PRESIDENT'S COLUMN

HEALTH MANPOWER TODAY AND FUTURE IMPLICATIONS

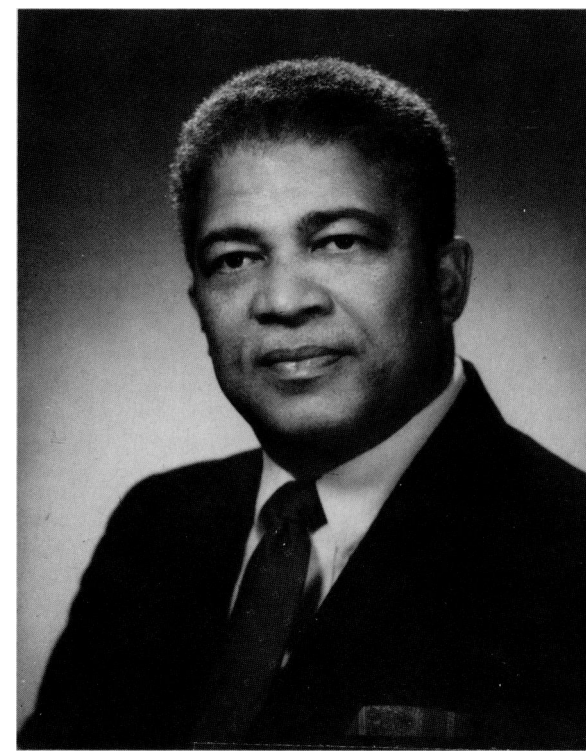
John E. Joyner, MD
President, National Medical Association
Indianapolis, Indiana

It was 101 years ago that history was made in Harlem in New York City with the opening of a health facility in a three-story wooden building. The impressive facility that is today's Harlem Hospital Center is only one indication of the achievements of the black health care community in the years since then. Yet the fact remains that we never have had, and do not have at the present time, adequate manpower to address the needs of blacks and other minority groups throughout the nation. With the present cuts by this administration and with continuing decreases in funding in the future, the outlook for making any positive gains in health services for minorities is bleak.

Of the influences which impact on black health manpower, the overriding problem in the black community is poverty. We, as a people, remain impoverished on a socioeconomic and political base.

During the 1960s and 1970s, it appeared that medical care was a basic right of all individuals. That no longer seems to be the case. Now, there seems to be more concern with cost than with quality health care and its availability. Quality of care is being affected by decreased reimbursement to our hospitals and budget cuts that affect education and research.

The implementation of the diagnostic-related groupings (DRGs) in 1983 has led to the closing of many rural and many black hospitals throughout the country. The black hospitals that served as training grounds for physicians and other health personnel include Provident Hospital in Chicago, Homer G. Phillips in St. Louis, Flint Goodridge in New Orleans, John Andrews in Tuskeegee, and Milton Community in River Rouge, Michigan. At the turn of the century, there were 200 black-owned hospitals! Now, there are fewer than ten.



John E. Joyner, MD

In 1970, The Sloan Foundation task force set a national goal for minority physicians of 12 percent

From a speech delivered at the Harlem Hospital Centennial Celebration, New York, NY, April 22, 1988. Requests for reprints should be addressed to Dr. John E. Joyner, East Building, Suite 201, 3202 North Meridian St., Indianapolis, IN 46208.

of the total, a figure chosen to reflect the minority percentage of the general population. This goal was never reached.

A 1980 report by the Department of Health and Human Services Graduate Medical Education National Advisory Committee predicted an overabundance of physicians by 1990, with an excess number of 144,700 by the year 2000. With present trends, however, we will have a shortage, not a surplus, of black physicians.

Dr. William Schwartz of Tufts Medical School states that one of the biggest mistakes in predicting an oversupply of physicians is assuming that all of them will be treating patients. This is not taking into account that approximately 100,000 physicians will be administrators, teachers, and researchers. Another miscalculation, according to Schwartz, was failing to take into consideration the impact of the growing number of female physicians, who, studies show, work about 10 percent fewer hours than their male counterparts. Similarly, earlier predictions did not foresee shorter working hours for resident physicians.

