• SPECIAL ARTICLE •

The Educational Struggles of African-American Physicians in Mississippi: Finding A Path Toward Reconciliation

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"Let men of good will and understanding change the old order, for this is a new day." —Medgar Evers, 1961.

"It is true that we have come a long way since the days of Jim Crow segregation. But the plain fact is that race still matters." —Sherrilyn A. Ifill, President, NAACP Legal Defense and Education Fund, June 14, 2013.

INTRODUCTION

Minority physicians choose primary care and rural practice sites more than others. Those specialties and practice sites are desperately wanting in rural America. Here in Mississippi, and across the United States, a significantly smaller percentage of minorities choose medicine as a career compared to their total percentage of the population. There is renewed interest in understanding how and why shortages of minority physicians exist and what can be done to increase the numbers of minorities in the medical profession.

In the process of studying this issue, new information was discovered on the history of the medical education of black physicians. Uncovered in this research were data on a relatively unknown, state-sponsored regional plan to divert black applicants from attending all-white health professional schools in the Southern states, including Mississippi, which persisted until the 1970’s.

A CROOKED PATH MADE STRAIGHT

A Recent Publication from Mississippi

That information was reported in the article, “Crooked Path Made Straight: The Rise and Fall of the Southern Governors’ Plan to Educate Black Physicians,” published in the July 2013 issue of The American Journal of Medicine (AJM). This article explores the response of Southern Governors to the problem of medical education for their black citizens after the Second World War. The article delineates a carefully considered plan to shuttle African-American medical school candidates to historically black medical colleges by joining in a Compact to purchase the struggling Meharry Medical College, founded in 1876 in Nashville, Tennessee as the first medical school in the South expressly for blacks. Rather than admit blacks to their own professional schools, the Southern states joined together to create a “geographic district for the establishment, acquisition, operation, and maintenance of regional schools.” This plan was placed in the hands of a board of control, the Southern Regional Education Board (SREB).

Proposed Ownership of Meharry Medical Conference by the Southern Governors’ Conference

The SREB’s original plan involved the purchase of Meharry, then in precarious financial condition, and the utilization of regional funding to maintain a “separate” medical, dental, and nursing school for Southern blacks. Such an arrangement hoped to satisfy federal laws then addressing racial segregation in higher education. Pressure from Meharry alumni thwarted the transfer of the institution to the SREB, and the Compact was amended in 1948 to permit member states, including Mississippi, to contract with Meharry through the SREB for the medical education of its black citizens. The new system maintained Meharry’s autonomy and solved its financial crisis. Historian James Summerville writes, “For the next decade, the college led all other participating Southern schools in the number of contract students it enrolled. Most of them would have been denied admission to the segregated state medical schools or prohibited by expense from pursuing education for a career in health.”
Downstream Effects of Scholarships for Black Physicians

Despite the benefit of a full medical scholarship, the AJM article asks if the SREB played a role in slowing the growth of the number of black physicians in the United States. It concluded, “It is clear that the Southern states continued to use the SREB system to procure slots in out-of-state, traditionally black educational institutions well into the 1970s, when black medical students began to be admitted to state medical schools. This was despite the 1950 US Supreme Court decision in Sweatt v Painter, a ruling that should have been the death knell of separate but equal in professional education. It is reasonable to conclude that arrangements made between the Southern states, the SREB, and the participating medical schools not only slowed the integration of state medical schools in the South but also contributed to the ongoing shortage of black physicians in the US. Funding for medical education through the SREB functioned as a quid pro quo to encourage black applicants to medical school not to pursue admission to their state medical schools in the South. On the other hand, the SREB arrangement did provide opportunity and financial support to attend medical school for black students from states where later federal intervention was subsequently required to ensure their access. Now that open admission policies are in place in all states, SREB scholarships facilitate medical education for students who otherwise might not be able to afford the tuition costs associated with a medical education.”

The writers assert, “Thus, this crooked road has been made straight. Nevertheless, how the curse of racial discrimination in the US has contributed to health disparities in our country, and the efforts to which Southern leaders were willing to go to preserve it, must be taught and remembered.”

