

**SIGNED:**

*"Yours for a  
Genuine Brotherhood"*

**A SURVEY OF DISCRIMINATION  
IN THE HEALTH FIELD IN LOS ANGELES**

**WITH A FOREWORD BY  
LEADING . . . . LAYMEN, MINISTERS, EDUCATORS,  
BUSINESSMEN, TRADE UNIONISTS AND EMPLOYERS**

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*Dear Friend:*

*We, the undersigned, are laymen and ministers, educators and business men, trade unionists and employers. While most of us are not members of the National Council of Arts, Sciences and Professions, we have read the enclosed report and are filled with distress and deep humiliation.*

*It is one thing to suspect that discrimination exists, and yet another to be confronted with evidence which has been carefully collected and documented.*

*Our sense of shame is particularly acute now, when we are celebrating "Brotherhood Week". The disparity between creed and deed, the shocking callousness with which we mouth empty phrases of brotherhood even as we betray our words in the elemental decency of caring for the sick is an astounding hypocrisy.*

*We know you are a person of integrity, and as such, we beg you to read this report carefully, and urge you to act NOW on its concluding proposals.*

*"Yours for a*

# Genuine Brotherhood"

Mrs. Charlotta A. Bass  
Mr and Mrs. Henry Blankfort  
Rev. Ernest Caldecott  
Dr. Harry Cimring (D.D.S.)  
Morris E. Cohn  
Rev. Baxter Carroll Duke  
William B. Elconin  
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Mrs. Betty Gardner  
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Rabbi Abraham Winokur

[List limited to those contacted  
during short time available]

# --- A SURVEY OF DISCRIMINATION IN THE HEALTH FIELD --- IN LOS ANGELES ---

*Issued by the Southern California Chapter  
of the National Council of Arts, Sciences  
and Professions.*

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## I PURPOSE OF THE SURVEY

Discrimination against persons of minority groups with respect to race, religion, or national origin is contrary to all the best traditions of American democracy and equality. And when discriminatory practices invade the field of medical care, more than our best traditions are violated. Discrimination in the provision of medical care not only denies the right to good health to the people of the minority groups, but eventually it lowers the health of all the people, and places an unnecessary economic and social burden upon the entire population. In addition, the right to follow their chosen professions is denied talented men and women of these minority groups.

During the past ten years, minority problems in the Los Angeles area have been intensified by the extensive immigration of minority groups. The Negro population has more than tripled, while the increase in the Mexican-American population has been almost as great. The growth of minority groups in Los Angeles County between 1940 and 1950 is shown by the following figures:

Year	Total Population	Negroes	Mexican- Americans	Japanese	Chinese
1940	2,785,643 <sub>1</sub>	75,209 <sub>1</sub>		36,866 <sub>1</sub>	4736 <sub>1</sub>
1946		150,000 <sub>2</sub>	300,000 <sub>2</sub>		
1950	4,116,901 <sub>3</sub>	250,000 <sub>4</sub>	400,000 <sub>5</sub>		

It seemed desirable, as a basis for public discussion and opinion, to ascertain the facts concerning discriminatory practices in the health field, the extent to which the recently augmented minority groups in the population have been provided with good medical care, and the extent to which newly arrived health personnel of minority groups have been utilized. For these reasons, a factual survey was undertaken.

### REFERENCES

- <sup>1</sup> *Bureau of the Census, 1940.*
- <sup>2</sup> *Carey McWilliams, "Southern California Country". Duell, Sloan & Pearce, New York, 1946.*
- <sup>3</sup> *Bureau of the Census, 1950 (Preliminary report)*
- <sup>4</sup> *Los Angeles Urban League (estimate).*
- <sup>5</sup> *Association Nacional Mexicana Americana (estimate).*

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## 2 METHODS OF THE SURVEY & LIMITATIONS

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Questionnaires requesting detailed information regarding personnel and policy toward patients were sent to the administrative heads of 32 leading hospitals in Los Angeles County. Similar requests for information were sent to four representative medical groups in Los Angeles, and to the two medical schools and the one dental school now operating in the community. The form of the questionnaire, and the covering letter, are reproduced on the following pages and names of the institutions circularized will be found in Chapter III, IV, and V. Repeated requests were sent to those institutions which did not reply within six weeks, in order to accumulate as much information as possible by direct inquiry.

Where no answer was made by the institution itself, other sources (staff members, employees, patients, etc.) were utilized and every reasonable effort was made to confirm the accuracy of this information. Occasionally there were marked discrepancies between official reports and material informally gathered, and these are noted.

Figures and facts quoted concerning the different institutions studied are those which existed on varying dates between March 1, 1950 and November 1, 1950. Some changes may have occurred in certain institutions between the dates of collection of material, and the date of this publication.

There are many limitations to this survey of discrimination in the health field in Los Angeles. No attempt has been made to assess discrimination, if it occurs, in the Los Angeles City and County Health Departments. Since the work of these public agencies plays such an important part in the maintenance of good health in the community, they merit investigation. The several large hospitals operated by the Veterans Administration were not studied. It is also common knowledge that some individual physicians exercise discriminatory practices in their pri-

End-Discrimination Committee  
Medical Division, Arts, Science and Professions Council  
130 South Robertson - Suite #4  
Beverly Hills, California

June 1, 1950

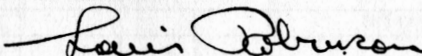
Dear

We are writing to you as a hospital administrator, or medical or dental school dean, to invite you to cooperate with us in a survey of discriminatory practices in the field of health in Los Angeles. We believe that the elimination of discrimination on the basis of race, religion or sex in the training and employment of members of the medical and allied professions cannot help but improve health services for the people. The elimination of such discrimination is fundamental to the extension of American democracy.

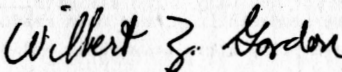
We are encouraged by the definite progress made toward eliminating discrimination in medicine during the last two years, especially by the appointment of a number of Negro physicians to the attending staffs of several Los Angeles hospitals. Much more remains to be done in our community with its large Negro and Mexican-American population, and with its many well-trained doctors, nurses, technicians and social workers of minority groups. We believe that a survey of the current facts will both highlight those institutions where progress has been made, and stimulate change where discrimination persists.

Will you kindly complete and return the enclosed questionnaire? We welcome any suggestions you may have as to how better medical care may be provided minority groups, or as to how these groups may be more fully integrated into the provision of medical care.

Very sincerely yours,



Louis Robinson, D.D.S.,  
Chairman, Medical Division



Wilbert Z. Gordon, M.D.,  
Executive Secretary, Medical Division

R:G:mb  
encl.

# DISCRIMINATION SURVEY QUESTIONNAIRE

(Directions: Please answer the appropriate hospital or educational institution questionnaire, filling in boxes with the numbers of personnel in each category.)

