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A SURVEY OF HEALTH FACILITIES, HEALTH SERVICES,
AND PROFESSIONAL OPPORTUNITIES
FOR WHITES AND NEGROES

in
DAVIDSON COUNTY, TENNESSEE

A Report to the U.S. Commission on Civil Rights

from

The Tennessee State Advisory Committee

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PREFACE

This report is based on a survey undertaken during the months of April and May, 1963, to determine whether racial discrimination exists in health facilities and related services or in the educational and professional opportunities in the health professions in Davidson County, Tennessee. Information was gathered by volunteer social science graduate students, trained in interviewing techniques. Interviews were conducted with the administrators of the major local hospitals, the deans of the two medical schools in the area, and responsible officers of the Nashville Academy of Medicine, the National Medical Association, the local branches of the American Dental Association, the National Dental Association, and the Tennessee Nurses Association. The manager of the local Blue Cross and the director of the County Health Department were also interviewed. The information obtained was supplemented by additional information made available to members of the State Advisory Committee.

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INTRODUCTION

The people of the United States have always prided themselves on belonging to a democratic society dedicated to the task of securing the blessings of liberty for its members. We have a long tradition of respect for the individual and his rights in the American society in pursuit of this goal. This tradition is exemplified not only by the Constitution of the United States and the Declaration of Independence, but also by the many actions of Americans--both public officials and private citizens--who have sought to uphold this principle.

Liberty, however, has little meaning unless it is accompanied by equality. While it is a truism that all men are not equal in ability, democracy requires that all men must have an equal opportunity to develop their capabilities to the fullest extent and be equal before the law. As Thomas Jefferson put it so aptly in 1774, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness. That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed. . . ."

The concept of human equality has deep roots in American society. Unfortunately, it has not been consistently applied in our history. Negro slaves, for example, were not considered to be included within its coverage by many free Americans through the formative decades of this nation. Even after the Civil War and the Fourteenth Amendment established that Negroes were to be included within the "equal protection of the law," the heritage of the past blocked the successful implementation of this idea. Even today Negroes are often systematically denied an equal opportunity for service, or to develop their potentialities for the common good.

Full equality for the Negro is now this country's most pressing domestic concern. Questions of morality as well as more pragmatic queries are involved. If we are truly a democracy how can we deny rights to members of minority groups that members of the majority expect as a matter of justice? In the final analysis the test of democracy lies in whether equal treatment is accorded minority groups by the majority. If significant liberties are denied members of minority groups democracy is the loser. Moreover, it is difficult to extoll our system of government throughout the world unless the practice of democracy extends to all Americans in all facets of our society.

It was in this context that the Tennessee Advisory Committee to the United States Commission on Civil Rights undertook an investigation of

health facilities and services and the professional opportunities available in health professions for whites and Negroes in Davidson County. The survey, made in April and May, 1963, uncovered a number of areas in which individual Negroes as well as Negroes in general are disadvantaged in the health field. The major findings of the survey can be summarized under three headings: (1) the adequacy of health facilities and care for whites and Negroes; (2) the educational facilities and opportunities in the health and health-related areas for whites and Negroes; and (3) the professional opportunities for whites and Negroes trained in medicine, dentistry, and the nursing profession.

1. GENERAL SUMMARY OF DATA

Adequacy of Health Facilities and Care for Negroes

The Tennessee State Department of Public Health has accepted the non-discrimination requirement of the Federal Hill-Burton Hospital Survey Construction Act of 1946. While some Southern states have outlined plans under a clause which permits segregation of races in separate but equal facilities, this practice is not legal in Davidson County. Nevertheless, not all the hospitals in the county receiving Hill-Burton funds are complying with the Act.

Quantitative aspects of health care. The Davidson County area, which includes the City of Nashville, had a population of slightly over 417,000 in 1962. This figure includes approximately 337,000 whites and 80,000 non-whites. As few non-whites other than Negroes live in Davidson County, Negroes thus constitute about 19 per cent of the population of the area under study. Negroes also comprise 16 per cent of the population in the thirty counties of Middle Tennessee, the area served by the specialized hospitals included in this study. There are six major general hospitals and two specialized hospitals in the Nashville area (Thayer Veterans Administration Hospital, Vanderbilt University Hospital, Nashville General Hospital, Hubbard Hospital, St. Thomas Hospital, Baptist Hospital, Middle Tennessee Tuberculosis Hospital, and Central State Mental Hospital). The general hospitals have a total capacity of 2,556 general medical beds, of which 204 beds are for newborn infants. In addition, the Middle Tennessee Tuberculosis Hospital has 225 beds for patients with tuberculosis, and Central State Hospital has 2,600 beds for treatment of patients with mental illness. How well is the Negro population cared for in these facilities and how does the distribution of bed care for whites and Negroes compare with the racial distribution of the population?

As far as can be determined, between 430 and 450 of the 2,556 general medical beds were occupied by Negroes at the time of the survey. This represents 17 per cent of the total general bed capacity and compares reasonably with the racial breakdown of the population. Further, 56 (or 25 per cent) of the 225 beds at the Middle Tennessee Tuberculosis Hospital are maintained for Negroes from the Middle Tennessee district of thirty counties. The fact that all of these beds are not occupied suggests that there are sufficient beds for the hospitalization of tuberculous Negroes. Central State Hospital, which serves the same Middle Tennessee area, maintains 300 to 350 beds (12 to 14 per cent of its capacity) for Negro patients, or 3 to 5 per cent less than the Negro population of Middle Tennessee.

Although the total number of beds available in the area appears adequate, there is wide variability in the arrangements for whites and Negroes at different hospitals. Thayer Veterans Administration Hospital is fully integrated and admits patients without regard to race.

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Approximately 20 per cent of its patients are Negroes. Vanderbilt University Hospital now has flexible admitting policies and admits Negroes to the pediatric, medical, and surgical wards, but not to obstetrics and gynecology or to the private bed areas.¹ Nashville General Hospital admits a limited number of Negroes to segregated facilities on its wards, but does not permit Negro occupancy of private beds. Hubbard Hospital, while stated to be non-discriminatory, is for all practical purposes a totally Negro hospital of 260 beds. Baptist and St. Thomas Hospitals, both hospitals with strong religious affiliations, do not admit colored patients under any circumstances except for an occasional patient requiring special facilities--e.g., the artificial kidney--available at St. Thomas. Both the Middle Tennessee Tuberculosis Hospital and Central State Hospital maintain separate segregated colored areas except in the surgical unit at the Middle Tennessee Tuberculosis Hospital and in the maximal security unit at Central State Hospital.