THE SREB: PRESERVING THE OLD SOCIAL ORDER OF THE JIM CROW SOUTH

Black Veterans Return after World War II

Here is what we have learned. After World War II, increasing numbers of black veterans began to apply to segregated state universities under the provisions of the GI Bill. In response, Southern states increased their efforts to prevent integration of their educational institutions, including all white state professional schools. This effort was more out of determination to preserve the social order established after Reconstruction than out of concern for competition from black physicians. One of these strategies was to provide scholarships to traditionally black institutions for potential African-American applicants to all white state professional schools.

At the 1945 meeting of the Southern Governors’ Conference, subsequently known as the Southern Governor’s Association, the governors of Alabama and Florida proposed a centralized, region-wide scholarship program to facilitate out-of-state medical training for African-American professional students. In 1948, the Governor’s Compact established the Board of Control for Southern Regional Education, which subsequently became known as the Southern Regional Education Board (SREB), the instrument to accomplish that goal. The Compact was quickly ratified by the legislatures of 15 Southern and border states, including Mississippi.

The SREB began operation in 1949. That year, 149 African-American students on Southern Regional Education Board scholarships, matriculated at Meharry Medical College in Nashville and Howard University in Washington, D.C. in medicine and related fields. Two hundred eleven white students attended all-white state institutions on Southern Regional Education Board scholarships, primarily in health professions schools not existing in their own states.

This gave the appearance of compliance to court action on the “separate but equal” doctrine that had made segregation in education possible since 1896.

FELIX J. UNDERWOOD: A STATE HEALTH OFFICER AND A DOCTOR SHORTAGE IN THE HEART OF THE SEGREGATED SOUTH

An Enlightened MSMA President and Health Officer

The story of black physicians in Mississippi both parallels and strays from the experiences of black physicians in other states who signed the 1948 compact. Despite the dominance of a segregated social structure, Mississippi was somewhat different than most other states that signed the compact in reaching out to its few black physicians, largely due to the medical and public health leadership of one man, the enlightened physician Felix J. Underwood, MD (1882-1959), who served as president of the Mississippi State Medical Association (MSMA) from 1919-1920. As state health officer from 1924-1958, Underwood was tireless in his efforts to improve the medical condition of Mississippi’s blacks. In 1937, in the pages of the Mississippi Doctor, he encouraged MSMA physicians to take “vigorou measures” to improve the health of their black patients. Ahead of his time, he understood the social determinants of health, stating, “One of the best preventive medicines (is) decent housing (and) better pay. T.B. and all kinds of diseases have always been highest among Negroes. Why? Not because the Negro has some constitutional defect. But because of crowding and malnutrition.”

Underwood was equally progressive with black medical education. He had initiated postgraduate courses for physicians in the state as early as 1931 with the financial support of the Federal Children’s Bureau and soon talked the MSMA into supporting education for practicing physicians, then termed “extension type of teaching.” Underwood had the Commonwealth Fund of New York and Tulane University...
School of Medicine assist the Mississippi Board of Health in perpetuating these “extension courses.” The program expanded in 1935 “for the purpose of bringing newer methods of diagnosis and treatment to the medical profession and thus lowering maternal and infant death rates.” The first set of 10 lectures on obstetrics was conducted only for white physicians. Underwood then created a similar set of lectures conducted by obstetrician and pediatrician Walter Henry Maddux, MD, Senior Consultant for the Federal Children’s Bureau in Washington, DC, for “colored practicing physicians.” Underwood later reported, “Doctor Maddux lectured in nine Mississippi centers beginning August 15, 1936. Colored physicians, as well as many pharmacists and dentists, participated in the program. The percentage of attendance for colored physicians was 94%. Following the completion of the medical education program for colored physicians, the Mississippi Medical and Surgical Association (MMSA) [an organization founded for and by black physicians] unanimously requested additional lectures and clinics on other medical subjects.” Thus, despite the segregation in Mississippi at both the local and state level, Underwood and his Board of Health, by statute consisting only of MSMA members, recognized the contributions of the state’s black physicians, and worked with the MMSA to provide postgraduate education in the midst of the Depression. Also noteworthy was the enthusiastic response of black medical professionals to these rare opportunities for quality post-graduate education.13

