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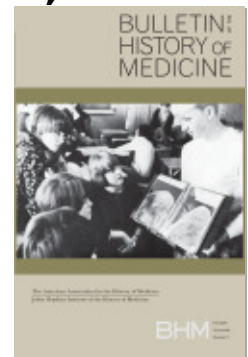
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“Dancing on Eggs”: Charles H. Bynum, Racial Politics, and the National Foundation for Infantile Paralysis, 1938–1954

STEPHEN E. MAWDSLEY

SUMMARY: In 1938, President Franklin D. Roosevelt and his law partner Basil O'Connor formed the National Foundation for Infantile Paralysis (NFIP) to battle the viral disease poliomyelitis. Although the NFIP program was purported to be available for all Americans irrespective of “race, creed, or color,” officials encountered numerous difficulties upholding this pledge in a nation divided by race. In 1944, NFIP officials hired educator Charles H. Bynum to head a new department of “Negro Activities.” Between 1944 and 1954, Bynum negotiated the NFIP bureaucracy to educate officials and influence their national health policy. As part of the NFIP team, he helped increase interracial fund-raising in the March of Dimes, improve polio treatment for black Americans, and further the civil rights movement.

KEYWORDS: National Foundation for Infantile Paralysis, March of Dimes, Charles H. Bynum, Basil O'Connor, Franklin D. Roosevelt, Tuskegee Institute, Warm Springs, poliomyelitis, African American, health care, race

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In 1949, three-year-old Emma Pearl Berry fell ill with polio at her home in Raymond, Mississippi.¹ As an African American child in the Deep South, Berry was too young to appreciate how economics, the politics of race, and legalized segregation might undermine her access to medical facilities or delay her treatment. However, due to a series of extraordinary policies that had been negotiated years earlier, Berry was admitted to the Lutheran Hospital in Vicksburg, Mississippi, where she remained under the care of medical professionals.² Her parents, tenant farmers with eleven other children, were not required to pay the \$1,598 hospital bill. Instead, a local chapter of a polio philanthropy, the National Foundation for Infantile Paralysis (NFIP), incurred all expenses.³ After her ordeal, Berry was selected as a poster child, and her photo was exhibited to encourage public donations (Figure 1). In a nation divided by race and plagued by health disparities, how was Berry's treatment made possible?

Prior to the Salk vaccine, children like Berry and their families faced the ever-present threat of polio infection.⁴ Polio (or infantile paralysis) is a contagious oral-fecal viral disease that can cause paralysis of the limbs and, in severe cases, the respiratory muscles.⁵ Hospital isolation wards facilitated acute polio care and the use of lifesaving equipment. Indeed, the "iron lung," an apparatus developed in the 1930s to assist patients suffering from respiratory paralysis, stood as an iconic symbol of the devastation wrought by this disease.⁶ To restore muscle function and mobility, many polio survivors underwent convalescent treatment at facilities specializing in physical therapy and orthopedic surgery.⁷ Although time and rehabilitation could improve the prognosis, many polio patients endured varying degrees of permanent disability.

In January 1938, President Franklin D. Roosevelt and his law partner Basil O'Connor formed the NFIP to solicit public funds to pay for costly polio hospitalization and therapy, as well as specialized medical training,

1. "1952: Campaign Guide," Series I: Campaign Materials, Box 2, Fund Raising Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA), p. 78.

2. "Polio Swimming Hole in Vicksburg, Mississippi," *Jet Magazine*, 24 Jan. 1952, p. 37.

3. "Polio Epidemic Hits Mississippi," *Jet Magazine*, 6 Dec. 1951, pp. 14–15.

4. Marc Shell, *Polio and Its Aftermath: The Paralysis of Culture* (Cambridge, Mass.: Harvard University Press, 2005), p. 140.

5. Frederick C. Robbins, "The History of Polio Vaccine Development," in *Vaccines, Fourth Edition*, ed. Stanley A. Plotkin and Walter A. Orenstein (Philadelphia: Elsevier, 2004); and Michael B. A. Oldstone, *Viruses, Plagues, and History* (New York: Oxford University Press, 1998), p. 104.

6. Julie K. Silver and Daniel J. Wilson, *Polio Voices* (Westport, Conn.: Praeger, 2007), p. 38.

7. David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005), pp. 61–64, 73–74.



Figure 1. Emma Pearl Berry, March of Dimes African American poster child, 1952. Courtesy of the March of Dimes Foundation, White Plains, New York.

education programs, and vaccine research. Yet within the context of the Great Depression and the Second World War, NFIP officials faced difficulties reaching all Americans. Although their program met the needs of white polio patients, responding to the needs of African Americans tested their official pledge of ensuring treatment irrespective of “race.”⁸

8. David L. Sills, *The Volunteers: Means and Ends in a National Organization* (Glencoe, Ill.: The Free Press, 1957), pp. 48, 136; “To Aid Paralysis Victims,” *New York Times*, 25 Dec. 1938,

Black civil rights and black health activism coalesced during these years, placing pressure on the NFIP to address racial disparities in its program.⁹ While NFIP officials realized some improvements in acute and convalescent care, proposals to include black Americans in the wider chapter and fund-raising programs were stymied by assumptions, inexperience, and prejudice. In a desperate attempt to rectify a worsening financial situation and meet the challenge posed by civil rights activists, NFIP officials hired African American health educator Charles H. Bynum to an executive role in 1944.¹⁰ As head of the newly conceived department of “Negro Activities,” Bynum devoted his career to addressing the health needs and volunteer aspirations of African Americans in the polio crusade.

Medical historians have a longstanding interest in the intersection of race and disease but have only recently pursued racial politics in relation to polio.¹¹ With *Polio: An American Story*, David Oshinsky brought visibility to the issue by examining black Americans’ experiences with polio and contributions to its eradication through donations.¹² Moreover, Naomi Rogers’ important article, “Race and the Politics of Polio,” revealed that NFIP sponsorship of a special treatment center at Tuskegee, Alabama, was motivated by the growing visibility of black polio patients, civil rights activism, and the exclusionary admission practices at Georgia Warm Springs.¹³ In this essay, I engage with the scholarship by investigating the nature of early polio treatment for black Americans, how racism shaped chapter membership and fund-raising, and finally, how Bynum negotiated race

p. 16; and O’Connor to Thomas, 23 May 1938, Series 1, “National Medical Association,” Box 14, Pub. Rel. Records, MDA.

9. Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America, 1890–1950* (Philadelphia: University of Pennsylvania Press, 1995); and Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920–1945* (New York: Oxford University Press, 1995).

10. “A Celebration of the Life of Charles Hudson Bynum,” Funeral Program, 27 Apr. 1996, Dianne H. McDonald private collection, New York; and Bernard to Savage, 19 June 1946, Series 14, Box 13, Med. Prog. Records, MDA.

11. Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978); Susan M. Reverby, ed., *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina Press, 2000); Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2001); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001); and Gwenn M. Jensen, “System Failure: Health-Care Deficiencies in the World War II Japanese American Detention Centers,” *Bull. Hist. Med.*, 1999, 73: 602–28.

12. Oshinsky, *Polio: An American Story* (n. 7), pp. 2, 88, 145.

13. Naomi Rogers, “Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes,” *Am. J. Public Health*, 2007, 97: 784–95.

matters in American society and the NFIP bureaucracy to achieve important victories. Although Bynum remained at the NFIP until his retirement in 1971, the period between 1938 and 1954 provides a unique window into evolving race relations when a polio vaccine had yet to be licensed and epidemics raged unabated.

Race and the Polio Treatment Program, 1938–1944

NFIP officials championed the provision of acute and convalescent polio care “without prejudice against race”; yet the delivery of these services was affected by social, political, and economic factors.¹⁴ A myth alleging that African Americans were less susceptible to polio than white Americans contributed to medical neglect.¹⁵ The myth was based on observation and the initial prevalence of white polio cases, as most epidemics during the 1920s and 1930s plagued the urban North and Midwest but not the South, where the majority of black Americans lived.¹⁶ Once southern outbreaks emerged by the late 1930s, African American polio cases were often underreported, since isolation and poverty led many families to opt for homecare.¹⁷ According to Dr. Thomas M. Rivers, a white scientist at the Rockefeller Institute for Medical Research, biased incidence studies cloaked the extent of the disease, as, he reasoned, there had been “a tendency in the past not to seek out colored cases, as well as white.”¹⁸ Moreover, since most physicians were inadequately trained to recognize polio’s multifaceted symptoms, misdiagnosis inadvertently hid countless cases.¹⁹ Therefore, for the first few decades of the twentieth century, black American polio sufferers were “kept invisible” from mainstream society.²⁰

Despite the impression of disproportionate susceptibility, the NFIP acute treatment program assured a measure of care for black Americans,

14. Sills, *The Volunteers* (n. 8), p. 48; Edith P. Chappell and John F. Hume, “A Black Oasis: Tuskegee’s Flight Against Infantile Paralysis, 1941–1975,” Series 4: Historical Studies, Box 4, History of the NFIP, MDA, p. 41.

15. Rogers, “Race and the Politics of Polio” (n. 13), p. 786; and Wailoo, *Dying in the City of the Blues* (n. 11).

16. Chappell and Hume, “A Black Oasis” (n. 14), pp. 30–31; and Rogers, “Race and the Politics of Polio” (n. 13), pp. 784–85.

17. Bynum to O’Connor, 1 Nov. 1948, Series 14, Box 13, Med. Prog. Records, MDA, p. 6; and Rogers, “Race and the Politics of Polio” (n. 13), pp. 786–87.

