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Unexpected Scope for Work: Black Women Doctors and the Seventh-day Adventist Church

Seventh-day Adventists were part of the second wave of health reform movements in the nineteenth century, focusing on prevention, hydrotherapy and gentler forms of medical practice.¹ The last few decades of the nineteenth century saw the increase in medical centers in cities that tried to care for the whole person. Urban institutions that overlapped the responsibilities of social work and medicine were frequently run by missionary reformers, many of whom had medical training or were doctors, of both the traditional and homeopathic variety.² Adventist participation in this movement involved them in another trend in the later nineteenth century, the education of women as physicians.

Eve Fine, in her analysis of sectarian medical practice in Chicago, has noticed that scholars have mostly skipped the significance of sectarian medical training for women physicians before WW1, focusing their study on women's medical colleges. In fact, over half of women physicians in that period were educated in coeducational sectarian schools rather than women's colleges.³ In these contexts, religious communities saw medical work as part of their work for the soul, and as part of caring for the larger needs of (usually) urban communities. Women physicians practiced in these sectarian, mission-based settings in much larger numbers than men. Fine argues that it was not primarily because women were not allowed to practice elsewhere (while it was indeed challenging for women to practice, it actually got harder for them after WW1). Rather, they chose this work because they believed they were uniquely gifted and even called to care for women and children and to educate for social and community wellness in a wholistic way.⁴ Sectarian practices, where medicine overlapped with social work, aligned with their values.

At the same time that women were struggling to find their place in the medical profession, African Americans were also attempting to join the guild. Howard University was set up with a medical school specifically to educate black professionals, and in the years after the Civil War, several more black medical schools were planted. Most were, like Meherry in Nashville, started by missionaries from the North and were coeducational, but Howard also admitted women.⁵ By 1900, 61 black women had graduated from medical schools, according to one survey; two-thirds of them from Howard and Meherry, and 11 of them from women's medical colleges. The rest were scattered around the sectarian schools, including the Seventh-day Adventist medical school at Battle Creek.⁶

However, between 1910 and 1920, the medical profession began to close itself off to both women and African Americans. The Flexner report of 1906 encouraged the AMA to begin to try to professionalize. This led to a crack down on schools that the Flexner report labeled insufficiently professional, academically rigorous, or scientifically aligned. Many training institutions closed and the number of women and black students plummeted. Less than 50% of

¹ George W. Reid, *A Sound of Trumpets: Americans, Adventists, and Health Reform* (Washington, DC: Review and Herald Publishing, 1982), 84, 85.

² Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge, Mass: Harvard University, 1999), 88, 89.

³ Reid 150.

⁴ Eva Fine, "Women Physicians and Medical Sects in Nineteenth-Century Chicago," in *Women Physicians and the Cultures of Medicine* Ellen S. More, Elizabeth Fee, and Manon Parry, eds. (Baltimore, MD: Johns Hopkins University, 2009), 246, 247, 257, 258;

⁵ Ward, 5, 6, 13.

⁶ Reid, 148.

the number of women students in 1910 were in medical training in 1920.⁷ That year it appears only 65 black women were practicing medicine, fewer than 1% of women in the profession.⁸ After Flexner, more residencies and internships were required, and it was almost impossible for women to get accepted to such programs. Black physicians were not allowed to serve in most places except for black institutions.⁹ Sectarian schools had been much more willing to educate women and people of color, especially from poorer backgrounds. The new schools programs were very expensive and harder for disadvantaged students or women who couldn't take 8 years of their most significant reproductive time to study without pay. So the decline in mission-focused medical schools benefitted only wealthier white men and accompanied the enrichment of the medical profession writ large.

By 1920 there were only half a dozen coeducational medical schools that accepted black students. Two of them were Howard and Meherry, both of which were set up specifically to educate African-Americans. The University of Michigan and Harvard accepted black students. The only church-run medical school was Loma Linda Medical School, set up by Seventh-Day Adventists to train those they consistently referred to as "medical missionaries."¹⁰ This was the second of their medical schools, the first was associated with Battle Creek Sanitarium, not far from where we are here in Grand Rapids. It was open between 1895 and 1910.

The first black graduates from Adventist medical schools were women, starting in 1902, and the church was an early pioneer in educating women physicians as well as people of color. This paper will begin an assessment of why and how a conservative, apocalyptic denomination like the Adventists created educational and job opportunities for black women, especially as physicians in the early twentieth century. There were indeed limitations for these women, within the church as well as outside it. It remains challenging to evaluate the response of the larger community to these women. But they created space within the theology and structure of the Adventist church to follow what they believed were their callings from God.

The Adventist church had not begun with a strong emphasis on reaching out to African-Americans, and when it did, it followed national trends by segregating its institutions racially, even in the north.¹¹ However, its medical school was the one great exception to this. Its classes were coeducational, with 1/3 of the early graduates from the medical school being women, and 25% of the nursing classes being men.¹² Their first black graduate was Ruth Janetta Temple, in 1918, in the fourth graduating class.

