



Health and Hospitals Governing Commission of Cook County
1900 W. Polk Street, Chicago, Illinois 60612 (312) 633-7425

Inter-Office Memo

Date: November 9, 1976
To: James G. Haughton, M.D.
From: Leonidas H. Berry, M.D. *Lee*

Subject: CONFERENCE WITH DR. MARK LEPPER REGARDING
PROPOSALS FOR THE DEVELOPMENT OF A BLACK-
ORIENTED MEDICAL SCHOOL ON THE SOUTH SIDE

A luncheon meeting was held with Mark Lepper at the 600 Club of the Rush Medical Academic facility.

We reviewed some of the activities of certain Black state legislators who are interested in getting funds from the State Board of Higher Education to establish a minority-oriented medical school on the South Side, possibly affiliated with the Chicago State University. I have had previous discussions with Dr. Haughton on this matter.

RATIONALE FOR THE MEDICAL SCHOOL

Mark Lepper reasons that in order to have adequate Black professionals in some range of similarity or equality with White Doctor/Population ratios, several additional Black-oriented medical schools around the country need to be established.

The White Doctor/Population ratio is around 1:500. If the Black Doctor/Population is aimed at 1:750, it would be necessary to graduate 30,000 Black doctors during the next 15 years. This is a quota concept which is the pragmatic way to look at it, although there will be some objections to the quota idea.

He and I agreed that the points of justification are primarily two in number:

- 1) To give reasonably equal opportunities for Black children to aspire to become members of the medical profession.

-continued-



- 2) To meet the inherent feeling of need on the part of large numbers of Black people to have doctors of the same ethnic origin. This feeling of need is also present for many people in all ethnic groups.

CURRENT METHODS OF SELECTION OF MEDICAL STUDENTS

The aim today on the part of admissions committees is to select students from the upper 1% of the total population, in terms of academic achievement. If this standard were adhered to with reference to Black candidates, there would always be a very few Black admissions. Black admittees today are scattered through the upper 15-20 percentile and this is far short of need.

DISCRIMINATORY PRACTICES

The feedback coming from Black medical students and other sources indicate the use of such techniques as admitting relatively large numbers of Black students, either deliberately or because of necessity, many of whom cannot make the grade and will be flunked out. The present method of grading on the curve, therefore, guarantees that all of the white admittees will graduate.

WHY ARE THERE NOT MORE BLACKS WHO CAN QUALIFY?

The quality of secondary education and the subculture of the ghetto makes it much more difficult for Black students to pass multiple choice examinations because of a poorer quality of teaching and learning. Mainly, it is a matter of "semantics", reading and understanding, the use of double negatives, distractors, etc.

PROBLEM OF VOLUME OF MEDICAL INFORMATION

Volume of medical information doubles every ten years. It has, therefore, doubled three times since Lepper and Berry were medical students. Students today are no brighter than 30 or 40 years ago, says Lepper. The problem today is how much of the volume is essential to be learned by the medical student. Seventy percent (70%) is thought by some to be a good average or minimum.

Lepper says that there is a need for curriculum development changes, the establishment of "core" standards depending on the branch of medicine chosen by the student.

FUTURE CONFERENCES

I have agreed to attempt to get a group of younger Black doctors, including residents and senior medical students, in a kind of forum for future discussions, particularly of the new medical school proposals.