18. Francis to Weaver, 10 Dec. 1946, Series 14: Poliomyelitis, Box 15, Med. Prog. Records, MDA.

19. Chappell and Hume, “A Black Oasis” (n. 14), p. 31.

20. Rogers, “Race and the Politics of Polio” (n. 13), p. 793.

although access varied by region. NFIP chapters donated special equipment, such as respirators and hot pack machines, and paid all expenses for patients admitted to either black hospitals or majority-white hospitals.²¹ Due to chapter financing and the nature of acute care, de facto segregated hospitals in northern, western, and midwestern regions began to treat African American patients in racially integrated wards.²² Even in segregated cities, such as Baltimore, Maryland, the black newspaper *Afro-American* reported that there was “No Color Line” in polio care.²³ Hospital administrators realized that separate isolation wards for different racialized groups were redundant and fiscally prohibitive during an epidemic.²⁴ Moreover, as treatment expenses were covered by the NFIP, hospitals were reimbursed regardless of a patient’s financial means.²⁵

In the South, acute polio hospitalization was affected by local customs, segregation laws, and access to black medical facilities. African American orthopedic surgeon Dr. John Hume explained that at segregated hospitals, black patients “were put in separate waiting rooms and had to wait ‘til all the white patients were seen. Or they put them in the basement, and then had to have the parents nurse them.”²⁶ Rare exceptions occurred during the epidemic of 1944, when some hospitals in the Upper South temporarily forestalled segregation. In fact, NFIP personnel set up racially integrated wards at their improvised polio hospital in Hickory, North Carolina.²⁷ Furthermore, the Medical College of Virginia Hospital in Richmond opened its isolation ward to a black polio patient.²⁸ However,

21. Bynum to Department Heads, Miscellaneous Facts, 1941–1951, Series 14, Box 13, Med. Prog. Records, MDA; and Christopher Lasch, “Chapter XI: Aid to Negro Institutions, 1956,” Series 1, Box 2, History of NFIP Records, MDA, p. 15. Christopher Lasch (1939–94) would later become an American cultural historian at the University of Rochester.

22. “Bynum, Charles—January 15, 1988,” Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 5; Oshinsky, *Polio: An American Story* (n. 7), pp. 69–72; David W. Rose, *Images of America: March of Dimes* (Charleston, S.C.: Arcadia, 2003), pp. 24–25; Shell, *Polio and Its Aftermath* (n. 4), p. 202; and “Campaign Beneficiaries,” *Baltimore Afro-American*, 3 Feb. 1942, p. 17. It is not known how black American patients were treated once they were admitted to these facilities.

23. “No Color Line in Baltimore Polio Hospital,” *Baltimore Afro-American*, 26 Jan. 1946, p. 28.

24. Heather Green Wooten, “The Polio Years in Harris and Galveston Counties, 1930–1962,” (Ph.D. diss., University of Texas at Galveston, 2006), p. 143.

25. Sills, *The Volunteers* (n. 8), p. 45; and Victor Cohn, *Four Billion Dimes* (Minneapolis: Minneapolis Star and Tribune, 1955), p. 60.

26. Nina Gilden Seavey, Jane S. Smith, and Paul Wagner, eds., *A Paralyzing Fear: The Triumph over Polio in America* (New York: TV Books, 1998), pp. 157–61, quotation on p. 157.

27. Schell, *Polio and Its Aftermath* (n. 4), p. 202; and *Miracle at Hickory* (New York: National Foundation for Infantile Paralysis, 1944), MDA.

28. “Total of 197 Polio Cases in Virginia,” *The Bee*, 9 Aug. 1944, p. 2.

such practices were possible only during a crisis and would not likely have been tolerated in the Deep South.²⁹

While region defined the boundaries of acute care for African Americans, convalescent treatment was restricted across the nation.³⁰ The exclusionary admission policies of most white physical therapy centers combined with the shortage of suitably equipped black facilities resulted in variable and often inadequate care.³¹ Among the few convalescent treatment centers open to black Americans in the late 1930s were the Texas Gonzales Warm Springs and the Texas Scottish Rite Hospital.³² White polio patients, conversely, benefited from a range of rehabilitation options, including the famous Georgia Warm Springs. Franklin D. Roosevelt, himself a polio survivor, purchased the derelict Warm Springs facility in April 1926 for \$201,677 and reopened it for convalescent care.³³ To offset the considerable expense of maintaining the center and its program, Roosevelt founded the Georgia Warm Springs Foundation to solicit monetary contributions from his Democratic Party supporters. For many disabled polio patients, Warm Springs became a potent symbol of hope. For civil rights advocates, however, Warm Springs remained a stark reminder of medical racism, since the facility admitted only white patients.³⁴

During the 1930s through 1950s, African Americans challenged racial segregation and exclusion through activism and education campaigns. Black journalists critiqued the white establishment and drew attention to the persisting inequalities.³⁵ The black health movement, spurred by African American sorority women, physicians, dentists, and nurses, paralleled this movement. Lay health workers established public health clinics

29. Bynum to Department Heads, 18 Jan. 1945, Series 14, Box 13, Med. Prog. Records, MDA. This issue requires further scholarly attention.

30. "Paralysis Center Set Up for Negroes," *New York Times*, 22 May 1939, p. 15.

31. Green Wooten, "The Polio Years" (n. 24), pp. 70–77; and Gamble, *Making a Place for Ourselves* (n. 9).

32. "Negro Polio Victims Get Foundation Aid," *New York Times*, 21 Dec. 1945, p. 13; and Green Wooten, "The Polio Years" (n. 24), pp. 38–39, 75–77.

33. Oshinsky, *Polio: An American Story* (n. 7), pp. 38–39; Naomi Rogers, *Dirt and Disease: Polio before FDR* (New Brunswick, N.J.: Rutgers University Press, 1992), p. 168; and Jane S. Smith, *Patenting the Sun: Polio and the Salk Vaccine* (New York: William Morrow, 1990), pp. 57–61.

34. Cohn, *Four Billion Dimes* (n. 25), p. 51; and Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1, Box 2, History of NFIP Records, MDA, p. 460.

35. Wallace Terry, *Missing Pages: Black Journalists of Modern America: An Oral History* (New York: Carroll & Graf, 2007); and Gene Roberts and Hank Klibanoff, *The Race Beat: The Press, the Civil Rights Struggle, and the Awakening of a Nation* (New York: Random House, 2006).

in neglected areas of the rural South, and black health educators, such as Roscoe C. Brown of the U.S. Public Health Service, promoted Booker T. Washington's famous National Negro Health Week Movement.³⁶ Black physicians with the National Medical Association (NMA) and nurses with the National Association of Colored Graduate Nurses fostered alliances with white philanthropies and government to improve the health system and erode medical racism.³⁷ Although ideologically divided and ultimately unsuccessful in eradicating the vestiges of discrimination in health care, leaders such as nurse Mabel Keaton Staupers, Dr. Paul Cornely, and Dr. Montague Cobb set the basis for later legislative change and hospital desegregation.³⁸

Within this context of rising activism, the exclusionary admission policy of Warm Springs caught the attention of black journalists.³⁹ A 1936 *Baltimore Afro-American* article criticized Roosevelt and voiced dismay about the hypocrisy of the Warm Springs Foundation in light of African American participation in raising funds for the organization: "The record shows that since he has been President, [Roosevelt] has collected millions of dollars for the Warm Springs Foundation, much of which money came from Negroes. Yet, poor, crippled Negro boys and girls, suffering from infantile paralysis, are not even admitted to this Foundation."⁴⁰

Such negative attention persisted through 1937 with an *Afro-American* article quoting Warm Springs' director Keith Morgan: "because the Warm Springs foundation maintains no wards nor clinics, and no separate rooms, pools, or general medical facilities, colored patients cannot be admitted."⁴¹ When the NFIP commenced operations in 1938, it inherited responsibility for Warm Springs and its unresolved race relations issue.

36. Roscoe C. Brown, "The National Negro Health Week Movement," *J. Negro Educ.*, 1937, 6: 553–64; and Smith, *Sick and Tired* (n. 9), chap. 3.

37. Gamble, *Making a Place for Ourselves* (n. 9).

38. P. Preston Reynolds, "The Federal Government's Use of Title VI and Medicare to Racially Integrate Hospitals in the United States, 1963 Through 1967," *Am. J. Public Health*, 1997, 87: 1850–58; Vanessa N. Gamble, "Black Autonomy Versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920–1940," *Minerva: A Review of Science, Learning and Policy*, 1997, 35: 247–67; and Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950* (Bloomington: Indiana University Press, 1989).

39. "The Truth Shall Make You Free! Heed the Truth, You Who are Thinking of Voting for Franklin D. Roosevelt," *Baltimore Afro-American*, 12 Oct. 1936, p. 3; and "Warm Springs Can't Admit Colored," *Baltimore Afro-American*, 30 Jan. 1937, p. 7.

40. "The Truth Shall Make You Free!" (n. 39), p. 3.

41. "Warm Springs Can't Admit Colored" (n. 39), p. 7.

Efforts to effect change led some black activists with the National Association for the Advancement of Colored People (NAACP) and the National Urban League to lobby higher offices.⁴² Indeed, National Urban League southern field director Jesse O. Thomas wrote to Eleanor Roosevelt, citing that “any effort made toward including [African Americans] in the general program of curing and preventing [polio] would be heartily welcomed.”⁴³ Mrs. Roosevelt championed civil rights issues and avidly pursued them with her husband, who in turn appreciated the political implications of black activism as reflected in the appointment of his “Black Cabinet” composed of African American professionals.⁴⁴ When Mrs. Roosevelt forwarded her husband a letter in 1938 concerning the treatment needs of a black polio patient, President Roosevelt relayed it on to Basil O’Connor with a note: “Is there anything we can do about this?”⁴⁵ O’Connor thus found himself under increasing pressure to reform the treatment program.

