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A MATTER OF JUSTICE*

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This month we commemorate the centenary of the Emancipation Proclamation and solemnly acknowledge the abolishment of slavery and the recommitment of individual opportunity and justice as rights belonging to all human beings. But this year we should finally recognize that human beings are still deprived of civil opportunities and that citizens are denied rights of humanity. We may not approve of direct slavery but we deny man his natural claim to temporal respect and dignity and thereby condone human bondage. Infinite in variety this kind of bondage comprises a long custom of condoned practices: disrespect, contempt, exploitation, exclusion, brutality, and discrimination. It knows neither geographic nor religious boundaries either in the North and South or in the East and West.

Hitherto the elimination of these practices of humiliation and restriction has seemed virtually beyond hope. But in recent years there have evolved signs of positive social change, hopeful signs that some of the problems of racism that daily deny citizens their privileges by natural and spiritual law may be corrected. The matter before this conference today, however, although it has received the least public attention, may be the most ironic of all: the denial of admittance of Negroes to hospitals as patients and as physicians. Indeed no issue is more grave, nor more urgent, nor more dishonorable, than racism in hospitals, and in particular in Catholic hospitals.

RACISM

"... there are old and new criticisms of Catholic hospitals ... They have assiduously and paradoxically copied the worst features of secular hospitals: ... there are Catholic hospitals that refuse to hospitalize and care for human beings who happen not to be white.

... the fulfillment of what is intellectually best and morally right for each patient depends not on how *few* hysterectomies are scored on the hospital's annual report, nor on the absence of direct sterilization and euthanasic practices, but on the quality of standards of medical and surgical practices and of social and moral attitudes which concern *all* human beings ... (But is) not the whole purpose of hospital and medical care lost if we do not convey to our patients, regardless of their belief, financial holdings — yes, even their color — the kind of spiritual challenge which is the very core of Christian ecumenism and excellence."[1]

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*Adapted from comments before the Annual Conference of Bishop's Representatives for Hospitals, January 23, 1963, Dallas, Texas.

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[1]Taylor, F.M.: Scope of Excellence. Texas Conference of Catholic Hospitals, May 12, 1962, Houston. *The Linacre Quarterly*, 30:69, 1963.

As priests and as physicians we are compelled in our vocations to comprehend the eternal standards of right and wrong, and acknowledge not only the dignity of individual races but also the civility, indeed the sacred reality, of individual human beings. But in order to be worthy of our vocation it is necessary for us to accept the law of moral justice and civil freedom and perceive it in its realistic dimensions. It is necessary to rise above attitudes of bias and ancient impulses and become involved in the moral rule that allows a human being to fulfill his natural potential and to be judged not by his skin color but by his qualities as a human being. The issue is a matter of civil freedom. It is not equality for all, for this is not possible; it is not equality of society, for this is folly; it simply is a matter of civil equality, equality of opportunity to exercise private privilege.

But what is needed in hospitals is not just a principle, for eloquent resolutions, as well as subtle equivocations, are all around us. What is needed now is the kind of love and charity that stands above hate and fear of hidden conspiracy and simply removes covenants of restriction that deny admittance of Negro patients to hospitals and qualified physicians to medical staffs and professional training programs.

Racism in hospitals cannot be defended on moral grounds. Yet there are hospitals, including Catholic hospitals, not open to Negroes, either to patients or to physicians for training as interns and residents, or for medical staff membership. It would offend, it is said, the sensibilities of white patients and physicians, and bring about not only a veritable orgy of rebuffs and loss of hospital and professional prestige but also harsh financial setbacks. Racial discrimination, however, as well as the historic fictional cliche of "separate but equal" medical facilities, is an ironic practice and need not even be excused in religious hospitals. There is no honorable way of defending it. For what is honorable in a religious hospital is the issue of rightness and goodness; anything less is inexcusable. Racism is a civil wrong; it offends moral right and good; and it sickens the sensibilities of both non-whites and whites. Therefore the failure of a hospital to rise above the discrimination of its group and fulfill the essentials of human respect and manner is hostile to the sacredness of man's nature.