Past forecasts also made a mistake in assuming that the demand for physicians will remain constant, whereas, the true demand had been growing at a rate of over 1 percent per year for several decades. This demand may continue to increase because of new kinds of care—eg, sophisticated imaging machines, organ transplants, and genetic analysis. Other factors that will probably increase demand are the aging of the general population, wider health insurance coverage, and the AIDS epidemic. There is, therefore, a strong possibility that for those living today, there will be a shortage of physicians when they will be needed most. This is particularly so for the black community. According to the DHHS report, the expected increase in the number of physicians is to come from female enrollment. It is expected that women will represent close to 40 percent of all black physicians by the end of this century.

At the same time, the black population is expected to increase from 26 to 36 million, and the number of black physicians needed to accommodate this population would have to rise to 92,600. In 1980, there was approximately one black American for every eight whites, but only one black physician for every 28 white physicians.

According to the Association of American Medical Colleges, between the years 1980 and 1986, the number of applicants to all US medical schools decreased by 5,000 (36,100 to 31,323). The total number of students entering medical schools decreased by almost 400 (16,590 to 16,103). These declines were also noted among minorities, where the total number of applicants declined approximately 5.3 percent (from a high of 3,381).

PROGRAMS FOR MINORITIES IN MEDICINE

There is a definite decline in the applicant pool, which would suggest that many of the best and brightest youth may find medicine no longer attractive as a profession. With cost containment, it has become extremely difficult for the surviving medical student to pay off his exorbitant debts. The admission criteria at some medical schools heavily weight the medical admissions tests and grade point average, with the effect of reducing black students' admission to major white medical schools. There is also evidence that many black college students are often poorly prepared in the basic sciences and do not receive appropriate counseling for health professional careers.

Clearly, government support for student financing has shifted from scholarship help to loans, which has made it difficult for black students. The Bakke decision is also often cited by college admission officers to reduce support for affirmative action goals and programs. There is also a need for more role models for black youth.

In 1979, Creighton University accepted 20 minority students in a seven-month post-baccalaureate program designed to prepare them for the medical school science regimen. Acceptance in the program required that they had been rejected by a medical or dental college. By now, a reported 197 students have completed the program, and approximately 85 percent of these students have found medical school slots. Ninety-five percent of them have remained in medical school, finishing in either four or five years. Although this program is at the post-college level, the present trend is for medical schools to work in conjunction with colleges and high schools to make medicine a viable and attractive alternative.

During the 1980s, The Macy Foundation launched a project to broaden science exposure for underrepresented groups from selected high schools. Under their Minorities in Medicine program, universities in Connecticut, Alabama, Arizona, and New York are being supported financially to enhance the development of the scientific potential of minority students.

Recruiting in the State of New York

New York's 14 medical schools recently initiated an educational program designed to track the state's minority students with a view toward possible medical careers. Potential future physicians are identified by their high school faculties as early as the 9th grade level. Currently, the program includes placement at one of eight medical school sites in the summer or during the academic year for preparation in laboratory research experience and counseling. Sixty students entered the program in July last year, and up to 200 will participate this summer. When the program is fully in service, there will be approximately 350 such students at the 14 medical school sites. Counseling includes help in developing strategies for the medical aptitude tests as well as applying for admission at medical school. The program's funding thus far has been through a $400,000 Robert Wood Johnson Foundation grant.

Grants are certainly a key to the development of such programs, as there must be financial incentives to keep our professors on campus to engage in such tutorial programs.

There is a definite need for programs such as this throughout the country. Black and minority students in high school, and even before high school, must be encouraged to pursue higher education. More emphasis has to be placed on curricula geared toward college preparation. Proper counseling and contact with health providers can offer encouragement to those who are interested in a health career.

FINANCING MEDICAL EDUCATION

Once a student has completed college and been accepted into medical school, he or she is faced with trying to finance that medical education. A decade ago, federal policy aimed at decreasing perceived shortages of physicians. Federal support for medical education peaked at $106 million in 1974. In 1981, the total funds were decreased to $41 million, and the program has now been discontinued. This action was thought to be related to the federal policy of addressing the supposed surplus of physicians.

Loans tend to be the major source of assistance for medical students, and 70 percent of all medical students are assisted by the HEAL program. Guaranteed student loans account for 35 percent of assistance to medical students, with the maximum being $7500 a year, up from a previous base of $5000.