The Commonwealth Fund

As early as 1931, Underwood’s connections with the Commonwealth Fund led to Mississippi’s use of medical scholarships to increase the physician workforce. These initial scholarships were for only white students to attend the segregated Tulane University School of Medicine only and were based on scholastic record, financial need, personality, health, and character. In applying for and accepting a Commonwealth Fund scholarship, the student agreed to practice medicine in a rural area in the state for at least three years. These early scholarships provided $1,000 annually for the four years of medical school. After 10 years of operation and 44 scholarships, the Commonwealth Fund withdrew its support of Mississippi’s scholarship program for undergraduate medical students in January 1941. However, this decade long program laid the groundwork Underwood was seeking for the education of physicians for rural practice, and he initiated a similar program utilizing state funds 5 years later. After he pronounced a physician shortage in the state in 1941, Underwood published an article in the December 1945 Mississippi Doctor titled, The Mississippi Doctor Shortage and What to Do About It. The MSMA’s Committee on Education, on which he served, supported his efforts. In a report on the physician shortage in the October 1945 Mississippi Doctor, Underwood wrote, “The State Board of Health has prepared this bulletin of facts on the doctor shortage in the belief that, if the people know the facts, they will realize the danger and take the necessary steps to solve the urgent medical needs.”14

The 1946-1948 Mississippi Legislature

After the Second World War, Underwood perceived the gross inadequacies of the state health system, including its poor facilities and low workforce, and pushed for action in the state legislature. In 1938 the state had 1446 physicians, 1392 white and 54 black. By 1946, the number had dropped to 1213, with 1163 white and 50 black.15 Faced with declining numbers of both white and black physicians, he aggressively led Mississippi’s leadership to embrace the National Hospital Survey Program and the National Hospital Construction Program, with the first contract for building a Hill-Burton Act hospital in Mississippi in Booneville. He convinced the 1946 Legislature not only to pass legislation which would eventually create a 4-year medical school, but also to become the first state to inaugurate a medical scholarship program for doctors, one that included African Americans. He convinced the 1948 Legislature to inaugurate a nurse scholarship program and a statewide program for nursing education, also open to blacks. The physician scholarships were placed under the direction of a Medical Education Board, which provided loans to “deserving young future physicians” in an amount not to exceed $5,000 over four years or over $1,250 in any one school year. Under the terms of the contract, the young physician promised to return to a rural community or area of 5,000 or less population and practice a minimum of two years. After each year of practice, one-fifth of the individual’s student loan was wiped out, and if a physician practiced for five years there, the entire loan was erased.16

Mississippi Hospital Commission Report

A publication of the Mississippi Hospital Commission reported the program’s evolving success: “As of August 30, 1948, such scholarships had been granted 144 medical students. Three had completed their medical training and had started practicing.”17 By June 30, 1951, the medical education program had awarded 332 scholarships, with 200 medical students in 24 medical schools. The recipients represented 79 counties and 178 towns, revealing significant geographic diversity.18 The State Medical Education Board was still in operation in the 1960s, apparently still in charge of the Mississippi medical scholarships.19 By 1961, both black and white physician numbers were increasing. Total physicians were 1675, 62 blacks (59 males, 3 females), and 1613 whites (1566 males, 47 female). This represented
significant increases for each race since the startup of the scholarship program in 1946 with 12 black (24% increase) and 450 white (39% increase) recipients. Despite these increases, it is clear that black physician numbers remained terribly low. They represented less than 4% of the total, and no appreciable change in the total percentage was attained over the 15-year period.

A 4-YEAR MEDICAL SCHOOL FOR MISSISSIPPI

Mississippi Behind the Curve

Mississippi was also different from many other states in that it lacked most undergraduate and graduate health professional training programs or schools until 1955, when the University of Mississippi School of Medicine was established as a 4-year, racially segregated medical school. MSMA had advocated enlargement of the 2-year medical school at Oxford to four years in October 1945, two years at Oxford and two clinical years at “a larger city.” Dr. J. C. McGhee wrote, “How long will we quibble about this important question while our boys go elsewhere to study and too often to locate?” McGhee, as well as most of the state physician leadership, understood the dangers of educating physicians in other states, which often captured them. As Dr. H. R. Shands concluded in the MSMA Medical Education Committee Report, “During the past 20 years, over 3,000 Mississippi boys have finished medicine in more than a dozen medical schools in other states. Less than 40% came back to practice in Mississippi.”