In any area of human activity the imposition of wrong on a minority is a pathetic specter. But for a hospital to make man's color a public indignity and deny him his personal and professional privileges, the legal heart of the right of citizenry, shuns and contradicts the very issue on which religious and hospital principles are based. Indeed those who deliberately resist these principles really have no foundation for their resistance. For what hospitals — their administrators, boards (governing and advisory), and physicians — have to give a human being is not just a bed in a hospital, nor a position on a medical staff, nor an internship or residency. What hospitals have to give regardless of a man's color, race, and nationality, already belongs to him in the full measure of Providential laws: the spiritual and natural title to the same things any human being possesses. We who wittingly or unwittingly deprive a human being this claim should give it back. But we should return it now, and not deliberately drag our feet with tokens of amity stretching on to eternity.

The bondage of human equity is essentially a man-made phenomenon. Ancient and evil in origin its force is the myth of racial superiority, and however varied its economical, social, and professional manifestations, its source is the power of prejudice and bias. But there is no evidence that any race is intrinsically inferior, or for that matter intrinsically superior, to another race. There is no evidence that real biological and physiological differences exist between races. Indeed any differences are primarily cultural and in historical opportunity. Nevertheless the Negro carries the burden of the history of his race, a history of oppression and miserable exclusion from almost every phase of human opportunity. Few white men before have ever had to carry that kind of burden, for few white men have ever been divested of the right that the privileges of law give all citizens.

Persons vary considerably in their reactions to human beings of other races and in their ability to adapt to social and cultural alterations. But the real force of racism does not lie solely in a region or tradition, nor primarily in an intellectual and social past, nor basically in economics and politics, nor in legal and legislative issues; it lies primarily, but also in countless seductive ways, in the forcible drive, in the mediocrity, or in the militant indifference of the bigot. But intolerance and mental shortcomings in varying intensities are ever with us. The heart of racism, however, is unmistakably moral, but moral responsibility finally separates civilized men from the primitive and indecent. Without it there is no civilization.

Prejudice, the chief mark of discrimination, racial or not, is primarily a learned attitude. Learned at an early age and guided by social and moral clues it defies both intelligence and education; imitated at all ages of childhood it ignores human courtesy and manners. Sooner or later it denies, restricts, and deprives; and in extreme instances it resorts to primitive impulses and whips into raw fervor persons of savage mentality and evil instinct. Yet how incredibly different the refreshing goodness, the natural intelligence, and the wholesome manner of the unbiased child and later the unprejudiced adult. Recently in a hospital a Negro child cared for by white physicians and nurses asked his mother: "Do we know any white people?" "Of course," the mother replied, "Your doctors and nurses are white." The child's face lit up in the way only the face of a Negro child lights up. "Are they?" she exclaimed. "I didn't know they were white!"

In order to come to grips with racial injustice in hospitals it is necessary to fulfill the moral rudiments of our Judea-Christian past and apply the principles of the American Bishops' 1958 statement on discrimination and the Christian conscience. But it also is necessary to be beyond the control of human passion and the fear of threat of retaliation. One may with deliberate speed respect Robert Frost saying good-by to his apple trees: "Good-by, and keep cold," for it is better to keep cold than to blossom prematurely and get frosted in the blossom.[2] But with neither deliberation nor speed it no longer follows that it would be premature and ill-timed for hospitals denying human individuals medical care and physicians medical staff privileges to discontinue their restrictive practices. More harm is done by deliberate indifference than by indifferent racism. Nor does it follow that indifference to moral justice should continue to exist in institutions rooted in God's laws and natural purposes.

Physicians are chiefly responsible for increasing and improving a community's medical care. In this connection hospitals obviously are intimately involved.

The Chicago Commission on Human Relations directed by Edward Marciniak,[3] in order to ameliorate racial injustice in hospitals, worked quietly over a two-year period with key persons in the hospital field and medical profession, and with civic leaders appointed by the mayor of Chicago, encouraged hospitals not only to provide medical services but also to appoint qualified physicians to medical staffs without regard to race, creed, color, and national origin.

