synapse

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Analysis

AMA Restricts Med School Admissions

by Bob Rowley

A central theme in the current health sciences minority admissions issue is the fact that too few slots exist for disadvantaged and under-represented people of all races. What has resulted is division and fighting among the disenfranchised for the inadequate spaces available, with such phrases as "reverse racism" being introduced by those in power as ammunition in this struggle.

The need for more community physicians, particularly among poor, largely Third-World people, is a major crisis facing health care today. Whether this shortage stems from an overall shortage of physicians or from a maldistribution is immaterial. The fact is that the present health care system inadequately serves the people's needs.

On occasion, community frustration and outrage has taken revolutionary form: in 1968, workers at Topeka State Hospital in Kansas demanded pay increases, training programs for unskilled workers, and community control of the hospital.

Instead of striking, they seized the administrators' offices and briefly ran the services themselves. Similarly, workers at the mental health facility of New York's Lincoln Hospital demanded worker-community control in 1969, ousted administrators, and ran the service themselves for several weeks. During a similar upheaval at Lincoln in 1970, workers temporarily seized control of the entire hospital.

Not only has community and hospital worker outrage focused on the present-day health care system, but the federal government has recognized the inadequate delivery of health care to vast areas of the country by introducing Health Manpower legislation that would require graduating medican students to serve in acutely neglected communities.

What are the historical trends in American medicine that have led to this current situation? Though only one aspect of the modern health care system, the development of the position of doctors can be traced as an example of the trends that have led to the present situation.

Prior to 1910, medical schools were in abundance — 160 in 1905, for example — and the physician rate was 157 per 100,000 of the population. But these numbers are misleading, as many of these schools were mere "diploma factories," consisting of a handful of chairs, a blackboard or two, and no clinical facilities whatsoever.

The Flexner Report

In 1910, in a study funded by the Carnegie Foundation, Abraham Flexner presented a massive report to the American Medical Association (AMA) on the condition of medical education. Based on Flexner's recommendation to either upgrade all the schools or close most of them, the report's impact gave the AMA sufficient power to monitor and control both curricular and admissions policies of all U.S. medical schools.

As a result, the number of medical schools dropped to less than half of what it was previously; while there were 21,000 medical students in 1910, only 15,000 remained in 1915.

During this period, when racial segregation was supported by the courts, seven of the nine Black medical schools in the country were closed. In 1974 the two remaining schools, Meharry and Howard, still produced 60 per cent of the country's Black doctors. The remaining 40 per cent were scattered among the other 114 medical schools.

Strengthened in its power to control medical school admissions and curricula, the AMA began to serve as the prime bastion of medical capitalism. As one researcher states, "Up until the time of the First World War, the Association restricted its activities to improving medical education, setting standards of practice, and policing quacks.

"Since that time, however, it has devoted more and more of its energies and considerable resources to persuading anyone who would listen, particularly lawmakers, that the only way to bring about the betterment of public health was to keep it in private hands."

The Great Depression of the 1930's caused a 40 per cent drop in physician's earnings, from mean net incomes of $5,224 in 1929 to $2948 in 1933. The AMA, as reflected in JAMA editorials of that time, saw the problem as an oversupply of physicians and actively pursued restriction of the number of medical school openings.

Increased Demand

World War II created an acute military demand for physicians, and medical schools were mobilized to produce an additional 7000 doctors between 1940 and 1945 without hinderance by the AMA. In the post-war period, however, the continued demand for doctors resulted in

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Nationwide Trend

Recruitment Decreases

There has been a sizeable increase in the number of minority students attending U.S. medical schools. Figures from the Association of American Medical Colleges reveal that in 1969 there were 1,042 Black, 92 Chicano and 18 Native American medical students, together representing a total of only 3 per cent of all U.S. medical students.

By 1974, the numbers of minority students had increased to comprise approximately 8 per cent of the U. S. medical school population, and included 3,355 Blacks, 638 Chicanos, 172 Puerto Ricans and 71 Native Americans.

New Trends

Despite this gradual increase in minority enrollment, the recent national trend is away from minority recruitment and admission to medical schools.

