

# National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

historic name Okmulgee Colored Hospital (additional documentation)

other name/site number Okmulgee City Hospital No. 2, Deep Fork Community Action Center, Okmulgee Black Hospital

street & number 320 North Wood Drive  not for publication

city or town Okmulgee  vicinity

state Oklahoma code OK county Okmulgee code 111 zip code 74447

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this  nomination  request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property  meets  does not meet the National Register criteria. I recommend that this property be considered significant  nationally  statewide  locally. (  See continuation sheet for additional comments.)

[Signature] 10-22-07  
Signature of certifying official/Title Date

State Historic Preservation Office  
State or Federal agency and bureau

In my opinion, the property  meets  does not meet the National Register criteria. (  See continuation sheet for additional comments.)

\_\_\_\_\_  
Signature of certifying official/Title Date

\_\_\_\_\_  
State or Federal agency and bureau

I hereby certify that the property is:

	Signature of the Keeper	Date of Action
<input type="checkbox"/> entered in the National Register. <input type="checkbox"/> See continuation sheet.	_____	_____
<input type="checkbox"/> determined eligible for the National Register <input type="checkbox"/> See continuation sheet.	_____	_____
<input type="checkbox"/> determined not eligible for the National Register.	_____	_____
<input type="checkbox"/> removed from the National Register.	_____	_____
<input type="checkbox"/> other, (explain:) _____	_____	_____

**5. Classification**

**Ownership of Property**  
(check as many boxes as apply)

**Category of Property**  
(check only one box)

**Number of Resources within Property**  
(Do not include previously listed resources in the count.)

- private
- public-local
- public-State
- public-Federal

- building(s)
- district
- site
- structure
- object

Contributing	Noncontributing	
1		buildings
		sites
		structures
		objects
1		Total

**Name of related multiple property listing**  
(Enter "N/A" if property is not part of a multiple property listing.)

**Number of contributing resources previously listed in the National Register**

1

**6. Function or Use**

**Historic Function**  
(Enter categories from instructions)

Health Care: Hospital

**Current Function**  
(Enter categories from instructions)

Vacant / Not in Use

**7. Description**

**Architectural Classification**  
(Enter categories from instructions)

Commercial

**Materials**  
(Enter categories from instructions)

foundation concrete

walls brick

roof asphalt, flat

other \_\_\_\_\_

**Narrative Description**  
(Describe the historic and current condition of the property on one or more continuation sheets.)

See continuation sheet(s) for Section No. 7

**8. Significance**

**Applicable National Register Criteria**

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

**Criteria Considerations**

(Mark "x" in all the boxes that apply.)

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

**Narrative Statement of Significance**

(Explain the significance of the property on one or more continuation sheets.)

**Areas of Significance**

(enter categories from instructions)

Ethnic Heritage: Black

Social History

Architecture

**Period of Significance**

1922-1956

**Significant Dates**

1922, 1923, 1924, 1936, 1956

**Significant Persons**

(Complete if Criterion B is marked above)

**Cultural Affiliation**

**Architect/Builder**

J. M. Whitehead, Architect

Daugherty & Gibson, Builders

See continuation sheet(s) for Section No. 8

**9. Major Bibliographical References**

**Bibliography**

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

**Previous documentation on file (NPS):**

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other Name of repository:

Okmulgee City Library

See continuation sheet(s) for Section No. 9

**10. Geographical Data**

**Acreage of Property** less than two acres

**UTM References**

(Place additional boundaries of the property on a continuation sheet.)

1 1/5 2/3/1/8/9/1 3/9/4/6/2/0/1  
Zone Easting Northing

2 / / / / / / / / / / /  
Zone Easting Northing

3 / / / / / / / / / / /  
Zone Easting Northing

4 / / / / / / / / / / /  
Zone Easting Northing

**Verbal Boundary Description**

(Describe the boundaries of the property.)

Property Tax No.

**Boundary Justification**

(Explain why the boundaries were selected.)

See continuation sheet(s) for Section No. 10

**11. Form Prepared By**

**Michael Cassity, Ph.D.**  
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Broken Arrow, Oklahoma 74011  
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Date: June 1, 2007

**Additional Documentation**

Submit the following items with the completed form:

**Continuation Sheets**

**Maps** A USGS map (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources.

**Photographs:** Representative **black and white photographs** of the property.

**Additional items:** (Check with the SHPO or FPO for any additional items)

**Property Owner**

name/title City of Okmulgee

street & number 111 East 4th Street telephone (918) 758-1101

city or town Okmulgee state OK zip code 74447

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Okmulgee Black Hospital, Okmulgee, Okmulgee County, OK

### Narrative Description

The Okmulgee Black Hospital is located east of downtown Okmulgee, just a few blocks from what was once the center of the town's black commercial district and residential section, and in what is now a mixed commercial and residential strip along a major highway. The building is generally H-shaped on a north-south axis, although an open portico actually extends outward from the recessed part of the elevation on the east. The hospital was organized with the first floor containing utility rooms (laundry, kitchen / dining, boiler, coal storage) and boarding rooms and office space for nurses while the second story was for patients and included a large ward on the south wing, a smaller ward and semi-private room and nurse station and bath facilities in the center, with operating room, surgeon's room, maternity section and delivery room on the north.

The two-story building is constructed of red brick laid in the running bond. A flat roof with a surrounding parapet covers the building. The parapet is constructed of four rows of red brick laid in the running bond with a row of header course bricks above and smooth ashlar blocks on top. The inscription "HOSPITAL" is incorporated into a panel centered in the parapet. Below the parapet, a brick frieze runs around the entire building separated from the parapet by a brick cornice. The frieze is made up of a single row of rowlock-laid red brick, beneath which are two rows of red brick laid in a basket weave design alternating between three soldier-laid bricks and three stretcher-laid bricks. Metal ventilator grilles are located at even intervals in the frieze. A single stack exterior brick chimney is located at the south end of the building.

The front, or east, elevation of the building is symmetrical and is dominated by a central two-story portico that is partly recessed and partly extends beyond the elevation. Four square brick columns with smooth ashlar block bases and capitals support the portico, which forms a recessed colonnaded entranceway on the first story of the building. Decorative stonework is found on the upper part of each column shaft—a vertical member with three cross bars declining in width from top to bottom, possibly representing a stylized caduceus and with a cross beneath. On the first story, in the recessed portico, there once were three entrances but two are now sealed. The central door, which was the main hospital entrance, has a smooth ashlar surround and a wooden frame. A transom was once located above the door but has since been enclosed. The two multi-lite wood doors in the center have been replaced with a single solid door offering greater security. A single doorway to quarters for a nurse in the south elevation of the colonnaded portico has been sealed as has been the matching doorway to the head nurse quarters on the north. Two large windows flank the central door to the north and also to the south and all windows have been sealed. The three previously open bays, defined by the brick columns, of the balcony above the portico entranceway have been enclosed with concrete blocks; the balcony had been used during the hospital's active years as a sun porch. On both the first and second stories the east elevation is recessed slightly north and south of the portico with two large windows (sealed) on each story, at each end. All lintels are soldier-course bricks and all sills are rowlock courses. The cornerstone is situated on the north corner of the east elevation and indicates a construction date of 1922—when construction was begun, but not finished; the hospital did not open until 1924.

The north elevation is nearly symmetrical with two large windows (sealed) on both sides of the central entrance (sealed) on the first story and a similar arrangement immediately above on the east side of the elevation, and a large window above the doorway. Instead of the two windows on the west side of the elevation, however, the second story has an over-sized, very wide window that opened into the hospital's

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operating room (thus illuminating the room with ample, soft north light) and a narrow window that opened into the surgeon's room adjacent to it on the east.

The west elevation is the back of the building and its recessed central section generally mirrors the west elevation except for the substantial portico on the east. Four windows (two on the first floor and two on the second) are located on the west elevations of the north and south wings. Again, all windows are sealed. In the recessed center section of this elevation, the second story has an entrance in the center (the exterior stairway now missing) flanked by two windows. The first story has identical windows under the two on the north, but the center entrance now is obscured by a small shed addition and adjacent utility equipment. Immediately south of that shed is a window and then a coal chute.

The south elevation of the building is divided by a prominent chimney that extends several feet beyond the elevation. West of the chimney is a service entrance on the first floor and a window immediately above it on the second. East of the chimney are three windows on the first floor with three above them on the second; the middle window of these three on the upstairs appears to have been enlarged to make an entrance and 1984 photographs show an exterior stairway (that no longer exists) rising to that entrance.

While the Okmulgee Black Hospital exhibits some signs of age and wear, the structure remains generally sound. The changes to the building noted above have been minimal and are generally reversible. The building retains strong integrity of location, appearance, design, materials, workmanship, feeling, and association.

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## Narrative Statement of Significance

### Summary

The Okmulgee Black Hospital, known formally in its years of operation as the Okmulgee Colored Hospital and sometimes as City Hospital No. 2, is eligible for the National Register of Historic Places under Criterion A within the area of significance Ethnic Heritage: Black and also the area of significance Social History. Listed on the National Register originally in 1984 for its local significance, additional research and consideration within a national context indicate that the Okmulgee Black Hospital was significant at the national level as well. This amendment to the National Register listing justifies that national significance. Because of its distinctive design and construction the building is also eligible for the National Register of Historic Places under Criterion C in the area of significance Architecture.

The Okmulgee Black Hospital, which was constructed in 1922-1923 and opened in 1924, operated as a racially segregated and separate hospital until it closed in 1956. A modest-sized institution with eighteen to twenty-five beds, located in a community of under 20,000 people at the time it opened, the Okmulgee Black Hospital nonetheless is significant for what it reveals about race relations and African American history in the nation. Notoriously under-served in all parts of life and discriminated against and excluded from access to opportunities in education, employment, residence, recreation, and the system of justice, African Americans encountered also a health care system that was particularly egregious in its inequities. The lack of access to hospital care—for both health professionals and patients—impacted African Americans severely and the emergence of hospitals operated by and for black people, within a nation where segregation was legally sanctioned and enforced, both alleviated physical suffering and demonstrated the resolve and cooperative spirit of the black community in addressing vital problems. There were never many of these hospitals and the few that have been recognized and preserved have been the largest and the least typical. The vast majority were small—under fifty beds—and were themselves vulnerable to pressures of racial discrimination in funding and support and to increasing pressures of accreditation and expansion. By the 1950s, moreover, the Civil Rights movement in the nation called for integrated institutions, not racially separate hospitals, and since then the black hospitals of the nation have all but disappeared.

### Historical Context: The Emergence of Separate Black Hospitals in the Nation

The black hospitals are now largely absent from the historic landscape of the nation, and even while they operated, they existed outside the bright light of newspaper publicity and other public attention and they were often invisible to all but those who either had a pressing need for their help as African American patients or needed a place to practice medicine as African American physicians and nurses. At the beginning of the twenty-first century, they even remain almost invisible in the historical record. Studies of African American history give scant attention to hospitals as part of the matrix of institutions created by and for the black community and the Civil Rights studies tend to focus on other issues such as education, transportation, voting, and due process within the nation's judicial system. The National Park Service theme study on racial desegregation in public accommodations has a broader focus and mentions separate hospitals only a few

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times and does not explore that aspect of segregation.<sup>1</sup> The major book-length history of hospitals in the United States makes no mention of the black hospitals and they are neglected in other studies of medicine as well.<sup>2</sup> The scholarly attention they have received has been in professions other than history, but there too scholars have despaired the lack of documentation and recognition black hospitals have received. Mitchell F. Rice, a political scientist who approached the subject from a public policy perspective, has pointedly observed that: "despite their longevity and historically significant role in serving the health care needs of the Black community, especially during the segregation era, the existence of hospitals which primarily or exclusively served Blacks is unknown to most individuals and [much of the medical field] in both Black and White communities."<sup>3</sup> Dr. Vanessa Northington Gamble is a physician who has studied the most prominent African American hospitals and has written about the effort to "reform" them by upgrading their facilities, expertise, and training programs. She has thus approached the separate black hospitals from a physician's viewpoint, for the African American physicians depended on black hospitals as a place to practice and treat their patients, rather than from a community or patient perspective.<sup>4</sup> As Dr. Gamble herself has noted of the disappearance of these hospitals, "that so few historically black hospitals remain has made them virtually invisible."<sup>5</sup> But if the history of the large black hospitals remains shadowy, the history of the smaller and less conspicuous of these African American hospitals is even more difficult to trace. Yet they were important and at one time the smaller hospitals, those with fewer than fifty beds, amounted to eighty-five or ninety percent of the black hospitals of the nation. To understand the significance of one of these obscure, or even "invisible," hospitals is to help the others become more visible.

