

## Transcript for Interview With David Smith

**Interviewer:** In what way did the Jim Crow Legislation lead to the creation of African-American hospitals?

**Smith:** You mean how the Plessy vs. Ferguson created the Jim Crow restrictions in all the southern states?

**Interviewer:** Yes, that's what I mean.

**Smith:** Well, basically what it did, it did two things, lots of hospitals in the south refused to admit black patients and so people had to deliver their babies at home. Sometimes people died traveling to the place where they could get care, if they got into an automobile accident or something like that. It was a real difficult problem in terms of getting access to hospital care when you needed it. In fact, even black doctors in the south had to deliver their wife's babies in their own homes. They weren't allowed to admit them to local hospitals in North Carolina or in other places in the south. But if the reason that the black hospitals were created was because black physicians weren't given privileges to admit patients to the hospitals, so they sort of as part of community with the physicians providing some leadership, black hospitals were created all over the country. During the 20th century there were more than 500 black hospitals that were created and all, maybe 5 or 6, of them have closed as a result of efforts to desegregate hospital care. Hospitals in the south were told they wouldn't receive medicare or medicaid money if they didn't desegregate. All of that happened in a very brief period in the early part of 1966 before medicare became a program for the people over 65 in this country. It is interesting that so many hospitals were created but it wasn't unique to the black community, there were catholic hospitals, there were Jewish hospitals, there were Russian-Jewish hospitals, and German-Jewish Hospitals, because the Russian-Jews and the German-Jews didn't like each other, so there were a lot of hospitals that were created because of the exclusion of people of different ethnic groups, from having privileges, to the ability to admit patients to a particular hospital. Alright I should stop there and let you ask any questions that you have or something that you don't understand that I said, I'll try and clarify.

**Interviewer:** Our next question is, Do you believe African-American medical associations contributed to the creation of Black hospitals? If so, to what extent?

**Smith:** Well in most cases the black medical associations had a major role in the creation of those hospitals. They also play a major role in the civil rights movement. that desegregated the hospitals, that desegregated healthcare all over the country. The advantage black doctors had in the south is they had very loyal group of patients because in many cases, if a black patient went to a white doctor, he had to go to a segregated waiting room and he would only see him when all the white patients had seen him, so he would have to wait a long time. They were basically treated very poorly, so people were really very excited when a black physician moved into their community and then basically told them well we will give you our services, since you're going to

be insulated from retaliation by the white community, since your being provided with your living, from the black community you have to represent us and you have to be apart of the efforts to desegregate schools, desegregated lunch counters and all the other stuff. In fact, if it wasn't for the black constituent in the South there might not have been a civil rights movement at all. But school teachers and other people could always be retaliated against and lose their living and have to leave the community. In fact in some places in North Carolina families had to leave because they were involved in the civil rights movement, they had to leave because they had no way of making a living. A whole group of them from NC were relocated to Austin by other church groups that were supporting it and now their generation are all doctors and lawyers and are very successful in the Austin area. They have a really tough time when they could no longer make a living. That's part of that story.

**Interviewer:** Could you elaborate on the NAACP And NMA roles in the health care struggle.

**Smith:** They were really a united front. Particularly in the 1960's when NAACP had some very strong leadership. In fact people that were leading the NMA for example, John Holleman, Dr.Holleman, etc. were also leaders of the NAACP. Just to point out if you would like to go and look at the records, local chapters of the NAACP in the South you will discover that most of the people on the leaderheads, those were the people who were officers of the local chapters of the NAACP. They were mostly doctors and dentists because they were insulated from retaliation by the white power structure.

**Interviewer:** Do you believe the integration of African-Americans and Whites in healthcare in a place, such as Chicago, would be more difficult to achieve then in a city located in the South or vice versa? And Why?

**Smith:** That's a very interesting and very intelligent question that you are asking. The advantages the south has was that all of the discrimination against blacks was very obvious and very clear. There were white and there were colored signs, and there were white wings and colored wings of hospitals and all that other stuff. In fact the black hospitals in the South were right next to the white hospitals. Because the white doctors had black patients and didn't want to have to travel a long way to take care of their black patients. Even though there were separate hospitals. In a sense it was very easy to integrate in the south. In the north in Chicago, healthcare in Chicago is probably more segregated than most places in the South. Because of where people live, where the communities are, ethnic groups and stuff like that. In places like Chicago where you have a lot of residential segregation, it is much more difficult. Because you can't just say, ok we will open the doors and everybody can just come to whatever hospital they want, because people live in different communities, they have doctors in those communities that only have many privileges to the hospitals in that particular area. It's a lot tougher, so that's sort of the kinds of struggle we are having now in terms of how to deal with that problem. One of the things that was done, was that hospitals were integrated, they were basically told you can't, you have to admit anybody that comes, but physicians could basically do whatever they wanted. They were exempted from the civil rights act. They couldn't be threatened with withholding of medicare

funds , if they chose to admit their black patients in one place and their white patients in another place. They were struggling with that kind of problem. There was no new effective way of controlling whether doctors choose to admit their patients on basis of race. That's a pretty complicated thing to absorb. It's why today we see big disparities in people getting specialized types of surgical treatments and stuff like that. Because of the nature of how physicians would refer patients to hospitals and to specialists who would lend that care.