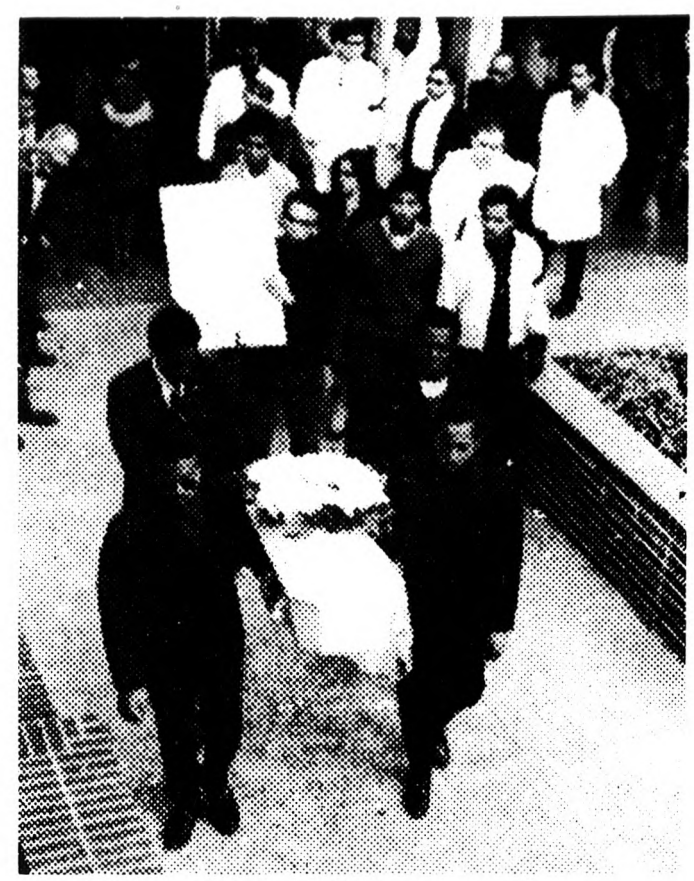
The research subcommittee of the Coalition for Affirmative Action at U.C. Davis reports that only fifteen of the forty medical schools which have at one time or another participated in aggressive recruitment and admissions programs are currently maintaining them.

UCSF Efforts

Following the demands and protests of 1968, the UCSF School of Medicine stepped up its efforts to admit minority students. Currently, UCSF is third to Howard and Meharry (both primarily Black schools) in minority medical school enrollment nation-wide, admitting Third World students at a rate of about 25 per cent of the total entering classes.

In view of UCSF's position as one of a handful of predominantly white institutions which have made significant steps toward adequate minority representation, the consequences of its actions in the recently proposed change in medical school admissions procedures take on state and national importance.

A black student pickets to support Third World student demands for no cutbacks at Brown University.



The Struggle to Expand UCSF Minority Admissions

by Mike Darby

Significant minority admissions programs at UCSF were first initiated in 1969, following strong demands and protest activities by members of the Black Caucus (BC) and the Black Student Union (BSU).

Black workers and students were concerned about the lack of equal opportunity in the health science professions, a concern reflected in the fact that during the 1967-68 academic year, only 22 of 2,000 UCSF students — 1.1 per cent — were Black, Chicano or Native American. Inadequate numbers of trained minority professionals resulted in a shortage of health care and services in the areas of poverty where substandard health continued to be a major problem.

The protesting groups also felt that the admission of significant numbers of minority students would help them maintain their ethnic identities in classes, while providing a special knowledge and understanding of health care problems which would enrich the education of their non-minority classmates.

Demands for Change

On November 18, 1968, the BC/BSU presented a list of demands to then Chancellor Willard C. Fleming. These included:

* * *

"1. That for the class entering in the fall of 1969, 121 of the 514 available places in the respective schools be reserved for minority students — defined as Blacks, Mexican-Americans and Native Americans.

2. That adequate financial support for tuition and fees, room and board be provided those who were in need of such aid.

3. That the deadline for applications for the fall classes of 1969 be extended until May 31, 1969.

4. That faculty persons be recruited from the minority community and hired as full time professors.

5. That each of the schools listed in I ((1.1) commit itself to the proportional representation of no less than 25 percent minority students of classes subsequent to the fall class of 1969.

6. That a Minority Students' Admissions Committee be formed for each school, separate and independent of the Admission Committee, to select students to fill these places.

7. That this committee would process all minority applications.

8. That this committee would conduct all minority interviews.

9. That this committee would make the final decision on acceptance of minority students for places reserved.

10. That the composition of the above committee should be as follows:

a. Two minority students from their school, and in their absence two minority professionals.

b. Two minority professional persons chosen by the Black Student's Union-Black Caucus from the local community.

c. Two representatives from the respective school administration and /or faculty.

11. That the operations of the committee be fully financed by the school.

12 12. That adequate resources be made available by the Medical Center to publicize the new program.