A survey of outpatient facilities leads this committee to the conclusion that the quantity of ambulatory health care available to Negroes compares favorably with the population statistics. The Davidson County Health Center, the Vanderbilt University Outpatient Department, Nashville General Hospital Outpatient Department, and Hubbard Hospital all see ambulatory patients on the basis of need without regard to race. Statistics on services rendered in one representative area, the kind and number of immunizations performed at the Davidson County Health Center, indicate that approximately 18 per cent of all immunizations during 1962 were given to Negro patients (Appendix B). The Health Center operates a full complement of appropriate clinics. Similarly, the number of outpatient visits to Vanderbilt, Hubbard, and Nashville General combined total slightly over 188,000 visits per year. As far as can be determined, over 100,000 of these visits, or approximately 55 per cent of the ambulatory visits, were made by Negroes. Because of their lower economic status, it is probable that hospital clinics are used more heavily by the Negro population, while the white population tends to visit the offices of private physicians for their ambulatory health needs.

Quality of health care. In addition to the quantity of care available, it is necessary to make some assessment of its quality. The available information suggests that while variable, in general the standards of formal medical care available to Negroes are high. This stems from Nashville's unusual position as the home of two medical schools, Vanderbilt and Meharry. Further, Vanderbilt University is responsible for the professional staffing of the Veterans Administration Hospital and the Nashville General Hospital. There is no evidence of discrimination in the quality of health services rendered to Negroes admitted to any of these facilities. Indeed, the professional staff is of high caliber and has the reputation of administering better than average care to all who become their responsibility. The care administered at Hubbard Hospital is more difficult to assess, but clearly

¹Since writing of this report, Vanderbilt has fully integrated its private beds. It has also been reliably reported that St. Thomas Hospital will fully desegregate on August 1, 1963.

the motivation to give the best of care to Negro patients is high. It seems probable that the Negro patient in the Nashville-Davidson County area receives better than average general medical care than is the case in most urban communities of similar size. The quality of care for Negroes at the Middle Tennessee Tuberculosis Hospital and the Central State Hospital is not as well known, but there is little to suggest that there are differences in the management of white and colored patients at either of these institutions.

There are, however, certain differences in medical care which can normally be obtained by whites and Negroes in Davidson County. Differences stemming from the lower economic status of Negroes in the County, while important, are outside the central focus of this report. More closely related to this survey are those variations which stem directly from the restrictions placed on Negroes in many of the hospitals of the area. Even the Negro citizen able to pay for the best hospital facilities available is unable to obtain private accommodations at Vanderbilt,* Baptist, St. Thomas,* or Nashville General Hospitals. Further, if he is under the care of a Negro physician and wishes to be hospitalized at the Veterans Hospital, Vanderbilt University Hospital, or Nashville General Hospital, his physician must relinquish care to the hospital staff. Thus, the Negro patient from a higher income group desiring private accommodations and/or treatment by his own Negro physician can enter only Hubbard Hospital (which has only thirty private beds) or one of the smaller private hospitals catering to Negroes where facilities are inferior to those found in a large general hospital.

Educational Facilities and Opportunities in the Health and Health Related Areas for Negroes

Physician training. The two medical schools training young physicians in the Nashville area have a total capacity of approximately 460 students. Despite the fact that each school maintains that it has no racially discriminatory policies, each is, in effect, a segregated institution. Vanderbilt University has 196 medical students, all of whom are white. Meharry has 256 medical students, including only 7 whites. There is much to suggest that educational opportunities in the two institutions are not of equal caliber. Vanderbilt University has a full-time faculty of 197 and a part-time faculty of 250. Meharry Medical School has a full-time faculty of only 47 and a part-time faculty of approximately 60 physicians. Vanderbilt has well developed facilities for training in all of the specialty areas. Many of these are lacking at Meharry. The strength and national recognition of the faculty can in part be measured by the federal grant support from the National Institutes of Health. Vanderbilt received 86 grants totaling slightly over two million dollars yearly from the National Institutes. Meharry received 17 grants with a total income of slightly over \$350,000.

*See footnote 1, page 4.

There are also indirect evidences of differences in the caliber of their respective student bodies. Vanderbilt selects a student body of fifty from almost 1,500 applicants with high medical college aptitude test scores. Meharry selects its class of seventy students from approximately 400 applicants, and its entering class has significantly lower average MCAT scores. Further, opportunities for extended postgraduate education and specialty training are more highly advanced at Vanderbilt than at Meharry. The number of physicians in house staff and postgraduate training is approximately sixty at Meharry, whereas almost 250 young physicians are at various stages of training at Vanderbilt. Vanderbilt, because of its size and strength, has expanded its clinical opportunities for training through its Dean's Committee to the Thayer Veterans Administration Hospital and similarly to the Nashville General Hospital, while Meharry is limited to Hubbard Hospital alone.

In reviewing the evidence obtained in this survey, the committee believes that the presence of an all Negro medical school tends to perpetuate a rather static situation. Vanderbilt faculty have given considerable time to Meharry for consultations and classes, and Meharry faculty and medical students are accepted and encouraged to attend the many conferences, seminars, and symposia held at Vanderbilt. However, there have been few, if any, attempts on the part of Negroes to apply for medical school or postgraduate training at Vanderbilt. This seems to be due in part to the recency of Vanderbilt's open policy (adopted in 1962). It is also our impression that leading Negroes in the medical field have failed to encourage such applications. Indeed, the announcement of total desegregation at Vanderbilt led some Meharry faculty members to voice concern that the acceptance of Negro medical students by Vanderbilt would render their own situation more difficult by skimming the best students off the top of their classes, classes already less adequate than deemed desirable. It could almost be said that the existence of Meharry, formerly a boon to the Negroes of the South, now subtly blocks their progress. It serves as an excuse for inaction by both races; for whites can point out that Negro doctors are being trained, while Negroes do not find it necessary to press for admission to the white medical schools of the South. It deserves emphasis here, however, that Meharry has fulfilled and still fulfills a real function, not only in Davidson County, but in the country as a whole. As long as Negroes receive a less than equal primary, secondary, or undergraduate college education, many of them will not be able to satisfy the standards set for admission to the better medical schools. Until the promise of Brown v. Board of Education is more generally fulfilled, Meharry must be preserved to prevent a retrogression in professional opportunities for Negroes in the area of medicine.

Nurses training. The opportunities for Negroes to enter the nursing profession in the Nashville-Davidson County area are virtually non-existent. Until three years ago, Meharry Medical School ran a nursing school, but loss of accreditation and financial and recruitment difficulties led to its closure. The three nursing schools in the area (Vanderbilt University, the Nashville General Hospital, and Baptist Hospital) have no Negro students, even though Vanderbilt is now officially desegregated. Barring an influx of Negro nurses from outside the area, then, the number of Negroes with training in this field is almost certain to decline.