## A. Questionnaire for hospitals or medical groups:

1) Name of institution: \_\_\_\_\_

2) Name and position of person answering questionnaire: \_\_\_\_\_

### 3) Medical Personnel:

CATEGORY	TOTAL	NEGRO	MEXICAN AMERICAN	ORIENTAL	JEWISH	WOMEN
Attending physicians						
Internes and residents						
Dentists						
N Staff						
U Supervisors						
R Instructors in						
S Nursing school						
E Total						
S						
Laboratory technicians						
X-Ray technicians						
Medical social workers						
Pharmacists						
Occupational and physical therapists						
Dieticians						

- 4) Policy toward patients: Are Negro patients admitted? \_\_\_\_\_  
Are private or clinic patients separated on basis of race or  
color? \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
(Please amplify above answers on additional paper if desired.)

\* \* \* \* \*

## B. Questionnaire for medical and dental schools:

1) Name of institution: \_\_\_\_\_

2) Name and position of person answering questionnaire: \_\_\_\_\_

### 3) Personnel:

CATEGORY	TOTAL	NEGRO	MEXICAN AMERICAN	ORIENTAL	JEWISH	WOMEN
FACULTY MEMBERS						
STUDENTS (Currently enrolled)						

- 4) How many years has the school been in operation? \_\_\_\_\_. During  
this period how many Negro students \_\_\_\_\_ and how many Mexican-  
American students \_\_\_\_\_ have been graduated from the school?  
(Please amplify above answers on additional paper if desired.)

vate offices, especially with regard to accepting Negroes as patients. This field has not been studied, but it certainly merits attention.

There are other facets of discrimination which need further investigation. For instance, Negro physicians are commonly said to have much more difficulty in buying malpractice insurance than do white physicians. Certain honorary medical societies which play a part in keeping the physician's technical knowledge up to date exclude minority group physicians from their membership. The Southwestern Pediatric Society, for example, with an invited membership of over 100, included only two Jewish pediatricians, although a large group of pediatricians in Los Angeles are Jewish.

This survey has concerned itself with five groups: Negroes; Mexican-Americans (including both persons born in Mexico and persons of Mexican descent); Orientals (those of Japanese, Chinese or Korean descent have been grouped together for the sake of brevity); Jews; and women. It is recognized that the problem of discrimination against women is qualitatively different from that practiced against minority groups because of their race, color, religion or national origin. However, the obstacles placed in the way of a woman who wishes to become a doctor or dentist are so great and so unfair that it seemed desirable where possible to assess this element of discrimination in the hospitals and medical and dental schools.

An explanation of several terms used may be helpful to the lay reader. The term "house staff" applied to a hospital indicates the group of internes and resident physicians, doctors who live in the hospital and devote their full time to providing the day-to-day medical care for the patients. The "attending staff" of a hospital is the group of physicians who, while maintaining their own private practices outside the hospital, supervise the care of charity patients by the house staff, and have the privilege of caring for their own private patients when the latter are ill enough to be admitted to the hospital.

Admission to the attending staff of a hospital is a very serious



matter for a physician. He must meet strict requirements of professional competency and good character, and must, with rare exceptions, belong to the Los Angeles County Medical Association. Unless a physician is a member of the attending staff of a hospital, he may not treat one of his patients who becomes ill enough to be admitted to the hospital. Thus, for example, a Negro physician who does not have an attending staff appointment must often turn his patients over to other doctors when they become seriously ill. This practice often subjects the patient to emotional trauma and loss of confidence in his physician.

The reader will note that much of the evidence of discrimination in the institutions surveyed is necessarily suggestive in nature. Absolute proof is difficult to obtain. The victims of discrimination, whether they be doctors or nurses or patients, are often unwilling to have their stories publicized because of personal hurt, or for fear of further ill treatment. In this survey, the complete absence of members of a minority group from a hospital's staff, or from the student body of a professional school, is taken to be presumptive evidence of discrimination. It is true that these institutions are not wholly responsible for the lack of minority group personnel on their staffs, since discrimination is rife throughout both professional and preprofessional education in the health field. But if the medical schools and hospitals welcomed qualified members of minority groups, progress in the educational field would certainly be stimulated. The validity of this form of presumptive evidence was well established by the official investigation of discriminatory practices in the New York medical schools carried out by the New York City Council in 1946.



### **3 HOSPITALS**

Questionnaires requesting information were sent to 32 important hospitals in Los Angeles County. The returns are summarized below, with the hospitals listed alphabetically. Bed capacities are shown to indicate the size and relative importance of the hospitals surveyed.

#### **BARLOW SANATORIUM (104 beds)**

Official information furnished by this hospital shows an attending staff of 13 physicians, of whom one is Jewish and one is a woman. None are Negro, Mexican-American or Oriental.

Of a total of 10 nurses, none belongs to a minority group.

Of a total of 6 laboratory technicians, 2 are Negroes and one is Jewish.

This hospital does admit Negro patients, and does not segregate patients on the basis of race or color.

#### **CALIFORNIA LUTHERAN HOSPITAL (317 beds)**

This hospital failed to answer the requests for official information; the following facts were supplied by staff members:

The attending staff includes one Negro physician, two or three Oriental physicians and two or three Mexican-American physicians. The application form for admission to the attending staff inquires as to the applicant's race and religion.

The hospital employs several Oriental laboratory technicians, but no Jewish or Negro technicians.

Segregation is practiced in the California Lutheran Hospital, Negro patients being accommodated only in private rooms.

#### **CEDARS OF LEBANON HOSPITAL (310 beds)**

This hospital failed to answer the requests for official information; the following information was supplied by staff members:

Of a total of 620 physicians on the attending staff, none are Negroes, Mexican-Americans or Orientals. Of 43 dentists on the staff, none belong to any of the above minority groups. Of 19 resident physicians, one is a Negro.

There are no Negro or Mexican-American nurses employed by the hospital. There is one Japanese nurse.

There are no Negro, Mexican-American or Oriental medical social workers employed by the hospital.

Of 25 laboratory technicians, one is a Negro and one is a Mexican-American.

The hospital does not discriminate against patients of minority groups, either in its admission policy, or by segregation in wards or private rooms.

#### **CULVER CITY HOSPITAL (52 beds)**

This hospital failed to answer the requests for official information. The following unofficial information collected by staff members of the hospital is therefore given.

The attending staff consists of 285 physicians. None of these are Negroes, Mexican-Americans or Orientals. 2 or 3 are women. Jews are well represented.

The hospital employs no Negro, Mexican-American or Oriental nurses.

Among the laboratory technicians, one is an Oriental.

Negro patients are admitted to the Culver City Hospital. They are segregated from white patients, when the latter refuse to share a room with a Negro. Occasionally, when no objection exists, Negro patients are placed on wards with white patients.

#### **EYE AND EAR HOSPITAL (21 beds)**

This hospital failed to respond to the requests for official information.

#### **GLENDALE SANITARIUM AND HOSPITAL (225 beds)**

This hospital failed to respond to the requests for official information.

#### **HARBOR GENERAL HOSPITAL (580 beds)**

The questionnaire was not returned by this hospital, nor by the other four hospitals operated by the County of Los Angeles Department of Charities. In a letter in response to the inquiry, Mr. Arthur J. Will, Superintendent of Charities, stated in part:

"There is no discrimination either as to employees or patients. All employees are selected through a county-wide civil service procedure and as a result of being on eligible

lists after examinations have been given. This applies to every classification of employee. We are not in a position to give you information as to the number of various races, colors or creeds of employees because we do not keep records that way."

