

# TRAINING AFRICAN-AMERICAN RESIDENTS IN THE 20TH CENTURY

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Bellevue Hospital, the oldest public hospital in the United States and a lineal descendant of an infirmary for slaves, accepted its first African-American resident, Dr. Ubert Conrad Vincent, in 1918. This occurred at a time when many medical centers were not accepting African-American residents. At the end of WWII, one-third of the accredited medical schools still barred African Americans. However, Bellevue Hospital continued to train African-American residents. Between the 1920s and 1940s four African Americans matriculated at Bellevue Hospital. There were six in the 1950s, four in the 1960s, and 25 in the 1970s. By the 1980s, 40 African Americans matriculated, and between 1990 and 1995, 61 matriculated. Despite its historic first, Bellevue lagged slightly behind the national average. While the number of African-American residents occupying U.S. residency slots increased from 2.8% in 1978 to 6.5% in 1996, African Americans comprised 3.6% of residency slots at Bellevue between 1985–1995.

Currently, only 7% of practicing physicians and 5% in faculty positions are Latino, African-American, and Native American. Increasing the number of under-represented minority (URM) physicians is important to the United States, as URM physicians are more likely to serve the poor and uninsured, therefore improving the overall healthcare of the underprivileged. A study by the Association of American Medical Colleges indicated that minority medical school graduates were five times more likely to report that they planned to serve minority populations than other graduates. In their position paper, the American College of Physicians expressed the belief that increasing the number of URM physicians will help reduce healthcare disparities that can hurt minority populations and lead to poor health outcomes. The Supreme Court acknowledged the importance of racial diversity by upholding the University of Michigan affirmative action admissions policy in its June 2003 ruling. URM physicians are needed not only to serve minority populations but also to serve as mentors and role models for prospective and current students.

The first African-American resident to graduate from the Bellevue Residency Program did indeed treat the underserved, as Dr. Vincent founded the Vincent Sanatorium, dedicated to treating African-American patients, and training African-American nurses and doctors. Over the course of the 20th century, Bellevue Hospital has trained increasing numbers of African-American physicians. It is hoped that, like their predecessor, Dr. Vincent, they will provide care to underserved communities and to the community as a whole, as well as serve as role models for generations to come. (*J Natl Med Assoc.* 2004;96:372–375.)

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The first formally trained African American to practice medicine in the United States was Dr. James McCune Smith. He was trained at the Uni-

versity of Glasgow in Scotland and returned to practice medicine in New York in 1837.<sup>1</sup> Ten years later, Dr. John Peck became the first African American to receive formal training from a medical school in the United States when he graduated from Rush Medical College in 1847.<sup>2</sup> Many African Americans, though not formally trained, provided medical care by serving as assistants to medical practitioners during this time<sup>1</sup>. For example, Onesimus, an African slave, taught the technique of smallpox variolation to Cotton Mather, a Boston clergyman who successfully used this technique during a smallpox epidemic in Boston in 1721.<sup>3</sup>

Howard University was the first medical school established for the purpose of educating African Americans. It opened in 1869. Meharry opened a few years later in 1876.<sup>4</sup> By the beginning of the 20th century, there were seven medical schools that trained African Americans predominantly. For the most part, these physicians provided medical care to African-American communities. In 1904, the Carnegie Foundation commissioned Abraham Flexner to start an investigation on the quality of medical education in the United States. The resultant Flexner Report, released in 1910, recommended that only two of the seven predominantly African-American medical schools—namely Howard and Meharry Medical Schools—remain open. The others were closed. The Flexner Report also had an effect on mainstream medical schools in that only 70 of the 460 schools were allowed to remain open.<sup>5-7</sup>

Bellevue Hospital Medical College, founded in 1860, was one of the mainstream medical schools allowed to remain open.<sup>8</sup> Located in New York City, Bellevue Hospital, which dates back to 1736, is the oldest public hospital in the United States.<sup>9,10</sup> It is a lineal descendant of the infirmary for soldiers and slaves established in 1658 in New Amsterdam by Jacob Varrenvanger. In 1847, the facilities were opened for clinical instruction to medical students of the city.<sup>11</sup>

In 1918, Bellevue accepted its first African-American resident, Dr. Ubert Conrad Vincent. This was an historic event. He was one of the few African Americans to become an intern at a major U.S. hospital during that time, and so his appointment received national attention. Dr. Vincent had graduated from the University of Pennsylvania earlier that year. His matriculation at Bellevue Hospital was temporarily delayed because the offer was rescinded after his picture was forwarded. Dr. Deaver, a professor from the University of Pennsyl-

vania, played a role in ensuring that he could start his urology residency, albeit three months late.<sup>12</sup>

Dr. Vincent had a successful tenure at Bellevue Hospital. He trained under Dr. Edward Keyes<sup>12</sup>, the founder of the American Association of Genito-Urinary Surgeons in 1888, and its first president.<sup>13</sup> Dr. Vincent introduced and improved a procedure for the surgical relief of varicoceles known as the “Vincent Operation,” described in Keyes’ urology textbook.<sup>14</sup> Dr. Vincent later went on to a successful private practice in Harlem. In 1929, he founded the Vincent Sanatorium, a private hospital in Harlem. Its mission was to provide medical care to people of color in the community and to serve as a venue of training for African-American doctors and nurses. In 1930, he was appointed attending surgeon to Harlem Hospital and, in 1933, he was appointed head of the urology service at Harlem Hospital.<sup>12</sup>