Professional Opportunities for Negroes Trained in
Medicine, Dentistry, and the Nursing Profession

The professional opportunities for Negro physicians, dentists, and nurses in Davidson County are sharply limited, and there is evidence that discrimination exists in this area. Of the 900 physicians in the area, only about fifty are Negro. Thus, Negro physicians represent a mere 5 per cent of the physician population. It is generally considered that one doctor per thousand of the population represents reasonable physician to population ratio. In the Nashville area there is one physician for every 463 citizens, in large measure because of the heavy concentration of physicians at educational institutions. The ratio of white physicians to white population is one physician for each 390 citizens. In contrast, there is only one colored physician for every 1,602 Negroes in the Nashville-Davidson County area. It seems probable the paucity of Negro physicians relates in certain important ways to the lack of professional opportunities for the Negro doctor. Indeed, the number of Negro physicians has not changed appreciably since World War II. Further, the observation that over 70 per cent of the Negro physicians are over the age of fifty-five suggests that young physicians are not remaining in the area. Despite the fact that almost seventy young colored physicians are graduated each year, there is striking absence of change in the local Negro physician population. Negro physicians have only limited private beds available for their use. They are not found on the staffs of Baptist, St. Thomas, Vanderbilt, or Nashville General Hospitals. The colored physician cannot admit his patient directly to these hospitals. One is led to the conclusion that there is little to entice the professionally trained Negro to remain in this area.

Negro physicians have been readily accepted within the Nashville Academy of Medicine for a number of years, but there is little to suggest that they have been encouraged to actively participate in Society affairs by Negro leaders and have, in major measure, supported their own segregated medical society. As far as can be determined, the Negro physicians have made little effort to gain appointments to other hospitals; indeed, even to the Nashville General Hospital which is dependent on local tax funds for its support. It would appear that the presence of Hubbard Hospital and Meharry Medical School has rendered the situation tolerable, and little has been done to change the status quo.

A similar situation exists in dentistry. Of the two hundred dentists in the area, only about twenty-five, or 12 per cent, are Negro. Twenty of these hold Meharry appointments. Eighty per cent of the Negro dentists are over fifty-five and, again, there has been little change in this situation since the end of World War II. Again, there is only one hospital to which Negro dentists can admit patients. There is clear disagreement on their acceptance by the local branch of the American Dental Association. The secretary of the Capital City Dental Society (the local branch of the National Dental Association, a Negro society) believes that virtually all of the Negro dentists have applied for membership in the American Dental Association but have received no acknowledgment of their requests. On the other hand, the secretary of the local branch of the American Dental Association states that only two Negro dentist requests for membership have been received and that these have not been followed up by the individuals

involved. As is the case in medicine, there is a discrepancy in the dentist to population ratios in white and colored groups. There is one white dentist for each 1,500 of the white population, but only one Negro dentist for every 3,200 Negroes in the area.

Negroes with training in the nursing profession have somewhat better opportunities than do Negro doctors or dentists. Negro nurses are known to be working in all the general hospitals that cooperated in this survey. At the Veterans Administration Hospital and at Vanderbilt University Hospital they are readily assimilated, and there is little evidence of discrimination in their job classifications, pay, or eating facilities. Colored nurses are also employed at Nashville General Hospital, but must eat in segregated dining facilities. The precise situation at Baptist and St. Thomas is unknown because of their refusal to cooperate in the study, but it is known that some Negro nurses are employed at St. Thomas Hospital. Nevertheless, of the 1,469 registered nurses in the area only sixty-seven (5 per cent of the nursing population) are known to be Negro and forty-four of these are employed at Hubbard. Unless Negroes are soon accepted by the schools of nursing in the area, even these rather unimpressive figures are likely to decrease.

To summarize, adequate medical care facilities seem available in Davidson County for the management of complicated problems of illness for both white and colored citizens. The situation is more negative, however, for Negroes who desire education in health related professions. While a greater number of Negro than white physicians are being trained each year in Nashville, there are differences in the caliber of education received and sharply limited opportunities for continuing education for Negroes at a postgraduate level. The most clear-cut evidence of discrimination is the absence of equal hospital and professional opportunities following graduation from medical school. Few of the graduating class of Meharry remain in the area. The Negro physician and dentist populations are aging and there has been little change in the situation since the end of World War II.

2. HOSPITAL FACILITIES AND PRACTICES

There are eight major hospitals in the area under study. These include the Thayer Veterans Administration Hospital, Vanderbilt University Hospital, Nashville General Hospital, Hubbard Hospital, Baptist Hospital, St. Thomas Hospital, Middle Tennessee Tuberculosis Hospital, and Central State (Mental) Hospital.

The Veterans Administration Hospital is federally owned and operated. Vanderbilt University, Hubbard, Baptist, and St. Thomas Hospitals are all voluntary, non-profit organizations. Nashville General Hospital is a city institution. Both the Middle Tennessee Tuberculosis Hospital and Central State Hospital on the outskirts of Nashville are state owned and operated hospitals which serve the Middle Tennessee district of thirty counties.

Thayer Veterans Administration Hospital

The new Thayer Veterans Administration Hospital, completed in 1963, maintains five hundred beds for individuals with service connected illnesses. In addition to the general admissions, the hospital maintains eighty beds for patients with tuberculosis, and a thirty-bed psychiatric service. During the year July 1, 1961-June 30, 1962, the Veterans Hospital admitted 6,250 patients. The number of Negro admissions is not precisely known but is estimated at 20 per cent. The patient population is completely integrated and the hospital appears to operate strictly on the basis of legal eligibility and need, irrespective of color or race. There were 336 deaths during the time period under consideration, but racial statistics on this group are not known. The hospital does not operate an outpatient department, but does maintain an admissions office for emergency admission. The percentage of Negro and white emergency patients was not available. The hospital is located in a basically white area but patients are drawn from both Davidson County and throughout the state. Patients are admitted to all rooms, services, and facilities without regard to race, and Negro and white patients occupy adjacent beds on all wards.

Staff practices. While the hospital has no explicit racial policy, only one of the twenty-five full-time physicians is colored and one is Cuban. Nineteen of the twenty-five physicians are Board certified. The one colored physician was accepted as a resident in 1960 and was subsequently offered a full-time staff appointment. It was indicated by the hospital administrator that no other Negro physicians had applied for staff appointments or privileges within the last five years. The single Negro physician has free access to all hospital facilities, including eating accommodations, and both he and the Cuban physician (neither Board certified) treat white and colored patients without restriction. Two Negro residents have been appointed for the year 1963-64.