African American physicians with the NMA and the Julius Rosenwald Fund philanthropy took an early lead in helping the NFIP negotiate the terrain of segregated medicine. In January 1938, black physician Dr. Midian Othello Bousfield met with O’Connor to discuss a potential solution. Bousfield had considerable experience working for the improvement of black medical institutions and believed in the importance of white philanthropy to further the black health movement. A 1909 graduate of Northwestern University Medical School, Bousfield had once served as president and later as a commission chairperson to the NMA. He developed close connections with white philanthropic organizations, and by 1935 he had become director of the Negro Health Division at the Julius Rosenwald Fund in Chicago, Illinois.⁴⁶ Bousfield did not lobby for the integration of Warm Springs; instead, he advocated the development of a separate treatment facility for black Americans as an interim step, as he believed that racial integration would be “slow and painful.”⁴⁷ After the meeting, O’Connor explained: “[Dr. Bousfield] came in the interest of what he termed ‘a Negro Warm Springs.’ The plan which he put before

42. Rogers, “Race and the Politics of Polio” (n. 13), p. 787.

43. Chappell and Hume, “A Black Oasis” (n. 14), p. 41.

44. Harvard Sitkoff, *A New Deal for Blacks: The Emergence of Civil Rights as a National Issue: The Depression Decade* (New York: Oxford University Press, 1978); and John B. Kirby, *Black Americans in the Roosevelt Era: Liberalism and Race* (Knoxville: University of Tennessee Press, 1980).

45. Chappell and Hume, “A Black Oasis” (n. 14), p. 41.

46. Gamble, *Making a Place for Ourselves* (n. 9), pp. 40, 110; and Smith, *Sick and Tired* (n. 9), p. 63.

47. Gamble, *Making a Place for Ourselves* (n. 9), pp. 109–11.

me has been gone over several times and is now in the hands of a special committee. . . . While neither Dr. Bousfield nor I have attempted secrecy in these negotiations, we have rather felt that perhaps the matter should not be flushed to the public until we had had an opportunity to determine whether we could come to a mutually satisfactory agreement.”⁴⁸ For O’Connor, establishing an all-black treatment facility promised to deflect some of the criticism over the segregated Warm Springs while serving as concrete proof of the NFIP’s ability to uphold its pledge of unbiased care. Despite the apparent benefits of Bousfield’s plan, O’Connor urged caution, since the establishment of a new treatment facility would not only incur considerable expense to the fledgling NFIP but also force officials to publicly engage in a politically charged issue over segregation.⁴⁹

While NFIP officials considered the prospect of a “Negro Warm Springs,” NMA physicians added momentum to the cause. On 14 May 1938, NMA’s executive chairperson, Dr. W. McHinley Thomas, wrote to the NFIP inquiring whether there were plans “for establishing clinic centers for the training of the Negro physician to do his share in the eradication” of polio.⁵⁰ Thomas pledged “full cooperation” and suggested the Tuskegee Institute as a suitable location for a clinic due to the capabilities of its resident orthopedic surgeon. An additional proposal came from NMA physician Dr. John T. Givens, who recommended a site in Hot Springs, Arkansas, which was to be named after Mrs. Roosevelt because of her “great humanitarian interest.”⁵¹

Due to the convergence of black press critiques, private appeals, Bousfield’s counsel, NMA lobbying, and the special interests of the NFIP, a separate polio treatment and training facility for black Americans was made a reality. It was perhaps not surprising that the NFIP selected the Tuskegee Institute as the site for the new center. Founded in 1881 by Booker T. Washington as an educational institution for African Americans, the Tuskegee Institute had established medical facilities and an orthopedic specialist on staff, as well as a history of cooperation with white philanthropic institutions and the federal government.⁵² On 22 May 1939,

48. Christopher Lasch, “Chapter XI: Aid to Negro Institutions, 1956” (n. 21), p. 7.

49. “Paralysis Center Set Up for Negroes” (n. 30); and Jeanne L. Brand, “Chapter II: The Response to Developing Problems of Medical Care, 1940–1946,” Series 1, Box 2, History of NFIP Records, MDA, pp. 88–90.

50. Thomas to NFIP, 14 May 1938, Series 1, “National Medical Association,” Box 14, Pub. Rel. Records, MDA; and Lasch, “Chapter XI: Aid to Negro Institutions” (n. 21), p. 6b.

51. Givens to Warm Springs, 11 Oct. 1938, Series 1, “National Medical Association,” Box 14, Pub. Rel. Records, MDA.

52. Henry S. Enck, “Tuskegee Institute and Northern White Philanthropy: A Case Study in Fund Raising, 1900–1915,” *J. Negro Hist.*, 1980, 65: 336–48; Chappell and Hume, “A Black Oasis” (n. 14), p. xii; and Reverby, *Tuskegee’s Truths* (n. 11).

Basil O'Connor announced the approval of a \$161,350 grant to Tuskegee Institute's John A. Andrew Memorial Hospital to "build, equip, and maintain for one year" a thirty-six-bed "infantile paralysis center for Negroes."⁵³ This was the first grant that NFIP officials awarded a black institution and the only grant they ever made for a construction project.⁵⁴

The Tuskegee grant demonstrated both the success of the African American health movement in agitating for needed facilities and the desire of NFIP officials to close gaps in their treatment program. Yet the actions of NFIP officials also highlighted a belief that they were in no position to challenge segregation but should work within the existing social framework and provide a parallel infrastructure. Funding separate black institutions followed decades of similar efforts by other white philanthropies, including the Julius Rosenwald Fund, Duke Endowment, and Rockefeller General Education Board.⁵⁵ Indeed, the patronage of an all-black facility became an expedient solution to addressing black health needs in a segregated society.

As long as Warm Springs continued to cater primarily to a white clientele, however, the provision of a construction grant to Tuskegee divided African American communities and fueled ongoing resentment.⁵⁶ With the Tuskegee Infantile Paralysis Center under construction, some African American journalists continued their onslaught against Warm Springs as a symbol of persisting inequality. Although Mrs. Roosevelt's personal insistence had led Warm Springs personnel to admit a small number of black polio patients by the 1940s, their segregated treatment and housing conditions remained far from ideal.⁵⁷ In September 1940, an *Afro-American* reporter visited Warm Springs and observed: "This sanitarium for infantile paralysis victims has one colored patient, and 40 colored employees receiving from \$4.50 to \$7.50 per week. This sole colored patient, said to be in a serious condition, is treated and housed in a small basement room, the only place provided for the colored sick."⁵⁸ Such journalistic critiques

53. "Paralysis Center Set Up for Negroes" (n. 30).

54. Lasch, "Chapter XI: Aid to Negro Institutions" (n. 21), p. 11.

55. Gamble, *Making a Place for Ourselves* (n. 9).

56. Divisiveness was common during the black health movement when white philanthropies supported separate black medical institutions. See Gamble, "Black Autonomy Versus White Control" (n. 38); and Darlene Clark Hine, "Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890–1950," *J. Am. Hist.*, 2003, 89: 1279–94.

57. Rogers, "Race and the Politics of Polio" (n. 13), p. 788; and Green Wooten, "The Polio Years" (n. 24), p. 76.

58. "Reporter Visits FDR's GA. Home," *Baltimore Afro-American*, 14 Sep. 1940 as cited in Lasch, "Chapter XI: Aid to Negro Institutions" (n. 21), p. 8; Oshinsky, *Polio: An American Story* (n. 7), p. 65; and Theo Lippman, *The Squire of Warm Springs: FDR In Georgia, 1924–1945* (Chicago: Playboy Press, 1978), pp. 90–93.

were readily engaged by Bousfield, who proved to be an important ally in defending the NFIP against the charges of some African Americans who insisted on the integration of Warm Springs.⁵⁹ If progress was to be made in the provision of polio care, Bousfield considered it best not to attack the NFIP but to work with its staff to fulfill the immediate health needs of African Americans.⁶⁰ Although not everyone agreed, the concept of a separate facility at Tuskegee slowly gained acceptance.

When the Tuskegee Infantile Paralysis Center opened on 15 January 1941, it was a poor imitation of Warm Springs, which in contrast boasted a sizable contingent of experienced medical and surgical staff, expansive treatment facilities, and resort-style accommodations. Despite its limitations, orthopedic chief Dr. John W. Chenault gushed with approval over the “three-story, fireproof building, equipped with the latest facilities for the care of crippled children.”⁶¹ One of its charges was black polio survivor Clara Yelder of Prattville, Alabama, who remembered: “I was in Tuskegee for at least a year and a half. . . . I was fitted with my braces and I actually got up on crutches. . . . Tuskegee was an oasis for black medical care. . . . And the work at the polio unit resulted in the training of black physical therapists . . . and it even informed physicians.”⁶² The center was ultimately a mixed success, sustaining the career interests of black medical professionals, the health needs of black patients, and the credibility of the NFIP.

Race, Chapters, and the March of Dimes, 1938–1944

NFIP officials encountered numerous obstacles forging interracial cooperation between their two distinct grassroots organizations: the county chapters and the March of Dimes (MOD). The county chapters, staffed by volunteer committees, were responsible for implementing the NFIP program at the local level, including the payment of all medical treatment expenses associated with polio.⁶³ The “March of Dimes,” coined by the famous Hollywood comedian Eddie Cantor in reference to the popular “March of Time” newsreels, was the fund-raising arm of the NFIP.⁶⁴ Unlike

59. Lasch, “Chapter XI: Aid to Negro Institutions” (n. 21), p. 10.

60. Bousfield to *Pittsburgh Courier*, 9 Dec. 1940 as cited in Lasch, “Chapter XI: Aid to Negro Institutions” (n. 21), p. 9.

