Discriminatory Patterns In Community Health Services

W. Montague Cobb

Follow this and additional works at: http://dh.howard.edu/soci_fac

Recommended Citation
Cobb, W. Montague, "Discriminatory Patterns In Community Health Services" (1948). Department of Sociology and Anthropology Faculty Publications. Paper 59.
http://dh.howard.edu/soci_fac/59

This Article is brought to you for free and open access by the Department of Sociology and Anthropology at Digital Howard @ Howard University. It has been accepted for inclusion in Department of Sociology and Anthropology Faculty Publications by an authorized administrator of Digital Howard @ Howard University. For more information, please contact lopez.matthews@howard.edu.
Discriminations against minorities constitute a barrier to the availability of adequate medical care to all Americans as real and more deeply significant than economic factors and inadequacies in health personnel and facilities. Although the complexity of the problems of meeting the costs of illness and of providing sufficient personnel and equipment for treatment and prevention has given rise to sharp controversy as to how the needs should be met, this failure of concurrence is harmony compared to the violent subjective disturbances aroused by the simple propositions that one sick person deserves as good care as another and that nature of illness should be the sole criterion for treatment to be rendered. It is this emotional hostility of one human being toward another, conditioned for the most part in the earlier years of life, which must be alleviated, if health deterrents due to discriminations are to be eradicated.

We are described as a Christian nation, but the parable of the Samaritan has no meaning in regions where the critically injured may be turned away to die, because hospitals in those areas do not admit patients of their skin color. The noble ethics of Hippocrates carry little weight with physicians who deny colleagues who differ from them more or less in descent or religion, the benefits of professional affiliation for professional improvement with concurrent increase in service potential. Who can assay the personality damage to segregator and segregated resulting from jim-crow wards, consultations by sufferance, patronizing helping hands and various exclusion practices? Nor can one estimate the loss of life, prolongation and aggravation of illness, and economic privation which stem from these causes.

Discriminative practice in health facilities victimizes more than one group, and is not confined to any particular region. Negro, Mexican, Filipino, Japanese, Chinese, Italian and Jew, all know the effects of these practices. The Negro is the largest group discriminated against and it is in respect to him that the patterns have their fullest and most extreme expression.

South, North, East and West, city and country, all have their discrimi-
inatory practices, sometimes frankly and sometimes subtly executed. Discrimination is at its worst in the South where the bulk of the Negro population is located. Today in Chicago, the home of the American Medical Association, and the seat of one of the nation's great universities, a Negro, Mexican, Filipino or Japanese cannot be admitted to a large majority of the city's voluntary hospitals, and this university was picketed last December in protest against the discriminatory bars of its hospital and its failure in recent years to admit any Negro students to its medical school.

In many places, in the South particularly, there are no hospital facilities whatever available to Negroes. In tax-supported hospitals, Negro patients are generally accommodated. This admission is regularly on segregated wards or to separate institutions in the South and not infrequently elsewhere.

The quality of the segregated accommodations is usually inferior. Sometimes it has ludicrous aspects as in the Gallinger Municipal Hospital here in Washington, where on a given service the ward at one end of a corridor will be used for white and that at the other for colored patients. In cases of overflow, the speaker has seen beds rolled into the aisles of the colored ward rather than install colored patients in empty beds in the adjacent ward assigned to whites. In Cook County Hospital, Chicago, Negroes constitute a majority of the patients who pay to enter, a curious reflection of the unavailability to them of hospitalization elsewhere.

Voluntary hospitals on a country-wide basis are the greatest offenders as to exclusion practices. Even the Federal veterans' hospitals are guilty, for of 127 such hospitals operating as of November 3, 1947, 24 had separate wards for Negro veterans and 19 of the hospitals, all located in the South, did not admit Negroes at all except in cases of medical emergency.

Discriminatory practices against the Negro physician are even more severe. South of the Mason-Dixon line he is excluded from membership in the official county and state medical societies recognized by the American Medical Association, and hence from staff appointments to most approved hospitals. Such appointments are only beginning to become available in other sections where he can join the county society and the A. M. A. This means loss of opportunity for professional improvement and surrender of his patients at the hospital door.

With the advent of the various types of prepayment medical care plans, the Negro has again found difficulty in being included in such plans. Often he is excluded altogether. Sometimes he may be admitted to a plan, but in a certain major city, where Negroes may join Blue Cross, the only facility available is a decidedly inferior separate hospital.

These conditions have long been well known and are for the most part adequately documented for corrective action. Some localities have been surveyed repeatedly, always with the same acknowledged result, that discriminatory practices have been found and that the minority group suffers considerably therefrom. In some communities the
findings in this specific area of sur-
veys by most eminent authorities
will receive no action for years.
There is practically never a denial
that conditions are bad and need
correction. Usually a community will-
ingness toward corrective efforts
through separate segregated facilities
will be encountered, but there will
be a deaf resistance to abandonment
of segregative policy.

The futility of "separate but
equal" arrangements as solutions of
the problem has been well demon-
strated. Appraising bodies of the
greatest prestige and integrity have
urged the abolition of discrimination
and segregation in our national life,
as a whole and in hospitals partic-
ularly, in the reports of the Presi-
dent's Committee on Civil Rights,
the President's Commission on
Higher Education, and of the
Commission on Hospital Care.
Where integration both of patient
and physician has been sincerely
tried it has proved uniformly suc-
cessful.

Here and there about the land
and in some major organizations the
absurdity of prevalent discrimina-
tory patterns has been recognized
and major steps toward their elimina-
tion taken, in respect to the ad-
mission of patients to hospitals, of
physicians to staffs, and of citizens
to medical care plans.

In all of this progressive activity
the powerful potential for construc-
tive action of the American Medical
Association has been conspicuous by
its absence. No body could be more
aware of the facts or conscious that
its leadership would have great edu-
cative value in realigning the poli-
cies of the countless city councils,
chambers of commerce, boards of
trade and hospital boards through-
out the country, which now deter-
mine and control the way in which
health facilities are made available
to the people.

It is hoped that the studies of
this Conference will lead to recom-
mendations to the President for re-
moval from the national picture of
discriminatory patterns in health
care in all their devious ramifica-
tions.

N.B. Fuller treatment of this subject, including discrimination in professional edu-
cation, may be found in two papers by the writer, "Medical Care and the Plight of
the Negro", National Association for Advancement of Colored People, 20 N. 40th
Street, New York 18, New York, 38 pp., 1947, and "Progress and Portents for the