

# STAT

## Color Code

How one 1910 report curtailed Black medical education for over a century

Transcript Key:

In this written version of the episode, all words, including speakers, ambient sound, effects, and music, will appear in size 11 black type. **SPEAKER NAMES** are in bold and all caps. Music and other sound descriptions are indicated by [brackets] in regular font.

### Speakers:

- **NICHOLAS ST. FLEUR (“NICK”)**: Our narrator Nick is a science reporter for STAT, where he often covers the intersection of race and medicine. Based in Long Island, NY, he is in his early 30s.
- **MAX JORDAN NGUEMENI TIAKO**: Hailing from Cameroon, Max is a resident physician in Boston. He hosts his own podcast called Flip the Script.
- **SANDRA PARHAM**: A keeper of the past, Sandra is the Library Director at Meharry Medical College.
- **TERRI LAWS**: Terri is a professor in bioethics and African and African American Studies at the University of Michigan. Last year she wrote a paper on the Flexner Report.
- **TODD SAVITT**: Todd is an historian of medicine at East Carolina University with an interest in African-American medical history.

Transcript:

### **SANDRA PARHAM**

So when I go back and look at the 1910 pictures and sometimes when I'm looking at the pictures, there's no date on them. You have to kind of pull from the dress, all the styles that women wore and such as that, OK. This must be this year. I thought I had a copy of the book. Lemme get it.

### **NICK**

Sandra Parham is the executive director of the Meharry Medical School Library in Nashville, Tennessee. And while working in the library, she literally wrote the book on Meharry's history. It's sort of an anthology in photos of the school's historic tenure.

### **SANDRA PARHAM**

It's Meharry Medical College. Again, it's the Arcadia book. But it's full of pictures. And honestly, the majority of the book is about early Meharry.

Again, you look at the garb. The students were “clean,” as they say. You didn't see people coming in like ragamuffins – no. They were proud to be Meharry students.

### **NICK**

Meharry is a historically Black medical school that's been around since 1876, which was only about a decade after the last enslaved people in America were freed. It was founded as part of Central Tennessee College, but the name was eventually changed to Meharry to honor one of the original donors to the school. It was the first medical school for Black students in the American South.

[Notes from a guitar enter.]

### **SANDRA PARHAM**

I'm always cognizant of emancipation.

[Under Sandra's audio, soft, feathery music continues.]

If you were born a child and enslaved, you could have eventually become a Meharry graduate. That's how close we were from here to here.

### **NICK**

In 1910, Meharry was one of seven medical schools across the country where Black students could become physicians.

But one man was about to change the landscape drastically. On his assessment, schools around the country would be closed. And though people heralded the changes as ushering in the dawn of modern medicine, they would also have a chilling effect on the future of Black physicians – the echoes of which are still felt today.

[Sounds from an electric keyboard enter. A newsy musical phrase glides back and forth across 5 notes. It's the THEME MUSIC for Color Code.]

### **NICK**

This is Color Code, a podcast from STAT. I'm Nicholas St. Fleur., a science & health reporter. And over 8 episodes, I'm taking a look at the hidden and not-so-hidden forces behind our country's stark racial health inequities. This is Episode 2. Today we're talking about the Flexner Report.

[THEME MUSIC fades.]

### **SANDRA PAHRAM**

In 1910, Meharry had the largest class. It had 500 students graduating, so much so that they had the commencement exercises in the Ryman Auditorium. That's another story. But you go back to say, "Why were the classes so large?"

And you think that the students were mainly from the South? The students were from **everywhere** across the country. Why? There were only two schools to choose from: Howard and Meharry.

## **NICK**

If you're listening to this podcast, maybe you've heard of the Flexner Report, or maybe not — either way, you've definitely seen its effects.

## **SANDRA PARHAM**

Five schools closed that could have been also producing physicians for their local community.

## **NICK**

The Flexner Report is a book-length document that assessed the state of medical education in the country. [Low, marching piano music enters.] It was written in 1910 by this guy Abraham Flexner, for the Carnegie Foundation and supported by the American Medical Association.