13. That a minority person be hired full-time to conduct, coordinate and actively recruit minority group applicants for the Medical Center and to finance fully this program's operations.

14. That until such time as a minority recruiter was hired full-time, the Student Committee for Minority Recruitment be adequately financed to conduct its present operations.

15. That minority students be guaranteed housing either in Millberry Union or Parnassus Dormitory in cases of single students and in the Married Student's housing in cases of married students until such time that minority students and, especially Black Students, were able to secure housing in the nearby Medical Center community with as little difficulty as non-minority

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About This Special Issue

This is a special issue of the Synapse focusing on the UCSF minority admissions crisis. The articles were prepared by members of the Ad Hoc Coalition Against Racism, representing several minority groups and other concerned individuals on campus. The issue was funded privately rather than through the Synapse budget.

The next regular issue of the Synapse will appear on July 3, and the paper will be published on a monthly basis through the summer.

Editorial

Don't Abandon Third World Admissions

The following statement is the official position of the Ad Hoc Coalition Against Racism.

Racism in the United States has manifested itself not only as an ideology, but also as a component of the economic foundations of its institutions. Subtle and overt discriminatory policies have selectively denied segments of the society the right of self-determination, and thereby have perpetuated economic and social stratification along racial lines.

The passage of the Civil Rights Act and the policy of affirmative action demonstrated a partial reorientation of intent on the part of the policy-makers, but these concessions were only realized as a result of popular and economic pressure directed against these institutions. The economic instability of the 1970's has shaken the token social gains of the 1960's, with the gains of minorities being the first to be sacrificed.

The University of California, a tax-supported public institution, has the duty to reflect and serve the needs of the community, including a strong commitment to primary care. This duty must manifest itself in conscious efforts to eradicate racist policies which perpetuate a state of poverty and thereby foster disease.

UC must address itself specifically and deliberately to altering the present state of racial and socioeconomic stratification. Admission policies, faculty and staff employment policies, and research priorities must reflect this moral obligation.

Although UCSF made some commitments to these goals as a result of community pressure in the late 1960's, it has often failed to live up to them. For example:

1) UCSF has not met its goals for minority admissions to most health science schools.

2) There is a virtual lack of retention programs. In the School of Nursing alone there has been a 40 per cent attrition rate of minority students in the current second year class.

3) Affirmative action for employees is still far from achieving its goals.

Most recently, without open consultation, the medical school minority admissions program has been threatened. In light of the above history, we make the following demands:

1. The University of California must reaffirm and implement its commitment to *effective* affirmative action programs for minorities both by *written statement of commitment* and by *institutionalized mechanisms*. This applies specifically to *recruitment, admissions* (or hiring), and *retention* of students, faculty, and other employees.

2. No new proposals or changes of existing programs that would jeopardize the above commitments are acceptable. Regardless of *intent*, the *effect* of programs (or lack of them) must not result in fewer minorities being admitted to school or being hired.

3. Any proposed modifications of existing programs, including those intended to strengthen the commitment to affirmative action, must be *fully discussed with and approved by appropriate representatives of minority groups before any changes are instituted.*

Similarly, to ensure complete and open communication, proposals from the minority community must be given full consideration. In keeping with the intent of affirmative action against racism, modifications of existing programs must be consistent with the following principles:

a) Minorities have the right of self-determination, and this must be reflected in the composition of hiring and admissions bodies.

b) Applicants must be assessed by criteria that measure their best qualifications — basically, those that enable them to best solve the health care problems of the population — and not be prevailing, traditional white criteria only.

c) While we fully support efforts to admit and hire socioeconomically disadvantaged groups such as poor whites and Asians, this must be done in addition to, and not at the expense of, other minorities.

4. Inasmuch as there is an immediate issue concerning medical school admissions procedures, and in accordance with the above statements, we also specifically demand:

a) A meeting must be arranged between those persons responsible for deciding admissions procedures and representatives from the minority community as soon as possible, and not later than July 1, to discuss the changes as outlined in point 3 above.

b) In order to discuss the situation based in fact and not hearsay, all pertinent information requested by the minority representatives concerning the present procedures must be made available in writing before the meeting.

Opinion

Minority Recruitment: A Gain for Everyone

by Khati Hendry

Racism has long been used in this country to separate people from each other, resulting in the economic and spiritual impoverishment of everyone. This is as true in the health system as in the rest of the society.

As students and workers involved in health care, we know that poverty breeds disease. Racism, both institutional and personal, has ensured that Third World people are overwhelmingly poor. Their many unmet health needs are compounded by grossly inadequate and unavailable health care services.