Mississippi Doctor Editor-in-Chief W. H. Anderson had written similar sentiments a year before: “The population of our state is largely rural and the income per family is small, so when our boys are taught out of the state in terms of large expensive hospitals and equipment, interns, nurses, orderlies, and charts, they know not how to practice in the country and small town; neither do they have the inclination. They have been enamored of the bright lights; they have caught the vision of fancy specialist fees, short office hours in the forenoon, golfing by afternoon, and partying at night. Back home the road looks hard, and it is. The inducement to return is small.”

Views of the Medical Establishment

The efforts to build a 4-year school did not necessarily extend to the state’s black citizens. Mississippi Doctor Editor Lawrence Long shared the opinion of the state’s white physicians toward educating its black citizens in July 1945 by noting that there was already a plan to send black candidates to school in Tennessee, a reference to the coming SREB arrangement with Meharry. Long endorsed the plan and suggested, “A few good Negro doctors would be fine.”

It was clear that there was no intention to integrate a new 4-year medical school by the medical status quo in the state.

In Mississippi, it is difficult to argue that these SREB scholarships were supported solely to encourage blacks to leave the state, even if such was the result in many cases, for up until 1955, every white medical student in the state also had to leave the state to complete their medical school training. It seems the SREB scholarships were simply the way to keep the schools segregated and maintain the social order, with little thought as to impacting black physician numbers, which were considered negligible in the overall workforce by the medical community anyway.

BLACK PHYSICIANS: SENT AWAY TO TRAIN, RETURN TO CHALLENGES

Four Extraordinary Mississippians

Representative of black physicians of this period are the careers of four extraordinary Mississippians who attended Howard and Meharry medical colleges on Southern Regional Education Board scholarships. The experiences of three of them (Drs. Smith, Anderson, and Shirley) formed
the basis for the book, *The Good Doctors*, which addresses the struggle around healthcare for Mississippi black citizens during the Civil Rights era. Scholarships were awarded to Aaron Shirley and James Anderson to attend Meharry Medical School, and to Robert Smith and Helen Barnes to attend Howard Medical School. These scholarships were administered through the Mississippi State Board of the Institutions of Higher Learning, then called the College Board, located in Jackson, the state capital. The scholarships required that recipients return to Mississippi to practice medicine for a minimum of five years in rural areas. When these physicians completed medical school, they found they were unable to obtain internships or other graduate medical education in their home state as the University of Mississippi Medical Center (UMMC), the state’s only academic health center, did not accept black applicants. So, they began post-graduate training elsewhere. To be fair, all white physicians had to do the same, as there were no accredited residency training programs until 1955.

**How Many Came Back to Practice in Mississippi?**

An unknown number of young black physicians returned to Mississippi to honor their practice agreements after post-graduate education, only to be welcomed with a new array of challenges in their segregated professional environments. Some black physicians were allowed hospital staff privileges, usually in segregated wards. Dr. Robert Smith recalls that he and Dr. Albert Britton (the close friend and physician of Medgar Evers) were given medical staff privileges at present-day Baptist Hospital in Jackson by the early 1960s, although their practice was limited to a segregated annex of the hospital. Others, like Dr. Aaron Shirley, learned upon their return to Vicksburg in the early 1960s that some hospitals required membership in the (local) component society of the state medical association to receive admitting and attending privileges from hospital credentials committees. However, since black physicians were racially excluded as members of the association, they were left unable to obtain hospital admitting privileges, which prevented them from caring for their patients who required hospitalization. Their choices were to make arrangements with a white physician to admit their patients to a segregated ward at a white hospital, if available, or not admit patients at all. As a result, many black physicians saw their practices limited. This process was institutionalized by an 1948 American Medical Association (AMA) resolution officially proclaiming that “the county medical society is the sole judge of whom it shall elect to membership.”