61. Chappell and Hume, “A Black Oasis” (n. 14), pp. 52, 58.

62. Clara Yelder in *A Paralyzing Fear* (n. 26), pp. 154–55.

63. Sills, *The Volunteers* (n. 8), pp. 22–25.

64. Cohn, *Four Billion Dimes* (n. 25), p. 52; “Dimes Are Sought in Paralysis Drive,” *New York Times*, 24 Jan. 1938, p. 23; and Smith, *Patenting the Sun* (n. 33), p. 73.

county chapters, the MOD did not exist all year but was reconstituted in early January and active only for the duration of the campaign (usually from January 14 to 31).⁶⁵ The challenge in this two-week period was to amass sufficient funds to fulfill the NFIP's growing mandate. Unlike the Ford, Carnegie, or Rockefeller Foundations, the NFIP was not endowed by a wealthy patron; in fact, it began its operation with limited funds and ended most years nearly broke or running a deficit.⁶⁶

When the chapter system was introduced in 1938, only white Americans were invited to serve on local volunteer committees. Since chapters were operated by and for county citizens, most committee members inherited the prevailing values upholding racial segregation and exclusion. Although O'Connor advised that "it would be better wherever possible to add committees on Negro participation to the present chapters," he was reluctant to enforce the policy for fear of antagonizing white supporters.⁶⁷ "You couldn't have an integrated chapter; there were no integrated chapters," remembered southern regional director Warren Kingsbury.⁶⁸ As most counties had a white chapter by 1942, there was little impetus for black Americans to set up competing unofficial chapters devoid of resources or recognition. However, one rare exception occurred in Macon County, Alabama, when the local Tuskegee chapter was founded on 20 November 1940, with a committee composed of African Americans.⁶⁹ Since Tuskegee was already a center for black polio treatment and NFIP sponsorship, the establishment of a chapter was a logical decision for local black professionals.⁷⁰ In spite of its notable success, the Tuskegee chapter was reportedly not recognized by NFIP headquarters as a legitimate entity.⁷¹ White chapter opposition and the potential for administrative redundancy may have informed this deliberate oversight.

Mirroring county chapter origins, the MOD campaign was conceived as a volunteer movement for white Americans. The exclusion of black volunteers was by no means limited to the southern states but persisted in northern centers, including New York City.⁷² However, in a desperate effort to offset spiraling polio treatment costs, some white campaign chair-

65. Sills, *The Volunteers* (n. 8), p. 39.

66. Smith, *Patenting the Sun* (n. 33), p. 69.

67. O'Connor to Staff, 27 Mar 1942, Series 14, Box 13, Med. Prog. Records, MDA.

68. "Kingsbury, Warren—November 13, 1987," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 29–30.

69. Bynum to Van Riper, 21 May 1946, Series 14, Box 13, Med. Prog. Records, MDA.

70. "Original Chapter Members," 20 Nov. 1940, Chapter Personnel, Alabama, Tuskegee Institute (Macon County), MDA.

71. Bynum to Van Riper, 21 May 1946, Series 14, Box 13, Med. Prog. Records, MDA.

72. Bynum to O'Connor, 23 Jul 1945, Series 14, Box 13, Med. Prog. Records, MDA.

persons began to invite the limited participation of African Americans in fund-raising activities by 1943.⁷³ Under this ad hoc system, segregated cultural practices were upheld as black volunteers were barred from campaign planning committees and canvassed only their own communities.⁷⁴ In spite of limited resources and meager publicity, black Americans recognized that the NFIP provided a vital treatment program and wanted to support the cause.⁷⁵ Indeed, African Americans formed unofficial MOD organizations to alleviate isolation from the white campaign and to coordinate their own volunteers.⁷⁶ The increased revenue promised by MOD fund-raising in black communities thus inspired rare instances of interracial cooperation.

The spawning of unofficial black American fund-raising campaigns was a dilemma for NFIP headquarters officials. Among the benefits was increased revenue without the enforcement of new policies or the provision of additional resources. In addition, each white campaign committee could decide whether or not to instigate such a program. The disadvantages, however, slowly became apparent, as black fund-raisers grew increasingly disillusioned by the persistence of segregation and the lack of recognition of their efforts.⁷⁷ Revenue potential was also restricted, since most white campaign directors in large urban centers, such as Houston, Texas, stridently resisted any interracial fund-raising.⁷⁸ As campaign frustrations simmered, headquarters officials turned to confront the issue.

A national effort to include black Americans in the MOD developed out of a culmination of internal and external circumstances. First, the monetary demands on the NFIP were critical by 1944, owing to the rising incidence of polio at 19,029 reported cases. In fact, one specific epidemic that year in Hickory, North Carolina, required the NFIP to allocate over \$400,000 to treat 454 polio patients (a rate of \$881 per capita, or 1/30 of their 1944 gross income).⁷⁹ The need for revenue pressed executives to explore new options and take more risks. Second, the upswing of civil rights lobbying during the Second World War drew attention to the influence of black Americans and their importance to the war effort. Black soldiers incensed by their second-class status serving in segregated units

73. Bynum to O'Connor, 5 Mar 1945, Series 14, Box 13, Med. Prog. Records, MDA; and "Bynum, Charles—January 15, 1988" (n. 22), pp. 7–8.

74. Bynum to Jean, 11 Jan. 1945, Series 14, Box 13, Med. Prog. Records, MDA.

75. "Bynum, Charles—January 15, 1988" (n. 22), p. 17.

76. Green Wooten, "The Polio Years" (n. 24), pp. 123–24.

77. "Bynum, Charles—January 15, 1988" (n. 22), p. 1.

78. Bynum to O'Connor, 5 Mar. 1945, Series 14, Box 13, Med. Prog. Records, MDA.

79. Oshinsky, *Polio: An American Story* (n. 7), p. 71.

and black workers disillusioned by prejudicial employment practices at home pressured federal and state politicians to address racism and the need for equitable conditions. As southern NAACP field secretary Madison Jones explained, the Second World War “caused the Negro to change almost instantly from a fundamentally defensive attitude to one of offense.”⁸⁰ Aided by white liberals but led by black journalists and union leaders, such as A. Philip Randolph, the so-called “Double-V” program linked African Americans’ war against fascism in Europe with racism at home.⁸¹ The publicity generated by these activities not only influenced national organizations and the military but also led to federal concessions, including the Fair Employment Practice Committee established by President Roosevelt in 1941.⁸² A change in prevailing attitudes was also spurred when NFIP officials learned of a potentially divisive polio fund-raising campaign rooted in black communities embittered by their lack of recognition. In particular, African American volunteers in Pittsburgh, Pennsylvania, refused to relinquish funds they had gathered in their community to the local white Allegheny County chapter. Headquarters officials feared that these volunteers intended to send contributions directly to the Tuskegee Institute and bypass the MOD entirely.⁸³ This impending development held serious implications for the NFIP, since it could serve as a precedent for a competing polio fund-raising movement.

Although O’Connor appreciated the immediate need to reduce exclusionary practices in the MOD, he was uncertain how to proceed. He had reviewed many proposals over the years, but none were entirely satisfactory

80. Tony Badger, “Fatalism, Not Gradualism: The Crisis of Southern Liberalism, 1945–65,” in *The Making of Martin Luther King and the Civil Rights Movement*, ed. Tony Badger and Brian Ward (New York: New York University Press, 1996), p. 75.

81. Lester M. Jones, “The Editorial Policy of Negro Newspapers of 1917–18 as Compared with That of 1941–42,” *J. Negro Hist.*, 1944, 29: 24–31; Lee Finkle, “The Conservative Aims of Militant Rhetoric: Black Protest during World War II,” *J. Am. Hist.*, 1973, 60: 692–713; Neil A. Wynn, *The Afro-American and the Second World War* (New York: Holmes & Meier, 1976); A. Russell Buchanan, *Black Americans in World War II* (Santa Barbara, Calif.: Clio, 1977); Charlotte G. O’Kelly, “Black Newspapers and the Black Protest Movement: Their Historical Relationship, 1827–1945,” *Phylon*, 1982, 43: 1–14; and Cynthia Taylor, *A. Philip Randolph: The Religious Journey of an African American Labor Leader* (New York: New York University Press, 2006).

82. Richard M. Dalfiume, “The ‘Forgotten Years’ of the Negro Revolution,” *J. Am. Hist.*, 1968, 55: 90–106; Allida M. Black, *Casting Her Own Shadow: Eleanor Roosevelt and the Shaping of Postwar Liberalism* (New York: Columbia University Press, 1996), pp. 53–55; Nat Brandt, *Harlem at War: The Black Experience in WWII* (New York: Syracuse University Press, 1996); and David M. Kennedy, *Freedom from Fear: The American People in Depression and War, 1929–1945* (New York: Oxford University Press, 1999), pp. 762–70.

83. “Bynum, Charles—January 15, 1988” (n. 22), p. 1; and Bynum to LaPorte, 28 Feb. 1946, Series 14, Box 13, Med. Prog. Records, MDA, p. 2.

or risk-free. It was through the NFIP's close association with the Tuskegee Institute that a solution was brought forward. Tuskegee's Dr. Chenault understood the incredible costs associated with polio treatment and the NFIP's chronic need for funds. In May 1944, he wrote to NFIP officials explaining that since their organization was "not getting to the great mass of Negroes" during the fund-raising campaign, they were "not getting the financial support" that they "should have." To increase revenue, Chenault suggested that the NFIP employ "a qualified person to direct and make contacts among Negroes" in the forthcoming 1945 campaign.⁸⁴ He recommended Charles H. Bynum, then assistant to the Tuskegee President, as an ideal person to fulfill this role. Civil rights lobbying, a grave financial situation, and the demonstrated agency of black volunteers, brought an executive role at the NFIP for a black American closer to reality.