**HOLLYWOOD PRESBYTERIAN HOSPITAL (300 beds)**

The Administrator of the Hollywood Presbyterian Hospital declined to fill out the questionnaire, but stated in reply to the inquiry:

"It has been the policy of this hospital that we do not discriminate. We take people of all classes, races and color, religion and also financial status quo. (sic). Therefore, we have never kept any records as to how many of this color and how many of that color we have which would enable us to fill out your questionnaire. I would venture to say that during the past twenty-five years we have had thousands of Chinese, Japanese, Spanish, Negroes, etc. in this hospital. Our employment policy does not discriminate; we have Negroes, three Chinese internes and we employ women on our professional and non-professional staff, and we even take female internes."

Unofficial information supplied by staff members of the hospital indicates that there are no Negro or Mexican-American physicians on the attending staff. The attending staff does include several Orientals, 6 or 7 women, and 15 to 20 Jewish physicians.

Of the 15 laboratory technicians employed by the hospital, one is Jewish, one an Oriental, and none are Negroes or Mexican-Americans.

It is also learned that segregation is practiced, with Negro patients being admitted only to private rooms.

**HOSPITAL OF THE GOOD SAMARITAN (400 beds)**

This hospital failed to answer the requests for official information. The following unofficial information supplied by staff members of the hospital is therefore given.

There is one Negro physician on the attending staff.

The interne and resident staff totals 21 physicians, of whom

one is Jewish, and 4 are women. None are Negroes, Mexican-Americans, or Orientals.

The hospital does not employ Negro nurses for staff duty, and does not employ Negro laboratory technicians.

Negro patients are admitted to Good Samaritan, but as private patients are segregated, and are not permitted accommodations in the same rooms with white private patients. Segregation is not practiced among the hospital's charity patients.

#### **HUNTINGTON MEMORIAL HOSPITAL, PASADENA (238 beds)**

This hospital failed to reply to the requests for official information.

It has been learned that there is one Negro physician on the hospital's attending staff.

Negro patients are placed in private rooms and segregated from white patients.

#### **JAPANESE HOSPITAL OF LOS ANGELES**

This hospital failed to respond to the requests for official information.

#### **LONG BEACH COMMUNITY HOSPITAL (150 beds)**

This hospital failed to respond to the requests for official information.

#### **LONG BEACH GENERAL HOSPITAL (200 beds)**

(See Harbor General Hospital).

#### **LOS ANGELES CHILDRENS HOSPITAL (203 beds)**

Official information provided by this hospital shows an attending staff of 225 physicians, of whom one is a Negro, one a Mexican-American, one an Oriental, 17 Jewish, and 23 women. Of 22 internes and residents, one is an Oriental, and two are women. Of 32 dentists on the staff one is Jewish, and none belong to other minorities.

The nursing staff comprises 163 graduate nurses, of whom 18 are Negroes, one is a Mexican-American, three are Orientals, and two are Jewish. None of these minority groups are represented among the 13 supervisors.

Out of 20 laboratory and X-ray technicians, 2 are Negroes and 3 are Jewish.

Of the 6 medical social workers, one is a Negro and one is Jewish.

Out of a total of 19 therapists, dieticians and pharmacists, there is one Oriental, but none of other minorities.

Childrens Hospital admits Negro patients readily and there is no segregation of patients on the basis of race or color.

**LOS ANGELES COUNTY GENERAL HOSPITAL (3865 beds)**

In reply to the questionnaire, a letter was received from the medical director of the Los Angeles County General Hospital stating that the information requested could not be given since the hospital keeps no official records of race or religion of its employees. The letter concluded: "It is a well known fact that this hospital does not discriminate against patients because of race, creed, or national origin."

The following detailed unofficial information has been supplied by staff members of the General Hospital:

The attending staff of the hospital comprises a total of 831 physicians. Of these 33 are women, one is an Oriental, and none are Negroes or Mexican-Americans.

The house staff (internes and residents) totals 253 physicians. Of these 9 are Negroes, 6 Orientals, 57 Jews, and 19 women. None are Mexican-Americans.

The General Hospital employs 39 medical social workers. Of these 11 are Negroes, and 7 are Jewish.

Of a total of more than 40 laboratory technicians, one is a Negro.

Patients are not subjected to racial segregation.

**LOS ANGELES SANATORIUM, DUARTE (293 beds)**

Official information received from this hospital shows an attending staff of 78 physicians of whom 77 are Jewish and 2 are women. Of 5 internes and residents, 3 are Jews and 2 are Mexican-Americans.

Of 30 nurses, one is a Negro, and none belong to other minority groups.

Of a total of 13 technicians, medical social workers, pharmacists, dieticians and therapists, 12 are Jewish and one is a Negro.

The hospital states that it does admit Negro patients, and that patients are not separated on the basis of race or color.



On its stationery is engraved the following quotation from Louis Pasteur: "We do not ask of an unfortunate: what country do you come from or what is your religion? We say to him: you suffer, that is enough. You belong to us; we shall make you well."

Additional unofficial information indicates that in the years 1941 to 1950, only 2 Negro patients have been admitted to Duarte, although tuberculosis is a relatively common disease in the Negro community in Los Angeles.

#### **METHODIST HOSPITAL OF SOUTHERN CALIFORNIA (206 beds)**

The Methodist Hospital declined to fill in the questionnaire. In reply to the official inquiry a letter was received, the body of which is quoted below:

"We do not practice discrimination in this hospital against any persons of any race, creed or color. We are unable to answer your questionnaire, however, in view of the fact that we do not keep records as to what a person's nationality may be in the categories you outlined."

Despite this statement, the official application form for appointment to the attending staff of the Methodist Hospital requests information as to the applicant's "nationality."

Unofficial information provided by Methodist Hospital staff members shows an attending staff of 300 physicians; of these 2 are Negroes, none are Mexican-Americans, 4 are Orientals, 27 are Jews, and 9 are women.

The Nursing staff includes several Negroes and Orientals.

The hospital segregates Negro patients, and the following case illustrates this practice.

On April 17, 1950, Mrs. Gilbert B. Rivers was admitted to the Methodist Hospital for obstetrical care. Mrs. Rivers is white, her husband is a Negro. Mrs. Rivers arranged for her admission to a semi-private room, the daily rent for which is \$13.00. After the birth of her baby, she was taken from the delivery room to a private room, the daily rent for which is \$15.50. When she phoned the admitting office and asked why she was occupying a private room despite having arranged for a 2-bed room, the reply was to talk to her obstetrician about it. The obstetrician later told her that such was a hospital ruling. Despite their protests, Mr. and Mrs. Rivers were later billed at the private room



rate, \$15.50 per day, for the six days of Mrs. Rivers' hospitalization.

