

Peter Dreier and Regina Freer

Don't Make This Doctor a Symbol

If Dr. Patrick Chavis didn't exist, the opponents of affirmative action would have had to invent him. Chavis is the black physician who attended medical school during the early days of affirmative action and recently had his license suspended for malpractice. His situation seems to confirm the views of those who hold that affirmative action promotes a double standard that allows unqualified individuals to get ahead simply on the basis of their race.

But in fact, the Chavis case proves nothing of the sort. The purpose of affirmative action is to level the playing field—to give qualified minorities an opportunity to compete in a society that for centuries has been tilted against them. What they do with that opportunity is a matter of personal choice and character.

As late as the 1960s, when 10 percent of the nation's population was black, only 2.2 percent of its physicians were. Qualified black applicants had a hard time getting accepted to most medical schools. Affirmative action was intended to expand the pool of black doctors. In 1973 Chavis, who was raised in South Central Los Angeles by a mother on welfare, was one of five blacks admitted to the University of California Medical School at Davis as part of an affirmative action program.

Affirmative action helped Chavis enter medical school, but it didn't help him pass his exams or his boards. Once he got in, he was on his

own. He graduated from Davis's medical school and then completed his residency in 1981 at USC and also earned a master's degree in public health at UCLA.

For most of his career, Chavis practiced family medicine—primarily obstetrics and gynecology—in Compton, a mostly black and Latino city adjacent to Los Angeles. He delivered about 1,000 babies a year.

The program through which Chavis was admitted to the Davis medical school was successfully challenged in the Supreme Court in 1978 by Allan Bakke, a white applicant who was denied admission even though his undergraduate record was better than those of the minority students, including Chavis, admitted under affirmative action. In the now-famous case *Bakke v. Regents of the University of California*, the court ruled that while universities could use race as a factor in admissions decisions, it could not be the exclusive or even primary factor. Bakke eventually attended Davis's medical school and became an anesthesiologist in Rochester, Minn., an affluent white community.

Soon after the University of California Regents abolished affirmative action in 1995, California state Sen. Tom Hayden and NAACP attorney Connie Rice wrote a piece in the liberal weekly the Nation that praised Chavis for providing primary care to poor women in

Compton. "Bakke's scores were higher," they wrote, "but who made the most of his medical school education? From whom did California taxpayers benefit more?"

A 1995 article by Nicholas Lemann in the New York Times Magazine also used Chavis as an example of an affirmative action success story. Lemann noted that by setting up practice in a minority community, primarily serving poor people on Medicaid, Chavis had forsaken potentially more lucrative and prestigious opportunities in order to give back to his community. Like other proponents of affirmative action, Lemann argued that it was needed to help fill the vacuum of qualified professionals, including doctors, serving minority communities.

Now Chavis is in the news again, this time for several cases of medical malpractice. In recent years, he had shifted his practice to focus on cosmetic surgery, including liposuction, a procedure for which he apparently was not adequately trained. Most of his patients were black. Earlier this year the state took legal action, alleging that Chavis seriously harmed two patients and abandoned a third woman, groggy from surgery, in his office; she suffered severe blood loss and died hours later at a local hospital.

Investigators allege that Chavis failed to monitor the patient's blood pressure or hospitalize her when it dropped. In June a judge,

calling Chavis's conduct "gross negligence," temporarily suspended his license to practice pending a hearing by the California Medical Board.

Since Chavis's most recent problems surfaced, opponents of affirmative action have used him as a symbol of what they view as a misguided policy. "Affirmative Action Can Sometimes Be Fatal," said the headline over conservative columnist Jeff Jacoby's piece in the Boston Globe last month. Mark Lasswell's recent column in the Wall Street Journal called the Chavis case, "a cautionary tale about the dangers of preferential treatment."

Liberals such as Lemann, Hayden and Rice are right to praise doctors who choose to work among the poor, but wrong to view affirmative action as a means to find physicians with a social conscience. Conservatives such as Jacoby and Lasswell are right to criticize Chavis for his misdeeds but wrong to attribute them to affirmative action, since there is no evidence that doctors who attended med school through affirmative action are more or less likely than other doctors to engage in malpractice.

Affirmative action gives qualified individuals an equal opportunity to succeed or fail. It does not guarantee success or virtue. It gave Chavis an opportunity to attend medical school—that's all. It put him on an equal footing with other medical students and would-be doctors.

What medical students choose to do with their degrees should not be determined by their race. Among the medical students in any graduating class some will be money-hungry and some will be altruistic. Some will decide to practice in poor communities while others will deal primarily with wealthy patients. Some will donate their time or money for charitable causes and some won't. A few will even lose their licenses for malpractice.

Affirmative action should not be viewed as the sole, or even primary, remedy for the nation's racial injustices. For example, the burden of addressing the health problems of the poor, or minority groups, should not fall entirely, or even mostly, on physicians who happen to come from these backgrounds. It should be society's responsibility. If, as a nation, we want to increase the number of doctors in poor areas, we should expand federal scholarship programs.

All we should require of affirmative action is that it give qualified individuals from historically disadvantaged groups an opportunity to succeed or fail.

Peter Dreier is E. P. Clapp Distinguished Professor of Politics at Occidental College in Los Angeles. Regina Freer is an assistant professor of politics there.