The basic consequences of the report that you need to know are that it led to a major overhaul of medical education for everyone. It meant higher standards, more stringent science, and the closure of any schools that didn't make the cut.

As part of the report, Flexner evaluated **all** of the medical schools that existed at the time, including the 7 medical schools for Black students. He decided that many of the white schools and 5 of the Black schools needed to close. Meharry, where Sandra works, and Howard University in DC were the only two medical schools for Black students that stayed open after the report was released.

Flexner reasoned that, of course, a couple Black medical schools needed to stay open. His thoughts were that **Black doctors** needed to prevent **Black people** from getting **white people** sick. Flexner wrote, and this is a direct quote, that “the schools were in no position to make any contribution of value to the solution of the problem” – that problem being that Black people and white people are interconnected.

## **SANDRA PARHAM**

The Flexner Report was helpful to Meharry and Howard, but I don't think anyone looked at it and said, “Oh my goodness, thank you!” You don't see any schools named Flexner, okay?

When I went back to look at the Meharry News, – and they started the conversation about the number of graduates – there was one short article about Flexner. They recognized then that this was a report that was still damning to the African American community.

## **NICK**

But there have been awards and honors named after him. While the largely white medical profession has celebrated Flexner's work for the past hundred years, the rate of Black students entering medical school has been stagnant. And, in fact, in 2019, the rate of Black male medical students actually decreased from what it was in 1978. This lack of representation creates a huge burden and lots of stigma for the small number of Black medical students and physicians that are out there.

**MAX TIAKO**

I just literally just ended my clinic day. I should introduce myself, right? So my name is Max. I'm a medical resident...

[The voice of MAX trails off under Nick's narration.]

**NICK**

Doctor Max Jordan Nguemeni Tiako is a first-year medical resident. When we talked, he was still at work.

**MAX TIAKO**

I'm on the primary care kind of block right now. So most of my time for the last week or so has been in the outpatient setting.

**NICK**

Max also somehow finds time to write, research, and record his own podcast called "Flip the Script" about racial health inequities.

**MAX TIAKO**

Our education related to health equity kind of sucks in med school, right? And I'm tired of having these conversations over and over and over in non-classroom settings where I'm having a conversation and someone is like, "Oh, no, it's not because of X, Y, and Z inequality."

And I'm like, "Actually, it is."

**NICK**

Max, who is Black, attended Howard University for his undergrad education, which is an HBCU—an historically Black college or university. For medical school, he went to Yale, which is predominantly white.

**MAX TIAKO**

At Howard, where I went for undergrad, just about everybody was Black, right? I never wondered whether any kind of feedback or critique or whatever was, you know, sent my way was because I was Black, and that was not the case when I was at Yale, right?

[Violins fade in, marching at a steady beat.]

Because before you get the feedback, you notice the way you're treated differently compared to your white peers, right? Like that is something I noticed over and over. I was often treated differently being on my team. Not all the time! There were plenty of times where I was like, "Oh, I'm on a great team. I love my resident! blah blah blah." But there were also times where I felt like I was being singled out, sometimes with good intentions, but it was still being singled out. And it was exhausting.

**NICK**

This is the situation for most Black medical students in America. Over a century after the publication of Flexner's report, medicine is still dominated by white physicians. And Black physicians and Black medical students can often feel like they're alone, or like they're the only ones.

**MAX TIAKO**

Medicine as a field sort of celebrated Flexner as this sort of revolutionary or pioneer of medical education and was comfortable disregarding the racist components of the report. To Flexner, the purpose of the Black physician was to do sanitarian work in medicine, which is preventing infectious disease spread, which is today's version of your family medicine doctor or maybe emergency medicine, the people who are sort of at the front lines of detecting epidemics-type thing. And then he goes on to say, "And NOT surgery."

If you look at the HBCU medical schools, they are more focused on primary care, right? This is not a bad thing. I think what Flexner described as hygiene back then, I think it's probably more important than surgery.