"A Qualified Person"

Charles Hudson Bynum II came to the attention of NFIP officials in 1944, at a time when relations with African American communities were unstable and the need for funds was critical. The NFIP sought a candidate that had sufficient education and diplomatic skills as well as an awareness of the political and social climate of the United States. Bynum was born on 11 November 1905, in Kinston, North Carolina, to African American parents.⁸⁵ He was educated at black institutions to a college level and received graduate training at majority-white northern and western universities. He earned a Master of Arts degree in 1929 from the University of Pennsylvania and pursued advanced studies at the universities of Minnesota and California.⁸⁶ During the Great Depression, Bynum found employment as a lecturer at black secondary and college institutions in Kentucky, Oklahoma, North Carolina, and Texas.⁸⁷ He next moved into administrative roles, first as director of North Texas Extension Schools in 1934 and later as dean of Texas College in 1939.⁸⁸ Through these peregrinations, Bynum acquired a diverse liberal arts background, management experience, and an awareness of regionalism.

84. Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1, Box 2, History of NFIP Records, MDA, p. 457.

85. "A Celebration of the Life of Charles Hudson Bynum" (n. 10).

86. Laurence Foster, ed., *Lincoln University Alumni Directory* (Pennsylvania: Lincoln University, 1946), p. 22; and "Charles Hudson Bynum," Resume, undated [c. 1930s], Dianne H. McDonald private collection, New York.

87. "Bynum, Charles—January 15, 1988" (n. 22).

88. "Charles H. Bynum" [Condensed] Resume, undated [c. 1970s], Dianne H. McDonald private collection, New York.

Following the approach exemplified by Tuskegee Institute president Dr. Robert R. Moton, Bynum engaged in civil rights activities that were manifested within the existing social system and rooted in the black middle-class tradition of championing education and interracial cooperation.⁸⁹ His first foray into a number of civil rights projects began when he was teaching in Louisville, Kentucky. He discovered that writers at the *New York Times* had changed “the spelling of Negro from small case ‘n’ to a capital.”⁹⁰ Upon inquiry, Bynum learned that Dr. Moton had requested the alteration, which the *Times* editor duly acknowledged in a 7 March 1930, editorial as “not merely a typographical change . . . [but] an act in recognition of racial self-respect for those who have been for generations in the ‘lower case.’”⁹¹ Bynum promoted the movement by lobbying editors of white newspapers, including those in Kentucky and later in Oklahoma and Texas, to revise their typographical policies to reflect those of the *Times*. Moreover, Bynum wrote provocative newspaper columns, first in the *Louisville Courier Journal* and then in the *Dallas Express*. Many of his articles dealt with the nature of race relations, including an October 1936 *Express* article in which he criticized black officials at the Hall of Negro Life as “Uncle Toms” who were complicit in Jim Crowism.⁹² Due to his enduring interest in advancing racial equality and to his personal connections with civil rights groups, Bynum joined the social justice organization the Commission for Inter-racial Cooperation (CIC) in 1942, where he served as a field secretary. Formed in 1919 by white and black community leaders in response to racial violence and lynchings across the southern states, the CIC devoted its resources to improving the social conditions of African Americans.⁹³ Through his experiences in civil rights journalism and lob-

89. Rodney D. Coates, “Social Action, Radical Dialectics, and Popular Protests: Treatment of African American Leaders and Intellectuals by the Press,” *J. Black Stud.*, 1999, 30: 85–102; Kevin Gaines, *Uplifting the Race: Black Leadership, Politics and Culture during the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996).

90. “Bynum, Charles—January 15, 1988” (n. 22), p. 14.

91. Editorial, “‘Negro’ With A Capital ‘N.’,” *New York Times*, 7 Mar. 1930, p. 20; and Donald L. Grant and Mildred Bricker Grant, “Some Notes on the Capital ‘N,’” *Phylon*, 1975, 36: 435–43.

92. Joseph Michael Phillips, “The Fire This Time: The Battle over Racial, Regional, and Religious Identities in Dallas, Texas, 1860–1990” (Ph.D. thesis, University of Texas at Austin, 2002), p. 298.

93. Jacquelyn Dowd Hall, *Revolt Against Chivalry: Jessie Daniel Ames and the Women’s Campaign Against Lynching* (New York: Columbia University Press, 1993); John Egerton, *Speak Now Against the Day: The Generation before the Civil Rights Movement in the South* (New York: Knopf, 1994); Ann Wells Ellis, “A Crusade Against ‘Wretched Attitudes’: The Commission on Interracial Cooperation’s Activities in Atlanta,” *Atlanta Hist. J.*, Spring 1979, 23: 21–44; Julia Anne McDonough, “Men and Women of Good Will: A History of the Commission on

bying, Bynum became intimately aware of the varied manifestations of prejudice and adept at applying measured techniques to incite change.

In 1943, Bynum's career shifted once more when he agreed to serve as the personal assistant to Tuskegee Institute president Dr. F. D. Patterson. Patterson likely sought the professional support of Bynum because of his exemplary service with the CIC and experience as an educator.⁹⁴ However, it soon became apparent that Bynum and Patterson did not have compatible personalities and consequently were "not getting along."⁹⁵ Dr. Chenault became aware of the situation and thought it best to recommend the well-qualified Bynum to the NFIP rather than see the situation at Tuskegee deteriorate. Patterson agreed to relinquish Bynum and sent him to New York City for an interview at NFIP headquarters.⁹⁶ Bynum's initial impression of the NFIP was clouded in uncertainty, as no one told him why he was being considered or what to expect. When asked years later whether he thought NFIP officials needed someone like him, Bynum answered: "the Foundation didn't think so. Actually, no one really knew why I went to the Foundation."⁹⁷ Despite the absence of a clear vision for Bynum, NFIP officials offered him an executive position to commence on 1 November 1944.

After years spent struggling to devise a solution to mounting race relations issues, the NFIP had taken an important step by hiring Bynum as director of "Negro Activities." However, like most national health fundraising organizations during the 1940s, including the American Cancer Society and the National Tuberculosis Association, the NFIP had limited experience hiring African Americans to managerial roles. Employing Bynum was in many respects an experiment. Bynum's first months were challenging, as he attempted to carve out a niche, build working relationships with staff, and devise a viable program to address racial disparities.

Addressing the Polio Treatment Disparity, 1944–1954

Among Bynum's first pursuits at the NFIP was to help restructure the epidemic preparedness program and work toward dismantling prejudiced

Interracial Cooperation and the Southern Regional Council, 1919–1954" (Ph.D. thesis, University of Virginia, 1993); and Ann Wells Ellis, "'Uncle Sam Is My Shepherd': The Commission on Interracial Cooperation and the New Deal in Georgia," *Atlanta Hist. J.*, Spring 1986, 30: 47–63.

94. "Bynum, Charles—January 15, 1988" (n. 22), p. 2.

95. *Ibid.*, p. 4.

96. *Ibid.*, p. 1.

97. *Ibid.*

admission policies in southern hospitals.⁹⁸ Under his guidance, NFIP officials pressed state and hospital authorities to develop contingency planning for the acute care of black polio patients. Mounting epidemics and a changing national mood ascribed to Cold War race politics and the Hill-Burton Hospital Act added further incentives to realize ward integration.⁹⁹ By 1947, Bynum observed that most southern health officials had “anticipated problems of race in medical care and made adequate preparations for the treatment of Negro patients.”¹⁰⁰ In the following year, some southern hospitals began to desegregate their acute treatment wards. The Jefferson Davis Hospital in Houston, Texas, extended care to patients of all races in 1948.¹⁰¹ Moreover, policy at the Southwestern Poliomyelitis Respiratory Center, which opened in 1951, stipulated that all patients be placed in the same ward irrespective of “sex, age, race, residence, or financial status.”¹⁰² The combination of concerted NFIP initiatives, severe polio outbreaks, and federal legislation slowly improved black Americans’ access to acute polio care.

To enhance the quality and availability of convalescent polio treatment, Bynum sought a diversified funding program aimed at several black medical institutions.¹⁰³ In particular, he favored sponsorship of black nursing schools, as well as of “one or both of the Negro medical schools,” to enable them to “develop their orthopedic, pediatric, and research services.”¹⁰⁴ He drew attention to existing weaknesses and bemoaned the Tuskegee Infantile Paralysis Center as poorly managed and unable to “justify the per capita educational cost.”¹⁰⁵ He explained that the facility was “understaffed” and plagued by a litany of administrative conflicts, poor training, and “false economies.”¹⁰⁶ According to Bynum, sustained largesse to Tuskegee alone was not only a disappointing investment but reinforced the fallacy “that all Negro victims of infantile paralysis [were] . . . treated

98. Bynum to Department Heads, 18 Jan. 1945, Series 14, Box 13, Med. Prog. Records, MDA.

99. David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910–1965* (Philadelphia: Temple University Press, 1989); and Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), pp. 36, 176, 183, 184.

100. Bynum to O’Connor, 1 Nov. 1948, Series 14, Box 13, Med. Prog. Records, MDA.

101. Green Wooten, “The Polio Years” (n. 24), pp. 124–25.

102. *Ibid.*, p. 142.

103. Bynum to Van Riper, 8 Mar. 1946, Series 14, Box 15, Med. Prog. Records, MDA.

104. Bynum to LaPorte, 2 Apr. 1946, Series 14, Box 13, Med. Prog. Records, MDA.

105. *Ibid.*

106. *Ibid.*

at Tuskegee."¹⁰⁷ He reasoned that expanding NFIP patronage to incorporate a full spectrum of black institutions would strengthen the treatment infrastructure across the nation and assure favorable publicity.

