ABSTRACT

In 1945, a wave of GI-Bill-supported African American students, qualified for admission to medical schools, returned from their service in World War II. The possibility that their acceptance would integrate all-white medical schools was a problem for the southern governors. The governors responded with a carefully considered plan to shunt these African American applicants to historically black medical colleges by joining in a Compact and attempting to purchase Meharry Medical College in Nashville, Tennessee. This untold story of American medicine and its connection to our present shortage of African American physicians in the South needs to be remembered and passed on to future generations.

KEYWORDS: African Americans; History; Medical school

THE MEETING AT WAKULLA SPRINGS

A meeting of the Southern Governors’ Conference was called in Wakulla Springs, Florida on February 7, 1948.1 Present were a powerhouse of white southern politicians including Jim Folsom of Alabama, Jimmie Davis of Louisiana, Millard Cauldwell of Florida, R. Gregg Cherry of North Carolina, and Strom Thurmond of South Carolina, with their lieutenant governors and entourages. The governors were on an urgent mission to sign an agreement that had been years in the making. Now, the South would have its own medical school for African Americans: Meharry Medical College in Nashville, Tennessee (Figures 1, 2).2

PRESSURE AND PLANNING

Only a decade earlier, the United States Supreme Court had opened the all-white University of Missouri Law School to African Americans on the grounds that the state-supported, out-of-state study they provided was not equivalent to that afforded white law students in-state.3 This ruling threatened the existing segregation in state institutions of higher learning perpetuated by the “separate but equal” ruling in the 1896 US Supreme Court decision in Plessy v Ferguson.4 And now, as African American troops returned home from World War II, and the financial support of the GI Bill became available, pressure for admission of blacks to attend segregated state universities was increasing.

Historically, many southern states had provided “scholarships” to traditionally black institutions for African American applicants to state professional schools in order to preserve segregation in their all-white institutions. For instance, the Committee of Southern Regional Studies and Education of the American Council of Education had an arrangement for “student exchange programs.” The governors knew the committee’s part-time executive secretary, Dr John E. Ivey, Jr.1

Medical education was an increasing concern, as there were few black medical professionals and fewer interested white ones to care for black patients. There were ongoing conversations among the governors of southern states about the use of Meharry Medical College in Nashville as a fee-for-service “regional center for Negro education.” Meharry, a Methodist-affiliated institution, was established and run by well-intentioned white businessmen to educate black medical professionals to care for black patients. Finances there were a chronic problem. As early as September 1943,
then-Meharry President, Dr E. L. Turner, met with elected representatives from Alabama, Georgia, Louisiana, North Carolina, and Tennessee about “scholarship” support as a revenue stream. Meharry’s predominately white Board of Trustees approved ongoing discussions in October 1943 and noted that a scholarship arrangement was already in place with the State of Tennessee. At the 1945 meeting of the Southern Governors’ Conference, Governors Chauncey Sparks of Alabama and Milliard Caldwell of Florida proposed a region-wide scholarship program to provide out-of-state medical training for African American professional students. Later, at a December 5, 1946 Southern Governor’s Conference meeting, Governors Sparks and Greg Cherry of North Carolina, leaders among the governors in the movement for “regional education,” noted that their states also had an active arrangement with Meharry for education of black medical students. Virginia had similar contracts with Meharry in the 1940s. The most outspoken of the segregationist governors attending the 1945 meeting, Thurmond from South Carolina, was quick to support the 1945 motion to move forward on a regional plan.

EXIGENCY
The governors’ plans for “regional education” were threatened when they learned that Meharry’s dire financial status would force it to close at the end of the 1947-1948 academic year. A quick solution to prevent that closure would be of mutual benefit to the governors and to Meharry in their exigency. “Regional education,” as the governors saw it, would not only prevent desegregation of their state medical schools by sending blacks qualified for medical school out of state but would facilitate access for whites to professional education in dentistry, medicine, podiatry, optometry, and veterinary medicine not available in some states—and the second arrangement was good cover for the first one. A coordinated process would be easier to implement than the existing piecemeal state-by-state approach and provide a more predictable revenue stream for a participating black medical institution. Equally important, this cooperative plan could function as a much-needed work-around for the Gaines decision. Saving Meharry, a school that then provided half of the positions for African American medical students in the US, also would be a public relations bonus.

