
Tuberculosis in America: Impact of Medical Progress on the Poor
TRANSCRIPT

TITLECARD: Before the 1880s, it was believed that tuberculosis, originally called “consumption”, was a genetic disease.

Then came the discovery that it was contagious.

NARRATOR: In cities across the country, public officials began to call for government intervention. Health departments primarily concerned with preventing diseases carried in the water supply now had to confront a deadly illness spread through the most casual of contact.

Nancy Tomes, Historian: Public health officials felt they had to conduct a massive national campaign to bring the news to everyone in the United States.

When you thought consumption ran in families, you couldn't do anything about it. If you got it, you were not to be blamed. The sad aspect of this scientific progress is that it made the person with tuberculosis into more of a threat.

NARRATOR: For patients, the new understanding of the disease would only add to the suffering.

Nancy Tomes, Historian: The more focus there was on person-to-person transmission, the more that stigma, that prejudice, intensified.

NARRATOR: By the early decades of the 20th century, improved hygiene started bringing the overall cases of TB down. But, in poor, crowded neighborhoods, the figures continued to climb. In some cities, immigrants were twice as likely to die of the disease than their more affluent neighbors. For African-Americans, the death rate was three to four times higher.

Sheila Rothman, Historian: And suddenly you have a new understanding of why it is a disease of the poor and the immigrant. They are living in places without ventilation. They are working together in crowded sweatshops.

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NARRATOR: Public health officials began to call for improving the lives of the poorest Americans

Yet the anti-TB campaign gave government officials unprecedented power to police the sick. Health inspectors were instructed to monitor people's movements, inspect their homes, or commit them to ill-equipped public institutions, often against their will.

Nancy Tomes, Historian: The pressure from public health officials to segregate the very sick fell most heavily on working class, poor Americans, immigrant Americans. They did not go knocking on doors on 5th Avenue asking, "Do you have any consumptives in the house?"

There was a sense, if you were wealthy, you were going to be allowed to manage your illness however you wanted to. It was the poorer people who really felt the pressure from public health officials to make their sick relatives leave the home.

NARRATOR: "Sanitary measures are sometimes autocratic," declared a prominent health official. "We are prepared to enforce measures which might seem radical if they were not designed for the public good."

Nancy Tomes, Historian: It's an area of public health practice where, increasingly, the need of the community to be protected from the illness starts to trump the individual rights of the patient. When people say, "I don't want to be taken away," their right to resist that is overridden in the name of public health.