The Thayer Veterans Administration Hospital is a Dean's Committee hospital affiliated with Vanderbilt. Intern and resident appointments and appointments to the professional staff are made by Vanderbilt with the approval of the administration of the Veterans Hospital. Vanderbilt residents and interns rotate through the program. Only one colored resident has previously worked at Thayer, and this individual has already been mentioned. Three Cuban have held appointments. It was stated that a number of foreign graduates have applied for residency training but have been rejected on the basis of their qualifications.

The Veterans Hospital has no explicit racial policy in the employment of nurses. There are 108 registered nurses on the staff, fourteen of whom are Negro. No practical nurses are employed. Non-white nurses share all living, dining, and recreational facilities. It was stated that Negro nurses have the same promotional opportunities and that in certain areas they supervise white nurses. There are 146 house aides and 73 nursing assistants working in paramedical positions. Many of these are Negro.

Thayer Veterans Hospital is tax exempt and donations to the hospital are tax exempt. It is not immune from tort liability. Special consultants to Thayer are appointed from a group recommended by the Dean's Committee of Vanderbilt University Hospital.

Vanderbilt University Hospital

Vanderbilt University Hospital lies in a predominantly white area on the Vanderbilt University campus. It has recently been expanded to 524 beds, forty-four of which are bassinets. The hospital is incorporated within the State of Tennessee as part of the University, is tax exempt, but not immune from tort liability. The hospital does attempt to maintain its responsibility for the care of indigent, but receives no reimbursement for the care of such patients from state or local authorities. The hospital has been built with both private and federal funds, and approximately two million dollars has been received under the Hill-Burton Act for hospital construction. The Hospital Board of Trust, appointed by the Chancellor of the University, serves as the responsible governing body for Vanderbilt Hospital.

During the calendar year 1962, a total of 11,878 patients were admitted to the hospital. While precise statistics regarding the racial characteristics of the inpatients were not available, the hospital director estimated that 20 to 30 per cent of these admissions were Negro (from the number of beds available for Negroes, 10 to 15 per cent may be a better estimate). During the same period there were 1,174 births and 399 deaths, with about 20 per cent of these estimated to be Negroes. Until three years ago a segregated twenty-two bed ward was maintained for the admission of all adult Negro patients. This has now been abandoned, and colored patients are admitted directly to pediatric, medical, and surgical beds. Pediatrics and the nursery are fully integrated with white and colored children being admitted at random to available beds. The medical and surgical services admit Negro and white patients to ward facilities according to need, but not to the same bedroom units. Thus, white and colored patients in these areas are not admitted to the same room, leading to a variable census of white and colored patients according to the demand.

Obstetrics-gynecology have not integrated their colored population, and these patients are housed on the medical or surgical floor. Although full integration of this remaining clinical service has been sought by many Vanderbilt faculty, the objections of certain of the staff, along with concern about maintaining the census on the obstetrical unit, have delayed the desegregation of this clinical facility. This area and the private beds remain areas in the hospital in which integration has not taken place.² Other facilities, including the cafeteria, bathrooms, and waiting room areas, are fully integrated.

²Private beds are now fully integrated.

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Staff practices. Although the hospital has no explicit racial policy, there are no colored physicians on the staff of 197 full-time and 250 part-time physicians. Appointment to the staff requires a faculty appointment, and over 75 per cent of the physicians on the staff are Board certified. It was indicated by the hospital director that no Negro physicians have applied for faculty or staff appointments during the past five years. Appointments to the house staff (which totals over 150) are made via the matching plan and the competition for these positions is intense. There are no Negro residents or interns within Vanderbilt University Hospital, and only one Negro is known to have applied for intern or residency training within the last five years. The hospital employs ninety-five nurses, of which three or four are Negro. Both white and non-white nurses share dining and recreation facilities without regard to race. It was indicated that Negro nurses have the same promotional opportunities as do white nurses. While it was stated Negro nurses sometimes supervise white nurses, none of the present supervisors are known to be colored.

Nashville General Hospital

Nashville General Hospital lies in downtown Nashville closer to the colored living areas but still in a predominantly white section. It is licensed by the State and is under city incorporation. It is tax and tort liability exempt. It derives its operating costs from a yearly appropriation from the city plus an additional \$200,000 per annum from Davidson County to offset the costs of hospitalization of county indigent. The hospital has been built from local monies supplemented by Hill-Burton funds and has recently received \$165,000 under the Hill-Burton Act for the construction of a new wing containing thirty-two beds. Members of the Hospital Board are named by the Mayor and ratified by the City Council.

During the year July 1, 1961-June 30, 1962, there were 7,330 admissions to Nashville General Hospital, of which approximately 33 per cent were estimated to be Negroes. During this period there were 1,109 births, but the number which were colored births was not available. During this period there were 298 deaths, of which 120 were estimated to be Negro. Because of local municipal agreements with Hubbard Hospital (associated with Meharry Medical School), Nashville General Hospital is required to send Negro indigent patients who are city residents to Hubbard, although colored patients from Davidson County can be admitted. Negro patients are segregated on the wing of one ward containing thirty-eight beds for medical and surgical patients. Private rooms are available in obstetrics and gynecology for Negro patients. In both areas the facilities are declared to be equal in caliber to those used for white patients.

Staff practices. While the Nashville General Hospital denies any explicit racial policy, there are no Negroes among the three hundred physicians on the staff. The administrator indicated he did not know the reason for this and stated that only one Negro physician had applied for staff appointment and privileges during the last three years and that he had been refused an appointment because of the lack of appropriate qualifications. Under agreements established with Vanderbilt University in 1960, there are five full-time salaried appointments made through the respective services

at Vanderbilt. The remaining staff are voluntary. The residents and interns at Nashville General are also in the main furnished by Vanderbilt on a rotation basis. There have been no Negroes employed in this capacity at Nashville General. The hospital has attempted to operate under the matching plan, but its poor training program prior to arrangements with Vanderbilt placed it in a situation where it failed to fill its appointments. During this time a number of other non-white, foreign graduates, including Filipinos, South Americans, and Orientals were members of the hospital house staff, but this group is decreasing as Vanderbilt increases its contribution of residents and interns.

The hospital employs an estimated 150 registered nurses, of whom five are Negro, and 150 practical nurses, of whom 15 are estimated to be Negro. In addition, it runs a nursing school containing seventy student nurses, but none of these are Negroes. Dining facilities are segregated and separate eating facilities are provided for colored nurses and other colored employees. It is claimed that these facilities compare favorably with the facilities for white employees. Three hundred paramedical personnel are employed in dietary, housekeeping, clinical services, and technical capacities. It is known that at least two of the technicians are colored and almost 150 of the remaining 300 employees are Negro.

