Blues Musicians' Access to Health Care

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Abstract—The Blues Musicians' Access to Health Care Study (BMAHCS) set out to define the current health status of a group of blues musicians, especially the medical problems that hinder their ability to perform, and the nature and extent of their health care. Ninety-seven blues musicians performing in four Chicago clubs over one month voluntarily completed a one-page survey addressing these health issues. Twenty-seven percent of the musicians reported at least one current serious medical problem, and 67% identified at least one nonmusculoskeletal or musculoskeletal problem that had hindered their ability to perform over the preceding year. The blues musicians and poor and minority populations in general shared similar health risks and faced common impediments to accessing the health care system. As performing artists, the musicians also had special medical needs similar to those of groups of other artists who have gained the attention, respect, and commitment of the medical profession. Despite the prevalent health problems and special needs of this population, 44% of the musicians had no health insurance. BMAHCS proposes a three-point plan that addresses issues of affordability, availability, and attitudes that currently restrict blues musicians' access to the health care system. *Med Probl Perform Art* 10:18–23, 1995.

> *Economic, ethnic, political, and social barriers make it impossible for respected professionals to look at backward folk musicians and take their art seriously and to look at the effort to make that art real.*
>
> "Sugar Blue," blues harmonica player and Grammy Award winner

The blues is an art form created by African-American musicians in the deep South at the turn of the 20th century. Blues is well sampled in American commercials, reflected in popular modern music, and embraced by Europeans as an intrinsic element of American culture. Despite the profound influences of their music—blues musicians, for the most part, have low incomes and struggle financially. This group was expected to face obstacles to accessing the health care system similar to those faced by other poor and minority populations in general.

The Blues Musicians' Access to Health Care Study (BMAHCS) set out to define the current health status of a group of blues musicians, especially the medical problems that hinder their ability to perform, and the nature and the extent of their health care. Ninety-seven blues musicians performing in four Chicago clubs during a one-month period voluntarily completed a one-page survey addressing these health issues.

PURPOSE

BMAHCS was initiated 1) to gather general health information about blues musicians, 2) to ascertain the prevalence of health problems that interfere with their performances, and 3) to determine their participation in and attitudes toward the traditional health care system.

Method

BMAHCS explored these health issues of blues musicians via a survey completed by the artists and by interviews with the investigator. The study also drew from journal articles that explored populations of rock, classical, and jazz musicians. No previous study of blues musicians has been published.

A one-page survey, the primary instrument of BMAHCS, comprised questions that required yes/no or one-word responses to fill in the blanks and was intended to require approximately 4 minutes to complete. The survey was given to blues musicians who played at four clubs, Blue Chicago, B.L.U.E.S., B.L.U.E.S. Etcetera, and Kingston Mines, from September 26 through October 21, 1993.

The investigator explained the goals of his research to the blues musicians before, during, and after sets of their shows at the four Chicago blues clubs. The musicians were offered the opportunity to complete the survey orally if they preferred, in recognition that all of them might not be literate.

Blues vocalist "Big Time Sarah" Streeter was a notable advocate of the study. She enthusiastically distributed surveys and persuaded the musicians to participate in the study. She explained to the musicians that exposure of the

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Presented at the 12th Annual Symposium on the Medical Problems of Musicians and Dancers, July 28, 1994, Aspen, Colorado.

barriers to their medical care could open discussion in the medical community about solutions to the musicians' lack of access to affordable health care.

Streeter asked the musicians to sign their surveys with their names, addresses, and phone numbers, so she could devise a list of performers who had indicated that they had no health insurance. However, the musicians were also offered the option of filling out the surveys anonymously.

Owners of the four blues clubs where the surveys were distributed were remarkably sensitive to the issues that limit access of blues musicians to health care. They were quick to lend their support to the survey and readily offered the investigator free admission to shows that ordinarily carried a $5 to $10 admission charge.

The survey asked questions designed to enable the investigator to draw general conclusions about the current health status of blues musicians. The artists were asked to identify any current or past serious medical problems or symptoms and current medications. They were also instructed to report hearing loss and health habits, including smoking, alcohol use, street drug use, and use of hearing protection during shows.

The survey also investigated occupational health problems. The musicians were asked to identify the instruments that they played, the age they began playing, and how they became proficient (apprenticeship under a master, self-taught, or formal lessons). They were also asked the number of hours they had played the previous day, the number of gigs they had performed over the previous week, and the number of days they had toured outside of Chicago over the preceding month.

