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Polio: The Legacy of Warm Springs

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A Black Oasis: Tuskegee Institute’s Fight Against Infantile Paralysis, 1941-1965

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Purpose: To share the knowledge about the Infantile Paralysis Centre at Tuskegee Institute, its mission, work and relationship to the National
Introduction

At a time in our history when the country was in a great depression, in the rural South there was much ignorance, poverty and desolation. The land was not productive anymore, having been used up by many years of growing cotton. Segregation still required separate water fountains, eating places and entrances to health care facilities. Blacks had no money, clothes and little food. They were living in dilapidated houses with no electricity, outdoor toilets, appalling morbidity, and high mortality.

Yet, in the midst of this rural Alabama bleakness of the 1930’s, lay a beautiful little town known as Tuskegee. It occupied the site of the Indian village known as Tuski, and on its outskirts was the most noted institution in the United States for the education of blacks—Tuskegee Institute. Within the tree-lined, immaculately groomed grounds of this famous educational facility, were streams of happy, laughing black students whose education was carefully tended by many of the outstanding black educators of this decade—truly a black oasis —where the thirst for learning, described by Dr. Washington in 1881, was satisfied by those who carried on the philosophy of excellence and quality of the education put forth by the Institute’s founder, the same Booker T. Washington.

Because of the commitment and dedication of the people who made up the Institute and due to their mission to teach, to guide, to encourage and to serve the blacks of the rural South, a program began at Tuskegee which became one of the most outstanding health care services available for blacks anywhere in the country—the Tuskegee Infantile Paralysis Centre.

(A Black Oasis: Tuskegee Institute’s Fight Against Infantile Paralysis, 1941-1975, pp.xiv-xv.)

This Center was made possible by the first grant from the National Foundation for Infantile Paralysis (1938) newly established by President Franklin D. Roosevelt; and, was announced at Commencement Exercises at Tuskegee Institute by Foundation President, Basil O’Connor in May, 1939.

In Tuskegee, there were two hospitals: one for whites and one for blacks. Macon County Hospital, a small 30-bed, ill-equipped facility admitted only whites. The John A. Andrew Memorial Hospital, located on the campus of Tuskegee Institute and provided quality health care for Negroes plus all the other amenities that insured a wholesome and pleasant environment for the sick. While John A. Andrew Memorial Hospital was an excellent health care facility for blacks, a poliomyelitis epidemic which swept through the South in 1936, crippling black children and adults, was beyond its scope. Those institutions capable of treating poliomyelitis effectively were either too far away to permit travel for poor rural blacks or were open to whites only. Therefore, blacks really had nowhere to turn for the critically needed specialized care.

Also, at Tuskegee Institute, there was a nurses’ training program begun in 1921, graduates were working all over the country as public health nurses, private practice, and at smaller institutions. This expanded to include an additional 4-month intensive course in midwifery. This further expanded in 1941 to a graduate nurse training course in midwifery culminating in a certificate.

Additionally, at Tuskegee Institute, there was the world-famous scientist, Dr. George Washington Carver, who had training as a mass-use for the Ames, Iowa football team. He continued his “research” using his peanut oil, in conjunction with rubbing sore muscles, on people who came to him daily, seeking relief. Although not a medical doctor, he did report positive results. In 1933, an article published by an AP writer was carried by papers all over the country, describing the tremendous improvement of two polio patients. This generated much publicity, letters, and future patients. Dr. Carver, personally, never claimed a cure: that was the spin put by the reporter in the press release. Dr. Carver later sent a sample of his peanut oil and directions for use to President Roosevelt, saying that it might offer him some relief. The President responded with a letter of thanks.

In 1936, Dr. John Watson Chenault, a young black man who was a junior attending orthopedic surgeon from Provident Hospital in Chicago, attended the 25th Annual John A. Andrew Clinic. He presented a paper on “The Crippled Child.” While making rounds during the Clinic in the crippled children’s wing, he noted that many of the little patients had infantile paralysis, an observation which was directly contradictory to the generally accepted statistics showing that Negro children did not contract this disease. Further, they required a much different type
of medical care than those children routinely admitted to the pediatric ward. To this end, Dr. Chenault began a crusade for specialized treatment facilities for all children suffering from polio, and especially those at Tuskegee. Dr Chenault returned to Tuskegee in 1937 as Director of Orthopedic Surgery at the John A. Andrew Memorial Hospital.

There was also a shoe and brace making curriculum at Tuskegee Institute whereby a student could study orthopedic shoe and brace making, either as a two-year vocational diploma or a 4-year B.S. degree. Interns of Dr. Chenault, and later, Dr. John F. Hume, could also rotate through this program.

This then describes the environment of health care that met the criteria for the establishment of the Infantile Paralysis Center at Tuskegee Institute in 1941.

The National Foundation for Infantile Paralysis was founded in 1938, as you know, by President Franklin D. Roosevelt to raise money for finding a cure and treatment of polio. One of the fund raisers was the Presidential Ball held all over the country in January on the President’s birthday. Separate balls were held for blacks and whites, with each of the groups’ contributions added to the total. The Warm Springs Foundation had already been established, however, blacks were not admitted, and their care was confined to inadequately equipped and staffed facilities in various local hospitals. The onus to “do something for blacks” thus fell upon the National Foundation and its President, Mr. Basil O’Connor.