Hubbard Hospital

Hubbard Hospital is the teaching hospital of Meharry Medical College. It contains 260 beds, of which twelve are bassinets. There are thirty beds for the admission of private patients. It is incorporated by and licensed by the State of Tennessee. It is tax exempt but not immune from tort liability. This hospital receives a subsidy from the local government under an agreement whereby Hubbard Hospital accepts responsibilities for all colored indigent who live within the city of Nashville. A total of \$560,000 was received from the city for this service during the year July 1, 1961-June 30, 1962, but as reimbursement is at a rate below actual cost of patient care this agreement has placed Hubbard in a difficult position. The hospital was built by local money supplemented by federal funds, and current building utilizing funds from the Hill-Burton Act is proceeding. The Hospital Board is appointed by the College.

During the calendar year 1962 there were 5,780 admissions to the hospital. The patients were almost exclusively colored, there being only three white admissions. During this period there were 1,420 births, all Negro, and 314 deaths, again all Negro. Over 98 per cent of the outpatients are colored as well. Approximately 90 per cent of all patients are from the Davidson County area. While in theory patients are admitted without regard to race, it is rare that a white patient applies for admission. There are a total of forty-seven physicians on the active staff, of whom three are white and forty-four are colored, along with sixty-two colored physicians on the courtesy staff. Ten are Board certified. The house staff is composed of fifteen interns and twenty-eight residents. Of the residency group, one is Korean, one Turkish, and the remainder Negro. Because of its inability to attract house staff, the hospital dropped out of the national intern matching program two years ago.

The nursing staff is composed of forty-five registered nurses and sixty-three practical nurses. All of this group save one are colored. Since the discontinuation of the nursing school at Meharry there have been no student nurses. There are 111 paramedical personnel functioning in technical and housekeeping capacities, of whom 110 are Negro. Because this hospital is part of Meharry Medical School, it is necessary for a physician to be a member of the faculty in order to serve on the active staff of the hospital. All of the full-time faculty are salaried, although some supplement their incomes from private practice.

St. Thomas and Baptist Hospitals

Both St. Thomas and Baptist Hospitals are private, non-profit organizations operated by church groups. Despite repeated attempts over a three-month period and the intervention by a senior staff member at St. Thomas, appointments could not be arranged between interviewers and the hospital administrators involved in either hospital. It was definitely determined that an agreement had been reached between the two hospital administrations that although they would verbally agree to participate in the study, they would not actually do so. Finally St. Thomas indicated a willingness to participate and arranged an appointment with an interviewer, but when the latter appeared at the appointed time it was indicated that the administrator was out of town that week. The administrator of Baptist Hospital finally stated directly that he would not participate in the survey. Thus, information is of necessity less adequate in this area.

Both of these hospitals cater primarily to private patients. Baptist Hospital contains 420 beds, of which 70 are bassinets; St. Thomas has 328 beds, of which 59 are bassinets. There are no beds for Negroes in either hospital, with the exception of rare admissions of a colored patient to a special renal unit at St. Thomas where the artificial kidney is in use. Neither of these hospitals run large outpatient clinics, and no colored patients are admitted to their private rooms.* Thus, in these instances, clear-cut discrimination exists. While Negroes are employed in practical nursing capacities and as paramedical personnel, it is known that there are no Negro physicians on the staff and there is definite discrimination against Negro patients. Both hospitals are currently expanding their bed capacity. Despite its clear discriminatory practices, St. Thomas Hospital is said to be utilizing federal funds obtained under the Hill-Burton Act to finance these new bed facilities. On the other hand, Baptist Hospital has apparently been able to underwrite its new construction costs from private sources.

Thus, of the six major general hospitals in Nashville, it is the two religious institutions which are most rigidly segregated. If equal treatment for people of all races is regarded as a moral question, as it should be, as well as a legal issue, it is difficult to assess the basic operative values of these institutions. Not only are they refusing to stand in the first rank of those attempting to achieve equal treatment for members of minority groups, but they are in fact marching in the last row. Perhaps the example of Knoxville, where three religious hospitals, one Baptist, one Catholic, and one

*See footnote 3, page 14.

Presbyterian, are taking the lead in ending hospital discrimination in that city could prove instructive to these local institutions.³

Madison Hospital

Madison Hospital, operated by the Southern Union of the Seventh Day Adventist Church, is a 174 bed general hospital with 6,000 to 7,000 admissions per year. The hospital has accepted Negro patients for more than a decade. The following information was obtained in a telephone conversation with the assistant administrator: Negro patients are cared for on a designated floor of the hospital, but if this is inadequate, they are placed on other wards. They have no Negro physicians or nurses but have successfully utilized a Negro radiologist as relief staff. The School of Nursing, formerly a degree program, is now a hospital program, with about 100 nurses in training. An average of 25 Registered Nurses are graduated each year. Some of the nursing students are Negro. The nursing program is related to Madison College but is not operated by the college. No graduate Negro nurse has applied to the hospital for employment.

Madison Hospital has not formerly had Hill-Burton funds, but has recently been approved for \$500,000 federal funds, and expects to begin construction of additional facilities this fall.

Middle Tennessee Tuberculosis Hospital and Central State Hospital

Neither the Middle Tennessee Tuberculosis Hospital, which serves the Middle Tennessee district of thirty counties, or Central State Hospital, which serves a similar area, were visited by interviewers. Nevertheless, certain aspects of their operation were isolated in telephone interviews with the Medical Director of the Middle Tennessee Tuberculosis Hospital and the chief psychiatrist at Central State Hospital.

Middle Tennessee Tuberculosis Hospital. This modern hospital has a bed capacity of 250, with 225 beds presently being in use. Admission rates have averaged between 475 and 520 during the last four years. There were 522 admissions in 1962. Fifty-six beds (25 per cent of bed capacity) are utilized for colored patients. There are twenty-nine beds for colored male patients and twenty-seven beds for colored female patients on separate segregated wards on one floor of the hospital. It was stated that such segregation was practiced because both white and colored patients tend to come from lower income groups where racial feelings are stronger, and that these patients occupy the hospital not for several days but for six months or longer. Thus every attempt was made to match individuals of similar attitudes, socio-economic groups, and race, in planning for their care in four and six bedroom units.

³Since completion of this survey it is reliably reported that the chiefs of staff and the professional staff have been told that St. Thomas Hospital will fully desegregate on August 1, 1963. Baptist Hospital apparently has no such plans.