These women were practicing medicine in an extremely difficult climate. The Seventh-day Adventist church had the racial and gender biases of the wider American culture. However, it also encouraged missionary activity and the earliest black women who graduated from their medical schools tended to work in missionary settings, or as staff in nursing schools., frequently as paid denominational employees. The rest of this paper will focus on three of these women

⁷ More, 98.

⁸ Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine*, (Cambridge, Mass: Harvard, 1992), 148, 149

⁹ More, 110, 111.

¹⁰ Thomas Ward, *Black Physicians in the Jim Crow South* (Fayetteville, Ark: University of Arkansas, 2003), 28, 29. For more on independent institutions run by African Americans, including Chattanooga National Medical College, see Todd Lee Savitt, "Four African-American Proprietary Medical Colleges: 1888-1923." *Journal of the History of Medicine and Allied Sciences* 55, no. 3 (2000): 203-255. <https://muse.jhu.edu/> (accessed August 24, 2018).

¹¹ Malcolm Bull and Keith Lockhart, *Seeking a Sanctuary: Seventh-day Adventism and the American Dream* (Bloomington, IN: Indiana University Press, 2007), 280, 281.

¹² Richard Utt, *From Vision to Reality: 1905-1980* (Loma Linda, CA: Loma Linda University, 1980), 32-35.

and the way their commitment to the Adventist church and its health and gospel mission enabled them to attend to the work they felt called by God to do. The argument here is not that the Adventist church had a program of egalitarian inclusion, but the ways in which the beliefs and commitments of a small sect with a strong belief in spreading the gospel through healing the body managed to inadvertently provide a few black women with the training and support they needed to do outstanding work in the field of medicine.

Mary Britton (1855-1925)—born in Kentucky, a slave state, at the cusp of the Civil War, to two free parents. Her mother was mixed race child of an enslaved woman and her master. while her father was mixed race Indian, Spanish and African. They were deeply committed to Christian education and sent her and her siblings to Berea College, a Christian school in KY that was a radical social experiment. Britton became a teacher and researched, wrote and spoke about improving education, developed pedagogy, started an orphanage and promoted women’s rights. She wrote: "If woman is the same as man then she has the same rights, if she is distinct from man then she has a right to the ballot to help make laws for her government."¹³

She joined the Adventist church in about 1892, just at the time she was becoming a vocal advocate for civil rights. That year she spoke to the Joint Railroad Committee of the Kentucky General Assembly protesting the separate coach bill. She argued against segregation as unjust and un-American. She then traveled to Chicago to the World Exhibition and once again protested race-based exclusion when she was barred from the Kentucky tent. It wasn’t until she was in her 40s, newly an Adventist that she attended Battle Creek Sanitarium, at the encouragement of her new (white) church, as part of expanding the Adventist emphasis on gospel work through medical. She graduated in 1903 and returned to Kentucky as that state’s first black woman physician. Throughout her time in Lexington where she practiced, she consistently advertised and advocated for the Adventist methods of wholistic medicine.¹⁴

For Dr. Britton, her church community was her primary community. It was integrated at that time, as the number of black Adventists was still so small.¹⁵ As a politically active women who never married, this church became her family and it was to this local church that she left her considerable library when she died.

Lottie Isbell Blake (1876-1976) was born in Appomattox Court House, Virginia. (by the way, she was a centennial baby and then died in the year of the bicentennial of the establishment of the US). Her grandfather was a free man whose home was next to Isbell Plantation which was where General Lee surrendered to Grant. She went to teacher training school, but when she was 20 years old she became an Adventist and decided she wanted to be a nurse. She went to Battle Creek Sanitarium to train as a nurse, but Dr. John Kellogg, pioneer Adventist physician and director of Battle Creek San, convinced her to change her training to medicine, and when she graduated in 1902 she was the first black Adventist to be a physician.¹⁶ (Mary Britton, who was older, graduated the next year).

She came to Nashville, TN, but when there was a health crisis in Huntsville AL, in 1903, she went there to treat orphans in the wake of an epidemic and stayed on to start a nursing

¹³ McDaniel, Karen Cotton. “Mary Ellen Britton: A Potent Agent for Public Reform”, *The Griot: The Journal of African-American Studies*, (vol. 32, no. 1 Spring 2013, pp. 52-61)

¹⁴ McDaniel, Karen Cotton. “Mary Ellen Britton: A Potent Agent for Public Reform”, *The Griot: The Journal of African-American Studies*, (vol. 32, no. 1 Spring 2013, pp. 52-61)

¹⁵ Bull and Lockhart, 280, 281.

