

**THIRTY YEARS OF AFFIRMATIVE ACTION AT  
HARVARD MEDICAL SCHOOL: A MIXED METHOD PROGRAM  
EVALUATION**

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# **THIRTY YEARS OF AFFIRMATIVE ACTION AT HARVARD MEDICAL SCHOOL: A MIXED METHOD PROGRAM EVALUATION**

**Alane K. Shanks, Ed.D.**

## **Abstract**

This research study explored the affirmative action program of Harvard Medical School (HMS). Using a mixed-method approach, guided by social program evaluation theory, the following areas were explored:

- Elements of the HMS affirmative action program
- Quality and effectiveness of program compared to its original goals
- Meaning, utility, range of views about alumni's HMS experience
- National policy implications to be drawn from this study

The data were derived from: 1) a census survey administered to all 1968-1998 HMS minority alumni; 2) eight speeches delivered by minority alumni; and 3) interviews with eleven faculty who had been integrally involved with the program.

This study demonstrated that proactive recruitment, followed by a commitment to support educational experiences with a robust program, results in successful careers for minority physicians and increases the number of minority physicians in leadership positions in the field of medicine.

## Introduction

***Blacks have a 375 year history on this continent: 245 involving slavery, 100 involving legalized discrimination, and only 30 involving anything else.***

**Roger Wilkins, Historian**

On Thursday, April 4, 1968, upon hearing the news that Dr. Martin Luther King, Jr. was shot, a small but passionate group of nine Harvard Medical School (HMS) faculty felt they had to do something to change the way the world worked. The world they knew and could influence was Harvard Medical School. By Monday of the following week, these nine faculty met with Robert Ebert, the Dean of the Faculty of Medicine at HMS, insisting that HMS improve its relations with the black community (Eisenberg, 1968). A race-based affirmative action in admissions at HMS was one of the programs created because of the passion of those faculty and one of the ways that allowed HMS to step out of the many years of “legalized discrimination” and begin an era of inclusion.

Powerful and continuing social changes in the United States are influencing the demographic face of the population and the size of individual minority groups (Cross and Slater, 1997; Ready, 1997; Xu, et al., 1997). Over the last 30 years, America has undergone rapid and profound demographic changes. The minority population doubled as a percentage of the U.S. population. By the year 2050, minority groups taken together are projected to be just shy of a numerical majority of the U.S. population. Research (Keith, et al, 1985; Komaromy, et al. 1996; Moy and Bartman, 1995; and Xu, et al., 1997) demonstrate in their studies that minority physicians serve a greater proportion of minority patients than do their majority colleagues and that diversity within the profession is a necessary condition for medicine to provide culturally sensitive medical education, improve access to quality health care for all Americans, and address important health related research questions affecting all segments of our society. Although affirmative action efforts throughout the last thirty years have increased the number of minority physicians, there remains a large gap between demand and minority physician supply.

Harvard Medical School has been actively involved in recruiting and providing support to minority applicants since the inception of its affirmative action program in 1969. Over 800 minority physicians, since that year, have matriculated and HMS has consistently enrolled at least 15% minority students each year.

This research explores the affirmative action program of Harvard Medical School. The study examined how the program met, exceeded or varied from its original goals, how those goals were influenced by the institution and the institution by the program, and it sought to define the elements of the program that may be transferable to other Schools or have national policy implications.

## Literature Review

The literature review conducted for this research focused on the affirmative action debate in general, the major issues being debated in higher education related to affirmative action, and then a specific focus on affirmative action within medical education. A review of the legal and legislative decisions that lead to the creation and implementation of race based affirmative action programs helps to set the stage for the research and its findings.

The 1896 Supreme Court Ruling in Plessy v. Ferguson interpreted the equal protection clause to permit race-based segregation of public facilities as long as equal facilities were available to both (Helms, 1998). It was not until 1954, that the Supreme Court ruled in Brown vs. Board of Education that quote “in the field of public education the doctrine of ‘separate but equal’ has no place. Separate educational facilities are inherently unequal...The plaintiffs...are, by reason of the segregation complained of, deprived of the equal protection of the laws.” It took the civil rights legislation and activism of the 1960s to enforce this legal decision.

In 1961, JFK created the Committee on Equal Employment Opportunity using the term “affirmative action” for the first time. In 1964, the Civil Rights Act was passed. In 1965, Johnson framed the concept underlying affirmative action, asserting, as you can read on the slide, that civil rights laws alone are not enough to remedy discrimination stating, “we seek not just freedom but opportunity, not just legal equity but human ability, not just equality as a right and a theory, but equality as a fact and as a result” (Brunner, 2003).

From the civil rights acts as well as campus unrest, most selective colleges and universities began some form of race-based affirmative action programs. Although a critical constituency voiced opposition to affirmative action right from its inception, the first formal legal challenge to its practice within higher education did not arise until 1978.

In the UC Davis v. Allan Bakke in 1978, the Supreme Court imposed limitations on affirmative action to ensure that providing greater opportunities for minorities did not come at the expense of the rights of the majority (Brunner, 2003). The deciding opinion was written by Justice Lewis Powell. Powell condemned the use of rigid quotas in admitting minority students and found that efforts to overcome “societal discrimination” did not justify policies that disadvantaged particular individuals, such as Bakke, who bore no responsibility for any wrongs suffered by minorities. At the same time, as a means to secure the educational benefits of a student body of diverse backgrounds and experience, he ruled that admissions officers could “take race into account” as one of several factors in evaluating minority applicants in comparison with other candidates. (Bowen and Bok, 1998).

In the 1996 Hopwood v. University of Texas Law School case, the “educational benefits” justifying taking race into account, was challenged. This case rejected the legitimacy of diversity as a goal, asserting that “educational diversity is not recognized as a compelling state interest.” The Supreme Court allowed the ruling to stand (Brunner,

2003) which means that all the states within the 5<sup>th</sup> Circuit (Texas, Louisiana, and Mississippi) are no longer ruled by Bakke.

Besides the Hopwood court reversal of Bakke, State legislatures, first California in 1997, then Washington in 1998, followed by Florida in 2000, all banned affirmative action practices in public employment, public education, or public contracting. Even without the Supreme Court overturning Bakke, six states, all with large minority populations, are no longer following the federal law.