The history of health care available to and provided by African Americans in the United States is replete with tragedy and injustice for it is not just a story of discrimination but a story of discrimination against people who were already denied other opportunities in life, and discrimination at a point when their urgent physical needs made them especially weak and vulnerable. That history is filled with accounts of the systematic and categorical denial of health care treatment, even when life itself hung in the balance. A central component of the development of modern society has been access to hospital treatment so that patients can receive treatment by trained professionals. In both the giving and receiving of health care in hospital environments, for most of the history of the United States, however, the African American population has lagged far behind

<sup>1</sup> Matt Garcia, Alton Hornsby, Jr., Steven Lawson, and Susan Cianci Salvatore, *Civil Rights in America Theme Study: Racial Desegregation of Public Accommodations* (draft 2004), located on the world wide web at <http://www.cr.nps.gov/nhl/themes/Pub%20Accom.pdf>.

<sup>2</sup> Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982). W. Michael Byrd and Linda A. Clayton, both physicians, have studied the intersection of race and health care in the United States in the twentieth century in their *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000* (New York: Routledge, 2002), and provide some useful information on African American hospitals, although their interest is mainly in the second half of the century.

<sup>3</sup> Mitchell F. Rice, "Black Hospitals: Institutional Impacts on Black Families," in Harold E. Cheatham and James B. Stewart (eds.), *Black Families: Interdisciplinary Perspectives* (New Brunswick, NJ: Transaction Publishers, 1990), 50; see also, Mitchell F. Rice and Woodrow Jones, Jr., *Public Policy and the Black Hospital: From Slavery to Segregation to Integration* (Westport, Connecticut: Greenwood Press, 1994), xii.

<sup>4</sup> Vanessa Northington Gamble, *The Black Community Hospital: Contemporary Dilemmas in Historical Perspective* (New York: Garland Publishing, Inc., 1989) and *Making a Place for Ourselves: The Black Hospital Movement 1920-1945* (New York: Oxford University Press, 1995).

<sup>5</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, xiii.

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the rest of the nation and has had to struggle for even second or third class access to the institutions that others take for granted, even while other parts of the unequal portion of life's opportunities handed them have made them more susceptible to the afflictions that call for hospital treatment. This discrimination and this struggle can be seen in the history of the nation's black hospitals.

Exactly what constitutes a "black hospital" is not altogether obvious and the matter has received insufficient attention from social historians. Physician / historian Vanessa Northington Gamble has identified three general types of hospitals that can be considered to be black hospitals. One is the segregated black hospital, an institution "established by whites to exclusively serve blacks." A second category that Gamble uses is that of "black-controlled institutions" that "were established with a mandate to serve black people." Concerned especially with the circumstances in which African American physicians and nurses have operated, Gamble includes in this group, almost to the exclusion of all else, the facilities that "were established to train and provide clinical opportunities for black physicians and nurses." The third type Gamble identifies is that of "demographically determined" black hospitals, hospitals that "were neither established to serve black people nor founded by them." They evolved into black hospitals simply because the populations surrounding those hospitals became increasingly black.<sup>6</sup>

Of course, these three categories that Dr. Gamble uses, and which have also been followed by some others who are interested in black hospitals, have considerable utility, but the lines are often blurred so that some institutions fit two categories and others fit none of them. For example, sometimes segregated wards of hospitals were so completely separated from the larger hospital that they were almost separate hospitals unto themselves, yet it is not clear where these facilities fit in the three categories. Moreover, the historical record seldom allows such neat distinctions as these categories suggest. Instead, surveys of black hospitals in the early twentieth century, which constitute a small number of facilities to begin with, often include all institutions that might cater to the needs of black people whether as patients, physicians, nurses, or administrators and typically included hospitals, separate wards, training schools for nurses, and sometimes even hospitals that were biracial—in other words, any hospital, clinic, or infirmary beyond home care or a physician's office where an African American might be able to give or receive skilled medical treatment. And the lists, seldom systematic anyway, sometimes included as black hospitals those facilities that treated black patients but also denied African American physicians the right to practice. In 1930, for example, Dr. Peter Marshall Murray, a trustee of Howard University, observed that the practice was "well nigh general in this country of excluding Negro physicians from the staff of hospitals where Negroes are patients . . . ."<sup>7</sup> This means that any list or enumeration of black hospitals is bound to be inflated, and the institutions on those lists that have received the closest attention—and recognition—have usually been the exceptions rather than the norm, and have been the large urban hospitals rather than the more numerous small hospitals in the nation's towns and small cities.

While the historical context is thus far incomplete for the determination of the significance of separate black hospitals, hospitals with an African American professional staff and an exclusive or predominantly African American clientele, the general contours are clear.

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<sup>6</sup> Gamble, *The Black Community Hospital: Contemporary Dilemmas in Historical Perspective*, 2-3.

<sup>7</sup> Peter Marshall Murray, "Hospital Provision for the Negro Race," *Bulletin of the American Hospital Association*, 4 (July 1930), 40.

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The hospital, as an institution for the provision of medical care, is largely a modern phenomenon. The early hospitals were commonly referred to as asylums and they generally served not so much to provide health care as to isolate and control individuals in society who were impoverished, dependent upon others, and also who were often regarded as morally deserving of assistance in some charitable framework. In fact, in the nineteenth century, hospitals carried a negative image because of their association with both charity and disease, and were often feared. On the other hand, medical attention tended to be dispensed at home, and this was a feature that tended to restrict medical care to those with sufficient resources. With the development of an industrial, urban society, however, hospitals or infirmaries, as centralized institutions where medical attention could be dispensed, began to emerge and spread across the nation.

Not surprisingly, those institutions seldom catered to the health needs of African Americans. There are, however, important examples where such efforts were undertaken. The best known precedent was that of the Freedmen's Bureau hospitals established in 1865 to help the newly emancipated slaves, and although forty-five of these hospitals had been established at the peak of the Freedmen's Bureau effort, in 1867, that number dwindled and by 1872 all of them had been closed except for the hospital in Washington, D.C.<sup>8</sup> There is broad agreement that noble though the effort was, the Freedmen's Bureau hospitals were too few and too short-lived to provide meaningful medical treatment for the African American population of the South. After the demise of the Freedmen's Bureau hospitals, few communities provided health care facilities for African Americans, and those that did are as notable for their rarity as for their existence. And those that emerged were segregated and existed mainly in the South. The history of these hospitals is still unresearched and the number and extent of hospitals where African American physicians might practice and where African American patients might be treated in the nation in the late nineteenth century remains to be documented; certainly there were segregated wards in some hospitals for blacks, and references to these wards usually indicate that they were categorically inferior to the white wards. Frequent references to separate wards for African Americans being located in the basements of white hospitals form a recurring pattern that gives perspective on the inequality of hospital care in the nation.

In the last decade of the nineteenth century, a few separate hospitals for black people finally appeared at Hampton Institute (1891), at Spelman Seminary in Atlanta (1896), and at St. Agnes Hospital at St. Augustine College in Raleigh, North Carolina (1895). These were private institutions and they were established for African Americans but were operated by white organizations, although St. Agnes did allow black physicians to practice there—under white supervision. That limitation notwithstanding, steps had finally been taken to provide hospitals specifically for black people.<sup>9</sup>

It is impossible to say exactly how many hospitals have been established that served black people and how many of these were operated by black people. A survey of hospitals that W. E. B. Du Bois published in 1909 listed forty institutions, but that number included "hospital clubs," separate wards of white hospitals, training schools, and charity organizations.<sup>10</sup> It also did not claim to be comprehensive. It is nonetheless clear that separate black hospitals were emerging in the nation in the early twentieth century. The founding of Kansas City General Hospital, No. 2, or Kansas City Colored Hospital, in 1908, represented a major development in

<sup>8</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 6.

<sup>9</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 7-8

<sup>10</sup> W. E. Burghardt Du Bois, ed., *Efforts for Social Betterment among Negro Americans*, Atlanta University Publications, No. 14 (Atlanta: 1909), 87-95.

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the provision of health care for black people. That hospital was the result of efforts by black physicians and the black community in Kansas City, Missouri, to create a public hospital; in 1911 the hospital employed four African American physicians and operated a training school for nurses. The building in which the hospital was located had been constructed in 1873 and was allowed to be used by the African American population only when it was vacated by white patients upon the construction of a new hospital for whites; it was inferior to the white hospital in various ways, but it was a hospital. By 1914 this public hospital also had a black superintendent and a black superintendent of nurses and this marked the hospital as "the first municipal hospital to be managed by African Americans." Even so, it would only be another decade—1924—before black people were placed in positions directing all the hospital's departments.<sup>11</sup>

Other black hospitals emerged, and by 1915 Provident Hospital of Chicago had evolved from a biracial hospital to essentially a black institution with ninety-three percent of its patients African Americans and almost all of the physicians black, although the superintendent was white. The number increased, though, and Vanessa Northington Gamble estimates that there were about sixty-three black hospitals of one kind or another in 1912 and one hundred eighteen in 1919, although that number, again, includes both hospitals and training schools without distinguishing between them and Gamble acknowledges that "the estimate for the number of hospitals may be high." There could have been as many as two hundred of these institutions by 1923, but, in any case, it is clear that there was a trend toward the creation of separate black hospitals in the nation in the late 1910s and 1920s.<sup>12</sup> That national trend, moreover, suggests that the establishment of those hospitals was less a response to unique local conditions than it was a response to national circumstances that happened to play out in the nation's communities.

### **Social Change, Racial Tensions, and Okmulgee, Oklahoma, 1869-1925**

It is in this context that the significance of the Okmulgee Black Hospital can be best understood. And the hospital was born from the operation of historical forces that had been shaping the social environment of the nation for at least a half-century.

Okmulgee, Oklahoma, was a community that owed its origins to the relocation of the Muscogee, or Creek, Nation of Native Americans in the nineteenth century. After their forced removal from Alabama and Georgia to a designated part of Indian Territory in the 1830s, the Creek Nation developed in the center of what would become future Oklahoma, but their lands dwindled through a series of losses, including the yielding of half their lands after the Civil War. Beset by factionalism and internecine struggle, the Creek Nation suffered through the last third of the nineteenth century, but it had built its capitol, where some of that strife took place, at a location called Okmulgee, after a Creek town of the same name in Alabama, and a community developed around it by 1869. An important feature of this group of Native Americans was that its former slave population, upon emancipation, gained citizenship in the Creek Nation, and that population was generally tabulated at around a third of the Indian population, although the lines are indistinct because of considerable intermarriage. But clearly a substantial African American population emerged in the Okmulgee area and sometimes those black people assumed prominent positions. By the end of the century, at least one black man, James A. Roper, had been named postmaster for the community; Roper appears to have been a

<sup>11</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 9.

<sup>12</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 17, 28, 206n56, 183.

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graduate of Meharry Medical College in Tennessee, although it is not certain if he ever practiced medicine in Okmulgee. Plus, there is some evidence that another African American, C. P. Wallace, had been appointed judge, although in what judicial circuit has not been determined.<sup>13</sup> During the 1890s, in fact, there is some evidence to suggest that the small town of Okmulgee was populated mainly by African Americans.<sup>14</sup>

The Creek Nation, however, in the years following the Civil War was being undermined by an infusion of white commercial, transportation, government, and religious institutions and even a growing white population, some of it illegal, and the towns turned into increasingly white-dominated cities and commercial centers on railroads. With the creation of the state of Oklahoma in 1907 the Creek Nation's governing apparatus was dissolved and their lands were distributed individually with the "excess" to be made available to whites. Other changes were to come too. Just as inauspicious as the demise of the Native American social organization was the subjugation of the black population. The constitution of the new state required separate schools for black people and the first law enacted by the new state legislature forced black and white passengers to ride in separate railroad cars. And a 1910 law effectively eliminated African American voting in Oklahoma by means of a severe literacy test. The specter of rigid racial segregation, not entirely new to many parts of Oklahoma, descended like a pall over the entire state.<sup>15</sup>

The town of Okmulgee began to grow and the black population of Okmulgee was augmented by the arrival of African Americans from the South who were migrating to find new opportunities and to escape the harsh racial atmosphere of their previous homes. Postmaster James Roper, for example, had migrated from Arkansas and others came from farther away. But white people were coming in even larger numbers. By 1907, Okmulgee had a total population of 2,322, of which 595, or twenty-six percent, were black. In addition, the all-black town of Grayson (population 375) was located only a dozen miles southeast of Okmulgee and a substantial African American population comprised the critical element of the labor system in cotton production in the Okmulgee County countryside.<sup>16</sup>

The town of Okmulgee benefited materially from the discovery of oil in the area and the population surged, including the black population. In 1912 Rev. John Q. Evans, a graduate of the Lincoln University seminary, class of 1909, wrote back to his alma mater from his church in Okmulgee and urged other African Americans to join him: "Oklahoma is a fine field in which to work, and I trust that more Lincoln men will come out and join us."<sup>17</sup> By 1920 Okmulgee had a population of 17,430, of which 3,359, or nineteen percent, were African

<sup>13</sup> Charles James Bate, *"It's Been a Long Time" (And We've Come a Long Way): A History of the Oklahoma Black Medical Providers (The Black Healers)*, (Muskogee, Oklahoma: Hoffman Printing Company, Inc., 1986), 192; *History of Okmulgee County, Oklahoma* (Tulsa: Oklahoma Historical Enterprises, 1985), 872; Terri Myers, "From Creek Freedmen to Oklahoma Oil Men: The Black Heritage and Architectural Legacy of Okmulgee (1878-1929)," unpublished report prepared for City of Okmulgee Historic Preservation Commission, 1991, p. 40. A copy of the Myers report is available both in the Okmulgee Public Library and in the Oklahoma State Historic Preservation Office.

