Welcome family, friends and faculty members.
Congratulations Classmates!!

I stand before you today, a black woman graduate, speaking from the point of view of a particular sector of the graduating class. We are that diverse group of Black, Asian, Latino and White students who were categorized as "non-traditional" applicants for Medical School. We were minorities, women, individuals from working class families admitted to Medical School, through the closing crack in the door. As a member of this non-traditional grouping, I arrived at UCSF, 4 years ago to find among my classmates, others who shared the view that quality health care services to poor, minority and working people in America were grossly inadequate. We hoped that through the acquisition of a Medical Education we would be able to provide these quality services. At the same time, we recognized the need for more far-reaching social and political changes, and saw work in Medicine as a potentially powerful vehicle.

There are many possible interpretations of what has happened to me and my classmates in the last 4 years. What follows is an analysis of the profound impact on our lives of the program we have just completed.

The institution of Medical School, is one of many institutions of higher learning whose chief goal is to reproduce the ideas, which dominate, guide and define our society. Therefore, in addition to being trained as individual physicians with medical knowledge, we were also trained to fit in and reproduce a particular system of health care delivery. Though we had no formal course entitled, "the ideology of health care delivery", we were taught this ideology constantly. This element has been as critical in our medical training as our courses in Anatomy, Physiology or Pharmacology. As students within Medical School, we undergo a powerful socialization process changing not only our personal and social lives, but our views, approaches, and attitudes toward life in general and medicine in particular. I will begin by highlighting these past 4 years and end by exploring the institution's influence on our decisions relative to our daily lives as physicians in the days ahead.

A popular love song of the early 70's, sung by a Black singing group Gladys Knight and the Pips, poetically speaks of memories: "Memories are so beautiful and yet, what's too painful to remember, we simply choose to forget." And so it is for many memories of our preclinical and clinical years.

By the end of years 1 and 2, we found ourselves with quite a history: With literally 150 multiple choice exams behind us, our ranks had diminished by 5 minority students. Out of more than 1600 lectures we heard a grand total of 3 minority lecturers and approximately 20 women. We experienced sharp political divisions amongst our class concerning representation on the admissions committee. Some of us were already several thousands of dollars in debt.

By this stage, in our medical education, we were, able to synthesize the institutions norm of "great physician" – white, male, politically conservative or neutral, research oriented and money making.

The meager number of minority professors and the disproportionate number of minority students "held back" after completion of the first 2 years served to perpetuate the centuries old myth of racial inferiority. Skin color amazingly makes us inherently less than equal, handicapped or incapable of the task. The institutions view of the realm of women's work was reinforced by the overwhelming numbers of women holding up the day to day paper shuffling and mothering functions of the school. Yet only scant numbers were present when intellectual work was demanded. We were frequently scolded for political caucusing --- for we were to be engaged solely in the acquisition of scientific knowledge ----in the purest sense. In the same breath, we were greeted with few scholarship monies available, but endlessly available loans backed by the AMA, one of the most powerful political lobbies in the country.

Throughout years 3 & 4, we experienced much of the same social messaging. Yet in many ways, it was more powerful than before. For it was here that we began the journey of complete integration into the identity of physician. A few vignettes from the clinical years follow, both so that we the graduates do not forget, and so that for our guests, these experiences can live as vividly and painfully as they lived for us, many days on end. (pause)

First Clerkship, year 3, the medical student expresses concern on the work rounds about an aspect of her patient's mental status exam. The second year resident, also working with the patient responds, "his mental status is easily explainable – he's a typical East Texas River bottom nigger." The student, shocked, protests the language. The chief resident interrupts with, "this discussion can be taken up later, not here on work rounds." The student was later told her response was hostile. (pause)

A one-year-old black female infant is raped by a 16-year-old male friend of the family. The mother happens to be an ex-heroin addict and was sexually abused herself as a child. A senior physician comments. "You can expect this kind of thing amongst this group of people, you know what I mean." (pause)

A 50-ish-year-old white male alcoholic lay yellowed from head to foot with bloated belly, in a bed at the County Hospital. His liver and kidneys were failing from years of alcohol abuse. Death slept with him. The Medical Resident, head of the team, presents this dying man to the interns and students as "the yellow pumpkin". (pause)

In conference, a Senior neurologist reminds us we must establish normal before beginning a neurological exam. "Because what is normal at private Moffit hospital, is not normal at the County Hospital, and is not normal at the Veteran's Army Hospital." (pause)

What are we trying to share with you here? Can you select the correct answer from among the following? Are these examples of (A) simple flaws in the system, (B) the actions of a few mean individuals, (C) unfortunate incidents, or even worse (D) a statistical sampling error? The correct answer is (E) none of the above.

