UP FROM BIGOTRY

Blending blacks into the fiber of once segregated Hopkins hasn’t always come easy. Even today, with close to 200 African Americans at the School of Medicine, there are those who say they still feel barriers.

By Randi Henderson

Cardiac surgeon Levi Watkins Jr., M.D., chuckles softly as he looks back 25 years and remembers how naive—and how wrong—he was. In 1970, as an African American medical student with top grades, Watkins came north to Johns Hopkins for his internship believing he would find a warmer reception for a black man like himself than the South had ever offered. • “Probably the biggest single disappointment when I got up here was that there was very little difference,” he recalls in his characteristically gentle tones. “As far as I could tell, the only difference in Baltimore was that black people could go to the zoo and ride the front of the bus. With housing and schools, there didn’t seem to be any difference.” • Watkins, who had grown up in Montgomery, Ala., listening to Martin Luther King Jr., preach every Sunday, and been the first black ever to matriculate at Vanderbilt University Medical School in

Photos by Robert Burke
Your race is the thing that people see first when you walk through the door. People see your color and they make presumptions. You have to prove over and over again that you have a right to be here.

—Claudia Carty

First Black M.D. in 1947

In 1947, Ralph Young, M.D., a syphilis expert, became the first when A.M. Harvey, M.D., head of the Department of Medicine, named him an assistant physician in the outpatient clinic. Through the 1950s and '60s, E. Walter Shervington, M.D., also joined the staff as a specialist in hypertension in the Moore Clinic, a center for chronic diseases, but Shervington saw only black patients. Neither Young nor Shervington treated Hospital patients.

Shervington, now 88 and retired, says defiantly that "race was not an issue." But Hopkins' practices reflected the segregated world around it: African American inpatients were treated in separate "colored wards," a policy that continued until about 1960, and the Hospital maintained segregated rest rooms, water fountains, dining facilities and even blood banks for whites and blacks.

The most prominent black in Hopkins medicine in those days was not a physician at all, but a technician, Vivien Thomas—Surgeon in Chief Alfred Blalock’s laboratory assistant. Thomas trained a generation of surgical residents and is recognized today for techniques he perfected for correcting congenital heart defects. But in his autobiography he recalled that after his arrival at Hopkins in 1941, the sight of a black man striding down the Hospital corridors in a long white lab coat was a shocker. "As I passed people, some of them actually stopped in their tracks and stared at me." Even Thomas’s successes underscore an important point: becoming a physician was a daunting challenge for African Americans, even the brightest and most motivated among them.

Eventually, it was a southern black, Roland T. Smoot, M.D., the son of a post office employee and a domestic worker, born a couple of decades after Vivien Thomas, who in 1965 became the first black physician with admitting privileges at The Johns Hopkins Hospital.

Smoot, like many African American doctors, acknowledges that race may have presented obstacles in pursuing a medical
career, but he minimizes them.

"I knew they were there, but I guess I'm a person who does not let obstacles consume him," says Smoot, now assistant dean for student affairs at the Hopkins School of Medicine. "Somebody had to break that ground, and the only way to do that was to become involved. I was willing to carry on the struggle. I thought, you just give me time, and time will take care of it. Sometimes it moved a little faster than I thought it would, and sometimes it didn't move as fast as I would have liked."

In general, Smoot discovered, he was treated with respect by his colleagues. "The ones who didn't like me being here, well, they just didn't come around," he notes. On the other hand, "occasionally a white physician would send me a patient, testing the system."

Finally, a Black Medical Student

Roland Smoot's first year at Hopkins, 1963, was also the first year a black student matriculated at the School of Medicine—although this distinction went not to an African American but a Nigerian. That class of 1967 had two black graduates, but for the next two years there were none, a fact that made quite an impact on David Rogers, M.D., when he became dean in 1968.

In one of the last interviews Rogers gave before his death from colon cancer on Dec. 6, he recalled his first impressions of the racial composition of the medical school's student body. "I was horrified," he said. "There we sat in that sea of black that made up East Baltimore with only two black graduates in the entire history of the school. I absolutely felt that this was something we should tackle immediately."

Rogers quickly established an active recruitment program for minority college students and sent out the word through an informal grapevine that Hopkins was interested in them. By the next year, there were 10 African American students in the entering freshman class. Over the next two years, the number doubled and then tripled.

I didn't want to be thought of as an inferior candidate who became adequate by being black. My biggest concern when I was applying to medical school was that I might not actually have earned my way.

