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ROOM ASSIGNMENTS OF NEGRO AND WHITE PATIENTS
AT ST. JOHN'S EPISCOPAL HOSPITAL,
BROOKLYN, N.Y.

RESEARCH REPORT NO. 13

CONFIDENTIAL

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NEW YORK CITY COMMISSION ON HUMAN RIGHTS
80 Lafayette Street
New York, N.Y.

At 8 a.m. on October 2, 1962 the number of patients occupying beds in this hospital was 209. This figure excludes 20 children in pediatrics, 27 "new born" infants and "one add. bed added from housekeeping" to a ward. Sixty-five percent of the patients were Negroes, mainly women. (Table 1).

Table 1
Sex and Race of Patients

	No.	Negroes %	Whites No.	%
Men	38	28%	25	34%
Women	<u>98</u>	<u>72</u>	<u>48</u>	<u>66</u>
	136	100%	73	100%

These 209 patients were assigned to beds in private or semi-private rooms or in the wards, partly according to ailment, partly according to ability to pay.

Were they also assigned because of their race or the race of their attending physician?

Source of Information

Data were obtained about the occupants of each of the 209 beds regarding a) age, b) sex, c) race, d) race of attending physician, e) mode of payment for hospital services and f) the occupation of the chief wage earner in the patient's immediate family.

Items a), b), c), e), f) were read to the writer from the admissions sheet by Miss Dora Kasansky, Private Administrative Assistant of the Hospital. To test the reliability of the readings given on October 2, a second set of readings about the patients on the fourth floor was asked on the following day. The second set of readings agreed with the first in all details for all patients but one. (The race of this patient given as "yellow" on October 2 was given as "Negro" on October 3).

The main hazard in this mode of inquiry is that the record of room assignments at the time of admission will lag behind subsequent transfers to other rooms. Mistakes were spotted by laying out the plan of bed locations at the very beginning. [As is customary in hospitals, this one follows the rule of "only one patient per bed."] The correction of admission records required a very large number of phone calls to nurses and hospital attendants on all floors. These data could not have been obtained without Miss Kasansky's active cooperation.

Room Charges 1/

Room charges depend on the location of the room and the number of beds in it. The most expensive rooms are on the fourth floor. These cost \$30.00 per day if private and \$27.00 per day if semi-private. All but one of these semi-private rooms contain two beds; the exception contains three. The rooms on the third, second

1/ Hospital Memorandum, August 23, 1962
To: All Concerned, From: Henry R. Corsi, Business Manager

and first floors are either semi-private or ward. The two-bed semi-private rooms on these floors cost \$25.00 per day; the three-and four-bed semi-private rooms cost \$23.00 per day.

Table 2 reports the distribution of patients by race and by daily cost of room. The table shows that of 7 private rooms on

Table 2
Race and Room Cost

	Negroes			Whites	
	<u>Floor</u>	No.	%	No.	%
Private (\$30)	4	(1)	1	(6)	8
Semi-private					
\$27.00	4	(6)	4	(29)	40
\$25.00	3,2,1	(19) ^{a/}	14	(18)	24
\$23.00	3,2,1	(35) ^{b/}	26	(10) ^{c/}	14
Ward		(75)	55	(10)	14
Total		(136)	100%	(73)	100%

^{a/} Includes 3 ward patients

^{b/} Includes 12 ward patients

^{c/} Includes 1 ward patient

the fourth floor 6 were occupied by whites and 1 by a Negro. Of 35 semi-private beds on the fourth floor, 29 were occupied by whites and 6 by Negroes. In other words, of the 136 Negroes in the hospital 5% were on the fourth floor, 55% were in the wards;

of the 73 whites 48% were on the fourth floor, 14% were in the wards.

The assignment of patients to private, semi-private, or to the wards depends on ability to pay. This ability is estimated at admission from information about the patient's occupation (or other source of support) and his proposed mode of payment. (The Hospital does not ascertain the income of the semi-private patient or of the patient's family - again according to Miss Kasansky stated in the presence of the hospital's Director.)

