

## **The History of Anti-Blackness in Healthcare in LA County**

Racism within the healthcare system in Los Angeles County has been pervasive since the end of the Civil War when African Americans found themselves locked into low-wage jobs and denied access to the county's growing healthcare system both as patients and medical students. From the time the County first opened its doors of the Los Angeles County Hospital Training School for Nurses in 1895, there was enormous White resistance to admitting African American nursing students. During another critical period, in the early 1920's, most public health programs gave priority to White County residents when the region was hit by a massive outbreak of tuberculosis. Following the stock market crash of 1929, Black people in the county once again experienced extremely high rates of unemployment, cramped living conditions and very little assistance from local, state, and federal relief programs. Due to their high numbers as domestic workers, African Americans were particularly vulnerable to highly contagious diseases like tuberculosis and access to infectious disease care was extremely limited. In fact, among the county's fourteen tuberculosis hospitals and sanatoriums, only two admitted African Americans.<sup>i</sup>

To address the Black community's healthcare needs, a small group of African American physicians established The Dunbar Hospital in 1922—a twenty-five-bed facility<sup>ii</sup> that operated for fifteen years serving the community along the Central Avenue Corridor. In the 1940's, African American doctors established private hospitals as multi-racial institutions, including the Rose-Netta Hospital on Hooper Avenue, which served African American, Mexican, Japanese, and Caucasian people.<sup>iii</sup> In 1942, the Red Cross also established a multiracial blood bank at the Rose-Netta Hospital. Persistent discrimination against African American patients, doctors, and nurses led several Black doctors and pharmacists to establish their own offices and stores outside the traditional hospital setting. By 1949, LA county had five African American drug stores in South Los Angeles and numerous dental practices. The Golden State Mutual Life Insurance Company financed the construction many medical facilities to serve the Black community, including the Julian Ross Medical Center along Western Avenue.<sup>iv</sup>

Despite the existence of African American-owned medical offices and stores, the Black community's healthcare needs far outpaced available resources. White flight to the suburbs in the 1950's resulted in a loss of industry, jobs, and private healthcare access for the county's African American population. Despite a passage of legislation in the early 1900's making California counties responsible for providing "relief and support" to all medically indigent adults, poor Angelenos had little access to private health care. It was only after the spread of infectious disease in the 1940's and 1950's that the County begin facilitating the expansion of public health clinics.<sup>v</sup>

In the immediate Post-World War II era, there was a large influx of African Americans to the County. Major demographic shifts around this time had a profound impact on the delivery of health services the county. For instance, the employment-related private health insurance system catered to mostly middle-class White families while most African Americans living in South Los Angeles could only access these public health clinics as a last resort. The lack of facilities in the area combined with the high cost of private health care made accessing preventative services, including immunizations, difficult for the county's African American population. A high incidence of infant mortality and infectious disease, along with poor access to fresh food, areas

for play and recreation, and clean water hastened with White flight. As a result, healthcare became the prominent domain of the Los Angeles County General Hospital and by the 1960's, the hospital had expanded to include a children's hospital, psychiatric hospital, and pediatric pavilion.<sup>vi</sup>

Despite the expansion of the county's role in the delivery of healthcare, economic and institutional neglect of South Los Angeles culminated in social unrest with the Watts Riots in 1965. The Watts uprising in 1965 brought into sharp focus the limited availability of medical care in the African American community. The McCone Commission Report examined the causes of the uprising which determined that "the health conditions of the residents of South Central Los Angeles are relatively poor and facilities to provide medical care are insufficient."<sup>vii</sup> The report further noted that African Americans living in South Central Los Angeles had higher infant mortality rates, shorter life expectancy and lower rates of children immunized against whooping cough, smallpox, and other infectious diseases. The report recommended that the County increase the number of public health services and preventive medical facilities in the area. In response, Los Angeles County established two hospitals and a medical school in South Los Angeles: Charles Drew University of Medicine and Science its affiliated hospital (known today as Martin Luther King Jr. General Hospital) and the West Adams Community Hospital.

There was a brief period of optimism that the County's healthcare delivery systems could render adequate care for the county's poor with the passage of the 1965 Social Security Act which created Medicare and Medicaid (called Medi-Cal in California). It was hoped that these programs would help to relieve the strain on the county's cash-strapped hospitals. Over time, more private hospitals began to participating in the program leading to a steady decline in Medi-Cal admissions in the overcrowded County hospitals.<sup>viii</sup> However, even with these new medical facilities and the creation of Medicaid and Medi-Cal, African Americans continued to experience significant health disparities on most health indicators with little changing to the present. Nearly a half century after the County worked to increase the number of facilities and medical staff in mostly African American communities in the County, African Americans have the lowest life expectancy of any racial group in Los Angeles County.<sup>ix</sup>

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i Emily K. Abel (2007) *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*. Rutgers University Press.

ii SurveyLA Los Angeles Historic Resources Survey, "African American History of Los Angeles" 2017.

iii Mitchell F. Rice and Woodrow Jones, *Public Policy and the Black Hospital: From Slavery to Segregation to Integration* (Westport, CT: Greenwood Publishing Group, 1994), 51.

iv Rice and Jones, *Public Policy and the Black Hospital*, 52

v Cousineau, M. R., & Tranquada, R. E. (2007). Crisis & commitment: 150 years of service by Los Angeles county public hospitals. *American journal of public health*, 97(4), 606–615.

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vi Cousineau, M. R., & Tranquada, R. E.

vii *Violence in the City: An End or Beginning? A Report by the Governor's Commission on the Los Angeles Riots (McCone Commission)*, December 2, 1965.

viii Cousineau, M. R., & Tranquada, R. E.

ix Race Counts. *Uninsured People (by Race)*. Advancement Project California; RACE COUNTS, racecounts.org, 2017