

1984 NOW  
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If there were any doubts about what is in store for American medicine under the federal government's expanding control, these were removed last month by the experience of the St. Francis Hospital administration and governing board on meeting with representatives from the Department of Health, Education and Welfare.

Shortly before July 1 the hospital administrator received a four-page letter from the Washington office of HEW to the effect that the hospital had not been approved for Medicare. During a previous evaluation visit, several practices—chiefly related to discrimination in patient room assignment and hospital training programs—were found to be in violation of the Civil Rights Act and HEW regulations. The letter outlined the steps to be taken, even to the point of composing a sample letter for the hospital to mail to its staff, and set a deadline of 10 days in which the hospital was to notify the HEW of the "affirmative steps" taken. It indicated that participation in all federal programs was dependent on compliance and stated that failure to respond within the time limit might "*necessitate a finding that compliance with the law cannot be secured by voluntary means.*" (Italics added.) The letter concluded that the department would be available on call and "happy to assist" in any way.

On the afternoon of July 6, a team of representatives from the HEW's Regional Office of Equal Health Opportunity again toured and inspected the hospital for over two hours and then met with the Sisters and the governing board members. According to Mr. Lynum, leading the investigating team, there were still at least six areas in which the hospital did not measure up to HEW regulations.

The presentation of HEW's case was made in a humorless manner so devoid of tact and understanding that from the outset, the resentment and antagonism of all present was insured. Discussion of the various points at issue invariably revealed that conciliation and compromise were not what the HEW had in mind and that its helpful assistance could be obtained only by knuckling under to its terms.

In the matter of room assignment. Mr. Lynum admitted that on a physician's order a patient might be moved from one room to another, but only for "medical reasons." He indicated that there were ways of checking on (and presumably, punishing) those doctors who routinely moved too many white patients out of rooms with colored ones.

When Mr. Lynum was asked whether compliance "by voluntary means" implied a threat that the government had other (involuntary) means of obtaining it, he said that this

was a distinct possibility. When asked if it were not true that a private hospital had a choice of agreeing to participate or not participate in Medicare, Mr. Lynum agreed that it did. However, in this event, he foresaw that the matter would be out of the HEW's hands and would fall under the jurisdiction of the Department of Justice. He reminded the board, rather pointedly, to remember that the hospital engaged in interstate commerce.

The meeting was wisely terminated before apoplexy set in and before any more helpful assistance could be offered by Mr. Lynum and his associates. The board agreed to discuss the matter further among its members.

In any hospital, the paramount objectives with respect to care of its patients (regardless of their skin color) are those of safety, efficient and competent medical management, and provision for their comfort and peace of mind. In our opinion, it is an abuse for any institution or its staff (individually or collectively) to subscribe to discriminating procedures deliberately designed to secure racial segregation; it is an equal abuse that it should be told by agencies of the government that it must subscribe to procedures designed to secure racial mixing as an end in itself.

Under the guise of rendering help and assistance to the sick, it would seem that the federal government and its Department of Health, Education and Welfare is attempting, through coercive pressure, to achieve social reform for political reasons.

We do not feel that the HEW and its Office of Equal Health Opportunity is on particularly firm ground in singling out St. Francis Hospital for what seems to be an unusual amount of harassment. From its inception (and long before the HEW and its bureaucracy got into the act), the policies of the hospital regarding the treatment of its colored employees and patients have been quite liberal and very fair. Somewhat against the inclination of the Sisters (the Order is from Pennsylvania), it acceded to the then-prevailing community custom in providing equal but separate facilities for the races; and from the time the first patient was admitted in 1950, these have indeed been quite equal. It has always called the Negro by title and treated him with respect. In the past months since its floors and public rooms have been desegregated, it has done its best to comply with federal regulations and has done so willingly. Through its medical staff it has urged a qualified Negro surgeon to apply and has granted him full staff privileges. It has accepted applications from and interviewed a number of high school and college colored graduates for its small technical training courses in laboratory and X-ray, as well as for its nursing school. (Some of these were turned down because of a lack of qualifications; others, in spite of urging, failed to follow through with their applications.)

As a private institution, however, St. Francis Hospital has taken the position that a

private, paying patient has the right to request a room of his choice and, if unhappy in a room (whether this be occasioned by whim, incompatibility with other occupants, race prejudice, or pure cussedness), also the right to request to be moved and the privilege of being moved if another room is available. The HEW and its Office of Equal Health Opportunity does not feel that any patient has this right . . . and therein lies the main point of contention.

Regardless of the outcome in this local instance, it is apparent from the tactics and approach of government agency representatives that hospitals and their medical staffs can look forward to a future of regulation and control under the all supervising eye of Big Brother. It will be (and already is, in the case of our local hospitals) an era of the informer, the undercover operative, the snooper, the information gatherer and the inspection team. It will be an era of the buck passer, for all of these (as Mr. Lynum did when confronted) disclaim any personal responsibility or malice and retreat behind a defense that they are merely doing a job in reporting to their superiors in the next higher echelon of federal bureaucracy.

We have arrived at the late George Orwell's *1984* almost twenty years ahead of schedule.

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