

JAZZ EPIDEMICS AND DEEP SET DISEASES:
THE DE-PATHOLOGIZATION OF THE BLACK BODY IN THE WORK OF THREE
HARLEM RENAISSANCE WRITERS

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THE DE-PATHOLOGIZATION OF THE BLACK BODY IN THE WORK OF THREE
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This dissertation argues that the Harlem Renaissance was, in part, a response to Victorian-era medical and scientific racism, and that the three writers on which it centers, Langston Hughes (1902-1967), Wallace Thurman (1902-1934), and Richard Bruce Nugent (1906-1987), participated in subverting these racist discourses. I focus on elements of their creative work that de-pathologize the black body. Specifically, I consider how these writers undermine Victorian-era medical racism that had, by the 1920s, come to inform American racial politics. Hughes's, Thurman's, and Nugent's work from the mid-1920s to the early 1930s is at least partly concerned with undermining medically racist ideology by either re-inscribing the black body as healthy, or by showing medical racism's pernicious effects. While each of these writers' voices is unique, and their lives and careers ultimately followed different trajectories, their work resists the pressures that a burgeoning medical establishment exerted on African Americans to conform to stereotyped norms. Each one highlighted elements from popular and material culture to show that these pressures contributed to pathologizing the black body.

Using a historicist and biocritical approach, I position these writers in opposition to medical discourses that pathologized the black subject. In Chapter One, I contextualize

Hughes's, Thurman's, and Nugent's close personal and professional relationships with each other, and demonstrate that their Harlem Renaissance writing was part of a larger concern within the movement to re-inscribe the black subject as healthy and raise awareness about urban, black public health crises. In Chapter Two, I argue that Hughes's 1920s cabaret poems resist popular medical knowledge that constructed jazz as disabling by re-inscribing the Harlem dance club as healthy. In Chapter Three, I argue that Thurman's short story "Grist in the Mill," and his novel *The Blacker the Berry*, attack racist, sexist, and classist medical traditions about the black body's pathology. In Chapter Four, I examine two Nugent poems, "Shadow," and "Bastard Song," and two short stories, "Smoke, Lilies and Jade" and "Lunatique," to argue that he borrows tropes from the Decadent movement to interrogate Victorian-era sexological constructs of homosexuality, thereby expanding literary and artistic representations of gay men of color.

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CHAPTER ONE

Langston Hughes, Wallace Thurman, Richard Bruce Nugent and the De-Pathologization of the Black Body

This study argues that the Harlem Renaissance was, in part, a response to Victorian-era medical and scientific racism, and that the three writers on which it centers, Langston Hughes (1902-1967), Wallace Thurman (1902-1934), and Richard Bruce Nugent (1906-1987), participated in subverting these racist scientific discourses. I focus on elements of their creative work that de-pathologize the black body. Specifically, I consider how these writers undermine Victorian-era medical racism that had, by the 1920s, come to inform American racial politics. The work that Hughes, Thurman, and Nugent produced from the mid-1920s to the early 1930s is at least partly concerned with undermining medically racist ideology by either re-inscribing the black body as healthy, or by showing medical racism's pernicious effects. While each of these writers' voices is unique, and their lives and careers ultimately followed different trajectories, their work resists the pressures that a burgeoning medical establishment exerted on African Americans to conform to stereotyped norms. Each of them highlighted elements from popular and material culture to show that these pressures contributed to pathologizing the black body.¹

Although my method in the following chapters largely relies on placing Hughes's, Thurman's, and Nugent's work in biographical and historical context, I discuss how each author's self-presentation of illness and the pathologizing discourses surrounding race and sexuality influences his work. In this regard, I take my cue from A.B. Christa