In 2000, the University of Michigan's undergraduate affirmative action policy was upheld in Gratz v. Bollinger with the university using the argument that just as preference is granted to children of alumni, scholarship athletes, and other groups for reasons deemed beneficial to the university, so too does the affirmative action program serve a compelling interest by providing educational benefits derived from a diverse student body. In 2001, in Grutter v. Bollinger, the affirmative action policy of the University of Michigan's Law School was challenged and a different federal judge drew the opposite conclusion, invalidating the law school's policy and ruling that intellectual diversity bears no obvious or necessary relationship to racial diversity. This decision was reversed on appeal (Brunner, 2003). In the summer of 2003, the Supreme Court ruled on these two Michigan cases. While outlawing the undergraduate program it characterized as a quota, in the law school case, it allowed a limited consideration of race and ethnicity in admissions. Now the Court says that race and ethnicity may to a tenuous extent be accounted for in admissions decisions; but that 25 years hence, the sun will set on such practices.

The literature review for this study provides background information on the key issues with regard to race-based affirmative action. Many authors involved in the current debate on affirmative action acknowledge the flaws in the system (Cose, 1997; West, 1994) but caution against an elimination of the affirmative action policies unless and until a better political solution is available. One of the criticisms levied (Cole and Barber, 2003; McWhorter, 2001) is that minority students, because test scores may not be as high as their majority counterparts, do not merit acceptance above a majority student with equal or higher test scores. The literature shows, however, (Wightman, 1999; Kohn 2001) that, as prediction mechanisms, standardized tests are mostly ineffective in reading the future performance of prospective students or employees. They show nothing about drive, motivation, or the values an individual brings to her career and future contribution to society (Waters and Boyes-Watson, 2001). Another repeated criticism is that affirmative action should be applied based on socio-economic factors rather than race (Connerly, 2001; Thernstrom, 1997). Levin (1999) argues that racial inequalities are not reducible to class inequalities; disparities in racial outcomes persist even when differences in socioeconomic standing are taken into account. While blacks and other minorities are much more likely than whites to come from poor families, they still made up a minority of all college-age Americans with low incomes so if economics alone is used, minorities would be left behind (Bok and Bowen, 1999). Finally, there is a perpetuation of the belief that white men are being hurt and discriminated against because of affirmative action policies. This belief does not reflect reality and many studies

indicate the continued power base held by white males in all aspects of American society disputes this argument (Hacker).

Bowen and Bok (1998) examine the ingredients of successful affirmative action programs in higher education are reviewed, finding that the best programs create an aura of high expectations, with the emphasis on meeting intellectual challenges rather than receiving remediation to achieve a minimum standard. The successful programs encourage participants to work in a group setting, where students can help one another and provide mutual support. They offer appropriate advising and counseling. They often assign students to successful minority professionals, who act as mentors. They provide summer internships to broaden student experience. They offer enough financial aid to remove the risk of students having to work excessively to support themselves or even drop out for lack of funds. Richardson and Saffran (1985) conducted a survey of minority enrichment programs offered by U.S. medical schools. Flexibility to delay or extend time for completion of graduation requirements (Payne, Nowacki, Girotti, Townsel, Pragge, and Beckhham, 1986) improved graduation rates and this was confirmed by other studies (Ficklin, Hazelwood, Carter, and Shellhamer, 1985; Kassebaum and Szenas, 1994).

A review (Tekian, 1997) of affirmative action efforts in medical education find that federally funded programs such as the Special Health Careers Opportunity Grant Program (SHCOG) and the Health Careers Opportunity Program (HCOP) started in the early Seventies and successfully increased the number of qualified, underrepresented minority applicants to medical schools (Ready 1997). A number of studies determine that minority physicians tend to provide disproportionately high levels of service to economically deprived minority communities and others (Cantor, Miles, Baker and Barker 1996) confirmed that minority and women physicians were much more likely to serve minority, poor, and Medicaid populations. The President of the Association of American Medical Colleges and the U.S. Surgeon General, as well as many other leaders in the health care fields recognized the need for national leadership to address the disparities in the health care system to improve the health of the nation's poor and minority communities.

The medical profession's long history of discrimination and exclusion of blacks and other minorities into the health care field with hospital segregation and discrimination almost universal throughout the South in the post World War II period and well into the 1960s; only 10% of the total number of hospitals in the North accepting African-Americans as interns and residents and only 20% had African-American physicians as members of their staffs during this same period (Clayton and Byrd, 2002; Watson, 1999). The relatively recent (thirty years) commitment on the part of organized medicine to put corrections in place for the centuries of exclusion of and limited access for minority physician training is important to remember.

## Methodology

The social program evaluation methodology defined by Jennifer Greene (2000) and supported by other qualitative researchers (Carachelli, 1997; Lincoln and Guba, 1985; Patton, 1990; Weiss, 1998) offers a mixed-method approach to examine the HMS affirmative action program. It provides a model for interpreting the quantitative and open-ended survey responses, enhanced by a more detailed understanding of the program gained through interpretive analysis of speeches given by alumni of the program, and purposely sampled structured interviews with faculty in order to answer the research questions:

- What are the elements of the 1969 to 1998 Harvard Medical School affirmative action program? What is the overall quality and effectiveness of this program compared to its original goals?
- What did Harvard Medical School underrepresented minority alumni who attended HMS between 1969 and 1998 find meaningful/useful in the affirmative action program and has this meaning/utility been reflected in their professional lives? What is the range of views among this cohort? What agreements and disagreements exist within this group about the meaning/utility of their HMS experience?
- What are the national policy issues raised by the quality and effectiveness of the Harvard Medical School 1969 to 1998 affirmative action program as identified through interpretation of the outcomes and opinions of the graduates, originators of the program and the program administrators?

## Survey

In August of 1997, in honor of the upcoming thirtieth anniversary of affirmative action at HMS, this researcher prepared a draft survey and received comments from an advisory committee at HMS composed of minority alumni and faculty, many of whom were members of the 30<sup>th</sup> Anniversary celebration planning committee. The survey instrument received approval from the Harvard Human Subjects Office.

The HMS Alumni Office database provided the names and addresses for the HMS minority alumni and the Harvard School of Dental Medicine (HSDM) Alumni Office provided the HSDM minority alumni names and addresses. The dental alumni were included in this survey because the Office of Recruitment and Multicultural Affairs helped to recruit minorities for the dental school.

The survey was designed to be a census survey, sampling all the members of the minority alumni to obtain relevant characteristics (for example, demographics, types of medical practice/specialty chose, practice mix, research interests, experiences while at HMS). The open-ended inquiries were employed to gain an understanding of the significant factors in the HMS and professional experiences that related specifically to

their experiences as underrepresented minorities participating in a historically white medical school and predominantly white profession.