—Kevin B. Johnson

"There was a fair amount of bitching about what we were doing," Rogers remembered. "Racial attitudes from faculty were well-disguised, although there were some out-and-out racists running some departments." The primary concern was that academic standards would have to be lowered to accommodate the black students, an issue which Rogers insisted the faculty attack pro-actively. "Sure we were worried at first," he says. "Not everyone was coming from Harvard, Yale, and Princeton, and some did have some trouble. The Hopkins teaching system had to adapt somewhat."

But adapting worked only to a point. When Richard Ross, M.D., took over as dean in 1975, he discovered an inordinately high drop-out rate among minority students at the medical school. Many simply weren't up to Hopkins' rigorous academic standards. It was a problem that both he and Levi Watkins felt needed addressing.

So, in a move that soon would be imitated by medical schools across the nation, Ross decided to designate Watkins a sort of roving ambassador and send him on the road to spot talented minority students who were interested in studying medicine. For the next several years, the articulate, young cardiac surgeon traveled coast-to-coast, talking tirelessly to African American premeds about Johns Hopkins and encouraging them to apply.

The results were overwhelming, according to Ross. Without lowering standards, Watkins convinced these young people that Hopkins wanted them. And suddenly the School was attracting black students from all over the country, who not only were matriculating, but graduating.

But with the sharp increase in minorities, Hopkins' mainly white male faculty found that often it was they who had the adapting to do. Black medical students of those years were riding the crest of the civil rights wave; they were activist and sometimes even adversarial.
Recalls Hopkins orthopedic surgeon Claudia Thomas Carty, M.D., who was in the class of 1975; "By the time I graduated, everyone finally said, 'She's a good student,' but during my years at the medical school, there were those who thought I was paranoid and saw a racist behind every tree."

But Carty says what she was reacting to was real. Numerous acts of omission and commission added up to a pattern of racism that was clear to her and her African American colleagues, but simply overlooked by many whites. "I'm not one to hold my tongue," she says.

In most cases, however, overt discrimination came not from faculty members, but from patients. Levi Watkins tells of being in the emergency room explaining to a mother—a white woman—what had to be done to save the life of her son, who had been shot in the chest. "And she wanted to know, could someone else do the surgery? I told her, yeah, somebody else could operate—my student or even my intern. And finally she realized she was off base, and I just said, 'Look, I'm going to try to save your boy's life.' Which I did. And the young man and I got to be friends."

Stories like this still abound. Kevin Johnson, M.D., today an attending physician in pediatrics and a 1987 School of Medicine graduate, remembers the wife of a patient saying to him, "We've had reservations about a nigger being our doctor, but you've done real good."

Both Johnson and Carty (who went on to become the first black female orthopedic surgeon in the country) are among a number of African American graduates of the School of Medicine who have come back to Hopkins to join the faculty. Many more (there have been nearly 200 black graduates since those first two in the class of 1967) have dispersed to hospital staffs and medical faculties around the country.

And even as recruitment of qualified black medical students has continued, a parallel effort has been under way to find African Americans to serve as interns, residents and fellows. In fact, when David Rogers (who was at Vanderbilt before he came to Hopkins) listed his achievements, he pointed with pride to his recruitment of Levi Watkins as a surgical resident.

---

If you want to make racism a problem, it's there. But the fact is when you become valuable, you're needed. People really don't care what you look like when you become very valuable.

—Benjamin S. Carson Sr.

Many black physicians tend to downplay the role of race in their careers. Levi Watkins is not one of them.

"Has my race ever been a barrier to my achievements in medicine?" The 50-year-old surgeon, now associate dean for postdoctoral programs and professor of cardiac surgery, laughs at the question. "Absolutely and unequivocally," he says. "Where do you want to start? Everybody knows how important race is; they're just scared to say it. But I don't believe in just glossing things over. Because I wouldn't be where I am if other folks had glossed over things."

But a different tone comes from the man who is no doubt Hopkins' most internationally recognized black physician, Benjamin S. Carson, M.D., director of pediatric neurosurgery. Carson arrived at Hopkins in 1977 as an intern, stayed on as a member of the house staff, and after working for a year in Australia, was appointed to the faculty. He takes an almost detached view when he speaks of the deterrents a black person encounters when seeking a career in a white-dominated profession.

"It's not that I didn't see plenty of racism and all kinds of horrible things when I was growing up," he says of his youth in inner-city Detroit. "But my mother used to always say to me, if you go into an auditorium full of racist bigots, you don't have a problem. They have the problem. Because when you walk in, they're going to start shuddering and wonder if you're going to sit next to them, whereas you can go and sit anywhere you want."