Schwarz's self-described "biocritical" approach in her 2005 book, *Gay Voices of the Harlem Renaissance*. Schwarz's goal is to meet the "need for a more nuanced gay readings of Harlem Renaissance texts that place works in a more historical and biographical context" (Schwarz 3).² Schwarz expands the critical conversation regarding sexuality and race in the Harlem Renaissance by relying, in part, on letters and unpublished manuscripts by and to the male writers in her study. Schwarz uses authors' biographical information to build her case that writers like Hughes and Nugent, for instance, were not only same-sex interested but acutely aware of the contemporary discourse surrounding same-sex desire. Schwarz builds on the work of scholars who examine the Harlem Renaissance in terms of its gay subculture by arguing that ambiguities in literary texts, such as ungendered poetic speakers, can suggest gay themes that, due to the social, legal, and medical discourses that constructed homosexuality as abject, could mostly only be expressed as subtext.³

I adapt Schwarz's biocritical method of using an author's biographical information to contextualize his work by analyzing his self-presentation of his own illnesses (real and imagined) provided by Hughes, Thurman, and Nugent in both their creative work and biographical work. This method provides insight into how these writers understood medical discourse. In addition, I use Hughes's, Thurman's, and Nugent's biographical profiles to argue that these writers were aware of how people of the African diaspora were pathologized by the dominant, white culture, and I connect select creative texts by Hughes, Thurman, and Nugent to medical ideologies that pathologized the black body. Although I discuss some texts that other critics have explored in depth, such as Hughes's cabaret poems, Thurman's best-known novel *The*

Blacker the Berry, and Nugent's well-known short story "Smoke, Lilies and Jade." I pair these texts with some of their lesser-known works because these texts best illustrate my argument that these writers de-pathologize the black body.

The texts on which I focus include the cabaret poems from Hughes's first volume of poetry, *The Weary Blues* (1926), and I show how Hughes uses the tropes of the Harlem cabaret to undermine medical and scientific discourses that pathologized the subjects who inhabited these spaces. I argue in part that the leftist political radicalism of Hughes's 1930s poems is present in these earlier poems as well, particularly in his description of vibrant, healthy African American subjects. I then discuss Hughes's 1934 poem "Cubes," a modernist critique of the relationship between colonialism and the cultural discourses, such as capitalism and medical science that enable and reproduce Western power. In his essay on "Cubes," Seth Moglen argues that New Critics marginalized radical interwar poetry because those texts disrupted the notion that Modernism was apolitical (Moglen 1189-91).⁴ By arguing that an unfairly obscure poem like "Cubes" belongs in the Modernist canon, Moglen expands our critical understanding of the relationship between the Harlem Renaissance and Modernism. This project likewise draws attention to an obscure text like "Cubes" to argue that the Harlem Renaissance was, in part, a response to medical and scientific discourses that pathologized the black body. I also consider Hughes's description of his ill body in the first volume of his autobiography, *The Big Sea* (1940), where he writes of his own illnesses as a psychosomatic response to his troubled relationship with his father.

I examine Wallace Thurman's little-known short story "Grist in the Mill" (1926) and his iconic first novel, *The Blacker the Berry* (1929) because in each of these texts

Thurman uses a medical or pharmaceutical technology to interrogate how race and gender were pathologized in American culture. In “Grist in the Mill,” Thurman’s protagonist, a racist Southern white planter, receives a blood transfusion from an urban African American man, and subsequently goes insane due to his belief that the transplanted blood will cause him to become black. Similarly, in *The Blacker the Berry*, Thurman satirizes intraracial prejudice within the African American community by depicting the dangerous lengths to which a dark-complexioned woman goes to try to lighten her skin through the use of skin bleaches and arsenic. In both of these texts, Thurman implicates the medicalized, capitalist culture of the United States for promulgating racism. Like his protagonists in these two texts, Thurman’s anxiety over his dark skin color fueled his tendency to neurosis and hypochondria, and I consider the relationship between his experiences, how he wrote about his own life, and his fiction.