<sup>14</sup> Myers, "From Creek Freedmen to Oklahoma Oil Men: The Black Heritage and Architectural Legacy of Okmulgee (1878-1929)," 38-40.

<sup>15</sup> Danney Goble and W. David Baird, *The Story of Oklahoma* (Norman: University of Oklahoma Press, 1994), 333-335, 343-344.

<sup>16</sup> Danney Goble and Charles Robert Goins, *Historical Atlas of Oklahoma* (Norman: University of Oklahoma Press, 2006), 139.

<sup>17</sup> *Lincoln University Herald*, XVI (November 1912), 1.

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American.<sup>18</sup> By that time also, Okmulgee's African American community was well established with a separate residential and business section and its community centers included separate churches, fraternal lodges, schools, and groceries. Life for African Americans in Okmulgee, as it was in Oklahoma, as it was in much of the nation, was separate though hardly equal.<sup>19</sup>

The burdens of race increased during and after World War I and were intensified by a wave of violence that was nationwide and that also reached into this part of Oklahoma. The pattern of violence indicates clearly that this was not simply a local phenomenon, nor was it regional even. The demographics of race were shifting and more and more African Americans were living outside the South and they encountered massive and violent attacks fueled by a volatile mix of economic pressures and racism. Riots at East St. Louis, Illinois, at Chester, Pennsylvania, at Philadelphia, and in Houston erupted in 1917, with a geographic breadth that indicated that these were not isolated outbreaks, but part of a national epidemic. After the war, in 1919, in what poet and writer James Weldon Johnson called the Red Summer of 1919, racial violence again broke out with devastating consequences for black Americans in at least twenty places as diverse as Washington, D.C., Chicago, Omaha, Charleston, South Carolina, Longview and Knoxville, Texas, and Elaine, Arkansas.

By 1920, the black citizens of Okmulgee lived in a segregated town and in a racially hostile state and nation. The hostility, and the specter of violence, was seldom out of mind for these people and the possibility of local violence erupted visibly in June 1921 when an actual pogrom, the Tulsa Race Riot, raged with vicious fury just thirty-five miles to the north.

Historians John Hope Franklin and Scott Ellsworth summarize the terror thus:

During the course of eighteen terrible hours, more than one thousand homes were burned to the ground. Practically overnight, entire neighborhoods where families had raised their children, visited with their neighbors, and hung their wash out on the line to dry, had been suddenly reduced to ashes. . . . In less than twenty-four hours, nearly all of Tulsa's African American residential district—some forty-square-blocks in all—had been laid to waste, leaving nearly nine-thousand people homeless.<sup>20</sup>

The number of people killed in the riot can not be determined with any accuracy and John Hope Franklin and Scott Ellsworth estimate that "at least seventy-five to one-hundred people, both black and white, were killed during the riot." They also note, however, that the representative of the American Red Cross activities in the relief effort following the riot estimated that the deaths may have been as high as three hundred.<sup>21</sup> The national assessment of this event was clear. Walter White, field secretary of the National Association for the

<sup>18</sup> U.S. Department of Commerce, Bureau of the Census, *Fourteenth Census of the United States, State Compendium(a), North Carolina – Pennsylvania, Statistics of Population, Occupation, Agriculture, Drainage, Manufactures, and Mines and Quarries for State, Counties and Cities* (Washington: Government Printing Office, 1925), 40.

<sup>19</sup> Myers, "From Creek Freedmen to Oklahoma Oil Men: The Black Heritage and Architectural Legacy of Okmulgee (1878-1929)," 55.

<sup>20</sup> John Hope Franklin and Scott Ellsworth, "History Knows no Fences: An Overview," in *Tulsa Race Riot: A Report by the Oklahoma Commission to Study the Tulsa Race Riot of 1921* (n.p: February 28, 2001), 22. The complete report is available on the World Wide Web at [http://www.ok-history.mus.ok.us/trrc/freport .htm](http://www.ok-history.mus.ok.us/trrc/freport.htm).

<sup>21</sup> Franklin and Ellsworth, "History Knows no Fences: An Overview," 23.

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Advancement of Colored People, and responsible for investigating lynching and riots in the nation, visited Tulsa afterwards and was appalled at the sight: "I am able to state that the Tulsa riot, in sheer brutality and willful destruction of life and property, stands without parallel in America."<sup>22</sup>

The African Americans who lived thirty-five miles south of Tulsa, in Okmulgee, read about the events in the headlines of the local newspaper that made sure that they understood their vulnerability and separate and unequal position in life. Reinforcing that vulnerability, local newspaper accounts from all parts of the nation in the following months reported multiple instances of violence perpetrated on black people as if this were a normal and to-be-expected part of life.<sup>23</sup> To be black in Okmulgee was to be black in a nation where the reminders of racial subjugation were a constant part of daily life.

Which is not to say that the black community lived a life of quiet abnegation and acceptance. There were abundant signs of resistance, solidarity, and self-help in the African American community of Okmulgee, even if there was not always unanimity in the proper course to follow. There are some indications that one current aspired to separate political, economic, and cultural institutions and cooperation within African American community. At the same time as the riot in Tulsa, a group of African Americans from the towns and farms around Okmulgee banded together to join Marcus Garvey in his Universal Negro Improvement Association, a nation-wide effort to establish a new, all black, nation in Africa free from the racial prejudice of the United States and also to bring black people together on the basis of a shared culture and mutual assistance, offering, for example life insurance to members. And the Okmulgee members were willing to act on that vision and some of them even packed their bags and left their homes in and around Okmulgee, arriving in New York City on their hoped-for journey to Africa on the same day the riot erupted in Tulsa. The group from Okmulgee cited in particular the system of peonage prevailing on the farms of the area that they worked as sharecroppers as well as threats against their homes and lives if they remained in the county.<sup>24</sup> This was a small group of eight people who left the community but Garvey's UNIA actually had a strong presence in Okmulgee County. The president of the Okmulgee Division of the UNIA was a physician, Dr. O. A. Williams, described by the sheriff as "one of the foremost Negroes in that vicinity," and the treasurer, Ms. Jessie Kennedy, claimed a membership of three hundred in the county.<sup>25</sup> But membership in an organization was not the only sign of black solidarity in the area. In June 1921 a number of African Americans came to the aid of

<sup>22</sup> New York *Call*, June 10, 1921, as quoted by Franklin and Ellsworth, "History Knows no Fences: An Overview," 24.

<sup>23</sup> See, for example, the following: "Many Negroes Flee from Grandfield," Okmulgee *Daily Democrat*, June 16, 1921 (Grandfield, Oklahoma); "Girl's Negro Slayer is Burned at Stake," Okmulgee *Daily Democrat*, June 19, 1921 (Moultrie, Georgia); "Negro Sentenced to Death for Assault," Okmulgee *Daily Democrat*, June 26, 1921 (Caldwell, Texas); "Negro Shot to Death by Sheriff in Court," Okmulgee *Daily Democrat*, July 5, 1921 (Vicksburg, Mississippi); "Negro Charged with Attempted Assault Tried," Okmulgee *Daily Democrat*, July 5, 1921 (Okmulgee, Oklahoma); "Negro Hotel Porter Whipped at El Reno," Okmulgee *Daily Democrat*, July 5, 1921 (El Reno, Oklahoma); "Negro Murderer of White boy Dies in Electric Chair," Okmulgee *Daily Democrat*, July 15, 1921 (McAlester, Oklahoma); "Negro Shot in Arm by Officer when he Resists Arrest," Okmulgee *Daily Democrat*, July 18, 1921 (Okmulgee, Oklahoma); "Beggs Negro in Jail on Charge of Killing Woman," Okmulgee *Daily Democrat*, July 26, 1921 (Beggs, Okmulgee County, Oklahoma); "Mingling of Whites and Negroes Banned by Committee Notice," Okmulgee *Daily Democrat*, July 28, 1921 (Henryetta, Okmulgee County, Oklahoma).

<sup>24</sup> "Negroes Started for Africa," Okmulgee *Daily Democrat*, June 3, 1921; "Refugees Declare Peonage Prevalent," New York *Times*, June 3, 1921.

<sup>25</sup> "Report by Bureau Agent L. J. Barkhausen," in Robert A. Hill, ed., *The Marcus Garvey and Universal Negro Improvement Association Papers*, Vol. III (Berkeley: University of California Press, 1986), 466-470.

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one of their own who was threatened by white people in the neighborhood of the small town of Beggs northwest of Okmulgee. The specifics of the case are murky, but the local newspaper made clear the response and there was no doubt that the threatened African American was being protected by his neighbors: "A number of negroes [sic] have been going about the section of the country west of Beggs with rifles strapped to their saddles, according to W. H. Reading, of Beggs."<sup>26</sup> These events took place within the three weeks following the Tulsa race riot. Okmulgee, like much of the nation in the early 1920s, was part of a world divided by racial tension and violence, and this was the world in which the Okmulgee Black Hospital was created.

### The Birth of the Okmulgee Black Hospital, 1920-1924

The first documentary mention of such a hospital came in 1920 when William P. Morton sold four lots to the city to be used, as the deed specified, "for Colored Hospital."<sup>27</sup> Morton, a merchant in Okmulgee since 1903, had especially profited as a result of the discovery of oil in the area and had invested in real estate in the community and in the surrounding countryside.<sup>28</sup> The details of the transaction are not clear, although there is some evidence as well as local lore to suggest that the money for the purchase came, directly or indirectly, not from city coffers but from contributions from the black community's civic organizations, and it is sometimes said that Buster Hayes alone provided the land for the city.<sup>29</sup> It is plain, at any rate, that there was sentiment and discussion favoring the establishment of such a hospital and it is probable that the African Americans themselves put up the money for the land. One or two years earlier, the city government had constructed a new hospital and some have suggested that a small number of black citizens were admitted as patients to this, although surely not on an equal basis and probably in a separate section or ward.<sup>30</sup>

Finally, with the donation of the land for the black hospital, it appeared that the health needs of the African American community would receive direct attention with a new hospital devoted to their care. But having the land for a hospital and having a hospital are two different matters. The actual construction of the hospital appears to have followed two developments: the infusion of money into the city government from the oil boom and also a smallpox epidemic that exposed the community's weak health care system.

The land for the new black hospital sat vacant through 1920, 1921, and through most of 1922. When a decision was finally made by the city government to proceed with plans for the building, the project was linked to an expansion of the recently constructed city hospital. This came at a time in the oil boom when the city was also undertaking installation and expansion of a city water system and paving city streets and building a new library that meant construction was always underway in some part of the city to develop the community's infrastructure, and that investment was made possible by the activity in the oil fields and the increased commerce—and tax revenues—in the city, although by the beginning of the 1920s reports increased of layoffs

<sup>26</sup> "Prompt Action of Beggs Officials Nipped in Bud Danger of Negro Uprising, Sheriff Kuhn Declares," *Okmulgee Daily Democrat*, June 19, 1921.

<sup>27</sup> Deed Record, Sale of lots 1,2,3, and 4, Block 40 of Incorporated Town (now City), from William P. Morton to City of Okmulgee, January 15, 1920. Okmulgee County Clerk Files, Deed Record Book 210, p. 559.

<sup>28</sup> "William Morton Dies, Rites Set," *Okmulgee Daily Times*, September 16, 1955.

<sup>29</sup> Cleveland Rodgers, *Hospitals in Oklahoma: A History, 1824-1990* (Oklahoma City: Oklahoma Heritage Association, 1991), 114.

<sup>30</sup> "Colored Hospital Here Will Close," *Okmulgee Daily-Times*, July 29, 1956.