Because Meharry’s financial situation was so acute, a committee of the southern governors had visited the Meharry campus on January 17 and 18, 1948 to receive an astounding offer. Meharry’s leadership not only agreed to reserve seats in the medical school for students sponsored by the Southern Governors’ Conference, but offered to place the entire institution in the hands of the southern states. Somehow, news of this offer leaked out, and by January 19, The New York Times published a story titled, “Medical College Offered to the South.”

SIGNING THE COMPACT
With Meharry’s fate hanging in the balance, the governors convened at Wakulla Springs on February 7, 1949. On February 8, the “Compact” was signed by the 16 governors present from southern and border states (Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Oklahoma, Tennessee, Texas, Virginia, and West Virginia), and immediately ratified by the legislatures of South Carolina, Mississippi, and Louisiana. By July 1949, it had been endorsed by the legislatures of all 16 member states. It appeared that the southern states had succeeded in a “separate but equal” arrangement that skirted Gaines v Canada.

PUSH BACK
Although President Clawson publicly asserted that the Compact was the only possible solution for the institution’s survival, criticism from Meharry alumni, faculty, and national black physician leadership quickly developed. The

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CLINICAL SIGNIFICANCE
- Racial segregation was common in Southern medical schools before World War II.
- African American soldiers returning from the war had earned the right to advanced education through the GI Bill. This presented a problem to Southern politicians who wanted to maintain segregation.
- There are several possible reasons for the shortage of physicians in America, and Mississippi in particular. Racial segregation and manipulation of medical school enrollment by African Americans may have played a role in today’s shortage.

“WHEREAS, Meharry Medical College of Nashville, Tennessee, has proposed that its lands, buildings, equipment, and the net income from its endowment be turned over to the Southern States, or to an agency acting in their behalf, to be operated as a regional institution for medical, dental and nursing education upon terms and conditions to be hereafter agreed upon between the Southern States and Meharry Medical College; which proposal, because of the present financial condition of the institution has been approved by the said States who are parties hereto.” —Second paragraph of the Regional Compact as Amended

Figure 1 Compact section transferring ownership of Meharry Medical College to the “Southern States.”
Meharry administration received a telegram from 18 San Francisco Bay alumni in classes from 1922 to 1947 who contended that “the soul of one half the Negro medical profession” had been sacrificed at the “altar of white supremacy.” They suggested that the southern states “build their own Jim Crow institutions, but let Meharry be free of political entanglements.”

W. Montague Cobb, MD, PhD, an African American faculty member at Howard University School of Medicine who served on the National Medical Committee of the National Association for the Advancement of Colored People (NAACP), had written a widely read monograph on the education of black physicians, published by the NAACP in 1948. That book bemoaned the struggle of African Americans to obtain medical education at the 75 existing US medical schools. He reported that Nashville’s Meharry Medical College and The District of Columbia’s Howard Medical School were producing the majority of US African American physicians—about 140 a year, and only 12 or so African American physicians graduated from other US medical schools. He also lamented the limited opportunities for postgraduate medical education of African American physicians in inner city, “hand-me-down medical ghettos.” Only 25 of the 112 hospitals for African Americans in the US were accredited. Of those accredited, only 14 had approved internships.

The signing of the Compact with the southern governors prompted Dr Cobb to quickly write a second monograph to address the formation of the Southern Regional Education Board as the administrative arm of the Compact. In the 1949 monograph, also published by the NAACP, he stated that the real reason to pursue “the regional idea” was to escape the 1938 Gaines ruling and the more recent Supreme Court ruling of January 12, 1948 on the Sipuel case. There, the State of Oklahoma was required to open admission for qualified blacks in the state to its all-white state law schools. He concluded, “The South is less able than other sections to afford one good educational system, much less two. In this attempt, “Whites as well as Negroes suffer.”