The musicians were then presented a list of 12 common health problems derived from the International Conference of Symphony and Orchestra Musicians (ICSOM) survey[1] that studied nonmusculoskeletal and musculoskeletal problems that interfered with the the performances of classical orchestral musicians. The artists were instructed to identify any of the 12 problems that had compromised their ability to perform over the preceding year. The problems included hoarseness, depression, anxiety, stage fright, sleep disturbance, alcohol/drug use, pain, cramping, incoordination, joint swelling, stiffness, and weakness.

The study's final goal was to investigate the inclination of those blues musicians with health problems to seek medical care. The musicians were instructed to report their last visit to a physician or to a medical practitioner other than a medical doctor or doctor of osteopathic medicine over the previous year. "Unconventional Medicine in the United States," by Eisenberg et al.,[2] provided a useful reference for the national frequency of visits to physicians and to health practitioners of "unconventional" medicine. The musicians were also asked whether they or their spouses had health insurance.

RESULTS

Ninety-seven blues musicians participated in BMAHCS. The population was composed of 90 men and seven women. Seventy-three of the artists were African-American, 18 were Caucasian, and six responded that they belonged to other races, including Asian and Hispanic. The average age was 42 years, with a range of 23 to 78 years. Twenty-two of the musicians reported second occupations, which included computer programmer, day care worker, teacher, truck driver, builder, police officer, sales manager, optician, college counselor, publisher, painter, newspaper handler, waitress, music producer, and employee of Chicago Transit Authority and Illinois Bell.

Musically, the population included 31 guitarists, 15 drummers, 15 bass players, 12 keyboard/piano players, ten vocalists, eight harmonica players, five saxophone players, and two trombone players. Forty-seven of the musicians sang lead locals as well as playing an instrument. The average age the musicians began playing was 13 years, with a range of 3 to 28 years. Casey Jones, a vocalist and drummer, exemplified the 77% who reported they were self-taught or apprenticed under a master. His start as a vocalist came when he was a drummer "forced to sing one night when our lead singer got put in jail for having a gun on him. I only knew three songs, but I got out there, and I learned I could holler like Little Richard."

Current Health Status

Twenty-seven percent of the musicians reported at least one serious health problem, including chronic hepatitis C, hypertension, chronic low back pain, carotid artery disease, renal failure, renal transplant, hepatic failure, coronary artery disease, chronic perforated eardrum, asthma, hiatal hernia, ulcer, scoliosis, chronic sinusitis, psychiatric illness, arthritis, diabetes, and hyperthyroidism. Seventeen percent reported hearing loss attributed to their occupational exposure to noise. Nineteen percent reported they were currently taking at least one prescribed medication.

In regard to health habits, 44% smoked at least one-half pack of cigarettes per day. Forty-six percent denied any alcoholic drinks over the previous week. Thirty-eight percent reported less than seven drinks of alcohol over the previous week, 10% reported eight to 14 drinks, 1% reported 15 to 20 drinks, and 6% reported more than 20 drinks. Twenty-six percent reported drug use over the previous year. Twelve percent reported that they wore hearing protection at least occasionally.

Performance-related Health Issues

Musical performance histories revealed that the artists had played their instruments an average of two hours the previous day, with a range of zero to 14 hours. Over the past week, they had performed an average of two days, with a range of zero to six days. Over the previous month, they had toured outside of Chicago for an average of nine days, with a range of zero to 30 days.

Two of three blues musicians reported at least one performance-related medical problem that had hindered their abil-

TABLE 1. **Nonmusculoskeletal Performance Problems Reported by the Blues Musicians**

No. Musicians per Instrument	*No. Complaints per Musician*	*Depression*	*Drug/ Alcohol Use*	*Sleep Disturbance*	*Anxiety*	*Stage Fright*	*Hoarseness*
Vocalist—10	1.2	2	—	2	1	1	5 20—all vocalists
Piano/keyboards—12	1.1	2	2	3	3	—	—
Harmonica—8	1.1	2	2	—	2	—	—
Guitar—31	0.8	6	3	6	3	3	
Saxophone—5	0.8	1	1	1	1	—	—
Bass—15	0.7	2	4	—	2	—	—
Drum—15	0.6	4	3	1	—	—	—
Trombone—2	0	—	—	—	—	—	—

ity to perform over the previous year. The 97 musicians identified 83 nonmusculoskeletal problems (Table 1). Depression, reported by 20% of the population, was the most common complaint, followed by alcohol/drug use, sleep disturbance, anxiety, stage fright, and fatigue. Twenty percent of the singers reported hoarseness and 9% reported a diagnosis by a physician of vocal cord polyps. Harmonica wizard and lead singer "Junior" Wells explained, "You always have a problem because of how hard you push yourself vocally." Vocalists were most likely to report a nonmusculoskeletal problem, followed by keyboard/piano players, harmonica players, guitarists, saxophone players, bass players, drummers, and trombone players.

