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# The Negro Physician in the Time of Change

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... Hence racial discrimination can in no way be justified.

POPE JOHN XXIII. *Pacem In Terris*. APRIL 1963.

Before the Annual Conference of Bishops' Representatives for Hospitals in Dallas in 1963 Taylor said, "... no issue is more grave, nor more urgent, nor more dishonorable, than racism in hospitals and in particular in Catholic hospitals ... yet there are hospitals not open to the Negroes, either to patients or to physicians for training as interns and residents, or for medical staff membership."<sup>5</sup> In 1963 in *The Atlanta University Review of Race and Culture*, Pettigrew and Pettigrew wrote, "Innumerable private facilities [i.e. hospitals] are closed to Negroes, and the public facilities open to them are symbolic instruments of white supremacy state governments, segregated, inferior, and grossly overcrowded."<sup>2</sup> In the 87th Congress Senator Javits charged that "nothing could be more pernicious than racial discrimination and segregation in the medical field. ... Negro M.D.'s meet obstacles in their practice and advancement every step of the way.

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Some hospitals still bar Negro patients altogether. Some limit their number and segregate them in basements and attics under the 'separate but equal' item."<sup>4</sup> In San Francisco in June, 1964 the Executive Board of the National Federation of Catholic Physicians' Guilds passed this resolution:

"WHEREAS: Some hospitals deny the admittance of Negro patients and qualified physicians who are Negroes to medical staffs, to internship and residency training programs, and

WHEREAS: The denial of these hospital privileges is a civil and moral wrong, therefore,

BE IT RESOLVED that the National Federation of Catholic Physicians' Guilds, in recognizing the fatherhood of God and respecting the brotherhood of man, go on record as opposing discrimination and segregation of Negroes in hospitals."<sup>1</sup>

A movement towards integration and desegregation in some hospitals and the profession of medicine started before 1963. But it is obvious that since 1963 more hospitals started admitting Negroes as patients and as physicians to the medical staffs; and more and more medical societies and associations have opened their membership to Negro physicians. Obviously a change has

begun. To the outsider it has appeared to move too rapidly. To those involved it has lagged too far behind. Regardless, it has been the most dramatic social change, as well as moral change, to have begun in such a short period of time. The beginning, however, was ever so long in starting. From the viewpoint of the Negro, as a citizen and as a physician, the Negro race has faced and experienced not decades but centuries of denial and repugnance. He has been told to wait. He has been told to wait because everything would be all right some day. To wait? To wait for what? The word *wait* has been pounded so deeply, almost eternally it would seem, into his soul that it came to mean not next year, not soon, but *never*. But the very social and spiritual nature of human beings, regardless of skin color, is meant to work for one another's welfare — in spirit and in action, not just in words.

In part the increased emphasis in recent years on the inhumanity and the immorality of racism has served to humanize hospital policies and practices. It is no mystery that one of the main reasons more hospitals have started integrating and desegregating is not really a profound regard for the brotherhood and spirit of man but a brotherly respect for the kind of governmental money that helps to assure the construction of hospitals and the underwriting of research activities, clinical study centers, and training programs. Thus, the striking out of the "separate but equal" item in the Hill-Burton Act has served greatly to cause integration in hospitals to be on the move.

Regardless, however, the Negro — neither as patient nor as physician — has been totally freed from segregative and discriminative practices and attitudes. Although it varies from place to place, he generally is still rejected, frustrated, and ignored. He still, because of his "color," is not wanted in the mainstream of professional and social opportunities in everyday life.

Hitherto, in accordance with the "separate but equal" practice it was not uncommon in hospitals "taking Negroes" for the patients and physicians to be restricted to the "colored part" of the hospital; this could be either in a basement, or over a heating plant, or in a separate building. Today, hospitals (that for the record publicly state that facilities are available without regard to race) segregate patients either in a wing or on a separate floor, or together in a double-room, or singly in a private room when patients medically and economically are eligible for non-private space. The race of patients is recorded (not for special research studies, however) on the admitting records and made part of the hospital's statistical reports. Odious signs still designate rest rooms "For Colored Women" and "For Colored Men." There often prevails an obvious lack of common decency and courtesy of manner, a failure to regard Negro patients as human beings and to refer to them as "Mr.," "Mrs.," or "Miss," as well as physicians as "Doctor."