¹⁶ Walter L. Pearson, Jr. “First Black Adventist Physician Dies,” *Columbia Union Visitor*, (Vol, 82, 1977), 13.

program at what would become Oakwood College, the Adventist Historically Black University. At that time, the church hired only white faculty to teach at Oakwood, but Dr. Isbell was so impressive that they hired her as the first faculty of color. She met her husband there. He also became a physician and in 1913 they (and their five children) began what became a tour of international missions, starting schools and treating malaria and typhoid in the Caribbean: Panama, Haiti and Jamaica. Every single member of the family got malaria at one time or another. They moved back to the States in 1917, moving to West Virginia where her husband died of pneumonia, probably caused or exacerbated by the pollution along the Kanawa River in Charleston where they lived. After his death, she practiced medicine in WV, Ohio and then Pennsylvania where in the 1940s she developed the cure for a kind of pneumonia called “Smokey City” pneumonia, caused by the pollution in Pittsburgh. She was honored by Harvard University and the AMA before she died at the age of 100, at which time she was the oldest physician in the United States.¹⁷

She consistently saw herself first as a missionary and the work of serving God sustained her in a very long life. And it was as a missionary that she received the support of the church. By the time she was doing her ground-breaking work in the 1940s, the Adventist church had developed parallel institutional organizations for Black Americans and Dr. Blake was a highly prized member of that community. Her children report that she saw the health message of the Adventist church as important for the people who were at most risk of public health and pollution issues.

Ruth Janetta Temple (1892-1984): Her family left the Jim Crow South in the Great Migration of blacks out of the communities there that were rife with terrorism and moved to Los Angeles where they joined the Adventist church when Janetta was a child. She didn’t know women could be doctors till Adventist women doctors came and talked at her church. So she went to Loma Linda Medical School and was the first black graduate in 1918. She was the first black physician allowed to have admitting rights at Los Angeles County Hospital. She was also the only nonwhite person on the teaching staff of White Memorial Hospital, in spite of the racial prejudices on the part of white students who didn’t want a black teacher, and a woman at that. The church leadership remained adamant that she be supported as part of the medical faculty.

Dr. Temple opened the first public health clinic in Southeast Los Angeles, a place where there were no medical facilities and whose residents of color were often denied help at white institutions. Her home-based clinic became a model for how to do this—using a wholistic approach for health education for families—not just treating illnesses. She worked hard for birth control and maternal health education—issues that made her stand out as a feminist at a time when women weren’t even allowed to vote (though soon after they got that right). Her wide advocacy for public health meant that the city of Los Angeles paid for her to attend Yale for a Masters of Public Health in the 1940s. And today Los Angeles has more than one public health clinic named after her.

She consistently, in the midst of her political and cultural influence, bore witness to the faith that sustained her. There was no hiding the spiritual foundation for her work. In an interview in the 1970s by Harvard University’s oral history project, she said “At LLU I learned to base my medical practice on the wholistic community work that Jesus did, as outlined in *The Ministry of Healing* [by Ellen White]. Jesus was the model for doing practical work in communities.¹⁸” She died in 1984, having spent her retirement in personal evangelism and deep

¹⁷ Walter L. Pearson, Jr. “First Black Adventist Physician Dies,” *Columbia Visitor*, 13.

¹⁸ *The Black Women Oral History Project*. Ruth Edmonds Hill, ed. Vol 1. (London: Meckler, 1991)

involvement in her church, and the oral history of her life that Harvard University has in its archives is well worth the read.

These women reveal some of the advantages to marginalized people of being part of a sectarian group like the Seventh-day Adventists. Because medical mission work was so vital to them, they managed to make sure their medical school passed the professionalizing tests of the AMA in the aftermath of the Flexner Report. This allowed for what had been a health reform, homeopathic-centered medical movement to incorporate some of the innovations in science, while keeping its social work and public health focus. And just at the time that more and more schools were closing to people of color, Loma Linda stayed open for them. For the women in this paper, their interest in medicine and their ability to get training in it, was completely tied to their conversion to the Adventist church. And they specifically focused on and practiced the wholistic, communal version of medicine that Adventist carried on into the twentieth century.

The apocalyptic vision of the early Adventists allowed them to transcend, for a time, some of the most obvious limitations for women. It was their women physicians who staffed most of the urban medical centers and who ran their schools of nursing. Their alliance with both educational and social work concerns in the cities of Chicago, New York, Los Angeles and DC allowed them to serve immigrant communities as well as the growing black neighborhoods. As the church became increasingly mainstream, the women in its medical school decreased in number and in church leadership. However, the work among African-Americans flourished to the point where today 37% of the church in the US is white and 32% is black. African-American women have remained a vital component of the educated leadership. Currently the only woman vice president of the world church is African-American, from Kentucky.

Certainly having a woman founder of the church who was vocal on the importance of women being engaged in the work of the gospel, including health care, empowered many who might have otherwise become easily discouraged. Ellen White, whose work still deeply informs our church, wrote tellingly:

Women should be educated and trained to act skillfully. . . It is just as important that a line of study be given to educate woman to deal with women's diseases as it is that there should be gentlemen thoroughly trained to act as physicians. . . . And the wages of the women should be proportionate to her services. She should be as much appreciated in her work as the gentleman physician is appreciated in his work.¹⁹

White did not set herself up as a feminist, and certainly wrote a great deal that affirmed traditional roles for women. But in the passion for good medical care and the full engagement of women in what was called the “right arm of the gospel,” medical missionary work, she articulated ideals and principles that allowed many women, African-Americans among them, to be included in the full range of spiritual and professional leadership. It is in the corners of such mixed messages of encouragement and cultural limitation that these women found scope for their work and calling.

¹⁹ Ellen White, *Letters from Ellen White to Sanitarium Workers* (White Estate, 1911), 14.