**An Appeal by a Mississippi Physician to the AMA**

Dr. Robert Smith, who returned to Mississippi after his medical training on scholarship at Howard, traveled from Jackson to Atlantic City, New Jersey in 1963, shortly after the murder of his friend, Medgar Evers. He unsuccessfully lobbied the AMA on behalf of black physicians for their membership in the AMA, an event that made national news. (Figure 2) Drs. Smith, Anderson, and Shirley also provided healthcare to white and black civil rights workers in Mississippi during Freedom Summer in 1964 at great personal risk. Subsequently, these three physicians played important roles in the start-up of the national network of Federally Qualified Health Centers (FQHC). That initiative developed from the community health clinic movement initiated in Mississippi during the civil rights era by the members of the Medical Committee for Human Rights in which these physicians were active. We have reviewed the history of FQHCs as an important component of the Affordable Healthcare Act and the expansion of Medicaid.

**An Aspiring Gynecologist in Greenwood**

A fourth Mississippi native and Southern Regional Education Board scholarship recipient, Dr. Helen Barnes, who later became a board-certified obstetrician/gynecologist, had returned to Mississippi in 1960 to complete her scholarship payback in Greenwood, Mississippi, prior to completing her OB/GYN residency. She was given “scientific (S)” membership in the local medical society. Dr. Barnes was later recruited to work at the first rural FQHC in the United States which had opened at Mound Bayou, Mississippi. She eventually served as the first black medical faculty member of the University of Mississippi Medical School for many years. More about Dr. Barnes later.
Black Hospitals in Mississippi

The Knights and Daughters of Tabor, a black fraternal organization, had previously established The Taborian Hospital in Mound Bayou in 1942 to provide hospital privileges for black physicians.26 [From 1947 to 1974, Meharry sent residents, interns, and medical students to train at Taborian.] Other black fraternal organizations established successful hospitals in Mississippi to address this problem including the Afro-American Sons and Daughters whose hospital had operated in Yazoo City, Mississippi since 1928. These hospitals always struggled financially. With the arrival of the Hill-Burton Hospital Act and later Medicare, these hospitals would lose their ability to survive due to a multitude of factors, including increased regulatory burdens, intensified competition from larger regional hospitals, and the departure of black physicians associated with them.28

The Black Physician Diaspora

We could locate no records to determine either the number of black students who left Mississippi during this era to attend medical school at Meharry or Howard Medical College under state sponsorship or the number who established permanent medical practices in Mississippi. However, 18 Meharry Medical College graduates who were representative of the larger Southern black physician diaspora wrote Meharry to protest the terms of the 1948 Southern Regional Education Board Compact.29 This was at a time when the ratio of black physicians to black patients was 1:17,000 in Mississippi.

THE "S" MEMBERS AT STATE MEDICAL

The Medicare legislation signed into law by President Lyndon B. Johnson in 1965 prohibited discrimination against black professionals in participating hospitals. Although Medicare removed one obstacle for the practice of medicine in Mississippi for black physicians, others persisted. In Mississippi black physicians remained persona non grata in the state medical association (MSMA) until they were admitted to some regional components, not as regular members, but as "scientific members" with the "S" designation after their name. That designation meant that they could attend continuing medical education and scientific events but not social or business meetings and could not serve in any office or on any committee.14 The first "S" member was Oswald G. Smith, MD of Clarksdale in 1956.30 Helen Barnes, MD mentioned above, was the first black female member of MSMA, was admitted as an "S" member in 1960 from Greenwood.31 She was aware of the AMA's resolution of 1948 and refused to join the AMA early in her career. So strong was her desire not to join the AMA, she later left MSMA after becoming a full member when unification occurred. It was not until 1967 that the "S" designation was removed from the listing of members. (See Dr. Lampton's article "Opening the Doors of the Great Republic" on page 205 in this issue for more.)

The negative impact of sending black physicians away for their training is telling in the story of Dr. Oswald G. Smith. Returning to Mississippi after service in World War II, he practiced for an extended period in the Delta. Despite his prominence and success there, he returned north by 1960 for further training. He was never to return to his home state, attracted by greener pastures less dominated by the issue of race. (See Images in Mississippi Medicine in this issue.)