**OLIVE VIEW SANATORIUM (1211 beds)**  
(*See Harbor General Hospital.*)

**ORTHOPAEDIC HOSPITAL (75 beds)**

Official information provided by this hospital shows an attending staff of 45 physicians, of whom 6 are Jewish and 2 are women. None are Negro, Mexican-American or Oriental. Of 6 internes and residents, none belongs to any minority group. Of 20 dentists, one is Jewish, and none are Negro, Mexican-American or Oriental.

Of a total of 29 nurses, none belongs to any minority group.

Of 25 technicians, social workers, occupational and physical therapists, and other technical personnel, none belongs to any minority group.

The hospital does admit Negro patients, and states that there is no segregation on the basis of race or color. Despite this statement, the following case of discrimination occurred at Orthopaedic Hospital.

Mr. and Mrs. A. T. Patrick, who are Negroes, state that on or about October 9, 1949, their daughter Patricia fell and fractured her arm. Mrs. Patrick took her immediately to the Georgia Street Emergency Hospital, where, after examination, the doctor directed Mrs. Patrick to take her to the Orthopedic Hospital to have the fracture treated.

Mrs. Patrick and her daughter were seen by an admissions clerk and a nurse at the Orthopedic Hospital. They both refused to admit the child for treatment, and told Mrs. Patrick to take her to the Los Angeles County General Hospital instead. Mrs. Patrick overheard the nurse tell the clerk: "She'll probably have to stay overnight, and we couldn't put her with them." Despite repeated requests that her child's arm be set promptly, Mrs. Patrick was forced after considerable delay to take her daughter to the General Hospital for treatment.

**PHYSICIANS AND SURGEONS HOSPITAL, GLENDALE (110 beds)**

Official information furnished by this hospital shows an attending staff of 196 physicians. Of these, 9 are Jewish and 10 are women. None are Negroes, Mexican-Americans, or Orientals.

Of 118 nurses, 7 are Jewish, but none of the other minority groups are represented. (Of 16 nursing supervisors, none are Jewish).

Among a total of 16 technicians, therapists, pharmacists and dieticians, none belongs to a minority group.

Negro patients are admitted to the hospital, and there is no segregation on the basis of race or color.

#### **QUEEN OF THE ANGELS HOSPITAL (502 beds)**

This hospital declined to fill out the questionnaire, but replied by letter as follows:

"We would prefer not to enter into any discussion regarding the subject matter of your communications other than to advise you of a fact which is generally known in this community, that included in our professional and non-professional staff we have and have had for many years members of the Negro, Mexican-American, Oriental, Jewish and other nationalities.

"Our experience has been uniformly good and the words 'discriminatory practices' most certainly do not apply as far as this hospital is concerned."

Additional unofficial information indicates that the attending staff numbers 361 physicians. Of these, 5 or 6 are Negroes, and 1 or 2 are Mexican-Americans. There are no Oriental physicians on the staff. There are 25 to 30 Jewish physicians, including two chiefs-of-service, and 5 or 6 members of the Executive Staff. The application form for admission to the attending staff requires a statement as to race and religion.

There are 30 interne and resident physicians. Three are Jewish and 3 are women; none are Negro, Mexican-American or Oriental.

Of a total of about 300 graduate nurses, there are a number of Negroes, 10 to 12 of them being staff nurses. There are a small number of Mexican-American and Oriental nurses. The nursing school admits mostly Catholic girls. Of the present first-year class of 60 to 65 student nurses, one is a Negro, 2 or 3 are Jewish, and 10 to 12 are Mexican American.

Many employees among the secretaries and technicians are Japanese-Americans, but there are no Negroes in this group.

Queen of Angels Hospital readily admits Negroes as private and charity patients, but does not permit them to share rooms with white patients. Negro patients are either segregated with other Negro patients, or are placed in private rooms, as the following case illustrates.

On September 7, 1950, Mrs. T. Jerome Rambo was admitted to the hospital for the birth of her baby. Mrs. Rambo is white, while her husband is a Negro. Although she had arranged for accommodation in a semi-private room, Mrs. Rambo was surprised to find herself moved, after her baby was born, from the delivery room to a private room on a non-maternity floor. After learning that semi-private rooms were available on the maternity floors, Mrs. Rambo requested transfer, and was told by the Sister in charge that she could not be moved because her husband was a Negro. She further learned that since she was no longer on a maternity floor, she would neither be allowed to see nor to nurse her baby, who remained in the nursery on one of the maternity floors. As a result of persistent protests to several nuns and finally to the Mother Superior, during which she was obliged to assert her legal rights, Mrs. Rambo finally succeeded in having herself moved to a semi-private room on a maternity floor where she could nurse her baby. During the course of her protest, Mrs. Rambo was the butt of insulting remarks concerning her husband's color by several hospital employees. When she told her story to the priest in charge, he attempted to justify the hospital's policy of segregation by stating that the hospital "could not take a chance on the psychological effect it would have on a white patient" to have been placed with Mrs. Rambo. Thoroughly upset by the discriminatory mistreatment she had received at the Queen of Angels Hospital, Mrs. Rambo left there at the end of 4 days, rather than remain for the usual confinement period.

Similar unpleasant segregation was experienced by Mrs. Charlesetta Washington, a Negro, when she was admitted to the Queen of the Angels Hospital for the birth of her baby on August 13, 1948. She requested a semi-private room, being unable to afford a private room. She was told she could not be placed in a room with a white woman and since there was no

Negro roommate available, she was forced to accept a private room.

**RANCHO LOS AMIGOS (2611 beds)**

*(See Harbor General Hospital.)*

**SANTA FE COAST LINES HOSPITAL (196 beds)**

This hospital failed to respond to the requests for official information.

**SANTA MONICA HOSPITAL (178 beds)**

This hospital failed to respond to the requests for official information.

**SEASIDE MEMORIAL HOSPITAL, Long Beach (370 beds)**

This hospital failed to respond to the requests for official information.

**ST. JOHN'S HOSPITAL, Santa Monica (108 beds)**

This hospital failed to respond to the requests for official information.

**ST. JOSEPH'S HOSPITAL, Burbank (137 beds)**

Official information received from this hospital shows a medical staff of 105 physicians, of whom 25 are Jewish and 2 are women. None are Negro, Mexican-American or Oriental.

Of a total of 98 nurses, none belongs to any minority group.

Of a total of 18 technicians, therapists, pharmacists and dieticians, none belongs to any minority group.

Negro patients are admitted to St. Joseph's Hospital, but are separated from other patients on the basis of their color.

**ST. LUKE HOSPITAL, Pasadena (160 beds)**

Official information received from this hospital shows that of a total of 257 attending physicians, one is a Negro, none are Mexican-Americans or Orientals, 5 are Jewish and 7 are women. Of the 5 dentists on the staff, none belongs to a minority group.

Out of a total of 110 nurses, 3 are Negroes and one is Oriental. None are Mexican-American or Jewish.

Of a total of 16 technicians, pharmacists, therapists and dieticians, 2 are Orientals while none belong to other minority groups.

This hospital admits Negro patients. Negro patients are permitted to share rooms with white patients, but when the latter object "at times it has been necessary to put Negro patients in private rooms at a ward rate."