The 97 musicians identified a total of 95 musculoskeletal problems that hindered their ability to perform over the previous year (Table 2). Pain, cramping, stiffness, weakness, swelling, and incoordination comprised the six musculoskeletal categories. Keyboard/piano players were most likely to report a musculoskeletal problem, followed by drummers, bass players, harmonica players, saxophone players, guitarists, vocalists, and trombone players.

Interaction with the Health Care System

A majority of the musicians reported a health problem over the preceding year that prompted them to visit a doctor. Sixty-seven percent of the population had seen a physician, and 8% had received care from a practitioner other than a medical doctor or a doctor of osteopathic medicine. The alternative medical practitioners included six chiropractors for chronic low back pain, a napropath for chronic back pain, an acupuncture practitioner for smoking cessation, and a hypnotist for smoking cessation. Fifty-six percent of the musicians reported that they carried health insurance.

DISCUSSION

African-Americans created blues out of elements of musical traditions from the American South and West Africa. Lawrence Cohn meticulously studied the roots and evolution of this music in his masterpiece *Nothing But the Blues*.[3] He suggests that the art form probably began in the 1890s in the northwest counties of Mississippi, the famous Delta cotton country. He described the holler, one of two essential singing styles incorporated into blues, as free and simply rhymed short verses of one or two melodic phrases. Chicago blues vocalist Barbara Leshoure elaborated, "The earliest blues (the holler) was the cry of the Southern black farmers—pickin' cotton all day, workin' all day. It was the song of life."

The work song, the other basis of the blues vocal style, synchronized segregated gangs of African-American workers. The leader coordinated the men by singing short improvised phrases that the workers answered with a single-line refrain. The early blues, called country blues, represented a new art form that included the holler and work song of the South and the instruments, syncopation, and harmonics of certain notes within the pentatonic scale derived from West African music.[3]

Acoustic guitar was the primary instrument of country blues. The music was raw and stripped down to a powerful beat and harmonic accompaniment to song. The country bluesman would "tap his foot, bank his guitar, and sing. There was no meter, because they did not know anything about meter," explained guitarist "Mighty" Joe Young.

As blues became popular, the musicians were able to make a living by performing in saloons and at "rent parties." As the musicians traveled throughout the South, various regional styles of blues developed.[3]

In the 1940s, Muddy Waters electrified blues on guitar in the North and popularized Chicago blues. Urban blues, exemplified by Waters and other Southern musicians before him, was performed by a band rather than by one person. This progressive style of blues required a stricter disciplined chord progression, meter, and count, according to Young.

A number of contemporary artists have established themselves as masters of blues as well. Blues festivals routinely attract thousands of fans, and the musicians have been featured in a number of movies and television programs.[3]

Although advertisers on radio and television have gone to blues to sell their product, the music is largely excluded from general programming on the radio. The radio industry's decision not to promote the blues frustrates Big Daddy K i nsey, who moved north from Mississippi in the 1940s be-

cause "I didn't like farming. I had musical talent and came here to pursue what I knew about music." He argues, "I can write the best blues anywhere. Our music is relegated to music specials on Saturday night, but these English guys [British rock invasion of the 1960s] can make a hit out of it."

Why radio does not incorporate a marketable music form with a 100-year tradition into general programming is unclear. The consequences, however, are economically profound. Many of the most famous blues musicians appreciated around the world face severe financial troubles.

BMAHCS explored the health issues of this predominantly low-income African-American population and attempted to make comparisons with other populations. Ninety-seven blues musicians participated in the study. Most of the musicians asked to participate in the study agreed to complete the survey and emphasized that they could not afford an individual health insurance plan. Some of the musicians, suspicious of the intent of the study, filled out the survey reluctantly. Streeter and other artists seeking extended access to health care for blues musicians were instrumental in recruiting these tentative subjects. A minority of the musicians were "too busy" to participate in the study or refused to complete the survey because it "asked too many personal questions."

Current Health Status

The musicians reported a high number of current health problems. The professional demands on the blues musicians and their working environments created many of these problems or exacerbated existing ones. One 30-year-old bass player recalled, "One time we drove from Chicago to Mississippi in nine hours, played a two-hour set, packed up our equipment, and traveled 500 miles to the next hotel room. That is the name of the game."

Surviving this type of lifestyle in the long term depends on discipline, according to Young. He explained, "If a guy goes on the road to do his job and then goes to his motel room to get rest and eats right and tries to have the best habits he possibly can, he can do fine on the road." Shaking his finger and raising his eyebrows, he continued, "If you have a lot of bad habits, you in trouble."