But like the idea of segregating Black doctors in that space, knowing that surgery was and remains more lucrative is a problem in itself. I think there's over-valuing of surgical services or procedural services compared to primary care today that probably stems from a very long history of like seeing being a hygienist as a less worthwhile endeavor.

**NICK, speaking to Max**

I pulled out a quote here — Flexner says: 'the practice of the Negro doctor will be limited to his own race, which in its turn will be cared for better by good negro physicians than by poor white ones. But the physical well-being of the Negro is not only of moment to the Negro himself. Ten million of them live in close contact with 60 million whites. Not only does the Negro himself suffer from hookworm and tuberculosis. He communicates them to his white neighbors precisely as the ignorant and unfortunate white contaminants him. ... The Negro must be educated not only for his sake, but for ours. He is, as far as the human eye can see, a permanent factor in the nation.'

**MAX TIAKO**

It's like racist pragmatism, right? And it's actually really funny to read that in COVID times because as racist as this man might have been or was, he also recognized that we do live interconnected lives in ways that today's COVID denialists or people who are against preventive measures against COVID are kind of refusing to acknowledge.

[After one final note from the strings, the MUSIC ends.]

**NICK**

Despite the explicit racism in Flexner's point of view, this recognition was part of the change happening in medicine. In a way, science and hygiene were sort of revolutionary at the time.

### **TODD SAVITT**

In that time period after the Civil War, regulation of medical education was nonexistent, essentially.

### **NICK**

That's Dr. Todd Savitt, who's a historian of medicine at East Carolina University. He says the entire profession was sort of a free-for-all. There were a lot of white schools operating without standards or supervision, and Black schools struggled to find resources.

### **TODD SAVITT**

You've all heard of Louis Pasteur and germ theory—germs cause disease. That isn't until the late 19th century – 1870s, 1880s, and not accepted until 1890s, 1900. So medicine was at a different state. People would say, "Well, I can take care of myself," or "I'm going to use botanical medicines, botanical treatments to take care of my illnesses," or whatever. People had all kinds of theories.

### **NICK**

So, to be clear, the Flexner Report was not all about race. In fact, the whole document includes just one chapter that's about two pages long on what Flexner calls, "The Medical Education of the American Negro."

[A meandering guitar accompanies Nick's narration.]

As medicine started becoming a bit more scientific, groups like the American Medical Association, or AMA, wanted to standardize things and regulate more. They started creating licensing exams for physicians, meaning they needed good medical schools. So they asked Flexner to go out and get the lay of the land.

[Chirping birds bring us outside. The sound of hoofs on the ground, then wheels behind them, enter.]

### **TODD SAVITT**

Flexner went around the country by train and horse and buggy and wrote this report, which we now call the Flexner Report, published 1910, had chapters on various aspects of medicine, including: What would ideal medical education look like? The ideal school was thought to be this new school that was founded in Baltimore called Johns Hopkins University Medical School.

### **NICK**

You've heard of Johns Hopkins — it's still one of the premiere medical institutions in the country. Back then, not many schools lived up to the model of scientific rigor it had set.

**TODD SAVITT**

You get rid of the sectarian schools, you get rid of the homeopathic schools, you get rid of the eclectic schools, you get rid of any schools that you think are quack schools—diploma mills is what they called them. And the joke is there was at least one dog that got a degree through a mail-order diploma. But what the Flexner Report did was to legitimize the schools that they thought were worthy of remaining in business and reduce the number of physicians to a manageable number.

**NICK**

So Flexner really cracked down on the institutions. That's why, for so long, he was renowned within the medical community as the "father of modern medical education."

**TODD SAVITT**

He didn't save his venom for the Black schools. He wasn't looking to do anything to the Black schools compared to the white schools. He was trying to clean out medical education and get medical schools with trained physicians that patients would trust. That's what the AMA wanted.