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and purchases that indicated the boom would not continue forever. The black hospital was part of a larger plan of city development.

But its construction may have been hastened by the arrival of smallpox in Okmulgee. The smallpox epidemic was reported in Okmulgee in the first week of November 1921, with somewhere between thirty and forty cases appearing, and then it spread through the town. After another two weeks the situation had worsened and the city government embarked upon a plan to quarantine those people suffering from the disease by converting a building at the local fairgrounds to be used as a detention hospital or "pest house" for the afflicted.<sup>31</sup> Immediately, however, the fair association and north side residents protested the plan and secured an injunction to prevent the conversion of the buildings. Compromise was futile and ultimately the city yielded; when the city announced an alternate plan there was a new twist: the city would build two detention hospitals, one for white people and one for black people.<sup>32</sup> At that moment the city government announced that there were twelve white patients and sixteen black patients who suffered from smallpox and who needed to be moved to a detention hospital, so the new facilities were being constructed immediately. Each of the two detention hospitals would hold a maximum of fifty patients, or sixty in an emergency. The white hospital would be located in a city park near the nurse home and city hospital while the African American detention hospital would be located on vacant land near the Indian cemetery "at the foot of Third street" immediately east of the Frisco Railroad. These two frame structures were built literally within a few days after November 25, so that on November 29 the local newspaper reported that twenty-five patients suffering from smallpox were being moved from their homes to the new detention hospitals.<sup>33</sup>

There were, however, obstacles to the new detention hospital system. One problem was that there was opposition to detention hospitals as such, sometimes the facilities being viewed with alarm and fear as terminal care buildings, or at least as places rife with contagion and thus to be avoided, and, in fact, there was a current of opposition to the black detention hospital from within the African American community itself. Okmulgee had at the time only a few black physicians, but these doctors had earlier joined with local black dentists and pharmacists in a professional organization and now the leaders of that group spoke up to urge Okmulgee's black population to support the detention hospitals. The group endorsed the construction of a separate "pest house," even though neighbors of the new hospital feared its location nearby. "We think the location in the southwest corner of Old Cemetery most ideal of any within the city limits and assure our people that the district from the avenues on the north and west side of the block, traversed most by our people, is perfectly safe, if proper sanitation is complied with. We especially encourage our people to report all cases, and to patronize the institution provided for them."<sup>34</sup> The second obstacle to the new detention hospital, at least to the use of the new hospital for black patients, had to do with getting the patients there. "Considerable difficulty has been experienced by the authorities in obtaining a conveyance to remove Negro patients from their homes to the hospital. The white patients are being moved in an ambulance."<sup>35</sup> The ambulance was not

<sup>31</sup> "Mayor Asks Co-operation of All in Fighting Disease," *Okmulgee Daily Democrat*, November 8, 1921; "11 New Smallpox Cases Reported in Okmulgee Today," *Okmulgee Daily Democrat*, November 21, 1921.

<sup>32</sup> "Plans for Detention Hospital Made," *Okmulgee Daily Democrat*, November 25, 1921; "City Decides to Make no further Effort to Establish Detention Camp," *Okmulgee Daily Democrat*, November 24, 1921; "City Pushes Work on two Detention Hospitals for Patients with Smallpox," *Okmulgee Daily Democrat*, November 27, 1921.

<sup>33</sup> "Epidemic Well in hand, State Official Says," *Okmulgee Daily Democrat*, November 29, 1921.

<sup>34</sup> "Colored Physicians Endorse Health Board," *Okmulgee Daily Democrat*, November 27, 1921.

<sup>35</sup> "1,000 Okmulgee School Children are Vaccinated," *Okmulgee Daily Democrat*, November 30, 1921.

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available to transport the black patients with the same disease.

The quarantine was imposed and the smallpox epidemic eventually ran its course, but during its devastating visit the disease revealed fundamental truths about health care for the African American community of Okmulgee. One of the important realizations at the beginning of the twentieth century was that "germs do not follow a color line,"<sup>36</sup> but clearly the sociology of disease and treatment still observed racial boundaries. Despite a smaller population, the number of black people afflicted with the disease equaled or exceeded the number of white people who had contracted smallpox; such a disparity in rates of infection could be associated with economics and opportunity and that disparity also prevailed in the nation. Plus, the epidemic pointed up the glaring inequities in treatment for the two races, even in something as fundamental as transporting the afflicted to the detention hospital. It was clear that the dynamics of race relations shaped not only the health needs of the black community but also the inadequate care that those people received.

Shortly after the smallpox epidemic subsided, the effort that had begun in 1920 to build an actual hospital, not just a detention hospital, for the African American community, finally started to bear fruit. In early February 1922, when the city announced the architectural firm selected to design an addition to the existing city hospital, it also announced that J. M. Whitehead had been chosen "to make the plans and specifications for the erection of the Negro hospital and an addition to the nurses home at the white hospital."<sup>37</sup> A month later Mr. Whitehead proposed a design that called for the black hospital building to have twenty beds and living quarters for the staff, with a total cost of about fifty thousand dollars. It would be constructed, the local newspaper said, "on a site on the east side donated to the city by Negro residents."<sup>38</sup> The project was put out for bid in March and the contracts were issued by the city in April and May, and by November construction was apparently well underway.<sup>39</sup> Exactly

**COLORED PHYSICIANS  
ENDORSE HEALTH BOARD**

To the colored citizens of Okmulgee:  
The local medical society of colored physicians desire to commend the board of health for prompt action in erecting a pest house for smallpox patients among our people, and

Whereas, much fear and complaint by residents in the vicinity of the location has resulted, we feel it our duty to make a statement thereto.

We think the location in the south-west corner of Old Cemetery most ideal of any within the city limits, and assure our people that the district from the avenues on the north and west side of the block, traversed most by our people, is perfectly safe, if proper sanitation is complied with. We especially encourage our people to report all cases, and to patronize the institution provided for them.

**J. M. WHITE, M. D., President.  
J. E. GURSS, Secretary.**

Before the Okmulgee Black Hospital was constructed, a detention hospital—or pest house—for the quarantine and treatment of smallpox patients in the African American community of Okmulgee received the support of black physicians. Source: Okmulgee *Daily Democrat*, November 27, 1921.

<sup>36</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 7.

<sup>37</sup> "Architects are Chosen to Make Hospital Plans," Okmulgee *Daily Democrat*, February 5, 1922.

<sup>38</sup> "Hospital Addition and Negro Hospital Plans are Approved," Okmulgee *Daily Democrat*, March 5, 1922.

<sup>39</sup> "Draftsmen Named to Prepare Plans for City Buildings," Okmulgee *Daily Times*, February 5, 1922; "Plans Complete for Addition to City Hospital," Okmulgee *Daily Democrat*, March 19, 1922; "Bids Are Received for Negro Hospital," Okmulgee

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when the building was completed can not be determined, but a newspaper article in June 1923 reported that "the Negro hospital building has been completed for several months."<sup>40</sup> The same article reported, however, that the hospital had not been opened.

The hospital did not open when it was finished because money had not been allocated in the city budget for its operation.<sup>41</sup> Although one account indicates that funds for the hospital were included in the fiscal year starting July 1, the hospital did not open that month. And it did not open in August. Or in September. In fact, the hospital did not open at all in 1923 despite the fact that it was desperately needed and despite the fact that the building had been finished in the spring. For nearly a year the hospital sat empty, unused, and unoccupied. Exactly why no funds were available was never spelled out, although in January 1924 one discussion of the city council's fiscal operation indicated the town's official priorities: because the white hospital was so expensive to operate, the justification went, "it was decided unwise to slice that institution's appropriation for the Negro hospital."<sup>42</sup> Like the ambulance service that had been available for whites but not for African Americans, funds were available for the white hospital but not for the black hospital.

In the fall of 1923 pressure from the black community mounted on the city council to open the hospital and immediately after the new year of 1924, "a large number" of African Americans petitioned the city commissioners to open the hospital. The group met with the city commissioners and presented their own solution to the problem. They offered to form an organization that would lease the building from the city to operate the hospital "and to furnish any additional funds which might be needed for that purpose."<sup>43</sup> After intense discussion and deliberation, the city and the ad hoc hospital company came to terms, agreeing that the city would provide a maximum of a thousand dollars for the operation of the hospital during the remainder of the fiscal year and that the financial accounts of the hospital would be subject to audit. While the hospital company would appoint its own board of directors and name the administrators and medical staff, it would operate "under the same rules and regulations as the white city hospital." Plus, the hospital company had to post a bond of \$2500 and agreed to raise an additional thousand dollars through a form of popular subscription to help in the running of the hospital. Mayor W. C. McAdoo told reporters that "The city could not operate the Negro hospital for five times this amount." Moreover, even though a private organization had the responsibility for the management and much of the financing of the hospital, the city would "be in charge of the institution at all times" and the board of directors "will be responsible to the city." The city's justification for the arrangement was that it offered the city government the best of both worlds: "The contract will give the city control over the institution and on the other hand eliminate much of the operating expense."<sup>44</sup>

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*Daily Times*, April 11, 1922; "Contract Bids for Projects of City Received," *Okmulgee Daily Democrat*, May 23, 1922; "Bids are Opened on Big Municipal Building Projects," *Okmulgee Daily Times*, May 23, 1922; "Contracts for Paving Eighth and Sixth Let," *Okmulgee Daily Democrat*, May 30, 1922; "Four City Projects Costing \$200,000 to start at Once," *Okmulgee Daily Times*, May 30, 1922; "City Hospital Staff chosen at Okmulgee," *Daily Oklahoman*, November 22, 1922.

<sup>40</sup> "City Budget to be Considered," *Okmulgee Daily Democrat*, June 25, 1923.

<sup>41</sup> "Estimates Filed with Council for next Fiscal Year," *Okmulgee Daily Times*, June 26, 1923; "Estimates Filed with Council for next Fiscal Year," *Okmulgee Daily Times*, June 26, 1923.

<sup>42</sup> "Negroes to Operate their own Hospital," *Okmulgee Daily Times*, January 15, 1924.

<sup>43</sup> "Negroes Want Hospital Opened," *Okmulgee Daily Democrat*, January 2, 1924; "Defer Action on Negro Hospital," *Okmulgee Daily Democrat*, January 9, 1924; "Negro Hospital May be Leased," *Okmulgee Daily Democrat*, January 14, 1924.

<sup>44</sup> "Negro Hospital May be Leased," *Okmulgee Daily Democrat*, January 14, 1924; "Motor Ordinance Adopted Finally," *Okmulgee Daily Democrat*, January 15, 1924; "Negroes to Operate their own Hospital," *Okmulgee Daily Times*, January

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The city government found satisfaction in an agreement that would expand the city's health care system and retain control over the new black hospital at the same time that it obligated the city to spend just a fraction of what was needed. Yet the African Americans who negotiated the agreement also had reason for satisfaction. They had, after all, developed a structure that would place operational decisions in their own hands, they had created a hospital in which African American physicians and nurses would practice medicine, and they had inaugurated a hospital where the black population of Okmulgee and the area around it would find not just admission but treatment with dignity and respect, something lacking at many hospitals where they were

assigned inferior quarters and given condescending treatment at the hands of white professionals. As for the control of the hospital exercised by the city, the minutes of the actions and discussions of the city commissioners in 1924 and for several years afterwards, when the pattern of administrative control became firmly established, do not mention the Okmulgee Black Hospital even once nor was it ever included in the city budgets presented although the same minutes contain frequent references to the "white hospital."<sup>45</sup> What the city government had may have been exactly what the African

### NEGROES TO OPERATE THEIR OWN HOSPITAL

City Commissioners Appropriate  
\$1,000; Another Thousand to Be  
Raised By Negroes.

There was no question about who would be in control of the Okmulgee Black Hospital when it opened. Source: Okmulgee *Daily Times*, January 15, 1924.

American community allowed it to have: the technicality and formality, and perhaps also the illusion, of control. The Okmulgee Black Hospital, from its very inception, was an institution designed by African Americans to serve the health care needs of Okmulgee's African Americans with African American physicians and nurses and with an African American governing board.

The hospital was built on the corner of Third and Chickasaw but most of all it was built upon a spirit of self-help within the African American community. While very little is known about the association that came together, organized, and elected officers to take responsibility for the hospital, to bear the burden of financing it, and to guide it as it embarked upon this mission of care to the black community, several indications point to an active organization that included various parts of the black community. The president of what the local newspapers referred to as "the Colored Hospital Association" was Dr. Andrew L. Wallace, a black physician in the

15, 1924; "Okmulgee Items," Okmulgee *Daily Democrat*, January 24, 1924; "Negroes Take over Hospital," Okmulgee *Daily Democrat*, February 3, 1924.