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Figure 2  The Meharry Medical Campus, circa 1933. The building on the left is Hulda Lyttle Hall. The first entrance of the building on the right leads to the dispensary. The second entrance on the right opens into the old "George W. Hubbard Hospital," named after Meharry’s first President. These buildings still stand on Dr D. B. Todd, Jr. Blvd, in Nashville, Tenn.

Figure 3  Don Clawson, DDS—Meharry’s President from 1945 to 1950.
WHAT WERE THE ORIGINS OF THE SOUTHERN GOVERNORS’ CONFERENCE, THE BOARD OF CONTROL FOR SOUTHERN REGIONAL EDUCATION, AND THE SOUTHERN REGIONAL EDUCATION BOARD?

The Southern Governors’ Conference, now the Southern Governors Association (SGA), was founded in 1934 and is the oldest and the largest regional governors’ association. The SGA was formed to promote the common interests of the governors, including diversification of the South’s heavily agricultural economy by expansion of opportunities for higher education.

The 1948 Compact established the Board of Control for Southern Regional Education, which quickly became known as the Southern Regional Education Board (SREB), an extension of SGA. The SREB functions today as a nonprofit, nonpartisan organization to improve public pre-K-12 and higher education. Dr John E. Ivey, Jr., mentioned previously, became its first director in April of 1948.

Today, the SREB works with elected state leaders, schools, and educators to improve academic achievement at all levels of education. The SREB currently sponsors 3 educational programs: the SREB Regional Contract Program, the SREB Academic Common Market, and the Doctoral Scholars Program. The SGA’s gubernatorial membership grew from 5 governors in 1934 to 18 in 1969. In an effort to create a national presence, the organization’s offices were moved from Atlanta, Georgia to Washington, DC in the early 1980s.

THE EXPECTED, THE UNEXPECTED, AND ESTHER MCCREADY

The new regional organization (SREB) began operation on schedule in 1949. In that year, one expected and 2 unexpected events occurred. As expected, Meharry and Howard University (the only black medical schools operative at the time) signed SREB-sponsored contracts for 149 African American, out-of-state students to matriculate at their institutions in medicine and related fields. Nine white institutions signed SREB contracts for 211 out-of-state white students to matriculate at all-white institutions. Among these was a SREB contract between the state of Maryland and Meharry to train nursing students from Maryland; that marked a sentinel event in the SGA’s segregation strategy.

Second, Esther McCready, a black woman from Maryland, applied to the School of Nursing at the University of Maryland and was rejected and simultaneously offered state support to attend Meharry School of Nursing. Unexpectedly, McCready sued the state and Governor William Preston Lane Jr of Maryland for admission to the University of Maryland on a claim of discrimination. Maryland replied that provisions for the education of African American Maryland residents in nursing existed in a contract between the SREB and Meharry Medical College and that should suffice, as it was separate but equal.

Third, to great surprise, the SREB asked Lane to withdraw his state’s defense of the McCready case on the premise that his defense strategy would endanger future activities of the SREB and “introduce racial politics” there, an oxymoron. Governor Lane refused to change Maryland’s position. As a result of that refusal, the SREB joined the suit against Maryland as a friend of the court on the plaintiff’s (McCready’s) behalf. The Board maintained that the compact and contracts were not for the purpose of...
avoiding responsibilities “under the existing state and federal laws and court decrees.” The details of the internal battle that surely took place at the SREB to take such a position when there was clear evidence that the SREB had been established to protect segregation, have not been uncovered despite our efforts to do so.

Maryland won the McCready suit in Baltimore City Court but lost in the Maryland Court of Appeals in April of 1950. The Appeals Court’s ruling made it clear that the southern states could not use the old mechanism they had used for decades and now had formalized in the compact to deny blacks admission at white state institutions. Shortly thereafter and for the first time, representatives from participating black institutions were given seats on the SREB.

WHAT HAPPENED TO THE COMPACT, MEHARRY, AND THE SREB?