The Hospital expects only 8% of these patients themselves to bear the total expense of their hospitalization. In the other cases it expects all or part of the expense to be paid by

- a) insurance carried by the patient (Blue Cross, Blue Shield, Union insurance) or Workmen's Compensation.
- b) Department of Welfare
- c) the Hospital itself (For "free ward cases" it receives part-rate per diem from the City.)

Table 3 shows the mode of payment for hospitalization by the race of the patient. The Hospital expects to carry 42% of the Negro patients as "free ward cases" compared with 9% of the whites. It expects remuneration from the Department of Welfare for 23% of the Negroes compared with 4% of the whites. On the other hand, 14% of the whites will "pay in full" compared with 4% of the Negroes and for 73% of the whites remuneration will come from insurance or Compensation compared with 40% of the Negroes.

Table 3
Race and Mode of
Payment

	Negroes		Whites		Total	
	No.	%	No.	%	No.	%
"Pay in full"	(6)	4%	(10)	14%	(16)	8%
Insurance or Compensation	(55)	40	(53)	73	(108)	52
Department of Welfare	(26)	23	(3)	4	(29)	14
"Free ward cases"	(48)	42	(7)	9	(55)	26
Unknown	(1)	1	(0)	0	(1)	*
Total	(136)	100%	(73)	100%	(209)	100%

* / Less than $\frac{1}{2}$ of 1%

These characteristic differences in mode of remuneration for hospital services are related, of course, to economic inequality of the Negro patients compared with the whites. The chief wage earners in 10% of the families of the Negro patients were employed in "white collar" occupations, while 57% were employed in "blue collar" occupations and 25% were not employed at all. In comparison 40% of the whites were employed in "white collar" occupations, 30% in "blue collar" and only 10% were unemployed. (Table 4)

Table 4

Race and Occupation of
the Chief Wage Earner

	Negroes		Whites	
	No.	%	No.	%
White collar jobs ^{1/}	(14)	10%	(29)	40%
Blue collar jobs ^{2/}	(78)	57	(22)	30
Welfare; Unemployed	(34)	25	(7)	10
Retired	(6)	5	(13)	18
No information	(4)	3	(2)	2
Total	(136)	100%	(73)	100%

^{1/} Doctors, Registered Nurse, Writer, Salesman, Musician, Stock Clerk, Clerk, Foreman, Shipping Clerk, Postal Clerk, Demonstrator, Interior Decorator, Bookkeeper, Chemist, Draftsman, Self-employed, Rabbi, Photographer, Auto Dealer, Accountant, Real Estate Broker.

^{2/} Plumber, Counter Girl, Milkman, Finisher, Nurse's Aide, Fur Dresser, IBM Operator, Waiter, Presser, Soldier, Bagel Baker, Carpenter, Machine Operator, Domestic, Hospital Aid, Mechanic, Lavatory Worker, Delivery Man, Cab Driver, Janitor, Refrigerator Repairman, Laundry Worker, Elevator Operator, Beautician, Porter, Machinist, Shoemaker, Longshoreman, Bootblack, Chemical Mixer, Leather Cutter, Laborer, Stevedore, Butcher, Mail Handler, Construction Worker, Transit Policeman.

Table 5 a/

Race, Occupation of Chief Wage Earner
and Room Assignment

<u>Room Assignment</u>	<u>Floor</u>	<u>White-Collar Employment</u>		<u>Blue-Collar Employment</u>	
		<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>
Private	4	7%	17%	0%	0%
Semi-Private					
\$27.00	4	14	38	5	32
\$25.00	3, 2, 1	36	28	17	18
\$23.00	3, 2, 1	7	7	32	32
Wards		36	10	46	18
Total		100%	100%	100%	100%

a/ The case load for this table is as follows:

	<u>White-Collar</u>		<u>Blue-Collar</u>	
	<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>
Private	(1)	(5)	(0)	(0)
\$27.00	(2)	(11)	(4)	(7)
\$25.00	(5)	(8)	(13)	(4)
\$23.00	(1)	(2)	(25)	(7)
Wards	(5)	(3)	(36)	(4)
Total	(14)	(29)	(78)	(22)

Since economic inequalities affecting ability to pay for hospital services admittedly affects the assignment of patients to rooms in the hospital, this influence must be eliminated statistically in order to judge whether the race of the patient also affected the assignment to a room. This is attempted in Tables 5 and 6.