**NICK**

The two pages of the report on Black schools are *full* of racist assumptions. Here's one quote: "The negro is perhaps more easily 'taken in' than the white; and as his means of extricating himself from a blunder are limited, it is all the more cruel to abuse his ignorance through any sort of pretense. A well-taught negro sanitarian will be immensely useful; an essentially untrained negro wearing an M.D. degree is dangerous."

**NICK** is interviewing **TODD**.

Was he even qualified to do this assessment?

**TODD SAVITT**

It's a good question. Some would say no. I mean, he knew education, and he was probably a quick study, and probably figured out what was good. If you got down to the nitty gritty, would he know the details? Probably not, but he was a smart guy!

He was not a physician. His only contact with the medical world was, I guess, when he got sick. He was not an expert in medicine or medical education, but he was respected as an educator.

**NICK**

After he wrote the report, Flexner was hired by the same institutions to help distribute funds for medical schools. Though Savitt believes Flexner wasn't out to get Black medical schools, he noted during our conversation that Flexner did prioritize the white schools.

**TODD SAVITT**

I don't want to say that the Flexner report brought us to where we are today, because I don't think that's true. I think that what was happening when the Flexner Report was written was that Black schools were on decline, as were whites' – some number of white schools. But the impact

on Black schools—as science entered medicine, as funding dried up, as the need for care for Black patients grew and the number of people who would take care of them shrank, that made a problem. So what's the legacy of the Flexner Report? Gosh, it's a really hard question.

[A BEAT gives us time to think of that question ourselves.]

**MAX TIAKO**

I saw that study, you know. I think it's a simulation study, right? It's an estimate based on a bunch of assumptions...

**NICK**

That's Max, again. The study we're referring to was published by JAMA Network Open in the summer of 2020.

**MAX TIAKO**

And I think – I don't know. It's hard to say, right? Had there not been a Flexner report, and there had been those medical schools that remain, like, I don't know, would they have closed their doors after? I mean, a lot of other colleges close their doors for other reasons, right? Morris Brown College in Atlanta is barely standing on a leg. That's an HBCU.

There are lots of HBCUs that are struggling terribly right now. There are lots of assumptions baked into that study, right? Like, they assume, "Oh, this is how medical schools have grown over time. And we assume the student body at these schools would have grown by X, Y, and Z much." But also, knowing the landscape of higher education and how poorly funded HBCUs have been and the sort of extractive nature, right? And when you look at the relationship between HBCUs and the state, it's hard to say. Those HBCUs might have remained opened. And, you know, without a Flexner Report, something else might have done them in.

**NICK** is interviewing **MAX**.

So what you're kind of saying, or at least how I'm hearing it, is that the Flexner Report definitely did, you know, some damage? Or at least it's definitely a factor, but it isn't the biggest factor by a long shot. There are other systemic issues that have really led to the dearth of Black physicians that we see in this country.

**MAX TIAKO**

This is what I mean. So the Flexner Report was a report, right? It was a document that had, in itself, by itself, no power, right? But the engendering of the Flexner Report was funded by the Carnegie Foundation and the AMA, right? And then whether or not the recommendations of the Flexner Report were to be adopted and implemented was basically left up to the AMA, which at the time did not even let Black physicians into its ranks.

[Brooding, serious MUSIC enters.]

I don't want to neglect or disregard the impact of that constellation that the Flexner Report and the organizations behind it had on Black medical education. But at the same time, I think so many larger structures have been in place even prior, even before the Flexner Report, and have continued to sort of like grow and function after the implementation of the Flexner Report that it's hard to say that without it, we would have actually had 35,000 more Black doctors.

[The MUSIC intensifies.]

**NICK** (interviewing)

What are you optimistic about?

**MAX TIAKO**

Nothing. (laughs)

**NICK** (interviewing)

If not, then why aren't you optimistic?

**MAX TIAKO**

I mean, I think the more things change, the more they're the same. Yeah, I'm not an optimist. I just—I tend to just kind of expect the worst or just have the lowest of expectations. And then, that way, it's hard to be disappointed.

[The MUSIC fades.]