It comes as no surprise that a system dominated by wealthy white males has totally failed to serve Third World people. People must participate in making decisions about their own needs and in working to correct the inequities, if those needs are to be successfully fulfilled.

Minority health workers, because of their own experiences with racism, have a basis both for better awareness of the problems, and for more commitment to changing the situation. Unless minorities are working at all levels, the health care system we are part of cannot truly serve the whole population.

The economic and role divisions that make up the health system hierarchy are reinforced by racism so that minorities are mostly in the lowest-paid positions. This fosters tensions, stifles cooperation, and leads to pressures on health care workers to confront each other rather than to confront the means by which the stratification is maintained. Disunity makes it harder for both health workers and patients, Third World and white, to fulfill their needs.

Years of struggle through the Civil Rights movement and massive protest at all levels led to some gains for minorities. These included affirmative action and minority admissions programs, in recognition that it takes positive steps to counter institutionalized racism.

Although these programs have rarely met their goals, and minorities are still underrepresented in both jobs and schools, there have been recent attacks on the programs for creating "reverse discrimination."

As a result of cases such as *DeFunis vs University of Washington* law school and *Bakke vs UC Davis* medical school, there is a move at UCSF to consider only "socioeconomic" criteria for school admission programs to avoid similar lawsuits here. Poor whites would presumably benefit from this policy.

Such a progressive move to combat socioeconomic discrimination should be applauded, but only if it is done in addition to, and not at the expense of, other minorities. Racism exists as a form of discrimination *over and above* socioeconomic factors, and to ignore that fact is to ensure continued racial discrimination and fewer minority admissions.

The frequent response to minority demands regarding school admissions has been to provide too little for several groups and then let them fight each other for the crumbs instead of protesting the overall inadequacy of the programs.

Admissions procedures that would pit poor whites against minorities for positions available would follow this pattern, encouraging racial tensions rather than decreasing them.

The present economic situation throughout the country has resulted in cutbacks of minority jobs and school admissions which were only grudingly granted in the first place. This move attempts once again to divide people along racial lines at a time when there is more need for us to stand together.

Health workers and students stand to gain by uniting to change an inadequate health care system; we can only be weakened in that endeavor by allowing racist divisions to persist.

Letter to the Editor

To the Editor:

In the current shakeup of minority admissions, the School of Medicine proposes to replace ethnic with "socio-economic" criteria for determining who should get the attention of affirmative action.

Coming in response to the cries of "reverse discrimination," this issue illustrates an almost universal attitude: that admission to medical school should be a rich reward — a plum - for the most richly deserving. This is a mistake.

The proper task of the admissions committee is not to reward individuals but to select applications from communities whose experience and potential are badly needed in medical administration and research, and whose needs for medical care are not met by the present assortment of practitioners.

For this task, consideration for socio-economic background is potentially a step in the right direction: Not, however, in a single committee where poor blacks will compete with poor Asians, or poor whites with poor Chicanos.

Medicine needs the influence of all these communities, and their needs, in turn, should not be made to compete, one against another.

Tauren Bern, Med II
Susan Kull, Med II

Synapse Staff Search

The Synapse is seeking students with energy and ideas to fill editorial and staff positions for the next academic year. The editorial jobs include the positions of Editor-in-Chief and Associate Editors (two positions available). We also need reporters, artists and photographers. Previous newspaper experience is welcomed but not necessary.

Students interested in these positions should contact the Synapse office (x 2211) or leave their names and numbers in the Synapse box at Millberry Union Central Desk so that we can contact them.

We encourage applicants to participate in the monthly production of the Synapse during the summer if their schedules permit.

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Funded privately, this special issue was compiled through the joint efforts of the Synapse staff and the Ad Hoc Coalition Against Racism.

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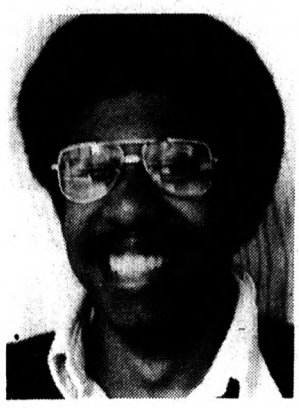
Questionman

What do you think of the medical school's recent changes in admission policy?