Unlike Hughes and Thurman, Richard Bruce Nugent was uninterested in pursuing a career as a writer after the mid-1920s, although he did continue to write until shortly before his death in 1987. Despite his meager published output, he is an important Harlem Renaissance figure. I examine four texts by Nugent. Two of these, the poem “Shadow” (1925) and the short story “Smoke, Lilies and Jade” (1926) are well-known and have been widely anthologized. The other two texts, the poem “Bastard Song” (1930), and the short story “Lunatique” (undated) were first published in *Gay Rebel of the Harlem Renaissance* (2002), an anthology of Nugent’s work edited by his literary executor Thomas Wirth. Nugent’s work remains under examined not only because of the paucity of his output but also because of his work’s gay subject matter. Nugent was influenced by the artists and writers of the *fin de siècle* as well as by nineteenth sexology, which

pathologized homosexuality. In my examination of his work, I show how Nugent uses the tropes of *fin de siècle* decadence to interrogate the sexological discourses that pathologized homosexuality. In addition, I consider Nugent's literary self-presentation of his early intellectual development in his novel *Gentleman Jigger* (c. 1929-1933, published 2008).

I have chosen these particular writers because they share the core theme of interrogating racist medical discourse, but also because Hughes's, Thurman's, and Nugent's lives are similar in a number of intriguing ways. All of them, for instance, had difficult relationships with their parents: their fathers were largely absent from their lives, and their mothers were not a consistent presence. All three were raised by their maternal grandmothers, strong women who were community leaders.⁵ In addition, their lives and careers intersect at crucial points. All three joined the Harlem Renaissance literary scene within a few months of each other, from November 1924 to the summer of 1925.⁶ Hughes, in fact, was responsible for bringing Nugent to Harlem (having met him at a Washington D.D. salon hosted by their mutual friend Georgia Douglas Johnson) and introducing him to Thurman. Hughes and Nugent would remain friends until the former's death in 1967. Thurman and Nugent were virtually inseparable from their first meeting in the summer of 1925 until the spring of 1928, when Nugent (who was a talented dancer in addition to being a writer and illustrator) left New York for two years to tour the United States and Europe in the original production of Dorothy and DuBose Heyward's play *Porgy* (1927).⁷

Furthermore, all three are connected by having lived at a notorious Harlem rooming house, "Niggerati Manor," a name given to the residence by Zora Neale

Hurston. It would prove to be a center of Harlem literary and artistic life for younger, avant-garde African American writers and artists.⁸ It functioned as a space in which the younger writers of the Harlem Renaissance could rebel against the norms of African American bourgeois culture, in their work and in their personal lives. As Granville Ganter notes, this rooming house at 267 W. 136th Street allowed “[its] denizens to take pleasure in what they ostensibly should not” (95).⁹ In addition to the freewheeling, party atmosphere of “Niggerati Manor,” being in such close proximity allowed these three writers to exchange ideas and build, to some extent, a shared literary idiom. Thurman lived there from 1925 to 1928, Hughes throughout the summer of 1925, and Nugent from 1926 to 1928. It was here that these three, along with Hurston, Gwendolyn Bennett, and Aaron Douglas, would create and publish the single issue of *FIRE!!*, a little magazine “devoted to the younger Negro artists,” as its cover proclaimed, in November 1926. Even though Hughes, Thurman, and Nugent were part of a larger collaborative effort with *FIRE!!*, they, perhaps more than their collaborators, were committed to the magazine’s rebellious, anti-bourgeois ethos.¹⁰

In addition, Hughes, Thurman, and Nugent are also linked by their apparent homosexuality. Although Hughes’s sexuality remains a mystery and continues to be a source of critical speculation, the general critical consensus is that he should be considered a gay writer. Wallace Thurman denied that he had homosexual inclinations, but his same-sex sexual interest has been fairly well-documented.¹¹ Of the three, only Nugent was open about his sexuality. Nugent’s ownership of his gay identity cannot be solely attributed to a lifetime that lasted well into the modern LGBT-rights era because he was “out” in the 1920s. As he later remarked about Harlem’s sexual mores in the 1920s,

“You just did what you wanted to do. Nobody was in the closet. There was no closet” (qtd. in Wirth, “Introduction” *Gay Rebel* 21).¹² These writers’ rejection of normative heterosexuality connects them and offers an interesting gloss on their resistance to the black body’s pathologization, as well as to that of gay people.