Not all blues musicians have been able to follow Young's example. The emotional and physical stresses of the musicians' lifestyles coupled with the pervasive availability of drugs and alcohol in their working environments can be a destructive combination. Raeburn[4] discovered in her investigation of rock musicians that their use of alcohol and drugs increased considerably when their numbers of performances increased. This trend applied to many of the blues musicians as well.

The availability of alcohol and drugs in clubs and bars makes it easy for a musician to "graduate from drinking and fool around with something else," according to Young. He continued, "It [alcohol/drug abuse] really does a job on them; it's a downer; it can end your career; it controls you."

The hazards of the constant exposure to drugs are especially difficult for musicians trying to kick a habit. Young shared personal experiences of people who would "shake my hand and put drugs in it. I'd go to the bathroom and flush them down the commode." He elaborated, "Every club you go to someone's waiting for you. It is a musician glory. They look at you like a fool when you turn them down."

A relatively low percentage of the musicians reported excessive alcohol consumption over the previous week or drug use over the previous year in comparison to Raeburn's sample of ten rock musicians based in the San Francisco Bay area. Alcohol and drug use among the blues musicians may well have been underreported, however, as the survey was not completely anonymous. Most of the artists also admitted in discussions with the investigator that drugs were devastating many of the individual musicians.

Performance-related Health Issues

The musicians reported significant performance problems in addition to their prevalent general health problems. Sixty-seven percent of the blues musicians reported a med-

TABLE 2. **Musculoskeletal Performance Problems Reported by the Blues Musicians***

No. Musicians per Instrument	*No. Complaints per Musician*	*Pain*	*Cramping*	*Stiffness*	*Weakness*	*Swelling*	*Incoordination*
Piano/keyboards—12	1.4	Bu, Fi, H-2, Sh, W	Fi, H-2	Fi, H-2, L, Sh, W	—	Fi, W	—
Drum—15	1.3	A, Ba, C, H, J	A-2, Fi, H-3, L	H, Sh	H, L	H, K, W	—
Bass—15	1.3	A-2, H-2	A, Fi-2, H-3	A, Fi, H, Si	Si	Fi, H	Fi
Harmonica—8	1	K, M, N	A, N	H, N	—	K	—
Saxophone—5	1	Ba, Fi	H	Ba, H	—	—	—
Guitar—31	0.9	Ba-4, C, H, N, Sh, W	A, Ba-2, H-2, L, N, Si, W	Ba-3, G, K, N-3	Ba, G	—	—
Vocals—10	0.4	—	Fo, L	—	—	—	—
Trombone—2	0	—	—	—	—	—	—

*A = arm, Ba = back, Bu = buttocks, C = callous, Fi = finger, Fo = foot, G = general, H = hand, J = joint, K = knee, L = leg, M = maxilla, Sh = shoulder, Si = side, and W = wrist.

ical problem that had hindered their performances over the preceding year, in comparison with 76% of the classical musicians in the ICSOM study who identified a medical problem that was severe in terms of its effect on performance.

Individuals of both populations of musicians frequently reported nonmusculoskeletal problems that hindered their performances. The prevalences of stage fright, however, were strikingly different between the two populations. The ICSOM study emphasized stage fright as a frequent problem among the classical musicians and discussed the interventions the musicians used to overcome it. While 24% of the classical musicians reported stage fright, only 5% of the blues musicians complained about it.

Musculoskeletal problems also affected a large number of the blues musicians and the classical musicians. The most dramatic example of a musculoskeletal injury devastating a blues musician's career is the case of Young. Young was born in Shreveport, Louisiana, in 1927. He picked up the guitar at age 6 and brought his instrument to grade school every day. At age 17, he relocated to California from Wisconsin and learned the urban blues style of T-Bone Walker. He got his break in Chicago when "Howlin Wolf" offered Young a job, because Wolf's guitarist had pulled a knife on the band leader the previous night.

Young then joined legendary bluesman Otis Rush, where he earned the nickname "Mighty Joe" for his "mighty" guitar playing and "mighty" vocals. After his success with the two blues giants, Young decided to form his own band. He cut a number of albums, toured extensively throughout the world, and appeared in a movie. At the height of his career in 1985, he began to notice that the neck of his guitar would start to fall during his playing. He remembered, "I had been strong my whole life, and I knew something was wrong."

