

“Race Is/Race Ain’t”

Overview

“Race Is/Race Ain’t” explores the impact of race on one of Los Angeles’s busiest and most diverse hospitals—the King-Drew Medical Center. Built after the Watts riots of 1965, the hospital has long been viewed by African Americans as *their* hospital—visible proof of the value of collective political struggle. Today the hospital serves a primarily Latino population. Between 1986 and 1996, 19 members of the hospital staff filed suit against the hospital administration, claiming that non-blacks were being excluded from leadership positions. Others insist that the hospital serves everyone but has a special relationship with African Americans in Los Angeles because of its history. Throughout the film, the personal reflections of authors John Edgar Wideman, Jane Lazarre, Luis Rodriguez, and Angela Oh deepen understanding of the ways the past informs the present and influences the way we consider and imagine the future.

Curriculum Connections

“Race Is/Race Ain’t” complicates our understanding of race by examining its role in a single institution—a public hospital. The film may be used in US history, sociology, and ethnic studies courses to explore the legacies of race and racism in the nation. It also may be used in literature courses to explore themes related to memory, legacy, and “race.” If the film cannot be shown in a single class period, it may be divided into three parts to allow time for discussion and reflection at the beginning and the end of each class period.

Central Questions: How do the legacies of race and racism affect institutions within a society? To what extent do such institutions mirror the attitudes and values of the larger society?



Dr. Alice Singleton with a patient at King Drew Hospital, 1980
Courtesy: Dr. Alice Singleton



Above:
 Writer, John Edgar Wideman and son Daniel
 Photographer: Lynda Koolish

Below:
 Writer Jane Lazarre & son Adam
 Credit: Jane Lazarre

In a 1998 article on Los Angeles, reporter Michael Fletcher observes:

[The] new immigrants have renewed old neighborhoods, created new businesses and enriched the culture of Los Angeles. But the exploding diversity also has changed the nature of racial conflict and drawn new groups into battles that once were waged almost exclusively between blacks and whites. Here, black and Latino civil servants square off over public jobs. Black activists and Asian storeowners fight over control of local businesses. And Latino and Asian gangs battle for control of their turf.

This new reality fuels the racial isolation evident in many walks of life here. Researchers have found deep racial divisions in the Los Angeles job market—partly the result of discrimination but reinforced because people typically find jobs through personal connections that most often do not cross racial or ethnic lines. Many of the furniture factories in South Central have only Latino workers. The toy factories near downtown employ mainly Chinese. Many of the small grocery stores are owned and run by Koreans. And African Americans disproportionately work in government jobs, where they are desperately trying to hold their place in the face of fierce competition from Latinos who want in.¹¹

How do Fletcher's observations explain why Jane Lazarre says, "There are so many situations in which all of us are uncertain and are going to continue to be uncertain about whether ...situations are racial or not. Everything on this subject of race is and at the same time ain't." What does she mean? What role does uncertainty play in the controversy over King Medical Center? What role does race play in that controversy?



What links African Americans? Latinos? Other groups within Los Angeles and other cities? John Wideman offers one answer by reflecting on the things that connect him to other African Americans:

The paradigm of race authors one sad story, repeated far too often, that would reduce the complexity of our cultural heritage. Race preempts our right to situate our story where we choose. It casts us as minor characters in somebody else's self-elevating melodrama. ...The common ground is elsewhere: the bonds we struggle to sever, discover, invent, sustain, celebrate. If we pay attention, we hear many stories of black people trying to work out ways of living on the earth. ...

African-American descent plays a part in all our stories, a powerful role in many. Racism appears as a factor just as often. ... Racism can stunt or sully or deny achievement, but many black people are on the move beyond the power of race to pigeonhole and cage. They are supplying for themselves, for us, for the future, terms of achievement not racially determined.¹²

According to Wideman, what links African Americans? To what extent do similar things connect Latinos? Asians? What links all Americans regardless of race or ethnicity?



Jane Lazarre says of stories like those told in “Race Is/Race Ain’t,” “By telling one’s own story honestly and deeply and with all of the contradictions included, you begin to tell the story of a culture, and even many cultures within a nation.” What do you hear in the stories Randle Foster tells of life in Los Angeles in the 1950s? In the stories Alice Singleton tells of what it was like to work in the hospital just after it opened?

Annabel Lemus came to Los Angeles as a child from El Salvador; Luis Rodriguez was born in Mexico but grew up on the streets of Los Angeles. What do you hear in their stories of life in Los Angeles? How are they similar to the ones Foster and Singleton tell? Why are the differences important? What might be gained if people in Los Angeles and other cities knew one another’s stories?