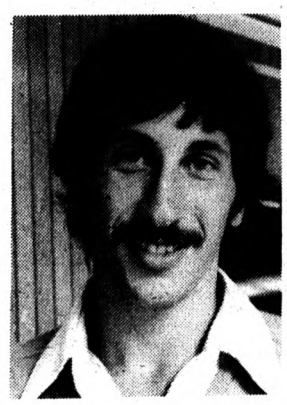
Diana Dorn,
Nursing I

Another excuse for excluding minority students. Income is a factor that has historically been mistreated and misrepresented (i.e. large income groups pay little income tax.)



Dee Hodge
Medicine I

I have mixed emotions. It could cover future court cases but it could also mean a drop in minority enrollment.

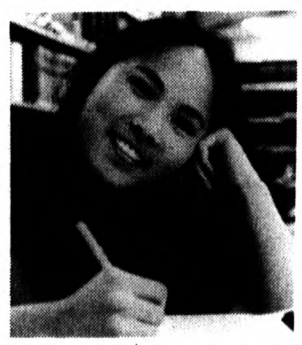


Bob Schlamowitz
Medicine I

I feel that the change toward socioeconomic status rather than a racial basis is a positive step toward eliminating reverse discrimination but unfortunately recent attempts to control even this admissions policy by racial minorities have diluted the effect.

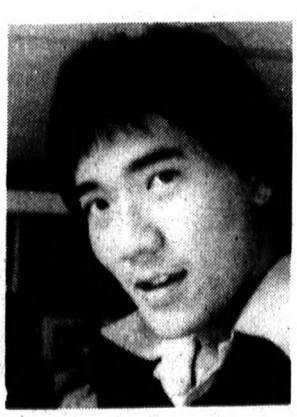
Jim Dillon
Librarian

A cutoff of $15,000 per year earnings and $40,000 assets for a definition of "disadvantaged" is absurd for three reasons: 1) this is an unreal sense of "disadvantaged"; 2) it brings in such a large proportion of applicants as to phase out those with real disadvantages; 3) it skirts the racial issue neatly and altogether.



Patty Lem
Pharmacy I

Since I've only been given a sketchy overview of this issue, I can only provide an initial impression. On the surface it soulds like a good change since the "special considerations" for admission would be given to people drawn from a racially varied cross-section of society; people who were handicapped by a lack of opportunity (minotities should still make special considerations if he had the same opportunities as (minorities should still make upper middle class whites group). It didn't seem fair that competing for the same Joe Minority should be given positions.



Don Nakayama
Medicine I

It hate to see the affirmative action program sacrificed in this manner - it would seem as though recruitment programs based both on racial and socioeconomic guidelines could be incorporated into the admissions program. The administration is protecting itself against lawsuits based on reverse discrimination against Anglos, instead of taking a strong stand supporting racial minorities.

— Tony Molina

Analysis

The Case for Affirmative Action

by Bob Rowley

The charge of "reverse discrimination" is now being explored by courts across the country.

The hotly-contested issue of "reverse discrimination" has been presented to the courts by the now familiar case of *Bakke vs. the Regents of UC.* However, this is not the first time U.S. courts have dealt with this issue.

In 1971, after being denied admission to the University of Washington law school, Marco DeFunis sued the university in an effort to force it to admit him, alleging that he was subject to more stringent entrance requirements solely because he was white. (Curiously, DeFunis had been accepted at the University of Oregon law school, but he felt that moving to Oregon was much less acceptable then remaining in Seattle.)

King County Superior Court ruled in DeFunis' favor, agreeing that a non-white student with DeFunis' academic qualifications, would most likely have been admitted to the institution. By court order, DeFunis entered the law school without displacing any already-admitted students.

The University appealed, and the Washington State Supreme Court reversed the lower court's decision. The higher court supported the law school's contention that factors other than grades and LSAT scores could make minority students more qualified than would be apparent from scores alone. But removal of the court order that commanded DeFunis' acceptance was stayed pending further appeal to the U.S. Supreme Court.

By the time the U.S. Supreme Court considered DeFunis' case, he was already enrolled in his last quarter at the law school. The court, a legally conservative body (that is, reluctant to make far-reaching decisions), managed to sidestep the issue by declaring the case moot in light of DeFunis' imminent graduation.

Thus unresolved, the field has been open to further litigation, which has recently taken the form of the *Bakke* case. Nevertheless, *DeFunis* had attracted national attention, and many of the arguments used by the defendant in that case are equally valid now.

Affirmative Action

Historically, non-white individuals have been discriminated against by being identified with a systematically excluded group.

Thus, liberation for any individual within that group

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Graduation Speech

Third World Recruitment Assessed

by Rafael Roberto Garcia

The following is a speech given at the 1975 School of Medicine Commencement exercise, held on June 6.