### Interviews

Six of the nine faculty members who initiated the affirmative action program were interviewed. Others interviewed included the Faculty Associate Dean for Student Affairs since the inception of the program in 1969; an African-American faculty member who had served on the faculty at HMS since 1954, and some of the senior School leadership who had played crucial roles over the thirty years. A total of eleven interviews were conducted. These eleven interviews provide a descriptive and interpretive portrayal of what happened in the thirty years of the program's existence. They show how the program adapted or changed depending on the political pressures it faced in each decade; how the admissions process changed as a consequence of the affirmative action program, and other effects the program had on the institution. These individual stories and documents about program engagement and experience provide a contextual and experiential meaning of the affirmative action program and the influence it has had within HMS.

The interview protocol was designed to elicit information concerning the interviewees' experiences related to the affirmative action initiative. The interview protocol was influenced by the critical incidents noted from the analysis of the open-ended survey responses. Questions were designed to encourage a free flow of information with a variety of probes within each category and the participants were encouraged to explore any topic they wished in greater depth. Common themes, such as the history of the program, the initial goals and then changes to the program mission, were tracked in the analysis of the interviews. Findings were integrated by comparing results for similarities, differences and unique occurrences.

### Speeches

On June 10, 1999 program was held at HMS to celebrate thirty years of affirmative action. Eight minority graduates of HMS recounted their experiences at HMS, including their involvement with the affirmative action program. All the speeches were video and audio taped. Themes were interpreted and compared with the open-ended survey responses and the interviews.

A conscious effort had been made by the planning committee to have this group of speakers be as representative as possible of all minority categories, be gender balanced, and include both early and more recent graduates.

**Table 1:** Gender, Race and Year of Graduation of Alumni Speakers

	<b>Gender</b>	<b>Race</b>	<b>Year of Graduation</b>
Speaker #1	M	Mexican American	1978
Speaker #2	M	Black	1980
Speaker #3	M	Puerto Rican	1976
Speaker #4	F	Black	1974
Speaker #5	M	Mexican American	1977
Speaker #6	F	Black	1979
Speaker #7	F	Native American	1989
Speaker #8	F	Black	1973

Several historical documents were reviewed – The proposal written by the nine initiators of the Affirmative Action program, a report generated by seven task forces and involving more than 70 HMS faculty entitled the Commission on HMS Relations with the Black Community. The self-reported history of the Office of Recruitment and Multicultural Affairs and the past and current HMS Admissions Policy were also reviewed.

### **Limitations**

There are four areas of concern that have been raised or could be raised about this study: 1) the relationship of HMS to the project; 2) confidentiality for the subjects; 3) the researcher’s “insider” status at HMS; and 4) surveying only the underrepresented minority alumni.

Regarding the relation of HMS to the project, the data collected by the survey belongs to HMS. However, the HMS deans and faculty were aware that, in terms of this research, conducted as a component of this researcher’s dissertation, the School could only access the data through the researcher and the researcher was free to analyze the data in any way necessary to ensure a rigorous process has been undertaken. The University of Massachusetts Boston Leadership in Higher Education dissertation committee faculty’s set the data analysis guidelines, not the HMS faculty.

Survey participants were guaranteed anonymity and assured that the researcher would be the only one to review the raw data and permission would be obtained from the participant before the use of any specific results. Each survey was coded and all respondent identifying information was removed before data entry. The surveys, codes, identifying information and subsequent database are stored in a locked file in the researcher’s office.

The only exception to this process took place when the research assistants called alumni who had not responded to the survey and the respondents answered the questions over the phone. The research assistants identified themselves as working for the researcher; the alumni who responded to the phone survey were told their answers would be kept confidential and presented only as a part of a study and would not be reconnected

to the individual. The research assistants and researcher examined the answers to specific questions in the aggregate.

With regard to the interview data, each interviewee was told that the information was being taped, would be transcribed, and direct quotes of their comments may be used and attributed to them. All those interviewed gave permission for the information in the interviews to be used for this research effort.

The speakers were informed prior to their participation in the anniversary celebration that their speeches may be used in future initiatives and they agreed to these conditions. Speakers are referred to by number at the discretion of the researcher.

Because of the researcher's close ties to HMS (Associate Dean for Educational Administration and Finances), she knows that there will be some question of her ability to interpret all aspects of the culture in which she is so familiar. She is, however, able to assume a researcher's perspective on the data being analyzed as this is not an area in which she normally works. In taking on this research, she hypothesized that there were lessons to be learned from HMS that may provide information for the national affirmative action debate in higher education and felt that Harvard's name and visibility may increase the interest in the results. Because people know the researcher as a trustworthy and careful professional, there has been willingness to share information that would have been much less available to someone from outside the system. Access to the alumni database, to the text and video of the speeches, and a willingness on the part of all faculty asked, even the emeritus Dean of the Faculty, to be interviewed, were among the "insider" opportunities gained. There is a fifty year rule with regard to access to minutes from faculty meetings. When the researcher asked to review the minutes from the 1968 faculty meetings, she was accompanied, by the Dean of Faculty Affairs, to the archive room and was observed reviewing the minutes. The notes she took were examined by her chaperone. This aspect of the research was not different for an insider than it might have been for an outside researcher. Peer review and member checks were also conducted, as were reviews by people outside of HMS to provide credibility.

There may be questions about the inclusiveness of the surveyed group. Included in this research were the underrepresented minority groups that are tracked by the AAMC (African-American, Native American, Mainland and Commonwealth Puerto Rican, and Mexican American) because the HMS records would be more accurate for those minority groups than any not requiring an annual report submission. Also because the minority groups included in this study are the officially recognized under-represented minority groups designated by the AAMC, these data can therefore be compared to that at the AAMC.

### **Presentation of Data**

The themes listed on Table 2 were determined at the end of a three-step process of data coding. The initial review of the interview transcripts led to general categories that followed the interview protocol fairly closely (mentors, background of the speakers, involvement in the initiation of the affirmative action program, teaching medical

students, work on non-student related affirmative action issues, efforts throughout the thirty years of the program, admissions committee work; thoughts about the need for affirmative action going forward). In the second review, the researcher, having gained a deeper understanding of the major occurrences that had taken place, was able to better integrate the institutional perspectives provided by the deans who had been interviewed. The themes that emerged from this second review were: background of speakers; shared commitment to social justice; early tenure accomplishment providing the security to challenge HMS; deliberations that led to the specific components of the program; the School's legal and political constraints as understood by the deans. Finally, the themes from the interviews were integrated with the themes that emerged from the speeches and the survey data. Table 1 displays the summary of the themes, some examples of the type of information found in the data that led to the theme. The data source column indicates where the examples for these themes were found.