RECRUITMENT OF MINORITY STUDENTS AND GRADUATE PHYSICIANS TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

Resistance to Integration by Elected Officials

Despite Supreme Court Rulings in 1948 and 1950 mandating open admissions for African-Americans to state institutions, admissions of blacks to Southern medical schools did not occur until much later.22,23 Attempts by progressive leadership for institutional change at the Medical Center met little favor with its major funding source, the state legislature, or its governor, Ross Barnett, who appointed himself Registrar of the University of Mississippi in an attempt to block the admission of black students.24 The Southern states continued to use the Southern Regional Education Board system to procure slots for medical students in out-of-state, traditionally black educational institutions. The UMMC, like other southern health science centers, was under intense scrutiny by the US Department of Health, Education, and Welfare for compliance to federal anti-discrimination policies at the time. The Medical Center came close to losing federal funds in 1965 until it successfully passed a federal inspection and site visit.24

Robert Q. Marston, MD

The Dean of the Medical School and Director of the Medical Center in the mid 1960s was Dr. Robert Q. Marston, an extraordinary leader who led the difficult institutional changes required to accommodate the obligations of the Civil Rights Act of 1964. He would maintain in 1965 that work to integrate the Medical Center began long before 1964, stating that "originally, the entire complex was designed in anticipation that it would be an integrated institution."35 This suggests that such pragmatic leaders as Dr. David Pankratz, Dr. Arthur Guyton, Dr. Tom Brooks, Dr. Robert Snavely, and others may have planned for the eventual integration of the institution prior to 1955, as they engaged in architectural design of the new campus with William Lampton Gill. In an address delivered to the Medical Center Assembly on April 16, 1965, Dean Marston, MD, said, "The policy of the University Medical Center has been, and is now, and will con-
continue to be, the elimination of discrimination on the basis of race as spelled out by Congressional policy and executive implementation according to the letter and the spirit of the Civil Rights Law.35 However, Marston met resistance at his every move. Dr. Jack Geiger, who led the establishment of the community health center model in both Mississippi and the Unitec States, remembers hearing accounts of early federal inspections of the Medical Center, to be sure Title VI (which forbade segregated public facilities) of the Civil Rights Act of 1964, was being enacted.37 Marston is remembered telling a pediatric auditor that he was committed to full integration of the facility, but he was facing significant obstacles and pleaded for patience from the auditors. As a show of his good faith, Marston led the visiting group to the first integrated ward at the facility, the ICU, which contained 4 patients, 2 white, 2 black, all 4 in a coma state.37 Despite Marston’s sincere efforts, the active recruitment of minority students and faculty at the UMMC languished until 1970, when the United States Department of Health, Education, and Welfare forced the issue with a compliance plan.36

A Black Medical Student in 1966

Although a black medical student was admitted to the UMMC School of Medicine in 1966, it was not until 1972 that the first black medical student graduated.36 In 1966, the UMMC accepted its first black resident, Dr. Aaron Shirley, a Southern Regional Education Board scholar mentioned previously. By then, he had completed his 5 year scholarship pay back in Vicksburg and was planning to go to Oklahoma for residency in pediatrics with no intention to return. Dr. Blair E. Batson, the progressive Chairman of the Department of Pediatrics at UMMC, offered him an earlier residency startup than the University of Oklahoma, and he stayed.36 All four of the Mississippi Southern Regional Education Board scholars mentioned have made their careers in Mississippi and remained active in community affairs at many levels.

By 2004, the UMMC had 29 black medical students, 10 black dental students, 49 black nursing students, 78 black students in the School of Allied Professions, 62 in the Graduate School, and 33 in hospital sponsored residency programs.36 Today, the medical center’s now willing struggle to increase minority student matriculation is challenging. This reflects not only past history of racial discrimination in the state but the fact that outstanding Mississippi African-American pre-med students are actively recruited by the most competitive medical schools in the US. For instance, Brown University in Rhode Island, a historically Baptist institution, has provided medical education to black students through a relationship with Tougaloo College in Jackson since Reconstruction and continues to do so.