Although tuberculosis rates are significantly higher among Negroes, it would appear that the number of beds available is adequate to supply the needs of the Negro population afflicted with tuberculosis. The district from which the hospital draws is 16 per cent Negro. The colored male floor has run at almost 90 per cent occupancy (a high rate), but empty beds have been rather continuously present on the colored female ward. It was indicated that while there was a waiting list both for white male and white female beds, there was only occasionally a waiting period for colored patients, and that this did not exceed or, indeed, rarely equalled the waiting period required for admission of white patients. While the facilities are separate, they are declared to be equal.

Central State Hospital. Central State Hospital lies on the outskirts of Nashville and contains 2,600 beds for the long-term care of mental illness. The hospital admits approximately 1,000 new patients yearly. Three hundred to 350 beds are maintained for colored patients. Negro patients are segregated on separate wards except in the maximum security areas where white and colored are housed together. The staff consists of twenty physicians who, with the exception of one Negro neurosurgeon, are all white. Both a colored psychologist and a colored social worker are full-time members of the staff. There are between twenty and twenty-five registered nurses, and Central State has difficulty filling its vacancies. Currently there are no colored nurses, but the hospital formerly employed two who did not work out well and were asked to leave. It was stated that both these nurses had personality problems which prevented them from operating effectively in the care of patients, and that the hospital would hire nurses without regard to race. There is no waiting list at Central State Hospital, and it was stated that patients are promptly admitted without discrimination on referral from appropriate authorities.

3. AMBULATORY PATIENT CARE, FACILITIES, AND PRACTICES

The outpatient facilities for the care of patients in the Nashville-Davidson County area appear to be run without discrimination. Nashville possesses the new and modern Davidson County Health Department which provides pre-natal, well baby, family health, and immunization clinics, without regard to race, creed, or color. Excellent venereal disease and tuberculosis control programs are in operation. An extensive inoculation program includes combined diphtheria-pertussis-tetanus vaccine, poliomyelitis, smallpox, tetanus, and typhoid vaccination. Vaccinations and polio inoculations are compulsory of all first-grade children irrespective of race, and twenty-two well baby clinics and immunization clinics are operated throughout the county. Other types of general health work is done for school children on the basis of individual referral by teachers and doctors. Children are processed for summer camps, and the Department investigates conditions of health sanitation in individual homes if requested to do so by appropriate authorities. A mobile dental program with two well-equipped trailers, eleven part-time dentists, and one full-time director is in operation.

In addition to the above, the Davidson County Health Department provides public health nursing service for the entire county. The Health Department has helped influence enactment of ordinances to assure proper survey of water supply and toilet facilities, and had a vigorous campaign to condemn inadequate housing for low-income groups. Statistics on immunization for the year 1962 according to race indicate that 17.9 per cent of the total inoculations were given to colored people in the community. (See Appendix B.) This compares favorably with the population ratios of Negroes to whites in the area. The director of the Davidson County Health Department indicated that there were no significant differences in mortality rates of white and Negro groups in the area (if this indeed be true, it is surprising and unusual). The Negro birth rate, however, is higher, and the incidence of tuberculosis is somewhat higher in Negroes than in whites in the area.

In addition to the outpatient facilities under municipal management, large outpatient clinic programs are conducted by Vanderbilt University Hospital, the Nashville General Hospital, and Hubbard Hospital. Vanderbilt University Hospital operates forty separate outpatient clinics. These include a family health clinic; a pre-natal clinic; a well baby clinic; general, medical, surgical, obstetrical, and gynecologic clinics; and many special clinics. Admission to the outpatient clinics is without discrimination, charges are scaled on the basis of ability to pay, and the outpatients are estimated to be 35 to 40 per cent Negro. During 1962 there were 71,000 outpatient visits at Vanderbilt. The Nashville General Hospital also conducts general pediatric, medical, surgical clinics, in addition to certain specialty clinics. During 1962 there were approximately 80,000 outpatient visits, and between 30 to 50 per cent of the patients were estimated to be colored. Hubbard Hospital, the hospital operated by Meharry Medical School, similarly runs extensive outpatient clinics. During 1962, a total of 36,000 patients were seen, with over 99 per cent being Negro. There is little evidence of discrimination in outpatient health services catering to lower income groups.

4. EDUCATIONAL OPPORTUNITIES FOR WHITES AND NEGROES

There are two medical schools in Nashville: Vanderbilt University Medical School and Meharry Medical College. While neither school is officially segregated, Vanderbilt, which has a consistent enrollment of from 190 to 200, has never had a Negro medical student. Meharry, with from 250 to 260 students, averages about five white students per year. Meharry has several white faculty members, but Vanderbilt has no Negro faculty member.

In 1962 Vanderbilt University Medical School replaced its policy of refusing to accept colored medical students with an explicit open admissions policy, but there have not yet been any Negro medical students at Vanderbilt. One hundred and ninety-six white students are now enrolled in the Medical School. Each year the school chooses its incoming class from a great number of applicants--as many as 1,200 to 1,500. Of these, only fifty are accepted each year. The number of Negro applicants in the previous five academic years is not known with certainty. However, for the incoming class of 1963 it is known that of 1,500 applicants three were Negroes. None of these last were felt to be properly qualified by the Vanderbilt Admissions Committee.

There is no explicit policy with respect to the hiring of Negro or other non-white faculty members at Vanderbilt. The school has, however, only one junior faculty member, currently at the Veterans Administration Hospital, who is a Negro. It was indicated by the Dean of the Medical School that there had been no recommendations for appointment of Negro faculty by the various department heads who are responsible for faculty recommendations. There are, however, a number of visiting and full-time faculty from other countries, including China, Japan, India, Lebanon, Australia, Germany, and England.

The other medical school in Nashville, Meharry Medical College, is a Negro institution. While Meharry has no explicit racial admissions policy, of the 256 students currently enrolled, 247 are Negroes, seven are white, one is Chinese, and one is Japanese. During the past five years there have been five or less white students in each class. While the school has both white and Negro faculty, the Dean did not give a quantitative breakdown on the racial make-up of the faculty. Of the forty-seven full-time and seventy part-time faculty members, however, the majority are Negroes.

