

NAHSE Sponsorship Essay Competition
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If civil rights are designed to protect citizens from unfair treatment and to define personal liberties, it is critical that we assess if the current legislation is comprehensive enough to eliminate the apparent disparities between racial and socio-economic classes that exist today. Through the remainder of this essay, I intend to analyze how civil rights has impacted health outcomes of minority populations in the past and what still needs to be done to effectively service those communities. Primarily, I will cover equal opportunity to employment, access to health services, and the relationship between civil liberties and other social determinants of health.

Over the course of the past half-century, we have continued to learn of the causal relationship between the advancement of civil rights and the quality of healthcare. Today it would be unthinkable, that a hospital would determine admission on the basis of color, or a medical school would deny a qualified student because of gender or race. However, that was the reality for much of the United States for centuries. The struggle of minority communities to gain equal treatment in housing, employment, education, and business, only set the stage for the struggles that continue in those communities today. However, the solution to the issues that continue to plague vulnerable populations isn't as black and white, as desegregation. Now, we are faced with the effects of centuries of institutionalized racist culture and legislation that have created these vulnerable communities. But first, we should examine the impact of progressive legislation when it is adopted.

For many, when civil rights are mentioned they immediately recall prominent images such as the March on Washington. Some will think of the heroism of Dr. Martin Luther King Jr., and others of the violence of the Ku Klux Klan. However, momentum began to take place with the passage of the 1866 Civil Rights Act, which first recognized African Americans as citizens and not property. These efforts for equality would endure over 100 years through the Jim Crow era, and with every step in the right direction, the longevity and health of minority communities went with it.

While it is always uncomfortable to discuss the less enlightened eras of the past, hospitals and health service providers were no exception to the longstanding racist culture that plagued the U.S. While we would like to think it was the kind-hearted nature of the business that led to change, it was not. I'm reminded of a lesson from one of my professors and mentors when trying to understand why something has or hasn't changed, always "follow the money" he would say. Title VI of the landmark Civil Rights Act of 1964 virtually desegregated healthcare overnight. With the threat to withhold federal funding from any institution that practiced racial discrimination, hospitals were forced to conform, if they wanted to get paid. With the passage of Medicare and Medicaid in 1965, hospitals integrated quickly with more than 85% desegregating in less than a month, according to a U.S. News report. Offices in the Johnson administration were tasked with identifying whether or not hospitals qualified for reimbursement, solely based on whether or not they continued to practice segregation. For the health of the racial/ethnic minority, this meant the difference between life and death. Before this impactful civil rights legislation, hospitals were as segregated as the schools and diners that so many protestors gathered around.

According to David Barton Smith, a professor emeritus of healthcare management with Temple University,

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“There were a lot of Black communities in the South that had basically no access to hospitals. Most Black births were at home. The infant and maternal mortality rates were hugely different for Blacks and Whites because of that.”

Here, the further advancement and implementation of civil rights opened doors that allowed increased access to care for minorities. The swiftness and subtleness of desegregation in healthcare show the impact of the right legislation to improve the health and wellbeing of vulnerable groups. The civil rights act eliminated segregation in several forms. Where there once existed physical barriers such as in the case of Grady Memorial Hospital in Atlanta, or the clinical barriers such as not allowing blood transfusions between races; civil rights played an important role to eliminate those barriers to care.

When considering social determinants of health, it's important to understand how the advancement of education and employment opportunities for minorities in healthcare have improved health outcomes. I'm reminded of a letter written to Mr. Marion Hood from Emory University in 1959. In this letter from the Director of Admissions, he was informed that his application to the School of Medicine was not allowed for consideration because he was a member of the "Negro race". Just as we have considered the impact of civil rights on the advancement of access to healthcare, its implementation has also given way for more representation among providers.

Despite major advances in medicine over the past half-century, disparities in healthcare continue to persist. Minority groups in the U.S. remain at disproportionate risk of adverse health outcomes from preventable conditions. Addressing these risks has become a top priority for public and private health systems. A primary approach to reducing these risks is by adequately training and promoting health providers that are more diverse and reflect cultural competency. Where we once shied away from advancing the education of minority health providers, such as the case of Mr. Hood, today we look for new ways to diversify the workforce. Protecting the equity of access to education and promoting diversity has been one of the major victories of the modern civil rights movement. Because of the protection of these rights, we have seen the benefits of cultural competency and its function to improve the quality of health care received by racial/ethnic minority groups.

With all of the advancements we have seen in increased civil liberties for racial/ethnic minority populations, there is still much room for improvement. The apparent disparities against racial/ethnic minorities once again points to a system failure. To continue to promote the health of all populations, we should constantly ensure that the innate rights of minorities go uninhibited. Promoting equity and access once again calls for internationalism between government and private systems; as our communities grow more diverse, we must continue to sponsor equal representation in the workforce. While we will forever celebrate our heroes who pioneered the movement, civil rights should never be seen as an effort of the past. Today, we celebrate organizations such as the Institute for Diversity and Health Equity, The National Association of Health Services Executives and legislation such as the Patient Protection and Affordable Care Act. These are the modern movements that are aimed to protect the rights of minority populations and continue to increase their access to quality care. By doing so, we continue to open doors to healthier communities and close the gaps in health disparities.