In 1986, 82 percent of all students graduating from medical school had loans to pay off. The average debt was $33,400, up from $15,400 in 1980. The indebtedness of 17 percent of them exceeded $50,000. Of blacks, 28 percent had debts greater than $50,000. Sixty-six percent of all black students in medical school are in debt, as compared to 32 percent of the majority group.

Some scholarship programs are still available—the Armed Forces Scholarship and the National Health Services Corps scholarship.

POSTGRADUATE TRAINING PROGRAMS

When the young physician completes his or her medical school education, he or she often seeks a residency in a graduate medical education program. This is done through the National Residency Matching Program. This program works to the disadvantage of the minority applicant. Hospitals do not rank minority applicants as willingly as they do nonminority applicants. Many hospitals feel uncomfortable having more than two blacks in their programs, and will only match two, thereby using an "invisible quota." Last year, 14 percent of the black graduates were unmatched in residency programs. Blacks had 4.5 percent of the residencies, representing a decrease of 184 slots between 1986 and 1987. Blacks seemed to have a somewhat easier time being matched in the fields of internal medicine and family practice, as compared with obstetrics-gynecology and some of the other specialties. There were no blacks in training in the fields of hematology, neuropathology, aerospace medicine, pediatric surgery, or vascular surgery.

BLACKS ON MEDICAL SCHOOL FACULTIES

Blacks are underrepresented on medical school faculties. In 1985, there were 52,464 full-time faculty members at the nation's 127 medical schools. Of these, 1,444, or 2.7 percent, were minority; 460 of them were at Howard, Meharry, Morehouse, and the University of Puerto Rico. In 1974, minority faculty was 2.6 percent, and in 1985, it was 2.7 percent, in spite of the increases in the sizes of medical school classes throughout the country.

BLACKS AWARDED DOCTORAL DEGREES

In 1985, blacks receiving doctorates represented 3.9 percent of the total awarded—909 out of a total of 23,241. Most of the doctorates were in the fields of education, the social sciences, and the humanities. Blacks received 7 doctorates in mathematics, 3 in computer science, 23 in chemistry, 34 in engineering, and only 4 in physics. Not a single black received a doctoral degree in pharmacy or pharmaceutical chemistry, theoretical chemistry, biomedical engineering, operations of research embryology, statistics, or American studies. There was also an absence in the basic health sciences such as immunology, microbiology, anatomy, bacteriology, embryology and related fields. This represents a serious impediment toward any effort to recruit and hire blacks for medical college faculties.

There are no black deans in nonminority medical schools, and fewer than six chairpersons of departments at nonminority schools.

THE FUTURE

What of the future? The decade of the '80s and beyond presents serious and diverse challenges. We must commit ourselves to achieving an increase in minority medical school enrollment. Progress in this area is being threatened by decreased student assistance and by the decrease in medical school class sizes. The total applicant pool reached its peak in 1974, at approximately 42,500. In 1984, the minority applicant pool peaked at 3,500; however, it has declined each year since. We must also consider the general decline in black college enrollment and the decline in those graduating from college. Let us remember that there are more blacks of college age in prison than are in college.

We must continue to pressure medical schools to reaffirm their commitment to increase minority enrollment. This should include recruitment as well as admission, retention, and, if necessary, tutorial programs, and subsequent graduation.

We must also put pressure on blacks in government—whether in politics or in administration—to assist in this area. The National Medical Association has supported the upward mobility of many identifiable and visible individuals who have supposedly attained influential government positions in the health field. We have the impression that some who have reached these positions are blind to the problems of the black community.

We have been told of blacks who control over $400 million for grant and loan programs for the black and minority community, yet little of these funds have been expended. We, the NMA, have had our applications for funds for health programs blocked by blacks who rank high at the Centers for Disease Control.

We seem to have reached a point where some of these people are addressing their private ambitions rather than the health problems of blacks. And, instead of turning *to* one another, we continue to turn *on* one another. There seems to be a certain amount of embarrassment in supporting black students and black institutions. Should this behavior continue, the National Medical Association will have no alternative but to withdraw its support and endorsement of these individuals.

We would also like to see more from the Public Health Service Corps.

We, as black Americans, have a stake in the future of health care in this country. We must *all* work together to ensure that we will have adequate health care manpower to meet our needs.