In 1962 the delegates of the Student American Medical Association (SAMA),[4] engaged in the spirit of racial justice, adopted an anti-discrimination resolution:

> "Whereas, Some state and local medical societies discriminate in membership on the basis of race, religion, color or sex, and
>
> Whereas, Many hospitals practice discrimination in the selection of persons for staff appointments on the basis of race, . . . and
>
> Whereas, The denial of these hospital privileges results in the inability of the physician to practice the highest quality of medicine; therefore
>
> Be It Resolved, That SAMA go on record as opposing discrimination on the basis of race, religion, color, or sex, in all fields concerned with the practice of medicine; . . ."

The accomplishments and creative influences of Negroes in science and labor, in education and athletics, and in business and government indicate that the race is a reservoir of resiliency and capacity. But doors of civil respect — the doors of restaurants and restrooms, of public parks and libraries, and of voting booths and hospitals — open to white men often are still closed to Negroes whose accomplishments and capabilities exceed those of men of other races. But gifts of Nature, however notable, are not always sufficient. Indeed Negroes are the first to emphasize that in periods of significant social change and progress there must also be fervent preparation to use natural gifts well, to dignify common tasks, and to take advantage of occupational opportunities. Lack of preparation, as well as drive and motivation, are obvious handicaps for anyone. For human beings with a whole existence of sickening brutality — lynchings and bombings — incredible segregation and shameful exploitation, waiting almost without hope not merely for the combination of opportunity and of training and education, but indeed for civil freedom, this handicap may be profoundly inhibiting. But gaps between optimal preparation and opportunity should compel us to exercise charity and encouragement, and to support any human being struggling to overcome feelings of apathy and self-deprecation with the kind of understanding and love worthy of our vocation and profession.

In recent years opportunities for Negroes in medical education have increased. But fewer persons have taken advantage of them. Between 1938 and 1956 the total enrollment of Negroes in medical schools in the United States increased 117 per cent, from 350 to 761.[5] But between 1956 and 1962 (a period of six years compared to 18 years) the enrollment increased 1.3 per cent, from 761 to 771.[6] At the same time enrollment in medical schools outside Howard and Meharry Universities decreased from 216 to 164. In 1956 and 1962 only nine Negro students were enrolled in Catholic medical schools in the United States. But reasons for the decreased number of Negro applicants may be similar to the reasons for the decreased number of non-Negro applicants: increased cost of medical education and decreased motivation to become a physician. Fortunately, however, the number of medical school applicants should increase in future years. Both opportunities and challenges in medicine as a vocation and profession are clearly defined,[7] and the number of medical schools and sources of scholarships and financial aid are being increased.

For the years 1956 and 1959 the mean scores of Medical College Admission Tests (MCAT) were significantly lower for Negroes than for the whole student body.[5] For the academic year 1961 and 1962 the mean MCAT scores of Negroes were slightly higher than the 1956 and 1959 scores.[6] This would suggest, and perhaps parallel the foregoing comments, that the premedical preparation of the Negro has heretofore not been comparable to that of the non-Negro. But it should also be pointed out that the mean scores of the MCAT of

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[2] Stegner, W.: Robert Frost: A Lover's Quarrel with the World. *Stanford Today*. Series 13, Number 3, 1961.

[3] Marciniak, E.: The Chicago Commission on Human Relations, *J.N.M.A.*, 54:717, 1962.

[4] Student American Medical Association: *Discrimination*. House of Delegates, May 10-13, 1962, Washington, D. C.

[5] Reitzes, D. C.: *Negroes and Medicine*. Cambridge, Harvard University Press, 1958.

[6] Darley, W.: Physicians for the Future, *J.N.M.A.*, 54:645, 1962.

[7] Taylor, F. M.: Medicine: Science, Profession, Vocation. *The Linacre Quarterly* 28:64, 1961.

selected persons, whether white or Negro, whether from East Texas or from Mississippi, are apt to be either lower or higher than the mean scores of all students.