<sup>45</sup> The minute books are located in the office of the Okmulgee City Manager and start with the meeting of June 2, 1924; previous minutes or other records of the commission proceedings are missing.

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community. The secretary of the organization was Dr. E. P. Darden, another African American physician. But this was not simply an effort by physicians to open an institution in which they would be allowed to practice. As much as they may have needed that opportunity, given the widespread and systematic exclusion of black professionals from white hospitals, the larger purpose was to provide hospital-based medical care for the African American patients. It was, after all, "a large number" of black people, not just doctors, who petitioned city hall to open the hospital.

And the opening ceremonies for the hospital, on February 22, 1924, made clear how broad the support for the hospital was. One newspaper account summed up the occasion: "The dedication was entirely in the hands of a colored board of trustees in charge of the hospital. Hundreds visited the new institution yesterday.

Afternoon and evening programs were given. Following the ceremonies last night a light refreshment course was served to more than a hundred persons."<sup>46</sup> There were, of course, the white public officials who gave their blessing to the new hospital, including Mayor W. C. McAdoo and former Mayor and Judge Orlando Swain, both of whom gave short talks on the hospital. Dr. C. A. Matoon (director of the white city hospital) spoke and Dr. W. C. Mitchener, prominent physician in the community and head of the local white medical society, delivered an address on "How to Conduct and Manage the Hospital to Make It Beneficial to the Whole Community." There were also the hopeful comments offered by the black physicians E. P. Darden and J. M. White, and the address by local African American attorney A. L. J. Meriwether, titled simply, "The Hospital is Essential." Meriwether saw where the burden was placed, but told the audience, as reported in the news, "although the new institution will cost the Negro citizenship considerable money they must have a place to care for their sick." It was vital, he said for people to support the institution, and he further urged that, "This hospital is for the use of the colored people and they should take advantage of it."<sup>47</sup>

Especially conspicuous was the inclusion of a broad spectrum of the African American community in the event. The invocation was provided by Rev. J. D. Gibson, who also taught at Attucks Elementary School. W. H. Fort, principal of Dunbar High School, "gave a brief history of the hospital and told how it can be maintained for the good of everyone. He pledged the support of the Negro schools." Students from Dunbar High School provided music for the occasion and the hospitality was universally recognized as generous.

The generosity ran deeper, too, and into the very structure and mission of the new hospital. At the dedication ceremony the attendees contributed money. "Many subscriptions," one newspaper reported, "were received toward the maintenance of the hospital." A local black attorney, D. G. Wallace, donated a week's hospital fees for people who could not pay, and an important aspect of the hospital's intended purpose was evident in these contributions: "Although the hospital is not a charitable institution, arrangements have been made by the board of trustees to care for those who are financially unable to pay." In addition, African American physicians donated "more than \$300 worth of surgical instruments and other hospital supplies."<sup>48</sup> This was a hospital supported by the community in ways other than through taxation. It involved self-support and it involved sacrifice.

The opening of the new hospital to serve the African American community of Okmulgee was obviously of enormous significance locally, and even regionally. But it was also of broader significance. Information

<sup>46</sup> "Negroes Dedicate their own Hospital," Okmulgee *Daily Times*, February 23, 1924

<sup>47</sup> "Negroes Dedicate their own Hospital," Okmulgee *Daily Times*, February 23, 1924.

<sup>48</sup> "Negroes Dedicate their own Hospital," Okmulgee *Daily Times*, February 23, 1924.

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remains uncertain, but at the time this hospital opened there were very few hospitals in the nation that were staffed by black physicians and nurses, directed by a black superintendent, governed by an African American board of directors, and dedicated in service to a clientele of black citizens. This was not just a segregated hospital; this was a hospital in which the African American community took great pride.

### **The Okmulgee Black Hospital in the Community and Nation, 1924-1940**

Every single day in the life of a hospital is a day filled with events of life and death importance to someone. Each day is marked by passages in the lives of the people who enter it—lives lost, lives born, bodies healed, bodies broken, suffering relieved, affliction lifted, hope nourished, life redeemed. Yet those passages are quiet, personal, intimate moments, known often but to a few, and in an institutional environment they take on the patina of routine and professional care that can allow the miracles performed in its walls to become standard fare. And so the lives of the hospitals themselves, vital though they are, become less visible in the eyes of the world, and the lives of the black hospitals become even less visible to the outside world.

After the dedication ceremony, the Okmulgee Black Hospital receded from the public eye, at least in the documents left behind, but the institution continued to reflect the national pattern of hospital care for and by African Americans. Part of this could be seen organizationally. It is clear that the initial "Colored Hospital Association" was created on an ad hoc basis simply to facilitate the opening of the hospital. During the following year the organization appears to have become more permanent and legal in its structure; in the process it also shifted so that the directors were separate from the physicians who worked at the hospital. Some of the same people who led the first association created a new organization a year later and filed papers of incorporation with the Oklahoma Secretary of State. This new organization called itself "The Oklahoma Colored Hospital Association of Okmulgee, Oklahoma," and specified as its purpose "to take charge of and operate a Hospital for Colored people in the city of Okmulgee," but it also envisioned a broader ambition; it could, the Articles of Incorporation stipulated, "build, conduct and operate Hospitals in the State of Oklahoma for Colored people in the various counties in the State of Oklahoma, where Colored people reside in any considerable numbers, and to organize local Branches at such places as the Board of Trustees may direct."<sup>49</sup> After a year's experience with the Okmulgee Black Hospital, the supporters of the institution looked to the future optimistically. This legal document, however, is probably the only record of the organization that survives.

The Articles of Incorporation include the names of the eleven trustees, and searches in various city directories and records provide some additional information about the governing body. Rev. J. D. Gibson, the minister and Attucks teacher who appeared at the original hospital dedication, was the chairman of the board, and W. W. Mitchell, about whom no information is available, was Secretary. Other trustees included J. A. Roper, the one-time postmaster for Okmulgee and noted community leader; W. H. Russell, who clerked at a small grocery store operated by B. H. Russell in the African American section of town; Emile Jackson, who also worked at a grocery—all of whom were identified in city directories with the designation (c) indicating their race. In addition four trustees were from the all black town of Grayson, including W. D. Debbs, Preston

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<sup>49</sup> Articles of Incorporation of The Oklahoma Colored Hospital Association of Okmulgee, Oklahoma, Domestic Not for Profit Corporation, Filing No. 2100048085, Filed April 11, 1925. Business Records Section, Office of the Oklahoma Secretary of State.

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Dillingham, Paul Farbe (another grocer), and Robert Thierry, who had been the sheriff or marshall or who was the son of the marshall or sheriff. The list of trustees also includes two people from outside the county, M. A. Wade of Boynton and W. H. Twine of Muskogee, both in adjacent Muskogee County. Notably absent from the list of trustees were the attorneys and physicians who helped launch the hospital the year before. Much more prominent now were the various lay people who took positions as trustees of the hospital.

Several threads can be detected in the evolution of the Okmulgee Black Hospital in the following years that reveal how integral the hospital was to the main pattern of black hospitals in the nation. Those threads together chart the rise of what may be termed the "modern" hospital. In the first place, the new hospital supplanted the detention hospital that had been constructed during the smallpox epidemic. Both the "Colored Detention Hospital" and the white "City Detention Hospital" continued to be listed in the city directory for several years; presumably both were reserved for use in case of another epidemic, although both had disappeared from directory listings by 1928. There was no longer a need for such facilities given the permanent facilities that were now available.

In addition, the Okmulgee Black Hospital's administrative structure transformed its organization and division of work along standards that were coming to dominate hospitals everywhere in the nation. The first superintendent and first nurse was Beulah R. (Riva or Reah) Roper, daughter of James A. Roper. Ms. Roper had received nurse training in Kansas City at Wheatley-Provident Hospital. At the time it was common for a nurse, or head nurse, to serve as administrator of a hospital directing the work of the nursing staff and managing the physical plant, equipment, and supplies; this was not far removed from the common practice of a midwife serving as director or superintendent of a hospital or clinic.<sup>50</sup> Hospital Consultant Henry C. Wright could state flatly in 1921 that "In most hospitals under fifty beds, the superintendent, a woman, is superintendent of nurses, instructor of nurses, operating room nurse, X-ray operator, and general plant manager."<sup>51</sup> A nurse was superintendent of the Okmulgee white hospital and at many hospitals elsewhere in the nation. With some personnel changes in between, by 1928 Eber A. Oden was listed in local city directories as superintendent of the black hospital, but by 1936 Ms. Oden was identified as head nurse instead of superintendent. This actually was an important shift since it reflected the contours of change in hospital administration in the nation. The modernization of hospitals included placing physicians in charge of all hospital facilities and staffs. In fact, this change reflected two patterns in the professionalization of both the physicians and the nurses—of the physicians by placing administrative control in their hands and of the nurses by separating their medical functions from the housekeeping functions like cleaning, cooking, and laundering that had long weighed on the nurses even to the detriment of their medical responsibilities, but it also reflected increasing gender differentials in hospital administration. The Okmulgee Black Hospital conformed to the growing pressure toward increased professionalization in the administration of hospitals.<sup>52</sup>

<sup>50</sup> Wilbur H. Watson, *Against the Odds: Blacks in the Profession of Medicine in the United States* (New Brunswick, NJ: Transaction Publishers, 1999), 63-74.

<sup>51</sup> Henry C. Wright, "Some Fundamentals in Hospital Planning—Part I," *The American Architect – The Architectural Review*, December 7, 1921, 425.

<sup>52</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 43. The professionalization of nursing, and the social changes that entailed, essentially defined African American nursing in the 1930s. See especially, Estelle Massey Riddle, "Sources of Supply of Negro Health Personnel, Section C: Nurses," *Journal of Negro Education*, 6 (July 1937), 483-492; Estelle G. Massey-Riddle, "The Training and Placement of Negro Nurses," *Journal of Negro Education*, 4 (January 1935), 42-48.

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Okmulgee Black Hospital, during time of its operation, date unknown. Photo credit: Oklahoma Hospital Association, from Cleveland Rodgers, *Hospitals in Oklahoma: A History, 1824-1990* (Oklahoma City: Western Heritage Books for Oklahoma Heritage Association, 1991), 48.

A third element in the evolution of the hospital was the transition from the hospital controlled by a board of citizen trustees to an institution that was essentially proprietary in nature, although still owned by the city. Exactly when this change came about is unknown. Although the early contracts no longer can be examined, the initial agreement between the city and the black hospital association received financial and other support from a broad segment of the African American population, and the association that was incorporated the next year to manage the hospital formally embraced that broad base. At some point in the next decade, however, the hospital administration became less citizen based and more business-oriented.

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How long the original governing arrangement remained intact is not known but quite possibly it changed around 1931. In that year Dr. A. L. Wallace, who is usually identified as the first physician at the hospital, and sometimes as a superintendent, and who was the president of the first hospital association, moved to Oakland, California to practice medicine and was joined in this by his assistant at the hospital. A new group of doctors, led by Dr J. Houston Burt as superintendent, replaced the two. Whether this change of administration also included the bypassing of an independent board of trustees is unclear, but by 1936 the board of trustees was definitely out of the picture. In that year the city leased the hospital directly to Dr. Burt, sidestepping any governing board, giving him sole authority and responsibility for the hospital subject to the specified contractual requirements that generally applied in any city contract.<sup>53</sup> Dr. Burt leased the building and its equipment for a dollar a year from the city and in return agreed to operate the hospital for the community. This three-year contract may not have been the first such lease that Burt entered into with the city but it does mark the transformation that had taken place.

All indications are that during the 1920s and 1930s the hospital flourished and even expanded—not in physical plant but in professional staff and patient capacity. By 1936 the hospital had four physicians, including the superintendent, Dr. Burt, and Drs. Stanley L. Daigle, J. M. White, and K. James Guess and also two nurses, Eber Oden, who graduated from Park Sanitarium in Guthrie, Oklahoma and also the Wheatley Provident Hospital in Kansas City and also Ms. P. E. Wellington, a graduate of St. Agnes Hospital, Raleigh, North Carolina. What is especially compelling about this increase in medical staff is, first, that this took place within the Depression when other institutions were cutting back on personnel. The financial pressures were insurmountable for many hospitals and staff reductions were a common solution. But perhaps more noteworthy is that this expansion took place despite a general decline in the number of African American physicians in the state. In 1910, there had been one hundred thirty-five black physicians in Oklahoma, and in 1933 there were just over one hundred.<sup>54</sup> Much of that decline appears to have come after 1921 and Dr. Charles James Bate, an African American physician in Tulsa, explicitly argued that “Since or beginning with the 1921 riot, there has been a decline of Black medical physicians and providers . . . .”<sup>55</sup> But the Okmulgee Black Hospital held its own and increased its staff of African American physicians.

