

After Flexner: The Challenge

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In his article, "Abraham Flexner and the Black Medical Schools," Todd Savitt, MD critically describes how the Flexner Report effectively decimated African-American medical education as it existed at the beginning of the 20th century. We are now in the 21st century, and there are still few black physicians and medical students.

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Flexner's 1910 report, calling for higher standards for medical education, led to the closure of eight of the 10 existing "colored" medical schools. According to Todd Savitt, MD, Howard and Meharry—the two schools Flexner deemed worthy of continued existence—survived only due to their persistence in obtaining funding from philanthropic organizations. Howard and Meharry could only admit a small fraction of the applicants they received. No white southern medical school admitted blacks, and none changed this policy after the closure of the eight black schools. Only a very few northern medical schools admitted black applicants. The number of black physicians was thus significantly constrained by these actions.

According to Savitt, Flexner's words may also have tainted all black physicians. His report castigates black medical schools and, by implication, any graduate of those institutions. This may have exacerbated the shortage, making black patients reluctant to patronize black physicians. Nevertheless, Flexner believed that "the negro needs good schools rather than many schools—schools to which the more promising of the race can be sent. . . ." Flexner asserts this out of simple self interest. "... the physical well-being of the negro is not only of moment to the negro himself. Ten million of them live in close contact with 60 million whites."¹ Despite this assertion, and with the knowledge that the improvements Flexner's report recommended would require a

massive influx of capital, both the Carnegie Foundation, who commissioned the report, and the Rockefeller Foundation, one of the largest philanthropic organizations at the time, were reluctant to invest the necessary funds to help black medical schools achieve even minimal standards.

The results of these events and decisions echo today, nearly 100 years later. As of 2004, only 2.3% of U.S. physicians described themselves as black, compared to 3.2% self-identified Hispanics and 8.3% self-identified Asians.² Fewer black physicians mean fewer physicians for the black community. Fewer black physicians mean fewer role models for students. Fewer black physicians mean fewer black alumni to press the case for increased black enrollment.

But are Flexner's report and the resulting changes in medical education that it initiated the sole cause of the shortage of black physicians?

The Association of American Medical Colleges (AAMC) has tracked medical school application, acceptance, enrollment and graduation rates by race and gender since at least 1974. Their data are surprising. From 1974–2004, applications from black students increased 22% (2,295 to 2,802). However, this change pales next to the 200% increase (837 to 2,545) in applications from Hispanic students and the 450% increase (1,217 to 6,734) in applications from Asian students.³

From 1980–2004, the number of black medical school graduates increased 35% (768 to 1,034), but this number is anemic compared to the dramatic increase in Native-American (33 to 98, nearly 200%), Hispanic (462 to 1,007, 118%) and Asian (412 to 3,166, >650%) medical school graduates. Numbers for women graduates show a similar but more impressive increase. Black female medical school graduates showed a 126% increase (284 to 641) from 1980–2004, but compare this to a 422% increase (93 to 485) for Hispanic women, a 717% increase (6 to 49) for Native-American female medical school graduates and a >1800% increase (76 to 1,467) in Asian female medical school graduates.³ Though the percentage of black women graduating from medical school has increased, it appears that the overall number of black physicians is not growing at the same rate of other underrepresented minorities.

While it is easy to point a finger at the medical school admissions process and complain that black students are not being admitted, the AAMC numbers show that African-American students are not *applying* with the same frequency as other minorities.

Why aren't more African-American men and women applying to medical school? Putting the question in a different way, are all the black students who want to go to medical school already applying?

It is hard to believe that a career in medicine is less attractive to African Americans than to Hispanics, Asians or Native Americans. Though there are more opportunities for high-achieving African-American students beyond the "traditional" careers of doctor, lawyer and teacher, these same opportunities have also opened to other minorities. Concerns about the loss of status and income potential in the profession are applicable to all students, not just African Americans.

Solving the problem of increasing black applicants to medical school is difficult and multifaceted. A full discussion is beyond the scope of this editorial. However, three significant obstacles are easily identified:

1. Too many African-American children do not receive a high-quality education. Too many elementary and secondary schools that have a significant African-American enrollment have insufficient resources to prepare their students for the challenges of college, let alone medical school. Not only are these schools unable to provide the academically rigorous curriculum needed for success in college and beyond, they are poorly equipped to provide the academic counseling needed to prepare students for the college application process.
2. Role models are scarce. Black physicians are in short supply. Even in 2006, it seems that a black child is more likely to see a black criminal or professional athlete on television, or hear about them in the news, than they are to see or hear a black physician.
3. The message is not powerful enough. Do many black students believe that a career in medicine is possible for them, if they only try hard enough? Though the odds of having a career as a professional basketball player are much smaller than the odds of becoming a physician, there are likely more young black men focused on becoming part of the NBA than the NMA.

Flexner's words started black physicians down this path, but the current shortage may be more about interest, desire and preparation, and less about access. Many more African-American boys and girls must understand that they are capable of accomplishing great things. There will not be a significant increase in the number of African-American physicians until these children truly

believe—in the famous words of Jesse Jackson—"I am somebody!" That's the job of the family, the schools and other role models. It's up to us, as physicians, to convince that "somebody" that they should pursue a career in medicine.

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