This is not to say that Hughes, Thurman, and Nugent adhered to a specific set of precepts or created an overarching artistic manifesto. Each had a distinct literary vision. For Hughes, it was an interest in African American music and radical leftist politics; for Thurman, it was his own caustic, sardonic personality coupled with blind ambition and outrage at what he perceived to be the wasted potential of the Harlem Renaissance; for Nugent, it was a fascination with *fin de siècle* art and literature and an abiding interest in popular scientific literature. It is their shared radical political and artistic stances, however, that separate them from Countee Cullen and others who worked in traditional poetic forms and were less sympathetic to radical politics.¹³ Moreover, these three writers’ lives and careers extended beyond the brief time they spent living together in Harlem, and their close personal association in the 1920s informed how they represented (and resisted) discourses that pathologized the black body.

The New Negro Movement and Resistance to the Black Body’s Pathologization

The Harlem Renaissance is rightfully associated with art, literature, music and racial uplift, but African American health is a relatively unexplored area of this discourse, and it’s important to recognize the centrality of this issue to the larger movement that frames the three writers’ works I analyze in this dissertation. Although its artists are not usually linked to the medical field, a number of the Renaissance’s participants were connected to the healing professions: Nella Larsen worked as a nurse; Eslanda Goode

Robeson, wife of singer Paul Robeson, was a pathologist; Rudolf Fisher was a radiologist who worked as superintendent of the black-owned International Hospital in Harlem; Claude McKay nearly pursued a medical career as a young man; and Wallace Thurman himself considered studying medicine after barely surviving a bout of influenza during the flu epidemic of 1918-19. Although the opportunities were limited, medicine was one of the few careers available to educated African American men and women of the 1920s. In addition to the (segregated) employment potential in the medical field, many figures associated with the Renaissance were interested in medicine not only because of the prevalence of infectious diseases, such as tuberculosis, within the black community but also because recent medical advances, such as germ theory, undermined the pseudo-scientific racism of the Victorian era. New medical and scientific theories, which had long been used to justify the enslavement and oppression of African people, increasingly showed that people of the diaspora were not genetically inferior to northern Europeans.

The Harlem Renaissance occurred in a context in which people of African descent were believed by the dominant culture to be inherently diseased, and mistaken beliefs about the black body exacerbated systemic inequalities that existed within the health care delivery system. Public health crises in the black community continued longer than necessary, precisely because of the belief that African Americans were prone to illness.¹⁴ African Americans' experiences with white-controlled medical institutions in the 1920s were as difficult as with other white-controlled institutions, and these writers understood that racism. Nancy Krieger and Mary Bassett, in their article "The Health of Black Folk: Disease, Class, and the Ideology of Science," claim that the belief in African Americans' inherent illness can be traced to two different, yet compatible, ideologies: "the patently

racist view that blacks are more susceptible to disease—the genetic model. In contrast, environmental models depict blacks as victims of factors ranging from poor nutrition and germs to lack of education and crowded housing” (161). According to Krieger and Bassett, the environmental model, originally postulated by liberal opponents of the genetic model’s obviously racist assumptions, was in time adopted by conservatives as method to blame poor African American health outcomes on supposedly bad lifestyle choices.

Tanya Hart in *Health in the City: Race, Poverty, and the Negotiation of Women’s Health in New York City*, asserts that this racist assumption about African Americans’ supposed inherent poor health is partly rooted in the antebellum belief that African peoples’ pulmonary systems were less developed than those of whites, and so people of sub-Saharan African descent were ill-suited for the colder climates or northern urban centers such as New York City.¹⁵ According to Hart, the plantation myth held that Africans were immune to tropical diseases such as yellow fever and malaria, and were, therefore, physically and temperamentally suited to the warm, humid climate of the American deep south, and hence, enslavement.

