

Hospital Integration: Equality versus Availability

With medicare benefits scheduled to become available 1 July, the government is facing a crisis of conscience-and-politics in administering the provision of the 1964 Civil Rights Act (Title VI) that denies federal funds to a wide range of institutions that practice segregation or discrimination. The specter of shortages in hospital facilities has been haunting Washington quite apart from considerations of Title VI (*Science*, 18 March 1966). If substantial numbers of Southern hospitals fail to end discrimination and are disqualified from receiving medicare payments, the situation could easily become desperate. Accordingly, the government's problem is to balance two values that on the Great Society scale are given roughly equal weight—the availability of medical care and the promotion of racial integration.

There is plenty of cause for alarm. In the last few weeks, the Department of Health, Education, and Welfare, which administers Title VI, has been waging a blitzkrieg campaign, and the number of hospitals whose compliance with Title VI has been certified is rising daily. By last week, however, only one of every three hospital beds in Mississippi, Alabama, South Carolina, Virginia, and Georgia, was in an institution that met the government's civil rights standards; in Louisiana, North Carolina, Arkansas, and Tennessee the ratio was less than 1:2.

Nationwide, the picture is considerably less gloomy. HEW Secretary John Gardner reported last week that 79 percent of the country's 7548 hospitals were complying, and other officials of HEW believe that, when July 1 rolls around, the number of holdouts will not exceed 500 (the pessimists say 1000). But the availability of facilities in Des Moines will not ease the crisis in Birmingham or New Orleans.

HEW's guidelines for compliance are strict. Rigidly enforced, they would produce major changes not only in the quality of care available to Negro patients but also in the number of opportunities offered to Negro medical professionals. They include not only open-admissions policies but open assignment of patients to rooms and other hospital services, and nondiscriminatory granting of staff privileges.

A number of the dodges frequently used by hospitals in maintaining segregation are cited in the guidelines and specifically outlawed: A typical dodge is denial to Negro physicians of staff privileges on the grounds that they are not members of the local medical societies—which also exclude Negroes. The guidelines say "Staff privileges [may not be] denied professionally qualified personnel on the basis of . . . non-membership in an organization which discriminates on the basis of race, color, or national origin."

What use HEW will make of its guidelines is another matter. In the past, its performance in the civil-rights arena has strikingly failed to match its rhetoric: "They've had accordion standards of compliance," complained one civil rights lawyer who has been active in the health field. A special staff to handle the problems of "equal health opportunity" was not cre-

ated until almost 18 months after the civil rights legislation was passed; meanwhile the department continued to pour money into segregated hospitals and failed to take action on hundreds of complaints brought by civil rights groups. "This time we mean it," said one HEW official who has been concerned with Title VI activities. But to Southern hospital administrators, who are watching Washington as closely as Khrushchev watched Kennedy during the missile crisis, the voice may sound like that of the boy who cried wolf.

Southerners are reportedly particularly troubled by a provision requiring that white and Negro patients be assigned to semiprivate rooms (the accommodations most medicare patients will use) without respect to race. Some hospitals are said to be determined to let federal support lapse and seek community backing for continued segregation in their facilities. But most appear to be waiting to see how far they will in fact be forced to go.

The truth is that, in a game as fraught with political perils as the withholding of federal funds, even the highest departmental officials and even the most dedicated integrationists can go only as far as the President will let them. The impending medicare crisis caught Johnson's attention only belatedly, and so far his performance has been precisely what the civil-rights activists would have sought. In a special meeting with hospital administrators and health leaders on 15 June he warned plainly that "The Federal government is not going to retreat from its clear responsibility." But at the moment he spoke only 17 of Mississippi's 132 hospitals were complying, and Mississippi's Senator James Eastland was reported to be knocking at the door with requests for leniency—and Eastland has, in his own way, at least as much political potency as Chicago's mayor Richard Daley, who won out in a recent Title VI confrontation with former Commissioner of Education Francis Keppel. What will Johnson say on 1 July? "It's like the Clairol ad," commented one HEW official: "Only the President knows for sure."

To many civil rights leaders, strict enforcement of Title VI in the medicare program represents a last chance to overturn what one described as the "racism that infects American medicine." It is much easier not to accredit a hospital in the first place than to disaccredit it after it has received approval. Certification of hospitals for medicare provisions will supply them with certification for a whole range of federal programs now being developed. Relaxation of the standards set in the guidelines would therefore have the effect of sealing in discrimination for a long time to come. On the other side are not just the voices of the Eastlands but the logic of numbers: people will not be sicker after July 1, but increasing numbers of them, armed with federal insurance, will undoubtedly be seeking treatment. Whether they will continue to get it in rooms marked "Negroes only" is, at this writing, still an open question.—ELINOR LANGER