Bynum recognized that his lack of formal medical training could undermine the reception of his policy recommendations. To compensate for this deficiency, he obtained permission in June 1946 to hire African American physician Dr. Paul B. Cornely to consult over four weeks and develop a custom report outlining methods to improve black polio treatment.¹⁰⁸ Cornely proved to be a strategic choice, as he was well qualified and a firm believer in the black health movement.¹⁰⁹ A 1931 University of Michigan Medical School graduate, Cornely was the first black American to receive a doctorate in public health in 1934.¹¹⁰ Bynum presumed that with Cornely's report he would have the credibility, data, and "means to implement and complement health improvement programs and services" for "Negro victims of infantile paralysis."¹¹¹ Cornely's thirty-five-page study, completed on 9 August 1946, was a fusion of Bynum's personal agenda and Cornely's professional vision for medical patronage. In particular, he advised NFIP officials to support "Negro professional organizations and schools," as black physicians provided "the medical care for the greater portion of the 13 million Negroes."¹¹² He also encouraged working with the NMA to establish special publications and educational symposiums on polio. Like Bynum, Cornely called for additional funding of Howard University Medical School and Meharry Medical College to expand their orthopedic and pediatric programs. Although the orientation of the report favored black medical training and eclipsed the professional needs of black nurses and the health needs of other minority groups, the report justified Bynum's overall concept of diversified sponsorship.

NFIP officials' reception of Cornely's report met with mixed results. Indeed, the process of determining where to dispense funds beyond Tuskegee frustrated NFIP grant committees, whose members appeared to have favored concentrating capital at one or two facilities instead of disseminating smaller grants more widely. Through this transitional period,

107. *Ibid.*

108. Bynum to Van Riper, 1 Jun. 1946, Series 14, Box 13, Med. Program Records, MDA.

109. Smith, *Sick and Tired* (n. 9), p. 81.

110. Edward H. Beardsley, "Desegregating Southern Medicine, 1945-1970," *Int. Soc. Sci. Rev.*, 1996, 71: 37-54; and "Special Feature: A Pioneer in Public Health," *The Black Young Professionals' Public Health Network*, Fall 2005, 1: 1-2.

111. Bynum to Van Riper, 1 Jun. 1946, Series 14, Box 13, Med. Prog. Records, MDA.

112. Dr. Paul Cornely, "Report of the Consultant to the Director of Inter-Racial Activities," Aug. 1946, Dianne H. McDonald private collection, New York.

Bynum served as both an advocate for the financial interests of black medical institutions and a guide for wary NFIP officials. In 1946, grant committees began to follow some of Bynum's proposals so that, by 1954, nearly \$373,000 had been allocated for the training of 211 black medical professionals.¹¹³ In addition, \$1 million was granted for medical education programs at leading black institutions, including Meharry Medical College, Howard University, and Dillard University. In spite of Bynum's resistance, sponsorship of Tuskegee continued as a priority for the NFIP with endowments in excess of \$3 million through 1954.¹¹⁴ The ongoing preference for Tuskegee stemmed not only from prior investment and established services but from Basil O'Connor's election to its Board of Trustees in 1942 and subsequently to chairperson in 1946.¹¹⁵ In spite of the concentration of capital at Tuskegee, a greater openness to Bynum's ideas brought the NFIP program into alignment with proponents of the black health movement.

Marketing Racial Identification and Integration, 1944–1954

Bynum believed that the absence of suitable advertising materials for a black audience fueled misconceptions about the NFIP as a white organization primarily concerned with the needs of white Americans. He reasoned that only when the NFIP visually incorporated black subjects into publicity materials would the majority of African Americans appreciate the NFIP's diversity and relevance to their communities. Bynum therefore conceived and lobbied for a comprehensive marketing strategy endorsing civil rights themes of racial "identification and integration" to challenge the notion of the white American as the universal subject.¹¹⁶

In January 1946, NFIP publications committee officials released the first national MOD poster depicting a white child polio survivor striding confidently forward under the slogan "Your dimes did this for me!"¹¹⁷ Because Bynum believed that the image of a white child did not provide

113. "Negro Winners of Scholarship and Fellowship Awards," 1954, Series 14, Box 13, Med. Prog. Records, MDA; and "Negroes Get \$80,000 Grant for Medical Study," *Jet Magazine*, 1 May 1952, p. 66.

114. "Grants to Selected Institutions, 1938–1954," Series 14, Box 13, Med. Prog. Records, MDA.

115. Enck, "Tuskegee Institute and Northern White Philanthropy" (n. 52); Reverby, *Tuskegee's Truths* (n. 11); Victor Cohn, *Four Billion Dimes* (n. 25), p. 51; and Brooks to Bynum, 28 Oct. [1946], Dianne H. McDonald private collection, New York.

116. Bynum to LaPorte, 12 Sep. 1945, Series 14, Box 13, Med. Prog. Records, MDA.

117. David W. Rose, "March of Dimes Polio Poster Children (1942–1959)," MDA, p. 1.

African Americans with a sense of identification with the polio crusade, he requested that the publications committee develop a separate poster for use in black communities.¹¹⁸ Bynum envisioned his proposed poster as nearly identical to the existing national poster, except that the child subject would be an African American. Such an adjustment was necessary, he asserted, “not because of race but because it [was] impossible to demonstrate the validity of [the NFIP] pledge [of equal access to treatment] . . . without visual evidence.”¹¹⁹ He explained that an African American poster had already been requested by state chairpersons and black volunteers, who planned to distribute them to 427 theaters and 32,000 schools across the nation.¹²⁰ Anticipating the reluctance of NFIP officials based on a perceived deviation from the national marketing program, he assured them that the new poster would not be “a special appeal to a racial group” but a complement to the campaign. The availability of a black American poster, he further reasoned, might help white volunteers see the “importance of broadening the organization [and] contributor base” to black communities. He cited fourteen national organizations that he claimed already employed black promotional materials, including the YMCA, the National Tuberculosis Association, and the United States military.¹²¹

Members of the NFIP publications committee were initially reticent to approve a poster for an African American audience. They believed that such a development might mislead volunteers and arouse disunity. To rationalize their trepidation, committee members investigated how other national organizations advertised to specific groups. After conferring with the American Cancer Society, YMCA, and Boy Scouts, public relations advisors explained that the national organizations consulted “all [felt] the same way in regards to segregation and [did] not desire to make an issue of it.”¹²² Although Bynum never directly linked racial segregation to his proposed poster, NFIP officials believed that the correlation was highly symbolic. To avoid engaging in a politically divisive issue, executives implicitly claimed that the white poster child was universal and represented all Americans irrespective of their “race, creed, or color.”¹²³ As a result, they believed that releasing a separate poster would be a poor public relations strategy, as it might imply that there were two polio fundraising campaigns.¹²⁴ Instead, the committee advised Bynum to bring the

118. Bynum to Savage, 19 July 1946, Series 14, Box 13, Med. Prog. Records, MDA.

119. *Ibid.*

120. *Ibid.*

121. *Ibid.*

122. Bernard to LaPorte, 23 July 1946, Series 14, Box 13, Med. Prog. Records, MDA.

123. “1952: Campaign Guide” (n. 1), pp. 78–79.

124. LaPorte to Bynum, 24 July 1946, Series 14, Box 13, Med. Prog. Records, MDA.

matter up again the following year and consider the prospect of a poster depicting “a group of children, both [black] and white” instead of “only [black] children.”¹²⁵ Although appearing to be a compromise, the alternative approach failed to address the fact that the official national MOD poster would continue to feature only a white American child, whereas the compromise poster would be biracial.

Bynum neither shared committee members’ fears nor accepted their concession.¹²⁶ Instead, he continued to seek approval for his special poster, as he knew that demands in the field were increasing with the approaching 1947 MOD drive.¹²⁷ In fact, county chairpersons and black volunteers in Cook County, Illinois, and Wayne County, Michigan, had already developed their own posters for an African American audience.¹²⁸ By November, Bynum’s determination to launch his idea reached a climax when his proposal was reviewed by former New York State boxing commissioner turned NFIP fund-raising advisor D. Walker Wear. Wear was appalled at Bynum’s suggestion and wrote a scathing memo to O’Connor expressing his exasperation. As he explained: “I never heard of the matter [of African American MOD posters] until the other day when it came to me from publicity and I said ‘no.’ It was generally felt that we should not deviate from one standard child . . . through the program. We even considered a group of children showing several nations which has been done by other organizations but the answer was always ‘no.’”¹²⁹

Wear followed the earlier convictions of committee members in articulating that the “one standard child” representing all Americans would continue to be white. Since Wear considered America to be a predominantly white nation, he believed that multiethnic depictions could only be rendered through children of other “nations.”¹³⁰ Such rhetoric championed a supposed American homogeneity while sidestepping the realities posed by racial prejudice.

Although releasing a black poster concerned officials, the financial needs of the NFIP by 1946 warranted the consideration of new marketing strategies. With the death of President Roosevelt in 1945, movie houses across the nation abandoned collections for the MOD and as a substitute provided a lump sum to the United Way and \$30,000 per year to the

125. *Ibid.*

126. Wear to O’Connor, 21 Nov. 1946, Series 14, Box 13, Med. Prog. Records, MDA.

127. Bynum to O’Connor, 1 Nov. 1948, Series 14, Box 13, Med. Prog. Records, MDA, p. 8.

128. Wear to O’Connor, 21 Nov. 1946, Series 14, Box 13, Med. Prog. Records, MDA.

129. *Ibid.*

130. *Ibid.*

NFIP.¹³¹ As theaters had collected nearly \$8 million for the polio crusade in 1945 (approximately 44 percent of the NFIP's gross revenue), the absence of their funds represented a severe loss.¹³² Furthermore, 1946 proved to be a dire year for polio outbreaks, with a record 25,698 reported cases. Due to pressing economic imperatives, O'Connor authorized Bynum's plan with an order of three thousand copies of the existing Cook County black poster for national distribution.¹³³ Through months of debate and agitation, Bynum had achieved a small victory.