The AMA Apology and Medicine’s Role in the Legacy of Jim Crow Medicine: Organized Medicine’s Efforts to End Racial Disparities

A Shortage of Black Physicians

Many conclude that arrangements made between the Southern states, the Southern Regional Education Board, and the participating medical schools not only slowed the integration of state medical schools in the South but also contributed to the shortage of black physicians by delaying integration of state professional schools. However, it appears that these efforts not only exported those African-Americans who then had to seek post-graduate education out of the state, but also exposed them to less segregated medical communities that offered better professional opportunities. Perhaps even more than the out of state education, these Mississippi exiles returned home to find demeaning professional circumstances. The oppressive segregated world these black physicians faced in many ways explains the still small number of African-American physicians, significantly fewer in numbers than their percentage of the general population, as well as the smaller number who have chosen to permanently practice in Mississippi and the South.

The AMA’s 2008 Acknowledgement

Organized medicine has been slow to acknowledge its involvement in the perpetuation and tolerance of segregation of both physicians and patients. The AMA published an acknowledgement and apology for its complicity in these discriminatory acts in 2008 after receiving an internal report on the organization’s role in discriminatory practices.36 In the same issue of the JAMA, the AMA admitted these practices had a profoundly negative effect on the health of African Americans.39 Even before that apology, the AMA, along with other national medical associations, proactively approached the persisting impact of Jim Crow medicine through multiple overtures. After the 2000 launch by the U.S. Department of Health and Human Services (HHS) of Healthy People 2010, the issue of racial disparities achieved additional traction at the AMA. In December 2000, AMA President Randolph Smoak and U.S. Surgeon General David Satcher signed a Memorandum of Understanding between the AMA and HHS to address racial disparities. Subsequently, in 2002, the AMA House of Delegates (HOD) approved a resolution to make the elimination of racial and ethnic disparities in health care a priority issue. The resolution catalyzed the creation of the Commission to End Health Care Disparities in October 2003, with AMA and the National Medical Association (NMA) co-chairs of the Commission.40

Other AMA efforts to address racial and ethnic disparities were the creation of the AMA Minority Affairs Section, which provides a national forum on advocacy on minority health issues, as well as the professional concerns on minor-
ity physicians and medical students, and the creation of the AMA Minority Scholars Awards. These are $10,000 merit scholarships given annually by the AMA Foundation to up to twelve minority medical students. Noteworthy during this time was the leadership of Dr. J. Edward Hill of Tupelo, Mississippi, a past MSMA president who served on the AMA Board of Trustees from 1996 to 2007 (except for 2003-4) and served as Chair of the Board from 2002-3 as well as President-Elect and President from 2004-6. Although Hill’s period of service ended before the official apology, he served in a leadership role in most of the initial recent efforts on racial reconciliation which were addressed during his period on the Board.

The 2013 AMA Medical Education Report

In June 2013, the AMA Council on Medical Education released a report to its House of Delegates in Chicago entitled “Implementation of Accreditation Standards Related to Medical School Diversity.” The report summarized the status of implementation of the Liaison Committee on Medical Education (LCME) diversity standards, provided data on trends in medical student, resident, and faculty diversity and described current strategies to enhance medical school diversity. With encouragement from the AMA in July 2009, the LCME, instituted diversity standards IS-16 (institutional diversity) and N/S-8 (pipeline programs) which require medical schools to address how they deal with these issues. This report noted that at least 13 medical schools across the country were cited for failures to meet these diversity standards. The outreach and pipeline programs currently ongoing at the University of Mississippi School of Medicine have been recognized as models for other states in the recruitment of a diverse student body. A recent LCME accreditation review ranked UMMC’s efforts at institutional diversity as among the best in the United States.

