

May 16, 1962

PLAN FOR EXTENSION OF HOSPITAL CARE
IN THE
SOUTH CENTRAL CHICAGO COMMUNITY

WHY IS EXTENSION OF HOSPITAL CARE NEEDED IN THIS AREA?

Several recent surveys have shown a great shortage of hospital beds for both private and indigent patients in the South Central Area of Chicago. By comparison there are many more hospital beds per unit of population in other areas of this city. South of 22nd Street there are 2.8 beds per thousand population. North of 22nd Street there are 6.9 beds per thousand population, more than twice as many. Of 22 hospitals south of 47th Street only four have more than 200 beds. Of 22,123 beds in Cook County less than 3,500 are on the South Side and only two of these have clinics for the indigent. In the last few years, St. Luke's with its large clinic and Lewis Memorial have moved from the South central area and Provident has discontinued its large clinic including its mental hygiene counseling clinic for rehabilitation of victims of narcotic drug addiction. All of the hospitals meeting the highest standards of practice south of 22nd Street and east of Ashland Avenue have a tremendous waiting list for admissions at all times. This forces many of the more than 1,000 physicians with offices in this area to care for patients in their homes or offices who would receive better care in first class hospitals. Many patients regardless of their ability to pay have to be sent to far distant and over crowded Cook County Hospital where a large proportion of them pay through their hospital insurances. They may be forced to give up their local physicians for first class hospital care or wait for days or weeks for first class local hospital beds. Birth rates and migration trends indicate no decrease in the density of population for this South Side area in the foreseeable future.

Besides the problems of patients there are south side physicians and surgeons trained as specialists in the best schools of the country and abroad who do not have the hospital facilities to practice their profession at the highest levels nor for the teaching and research participation necessary for the best continued development. It is estimated that there are 100 to 200 such men, mostly Negro Americans but also Latin Americans, Oriental Americans, and Jewish Americans virtually standing in line for attending staff appointments to first class teaching hospitals of the city. Many of the graduates of medical schools in Chicago and out of town medical schools in recent years have preferred to go to other cities for graduate training and practice where there are more adequate hospital facilities for growth after post-graduate training. This is especially true of individuals of minority groups who might otherwise want to come to Chicago's South Side where certainly their services are needed. The overall picture contributes to the decreasing total number of physicians who are settling in Chicago for practice.

But there are yet other reasons for the immediate establishment of more first class private and indigent beds in the South Central South Side area of Chicago. Cook County Hospital on the West Side with its 3,500 beds, the largest in the world, is still reported to be crowded with private and indigent patients. Seventy-five to 80 per cent of the private and

indigent patients are reported to be American Negroes who constitute only 17 per cent of the County population. A very large percentage of these patients are employed and paying for their hospital and doctor care through their group insurances. A reliable source says that 80 per cent of the paying patients are Negroes. It is generally known that a large proportion of patients come from the central south side, south of 22nd Street and east of Ashland.

So that it may be said, therefore, that more first class hospital facilities are needed on the central south side - first of all for patient care in their own community and secondly, to give opportunity in the medical field to the unused and potential medical brain power among one million or more citizens in that community. First class facilities are needed on the central south side because these citizens have a right to expect that hospital-related urban renewal on the South Side will directly benefit their sons and daughters who want to go into medicine. More first class hospital facilities are needed in the south central area because "token" appointments to courtesy staffs of well established hospitals are not meeting the unmet need of scientifically trained doctors of that community for professional and scientific growth.

WHAT KIND OF EXTENSION OF HOSPITAL CARE IS NEEDED?

More first class hospital facilities are needed on the South Side for both private and indigent patients. Even in the present era of high prosperity indigent beds should be provided because of the large number of unskilled workers who are always potentially indigent. The actual indigent population is disproportionately high on the South Side. There should be out-patient clinics and first class facilities for teaching and research.

HOW CAN THESE NEEDS BE PROVIDED?

There has been much study and discussion by various groups and individuals who have been concerned with this problem for the last several years. There is one group which feels that one big indigent hospital set-up on the South Side under the administration of the West Side County Hospital would be an important solution to the problem.

There is a contrary opinion which states that the great majority of the people who need beds on the South Side are employed and able to pay for hospitalization through their group insurance and have a right to the free choice of physician. This opinion points to the large number of crowded beds at Cook County Hospital occupied by employed indigenized hospital-insured patients who live south of 22nd Street and east of Ashland. A worthy amended proposal to the South Side branch idea has been to provide private beds in the Cook County Hospital branch.

A third opinion is to the effect that the further expansion of the West Side Cook County Hospital is the method of choice for alleviating its overcrowding and providing more beds for the people of the South Side and other crowded sections of the city. Much of this has already been achieved including new out-patients clinics and an expanded research institute. One still hears, however, the strong opinion that the private

patient problem remains the same and that there has been little change in the long history of inequality of opportunity at the professional level.

