, the audience should watch this video to see ways in which black people are actively working to change the system today in order to reduce such present health disparities. This video displays the hope going forward that themes discussed in this workshop—including weak government support, poverty, inaccessibility to education and healthcare, and racism—will no longer continue to affect black health in future generations.