**Interviewer:** What are the choices that produced the health care civil rights struggle in the early and mid-twentieth century?

**Smith:** What are the choices? Well, the big choice, the big battle in the black community and particularly in the black medical community is whether we should go on our own, build our own system, black hospitals, or whether we should try to assimilate, into the mainstream white hospitals. That was the big battle. It was a very heated battle and probably the majority of black physicians thought that it would be better just to go it on their own. Set up their own hospitals, set up their own care because they didn't really think white hospitals would be fair to them in terms of getting them admitting privileges and taking good care of their patients. The people that led the civil right movement were actually a minority of people, small group of people, small group of doctors that said no that's not right, that doesn't make any sense, we are going to fight for integration. In fact the lawsuit that helped to open up hospitals in Chicago, well there were a small group of black physicians that basically sued the hospital, not for civil rights violations, but for what are known as antitrust issues. Where a group of people keep other people from making a living by restricting their access to the resources they need in this case the hospitals, so that suit got settled in the early 1960's and at that time a result of that out of court settlement the docs in Chicago that wanted admitting privileges were historically white hospitals. But the other docs at the Provident Hospital staff wouldn't talk to them, they were very angry with them because they were sort of mudding the waters. What they really wanted to do was try and protect Provident hospital and make sure it survived. Most of the black hospitals in the country were forced to close, the doctors and the patients end up choosing the mainstream institutions. For example, Provident hospital got a brand new building, 50 million dollar structure that was completed in the early 80's. It soon faced financial discord and was taken over by the county. Many hospitals faced that problem even after they built brand new buildings, after they could get money for it after medicare and medicaid. A Lot of people didn't think that things had really changed in the 60's and they had a lot of brand new buildings that eventually had to be used for other purposes. A lot of people feel bad about the hospitals that closed. In fact Obama was supposed to give his acceptance speech in Charlotte, North Carolina, after he got renominated for his second term, in a football stadium that was still over the old black hospital that had black nurses training and where black physicians had positions. That hospital was closed and they had to have a protest, for a plaque to be put up on the stadium, acknowledging that there had been an important hospital in the black community there.

**Interviewer:** Were there any clear historical indicators of discrimination against African-Americans by white hospitals? Can you provide examples if so?

**Smith:** In the south you just couldn't get admitted, the white hospital, or their would be a black wing which was usually in the basement. Actually, in some places in order to get surgery patients had to be moved to the court yard in the rain or snow into where the operating theatre was in the main hospital , then moved back afterwards. That was real clear. In the north it was much more subtle. The docs on the medical staff picked the patients that were admitted, there were instances where a patient of a particular race got placed in the hospital. Black patients regardless if they were private pay got put into the black wing of the hospital, although it wasn't legal then. The other thing that was real clear from surveys and stuff like that, particularly in Chicago, was how many hospitals people had to travel by in order to get admitted to a hospital if you were black. In Chicago there were only two hospitals that were admitting black patients, that was Provident and Cook County, even if you had private insurance, you couldn't get admitted to the other hospitals. You just got automatically sent to those two hospitals. They were the only ones where your physicians had privileges that allowed them to admit their patients.

**Interviewer:** What historical factor had the greatest impact in the struggle to create integrated hospitals, such as Provident hospital?

**Smith:** The big lesson was that there was always something more important than race and it was usually money. The big factor was that Lyndon Johnson and the secretary of health and human services, John Gardner, says we will not give any medicare to any hospital that doesn't integrate and within two months almost all the hospitals in the South integrated. In fact in one hospital the inspector tried to persuade the hospital to be desegregated and the administrator said said go to hell, we will never desegregate this hospital, this is a white hospital and then a day later, the chairman of the board of the hospital says, "We just fired the administrator, tell us what we have to do to get the medicare money." Because all hospitals would have to choose, either going bankrupt because the medicare aided elderly over the age of 65 and these patients could only go to desegregated hospitals. They all pounded their chests and talked about how courageous they were, but it all had to do with the assistance of the federal government, that would not give them any dollars, if they discriminated against the patients that they would see. So about a thousand hospitals got segregated in two months.