I have been given the honor and responsibility to address you this afternoon on behalf of the minority students of this graduating class. To be honest with you, it was a very difficult task to prepare for this special responsibility. It is almost impossible to begin to express the sentiments of a varied group such as minority medical students — as each of us have our own views and perspectives.

Consequently, the following is my attempt to express a collective view of our experience as students, and some of our concerns as graduates of UC San Francisco. Having attained this level of our academic career, we have much to be thankful for.

As minority students, we have fulfilled many dreams. This afternoon, there are a number of proud parents, friends, and graduates. Those of us who come from ethnic backgrounds other than the majority culture are also very proud of our accomplishments, and rightfully so, as we have proven to ourselves and to society that we have the ability, skill, ambition and motivation to succeed.

Our very presence here today is a living testimony that the concept of an aggressive minority admissions program is a legitimate and productive priority.

Four years ago, we applied to UC under the auspices of this same minority admissions program. We wanted to become doctors, and the previously closed door to the medical profession was finally beginning to open to us. Now, our dream has come true, but we should not forget those who came before us and struggled for equal educational opportunities, those unsung fighters who formulated and implemented a program for minority students. It was not an easy task.

We, as students, have had to deal with many external pressures. We have learned to survive by developing skills and talents that were often contrary to our cultural heritage. We have learned to be competitive, aggressive, self-reliant, and independent.

Yet, we have kept the faith, hoping to survive the ordeal of the academic demands, knowing full well that we dare not fail, thereby bringing shame or disgrace to all minority students.

Although the path was sometimes rocky and rough, *we made it.* But, our success may be very temporary. The "Great Experiment" with a progressive minority admissions program at UC is coming to an *end.* The victory may be hollow, as the backlash will soon eliminate the kind of program which was responsible for our education.

It is a fact that the university is revising its minority admissions program so that ethnic origin will no longer be considered as a factor for admission but instead will be replaced by the consideration of a person's family income.

Although this change may allow a greater number of poor Caucasians to attend medical school, which in itself is good, it would be at the expense of the already excluded minorities. This change in the admissions policy comes in response to cries of reverse discrimination.

We believe the charge of "reverse discrimination" is a contradiction. It is predicated on the belief that a minority admissions program discriminates against the majority group. However, a broader look at the situation shows us that there was and is a long historic pattern of exclusion of certain groups in our society. This is a fact no one can deny.

Our presence on this stage is a testimony to another fact — that is, if given the equal opportunity, we can also attain the standards necessary to practice medicine. All we ask for is equity — an equal opportunity to make those principles of freedom, justice, liberty, and equality, living concepts shared by *all* Americans.

As we graduate this afternoon, we will receive diplomas which signify that we have technical skills to administer to the health needs of our society. We hope that these diplomas will also signify that an enrichment has taken place by the interchange of all of the diverse ethnic groups in our class — and that this enrichment will make us all better physicians, better individuals — ready to change the traditional ways by advocating equal rights for all.

The progressive leadership, integrity, and courage of the School of Medicine will be judged by its future admissions policy. As beneficiaries of the Educational Opportunity Program, we hope our school will resist all efforts to eliminate it. Don't close the door now — there are many minority students who look to the Medical Center for the fulfillment of their hopes and dreams. Thank you for making our dream a reality.

Case for Affirmative Action

Continued from page 3

could only come from the liberation of the group as a whole. A systematic or policy threat to the group was in turn, a threat to every member of that group.

Consequently, equal opportunity for historically excluded minority groups can only come about if all institutions consciously and affirmatively include significant numbers of non-white people among their ranks. In its amicus brief for the DeFunis case, Rutgers University asserted that it is an institution's *duty* to affirmatively remedy this *de facto* exclusion of non-whites from (in this case) the legal profession.

One must also bear in mind the fact that regardless of its *intent*, if a policy is shown to have the *effect* of excluding from participation certain groups, then it is illegal (i.e., in violation of Title VII of the 1964 Civil Rights Act).

Admission Criteria

Antioch law school invoked an argument in its amicus brief for the law school in the *Defunis* case, applicable to medical schools as well. The brief emphasizes that admission to law school is, in fact, admission into the legal profession. Therefore, entrance requirements must not be based upon projected success as a first-year law student, but instead must be based on predicted performance as a lawyer.

Traditional law schools emphasize only a few of the many factors which determine future success as a practicing lawyer, stressing information retention and analytic ability. But other factors, such as persistence and capacity for intense work, creativity and synthesizing ability, and a sense of personal responsibility, are equally important.