During the following decade, another African-American resident matriculated at Bellevue, and by the 1930s there were two. In the 1940s, Dr. Benjamin Kagan, an African prince, graduated (personal communication with Ms. Segou and Ms. Griffin, houses-taff office; and Drs. Chase and Rosenberg, former residents). Dr. John Mosely, a University of Chicago School of Medicine graduate, trained at Bellevue Hospital in the field of radiation therapy in the 1940s. He completed his third and final year of diagnostic and therapeutic radiology at The Mount Sinai Hospital in New York. He was possibly the first African-American resident at The Mount Sinai Hospital.<sup>15</sup>

During the 1950s, there were six African-American residents. Of these, two were graduates of the affiliated New York University School of Medicine (NYU). NYU had been an affiliate teaching hospital of Bellevue Hospital since 1882, along with Cornell and Columbia, and became the sole affiliate in 1968.<sup>13</sup> These residents were Dr. Gene Allen (1957), Dr. Randolph Chase (1958), Dr. Ray Turner (1958), Dr. Howard Brown (1959), Dr. June Christian (1950s), and Dr. Grace Hughes (1950s). Dr. Chase remained at the institution as a professor of medicine and Dr. Hughes as an attending physician in rheumatology. There were four residents in the 1960s: Drs. Claudia Dave (psychiatry), Greta Clarke (dermatology), Lonnie Wright, and Veva Zimmerman (psychiatry). Dr. Zimmerman later became an associate dean at NYU Medical School.

During the 1960s, there was an increased focus on the cause of minority professionals on a national level.<sup>16</sup> Enrollment of African Americans in medical

schools and matriculation of African Americans in residencies increased throughout the country. Ten African-American medical students matriculated at NYU School of Medicine during this time. During the 1970s, 25 African-American residents matriculated—a 150% increase over the previous decade. This may have been partly a result of the increased enrollment in the medical school during the 1960s. In the 1980s, 40 African Americans were accepted as residents at Bellevue and in the period from 1990–1995, 61 residents were accepted. The most heavily represented fields were medicine, anesthesiology, pediatrics, obstetrics and gynecology, psychiatry, and general surgery. In 1987, more than half a century after Dr. Vincent trained at Bellevue Hospital, another urology resident matriculated.

Minorities comprise 28% of the American population—up from 14% in 1970. However, the percentage of minority medical school students has remained relatively constant at about 10% since 1970.<sup>16</sup> Indeed, during the 2001–2002 academic year, only 12.6% of students enrolled in medical school were members of under-represented minority (URM) groups—down from 13.3% during the academic year 1999–2000.<sup>17</sup> Low numbers of URM medical students limit the pool from which residencies can draw because the students entering medical schools are the population from which residency programs draw their candidates. The number of URM medical students will determine the number of URM residents, which, in turn, will help determine the number of URM faculty and other practicing physicians. Minority physicians are needed not only to serve minority populations but are also needed to serve as mentors and role models for prospective and current students.

Although the number of URM faculty rose by 250% from 1,140 to 4,060 between 1980 and 2001, they still only represented 4.2% of U.S. medical school faculties in 2001. Indeed, approximately 20% of the URM faculty is located at Howard, Morehouse, Meharry, and the three Puerto Rican medical schools. If these six schools are excluded, the number of URM faculty decreases to 3,305 (3.5% of all faculty).<sup>18</sup> Only 7% of practicing physicians are latino, African-American, and Native American.<sup>17</sup>

Increasing the number of URM physicians is important to the future of the United States. Studies indicate that URM physicians are more likely to serve the poor and uninsured. This would help improve the overall healthcare of the underprivileged. A study by

the Association of American Medical Colleges indicated that URM medical school graduates are almost 2.5 times more likely to indicate that they plan to practice in an underserved area. Compared with 19.3% of all other graduates, 47.6% of URM medical school graduates reported that they were planning to provide care to underserved populations.<sup>18</sup> Physicians from their own ethnic group disproportionately serve their own ethnic group<sup>19</sup>. In their position paper, the American College of Physicians expressed their belief that increasing the number of minority physicians and other healthcare professionals will help reduce healthcare disparities that can hurt minority populations and lead to poor health outcomes<sup>17</sup>. In its June 2003 ruling, the Supreme Court acknowledged the importance of racial diversity by upholding the University of Michigan admissions policy.

Bellevue Hospital has contributed to the training of African-American physicians in the 20th century. However, despite its historic first, Bellevue has lagged slightly behind the national average. African Americans occupied 2.8% of residency slots in the United States in 1978. This increased to 6.5% in 1996.<sup>18</sup> Comparatively, between 1985 and 1995, African-American residents comprised 3.6% of the resident pool at Bellevue Hospital.

However, Bellevue Hospital accepted and graduated its first African-American resident in 1918, before most mainstream medical centers were accepting African-American residents. Indeed, even after World War II, as many as one-third of the accredited medical schools still barred African Americans.<sup>18</sup> One might expect that many of the minority physicians who train at Bellevue, an institution already dedicated to the poor and underserved, would serve said population. Further research will document whether this has indeed been the case.

The first graduate of this historic institution did indeed treat the underserved, as Dr. Vincent founded the Vincent Sanatorium, dedicated to the needs of African Americans in the community. Over the course of the 20th century, the number of African-American residents trained at Bellevue Hospital has steadily increased. It is hoped that Bellevue will continue to train such physicians who will, in turn, serve poor and underserved communities, as well as the community at large, and provide role models for generations to come.

## FOOTNOTE

JGM is an Assistant Professor at the University

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