Writers and artists of the Harlem Renaissance were determined to present the African American subject as one capable and deserving of full participation in American life, and medical issues were at the heart of this enterprise. Alain Locke, one of the movement’s major architects, claims in the opening essay of his seminal anthology, *The New Negro* (1925), that the New Negro is “vibrant with a new psychology,” which he links to “the new spirit [that] is awake in the masses, and under the very eyes of the professional observer is transforming what has been a perennial problem into the

progressive phases of contemporary Negro life” (3).¹⁶ By invoking “a new psychology,” Locke means to convey that a twentieth-century African American subjectivity would replace internalized racist constructs of black identity. By connecting the emerging science of psychology with the nascent New Negro movement, Locke links it with twentieth century modernity. While W.E.B. Du Bois announced a generation earlier in *The Souls of Black Folk* (1903) that the problem of the twentieth century is “the problem of the color line” (3), Locke’s “new psychology” suggests medical knowledge could contribute to greater cultural inclusion for African Americans.

Creative writers were not the only public figures concerned with giving African Americans a new way of viewing themselves. W.E.B. Du Bois, another major architect of the Harlem Renaissance, first in his work as a sociologist and later as the long-time editor of *The Crisis*, was perhaps the most important figure in the resistance to scientific racism. As Carol Taylor has shown, Du Bois was committed to revealing the logical fallacies and faulty research methods used to construct African Americans as inferior to whites of Northern European descent. According to Taylor, “as Du Bois saw it, scientific racism was a closed system which reached untenable conclusions by weak methodology in the hands of biased researchers” (455).¹⁷ Taylor summarizes various editorials in which Du Bois dismantles scientific racism by demonstrating the researchers’ racist biases. Du Bois’s importance to the effort to refute scientific racism cannot be overstated. Despite their rebellion against his artistic precepts, when Hughes, Thurman, and Nugent undermine scientific racism in their literary work, they are continuing Du Bois’s legacy.

From the beginning of the New Negro movement, there was a drive toward improving African American public health. Booker T. Washington founded Negro Health

Week in 1913, designed to raise awareness about diseases such as tuberculosis and educate African Americans on proper sanitation. During the first two decades of the NAACP's *The Crisis*, the magazine published dozens of articles about African American health, as did *The Messenger* and *Opportunity*. The common theme of these articles is the need for improved urban sanitation, the connection between systemic poverty, racism and the spread of infectious disease, and the need for improved education within the black community on how to avoid spreading communicable disease.

Scientific racism and its attendant ideology of African racial inferiority had long constructed the black body as inherently unhealthy, and especially susceptible to diseases such as syphilis, and, especially, tuberculosis. By the early twentieth-century, the social construction of tuberculosis had undergone a radical shift. Once associated with artistic temperament and feminine beauty, the 1882 discovery of the bacillus bacteria that causes tuberculosis eventually led to the disease being associated with filth and poverty because members of the white medical establishment were quick to blame newly-arrived black populations for the spread of tuberculosis in cities. In the early decades of the 20th century, tuberculosis decimated the African American populations of northern cities, whose resources were already taxed by the influx of migrants from the south seeking an escape from that region's crushing poverty and violent racism. African Americans had had no exposure to the disease until their first encounters with Europeans, and so had no natural immunities to the disease.

The spaces created to deal with the public health crisis of tuberculosis in the black community not only replicated the oppression of blacks by the dominant white culture but furthered it under the guise of healing. The surveillance by (largely white) medical

professionals and supposed incorrigibility of black tuberculosis patients turned the private space of the home and community into public space, wherein inveterate, diseased, black bodies had to be corralled to avoid spreading the bacillus. The ideology underpinning the medical community's handling of this African American health crisis reveals that the social and economic freedom that many African Americans sought by leaving the South during the Great Migration, was, in fact, illusory.