With this larger staff, the hospital boasted of an ability to accommodate twenty-five patients and head nurse Eber Oden claimed in 1936 that the hospital “rates second in size of colored hospitals throughout” Oklahoma. The added beds meant that the hospital could treat more patients, but the hospital went beyond treatment to education. Hospitals had not yet reached widespread public acceptance by both white and black people, as the fear of the detention hospitals indicated and as the statements at the black hospital dedication demonstrate. That acceptance was increasing, though, and the hospital was even undertaking an outreach program of education for the community. In 1936, and probably in other years too, the hospital had special wellness programs including a clinic the second Thursday of each month “for the treatment of the babies of the community.”<sup>56</sup> These clinics were sponsored financially by various civic clubs in Okmulgee. The

<sup>53</sup> Lease Contract between City of Okmulgee and Dr. J.H. Burt, March 31, 1936, Book 483, pp. 130-132, Office of Okmulgee County Clerk.

<sup>54</sup> H. A. Callis, “The Need and Training of Negro Physicians,” *Journal of Negro Education*, 4 (January 1937), 35.

<sup>55</sup> Bate, “*It’s Been a Long Time (And We’ve Come a Long Way): A History of the Oklahoma Black Medical Providers*, 202-203.

<sup>56</sup> Works Progress Administration Writers’ Project interview with Miss E. A. Oden, “head nurse at the Okmulgee (Colored) City Hospital” April 3, 1936. Copy located in Okmulgee Vertical File, Oklahoma Historical Society Archives.

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Okmulgee Black Hospital saw its mission not just in terms of treating and healing the afflicted, but in broader health awareness and prevention and did so in ways that multiplied its impact on the community well beyond the numbers of people who were admitted to its care.

The education went beyond public health awareness. While the hospital had no training program for nurses at the time Oden gave her interview in 1936, she said it was planning to arrange such a program, though no record exists to shed light on how it was conducted and how long it lasted. On the other hand, the Okmulgee Black Hospital definitely provided education opportunities for African American physicians. Continuing education and professional development was crucial throughout the medical profession so that physicians would be able to keep up on the latest developments in medicine, yet opportunities were hard to come by if the doctor happened to be black.<sup>57</sup> There was no medical school of any kind in Oklahoma that would admit African American students, a circumstance all too-common in a number of other states, and opportunities for continuing education were just as sparse. H. A. Callis, writing in the *Journal of Negro Education* in 1937 offered the bleak assessment that, "the Negro physician is handicapped and ostracized in all his professional opportunities for development and service."<sup>58</sup> The Okmulgee Black Hospital, as it turns out, helped provide exactly that professional development on at least one occasion and doubtless more. The Oklahoma Colored Medical, Dental and Pharmaceutical Association had organized well before this hospital came into existence but Okmulgee quickly became a regular in the rotation of annual conference sites. In 1938, when the organization met in Okmulgee, Dr. Charles James Bate recalled, "All doctors were invited to bring special surgical cases for the free clinic to be held at the City Hospital No. 2."<sup>59</sup> That special clinic was an ambitious undertaking, but it also reflected an effort to promote the latest techniques in the profession and to advance the skills of African American medical practitioners when those opportunities simply were otherwise unavailable.

### The Okmulgee Black Hospital in a Modernizing World, 1935-1956

This ability to provide public education and professional training was all the more remarkable for the fact that the Okmulgee Black Hospital was as small as it was. The trend was for hospitals to get bigger, to invest in more and more equipment and technology, and to become accredited by one of the several professional bodies that assessed a hospital's conformance to set standards. This may have solved some problems, but it also created new ones.

Many hospitals operated without any accreditation at all, but the Okmulgee Black Hospital appears to have sought and secured accreditation as a validation of the quality of its services. According to a list that was published in 1938 by the state of Oklahoma, the hospital met the standards for approval set by the American

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<sup>57</sup> Numa G. Adams, "Sources of Supply of Negro Health Personnel, Section A: Physicians," *Journal of Negro Education*, 6 (July 1937), 475.

<sup>58</sup> H. A. Callis, "The Need and Training of Negro Physicians," *Journal of Negro Education*, 4 (January 1935), 41.

<sup>59</sup> Charles James Bate, *"It's Been a Long Time" (And We've Come a Long Way): A History of the Oklahoma Black Medical Providers (The Black Healers)*, (Muskogee, Oklahoma: Hoffman Printing Company, Inc., 1986), 168.

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Medical Association and it may have been approved by others too; the AMA approval was, in lieu of state licensing, the official standard used by the state government for evaluating hospitals.<sup>60</sup>

The problem was that size itself was becoming a major factor in accreditation by professional medical organizations. For example, while the Okmulgee Black Hospital planned to start a nurse training program in the late 1930s, this program would not be able to be accredited. In 1937, the National Organization for Public Health Nursing and the Red Cross Nursing Service both refused membership to graduates of programs in hospitals with fewer than fifty patients and the National League of Nursing Education required nurses to graduate from programs that averaged thirty patients each day.<sup>61</sup> The Okmulgee Black Hospital had at most twenty-five beds.

There were, of course, people in the community who sought nurse training but were unable to receive it at the Okmulgee Black Hospital. At least one instance has been recorded. Mabel Ruth House (later Martin) was born in Rentiesville and then moved to Okmulgee as a child. Watching her mother labor as a maid, she vowed to continue her education and received help from "one of the doctors at the Colored Hospital" to secure funds for that purpose; she then traveled to St. Louis where she received nurse training at the eminent African American Homer Phillips Hospital and then returned to Okmulgee where she worked as a nurse at the Okmulgee Black Hospital. She evidently had not been able to train for her profession in the nurse training program at the Okmulgee City Hospital which was for whites only. That hospital and program had more than fifty beds.<sup>62</sup>

Turning away people who wanted to learn was painful, but the problem was bigger than that, and it had to do with the very survival of the hospital. Black hospitals across the nation, especially the small hospitals like the Okmulgee Black Hospital, were running into the same problem, generally in the form of accreditation, standardization, and licensing. For some, like the tiny hospital that was an annex to a doctor's home, the pressures had long been powerful, and those hospitals were closing quickly. The others, those with as many as two-dozen beds, those hospitals that had once been the product of substantial investments and that had served whole communities, those hospitals were increasingly in trouble.

The number of African American hospitals not only failed to grow, but actually declined after its peak around the time that the Okmulgee Black Hospital was founded. In 1923 there may have been as many as two hundred of these institutions (of varying description, organization, and ownership), but by the end of the 1920s the number had dropped to probably a hundred sixty-four. In 1930, Dr. Peter Marshall Murray, of Howard

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<sup>60</sup> Oklahoma Planning & Resources Board, Division of State Planning, *State General & Tuberculosis Hospitals in Oklahoma: A Preliminary Study of Present Facilities and Conditions* (Oklahoma City: Oklahoma Planning and Resources Board, 1938), 126. Actually, a variety of professional organizations offered some form of accreditation and only the largest and most expensive hospitals would be accredited by all of them. It was only 1951 when the American College of Surgeons, the American Hospital Association, and the American Medical Association (and the Canadian Medical Association) formed the Joint Commission on Accreditation of Hospitals; prior to then each set its own standards and offered individual approval.

<sup>61</sup> Estelle Massey Riddle, "Sources of Supply of Negro Health Personnel, Section C: Nurses," *Journal of Negro Education*, 6 (July 1937), 490.

<sup>62</sup> Resolution adopted by Cook County, Illinois, Board of Commissioners memorializing Mabel Ruth House Martin, September 19, 2006, on World Wide Web at <http://www.cookctyclerk.com/pdf/091906resdoc.pdf>.

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University, lamented “the failure of so many Negro hospitals.”<sup>63</sup> In 1937, the chair of the Committee on Research in Medical Economics, Dr. Michael M. Davis, estimated that the number of “small and unsatisfactory Negro hospitals has probably diminished on account of the depression.”<sup>64</sup> By 1944 the number had dropped to one hundred twenty-four—a decline of nearly forty percent in two decades.<sup>65</sup> Those that survived this winnowing process were the larger hospitals, those more likely to receive accreditation, those allowed to place interns, those with training programs, and those able to add technology as it became available. Indeed, this was no accident. The nemesis of the small black hospital was not just the white hospitals, but also the larger African American hospitals in the nation’s cities. Vanessa Northington Gamble has observed that “black medical leaders adopted the ethos of scientific medicine, although they recognized that its adoption would lead to the closing of the prototypical black community hospital—small, proprietary, and without training programs.”<sup>66</sup>

Some African American physicians and hospital administrators feared that this accreditation process was a way for the big hospitals to squeeze out the small ones. About the time the Okmulgee Black Hospital was started, H. M. Green, president of the National Medical Association, the African American counterpart to the AMA, argued that the “hospital interests” through their professional organizations, were striking “a death blow at us as a profession” when they instituted their bed minimums with numbers as high as a hundred.<sup>67</sup> At that time, the National Medical Association estimated that ninety-three percent of the black hospitals had fewer than fifty beds.<sup>68</sup> The pressure to conform to these bed minimums and other standards increased as the years passed, and the pressure on the small, under-financed hospitals, and this included the vast majority of the black hospitals, increased. In 1923 racism had long been a problem, but now the problem was more than racial prejudice and discrimination; the problem now was the pressure to modernize. To simply continue as they had been was no longer enough; in a world where the big hospitals were getting bigger, the other hospitals also had to grow—and to keep growing—or die.

The pressures increased and by the end of World War II, a crisis had been reached. Eugene Bradley, the administrative assistant at Lincoln Hospital in Durham, North Carolina, an African American hospital, offered a careful assessment of the nation’s black hospitals in 1945. An ardent exponent of professional hospital administration, which by this point meant administrative training rather than medical expertise, Bradley observed that “Gone are the days when any person regardless of prior training can be entrusted with the management of a hospital, white or black.” But the problem, according to Bradley, was more than administration; it had to do with the facilities.

At the present time the absence of good diagnostic facilities and medical records is the one

<sup>63</sup> Peter Marshall Murray, “Hospital Provision for the Negro Race,” *Bulletin of the American Hospital Association*, 4 (July 1930), 44.

<sup>64</sup> Michael M. Davis, “Problems of Health Service for Negroes,” *Journal of Negro Education*, 6 (July 1937), 444.

<sup>65</sup> Eugene H. Bradley, “Health, Hospitals, and the Negro,” *Modern Hospital*, 65 (August 1945), 43-44; Jessie P. Guzman (ed.), *Negro Year Book 1941-1946* (Tuskegee, Alabama: Tuskegee Institute, 1947), 336-338; E. R. Carney, “Hospital Care for Negroes,” *National Negro Health News*, 10 (January – March, 1942), 44.

<sup>66</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, xiv.

<sup>67</sup> H. M. Green, “Annual Address of the President of the National Medical Association,” *Journal of the National Medical Association*, 14 (October – December 1922), 216.

<sup>68</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 48.

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obstacle that prevents the majority of Negro hospitals from being approved by the American College of Surgeons. This is due in part to the lack of trained personnel to perform the duties associated with these services. There is little laboratory and x-ray service and the service that is rendered is not of the best technical and professional quality. Until the necessary personnel is found to operate the laboratory and x-ray facilities and until there is a unified system of records the majority of colored hospitals will fail to meet the minimum standards of the college.<sup>69</sup>

The problem was complex and powerful. Accreditation was becoming harder to receive, and without accreditation, the small hospital would be unable to attract the investment from either public or private sources that would enable it to keep up and grow; without that investment, however, there was no chance of becoming accredited. And this was not a static situation; each day that passed without growing, without moving closer to the constantly upward ratcheting standards of accreditation, the Okmulgee Black Hospital and others like it actually moved further away. While a handful of black hospitals, the large ones in large cities, managed to keep pace with the ever-more demanding accreditation standards, most could not. At one time the separate black hospital, operated by and for the African American community, offered distinct hope and pride to a large segment of the population that had been systematically excluded from equal access to health care. By the 1940s, however, those hospitals were becoming part of something that was increasingly referred to as the "Negro medical ghetto."

