

# The Delray Democrat

## Universal Health Care and Race<sup>1</sup>

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President Truman failed in his effort to pass universal healthcare for three reasons. First, Americans workers already had healthcare through their jobs because – in the face of wartime pay restrictions – it was a way for employers to compete in a tight market. Second, the AMA opposed it. And last, but surely not least, Southern Democrats – forced to accept integration of the armed forces during World War II – knew that universal healthcare would lead to integration of hospitals in the South.

Segregated hospitals are what led Dr. King to declare, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” At a time when “Black” hospital were few and far between, African Americans were literally dying in the gutter outside hospitals. Disparity in health care not only still continues but goes back throughout American history.

Some months ago, The New York Times published an article based on a comprehensive essay by Linda Villarosa, “Why America’s Black Mothers and Babies are in a Life-or-Death Crisis.” It dealt with the enormous racial disparities of mother-and infant mortality that still exists in the United States.

This month, The Times published a series of articles, The 1619 Project, examining the legacy of slavery in America, and among these is Jeneen Interlandi’s exploration, “Why doesn’t the United States have universal health care? The answer has everything to do with race.”

From the conclusion of the Civil War, Black Americans, former slaves, that is, found themselves relegated to ramshackle camps where the most primitive conditions of poverty, sanitation and health existed. The diseases rampant in these camps were contained within them so that the nearby White communities were spared such illnesses as smallpox. White leaders who were aware of the devastation and high mortality caused by such conditions demurred to offer assistance for three reasons: they feared the spread of epidemics to white communities; they believed that only a healthy Black population would be capable of working the land; and equally, or more to the point, they feared that freed from the bonds of slavery and servitude, healthy Black Americans “would upend the racial hierarchy.”

Thus, the awareness that free and healthy Black Americans might pose a threat to the existing status quo, lay beneath Federal and State health policies. Nny aids, even if attempted, were soon discarded, and abandoned to Jim Crow management throughout the South. Indeed, the first Federal Health Care Program to assess the crisis came to naught when pleas for medical personnel and equipment were ignored and forty hospitals supposedly built with aid in mind were soon closed down. When the health crisis loomed even more brutally, White congressmen

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<sup>1</sup> [\*The Delray Democrat\*, August 2019](#), p. 1

considered free assistance a slur on the concept of independence. Uglier still, they insisted that such ill health was to be construed as the forthcoming death of the entire race of Black Americans: their “inferior nature ...and inevitable fate.”

From the years after Reconstruction and, shockingly, until The Affordable Care Act, Black Americans were deprived of health care programs enacted to provide health care assistance to all others, using various schemes as States Rights. Moreover, until the 1960s, medical schools and professional groups like the American Medical Association effectively refused education and membership to Black Americans.

In 1964 the Civil Rights Act declared segregation illegal for any “entity receiving federal funds” but allowed former slave States to effectively control the amount and/or distribution of federal funds. Disgracefully, this is still true in 2019 in such states.