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# Harlem Hospital's Journey to Patient Navigation

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## **Harlem Hospital's Journey to Patient Navigation**

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This essay discusses the history of 20th century black migration to Harlem, New York and the utilization of Harlem Hospital. This examination is based on New York newspaper articles in the 1920's. They tell the story, from a journalist's perspective, of the challenges African Americans experienced in their interactions with Harlem Hospital. The implicit communication of segregation of Harlem Hospital at that time is connected to the development of patient navigation in the 1970's. The creation of patient navigation will be discussed in the context of historical health disparities that are increasingly manifested today.

Seven years ago in a small conference room of the Ralph Lauren Cancer Center in Harlem, I had the opportunity to meet the renown Dr. Harold P. Freeman who is the pioneer of patient navigation. I first heard about him through my graduate school advisors, one of whom referred to Dr. Freeman as the “doyen of black docs everywhere” and the “grand old men of American medicine”. Being in the presence of Dr. Freeman's had me awestruck and admittedly I still have that feeling today.

Dr. Freeman shared his story of how he started patient navigation at Harlem Hospital to a group of men and women in that conference room who were eager to run with the baton that he created. As an oncology surgeon, he was often surprised to see women from the community coming to the hospital with late stage breast cancer. Over and over again Dr. Freeman would see patients who he couldn't save, although they lived within walking distance to the hospital. He said that he began to venture out into the community to talk with people about why they weren't utilizing the hospital. Well, he learned from folks in the community that they didn't believe that the hospital was for them, that they couldn't afford the services, and quite frankly the facility was very intimidating. One can imagine a woman going into Harlem Hospital for an examination and being told “you have breast cancer”, and then being spoken to using foreign medical terms about her health condition.

In an effort to bridge a connection with the hospital, Dr. Freeman started a weekend clinic at Harlem Hospital and he began to identify people in the community who wanted to be helpers and leaders. The people he sought did not have to possess any particular healthcare training, but they had compassion and a desire to be of service to others. Dr. Freeman would train these people to navigate Harlem Hospital and resources in the community to help get patients into the hospital

earlier for treatment. This innovative approach resulted in the reduction of Harlem women coming to the hospital with late stage breast cancer.

When Dr. Freeman talked about why and how patient navigation began in Harlem, I really didn't have a true historical context of health disparities in that area of New York City. I knew that Harlem was predominantly the home of people of African and Latino descent, they experienced high rates of chronic illnesses, and they had limited access to fresh organic fruits and vegetables. What I didn't know was that the disparity goes back to a time when southern African Americans began setting their sights on a better life in New York.

At the turn of the 20th century when Jim Crow laws were implemented in the south, many African Americans migrated to the north. In search of job opportunities and the American dream, African Americans took the long journey from their southern roots to create a better future for themselves and future generations. One of the places that saw an influx of African Americans was Harlem, New York.

By 1921, over 200,000 African Americans from the south had migrated to Harlem and approximately 46% utilized Harlem Hospital ("Negroes Win Medical Jobs"). Although Jim Crow laws were not in New York, segregation and discrimination were very much the norm. Harlem Hospital reflected the segregation of the times by only providing health care services to African Americans on certain days of the week ("Charges of Graft"). African American patients were also overcharged for health care services rendered by the hospital, and such excessive charges were required prior to receiving any care according to charges filed against at the hospital during those times.

When the fees were paid, African American patients faced the uncertainty of receiving proper treatment or in the event of surgery leaving the hospital alive. Historical reports indicate that patients had needles broken in their arms, denied the use of X-ray machines, barred from certain floors for care, and left to die for lack of medical attention ("Charges of Graft"). As a result of such poor treatment and distrust in the medical system, African Americans went to the hospital as a final option. The delay in medical care put the community at risk if they had contagious diseases and it put them personally at risk if they had a disease such as cancer spreading throughout their body.

The first African American physician that was hired by Harlem Hospital in 1919 was Dr. Louis Wright. His researches on the impact of cancer on the body and the barriers within the healthcare system of those times led to the integration of African American health care staff and patients at Harlem Hospital. The work of Dr. Wright impacted the function of Harlem Hospital in a community that desperately needed to be reflected in the health care facility. While Dr. Wright was the forerunner to Dr. Freeman, both men recognized the need to build links between the hospital and the Harlem community for the benefit of saving lives.

When I learned about the historical roots of health disparities in Harlem, I gained a deeper understanding about the entrenched feelings of worthlessness and hopelessness that are felt by

disenfranchised people. The systematic structure of alienating people is never forgotten and it perpetuates distrust throughout future generations. The patient navigation work initiated by Dr. Freeman has played a significant role in breaking this cycle as it relates to cancer. However, the environmental challenges of income inequality, unemployment, little or no insurance, and low health literacy must continue to be challenged with innovation and community engagement just like patient navigation.

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