A fourth point of view states that the hospital bed problem on the South Side is primarily due to racial discrimination against Negro patients and doctors by the predominantly white or all white hospitals of the city. The solution, therefore, lies in taking measures against discriminatory practices. While such measures are being brought about by pressure and education, most people close to the problem recognize that "token" appointments to courtesy staffs of far away small hospitals cannot bring needed professional opportunities and services on the south central side, by this method alone. The pace is far too slow for the "equality now" needs of Chicago and America.

It is felt that there is a need for a broader grass roots approach to this problem. During the last several years it has been studied and definite progress has been made. However, the people involved have been primarily small intellectual discussion groups on the one hand or those in the higher echelons of government commissions, commerce and welfare administration, on the other hand, and never the twain did meet. It is hoped that these groups which have worked well independently may now get together for the common cause.

The community most immediately concerned should be appraised at a broader level of the facts and problems involved in achieving and maintaining the best in hospital care. To this end a group of physicians who are members of the Cook County Physicians' Association organized a group known as the "Medical Forum," which will undertake to inform and familiarize increasingly large groups of people on the South Side of the facts and responsibilities in hospital care. This group has been endorsed by the CCPA.

The "Medical Forum Group" has presented an overall plan for the solution of the South Side hospital problem which has been endorsed by the CCPA. It is this plan which we now describe. It is not offered as a super-intellectual proposal designed to force aside all others. In fact, it is hoped that the obvious elements of several previous proposals can readily be seen in this plan. Several of the sponsors have at various times supported or proposed certain elements which are now modified or deleted. This is an attempt by a group which will be greatly affected by the outcome of any program to set up a common ground of agreement which will include the best elements of the proposals of many who have sacrificed much time and thought to a difficult community problem.

A PROPOSAL FOR A NEW SOUTH SIDE HOSPITAL FACILITY WITH COMBINED INDIGENT AND PRIVATE DIVISIONS.

It is proposed that a new hospital be created on the central south side, centrally located according to population density and availability of site. A bed capacity should be about 700 beds for acute and chronic illness with adequate emergency facilities and there should be an associated out-patient department of about 75 thousand to 100 thousand clinic visits per year. The clinic should be for organic diseases and mental hygiene including counseling clinics for rehabilitation of young victims of narcotic

drug addiction such as was recently discontinued by the State for lack of appropriate jurisdiction.

It is proposed that this new South Side hospital would be a combined indigent and private enterprise on the same campus. It would be a combined city-county indigent facility of about 400 beds and a community private facility of about 300 beds set up under a conjoint governing board. The city-county government would primarily support the division for indigents but cooperatively give support to the private facilities. A trustee board of private citizens elected annually to staggered terms by a Community Corporation or Association would primarily support the private division but cooperatively give supportive services to the indigent division. Its professional technical and administrative staffs should be of the highest calibre and should represent all elements of the racial and ethnic groups of the community it serves from the highest position to those considered least worthy without sacrificing calibre of service. The services and the technical facilities should be of the highest order. They should be such as to attract patients from all elements of the population.

Teachings and research today and in the future can not be justifiably separated from the highest calibre of professional services to patients. Therefore, a high level teaching and training program for interns and residents and research facilities should be set up, taking advantage of the millions of dollars of available funds for medical research today. The hospital should be set up and maintained at a scientifically professional level such as would attract affiliation with medical schools in the city, thus helping to expand Chicago as a leading world medical center.

WHAT IS THE RATIONALE OF A PROPOSAL TO COMBINE CITY INDIGENT HOSPITAL FACILITIES WITH A COMMUNITY HOSPITAL FOR PRIVATE PATIENTS?

In many cities of the United States, notably Jersey City, New York and others such as certain counties in Illinois, there are combined indigent and private hospital facilities in order to reduce the financial burden on the community which eventually pay through taxes and otherwise for all hospital facilities. We know of none whose structure provides for equality of participation by government and private hospitals, but we believe sincerely that this can be done with great advantage to all. This type of combined indigent and private divisions would bring together on one campus a professional staff which cares for its private and its indigent, teaching and research services with great facility thus conserving professional staff. The undesirable filling of indigent hospital facilities with private patients such as exists at the County Hospital today would tend to be avoided. Federal building funds such as Hill-Burton should be reapportioned so as to meet the needs of specific areas within the city such as is presented by the hospital deficit on the South Side. These funds would be conserved in a joint facility.

There are thousands of citizens including doctors in the South Side area who would subscribe and help to raise matching dollars for big fund contributions. Doctors in that area and other leading citizens have expressed willingness to take the lead in contributing and raising matching dollars for this worthy project. This should be a truly integrated hospital

with every possible effort being made in that direction. Special emphasis should be made upon an INTEGRATED, INTERRACIAL HOSPITAL ENTERPRISE WHICH SHOULD TEST THE CAPACITY AND CONSCIENCE OF THIS METROPOLITAN, MID-WESTERN WORLD COMMUNITY TO PROVIDE EQUALITY OF PROFESSIONAL OPPORTUNITY AND SERVICES in the field of hospital care for the present and the future. This enterprise could serve to take us away from the perpetual and aggressive sparring for civil and human rights on the one hand and the reactionary resistance based on fear on the other hand.

Medical Forum Group
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