Furthermore, the proposed treatment facilities for black tuberculosis patients frequently reproduced the dominant culture's exploitation of African Americans. In 1913, for instance, Baltimore official C. Hampton Jones argued for two new TB hospitals to be built, "[a] city-supported facility for whites, and a farm and manufacturing colony for blacks, supported partially by public funds and partially through agricultural and light industry goods produced on-site [by the black patients] and sold at market" (qtd. in Roberts 180-1).¹⁸ The implications of this scheme are that blacks—"incorrigible consumptives"—would be re-patriated to a plantation economy. This scheme is only the most obvious example of medicalized space that reproduced racist cultural institutions. Less obviously, promotional material for tuberculosis prevention encourages African-Americans to leave the city: "Bad air, overwork, late hours, intemperance, and other excesses lead to consumption. Fresh air, good food, sunshine and life in the country cure it" (qtd. in Roberts 179)¹⁹. This was the era of the "air cure" for tuberculosis, a regimen that evokes the transparency of the social space it produces. Far from the bucolic arcadia of "fresh air, good food, and sunshine," as the proposed Baltimore work camp demonstrates, black bodies would be highly regulated in a medicalized space controlled by a white medical establishment.

It was in the racist context of the black body's pathologization and the difficulty black doctors and nurse had gaining professional parity that TB clinics and the black hospital movement began. The racialized space of the black TB clinic and hospital speaks to the ideologies that produce it: the rise of the professionalized hospital as the site of healing, and a racist dominant culture that created separate space for African-Americans to find medical care. For many African-Americans, black-run clinics and hospitals did not necessarily represent an achievement. Louis T. Wright, a leading African-American surgeon, in 1935 criticized efforts to combat tuberculosis in Harlem as “aim[ed] at palliation instead of the correction of the real evil, which is poverty and race prejudice.”²⁰ Wright understood that merely reproducing separate and unequal white institutions for black patients would not address the community's issues. In addition, Vanessa Gamble, in her study of the black hospital movement, notes that many African-Americans, mindful of slavery's abuses of the black body, feared TB clinics and black hospitals out of concern they would be made test subjects for medical experiments (59-61).²¹ Urban African Americans in the cities found themselves constructed as already diseased by a white racist medical establishment.

By the early twentieth century, medical authorities blamed African Americans themselves for the high rates of tuberculosis in northern cities. According to medical historian Samuel K. Roberts, medical professionals believed that African Americans were not only inherently prone to the disease but also were “uneducable in disease prevention and sanitation” (27). To combat the spread of tuberculosis, these white medical professionals used surveillance techniques, such as frequent visits to African American homes from doctors, nurses, and public health officials. Surveillance by white authorities

and linguistic constructs used to describe the African American tuberculosis patient such as the “incorrigible consumptive” were designed to regulate the black body, to produce what Foucault termed “docile bodies” (*Discipline* 136).²² This surveillance by white professionals caused some consternation within the black community, which bristled at such condescending treatment by the medical establishment.²³

At the same time, African American medical personnel were systematically denied employment in their white-dominated profession. In his role as editor of *The Crisis* from 1910-1934, Du Bois frequently brought attention to this problem. For instance, in his regular column in the August 1923 issue, Du Bois relates that Dr. Lillian Atkins Moore, a recent graduate from the Woman’s Medical College of Philadelphia, was unable to secure an internship despite graduating with high honors because she was African American. Du Bois relates Dr. Moore’s accomplishments—being elected class secretary, winning several awards, and passing the medical board exam “with a high average and in general [she] made herself a record most unpleasant for the authorities” (“Opinion” 154).²⁴ Du Bois reprints a letter Dr. Moore received from a hospital administrator rejecting her application: ““We are all your good friends and it is a most unpleasant thing to have to tell you that just because you are colored we can’t arrange to take you comfortably into the hospital. I am quite sure that most of the internes who come to us next year will not give us as good work as you are capable of doing”” (qtd. in “Opinion” 154). Significantly, Langston Hughes’s well-known poem “Jazzonia” appears in print for the first time four pages after Du Bois’s editorial. The sensuous vision of a Harlem cabaret as an African American utopia contrasts sharply with the lived reality of - urban people of color.

