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SAINTS, SINNERS, AND AFFIRMATIVE ACTION

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SINCE the national debate over affirmative action began, proponents and foes of the policy have been talking past each other. Proponents argue that only by granting preferential treatment to historically disadvantaged groups can society reach the goal of equal opportunity. Opponents contend that we'll never achieve a colorblind society if we use gender- and race-specific criteria in education and employment.

The two sides also disagree about the consequences of affirmative action. Defenders assert that the policy simply levels the playing field by giving qualified members of minority groups the chance to compete. Many also add that the policy seems to be the only way to diversify the nation's professional ranks, and they assert that minority populations will be better served by having teachers, lawyers, bankers, physicians, and other professionals who come from backgrounds similar to theirs.

Foes believe, however, that the policy promotes a double standard that allows unqualified individuals to get ahead simply on the basis of their race, leading to "reverse discrimination" and, ultimately, the lowering of standards in the professions. Typical of the opponents' rhetoric is the question, "You wouldn't want an unqualified doctor to operate on you, would you?"

Fortunately, we now have some hard evidence to evaluate the controversy over affirmative action, particularly as it applies to medical schools. A study, published October 8 in JAMA: Journal of the American Medical Association, evaluates the first 20 years (1968 through 1987) of the affirmative-action program at the medical school of the University of California at Davis. (Davis's special-admissions program, of course, was the one made famous by Allan Bakke, a white applicant who won a Supreme Court ruling in 1978 admitting him and barring the institution from setting aside specific slots for members of minority groups.)

The new study concludes: "Criteria other than undergraduate grade-point average and Medical College Admission Test scores can be used in predicting success in medical school. An admissions process that allows for ethnicity and other special characteristics to be used heavily in admission decisions yields powerful effects on the diversity of the student population and shows no evidence of diluting the quality of the graduates."

Conducted by two members of the Davis medical school's faculty, Robert C. Davidson and Ernest L. Lewis, the study compared the careers of 356 students admitted to the medical school under affirmative action and other "special consideration" criteria with a matched sample of students admitted using the standard criteria. Black, Hispanic, and American Indian students accounted for 42.7 per cent of the students admitted with "special consideration"-those whose college grade-point averages and Medical College Admission Test scores were below those of students admitted under standard criteria. Minority-group students made up 4 per cent of the students admitted under standard criteria. (Besides race, other criteria given special consideration in admissions decisions included applicants' fluency in multiple languages, economic disadvantage, physical disability, leadership qualities, and unique life experiences.)

The mean undergraduate G.P.A. of the affirmative-action students was 3.06 (on a 4.0 scale), compared with 3.5 for the control group of students admitted under normal standards. The study compared the medical-school grades, graduation rates, performance in residencies, and subsequent medical practices of the two groups. While the students admitted under affirmative action had to play catch-up during their first years in medical school, members of the two groups turned out to be equally qualified physicians, with "remarkably similar" kinds of medical practices, the study found.

Students admitted under regular criteria were more likely to receive honors or A grades in core basic- and clinical-science courses, but there was no difference in the failure rates of the two groups in these courses. Further, the two groups' graduation rates were very similar. Ninety-seven per cent of the regularly admitted students, compared to 94 per cent of the affirmativeaction students, graduated. Following graduation, there was no difference in their performance as residents (as evaluated by residency directors) or in their rates of completing residencies. And ultimately, members of the two groups chose to specialize in similar areas of medicine, with three-quarters of both choosing primarycare disciplines.

The two groups also turned out to have similar medical practices. The physicians in the affirmative-action group estimated that 55 per cent of their patients were white; physicians in the control group estimated that 59 per cent of theirs were.

The JAMA study thus reveals that strict numerical standards for admitting students to medical school don't adequately predict students' performance as physicians. It suggests that the pool of qualified applicants is larger than previously thought. As a result, broadening the pool of admitted students won't undermine the quality of American medicine, but it will diversify the profession to more accurately reflect the nation's population.

THIS IMPORTANT STUDY also helps put in perspective a recent controversy over one Davis graduate, Patrick Chavis, a black Los Angeles-area physician who attended medical school during the early days of affirmative action and who recently had his license suspended for malpractice. His difficulties have attracted attention because Chavis has been used as a "poster boy" by both sides of the affirmative-action divide.