Discussion of each of the themes on Table 2 is not possible in the constraints of this paper but an example will help the reader better understand the data sources from which the themes were derived.

On the night of Martin Luther King's assassination, two of the faculty initiators of the HMS Affirmative Action program called one another and agreed to talk to others around the School and get a group together. Their effort resulted in the gathering of the "Gang of Nine" (Kravitz interview, 1999) a name to which they are sometimes referred. One of this group of faculty remembers the collective feeling in America after the assassination of Martin Luther King, that Americans quote "could no longer bear to feel that they were a member of a country where such a thing could happen, where the most dignified, sensible, humane person in the country could be killed because he was trying to do the right thing and do it so forcefully and effectively. At that point you learned to keep one's self-respect, you either had to do something or you had to leave the country" (Furshpan interview, 1999).

Their first step was to demand an emergency meeting with Dean Ebert, who agreed that the enrollment of minority students (at the time referred to as "Negro" students) needed to increase. Dean Ebert advised them to craft a proposal to present at the next meeting of the faculty, three weeks away. He also told them to meet with every department head prior to the meeting and gain their support.

**Table 2.** Themes Constructed from Systematic Inquiry of all Data Sources.

Themes	Examples	Data Sources
Program initiators shared a commitment to social justice	<ul style="list-style-type: none"> <li>childhood experiences,</li> <li>career paths</li> <li>on-going commitment to the program</li> <li>involvement in other social causes</li> </ul>	<ul style="list-style-type: none"> <li>Interviews</li> </ul>
A convergence of events led to the creation of the HMS Affirmative Action Program	<ul style="list-style-type: none"> <li>emotional response to Martin Luther King, Jr's assassination,</li> <li>motivation to respond to racial tensions in American cities</li> <li>galvanized group of faculty and students</li> <li>supportive dean</li> </ul>	<ul style="list-style-type: none"> <li>Interviews</li> <li>Newspaper articles</li> <li>HMS historical documents</li> </ul>
Deliberations determined the components of the Affirmative Action Program	<ul style="list-style-type: none"> <li>faculty debate</li> <li>gathering and discussing information about other School's programs led to inclusion of recruitment, scholarships, and remediation program components</li> <li>decisions were made about what program components should not be included: quotas and a continuation of the past record of minority admission numbers</li> </ul>	<ul style="list-style-type: none"> <li>Interviews</li> <li>HMS historical documents</li> </ul>
A broader social agenda (beyond minority student recruitment) originally proposed was not realized	<ul style="list-style-type: none"> <li>Goals set in the Commission on Relations with the Black Community that HMS did not achieve</li> <li>Hostility experienced by alumni toward family practice or community based medicine</li> <li>Minority faculty recruitment did not measurably increase during the years of this study.</li> </ul>	<ul style="list-style-type: none"> <li>HMS historical documents</li> <li>Alumni Speeches</li> <li>Survey data</li> <li>Open-ended survey responses</li> </ul>
Entrenched external and internal perception of HMS as elitist required adjustments to recruitment, admissions, evaluation, and curriculum design to adhere to the more inclusive goals set by the affirmative action program.	<ul style="list-style-type: none"> <li>sincerity of recruitment efforts challenged by Berkeley minority students</li> <li>admissions policies and definitions of achievement and merit adjusted to achieve the stated Program goals</li> <li>debates in the Promotions and Review Board while the institution adapted to new definitions of academic achievement</li> <li>political environment created by speakers chosen to lecture students often ignored by institution (South African Epidemiologist)</li> </ul>	<ul style="list-style-type: none"> <li>Interviews</li> <li>HMS historical documents</li> <li>Alumni Speeches</li> <li>Open-ended survey responses</li> </ul>

Themes	Examples	Data Sources
Institutional changes were precipitated by the Affirmative Action Program	<ul style="list-style-type: none"> <li>• creation of an Office of Recruitment and Retention</li> <li>• hiring of an African-American Faculty Associate Dean for Student Affairs to direct this office</li> <li>• pre-matriculation program</li> <li>• tutoring and National Board preparation program for majority as well as minority students</li> <li>• creation of a minority physician and scientist speaker series</li> <li>• involvement in effort to increase number of minority students interested in careers in health care</li> <li>• changes to the admissions policies and procedures</li> <li>• increase in student services for all students</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• HMS historical documents</li> </ul>
Resistance to the Program within the HMS community	<ul style="list-style-type: none"> <li>• voiced faculty and student sentiment that HMS should not serve as the training ground for community-based physicians</li> <li>• a perception or assumption on the part of some faculty and students that standards were being lowered</li> <li>• chafing by some faculty at the social agenda pursued by the Faculty Associate Dean for Student Affairs.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• Alumni Speeches</li> <li>• Open-ended survey responses</li> </ul>
Incidents that challenged, caused changes to the Program	<ul style="list-style-type: none"> <li>• an article written by one of the first year medical school course directors, Davis (1976);</li> <li>• a review of the minority admissions process in 1978 pre and post the Supreme Court's ruling on the <u>Regents of the University of California at Davis vs. Allan Bakke</u></li> <li>• a student disturbance in 1991 labeled The Halloween Incident.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• Newspaper and journal articles</li> <li>• Open-ended survey responses</li> <li>• Alumni Speeches</li> </ul>

Themes	Examples	Data Sources
Program management strategies analyzed by researcher	<ul style="list-style-type: none"> <li>• channels of communication developed between Faculty Associate Dean for Student Affairs and course directors to provide timely intervention if a student was in academic difficulty</li> <li>• faculty development on cross-cultural issues such as speech cadence and providing feedback to non-white students</li> <li>• shift from student volunteer staffing to administrative support for the Recruitment Office.</li> <li>• the effect of changes in School leadership</li> <li>• on-going financial support once federal money for such efforts was curtailed.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• HMS historical documents</li> </ul>
The duration of need for the Program was debated	<ul style="list-style-type: none"> <li>• discussions about when the affirmative action would no longer be needed took place</li> <li>• debates on who should be included in the group to receive affirmative action persisted through the thirty years of this study</li> <li>• School funds replaced federal funds to support this effort</li> <li>• Barriers to professional access continue</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• HMS historical documents</li> <li>• Alumni speeches</li> <li>• Open-ended survey responses</li> </ul>

The group knew that the department heads would be impressed with data so they looked for data. No records were kept on how many minorities attended HMS so one of the faculty gathered all the class pictures and counted based on appearance. He determined that there were 27 African-American (or in many cases African from Africa) students from 1915 (the first year of class pictures) through 1968. They talked to MIT, Harvard College, Brandeis and Tufts to see what other Schools were doing to encourage minority enrollment. They also talked to black community leaders. They sent a report of their findings to each department head and then divided up the list and paid a personal visit to each. In these private meetings, every leader promised support but cautioned that they could not guarantee support from the members of their departments.

