PREFACE

In *Blacks, Medical Schools, and Society,* published more than three decades ago, I heralded the beginning of affirmative action to increase the enrollment of Blacks in American medical schools. Then in 1980 I wrote a book-length progress report evaluating the outcomes of affirmative action in the first decade of this nationwide initiative. That review outlined the still-formidable racial barriers separating Black people from medical education, including postgraduate training to become specialists. One result of the small number of Black physicians and specialists was inequitable treatment for Black patients in hospitals and doctors' offices. In 1980, the time I reviewed the status of Black medical education, many racial barriers were coming down faster than ever before, but affirmative action programs were coming under severe political and legal attacks.

In this book, I present a thirty-year progress report on affirmative action in medicine, defined in a comprehensive manner. This includes a review of the medical careers of approximately two thousand minority students who were admitted to the nation's medical schools beginning in 1969, who graduated through 1977, and who were in practice as of 1994. Their careers are compared to approximately two thousand randomly selected nonminority medical school graduates during those same years. These two samples provide a view of medical schools around the country, and of the much larger number of postgraduate training programs the two groups entered before setting up their still larger array of practices throughout the United States.

The reader should know that I am Black, and that for a twelve-year period from 1968 to 1980 I was associate dean and associate professor of psychiatry at Cornell University Medical College. I was recruited to join the administration and faculty for the express purpose of leading the medical school's new minority admissions program. During those years I served not only on the admissions committee but also on all committees relating to student affairs, including the internship advisory committee, as well as

the governing faculty councils, and I subsequently became responsible for affirmative action programs aimed at faculty recruitment.

While I was at Cornell I also served as one of the five members of the New York City Board of Health, and on several New York State advisory committees and task forces dealing with health care delivery and health manpower policies. In the course of that work I became more acutely aware that health care policies, often appropriate for the population as a whole, sometimes ran directly counter to the health and welfare best interests of minority communities. My presence in, and contributions to, those deliberations sometimes helped to formulate more equitable and complete recommendations.

From 1982 until the beginning of 2000, I served as director of psychiatry of Harlem Hospital Center and clinical professor of psychiatry at Columbia University College of Physicians and Surgeons. My aim on assuming that position was to help develop a first-rate mental health and substance abuse service in the central Harlem community. My work was enhanced by my membership on several important advisory committees at local and state levels, such as the New York State Multicultural Advisory Committee, the Mental Health Services Council that approves all service programs, and the Mental Health Planning and Advisory Committee, charged with advising the commissioner of mental health and the governor on service programs that would best serve all citizens of the state.

Harlem Hospital Center is one of the larger units of the New York City Health and Hospitals Corporation, which consists of eleven acute care general hospitals, in various and often very different neighborhoods throughout the city, and a number of large primary health care centers. It is one of the teaching hospitals affiliated with Columbia University, and since the mid-1960s medical staff have been members of the Columbia faculty responsible for the quality of service and for postgraduate residency training programs. My retirement at the end of 1999 provided me with the necessary time to complete this thirty-year progress report evaluating the effectiveness of affirmative action in medicine.

During the 1920s and 1930s, Dr. Franklin McLean, dean of the University of Chicago Medical School, became increasingly concerned about the serious racial injustice and unfairness that prevented Blacks from receiving first-class medical education and training and first-class health care, and he realized that these objectives are linked.

With the help of the Julius Rosenwald Fund, Dr. McLean's first program priority was to form a group of leading Black and White physicians

in Chicago, who then transformed Provident Hospital, a hospital in the Black ghetto, into a university-affiliated teaching hospital offering first-rate postgraduate training programs to Blacks. The program gradually expanded to promote the acceptance of Black physicians into previously racially segregated postgraduate training programs in the other teaching hospitals in Chicago. Later the vision and mission of the program expanded nationally, and in 1952 it became the National Medical Fellowships, Incorporated. In 1946, when I graduated from the University of Michigan Medical School, fewer than one hundred of the four thousand Black physicians in the United States had been trained as specialists in any branch of medicine.