The social ideas accentuated here about skin color, women, income or social standing simply reflect the predominant social ideas within our society. That these ideas appear in the medical setting in concentrated form is no surprise – shocking perhaps, but not surprising. That one holds these ideas about various sectors of society is bad enough. What is worse is that the educational institution of Medical school serves as a breeding ground for ideas, which are translated into decision and action in both the medical setting and in society at large. Despite the popular desire to characterize physicians as pure saints and spirits filled with scientific knowledge alone, untainted by the workings of daily life in America, nothing could be further from the truth. Our experiences over the part 4 years have shown us this.

Here as USCF, all personnel, including physicians are considered employees of a public institution. As public servants, physicians here are in a broad sense, accountable to the citizens of California for their actions and policies. Decision making within the University reflects prevailing political trends on both a state and national level. Thus we watched the Bakke decision – one more blow to affirmative action in higher education with its roots of backwardness grown smack in the center of the UC academic system. We see the University of California knee deep in investments used to support racist South African regimes and to bolster US dollars around the world. Currently, Proposition 9, a measure to cut taxes on the June ballot, is being addressed University wide for its implications on the UC system budget, rather than human services, for cash flow is a necessity for the big business of medicine.

During our medical training, few of us have participated in this level of social ideas effecting decision making in medicine. We have however watched and taken note. As junior physicians on the wards, we have participated both willingly and unwillingly, consciously and unconsciously, in social ideas effecting our decisions and our care giving. Many responses have been evoked amongst us. We have often felt dehumanized, ashamed, and unable to call out teammates colleagues. We also have launched isolated verbal attacks against what seemed like a brick wall, so ancient and monolithic are the relationships in the medical hierarchy. Lately, we have found ourselves remaining silent in situations when "the odds are not on our side" or chuckling along with jokes about patients that 2 years ago we would have gone to blows over.

A recent case report from Howard University College of Medicine in Washington, D. C., one of two Black 4-year Medical Colleges in the United States, examined the effect on students of the socialization in Medical School. They concluded that "while the majority of students develop a stronger interest regarding community involvement as a result of their medical school experiences, concerning social change, students, in general move from a more liberal perspective to a more conservative position." This result can be generalized to the Black, Asian, Latino and White students here at UCSF. We can recall

our fiery defense of patients rights as Med 1's 1976, our outright disdain for the medical bureaucracy and our dreams of being physicians of a different kind with progressive voices and active political lives. In struggling to get by from quarter to quarter, however, we watched our ideals be sacrificed, individual achievement assume priority over group survival, and the acquisition of facts override the pressing necessity to develop approaches to changing health care in America.

It is this process of socialization that has changed us, unconsciously, subtly, slowly, from being part of people and community to being separate from people and community – as distinct and different as the differential diagnosis. These changes divide us from the community far more than the immense body of scientific knowledge we have accumulated.

So, we acknowledge the power of this educational process and the concurrent move toward conservatism.

What do we do with this recognition? What does it mean to be more conservative now, in 1980, than in 1976?

In sweeping overview of the country, we are met with Ku Klux Klan meetings reported on nightly TV complete with burning crosses in Sacramento, murders in Greensboro, and nonchalant shootings of "nigger women" in Chattanooga. We see the crisis in oil reflected at home in PG&E bills surpassing our ability to pay. We are faced with unemployment rates greater than 25% in some industrial towns and still on the rise with no sign of dropping. This past week we witnessed the Miami riots, with the victims of injustice, once more, classically portrayed as the perpetrators.

Within the medical arena, we are struck by rising unmet Medical needs of the poor, cuts in Medical and Medicare, limited Federally funded abortions and rising health insurance costs. Right here in Oakland, we find pockets of the city with infant mortality rates amongst the highest in the nation.

(SLOWLY) As graduates, we must face the fact that to be conservative today as individual physicians is to side with the forces pedaling humanity backward. Our challenge as we leave the institution is to recognize its effect on us, but to rekindle our vision, militancy, and commitment to be active participants in forward social change, on many fronts. We leave today as doctors, with all the potential social and political power wrapped up in the title. Our communities, the source of our original inspiration – people of color, working people, women - still wait outside the institutions hallowed walls. Wait for us to integrate our dreams with reality. Wait for use to serve. Wait for us to ACT as changemakers alongside them. Wait for us to rejoin the fight with resolve. We can recapture the priority of social responsibility in Medicine. We CAN! We MUST! We WILL!!!