**NICK** returns as narrator.

Hearing Max say that, I couldn't help but feel... a little un-optimistic myself? These days, schools and medical organizations are starting to recognize the more problematic aspects of the Flexner Report. In 2020, the Association of American Medical Colleges removed Flexner's name from an award, citing his racist and sexist views. But this kind of recognition from an organization can often feel too little, too late.

**MAX TIAKO**

It was very disappointing that the AAMC – that the reason that they listed was about Flexner and his behaviors and attitudes as a person, like, “Oh, this man was racist, and therefore we will not have an award named after him.” And not necessarily engaging in a sort of self-reflection of “Oh, what were organizational actions that were taken in relation to Flexner that led us to this moment where we are in right now to the point where, yes, we should probably strip this award of its name Flexner,” right?

Okay, Flexner as a man was racist. And so what? What about the actions that stemmed from the fact that he wasn't just a random racist man? He was a powerful man who co-authored or authored this huge document—again, just a document. But then somebody else had to say, “OK, we're going to adopt the recommendations from this document,” right? That is not

acknowledged on that website where they announced that they're stripping the name of their work.

**NICK** (interviewing)

Do you think an acknowledgment like that would ever come?

**MAX TIAKO**

I don't. I mean, these are things I don't hold my breath over. I don't care if it's not followed by action.

[The deep bass of a string instrument enters.]

**TERRI LAWS**

There's never anything wrong with education reform. But whenever we have standardizing reforms in the U.S., they always have a racial impact. And it's often racial and ethnic impact that is detrimental.

**NICK**

That's Dr. Terri Laws, the University of Michigan professor who you also heard in our first episode. She wrote an article about the Flexner Report last year for the AMA Journal of Ethics.

**TERRI LAWS**

And in the case of the Flexner Report, it was detrimental to institutions that served Black Americans. It was detrimental to institutions that educated women. Now, someone might say, "Well, what difference does it make? You know, medicine is science, and science is objective." To which I say "hooley" because nothing is ever as objective as we think. There are always social impacts to things that we call neutral.

I can't read his mind, but essentially, if we think about the ethos of how Africans and African-descended people have been included in society, if we think about it in those utilitarian terms, he is still saying, right, "What purpose do Black physicians serve for us?" The purpose that they serve is utilitarian. Keep Black people healthy so that they don't contaminate white folk. Because one of the things that we don't think about is that especially in the South, Black people and white people live together in community. They live in proximity.

**NICK**

She's referring to that gross excerpt that I read with Max, where Flexner says, quote, "The Negro must be educated not only for his sake, but for ours."

**TERRI LAWS**

Serving Black folk is serving the nation. So it is racist then to have systems of admissions into the workforce. Becoming a physician, becoming a physician educator—These are very expensive. It is expensive to create a doctor.

We need to make sure that the more than half of physicians who are white and who have gone into medicine to create good as well, that they understand their Black patients. Racism has so many different layers. I'm focused on the social and cultural impacts of those layers, such that they keep us from having the best, or as we say in health disparities, optimal health for the most number of people.

**NICK**

Does medical education—Does it need to be overhauled in such a way that it includes more education or teaching around racism and health inequities?

**TERRI LAWS**

So I'm not teaching in a medical school, but I do teach undergrads who aspire to medical school, and I do serve on committees that help them move in that direction. In medicine and in the sciences, we think about these in very objective terms. Students are taught to think about what they're learning in these very objective terms. So we think about science and we think about medicine as it is objective – it's just factual. But that requires that we overlook how facts actually get produced.

So there's the scientific method as one thing, all right? So we have this objective method. But well, what questions do we ask to create a scientific method?

**NICK**

Speaking to Max, I feel a little less optimistic. But speaking to Terri, I feel a little more optimistic honestly. I feel there's something that can be done if we're willing to put in that work and change it.

[Reflective music lays the background for what Terri says next.]

**TERRI LAWS**

You know, this is a really critical moment, this moment right now in America. We are—we're at a crossroads.

[The MUSIC continues.]