The African American medical professionals who were able to find employment, unfortunately, frequently echoed their white counterparts' attitudes toward black public health when they blamed their community's high rates of disease on new urban social spaces produced by the Great Migration. One conservative black physician castigated African-Americans for "going to markets," and "buying up, for a trifle, what is hardly fit for human food, and which has been turned over a hundred times already." This comment both reveals and occludes the crushing poverty that forced people to eat poor quality food. The physician then turns his attention to burgeoning jazz clubs, calling them "the very recruiting ground of crime," where "the morals of young men are ruined, their health is often destroyed, and the results are evil in every way" (qtd. in Dreisinger 93).²⁵

In these ways, medical discourse and issues surrounding African American health were always part of the New Negro movement, along with resistance to their racist underpinnings. In addition to Washington's establishment of Negro Health Week in 1913, *The Crisis* and *Opportunity* published dozens of articles during the Harlem Renaissance that undermined medical and scientific racism.²⁶ The second issue of *The Crisis* in December 1910, for instance, featured anthropologist Franz Boas, who contributed a piece titled "The Real Race Problem."²⁷ In this article, Boas argued that the physical differences between Africans and Europeans, which underpinned Victorian scientific racism, do not indicate differences in either "intelligence or moral character" (Boas 23).²⁸ Boas acknowledged that physical racial differences exist, but critiqued the racist assumptions that white Europeans were superior to people of African descent: "On the whole, the morphological characteristics of the two races show rather a specialized development in different directions than a higher development in one race as compared

with the other” (24). Boas then pointed out that many African societies had thrived prior to European contact, and he concluded it was the effects of slavery and European colonization that were responsible for African Americans’ social and economic marginalization. Du Bois’s decision to publish an article by Boas, a leading public intellectual, so early in *The Crisis*’s run signals that combating medical and scientific racism was an important editorial goal of the magazine, and, by extension, the Harlem Renaissance, of which Du Bois was a primary creator.

In addition to Du Bois’ *The Crisis, Opportunity*, published by the National Urban League and founded by Charles S. Johnson, also published articles that combated the medical ideology of black pathology. For instance, in the editorial “Health Statistics,” which appeared in August 1932, Elmer A. Carter, the magazine’s editor, argued that assuming African Americans have a “peculiar susceptibility to pulmonary disease” leads to the incorrect belief that tuberculosis is inevitable in the black community (239).²⁹ Carter compared the tuberculosis rates in African American and working-class white neighborhoods and found a comparable rate of infection, from which he concluded that race alone is not a factor in rates of infection. The Boas and Carter articles speak to the connection between the activist, racial uplift ideology of figures such as Du Bois, Johnson, and Carter and the literary work produced by Hughes, Thurman, and Nugent. Hughes published several poems in *The Crisis*, while he, Thurman, and Nugent each contributed to *Opportunity*. Hughes, Thurman, and Nugent did not produce scholarship or write specifically about public health policy, but their creative work was certainly informed by such pieces published in the same journals.