The intertwined problem of finances, professionalization, and accreditation represented just one cluster of forces weighing upon the black hospitals of the nation. There was, however, another factor that weakened the Okmulgee Black Hospital, and others like it in the nation, a factor that intensified all other pressures. This hospital had been born as an effort by African Americans to serve African Americans. The separate hospital had been both an opportunity and a circumstance of necessity, a merger of the circumstances of racial exclusion and the hope fostered by racial solidarity and pride. By the late 1940s and early 1950s, however, African American support for separate hospitals was sometimes in doubt. The larger system of segregation in the nation was beginning to crumble, and while that process was slow, it also raised the possibility of a different world from the one that had produced the separate black hospitals of the nation. In the first place, there was no denying that those separate facilities came anywhere near being equal to the hospitals provided white people. Nor, it seemed, could they ever be truly equal. Secondly, some of the energy that had previously gone toward the construction of separate black hospitals shifted to getting African American physicians, nurses, and patients admitted to white hospitals. Laudable as that goal and effort was, this weakened the support for the separate black hospitals and made their future growth and even existence that much more challenging.

After World War II, an intense national discussion in the African American and Civil Rights communities focused on the direction in which to proceed. The National Medical Association now accepted the argument of the NAACP, according to Gamble, "that a segregated health-care system resulted in the delivery of inferior medical care to black Americans. The organizations charged that a poorly financed black medical ghetto existed, centered around two medical schools, fourteen hospitals with approved teaching programs, and about ninety-eight additional hospitals."<sup>70</sup> Instead of calling for more and better black hospitals, the two

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<sup>69</sup> Eugene H. Bradley, "Health, Hospitals and the Negro," *Modern Hospital*, 65 (August 1945), 44.

<sup>70</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 184-185.

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organizations urged greater integration of hospitals and construction of hospitals that would be integrated and even, as Gamble says, "the dismantlement of the 'Negro medical ghetto' of which black hospitals were a major component."<sup>71</sup>

The challenges to the system of separate and inferior institutions and treatment for African Americans were evident in Okmulgee, Oklahoma. A series of U.S. Supreme Court decisions that chipped away at the system of segregation in the nation involved Oklahoma laws and one of those decisions was *Hollins v. Oklahoma*, a case in which a conviction was overturned because the accused African American had been denied a jury of his peers; no jury in the county in living memory had included a black person. That case came from Okmulgee County.<sup>72</sup> Race relations were changing in the nation and in Okmulgee. And the NAACP launched an aggressive membership campaign in Okmulgee in the 1940s and early 1950s and pressure mounted on a broad front for integration.<sup>73</sup>

The combination of increased pressure for integration and more demanding accreditation and technology requirements increased the vulnerability of the small black hospitals. That vulnerability assumed critical proportions after World War II when the nation's hospital system began to expand and modernize. As happened in other states, the Oklahoma Department of Health surveyed hospitals in 1945 as it anticipated the modernization of the state's hospital system. According to this report, most of the state's hospitals—black and white—were privately owned operations in inadequate facilities and a fourth of the hospital beds in the state failed to meet minimal standards. The state health department accordingly encouraged the construction of new hospitals and the consolidation of small hospitals into larger units and the enactment of a law licensing hospitals in the state.<sup>74</sup> While raising the possibility of improved health care, this also strengthened the forces undermining the small black hospital. Indeed, the flurry of hospital construction in the nation following the 1946 passage of the Hill-Burton Act by Congress increased pressure on the older small hospitals simply by creating more modern facilities that could outdistance and out-compete the others. While Hill-Burton explicitly sanctioned the continuation of "separate but equal" hospitals, the props for legal segregation were crumbling faster by more court decisions and by the integration of the armed forces by President Harry Truman by executive order in 1948.<sup>75</sup> In 1951, the Oklahoma Colored Medical, Dental and Pharmaceutical Association held its annual meeting once again in Okmulgee, but this would be the last time.<sup>76</sup> Also in 1951, the *New York Times* reported that in the South, African American medical leaders found that separate hospitals for blacks

<sup>71</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 182.

<sup>72</sup> Goble and Baird, *The Story of Oklahoma*, 425; Roger W. Cummins, "Lily-White Juries on Trial: The Civil Rights Defense of Jess Hollins," *Chronicles of Oklahoma*, 63 (Summer 1985), 166-85; Charles H. Martin, "Oklahoma's 'Scottsboro' Affair: The Jess Hollins Rape Case, 1931-1936," *South Atlantic Quarterly*, 79 (Spring 1980), 175-188; "High Court States Negro Rights Anew," *New York Times*, May 14, 1935.

<sup>73</sup> Daniel Lewis, compiler, *Guide to Microfilm Edition of Black Studies Research Sources*, page 31 indicating Reel 22, file 0171 (available on world wide web at <http://www.lexisnexis.com/academic/guides/Aaas/naacp2501.pdf>; site visited April 24, 2007); Lewis is referring to documents on the NAACP membership campaign in Okmulgee in John H. Bracey, Jr., Sharon Harley, and August Meier, general editors, *Papers of the NAACP*, Part 25: Branch Department Files, Series A: Regional Files and Special Reports, 1941-1955.

<sup>74</sup> "Lack of State Hospital Facilities Stressed in Health Unit's Report," *Daily Oklahoman*, October 23, 1945; Cleveland Rodgers, *Hospitals in Oklahoma: A History, 1824-1990* (Oklahoma City: Western Heritage Books for Oklahoma Heritage Association, 1991), 35.

<sup>75</sup> Rice and Jones, *Public Policy and the Black Hospital*, 73-81.

<sup>76</sup> Bate, "It's Been a Long Time" (*And We've Come a Long Way*), 177.

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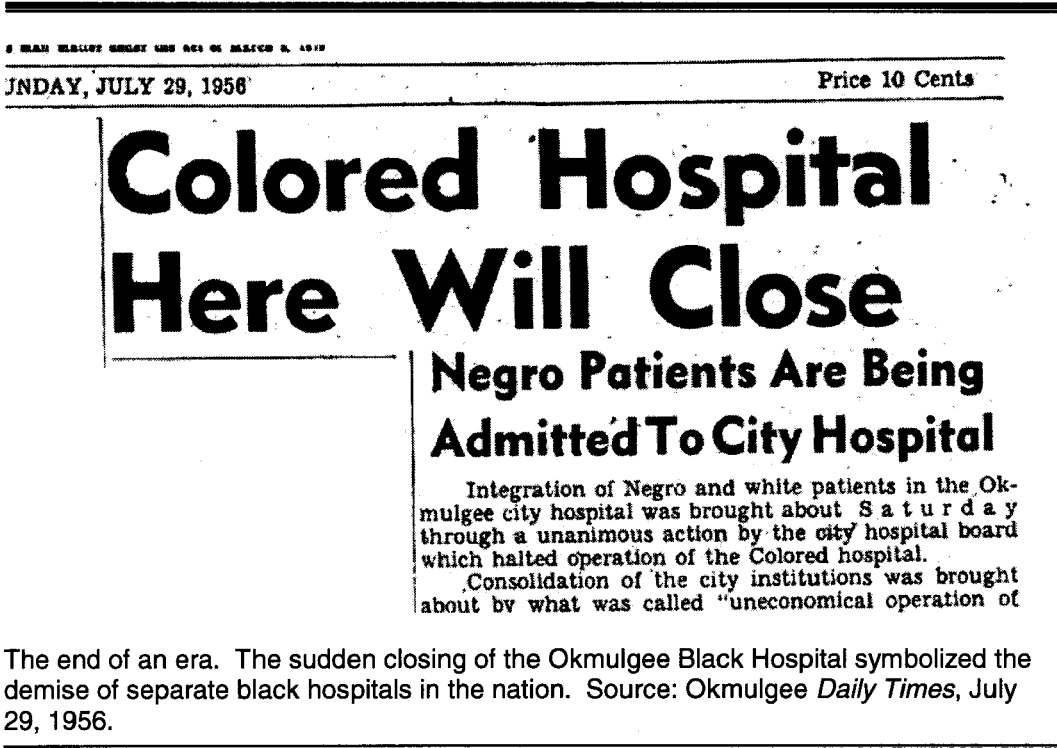
Okmulgee Black Hospital, Okmulgee, Okmulgee County, OK

operated at such a disadvantage that they even preferred segregated wards in white hospitals: "Separate hospitals, they say, tend to be like the dual school system, with seldom enough money to maintain both properly and with the Negro hospital usually getting what is left of public funds."<sup>77</sup> The doors to patients and to the future were closing in the black hospitals of the nation.

In these circumstances, defined on the one hand by the modernization of the nation's hospital infrastructure and on the other by an advancing Civil Rights movement that each year chipped away at the walls of segregation written into public law, it would be increasingly difficult to invest more funds into the separate black hospitals of the nation and, for that matter, to justify their continued existence.

Although in retrospect the denouement of the Okmulgee Black Hospital saga could have been predicted, the official conclusion came as a surprise to many people. At the end of July 1956, the Okmulgee *Daily-Times* suddenly announced on its front page that "Integration of Negro and white patients in the Okmulgee city

hospital was brought about Saturday through a unanimous action by the city hospital board which halted operation of the Colored hospital." The decision by the hospital board had been arrived at ten days earlier, but the announcement was delayed while physicians at the white city hospital were consulted. The reason given for the action was "the uneconomical operation of the colored hospital which was acting to the detriment of the hospital service of the city." Even before the announcement of the decision, some of the African American patients had already been transferred to the



white hospital. Those who remained at the black hospital could not be transferred "due to the extreme illness of some patients now confined there" and the hospital would continue to operate temporarily until all patients were discharged, at which time the hospital would be closed permanently.<sup>78</sup>

<sup>77</sup> John N. Popham, "Negro Health Care Stressed in South," *New York Times*, April 8, 1951.

<sup>78</sup> "Colored Hospital Here Will Close," *Okmulgee Daily-Times*, July 29, 1956.

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Clearly, the pressure for equal Civil Rights played some role in the decision to close the Okmulgee Black Hospital, and the implications of the 1954 *Brown v. Board of Education* Supreme Court decision tossing out the whole notion of “separate but equal” were clear to defenders of segregation across the nation. Civil Rights considerations, however, were not the only factor in the closing of the hospital. The hospital board, after all, had indicated that the economics of the situation justified closure. Plus, in the discussion of the future use of the building, the only specific suggestion reported was “conversion to a rest home for Negroes”—not exactly consistent with a vision of integrated facilities.

As to the fate of the patients once they were transferred to the previously all-white hospital, there are conflicting reports. The newspaper information announcing the closure of the black hospital quoted “one city official” who said that “they will be treated as any other patient or visitor.” “There will be no special entrances, visiting rooms or wards to accommodate the Negro . . . . When they enter the hospital, they will have equal privileges.”<sup>79</sup> That may in fact have been the case. On the other hand, clearly some people believed otherwise. In his history of hospitals in Oklahoma, Cleveland Rodgers writes that when the Okmulgee Black Hospital closed, “the city hospital opened a ward for black patients in the basement of the municipal white hospital.”<sup>80</sup> Documents are not available to determine exactly what happened, but there are clues. The Oklahoma State Department of Health, despite its paucity of historical records, retains four directories of state hospitals from the 1950s. The 1954 and 1956 directories list the Okmulgee Colored Hospital with eighteen beds and four bassinets. That hospital is not listed in the 1957 directory. The 1955 directory (which does not include the Okmulgee Colored Hospital in the list) notes that the Okmulgee City Hospital had fifty beds, and the directory the next year indicates that the same hospital had seventy beds; the 1957 directory notes seventy-two beds for the City Hospital. Somehow, between 1955 and 1957 the Okmulgee City Hospital increased its bed capacity by nearly fifty percent, although there appears not to have been an addition to the City Hospital building; where room was found for the additional twenty or twenty-two beds to accommodate the patients from the black hospital can only be speculated.

By August 1956 the Okmulgee Black Hospital had been emptied of patients and the hospital closed, although there were no ceremonies to mark the occasion, unlike the grand festival that marked its opening thirty-two years earlier. Possibly the only notice that was given the building, other than the abrupt announcement of its closing, came when the city council solicited bids for “conversion of the city Negro hospital into a nursing home.”<sup>81</sup>

Other black hospitals also succumbed to the pressures of change in the 1950s and this pressure—and the closures—increased in the 1960s when Supreme Court decisions and then the Civil Rights Act of 1964 desegregated hospitals. By 1974 the pattern was undeniable and Vanessa Northington Gamble quotes the *Journal of the National Medical Association* when it reported that year, “If the trend continues, the black community hospital, as we know it, will become extinct.”<sup>82</sup> But the trend indeed did continue; Nathaniel Wesley counted seventy-one black hospitals that closed, merged, consolidated, or converted between 1961

<sup>79</sup> “Colored Hospital Here Will Close,” *Okmulgee Daily-Times*, July 29, 1956.