**ST. MARY'S LONG BEACH HOSPITAL (100 beds)**

Official information furnished by this hospital shows a medical staff of 104 physicians, of whom 15 are Jewish and 3 are women. None are Negro, Mexican-American, or Oriental.

Of a total of 140 nurses, none belongs to any minority group.

Of a total of 16 technicians, pharmacists and dieticians, none belongs to any minority group.

St. Mary's Hospital admits Negro patients, but segregates them from white patients.

**ST. VINCENT'S HOSPITAL (238 beds)**

This hospital failed to respond to the requests for official information.

**TEMPLE HOSPITAL**

Official information furnished by this hospital shows an attending staff of 475 physicians. Of these, 21 are Negroes, none are Mexican-Americans, 3 are Orientals, 375 are Jewish, and 4 are women. Of 6 dentists on the staff, 3 are Jewish.

The policy of the Executive Committee holds that all properly qualified physicians of good repute are eligible for staff membership, regardless of race, color, creed or national origin. The application form for staff membership does not inquire as to the applicant's race or religion.

Official figures provided by the hospital show a total nursing staff of 124. Of these there are no Negro nurses, 6 Mexican-American nurses, 2 Oriental nurses, and 3 Jewish nurses. Among the 14 nursing supervisors, 1 is Jewish.

Of a total of 15 technicians, pharmacists and dieticians, none are Negroes, one is a Mexican-American, one is an Oriental, and 5 are Jewish.

Temple Hospital freely admits Negro patients, and Negro and white patients are permitted to occupy the same room. When a white patient objects to a Negro roommate, however, the Negro patient is assigned to a private room (although charged only for a 2-bed room).

**WHITE MEMORIAL HOSPITAL (207 beds)**

This hospital failed to answer the requests for official information; the following facts were supplied by staff members:



The attending staff of approximately 90 physicians, includes a number of Orientals, several Jews, but no Negroes.

Of a total of 48 internes and resident physicians, 4 are Orientals, 2 are Jews, while none are Negroes.

On the nursing staff there are several Negroes, several Orientals, and several Mexican-Americans.

Among the technicians and medical social workers employed by the hospital there are several Orientals, but no Negroes or Mexican-Americans.

The White Memorial Hospital admits Negro patients and does not segregate patients on the basis of their color.

#### SUMMARY

In general, discriminatory practices in the hospitals surveyed fall into two groups: discrimination against minority group physicians, nurses, technicians, etc., and discrimination against patients belonging to minority groups. Some hospitals practice discrimination of one type, and some of another, while in a few hospitals discrimination is widely applied both to staff and patients.

The following 15 hospitals failed to make any reply whatsoever to the requests for official information, despite the receipt of this request on three separate occasions.

*California Lutheran Hospital*

*Cedars of Lebanon Hospital*

*Culver City Hospital*

*Eye and Ear Hospital*

*Glendale Sanitarium and Hospital*

*Hospital of the Good Samaritan*

*Huntington Memorial Hospital, Pasadena*

*Japanese Hospital of Los Angeles*

*Long Beach Community Hospital*

*Santa Fe Coast Lines Hospital*

*Santa Monica Hospital*

*Seaside Memorial Hospital, Long Beach*

*St. John's Hospital, Santa Monica*

*St. Vincent's Hospital*

*White Memorial Hospital*



Five hospitals were found to have made definite progress toward integration of minority group members on their professional staffs. Queen of Angeles Hospital and Temple Hospital each have a significant number of Negro physicians on their attending staffs. Negro physicians are well represented on the interne and resident level at the Los Angeles County General Hospital, although the large attending staff of this hospital has no Negro members. Significant numbers of women physicians are found only at the Los Angeles County General Hospital and at the Los Angeles Children's Hospital. Negroes, Mexican-Americans and Orientals are fairly well represented among the nurses, social workers and technicians at the Los Angeles Childrens Hospital, Los Angeles County General Hospital, Queen of the Angels Hospital, and the White Memorial Hospital.

The following hospitals are known to have poor records with respect to the participation of Negroes and Mexican-Americans on their staffs:

*Cedars of Lebanon Hospital*  
*Culver City Hospital*  
*Hollywood Presbyterian Hospital*  
*Los Angeles Sanatorium, Duarte*  
*Orthopedic Hospital*  
*Physicians and Surgeons Hospital, Glendale*  
*St. Joseph's Hospital, Burbank*  
*St. Mary's Hospital, Long Beach*

In addition to the 8 institutions listed above, a number of the hospitals which failed to answer the questionnaire are known to discriminate against physicians belonging to minority groups, but exact figures were unobtainable.

The following hospitals do not practice segregation of patients by race or national origin, and in general treat patients without discrimination:

*Barlow Sanitorium*  
*Cedars of Lebanon Hospital*  
*Los Angeles Children's Hospital*  
*Los Angeles County General Hospital*  
*Physicians and Surgeons Hospital, Glendale*  
*White Memorial Hospital*

The following hospitals practice racial segregation of patients, either obligatory, or at the request of other patients:

*California Lutheran Hospital*  
*Culver City Hospital*  
*Hospital of the Good Samaritan*  
*Hollywood Presbyterian Hospital*  
*Huntington Memorial Hospital, Pasadena*  
*Methodist Hospital of Southern California*  
*Queen of the Angels Hospital*  
*St. Joseph's Hospital, Burbank*  
*St. Luke Hospital, Pasadena*  
*St. Mary's Hospital, Long Beach*  
*Temple Hospital*

There is evidence of a reluctance to admit Negro patients at the following two hospitals:

*Los Angeles Sanatorium, Duarte*  
*Orthopedic Hospital*

The paucity of physicians of minority groups on the staffs of Los Angeles Hospitals can be well illustrated by the following figures. The total number of attending physicians on 16 hospital staffs for which fairly complete statistics are available, is 4185. (Actually many less doctors are involved than this number suggests, for many doctors are members of several hospital staffs.) Of this total 32 are Negroes, 5 are Mexican-Americans, and 16 are Orientals.

Of 611 approved internships and residences in the Los Angeles area hospitals, only 10 are known to be filled by Negroes, 2 by Mexican-Americans, and 14 by Orientals.

Four of the hospitals surveyed have disproportionately large numbers of Jewish physicians. This is a reflection of policy in the majority of Los Angeles hospitals, which limit the number of Jewish physicians they accept. The latter of necessity apply for staff privileges at the few hospitals which do not exclude them.

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## 4 MEDICAL GROUPS

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Questionnaires requesting information were sent to four medical groups in Los Angeles. The returns are summarized below.

### **COMMUNITY MEDICAL CENTER**

Information officially furnished by this group shows a medical staff of 20 physicians, of whom 2 are Negroes, none are Mexican-American or Oriental.

Of a non-medical staff (nurses, technicians, receptionists and secretaries) of 9, one is a Negro, one is a Mexican-American and one an Oriental.

Community Medical Center is opposed to "racial or religious discrimination in any shape or form." Thirty percent of the Center's patients are Negroes, and 10% are Mexican-Americans.