Dated April 23, 1968, the proposal went before the HMS faculty three days later, requesting approval for a new program with the following components: -- scholarships for 15 Negro medical students per year according to need; an intensive recruiting effort to seek out black students who are interested in medical careers . Recruiting would not be limited to those colleges from which HMS currently drew most of its students; it was

anticipated that some or many of these students would require at least a year of preparation to make up for deficiencies in their previous course work.

Knowing that sentiment against the idea of quotas was very high among the HMS faculty and among the Gang of Nine as well, the proposal authors made a point of defining their call for fifteen places not a quota but rather a “minimum,” assuming that when undergraduate programs proved successful with their recruitment efforts, HMS would then have a larger pool upon which to draw and the number could and should increase. They felt that, as one of the faculty I interviewed stated, “if they just said “increase the number, increasing from 1 to 2 would be a 100% improvement but wouldn’t really be a change.”

When the faculty discussed the proposal, the issue of quotas did come up countered with the idea of a minimum acceptable number of black students based on the percentage of blacks within American society. The number probably would have been reduced below fifteen if one of the senior faculty members had not spoken up and recommended the class size be increased by fifteen (from 125 to 140). All of the faculty interviewed believe the petition passed due to the agreement to increase the class size.

One of the program initiators, and a number of other students and faculty, went on many recruiting trips in the summer of 1968 and by 1969, 135 black candidates applied to HMS, 6 times the number from the previous year. 20 were accepted and 17 chose to matriculate at HMS.

Once these students were admitted, the Dean and the initiators realized that they needed to put a support structure in place to support these students who would be learning from and with an almost completely white faculty and student body. They recruited Alvin Poussaint, the first African-American in the dean’s office, to be the Associate Dean for Students and Director of the Recruitment and Retention (later changed to the Recruitment and Multicultural Affairs) Office. He was given the difficult task of directing a program the goals of which were at odds, at times, with dominant culture of the institution, particularly the goal to admit academically able but educationally underserved students. Harvard is full of the academically over-prepared so adjusting to educationally under-preparation was not smooth. Following is an example of one of the challenges he recalled:

A student was put on probation and told she had to pass all the rest of her classes to stay in the School. She passed them but then received a notice that she was suspended. The Promotions and Review Board decided that they were marginal passes and she should be asked to leave. Poussaint stood up to the committee, called in the dean, and insisted that they reinstate her. She was reinstated but, felt so bitter about the experience, that she chose to transfer. The chair of the Promotions and Review Board resigned over Dean Ebert’s interference into this matter and campaigned against Poussaint saying that he had too much power in the School.

To give more feel for what the environment for minorities at HMS during these thirty years, look again at Table 2 to the theme labeled “Incidents that challenged, caused

changes to the Program”. The researcher surveyed the alumni and conducted a preliminary analysis prior to interviewing the faculty. In that analysis, three critical incidents were identified by multiple respondents. Each of the faculty interviewed were asked about the three critical incidents identified in the “examples” column. Below is an elaboration of the second incident.

Alumni remembered the period around the time of the Bakke decision with great angst. In anticipation of the Supreme Court decision on the Bakke case, those interviewed recalled that Dean Tosteson (the newly appointed Dean of the Faculty) set up a commission to review HMS admissions procedures. The Commission’s report gave no evidence that current admissions practices were breaking the law, they voted to keep the current process intact and rejected both proposed options.

Dean Tosteson, even after this vote of the faculty, felt that some adjustments to the affirmative action practices needed to be made and he recruited Archibald Cox, a professor at the Harvard Law School. The students insisted that Derrick Bell, an African-American lawyer also on the Law School faculty, provide consultation on the issue (Tosteson interview, 2002). What the law professors determined was that a target number of minority students were not a quota; it was simply an understanding of what the medical school was trying to achieve. They also believed that the special committee (Sub-Committee IV) was legally defensible because there were special committees and special considerations for other groups, not least of which was the offspring of faculty or alumni. The recommendation was approved, and remains in place to this day (Eisenberg, Federman, Furshpan interviews, 1999; Tosteson interview, 2002).

One of the faculty interviewed served on the committee with Cox and Bell. He felt that the school’s revised policy in the face of the Bakke ruling ultimately improved the admissions process; it allowed a broader definition of merit for all students. Grades and test scores were never the only factor, even prior to the affirmative action program. “The extra dimensions that meant a lot were athletics and music. When we started to look at minority students, we began to appreciate other things, such as life experiences, the character that is demonstrated by overcoming adversity or ‘distance traveled’. The people involved in service to others, especially to the poor and to their own communities, were given positive support for this. The Admissions Committee began to look for this in the background of all the applicants, not only the minority students. And suddenly the school’s definition of merit and the extra dimensions started to include other things than athletics and music. It included life experience, overcoming obstacles, demonstrating character, commitment to serve the community, and this definition of merit was applied to all applicants, minority and majority” (Foster interview, 1999).

Many of the themes brought up in the surveys and speeches are reflected in these interviews or community narratives. The themes raised underline the successful ingredients of the program and the points of tension that were either overcome or remain as problems to be solved.

## Survey Data

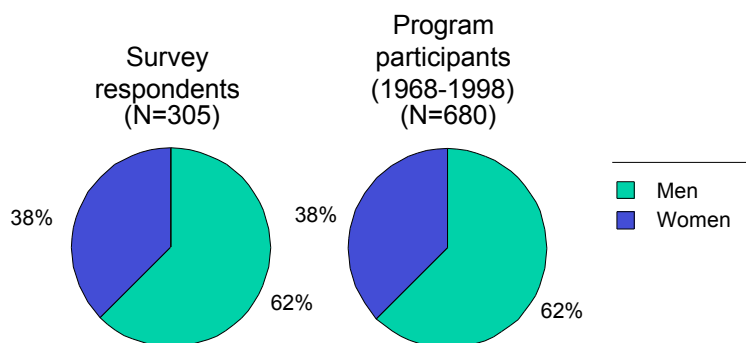
The survey sent to the 1969 through 1998 graduates of HMS and HSDM was designed to be a census survey, sampling all the members of the minority alumni to obtain relevant characteristics. This paper will highlight a few of the more significant findings from the quantitative data.

After an initial mailing in September 1998, twenty-two names—belonging either to majority alumni or pre-1969 graduates—were subtracted from the survey population, leaving a total of 680. Two mailings and many phone contacts generated 305 responses (a 45% response rate).