**Interviewer:** How has the government in the past become involved in the effort to end discrimination in healthcare?

**Smith:** The federal government had the big stick in terms of dollars and the civil rights act of 1964 basically said that the federal government could not give any dollars to any organization that discriminated on the basis of race. And that first effort to enforce that law came with the establishment of the medicare and medicaid programs in 1966. Now the trick is how do we make sure what hospital desegregated in some way. Now that's a lot more subtle and the hospitals can discriminate just by relocating from a black area to a white area. And they can search for this but in most cases those suits have not been successful, so there are lots of ways to discriminate subtly and we are not as good at handling that kind of stuff, only with the more

obvious stuff that exist in the 1960's. For example, there are big differences in cardiovascular treatment by race, related partly to where the specialists are and how they admit their patients and that kind of stuff. There may be some subtle forms of discrimination, that's why we still have disparities in terms of treatment. We haven't really figured out how to address. In the new healthcare reform legislation, not just dealing with hospitals, but also with the doctors, and insurance companies, to make sure people were treated fairly. But the problem is the funding for the program has been pretty doubtful in the amount of money that will be advocated for that. It's just going to be sort of a paper insurance with nothing underneath it to enforce it. So the struggle continues.

**Interviewer:** This year the National History Fair day theme is Rights and Responsibilities. What medical rights were denied by African-Americans during the late-nineteenth and early-twentieth century.

**Smith:** They had no rights, What happened was that basically because there was an unwritten law that said that we will give care based on people's ability to pay and based on your race. What you see is that the amount of care people receive was directly related to their income and their race. What happened after the 1960's the law was reversed. Blacks are somewhat more likely to reach the hospital care, and somewhat more likely to be seen by the hospitals than whites. And even stronger relationship with income. Poor people tended to have more visits and more hospital admission than rich people. Which is what you expect, people are poor because they are sick and sick because they are poor. And that all changed in the 1960's, so the crude numbers changed, rough numbers. But the more specialized kind of care, the things that we get concerned about were really sort of kind of a more smaller piece that used to exist in the 1960's. It's interesting to know, up until the 1990's we talk about racial differences in term of healthcare, and racial differences in terms of health, now we talk about disparities. The difference is that maybe it's the fault of the individual and not the fault of the system. Now we call them disparities. This is unjust it is the fault of the system, not the fault of the individual. The system has to be healed not the individual. That's a big change.

**Interviewer:** What are the consequences of segregation in healthcare? Currently and Historically

**Smith:** In the past it was actually forratic. There was basically, in large area of the country, people could not get access to care, the only access they could get was to teaching hospitals. Where they were used for medical students as a part of research. The reason that was carried out because the people weren't going to get any care anyways so it doesn't matter. That's what existed before the 1950's, what we see today in terms of the consequences of segregation are problems that have happened in getting care from specialist like to work in geographic areas where there aren't affluent people that can take private rates, so we see a lot of subtle differences that affect all in terms of healthcare.

**Interviewer:** Do you believe that discrimination still exists within our healthcare in today's

present day?

**Smith:** There are two kinds of discrimination, and this gets into the civil rights act in terms of regulation. Discrimination involves , disparate treatment “I won’t treat you because you’re black” or “ I will give you different type of treatments then I would my white patients”. That’s disparate treatment. Other kind of discrimination is what we call disparate impact, it seems like everyone is not directly discriminating, but if you’re black you don’t get as good care because you don’t have access to that care in your community. Most of what we see today is not disparate treatment, its mostly disparate impact. There are still cases where physicians who at hospitals, have admitting clerks who will refuse patients because they are black, they don’t want to admit them because they are poor and that kind of stuff. Most of the kind of discrimination we have now. Is disparate impact and that is much harder to deal with because its harder to bring a legal suit against it because the provider can also say that I just moved my practice to an all-white area because I can make more money there. That’s disparate impact or is the person just making more money there, making a rational business decision. That’s one of the problems we have because we have a divided system in terms of how health providers get paid, as long as we have that we will have problems of disparate impact.

**Interviewer:** Are there any other topics that you would like to discuss pertaining to discrimination within healthcare?

**Smith:** I think in Chicago, you have a serious problem in terms of access to nursing home care, you have a lot of homes that have grown in the suburb and they have sunk in the city, and a lot of the home in the city are substandard, and its really hard for families to be ensured that they are getting decent nursing home care for their parents or their grandparents. And that’s you know pretty blatant because we actually have the numbers of where black and white patients go for nursing home care. And we also have numbers for the quality of care for those nursing homes that are collected by the federal government. That’s a serious problem especially with some of the homes in the city because of low census admitting psychiatric patients, even admitting people directly to the nursing home and that created all types of problems.