What is the role of a hospital in a community? How is it like other institutions in the community? In what sense is the role of a hospital unique, special? How do your answers help explain the importance of King Hospital to African Americans in South Central Los Angeles? How do your answers also explain the way Latinos view the hospital?

Joe Hicks, an African American county official, says, “It had always been assumed that this was a built primarily for and by black folks to service black folks.... The south end of L.A. and Watts and Wilmington were considered to be black turf, black terrain, the black community. And I think there was consideration that that’s the way things would always be.” Who made those assumptions? To what extent do they reflect racism within the larger community? To what extent have they influenced the decisions that hospital administrators like Randle Foster have made?



Randle Foster says of King Hospital, “I think it’s important to see, how the hospital came to be. It wasn’t constructed like any other hospital. It came out of a riot. It came out of the struggle of the people. So it’s beginnings were different; it’s measurements were different; it’s expectations were different.” How does the history of an institution shape the way it is seen by others in the community? How does it shape the expectations people have for it? What happens to that history and to those expectations when the demographics of the community change—when, in this case, a primarily African American hospital becomes a primarily Latino hospital?

No two people view an event in the same way. In the film, Randle Foster, Luis Rodriguez, and Angela Oh each recall the “Los Angeles riots” of 1992. On what aspects of the story do they agree? How do you account for differences in the way they recall the event? To what extent is the story each tells shaped by his or her own history? To what extent is that story shaped by race?



Physician Alice Singleton says, “The fact that the community has changed its ... racial and ethnic mixture ...should have nothing to do with the name of the hospital or its mission. The mission has been all embracing. We have never been exclusively African American. Everyone will be cared for, but we will not use the term *diversity* to mean ‘forget about black people.’ ...That makes us different.” For Annabel Lemus, the issue is not *whether* everyone is cared for but *how* they are cared for:

A lot of our patients come already feeling that they are imposing on us and that they have to take ...whatever they get and so for them to see that they can be treated with respect in their own language [is important].... We’re acknowledging them as people and can understand their culture, where they come from.

How does each woman’s personal history shape the way she views the hospital and its patients? What do the two women have in common? What issues divide them?

Regina Freer, a professor of politics at Occidental College in Los Angeles, has written about matters of race in the city and the nation. She says, "If race is not real, it shouldn't matter who is occupying positions [in the hospital], who is delivering services, who is receiving services. It shouldn't matter. But in a context where racism impacts all of us, it does matter." Who is responsible for the racism that "impacts all of us"? How does it shape the competition for jobs at the hospital? How does it shape the way services are delivered?



In reflecting on the racial and ethnic isolation he observes among college students, sociologist David Schoem writes:

The effort it takes for us to know so little about one another across racial and ethnic groups is truly remarkable. That we can live so closely together, that our lives can be so intertwined socially, economically, and politically, and that we can spend so many years of study in grade school and even in higher education and yet still manage to be ignorant of one another is clear testimony to the deep-seated roots of this human and national tragedy. What we do learn along the way is to place heavy reliance on stereotypes, gossip, rumor, and fear to shape our lack of knowledge.¹³

How do Schoem's observations apply the controversy at King Hospital? To what extent are the problems at the hospital a result of a "heavy reliance on stereotypes, gossip, rumor and

fear"? How do Schoem's remarks apply to the "racial isolation" Michael Fletcher observes in Los Angeles? To what extent is your own community similarly divided? How can we as individuals overcome our reliance on "stereotypes, gossip, rumor and fear"



Susan Goldsmith claims that a hospital, particular one that bears Martin Luther King's name, should be "colorblind." What does she mean by that term? Two African Americans respond to that idea in the film: John Wideman says:

What appalls me is the premature wishful thing that posits the notion of color blindness, or that ...we've somehow overcome our early history of race. Because it's not only a lie; it's a 'willed ignorance,' as James Baldwin said.

James Hill remarks:

I don't think you should ever have a colorblind society. I don't think people should stop seeing people's color. I think it's important that I see you your color and you my color. The issue is: Can I respect you for being who you are and the race that you are, and the gender that you are? And can you respect me for being who I am?

Whose ideas are closest to your own? What role should color, race, or ethnicity play in the way a hospital or any other institution defines its mission? Find out how people in your community define the mission of their hospitals and medical centers.

¹¹In L.A., a Sense of Future Conflicts" by Michael A. Fletcher. *Washington Post*, April 7, 1998, A1.

¹²John Edgar Wideman, *Fatheralong: A Meditation on Fathers and Sons, Race and Society*. Pantheon Books, 1994, xxi-xxii.

¹³From the Introduction to *Inside Separate Worlds* by David Schoem. University of Michigan Press, 1991, 3.