Melanie Tervalon Daumont, M.D.
May 24,1980

Grad charges med school with racial prejudice

By Annie Nakao
Examiner Staff Writer

"I solemnly pledge myself to consecrate my life to the service of humanity.

"I will practice non-judgmental health care. I will not permit race, sex, nationality, religion, lifestyle or political beliefs to intervene between my commitment and my patient."

Like the 149 other medical school graduates of the University of California at San Francisco, Melanie Tervalon Daumont took that oath, signifying that she is a physician, before proud fellow students and parents and faculty at the University of California at Berkeley a week ago.

But after Daumont, one of two commencement speakers, finished her senior address, there was some embarrassed shuffling, silence — and a standing ovation from some fellow students.

Daumont, a 28-year-old black woman who will practice pediatrics at Children's Hospital in Oakland, startled the audience by attacking medical education for perpetuating classism and racism and isolating doctors from social change.

"Though we had no formal course entitled, 'The Ideology of Health Care Delivery,' we were taught this ideology constantly," she said, contending that the institution's norm of the "great physician was white, male, politically conservative or neutral, research-oriented and money-making."

Daumont told of experiences during her clinical training that she says revealed the attitudes of many residents and other medical professionals toward some patients.

She described a senior physician who handled a case involving a 1-year-old black female raped by a 16-year-old male friend of the family. Daumont, who said the child's mother was an ex-heroin addict, said the doctor commented, "You can expect this kind of thing amongst this group of people, you know what I mean."

She said that during ward rounds at county hospital, a medical resident presented a 50-year-old white male alcoholic "yellowed from head to foot, with bloated belly," as "the yellow pumpkin." And she said a chief resident once explained a patient's "mental status" as typical of an "East Texas river bottom nigger."

"The social ideas accentuated here about skin color, women, income or social standing simply reflect the predominant social ideas within our society," said Daumont, who added that "junior physicians" and medical students are often powerless to protest such situations.

The experience of medical school itself, she said, turns students from a progressive idealism and forces them into a "quarter-by-quarter struggle in which the acquisition of facts overrides the pressing necessity to develop approaches to changing health care in America."

She contended that minority students, whose representation in medical schools has only been evident in recent years, are especially isolated. She alleged an underrepresentation of women and minorities on the medical school staff and a disproportionate number of minority students "held back" after the first two years.

"Out of more than 1,600 lecturers, we heard a grand total of three minority lecturers and approximately 20 women."

Her address drew sustained applause from some students. Some called it the "high point of the ceremony."

"It needed to be said — I mean nobody ever speaks to the terrible things that go on through those four years," said Stanley Himes, a fellow graduate.

"My initial reaction was that she was very brave to say what she felt, but I'm not sure it was appropriate. It was a gathering of families," said one graduate who wished anonymity. "Everybody's years of struggle finally reached a peak and they were beaming — they didn't want to hear that."

Medical school Dean Dr. Julius R. Krevans declined to comment on Daumont's speech, but the associate dean for student affairs, Dr. H. Harrison Sadler, said some of the speech was "stretched a bit."

"Some of the things she said — that minorities didn't have a chance and that women were put aside — is a story we've heard before," Sadler said. "But when you saw all those women, minorities and deprived whites walking across the stage, it made the whole thing ridiculous."

Academic Vice Chancellor Shirley Chater defended the school's affirmative action program, noting that minorities comprised more than 30 percent of Daumont's class and also the 1979-80 entering class.

The percentage of minority faculty was smaller — 7.8 percent of the 745-member medical school staff. Chater said recruitment is tough because the pool of qualified applicants of minorities won't increase until 1983 or 1984, when current medical students become available. Also, she cited UCSF as one of the more senior campuses, with few openings.

Richard Carmona, Daumont's fellow commencement speaker and winner of the Gold-Headed Cane Award, the highest honor a graduating medical student can receive, said he had mixed feelings about the speech.

"There was a lot of truth to what she said, but I didn't agree with the degree to which she presented them," said Carmona, a Puerto Rican-American who grew up in Harlem. "There are inequities in the system and there's still discrimination, but I think changes are being made. I was given the highest award in medical school on the same day she made her speech. The system did right by me. It works for some of us. Some years ago, it wouldn't have worked for any of us."

Examiner: Nicole Sengiven

A CRITICAL SPEECH ABOUT MEDICAL TRAINING
Melanie Tervalon Daumont told it as she saw it