Vanderbilt, in addition to its University Hospital, carries teaching and professional responsibilities at Thayer Veterans Administration Hospital and the Nashville General Hospital. Meharry Medical School utilizes Hubbard Hospital for its clinical teaching. In 1958, Meharry Medical School requested representation on the Dean's Committee responsible for the professional staffing and training program at the Thayer Veterans Administration Hospital. A conference was held in Washington between members of the Meharry faculty and the Veterans Administration, to explore the possibility of liaison. It is reported that the Veterans Administration indicated satisfaction with the operation of the Hospital under its present control (Vanderbilt University) and declared that any change should emerge from local action mutually agreed upon by Vanderbilt and by Meharry. Subsequent tentative exploration of such a possibility is stated to have failed because of a lack of interest by the administration at Vanderbilt in changing the existing arrangement. A subsequent request for representation on the Dean's Committee was made in a letter to Congressman Richard Fulton by a member of the Meharry faculty in March of 1963, but as of this writing no further formal action has stemmed from the administration at Meharry.

5. OPPORTUNITIES FOR NEGROES WITH PROFESSIONAL TRAINING IN HEALTH RELATED FIELDS

Physicians

There are an estimated 900 physicians in the Nashville-Davidson County area, of whom almost 300 are in intern and residency positions. The number of Negro physicians in the area is stated to be 50 by the secretary of the Nashville branch of the National Medical Association (Negro), and 60 by the secretary of the Nashville Academy of Medicine (white). Of the 900 physicians, 277 are Board certified in their specialty area. Ten of the Board

certified group are Negroes. This represents one physician for each 463 citizens in the Nashville-Davidson County area, a very high doctor-to-patient ratio, but the number of Negro physicians is surprisingly small. The number of Negro physicians in the Nashville-Davidson County area has remained relatively static since the end of World War II despite a steady increase in the number of white physicians in the area. It was estimated that of the 50 Negro physicians in the area, 70 per cent are over the age of fifty-five. Thus it is clear that young physicians are not remaining in the area.

During the past five years, seventeen Negro physicians have applied for membership in the local unit of the American Medical Association (The Nashville Academy of Medicine). Of these, sixteen were accepted and fifteen (one has since died) hold full membership in the Nashville Academy of Medicine. When queried about the reason for this relatively small number of applicants, a leading Negro physician indicated that not many applied because they felt they were not "fully assimilated" into the Academy.

The Nashville Academy of Medicine does not have any explicit racial policy with respect to membership. The total membership of the Society is 493. Its policy is determined at a local level, although it is a member of state and national organizations. Exclusion from the local society has some consequences on the individual practice of medicine at certain hospitals. Membership is not required for appointment to the staffs at the Thayer Veterans Administration Hospital, Vanderbilt University Hospital, or Hubbard Hospital. A doctor must be eligible for membership for appointment to the Nashville General Hospital staff. Only Baptist and St. Thomas Hospitals require membership in the Society for staff appointment. The local society does not recommend or nominate members for the State Board of Medical Examiners, this being done by the state association, but the Nashville Academy nominates three individuals for appointment by the Mayor to the Hospital Board of the Nashville General Hospital. As far as could be determined, membership in the Society is not a prerequisite for serving in a state or local official agency.

All of the approximately fifty Negro physicians are members of the local branch of the National Medical Association. The secretary of this organization indicated that virtually no Negroes had applied for appointments at white hospitals, that he knew of only one, and that Negroes did not so apply because they did not expect to be accepted. The secretary felt there was free consultation with white physicians and that Negroes made good use of white doctors. As previously stated, both Negro and white patients are cared for within a number of hospitals within the area, but Negro physicians can hospitalize their private patients only at Hubbard. Specialized facilities for sophisticated medical management are available at Vanderbilt and certain other hospitals admitting Negroes, but Negro patients must be referred to white physicians who have staff privileges at the hospital. Interestingly, the secretary felt that the lack of hospital appointments was not a problem and stated that Negro physicians have treated their patients in other hospitals. No attempt has been made to establish specific facts to support or refute this statement, but in the light of the general practices outlined earlier in this report it must be most uncommon for Negro doctors to treat their patients in local hospitals other than Hubbard. It should also be

noted here that continuing opportunities for non-white physicians to obtain further professional training appear to be limited, although most of the postgraduate seminars held at Vanderbilt and elsewhere in the region are open to Negro physicians. These opportunities do not appear to be commonly utilized by the Negro medical community.

Dentists

There are approximately 200 dentists in the Davidson County area and an estimated 25 to 28 are Negro. Of the total group there are 17 who hold specialty Board qualification, and of these four are Negroes. All four hold faculty appointments at Meharry. It is estimated that 80 per cent of the Negro dentists in the area are over fifty-five. In keeping with the situation in medicine, there has been little change in the number of Negro dentists available to the community since the end of World War II, despite the increased population and the increased number of white dentists. Of the Negro dentists, twenty hold appointments at Hubbard Hospital, and apparently applications for hospital appointment elsewhere have not been made because of the feeling that acceptance would not be forthcoming. The opportunities for Negro dentists to continue their education through postgraduate courses are clearly limited except through contacts at Meharry. Seminars sponsored by the Tennessee Dental Association are often open to colored as well as white dentists, but Davidson County Negroes refuse to attend because of their exclusion from membership in the local unit of the Dental Association.

In contrast to the availability of membership in the local professional societies available to Negro physicians, there appears to be discrimination against Negroes within the local branch of the American Dental Association. This organization is chartered by the State, but membership does not appear to be a prerequisite for serving in state or local agencies. Nevertheless, the secretary of the Capital City Dental Society (an affiliate of the National Dental Association) indicated that almost all the colored dentists in Nashville had applied for membership in the local dental association, but that none had received answers to their inquiries regarding membership. The secretary of the local branch of the American Dental Association, denied, however, that the local society had an explicit racial policy with respect to membership. Further, he acknowledged only two requests for application for memberships from Negroes during the last five years and declared that these were not followed through by the individuals involved. When queried, the secretary of the local branch of the American Dental Association felt that the consequences of exclusion from the Society were loss of social advantages and certain life insurance policy benefits, but was otherwise unwilling to comment. While all but one of the local Negro dentists are members of the Capital City Dental Society, no Negroes belong to the local branch of the American Dental Association.

Nurses

It is difficult to obtain precise statistics on racial background of the registered nurses in the Davidson County area. There are 1,469 registered nurses and somewhere between 1,000 and 1,200 practical nurses--this last figure an estimate. The total number of Negro nurses was not available,

but it is known that there are at least fourteen working at Veterans Hospital, three to four at Vanderbilt, five at Nashville General, and forty-four at Hubbard Hospital, a total of sixty-seven. Similarly, there are approximately twenty-five colored practical nurses working at Vanderbilt, fifteen at Nashville General Hospital, and sixty-three at Hubbard, a total of 103. The number of other non-white nurses is small, though there are some Oriental nurses at Vanderbilt and perhaps elsewhere. It might be pointed out in passing that since the closing of the School of Nursing at Meharry there have been no opportunities for nursing training for Negroes in Nashville. The three nursing schools remaining in the community have no Negro students, even though one, Vanderbilt, established an open admissions policy a year ago.