The details of what happened between Meharry and the SREB after the compact was signed in 1948 and the Maryland Court of Appeals Ruling was made in 1950, are scant. At the meeting of the Executive Committee of the Meharry Board of Trustees on March 17, 1950, a “Policy on Admissions” was approved to “give preference to applicants from the southern area.” Meharry President Don Clawson resigned the same year at the age of 50 and after only 5 years as president. Between 1950 and 1952, an Internal Management Committee of the Board of Trustees headed by Dr Robert A. Lambert, formerly Assistant Medical Director of the Rockefeller Foundation, led Meharry. There were frequent visits to Meharry by SREB Executive Director John Ivey, Assistant SREB Director McGlothlin, and others from the SREB as recorded in the minutes of the Executive Committee of the Meharry Board of Trustees. In the original Compact negotiations, President Clawson had required that the SREB “guarantee $300,000 annually to Meharry Medical College...irrespective of quota fulfillments.” In other words, no matter how many contracts for student education were approved each year, Meharry would receive $300,000. Indeed, the Executive Committee’s minutes of 1951 budgeted a SREB contribution of $300,000 plus a $10,000 Tennessee subsidy for “non-quota” students. Those funds from the SREB helped keep the school open while financial policies were created to provide a temporary remedy for the exigency.

We could find only one report of what happened to the SREB-Meharry administrative relationship, as this information was not included in the minutes of the Meharry Board of Trustees or the minutes of the SREB. The SREB claimed that the reason the organization never took control of Meharry was “it became increasingly obvious that the new agency was hardly in a position to assume direction of a medical school, especially one so loaded with political and social, as well as educational and financial problems, as the Negro institution in Nashville.” Coupling their claim with clear expressions of Meharry’s alumni opposition and unrest, as well as the well-articulated positions of such leading African American physicians as Dr Cobb and numerous black medical and civic organizations, the SREB’s Meharry Plan met its demise. It was replaced in the 1960s by a more traditional capitated-scholarship program for the education of black professional students.

In 1952, the Meharry Internal Management Committee appointed the institution’s first black president, Dr Harold D. West, who served in that capacity until 1966 (Figure 5). In 1968, a majority of Meharry’s first-year class was still set aside for black students from SREB states. However, support from the SREB was inadequate to address ongoing financial problems and by 1982, Meharry faced loss of accreditation. A $55.6 million governmental appropriation was made to Meharry by President Ronald Reagan that year. In 2008, there were still 25 student slots reserved in the Meharry Medical College for SREB-sponsored students who received $24,750 annually during their matriculation. Today, contracts with the SREB through the SREB Regional Contract Program remain part of the Meharry budget and contribute more than a million dollars towards student support for education in the areas of medicine and dentistry.

DID THE ESTABLISHMENT OF THE SREB PLAY A ROLE IN SLOWING GROWTH OF THE NUMBER OF BLACK PHYSICIANS IN THE US?

It is clear that the southern states continued to use the SREB system to procure slots in out-of-state, traditionally black
educational institutions well into the 1970s, when black medical students began to be admitted to state medical schools. This was despite the 1950 US Supreme Court decision in Sweatt v Painter, a ruling that should have been the death knell of separate but equal in professional education.24

It is reasonable to conclude that arrangements made between the southern states, the SREB, and the participating medical schools not only slowed the integration of state medical schools in the South but also contributed to the ongoing shortage of black physicians in the US. Funding for medical education through the SREB functioned as a quid pro quo to encourage black applicants to medical school not to pursue admission to their state medical schools in the south. On the other hand, the SREB arrangement did provide opportunity and financial support to attend medical school for black students from states where later federal intervention was subsequently required to ensure their access. Now that open admission policies are in place in all states, SREB scholarships facilitate medical education for students who otherwise might not be able to afford the tuition costs associated with a medical education. Thus, this crooked road has been made straight. Nevertheless, how the curse of racial discrimination in the US has contributed to health disparities in our country, and the efforts to which southern leaders were willing to go to preserve it, must be taught and remembered.

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