In fact, as Rutgers pointed out, these other criteria were considered for *all* applicants prior to the time when the flood of applicants forced admissions committees to rely more heavily on convenient numerical scores.

Law School Admissions Test (LSAT) scores and grade-point averages, Antioch noted, measure that cognitive style which is taught in law school and used by white, upper-middle class society.

The LSAT was designed to be used *in conjunction* with other criteria, and not as a major or exhaustive indicator. According to expert testimony, LSAT scores, when relied upon heavily, fail to be accurate predictors of admitted students' performance based upon first-year law school grades.

As Rutgers argues, when there are more than 10 applicants for every position, one cannot conclude that those who are not selected are not qualified. Indeed, many qualified whites and non-whites are rejected because of sheer numbers, and many of those rejections are quite arbitrary.

The minority admissions committees at law schools such as Rutgers have increased the number of minorities practicing in all phases of law. The existence of such committees has proven that it *is* possible to "work now" to rectify historical exclusion of ethnic minorities from the practice of law.

The threat to law school minority admissions committees posed by *DeFunis* (or cases like it) is a threat to the notion that it is possible to alter a *de facto* racist and illegal situation. The same argument applies to medical schools.

Poor, underserved whites are indeed an under-represented class in that portion of the student body intended for whites, and additional slots should be made available for this group. But the admission of oppressed individuals from a generally over-represented group must not have the effect of excluding members of an under-represented one.

AMA Closes Med School Doors

Continued from page 1

a sharply increased number of medical school applicants.

But existing facilities were saturated, and the per cent of applicants accepted dropped from a pre-war 50 per cent to 30 per cent in the early 1950's. Resuming its former restrictionist posture, the AMA lobbied strongly to prevent federal funding of expanded medical facilities, claiming that cries of a "doctor shortage" were a myth.

During that decade, physicand median net incomes rose from $9,561 in 1950 to $22,100 in 1960. One may wonder how, based on the *laissezfaire* notion of supply-and-demand, this came about, considering that the physician-to-population ratio was relatively constant during this time.

The 1950's are called by some the "era of medical specialists" and by others the "era of medical imperialism." Those engaged in general practice, that is, "specializing" in the whole patient, dropped from 63.6 per cent to 51.0 per cent of office-based physicians, and this percentage has dropped even further, to 26.1 per cent in 1972. Why?

That specialty practice is more lucrative — i.e., that patients must pay more for the specialist's higher degree of training — is not the only answer. Through its monopoly over state license boards and local medical societies, the AMA has created institutionalized pressures which handcuff the general practicioner.

A G.P.'s privileges in hospitals are curtailed by the prevalence of specialists there, who are given legal monopoly over particular organ systems. Full access to medical technology, let alone to promotion up the administrative and academic hierarchy, is in effect reserved for the specialists.

During the past twenty-five years, the ever-increasing numbers of specialists became clustered primarily in urban hospitals, which tended to expand and merge into regional, academic medical centers throughout the 1960's.

Intimately connected with this medical empire-building, the specialty-practice orientation of the 1950's "specialized" yet further in the 1960's into a "medical scientist" orientation, as physician median net incomes soared to $41,500 by 1970. This compares to the 1970 U.S. median *Family* income of $9,586.

Public clamor for more medical school openings grew during the 1950's until the AMA gave in and relaxed its anti-federal funding of construction posture of the 1950's, though it still opposed federal scholarships for medical students.

But rather than open additional, local medical schools to handle the new enrollment, the AMA considered it "more economical" to expand existing regional centers — a move consistent with the monopolistic trends of capitalist enterprises of the time.

Consistent with the trend towards specialization, the expanded medical school slots were given to those applicants who were more likely to enter specialty practice. These students had higher MCAT scores, usually had undergraduate science majors, and tended to have an interest in research. The notion of a medical scientist was extoled, while that of a medical humanist was never given a foothold.

A study of the history of American medicine shows how doctors have consolidated their position over the years as the most highly paid, prestigious and powerful group in the health care system. At the same time, drug, insurance, and hospital supply companies, together with expanding medical empires, have made health care a high-priced commodity, serving the profit needs of the providers instead of the health needs of the community.

The overall impact has been particularly onerous for poor and Third World peoples, who have not been allowed to participate in the decisions that affect their health care.

Central to the issue of minority admissions to health sciences schools, which is an attempt to increase community participation in health care, is the need for progressive people of all races to unite and re-direct the entire system toward serving community needs.

