

## HOSPITALS AND INTEGRATION

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During the past year, both hospitals in Columbus have integrated their facilities quietly and without significant incidents. The dire predictions of the handful of worriers, pessimists and indignant have failed to materialize. Colored and white eat peacefully in the same cafeterias, sit peacefully in the same patient waiting areas and lie relatively at ease in the same wards and semi-private rooms.

This is not to say that problems do not exist, nor that problems will not develop. Prejudice, and particularly social and racial prejudice, is a deeply ingrained characteristic in most of us, regardless of Color. But even if prejudice cannot be expected to disappear entirely, with just a moderate amount of understanding and good will, most of the difficult situations at least become tolerable.

Tolerance and understanding, however, are often strained by the attitudes and demands of the investigating committees, commissions and minor bureaucrats concerned with the implementation of HEW and other federal programs. Some of their policies and requirements at times seem to border on the paradoxical and ridiculous.

The Army, for example, no longer identifies its soldiers by race; this eliminates skin color by official fiat. On the other hand, it has been reported that in armored units, also by official regulation, a tank crew of four must contain one negro and three whites. The dilemma of the personnel officer is obvious: skin color does not exist by one regulation; it must exist (to comply with assignment policy) by another.

A recent committee inspecting the Medical Center felt that there was not enough integration in the hospital. In the clinic waiting areas (and by their own choice) most of the whites sat together, most of the colored sat together; the same pattern was noted in the cafeteria. The committee also found that not enough rooms were shared by colored and whites. According to the chairman of the three-man (integrated) committee, white and colored must be *made* to sit together, they must be *made* to share the semi-private rooms. As a result of the committee's recommendations, the Medical Center is required to send in a daily report to the HEW office in Atlanta identifying patient admissions by race and showing the number of rooms occupied by colored and white together. No coercion is intended, naturally, but if the hospital fails to meet the percentage of racially integrated rooms decided upon by the Atlanta HEW office, all federal funds will be withheld.

At the same time, the committee recommended that the designation of race should be eliminated from the printed data on the admission sheet. Of course, if this were done, it would be impossible for the admitting clerks to know how to assign negro and white to the same rooms; it would also be impossible for the hospital to compile and send in its daily report to the HEW.

It has been suggested, to assure non-discrimination and complete impartiality in the assignments to hospital rooms, that all admission clerks be blindfolded and wear ear

plugs—it is possible, on occasion, to identify the Southern negro by his manner of speech. This would create difficulties for the hospital, however, since blind and deaf typists are hard to come by. The problem seems almost insoluble until the time arrives when the skin coloration of mankind assumes an ideally universal dusky, lemon-tinted, coffee-beige shade. This would require reversal of some evolutionary processes, and might take longer than the HEW is willing to wait.

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