Bynum's special posters became a successful addition to the MOD campaign. Officials were satisfied with the results, but their circumspect printing policies and selection of child candidates upheld notions of difference. In seeking to reduce production expenses, officials stipulated that Bynum's posters be dimensionally smaller (9¾ x 13¼" vs. 19 x 25" for the national poster) and printed in fewer colors (four colors vs. full color for the national poster).¹³⁴ Through such policies, NFIP personnel implicitly situated the African American poster as somehow less important than the white national counterpart. Moreover, between 1947 and 1954, the selection of black poster children, with rare exceptions, appears to have favored light-skinned candidates.¹³⁵ Perhaps members of the publications committee preferred subjects with lighter skin tones or Bynum believed such children held wider appeal to both black and white viewers.¹³⁶ Although the African American polio posters subtly reinforced conceptions of whiteness as an ideal, for the first time black Americans were visually represented in advertising as authentic polio survivors.

By the 1950s, NFIP officials encouraged white MOD organizations to purchase and deploy Bynum's posters. As with earlier practices, the guidelines for the utilization of these posters also reinforced difference. While the white national poster was purported to be best utilized in "hotel lobbies, railroad stations, bus terminals," and public spaces, the black American poster was only "recommended for use in Negro neighbor-

131. Oshinsky, *Polio: An American Story* (n. 7), 80.

132. *Ibid.*, p. 69.

133. Bynum to Savage, 4 Feb. 1949, Series 14, Box 13, Med. Prog. Records, MDA, p. 2.

134. "1954: Campaign Guide," Series 1, Box 2, Fund Raising Records, MDA, pp. 75–77; and "1956: Campaign Guide," Series 1, Box 2, Fund Raising Records, MDA, pp. 70–71.

135. Gregg Mitman, "The Color of Money: Campaigning for Health in Black and White America," in *Imagining Illness: Public Health and Visual Culture*, ed. David Serlin (Minneapolis: University of Minnesota Press, in press).

136. Sara Lawrence Lightfoot, *Balm in Gilead: Journey of a Healer* (New York: Addison-Wesley, 1988); Peter Kolchin, "Whiteness Studies: The New History of Race in America," *J. Am. Hist.*, 2002, 89: 154–73; and Mitman, "The Color of Money" (n. 135).

hoods” or “areas where there [was] a large Negro population.”¹³⁷ Such rhetoric implied that African American posters were not suitable for mainstream society but intended only for black communities. Moreover, the MOD campaign guide provided no background information concerning white poster children due to their existing celebrity status.¹³⁸ Yet, a specific background case study regularly accompanied African American poster children, complete with the circumstances surrounding their illness, treatment, and recovery.¹³⁹ Although the added detail drew needed attention to their plight, it also reinforced conceptions of otherness due to their invisibility in the white media. Despite the emphasis on difference in the campaign guides, the very acknowledgment of the need for black fund-raising materials served as an important step in reinforcing African Americans as legitimate partners in the MOD.

Bynum’s posters ultimately represented a civil rights triumph by making black polio patients visible and by countering the myth that polio was exclusively a white disease. Although some boys served as the annual poster child, girls were most often featured. Like their national counterparts, the poses of black poster children accentuated disability and the specialized braces, crutches, or wheelchairs needed for mobility. Moreover, they portrayed African American polio patients in parity with white polio patients by demonstrating similar needs and socioeconomic status.¹⁴⁰ Indeed, the 1952 posters of Emma Pearl Berry (black) and Larry Jim Gross (white) showed nearly identical costuming and a distinctly middle-class representation. In such cases, children were clad either in formal attire or in thematic clothing, such as Berry’s buckaroo costume. Bynum was therefore able to reinforce parallels between black and white children and the irrelevance of race. The following year, symbols of racial integration emerged in Bynum’s polio posters. The Randy Donoho poster, for instance, depicted an African American nurse caring for a white polio patient, thereby situating black medical professionals in respected positions of trust. Through his posters, Bynum destabilized the concept of the white child as the universal American while also normalizing the practice of interracial cooperation.

137. “1952: Campaign Guide” (n. 1), p. 79; and “1954: Campaign Guide” (n. 134), p. 75.

138. “We’ll Be Seeing a Lot of This Young Lady,” *New York Times*, 17 Oct. 1946, p. 24; and “Poster Girl for 1947 March Of Dimes,” *New York Times*, 10 Jan. 1947, p. 23.

139. “1951: Campaign Guide,” Series 1, Box 2, Fund Raising Records, MDA, p. 85; “1952: Campaign Guide” (n. 1), p. 78; and “1954: Campaign Guide” (n. 134), p. 76.

140. Mitman, “The Color of Money” (n. 135).

Complementing his posters, Bynum created special films to promote the MOD in black communities. Health films were already an established genre in American culture by the 1950s made possible by the earlier productions of philanthropic and government health agencies.¹⁴¹ Bynum worked closely with the NFIP Radio and Film Department to develop short motion pictures that “emphasize[d] the Negro in the service program of the National Foundation.”¹⁴² Films featuring African Americans were frequently requested by black campaign volunteers, since there were hundreds of segregated black movie theatres across the United States actively soliciting for the MOD whose “patrons criticize[d] the [national film] trailer for the absence or limited use of Negro subjects.”¹⁴³ In order to appease black audiences, Bynum released *Dime Power* in November 1954.¹⁴⁴ *Dime Power* was a pioneering film in its attention to African American medical professionals, care for multiple racialized groups, and interracial cooperation. In celebration of the Salk vaccine field trials, the film opened with footage of the Tuskegee Institute laboratory and African American scientists dramatizing their contribution to vaccine research.¹⁴⁵ Footage from the trial was incorporated, showing black and white medical professionals working together to administer polio immunizations to African American children. Indeed, Bynum’s earlier efforts facilitated the inclusion of black physicians and assured black children a place among the 1.8 million test subjects.¹⁴⁶ The film implied that black Americans were important allies in the polio crusade and that the NFIP’s program encouraged mutual respect devoid of racial bias. Although scenes depicting school segregation existed in the film, producers maintained an optimistic momentum by shifting focus to playing or smiling

141. Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler, eds., *Medicine’s Moving Pictures: Medicine, Health, and Bodies in American Film and Television* (Rochester, N.Y.: University of Rochester Press, 2007), pp. 19–36, 49, 163–99.

142. Bynum to State Representatives (Regions II and V), 19 Nov. 1954, Series 14, Box 13, Med. Prog. Records, MDA.

143. Bynum to O’Connor, 1 Nov. 1948, Series 14, Box 13, Med. Prog. Records, MDA; Bynum to State Representatives (Regions II and V), 19 Nov. 1954, Series 14, Box 13, Med. Prog. Records, MDA; and “Polio Film Shown,” *Baltimore Afro-American*, 28 Dec. 1946, p. 15.

144. *Dime Power*, National Foundation for Infantile Paralysis, DVD (1954; New York: March of Dimes Archives, 2007), MDA.

145. Russell W. Brown and James H. M. Henderson, “The Mass Production and Distribution of HeLa Cells at Tuskegee Institute, 1953–55,” *J. Hist. Med. & All. Sci.*, 1983, 38: 415–31.

146. Bynum to Stegen, 23 Nov. 1953, “National Medical Association,” Series 1, Box 14, Pub. Rel. Records, MDA; and Bynum to Wilkins, 27 Nov. 1953, “National Medical Association,” Series 1, Box 14, Pub. Rel. Records, MDA.

children. Attention to the health needs of other racialized groups was also punctuated. One scene depicted Dr. Jonas Salk injecting his vaccine into a Japanese American child, and another showed vaccination in Native American communities.¹⁴⁷ By combining these examples, Bynum connected the African American civil rights struggle with the civil rights aims of other racialized groups. To maximize emotional appeal, the later portion of the film focused on convalescent polio treatment. Not only were black Americans shown receiving physical therapy and specialized nursing care but Latino children were included in a scene with young “Pedro . . . developing his muscle power.” Bynum’s message was clear: all children, regardless of race prejudice, shared identical human qualities and health needs.

Bridging Communities and Fighting Prejudice, 1944–1954

Due to his prior service with the Commission for Inter-racial Cooperation, Bynum believed that proactive field work would permit him to “bridge” black and white communities for the benefit of the entire NFIP program. He therefore spent countless months away from headquarters meeting with chapter volunteers, reassuring black leaders, and gaining an understanding of each locality’s race relations climate.¹⁴⁸ When visiting white county chapter volunteers, Bynum frequently encouraged them to initiate contact with black communities and invite African Americans to serve on committees. Although he was usually well received by white volunteers, he was rarely successful in convincing them to strive for integration.¹⁴⁹ Through gentle persistence and emerging economic imperatives, however, a handful of county chapters extended membership to black Americans by the late 1940s. In April 1947, the Dade County, Florida, chapter reported the addition of a “Negro representative” to its board.¹⁵⁰ Similarly, the Miller-Bowie chapter of Texas extended membership to one black representative in 1944, three in 1946, and nine in 1948.¹⁵¹ Although

147. New Mexico Advisory Committee to the United States Commission on Civil Rights, *The Farmington Report: Civil Rights for Native Americans 30 Years Later* (New Mexico State Advisory Committee, November 2005), http://www.usccr.gov/pubs/122705_FarmingtonReport.pdf, last viewed Sep. 2007.

148. Bynum to Barrows, 14 Feb. 1952, Series 14, Box 13, Med. Prog. Records, MDA.

149. National Foundation for Infantile Paralysis June 1945 Report, “Monthly Reports of Departments and Divisions, 1945–1949,” Series 14, Box 14, Med. Prog. Records, MDA, p. 5.

150. Bynum to Savage, 16 Apr. 1947, Series 14, Box 13, Med. Prog. Records, MDA.

151. Bynum to Savage, 4 Feb. 1949, Series 14, Box 13, Med. Prog. Records, MDA.

these developments increased civil rights momentum and strengthened the NFIP grassroots program, few chapters ultimately achieved integrated status.