Data on non-respondents was garnered by using the AMA database. Through this method, graduate medical education experience, medical specialty information and board certification for 356 other alumni non-respondents was documented.

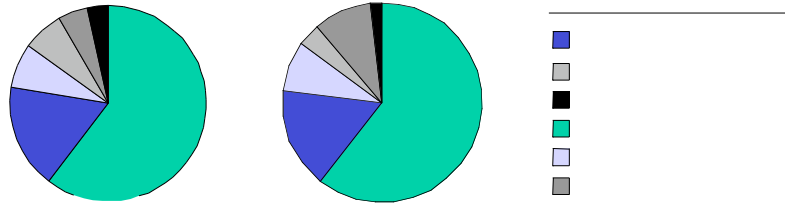
Accumulated Data Set. The Data on Non-Respondents plus the data from Survey Respondents provides information on 97% of the total of those surveyed.

Validity of Sample. The survey respondents resemble the accumulated data set in percentages related to gender, race, and decade of graduation. **Comparison of Accumulated Data Set to Survey Respondents (Figure 1a)**, shows that of the accumulated data set, 38% are women and 62% are men. The gender distribution is exactly the same for the survey respondents. **Ethnic Breakdown of Accumulated Data Set to Survey Respondents (Figure 1b)** shows the racial/ethnic breakdown of the accumulated data set is very similarly distributed in the survey respondent group. Since the Survey Respondents so closely match the entire group in gender and ethnicity and across the continuum of the study, a non-response bias is unlikely. Responses generated by the survey's open-ended questions are substantiated by the Sample Recipients and in the Community Narratives, indicating that this group of respondents reflects the broader population.



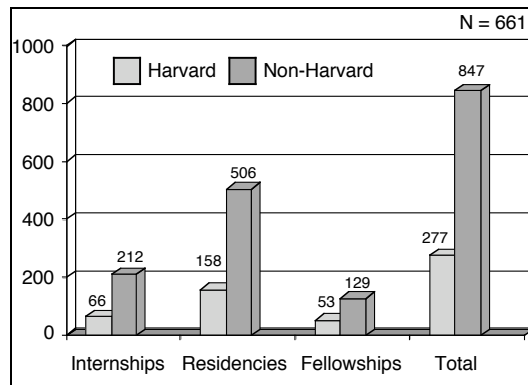
**Figure 1a.** Comparison of Accumulated Data Set to Survey Respondents.

Surveyrespondents (N=305)Programparticipants(1968-1998)(N=680)7%7%5'



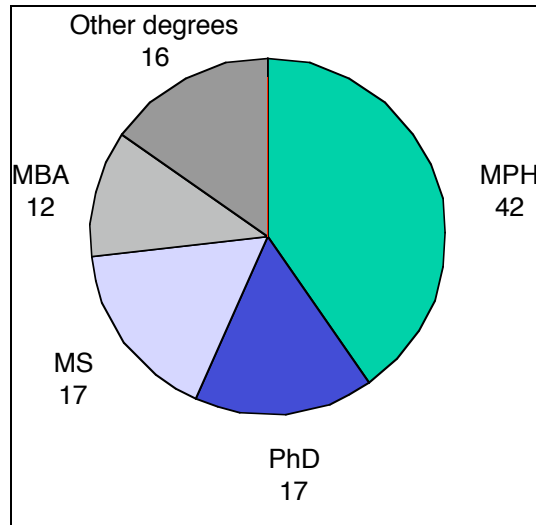
**Figure 1b.** Ethnic Breakdown of Accumulated Data Set to Survey Respondents.

**The Graduate Medical Education (Figure 2)**, shows that in the Accumulated Data Set, graduates participated in a total of 1124 graduate medical educational experiences. The lighter bar shows how many of these experiences took place at Harvard hospitals. Of the 1124 internships, residencies, and fellowships, 25% (a number not showing on Figure 4) were at Harvard-affiliated sites. According to one of the deans interviewed, this percentage is low compared to all the HMS graduates. Approximately 34% of all HMS graduates typically were doing their post-graduate training at Harvard affiliates during this time period. Questions about why minority alumni are less likely to train at Harvard hospitals need to be explored with further research. Since the majority of HMS faculty have done their training at HMS affiliated hospitals, this finding perhaps indicates one indicator of why the number of minority faculty has not improved in any significant way over these thirty years.



**Figure 2.** Graduate Medical Education.

**Second Graduate Degrees (Figure 3)**, calculates that of the 305 Survey Respondents, 104 or 34% reported receiving other graduate degrees besides the MD or DMD degree. The high number of additional graduate degrees is consistent with findings from the Bowen and Bok (1998) study. The high number of Masters in Public Health also indicate that many of these graduates had an interest in public service, again consistent with the Bowen and Bok *Shape of the River* findings.



**Figure 3.** Second Graduate Degrees. (N=305)

The data analysis shows that the minority alumni from HMS are represented in a broad spectrum of medical and surgical specialties similar to their majority colleagues, with successful professional achievement evidenced in the three areas of academic medicine – education (with 49% providing some form of teaching); research (a key finding is that 25% of the research is focused on diseases that disproportionately affect minorities or the most disadvantaged in society), and patient care (the majority of respondents provide patient care, with 80% of the Survey Respondents in a clinical practice in which at least 50% of their patients are minorities). Despite the open-ended questions revealing difficult incidents or encounters while at HMS 96% felt they would choose HMS again and 87% said they would choose medicine as a career again.

### Speeches

At the 30<sup>th</sup> anniversary celebration held on June 9-10, 1999, eight speakers discussed their experiences at HMS and their subsequent careers. The title of the program was Affirmative Action: What Physicians Can Contribute. Through the speeches, the eight minority graduates of HMS discussed their student and professional experiences and an analysis of these speeches create a detailed description which serves to affirm, explain, clarify or refute the phenomenon under study.

Upon first review of the speeches, the initial themes drawn from the word data were included: background of speakers; exposure to science/medicine during childhood; college experiences; initial exposure to HMS; competition; negative experiences; mention of incidents analyzed in survey data. The second review led to consolidation of the first three categories, an emerging theme of leadership, political activities during the time at HMS and after, competition, feelings about HMS and the Boston environment, and the need to overcome negative stereotypes and separating the affirmative action discussion delivered by the speakers and mentioned by some survey respondents, and putting that in a separate category. To analyze and draw connections between this alumni sample and those in the survey, the researcher's final analysis found eight themes in both data sets: 1) leadership; 2) effect of debt on career choice; 3) involvement in political

activities; 4) being a minority in a majority institution; 5) academic competition; 6) adapting to the HMS culture; 7) overcoming negative stereotypes; and 8) recognizing the need for minority affirmative action programs. Below is an elaboration on the first theme.