Young consulted a physician in 1986 and learned he had a herniated cervical disk. The musician suspected that his 22-pound guitar may have contributed to his injury. He explained, "I was a very emotional player, and I would play with the guitar swinging around my neck." At the time of his diagnosis, his doctors recommended surgery. He remembered, "They told me that I would have less symptoms [with surgery], and, in due time, I would recover. They said all I had to do was work hard and do therapy. After the operation, my fingers went numb and the sensation in my hands never fully returned."

Young, a perfectionist, currently performs as a vocalist but no longer plays his guitar publicly. He explains, "I'm very critical of guitar, and I like it to be right. I don't have the control to play the guitar like I'm supposed to—I find myself mashing down on a string too hard. Even when I hit a string like I'm supposed to, it's not automatic."

Interaction with the Health Care System

A majority of the musicians reported that a health problem over the previous year had prompted them to visit a doctor. A small minority of the musicians reported that they had seen a doctor for a performance-related medical complaint. Sixty-seven percent of the blues musicians had seen a physician over the preceding year, in comparison with 65% of the Eisenberg random national sample of more than 1,000 subjects. Eight percent of the blues musicians had seen a practitioner of alternative medicine, as opposed to 11% of the Eisenberg sample.

Even though the incidence of doctor visits is an encouraging sign that blues musicians are not excluded from the health care system, 44% of the population reported that they had no health care insurance. The high cost of an individual plan prohibited most of the artists without health insurance from purchasing it. One 41-year-old bass player employed by Illinois Bell claimed, "A lot of people can't really afford health insurance. Money is spent on the essentials and health is like an option for them. If I didn't have a day job, I'd be in the same boat. I'd love to be a full-time musician, but I would have no health care."

Attitudes toward the health care system as well as financial obstacles to receiving health insurance may alienate blues musicians from the medical community. Some blues musicians shy away from the health care system for superstitious reasons. One musician explained that he does not have health insurance "because you die quick that way." The musicians' tenuous livelihood can reinforce these superstitions and foster denial of medical problems. "Sugar Blue," an articulate harmonica player, explained, "If a cat falls ill, no one can know he is sick until he's dead. It's like, 'If people hear I'm sick, no one will book me.' It is seen as weakness."

Blues musicians and poor and minority populations in general share similar health risks and face common impediments to accessing health care. As performing artists, the musicians also have needs similar to those of other populations of artists who have gained the attention, respect, and commitment of the medical profession.

A three-point plan can help extend blues musicians' access to the health care system. Streeter, who represents a large group of the musicians organized by Delmark Records, is currently working with lawyers to lobby insurance companies for eligibility of the members of the organization to join a group health insurance plan. A group policy will make health coverage a possibility for the artists. Sugar Blue explained, "When you are living on sustenance wages, you cannot afford to pay 500 dollars a month for individual health insurance."

In the meantime, physicians dedicated to performing arts medicine must draw from the successes of a meeting between a group of physicians at a conference in New Orleans and members of a popular jazz band, the Dirty Dozen.[5] Physicians must arrange similar meetings with leaders in the blues community to open lines of communication between the two groups. Through this forum, physicians can inform the musicians of generalists and specialists willing to see the artists on an "as-you-can-pay" basis. Brandfonbrener suggested a similar "network of medical services to accommodate local and traveling musicians" in reference to jazz musicians.[5] Affordable and available health care and communication between groups of blues musicians and physicians may encourage reluctant artists to access the health care system.

The relationship between the health care system and blues musicians stands at the crossroads. The performers are beginning to realize the importance of health insurance and adequate medical care as they are growing older and as many of the musicians are dying young. The blues musicians, medical community, and insurance companies must rise to the challenge at this time of great opportunity to bring affordable health care to this important population.

CONCLUSIONS

BMAHCS introduces physicians and health insurance companies to blues musicians, a large group of human beings with health care needs. Blues musicians, the medical community, and insurance companies must work together to address issues of affordability, availability, and attitudes that currently restrict blues musicians' access to the health care system.

ACKNOWLEDGMENTS

Special thanks to the following blues musicians and their bands who participated in BMAHCS: Manuel Arrington, Roosevelt "Booba" Barnes, Lonnie Brooks, John Cephas, Michael Coleman, Robert Covington, Jimmy Dawkins, Leontine Dupree, Sammy Fender, Gloria Hardiman, Jimmy Johnson, Casey Jones, Willie Kent, Shirley King, Big Daddy Kinsey, Bonnie Lee, Barbara Leshoure, Charlie Love, Floyd McDaniel, Dion Payton, Frank Pellegrino, "Big Time Sarah" Streeter, "Sugar Blue," "Junior" Wells, Willie White, and "Mighty Joe" Young. Permission granted from the artists quoted.

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