SOCIAL CONSCIENCE

In the matter of admittance of Negroes as patients and physicians to hospitals, and without the odious restrictions of isolation and segregation inside hospitals, the eyes of the country are on Catholic hospitals. Indeed they are on individual Catholic physicians, Catholic nurses, and Catholic auxiliary workers. They are focused on the Catholic institutions of courage and leadership, and on persons of moral will and social conscience; for in order to create effectual change there is need for a brave and unworldly approach. There is need for the kind of spiritual and intellectual leadership which compels us to renew the solemn aims of the Emancipation Proclamation; there is need for the kind of Catholics who are Catholic all the way. There is need for the kind of humble thinking that allows us to look grim facts squarely in the eye and to face up to the truth of some of our own ridiculously low standards and superficial motivations; there is need to break down the pitiful racial cliche that the Negro is soulless, immoral, and inferior to other human beings; there is need for us to admit that we, and often under the banner of Christianity and patriotism, may be inferior, dirty, and immoral; there is need to point out that stereotyped images of any race of human beings, regardless of color and nationality, are superficial and fail to dignify the individuality of man; and there is need to stand above the condoned evil of racism and persuasively demonstrate, despite centuries of intolerable handicaps, the superb good of the Negro people — their commendable roles as individual citizens, as parents and teachers, as men and women in the defense of country, and in religious life.

Therefore what individual action our Ordinaries and Church hospitals take may significantly influence this period of domestic change. However unfortunate, there are physicians and physicians' wives, and there are members of hospital auxiliaries and advisory boards, and indeed influential hospital patients, whose attitudes are deeply rooted in bias and insensitivity to elementary principles of social morality. No magic formula exists whereby these attitudes can be readily changed. But fear not of prejudice primarily but of prejudiced persons excludes not only leadership but also moral and spiritual values from hospital activities and allows the hard core of bias to represent the very opposite of what religious hospitals are supposed to espouse. Prejudicial attitudes, whether of physicians, administrative personnel, and hospital auxiliary or of nurses and technical personnel, often are the signs of learned duplicities. Whether imaginary or real, fear also may exist that one's own status, however false its symbolic value, and perhaps one's own shortcomings, are being witnessed and seriously questioned for the first time.

Human beings whose thoughts

are colored by hypocrisy and the alien philosophy that rights are vested in the state and not in the individual person are apt to react cruelly and profanely and vehemently oppose things fundamentally just and sacred. Therefore indifference and hatred must be avoided. Diocesan leadership is required. Persons of stature and conscience and persons who literally help make policy in a diocese and hospital community, who are above levels of hidden fears, or of evasion and false reassurance, are needed in the matter of racial justice. But it is well known that if hospital justice does not come about through voluntary action at the hospital level, it will come about, as it will in other areas, through the coercion, however unfortunate, of public scandal and the exertion of public and governmental influence. Indeed public demonstration, coercive legal action, and executive order, however unnecessary, appear at times to be the only effectual ways of fulfilling the moral and social rudiments of our Judea-Christian heritage.

The influence of governmental funds in voluntary hospitals is becoming more and more evident through research grants, clinical study programs, training activities, fellowships, and so on. Therefore hospitals in which practices of discrimination and segregation relative to patients and physicians exist, and which are recipients of these funds, should either be required to carry out nonsegregated principles, not merely in separate, individual ways just to satisfy the administrative record, or have the funds supporting their clinical research and patient care withheld or withdrawn.

CONCLUSION

"Safeguard of all patients is a hospital's moral and intellectual responsibility. This is a fundamental ethical fact and neither presupposes, nor oversimplifies, nor overassesses the kind of concern for all human-beings (regardless of color and age) as a means of doing something excellently. Thus . . . our attitudes and practices concerned with patients become right or wrong only in relation to the good for individual patients — not just medical good but also moral and social good.

Persons outside Catholic hospitals may not accept Catholic hospitals, but they expect more of them — that they should . . . be the summit of all gains in human and spiritual understanding.[1]