### Leadership

One of the speaker's has recently taken a job as the dean of a predominantly white medical school after leaving the deanship of a predominantly black school to which he had recruited many of his professional colleagues and friends. It was a hard decision to go to what he described as a lonely environment but he realized that he must do his part to improve medical education for minority students in majority institutions. There are too few students of color and faculty of color in his new medical school and he finds himself providing mentorship for all the minority students and the few faculty of color. At the time of delivering this speech, he had just completed his first year as dean. He found that every student disciplined or expelled over the year had been a minority. He recognizes that the pool of prepared minority students is very small and the best are recruited to Harvard, Yale, Johns Hopkins, UCLA, UCSF. Thus, to create a diverse class at his medical school the admissions committee must take many risks, greater risks that HMS needs to take. He sees a need to build a support structure that improves the possibility of success for all who are admitted.

A complete review of all the alumni speeches demonstrates that the graduates became leaders in their profession and in their communities. The stories they told also show the difficulties encountered while at HMS or in their post-graduate training and how the challenges of becoming a physician, a difficult one for all who undertake it, are compounded for the minority student.

### SUMMARY AND CONCLUSIONS

How has all this data served to answer the research questions? The research questions drove this inquiry into four areas:

- Elements of the HMS affirmative action program
- Quality and effectiveness of program compared to its original goals
- Meaning, utility, range of views about alumni's HMS experience
- National policy implications to be drawn from this study

Table 3 describes the elements of the HMS affirmative action program. On the far left is the goal that was set by the 1969 Task Force on Disadvantaged Students (Potter, 1969). The next column identifies if the goal was achieved or not. The widest column describes any modifications to the goal and the column on the far right lists any unanticipated benefits or negative consequences or outcomes.

**Table 3**

Goals	Achieved	Implementation	Unanticipated Benefits/Consequences
Increase Minority Enrollment to at least 10%	Yes – a minimum of 15% of the HMS entering class has been minority since 1969.	HMS originally established Martin Luther King, Jr. scholarships for minority students. That program was subsumed by a “needs based” approach for all admitted students.	<ul style="list-style-type: none"> <li>• Size of minority student group large enough to have impact on policy and social action issues within the School.</li> <li>• The financial aid policy benefits the entire student body.</li> </ul>
Admit and provide pre-matriculation and other support for academically disadvantaged students	Yes – although the commitment to this goal varied and was not supported by all faculty.	Taking risks in admissions decisions was not accompanied by the creation of comprehensive remediation program. Elements of the program were created on a student-by-student basis.	<ul style="list-style-type: none"> <li>• Tutoring/study skills program established</li> <li>• National Board examination preparation available</li> <li>• Extended time for completion of requirements available</li> <li>• Increased support for non-curricular needs.</li> <li>• P&amp;R Board examined policies to provide fair treatment for the less academically prepared students.</li> <li>• Faculty critical of the program singled out this component as cause for concern.</li> </ul>
Initiate a program of recruitment and retention	Yes – deanship and office created	Revisitation Weekend began in 1982 to overcome Boston and HMS stereotype as an unwelcoming place for minorities	<ul style="list-style-type: none"> <li>• Difficulty supporting student interest in community-based medicine.</li> <li>• A lower percentage of HMS minority graduates pursue graduate medical education at HMS affiliates than majority students</li> <li>• Minimal increase in faculty of color</li> </ul>

Goals	Achieved	Implementation	Unanticipated Benefits/Consequences
Establish a health careers summer program (HCSP) and the Pre-Matriculation Summer Program (PMSP)	Yes— from 1971 through 1988. HCSP supported by Federal funds.  PMSP started in 1969 and continues today	HCSP -- Collaboration with Harvard Extension Summer Program. HMS and Ext. School unwilling to fund.  PMSP – Shifted from introduction to basic science courses to an opportunity to do basic research.	<ul style="list-style-type: none"> <li>• Approximately 29 matriculants of this program attended HMS</li> <li>• Minority student teaching opportunities.</li> <li>• PMSP adapted to expand options for minority students.</li> <li>• PMSP participation has increased the number of minorities in the MD/PhD program.</li> </ul>
Consolidate minority efforts by continuing the Task Force on Disadvantaged Students	No – this did not continue and minority efforts were not consolidated.	Some faculty from the Task Force served as recruiters, mentors for minority students and advocated for the program in times of trouble.	<ul style="list-style-type: none"> <li>• Although there was no official program, the survey respondents do offer about these faculty as mentors.</li> <li>• Younger faculty are not participating as actively as the initiators of this program.</li> </ul>
Revise admissions policy guidelines	Yes – expanded the definition of merit	Creation of merged competition model developed prior to <u>Bakke</u>	<ul style="list-style-type: none"> <li>• Willingness to consider a broad range of feeder schools expanded the variety of backgrounds of majority as well as minority students</li> <li>• Distanced traveled (overcoming adversity of some sort) more important than GPA or MCAT and equal to athletic a musical achievements.</li> </ul>

Skipping to the second goal for an example, “to consciously admit intellectually proven but academically under-prepared medical and dental students and provide preparatory courses” helps to demonstrate that the affirmative action program was a difficult fit with the elitist attitude that pervaded HMS. In order to address the inadequate preparation of minorities in K-12 and undergraduate education, the founders of the affirmative action program determined that HMS consciously admit minority medical and dental students whose formal academic training had not fully prepared them for the first-

year curriculum and provide preparatory work for these students through cross-registration with Harvard College or M.I.T or create preparatory classes for them.

The interviews revealed, like the story about the Promotions and Review Board, that preparatory or remediation for academic deficiencies was difficult to provide or measure and, in reality, it was delivered on a student by student basis and no specific program was created to supplement the gaps in formal academic preparedness that some of the more academically under-prepared students needed.

The implementation of this goal at HMS provides a glimpse at what it means to broaden the definition of merit. It required the institution to rethink the job of the physician to include community service or an ability to overcome disadvantage, along side or in place of academic overachievement. Matching findings in the University of California, Davis 1997 study conducted by Davidson and Lewis, once the academically disadvantaged students were provided access to and support for their medical training, they graduated and carried out their professional responsibilities with patterns that matched those of their classmates. Faculty minority recruitment and retention at HMS and nationwide, might improve if a similar institution-wide debates on the definition of merit took place in that arena as well and a support structures, modeled on those that have proven themselves in student programs, were put in place.