“You just did what you wanted to do”: Pathology, Race, and The Gay Harlem

Renaissance

Hughes's, Thurman's, and Nugent's challenge to scientific and medical racism was informed by New Negro contestation of racist discourses about disease, but they also interrogated the pathologizing medical framework applied to homosexuality. As Siobhan Somerville has shown, the discourses that pathologized the nonwhite and the queer body developed at the same time in the late nineteenth century in ways that “were not only historically coincident but in fact structurally interdependent and perhaps mutually productive” (Somerville 246).³⁰ According to Somerville, Victorian sexologists borrowed the methods of anatomists who studied racial difference in order to taxonomize sexuality and privilege heteronormative sexual expression. In addition, Somerville connects sexology to the racist discourses that studied and pathologized non-heteronormative sexuality to the ideologies that also pathologized biracial subjects: “[T]he beginnings of sexology, then, were related to and perhaps even dependent on a pervasive climate of antimiscegenation sentiment and legislation” (Somerville 258). Somerville suggests that there was a connection between scientific racism, which was used to justify white supremacy, and the emerging science of sexology. The late nineteenth-century sexological construction of healthy sexuality was, as George Chauncey has noted, built on strict adherence to heteronormative monogamy: “sexual relations outside of the heterosexual institution of marriage thus represented not only a degeneration to an earlier, lower state of evolution, but threatened civilization itself” (Chauncey, “From Sexual Inversion to Homosexuality” 133).³¹

As Chauncey has documented, Harlem and Greenwich Village were the major enclaves of New York City's early twentieth-century gay subculture. Although Greenwich Village, according to Chauncey, was a more famous mecca for gays and lesbians, he asserts that Harlem could be a more liberatory environment: "the Village's most flamboyant homosexuals wore long hair; Harlem's wore long dresses" (Chauncey, *Gay New York* 244).³² The liberatory possibilities that Harlem afforded to gay people was an important element in the development of the Harlem Renaissance, which was, as Henry Louis Gates, Jr. has noted, "surely as gay as it was black" ("The Black Man's Burden," 233).³³ It should be mentioned that many of the same-sex interested individuals who found refuge in Harlem were whites who, in constructing Harlem as a site in which to explore forbidden sexual desire, reproduced the dominant cultural ideology that constructed African Americans as exotic and primitive. It would be reductionist, therefore, to claim that Harlem was a gay mecca for African Americans in the same way that it was for whites. Most of the businesses patronized by gay customers were for whites only. In addition, African Americans did not benefit economically from Harlem's reputation for gay nightlife because 95% of businesses that catered to a same-sex interested clientele were owned by whites. Consequently, Harlem's African American gay community was only able to take advantage of the neighborhood's liberatory possibilities to a more limited extent than did its white cohort. Gay African Americans were in a double-bind because they had to navigate the legal and medical power structures that criminalized and pathologized homosexuality without the benefit of white privilege. While racial uplift was the primary goal of the Harlem Renaissance, even among its younger practitioners like Hughes, Thurman, and Nugent, these writers were

also committed to documenting the sexual liberation of 1920s Harlem. As Mason Stokes has suggested: “[I]t is tempting to think that Harlem’s may be the queerest avant-garde in history” (60).³⁴ For Hughes, Thurman, and Nugent, Harlem was not only a space in which to experiment sexually, but also a site from which they could interrogate the dominant ideologies that pathologized and marginalized both queer people as well as people of the African diaspora.

Furthermore, New York’s gay scene of the 1920s is, in part, noteworthy for the increased awareness among its members of the medical discourse surrounding homosexuality (Chauncey, *Gay New York* 283). Despite the fact that early twentieth-century sexological discourse pathologized same-sex interested people, many gays and lesbians of the era found this literature empowering because it revealed that homosexual desire is not uncommon. Furthermore, many of the physicians who produced sexological research on homosexuality were not unsympathetic to their subjects and argued for its decriminalization. The publication of Krafft-Ebing’s *Psychopathia Sexualis*, was, as Jeffrey Weeks has noted, “the eruption into print of the speaking pervert, the individual marked, or marred, by his (or her) sexual impulses” (67). Although Hughes and Thurman were familiar with the scientific and medical literature on homosexuality, it is Richard Bruce Nugent who most heavily uses this discourse in his work, and I spend a considerable amount of time in this study placing his work in conversation with Krafft-Ebing. For Nugent in particular, reading the medical literature on homosexuality became a strategy for undermining homophobia.

Perhaps because of their queer sexual identities, or because Harlem itself was an important site for New York City’s gay subculture in the 1920s, Hughes, Thurman, and