Doctors Back to School

The AMA has also promoted the decade old program, “Doctors Back to School” (DBTS). The program focuses on the need for more minority physicians and encourages children from under-represented minority groups to consider medicine as a career option. It sends physicians and medical students into the community to introduce school children, especially those from underrepresented racial and ethnic groups, to physician role models. DBTS was originally launched in March 2002 by the AMA Minority Affairs Section, and as of 2007, the AMA is partnering with the Commission to Encourage Healthcare Disparities to increase the number of physicians and schools taking part in the program. Specialty organizations have joined in. Last year, the American Academy of Family Physicians, through its Commission on Science and Public Health has created an AAFP PowerPoint version of DBTS for family physicians to utilize. Mississippi native Marshala Lee, MD, recently spoke to high school students in Greenwood, Mississippi utilizing the AAFP PowerPoint, a program also piloted with Tulane Medical Students during their Family Medicine training in Magnolia, Mississippi. Lee commented, “The students I met in Greenwood were smart. These were in advanced science classes, anatomy, biology, chemistry, and physics. But they also face obstacles. Roughly 90% of students in this school in the Mississippi Delta are black teens from socioeconomically disadvantaged backgrounds. The majority of them qualify for the free lunch program. The community’s teen pregnancy rate is high, deterring many bright kids from college and a better future. They need encouragement and inspiration. Physicians can provide both.” In addition to the AAFP PowerPoint, Lee added slides on Drs. Jocelyn Elders, Ben Carson, and Mae Jamison, all pioneering black physicians.

CONCLUSION: INVITING THE UNINVITED

Our Eight Percent

Our country’s legacy of racial discrimination has significantly contributed to low numbers of minorities, especially African-Americans, choosing medicine as a career. Just over 9% of all physicians in the United States are African-American, Hispanic, American Indian, Native Hawaiian, or Alaskan Native, while almost 30% of the patient population are from these racial groups. This problem is acute and pronounced in Mississippi. Licensure data reveals that there are over 500 active black physicians out of about 5917 total practicing physicians in the state. More than 37% of Mississippi’s citizens are black, however, only 8% of the physicians are black.

Mississippi Needs More Physicians

In the years to come, the rural South will need to recruit and retain large numbers of primary care physicians from inside and outside of the Southern states to meet the tidal wave of obesity-related chronic illness that looms in our immediate future. Since so much of what we discovered has connections with our state and underpins our present health workforce issues, increasing the numbers of black physicians in Mississippi as well as improving their practice environment are essential in providing the citizens of Mississippi with access to quality care. While putting this information together, we also learned that our black colleagues, old and young, painfully remember the past treatment of black physicians in Mississippi, and the wounds remain unhealed. It is obvious more must be done to eliminate the vestiges of Jim Crow medicine which persist in our profession in Mississippi.
What Can We Do?

So, what can we as MSMA members do to aid the healing?

First, we can continue to support UMMC’s efforts to improve diversity. Mississippi’s efforts, at least at UMMC, are national models for improving diversity of students and faculty, and such efforts and programs must continue in an aggressive manner. One of the more creative approaches is the Mississippi Rural Physician Scholarship Program (MRPSP), established at UMMC with MSMA leadership in 2007. This innovative program, with goals similar to the Commonwealth Fund Scholarship efforts seventy years earlier, not only will increase access to care for the state’s minority population but also includes significant percentages of minority students among its scholars due to intense recruitment. Each legislative session since 2007, MSMA has lobbied for additional program funding, and this year our MSMA was able to have the cap removed on the program to permit even more students to receive scholarship funding and return to rural communities. We need to continue our Association’s strong support of MRPSP and UMMC’s multiple other efforts to improve diversity of our healthcare workforce.

Second, our Association should explore promoting diversity in our profession beginning at the youngest levels. MSMA physicians should embrace and promote among its doctors programs such as the AMA’s Doctors Back to School Program and the AAFP PowerPoint version, which have already been utilized in Mississippi successfully. Finally, our Association should follow the AMA’s example and create a Minority Affairs Section within our House of Delegates to focus on minority health and minority physician issues.

A Color Blind House of Delegates

Acknowledgement of both the wrongs of our past, as well as the significant changes for the better that have occurred are needed to help assure that qualified health professionals, regardless of their race, know they are welcome here in Mississippi and in our MSMA. This must occur both at the House of Delegates level and on the “one-on-one” level, where individual members reach out and invite those not participating or not invited in the past to participate fully in our association. We encourage MSMA to follow the examples of the AMA and UMMC in active efforts to make our Association not only color blind, but keenly aware of the social determinants which impact the quality of the health of Mississippi’s people. We hope this issue of JMSMA is a big step in that direction.

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