

**Case Assignment**  
**Hospital Title VI Enforcement During the implementation of Medicare**  
**March 1 to July 1, 1966**

***The Power to Heal***

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**Background:** In March 1966, the Office of Equal Health Opportunity (OEHO) in the Surgeon General's office in the Department of Health Education and Welfare (DHEW) faced a daunting task. OEHO had a staff of five and no travel budget. Almost 8,000 facilities had to be certified as compliant with the nondiscrimination provisions of the 1964 Civil Rights Act (Title VI) in order to be eligible for Medicare reimbursement that would begin in July. The civil rights group in the Secretary's Office was determined not to let the hospitals off the hook in the way public schools had been. *There would be no "all deliberate speed for hospitals!"* The risks were huge but for everyone up the chain of command, Robert Ball, Wilbur Cohen, Secretary Gardner, President Johnson, etc. once they discovered what was happening, it was too late and the effort plowed forward. Thus, Gardner circulated a memo inside DHEW announcing that the agency was now a civil rights organization and that every component of the agency would "donate volunteers" along with the salaries and travel expenses to support them. If there were not enough volunteers, staff would be "drafted."

**Assignment:** *You are one of those "volunteers" and the first challenges you face as a volunteer untrained Civil Rights enforcement officer are described below. Jot down some notes about how you will proceed in each of these situations.*

**Case 1: The Case of the "Desegregated" Doors**

A nonprofit hospital in a small town in Georgia had long provided segregated accommodations. A clearly marked "White" and "Colored" entrance instructed people where to go for care. Your team of inspectors insisted that the signs be removed but patients and their families continued to use the entrances in the same way partly out of habit, partly out of fear and partly from the "cues" they got from employees and other patients. *What do you do?*

**Case 2: The Case of the "Desegregated" Waiting Rooms**

The outpatient clinics of a large urban hospital in Virginia had separate "colored" and "white" waiting rooms. Even though the signs were removed, patients and their family members continued to sit in the areas the way they had in the past. You're not willing to settle for paper compliance and the patient volume is just too large to just close one of the two adjoining waiting rooms. *How do you resolve this problem?*

### **Case 3: The Case of the Louisiana Blood Supply**

Almost all the hospitals in Louisiana have complied with all the Title VI requirements in order to be eligible for Medicare payments. The Medicare program is scheduled to begin in less than a month. However, it has come to your attention that the Louisiana Red Cross blood bank provides Louisiana's hospitals with two separate supplies of blood labeled: "Colored" and "White." Your legal and regulatory responsibility is to enforce Title VI compliance with the hospitals not with their suppliers of goods and services, but you are reluctant to allow this practice to continue to go unchallenged. *What do you do?*

### **Case 4: The Case of Desegregating Hospital Rooms of the Medically Vulnerable**

You are responsible for putting out political brushfires that could undermine the desegregation effort and the entire Medicare program. The real test from the perspective of the federal investigators of whether a hospital was in compliance with Title VI was whether room assignments were made by admitting clerks in a race blind way. Under no circumstances were they to ask, "Do you mind being placed in a room with a member of another race?" Several influential Southern Senators demand that an accommodation be made for seriously ill patients with strong feelings about race whose personal physician and chief of service feel that their chances of recovery might be jeopardized by such forced integration. (One even protests that it would kill some very vulnerable cardiac patients.) *How do you respond?*

### **Case 5: The Case of Racial Disparities in Physician Referrals**

In New Orleans, one of the best equipped, large, historically white only hospitals was in full paper compliance. Every patient that presented themselves for admission was admitted and placed in non-segregated accommodations. However, you learn that the hospital's medical staff has secretly decided to keep the hospital all white by referring their black patients elsewhere. The hospital's medical staff is all voluntary and they have no ties through employment to the hospital. Unlike hospitals, physicians participating in the Medicare program were exempted from Title VI compliance. *What do you do?*