### **THE MOORE-WHITE CLINIC**

Information furnished by this group indicates a medical staff of 21 physicians, of whom none are Negro, Mexican-American, Oriental or Jewish.

Of a total of 21 nurses employed, none belongs to any of these minority groups.

Of a total of 11 technicians, pharmacists and dieticians, one is a Negro, one is an Oriental, and one is Jewish.

The Moore-White Clinic accepts Negro patients, and does not practice discrimination on the basis of race or color.

### **THE MOUNT SINAI CLINIC**

Information supplied by this group shows a medical staff of 128 physicians, of whom 5 are Negroes, 6 are women, and 115 are Jewish. Of 4 dentists on the staff, one is a Mexican-American, and 3 are Jewish.

Of a total of 12 nurses, technicians, social workers, therapists, pharmacists and dieticians employed by the Clinic, 7 are Jews, one is an Oriental, and none are Negroes or Mexican-Americans.

Discrimination against patients of minority groups is not practiced.

#### **ROSS-LOOS MEDICAL GROUP**

The director of the Ross-Loos Medical Group declined to fill out the questionnaire, stating that the group did not have most of the data asked for. He estimated that approximately 40 of the doctors employed by the group are Jewish, stated that one Oriental nurse and one Oriental laboratory technician are employed by the group, and added that there are no Negro members of the staff.

The following additional information has been obtained:

Of a total of 115 physicians employed by the group, none are Negro, Mexican-American or Oriental. Six of the physicians are women. No Negro or Mexican-American nurses are employed by the group.

The information booklet supplied by Ross-Loos to individual applicants for membership states in paragraph 1: "Eligibles: Any person of the Caucasian race between the age of 21 and 50." Ross-Loos cares for some Negro patients who join the plan as part of a large group of employees; dependents of such Negro members may not join the plan, while dependents of white members of a large employee group are admitted to the plan for a nominal charge.

Reproduced on the next page is a reply from H. Clifford Loos, M.D., Director of the group, to an applicant for membership who questioned the discriminatory policy expressed in the information booklet.

#### **SUMMARY**

Four medical groups in Los Angeles were surveyed. This represents only a small fraction of the total number of medical groups operating in Los Angeles. The four surveyed were selected for their size and their prominence in the community.



## Ross-Loos Medical Group

947 West 8th Street  
Los Angeles 14, California

February 6, 1950

Los Angeles 27, California

Dear Mrs.

Your letter of January 31st has been referred to me for attention.

It is indeed grievous to me to know that anyone feels that either my organization or I are showing race prejudice, because such certainly is not the case.

This institution is not an endowed one and has to proceed on its own earned income, and in order to function properly and furnish the care that it feels is necessary must practice every possible economy to keep in existence. Unfortunately, there prevails some race prejudice, particularly in hospitals. Most of the hospitals require that one of the Negro race must be placed in a private room, which adds materially to the cost of service to such an individual. We are not big enough nor rich enough to carry the torch to alter this situation. It might be interesting to you to know that we have several hundred Negro subscribers, members of groups with whom we have contracts. So, in reality we do not bar the colored race. We lack actuarial data as to the cost of servicing the people in question, and until that is obtained I do not see how we can open our list of individual subscribers any farther than we have. The actuarial data obtained by others is very adverse to these people. I want you to see that this particular rule which we have of necessity had to abide by is actuated entirely on economic grounds and no other.

Personally, not speaking of our Group, I lack entirely race consciousness. I have entertained in my own home members of the colored race and I am not ashamed of it. Personally, I dislike the term "Caucasian", as in reality the term means nothing. We have many Jewish subscribers and many Mexican subscribers, and they certainly could not come under the definition of "Caucasian". I, myself, have been personally instrumental in having colored nurses engaged at the Queen of Angels Hospital, and recently several colored doctors were added to the staff with my fullest approval.

I hope that this letter will explain to you the matters in question in your mind, and while you may not agree with our motives or the reasons for them, you must agree that we are not opposed to any persons whatsoever because of their race.

Yours truly,

*H. Clifford Loos*  
H. Clifford Loos, M.D.



Of the four groups, two (Community Medical Center and the Mount Sinai Clinic) have an interracial staff, and three (Community Medical Center, the Moore-White Clinic and the Mount Sinai Clinic) do not practice discrimination against patients.

The Ross-Loos Medical Group has no Negro or Mexican-American physicians or nurses on its large staff, and individual Negro subscribers are excluded by the Group. This discrimination is particularly significant in view of the large number of patients involved; the Ross-Loos Medical Group has approximately 200,000 subscribers in Los Angeles County. It is noteworthy also that the Director of the Ross-Loos Medical Group in his letter attempts to explain this discrimination by citing the segregation of Negro patients in many Los Angeles hospitals, and confirms the findings detailed in Chapter III.

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## 5 MEDICAL AND DENTAL SCHOOLS

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Questionnaires asking for statistics showing the minority group composition of faculty and student body were sent to the two medical schools and one dental school now operating in Los Angeles County. The returns are summarized below. (The University of California at Los Angeles School of Medicine was not circularized, since the school is still in the process of organization, and does not yet have a student body.)

### **COLLEGE OF MEDICAL EVANGELISTS**

Official information provided by this medical school shows a faculty of 38 physicians, of whom one is a woman, and of whom none belong to minority groups.

During the academic year 1949-1950 there were 193 medical students enrolled in the first two years. Sixteen of these were women, 5 Orientals, 2 Negroes, and none were Mexican-American or Jewish.



(NOTE: These figures supplied by the Dean's office probably apply to the first 2 years only of this 4-year school. The Journal of the American Medical Association (Sept. 9, 1950) lists the 1949-1950 enrollment of the school as 359 students.)

#### **UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE**

U. S. C. School of Medicine declined to fill out the questionnaire. The Dean of the School replied that he could not give such information without first obtaining the permission of the Association of American Medical Colleges, and concluded by stating: "It is my opinion that such information as you might obtain from our Medical School would have practically no bearing upon the project that you are undertaking."

The following unofficial information has been obtained:

During the school year 1949-1950, 264 medical students were enrolled. Of these, none were Negroes, one was a Mexican-American, and two were Orientals. Eleven of 264 students were women, and approximately 30 were Jewish.

U. S. C. School of Medicine has been in operation for 22 years; during this period no Negro doctors have been graduated by the School.

There are no Negro members on the faculty.

#### **UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF DENTISTRY**

The detailed information asked for in the questionnaire was not provided, but the following official information was supplied:

1. Blank spaces are provided on the application form for admission to the school for the student to state race and religion.

2. No racial discrimination exists in the school's policy toward patients in the Clinic Building. No restrictions exist requiring a Negro student to work only on Negro patients.

3. "No quota system is in effect as to any minority group. The selection of students is based upon their scholastic record and their aptitude testing," and "It is a policy of the University of Southern California School of Dentistry to select both faculty members and students on the basis of merit."

The following additional unofficial information was also obtained:

The total student body enrollment for the year 1949-1950 was 402, with the following minority distribution:

<i>Negroes</i> .....	0
<i>Mexican-Americans</i> .....	0
<i>Orientals</i> .....	2
<i>Jewish</i> .....	31

In the last 14 years, only 5 Negro dentists have been graduated by the school.