6. SUMMARY AND CONCLUSIONS

Negro health care in Davidson County is clearly more adequate than are opportunities for employment for Negroes in the medical profession. Non-whites make up 19 per cent of the population of the County, and, as far as can be determined, Negroes occupied almost one-fifth of the hospital beds available during the spring of 1963. Furthermore, 18 per cent of the immunizations given at the County Health Center in 1962 were given to non-whites. The quality of health care accorded to Negroes is more difficult to assess than is quantity, but there seems to be no appreciable discrimination here. While it is true that separate facilities are usually provided for non-whites in such sensitive areas as obstetrics and gynecology, the hospital administrators involved maintain that these facilities are at least equal to the separate white facilities. It should be pointed out, however, that it is only the presence of Hubbard Hospital in Nashville that makes the quantitative figures on county health care for Negroes look respectable. Were Hubbard not included in the totals, less than 10 per cent of the general medical beds in the County would be occupied by Negroes in 1962. This low figure is largely due to the failure of St. Thomas and Baptist Hospitals to accept Negro patients.⁴

The absence of Negro opportunities in the medical professions presents a bleak picture. Despite the fact that Negroes make up 19 per cent of the area population, only 5 per cent of the County's doctors, 12 per cent of the dentists, and approximately 5 per cent of the registered nurses are Negro. Moreover, with the closing of Meharry's School of Nursing, this last figure is likely to decline still further. Despite increasing employment opportunities in other areas there has been little improvement in opportunities in the medical field for Negroes in Davidson County in recent years. The numbers of health personnel are approximately the same as they were immediately after World War II. Furthermore, they may be on the verge of a decline, for 70 per cent of the Negro doctors and 80 per cent of the dentists are over fifty-five years of age.

⁴Vanderbilt has fully integrated its private beds. St. Thomas will integrate August 1, 1963.

Negro physicians have, however, been recognized to a greater extent by their white counterparts than have Negro dentists, and membership in the Nashville Academy of Medicine (the local unit of the American Medical Association) is open to qualified non-whites. In the last five years seventeen Negro physicians have applied for such membership, and sixteen were accepted. No similar development has occurred, however, with regard to dentists. There seems to be some disagreement on facts here, with the secretary of the local unit of the National Dental Association (Negro) declaring that most of his members (about twenty-five) have applied for membership in the local branch of the American Dental Association, and the secretary of the latter acknowledging but two requests for applications which he said were not followed through by the individuals involved. In any case, there are no Negro members of the Nashville unit of the American Dental Association.

In such a sensitive area as health care, desegregation is an issue involving complex political, social, economic, and emotional questions. As a result a number of whites and a number of Negroes are disinclined to change traditional ways of doing things. Thus the executive secretary of the local Negro medical society could point out that a number of his people are reluctant to join the local branch of the American Medical Association because "Negroes don't assimilate easily." While this statement oversimplifies the issue, it certainly illustrates an attitude widely held by people of both races, an attitude in part responsible for the cautions being exercised in the removal of racial barriers in the area of health facilities and service.

Nevertheless, "the winds of change" are blowing in the area of health care and medical practice in Davidson County. As President Eisenhower's Commission on National Goals (the Wriston Committee) phrased it in 1959: "Respect for the individual means respect for every individual. Every man and woman must have equal rights before the law. . . ." Recognition of this fact, coupled with a reluctance to change, has led to another attitude encountered time and time again during the conduct of this survey, an attitude of defensiveness. Two hospitals completely refused to discuss their racial practices, while the administrator of a third generously overstated the amount of progress made under his guidance. At least four of the key individuals interviewed in the survey evinced hostility toward the whole idea of the survey, declaring that the government should refrain from interfering with time-honored customs in the area of medical care.

In answer to this, it should be pointed out that over the centuries societies have found it necessary to organize themselves in order to fulfill their goals. They have found it essential to establish some kind of authority structure to bring about the basic principles agreed upon by the members of the society. If the fruits of cooperation are to be secured, conflict must be controlled. Rules must be established along with institutions to enforce them. This requires a degree of subordination of individual freedom. Those who live in our democratic society are fortunate in the fact that their

⁵The President's Commission on National Goals, Goals for Americans (Englewood Cliffs, N.J.: Prentice-Hall, 1960), p. 4.

government provides not only a means of applying public authority but it gives our people a voice in the determination of basic goals and how these shall be applied. Early in the history of the United States as a nation the people of America staked their lives in support of the declaration "that all men are created equal." This concept of equality has been clearly applied to all Americans regardless of color by the Fourteenth Amendment. Consequently, the American people are now fully justified in pressing the government to act as their agent in securing the abolition of rules and regulations in the health field as well as in other areas that reflect the attitudes of a bygone day, so as to achieve the promise of liberty and equality for all? Should we expect less in a democratic society?

Sources Used in the Survey of Health Facilities and Services

1. Secretary (local District) Tennessee Nurses Association
2. Administrators of: Hubbard Hospital
Vanderbilt University Hospital
Thayer Veterans Administration Hospital
St. Thomas Hospital
Baptist Hospital
Nashville General Hospital
3. Medical Director, Middle Tennessee Tuberculosis Hospital
4. Chief of Psychiatry, Central State Hospital
5. Assistant Administrator, Madison Hospital
6. Deans of: Meharry Medical College
Vanderbilt University Medical School
7. Secretary (local branch) National Medical Association
(R. F. Boyd Medical Society)
8. Secretary (local branch) American Medical Association
(Nashville Academy of Medicine)
9. Secretary (local branch) American Dental Association
10. Secretary (local branch) National Dental Association
(Capital City Dental Society)
11. Manager, local Blue Cross
12. Director, County Health Department

APPENDIX B

Summary of Inoculations
January - December 1962
Davidson County Health Department

<u>Combined Vaccine</u>	TOTAL
D.P.T. Series	
White	3,175
Colored	1,315
D.P.T. Booster	
White	8,420
Colored	1,456
<u>Poliomyelitis Vaccine</u>	
Completed Series	
White	6,603
Colored	2,710
Booster	
White	44,324
Colored	5,372
<u>Smallpox Vaccine</u>	
Vaccination	
White	4,096
Colored	1,325
Re-vaccination	
White	4,026
Colored	1,599
<u>Tetanus Toxoid</u>	
Completed Series	
White	3,280
Colored	525
Booster	
White	6,555
Colored	764
<u>Typhoid Vaccine</u>	
Completed Series	
White	7,215
Colored	2,699
Booster	
White	37,167
Colored	9,529