Affirmative action helped Chavis, who was raised in inner-city Los Angeles by a mother receiving welfare, to enter medical school in 1973, but it didn't help him to pass his courses or his licensing exams. After graduating from medical school, he completed a residency at the University of Southern California in 1981 and earned a master's degree in public health at the University of California at Los Angeles. For most of his career, Chavis had a practice focused on obstetrics and gynecology in Compton, a mostly black and Latino city adjacent to Los Angeles that is famed as the birthplace of gangsta-rap music.

Amidst a 1995 debate over affirmative action, which led the Board of Regents of the University of California to abolish the use of race as a factor in admissions decisions, Chavis was cited by supporters of affirmative action as an example of an affirmative-action success story. They asserted that, by serving low-income people, he was helping society more than were physicians who catered to upper-income patients.

More recently, though, Chavis had shifted his practice to focus on cosmetic surgery, including liposuction. He set up a business called New Attitude Body Sculpting, again serving mostly black patients. This year, state investigators charged Chavis with seriously harming two patients and failing to monitor a third, who later died after severe loss of blood. Calling Chavis's conduct "gross negligence," a California judge temporarily suspended his license to practice medicine, pending a hearing on permanent revocation before the California Medical Board.

This turn of events brought an outcry from opponents of affirmative action, who cited Chavis as an example of how the policy can lead to lower standards. In a recent column in The Wall Street Journal, the writer Mark Lasswell said Chavis should be considered "a cautionary tale about the dangers of preferential treatment."

The findings reported in JAMA suggest that this debate over affirmative action has been misguided. What the discussion should focus on is whether beneficiaries of affirmative action can succeed academically and professionally. The answer appears to be Yes. As an editorial that accompanied the JAMA study said: "An overwhelming number of special admissions under a variety of programs across the nation have been successful, if success is measured as full completion of all academic and regulatory requirements."

It is fine for proponents of affirmative action to praise doctors who choose to serve poor clients, but they should not view affirmative action as a means to find physicians with a social conscience. And it is legitimate for opponents to castigate Chavis for his misdeeds, but they should not blame them on the policy.

As the JAMA study found, affirmative action gives qualified individuals an opportunity to succeed. That was the intent behind the policy, not that society should be able to depend on beneficiaries of affirmative action to undertake the jobs that other graduates do not want. We do not expect most white medical students-whether from upper-class families or low-income backgrounds-to practice in ghetto clinics or hospitals in poor rural area(Why should we expect minority medical students to act differently?

The fact that, in contrast to the JAMA findings, previous studies have found that black and Hispanic physicians are more likely than their white counterparts to practice in the nation's ghettos and barrios is a side benefit of affirmative action-not the primary reason the policy is important. (And despite affirmative action, in Los Angeles County just 6 per cent of the physicians today are black and Latino, although these groups make up almost half of the area's population.)

It is true that recent attacks on affirmative action have led to declines in the number of black and Latino students applying and being accepted to medical and other professional schools. It is also true that one consequence of this trend is that the number of physicians in minority communities is like to decline.

BUT if these are problems that the nation wants ta`solve, we should expand federal scholarship programs, slashed since the time of the Reagan Administration, that provide financial aid to medical students in exchange for practicing in urban or rural communities that lack physicians. Last year, for example, the National Health Service Corps, a federal program that provides scholarships to students in the health professions and requires them to work in medically underserved areas, received 3,122 applications but could award only 429 scholarships.

Affirmative action, though, is not a scholarship program. It is an anti-discrimination policy designed to compensate for the legacy of past bias. Affirmative action can't promise to produce saints or sinners. It can promise only to allow talented human beings to develop the skills needed to practice medicine, law, social work, teaching, engineering, journalism, and other professions. How they use or abuse their skills is a matter of personal character.

Patrick Chavis did not abuse his status as a recipient of affirmative action. He abused the privilege of being a doctor. For that he is being punished. We should not use Chavis's problems-or anecdotes about any other individual beneficiary of affirmative action-to punish the thousands of talented individuals who still need anti-discrimination laws to give them a chance to fulfill their potential, compete in our economy, and contribute to society. Even if a handful of them go astray, as some surely will, affirmative action still will have done its job.

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