Although these are human matters, and some provide a glimpse of the inhumanity of man, patients still

are admitted to beds on the basis of race and physicians are considered for staff membership on the basis of race. In relation to the number of qualified non-white physicians to communities, it remains very difficult for Negro physicians to be admitted to the medical staffs of hospitals. As a matter of fact, hospitals with staff physicians numbering between 500 and 1000 may count only one or two Negro physicians. Some hospitals have not an official policy but a functional "closed staff" practice. Others suggest that board certification is required. Others, despite the surface support of staff physicians, and perhaps of administration, doubtlessly are fulfilling the instruction of the hospital board not to consider the application of any Negro physician. Others kindly state, "We will be happy to consider your application when there is a vacancy on the staff!" Others just table the application without replying to the physician. Meanwhile, a dozen or more white physicians attain staff membership. Some hospitals admitting Negro patients admit "individually," i.e. admittance is delayed until separate administrative approval or permission is secured. Yet neither administrative nor medical approval is required for each white patient. Others utilize the scheme that "all the hospital beds are filled."

Like any human being the Negro, whether a professional person or not, desires to be accepted and respected by other human beings, white and Negro alike. When qualified by training and experience, he also de-

sires to be recognized and provided the opportunity to be received into the full professional ranks of the community. Like most respectable persons, he tries to comprehend the difficulties innumerable which persons are facing. He tries, in vain, to understand things that do not make sense. He tries to respect and understand those who look deep into the hearts, who pray, and who try to do what they think and feel is right. But what in large measure causes him to feel rejection and frustration (and I encounter it repeatedly) is an actual or alleged belief in the inferiority and unworthiness of the Negro and in the authoritarian order of one race over another, of one person over another. But I do not regard, nor is there any evidence for it, my race as inferior to another nor for that matter as superior. Nor do I regard my Negro colleagues as ignorant, untrustworthy, violent, and lacking in conscience. For injustice is a contraction of conscience. Indeed, in view of our long past of extraordinary prejudice, denial, and brutality — and this is not a pseudo-sacrificial path — my race is a vast reservoir of capacity and ability and of character and quality. Therefore, to exclude qualified Negro physicians from first-class hospitals does not serve to increase a community's standards of medical care. It does not increase the health of a community. Nor does it allow at more sophisticated levels talented research scientists, medical students, interns, and resident physicians to engage in the activities of research institutes and to be adequately represented in the hospitals that provide

advanced medical and surgical training programs.

Obviously unavoidable problems and difficulties exist among all human beings. Deep feelings and biased attitudes learned in childhood become a part of the actions of adults — a far cry, however, from the maturity of adulthood. For example, there is a difference between integration and segregation. One may work in a desegregated hospital; but in one also integrated there prevail attitudes that are respectable and personal. There are feelings of belonging and being a part of professional and social activities. It does not mean a "buddy-buddy" nor a "brother-in-law" kind of attitude. It means just a brother-in-Christ attitude, unified and joined together in charity by his Holy Spirit. It means believing in Christ and also knowing Christ's love. In this connection the closed retreat for physicians renovates and strengthens one's spirituality. But it should also help us to face up to the sinfulness of injustice and thereby help in curing the ills of prejudice, indeed the social ills of society itself. It is one thing to avoid injustice and uncharitableness all around us; it is another to do something about it. It is one thing to speak of the equality of man in the sight of God; it is another to believe in the reality of God in the sight of all men. Thus, integration means being considered on a status fully equal in opportunity in order to fulfill man's mission of charity and understanding. It does not mean regarding any race of man as dependent and passive, nor as abandoned and neglected and therefore

owed everything. I should not want to be adopted or to be protected. For like anyone, regardless of any race, I am obliged to gain the respect of others, but also to have my dignity respected through my own efforts, my own accomplishments, my own charity, and my own understanding. Most human beings, in some way, need motivation — individually and professionally. But professional, economic, and social spankings are not positive motivations. In this regard, a child about to be spanked by his mother, pleaded loudly, "Don't spank me, Mommie, motivate me!" Motivation is not being favored, nor accorded special privileges; it is providing and believing in the kind of bond of faith and trust that is a part of respect, recognition, and encouragement that leads to increased competence and confidence.

Negro physicians, if not only because they have had to learn to tolerate (and toleration is not acceptance nor a way of life) for a while longer the sting, the hurt, the insult, and the penetrating injustice of racial provocations, have developed a social discipline and restraint of a high order. The endurance of environmental odds and professional, educational, and social deprivations, has served to make them strong in their aims to excel in medicine and in service and sacrifice. But in this period of social transition increased individual sacrifice is necessary not only to acquire individual identity but also to participate positively in

attaining competence in medical science and practice.

In order to be worthy of a vocation and profession it is necessary "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."<sup>5</sup>

#### REFEREN

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