I'm really emotional about this, I'm sorry. Our nation is at a crossroads. We can choose to move forward by looking back at the really difficult history that we have created of our own choice. Every time we refuse to look at our racist history, we refuse being better. We refuse living into the creeds that we have talked about for hundreds of years at this point. And we do nothing but damage ourselves. Without our choosing to fully look at that history to stop ridiculous debates about what critical race theory means and how it's important or unimportant. If we do not choose to understand structural, systemic exclusion of every kind, we will continue to fail to live up to all that we can be as a nation. Until we decide that we want to fully look at the social and cultural impacts, of whether it be the Flexner Report or any other kind of reform that ends up having

so-called “unintended consequences,” the intended consequence will be that it is to our own detriment.

[The MUSIC fades.]

**NICK**

It’s interesting and weird to reflect on the Flexner report, which has been this historic document with many racist undertones that has impacted HBCUs as medical establishments in this country. And then to fast forward to today, 2022, when we saw these racist bomb threats against these same institutions. It does make you wonder: What kind of work needs to be done in this country to really reach the change that so many of us want?

**NICK** (interviewing)

To you, what do you feel is the legacy of the Flexner Report on Meharry?

**A familiar voice chimes in.**

Some myths you never dispel.

**NICK** (narrating)

That’s Sandra Parham, the Meharry librarian. We met her at the beginning of this episode.

**SANDRA PARHAM**

Dispelling the myth that a Meharry or an African American doctor is not as good as, is still out there in a lot of people's mind. So Flexner was like a Trump. Once you start something, it never leaves people's mind. And it's a seed, and it goes on, and it passes on, and it passes on. Do you ever really dispel those kinds of myths? When you see a Black doctor coming to you, and I don't care if it's a white hospital or a Black hospital, — if you're a white person, what do you think? Are you going to ask, “Where did you go to school?” Are you going to ask how long they’ve been practicing? You know, those myths don't go away.

I'm a Southerner, but I've lived in Detroit. I've lived in Houston. I've lived in Los Angeles. And, you know, regions don't matter. People in their attitudes and history—I don't care what part of the country you live in—you think twice. And someday you'll eventually—I pray in my children’s, grandchildren's lifetime—that when you see a doctor, and it was a Black doctor—I'm going to think you had to really overcome to get where you are.

I'm not thinking you're less than; I'm thinking you're more than.

[Tense violin music enters.]

**NICK**

Through my reporting, and through speaking to so many sources who are Black doctors and physicians of color, I wonder if things will improve with the increased awareness or increased

pressure to diversify medicine at all stages, at all of its ranks, in hopes of helping close health equity gaps.

But I think there's enough people who do care about this issue, and there's enough pressure being applied, that maybe things will change – will get better in the coming years. I know that for change to come, it's going to take more than just words or studies. It's going to take action.

So I think action is coming. I think we are at a time when action is – I hate to say around the corner, but at least in the queue? It will be interesting to see developments in this area in the coming years and decades. But I think we're on the right path. So I'm a little more optimistic than Max, but I don't know if I'm much more optimistic.

So, what does change within medicine look like? Next episode we'll take a look at the movement towards antiracist medical education. 'Til then!

[The VIOLINS fade. And now, THEME MUSIC rises.]

**NICK**

Thank you so much for listening and for being part of our Color Code community. If you like the podcast, please leave a review and subscribe! And if you have any thoughts for us, you can reach us at [ColorCode@STATNews.com](mailto:ColorCode@STATNews.com).

Our team here at STAT is Alissa Ambrose, Hyacinth Empinado, Theresa Gaffney, Crystal Milner, and me, Nick St. Fleur. Kevin Seaman is our engineer, and Tino Delamerced is our intern. Our theme music is by Bryan Joel.

Special thanks to Sandra Parham, Dr. Max Jordan Nguemeni Tiako, Dr. Todd Savitt, and Dr. Terri Laws.

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We've got a bunch of photos and some more reading on this topic at [statnews.com](https://statnews.com), so please: go check it out!

Take care!