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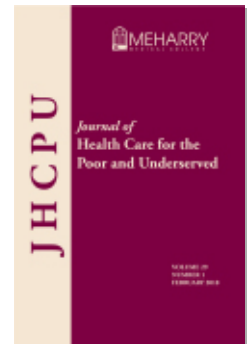
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Charlene Galarneau

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Getting King's Words Right

Charlene Galarneau, PhD, MAR

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

These often-invoked words attributed to Rev. Dr. Martin Luther King Jr. offer moral sustenance to many persons working toward health equity today. Scholars, practitioners, and activists in health care and in public health commonly quote this powerful claim thus aligning the health equity movement with the civil rights movement. In fact, historian John Dittmer opens his account of the early fight for social justice in health care with these words.¹ Yet, these words are not the precise words that King spoke more than a half century ago.

On March 25, 1966 in Chicago at a press conference before his speech at the second convention of the Medical Committee for Human Rights (MCHR), King said (in part):

"We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.

"I see no alternative to direct action and creative nonviolence to raise the conscience of the nation."

It is intriguing that no prepared text or transcript exists of either King's remarks at this press conference or his speech at the MCHR meeting. Multiple serious efforts to locate such documents have been unsuccessful.^{2,3,4,5} A short Associated Press (AP) news story about the press conference was published in several newspapers, in California, Michigan, Illinois, and Wisconsin, the following day and is the most reliable account we have of King's words there.³ This brief passage helps to contextualize King's ideas and signal their implications; thus each sentence is deserving of discrete comment given its relevance to the whole.

"We are concerned about the constant use of federal funds to support this most notorious expression of segregation."

Here King joins voice with MCHR to oppose the federally sanctioned racial segregation in virtually all, Southern and Northern, hospitals: African American patients

CHARLENE GALARNEAU is an associate professor in the Women's and Gender Studies Department as well as the director of the Health and Society Minor at Wellesley College in Wellesley, MA. She is also teaching faculty at the Center for Bioethics at Harvard Medical School. Please address all correspondence to Charlene A. Galarneau, PhD, Associate Professor, Department of Women's and Gender Studies, Wellesley College, 106 Central Street, Wellesley, MA 02481; phone: 781-283-2598, fax: 781.283.3630, email: cgalarne@wellesley.edu

were commonly denied access to care and given substandard care in substandard hospital rooms. This racial discrimination put hospitals in violation of not only the Civil Rights Act of 1964 but also a 1963 Supreme Court ruling striking down the sanction of “separate but equal” health care facilities in the Hill-Burton Act. Signed into law by President Truman in 1946, the Hospital Survey and Construction Act—i.e., the Hill-Burton Act—provided federal funds to states for the construction and expansion of local hospitals. It had included a Jim Crow provision written by one of the bill’s key sponsors, Senator Lester Hill of Alabama, that permitted the “equitable provision” of services “in cases where separate hospital facilities are provided for separate population groups.” Furthermore, this racial segregation violated the recently passed 1965 Medicaid and Medicare legislation that soon would channel substantial federal monies to health care providers for patient care.¹

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”

This documented quote differs from the more common “quote” in three striking ways. First, King spoke of injustice in “health,” not in health care.* While it is impossible to know whether there was a meaningful difference between health and health care for King, his unfailing attention to poverty, racism, education, and housing—what we now often call social determinants of health—makes clear his moral concern beyond health care alone. Second, King said that injustice in health is “inhuman,” not inhumane. The distinction here is likely significant as a matter of degree. Inhumane suggests a lack of compassion for human suffering or pain whereas “inhuman” is more extreme, suggesting a denial of humanity so egregiously cruel that it is, or should be, beyond human action. The final difference in King’s actual words compared with the more popular version is perhaps the most important as it reveals King’s belief about *why* health injustice is inhuman. Injustice in health is “the most inhuman” form of inequality, says King, “because it often results in physical death.” King could not be plainer: human lives end because of this injustice. Death, as one of the most brutal consequences of racialized injustice, is erased from King’s words by the exclusion of this phrase.

“I see no alternative to direct action and creative nonviolence to raise the conscience of the nation.”

The press conference at which King spoke these words preceded the MCHR conference of health care workers who were actively challenging institutional racism by documenting hospital segregation, setting up clinics, and more. Given this context, King’s statement seems to affirm MCHR’s efforts as contributions to raising the nation’s moral conscience, in other words, to bettering the country’s collective sense of right and wrong regarding health justice.

*Occasionally King is quoted as saying “health,” though more commonly “health care.” It was my curiosity about this difference in wording that led to further research and this paper.

Together these three sentences give us a fuller sense of King's thinking in 1966. How might these words shape our thinking and action today?

King's words remind us that health and health care are social goods at the community and national levels. As such, health and health care are socially created and require social responsibility rooted in a collective agreement about what constitutes health in/justice. Understanding the historical context of King's words can help raise our individual and national consciences about the enduring nature of anti-Black racism in the U.S. and about premature mortality as one of its unacceptable costs. Today little is commonly understood about racial and other inequities in health status and health care. Even less is appreciated about the intersecting oppressions and privileges including white supremacy that undergird these inequities. King's words can motivate our learning about the economic, political, and social conditions that contribute to the tragic costs of this inhuman injustice.

But King's call for direct action and creative nonviolence implies that education alone is an inadequate response as this inhuman injustice is acute and chronic, producing immediate and slow deaths as well as lifetimes of limited capabilities. Today, as in 1966, direct action is needed and is being called for. In her 2015 *New England Journal of Medicine* article, “#BlackLivesMatter—A Challenge to the Medical and Public Health Communities,” Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene, appeals to public health and health care workers to act to end health disparities through research on racism and health, reform of health institutions, and public advocacy.⁵ The 2017 Black Health Matters Conference at Harvard University provided a rich context for both education and the strategizing of actions to reduce health disparities.⁶

The ubiquity of King's words today (in whichever form) reflects not only their rhetorical power, but also King's abiding moral authority. The 21st century legacy of King's gift of these words is that we have a social responsibility to “raise the conscience of the nation” so as to end this shocking and inhuman injustice.

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