#### SUMMARY

The facts presented strongly suggest that the University of Southern California Medical and Dental schools discriminate against Negro and Mexican-American students.

The College of Medical Evangelists, the only medical school operated by the Seventh Day Adventists in United States, chiefly admits students of this religious faith. It is to be noted that Negroes and Orientals are among them.

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## 6 PAUCITY OF MINORITY GROUP PHYSICIANS

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Within Los Angeles County there reside 6920 licensed physicians, most of them in active practice.(6) Yet despite a combined Negro and Mexican-American population of almost three quarters of a million, the number of physicians representing these minority groups is minute. The following table shows a breakdown of physicians by minority groups, with approximate physician-to-population ratios:\*

<i>Total physicians</i> .....	6920 (1:590)
<i>Negro physicians</i> .....	74 (1:3400)
<i>Mexican-American physicians</i> .....	11 (1:36,400)
<i>Japanese-American physicians</i> .....	42 (1:1000)
<i>Chinese-American physicians</i> .....	7 (1:700)

There are many reasons for the shortage of Negro and Mexican-American physicians in Los Angeles, some of which are

based on the whole pattern of racial discrimination in American life. But two key reasons are: the widespread failure of medical schools to admit students belonging to these two minority groups, and the failure of most hospitals to accept Negro and Mexican-American doctors for post-graduate interne and resident training.

The exclusion of Negroes from medical schools is well demonstrated by these figures recently released by the American Medical Association.(7) During the school year 1949-1950, 25,103 students were enrolled in the 79 Grade A medical schools of the United States. Of these, 647 were Negroes, so that 2.6% of medical students were Negroes, although Negroes represent 10% of the American population.\* If the 513 Negro students enrolled at Howard University School of Medicine and at Meharry Medical College (the only two Negro medical schools) are eliminated, one finds only 134 Negro medical students enrolled in 40 of the remaining 77 medical schools. In these 77 schools, Negroes represent but one-half of one percent of the student body.

The reader will note from the figures presented in Chapter V, that the Los Angeles medical schools are contributing little to the training of Negro and Mexican-American doctors. The figures given in the summary to Chapter III prove that the same is true with relation to the Los Angeles Hospitals: out of 611 approved internships and residencies, only 12 are filled by Negroes or Mexican-Americans.

It seems reasonable to assume that if our local medical schools and hospitals actively worked to bring members of these two minority groups into the medical profession, the health of the community would be improved.

#### REFERENCES

- <sup>6</sup> *State of California Board of Medical Examiners, Directory, 1950.*  
<sup>7</sup> *Journal American Medical Association, Sept. 9, 1950.*

\*These ratios of minority group physicians to minority group population, and the percentile ratio of Negro medical students to Negro population, are given solely as a means of demonstrating the exclusion of members of minority groups from the medical profession. Patients belonging to a minority need not be treated only by physicians of that minority group. Nor should quotas for admission to medical school be established on the basis of the size of various racial and religious groups.

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## 7 EFFECT OF DISCRIMINATION ON THE HEALTH OF THE PEOPLE

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It is generally recognized that discrimination against a minority group, whether it be in employment, housing, or medical care, adversely affects its health. The average life expectancy for Negroes in the United States in 1940 was 53.8 years, while for whites it was 64.9 years. In that year, for the country as a whole, the infant mortality rate was 69% higher for Negroes than for whites, and the maternal mortality rate was 143% higher for Negroes than for whites. An analysis of morbidity and mortality statistics for certain diseases in Los Angeles shows our community is no exception to this general rule.

In 1945 there were an average of 84 *new* cases of tuberculosis for each 100,000 population in Los Angeles County as a whole. In the same year the *new* case rate in the Central Avenue area (inhabited predominantly by Negroes) was 250. In the Boyle Heights area the *new* case rate was over 200 per 100,000 population, and over 60% of these new cases were in Mexican-Americans. In the Chinatown and Bunker Hill areas (census tracts 113, 115, 116, 117, 180, 181) the *new* case rate for Negroes and Chinese was 780 per 100,000 population. In San Fernando township, a Mexican-American community, the rate was over 200, and in several predominantly Negro areas in the West Adams district (census tracts 203, 204, 210) the *new* case rate was between 200 and 400 per 100,000 population. (8)

It may correctly be stated that many economic aspects of tuberculosis, while 462 whites (including Mexican-Americans) died of the disease. Although Negroes represent only 10% of the City population, they accounted for 18% of the tuberculosis deaths (9).

In the year 1949, within Los Angeles City, 103 Negroes died discrimination, such as those occurring in employment, wage

scales, and housing, adversely affect the morbidity and mortality rates of a disease like tuberculosis among the Negro and Mexican-American people. But discrimination in health care may also be an important factor.

In the year 1949, within Los Angeles City, 27 women died of complications of pregnancy (toxemias, hemorrhage, sepsis, abortion.) 12, or 45% were Negroes, although as noted before Negroes make up but 10% of the City's population. In the same year 110 Negro babies died of diseases of early infancy (birth injuries, diarrhea, sepsis, pneumonia, prematurity, and other diseases peculiar to early infancy), as compared to 565 deaths in white babies (including Mexican-Americans), the proportion of deaths again being higher in Negroes than in other groups (9). These figures suggest the deleterious effect of a lower standard of medical care for the Negro people of this city. If it were possible to separate mortality statistics for Mexican-Americans from other whites, the excessive mortality rates among minority groups would be even more strikingly demonstrated.

If discrimination against Negro and Mexican-American patients were eliminated, and if there were a considerable increase in the number of Negro and Mexican-American doctors and nurses in our community, the rates of sickness and death would probably drop in these important population groups.

#### REFERENCES

§ *Los Angeles County Tuberculosis and Health Association.*

§ *Compiled from figures obtained from Los Angeles City Health Department.*



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## 8 OBSTACLES FACING WOMEN IN MEDICINE

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Throughout the United States there has long been an effort to limit the number of women entering the medical profession. Many medical schools limit the number of women students they admit; and after graduation from medical school, women physicians meet with more obstacles in the hospitals which further hinder their postgraduate training.

During the 40 years before the Second World War, women comprised 4 to 5% of all medical students in the United States. During the war, the proportion of women medical students was almost doubled. During the academic year 1949-1950, women comprised 7% of the students in the two Los Angeles medical schools (7). The proportion of women physicians practicing medicine in Los Angeles County is smaller. Two hundred fifty-five, or 5%, of the 4859 members of the Los Angeles County Medical Association are women (10).

For women of minority groups, the obstacles to a medical education are especially great. There are only 4 Negro women physicians, and one Japanese-American woman physician, now practicing in Los Angeles County.

A review of the 15 Los Angeles hospitals which are approved for interne and resident training by the Council on Medical Education and Hospitals of the American Medical Association, shows that serious obstacles are currently placed in the way of women attempting to secure an advanced medical education.

The following hospitals exclude women from the indicated educational services (11):

*Cedars of Lebanon Hospital*: residencies in surgery.