### **National Policy Implications**

The implications of this study for national policy include the fact that:

1) a small group of committed individuals can change an institution. The story of the Gang of Nine, is an example of how a few can change the lives of many. This small group of faculty, so devastated by the senseless murder of Martin Luther King, Jr. decided their institution had to do its part to improve the condition of America's minority population. They devised a plan, promoted it with the senior leadership, joined forces with student activists, convinced the faculty to vote for their proposal, determined and helped implement the essential elements, and then supported the program and program recipients once the program commenced. The School went from twenty-seven minority students between 1915 and 1968 to over 800 between 1969 and 1999. Faculty and students need to remember the power and influence they have to change an institution and to use that power for social reform.

2) Policies or practices should not be changed or altered in anticipation of changes in the law. Before Bakke, HMS was on the brink of overturning some of the fundamental elements of its program but the students, the Admissions Committee, and the Faculty Council stood behind the HMS commitment to minority recruitment. Because of this sizable support for the program, the School worked with lawyers to examine and fine-tune the admissions process so that it met the letter of the law without compromising the program itself. HMS did not dismantle the program because of fear of legal action. Institutions must, of course, comply with the law, but over-compliance or capitulation is not necessary and a strong commitment to the need for diversity on campuses must be respected and nurtured.

3) The practice of affirmative action ensures that minority physicians, if given access to education in elite institutions, can successfully assume leadership roles. This study has attempted to show the struggles that take place when a historically white institution affirmatively integrates its student body. The data from the survey demonstrates that minority graduates are providing medical care to minority patients, and are serving in urban communities. The research agenda followed by these alumni are addressing the health care needs of the minority population and adapting treatments to improve compliance among different ethnic groups. The list of awards received show that they are serving their communities in many ways within and beyond their profession. As heads of academic departments, in public service such as Director of the Center for Disease Control, and principle investigators in research laboratories or clinical studies, minority physicians bring their unique perspectives to these endeavors, supplementing those of others so as to mitigate the influence of biases of institutions and decision-makers.

4) Conflicting perspectives that surface when the student body is multi-racial add a dimension to the educational environment that provides life-long educational benefits to the professional and, in the case of physicians, to the patients whom these professionals serve. The stories told in the Alumni Speeches reveal how students from different backgrounds bring different perspectives to a discussion. Higher education is designed to encourage the free-flow of ideas and creating a diverse student body helps promote the interchange of differing opinions. This sometimes erupts into tensions but it is important for the administration of the School to be prepared to support all sides and encourage dialogue that allows for a broader perspective. Conflicting points of view add a dimension to the environment that, although at times painful for the participants, provides teaching moments that stay with the participants for a lifetime.

5) Program goals that are diametrically in opposition to the institutional goals usually give way to the institutional goal and 6) Successful program initiatives can influence institutional change. The Gang of Nine wanted HMS to a) admit financially and therefore educational disadvantaged minorities. They wanted HMS to b) provide remediation for any educational deficiencies. They also wanted HMS to c) produce graduates who would become community-based physicians. Of the Gang of Nine's three aspirations, HMS succeeded in admitting financially and sometimes educationally disadvantaged students. The remediation efforts, however, were superficial, at best, and really a difficult fit for an environment much more comfortable providing educational enrichment (research, international programs, guest lecturers). The summer pre-medical school program was not sustained once the grant funding evaporated and the pre-matriculation program changed from a basic science primer to a research opportunity. This is one example of how the program goals gave way to the institutional culture.

The program influenced the institution as well, in that individual tutoring for students, study-skill help, and national board preparation were all program initiatives that benefited the entire institution. During the thirty years of this study, the student services units of HMS grew from one Dean of Students with one staff assistant into a Dean of Students, a Faculty Associate Dean of Students, and a Council on Student Affairs made

up of ten faculty devoting at least quarter time to student mentoring, advising and remediation. Many of the program initiatives created by the Faculty Associate Dean for Students for the minority students have been replicated for the entire student body.

7) Providing minority students access to elite medical schools, whether those students are economically disadvantaged or not, helps to change the racial and ethnic background of the leaders in medicine and has proven to be a positive outcome of affirmative action. Although HMS has continued to admit economically and educational disadvantaged students, the level of “disadvantagedness” of minority candidates (that is, whether middle-class minorities need affirmative action treatment) remains a point of tension in the admissions committee and throughout the institution. Several of the faculty interviewed reported a shift within the School to admitting more of the most -qualified or over-prepared minority students and regretting that the admissions committee was no longer taking as many risks as it had in the early years of the program. Poussaint, on the other hand, reported, with some pride, that the average MCATs of the minority students over the more recent years are equal to or higher than the majority average. This is a shift away from taking in a high percentage of students who need remediation and providing pre-matriculation support causes some embarrassment on the part of the initiators of the affirmative action program. They truly wanted the program to provide a societal correction to the disparities in K-12 and undergraduate preparation. This, again, is not a good fit with the institutional culture of HMS.

HMS has a long history of educating the over-qualified and it has created a lock-step curriculum with little time for remediation or catching up if a student falls behind. This has meant that the more prepared a student is upon arrival, the better fit the education is for the student. The number of educational disadvantaged students admitted has declined over the years and minorities from middle-class backgrounds are increasing in number. Is this a betrayal of the original goals of the program? It is a shift, moving the program goals closer to the institutional goals, but it is not a retrenchment to the pre-1969 admissions policies. It is probably a sign that the affirmative action programs that have been in effect in undergraduate institutions for the last thirty years are effective in increasing the wage and educational backgrounds of its beneficiaries and their off-spring.

Affirmative action is not a mechanism that will overturn elitism but rather one that allows some more people access to limited resources. Prior to affirmative action program, qualified middle-class minority applicants were being overlooked. The affirmative action program at HMS and similar programs at other American medical schools have allowed access and continue to provide the support these students need to navigate through a professional training and a profession that is dominated by the white majority. Affirmative action has increased the supply of minority physicians although not to the levels set by the AAMC. Continued recruitment efforts and special programs will be required to sustain and build on the progress that has been made these thirty years. Until there are as many minority faculty as minority students, the need for affirmative action programs at medical schools will remain.

This study has demonstrated that proactive recruitment followed by a commitment to support the educational experience with a robust program results in

successful careers for minority physicians. Research described in the literature review for this work supports the assumption that minority physicians serve a greater proportion of minority patients than do their majority colleagues. With the demographics of America changing dramatically, the need for minority physicians continues. If the goal of the Association of American Medical Colleges, as described by its president, (Cohen, 1996) is to provide culturally competent medical care, it must provide culturally sensitive and competent medical education.

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