Student National Medical Association
Statement on Affirmative Action

Health Policy and Legislative Affairs Committee
Statement on Affirmative Action

Second Revision

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Background

The term “affirmative action” was coined by President John F. Kennedy within the language of Executive Order 10925. The politico-legal substance of the concept took shape with the signing of Executive Order 11246 by President Johnson. With this order employers were required to deliberately hire greater numbers of ethnic minority and women employees to remedy discriminatory trends. Since then, affirmative action has fallen into a tenuous position, particularly in higher education. On March 18, 1996, in Hopwood vs. Texas, the 5th U.S. Circuit Court of Appeals ruled that affirmative action programs in higher education were not justified based on the necessity to achieve diversity OR the remedying of past wrongs created by discrimination in elementary and secondary schools. This decision is the first of its kind to challenge the UC Davis v. Bakke decision (1978) upholding preferential admissions policies in higher education. Some may argue that this decision initiated a perturbing trend in affirmative action judicial precedence. However, recent court decisions would suggest that the issue is all but undecided. In 2003, two cases surrounding University of Michigan’s race-conscious admissions policy, Grutter v. Bollinger, et al. and Gratz, et al. v. Bollinger, et al, were ruled in favor of the constitutionality of limited use of ethnicity in undergraduate admissions. Most recently, charges were levied against the University of Texas by an applicant, Abigail Fisher, who contended that her denial of admission was a consequence of unfair race-based admissions policies. The Supreme Court heard oral arguments in October of 2012 following an appeal by the plaintiff. The Justices sent the case back to the lower courts for further review and the case remains under deliberation.

Throughout American history, the government has attempted to legislate the basic rights (freedom and equality) of its African American citizens. Despite legislative victories such as The Civil Rights Act of 1964 and Title IX, prohibitive statues (e.g. Jim Crow Laws) have marked for minorities and women a continual denial of certain rights and privileges typically afforded their majority counterparts. Consider the history of African Americans in education. Even after the 1954 case of Brown v. The Board of Education outlawing state segregation of schools, an entire generation of African Americans graduated from segregated elementary and secondary schools and were then expected to compete with their Caucasian peers for admissions to college. Racism has been such a persistent undercurrent
in American institutional and social policy that entire swaths of the U.S. citizenry have been systematically denied the most fundamental requisite for socio-economic advancement: quality education. This clearly demonstrates the need for legislation that would implement equal opportunity on the most basic level, and not simply as a conceptualized court decision subject to individual state interpretation. Affirmative action is a formal effort to provide increased employment opportunities for ethnic minorities and women in order to overcome past patterns of discrimination. It is a system of positive steps made by government legislation to ensure the equal rights of its benefactors and to achieve fair representation (percent hired equals percent of population) of minority segments of the population in the work force. The system is so designed so as to leave to personal subjectivity (i.e. individual hiring preferences) nothing that might lead to discrimination.

**Scope of the Problem**

Implicit in the decision of *Brown vs. Board of Education* (1954) is an admission of the denial of comparable and effective education for ethnic minorities, particularly African Americans. Despite landmark legislative developments, some disparities remain, even if to a lesser degree. A national survey of high school students in the 1980s demonstrated that the majority of both Caucasian and African American students graduated from high school. However, only 12% of African American high school graduates went on to attain bachelor’s degrees or higher compared 27.5% of Caucasian graduates.\(^5\) Educational statistics from the last century demonstrate a narrowing of the achievement gap between ethnic minorities and Caucasians. Unfortunately, this narrowing has remained relatively stable since 1970. Some express even a loss of educational equity over the past two to three decades.\(^5\)

The role of diversity-weighted admissions in medical education has not been spared from the critical glance of well-meaning citizens who believe that the United States has finally entered a post-racial era. Under what circumstances, some may ask, is it proper to accept “less qualified” students simply because of the assumed merit of applicants’ diverse and/or disadvantaged background? This view assumes the position (a position that is becoming less tenable) that “qualification” is accurately and comprehensively represented by GPA and standardized test scores.\(^6\) The adequacy of traditional application metrics is
beyond the scope of this document, but introduction of the opposing position warrants a mention of the issue.

A number of medical educators and professional organizations including the American Association of Medical Colleges (AAMC) tend to agree that diversity provides a demonstrable benefit to the training environment and to the medical profession. Fortunately, there have been significant improvements in the representation of ethnic minorities and women in the field of medicine over the past few decades. Between 1964 and 1971, African Americans, American Indians, Mexican Americans, and Puerto Ricans have collectively increased from 2% to more than 8% of matriculating medical students. As of 2001, 11% of matriculants were minorities. The proportions have since remained constant, but absolute numbers continue to rise. By some estimates, this growth would have been reduced by 70% were it not for diversity-weighted admissions criteria.

The goals of affirmative action were best described in the Equal Opportunity Act of 1972 which mandated that all state and most local governments and institutions increase the proportions of their female and minority employees until they are equal to the proportions existing in the available market. It is important to note that nowhere within the language of affirmative action are racial “quotas” used to outline its practical application. Under the premise of justice and equality, it is only appropriate that our higher education, government, and business institutions reflect the diversity of the society in which we live.

**Statement of Position and Recommendations**

Founded in 1964, SNMA’s identity lies in being the largest independent organization representing the concerns of medical students of color across the nation. Its sense of duty to the affirmative action issue stems from the knowledge that many of its founders served on the proverbial front lines of the civil rights era. The opportunities created by their victories (like affirmative action) have given qualified individuals like SNMA’s members the chance to live out dreams of becoming a physician. This was a goal which prior to 1948, was only afforded to those attending the historically Black medical schools of Meharry Medical College and Howard University, and a few quota-restricted positions in northern medical schools.
It is the position of the Student National Medical Association that affirmative action is a necessary policy for the benefit of minorities and women in this society. Moreover, this policy provides some assurance that the rights and equality of its members are supported and protected by the government of this country. SNMA supports legislation and policy that assure an increase in minority and female representation at ALL levels of education and employment.

Explicit Support of Affirmative Action (as adopted by AMSA Resolution E2)

1. SNMA supports the increased representation of racial minority students in medical school.

2. SNMA urges increased efforts by medical schools to hire minority faculty and administration.

3. SNMA supports the development, funding, and continued emphasis toward strengthening programs that enroll, retain, and graduate increased numbers of minority students.

4. SNMA urges that special attention be paid to the financial needs of minority medical students.

5. SNMA explicitly supports federal and state affirmative action programs.

6. SNMA encourages and supports the increased application and admission of qualified women to all medical schools, and discourages disqualification of applicants based solely on sex, sexual orientation, and/or marital status.

7. SNMA urges federal support to encourage more women to enter the field of medicine and for recruitment of women as medical school faculty and administrators.

8. SNMA supports financial incentives for schools to progress toward achieving a percentage of women physician faculty and administrators at each rank equal to the percentage women in the general population.
References