My comments today will be divided into five topic and related sub-topic areas, and will be very brief due to time constraints: 1) Poliomyelitis Among Blacks:1936-1941, President Roosevelt’s trip to Tuskegee, Role of Basil O’Connor; 2) The Infantile Paralysis Center at Tuskegee Institute, Warm Springs Contribution; 3) Educational Activities, Nursing Education, Liaison with National Foundation for Infantile Paralysis; 4) New Missions, Tuskegee Rehabilitation Center, Carver Research Foundation and HeLa Cell Cultures.

The Polio Crusaders: Disability Activism at Warm Springs in the 1930s

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During the 1930s, disabled adults at Warm Springs initiated a public disability rights campaign. So effective was this campaign that President Franklin Roosevelt’s able-bodied advisors considered it a political threat, and sought to displace the articulate adult polio survivor in the public mind with the image of the poster child, vulnerable, silent and grateful. At the core of this disability rights movement were polio patients who wanted more than a healing refuge. They saw the Warm Springs' high profile as a potent weapon in a cultural war to challenge discrimination against the disabled. Their eight-page newsletter, the Polio Chronicle, its slogan "Every Patient, a Polio Crusader," boldly protested the narrow, medicalized definition of rehabilitation and provocatively suggested "rehabilitating" prejudiced, able-bodied employers and health professionals. And they consciously redesigned Warm Springs to function as an exemplar of the way polio survivors and other disabled people deserved to live. To make what seemed like a special interest demand into a public right, these Polio Crusaders built a feisty and hedonist community filled with poker games, vaudeville shows and romance.
The community of activists at Warm Springs was part of a broader, nascent disability rights movement. In 1935 the League of the Physically Handicapped protested discriminatory government policies and marched with signs that read "We Don't Want Tin Cups We Want Jobs," mocking the piteous images of the disabled typically promoted by charities and New Deal agencies. But the class allegiances of most Warm Springs patients were worlds away from the League, an organization never discussed in the Polio Chronicle. In the 1930s this community was made up of wealthy adults, and from the beginning Warm Springs patients, administrators and medical staff were all white, with, as was typical of other Southern institutions, African Americans working as maids, waiters, body servants, gardeners and janitors.

By the end of the 1930s, with the founding of the March of Dimes, the Polio Chronicle had ceased publication, the League for the Physically Handicapped had dissolved, and disabled activism was in retreat. The March of Dimes developed no policies for employing the disabled or battling discrimination. Despite increasing numbers of adolescents and adults disabled by polio, March of Dimes publicity campaigns remade the polio survivor into a hopeful, young child, attractive and eager to walk again, silent and smiling. Now, rehabilitation meant an adjustment to physical limitations and not integration into society, a striving for normality and not an open realism about physical difference. Children were good for fund-raising, but they also signaled the shift back to the treatment of the disabled as the objects of sentimental publicity, and a renewed disregard for the disabled as agents of policy and change. Polio survivors continued to fight social and economic discrimination at their homes, schools and workplaces. The emergence of the Independent Living Movement in the 1960s was spearheaded by a new generation of adult polio survivors, who were children just as Warm Springs oriented its rehabilitative efforts around child patients. Perhaps the legacy of activism can be traced to the inspiring example of Warm Springs as a "Polio's Paradise.

I want to explore briefly this afternoon several important legacies of Warm Springs and I hope that at the end of the presentations we can have a good conversation about this place that meant so much to so many polio survivors. Let me just note the legacies I want to discuss:

- I want to explore briefly this afternoon several important legacies of Warm Springs and I hope that at the end of the presentations we can have a good conversation about this place that meant so much to so many polio survivors. Let me just note the legacies I want to discuss:
- Perhaps more than any other rehabilitation facility at the time, Warm Springs never forgot that patients in rehabilitation are people first. The doctors and the staff seemed to recognize the individuality of the boys and girls, men and women, they treated even as they pushed them to achieve maximum possibly recovery.
Warm Springs was one of the first, perhaps the first, rehabilitation facility to emphasize the psycho-social element of rehabilitation. For individuals who had experienced a devastating disease and the paralysis of their body rebuilding their self esteem and social skills was no less important than rebuilding their bodies.

Warm Springs demonstrated the importance of a powerful role model-FDR.

Warm Springs created a temporary haven for people with serious disabilities, in which disability was the norm-in which polio survivors were the normals.

Warm Springs and the need to put it on a solid financial footing gave rise not only to the President's Birthday Balls, but also to the National Foundation for Infantile Paralysis, the March of Dimes, and the development of the polio vaccines of Salk and Sabin.

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**Modifying ADL Techniques to Accommodate New Weakness**

Carolyn Podolski, OT, Peachtree City, Georgia

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**SESSION T3**

**Demonstration and Discussion of a Post-Polio Examination: Sorting Out Secondary Conditions, Part 1**

Frederick Maynard, MD, UP Rehabilitation Medical Associates, Marquette, Michigan

Brenda Butka, MD, Vanderbilt Stallworth Rehabilitation Hospital, Nashville, Tennessee

William DeMayo, MD, John P. Murtha Neuroscience and Pain Institute (JPMNI), Johnstown, Pennsylvania

Martin Wice, MD, Medical Director, St. John’s Mercy Rehabilitation Hospital, St. Louis, Missouri