While leading only a token ear to community protest, today's helath care system continues in the path of serving its own expansionist drives and away from serving the people's needs.

As exemplified by the current nation-wide move to eliminate minority admissions and scholarship funding, the system has shown us that it considers community participation expendable.

We cannot rely on institutional benevolence. Instead, we must unite to oppose racism and bring health care under rightful popular control.

Third World Admissions

Continued from page 1

students attending the Medical Center.

16. That a reply to these demands be made by noon, December 2, 1968."

* * *

Between the presentation of the above demands on November 18 of 1968 and the December 2 deadline for reply, members of the BC/BSU let their goals be known to the community at large through press conferences, news coverage and talk show appearances.

Chancellor Fleming asked for a delay to December 5 to reply to the demands, a request considered by BC/BSU members to be a political tactic designed to cause a conflict between the actions of the BC/BSU and the rigors of final exams. In essence, Fleming's request for a delay was felt to constitute an act of bad faith.

Active Protest

On December 2 members of the BC/BCU congregated outside the Chancellor's office awaiting a reply to the demands they had issued two weeks before. None came, and shortly after noon a symbolic procession crossed Parnassus Avenue to the Millberry Union plaza. A small casket borne by four pallbearers symbolized the Black children who had died and were dying because of inadequate medical care.

Afterward several BC/BSU speakers addressed a group of approximately 200 people.

Response and Initiation

Eventually, the UCSF administration agreed to the demands of the BC/BSU, resulting in increased numbers of minority students being admitted to this campus. The class which entered the medical school in the fall of 1968 included seven Blacks and one Chicano. A year later 33 minority students matriculated: 22 Blacks, 7 Chicanos, 3 Pilipinos and one Native American.

The present concern of both those involved in past struggles and those aware of the results of these struggles, is that the committments which were made in 1969 be upheld.

Opinion

Problems of Minority Nursing Students

by Arisika Allen, Cheryl English, Itika Green, Yvette Guerrero

Minority students have traditionally entered UCSF Nursing School at a disadvantage. The charge is often made that in an effort to fill some mysterious quota, large numbers of unqualified minorities have entered the school and blocked the entrance of more qualified whites. Further, it is charged, such unqualified students have not been able to keep up the pace and have simply dropped out, thus proving their "unqualified" status.

Some students and faculty presume that a minority student cannot achieve in an academic setting or obtain better than a C grade. These faculty feel that minority students must be closely watched, and grilled intensively since the student "really isn't qualified." The resulting emotional stress can, in fact, be the real reason for a student's leaving the program rather than a lack of academic qualifications.

HEW guidelines, Affirmative Action, and resolutions passed by the National League of Nursing all speak to the necessity that nursing serve the needs of culturally pluralistic and minority communities. Extending adequate health care to such communities includes an increase in the training of qualified minority nurses. None of these programs have ever advocated the admission of retention of students who were clearly unable to achieve the goals and standards required by the profession in order to provide good health care.

Most existing UC programs have called for a 25 per cent admission rate of minority students. A minority group of 25 per cent hardly seems overwhelming, especially in light of a Chicano community alone of about 20 per cent in the state. This is equal to 32 minority students out of 128 slots.

A student's GPA has not proven to be a reliable predictor of future ability to succeed either within nursing school or as a working professional.

Many minority students entering the UCSF School of Nursing with low or average GPA's have significantly improved them. One student entering with a 2.38 raised her GPA to 4.0 within the first quarter. Current minority GPA's range from the minimum to 4.0.

Next year the GPA required for admission will be a 2.5. There will be no special policies to admit minorities to UC with GPA's below this level, nor will there be a waiver of prerequisites, a situation which will have prejudicial effects on minority students.

In contrast to the myth that large numbers of unqualified minorities apply and are accepted to nursing school, there has in fact not been a large enough pool of minority applicants. There were 554 applicants for 132 slots in 1973. Only 97 of these were minority applicants. Only 29 of the group met the admission requirements. Most did not lack the GPA, but instead the pre-requisite courses and units, indicating a lack of adequate prior counselling.

Many minority nursing students receive inadequate high school preparation, but manage to obtain the necessary grade points and required courses to be admitted to UCSF. When they enter nursing school, they may find the fast changes and lack of directions difficult to cope with.

In summary, it must be emphatically stated that minority students enter under the same standards that apply to non-minority students. And while some minority students come in with minimum GPA's it is fallacious and unfair to stereotype all the minority students as having low GPA's.