<sup>80</sup> Cleveland Rodgers, *Hospitals in Oklahoma: A History, 1824-1990* (Oklahoma City: Oklahoma Heritage Association, 1991), 49.

<sup>81</sup> “Okmulgee Seeks Bids on Hospital Project,” *Daily Oklahoman*, August 31, 1956.

<sup>82</sup> Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 191.

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and 1984. In 1984 there were thirty-two and by 1993 only eight were left.<sup>83</sup> That number has doubtless been reduced in the decade and a half since then. The black hospitals of the nation now belong to history.

In the autumn of 1956 the Okmulgee Black Hospital was an empty building, its vibrant, busy life now but a memory, bittersweet, carrying both the pain of exclusion and the pride of achievement, the grief of sorrows and joys of lives saved and born. In the half-century since the hospital closed, the building, still owned by the city, has been used as a nursing home and as offices for community organizations (including the Deep Fork Community Action Center, Okmulgee County Youth Shelter, and the local chapter of the American Red Cross), all the while serving also as a monument to past accomplishments by the African American community in the face of enormous adversity. Now vacant, its history has, at the beginning of the twenty-first century, come full circle and, embraced now by the city of Okmulgee, the building will soon become the home of a multi-cultural center promoting better understanding of the community's rich and diverse heritage.

### Summary

The Okmulgee Black Hospital is eligible for the National Register of Historic Places under Criterion A for its association with events that have made a significant contribution to the broad patterns of our national history.

In 1930 Dr. Peter Marshall Murray assayed the inequities, injustices, and disadvantaged health needs of the African American community of the nation and told the Annual Congress on Medical Education, Medical Licensure, and Hospitals in Chicago that "This sad state of affairs is not limited to any one section of this country." He also noted, however, "An heroic attempt on the part of the Negroes themselves to meet this dire need is seen in the nearly two hundred hospitals promoted and maintained by Negroes themselves."<sup>84</sup> The Okmulgee Black Hospital was one of these "heroic attempts" and is eligible for listing on the National Register of Historic Places at the level of national significance because it was representative of an important form of institution that African Americans in the nation created to serve their population when denied access to public facilities offering health care. Like other public institutions in a segregated society, the hospitals were separate, but hardly equal in facilities, budgets, and community priority. Unlike the schools which were often the most visible public badge of racial segregation, the separate hospitals were small in number—never much above two hundred in the entire nation—and that number included a wide range of hospitals, clinics, and nurse training schools, and those institutions further included a range of ownership structures and operating practices regarding racial clientele, professional opportunities, administration, and governance. The Okmulgee Black Hospital was one of this small number of black hospitals and it provided health care to African Americans, by African Americans, under the direction of an African American administration. With its eighteen to twenty-five beds, this hospital was representative of about ninety percent of the black hospitals of the nation which were under fifty beds in capacity. Moreover, it is important not to regard this hospital as simply a segregated hospital; it was this, but it was also more. The Okmulgee Black Hospital was also an institution that was born within the energies and visions of the black community and that both served and survived with the support of the black community, an institution that drew upon African American financial support and leadership, and an institution that gave back to the community in health care and education. It was part of the national movement to create these hospitals in the early 1920s and it perished along with many others in the 1950s when the combination of pressures for greater investment in technology, physical plant,

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<sup>83</sup> Rice and Jones, *Public Policy and the Black Hospital*, 101-106; Gamble, *Making a Place for Ourselves: The Black Hospital Movement 1920-1945*, 191.

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and staff for the escalating standards of hospital accreditation and the decline of support for racially separate public institutions created circumstances that it could not withstand.

### Architectural Significance

The Okmulgee Black Hospital is also eligible for the National Register of Historic Places under Criterion C because it embodies the distinctive characteristics of a type, period, or method of construction.

At the time that this hospital was constructed, the architectural properties of hospitals had not yet become standardized as to care needs, sanitation and hygiene, privacy, specialized treatment, spatial relationships, and equipment accommodations. Many hospitals, in fact, still belonged to the old type of asylum which was a general kind of unspecialized structure to house the sick and / or poor. Even into the twentieth century many hospitals were little more than residences modified to give them greater space for beds and they existed within, or annexed to, the physician's home and office. In the period following World War I, however, hospitals gained increasing respect as institutions of care rather than scorn as last-resort institutions of charity and the wave of hospital construction reflected both the institutionalization of this part of health care and the professionalization of the physicians and nurses. As part of this building surge, the architects designing new hospitals attempted to meet the needs of both the medical professionals and the patients; hospital construction was becoming a distinct specialization of the architectural profession.

The Okmulgee Black Hospital building reflects this development. The hospital building is a modest but quietly elegant structure that was built in this wave of hospital construction and the way that it fulfilled important health care needs in the community is reflected in its design. The point of embarkation for the hospital designer was that it had to have features that were unique to a hospital rather than just the adaptation of a preexisting structure for the housing of patients. This hospital, accordingly, is a building that was designed specifically for health care and the various tasks that went along with that health care. Design had to include interior and exterior features that would permit the medical professionals and patients to undergo clinical procedures and daily activities that optimized care and efficiency and minimized inconvenience.

The modest size of the hospital actually complicated matters if health care were to be professional and integral—not just an afterthought. In 1921 Henry C. Wright wrote the leading guide to the subject in *The American Architect – The Architectural Review*, and observed that “In many regards a large hospital is easier to plan than a small one, since in a large hospital all modern diagnostic facilities will be adequately provided for. In a small hospital, most of the facilities usual to a large hospital are needed, yet the funds are so limited that the spaces must be used jointly for two or more services.” He noted that in one small hospital he had visited the X-ray machine had to be located in the superintendent's office; this, however, “was not a serious handicap, since the superintendent was also the X-ray operator.”<sup>85</sup> Upon examination of the Okmulgee Black

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<sup>84</sup> Murray, “Hospital Provision for the Negro Race,” 37.

<sup>85</sup> Henry C. Wright, “Some Fundamentals in Hospital Planning—Part I,” *The American Architect – The Architectural Review*, December 7, 1921, 425.

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Hospital, it appears that J. M. Whitehead, its architect, could easily have been following the strictures Wright laid shortly before Whitehead submitted his.

There are several broad design considerations that immediately are apparent. Wright encouraged the separation of utility, staff, and administrative space onto a floor separate from the patients, with the wards and rooms for patients on the second floor of a two-story building. He called for large, open, well-lit ward rooms, the use of wide doorways, and making provision for ambulance delivery out of sight at the back of the building. The Okmulgee Black Hospital used all these features and more that Wright called for. Several distinct features mark the building as a one from this period in the evolution of the modern hospital: (1) The public entrances on the north and west were situated so that they both channeled access and traffic into the interior of the hospital and were not confused, or even within sight of, the service entrances where some of the hospital's patient transportation needs could be accommodated in privacy. (2) One of the most conspicuous features of the Okmulgee Black Hospital is the sun deck on the upstairs portico. As Wright noted in his discussion of hospital design, "Sun and air are very important therapeutic agents. No hospital should be without an abundance of both. The open balcony is used for fresh air treatment."<sup>86</sup> (3) In his discussion of the proper design for an operating room, Wright urged that a small dressing room for the surgeon be placed adjacent to it and this is exactly what Whitehead provided and is evident from the exterior on the north elevation. (4) Plus Wright again specified an exterior feature that would improve the operating room environment. "The major operating room should be lighted from the North."<sup>87</sup> Northlight was once a premium consideration in the careers and lives of people who depended on quality lighting, whether they were photographers or surgeons. North windows, if large enough, or a glass panel in the roof that slanted to the north, would provide sufficient light for illumination, but its indirect nature meant that the shadows were softened and the light actually improved. (5) Even in the smaller details it is evident that the architect carefully incorporated state-of-the-art features into the building design. For example, the building includes louvers in the walls that facilitated interior ventilation and the building was constructed close to grade so that there was not a series of steps that had to be traversed (and provided for an interior elevator and a dumbwaiter for internal movement). There is no mistaking that this building was designed and constructed specifically to meet health care needs as defined by the technology and perception of hospital roles in the 1920s and the Okmulgee Black Hospital represents the form of construction current at the time, and a form that would also place limits on the ability of the hospital to expand and draw upon new technology two or three decades later.

As a form of distinct construction to meet special health care needs, the Okmulgee Black Hospital is eligible for the National Register of Historic Places under Criterion C in the area of significance Architecture.

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<sup>86</sup> Henry C. Wright, "Some Fundamentals in Hospital Planning—Part II," *The American Architect – The Architectural Review*, December 21, 1921, 472.

<sup>87</sup> Wright, "Some Fundamentals in Hospital Planning—Part II," *The American Architect – The Architectural Review*, December 21, 1921, 474.

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### Summary

The Okmulgee Black Hospital, constructed in 1922 and 1923, and used as a hospital throughout its period of historic significance ending in 1956, qualifies for inclusion in the National Register of Historic Places because of its historical significance at the national level under Criterion A and because of its architectural significance under Criterion C.

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## Geographical Data

### Verbal Boundary Description

This property includes lots 1, 2, 3, and 4 of Block 40, Original Townsite of Okmulgee, Oklahoma.

### Boundary Justification

This boundary includes the property historically associated with the Okmulgee Black Hospital.

**United States Department of the Interior  
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES  
CONTINUATION SHEET**

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**SUPPLEMENTARY LISTING RECORD**

NRIS Reference Number: 84003387

Date Accepted: 12/12/2007

Okmulgee Colored Hospital (A.D.)  
Property Name

Okmulgee  
County

OK  
State

N/A

Multiple Name

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This property is listed in the National Register of Historic Places in accordance with the attached nomination documentation subject to the following exceptions, exclusions, or amendments, notwithstanding the National Park Service certification included in the nomination documentation.

\_\_\_\_\_  
Signature of the Keeper

\_\_\_\_\_  
Date of Action

=====  
**Amended Items in Nomination:**

**Significance:** The level of significance is: *local*.

The case was not sufficiently documented to consider the significance of this property at the national level. A mere relationship to important national themes is not sufficient justification for considering a property at the national level of significance. The documentation must show that in the context of those national themes, this particular property played a unique role of outstanding importance on the national stage. The current documentation establishes with great clarity and detail how the Okmulgee Colored Hospital represented broad national trends and patterns of history as they were played out in the **local** community at the **local** level. But there is no evidence that the events in Okmulgee had a substantial impact on events, persons or the patterns of history at the national level. National contexts will often have associated properties that are locally or statewide significant representations, as well as those of national significance. As an example, the establishment of Carnegie-funded libraries was clearly a pattern of national importance to the social and educational development of the U. S., but most of the buildings associated with that theme and context are assessed at the local level, as examples of the local impact of broad nationwide programs, patterns and initiatives. The same is true for the Okmulgee Hospital—the building is an excellent reflection of events happening across the country and how they came to influence and impact **local** social history. Much attention is given in the current narrative to the fact that there is not a great deal of information known about the extent of existing resources associated with the theme of twentieth-century, African-American medical care. It is exactly the lack of such a comparative context, however, that makes assessing the relative rarity or unique nature of the Okmulgee Hospital all the more difficult. A case for a national level of significance will almost always depend on a critical analysis of the extant resources associated with a particular theme in order to identify those resources that best reflect the national context. If we knew that the Okmulgee Hospital was one of the very last remaining examples of colored hospital development in this country, then perhaps a case for national level significance could be crafted to reflect the rare status of the resource as the last vestige of important national events. Or evidence might point to an important precedent set by the creation or operation of the Okmulgee facility that had significant, far-reaching impact on operations in other communities. The evidence currently on hand, however, only allows us to identify the Okmulgee Hospital as a rare **local** manifestation of important historic national patterns and trends.

**These clarifications were confirmed with the OK SHPO office.**

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**DISTRIBUTION:**

- National Register property file
- Nominating Authority (without nomination attachment)

The additional documentation submitted by the SHPO presents well researched and reasoned arguments justifying several changes to the original 1984 listing for the Okmulgee (Black) Colored Hospital. These include changing the listing name to better reflect the historic designation of the property, the addition of Criterion C and Architecture as an area of significance; new geographical data (UTM Coordinates), and a much stronger statement regarding the background and establishment of the local institution--setting it within the broader context of important national patterns associated with twentieth century medical and social history. However, the case is not sufficiently documented for considering the significance of this particular property at the national level. While the creation and operation of the hospital may have reflected important national trends and patterns of history, the documentation fails to show how this particular example represented either an important singular resource whose creation or operation represented nationally significant events or precedence, or a sufficiently rare or extraordinary example of those themes in comparison to other extant examples. The lack of a comparative context and analysis precludes an assessment of national significance at this time. (The level of National Register significance remains local.)



Okmulgee Colored Hospital