Table 5^{a/} compares the cost of the room to the Negro or white patient according to the occupational level of the chief wage earner. According to this table fewer Negro white-collar workers were given \$27 or \$30 accommodations on the fourth floor than white white-collar workers (21% compared with 55%). Likewise fewer Negro blue-collar workers were accommodated on the fourth floor than white blue-collar workers (5% compared with 32%). This suggests that race was indeed a factor in room assignments. It is not however hard and fast evidence because the classification of level of occupation is a gross one so that within each category there may still be an occupational (and therefore income) advantage favoring the white patients.

The other factor on which hospital admissions clerks base their judgement of ability to pay is the patient's proposed mode of payment. Table 6 shows that the Negroes whose expenses were to be paid through insurance or compensation were less often assigned to fourth floor rooms than the whites (9% compared with 56%). They were more likely than the whites to be assigned to the wards or to the larger semi-private rooms costing \$23 per diem

^{a/} White welfare cases or unemployed were too few (7) for statistical comparison; Retired patients and those whose occupations were unknown are also excluded from the table.

Table 6 a/

Race, Mode of Payment for
Services and Room Assignment

	Floor	Self-pay in Full		Insurance or Compensation		Welfare or Free-Ward Cases			
		<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>		
Private	4	{	33 %	{	50 %	0 %	9 %	0 %	0 %
Semi-private									
\$27.00	4			9	47	0	0		
\$25.00	3,2,1	50	50	25	25	3	10		
\$23.00	3,2,1	17	0	42	17	15	0		
Ward		<u>0</u>	<u>0</u>	<u>24</u>	<u>2</u>	<u>82</u>	<u>90</u>		
Total (100%)		(6)	(10)	(55)	(53)	(74)	(10)		

a/ The case load for this table is as follows:

	<u>Self-pay in Full</u>		<u>Insurance or Compensation</u>		<u>Welfare or Free-Ward Cases</u>	
	<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>	<u>Negroes</u>	<u>Whites</u>
Private	(1)	(1)	(0)	(5)	(0)	(0)
\$27	(1)	(4)	(5)	(25)	(0)	(0)
\$25	(3)	(5)	(14)	(13)	(2)	(1)
\$23	(1)	(0)	(23)	(9)	(11)	(0)
Ward	(0)	(0)	(13)	(1)	(61)	(9)

than the whites (66% compared with 19%).

On the other hand, 13 Negro "welfare" or "free ward cases" were assigned to semi-private rooms. This is 18% of such patients. One white patient of the ten was also, which is, of course, 10%.

At admissions the Hospital does not know whether the patient's insurance will provide total coverage for his stay and expenses. It makes an informed guess at ability to pay based on ailment, previous hospitalization and the like. The Comptroller classified each semi-private patient according to ability to pay on the basis of examination of the financial record as of October 3, 1962. The categories were a) full coverage by the insurance b) partial coverage by the insurance c) no decision as of October 3 by the insuring agency or Compensation board.

As of this date, 50% of the Negro and 56% of the white patients were "fully insured;" 6% of the Negroes and 10% of the whites were "partially insured;" no decision had yet been reached about the extent of coverage of 31% of the Negroes or 35% of the whites; 13% of the Negroes and 19% of the whites were expected to pay their full bills themselves. Now the question is whether there is a racial difference in allocation of hospital rooms among patients whose mode of payment and completeness of coverage is the same. Table 7 shows that "fully insured" Negroes were much more likely than "fully insured" whites to have been assigned to \$23 rooms (70% compared with 14%) while "fully insured" whites were much more likely than "fully insured" Negroes to have been assigned

to \$30 or \$27 rooms - those on the fourth floor (55% compared with 4%). The Comptroller's judgment that the patient was fully rather than only partially insured was made of course with reference to the daily cost of the room already assigned. But even when no judgment could be made whether the patient's coverage was partial or complete, the white patients still stood a better chance than the Negro patients of assignment to fourth floor rooms: 61% against 28%.