*California Lutheran Hospital*: residencies in pediatrics, pathology, obstetrics, and medicine.

*Glendale Sanitarium and Hospital*: residencies in pathology and medicine.

*Harbor General Hospital*: residencies in surgery, urology, and pediatrics.

*Hollywood Presbyterian Hospital*: residencies in urology.

*Huntington Memorial Hospital*: residencies in radiology, pathology, obstetrics, medicine, and malignant diseases.

*Los Angeles County General Hospital*: residencies in pathology and dermatology.

*Los Angeles Childrens Hospital*: residencies in pathology, otorhinolaryngology, and orthopedic surgery.

*Los Angeles Sanatorium, Duarte*: residencies in surgery.

*Orthopedic Hospital*: residencies in orthopedic surgery.

*Queen of the Angels Hospital*: residencies in radiology, pathology and medicine.

*Santa Fe Coast Lines Hospital*: internships.

*St. John's Hospital*: residencies in radiology and obstetrics.

*St. Luke Hospital*: internships.

*St. Vincent's Hospital*: internships and all residencies.

*White Memorial Hospital*: residencies in surgery, urology, otorhinolaryngology, orthopedic surgery, ophthalmology, dermatology, neurology, medicine, and neurosurgery.

#### REFERENCES

<sup>7</sup> *Journal American Medical Association*, Sept. 9, 1950.

<sup>10</sup> *Los Angeles County Medical Association, Directory*, 1950.

<sup>11</sup> *Journal American Medical Association*, April 15, 1950.

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## 9 LEGAL ASPECTS OF DISCRIMINATION AGAINST PATIENTS

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*(This chapter was kindly prepared by the  
Los Angeles - Hollywood - Beverly Hills  
Chapters of the National Lawyers Guild.)*

The State of California, together with many other states of the Union, has enacted so-called "Civil Rights" legislation, wherein the public policy of this State is declared to be opposed to the practice of discrimination in places of public accommodation or amusement.

These laws (*Sections 51 to 54 inclusive, Civil Code of California*) provide that "all citizens within the jurisdiction of this State are entitled to the full and equal accommodations, advantages, facilities and privileges" of restaurants, hotels and certain other enumerated public places, and "all other places of public accommodation or amusement, subject only to the conditions and limitations established by law, and applicable alike to all citizens." Any person discriminated against in that regard may bring an action at law and recover from the offender damages in an amount not less than \$100.

In California these laws have been consistently given a broad and liberal interpretation in order to effect their declared purpose. Thus, it has been held that the rights declared therein to exist apply to minors as well as adults; to alien residents as well as citizens. It has further been held that in addition to the actual damage which can be shown to have been sustained, the person whose rights are violated may recover additional sums by way of punitive damages. Likewise, it has been held that injunctive relief also may be obtained in proper cases to restrain threatened or continued violations.

Although the courts of other states have construed similar laws to mean that they forbid discrimination only on the basis

of race or color, the courts of this State may refuse to give them this narrow interpretation and may hold that these laws forbid discrimination on any basis.

Similarly, the courts of other states have given a narrow interpretation to these laws in holding that their scope is limited to the specifically enumerated institutions, i.e. restaurants, hotels, etc., and places of like character. Although in this State these laws have as yet not been held to apply to hospitals and similar institutions, it has been indicated that a broad interpretation will be given to them when the precise question is presented for decision.

In addition to a recovery for violation of a duty owed by virtue of the "Civil Rights Acts," and injunctive relief, a person discriminated against in public places may have a right of action for breach of contract where it can be shown that specific accommodations, facilities and privileges were expressly or impliedly contracted for and denied, resulting in damages.

Since discriminatory practices directly affect the health and welfare of all members of the community the medical and legal professions owe a special duty to their patients and clients to work for the preservation and full utilization of these laws. Any and all doubts and uncertainties which may exist regarding the scope and application of the laws against discrimination should be speedily removed, to the end that they be made to serve as a truly effective weapon against discrimination.

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## 10 CONCLUSIONS AND PROPOSALS

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The material obtained in this survey indicates that discriminatory practices against members of minority groups are common in many important hospitals in Los Angeles. This takes one form in the failure to utilize doctors and nurses and technicians of minority groups. Discrimination is directed especially at Negro and Mexican-American professionals, but Orientals and Jews, and woman physicians are unwelcome at some hospitals. In addition, Negroes suffer the indignity of segregation in a number of hospitals, and in a few are not welcomed as patients.

The most important medical group in the community, the Ross-Loos Medical Group, not only excludes members of most minority groups from its staff, but openly discriminates against the Negro people in its rendering of medical care.

The one dental school in Los Angeles, and one of the two medical schools, clearly discriminate against Negroes and Mexican-Americans in their admission policies.

It has also been demonstrated that there exists a serious shortage of Negro and Mexican-American doctors within Los Angeles County. The health of these minority groups is poorer than that of the general population, for this and other reasons.

The following proposals are suggested as steps to end racial discrimination in Los Angeles, as it affects the health professions:

Joint actions should be undertaken by lay groups and by members of the health professions to correct discriminatory practices wherever they occur.

Patients should assert fully the legal rights against discrimination afforded them by the laws of the State of California, and under the Constitution of the United States.

Negro, Mexican-American, Oriental, Jewish, and women physicians who have the necessary professional qualifications should apply to join the attending staffs of the important Los Angeles hospitals.



Immediate steps should be taken by the Negro and Mexican-American communities in Los Angeles to encourage qualified young men and women to seek admittance to the local medical and dental schools. A county-wide fund should be established to provide scholarships for these Negro and Mexican-American students.

In conformity with the recommendations of the New York City Council investigation, (a) schools and hospitals which practice racial or religious discrimination should be denied tax exemption privileges and federal grants, and (b) the State of California should carefully enforce its non-discrimination laws with respect to the University of California Medical Schools, both at San Francisco and Los Angeles.

The Community Chest of Los Angeles Area should immediately discontinue allocation of funds to hospitals which fail promptly to terminate their discriminatory practices. During 1950 the Community Chest allocated \$942,321, or over one seventh of its total expenditures, to five of the hospitals studied in this survey: California Lutheran Hospital (California Babies Hospital subdivision), Cedars of Lebanon Hospital, Childrens Hospital, Orthopedic Hospital, and Queen of the Angels Hospital (12). The Community Chest plans to allocate funds in 1951 to the Methodist Hospital as well. It seems only just that the Community Chest, which gladly receives contributions from individuals without regard to their race, color or creed, should hesitate to allocate funds to institutions like California Lutheran Hospital, Cedars of Lebanon Hospital, Orthopedic Hospital, Methodist Hospital, and Queen of Angels Hospital, which clearly practice racial discrimination.

It is hoped that this survey will serve to stimulate both professional and lay people to further investigation of discriminatory practices in the health field in Los Angeles County: and to joint efforts to terminate these practices which are detrimental to the community's health and welfare.

#### REFERENCES

- <sup>12</sup> *Community Chest of Los Angeles area, 1949-1950 Annual Report.*