But Carson doesn't deny that there have been what he calls "interesting situations" in
his medical career. "Back in '77 the whole concept of black physicians here at Hopkins was still quite uniformed," he remembers. "Virtually anytime I went onto a ward with my scrubs on, somebody would say, well, Mr. Jones isn't quite ready for the OR yet. They just assumed I was an orderly coming to pick up the patient. I never reacted to that. I just said, 'That's very nice, but I'm Dr. Carson, here to talk with my patient.' And they would be incredibly embarrassed. I felt bad for them."

David Nichols, M.D., director of the pediatric intensive care unit and associate professor of anesthesiology and pediatrics, was at Yale University with Ben Carson as an undergraduate and came to Hopkins in 1984. Like Carson, he doesn't deny the existence of racism, but feels that it never discouraged his ambition or influenced his work. "I continue to have this mental illness of denial," Nichols says. "It's a survival skill. Looking back, at college, at medical school [at Mount Sinai in New York City], I was not consciously aware of people doing things to hurt me. Maybe I've just refused to acknowledge it."

Nichols is thoughtful and candid when he talks about his association with Hopkins. It was a "fluke," he says, that grew out of a personal contact. "I'd never considered Hopkins. To be very frank, Hopkins had a racist reputation in 1983. It was common knowledge among African American medical students that Hopkins was an unfriendly environment. That was the rap on the place, gossip that you don't spend time verifying, and I just filed it away and didn't think of Johns Hopkins as a place I'd come to."

After interviewing, though, Nichols was stimulated by "the excitement, the vigor, the energy in the place," and left "feeling this is the only place for me. I knew I could work with these people."

Annette Rothschild, M.D., had come to Hopkins three years before Nichols, arriving in 1980 as a psychiatry intern. Now an assistant professor of psychiatry and director of the Community Psychiatry Program, she speaks of the "vestiges of institutional racism" that she still sees around her today. "Most of the black people you see are housekeepers. There's a definite hierarchy in employment that seems to be based on race. It may not be intentional, but it's disturbing."

I continue to have this mental illness of denial. It's a survival skill. Looking back, at college, at medical school, I was not consciously aware of people doing things to hurt me. Maybe I've just refused to acknowledge it.

—David Nichols

Anything is Possible

As an African American and a female, Primms is acutely aware of having to deal with gender issues as well as race issues in her career. "One thing that I'm concerned about for black women is that they understand early on the politics of academic medicine and how to put themselves in a position where they can advance their careers," she says. "I'm keenly aware of the importance of my role as a mentor to educate those coming behind me so they can succeed in academic medicine."

If there is a continuing and consistent theme when African American physicians talk about their efforts to become doctors, it is the support and encouragement they have received from their families. For most there was a belief, instilled from the cradle, that anything was possible and, more specifically, that race did not have to be a barrier.

"We were always told that we could do anything we set our minds to," Eva Simmons-O'Brien, M.D., assistant professor of dermatology and internal medicine, says of herself and her four siblings, who have all gone on to professional careers. "I was in a very driven household where Bs were unacceptable, and you weren't allowed to quit anything you initiated."

Mothers, particularly, often receive grateful votes of thanks.

"My mother made it very clear to me from the beginning: 'Richard, you can do and become anything you want to be,'" remembers Richard J. Hairston, M.D., assistant chief of service for the Wilmer Eye Institute and a 1989 School of Medicine graduate. "'It may not come readily, you
may have to take difficult routes, but you can achieve whatever you desire.’”

James E. Hildreth, M.D., D.Ph., SOM class of ’87, who is currently associate professor of pharmacology and molecular science and associate dean for graduate student affairs, says he was motivated by injustice. Hildreth was only 11 when his father died of renal cancer. As young as he was, he understood that there was a dynamic at work in his hometown of Camden, Ark., that had prevented his father from getting the same care a white person would have received. “I couldn’t understand why my father couldn’t get treated,” he recalls. “My mother, who ironically worked in the hospital cafeteria, tried to explain to me that they couldn’t afford to get him to the hospital, but I just wasn’t willing to accept that.”

As a basic scientist, Hildreth is part of a discipline with even fewer blacks than that of physicians. “The poor representation of minorities in the basic science faculty was a real issue for me,” he says, adding that after medical school (which followed an undergraduate education at Harvard and a doctorate program at Oxford that he began as a Rhodes Scholar), he almost turned down the offer of a faculty position at Hopkins.