In 1949 I was one of the first physicians selected for a National Medical Fellowship (NMF), which financed my postgraduate training in psychiatry and psychoanalysis. I was awarded a stipend that paid for my psychoanalytic training, which required five visits a week for several years. I had chosen to specialize in psychiatry because there were only eight Black board-certified psychiatrists in the late 1940s. Further, none had completed psychoanalytic training and certification until I was certified in that field in 1954. Shortly after the end of World War II a small group of American psychiatrists formed an ad hoc committee to desegregate postgraduate training in psychiatry. The group consisted of Dr. Helen McLean, wife of Franklin McLean and a member of the faculty of the Chicago Psychoanalytic Institute, Drs. Karl and William Menninger of the Menninger Clinic, Dr. Howard Potter, head of psychiatry and dean, State University of New York (Downstate) and Dr. Charlotte Babcock, a psychoanalyst and psychiatrist from the University of Pittsburgh who also was a member of the National Medical Fellowships Board. Dr. Viola Bernard, who was my training analyst for more than three years, had been a principal member of this group of psychiatrists and psychoanalysts who opened up our field for Black physicians.

When Dr. McLean's health began to fail in the late 1960s, leadership of NMF passed to Dr. Irving P. Graef, an internist in New York City and faculty member of the New York University Medical School. During Dr. Graef's leadership, the principal program priority of NMF progressed beyond the opening up of postgraduate training opportunity and encompassed the admission of minority students to medical schools. Beginning in 1959 and for the next ten years, the Alfred Sloan Jr. Foundation provided scholarships to a small group of very able Black medical school applicants, selected for their scholastic ability, to attend one of the predominantly White medical schools, with the aim of showing by their excellent

work that it was time to desegregate medical education in this country. By the early 1970s, NMF again changed its mission and took on the responsibility of providing financial aid, not only for a few high achievers, but for all Blacks who had been accepted at any U.S. medical school. Undoubtedly this provided a major incentive for the medical schools to accept greater numbers of minority students. Indeed, NMF in 1970 began to provide financial aid not only to Blacks, but to other underrepresented minority groups such as Mexican Americans, Puerto Ricans from the U.S. mainland, and Native Americans.

When the Association of American Medical Colleges and all the leading health care and other institutions announced their endorsement of affirmative action admissions of minorities in 1970, NMF played a central role. National Medical Fellowships raised funds from a number of leading foundations and corporations to provide financial aid for a group of students who came from families who would not have been able to pay their way. Dr. Graef was succeeded for several years by Robert Stepto, a Black physician and a former NMF Fellow who had also earned a Ph.D., preparing him for a career in academic medicine. During the 1970s I served not only as a member of the NMF board, but also as its chairman for several years.

In 1968–69, Black Americans were 2.2 percent of the 35.8 thousand total medical school enrollment; Native Americans were 0.02 percent, Mexican Americans 0.16 percent, and mainland Puerto Ricans 0.01 percent. Of the 2.4 percent total underrepresented minority enrollment, 58 percent of the Black enrollees were students at Howard and Meharry, the two predominantly Black medical schools. By 1975–76, Black Americans were 6.2 percent of the much larger 55.8 thousand total U.S. medical school enrollment; Native Americans were 0.3 percent, Mexican Americans 1.3 percent, and mainland Puerto Ricans 0.4 percent. Of this total underrepresented minority enrollment of 8.1 percent, only 12.45 percent were matriculants of Howard and Meharry. Medical education in our nation for the first time had become essentially racially desegregated. This accomplishment owes much to a few men and women who felt a strong personal dedication to the cause of our common humanity. (All data in this paragraph are from table 2 in Odegaard 1977 [31]. The source of the information in the table is Association of American Medical Colleges enrollment data.)

American medicine has indeed changed, mirroring changes in our society at large, and these changes have been both faster and more far reaching than is commonly recognized. In one of the last conversations I had with Dr. Graef before his death in 1979, he recalled the changes he had

lived through as a Jew. He reminisced that during the 1920s, when he was a medical student at Cornell, Cornell admitted no more than five Jews a year. When he graduated in 1926, Cornell's teaching hospital, the New York Hospital, was not receptive to Jewish applicants for postgraduate training, and that was why he went to Chicago, where he became a friend of Dr. Franklin McLean, for training. Anti-Semitic bigotry of that kind was widespread in those years. Dr. Graef went on to say that prior to World War II, there was hardly a medical school in the nation that had a Jew as head of the department of medicine, but within three decades, by 1979, there was hardly a medical school where the head of medicine was not a Jew.

As we shall note, but without major emphasis in this book, the increased enrollment of minority groups in American medical schools in this past decade has occurred in tandem with a still more dramatic fourfold increase in the representation of women. In so many ways things have changed, but as I relate in some detail in this book, it can also be said that the more things change, the more they stay the same. Much remains to be done. Future prospects for improvements in health status, physician education and training opportunity, and health care services for Black Americans are embedded in the structure and function of American society. I continue to believe that there is a favorable prospect for constructive change.

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