Since most chapters and their affiliated MOD organizations failed to desegregate, Bynum was forced to sustain and facilitate separate black fund-raising divisions. During field trips, he actively solicited qualified residents in black communities to serve in the forthcoming campaign.¹⁵² He reasoned that chairpersons must be the “very best leaders in their communities,” with experience organizing events or operating a business.¹⁵³ Once a leader was designated, Bynum helped in the recruitment of a black MOD fund-raising team. A growing awareness of the NFIP meant that enthusiastic black volunteers were usually easy to find. “I found that all you had to do was to go into a community and ask the high school principal, the physician, or somebody and say that we need some helpers. And they were glad to be asked,” Bynum remembered.¹⁵⁴ As soon as a black division was in place, Bynum notified the white campaign chairperson of its existence and sought mutual assurances of cooperation.¹⁵⁵ Maintaining collaboration proved an ongoing challenge, as Bynum explained: “There is a gulf between Negro leadership and [white] campaign leadership which I must bridge to the advantage of both parties. . . . Blindfolded, I am eternally dancing on eggs and I must never break them. During the dance I must find questionable eggs and juggle them until elimination is accomplished.”¹⁵⁶ He often relayed his concerns over “questionable eggs” to NFIP state representatives, requesting their adjudication or replacement of antagonistic individuals.¹⁵⁷ Bynum thus shaped segregated fund-raising to ensure competency and a measure of tolerance among black and white chairpersons.

To prepare black MOD chairpersons for their responsibilities, Bynum established a separate conference paralleling the exclusionary regional precampaign meetings.¹⁵⁸ The resulting Tuskegee Conference for Campaign Leadership was a pioneering annual event first launched in 1946

152. Bynum to O'Connor, 23 July 1945, Series 14, Box 13, Med. Prog. Records, MDA.

153. *Ibid.*

154. “Bynum, Charles—January 15, 1988” (n. 22), p. 17.

155. Bynum to LaPorte, 2 July 1946, Series 14, Box 13, Med. Prog. Records, MDA.

156. Bynum to Ducas, 11 Jan. 1955, Series 14, Box 13, Med. Prog. Records, MDA. For evidence of ongoing challenges, see “Ban Florida Polio Show over Negro in Cast,” *Jet Magazine*, 16 Sep. 1954, p. 57; “Student Bias Cancels W. Va. Polio Benefit Concert,” *Jet Magazine*, 24 Feb. 1955, p. 28.

157. Bynum to Savage, 9 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA.

158. Bynum to Barrows, 14 Feb. 1952, Series 14, Box 13, Med. Prog. Records, MDA.

to “bridge gaps in the campaign organization,” train black fund-raising leaders, and provide attendees with a sense of “belonging” to the national polio crusade.¹⁵⁹ Black delegates were selected to attend through either the nomination of a white chapter or by the personal invitation of Bynum.¹⁶⁰ As a black professional, Bynum was selective in whom he invited, favoring candidates of his own socioeconomic class with a suitable educational background.¹⁶¹ Organizing the conference proved an enormous undertaking for both Bynum and the NFIP.¹⁶² As he once mused: “Our meetings at Tuskegee involve my office in a maze of detail, detail which requires me to function as a representative of Public Relations, Fund Raising and Chapter Departments. At Tuskegee, I must function as Hotel manager, state representative, state March of Dimes chairman, county campaign director, city campaign director and state women’s advisor.”¹⁶³ In spite of overwhelming duties, Bynum enjoyed the attention and coveted the diverse roles, as they allowed him to sustain direct contact with delegates and remain the locus of race relations for the NFIP.

To provide attendees with a sense of “belonging,” Bynum encouraged headquarters executives to attend the conference and make presentations.¹⁶⁴ The celebrity factor attributed to NFIP directors became a prime motivation for many black representatives to attend, as few had ever met such high-ranking officials.¹⁶⁵ According to Bynum, the director of chapters, Warren Coss, became a “favorite,” since he “grapple[d] with the delegates’ problems and [sought] constructive solutions.”¹⁶⁶ In this respect, the precampaign meeting followed earlier methods employed by the Commission for Inter-racial Cooperation and the Annual Tuskegee Negro Conferences, which brought together white and black leaders to nurture a common purpose of reducing prejudice.¹⁶⁷

While bolstering black delegate morale, the conference was thoroughly didactic. Delegates learned of the NFIP medical training and polio treat-

159. Bynum to Savage, 30 Mar. 1948, Series 14, Box 13, Med. Prog. Records, MDA; and Bynum to Savage, 9 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA, p. 3.

160. Brashier to Donaldson, 3 Oct. 1956, Series 4, Box 8, Conf. and Meetings Records, MDA.

161. Dickson to Bynum, 16 Oct. 1956, Series 4, Box 8, Conf. and Meetings Records, MDA; and Bynum to Dyer, 3 Oct. 1956, Series 4, Box 8, Conf. and Meetings Records, MDA.

162. Bynum to Savage, 9 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA, pp. 1–3.

163. Bynum to Ducas, 30 Nov. 1954, Series 14, Box 13, Med. Prog. Records, MDA.

164. Bynum to Van Riper, 25 Aug. 1952, Series 14, Box 13, Med. Prog. Records, MDA.

165. Bynum to Walcott, 17 Nov. 1948, Series 1, Box 1, Fund Raising Records, MDA.

166. Bynum to Savage, 9 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA, p. 2.

167. Smith, *Sick and Tired* (n. 9), p. 43.

ment programs by touring the Tuskegee Infantile Paralysis Center, where they met black polio patients, nurses, and physicians.¹⁶⁸ In turn, the MOD marketing sessions featured advice on the importance of “emotional appeal” and the deployment of “campaign materials.”¹⁶⁹ NFIP state representatives presented on the duties of chairpersons and espoused strategies for fund-raising in racially segregated communities.¹⁷⁰ Bynum monitored these discussions carefully and often censored fellow staff members if they strayed into complex racially charged issues.¹⁷¹ He reminded them “to treat all [black] subjects exactly as they would be treated at any other campaign meeting” and warned that if a question from a delegate was “loaded,” he would personally “beat the gun” with a suitable answer.¹⁷² By intervening in panel discussions, Bynum hoped to avert racist remarks that could undermine the spirit of cooperation. Through this intensive schedule, black delegates acquired key fund-raising strategies, an opportunity to voice their concerns, and a broader appreciation of the NFIP. The conference generated optimism and contributed to the public health work of African Americans nationwide.¹⁷³

Bynum’s compromise strategy of acknowledging the reality of segregation while lobbying for its demise facilitated the inclusion of black Americans in the crusade without threatening white hegemony. Black and white neighborhoods became loosely joined in a segregated yet allied fund-raising program, as 1947 marked the “first year that participation of Negroes [in the MOD became] nation-wide.”¹⁷⁴ Even in segregated southern communities, such as Birmingham, Alabama, opposition to interracial fund-raising was overcome, and black campaign volunteers were reportedly “elated by [the] type of cooperation extended by [the white] campaign chair.”¹⁷⁵ MOD revenue steadily increased, and by the 1950s Bynum claimed that up to 5 percent of all monies gathered in the North and 10 to 25 percent in the South could be attributed to African Ameri-

168. Bynum to Chenault, 17 Nov. 1948, Series 1, Box 1, Fund Raising Records, MDA.

169. Coss to Savage, 7 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA; and Bynum, “Summary of 1948 Tuskegee Meeting,” Series 1, Box 1, Fund Raising Records, MDA.

170. Coss to Savage, 7 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA; and Bynum, “Tuskegee Meeting of Negro Campaign Leaders,” 1 Dec. 1948, Series 1, Box 1, Fund Raising Records, MDA.

171. Bynum to Savage, 9 Dec. 1948, Series 1, Box 1, Fund Raising Records, p. 3.

172. Bynum to Ducas, 22 Oct. 1956, Series 4, Box 8, Conf. and Meetings Records, MDA.

173. Smith, *Sick and Tired* (n. 9).

174. Bynum to Savage, 17 Jan. 1947, Series 14, Box 13, Med. Prog. Records, MDA.

175. *Ibid.*

can donors.¹⁷⁶ Although fund-raising success stories spurred interracial cooperation, sweeping MOD campaign integration was not achieved.¹⁷⁷

Conclusion

Between 1938 and 1944, the NFIP and its subsidiary organizations remained attentive to the health needs and participation of white Americans. Although the NFIP program funded acute care and a measure of segregated convalescent care for black American polio patients, officials considered their inclusion in county chapters and the MOD unprofitable and risky. In spite of this reality, many black Americans actively engaged in fund-raising and sought to become equal partners in the polio crusade. It was not until financial demands peaked, the threat of a racially divisive campaign emerged, and civil rights lobbying achieved mainstream attention that NFIP officials were motivated to act. O'Connor's decision to hire Charles H. Bynum as director of "Negro Activities" was both an expression of liberal attitudes and an act of desperation. Despite an uncertain job description and limits to his authority, Bynum fostered working relationships with fellow staff and influenced national policy for the benefit of his employer and African Americans. Between 1944 and 1954, he aided the NFIP to slowly integrate acute polio wards and improve the quality of segregated convalescent care across the nation. Through diplomacy, personal attention, and suitable publicity materials, Bynum achieved the inclusion of black Americans in the MOD fund-raising program. In the midst of the 1949 polio epidemic, three-year-old Emma Pearl Berry would benefit from the culmination of these developments and later participate in the very crusade that made her treatment possible.



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176. Bynum to Ducas, 5 Mar. 1956, Series 14, Box 13, Med. Prog. Records, MDA.

177. Bynum to Coss, 20 Feb. 1951, Series 14, Box 13, Med. Prog. Records, MDA; and Bynum to Ducas, 22 Oct. 1956, Series 4, Box 8, Conf. and Meetings Records, MDA.