“I had a sense this was something I definitely should do, but there was also a feeling of desolation, that there was no one to share my experience with,” he says. “I felt that this was a situation that needed to be addressed, that there are so few minority scientists that serve as role models. I love science, and I think it’s a shame that others don’t get to do what I do. Knowing that I may have the capacity to open this up a little for other minorities is one of the things that motivates me.”

African American physicians sometimes speak of their compulsion to work harder than other people because they want to pave the way for future generations of blacks and prove decisively that African Americans can be fine, competent physicians.

“That was true when I was going through med school and residency, and it’s true today. It’s not necessarily a conscious expectation, it’s just behavior that’s been institutionalized.”

“‘You’re a person of color, therefore you’ll have to do thus and so,’” says Pierre Vigilance, a third-year medical student. “It’s myself demanding that I do better than the norm.”

“The added burden of not closing the door for someone who comes behind me. I don’t think my white colleagues have that same sense.”

Added to that burden for many is the necessity to correct a perception that has been growing in some quarters since the phrase “affirmative action” gained currency—that some blacks may be given opportunities because they are black, because their numbers are needed to satisfy certain requirements.

“I didn’t want to be thought of as an inferior candidate who became adequate by being black,” says Kevin Johnson. “My biggest concern when I was applying to medical school was that I might get into a very good school and not actually have earned my way.”

Johnson, who now sits on the Department of Pediatrics internship selection committee, says that helping choose interns has taught him that the first criterion for any candidate is excellence. “Once you’ve identified that, then you look for people
who can add diversity to your group. Someone who plays the oboe really well, someone who has a special involvement with the community, someone who is a minority—they all stand out," he adds.

For Johnson, the biggest issue right now is increasing the number of African Americans who apply to Hopkins in the first place. "I want to help encourage minority candidates from around the nation to give Hopkins a look," he says.

But both Johnson and members of the School of Medicine’s admissions committee, who screen applicants and make decisions that will shape the future of Johns Hopkins Medicine, are conscious that yesterday’s successes don’t assure tomorrow’s gains. They are well aware that the Hopkins class that graduated last June had only five blacks—fewer than any class in 12 years. (For the incoming class of 1998, 331 blacks applied for admission, 21 were accepted, and seven became students.)

But smaller numbers of minority students for a year or two definitely don’t represent a trend, emphasizes David M. Trabilsy, assistant dean for admissions. "Overall, we’ve had very good success in terms of the admissions, retention and graduation of African American students." Hopkins, in fact, has succeeded so well it was recently recognized by U.S. News & World Report as a national leader in recruiting black medical students.

And the commitment by the Medical School’s current leadership to increase the number of African Americans at all levels is clear. Since being named dean in 1991, Michael E. Johns, M.D., has appointed two of the three blacks—Watkins and Hildreth—who now hold deanships. "It’s my view that they’re here to serve as role models," Johns says, "not just for blacks but for everyone."

Since attracting more African American medical students requires being able to offer assistance in paying Hopkins’ heavy tuition bills, Johns is making a strong push to help minority students obtain scholarships.

Even harder than attracting African Americans as medical students, however, is finding candidates for Hopkins’ Ph.D program among the tiny number of blacks who choose to become basic scientists. "We’re working very hard to get a bigger part of that pool," the dean emphasizes.

Meanwhile, Levi Watkins finds it encouraging that the annual reception he gives for black students, house staff, and faculty has grown from 10 people to close to 200. But clearly, there is no room for complacency. Everyone knows we’ve come a long way, he reflects. Now we have to maintain, he says, we have to continue getting the numbers up, we have to become more and more visible in leadership positions. And we can’t forget that no matter what we might want to believe, race has a lot to do with everything.”

---

**PERCENTAGE OF BLACK FACULTY IN LEADING MEDICAL SCHOOLS**

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Percentage of Black Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLUMBIA</td>
<td>10%</td>
</tr>
<tr>
<td>DUKE</td>
<td>5%</td>
</tr>
<tr>
<td>HARVARD</td>
<td>2%</td>
</tr>
<tr>
<td>JOHNS HOPKINS</td>
<td>10%</td>
</tr>
<tr>
<td>STANFORD</td>
<td>5%</td>
</tr>
<tr>
<td>UNIV. OF MICHIGAN</td>
<td>2%</td>
</tr>
<tr>
<td>UNIV. OF PENNSYLVANIA</td>
<td>1%</td>
</tr>
<tr>
<td>UNIV. OF PITTSBURGH</td>
<td>5%</td>
</tr>
<tr>
<td>VANDERBILT</td>
<td>2%</td>
</tr>
<tr>
<td>YALE</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Source: Journal of Blacks in Higher Education*