Table 7
Completeness of Insurance Coverage
and Room Assignment

Room Assignment	Fully Insured				No decision			
	Negroes		Whites		Negroes		Whites	
	No.	%	No.	%	No.	%	No.	%
\$30	0	0%	5	17%	0	0%	0	0%
\$27	1	4	11	38	4	28	11	61
\$25	6	26	9	31	5	36	3	17
\$23	<u>16</u>	<u>70</u>	<u>4</u>	<u>14</u>	<u>5</u>	<u>36</u>	<u>4</u>	<u>22</u>
	23	100%	29	100%	14	100%	18	100%

Thus far we have addressed ourselves to quality of room assignment in relation to race and ability to pay. The next question concerns the extent of segregation and desegregation in room assignment.

We shall call a room "segregated" if it had more than one

bed and all the patients in the room at 8 a.m. on October 2nd were of the same race. This definition excludes the 7 private rooms from consideration since they obviously could not avoid being segregated. A room with one or more vacant beds was classified on the basis of the occupants present. Sixty percent of the patients were in segregated rooms by this definition: 63% of the Negro patients and 54% of the whites.

In Table 8 the patients are classified according to the race of the attending physician as well as according to their assignment to segregated or desegregated rooms. Of the 46 Negro patients in private or semi-private rooms 31 or 67% were attended by a Negro, and 15 by a white physician. Of the 55 white patients in private or semi-private all but 1 were attended by a white physician. (The attending physician is the patient's personal physician; the ward patients did not have one, of course.)

According to Table 8, the Negro patients of Negro physicians were somewhat more likely to have been assigned to all-Negro rooms than the Negro patients of white physicians. The difference is 68% compared with 53%. (Unfortunately for the purpose of statistical comparison only 1 Negro patient was attended by a white physician.)

Summary and Conclusions

The data in this report are relevant to allegations of discrimination against, and segregation of, Negro patients and

physicians at St. John's Episcopal Hospital, 480 Herkimer Street.

Table 8

Segregation of Patients
According to Race of Patient
and Physician

Racial Composition of the room	Patient: Physician:	NEGRO			WHITE		
		Negro	White	None	Negro	White	None
All white		-	-	-	0	67%	0%
White - Negro		32%	47%	37%	(1)	33%	100%
All Negro		68	53	63	-	-	-
Total patients		(31)	(15)	(89)	(1)	(54) ^{a/}	(12)

^{a/} including 1 Chinese patient

This report assumes that it makes little sense to base a judgment solely upon an impressionistic tour of the hospital. Rather the meaningful questions are, a) is there more or less discrimination and/or segregation at this time than (say) a year ago or a year hence? b) is there more or less discrimination and/or segregation at this hospital than at others?

The method of the report has been to collect data on the room assignments of all adult patients as of 8 a.m. October 2, 1962. The turnover in patients is, of course, continuous. But while it

is true that the racial composition of the hospital may well differ from moment to moment we can only approach the problem of discrimination and segregation seriously by establishing a bench mark through the meticulously accurate description of the situation as of a point in time. This report purports to be that accurate a description.

It does not offer an arbitrary summary finding that there was or there was not segregation and/or discrimination. Instead it describes the extent to which Negro accommodations were equivalent to those of whites and the extent to which there was segregation or desegregation. The cost of the room is used as the measure of equivalence of accommodation.

By this measure the white patients get better room assignments than the Negro patients. (Table 2) In large part this is a by product of economics. On the average, the white patients have better financial status: they more often pay in full themselves or through their insurance (Table 3) and have better paying jobs (Table 4). But even when financial status is kept roughly - very roughly - constant, there still appears to be a racial advantage in room assignments favoring the whites (Tables 5, 6, and 7).

Most whites are private or semi-private patients of white physicians. Most Negroes were ward patients and hence without an attending physician. Most private or semi-private Negro patients had a Negro physician. Comparing the Negro patients of Negro doctors with Negro patients of white doctors there appears to have been some advantage favoring the Negro patients of white physicians. (Table 8).